Children and Young People’s Mental Health and Wellbeing Dorset

Local Transformation Plan

October 2018
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THRIVEin Dorset
Children and Young People’s
Local Transformation Plan

1. Local Transformation Plans

1.1 In 2015 Norman Lamb, the Minister of State for Care and Support, announced a Children and Young People’s (CYP) Mental Health and Wellbeing Taskforce that would bring together key stakeholders to consider how access and services should be improved. The Taskforce’s report, Future in Mind¹, built on the vision set out in Achieving Better Access to Mental Health Services by 2020 and the Five Year Forward View² and proposed a wide range of measures to transform the design and delivery of services for children and young people with mental health needs.

1.2 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

1.3 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) (NICE³).

1.4 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 CYP 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 (NICE⁴).

³ NICE. Children’s Attachment. Available online: https://www.nice.org.uk/guidance/ng26/documents/childrens-attachment-final-scope2
2. **Dorset’s response**

2.1 This is the third iteration of Dorset’s local transformation plan (LTP) and it was agreed by the CYP Emotional wellbeing and Mental Health Steering Group that it should be been rewritten to reflect progress made since 2017 and to set the direction of travel for the next five years.

2.2 This iteration of the plan is written at a crossroads where a different commissioning approach is required in order to continue improving the access to CAMHS so that children and young people can access help at the earliest possible time.

2.3 It was also agreed that the refreshed plan should be seen in the context a needs analysis which can be seen in Appendix 1. The needs analysis shows that there are key areas to focus on including a much earlier help offer from NHS funded services that help prevent children and young people’s mental health from deteriorating. It also highlights the need for much more focus on vulnerable children as these are the young people who are likely to have poor health and mental health outcomes and need long term support from services.

2.4 The refreshed plan aligns with the delivery of the five-year forward view and the key deliverables from Dorset’s mental health delivery plan can be seen in Appendix 2.

2.5 Last year’s LTP fully described services across Dorset and it is recommended that the new LTP for 2018 is read in conjunction with the 2017 version as it provides much more detailed service information. Appendix 3.

2.6 The CYP steering group also stated that there would be a “you said, we did” approach to the delivery of children and young people’s mental health and emotional wellbeing services and the LTP for 2018/19 is written with that in mind.

2.7 The LTP is based upon the following principles:

- Shared responsibility and commitment from all partners to the emotional well-being and mental health of all children and young people living in Dorset
- Prevention of poor mental health
- Identification and provision of help at the earliest opportunity
- Provision of support that is needs based, strength and outcome focused
- Intervene using tried and tested methods and create opportunity for innovation
- Identify and support children and young people who are more vulnerable
- Reduce the need for highly specialist support
- Building and sustaining partnerships
- Create effective step down arrangements enabling children and young people to be supported locally
- Ensure the most effective use of resources through creative and imaginative commissioning arrangements
2.8 Dorset has really strong partnerships. The partnerships include working 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.

2.9 The reworked LTP presents some information about the services in place and what is still needed. The plan is intended to be flexible and iterative and reflects the fact that over the next two years’ services are likely to be delivered differently. The plan can accommodate change in local need and priorities across partners, as well as any emerging evidence base, guidance and best practice.

2.10 It is worth noting at this point that Dorset CCG commissions NHS services for children and young people they include:

- Core CAMH Service that works with the most unwell CYP (throughout the LTP core CAMHS is the NHS service for most unwell CYP.)
- Early intervention service working with people beginning to experience psychosis
- CYP psychiatric liaison nurses work in the three acute hospitals in Dorset
- Community eating disorders service
- Community perinatal mental health service
- Mental health nurses in the Looked After Children service (LAC)
- Place of Safety (POS) for all ages, including under 18s.
- Youth Offending Service has links to core CAMHS and other services
- Pebble Lodge which is Dorset’s inpatient unit
- Public health commissioned school nursing service

NB all the services are described more fully in Appendices 3 and 4

2.11 The LTP and the introduction of THRIVE moves the focus from specialist CAMHS to a much wider range of services delivered by NHS and a wider range of providers from the Local Authorities and the third sector. The LTP aims to describe all the provision across the system that enable children, young people and their families to access mental health and emotional wellbeing support when they need it and as a matter of principle sooner not later in the onset of mental health difficulties.

2.12 The approach is based upon the principles developed in the THRIVE framework that aims to improve the emotional wellbeing and mental health of all children and young people.

2.13 THRIVE is a conceptual framework for CAMHS that was developed by the Anna Freud Centre along with the Tavistock and Portman NHS Foundation Trust in London\(^5\). It suggests that thriving is the state we are all seeking to achieve for children, young

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\(^5\) Anna Freud Centre and Tavistock and Portman NHS Foundation Trust. THRIVE conceptual framework for CAMHS. Available at: [http://www.implementingthrive.org/about-us/the-thrive-framework/](http://www.implementingthrive.org/about-us/the-thrive-framework/)
people and families. Thriving involves feeling good and coping well. It says that supporting people to thrive is a positive way of working that focuses more on wellbeing than illness.

2.14 Dorset’s vision is that children and young people have positive emotional well-being and mental health so that they:

- Achieve positive goals and ambitions
- Grow up to be confident and resilient and able to contribute to society
- Feel safe and find the right help easily when needed and trust the help
- Are experts about themselves
- Want to be involved in service development and delivery not just for themselves, but also for other children, young people and their families
- Receive help that meets their individual needs provided by people that care about what happens to them
- Whatever their level of need, get the best possible care, support and treatment when they need it
- Have both good physical and mental health

2.15 Dorset wants to make sure that every service commissioned by the NHS through the Local Transformation agenda supports children and young people work within the THRIVE framework:

- Getting advice (build and promote resilience, self-help, advice and signposting)
- Getting help (brief, evidence based, outcomes focussed intervention)
- Getting more help (more extensive treatment, community or inpatient)
- Getting risk support (Support for those not benefitting from or engaging with mental health treatment and at risk of poor mental health)

2.16 The THRIVE framework will help to shape how support will be available for children, young people and their families and help to make sure that everyone working with them has the right skills, capabilities and knowledge to help them.

2.17 It is recognised that children and young people’s needs change (both increasing and decreasing) at different times in their life. The intention is to make sure that the right support is available at the right time to meet these changing needs and appreciate that children and young people may experience difficulties that will need different levels of support at the same time. This approach will also ensure that all people and communities supporting children, young people and families remain involved in their journey at all times. However, this may be to a greater or lesser extent depending upon the level of support needed at any given time.

2.18 The 2018 LTP is written in the context of a lot of improvement made by all partners however to continue the improvement and increase access to services there is a need for a structural change to the way CAMHS are commissioned and delivered. The commissioning approach needs to be more dynamic and enable children, young people and their families to access help and support much earlier.
2.19 The strategic direction is to review fully CAMHS services in the context of the Thrive model. The needs analysis (Appendix 1) is part of the LTP so that it is really clear what services need to be in place to meet the needs of children and young people in Dorset especially those children and young people who are in the vulnerable groups.

2.20 The needs analysis is the first stage of the review of CAMHS in Dorset. The findings from the analysis will contribute to the information used when modelling work is carried out as part of the review along with the views of children, families, staff and others. The plan is to develop the review now and modelling work will commence late in 2019 with preparation and view seeking/sense checking to be carried out from May 2019 onwards.

3. Local Commissioning and Governance

3.1 Dorset has robust partnerships with Local Authorities, Public Health and other providers in the area and all the partners share the responsibility for delivering the right services to meet the needs of the local population. The individuals on the Steering Group feed in to the Children’s Trust Boards and the Strategic Alliance in Dorset County Council. The number of statutory partners in Dorset could make work complex and challenging but it is worth highlighting that all partners work together and are signed up to a direction of travel and set of principles even if local operational approaches are different and this is to be commended.

3.2 The LTP was produced by the Emotional Wellbeing Steering Group and this group reports to the Sustainability and Transformation Partnership (STP), the Integrated Community and Primary Care Services (ICPCS) Programme Board, two Children’s Trust Boards in Bournemouth and Poole and the Dorset Strategic Alliance. In developing the revised LTP the Children’s’ Trust Boards, the local safeguarding board, local transforming care partnerships have all been consulted and have all had the opportunity to contribute to the refresh.

3.3 Change is part of the landscape at the moment and as we head in to 2019 the three local authorities are set to become two with the merging of Bournemouth, Christchurch and Poole.

3.4 The Local Safeguarding Boards have changed. There are two boards one in Dorset and one for Bournemouth Poole and Christchurch.

3.5 The oversight of the LTP is currently with CCG and Dorset HealthCare’s Mental Health Integrated Programme Board, the CCGs Integrated Community and Primary Care Services Board, the three Children’s Trust Boards which are chaired by elected members with a lead for CYP and these are likely to move to two boards one in Dorset and one in Bournemouth, Poole and Christchurch.

3.6 In Dorset County in each Family Partnership Zone area there are Local Alliance Groups involving local partners, stakeholders and communities which can ensure early help, enable positive conversations between agencies, and track progress.
3.7 Dorset has a Sustainability and Transformation Plan (STP)\(^6\) for local health and care that covers the Dorset CCG footprint. Page 17, paragraph 3 of the STP says:

“Supporting children to grow and families to thrive: Through the Joint Commissioning Partnership Board for Children, a Pan Dorset Emotional Well-being and Mental Health Strategy for Children and Young People has been developed. It emphasises the need for a focus on mental health and emotional well-being and improved early access to support across a broad spectrum of need. More use will be made of schools and early years’ settings to provide low level support. Parents will be helped to become more self-reliant and build the emotional resilience of their family. We will also ensure improved partnership working to identify vulnerable families and children who need extra assistance”.

3.8 With the above in mind the aim is to:

- Ensure that we use all opportunities within the STP and emerging Integrated Care system
- Join up commissioning arrangements for children and young people’s emotional and mental health services
- Support the development of partnerships with health, social care and third sector providers to provide the right support at the right time for children, young people and their families.
- Lead the process of making sure EWB&MH is everyone’s priority, this includes linking with other initiatives in Dorset around future service models including the Acute Vanguard, the Integrated Children’s Community Health Services (ICCHS) Programme, the Primary Care Strategy and the Paediatric & Maternity Strategies
- Agree whole system outcome measures as well as detailed project plans for individual work-streams which set out a menu of what the evidence tells us is effective (what good looks like) and how impact will be measured
- Continue to ensure our joint commissioning arrangements are effective and develop our relationship with NHS England Specialised Commissioning as well as with schools in their commissioning role
- Dorset STP is a partner in the development of a new model of inpatient bed management being led by the Wessex area NHS England team.

3.9 Within the STP, prevention at scale recognises the opportunities within the local system to impact on childhood outcomes by working collaboratively through the starting well programme. Building capacity and confidence in our universal workforces to support children and young people to THRIVE and have good emotional health and wellbeing is a priority.

3.10 A Principle Programme Lead at Dorset CCG is in post to ensure effective implementation, co-ordination, performance and monitoring of the local transformation plan and the development of a revised mental health strategy for children and young people.

\(^6\) Our Dorset. Available at: https://www.dorsethealthcare.nhs.uk/application/files/6014/9633/1685/Our_Dorset_STP.pdf
3.11 The level of investment in NHS transformation over the past three years plus funding committed in 2018/19 is shown below in summary form.

<table>
<thead>
<tr>
<th>Transformational investment</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>2015/16</td>
<td>£1,187,000</td>
</tr>
<tr>
<td>2016/17</td>
<td>£1,720,159</td>
</tr>
<tr>
<td>2017/18</td>
<td>£2,220,159</td>
</tr>
<tr>
<td>2018/19</td>
<td>£2,720,159</td>
</tr>
</tbody>
</table>

3.12 The overall investment into CAMHS for 18/19 is seen below and this will increase in 19/20 as Dorset CCG meets the investment standard for mental health. In addition, the CCG will consider additional funding for CAMHS at the completion of the planned review. Current funding is seen in the table below:

<table>
<thead>
<tr>
<th>CAMHS including LTP funds</th>
<th>£9,720,000</th>
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<tbody>
<tr>
<td>Eating Disorders</td>
<td>£1,301,000</td>
</tr>
<tr>
<td>Youth Offending Service</td>
<td>£91,998</td>
</tr>
<tr>
<td>Bournemouth Borough</td>
<td>£250,000</td>
</tr>
<tr>
<td>Borough of Poole</td>
<td>£170,000</td>
</tr>
<tr>
<td>Dorset County Council</td>
<td>£500,000</td>
</tr>
<tr>
<td>Total</td>
<td>£11,521,000</td>
</tr>
</tbody>
</table>

3.13 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 that is funded by Dorset CCG currently includes CYP. The Street Triage service will be part of the new Connections Service in Dorset and will also include CYP.
- Dorset CCG and NHS England invest in the Pan-Dorset Youth Offending Service NHS England funding into the YOS in 2017/18 recurrently to 2021 and this is detailed in the investment table.

3.14 The areas invested in through the local transformation funding are whole schools’ approaches to emotional health and wellbeing in schools, mental health first aid training for professionals, health assessments for looked after children, schemes such as “I can problem solve” and text health services. Also the transformation of the eating disorders service to an all age provision and the expansion of the perinatal mental health service. In addition, ASD/ADHD family support coordinators and educational psychology input into multi-agency ASD assessments. Last year additional funding was made available to improve the crisis offer to children and young people. There is however additional work required and this will be included in scope of the CAMHS review.
3.17 The strategic direction for CAMHS in Dorset is fully supported by Dorset CCG. The intention is to review CAMH services across the system and take a different and dynamic commissioning approach. The ambition is to increase access up to 100% of the prevalent population. This will create a model of delivery that promotes and provides early help and support, the intention being to prevent serious mental illness from developing. To achieve this a coproduced review will be developed. Potentially followed by redesign and recommissioning of services based on the THRIVE model of care.

3.18 The review will provide the means by which the next stage of CAMHS improvements are made and because it will be a shared experience through coproduction the hope is that children and families will help shape services and then stay involved so that they have a role in monitoring and reviewing services.

3.19 There will be a requirement for additional funding. This will be based on the needs analysis and views of people using the services and working in them. The result of this review will be a fully costed business case.

4. Local Service Provision

4.1 Dorset CCG commissions Dorset HealthCare (DHC) NHS University NHS Foundation Trust (DHC) as the main provider of the following services:

- Core CAMH Service that works with C&YP with moderate to high-level mental health needs
- Early intervention service working with people beginning to experience psychosis
- Two CYP psychiatric liaison nurses work in the three acute hospitals in Dorset
- Community eating disorders service
- Community perinatal mental health service
- Mental health nurses in the looked after children service (LAC)
- Place of Safety (POS) for all ages, including under 18s.

4.2 DHC is also commissioned to provide the following services:

- School nursing service (commissioned by Public Health Dorset)
- Health visiting (commissioned by Public health Dorset)
- Adolescent in-patient care at the Pebble Lodge unit in Westbourne (NHS England commissioned)

4.3 Child and Adolescent Mental Health (CAMH) services are provided across Dorset through a locality team approach. This brings with it opportunities to develop the local transformation agenda across all partners to support care closer to home and based upon the wider needs of the family.

4.4 Dorset has a single Youth Offending Service (YOS) across Dorset, Bournemouth and Poole. This includes a dedicated health team that focuses their work on young
people’s mental health and substance use (drugs and alcohol) needs. The team includes professionals from the CAMH service to enable effective joint working.

4.5 Along with NHS commissioned services there are C&YP services commissioned through the Local Authorities that include services provided by other organisations in the voluntary sector.

4.6 There are a lot of voluntary or third sector organisations (these are usually charitable organisations) in Dorset; some are local and some are national providers. Locally there is a partnership that brings together a number of the smaller organisations under a single umbrella. This is supported by the 0-19 Voluntary and Community Sector (VCS) Forum run by Dorset Youth Association (DYA).

4.7 This partnership plays a lead role in providing support to voluntary sector organisations in Dorset working with 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.

4.8 There are a wide range of schools, all-age academies, free schools, first and infant schools, junior, primary and middle and secondary schools in Dorset. Apart from the all age academies that take pupils from 4 up to 17/18 years all the schools work with specific age groups. There are also special, alternative and independent schools and pupil referral units. Across the whole of the county there are:

- 193 Schools, 67 academies and 3 free schools in Dorset County; including 32 independent schools, 9 special schools and 5 pupil referral units
- 48 schools, 11 academies and an additional planned free school in Bournemouth
- 46 schools and 22 academies in Poole

Specialist Level Provision

4.9 Dorset HealthCare’s CAMHS Tier 4 unit – Pebble Lodge is fully accredited by the Royal College of Psychiatrists Quality Network for Inpatient CAMHS (QNIC). The unit has 10 beds and provides 24-hour specialist care and treatment for behavioural, emotional and severe mental health difficulties. As a regional unit DHC works across the South with local commissioners, other providers and local authorities to ensure that young people remain connected with their local services.

4.10 All staff on the inpatient unit are trained to a high level in Dialectical Behaviour Therapy (DBT) - a type of talking treatment. It is based on Cognitive Behavioural Therapy (CBT), but has been adapted to help people who experience emotions very intensely. Through a partnership between Dorset HealthCare (DHC) and the Dorset Mental Health Forum, DHC employs young peer specialists on the unit to support recovery. DHC supports families and carers who have young people receiving care and has a dedicated transition nurse to facilitate timely discharge and initial
community engagement. Dorset’s community CAMH service and inpatient tier 4 service are both rated as good by the CQC.

4.11 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.

4.12 Dorset partners will work closely with colleagues in NHS England to ensure that priorities for specialised commissioning are fully embedded into local plans and effectively inform the implementation of this LTP and local future commissioning priorities through the transformation period.

4.13 As part of a new NHS England initiative Dorset is in the process of developing a Wessex-wide inpatient bed management system. The function of this system will be:

- Manage admissions, discharges and processes
- Support inpatient/community providers
- Oversight of patients and improved discharge management
- Improved management of patients needing to ‘step up’ into inpatient provision and ‘step down’ from inpatient provision to community provision

5. Access indicator and Key Performance Indicators

5.1 The NHS mandate this year is to increase access to NHS commissioned CYP community services. The access indicator measures the total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period, with treatment defined as 2 contacts with no time limit. The data is taken from the Mental Health Minimum Dataset (MHMDS) which NHS providers send their data to. The actual number treated is then compared with the estimated total number of individual children and young people aged under 18 with a diagnosable mental health condition. This is on the basis of the 2004 prevalence survey of CYPMH, which estimated the prevalence of diagnosable mental health problems in children and young people aged 5-16 at 9.6%. There is an updated survey taking place, to report in 2018.

5.2 All providers whether NHS or Local Authority must provide data in order to ensure that there is the expected increase in access to services. The access standard applies to any service that is wholly or partly funded by the CCG and delivered in the community. This includes direct face to face services and indirect services such as online counselling.

5.3 The national access target is 30% of diagnosable mental health need in CYP from 0-18 years of age being treated in 2017/18 increasing to 35% in 2020/21 (table 1).
<table>
<thead>
<tr>
<th></th>
<th>16/17 actual</th>
<th>17/18 target</th>
<th>18/19 target</th>
<th>19/20 target</th>
<th>20/21 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of individual CYP aged 0-18 receiving treatment by NHS funded community MH services in the reporting period*</td>
<td>3,732</td>
<td>3,778</td>
<td>4,042</td>
<td>4,307</td>
<td>4,446</td>
</tr>
<tr>
<td>Increase on 2016/17 in CYP receiving treatment</td>
<td>-</td>
<td>46**</td>
<td>310**</td>
<td>575**</td>
<td>714**</td>
</tr>
<tr>
<td>Total number of individual CYP aged 0-18 with a diagnosable mental health condition*** (increase of 146 or 1.16% between 16/17 and 20/21)</td>
<td>12,557</td>
<td>12,593</td>
<td>12630</td>
<td>12667</td>
<td>12,703</td>
</tr>
<tr>
<td>% of CYP aged 0-18 with a diagnosable mental health condition receiving treatment from NHS funded community MH services</td>
<td>29.7%</td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Table 1. NHS funded CYP mental health community services access actual (16/17) and NHS England trajectory (2017/18 – 2020/21) for Dorset STP footprint.

5.4 The community services commissioned by NHS Dorset CCG that fall within the definition of the national access indicator, and their caseloads, are further explained below. The mental health minimum data set (MHMDS) includes all secondary mental health services delivered by Dorset Healthcare other than addictions services and IAPT. As long as contacts from these services are being recorded on the main electronic clinical system, they will be present in final dataset. This includes Dorset Healthcare (DHC) CAMHS services (submitted as locality based rather than tier based), eating disorders, Early Intervention in Psychosis (EIP) <18 and psychiatric liaison.

5.5 A ‘Self-help not self-harm’ campaign and the new CHAT health text messaging service have been funded through School Nursing Service transformation investment. The national access indicator does not include text messaging and so this service is not flowing data to the MHMDS – this is to be reviewed as some of these contacts may include elements of treatment. This Public Health commissioned service is providing good early information on types and number of contacts and is monitored and reviewed through the Public Health Dorset contract management process on a quarterly basis.
5.6 Educational psychology (EP) investment is to secure EP involvement to support other professionals in their assessment of neurodevelopmental disorders. This would not be counted by the national access indicator as ‘treatment’. This service will be reviewed in December 2017 and performance and activity targets will be developed using the learning from the previous 12 months.

5.7 The eating disorders (ED) service is meeting the Five Year Forward View target to provide evidence-based treatment in 4 weeks for routine cases and 1 week for urgent cases for 95% of those referred and will continue to be measured against this standard. In the four months to August 2017, 100% of CYP referred were seen within these access target times. The service transformed to an all-age service in 2016 and is delivering a service in line with NHS England’s commissioning guidance and flows data to the MHMDS. The service is also signed up to the Royal College of Psychiatry (RCP) quality network and is awaiting a response from the RCP.

5.8 The CAMHS service has local targets to assess 95% of tier 2 referrals within 8 weeks and 95% of tier 3 referrals within 4 weeks, and for treatment to begin within 16 weeks for 90% of referrals. Referral to assessment times have improved from around 70% to between 85% and 90% as an average. Referral to treatment times have improved but less quickly than anticipated and this target is now a focus of the core-CAMHS transformation programme. The CCG and DHC have developed a means of seeing live data for CAMHS which in the long term means that where breaches are likely to occur plans can be put in place to mitigate against long running issues. This service is flowing data to the MHMDS.

5.9 The caseload for looked after children (LAC) and care leavers within LAC is based on the following two indicators within the overall LAC scorecard: 38a Number of LAC receiving emotional/mental health intervention; 42a Number of care leavers receiving emotional/mental health intervention. This is a new area of work resulting from the CCG investment in 2016/17 and reporting began on these indicators from April 2017. Further work is needed to establish whether this data is reported to the MHMDS. Key performance indicators will be developed in quarter 4 2017/18 taking into account the baseline for the previous 12 months.

5.10 DHC posts hosted in the Youth Offending Service will be included in the MHMDS where there is a Rio record – however this is not routine practice especially where the practitioners are contributing to a case held by a non-DHC worker. There is an opportunity to introduce this as routine practice – to be developed in 2018/19. New health posts (psychology and speech and language therapy) will be introduced into the Youth Offending Service in 2017/18 and the activity will be measured for 12 months prior to developing performance and activity targets.

5.11 The Early Intervention in Psychosis service is exceeding the NHS England target to treat more than 50% of people experiencing a first episode of psychosis with a NICE approved care package within 2 weeks of referral. The services already meet the 2021 access targets. The service monitors access for <18s and flows data to the MHMDS.
5.12 The review of psychiatric liaison provision in Dorset is underway and this will lead to the development of a service that meets the Five Year Forward View target of being all-age and available in all acute hospitals in the pan-Dorset area bringing together the adult psychiatric liaison team and the CAMHS psychiatric liaison officers. Key performance indicators will be developed with this new service.

5.13 In 2018 Dorset CCG commissioned an online counselling service for 11-19 year olds delivered by Xenzone called Kooth. Kooth will be data flowing into the MHSDS as from quarter 4 in 2018. This contract is in place for three years and will be evaluated during that time and ongoing finance planned if the services works for young people.

5.14 Dorset HealthCare services have performance and activity key performance indicators which are monitored through the Dorset HealthCare contract performance monitoring report, monitored by the CCG through the contracting process, and available on request from the CCG. In addition, Dorset CCG and Dorset HealthCare work with NHSE and he clinical networks for example on Eating Disorders and early intervention.

5.15 To achieve the transformational work a key area is workforce planning including recruitment and retention and development. The table below shows the staffing compliment currently:

5.16 The following table shows the CAMHS tier 2, 3 and 4 workforce data for October 2018:

<table>
<thead>
<tr>
<th>CAMHS tier 2, 3, 4</th>
<th>Total</th>
<th>Pebble Lodge (tier 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head count</td>
<td>117</td>
<td>38</td>
</tr>
<tr>
<td>FTE</td>
<td>92.92</td>
<td>35.24</td>
</tr>
<tr>
<td>Monthly Absence</td>
<td>5.83%</td>
<td>5.89%</td>
</tr>
<tr>
<td>YTD Absence</td>
<td>5.61%</td>
<td>6.78%</td>
</tr>
<tr>
<td>Turnover</td>
<td>7.05%</td>
<td>13.22%</td>
</tr>
<tr>
<td>Mandatory Training</td>
<td>96.75%</td>
<td>96.77%</td>
</tr>
<tr>
<td>Appraisal</td>
<td>88.31%</td>
<td>85.19%</td>
</tr>
<tr>
<td>Clinical Supervision</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Training DNA</td>
<td>12.50%</td>
<td>6.90%</td>
</tr>
<tr>
<td>Total YTD Budget</td>
<td>£1,959,035</td>
<td>£490,383</td>
</tr>
<tr>
<td>Total YTD Actual</td>
<td>£2,021,778</td>
<td>£503,097</td>
</tr>
<tr>
<td>Variance</td>
<td>£62,743</td>
<td>£12,714</td>
</tr>
</tbody>
</table>

5.17 In addition to the above the wellbeing practitioner (WP) workforce is funded and developing and in the context of reviewing services it is likely that this part of the workforce will be developed further. Currently there are seven wellbeing practitioners in post across the CMHTs and another four due to complete training May 2019. It is anticipated that the WPs will be able to increase access by c1000
children and young people who have anxiety and depression. As well as increasing access the practitioners will ensure that children who need tier 3 will be able to be seen quickly because there will be additional capacity.

6. **Engagement and co-production**

6.1 Across Dorset during 2016/17 there were a range of engagement and view seeking activities with children and young people and the diagram below shows some of these.

6.2 Research undertaken by Dorset Young Researchers\(^7\), commissioned by Dorset County Council, was used to inform the priorities as well as engagement with the members of the Children’s Trust Board which includes representation from the voluntary and community Sector, schools/colleges/further education, parents/carers, local authority education professionals and social care.

6.3 Dorset Youth Council has developed self-help information wheels in 2017 for young people on the following topics which point CYP to services and self-help techniques and websites etc. aimed at supporting young people to have control over their own mental health and wellbeing. The intention is to review and reprint in 2018/19. The Wheels focus on:

- Self-help wheel to aid in overcoming anxiety
- Raising awareness and understanding of body image and eating disorders
- I’m being bullied and I don’t know what to do?!?
- Self-help wheel for depression and self-harm
- Self-help wheel for mindfulness
- Self-help wheel for coping with exam stress

\(^7\) [http://www.dorsetyoungresearchers.com/](http://www.dorsetyoungresearchers.com/)
6.4 In 2017 a group of young people from Poole created a short film about young people’s mental health called #Life Unfiltered aimed at their peers. The film was made in partnership with Bournemouth University, Dorset HealthCare University NHS Foundation Trust, Dorset Mental Health Forum, Borough of Poole, HealthWatch Dorset and Dorset Mind and was launched on World Mental Health Day (10 October). One young person, Siobhan, described why she took part in the project:

“For me, working on this film was a way to not only get to know new people and gain confidence, but a way to make sure fewer people end up so mentally unwell that they end up in psychiatric hospitals. I want young people to be able to reach out and get the help they need before things in their lives deteriorate even more.”

The young participants were involved in every step of the process – from the initial workshops, through to interviewing film companies and shooting the film itself.

6.5 The Dorset Young Inspectors Programme has undertaken a review of CAMHs and presented the findings to Dorset Health Care. Young people have been trained as Youth Health Champions (RCPH programme) in Weymouth College, and the college has become an accredited centre so that the programme can be rolled out to other parts of the county.

6.6 A range of work has taken place with school staff and pupils to develop interventions such as mental health first aid, a CHAT Health school nursing text message service and a Self-help not self-harm campaign. In terms of governance, feedback from school pupils is represented through school staff membership of Children’s Trust Boards in Dorset, Bournemouth and Poole.

6.7 The Head Teacher Alliance for PE and School sport have championed evidence for using physical activity to build children and young people’s resilience and improve their emotional health and wellbeing. The Alliance have a positive role to play in engaging school leadership and building capacity in schools by distributing funding to the Whole School Approach projects which improve emotional health and wellbeing for children, young people, their parents and staff. This programme launches in September 2018 and will be robustly evaluated.

6.8 HealthWatch Dorset carried out digital project for young people called Be Yourself: Everybody else is taken, which completed in 2017. The starting point of the project was wanting to hear from young people about their lives, about what it is like to be them and what are the health and wellbeing issues for them. Be Yourself was a digital project that allowed young people to talk about their lives and personal experiences in any way that suited them. HealthWatch received over 150 contributions in a wide variety of mediums – including images, painting, blogs, vlogs, films and poetry. Each contribution has given an insight into how young people are feeling. The following took part in the project:

---

<table>
<thead>
<tr>
<th>Over 600 children and young people</th>
<th>Space Youth Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Centres &amp; Children’s Centres</td>
<td>The Chatterboxes</td>
</tr>
<tr>
<td>Weymouth College</td>
<td>YMCA Bournemouth</td>
</tr>
<tr>
<td>The Arts University, Bournemouth</td>
<td>VInspired</td>
</tr>
<tr>
<td>Dorset County Hospital &amp; Poole Hospital</td>
<td>Dorset Youth Association</td>
</tr>
<tr>
<td>Poole Young Carers</td>
<td>0-19 Forum</td>
</tr>
<tr>
<td>Bournemouth University</td>
<td>Bournemouth &amp; Poole Colleges</td>
</tr>
</tbody>
</table>

Oak Academy, LeAF Studio, Poole High School, Oakdale Junior School, Tregonwell Academy, Bourne Academy, Avonbourne, Thomas Hardy School, Highcliffe School, Yewstock School and many more

6.9 Key messages from the children and young people that participated in the activities were:

- Teachers don’t understand young carers circumstances and put extreme pressure on young children, whose priorities may not be the same as the average student
- Teachers and students, families, carers and friends need better understanding of mental health including early intervention
- MH needs to be taught at a younger age
- Students feel more comfortable talking to people closer in age to theirs—they feel misunderstood when the age gap is too much
- People being unable to access CAMHS
- A whole-school, joined-up approach to promoting the emotional wellbeing of young people and providing mental health support.
- Awareness of, and support for, mental health and emotional wellbeing need to be part of the “DNA” of a school, not an add-on
- Investment to enable teachers to understand mental health
- Mental Health should be spoken about from a young age. The term “mental health” should be used so that it no longer becomes a taboo subject
- Each year, as a young person develops, their understanding of mental health should too
- Children should be encouraged to open up and feel comfortable to talk about how they feel in groups or 1-2-1 basis as this will enable young people to talk about mental health
- PSHCE (Personal Social Health and Citizenship Education) is already factored into the timetable and mental health can be slotted in.
- Health class can incorporate mental health lessons.
- Discussions on mental health can be incorporated into art, music and drama lessons, so those who don’t feel comfortable talking have the platform to express their feelings in an artistic way without feeling judged.
- Schools should actively seek ways to create more before-school and after-school groups and summer schools, where young people with self-esteem and other issues could find support to open up and share. Parent workshops, too. A lot of mental health issues faced by young people are not only based in schools: external factors come into play too.
6.10 In response to all of the above feedback the partner organisations have said that the intention is to:

- Undertake work consistently and regularly publish a “you said, we did” approach for children and young people across all partners.
- Carry out engagement with: Dorset CYP Strategic Alliance, Dorset Schools Forum and Dorset SEND Improvement Delivery Group, Dorset Youth Council, Dorset Children in Care Council, Dorset Parent Carer Forum
- Roll out Youth Health Champions programme across a wider range of Dorset schools/colleges - to deliver peer support and signposting. Commission a Dorset parents peer support programme from the VCS.
- Further engage with CYP in 2019/20 once the LTP has been refreshed and a CAMHS review has been developed
- The review will include view seeking and modelling work with young people and their families will enable a really timely sense check about the improvements to date. The modelling phase of the review will also enable children and families to develop the kind of services that they will find most helpful.
- The ambition of the review is to design services that provide the greatest early access to CAMHS expertise so that where ever possible serious mental illness is prevented.

6.11 As stated there is an intention to ensure that children and young people are able to have their say at all stages of service development including having a say about the services that are up and running and future service design.

7. Workforce

7.1 The final iteration of the Dorset Mental Health Sustainability and Transformation Plan (MH-STP) submission on behalf on the Dorset system was presented to the Dorset Workforce Action Board (DWAB) on 5th June and submitted to Health Education England (HEE) on the 8th June 2018.

7.2 Data from the 3-year trajectory has been transposed into a 5-year plan which incorporates Learning Disabilities, Dementia and IAPT Southampton. Information about this is regularly updated with additional information i.e. numbers of starters for Registered Nurse Degree Apprenticeships and includes projections of workforce numbers in relation to planned expansion and/or transformation of services.

7.3 Service modelling work has been completed for all services. The modelling work details each service including specific workforce delivery plans for 4 key areas at present:

- Perinatal Services
- CAMHS Expansion and development of PICU
- Forensic Services (Inpatient and Community)
- Eating Disorders
There is additional work being done at Provider and Commissioner level with regard to workforce data and how this can be to reflect quantitative and qualitative workforce figures without duplication.

There was a scoping exercise related to Advanced Nurse (Clinical) Practitioner in Dorset HealthCare. Further discussions are taking place with regards to expanding this workforce in support of the 12 programmes of transformation in Mental Health and utilising the Apprenticeship offer to support the emerging workforce.

Early discussions with regard to the development and expansion of the peer specialist/support role are underway in partnership with Dorset Mental Health Forum. We are keen to explore becoming part of the ‘trailblazer’ programme of work being led by ImRoc in relation to developing a peer support worker apprenticeship programme.

Further discussions have taken place with regard to modelling the MH workforce within the Primary Care setting. Although this has been slow to start there is engagement and an appetite to move this forward at pace incorporating new roles such as the physician associate role. Further scoping is required to review existing models, their sustainability, what value they add and how this workforce can be supported by the wider system.

Services already in place and services to be put in place

The following sections in the LTP have been written simply so that at a quick glance CYP and their families will be able to see what has been happening with CAMH services across Dorset since 2016 and be able to see what the future plans include.

Section 8 describes what has been done already and what needs to be done. Section 9 lists all the services in place aligning them with the THRIVE quadrants which is the proposed direction of travel for the future commissioning of Dorset’s CYP MH services.

As stated in 2.10 there are four sections described in the THRIVE model:

- Getting advice
- Getting Help
- Getting more help
- Getting Risk support

All the services are listed in the relevant THRIVE section. Some are mentioned in more than one section because they offer a range of support services from early help to more intensive support. Descriptions of services are seen in Appendix 5.

Across Dorset there is a wide range of services, some provided by the NHS and some by the Local Authorities or Public Health and some services delivered by third sector organisations. It will be clear which organisation provides each service
9. **Improvements made and improvements to be made**

9.1 Some key developments will enable Dorset to improve the offer to children and young people. Layers of service will allow children and young people to access the help they need, where and when they need it. In the forward planning children and young people will be able to shape the services.

9.2 To note, the children and young people included in the vulnerable group are: Looked after children, and children and young people open to the Youth Offending Service. Children and young people who have experienced abuse and or neglect, are vulnerable to sexual and criminal exploitation, are not accessing mainstream education including some home educated and children and young people. Also children and young people who have mental health concerns but do not or cannot engage with core CAMHS services.

9.3 Evidence around Adverse Childhood (ACE) experience such as those described earlier is growing and suggests that if a child has four or five ACEs they are more likely to experience long-term mental and physical health concerns including diabetes and obesity, end up in the criminal justice system, achieve less and not thrive in the way we would want with the long term effect of requiring services into adulthood.

9.4 The collective response to trauma should never include anything that adds to it. All services regardless of provider needs to work in a trauma informed way, that includes response to referrals, waiting times, timely access, schools and through any contacts with services that are part of the THRIVE pathways.

9.5 All the work to date, to improve services has been paving the way towards earlier help. All services in place are being lined up to match up with the THRIVE quadrants. The intention being to prevent serious mental health conditions from taking hold due to the lack of early help. Further improvement is required to ensure that early, timely and appropriate intervention is always the norm rather than the exception.

9.6 The tables below show what has been done, what is being done and what needs doing and a “So what?” comment after each section. The final table specifically focusses on vulnerable children and young people because of all children and young people they are most at risk of needing long term contact with health and other services and the right intervention could help to prevent this being the case. The table are colour coded as below:

<table>
<thead>
<tr>
<th>What has been done</th>
<th>What is being done</th>
<th>What needs doing</th>
<th>Vulnerable children</th>
<th>So what?</th>
</tr>
</thead>
</table>


### What has been done

- **New referral guidance for core CAMHS** introduced with advice about how to refer and information about certain conditions and describing the care pathways set in the context of THRIVE.
- **The Dorset HealthCare Foundation Trust** website contains some information about the Child and Adolescent Mental Health Services.
- Both enable children and their families to access information about mental health conditions, referral options and treatments for various conditions giving knowledge.

- **Six Wellbeing Practitioners** are in place in CAMHS which is the start of the delivery of Children and Young People’s IAPT/Steps to wellbeing service.
- **Four further wellbeing practitioners** are currently undertaking their training and will complete it in May 2019. Two more will train in 2019/20.

- **The participation of children, young people and their families** is a central theme in any improvement and is included in the service development plan. This means that CYP can really help shape services to ensure they meet their needs.

- **DHC and CCG** have developed a comprehensive way of reporting to the CCG about their performance and activity plus staff training compliance and types of training/qualifications achieved, absence, clinical supervision, complaints, finance, pathway allocation and outcome measures carried out.
- **Reporting information** is available to staff in real time and reviewed at monthly CAMHS transformation meetings to improve performance.
- **These improvements mean that at any time** waiting lists and times and pressures can be viewed in the system and responded to and with the THRIVE approach resources can be moved to meet the need at the time.
- **CCG** Reviews performance data on a monthly basis at CAMHS transformation meetings.

- **The Public Health Nursing (Health visiting/School Nursing) team’s text ‘CHAT health’** (text message service) encourages pupils to text anonymously a school nurse for advice if they don’t want to meet face to face. Information on types and frequency of contact with CHAT health

- **New outcome measures** have been introduced that will help continuous improvements in the services and some of these are based on children and young people’s feedback.
<table>
<thead>
<tr>
<th>Family Partnership Zones in Dorset</th>
<th>The Borough of Poole has delivered mental health first aid training for 56 school staff including primary, secondary &amp; special schools.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lead and implement a whole system approach to early help</td>
<td>• Five Senior Leaders in Education are leading on the promotion, support &amp; sustainability of mental health first aid in schools and a regular network meeting is in place that brings together trained staff to discuss implementation of the programme; the network is supported by the Dorset Healthcare CAMHS Service and the local authority.</td>
</tr>
<tr>
<td>• Understand needs and agree strategy across partners and communities</td>
<td></td>
</tr>
<tr>
<td>• Reduce future demand on late intervention</td>
<td></td>
</tr>
<tr>
<td>• Identify savings from the avoidance of late interventions across partners</td>
<td></td>
</tr>
<tr>
<td>• Combine resources across partners in order to achieve shared outcomes</td>
<td></td>
</tr>
<tr>
<td>• Deliver integrated working practices across Family Partnership Zones</td>
<td></td>
</tr>
<tr>
<td>• Ensure sound evidence based practices and interventions are in place and consistently delivered</td>
<td></td>
</tr>
<tr>
<td>• Create and sustain culture change in practice across Family Partnership Zones to ensure staff work across boundaries and take a whole family approach</td>
<td></td>
</tr>
<tr>
<td>• Embed Outcomes Based Accountability in practice</td>
<td></td>
</tr>
<tr>
<td>• Ensure the skills of the whole workforce is developed effectively, in order to achieve outcomes for children, families and communities</td>
<td></td>
</tr>
<tr>
<td>• Poole commissioned a provider to update the Personal Social Health Economics (PSHE) education programme and develop a new Secondary PSHE programme with the two presenting a seamless cross phase approach with resilience and emotional well-being at its core.</td>
<td>• A successful Peer Support Worker model has been developed at the Pebble Lodge Inpatient Unit which involves former inpatients providing peer support to current inpatients.</td>
</tr>
<tr>
<td>The Secondary materials are being piloted and completion and a full launch is planned by Easter 2018 and this will be compulsory by 2020.</td>
<td>• This model will inform the development of the community based experts by experience / peer support model.</td>
</tr>
<tr>
<td>• Dorset has a Youth Health Champions programme focusing on mental health. The learning from this programme is</td>
<td>• It will also be the basis for the development of the Discovery College.</td>
</tr>
<tr>
<td>• Increased access to core CAMHS from 30% to 32% of those children and young people who have a diagnosable mental health condition.</td>
<td></td>
</tr>
</tbody>
</table>
incorporated into the development of the peer support model.

- The new behaviour development pathway is designed to reflect the child, young person and family journey of managing concerns about behaviour and development.
- The pathway now involves six key stages:
  - Stage 1: Identify issues and request 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

- Eating Disorders services have increased the level of home treatment available. Additional group work and individual therapy is available and adds to the packages of care.
- If admission is needed (including out of county), the service maintains contact with patients to speed up discharge home.
- It also ensures that in-patient care is only used when absolutely needed and all local community approaches and resources have been tried.

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| If admission is needed (including out of county), the service maintains contact with patients to speed up discharge home. |
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There are eight crisis workers within core-CAMHS providing a community crisis response including assessment, intervention and brief follow up, including intensive community support where needed.

- The team liaises with the emergency departments within the three acute hospitals in Dorset and operates from 9am to 5pm on weekdays.
- An out of hours’ crisis provision operates from 5pm to 1am weekdays and 9am to 1am weekends with one whole time equivalent staffing. Between October 2016 and March 2017 there were 394 referrals and 96.4% received a mental health assessment within 4 hours. The service sees young people for assessments in the acute hospitals only.
- New liaison/transition posts have been created and their aim is to prevent admissions to inpatient services by offering bespoke packages of care.

- New Transitions Guidance was introduced. The new care pathways are:
  - CAMHS to Primary Care (GP)
  - CAMHS to Steps to Wellbeing (IAPT)
  - CAMHS to Community Mental Health Team (CMHT)
  - Local Inpatient Adolescent to CMHT
  - Inpatient Adolescent to Inpatient Adult
  - Repatriation / Further Out of Area Placement
  - CAMHS to Asperger Service
  - Young People’s Eating Disorder Service
  - Children’s service to Adult LD services
  - Liaison Psychiatry Contact

The performance of the new transitions pathways is measured as part of the Commissioning for Quality and Innovation (CQUIN) scheme in quarter four of 2017/18 and throughout 2018/19. The baseline in 2017/18 will be used to set an improvement target for 2018/19.

- Two mental health nurses focus on identifying and assessing need, offering specialist advice to team colleagues and support carers and workers through training, supervision and consultation to promote placement and educational stability for example workshops about

<p>| Two mental health nurses focus on identifying and assessing need, offering specialist advice to team colleagues and support carers and workers through training, supervision and consultation to promote placement and educational stability for example workshops about |
| Nurses in the LAC service provide |
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<table>
<thead>
<tr>
<th>Borough of Poole currently provides:</th>
<th>Youth Offending Service has psychology and nursing roles as part of their core service and the service is increasing its access to at risk young people the</th>
</tr>
</thead>
<tbody>
<tr>
<td>A website for young people (UP) which includes some focus on improving</td>
<td>attachment, self-harm, trauma, bullying, and life story work.</td>
</tr>
<tr>
<td>• Psychological formulation to support planning and the multi-agency work.</td>
<td>• Support for partnership working across CAMHS, clinical psychology, LAC Health team and local authority services to deliver a stepped model of support, care and intervention.</td>
</tr>
<tr>
<td>• Support for partnership working across CAMHS, clinical psychology, LAC Health team and local authority services to deliver a stepped model of support, care and intervention.</td>
<td>• Interventions for mental health and wellbeing that focus on improving the quality of the relationship between the child and their care givers.</td>
</tr>
<tr>
<td>• Part of the new model implemented Emotional Health and Well-Being Practitioners (EH&amp;WB) within the LAC health service.</td>
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</tr>
<tr>
<td>• The EH&amp;WB practitioner’s works face to face with LAC in line with the Pan Dorset strategic thrive model, where required they will also support a step up and then step down process for LAC who need support and therapeutic interventions form CAMHS.</td>
<td>• In response to what LAC in Dorset told us they needed and the Government Response to the Consultation on Transforming Children and Young People’s Mental Health Provision:</td>
</tr>
<tr>
<td>• Green Paper and Next Steps 2018 a referral protocol to C-CAMHS for LAC has been written and is out for consultation to be agreed. This will see LAC meeting the threshold for CAMHS attending an appointment within 4 weeks.</td>
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</table>
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Borough of Poole currently provides:

- A website for young people (UP) which includes some focus on improving
- Youth Offending Service has psychology and nursing roles as part of their core service and the service is increasing its access to at risk young people the
emotional wellbeing and support available.

- Poole C-CAMHS now run a telephone support line for an hour a day (mainly used by professionals).
- Public Health has funded Jigsaw (a set of resource/toolkit related to emotional well-being and mental health) for all secondary schools and it is also available in most primary schools (all bar 3).
- Mental Health First Aid training is provided. By Autumn 2018, around 100 school-based and other staff in Poole will have been trained.

intention being to prevent offending behaviour where ever possible.

So what?

All of the above aim to provide easy access for more children and young people including children in crisis, because of better referral guidance and wellbeing practitioners who are able to offer treatment quickly.

There is more support from young peer support workers so that young people new to services see hopeful outcomes and can have support from people who have been in a similar situation to them.

Outcomes are monitored more robustly so that progress can be tracked. With family partnership zones and other locally developed services the support for children and young people is closer to home and designed to meet local need.
What is being done

- There is a focus on how to improve the early intervention offer so that issues are identified sooner and help provided when needed where ever a child or young person is.

- Core CAMHS is planning further work with mainstream services to support them to address emotional wellbeing and mental health concerns.

- Developing 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) proving all age liaison psychiatry service across Dorset.

- Planning to co-locate core CAMHS professionals within each of the three developing local authority Early Help Hubs. This support multi-agency holistic assessment process that consider the whole child in the context of their family.

- This will help effective joint working and information sharing between services and organisations to ensure robust assessment and appropriate, safe allocation of resources to those families in most need.

- Commissioning KOOTH which is an online Counselling service for 11-19 year olds. This will be for an initial period of three years from September 2018.

- Rolling out the Discovery College across Dorset so that peers and MH professionals co design and co deliver courses in the style the most fits with CYP learning styles.

- Developing 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.

- The eating disorder service is working to develop effective relationships with GPs and that this is consistent across the whole county. This will help GPs are able to identify children and young people who may have or be developing and eating disorder earlier and are able to support and monitor them meeting their responsibilities in the new access standards.

- DHC is currently reviewing its online presence and this involves the eating disorder service.
  - A revised eating disorder section will 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.

- The psychiatric liaison and crisis provision is being fully reviewed and this started in May 2018. The review will identify the changes needed to meet the NHS England targets that all acute hospitals must have all-age psychiatric liaison teams in place by 2020/21; and provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families.
• Currently reviewing the psychiatric liaison service which includes the crisis offer to children and young people to ensure that there is 24 access to support in crisis.

• Core CAMHS is to provided psychology for looked after children and are to provide the following support/intervention
  • Offer psychological consultation to staff working with children and young people who are looked after
  • Provide psychological advice and support to foster carers and residential staff regarding children and young people who are looked after
  • Provide training sessions, alongside partner agencies, to foster carers
  • Following initial consultations, carry out specialist assessment work and therapeutic interventions for children and young people who are looked after

So what?

Everything being done now is setting a directions of travel towards early help through joint working so that young people can access different kinds of help and advice. Also by improving information on line and in other forms that is easy to access.

The crisis support for CYP will also improve as the psychiatric liaison review progresses and this will mean a more responsive crisis service for children and their families.

The ambition of the discovery project is to provide education in various forms to enable CYP to get information from peers and professionals and in turn find a sense of hope and find that inner resource and resilience is confirmed and strengthened.

The overarching ambition of the LTP and the changes being made is to enable children and young people access to mental health advice, help and support as soon as possible so that serious illness is prevented and resilience strengthened where ever possible.
### What needs to be done

<table>
<thead>
<tr>
<th>The NHS mandates that there has to be an increase in access to core CAMHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The increase has to be from 30% of children and young people with a diagnosable mental health condition to 35% by 2021.</td>
</tr>
<tr>
<td>• They are to be able to access community treatment from NHS funded community mental health services. The increase has to be by 2021</td>
</tr>
<tr>
<td>• We have to provide an all age psychiatric liaison service by 2020/21 the review is already in progress.</td>
</tr>
<tr>
<td>• Provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families. The review for this is already in progress.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Early help and intervention</th>
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</thead>
<tbody>
<tr>
<td>• Early intervention in psychosis: The access and waiting time standard requires that, from 1 April 2016 more than 50% of people experiencing first episode psychosis should be treated with a NICE-approved care package within two weeks of referral.</td>
</tr>
<tr>
<td>• The standard is targeted at people aged 14-65. In response to the recommendation of the Mental Health Taskforce, NHS England has committed to ensuring that, by 2020/21, the standard will be extended to reach at least 60% of people experiencing first episode psychosis.</td>
</tr>
<tr>
<td>• The Dorset EIS is already meeting the targets for 2021 but is under some pressure which needs to be resolved.</td>
</tr>
<tr>
<td>• Eating disorders target is that 95% of patients are to receive treatment within 4 weeks for routine and 1 week for urgent cases by 2020.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAMHS local waiting time targets:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The CAMHS service has local targets:</td>
</tr>
<tr>
<td>• 95% of referrals within 8 weeks and</td>
</tr>
<tr>
<td>• 95% of tier 3 referrals within 4 weeks</td>
</tr>
<tr>
<td>• 90% of referral to treatment within 16 weeks.</td>
</tr>
<tr>
<td>• Referral to assessment times have improved from around 70% to between 85% and 90% between April 2016 and July 2017.</td>
</tr>
<tr>
<td>• Referral to treatment times have improved from 75-79% and this target is now a focus of the core-CAMHS transformation programme.</td>
</tr>
<tr>
<td>• This service is flowing data to the MHMDS which ensures that across the country there is a reliable source of data for continued improvement.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have to roll out training, related to management and support for people who self-harm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not all children who self-harm meet the core CAMHS criteria but CYP who do self-harm need a response from all services that enables them to use other strategies when things are not going well and CYP need a consistent response from all services they come into contact with including schools, GPs and others.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-help tools to be developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “I can problem solve” programme to be put in place</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma informed practice in all services to be introduced</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All schools to have a named CAMHS worker to link with for advice, support and referral point</td>
</tr>
</tbody>
</table>
**Peer support available across Dorset in various organisations and being developed**
- Connection service to include CYP for telephone/skype advice and support
- Discovery college for CYP based on adult recovery education that has peer and professionals working together to provide training programmes
- Scale up the CHAT text messaging service to link with Kooth

**Connection Service to include CYP with access to support and advice by telephone or skype**
- Discovery college for CYP based on adult recovery education that has peer and professionals working together to provide training programmes
- CYP Steps to Wellbeing service to be developed expanding the work of the Wellbeing practitioners in post in core CAMHS

**Youth offending service offering early intervention to prevent CYP offending**
- Training to be provided about self-harm and how to manage it and support CYP with other coping strategies
- Discovery College for CYP based on recovery education that has peer and professionals working together to provide training programmes
- Considering CYP IAPT service to build on the work of the Wellbeing Practitioner
- Considering the development of a young people’s Retreat

**Two additional inpatient beds at pebble lodge to be created (NHSE to commission these.)**
- CYP Psychiatric intensive care unit (PICU) to be developed
- CAMHS Forensic service to be developed in 2018/19 and the service will provide assessment, intervention and consultation to those young people in the “getting risk” support section of the THRIVE model.

**Bournemouth Borough is implementing the Sandwell Whole School Approach to mental health. Schools that opt into this programme are awarded the Sandwell Wellbeing Charter Mark if they can demonstrate that they take a whole-school approach to emotional health and wellbeing through a process of audit, action planning and review. Educational Psychologist undertake a baseline audit looking at the 8 criteria below:**
- Leadership
- Ethos and Environment
- Curriculum, Teaching and Learning
- Student Voice
- Staff Development/Wellbeing
- Identifying Needs and Monitoring Impact
- Working with parents/carers

**LAC**
- Continue to support and review the emotional and mental health provision for LAC, recognising the cohort of need is expanding to cover the emotion and mental health need of UASC who have often come from war torn areas having experience complex trauma of injury, loss and exploitation.
- Transition from children services to adult service is another are of focus as LAC and the very nature of their vulnerability puts their emotional age below their chronological age.
- Review the existing Specialist CAMHS for Looked After Children & Adoption and Permanency Services (Psychology) arrangement to ensure the resource available is fit for purpose. Continue to consult and listen to our LAC and Care leaver
<table>
<thead>
<tr>
<th><strong>population in shaping services going forward.</strong></th>
<th>• Review reporting indicators used for assurance are also outcome focused answering the “What difference did it make” question.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improve the offer to children and young people who have an autistic spectrum condition by ensuring that Wellbeing Practitioners have the skill to work with children and young people who have an autistic spectrum condition.</td>
<td>• Ensure that the Public Health Nursing (Health visiting/School Nursing) service is able to identify mental health need and developmental conditions early and sign post or support appropriately to ensure that the child and family have the help they require at the earliest possible time.</td>
</tr>
<tr>
<td>• There may be a need to pilot a longer treatment time for this group of patients but the intention is to ensure that services make reasonable adjustments so that patients benefit from the intervention.</td>
<td></td>
</tr>
</tbody>
</table>

**So what?**

All of the above are mandated areas of work that build on the developments and progress already made.

The increase in access to services, the support for vulnerable children and young people, the increased support for children and young people in crisis are all areas that need to be improved.

The above sets out Dorset CCG and partners’ aims. They are ambitious because the desire is to make sure that support and care is provided for as many children and young people as possible especially those who experience mental health difficulties and are vulnerable.

If the above developments are not achieved the ambition to reach as many children and young people will not be met.
## Vulnerable children and young people

### What has been done

- The core-CAMHS service referral criteria has always included CYP experiencing complex risk factors such as abuse, maltreatment and social deprivation and the new guidance sets this out in an accessible format.
- The guidance includes detail on types of emotional health and wellbeing difficulties that would typically be assessed and treated by CAMHS and this includes (but is not limited to):
  - Attachment difficulties which could be as a result of abuse/maltreatment/neglect;
  - Post-Traumatic Stress Disorder – guidance on what to do if there is evidence that the child/young person is still exposed to the stressor/trauma e.g. living in a household where domestic violence occurs, having contact with the perpetrator etc.
  - Psychosis – guidance to explore family functioning/impairment and assess for exploitation and safeguarding need.

<table>
<thead>
<tr>
<th>Sexual Assault Referral Centre that anyone can be referred to or refer themselves to. It is delivered by the Rape Crisis Service and provides counselling and support through all the processes related to health and legal matters. Usually this is provided by an independent sexual violence (ISV) worker</th>
<th>If sexual assault is disclosed the person is referred to the Multi-agency safeguarding hub. They then refer to forensic medical service within 7 days. They are support throughout the process by the ISV worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Triage is able to work with the police to provide an appropriate response to children and young people in distress or trouble.</td>
<td>New safeguarding boards in place and the definitions of abuse have widened to include peer to peer about and exploitation of children sexual and criminal exploitation. The take a whole family approach because drugs, alcohol and mental ill health in families’ impacts on children. The Threshold tool is also being used to help organisations and people identify the child’s degree of need and help to respond appropriately.</td>
</tr>
</tbody>
</table>
### What needs to be done

- Continue to support the LAC nursing service and ensure it has robust pathways to CAMHS services as appropriate.
- Ensure that needs and issues uncovered by the service are fed back into service delivery and commissioning.
- Continue to develop work with the Regional Adoption Agency – Aspire Adoption – to clarify the psychology input to the new service (mostly Local Authority funded) and to agree pathways into CAMHS. This work covers all aspects of the adoption process including special guardianship which is becoming more commonplace and has not been adequately supported in the past.
- Continue to support and review the emotional and mental health provision for LAC, recognising the cohort of need is expanding to cover the emotion and mental health need of UASC who have often come from war torn areas having experience complex trauma of injury, loss and exploitation.
- Transition from children services to adult service is another area of focus as LAC and the very nature of their vulnerability puts their emotional age below their chronological age.
- Review the existing Specialist CAMHS for Looked After Children & Adoption and Permanency Services (Psychology) arrangement to ensure the resource available is fit for purpose.
- Continue to consult and listen to our LAC and Care leaver population in shaping services going forward. Review reporting indicators used for assurance are also outcome focused answering the “What difference did it make” question.

<table>
<thead>
<tr>
<th>Every service commissioned and delivered across Dorset to be ACE aware and trauma</th>
<th>Ensure that every looked after child has access to support they need when they need it so</th>
</tr>
</thead>
</table>

Continue to develop the CHAT text message service in order to identify themes coming from young people as these will help shape future service developments. Ensure that the CHAT service interfaces with KOOTH and core CAMHS when needed.
informed so that no contact with service becomes an adverse experience
that issues are identified early and support in place and this might include fast track referrals to all services.

Complex case panels actively working in two areas across the county one for Bournemouth Poole and Christchurch and the other Dorset once the local government reorganisation has happened in April 2019. This approach should ensure that no child, young person of family is delayed from accessing the support or care they require.

CAMHS Forensic service to be developed that will interface with the Youth Offending Service.

So what?

Children and young people who are vulnerable and experiencing adversity as described earlier in the LTP are children and young people who will end up requiring support from health and social care and criminal justice services.

The evidence for mental health conditions developing in childhood is overwhelming as is the evidence that childhood adversity prevents thriving and makes children and young people more susceptible to poor mental and physical health, drug and alcohol problems, open to exploitation and will be likely to need services in to adulthood.

Acting now will help to prevent mental health conditions developing and preventing childhood adversity where ever possible will have a positive and long-term impact on adult health and social care services i.e. reduce long term reliance on them.
10. THRIVE Service Mapping

10.1 Section 1 Getting Advice

10% of children and young people in Dorset

Getting advice - Services in place

- Eating disorder Service (NHS)
- General Practice (NHS)
- School staff e.g. ELSA’s Pastoral (Education)
- BEAT Eating disorders (Charity)
- Dorset Mind Eating disorders service (Charity)
- Community Perinatal Service (NHS)
- The Public Health Nursing (Health visiting/School Nursing)
- Scale the Chat health text messaging service (PH) to provide additional information and advice and to link with Kooth (Charity)
- Mental Health First Aid in Schools (PH)
- Kooth on line counselling service website (Charity)
- Core CAMHS referral guidance (NHS)
- Primary care MH workers in schools (NHS)
- Family partnership zones (LA)
- Early help partnerships (LA)
- Space Project for LGBTQ young people (Charity)
### 10.2 Section 2 Getting Help

#### Getting Help – services in place

- Core CAMHS wellbeing practitioners (NHS)
- General Practice (NHS)
- Eating disorders service (NHS)
- BEAT eating disorders (Charity)
- Kooth online service (Charity)
- Space project (Charity)
- School nursing project (NHS)
- Adverse Childhood Experience (LA)
- Early help hubs with CAMHS worker co-located (LA and NHS)
- Dorset MIND schools project (Charity)
- The Wave Project (Charity)
- Kooth online counselling sessions available (Charity)
- Psychology in schools (LA and NHS)
- Speech and Language Therapy (NHS)
- Early Intervention Service (NHS)
- Wave project (Charity)
- Street Triage Service (Connection Service) (NHS)
- MOSAIC bereavement counselling (Charity)
- Listening Ear Counselling Services (Charity)
- Step4ward Young People’s Counselling Service—for young people aged 13–19 by self-referral. (Charity)
- Action for Children run 2 Triple P courses for parents of adolescents each year and courses can be accessed through the Early Help Advice Point (Charity)
- Action for Children also provide a Parent Support Service (Charity)
### 16% of Dorset’s Children and young people
#### Getting more help – services in place

- Core CAMH Service works with CYP with moderate to high-level mental health needs (NHS)
- General Practice (NHS)
- Early intervention service working with people beginning to experience psychosis (NHS)
- Wellbeing Practitioners (MHS)
- Psychiatric Liaison Service -Two CYP psychiatric liaison nurses work in the three acute hospitals in Dorset (NHS)
- Community eating disorders service (NHS)
- Community perinatal mental health service (NHS)
- Youth Offending Service including (NHSE) speech and language therapy (NHS)
- Mental health nurses in the looked after children service (LAC)(NHS)
- Place of Safety (POS) for all ages, including under 18s (NHS)
- SARC for people for people who have experience sexual assault (NHSE)
- School nursing service (NHS)
- Health Visitors (PH)
- Multi-Agency Safeguarding Hub (LA and other partners)
- Children’s Sexual Exploitation Service (NHSE)
- Missing Children Service
- Speech and Language therapy
8% of children and young people in Dorset

Getting risk support – services in place

- Core CAMH Service (NHS)
- Early intervention service (NHS)
- Psychiatric liaison nurses (NHS)
- Community eating disorders service (NHS)
- Inpatient ED service (NHSE)
- Community perinatal mental health service (NHS)
- Youth Offending Service (NHSE)
- Inpatient service for mums and babies (NHSE)
- Looked after Children Service (LA and NHS and Education)
- Mental health nurses in the looked after children service (LAC)
- Place of Safety (POS) for all ages, including under 18s (NHS)
- SARC all age service for people who have experience sexual assault (NHSE)
- Pebble lodge inpatient service (NHSE)
- Youth Offending Service (NHSE and NHS CCG)
11. Conclusion

11.1 This version of the Local Transformation Plan comes at a time where further change to improve CAMHS requires a review and a more dynamic commissioning approach.

11.2 The local transformation plans to date have provided a sense of direction and understanding of services, the strengths and areas for improvement, however to really capitalise on all the work to date there is a need to take a much more radical approach to the improvement programme and the intention is for Dorset to take this opportunity over the next two to three years with appropriate level of funding to achieve all the ambitions described in the plan.

11.3 This approach will ensure that all the five year forward ambitions are met and most importantly children and young people in Dorset will be able to thrive and when not doing so well they will be able to access high quality services at the right time in the right place.

11.4 Progress in delivery of the plan will be monitored by the Emotional Wellbeing Steering Group. Services and investment will be monitored against outcomes and assured by the MH Integrated Programme Board, the Integrated Community and Primary Care Services Portfolio Board and the Children’s Trust Boards in Bournemouth and Poole and the Dorset Strategic Alliance. The two boards feed into the Bournemouth & Poole and Dorset Health and Wellbeing Boards.
Appendices

Appendix 1. Thrive Needs Analysis

Bournemouth Borough Council
Borough of Poole
Dorset Clinical Commissioning Group
Dorset County Council
Dorset HealthCare University NHS Foundation Trust
Public Health Dorset

THRIVEin Dorset

Children and Young People’s Mental Health and Wellbeing Dorset

Thrive Needs Analysis

October 2018
DOCUMENT TRAIL AND VERSION CONTROL SHEET

<table>
<thead>
<tr>
<th>Heading</th>
<th>Children and Young People’s Emotional Wellbeing and Mental Health needs assessment</th>
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<tbody>
<tr>
<td>Project Sponsor</td>
<td>Elaine Hurll</td>
</tr>
<tr>
<td>Purpose of document</td>
<td>To inform the refresh and implementation of the Pan-Dorset Local Transformation Plan for Children and Young People’s Emotional Wellbeing and Mental Health.</td>
</tr>
<tr>
<td>Date of document</td>
<td>31 July 2018</td>
</tr>
<tr>
<td>Review Date</td>
<td></td>
</tr>
<tr>
<td>Authors</td>
<td>Elaine Hurll</td>
</tr>
<tr>
<td>To be Approved by</td>
<td>Colin Hicks</td>
</tr>
<tr>
<td>Date approved</td>
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<tr>
<td>Status</td>
<td>DRAFT</td>
</tr>
<tr>
<td>Version</td>
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</table>
Chapter 1 THRIVE Needs Analysis

1 Introduction

1.1 Dorset CCG has been increasing the level of investment for children and young people’s mental health since 2015/16. Investment has been made to existing services and to trial new approaches to supporting children and young people (CYP) who have mental health needs but there has not been any robust business intelligence that enables targeted funding.

1.2 Services for CYP need to be improving and evolving and funding needs to be targeted to need rather than whim.

1.3 The needs analysis is the first time that Dorset has had a comprehensive understanding of need and demand for services and this will form the basis along with the Local Transformation Plan of future funding and commissioning of services for children and young people.

2 Dorset’s Children and Young People’s Needs Analysis

2.1 THRIVE is a delivery model to help focus the system on the primary need of a child or young person with regard to their mental health issues. The THRIVE model was designed to shift the way that services are conceptualised and potentially delivered. The THRIVE model uses a different approach, as opposed to the tiered model. THRIVE is a conceptual framework that has created five “clusters” or “groups” which young people with mental health issues would fall into. These 5 groups are:

- **Thriving** - prevention and health promotion – the child or young person has no mental health issues and their need is to be kept emotionally healthy through the application of active prevention and health promotion strategies.

- **Advice and support** – the CYP/Family has an issue but all they need is some advice and support to manage it. This could be delivered as one to three contacts with a service and ending by mutual agreement. This level of support is sufficient to normalise behaviour and provide reassurance.

- **Getting help** – the CYP/Family has a clearly identified mental health issue that is likely to be helped by a goal focused intervention working with a professional. A getting help service is for children and young people who benefit from goal-focused, evidence-based interventions with clear aims. Part of getting help may also contain risk support for example managing self-harm and getting advice as part of the service.

- **Getting more help** – Similar to getting help however the children and young people who would benefit from extensive long-term treatment which may include in-patient care or extensive out-patient care. This is also likely to include getting risk support and advice as part of the ongoing intervention.
- **Risk Support** – This group of CYP present as children and young people who are unable to benefit from evidence-based treatment but remain a significant concern or risk, including those who routinely go into crisis or don’t make use of help.

2.2 The THRIVE Elaborated report, a document released by Anna Freud Centre and The Tavistock and Portman NHS Foundation Trust to elaborate on the THRIVE document, states that 80 to 90% of young people can be said to be Thriving. The majority of children and young people who are thriving have sufficiently robust families, communities and access to mainstream services to enable them to thrive.

3 **Dorset County**

3.1 Dorset is a county in South West England comprising of the non-metropolitan county governed by Dorset and the unitary authority areas of Poole and Bournemouth (Diagram 1).

3.2 Dorset covers an area of 1,024 square miles and is bordered by Devon to the west, Somerset to the south west, Wiltshire to the north-east and Hampshire to the east.

3.3 The county town is Dorchester which is in the south-west of Dorset. The largest urban areas are Poole, Bournemouth, Christchurch and Weymouth & Portland. Around half the population lives in the south east area, while the rest of the county is largely rural with a low population density.

Diagram 1. The county of Dorset
3. The population

3.1 The age profile of Dorset is seen in the diagram below. This shows that there is a low birth rate and a higher number of people aged 40-69 compared with other age groups. From age 70, there are fewer males than females. The black line is the England average population, and this shows that there are higher numbers of older people than younger people living in Dorset compared with the England average.

![All Dorset population pyramid](Diagram 2)

3.2 Dorset enjoys relatively good health, although this does vary across the county. There are inequalities in life expectancy at birth (based on the latest data – 2013-15) across Dorset as follows:

- Bournemouth male: 79.1, female: 83.0
- Dorset male: 81.3, female: 84.6
- Poole male: 80.7, female: 83.7

3.3 The England average life expectancy at birth for males is 79.5 and for the South West 80.1, for females it is 83.1 and 83.8 respectively. Life expectancy for Bournemouth males and females is lower than the South West and England averages.

3.4 Major causes of death in Dorset are cardiovascular disease (CVD) and cancer. 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.

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9 [http://www.phoutcomes.info/public-health-outcomes-framework#page/0/pid/1000049/pat/6/par/E12000009/ati/102/are/E06000029/iid/90362/age/1/sex/1](http://www.phoutcomes.info/public-health-outcomes-framework#page/0/pid/1000049/pat/6/par/E12000009/ati/102/are/E06000029/iid/90362/age/1/sex/1)
3.5 Table 1 shows a range of child population statistics for Bournemouth, Dorset, Poole, South West Region and England. The south west region had a lower proportion of 0-4 and 0-19 year olds in 2015 compared with England, and lower proportions of school children from minority ethnic groups and children living in poverty aged under 16 years. The population of 0-19 year olds in Bournemouth, Dorset and Poole were lower than the region in 2015 and are projected to remain lower in 2025 (Diagram 3).

<table>
<thead>
<tr>
<th></th>
<th>Bournemouth</th>
<th>Dorset</th>
<th>Poole</th>
<th>South West Region</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live births (2015)</td>
<td>2,264</td>
<td>3,470</td>
<td>1,568</td>
<td>58,033</td>
<td>664,399</td>
</tr>
<tr>
<td>Children aged 0-4 years (2015)</td>
<td>11,300</td>
<td>19,400</td>
<td>8,400</td>
<td>307,400</td>
<td>3,434,700</td>
</tr>
<tr>
<td>%</td>
<td>5.8%</td>
<td>4.6%</td>
<td>5.6%</td>
<td>5.6%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Children aged 0-19 years (2015)</td>
<td>40,700</td>
<td>85,700</td>
<td>33,100</td>
<td>1,216,700</td>
<td>13,005,700</td>
</tr>
<tr>
<td>%</td>
<td>20.9%</td>
<td>20.4%</td>
<td>22.0%</td>
<td>22.2%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Children aged 0-19 years in 2025 (projected)</td>
<td>46,200</td>
<td>89,600</td>
<td>35,700</td>
<td>1,311,400</td>
<td>14,002,600</td>
</tr>
<tr>
<td>%</td>
<td>21.5%</td>
<td>20.3%</td>
<td>22.1%</td>
<td>22.4%</td>
<td>23.8%</td>
</tr>
<tr>
<td>School children from minority ethnic groups (2016)</td>
<td>4,748</td>
<td>3,697</td>
<td>2,120</td>
<td>81,843</td>
<td>2,032,064</td>
</tr>
<tr>
<td>%</td>
<td>23.8%</td>
<td>7.5%</td>
<td>12.4%</td>
<td>12.8%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Children living in poverty aged under 16 years (2014)</td>
<td>18.7%</td>
<td>13.9%</td>
<td>15.6%</td>
<td>16.1%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Life expectancy at birth (2013-2015) (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>79.1</td>
<td>81.3</td>
<td>80.7</td>
<td>80.1</td>
<td>79.5</td>
</tr>
<tr>
<td>Girls</td>
<td>83</td>
<td>84.6</td>
<td>83.7</td>
<td>83.8</td>
<td>83.1</td>
</tr>
</tbody>
</table>

Table 1. The child population
Table 2 shows the percentage change in the 0-19-year-old population between 2015 and 2025. Dorset shows a reduction of 0.5%. Bournemouth shows the largest increase of the areas at 2.9%.

3.6 The all-age population in the UK is projected to grow by 6.8% by mid-2024, with assumed net migration accounting for 51% of the projected increase over the next 25 years in the UK and natural increases (more births than deaths) accounting for the remaining 49% of growth.10

<table>
<thead>
<tr>
<th>Area</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bournemouth</td>
<td>2.9</td>
</tr>
<tr>
<td>Dorset</td>
<td>-0.5</td>
</tr>
<tr>
<td>Poole</td>
<td>0.5</td>
</tr>
<tr>
<td>South West Region</td>
<td>0.9</td>
</tr>
<tr>
<td>England</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Table 2. 0-19-year-old population change, 2015-2025

3.7 In 2016, Bournemouth had the largest proportion of school children from minority ethnic groups of the three local authority areas at 23.8%, much lower than England (30%) but much higher than the South West Region (12.8%). Dorset had only 7.5% and Poole 12.4%.

3.8 Table 3 shows the change in live births between 2015-2016 for UK- and non-UK-born women in England and Wales. The Total Fertility Rate (TFR) for UK-born women has remained relatively stable since 2013. Since 2004, the TFR for women born outside the UK has generally decreased, despite the number of live births to non-UK-born women increasing every year except for 2013. This is due to the non-UK-born female population of childbearing age in England and Wales increasing by a

greater proportion than the number of births to non-UK-born women; this means that non-UK-born women are now having more births as a group, but fewer each on average.

3.9 The 2.1% increase in live births for non-UK born women contributes to the projected increase in the 0-19 population to 2025 in Bournemouth and the corresponding decrease in Dorset which has a lower number of school age children from ethnic minority groups. Bournemouth has the lowest life expectancy at birth, leading to the assumption that net migration and births play a more significant role in the projected 0-19-year-old population increase over the next 10 years compared with the other local authority areas.

<table>
<thead>
<tr>
<th>Live births</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UK-born women</td>
</tr>
<tr>
<td>2015</td>
<td>505,588</td>
</tr>
<tr>
<td>2016</td>
<td>499,974</td>
</tr>
<tr>
<td>Percentage change (%)</td>
<td>-1.1%</td>
</tr>
</tbody>
</table>

Table 3. Live births and the size of the female population aged 15 to 44, UK and non-UK-born women, 2015 and 2016, England and Wales

4. Children and Young People’s Mental Health and Wellbeing Profiles

4.1 The Children and Young People’s Mental Health and Wellbeing Profile in the tables in the following section below has been produced by Public Health England’s (PHE) National Mental Health Intelligence Network, presenting indicators from the web based ‘fingertips profile’. Public health contributes to reducing the causes of mental illness and aims to improve mental health and wellbeing by: i) promoting mental health and wellbeing of all children and young people to prevent mental health problems from happening in the first place; ii) striving for early identification of mental health problems and early intervention and to treat and prevent their progression and iii) targeting groups with established mental health problems to help promote their recovery and prevent recurrence.

4.2 This profile can be used jointly by local councils, schools, youth justice and health organisations to inform local discussion and debate around local planning and commissioning of interventions and services that help promote mental health and wellbeing, and provide interventions and services to address early intervention and mental illness. It can also be used to inform the production of local Joint Strategic Needs Assessments.

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The profile presents a range of national publically available data covering the following areas: need, protective factors for positive mental health and wellbeing, prevention of risk factors for mental illness (grouped into adversity and vulnerability), and finance. As the Mental Health Services Dataset matures, indicators will be added to the profile covering early intervention and access to quality interventions and services and outcomes. Indicators are presented at upper tier local authority level and can be used to compare local areas to the England average. Some values are based on modelled estimates, or on small numbers, so care should be taken with interpretation. It is always important to assess the data from this profile together with local data and knowledge.

5. Identification of need

5.1 The last survey of the mental health of children and young people in Great Britain in 2004 found that 8% of 5 to 10 year olds and 12% of 11 to 16 year olds had a clinically diagnosed mental health condition. Up to 25% of children show signs of mental health problems with more than half continuing through into adulthood.

5.2 Half of all mental health problems emerge before the age of 14 and three quarters by age 25. Inequality underlies many risk factors for mental health problems, and needs to be addressed through the wider determinants of health which are outlined in ‘Understanding place’ and ‘Understanding people’.

5.3 Mental disorders account for around 50% of the total disease burden among young people aged 12–25 years and 75% of all severe and chronic mental illnesses emerge between the ages of 15 and 25. Dorset has an estimated prevalent population of children and young people of 12,703 who might have a diagnosable mental health condition and core CAMHS has contact with approximately 33% of those young people and this equates to 13,000 contacts in 2018/19.

5.4 There is a surge of new morbidity between the ages of 15 and 25 this is paired with the worst access to services, the system appears to be weakest where it needs to be strongest.

5.5 Amongst this group it is the emergence of social decline in association with a pattern of co-morbid non-specific psychopathology (depression and social anxiety) which appears to be a key indicator of social disability across disorders.

5.6 The 2004 Mental Health of Children and Young People in Great Britain report found that emotional disorders were one of the most common type of mental health disorders recorded among children and prevalence of emotional disorders is useful to plan the level of need for psychotherapy services.

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5Rostra et al 2001, Harrington 1990, Jones et al 1993
5.7 Table 4 shows a range of identification of need indicators including ‘estimated prevalence of emotional disorders: Bournemouth (648.7) and Poole (780.8) are worse than the south west region average (597.8) for hospital admissions as a result of self-harm (directly standardised rate per 100,000 population aged 10-24).

5.8 Pupils with social, emotional and mental health needs (secondary school age) are more prevalent in Dorset (2.65) and Poole (4.39) than the south west region (2.55) and England averages (2.36). % population aged 5-16.

5.9 This estimates the percentage of children aged 5-16 who have emotional disorders (anxiety disorders and depression) based on the age, sex and socio-economic classification of children resident in the area, and is 3.6% for England, which is slightly higher than in Bournemouth, Dorset and Poole (3.4%).

5.10 The prevalence of potential eating disorders among young people aged 16-24 is an estimate based on the findings of the Adult Psychiatric Morbidity Survey (APMS) applied to the resident population aged 16-24. The percentages used were 6.1% for males and 20.3% for females. Factors that impact on prevalence are not well understood and there is no clear correlation with income or socio-demographic factors. The APMS report says that there are major gaps in epidemiological data for eating disorder and that there is a general under-detection. The estimated number of 16-24 year olds with an eating disorder in Bournemouth is 3499, Dorset 4798 and Poole 1868 based on this prevalence percentage.

5.11 Young People with an Eating Disorder: Eating disorders are defined by the negative beliefs and behaviours. The emotional and physical consequences of these beliefs and behaviours maintain the disorder and result in a high mortality rate from malnutrition, suicide and physical issues (such as electrolyte imbalances). This is most common in people with anorexia nervosa. There are also other physical complications (such as osteoporosis) and psychiatric comorbidities (such as anxiety disorders) that affect the wellbeing and recovery of people with an eating disorder and raise the cost of treatment.

5.12 The proportion of school-age pupils with special educational needs (SEN): In 2016, Dorset (15.9%) and Poole (16.5%) had more school-age pupils with SEN than England (14.3%) and the South West (15%). Bournemouth had fewer at 13.9% (table 7). All three pan-Dorset areas follow the national downward trend in this indicator.

5.13 Children and Young People with Special Educational Needs / Disabilities / ASD / ADHD are likely to require additional emotional support:

- SEN has 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).
• 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.
• Common support needs of children and young people with ASD or ADHD include:
  o Sleep problems
  o Anxiety & Depression
  o Behaviour management strategies
  o Education

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated prevalence of mental health disorders in children and young people: % population aged 5-15</td>
<td>6.2%</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td>Estimated prevalence of emotional disorders: % population aged 5-15</td>
<td>3.8%</td>
<td>3.8%</td>
<td></td>
</tr>
<tr>
<td>Estimated prevalence of conduct disorders: % population aged 5-15</td>
<td>5.6%</td>
<td>5.3%</td>
<td></td>
</tr>
<tr>
<td>Estimated prevalence of hyperkinetic disorders: % population aged 5-15</td>
<td>1.5%</td>
<td>1.5%</td>
<td></td>
</tr>
<tr>
<td>Prevalence of potential eating disorders among young people: estimated number aged 16 - 24</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Prevalence of ADHD among young people: estimated number aged 16 - 24</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

6. Protective factors

Table 5 shows protective factors for mental health and wellbeing. School readiness is a national education standard to measure the development of children at the end of the early years’ reception period. If children are prepared and able to effectively participate during their education from an early age, their long term mental health should benefit.
Table 5. Protective Factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Dorset</th>
<th>South West region</th>
<th>England</th>
<th>South and East Surrey</th>
<th>Bournemouth</th>
<th>Dorset</th>
<th>Poole</th>
<th>South Gloucestershire</th>
<th>Bristol</th>
<th>Somerset</th>
<th>Essex</th>
<th>Suffolk</th>
<th>Kent</th>
<th>Hants</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Readiness: % of all eligible children</td>
<td>2015/16</td>
<td>69.3</td>
<td>69.9</td>
<td>68.9</td>
<td>72.0</td>
<td>66.3</td>
<td>67.3</td>
<td>72.2</td>
<td>70.1</td>
<td>66.7</td>
<td>74.2</td>
<td>64.0</td>
<td>72.4</td>
<td>68.7</td>
<td>76.3</td>
</tr>
<tr>
<td>School Readiness (children with free school meal status): % of all eligible children with free school meal status</td>
<td>2015/16</td>
<td>54.4</td>
<td>51.3</td>
<td>43.0</td>
<td>50.9</td>
<td>52.8</td>
<td>50.6</td>
<td>53.0</td>
<td>51.8</td>
<td>46.4</td>
<td>51.9</td>
<td>50.5</td>
<td>57.1</td>
<td>51.9</td>
<td>54.2</td>
</tr>
<tr>
<td>Emotional wellbeing of looked after children aged 5-16: average difficulties score</td>
<td>2015/16</td>
<td>14.0</td>
<td>15.1</td>
<td>15.1</td>
<td>14.3</td>
<td>15.0</td>
<td>13.1</td>
<td>16.7</td>
<td>13.2</td>
<td>14.9</td>
<td>-</td>
<td>15.9</td>
<td>15.4</td>
<td>14.1</td>
<td>14.4</td>
</tr>
<tr>
<td>Mental wellbeing in 15 year olds: mean wellbeing (WEMWBS-14) score</td>
<td>2014/15</td>
<td>47.5</td>
<td>47.9</td>
<td>43.1</td>
<td>47.0</td>
<td>47.0</td>
<td>47.4</td>
<td>47.7</td>
<td>47.6</td>
<td>49.1</td>
<td>-</td>
<td>47.2</td>
<td>47.7</td>
<td>47.2</td>
<td>47.3</td>
</tr>
<tr>
<td>Positive satisfaction with life among 15 year olds: % reporting positive life satisfaction</td>
<td>2014/15</td>
<td>63.8</td>
<td>64.4</td>
<td>67.4</td>
<td>61.5</td>
<td>52.9</td>
<td>64.4</td>
<td>66.8</td>
<td>67.8</td>
<td>65.3</td>
<td>-</td>
<td>63.5</td>
<td>64.2</td>
<td>63.9</td>
<td>63.3</td>
</tr>
<tr>
<td>GCSEs (5 or more): % of all children</td>
<td>2015/16</td>
<td>67.8</td>
<td>58.6</td>
<td>65.0</td>
<td>59.0</td>
<td>51.9</td>
<td>59.7</td>
<td>60.2</td>
<td>58.8</td>
<td>61.4</td>
<td>-</td>
<td>57.9</td>
<td>50.2</td>
<td>50.6</td>
<td>56.4</td>
</tr>
<tr>
<td>Educational attainment (5 or more GCSEs) of children in care: % of all children</td>
<td>2015</td>
<td>13.8</td>
<td>14.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>21.6</td>
<td>14.1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

6.2 Those who suffer from development difficulties have been shown to develop issues with physical and motor development, social and emotional development, communication and language development and are more likely to display difficulties upon entering school, which could lead to mental health issues later in life. Dorset has a similar percentage of children that achieve a good level of development at the end of reception compared to the England average.

6.3 Dorset and Poole have a greater percentage of children eligible for free school meals than the south west average. A lower proportion of 15 year olds in Bournemouth and Poole reported positive life satisfaction compared with the south west average. All three pan-Dorset areas had a higher educational attainment (5 or more GCSE’s) than the south west and England averages. This indicator is the main national education benchmark for Key Stage 4 within secondary schools. GCSEs are used to test young people’s understanding and knowledge in a range of subjects. Young people’s development and their mental, emotional and social wellbeing is closely linked to their education. Nationally students with a poorer mental health are more likely to achieve lower educational attainment.

7. Adverse Childhood Experiences (ACEs)

7.1 ACEs are Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that can have a huge impact on children and young people throughout their lives. Up to 47% of the population may have had at least one adverse childhood experience and 14% up to 4 which are proven to impact negatively on people throughout life.
7.2 The ten widely recognised ACEs, as identified in a US study from the 1990s, are:

7.3 As well as these 10 ACEs there are a range of other types of childhood adversity that can have similar negative long term effects. These include bereavement, bullying, poverty and community adversities such as living in a deprived area, neighbourhood violence etc.

7.4 ACES matter because the impact on children and young people who experience four or more is significant and they are:

- 4x more likely to be a high-risk drinker
- 16x more likely to have used crack cocaine or heroin
- 6x increased risk of never or rarely feeling optimistic
- 3x increased risk of heart disease, respiratory disease and type 2 diabetes
- 15x more likely to have committed violence
- 14x more likely to have been victim of violence in the last 12 months
- 20x more likely to have been in prison at any point in their life

7.5 Adverse experiences in childhood can have a long term and detrimental effect on a child or young person’s development and life chances. The following few sections describe some of the adverse things that impact negatively on children and then move on discuss at risk children.

7.6 For Dorset there is a wellbeing cost and financial cost of not intervening quickly enough where children and young people are experiencing any type of adversity. Public Health England suggest that the financial impact is £129 million because CYP who experience adversity are more likely to end up with poor physical and mental health and require the support of services across the health and social care system and other systems such as criminal justice.

8. Vulnerability and at risk children and young people

8.1 The table below introduces adversity factors:

<table>
<thead>
<tr>
<th>Table 6. Adversity factors</th>
</tr>
</thead>
</table>

- 4x more likely to be a high-risk drinker
- 16x more likely to have used crack cocaine or heroin
- 6x increased risk of never or rarely feeling optimistic
- 3x increased risk of heart disease, respiratory disease and type 2 diabetes
- 15x more likely to have committed violence
- 14x more likely to have been victim of violence in the last 12 months
- 20x more likely to have been in prison at any point in their life
8.2 Children under 16 in poverty: Income can have an adverse impact on the psychological functioning of mothers. There is a strong association between the lack of control perceived by mothers from low income backgrounds and the social and emotional wellbeing of children which include the level of self-esteem and behavioural issues. It has also been found that children and families from the lowest 20% of household income are three times more likely to have common mental health problems than those in the richest 20%. The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience

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poverty should improve these adult health outcomes and increase healthy life expectancy.

8.3 The indicator ‘Children under 16 in poverty: % of children aged under 16\textsuperscript{15}’ measures the percentage of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income) for under 16s only. Table 6 shows that Bournemouth (18.7%) is lower than the England average (20.1%) but higher than the South West average of 16.1%. Dorset and Poole are both lower than the England and South West averages; however, Chart 2 below shows that Weymouth and Portland is similar to the England average and worse than the other pan-Dorset localities.

8.4 Repeat child protection cases: Children who are the subject of a child protection plan have been identified as at risk of abuse and/or neglect and there is strong evidence to suggest this has a detrimental effect on mental health and wellbeing. Abuse may be of a sexual, psychological or emotional in nature, while neglect is the persistent failure to meet a child’s basic physical and/or psychological needs e.g. failure to provide adequate food, shelter or clothing, protect a child from physical or emotional harm or ensure appropriate medical treatment.

8.5 Child abuse, especially child sexual abuse, has a particularly powerful negative and far reaching impact and may result in major psychiatric disorders, personality disorders, conduct disorders, high risk lifestyles, aggression, self-destructive and

violent behaviours, anti-social behaviour, problems with relationships, impaired capacity for parenting as well as physical illness.

8.6 Children who have been neglected and who don’t get the love and care they need from their parents are also more likely to experience mental health problems including depression, post-traumatic stress disorder, and attention deficit and hyperactivity disorder. Because of poor attachment in early life, they may also find it difficult to maintain healthy relationships with their peers and other people later in life, including with their own children. In a more physical sense, malnourishment resulting from neglect causes delayed development and impaired cognitive function which can lead to depression in later life as well as dissociative disorders and impaired memory.

8.7 Such children may be living with violence or the fear of violence, both of which are significant risk factors for poor mental wellbeing. Violence is defined here as sexual, psychological or emotional nature. It may include experiencing violence oneself or witnessing violence (especially domestic abuse) against a loved sibling, parent or other relative or adult. There is strong evidence for the relationship between experiencing violence and adverse mental health outcomes such as depression, anxiety, conduct disorder, suicidal behaviour, substance abuse, post-traumatic stress disorder, low self-esteem and poor life satisfaction.

8.8 Table 6 above shows that Poole has the highest percentage of children subject to a child protection plan (22.8%), higher than England (17.9%) and the South West (20.9%). Dorset (17%) and Bournemouth (13.9%) have lower proportions.

8.9 In addition, Dorset Police has provided data on domestic abuse and non-domestic sexual offence victims and suspects who were aged 18 or under at the time of the offence. This is based on the Local Authority in which the offence took place and counts the number of individuals rather than the number of offences.

8.10 Charts 3 and 4 below show that Bournemouth had the highest number of domestic abuse victims and suspects aged 18 and under in both periods of time, followed by Poole. In 2017, 72% of recorded victims were female. 55% of victims were 17-18 years of age; followed by 31% aged 12-16, and 7% aged 5-11 and 0-4 respectively (figures may not sum due to rounding). In 2017 66% of suspects were male. 49% were aged 17-18 and 49% were aged 12-16. In 2017 there were 169 recorded domestic abuse victims and 155 suspects, aged 18 and under.
8.11 Charts 5 and 6 below show the number of victims and suspects of sexual offences outside of those carried out within domestic abuse, with the highest number in Bournemouth and Poole. In 2017, 81% of victims were female and 90% of suspects were male. 61% of victims and 52% of suspects were 12-16 years old. 18% of victims were between 5 and 11 years of age. There were a total of 259 recorded sexual offence victims in 2017 and 86 suspects, aged 18 and under.

8.12 This data shows reported offences only and it should be noted that domestic and sexual abuse offences are hugely under-reported. An increase in numbers of offences over time is likely to be due to victims having an increased confidence to report these offences and to professionals around children being more aware of the signs of abuse, having a lower tolerance to abuse, knowing how to raise the subject with children and young people and knowing what support is available.

8.13 In addition, it cannot be assumed that the victims and suspects in this data are directly related offences. There are far fewer sexual abuse suspects aged 18 and under than victims, suggesting that adults are more likely to sexually abuse those aged 18 and under; there is also growing awareness of the issue of child to parent violence.
8.14 Bullying: **Tellus** was a national survey which gathered children and young people’s views on their life, their school and their local area. Findings from the survey were used to inform policy development and to measure progress and performance, at a local and national level. The survey was originally developed by Ofsted as an online survey in 2007 (Tellus2) and run again in 2008 (Tellus3). NFER was commissioned to further develop and deliver Tellus4 in autumn 2009. The survey represents the views of 253,755 children and young people in school years 6, 8 and 10 in 3,699 schools.

8.15 Key Findings:

- Most children and young people feel happy about life, have good friends and are positive about their school in terms of giving them useful skills and knowledge, and giving them feedback on their progress.
- The majority plan to remain in learning and about six out of ten intend to go to university/higher education in future.
- Although some experience bullying, which is often at least weekly for those who do, most feel that their school deals well with bullying.
- Many are active both during and after school and at the weekends, particularly boys, and say that they eat some fruit and vegetables typically three to four pieces a day.
- The majority do not smoke or take drugs and the majority of those who have tried alcohol do not get drunk regularly.
• Around three out of five children and young people say that they participate in group activities led by an adult and around half are satisfied with parks and play areas.

8.16 The TellUs4 survey said that 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.

8.17 **Percentage of primary and secondary school fixed period exclusions:** Evidence indicates that the educational experience of children up to the age of 12 years should provide opportunities for engagement in tasks considered fulfilling and worthwhile in order to promote their mental wellbeing. Disillusion or exclusion from school are risk factors for children's mental wellbeing. The Department of Education Guidance on Mental Health and Behaviour in School report that disruptive behaviour may be a sign of an underlying mental health problem.  

8.18 Children who frequently miss school can fall behind with their work and do less well in exams, which could lead to reduced life chances in later life. The more time a child spends around other children, whether in the classroom or as part of a school team or club, the more chance they have of making friends and feeling included, boosting social skills, confidence and self-esteem.

8.19 Table 7 below shows that the percentage of primary school fixed period exclusions is higher in Bournemouth (1.94%) and Poole (2.81%) than the England (1.1%) and South West (1.29%) averages. Dorset has the lowest proportion at 1.08%.

16 National Collaborating Centre For Mental Health. Depression in Children and Young People - Identification And Management In Primary, Community and Secondary Care. London: The British Psychological Society
Table 7. Vulnerability factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looked after children’s rate per 10,000 population aged under 18</td>
<td>2015/16: 59.3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Child maintenance rates per 10,000 children aged under 18</td>
<td>2015/16: 272</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>15 year olds with 5 or more risky behaviours: % of 15 year olds</td>
<td>2014/15: 15.9</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in need due to socially unacceptable behaviour rate per 10,000 aged under 18</td>
<td>2016: 6.5</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed period exclusion due to persistent disruptive behaviour: % of school aged pupils</td>
<td>2014/15: 1.02</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary school fixed period exclusions: % of pupils</td>
<td>2014/15: 1.10</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary school fixed period exclusions: % of secondary school pupils</td>
<td>2014/15: 0.6</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>School absence: % of half days missed</td>
<td>2015/16: 4.57</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>15 year olds with a long term illness, disability or medical condition diagnosed by a doctor: % of 15 year olds</td>
<td>2014/15: 14.1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in need due to child disability or illness: rate per 10,000 children aged under 16 years</td>
<td>2016: 32.3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils with Learning Disability: % of school aged pupils</td>
<td>2016: 5.3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils with special educational needs (SEN): % of all school age pupils with special educational needs (School age)</td>
<td>2016: 14.3</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils with special educational needs (SEN): % of all school age pupils with special educational needs (Primary school age)</td>
<td>2016: 13.4</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils with special educational needs (SEN): % of all school age pupils with special educational needs (Secondary school age)</td>
<td>2016: 12.7</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>% of 15 year olds who were bullied in the past couple of months: % of 15 year olds</td>
<td>2014/15: 5.0</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>15 year olds who are regular drinkers: % of 15 year olds</td>
<td>2014/15: 6.2</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>15 year olds who are current smokers: % of 15 year olds</td>
<td>2014/15: 8.2</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>15 year olds who have taken drugs (excluding cannabis) in the last month: % of 15 year olds</td>
<td>2014/15: 0.8</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>First time entrants to the youth justice system: rate per 100,000 population aged 10-17</td>
<td>2016: 321.7</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Net in education employment or training: % of 16-18 year olds</td>
<td>2015: 4.2</td>
</tr>
</tbody>
</table>

8.20 The percentage of secondary school fixed period exclusions is much higher in Poole (10.1%) and higher in Bournemouth (8.3%) compared with England (7.5%) and the South West (6.6%) and is much lower in Dorset (4.4%).

8.21 First time entrants to the Youth Justice System: Children entering the youth justice system are commonly from disadvantaged and deprived communities who have experienced abuse and neglect which can lead to emotional distress and mental health problems. Research shows that children and young people in the youth justice system have higher than normal levels of depression (18%), anxiety disorders (10%)
and psychotic like symptoms (5%)\(^{17}\). Mapping relevant risk factors associated with youth crime can help inform LA and NHS commissioning of evidence based early intervention, therefore maximising the life chances of vulnerable children and improving outcomes for them. A lack of focus in this area could result in greater unmet health needs, increased health inequalities and potentially an increase in offending and re-offending rates, including new entrants to the system. The impact of incorporating these vulnerable children into mainstream commissioning also has the potential benefit of impacting on a young person’s wider family now and in the future, particularly when they may already be parents themselves.

8.22 In 2016, Poole had the highest rate per 100,000 population aged 10-17 of first time entrants to the youth justice system (421.5) followed by Bournemouth (353.2) which were both higher than England (327.1) and the South West (327.3). Dorset had the lowest rate at 193.2 (table 7).

8.23 **Looked after children:** The cross-government mental health strategy, *No Health without Mental Health*, identifies looked after children as one of the particularly vulnerable groups at risk of developing mental health problems. Chart 7 below shows that Bournemouth has a higher rate of looked after children than Dorset, Poole, the south west and England and that rates have remained relatively stable between 2012 and 2016 except for Dorset which has seen an increase from 39 to 62 per 10,000 children; however, the difference between Dorset and the England average is not significant at any time point.

\[\begin{array}{|c|c|c|c|c|c|}
\hline
\text{Year} & 2012 & 2013 & 2014 & 2015 & 2016 \\
\hline
\text{LAC rate per 10,000 children aged under 18 years} & \text{England} & \text{South West} & \text{Bournemouth} & \text{Dorset} & \text{Poole} \\
\hline
\end{array}\]

Chart 7. Looked after children rate per 10,000 <18 years, by year

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\(^{17}\) Berelowitz S. ‘I think I must have been born bad’ Emotional Wellbeing and Mental Health of Children and Young People in the Justice System [Internet]. 2011. Available from: https://www.childrenscommissioner.gov.uk/sites/default/files/publications/I_think_I_must_have_been_born_bad
8.24 Chart 8 below shows that most looked after children (LAC) are male except for Dorset which had slightly more females in March 2016 and the graph below shows that most LAC were aged 10-15 years.

![Chart 8. Children looked after by gender, 31st March 2016](chart8.png)

8.25 Chart 9 below shows the age ranges of looked after children across the county and shows that 10-15 years old are most commonly looked after.

![Chart 9. Children looked after at 31st March 2016 by age (%)](chart9.png)

8.26 The indicator ‘emotional wellbeing of looked after children aged 5-16’ measures the total difficulties score at the date of their latest assessment, who have been in care for at least 12 months on 31 March. Chart 10 shows Poole to have a higher % of LAC with an SDQ score of concern than the England average, however this has fluctuated over the three years which could be explained by low numbers of LAC.
The % of LAC with an SDQ score of concern for Dorset is on a downward trend over the three-year period which shows an improvement.

![Chart 10. Looked after children with a Strengths and Difficulties Questionnaire score of concern, by year](image)

8.24 To summarise section 8 of the needs analysis:

- Poverty impacts on children and young people’s ability to thrive.
- Children who experience adversity i.e. abuse and or neglect are much more likely to have mental health concerns, poorer health outcomes and require ongoing contact with services e.g. health, mental health, social care or criminal justice.
- Across the county; Poole has higher numbers of child protection orders, Bournemouth has higher rates of domestic violence and seen an increase in the number of looked after children.
- All the above indicates that there is more work to be done in relation to supporting children and young people who are in the at risk/vulnerable groups.

9. At risk groups

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:

9.1 Looked After Children (LAC):

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. This is likely to change services are reconfigured over the next two years. The aim will be to support
earlier to prevent mental health conditions deteriorating and reduce the risks of offending behaviour developing.

9.2 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 Youth Offending Service and the piloting of Liaison and Diversion and Street Triage programmes.
- There is a need to ensure that all pathways and initiatives are integrated so that 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.

9.3 Children and Young People from Gypsy and Traveller Families:

- We will consider any additional emotional wellbeing 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.

9.4 Children and Young People from BME groups:

- There is local variation in the number of BME CYP with a higher population 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.

9.5 Children of Military Personnel:

- These children and young people are a key target group for building resilience.
- 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.

10. Identification of need THRIVE model

10.1 The following section seeks to show what the potential demand might look like in each of the THRIVE clusters. Using data from the identification of needs table the information has been mapped using the THRIVE authors apportions for differing clusters. The first table gives an estimate for the number of young people with a mental health disorder based on prevalence data in the identification of need table.
<table>
<thead>
<tr>
<th></th>
<th>Bournemouth</th>
<th>Poole</th>
<th>Dorset</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated prevalence of Mental Health Disorders aged 5-16</td>
<td>8.90%</td>
<td>8.90%</td>
<td>8.60%</td>
<td>8.74</td>
</tr>
<tr>
<td>Population of 0-19 year olds (2015)</td>
<td>40,700</td>
<td>33,100</td>
<td>85,700</td>
<td>159,500</td>
</tr>
<tr>
<td>Estimated number of young people with Mental Health Disorder</td>
<td>3,622</td>
<td>2,946</td>
<td>7,370</td>
<td>13,938</td>
</tr>
<tr>
<td>Predicted % with: 90% of CYP thriving</td>
<td>Number</td>
<td>Predicted % with 80% of CYP thriving</td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>Bournemouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thriving</td>
<td>90%</td>
<td>36,630</td>
<td>80%</td>
<td>32,560</td>
</tr>
<tr>
<td>Getting Advice</td>
<td>3%</td>
<td>1,221</td>
<td>6%</td>
<td>2,442</td>
</tr>
<tr>
<td>Getting Help</td>
<td>6%</td>
<td>2,442</td>
<td>12%</td>
<td>4,884</td>
</tr>
<tr>
<td>Getting More Help</td>
<td>0.5%</td>
<td>203.5</td>
<td>1%</td>
<td>407</td>
</tr>
<tr>
<td>Getting Risk Support</td>
<td>0.5%</td>
<td>203.5</td>
<td>1%</td>
<td>407</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>40,700</td>
<td>100%</td>
<td>40,700</td>
</tr>
<tr>
<td>Poole</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thriving</td>
<td>90%</td>
<td>29,790</td>
<td>80%</td>
<td>26,480</td>
</tr>
<tr>
<td>Getting Advice</td>
<td>3%</td>
<td>993</td>
<td>6%</td>
<td>1,986</td>
</tr>
<tr>
<td>Getting Help</td>
<td>6%</td>
<td>1,986</td>
<td>12%</td>
<td>3,972</td>
</tr>
<tr>
<td>Getting More Help</td>
<td>0.5%</td>
<td>165.5</td>
<td>1%</td>
<td>331</td>
</tr>
<tr>
<td>Getting Risk Support</td>
<td>0.5%</td>
<td>165.5</td>
<td>1%</td>
<td>331</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>33,100</td>
<td>100%</td>
<td>33,100</td>
</tr>
<tr>
<td>Dorset</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thriving</td>
<td>90%</td>
<td>77,130</td>
<td>80%</td>
<td>68,560</td>
</tr>
<tr>
<td>Getting Advice</td>
<td>3%</td>
<td>2,571</td>
<td>6%</td>
<td>5,142</td>
</tr>
<tr>
<td>Getting Help</td>
<td>6%</td>
<td>5,142</td>
<td>12%</td>
<td>10,284</td>
</tr>
<tr>
<td>Getting More Help</td>
<td>0.5%</td>
<td>428.5</td>
<td>1%</td>
<td>857</td>
</tr>
<tr>
<td>Getting Risk Support</td>
<td>0.5%</td>
<td>428.5</td>
<td>1%</td>
<td>857</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>85,700</td>
<td>100%</td>
<td>85,700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Predicted % with 90% of CYP thriving</th>
<th>Number</th>
<th>Predicted % in with 80% of CYP thriving</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thriving</td>
<td>90%</td>
<td>143,550</td>
<td>80%</td>
<td>127,600</td>
</tr>
<tr>
<td>Getting Advice</td>
<td>3%</td>
<td>4,785</td>
<td>6%</td>
<td>9,570</td>
</tr>
<tr>
<td>Getting Help</td>
<td>6%</td>
<td>9,570</td>
<td>12%</td>
<td>19,140</td>
</tr>
<tr>
<td>Getting More Help</td>
<td>0.5%</td>
<td>797.5</td>
<td>1%</td>
<td>1,595</td>
</tr>
<tr>
<td>Getting Risk Support</td>
<td>0.5%</td>
<td>797.5</td>
<td>1%</td>
<td>1,595</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>159,500</td>
<td>100%</td>
<td>159,500</td>
</tr>
</tbody>
</table>
11 **THRIVE finance Analysis**

11.1 The tables below set out a hypothetical allocation to groupings and allied resource as suggested in THRIVE Elaborated 2nd edition.

<table>
<thead>
<tr>
<th>THRIVE Quadrants</th>
<th>Resource allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting advice</td>
<td>10%</td>
</tr>
<tr>
<td>Getting help</td>
<td>66%</td>
</tr>
<tr>
<td>Getting more help</td>
<td>16%</td>
</tr>
<tr>
<td>Getting risk support</td>
<td>8%</td>
</tr>
<tr>
<td>Thriving</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

11.2 Below is an example of the high level investment tables to show how future investment could help ensure that early help is in place that prevents mental health and other associated issues from developing and taking hold. The table shows the potential funding share across the THRIVE quadrants just using the LTP investment.

<table>
<thead>
<tr>
<th>Allocation of funding based on Thrive Model distributing just LTP investments</th>
<th>Hypothetical % resource use</th>
<th>Spend 17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting advice</td>
<td>10%</td>
<td>£ 222,200</td>
</tr>
<tr>
<td>Getting help</td>
<td>66%</td>
<td>£ 1,466,520</td>
</tr>
<tr>
<td>Getting more help</td>
<td>16%</td>
<td>£ 355,520</td>
</tr>
<tr>
<td>Getting risk support</td>
<td>8%</td>
<td>£ 177,760</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>£ 2,220,000</td>
</tr>
</tbody>
</table>

12 **Summary**

12.1 The need to increase the levels of early identification, prevention and support, is important. The ability of a wide range of universal and targeted provision, through a range of local services, to be skilled and confident with the capacity to undertake this work as soon as possible will improve outcomes for children and young people. This will 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. For example; there are high numbers of hospital admissions for self-harm and with early help and good training admissions could be prevented.

12.2 Early identification and help is crucial and will prevent MH needs escalating and is a long-term solution but vulnerable children are currently in our care. These children and young people need consistent and equitable joined up care across the county and this includes looked after children, children coming in to contact with the criminal justice service, children who have been abused or neglected and those at risk of childhood sexual exploitation or criminal exploitation. This cohort of children and young people tend to be passed back and forth between services, because they
may not meet the core CAMHS criteria or they are unable to engage with services as they currently are set up. They are also the young people who are much more likely to end up with long-term mental health needs along with other long-term health or emotional wellbeing concerns.

12.3 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 escalations in need, for example involvement in risk taking behaviours such as substance use and smoking, risky sexual behaviours and teenage pregnancy, and offending.

12.4 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 are co-ordinated, high quality and effective. This needs to be supported by a skilled and confident workforce that can work together across organisational and other boundaries to meet common outcomes.
Appendix 3. Local Transformation Plan 2017

Bournemouth Borough Council  
Borough of Poole  
Dorset Clinical Commissioning Group  
Dorset County Council  
Dorset HealthCare University NHS Foundation Trust  
Public Health Dorset

Pan Dorset Local Transformation Plan  
Children and Young People’s  
Mental Health and Wellbeing

31 October 2017
1. **Introduction and Background**

1.1 In 2015 Norman Lamb, the Minister of State for Care and Support, announced a Children and Young People’s (CYP) Mental Health and Wellbeing Taskforce that would bring together key stakeholders to consider how access and services should be improved. The Taskforce’s report, *Future in Mind*¹⁹, built on the vision set out in *Achieving Better Access to Mental Health Services by 2020* and the Five Year Forward View²⁰ and proposed a wide range of measures to transform the design and delivery of services for children and young people with mental health needs. These include improving transparency and accountability across the whole system, as well as making further improvements to outcomes and are as follows:

- 30% of CYP with a diagnosable mental health condition to receive community treatment from NHS-funded services in 2017/18, increasing to 35% in 2020/21
- Ensuring that by 2020/21 all acute hospitals have all-age mental health psychiatric liaison teams in place
- Early intervention in psychosis: The access and waiting time standard requires that, from 1 April 2016 more than 50% of people experiencing first episode psychosis should be treated with a NICE-approved care package within two weeks of referral. The standard is targeted at people aged 14-65. In response to the recommendation of the Mental Health Taskforce, NHS England has committed to ensuring that, by 2020/21, the standard will be extended to reach at least 60% of people experiencing first episode psychosis
- Eating disorders – 95% of patients to receive treatment within 4 weeks for routine and 1 week for urgent cases by 2020
- Provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families

1.2 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

1.3 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%

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who have not been in care; the figures for young people aged 11–15 years are 49% (in care) and 11% (not in care) (NICE21).

1.4 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 CYP 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 (NICE22).

1.5 Current national 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 though 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

1.6 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

1.7 The NHS, public health, local authorities, social care, schools and police and youth justice sectors are working together to deliver this agenda. There are three local authorities within Dorset – Bournemouth Borough Council, Borough of Poole and Dorset County Council. The Children’s Trust Boards in Bournemouth and Poole and

the Strategic Alliance for children and young people in Dorset are committed to working together on this agenda.

2. **Dorset’s response**


2.2 This LTP updates the plan published in October 2015 and includes the themes from the Key Lines of Enquiry as set by NHS England. The updated plan was refreshed and published by the 31 October 2017 with checked URLs. The themes are:

- Transparency and Governance
- Understanding Local Need
- LTP Ambition 2017-2020
- Workforce
- Collaborative and Place Based Commissioning
- CYP Improving Access to Psychological Therapies (CYP IAPT)
- Eating Disorders
- Data
- Urgent and Emergency (Crisis) Mental Health Care for CYP
- Integration
- Early Intervention in Psychosis (EIP)

2.3 The updated LTP builds on developments from the previous years and describes the national direction; Dorset’s current position including services that are already in place; work achieved to date and then describes the work identified for the future in order to achieve all the aspirations described in the strategy (more detail on the strategy in 2.8).

2.4 This LTP 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 subsequent 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 enabling children and young people to be supported locally
• Ensuring the most effective use of resources

2.5 Dorset has strong partnerships in place that will be strengthened as the plan is put in to action. This will include working 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.

2.6 This refreshed LTP will be supported by an updated implementation plan to be agreed by all partners and stakeholders, including people who use services and their families. This will support our ambition that this LTP 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.

2.7 NHS England has areas of interest that are included in the LTP and these can be seen in Appendix 1.

2.8 Dorset has an Emotional Wellbeing and Mental Health Strategy for Children and Young People (2016 – 2020)\(^\text{23}\) that was presented to the Dorset Health and Wellbeing Board in early March 2017. The strategy states the ambition to support children and young people earlier. This ambition will be seen in all services that work with and for children, young people and families. Providing support earlier will prevent the need for more specialist services. The second aim is to develop a culture where children and young people and their families help to shape the services that are important to them. Dorset aims to have a collaborative alliance and a shared sense of purpose to improve the lives of children and young people. We will support children and young people to become more resilient in coping with difficulties to be able to take an active part in the economy and life of the county and to achieve personal aspirations.

2.9 Dorset’s vision is that children and young people have positive emotional well-being and mental health so that they:

- Achieve positive goals and ambitions
- Grow up to be confident and resilient and able to contribute to society
- Feel safe and find the right help easily when needed and trust the help
- Are experts in their own care
- Want to be involved in how services are delivered and developed, not just for themselves, but also for other children, young people and their families

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• Receive help that meets their individual needs provided by people that care about what happens to them
• Whatever their level of need, get the best possible care, support and treatment when they need it
• Have both good physical and mental health

2.10 The approach will be based upon the principles developed in the THRIVE framework that aims to improve the emotional wellbeing and mental health of all children and young people.

2.11 THRIVE – a conceptual framework for CAMHS was developed by the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust in London\textsuperscript{24}. It suggests that thriving is the state we are all seeking to achieve for children, young people and families. Thriving involves feeling good and coping well. It says that supporting people to thrive is a positive way of working that focuses more on wellbeing than illness. To help support this, services need to have a focus on prevention, promotion and awareness in the community. This may include undertaking consultation and training that helps the wider community rather than specific individuals.

2.12 We want to make sure that everyone involved in supporting children and young people are part of providing the following:

- Getting advice (building and promoting resilience, self-help, advice and signposting)
- Getting help (brief, evidence based, outcomes focussed intervention)
- Getting more help (more extensive treatment, community or inpatient)
- Getting risk support (Support for those who are not benefitting from or engaging with mental health treatment and are at risk of poor mental health)

2.13 The THRIVE framework will shape how support will be available for children, young people and their families and help to make sure that everyone working with them has the right skills, capabilities and knowledge to help them.

2.14 It is recognised that children and young people’s needs change (both increasing and decreasing) at different times in their life. We will make sure that the right support is available at the right time to meet these changing needs and appreciate that children and young people may experience difficulties that will need different levels of support at the same time. This approach will also ensure that all people and communities supporting children, young people and families remain involved in their journey at all times. However, this may be to a greater or lesser extent depending upon the level of support needed at any given time.

2.15 Dorset will further develop its needs assessment (Appendix 2) in 2017/18 to align the services and needs of CYP against the THRIVE framework. Children, young people,

\textsuperscript{24} Anna Freud Centre and Tavistock and Portman NHS Foundation Trust. THRIVE conceptual framework for CAMHS. Available at: \url{http://www.implementingthrive.org/about-us/the-thrive-framework/}
families and professionals will be engaged in identifying gaps and areas for development. This will enable the system to develop an action plan to ensure that children and young people can effectively access support in all areas identified in the framework.

2.16 This LTP will be approved by the Dorset and Bournemouth & Poole Health & Wellbeing Boards and the three Children’s Trust Boards in 2017/18.

3. Local Commissioning and Governance

3.1 The LTP was produced by the Emotional Wellbeing Steering Group and this group reports to the Sustainability and Transformation Partnership (STP) Integrated Community and Primary Care Services (ICPCS) Programme Board, two Children’s Trust Boards in Bournemouth and Poole and the Dorset Strategic Alliance.

3.2 The CYP Emotional Wellbeing Steering Group will work with other people to lead the assurance process with other local partners and this work will include monitoring the progress and the quality of the work.

3.3 Dorset has two Health and Wellbeing Boards (one for Dorset and one for Bournemouth and Poole) and 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 based within Dorset County Council on behalf of the three local authorities. There are also close links with the office of the Police and Crime Commissioner (PCC).

3.4 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 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.

3.5 The oversight of the LTP is with the three Children’s Trust Boards which are chaired by elected members with a lead for CYP and the Integrated Community and Primary Care Services Programme Board which includes directors of each partner organisation.

3.6 In Dorset within each Family Partnership Zone area there are Local Alliance Groups involving local partners, stakeholders and communities which can ensure early help, enable positive conversations between agencies, and track progress.

3.7 Dorset has a Sustainability and Transformation Plan (STP) for local health and care that covers the Dorset CCG footprint. Page 17, paragraph 3 of the STP says:

“Supporting children to grow and families to thrive: Through the Joint Commissioning Partnership Board for Children, a Pan Dorset Emotional Well-being and Mental Health Strategy for Children and Young People has been developed. It emphasises the need for a focus on mental health and emotional well-being and improved early access to support across a broad spectrum of need. More use will be made of schools and early years’ settings to provide low level support. Parents will be helped to become more self-reliant and build the emotional resilience of their family. We will also ensure improved partnership working to identify vulnerable families and children who need extra assistance”.

3.8 With the above in mind the aim is to:

- Ensure that we make use of all the opportunities in the STP process to bring additional capacity and commitment to these priorities
- Lead the process of making sure EWB&MH is everyone’s priority, this includes linking with other initiatives in Dorset around future service models including the Acute Vanguard, the Integrated Children’s Community Health Services (ICCHS) Programme, the Primary Care Strategy and the Paediatric & Maternity Strategies
- Agree whole system outcome measures as well as detailed project plans for individual work-streams which set out a menu of what the evidence tells us is effective (what good looks like) and how impact will be measured
- Continue to ensure our joint commissioning arrangements are effective and develop our relationship with NHS England Specialised Commissioning as well as with schools in their commissioning role
- Dorset STP is a partner in the development of a new model of inpatient bed management being led by the Wessex area NHS England team.

3.9 A lead programme manager at Dorset CCG is in post to ensure effective implementation, co-ordination, performance and monitoring of the local transformation plan.

3.10 The level of investment in NHS transformation over the past two years plus funding committed in 2017/18 is shown below in summary form with more detail in section 10. The funding has been invested with the sole aim of improving the mental health and emotional wellbeing of children and young people.

<table>
<thead>
<tr>
<th>Transformational investment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>£1,187,000</td>
</tr>
<tr>
<td>2016/17</td>
<td>£1,720,159</td>
</tr>
<tr>
<td>2017/18</td>
<td>£2,220,159</td>
</tr>
</tbody>
</table>

3.11 The CCG also commissions:
• the Dorset HealthCare CAMHS service £8,934,000 in 2017/18, which includes some contribution to the Youth Offending Service and safeguarding children, but not including the children’s learning disability service
• the all-age Eating Disorders service (£1,301,000)

Bournemouth Borough Council contributes £250,000 and Borough of Poole Council contributes £170,000 per annum to the Dorset HealthCare CAMHS service.

3.12 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 – funded by Dorset CCG
• Dorset CCG and NHS England invest in the Pan-Dorset Youth Offending Service
• NHS England funding of £94,786 is being invested into the YOS in 2017/18 and recurrently to 2021 to improve the health of CYP. This is detailed in the investment table.

3.13 The areas invested in through the local transformation funding were pilot schemes in schools and mental health first aid training for professionals, health assessments for looked after children, transformation of the eating disorders service, expansion of the perinatal mental health service, ASD/ADHD family support coordinators and educational psychology input into multi-agency ASD assessments.

3.14 Future CCG investment will be based on learning and outcomes from current investment and aligned to a more detailed needs assessment based on the THRIVE framework. This more detailed needs assessment will be developed in late 2017/18.

4. Local Service Provision

4.1 Dorset CCG commissions Dorset HealthCare (DHC) NHS University NHS Foundation Trust (DHC) as the main provider of the following services:

• Core CAMH Service that works with C&YP with moderate to high-level mental health needs
• Early intervention service working with people beginning to experience psychosis
• Two CYP psychiatric liaison nurses work in the three acute hospitals in Dorset
• Community eating disorders service
• Community perinatal mental health service
• Mental health nurses in the looked after children service (LAC)
• Place of Safety (POS) for all ages, including under 18s.

4.2 DHC is also commissioned to provide the following services:

• School nursing service (commissioned by Public Health Dorset)
• Health visiting (commissioned by Public health Dorset)
4.3 Child and Adolescent Mental Health (CAMH) services are provided across Dorset through a locality team approach. This brings with it opportunities to develop the local transformation agenda across all partners to support care closer to home and based upon the wider needs of the family.

4.4 Dorset has a single Youth Offending Service (YOS) across Dorset, Bournemouth and Poole. This includes a dedicated health team that focuses their work on young people’s mental health and substance use (drugs and alcohol) needs. The team includes professionals from the CAMH service to enable effective joint working.

4.5 Along with NHS commissioned services there are C&YP services commissioned through the Local Authorities that include services provided by other organisations in the voluntary sector.

4.6 There are a lot of voluntary or third sector organisations (these are usually charitable organisations) in Dorset; some are local and some are national providers. Locally there is a partnership that brings together a number of the smaller organisations under a single umbrella. This is supported by the 0-19 Voluntary and Community Sector (VCS) Forum run by Dorset Youth Association (DYA).

4.7 This partnership plays a lead role in providing support to voluntary sector organisations in Dorset working with 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.

4.8 There are a wide range of schools, all-age academies, free schools, first and infant schools, junior, primary and middle and secondary schools in Dorset. Apart from the all age academies that take pupils from 4 up to 17/18 years all the schools work with specific age groups. There are also special, alternative and independent schools and pupil referral units. Across the whole of the county there are:

- 193 Schools, 67 academies and 3 free schools in Dorset County; including 32 independent schools, 9 special schools and 5 pupil referral units
- 48 schools, 11 academies and an additional planned free school in Bournemouth
- 46 schools and 22 academies in Poole

Specialist Level Provision

4.9 Dorset HealthCare’s CAMHS Tier 4 unit – Pebble Lodge is fully accredited by the Royal College of Psychiatrists Quality Network for Inpatient CAMHS (QNIC). The unit has 10 beds and provides 24-hour specialist care and treatment for behavioural, emotional and severe mental health difficulties. As a regional unit DHC works across
the South with local commissioners, other providers and local authorities to ensure that young people remain connected with their local services.

4.10 All staff on the inpatient unit are trained to a high level in Dialectical Behaviour Therapy (DBT) - a type of talking treatment. It is based on Cognitive Behavioural Therapy (CBT), but has been adapted to help people who experience emotions very intensely. Through a partnership between Dorset HealthCare (DHC) and the Dorset Mental Health Forum, DHC employs young peer specialists on the unit to support recovery. DHC supports families and carers who have young people receiving care and has a dedicated transition nurse to facilitate timely discharge and initial community engagement. Dorset’s community CAMH service and inpatient tier 4 service are both rated as good by the CQC.

4.11 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.

4.12 Dorset partners will work closely with colleagues in NHS England to ensure that priorities for specialised commissioning are fully embedded into local plans and effectively inform the implementation of this LTP and local future commissioning priorities through the transformation period.

4.13 As part of a new NHS England initiative Dorset is in the process of developing a Wessex-wide inpatient bed management system. The function of this system will be:

- Manage admissions, discharges and processes
- Support inpatient/community providers
- Oversight of patients and improved discharge management
- Improved management of patients needing to ‘step up’ into inpatient provision and ‘step down’ from inpatient provision to community provision

5. Access indicator and Key Performance Indicators

5.1 The NHS mandate this year is to increase access to NHS commissioned CYP community services. The access indicator measures the total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period, with treatment defined as 2 contacts with no time limit. The data is taken from the Mental Health Minimum Dataset (MHMDS) which NHS providers send their data to. The actual number treated is then compared with the estimated total number of individual children and young people aged under 18 with a diagnosable mental health condition. This is on the basis of the 2004 prevalence survey of CYPMH, which estimated the prevalence of
diagnosable mental health problems in children and young people aged 5-16 at 9.6%. There is an updated survey taking place, to report in 2018.

5.2 All providers whether NHS or Local Authority must provide data in order to ensure that there is the expected increase in access to services. The access standard applies to any service that is wholly or partly funded by the CCG and delivered in the community. This includes direct face to face services and indirect services such as online counselling.

5.3 The national access target is 30% of diagnosable mental health need in CYP from 0-18 years of age being treated in 2017/18 increasing to 35% in 2020/21 (table 1).

<table>
<thead>
<tr>
<th></th>
<th>16/17 actual</th>
<th>17/18 target</th>
<th>18/19 target</th>
<th>19/20 target</th>
<th>20/21 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of individual CYP aged 0-18 receiving treatment by NHS funded community MH services in the reporting period*</td>
<td>3,732</td>
<td>3,778</td>
<td>4,042</td>
<td>4,307</td>
<td>4,446</td>
</tr>
<tr>
<td>Increase on 2016/17 in CYP receiving treatment</td>
<td>-</td>
<td>46**</td>
<td>310**</td>
<td>575**</td>
<td>714**</td>
</tr>
<tr>
<td>Total number of individual CYP aged 0-18 with a diagnosable mental health condition*** (increase of 146 or 1.16% between 16/17 and 20/21)</td>
<td>12,557</td>
<td>12,593</td>
<td>12630</td>
<td>12667</td>
<td>12,703</td>
</tr>
<tr>
<td>% of CYP aged 0-18 with a diagnosable mental health condition receiving treatment from NHS funded community MH services</td>
<td>29.7%</td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Table 1. NHS funded CYP mental health community services access actual (16/17) and NHS England trajectory (2017/18 – 2020/21) for Dorset STP footprint.
*Measured by provider submissions to the NHS Digital Mental Health Services Dataset (MHSDS).
** Increase on previous year.
***This denominator is currently based on national prevalence estimates from a 2004 survey, which is currently being updated and which will report in 2018. There is a broad
consensus that an increase in prevalence of mental health difficulties in CYP is expected. Includes 0.29% annual 0-19 years' population growth.

5.4 The community services commissioned by NHS Dorset CCG that fall within the definition of the national access indicator, and their caseloads, are further explained below. The mental health minimum data set (MHMDS) includes all secondary mental health services delivered by Dorset Healthcare other than addictions services and IAPT. As long as contacts from these services are being recorded on the main electronic clinical system, they will be present in final dataset. This includes Dorset Healthcare (DHC) CAMHS services (submitted as locality based rather than tier based), eating disorders, Early Intervention in Psychosis (EIP) <18 and psychiatric liaison.

5.5 A ‘Self-help not self-harm’ campaign and the new CHAT health text messaging service have been funded through School Nursing Service transformation investment. The national access indicator does not include text messaging and so this service is not flowing data to the MHMDS – this is to be reviewed as some of these contacts may include elements of treatment. This Public Health commissioned service is providing good early information on types and number of contacts and is monitored and reviewed through the Public Health Dorset contract management process on a quarterly basis.

5.6 Educational psychology (EP) investment is to secure EP involvement to support other professionals in their assessment of neurodevelopmental disorders. This would not be counted by the national access indicator as ‘treatment’. This service will be reviewed in December 2017 and performance and activity targets will be developed using the learning from the previous 12 months.

5.7 The eating disorders (ED) service is meeting the Five Year Forward View target to provide evidence-based treatment in 4 weeks for routine cases and 1 week for urgent cases for 95% of those referred and will continue to be measured against this standard. In the four months to August 2017, 100% of CYP referred were seen within these access target times. The service transformed to an all-age service in 2016 and is delivering a service in line with NHS England’s commissioning guidance and flows data to the MHMDS.

5.8 The CAMHS service has local targets to assess 95% of tier 2 referrals within 8 weeks and 95% of tier 3 referrals within 4 weeks, and for treatment to begin within 16 weeks for 90% of referrals. Referral to assessment times have improved from around 70% to between 85 and 90% between April 2016 and July 2017. Referral to

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treatment times have improved from 75-79% and this target is now a focus of the core-CAMHS transformation programme. This service is flowing data to the MHMDS.

5.9 The caseload for looked after children (LAC) and care leavers within LAC is based on the following two indicators within the overall LAC scorecard: 38a Number of LAC receiving emotional/mental health intervention; 42a Number of care leavers receiving emotional/mental health intervention. This is a new area of work resulting from the CCG investment in 2016/17 and reporting began on these indicators from April 2017. Further work is needed to establish whether this data is reported to the MHMDS. Key performance indicators will be developed in quarter 4 2017/18 taking into account the baseline for the previous 12 months.

5.10 DHC posts hosted in the Youth Offending Service will be included in the MHMDS where there is a Rio record – however this is not routine practice especially where the practitioners are contributing to a case held by a non-DHC worker. There is an opportunity to introduce this as routine practice – to be developed in 2018/19. New health posts (psychology and speech and language therapy) will be introduced into the Youth Offending Service in 2017/18 and the activity will be measured for 12 months prior to developing performance and activity targets.

5.11 The Early Intervention in Psychosis service is exceeding the NHS England target to treat more than 50% of people experiencing a first episode of psychosis with a NICE approved care package within 2 weeks of referral. The service monitors access for <18s and flows data to the MHMDS.

5.12 There will be a review of the psychiatric liaison provision in Dorset in 2017/18 and this will lead to the development of a service that meets the Five Year Forward View target of being all-age and available in all acute hospitals in the pan-Dorset area – bringing together the adult psychiatric liaison team and the CAMHS psychiatric liaison officers. Key performance indicators will be developed with this new service.

5.13 Dorset HealthCare services have performance and activity key performance indicators which are monitored through the Dorset HealthCare contract performance monitoring report, monitored by the CCG through the contracting process, and available on request from the CCG.

6. Engagement and co-production

6.1 Across Dorset there have been a range of engagement and view seeking activities with children and young people. The diagram below shows some of the means of engagement.
Examples of engagement with CYP undertaken in Dorset.

6.2 Research undertaken by Dorset Young Researchers28, commissioned by Dorset County Council, was used to inform the priorities as well as engagement with the members of the Children’s Trust Board which includes representation from the voluntary and community Sector, schools/colleges/further education, parents/carers, local authority education professionals and social care.

6.3 Dorset Youth Council has developed self-help information wheels in 2017 for young people on the following topics:

- Self-help wheel to aid in overcoming anxiety
- Raising awareness and understanding of body image and eating disorders
- I’m being bullied and I don’t know what to do?!
- Self-help wheel for depression and self-harm
- Self-help wheel for mindfulness
- Self-help wheel for coping with exam stress

6.4 In 2017 a group of young people from Poole created a short film about young people’s mental health29 called #LifeUnfiltered aimed at their peers. The film was made in partnership with Bournemouth University, Dorset HealthCare University NHS Foundation Trust, Dorset Mental Health Forum, Borough of Poole, HealthWatch Dorset and Dorset Mind and was launched on World Mental Health Day (10 October). One young person, Siobhan, described why she took part in the project:

“For me, working on this film was a way to not only get to know new people and gain confidence, but a way to make sure fewer people end up so mentally

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28 http://www.dorsetyoungresearchers.com/
unwell that they end up in psychiatric hospitals. I want young people to be able to reach out and get the help they need before things in their lives deteriorate even more.”

The young participants were involved in every step of the process – from the initial workshops, through to interviewing film companies and shooting the film itself.

6.5 The Dorset Young Inspectors Programme has undertaken a review of CAMHs and presented the findings to Dorset Health Care. Young people have been trained as Youth Health Champions (RCPH programme) in Weymouth College, and the college has become an accredited centre so that the programme can be rolled out to other parts of the county.

6.6 A range of work has taken place with school staff and pupils to develop interventions such as mental health first aid, a CHAT Health school nursing text message service and a Self-help not self-harm campaign. In terms of governance, feedback from school pupils is represented through school staff membership of Children’s Trust Boards in Dorset, Bournemouth and Poole.

6.7 HealthWatch Dorset carried out digital project for young people called Be Yourself: Everybody else is taken, which completed in 2017. The starting point of the project was wanting to hear from young people about their lives, about what it is like to be them and what are the health and wellbeing issues for them. Be Yourself was a digital project that allowed young people to talk about their lives and personal experiences in any way that suited them. HealthWatch received over 150 contributions in a wide variety of mediums – including images, painting, blogs, vlogs, films and poetry. Each contribution has given an insight into how young people are feeling. The following took part in the project:

<table>
<thead>
<tr>
<th>Over 600 children and young people</th>
<th>Space Youth Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Centres &amp; Children’s Centres</td>
<td>The Chatterboxes</td>
</tr>
<tr>
<td>Weymouth College</td>
<td>YMCA Bournemouth</td>
</tr>
<tr>
<td>The Arts University, Bournemouth</td>
<td>VInspired</td>
</tr>
<tr>
<td>Dorset County Hospital &amp; Poole Hospital</td>
<td>Dorset Youth Association</td>
</tr>
<tr>
<td>Poole Young Carers</td>
<td>0-19 Forum</td>
</tr>
<tr>
<td>Bournemouth University</td>
<td>Bournemouth &amp; Poole Colleges</td>
</tr>
<tr>
<td>Oak Academy, LeAF Studio, Poole High School, Oakdale Junior School, Tregonwell Academy, Bourne Academy, Avonbourne, Thomas Hardy School, Highcliffe School, Yewstock School and many more</td>
<td></td>
</tr>
</tbody>
</table>

6.8 Key messages from the children and young people that participated in the activities were:

- Teachers don’t understand young carers circumstances and put extreme pressure on young children, whose priorities may not be the same as the average student
• Teachers and students, families, carers and friends need better understanding of mental health including early intervention and
• MH needs to be taught at a younger age
• Students feel more comfortable talking to people closer in age to theirs—they feel misunderstood when the age gap is too much
• People being unable to access CAMHS
• A whole-school, joined-up approach to promoting the emotional wellbeing of young people and providing mental health support.
• Awareness of, and support for, mental health and emotional wellbeing need to be part of the “DNA” of a school, not an add-on
• Investment to enable teachers to understand mental health
• Mental Health should be spoken about from a young age. The term “mental health” should be used so that it no longer becomes a taboo subject
• Each year, as a young person develops, their understanding of mental health should too
• Children should be encouraged to open up and feel comfortable to talk about how they feel in groups or 1-2-1 basis as this will enable young people to talk about mental health
• PSHCE (Personal Social Health and Citizenship Education) is already factored into the timetable and mental health can be slotted in.
• Health class can incorporate mental health lessons.
• Discussions on mental health can be incorporated into art, music and drama lessons, so those who don’t feel comfortable talking have the platform to express their feelings in an artistic way without feeling judged.
• Schools should actively seek ways to create more before-school and after-school groups and summer schools, where young people with self-esteem and other issues could find support to open up and share. Parent workshops, too. A lot of mental health issues faced by young people are not only based in schools: external factors come into play too.

6.9 Dorset County Council commissioned a Young Inspectors Programme to ensure the views of young people inform Commissioning and Service planning. Dorset Young Inspectors carried out an inspection of the Dorset Healthcare CAMHS service in 2015 with a view to making recommendations for change where needed, particularly around why the ‘did not attend’ rate was high. The following recommendations were made:

• Review and speed up the referral, assessment and appointment processes
• Improve transition from CAMHS to Adult Mental Health Services
• Consider distributing/or having available, leaflets such as guides for young people, parents or professionals about transitions,
• Improve the standard of written communication and proof read it so information, use of language and grammar is impeccable
• Make sure letters do not contain confidential information such as another child’s name.
• Ensure all information in letters sent to parents is correct.
• Think about how young people’s views can be clearly heard in terms of which counsellors they have so that they get the most from the service
• Make sure the sessions are structured in a way that meets the needs of the young person
• Make sure all young people receive adequate and comprehensive information about the service prior to their first appointment.
• Devise strategies to empower young people to feel confident to speak freely in 1-2-1 and group sessions.
• Be creative in the approach to consultations through the use of media such as Skype, email, text, apps and anonymous forums.
• Implement text notification service for appointments.
• Consider reorganising the children and young people group sessions so that parents are not present. Their presence could potentially inhibit children and young people from speaking freely.
• Think about the possibility of rolling out an educational and preventative support service in schools with appropriate adults such as school nurses and support/SEN staff to reduce self-harm and to learn that stress is part of life
• Reflect on positive ways to promote therapy/counselling to eliminate the negative perceptions that young people have
• Make sure all the leaflets in all the clinics have the correct addresses and contact details for all the clinics in the area
• Review all the leaflets to bring them up to date with more original photographs

6.10 These recommendations were incorporated into the Dorset HealthCare CAMHS transformation programme action plan.

6.11 In response to all of the above feedback the partner organisations have said that 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.
• Carry out engagement with: Dorset CYP Strategic Alliance, Dorset Schools Forum and Dorset SEND Improvement Delivery Group in Autumn, Dorset Youth Council, Dorset Children in Care Council, Dorset Parent Carer Forum (Autumn 2017)
• Further engagement in 2017/18 and 2018/19 will take place as part of the CAMHS review. This will include looked after children, those experiencing sexual abuse/trauma, and those stepping down from in-patient provision into community settings.
• Roll out Youth Health Champions programme across a wider range of Dorset schools/colleges - to deliver peer support and signposting. Commission a Dorset parents peer support programme from the VCS (RFQ - Autumn 2017 - draft outcomes based spec in development)
• From 1st May 2017, a new provider Participation People www.participationpeople.com are responsible for the delivery of the Dorset Children in Care Council, Dorset Total Respect Training, Dorset Young Researchers, Dorset Young Inspectors, UK Youth Parliament and Dorset Youth
Council Enables. Advocacy and the Independent Visitor Scheme will continue to be provided by Action for Children.

7. **Summary of progress since 2015**

7.1 Since 2015 there have been a number of headline projects set up to improve services since this plan was first published and are summarised in the box below and described in more detail in section 8.

<table>
<thead>
<tr>
<th>Work achieved to improve services for children and young people</th>
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<tbody>
<tr>
<td>The core-CAMHS service has improved waiting times for assessment, reduced ‘did not attend’, put in place new pathways based on need and put in place routine outcome measures; the Increasing Access to Psychological Therapies Programme is being embedded within the service enabling access to evidence based treatment; new referral criteria has been launched which supports referrers to understand what early intervention and prevention support is available in universal services and which specialist services are available (in line with the Thrive model). The service has embedded 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.</td>
</tr>
<tr>
<td>The looked after children team has employed extra nurses with a remit to provide low-level emotional wellbeing and mental health interventions.</td>
</tr>
<tr>
<td>Public health has re-commissioned the school nursing service which will enable school nurses to support schools to understand the mental health needs of their pupils and make plans to address this as part of a whole school approach; and is developing an improved version of Personal Social Health Education (PSHE) which includes mental health and wellbeing.</td>
</tr>
<tr>
<td>The school nursing service has launched a CHAT health text message service for secondary school pupils and delivered a self-help not self-harm campaign. A pilot of a CAMHS officer within the Bournemouth Early Help hub was piloted as part of the work to develop capacity within early help services.</td>
</tr>
<tr>
<td>The ASD/ADHD pathway has family support coordinators to improve the diagnostic process for families and has extra capacity within educational psychology to support multi-agency assessments of children with ASD/ADHD.</td>
</tr>
<tr>
<td>The three local authorities have carried out scoping within schools in their areas to find out what school staff need in order to support CYP with mental health needs.</td>
</tr>
<tr>
<td>Public Health has worked with the local authorities to deliver mental health first aid training for school staff.</td>
</tr>
<tr>
<td>The Eating Disorders service has transformed to an all-age service which is available at weekends in addition to weekdays.</td>
</tr>
</tbody>
</table>

8. **Investment in Local Transformational Priorities**

8.1 The following sections provide information about the areas invested in to ensure that services are better for children and young people and their families. The investment priorities have been informed by the Dorset CYP Emotional Wellbeing
and Mental Health needs assessment (see Appendix 2), which includes CYP with a known heightened prevalence of mental health problems. Services that support CYP at greater risk have received investment in order to support CYP and to reduce health inequalities.

**CYP IAPT (Increasing Access to Psychological Therapies)**

8.2 Dorset gained additional funding to develop Psychological Wellbeing Practitioners through the CYP IAPT national training programme and is a member of the Reading IAPT learning collaborative. 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

8.3 For 2017/18, six therapeutic training places have been taken up. There are two training 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 have 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).

8.4 Although the use of outcome measures is being 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. DHC services currently use patient experience to improve services, and CAMHS has introduced patient pathways based on needs.

**CAMHS Transformation**

8.5 The CAMHS transformation plan was put in place and addressed six key areas based on view seeking and NHS target areas and are described in the table below.

<table>
<thead>
<tr>
<th>CAMHS transformation work stream actions and achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Pathways and Processes</strong></td>
</tr>
<tr>
<td>A new referral guide was launched in August 2017 which sets out the core-CAMHS service provision, the Thrive model of care, how to make a referral, other services that could help, engagement and choice, screening criteria and checklist, and guidance for referrers on a number of mental health presentations (e.g. anxiety, attachment difficulties, bipolar disorder, conduct disorder etc.).</td>
</tr>
</tbody>
</table>
This mirrors the new referral pathways put in place by the CAMHS service which align service users to treatment based on their mental health need. The aim is to improve appropriateness of referrals, speed up the pathway into the right treatment through more informed referrals and initial assessments, and to review the demand for the pathways to continuously review workforce development and training needs and inform prevention work. The new referral criteria are being communicated to partners currently. The CAMHS service has introduced an introductory group session for CYP who are referred (where appropriate) to ensure that CYP understand what the service provides and the readiness to engage that is required from the CYP in order for treatment to be effective. This is also designed to reduce the appointment ‘Did not attend’ rates.

**Evidence Based Practice / Routine Outcome Measures (ROMS)**

Working alongside the Clinical Pathways group to identify the NICE approved interventions that each team should provide for young people on the care pathways. ROMs have been implemented as part of the new referral pathways. These measures include the Strengths and Difficulties Questionnaire (SDQ) and the Revised Child and Anxiety Depression Scale (RCADS). Monitoring of these outcome measures will inform continuous service improvement work.

**Workforce, Development and Training**

The CAMHS service has enrolled 7 staff on CYP IAPT training in 2017/18, which will enable them to be Psychological Wellbeing Practitioners (PWPs). This is funded by NHS England through the CCG. Initial analysis of service user need in CAMHS shows that anxiety and depression are the most prevalent presentations and the CYP IAPT training will enable staff to be well-placed to support these needs. The CCG is working with CAMHS to estimate the likely throughput of the PWP role and the positive impact this is likely to have on waiting times. Reviewed the leadership structures across the six CAMHS teams to ensure robust and resilient structures are in place.

**Data Quality and Performance**

CAMHS has developed a comprehensive way of report to the CCG (performance and activity) plus staff training compliance and types of training/qualifications achieved, absence, clinical supervision, complaints, finance, pathway allocation and outcome measures carried out. This is available to staff in real time and reviewed at monthly CAMHS transformation meetings to improve performance.

**Communication and Engagement**

A series of staff workshops were held in June/July with a number of recommendations made. These are being picked up in the work streams. A subsequent series is being arranged for November and once a clear purpose for CAMHS is agreed to engage with young people and stakeholders to shape and agree this.

**Participation**

The participation work stream has representation from clinicians, young people and a parent representative. The intention is now to draw up a participation strategy to ensure that young people and their families can be involved at every level of service development and delivery. This will dovetail with the CAMHS review which the CCG will lead on.
Provide liaison with and support through other professionals and services

8.6 The CAMH service aims to provide support for other services specifically with the aim early intervention so that children and young people have the right support at the earliest opportunity.

8.7 The LTP outlined these key areas for the CAMH service to support other services:

- Focus on early intervention to pick up issues sooner
- Work with mainstream services to support them to address emotional wellbeing and mental health concerns
- Develop a 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) proving all age liaison psychiatry service across Dorset.
- 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.
- CAMHS has embedded 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.

School Nursing Service

8.8 The school nursing service has been reviewed and re-specified by Public Health Dorset. Two specific initiatives have been launched in 2017 to support children and young people with their mental health – a ‘self-help not self-harm’ campaign and a CHAT health text message service (for mental and physical health needs).

- The ‘self-help not self-harm’ campaign was launched in spring 2017 pan-Dorset aimed at secondary school pupils and delivered by the school nursing team.

- 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 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 were delivered across schools, young people’s services and churches to promote the campaign and raise awareness of self-harm. Posters and flyers were distributed to give teachers and parent’s simple steps on how to respond to disclosures of self-harm from young people.

• The school nursing team has also launched a new text message service called ‘CHAT health’ which encourages pupils to anonymously text message a school nurse for advice if they don’t want to meet face to face. Information on types and frequency of contact with CHAT health will enable schools to develop a better understanding of the needs of their pupils and put appropriate support in place.

8.9 Public Health Dorset (PHD) commissions the school nursing service and monitors the CHAT health service through the contract management process on a quarterly basis. PHD are intending to continue to support CHAT health through the contract in 2018/19.

Targeted Support for the Most Vulnerable

8.10 There has been increased offer of group based support in Dorset through the LA Targeted Youth Service focusing on and responding to those at risk of or suffering from poor emotional wellbeing. In Bournemouth there are a range of services available to children and young people from the age of 0 through to 18 with specific targeted support for looked after children, those young people targeted through Youth Services, those with drug and alcohol issues, Young People in the Youth Offending Service and via troubled families.

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

8.11 Promoting the Health and Well-being of looked after children (2015) indicates that the majority of children become looked after as a result of abuse and neglect, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

8.12 Transformational investment into the looked after children team has enabled the recruitment of two mental health nurses who will have a focus on identifying and assessing need, offering specialist advice to team colleagues and working directly with children and young people.
The emotional health and wellbeing looked after children nursing role forms part of the overarching pathway offered across the system to promote good mental health and psychological well-being for looked after children and young people. The overarching pathway includes working across agencies and provides a model of service delivery that:

- Supports carers and workers through training, supervision and consultation to promote placement and educational stability for example offering workshops on attachment, self-harm, trauma, bullying, life story work.
- Provides a psychological formulation to support the planning and the multi-agency working.
- Supports partnership working across CAMHS, clinical psychology, LAC Health team and local authority services to deliver a stepped model of support, care and intervention.
- Provides interventions for mental health and wellbeing that focus on improving the quality of the relationship between the child and their care givers.

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

The CAMH service also has psychology provision for looked after children providing the following support / intervention:

- Offer psychological consultation to staff working with children and young people who are looked after
- Provide psychological advice and support to foster carers and residential staff regarding children and young people who are looked after
- Provide training sessions, alongside partner agencies, to foster carers
- Following initial consultations, carry out specialist assessment work and therapeutic interventions for children and young people who are looked after

Children who have been abused or neglected

The needs assessment in the Appendix includes the impacts on children and young people who have been abused or neglected. There is also a focus on the local prevalence of CYP who are Children in Need and of CYP aged 18 and under who are domestic abuse victims or suspects and non-domestic abuse sexual offence victims or suspects.

The core-CAMHS service referral criteria has always included CYP experiencing complex risk factors such as abuse, maltreatment and social deprivation and the new
guidance sets this out in an accessible format. The guidance includes detail on types of emotional health and wellbeing difficulties that would typically be assessed and treated by CAMHS and this includes (but is not limited to):

- Attachment difficulties which could be as a result of abuse/ maltreatment/ neglect;
- Post-Traumatic Stress Disorder – guidance on what to do if there is evidence that the child/young person is still exposed to the stressor/trauma e.g. living in a household where domestic violence occurs, having contact with the perpetrator etc.
- Psychosis – guidance to explore family functioning/impairment and assess for exploitation and safeguarding need.

Early Intervention and Prevention

8.18 Dorset County Council carried out the following work to improve early intervention and prevention of mental health issues in children and young people:

<table>
<thead>
<tr>
<th>Implementing Youth Health Champions</th>
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<tbody>
<tr>
<td>Supporting Weymouth College to become an accredited centre for Youth Health Champions in Dorset and to take responsibility for the assessment peer mentors and fidelity to the programme</td>
</tr>
<tr>
<td>Plans to recruit a project coordinator to promote and support other educational establishments across Dorset to deliver the Youth Health Champion Programme</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Development of self-help tools</th>
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<tbody>
<tr>
<td>Engage with Dorset Youth Council to understand and prioritise a range of issues and to develop self-help tools that can be used on a range of issues that have now been published and are being rolled out across the county</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Workforce Development:</th>
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<tbody>
<tr>
<td>Access to training for workers in early help services (mental Health First Aid)</td>
</tr>
<tr>
<td>Rolling Out evidence based programme ‘I Can Problem Solve’ (in progress)</td>
</tr>
<tr>
<td>Building on successful pilots in Weymouth and in Wimborne we are currently supporting other schools to implement this evidence based approach in the Early Years</td>
</tr>
</tbody>
</table>

8.19 Dorset has developed a Family Partnership Zones project to deliver early help and sustained change to identified children, young people and families. Each child has numerous points in their journey to adulthood, where agencies assess and check on their progress. To avoid missing these opportunities a pipeline of support from cradle to career is needed to have integrated approach and work with whole communities.

8.20 The objectives of the Family Partnership Zone are to:

- Lead and implement a whole system approach to early help
- Understand needs and agree strategy across partners and communities
• Reduce future demand on late intervention
• Identify savings from the avoidance of late interventions across partners
• Combine resources across partners in order to achieve shared outcomes
• Deliver integrated working practices across Family Partnership Zones
• Ensure sound evidence based practices and interventions are in place and consistently delivered
• Create and sustain culture change in practice across Family Partnership Zones to ensure staff work across boundaries and take a whole family approach
• Embed Outcomes Based Accountability in practice
• Ensure the skills of the whole workforce is developed effectively, in order to achieve outcomes for children, families and communities

8.21 The seven Family Partnership Zones are geographical areas linked to Dorset school pyramid areas. As the name suggests, each zone takes a multi-agency partnership approach in proactively identifying the need for help and working with vulnerable young people and their families.

8.22 Within each Zone, Children's Centres, Locality/Family Workers and Targeted Youth Workers have come together under one management structure. However, a zone's workforce is seen as that of the whole of the partnership agencies (including the DCC staff) where there is a common aim to stop things getting worse when a problem is identified.

8.23 The Borough of Poole has delivered mental health first aid training for 56 school staff including primary, secondary & special schools. Five Senior Leaders in Education are leading on the promotion, support & sustainability of mental health first aid in schools and a regular network meeting is in place that brings together trained staff to discuss implementation of the programme; the network is supported by the Dorset Healthcare CAMHS Service and the local authority.

8.24 Poole has commissioned an external provider to update the Primary PSHE programme and develop a new Secondary PSHE programme with the two presenting a seamless cross phase approach with resilience and emotional well-being at its core. The Secondary materials are being piloted and completion and a full launch is planned by Easter 2018.

8.25 Poole has a multi-agency Mental Health & Emotional Well-being Group that is currently mapping support services for emotional/mental health against the Thrive model with a view to raise awareness of services across the continuum of support. Schools are the primary audience for this.

**Expert by Experience (peer) project**

8.26 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.
8.27 A successful Peer Support Worker model has been developed at the Pebble Lodge Inpatient Unit which involves former inpatients providing peer support to current inpatients. This model will inform the development of the community based experts by experience / peer support model.

8.28 Dorset has a Youth Health Champions programme focusing on mental health. We will learn from this programme and incorporate this into the development of the peer support model.

8.29 Dorset County Council 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.

**Behaviour and Development Pathway**

8.30 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.

8.31 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. A new and evidence based pathway for the assessment of behaviour and development has been created. The implementation of this pathway will improve children and young people’s outcomes and experience, minimise duplication, provide clarity and improve consistency across Dorset.

8.32 The new pathway is designed to reflect the child, young person and family journey of managing concerns about behaviour and development. The pathway now involves six key stages:

1. Identification of issues and requests for help
2. On-going support and referral for Behaviour and Developmental Assessment
3. The Assessment
4. Outcome of the assessment
5. Ongoing support and review
6. Transition planning

**Young People’s Eating Disorder Service**

8.33 The current Eating Disorders (ED) community team for young people 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.

8.34 The team adheres to 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. A 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 the majority have had training in the Maudsley model provided by Professor Eisler.

8.35 Where inpatient care is required this is provided in a number of ways. Locally this is 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 service is needed, this is out of area at Leigh House in Winchester provided by Southern Health.

8.36 The transformation funding has enabled the increase in the level of home treatment available, additional group work and individual therapy, which adds to the packages of care. If admission is needed (including out of county), the service will maintain contact with patients and speed up discharge home. It will also ensure that inpatient care is only used when absolutely needed and all local community based approaches and resources have been exhausted.

8.37 The service also aims 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 Management of Really Sick Patients with Anorexia Nervosa (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.

8.38 There is growing evidence that providing training/skills enhancement to parents and carers can 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.
8.39 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 work stream will be delivered as part of the approach outlined earlier in the LTP.

8.40 Work to ensure that effective relationships with GPs are reflected across the whole local geography will be undertaken so that GPs 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.

8.41 A communications plan to make the local community aware of the revised service will be developed 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.

8.42 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.

8.43 The Dorset inpatient eating disorders service is accredited by the Royal College of Psychiatrists (RCP) and the community service is currently assessing itself against the new community eating disorder service standards also developed by the RCP. The service is not part of a cluster since there is only one CCG and ED service that cover the Dorset Sustainability and Transformation Plan (STP) area.

**Crisis Support**

8.44 There are eight whole time equivalent (WTE) crisis workers within core-CAMHS providing a community crisis response including assessment, intervention and brief follow up, including intensive community support where needed. The team liaises with the emergency departments within the three acute hospitals pan-Dorset and operates from 9am to 5pm on weekdays.

8.45 An out of hours’ crisis provision operates from 5pm to 1am weekdays and 9am to 1am weekends with one whole time equivalent staffing. Between October 2016 and March 2017 there were 394 referrals and 96.4% received a mental health assessment within 4 hours. The service sees young people for assessments in the acute hospitals only.
8.46 The CAMH service also includes two Psychiatric Liaison Nurses/Practitioners who work 9am to 5pm weekdays. The crisis provision covers out of hours’ referrals for psychiatric liaison.

8.47 A review of psychiatric liaison and crisis provision will start in 2017/18. This will identify the change needed to meet the NHS England targets that all acute hospitals must have all-age psychiatric liaison teams in place by 2020/21; and provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families.

**Transition from CAMHS**

8.48 Transition is a planned process undertaken over time and includes adjusting to and the management of change. The Department of Health (2008) understands the transition between childhood and adulthood as the consolidation of identity, the achievement of independence and the establishment of adult relationships. This time for many young people can be difficult and stressful; Singh (2009) highlights that it is a risk period for the development of serious mental illness, yet significant gaps and service boundaries may exist or appear during transition. This is due to differences in the levels and types of provision in CAMHS (Child and Adolescent Mental Health Service) and adult services which unintentionally create discontinuities in provision of care.

8.49 Ensuring a positive transition for young people with mental health problems from CAMHS to services able to provide them with care and support that they require as they move into adulthood will be dependent on effective joint working and understanding between all relevant agencies. Better outcomes for young people and services will be achieved when a range of specialist and community services are involved and take a collaborative, flexible and person centred approach. It is vital that professionals working within these services have a good understanding of each other’s services, roles and responsibilities. To achieve this, transition for all young people therefore becomes the responsibility of all services.

8.50 It is well recognised that adolescence is a period of high risk for development of illness (Singh 2009) and is also a time when young people make a number of transitions, such as healthcare and education. Nationally there is evidence (Young Minds 2014) that transitions between children’s and adult services can be poorly experienced by service users and families with only 4% reporting a positive experience. An effective process between all services is therefore essential to minimise the disruption of treatment, establish continued engagement, and ensure that the young persons’ needs are at the centre of decision making to avoid confusion and uncertainty.

8.51 Dorset Health Care has launched ‘Pan Dorset Guidance for Joint Working and the Transition of Care within Mental Health and Learning Disabilities Services for Young People to improve the experience of young people who transition between our child and adult mental health teams.
A transition audit was carried out from January to March 2017 as part of the research for the development of the transitions guidance. This found that of 102 patients identified for the audit, 78 were discharged to the GP, 21 transitioned to the community adult mental health service, and 12 were referred to adult IAPT (locally named Steps to Wellbeing). A small number (under 10) disengaged following a referral to the community adult mental health service.

The new care pathways within the transitions guidance are:

- CAMHS to Primary Care (GP)
- CAMHS to Steps to Wellbeing (IAPT)
- CAMHS to Community Mental Health Team (CMHT)
- Local Inpatient Adolescent to CMHT
- Inpatient Adolescent to Inpatient Adult
- Repatriation / Further Out of Area Placement including from specialist/forensic
- CAMHS to Asperger Service
- Youth offending service
- Young People’s Eating Disorder Service
- Children’s service to Adult LD services
- Liaison Psychiatry Contact

The performance of the new transitions pathways will be measured as part of the Commissioning for Quality and Innovation (CQUIN) scheme in quarter four of 2017/18 and throughout 2018/19. The baseline in 2017/18 will be used to set an improvement target for 2018/19.

Planned developments

A lot of progress has been made as described above however there is still much to do in order to achieve all the ambitions described in Dorset’s Local Transformation Plan. The following section outlines in more detail that work to be done in order to achieve the aims of the LTP.

The NHS has placed emphasis on some key areas for improvement with targets to achieve within certain timescales, of which the following need more work:

- 30% of children and young people with a diagnosable mental health condition to receive community treatment form NHS funded community mental health services in 2017/18 increasing to 35% in 2021
- Provide all age psychiatric liaison service by 2020/21
- Provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families
9.3 **CAMHS Transformation**

**We will:**

- Build on the progress made so far with CAMHS Transformation
- We recognise that to bring about significant improvement, it is vital to transform the whole system with all its interdependencies
- Continue to address waiting times as these are an ongoing issue. There are a number of key pieces of work being undertaken to address these, including CAMHS benchmarking nationally, of which the Dorset Health Care CAMHS service is within the top quartile encompassing a wide range of indicators. Critically, the focus is on improving trajectories and allocating additional resource to particular areas of pressure. To support this, the new core-CAMHS referral guidance will support referrers to understand CAMHS and the support available in the wider THRIVE framework
- We will ensure that developments in our wider system e.g. digital innovations relevant to the work of CAMHS as well as the whole Dorset network
- We will establish targets to increase access to the core-CAMHS service in line with the national access target and in partnership with other community mental health services included within the indicator

9.4 **Experts by experience** includes the intention to create an Experts by Experience programme that offers peer support and mentoring to young people by peers who have been trained to help their peers in their recovery. It also includes the following:

**We will:**

- Peer support has been built into the service offer and will be developed further in 17/18
- Planning of a peer support service will begin during 17/18 with two arms – one to support CYP who have engaged with mental health services and one to support CYP in schools. Learning from the peer specialist programme at Pebble Lodge and the Recovery Education College will inform the development of the model
- Go to the market to procure a new system of peer support which supports CYP and parents/carers and is firmly embedded within treatment pathways

9.5 **Early intervention and prevention** includes the NHS early intervention in psychosis which is already achieving the 2020/21 targets plus the following:

**We will:**

- We will continue to work to ensure places of safety are appropriately meeting the needs of CYP
- Work to ensure that services keep meeting the access targets
• Work with networks of schools, as appropriate in each area, to develop a whole school approach to emotional wellbeing and mental health and to develop a graduated training offer for staff in schools and wider services such as Early Help
• Improve the links between schools and CAMHS and CYP Eating Disorder services

9.6 **The Dorset Eating Disorders** service is meeting the national targets and we will:

- Continue to ensure that the national targets are achieved
- Work in partnership with other services to provide workshops on issues such as self-harm
- Promote the service to relevant stakeholders and ensure the service offer is understood particularly when a partnership in the care of a person with ED is required, for example in cases of severe / enduring ED
- Develop peer support initiatives and mentoring services with recovered service users
- Expand training delivery to GPs, schools and other services that are partners in the care of a person with ED
- Showcase our developments and good practice in Wessex and nationally

9.7 **Psychiatric liaison** will be reviewed and developed in to an all age service by 2020/2021 and liaison with support through other professionals and services will be increased and improved:

**We will:**

- Review the psychiatric liaison activity and demand, population needs assessment and views of service users, families and professionals
- Co-produce an all age-service to be in place by 2020/2021

9.8 **The development and behaviour pathway for CYP with ASD/ADHD and other neurodevelopmental disorders** is in place with people in post in east and west of the county to offer practical support to families who are waiting for appointments and will include the following additional work:

**We will:**

- Implement the best practice pathway across the whole system
- Based on the learning from the new family support posts, review CYP and family / carer support needs and shape existing / new services around these needs
- Ensure initiatives to develop peer support include the needs of CYP & families / carers with development & behaviour needs
- Undertake a new piece of work around transition to adult services in order to understand the issues faced by CYP and making recommendations for improvements to services
We have funded additional Education Psychology input into ASD assessments in each local authority. This now needs to be reviewed to understand what has been achieved so far and to agree future direction.

9.9 Looked after children (LAC), care leavers and children & young people who have experienced abuse has already received investment and has increased staff for the service and will continue to improve:

We will:

- Continue to support the LAC nursing service and ensure it has robust pathways to CAMHS services as appropriate
- Ensure that needs and issues uncovered by the service are fed back into service delivery and commissioning
- Work with the new Regional Adoption Agency – Aspire Adoption – to clarify the psychology input to the new service (mostly Local Authority funded) and to agree pathways into CAMHS. This work covers all aspects of the adoption process including special guardianship which is becoming more commonplace and has not been adequately supported in the past
- Continue to develop the CHAT txt message service in order to identify themes coming from young people as these will help shape future service developments

9.10 Community crisis response and home treatment
A review will be carried out in 2017/18 through 2018/19 to co-produce a service development plan which will enable Dorset to provide 24/7 urgent and emergency mental health service for CYP and their families by 2020/2021. CYP and families will contribute to the development of outcome measures for this service.

9.11 The Dorset Combined Youth Offending Service (DCYOS) is a multi-agency partnership working across the pan-Dorset area to provide statutory youth justice services. The main aims of the service include the prevention and reduction of offending by young people. The service also has responsibilities to keep young people and the public safe from harm.

9.12 It is widely recognised that young people accessing youth justice services are likely to have high levels of interacting unmet health and care needs. These needs can include emotional and mental health problems, substance misuse, physical and sexual health problems. The presence and complexity of these needs is often linked to unresolved past trauma, such as experiencing abuse or witnessing domestic abuse. The same young people are also more likely than the rest of the population to have speech, language and communication needs, and learning difficulties. In many cases these young people have not had their needs identified, or have not received treatment, often because they have not responded to the conventional provision of specialist services.
DCYOS currently has a health team who take referrals from YOS workers after a screening process. The allocated health worker then undertakes a comprehensive health assessment before agreeing a care plan for the young person. The role of the health team includes providing consultation and training to other team members. The fact that a young person is subject to a caution or court order, and our outreach model of working, enables us to engage these young people in health assessments and provision.

The DCYOS health team has built links with the Criminal Justice Liaison and Diversion (CJLD) Service. That service is responsible for screening and assessing young people who attend police custody suites, to ensure that mental health, learning disability and substance misuse issues are identified. Many of the young people assessed by the CJLD team are already known to the YOS, and a number of them are actively engaged with a YOS nurse.

The DCYOS health team also has active links with local CAMHS teams, looked after children nurses, substance misuse services, school nurses, GPs, paediatricians and sexual health providers.

The YOS health team (3.1 whole time equivalent (WTE) nurses, 0.6 WTE psychologist) is working directly with around 30 young people, and providing consultation and support to YOS workers for a similar number, out of a total YOS caseload of around 160. The ambition of the Youth Justice Board is that all young people known to the YOS should receive a comprehensive health assessment carried out by a specialist health practitioner. Currently it is only the young people who are directly seen by a YOS nurse who receive the comprehensive health assessment.

We said:
- We will work with our integrated Dorset Youth Offending Service (YOS) to ensure emotional wellbeing and mental health needs are addressed.

We did:
- We started unpicking the historical arrangements around the health components of the YOS and secondment arrangements across organisations which mostly pre-date the CCG.
- We started dialogue with NHS England around more integrated joint commissioning and to agree the best use of national CAMHS transformation funding for health and justice.
- Agreed additional capacity from 2017/18 – 2020/21 with around £75k NHS England funding per annum for:
  - additional psychology provision
  - new Speech and Language Therapy (SALT) provision
  - Eye Movement Desensitisation and Reprocessing (EMDR) training and supervision and Non-Violent Resistance (NVR) training in the Youth Offending Service
We will:

- Report on the outcomes from the transformation funding - to be measured through Key Performance Indicators (KPIs) specified by NHS England. The proposed KPIs include data about the numbers of assessments and care plans completed, how well the young person engages with services, the integration of services and feedback from the service user and other stakeholders. The YOS currently collects similar data, and will be able to evidence its work against these KPIs.

- The NHS England funding sets out associated priorities which include prevention work, integrating services and supporting access to services. The development of a more family-based approach to our work will enable us to increase our support to younger siblings who may be at risk of future offending. Systemic working and the use of reflective supervision for groups of workers will enhance the integration of work by different services. The YOS is itself a multi-agency team, which enables us to devise a single, integrated plan for our work with a young person, and to ensure that work to meet their health needs fits with the other work being done to support them and their family. The YOS is also able to use the weight of a court order or police caution, along with a skilled staff team, to engage with young people who have previously not sustained engagement with specialist services.

9.17 Workforce Development - this work stream is guided by the ‘Living and working differently strategy’. This strategy is a collective response to the Sustainability and Transformation Plan on behalf of all health, social and primary care organisations, carers and Dorset’s voluntary service organisations. By leading and working differently, together we will;

- Break down the barriers in our organisations to enable change to happen, whilst being mindful of our individual organisation’s values and identities
- Identify collective solutions to meet the workforce needs for each service
- Work together on development programmes which cross organisational boundaries, sharing resources and expertise
- Actively try to do things once and well as health and social care organisations, stopping the repeated time and effort spent by staff
- Actively learn to ensure what we do is right and meets the needs of what we want to achieve together

9.18 The strategy also sets out Dorset’s approach to development of leaders and organisations, recruitment and retention of staff, developing our staff and

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supporting staff through change. Dorset is currently developing a mental health workforce plan that will sit under the strategy and this will include CYP mental health workforce and be informed by the LTP. We have an allocated mental health workforce development lead for the STP (the Chief Operating Officer for Dorset HealthCare) who sits on the Dorset Workforce Action Board.

9.19 This work will be informed by the Mental Health Workforce Plan for England (2017)\textsuperscript{31} which sets out the areas of growth required needed to meet access targets set out in the Five Year Forward View for Mental Health. Dorset will work with the newly appointed Wessex workforce lead to develop a Dorset expansion model.

9.20 The local authorities of Bournemouth, Dorset and Poole are rolling out mental health first aid training for professionals across schools as part of the ‘Whole School Approach’ to mental health. Dorset is also developing the skills and capabilities of staff within pupil referral units to improve the offer and interventions to children and young people with Social, Emotional and Mental Health issues that cannot be educated in mainstream educational provision; and has trained early help staff in mental health first aid.

9.21 Dorset was a 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, including opportunities for innovative working practices 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.

9.22 The Early Help partnership in Bournemouth has a coordinated approach to workforce development across all partner agencies. An extensive range of training and support has been provided over the last 2 years and continues in the current workforce development plan. Examples include

- Mental Health First Aid
- Building Healthy Emotional Development for Children and Young people
- Parenting after Domestic Violence Understanding Attachment
- Resilience and coping skills -through targeted support

9.23 Workforce data for the Dorset HealthCare community mental health services is in Appendix 3. Workforce planning and development is crucial to all the changes yet to be made and as well as continuing with the work described above:

\textbf{We will:}

\textsuperscript{31} https://www.hee.nhs.uk/sites/default/files/documents/CCS0717505185-1_FYPV%20Mental%20health%20workforce%20plan%20for%20England_v5%283%29.pdf
• Work with primary care colleagues to specify and clarify the role of primary care practitioners.
• Carry out a training needs analysis against the competencies required of primary care practitioners.
• Continue to work with the Dorset Primary Care Workforce Centre and HEE to agree how training and education needs can be met.
• Strengthen the links and pathways between primary care and specialist services such as CAMHS and the Eating Disorders service.
• Develop shared care pilots between primary care and specialist services.
• Continue to review skill mix and develop new roles – including new roles developed through the CYPIAPT Programme.
• Continue to make use of the CYPIAPT programme and in recognition that this only addresses the needs of a proportion of our workforce, assess the wider training / education needs in our system and work with CYPIAPT and HEE to work through how existing commissions might be changed if necessary or new initiatives commissioned.
• Work with HEE to ensure EWB&MH for CYP is incorporated into the training of doctors, nurses and Allied Healthcare Professionals.
• Agree how we will meet the training needs of non-NHS staff.
• Promote Dorset as an excellent place to come and work in EWB&MH for CYP.

10. Transformation Investment

10.1 The partnership in Dorset has agreed a range of investments to improve the emotional wellbeing and mental health of children and young people. The following tables set out the investments committed.

10.2 The following table shows NHS transformation funding in 2015/16 to improve local authority services and early intervention for emotional health and wellbeing of CYP.

<table>
<thead>
<tr>
<th>Local authority delivered services/interventions</th>
<th>Funding</th>
<th>Objectives</th>
<th>Outcomes delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Wellbeing Children &amp; Young People - Bournemouth Borough Council</td>
<td>£ 25,000</td>
<td>EWB &amp; MH Pilots in schools as part of the transformation agenda</td>
<td>Workshops with 3 schools, 80 people attending each one, suggestions were: Mental Health 1st Aid: rolled out through Early Help; Educational Psychology research into Sandwell Whole Schools Approach. Plan to develop this further in 2017/18 and 18/19.</td>
</tr>
<tr>
<td>Emotional Wellbeing Children &amp;</td>
<td>£ 50,000</td>
<td>EWB &amp; MH Pilots in schools as part of the</td>
<td>Implementation of youth health champions. Workforce development – delivered and scoped workshops</td>
</tr>
</tbody>
</table>
10.3 The following table shows NHS transformation funding allocated in 2015/16 to improve health services that support the emotional health and wellbeing of CYP.

<table>
<thead>
<tr>
<th>2015/16 Health services</th>
<th>Funding</th>
<th>Objectives</th>
<th>Outcomes delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHC CAMHS service</td>
<td>£250,000</td>
<td>Increase psychiatric liaison service, placements coordinated, step down planned, reduce the referral to assessment waiting times</td>
<td>Referral to assessment waiting times improved: tier 3 (% within 4 weeks) from 71.6% Apr 16 to 83.1% Jul 17; tier 2 (% within 8 weeks) from 70.3% Apr 16 to 92.9% Jul 17.</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>£432,000</td>
<td>Improve access to the service, include self-referral Include parental referral, empower carers, Multi-family group treatment, remove transitions at 18 within the service, increase capacity to support people who have anxiety and depression and</td>
<td>Service transformed to all-age service. Service targets: 95% of CYP referred with suspected ED that start treatment within 4 weeks of referral (routine cases) or 1 week (urgent cases). May and June 2017 service achieved 100% and this is usual.</td>
</tr>
</tbody>
</table>
10.4 The following table shows NHS transformation funding that was allocated in 2016/17 for early intervention work to improve CYP emotional health and wellbeing.

<table>
<thead>
<tr>
<th>Perinatal Mental Health</th>
<th>£187,000</th>
<th>Expand service into the West of the county. Training to other staff in contact with women during pregnancy, Early identification of support needs, ensure that early attachment between women and their babies</th>
<th>Access to the service has increased by 59% by July 2017.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family support co-ordinator s supporting the ASD/beh avioural pathway</td>
<td>£68,000</td>
<td>To support people waiting for an assessment Coordination and communications between people waiting and the service, signposting as needed whilst people are waiting for an assessment</td>
<td>Impact to be reviewed in 2017/18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£937,000</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2016/17 Local authority delivered services/ interventions</th>
<th>Funding</th>
<th>Objectives</th>
<th>Outcomes delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting early intervention in children’s services and schools</td>
<td>£250,000</td>
<td>Development of whole school approaches. Skills development and training (schools, parents and CYP). Projects to be carried out in 2017/18 and 2018/19: Pilots with schools in Bournemouth, Poole and Dorset including: school emotional wellbeing and mental health needs assessment, tailored support to develop a whole school approach, training for staff.</td>
<td>Outcomes to be delivered in 17/18 and 18/19.</td>
</tr>
</tbody>
</table>
The following table shows NHS transformation funding allocated in 2016/17 to improve health services that support the emotional health and wellbeing of CYP.

<table>
<thead>
<tr>
<th>2016/17 Health services</th>
<th>Funding</th>
<th>Objectives</th>
<th>Outcomes delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DHC CAMHS service</strong></td>
<td>£250,000</td>
<td>Increase psychiatric liaison service, placements coordinated, step down planned, reduce the referral to assessment waiting times</td>
<td>Referral to assessment waiting times improved: tier 3 (% within 4 weeks) from 71.6% Apr 16 to 83.1% Jul 17; tier 2 (% within 8 weeks) from 70.3% Apr 16 to 92.9% Jul 17.</td>
</tr>
<tr>
<td><strong>Looked After Children (LAC)</strong></td>
<td>£325,000</td>
<td>Health Assessments, evidence based interventions to support LAC who have experienced abuse</td>
<td>LAC scorecard revised to include emotional wellbeing and mental health indicators from April 2017. LAC and care leavers receiving emotional and mental health intervention Apr – Jul 2017 = 44. Number expected to increase as new roles fully mobilise and become embedded.</td>
</tr>
<tr>
<td><strong>Eating Disorders</strong></td>
<td>£376,000</td>
<td>Improve access to the service, include self-referral Include parental referral, empower carers, Multi-family group treatment, remove</td>
<td>Service transformed to all-age service. Service targets: 95% of CYP referred with suspected ED that start treatment within 4 weeks of referral (routine</td>
</tr>
</tbody>
</table>
transitions at 18 within the service, increase capacity to support people who have anxiety and depression and reduce referrals to other MH teams cases) or 1 week (urgent cases). May and June 2017 service achieved 100% and this is usual.

Perinatal Mental Health £187,000 Expand service into the West of the county. Training to other staff in contact with women during pregnancy, Early identification of support needs, ensure that early attachment between women and their babies Access to the service has increased by 59% by July 2017.

<table>
<thead>
<tr>
<th>2016/17 Health services continued</th>
<th>Funding</th>
<th>Objectives</th>
<th>Outcomes delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family support co-ordinators supportin the ASD/behavioural pathway</td>
<td>£68,000</td>
<td>To support people waiting for an assessment Coordination and communications between people waiting and the service, signposting as needed whilst people are waiting for an assessment</td>
<td>Impact to be reviewed in 2017/18</td>
</tr>
<tr>
<td>CAMHS crisis support</td>
<td>£55,000</td>
<td>Improve crisis support – objectives to be defined</td>
<td>Funding to be used to improve CAMHS crisis support in 2017/18</td>
</tr>
<tr>
<td>Project officer</td>
<td>£55,000</td>
<td>Coordinate and lead the transformation programme</td>
<td>Coordinated implementation plan, oversight of distribution of funding and reporting against this, organised and led steering group meetings, led on refresh of LTP.</td>
</tr>
<tr>
<td>Total</td>
<td>£1,316,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10.6 NHS England has made additional funding available in 2016/17 and 2017/18 as follows:

<table>
<thead>
<tr>
<th>Services</th>
<th>Funding</th>
<th>Date</th>
<th>Objectives</th>
<th>Outcomes delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHC CAMHS service Reducing waiting times to services</td>
<td>£348,000</td>
<td>2016/17</td>
<td>Increase psychiatric liaison service, placements coordinated, step down planned, reduce the referral to</td>
<td>Referral to assessment waiting times improved: tier 3 (% within 4 weeks) from 71.6% Apr 16 to 83.1% Jul 17;</td>
</tr>
</tbody>
</table>
11. **Examples of innovation**

11.1 Dorset innovation projects are all aimed at preventing/early intervention (reducing demand for specialist intervention): young person led and designed self-help tools - designed to raise awareness of poor mental health and to reduce demand for specialist intervention; Fostering Resilience Programmes: evidence based programme to improve problem solving and resilience (I Can Problem Solve) rolled out across a range of settings and across a cluster of schools - with good outcomes; development of Coping Skills group work programme (targeted at those at risk of/low level self-harming). Draft outcomes based specification for parent peer support available - due to tender this year.

11.2 As for Dorset, Bournemouth has aimed their innovation projects on addressing issues of emotional, mental health and wellbeing at prevention and early help stage with Resilience Scheme to support schools with children requiring targeted EMHWB support, ELSA - providing training to upskill TA’s in their counselling approach, targeted Early Intervention- The Whole Family Approach -which was to develop whole family specialist intervention with the support and coordination via schools.

11.3 The Dorset School Nursing Service has implemented ‘CHAT health’ – a text messaging service for secondary school pupils to seek advice where they may not have sought a face to face appointment, as described in point 8.8.

11.4 The Dorset Youth Council has used social media to raise awareness of emotional wellbeing and mental health and to develop their self-help wheels as described in point 6.3.

12. **Key risks to delivery of the local transformation plan**

12.1 Dorset has one LTP with all partners signed up to deliver the plan. There are risks in the delivery of the plan and they are described briefly below. These risks are owned and monitored by the emotional wellbeing steering group.
<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and social care workforce unable to expand delivery of mental health early intervention due to lack of time and skills and priorities in other areas</td>
<td>Needs analysis to be carried out beginning in 2017/18 to map services and support against the THRIVE framework. This will involve engagement with education and social care and promoting the strategy for Dorset, motivating the workforce and identifying gaps. The whole school approach to emotional wellbeing and mental health being developed in 2017/18 and 2018/19 will also motivate and support the education workforce to deliver early intervention / advice and signposting.</td>
</tr>
<tr>
<td>The Dorset HealthCare (DHC) CAMHS service is unable to meet assessment and treatment waiting times targets due to an increase in referrals as per the national access indicator</td>
<td>DHC has put in place new referral pathways based on need instead of tiers. This will enable the service to ensure staff have the training and experience to flexibly cover all areas of need. The CAMHS service is also part of the national IAPT programme and the new Psychological Wellbeing Practitioners will improve the workforce capacity for those with mild to moderate anxiety and/or depression. DHC is carrying out capacity modelling based on the national access target to determine whether further expansion of the workforce is necessary.</td>
</tr>
<tr>
<td>Unable to recruit and retain staff</td>
<td>Mental health workforce plan being developed to address recruitment and retention of staff</td>
</tr>
</tbody>
</table>

12.2 Progress in delivery of the plan will be monitored by the Emotional Wellbeing Steering Group. Services and investment will be monitored against outcomes and assured by the Integrated Community and Primary Care Services Portfolio Board and the Children’s Trust Boards in Bournemouth and Poole and the Dorset Strategic Alliance. The latter three boards feed into the Bournemouth & Poole and Dorset Health and Wellbeing Boards.
Appendix 4.

Below is information about Children and Young People’s Services across Dorset.

**Bournemouth**

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Telephone</th>
<th>Opening Times</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bournemouth and Christchurch CAMHS</strong></td>
<td>01202 646300</td>
<td>Monday - Friday, 8.30am - 5.00pm</td>
<td>Shelley Clinic 22 Tower Road Dorset United Kingdom BH1 4LB</td>
</tr>
</tbody>
</table>

Bournemouth and Christchurch CAMHS

We offer children, young people and their families (aged 0-18 years) assessment and multi-disciplinary therapeutic intervention for moderate to severe mental health problems. The clinic offers a range of individual, family and group treatments depending upon the needs of the young person or family.

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Telephone</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioural Outreach Support Services (BOSS)</strong></td>
<td>01202 584353</td>
<td>Seastone House 49 Alumhurst Road Dorset United Kingdom BH4 8EP</td>
</tr>
</tbody>
</table>

Behavioural Outreach Support Services (BOSS)

The Behavioural Outreach Support Service works with children/young person aged 0-18 years and their family who have a learning disability and mental health problem. The team provide intensive assessment and support, treatment, advice and consultation for the child/young person. The team also works closely with Education, Social Services and has access to Consultants in psychiatry of Learning disabilities, Clinical Psychology and Occupational Therapy.

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Telephone</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early Intervention Service in Psychosis</strong></td>
<td>01202 584336</td>
<td>Seastone House 49 Alumhurst Road Dorset United Kingdom BH4 8EP</td>
</tr>
</tbody>
</table>

Early Intervention Service in Psychosis

Early Intervention Service in Psychosis is part of Dorset HealthCare University NHS Foundation Trust and provides support to young people aged between 14-35 who appear to be experiencing a first episode of psychosis or a suspected first episode of psychosis.

Download early-intervention-service.pdf (64.7KB)

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Telephone</th>
<th>URL</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Youth Offending Team (YOT)</strong></td>
<td>01202 453939</td>
<td><a href="http://www.bournemouth.gov.uk/Residents/Social_Services/YOT/default.asp">http://www.bournemouth.gov.uk/Residents/Social_Services/YOT/default.asp</a></td>
<td>Bournemouth Learning Centre Ensbury Avenue Dorset United Kingdom BH10 4HG</td>
</tr>
</tbody>
</table>

Youth Offending Team (YOT)
The YOT work with children and young people at risk of offending behaviour.

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Embassy Youth Club</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>01202 515684</td>
</tr>
<tr>
<td>URL</td>
<td><a href="http://www.embassyyc.co.uk/">http://www.embassyyc.co.uk/</a></td>
</tr>
<tr>
<td>Opening Times</td>
<td>Every evening for different events. See website for further details.</td>
</tr>
<tr>
<td>Address</td>
<td>Brassey Road Winton Dorset United Kingdom BH9 1PT</td>
</tr>
</tbody>
</table>

The Embassy Youth Centre is a Bournemouth Borough Council run youth club offering a range of both formal and informal education opportunities for young people aged between 11-25.

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Fusion Youth Club</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>01202 462 107</td>
</tr>
<tr>
<td>URL</td>
<td><a href="http://www.fusionyc.co.uk">http://www.fusionyc.co.uk</a></td>
</tr>
<tr>
<td>Opening Times</td>
<td>Wednesday 7:30-10pm, Thursdays 6.00 - 8:30pm, Saturday 3.30-9.00pm</td>
</tr>
<tr>
<td>Address</td>
<td>4-6 Old Christchurch Lane Dorset United Kingdom BH1 1NE</td>
</tr>
</tbody>
</table>

Fusion is a youth club where young people can be themselves and ‘do their thing.’ At Fusion you can Chill out, have fun, chat and meet new people.

<table>
<thead>
<tr>
<th>Service Name</th>
<th>TEAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>01202 467000</td>
</tr>
<tr>
<td>URL</td>
<td><a href="http://www.bournemouthymca.org.uk/young-people/next-generation/team-bme/">http://www.bournemouthymca.org.uk/young-people/next-generation/team-bme/</a></td>
</tr>
<tr>
<td>Opening Times</td>
<td>-</td>
</tr>
<tr>
<td>Address</td>
<td>4-6 Old Christchurch Lane Dorset United Kingdom BH1 1NE</td>
</tr>
</tbody>
</table>

TEAM - Together Everyone Achieves More

TEAM is a youth action project who meet once a week to raise awareness to young people about bullying and racism. TEAM provide young people from different ethnic groups and faiths a voice to share their ideas and experiences of bullying and racism. The projects goal is to build a stronger sense of community cohesion and integration.

For more information, please call Usha or Vince on (01202) 467000 or email usha.khatun@bournemouthymca.org.uk

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Space Youth Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>07818 553167</td>
</tr>
<tr>
<td>Opening Times</td>
<td>Tuesday 6.30-9.30</td>
</tr>
<tr>
<td>Address</td>
<td>Fusion 4-6 Old Christchurch Road City Centre Dorset United Kingdom BH1 1NE</td>
</tr>
</tbody>
</table>
Space Youth Project

Space Youth Project is a group for young people who are lesbian, gay, bisexual, trans or just unsure. We meet weekly throughout Dorset. You get the opportunity to meet other people and make new friends, chat, go out, plan events and have fun! Click on the link to view their website: http://www.spaceyouthproject.co.uk/

Service Name
Sussed
Telephone
01202 574308
Address
1442a Wimborne Road Dorset United Kingdom BH10 7AR

Sussed

Provides careers advice, job search, counselling, housing service, health clinic, advice and information, personal support and opportunities to take part in other activities such as outdoor pursuits, sports and arts.

Download sussed-opening-times-poster-qty-200-3.pdf (560.8KB)

Service Name
vinvolved team
Telephone
01202 254884 (Mark)
URL
http://www.bournemouthymca.org.uk/young-people/fusion-youth-centre/
Opening Times
Wednesday's from 5pm - 8pm
Address
Fusion4-6 Old Christchurch Lane Dorset United Kingdom BH1 1NE

vinvolved team

v is an independent charity aiming to inspire a new generation of volunteers (aged 16-25) in England.

Service Name
The Littledown Centre
Telephone
01202 417600
URL
http://www.littledowncentre.co.uk
Opening Times
Mon - Fri - 6:30am - 11pm, Sat - 7:30am - 8pm, Sun 7:30am - 9pm
Address
Chaseside Dorset United Kingdom BH7 7DX

The Littledown Centre

The Littledown Centre provides a wide range of leisure activities for people of all ages which include; swimming, football, gym, trampoline, gymnastics and much more.

Service Name
Bournemouth Library
Telephone
01202 454848
Address
22 The Triangle Dorset United Kingdom BH2 5RQ

Bournemouth Library
Bournemouth Library is situated at the Triangle in Bournemouth. It offers a variety of resources for reading, listening and viewing. There is a large selection of books, audiobooks, DVDs and CDs to borrow, all the daily newspapers and a range of magazines to read.

Service Name
**Bournemouth Borough Council**

| Telephone | 01202 451 451 |
| URL | www.bournemouth.gov.uk |
| Address | Town Hall St Stephens Road Dorset United Kingdom BH2 6DY |

**Bournemouth Borough Council**

Information and advice about Services provided within the Bournemouth Area.

If you would like to find out information about what activities are happening in Bournemouth, click on the following link: **Bournemouth Children's Information Service**

Check out [off the streets](#) a website for young people in Bournemouth

Service Name
**Cruse Bereavement Care**

| Telephone | 01202 302000 |
| URL | http://www.cruse.org.uk/ |
| Address | Florence Road Dorset United Kingdom BH5 1HQ |

**Cruse Bereavement Care**

Offer bereavement support for anyone suffering a bereavement in the Bournemouth and Christchurch area._exists to promote the well-being of bereaved people, and to enable anyone bereaved by death to understand their grief and cope with their loss. Offers counselling and support as well as information, advice, education and training services. Young Person's Freephone helpline: 0808 808 1677

Service Name
**Dorset mind**

| Telephone | 01202 551660 |
| URL | www.dorsetmind.uk |
| Address | 3 Streatfield Saye 20-22 Wellington Road Dorset United Kingdom BH8 8JN |

**Dorset mind**

Dorset Mind, an affiliate of national Mind, is an independent voluntary organisation registered with the Charity Commission. It has been serving people with mental health problems in the Dorset area since 1947. The charity aims to help people to cope with their mental health problems and to rebuild their lives.

Service Name
**The Listening Ear**

| Telephone | 01202 280084 |
| URL | http://www.the-listening-ear.org/ |
| Opening Times | |

114
The Listening Ear

The Listening Ear are dedicated to provide a professional and confidential service to the community; empowering families to relieve stress and anxiety and develop an improved quality of life.

Service Name
The Children's Learning Disability Service

The Children's Learning Disability Service works with children/young person aged 0-18 years and their family who have a learning disability and mental health problem. The team works closely with Education, Social Services and offers a range of services from individual work, family work and groups. We have within our team a range of specialist practitioners: - Consultants in Psychiatry of Learning Disabilities, Clinical Psychology and Occupational Therapy, Family Therapy, Art Therapy, Play Therapy, Nurses and Sleep Practitioners.

Download sibs-leaflet.pdf (125.8KB)

Poole

Service Name
Poole CAMHS

Poole CAMHS

We offer children, young people and their families (aged 0-18 years) assessment and multi-disciplinary therapeutic intervention for moderate to severe mental health problems. The clinic offers a range of individual, family and group treatments depending upon the needs of the young person or family.

Service Name
Behavioural Outreach Support Service (BOSS)

Behavioural Outreach Support Service (BOSS)

The Behavioural Outreach Support Service works with children/young person aged 0-18 years and their family who have a learning disability and mental health problem. The team provide intensive assessment and support, treatment, advice and consultation for the child/young person. The team also works closely with Education, Social Services and has access to Consultants in psychiatry of Learning disabilities, Clinical Psychology and Occupational Therapy.
Early Intervention Service in Psychosis

Early Intervention Service in Psychosis is part of Dorset HealthCare University NHS Foundation Trust and provides support to young people aged between 14-35 who appear to be experiencing a first episode of psychosis or a suspected first episode of psychosis.

Download early-intervention-service.pdf (64.7KB)

Service Name
YADAS - Poole

YADAS - Poole

Young Adults Drug and Alcohol Service

YADAS is a Multi-agency service for Young Adults under the age of 19 years old whose lives are being adversely affected by drugs and or alcohol who live in the Poole area.

Service Name
The Quay Advice Centre

The Quay Advice Centre

The Quay Advice Centre provides general support and advice to all young people aged 11-25 years. It provides up to date information and advice on a wide range of issues and topics and is based on the belief that young people have the right to make their own informed decisions. The centre also provides access to services such as counseling, the Youth Advisory Clinic, housing services, Connexions, etc.

Service Name
Broadstone Leisure Centre

Broadstone Leisure Centre offers a wide variety of activities for people of all ages to include; gym, swimming pool, yoga, football, badminton, gymnastics and dancing.
Canford Cannons

Canford Cannons is a team of 20 players and is a combined staff/service user team of all ages and abilities. The players meet on a weekly basis for practice at the Littledown Centre and play fortnightly in an 11-a-side league, which has been set up between Canford Cannons team and other social service organisations.

Taxis can be arranged through the Trust by leaving your details on 07500362814 and stating when you wish to attend - if you have not used the taxi before please speak to Stephen or Adrian first.

The football team is open to patients and staff from across the Trust and are always looking for new recruits!

Poole Sports Centre

Poole Sports Centre offers a wide range of activities for people of all ages, including gym, yoga, football, trampoline and dance classes.

Poole Central Library

Poole Central Library offer a wide range of resources for reading, listening and viewing. There is a large selection of books, audiobooks, DVDs and CDs to borrow, all the daily newspapers and a range of magazines to read.

Action for Children

Action for Children is a charity that provides support and information to children and young people. They offer a wide range of services, including advice, support and counselling.

Contact information is provided for each service.
Action for Children

Provide a county wide Children's rights and advocacy service for children and young people looked after within the county and those placed 'out of county.'

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Telephone</th>
<th>URL</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poole County Council</td>
<td>01202 633633</td>
<td><a href="http://www.boroughofpoole.com">www.boroughofpoole.com</a></td>
<td>Civic Centre Dorset United KingdomBH15 2RU</td>
</tr>
</tbody>
</table>

Poole County Council

Information and advice about Services provided in Poole and the surrounding area.

If you would like to find out more information about activities taking place in Poole, click on the following link: Poole Family Information Service

If you would like to find out more information about youth clubs in Poole, click on the following link: Youth Clubs

Service Name
PoPPs - Poole Parent Partnership Service

PoPPs is an impartial, confidential service. We give help, information and support to those living in Poole who care for a child or young person with special educational needs. We can help with information about how education processes work. We can support parents and carers to go to meetings with the school or Local Authority. We can help with reports and in writing letters. If we cannot help ourselves, we will try to find someone who can. Call us for a confidential chat.

Service Name
Poole Parents and carers are Experts

The Forum aims to improve services for children and young people with special needs and their families. We do this by ensuring the views of parents and carers are passed to those who plan and provide these services. The Forum representatives meet 6 times a year and are happy to hear from you with your views. Please contact poole.snforum@gmail.com or go to our website.
### The Children's Learning Disability Service

**Address**
Seastone House
49 Alumhurst Road
Dorset United Kingdom
BH4 8EP

The Children’s Learning Disability Service works with children/young person aged 0-18 years and their family who have a learning disability and mental health problem. The team works closely with Education, Social Services and offers a range of services from individual work, family work and groups. We have within our team a range of specialist practitioners: - Consultants in Psychiatry of Learning Disabilities, Clinical Psychology and Occupational Therapy, Family Therapy, Art Therapy, Play Therapy, Nurses and Sleep Practitioners.

Download sibs-leaflet.pdf (125.8KB)

### Christchurch

**Service Name**
**Bournemouth and Christchurch CAMHS**

**Telephone**
01202 646300

**Address**
22 Shelley Road
Dorset United Kingdom
BH1 4JQ

Bournemouth and Christchurch CAMHS

Professionals who work with families and individual young people up to 18 years who have concerns of an emotional, behavioural or psychological nature. The clinic offers a range of individual, family and group treatments depending upon the needs of the young person or family.

### Behavioural Outreach Support Services

**Service Name**
**Behavioural Outreach Support Services**

**Telephone**
01202 584353

**Address**
Seastone House
49 Alumhurst Road
Dorset United Kingdom
BH4 8EP

The Behavioural Outreach Support Service works with children/young person aged 0-18 years and their family who have a learning disability and mental health problem. The team provide intensive assessment and support, treatment, advice and consultation for the child/young person. The team also works closely with Education, Social Services and has access to Consultants in psychiatry of Learning disabilities, Clinical Psychology and Occupational Therapy.

### Two Riversmeet

**Service Name**
**Two Riversmeet**

**Telephone**
01202 477987

**URL**
http://www.dorsetforyou.com/index.jsp?articleid=387451

**Address**
Stony Lane
Dorset United Kingdom
BH23 1 HW
Two Riversmeet

Two Rivers meet is a council owned centre that offers a variety of leisure and fitness facilities which include; Swimming Pool, Synthetic Outdoor Floodlit Football Pitches, gym, squash courts, yoga, gymnastics and many more.

Service Name
Christchurch Borough Council

Telephone
01202 495000
URL
https://www.dorsetforyou.com/
Address
Civic Offices Bridge Street Dorset United KingdomBH23 1AZ

Christchurch Borough Council

Information and advice about Services provided in the Christchurch area.

If you would like to find out information about activities in the Christchurch area click on the following link: Christchurch, Dorset.

Service Name
Cruse Bereavement Care

Telephone
01202 302000
URL
http://www.cruse.org.uk/
Address
Florence Road Dorset United KingdomBH5 1HQ

Cruse Bereavement Care

Offer bereavement support for anyone suffering a bereavement in the Bournemouth and Christchurch area. Exists to promote the well-being of bereaved people, and to enable anyone bereaved by death to understand their grief and cope with their loss. Offers counselling and support as well as information, advice, education and training services. Young Person's Freephone helpline: 0808 808 1677

Service Name
Ladders Youth Information Centre

Telephone
01202 477125
URL
http://familyinformationdirectory.dorsetforyou.com/kb5/dorset/fsd/service.page?id=xWNoNZai-hE&familychannel=210
Opening Times
5 days a week, drop in 1pm -5pm.
Address
45 Bargates Dorset United KingdomBH23 1QD

Ladders Youth Information Centre

Drop-in information centre.

Advice and information about homelessness and housing issues - Hyped 21:16-25 yr olds.

Advice on careers, school, benefits and personal issues - Connexions: 13-19 yr olds

Young person’s health clinic - Under 21

Advice, information and support regarding drug and alcohol issues - Shadows: Under 21’s
### The Wessex Autistic Society

**Service Name**
**The Wessex Autistic Society**

**Telephone**
01202 483360

**URL**
www.twas.org.uk

**Opening Times**
Monday - Friday 9am - 5pm

**Address**
Bargates Court
22 Bargates
Dorset
United Kingdom
BH23 1QL

The Wessex Autistic Society is a voluntary organisation, which aims to ensure that people with Autism receive appropriate education, care, support and individual development services.

### The Children’s Learning Disability Service

**Service Name**
**The Children’s Learning Disability Service**

**Telephone**
01202 584353

**Address**
Seastone House
49 Alumhurst Road
Dorset
United Kingdom
BH4 8EP

The Children’s Learning Disability Service works with children/young person aged 0-18 years and their family who have a learning disability and mental health problem. The team works closely with Education, Social Services and offers a range of services from individual work, family work and groups. We have within our team a range of specialist practitioners: - Consultants in Psychiatry of Learning Disabilities, Clinical Psychology and Occupational Therapy, Family Therapy, Art Therapy, Play Therapy, Nurses and Sleep Practitioners.

### Behavioural Outreach Support Service (BOSS)

**Service Name**
**Behavioural Outreach Support Service (BOSS)**

**Telephone**
01202 584353

**Address**
Seastone House
49 Alumhurst Road
Dorset
United Kingdom
BH4 8EP

The Behavioural Outreach Support Service works with children/young person aged 0-18 years and their family who have a learning disability and mental health problem. The team provide intensive assessment and support, treatment, advice and consultation for the child/young person. The team also works closely with Education, Social Services and has access to Consultants in psychiatry of Learning disabilities, Clinical Psychology and Occupational Therapy.

### The Children’s Learning Disability Service

**Service Name**
**The Children’s Learning Disability Service**

**Telephone**
01202 585343

**Address**
Seastone House
49 Alumhurst Road
Dorset
United Kingdom
BH4 8EP
The Children’s Learning Disability Service

The Children’s Learning Disability Service works with children/young person aged 0-18 years and their family who have a learning disability and mental health problem. The team works closely with Education, Social Services and offers a range of services from individual work, family work and groups. We have within our team a range of specialist practitioners: - Consultants in Psychiatry of Learning Disabilities, Clinical Psychology and Occupational Therapy, Family Therapy, Art Therapy, Play Therapy, Nurses and Sleep Practitioners.

Download sibs-leaflet.pdf (2.1MB)

Service Name
Avon Heath Country Park

Telephone
01425 478082
Address
Birch Road St Ives Dorset United Kingdom BH24 2DA

Avon Heath Country Park

Avon Heath Country Park is Dorset's largest country park. It is dominated by heather, which is broken only by clumps of birch and pine. The miles of tracks offer an opportunity to explore some of Dorset's internationally important heathland and its rare wildlife.

The park is accessible to families and people with a wide range of abilities and interests.

Download avon_heath_country_park_leaflet_and_map.pdf (506.4KB)

Service Name
Early Intervention Service in Psychosis

Telephone
01202 584336
Opening Times
Mon - Fri 9-5.
Address
Seastone House 49 Alumhurst Road Dorset United Kingdom BH4 8EP

Early Intervention Service in Psychosis

Early Intervention Service in Psychosis is part of Dorset HealthCare University NHS Foundation Trust and provides support to young people aged between 14-35 who appear to be experiencing a first episode of psychosis or a suspected first episode of psychosis.

Download early-intervention-service.pdf (64.7KB)

Service Name
The Planet

Telephone
01202 840628
Address
4 Church Street Dorset United Kingdom BH21 1JH

The Planet

Young people's advice and information centre. Various advisors available, Connexion careers advisor (13-19 years) Shadows drug and alcohol service (13-25 years)

Service Name
Moors Valley Country Park

Telephone
01425 470 721
Moors Valley Country Park

At Moors Valley you can enjoy a peaceful walk or cycle ride through the Forest, experience a ride on an authentic narrow-gauge steam train or even go on a high wire adventure swinging through the tree tops.

Service Name
CHAOS
Telephone
01202 855105
Address
Unit 2 Family Centre Bond Avenue West Moors Dorset United Kingdom BH22 0ll

CHAOS are a local charity offering support, information and friendship to families caring for a child/young person with a disability or special educational needs. Services are provided for families living in East and west Dorset, Bournemouth and Poole. The charity provides play opportunities for disabled children and their siblings, activities and outings for young people with a disability or special educational need, parent befriending service, payroll bureau service and information and signposting. Click on the highlighted link above to find out more information.

Service Name
East Dorset District Council
Telephone
01202 886201
URL
http://www.dorsetforyou.com/index.jsp?articleid=387926
Address
Council Offices Furze hill Dorset United Kingdom BH21 4HN

East Dorset District Council

Information and advice about Services provided in East Dorset.

If you would like to find out information about Youth Clubs in East Dorset, click on the following link: Youth Clubs

If you would like to find out information about child care and family support services, click on the following link: Family information in Dorset

Purbeck

Service Name
East Dorset CAMHS
Telephone
01202 605882
Opening Times
Monday - Friday 8:30am - 5:00pm
Address
Delpthwood Ashdown Close Dorset United Kingdom BH17 8WG

East Dorset CAMHS

We offer children, young people and their families (aged 0-18 years) assessment and multi-disciplinary therapeutic intervention for moderate to severe mental health problems. The clinic offers a range of individual, family and group treatments depending upon the needs of the young person or family.
Service Name
**Behavioural Outreach Support Services (BOSS)**

Telephone
01202 584353

Address
Seastone House, 49 Alumhurst Road, Dorset, United Kingdom, BH4 8EP

**Behavioural Outreach Support Services (BOSS)**

The Behavioural Outreach Support Service works with children/young person aged 0-18 years and their family who have a learning disability and mental health problem. The team provide intensive assessment and support, treatment, advice and consultation for the child/young person. The team also works closely with Education, Social Services and has access to Consultants in psychiatry of Learning disabilities, Clinical Psychology and Occupational Therapy.

Service Name
**Purbeck Sports Centre**

Telephone
01929 556561

Address
Westport House, Worgret Road, Wareham, Dorset, United Kingdom, BH20 4PP

**Purbeck Sports Centre**

Purbeck Sports Centre provides a range of sports and leisure facilities both for beginners and the more experienced. They include a swimming pool, gym, astro pitch, cricket nets and football/cricket pitch.

Service Name
**Purbeck District Council**

Telephone
01929 556561

URL
https://www.purbeck.gov.uk/

Address
Westport House, Worgret Road, Wareham, Dorset, United Kingdom, BH20 4PP

**Purbeck District Council**

Information and advice about Services provided in Purbeck.

If you would like to find out information about Youth Clubs in Purbeck, click on the following link: [Youth Clubs](https://www.dorsetforyou.com/purbeck-sports-centre)

If you would like to find out information about Things to see and do in Purbeck, click on the following link: [Things to see and do in Purbeck](https://www.purbeck.gov.uk/)

If you would like to find out information about child care and family support services, click on the following link: [Family information in Dorset](https://www.purbeck.gov.uk/)

Service Name
**The Children’s Learning Disability Service**

Telephone
01202 584353

Address
Seastone House, 49 Alumhurst Rd, Dorset, United Kingdom, BH4 8EP

**The Children’s Learning Disability Service**

The Children’s Learning Disability Service works with children/young person aged 0-18 years and their family who have a learning disability and mental health problem. The team works closely with Education, Social Services and offers a range of services from individual work, family work and
We have within our team a range of specialist practitioners: - Consultants in Psychiatry of Learning Disabilities, Clinical Psychology and Occupational Therapy, Family Therapy, Art Therapy, Play Therapy, Nurses and Sleep Practitioners.

Download sibs-leaflet.pdf (2.1MB)

North Dorset

Service Name
North Dorset CAMHS

Telephone
01258 394149
Address
Blandford Community Hospital Betty Highwood Unit Mildown Road Dorset United Kingdom DT11 7DD

North Dorset CAMHS

We offer children, young people and their families (aged 0-18 years) assessment and multi-disciplinary therapeutic intervention for moderate to severe mental health problems. The clinic offers a range of individual, family and group treatments depending upon the needs of the young person or family.

Service Name
Blandford Leisure Centre

Telephone
01258 455566
Address
Mildown Road Dorset United Kingdom DT11 7DB

Blandford Leisure Centre

Blandford Leisure Centre is a multi-sports leisure centre with swimming pools, sports hall, squash courts, fitness suite, sauna, tennis courts. The centre programme provides a wide range of activities and facilities for hire suitable for everyone.

Service Name
Sturminster Newton Leisure Centre

Telephone
01258 471831
Address
Honeymead Lane Dorset United Kingdom DT10 1EW

Sturminster Newton Leisure Centre

Sturminster Newton Leisure centre provides a wide range of activities suitable for everyone. They include: a fitness suite, a 4 badminton court Sports hall complete with cricket net facilities and an Aerobics studio.

Service Name
Community Alcohol and Drug Advisory Service (CADAS) North

Telephone
01305 214500
URL
http://www.dorset.nhs.uk/mental_health_services/services_for_users_and_carers/drugs_and_alcohol/index.asp
Address
30 Maiden Castle Road Dorset United Kingdom DT1 2ER

Community Alcohol and Drug Advisory Service (CADAS) North

Community Alcohol and Drug Advisory Service (CADAS) is a service for people requiring treatment for dependency on alcohol or illegal or prescribed drugs.
If you live in or near Dorchester, Bridport, Lyme Regis, Bere Regis, Blandford Forum, Shaftesbury, Gillingham, Sturminster Newton or Sherborne areas contact:

Community Alcohol and Drug Advisory Service (CADAS) North

Treatment services cover Dorset residents living in Dorchester, Bridport, Lyme Regis, Bere Regis, Blandford Forum, Shaftesbury, Gillingham, Sturminster Newton and Sherborne areas.

Service Name
North Dorset District Council

Telephone
01258 454111

URL
http://www.north-dorset.gov.uk

Address
Nordon Salisbury Road Dorset United Kingdom DT11 7LL

North Dorset District Council

Information and advice about Services provided in North Dorset.

If you would like to find out information about child care and family support services, click on the following link: WORD Family information in Dorset

Service Name
Early Intervention in Psychosis Service

Telephone
01258 450610 (North CMHT) or 01305 214500

Address
30 Maiden Castle Road Dorset United Kingdom DT1 2ER

Early Intervention in Psychosis Service

Early Intervention in Psychosis Service is part of Dorset HealthCare University NHS Foundation Trust and provides support to young people aged between 14-35 who appear to be experiencing a first episode of psychosis or a suspected first episode of psychosis.

Service Name
West Dorset CAMHS

Telephone
01305 255705

Opening Times
8.30am - 5pm

Address
The Children’s Centre Damers Road Dorset United Kingdom DT1 2LB

West Dorset CAMHS

Professionals who work with families and individual young people up to 18 years who have concerns of an emotional, behavioural or psychological nature. The clinic offers a range of individual, family and group treatments depending upon the needs of the young person or family.

Service Name
Bridport Leisure Centre

Telephone
01308 427 464

URL
Bridport Leisure Centre

Bridport Leisure Centre offers a wide range of recreational facilities and activities which include; swimming pool, gym and squash.

Service Name
Dorset v

Dorset v is a youth volunteering charity. Their mission is to positively change the negative misconceptions of youth in society through youth led volunteering.

Their aim is that:

- All Young People aged 16-25 in Dorset are given the opportunity to volunteer
- Individuals talents, skills and knowledge are brought out through volunteering
- To provide a volunteering programme that is flexible to meet the needs of young people and their communities.

Service Name
Gryphon Leisure Centre

The Gryphon Leisure Centre provides a range of activities for people of all ages to include; squash courts, aerobic/dance studio, gym, tennis courts, badminton and football.

Service Name
St Osmond’s Community Sports Centre

St Osmond’s Community Sports Centre offers a variety of activities for people of all ages to include; football, tennis, gymnastics, gym and badminton.
Service Name
Thomas Hardye Leisure Centre

Telephone
01305 266772

Opening Times
Mon-Wed - 7am - 10:45pm, Thurs - 9am - 10:45pm, Fri- 7am - 10:45pm, Sat- 7am - 5pm, Sun 7:30am - 11pm

Address
Coburg Road Dorset United Kingdom DT1 2HT

Thomas Hardye Leisure Centre

Facilities include swimming pool, multipurpose sports hall, activity/dance studio, gym, artificial turf pitch, football pitches and cricket square.

Service Name
Dorchester Lending Library

Telephone
01305 224440/224652

URL
dorchesterlibrary@dorsetcc.gov.uk

Address
Colliton Park Dorset United Kingdom DT1 1XJ

Dorchester Lending Library

The library offers access to a wide range of services including books for adults and young people, feature films and music to hire, reference and information services, story and rhyme time sessions, the Thomas Hardy collection and various other author collections. It also provides free internet access for all.

Service Name
Dorset County Council

Telephone
01305 221000

URL
www.dorsetforyou.com

Address
County Hall Colliton Park Dorset United Kingdom DT1 1XJ

Dorset County Council

Information and advice about Services provided in West Dorset and surrounding area.

If you would like to find out information about child care and family support services, click on the following link: WORD
Family information in Dorset

Download clubs_and_organisations_in_west_dorset_directory_2009.pdf (531.7KB)

Service Name
Early Intervention in Psychosis Service

Telephone
01305 214 500

Opening Times
08.30-17:00

Address
30 Maiden Castle Road Dorset United Kingdom DT1 2ER

Early Intervention in Psychosis Service

Early Intervention Service in Psychosis is part of Dorset HealthCare University NHS Foundation Trust and provides support to young people aged between 14-35 who appear to be experiencing a first episode of psychosis or a suspected first episode of psychosis.
## Weymouth & Portland

**Service Name**

**Weymouth and Portland CAMHS**

**Telephone**

01305 762810

**Address**

Chalbury (East Entrance) Weymouth Community Hospital3 Melcombe Avenue Dorset United KingdomDT4 7TB

We offer children, young people and their families (aged 0-18 years) assessment and multi-disciplinary therapeutic intervention for moderate to severe mental health problems. The clinic offers a range of individual, family and group treatments depending upon the needs of the young person or family.

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**Service Name**

**TIDES**

**Telephone**

01305 760563

**Opening Times**

Monday - Friday 1pm - 4pm. Monday, Wednesday & Friday 7pm - 10pm.

**Address**

2 Newstead Road Dorset United KingdomDT4 8JE

**TIDES**

rib tickling, gob smacking, gut wrenching, cool talking, quiet listening, music making, dream weaving, custom cooking, mind blowing, fun happening, outreach working, anger managing, poetry writing, brain chilling, life living, welcome backing, pool playing, driver training, music composing, bike repairing, tear stopping grass track racing, laughter making, art and painting, kite flying, job finding, guitar playing, photographing, wood working, drum bashing, mega pleasing, going camping, rock band blasting, quiet reflecting, never judging, high rope walking, blues bashing, there’s no failing, choice giving, magic making - TIDES

---

**Service Name**

**WAVES**

**Telephone**

01305 768 768

**URL**


**Opening Times**

Monday and Thursdays- 10am - 6pm, Wednesday and Friday 10am - 3pm.

**Address**

52 St Mary's Street Dorset United KingdomDT4 8BJ

**WAVES**

WAVES offers both advice and information about drugs and alcohol and counselling for family mediation and parenting.

---

**Service Name**

**Weymouth College Community Sports Centre**

**Telephone**

01305 208713

**URL**

http://www.weymouth.ac.uk/about/facilities/sports-centres/

**Address**

Cranford Avenue Dorset United KingdomDT4 7LQ

Weymouth College Community Sports Centre
Weymouth College Community Sports Centre offers a wide range of leisure activities to people of all ages which include; gym, climbing wall, cricket nets, badminton and volleyball.

**Service Name**  
**Budmouth Community Sports Centre**

<table>
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<tr>
<td>URL</td>
<td><a href="http://www.budmouthsports.co.uk/">http://www.budmouthsports.co.uk/</a></td>
</tr>
<tr>
<td>Opening Times</td>
<td>Mon - Fri - 9am - 10pm, Sat - 9am - 6pm, Sun - 9am - 5pm</td>
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<tr>
<td>Address</td>
<td>Chickerell Road Dorset United Kingdom DT4 9SY</td>
</tr>
</tbody>
</table>

Budmouth Community Sports Centre offers a wide range of leisure activities for people of all ages which include; gym, fitness classes, football, tennis, badminton and indoor climbing wall.

**Service Name**  
**Portland Tophill Library**

<table>
<thead>
<tr>
<th>Telephone</th>
<th>01305 820171</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>The Straits Dorset United Kingdom DT5 1HG</td>
</tr>
</tbody>
</table>

The library offers access to a wide range of services including books for adults and young people, feature films and music to hire, reference and information services, local history. It also provides free internet access for all.

**Service Name**  
**Weymouth Lending Library**

<table>
<thead>
<tr>
<th>Telephone</th>
<th>01305 762410</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Great George Street Dorset United Kingdom DT4 8NN</td>
</tr>
</tbody>
</table>

The library offers access to a wide range of services including books for adults and young people, regular story times and rhyme time sessions, feature films and music to hire, reference and information services. It also provides free internet access for all.

**Service Name**  
**Community Alcohol and Drug Advisory Service (CADAS) South**

<table>
<thead>
<tr>
<th>Telephone</th>
<th>01305 779706</th>
</tr>
</thead>
<tbody>
<tr>
<td>URL</td>
<td><a href="http://www.dorset.nhs.uk/mental_health_services/services_for_users_and_carers/drugs_and_alcohol/index.asp">http://www.dorset.nhs.uk/mental_health_services/services_for_users_and_carers/drugs_and_alcohol/index.asp</a></td>
</tr>
<tr>
<td>Address</td>
<td>5 Belle Vue Dorset United Kingdom DT4 8DR</td>
</tr>
</tbody>
</table>

Community Alcohol and Drug Advisory Service (CADAS) is a service for people requiring treatment for dependency on alcohol or illegal or prescribed drugs.

**Service Name**  
**Weymouth and Portland Borough Council**
Weymouth and Portland Borough Council

Information and advice about Services Provided in Weymouth and Portland.

Download clubs_and_organisations_in_west_dorset_directory_2009.pdf (531.7KB)

Service Name
**Early Intervention in Psychosis Service**

**Telephone**
01305 362060 (Weymouth & Portland CMHT) or 01305 214500

**Address**
30 Maiden Castle Road Dorset United KingdomDT1 2ER

**Early Intervention in Psychosis Service**

Early Intervention in Psychosis Service is part of Dorset HealthCare University NHS Foundation Trust and provides support to young people aged between 14-35 who appear to be experiencing a first episode of psychosis or a suspected first episode of psychosis.

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**Dorset wide**

Service Name
**Pebble Lodge**

**Telephone**
01202 545400

**Address**
49 Alumhurst Road Westbourne Dorset United KingdomBH4 8EP

**Pebble Lodge**

Pebble Lodge is an 8 bedded adolescent inpatient unit with additional day places, for young people aged between 12 and 18 years who are suffering from acute and severe mental health problems. At Pebble Lodge we assess and treat young people, and support their families/carers. Every care package designed is unique to an individual's needs and can include individual therapy, group therapy and family therapy, as well as education. Our staff are friendly, professional and each one has different expertise. They are dedicated to ensuring young people return to their families/carers as quickly and smoothly as possible. Referrals are made through the Crisis Intensive Home Treatment Service; with which we work very closely.

Service Name
**Dorset Parent Partnership Service**

**Telephone**
Christchurch/East/North Dorset and Weymouth & Portland - Jane Schmidt - 07748 624609. West Dorset - Anne Barker - 01300 341978

**Address**
PO Box 6207 Dorset United KingdomDT1 9AT

**Dorset Parent Partnership Service**

The Dorset Parent Partnership offers independent, impartial free information and support to parents/carers of children with special educational needs and/or disability, who may have concerns about their child's education. One to one support is available plus term-time weekly support group.
<table>
<thead>
<tr>
<th>Service Name</th>
<th>Telephone</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mosaic</strong></td>
<td><strong>01258 837071</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td><strong>3 Barnes Croft Coles Lane Milborne Street Dorset United Kingdom DT11 0LG</strong></td>
<td></td>
</tr>
</tbody>
</table>

Mosaic

A Dorset Charity offering support to bereaved children, young people, parents and carers. Mosaic provide individual support and offer children and young people the opportunity to meet others and share their experiences. (Depending on circumstances there may be a fee to pay, please contact the charity to discuss.)

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Telephone</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relate Dorset Children &amp; Young People Counselling Service</strong></td>
<td><strong>01302 380900</strong></td>
<td><strong><a href="http://www.relatedorset.org.uk">www.relatedorset.org.uk</a></strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td><strong>2 Poundbury Business Centre Dorset United Kingdom DT1 3WA</strong></td>
<td></td>
</tr>
</tbody>
</table>

Relate Dorset Children & Young People Counselling Service

Relate CYP and Family Counsellors support 7-18 year olds and their families by providing a confidential space to talk in private about anything that is troubling. Counselling will help you to work things out for yourself and to look at things differently. We have outposts across Dorset but CYP counselling is conducted in Weymouth or Dorchester. We accept self-referral or referrals from other professional agencies such as school, youth organisations, CAMHS, GPs.