

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH CARE

Date of the meeting	16/09/2020
Author	E Hurl - Principle Programme Lead Mental Health
Sponsoring Board member	Dr D Richardson - Governing Body GP member
Purpose of Report	To update the Governing Body regarding Children and Young People's mental health care in Dorset
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Summarise engagement with members, clinicians, staff, patients & public.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Objectives	<ul style="list-style-type: none"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: EH

1 Introduction

- 1.1 The purpose of this paper is to inform the Governing Body about the ongoing transformation of Children and Young People's (CYP) mental health (MH) services across Dorset. It will also address issues related to the recent report from NHS England and Improvement (NHSE/I) called, "A report of the Task and Finish Group, June 2020".

2 Background

- 2.1 The NHS Long Term Plan was introduced last year and builds on ambition expressed in the Five-year Forward View for Mental Health. The Long-Term Plan includes:
- Increasing access to 100% of children who have a diagnosable mental health condition
 - Extend Child and Adolescent Mental Health Services (CAMHS) up to age 25 (currently CYP MH services up to age 18)
 - Develop all age psychiatric liaison services (MH support and treatment in acute hospital settings)
 - Eating disorders services
 - Ensure that the area is working as a system through integrated approaches
 - Develop a 24-hour crisis response for under 18s
 - Four-week waiting for CYP from referral to treatment
 - Reduce the number of hospital admissions for CYP
- 2.2 Nationally, NHS Children and Young Peoples (CYP) Mental Health (MH) services are commissioned for up to 35% of the prevalent population (NHSE 20/21 targets). Prevalent population means the number of young people who are likely to have a diagnosable mental health condition in the population.
- 2.3 In Dorset there are approximately 15,000 CYP who are likely to have a mental health condition. The CCG is commissioning for up to 35% (20/21 NHSE target) of those young people. It means that CYP MH services are currently working with approximately 5,240 young people. The Bournemouth and Poole CAMHS teams are the busiest and under the most pressure, including long waiting times from referral to treatment.
- 2.4 All the key stakeholders in Dorset believe that CYP who have a diagnosable mental health condition should be able to access the right service at the right time and in the right place to meet their needs.
- 2.5 To ensure the delivery of the CYP MH Transformation there is governance in place through a CYP MH Steering Group, which consists of key stakeholders and is a multi-agency group. The representation comes from MH Providers, Local Authorities, Primary Care, Schools, Parent Carers and the CCG. The Steering Group reports to the MH Integrated Programme Board which has oversight of all MH Programmes across Dorset. The Integrated Programme

Board reports to the Integrated Community Primary Care Service Portfolio Board (ICPCS).

- 2.6 Dorset has a CYP MH Local Transformation Plan (LTP). It was first written in October 2016. This is an NHSE requirement and each year it is updated in line with developing national priorities. The LTP was developed by all the partners represented on the CYP Steering Group.
- 2.7 Usually the LTP is refreshed every year. However, this year work is being progressed to develop, with all the key stakeholders, the CYP MH Strategy and Implementation Plan. The strategy will meet the requirements of NHSE in terms of key lines of enquiry related to the NHS Long Term Plan and it will propose local developments to meet local need.

3 Current CYP MH Service

3.1 The services currently in place that are NHS funded and delivered are:

- Six Community CYP MH teams across the county
- Two Intellectual Difficulties CAMHS Teams (formerly LD CAMHS)
- Inpatient unit – Pebble Lodge
- CYP Community Eating Disorders Service
- Three Mental Health Support Teams in Schools
- Early Intervention Service for people who experience first episode of psychosis.
- Psychology for Youth Offending Service
- Children in Care Psychology and Nurses
- Forensic CAMHS
- Discovery Project is being trialled. This is the CYP equivalent of recovery education for adults who have mental health needs.

3.2 In addition to the NHS services the CCG /Public Health allocates funding to the Local Authorities to plan and deliver elements of CYP MH provision or service. This includes programmes such as:

- The whole schools' approach to assessing MH need in schools which is an academic resilience programme. This approach is taken in schools where the MHST are not yet working so stand alone and enable schools to plan how to address the needs identified. This approach also supports the work of the MHST in schools because it identifies MH need which the MHSTs can work with the school to address.
- 'I can problem solve' which is an evidence and strengths-based programme that builds resilience
- Public Health fund another whole schools approach programme for Physical Education in schools and School Nursing that has a focus on emotional health and wellbeing
- Chat Health Text Messaging Service

4 Local CYP MH Service Challenges

4.1 The following bullet points highlight the challenges across the CYP NHS MH System currently:

- Service are under significant pressure and have been for some time
- Referral numbers have remained at the same level, but the number and complexity of staff caseloads has increased. Intelligence suggests this is because the seriousness (acuity) of young people’s MH conditions has increased which means that they need more intensive support and treatment, and this takes longer which is reflected in the referral rates and capacity challenges.
- There are two areas in Bournemouth and Poole that have high numbers of referral and in consequence waiting times are long.
- Waiting times for CBT are long and if there were more CBT practitioners waiting times could go down.
- Current waiting times in Bournemouth and Poole impacts on trained staff time. For example, CBT or EMDR therapist are supporting CYP who are on the waiting lists for example, doing welfare checks rather than delivering their core work which is therapy. This means that the waiting times for therapy are even longer.
- Pebble Lodge admissions that are longer than necessary because young people are often waiting for the right placement or care package.
- Historically CYP MH Services have not been funded adequately to meet the prevalent need for example not enough CBT practitioners and therapists.

5 Report of the Task and Finish Group

5.1 This report rightly highlights areas of challenge related to areas in the South West including Dorset. There are challenges in areas where deprivation levels are above national average and where services are challenged.

5.2 The data related to Dorset however does not fully chime with local information and is being discussed with NHSE regional team.

5.3 Areas being discussed due to differences in information are:

Area	T&F	CCG
Spend per young person on mental health	£70	£131
Access targets seeing 5250 out of 15,000 prevalent population. This may be because of the difference in prevalence data but also may be related to the fact this was the February position rather than the whole year.	34%	35%
Length of stay 18/19 report states over 100 days benchmarking indicates 62 days. Even increasing by	100+ days	62

28 as the report suggests would indicate Dorset as under the average length of stay		
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- 5.4 Other areas flagged in the report are concerned with the high number of admissions for young people flagged as having learning disability or autism and high levels of deliberate self-harm.

Eating disorders

- 5.5 The eating disorder service consistently performs well but despite increased investment and capacity over the last two years. Demand for the services has continued to increase. This is being addressed with further investment has been to ensure that the service is able to meet the targets described in the NHS Long Term Plan.

CYP presenting with deliberate self-harm.

- 5.6 The Connection 24-hour crisis line is all age and available for CYP in crisis. Core 24 and all age psychiatric liaison services are being implemented this year and they will be able to work with CYP who harm themselves. There will also be the development of training related to self-harm and the possible development of a CYP Retreat. This is described later in the report.

Children admitted who are flagged as having LD or Autism

- 5.7 There is growing pressure in the system related to this cohort of young people. Children who are diagnosed with ASC or Learning Disabilities that may be at risk of inpatient admission should all have a pre-admission Community Treatment Review (CTR) in order for the multi-agency partnership to explore least restrictive alternatives to admission. There is no specialist ASC or LD units available locally for CYP. CAMHS community teams have specialist neuro-developmental nurses in each of their teams and offer support to parents through the ASCEND parenting course.
- 5.8 Dorset CCG has submitted recent bids for NHSE transformation funds which were specifically targeted at this cohort of people. The CCG and partners are also developing a project focused on pathways of care for autism linking to wider neuro-developmental disorders pathway.
- 5.9 There is also work being planned to mitigate against some of the other issues highlighted:
- CYP and alcohol/drug use – To be discussed in the CYP Steering Group and included in the planning if the issues are pan Dorset or very specific to particular areas across the county.
 - Deliberate self-harm – self-harm training to be introduced and rolled out for staff in Acute Hospital Settings and to parents. There is a self- help not self-harm campaign planned by Dorset Public Health.

6 Forward planning and continued transformation

- 6.1 All transformation in Dorset related to mental health services is carried out using a co-productive process of review, including view seeking, needs analysis and shared development. The CYP MH programme is not different to that. Whilst new developments are being put in place, business as usual continues and this is especially important in relation to children and young people because of changing need and the pace of those changes.
- 6.2 The following tables show the full programme of work and highlights NHS mandated areas of work and locally driven transformation. Mostly the visions are shared but some areas are locally driven due to need and view seeking work.

NHS Mandated Changes and Developments
<p>Increasing access for up to 100% of the prevalent population over the term of the Long-term Plan. Dorset CCG had already committed to looking at how to increase access and what the likely costs would be. This proposal was then supported in the NHS Long Term Plan.</p>
<p>Developing 0-25 CYP MH Programme - The proposals will be developed through 2020 and form part of the ongoing transformation planning and implemented ahead of the 22/23 NHSE ambition</p>
<p>Developing all age Psychiatric Liaison Service which means that CYP attending or admitted to the acute hospitals can access mental health assessment and treatment when needed</p>
<p>Crisis support for CYP All age Psychiatric Liaison is in place in all three Acute Hospital Setting The Connection Service is a 24-hour crisis line and available for CYP and their families when heading towards crisis point. Based on the view seeking discussed later in the report it is possible that we will seek to develop a Retreat style provision for CYP to access in a similar way to the adult Retreat approach. Access will be without appointment and be somewhere that young people are able to access peer support, MH practitioners and youth workers. The design of the retreat will be done with young people and their families if approved to progress this.</p>
<p>Crisis Home Treatment Teams - to be developed as a genuine alternative to hospital. There will be a team in the BCP area and a team for Dorset. The teams will be able to visit children or young people up to three times where they are at risk of being admitted to hospital. The team is there to prevent hospital admissions (which are often out of area). The funding for this is through NHSE provider collaborative.</p>
<p>Mental Health Teams in Schools - Dorset is part of the trailblazers for MH Support in schools. There will be three teams initially as part of the pilot. The BCP Team, North Dorset team and Weymouth and Portland. The teams have 8 people in them, and each team will work differently to support a group of up to 18 schools. The expectation is for some face to face work with CYP but most of the work will be group work or work that the cluster of schools think will meet a collective need. For example, in Weymouth and Portland the schools</p>

9.14

thought that a MH Induction Course would be useful for all staff to have. This means that the team will help to develop that. Currently the Education MH Practitioners (EMHPS) are working in schools whilst they qualify. Their time and practice is protected because they need to do certain things in order to qualify. Once they do qualify the number of schools, they work in will increase until all 54 schools have some form of MH support. The schools' teams will eventually be rolled out fully across Dorset. The CCG and partners in discussion with NHSE are already considering how this will be done and how it could be funded. Although it is technically a pilot the notion of up scaling is already being considered.

Eating Disorder Services – no young person to wait longer than one week for urgent appointments and no longer than 4 weeks for routine appointments.

6.3 The next table shows the approach to all of the ongoing local transformation work which include all the mandated areas and some local developments to enable delivery of the LTP.

Stages	What's included
1 View seeking	<ul style="list-style-type: none"> All staff working in CAMHS services being asked their views about how services can be developed, where the pressures are, how their work can be made more effective etc. Wider stakeholders, including children, families, GPs, social care staff, schools etc. all to be asked for their views about what works well and what works less well We will also be asking where, how and their preferences in terms of finding information/advice/support for day to day MH needs We will also be asking the same questions in relation to times of crisis.
2 Needs analysis	<ul style="list-style-type: none"> Demand and activity information Dorset (including BCP) population CYP MH Needs Identification of gaps in provision based on need Issues that impact on MH such as poverty and deprivation and adverse childhood experiences
3 Strategy development	<ul style="list-style-type: none"> The CYP Local Transformation Plan will be superseded by the CYP MH Strategy and based around the Thrive Model. The strategy documents will show the strategic ambition for children's emotional and mental health The strategy document will provide young people and their families with information i.e. everything they need to know about mental health support in Dorset. The strategy will be informed by the view seeking, by understanding the local need and demand for services and the ambition outlined in the NHS Long term Plan.

Implementation Plan	The implementation plan will underpin the strategy documents and provide the structured approach to development and implementation including costs and timescales. This will also serve as the way to monitor progress in terms delivering against all the outlined ambition.
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7 View seeking

- 7.1 In Dorset the transformation has reached the point where some structural change is required in order to continue the transformation. The structural changes include the Gateway service and the consideration of extending CAMHS to 25 years. It was also time to sense check the transformation to date, with children, young people, their families and anyone else with an interest in CYP mental wellbeing.
- 7.2 In January 2020 the view seeking work started and it finished just before the Covid-19 lockdown. The work has been completed and a themed report is available on CCG website along with a report using the same themed approach from Healthwatch Dorset. Healthwatch sought the views of CYP who are seldom heard which enabled a wide range of views to be heard.
- 7.3 The key thematic areas from the view finding are highlighted within the Task and Finish Group executive summary report attached as Appendix 1. There are a number of emerging themes which are basically split in to three areas:

Cultural

- Related to approaches in care for CYP for example continuity or care, not having to re tell your story, having care tailored to individuals, self-referral etc.

Structural

- Related to changes to service for example routes in to CAMHS, age range of CAMHS, pathways that are complicated to navigate

Developmental

- Gaps in provision for example somewhere to go and see MH professionals in crisis that needs no appointment etc Mental Health support in schools

8 Timescales

- 8.1 The table below shows the high-level timetable for the CYP MH Transformation Programme. This includes all of the areas described so far in the report, both NHS mandated and locally driven.

8.2 The proposed timetable for the above programme of work is described in the table below.

Project	When	Driver
Implement MHST in Schools	Sept 2020	NHSE Pilot and LTP
Discovery Project Up scale	April 2021	Local development
Crisis Home Treatment teams	Early 2021	NHSE and Provider Collaborative Wessex
Psychiatric Liaison	April 2021	LTP
Gateway Service	Sept 2020	LTP and Local need related to waiting times
CAMHS up to 25	April 2021	LTP
Need analysis	Sept 2020	Local need
View seeking	Aug 2020	Local need duty to engage
Strategy Development	Sept 2020	Local Transformation Plan and NHS LTP
Implementation Plan ongoing	Sept 2020	Local LTP and NHS LTP

9 The Gateway service

- 9.1 This is a new development and is a test of concept that tries an assessment and brief intervention approach that will become part of the CAMHS services and will become the entry point into NHS CAMHS services.
- 9.2 The purpose of this development is to ensure that CYP are not held on waiting lists beyond four weeks. This is also likely to be an NHS target area in the future.
- 9.3 Once a referral has been made to CAMHS, the child or young person will be assessed and be able to access some form of brief intervention over four weeks.
- 9.4 This approach will mean that CYP will have four weeks' support/intervention at which point they will be able to be discharged where appropriate. It will also mean that CYP who require more intensive support will be able to access it more swiftly.
- 9.5 This will be the most effective way of managing demand for the services and making sure that children and young people get the help they require when they require it.

10 Other developments

10.1 Currently the CCG and partners are continuing to plan and implement changes dependent on local need. The following are being considered and will be taken forward if approved and if appropriate:

1. Autistic Spectrum Conditions Pathway Review to address the needs of young people who need assessment, diagnosis and after care
2. Development of a Retreat type service for CYP which emerged as a theme in the view seeking work and does link with the approach in adult mental health crisis provision
3. Joint commissioning plan with the local authorities so that all CYP MH commissioning is planned as part of the agreed strategy.

11. Risks

11.1 There are two key risks associated with this programme of work:

1. Workforce challenges

- There are workforce plans in place and CAMHS has a specific approach aimed at attracting and retaining new staff members
- Therapists – EMDR, CBT and DBT are required in the gateway and core CAMHS and MH Support Teams in Schools

2. Level of investment required

- The key areas for investment are likely to be the Gateway and the MHST in schools
- Retreat if approved
- The additional therapists required across the system

12. Conclusion

12.1 The programme of work described in this document is ambitious and exciting. It provides the opportunity to make sure that all children living in Dorset are able to access the right support at the right time to meet their needs in different and creative ways.

12.2 These proposals will ensure that staff with skills and abilities in relation to treatment and evidence-based interventions are able to focus on that work because young people will be able to get helps sooner, in schools and through the Assessment and Brief Intervention approach.

12.3 Although this paper focusses in on CYP MH, it is the intention to ensure that this programme of work overlaps with and supports and complements all the other Children and Young People's work. This includes looked after children,

children in the criminal justice system, children who have physical health issues and children who have learning difficulties and Autistic Spectrum Conditions.

12.4 It is hoped that the document is easy to read and provides a real sense of clarity in relation to Dorset's future CYP MH service development and a sense of excitement about the possibilities of improving things for young people who live anywhere in Dorset.

12.5 The Governing Body is asked to **note** this report.

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Date : August 2020

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APPENDICES	
Appendix 1	NHS England and Improvement South West – Children and Young People Mental Health Task Group report – Executive Summary



NHS England and NHS Improvement



NHS England & Improvement South West

Children and Young People Mental Health Task Group Report – Executive Summary

JUNE 2020

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1. Introduction

The South West Children and Young Peoples (CYP) Mental Health Task & Finish Group was a time limited sub-group of the South West MH Programme Board and was established in October 2019 with an ambition to “support each system in the long term development of accessible, consistent and effective care for children and young people experiencing mental health disorders, (including those with LD & ASD) across the South West.

Membership of the CYP Task and Finish Group included NHSE/I Regional programme management and system development, the South West clinical network, Provider Collaborative lead, CCG commissioners and providers, local authority commissioning, CQC, PHE and HEE. This membership ensured that the group retained a broad and inclusive focus on the wider determinants of CYP mental health.

The terms of reference for the CYP Task and Finish Group were as follows;

- To coordinate and develop an overarching CAMHS strategy across the South West
- To agree models for both commissioning and service delivery across the whole CYP MH pathway;
- To draw on and bring together system’s Long-Term Plan visions for CYP and mental health and to understand across the Region;
 - The need/prevalence of poor mental wellbeing in CYP in the SW
 - The level of services provision at tiers 1-4 in each STP area
 - Whether the level of service provision in each tier is sufficient
 - Any quality issues within the current service provision
 - Shortfalls in workforce
 - Waiting times
- To collate and coordinate the various CAMHS workstreams across the Region to inform the CAMHS regional strategy - this will include work underway through both NHSE/I regarding quality concerns, provider reviews of CAMHS services and the SCN access review,
- To share learning, reflection and good practice across the region for CAMHS service delivery
- To gain an understanding of gaps in service across whole pathway and have an agreed plan in each STP area to address need;
- Develop a shared understanding of CYP mental health need and prevalence across the region and at system level;
- To inform the NHSE/I SW CAMHS tier 4 future Provider Collaborative /NCM Implementation programme
- To receive benchmarking data to inform appropriate challenge and discussion around the quality and effectiveness of CAMHS services and the gaps between the need/demand and capacity of services
- To raise the profile and importance of parents. Services users carers and other stakeholders’ opinion in influencing local healthcare developments

The challenges in delivering services for CYP in the South West include :-

- The South West Region having the highest levels of repeat self-harm emergency admissions for Children and Young People (CYP) in England
- high demand for higher cost more specialised services;
- the need to return significant numbers of young people placed out of area;

- poor access to universal Tier 1 services, insufficient capacity at Tiers 2-3 (and 3+) and an inability to reduce the demand on Tier 4 in-patient services;
- the lack of cohesive workforce strategy;
- the lack of a clear plan for capital investment;
- a mixed economy of digitally enabled services and the need for further development of integrated care records to support both local clinical decision-making and future service planning;
- Poor crisis prevention services and alternatives to admission to mental health facilities.
- inconsistent offer addressing waiting and access times

2. Scope of work

2.1 Comparative analysis

The group initially undertook a comparative analysis of the current offer for CYP, highlighting hospital length of stay, admission and readmission rates, and CYP Access Targets across the South West region. They noted CYP MH spend-per-child and took into account notable wider social determinants of health applicable within the STP footprint. Consideration was given to significant service gaps as well as good models of care within each STP/ICS system.

2.2. system reviews

In developing the strategy, a meeting was held with all the systems to explore these challenges and issues. Early conversations resulted in the following areas being highlighted for attention by system -

2.2.1 Dorset

CYP less than 35% access rates; All Age Eating Disorder (offer); Waiting times; Workforce; Accommodation for Transforming Care cohort

2.2.2 Cornwall

Early Intervention; Children with Learning Disability/Autism; Workforce; Clinical (psychological) assessments weak.

2.2.3 Devon

Review models of care.

2.2.4 Somerset

Integration; Early Intervention; Transition issues; LD/Autism; CAMHS Tier 3 offer.

2.2.5 BSW

Crisis (esp. S136 suite); LD/ASD cohort; 111 OOH access.

2.2.6 BNSSG

7day crisis 24/7 winter monies; North Somerset & MH Strategy.

2.2.7 Gloucestershire

Infant mental health; Schools; Parenting support offer; re-admission and psychiatric liaison

2.3 Collective conversations

It was also agreed to convene a series of ‘collective conversations’ with key stakeholders to consider best practice nationally and regionally and to frame recommendations for systems to take back into local planning. These areas were:

- CYP LD and ASD (Autism spectrum disorder) with a MH issues
- Early intervention for schools, education and parenting
- Addressing the needs of CYP with an Eating Disorder
- Dealing with CYP pre and during Crises
- Self-harm and Eating Disorders
- Mental health and emotional well-being of 16 – 25-year old cohort

2.4 Stakeholder event

To inform this work programme a stakeholder event was held in February 2020 and the feedback from the event included overwhelming support for a greater focus and further work on 3 key areas -

- Addressing the specific needs of CYP with LD/Autism (79%), in particular supporting CYP closer to home;
- Crisis/Prevention of Crises and alternatives to admission (60%+);
- For all systems to step away from using a “tiered” system of service delivery to that of THRIVE as soon as possible, and that this becomes the “new” language and methodology across the region

Workforce challenges and developing a robust and longer-term plan to address shortages and wider development of skills in dealing with CYP across all service areas e.g. A&E departments, Autism specific services and transition care emerged as a key enabler for the region.

3. Scope of the report

The report provides a comparative analysis of the current offer for CYP across the SW highlighting:

- hospital length of stay
- admission and readmission rates
- CYP Access Targets across the South West region
- CYP MH spend-per-child
- notable wider social determinants of health applicable within the STP footprint.

The report considers what are felt to be significant service gaps as well as good models of care within each STP/ICS system.

During the writing of this report, the COVID19 pandemic affected all services nationally. This resulted in some services already within system plans being accelerated and new or additional services “stood up”, while others have scaled back or completely stopped due to the staffing implications of the pandemic. This report seeks to highlight where these changes have happened in order to present the most contemporary picture of current service provision at the time of writing.

The report also draws together and highlights the policy drivers that influence our thinking including but not exhaustively the 5YFV and Long Term Plan commitments, Future in Mind, Dame Lenehan –

These Are Our Children. It highlights key data on South West Regional demographics particularly around CYP and families, deprivation, inequalities in health other data sources, and it also focusses on all CYP with particular reference to the needs of those with LD and ASD in the Region.

The main report is structured with a “System on a Page” summary providing each system with an outline of key demographic and performance data and information relating to CYP MH in each area. This information has been drawn from a range of sources and reports including: CYPMH South West Interim Access Report, Specialist Commissioning MH Providers, Mental Health Core Data Packs, Mental Health Investment Standard.

The following section 2 illustrates the main benchmarking data that we have been able to collect over time through routine data collection and a variety of system reviews that have taken place.

4. System reviews and benchmarking

Public Health/Wider Determinants of Health Heat Maps - South West Benchmarking comparators

	STP						
	BNSSG	DORSET	DEVON	BSW	SOM	GLOS	C&IoS
Children in care per 10,000 (2019)							
School aged children with social emotional and mental health needs (2018)							
Hospital admission rate per 100,000 as a result of self-harm (10-24 yrs, 2018/19)							
Admissions for alcohol specific conditions, under 18s (2016/17-17/18)							
15 year olds who have taken drugs in last month (2014/15)							
	Highest in SW	Lowest in SW	Mid SW range				

South West region comparators to England Benchmarking

	STP						
	BNSSG	DORSET	DEVON	BSW	SOM	GLOS	C&IoS
Children in care per 10,000 (2019)	Significantly lower than England	Significantly lower than England	Similar to England	Significantly lower than England	Significantly lower than England	Significantly lower than England	Significantly lower than England
School aged children with social emotional and mental health needs (2018)	Significantly higher than England	Significantly higher than England	Significantly higher than England	Similar to England	Significantly higher than England	Significantly lower than England	Significantly higher than England
Hospital admission rate per 100,000 as a result of self-harm (10-24 years, 2018/19)	Significantly higher than England						
Admissions for alcohol specific conditions, under 18s (2016/17-17/18)	Significantly higher than England	Similar to England	Similar to England				
15 year olds who have taken drugs in last month (2014/15)	Significantly higher than England	Similar to England	Similar to England	Significantly higher than England	Similar to England	Similar to England	Similar to England
	Significantly higher than England	Similar to England	Significantly lower than England				

4.1 Bath and North East Somerset, Swindon and Wiltshire (BSW)

Despite having one of the lowest rates of CYP admissions in 2019/20, BSW STP reported the highest average length of stay in a CAMHS unit in the South West. The average length of stay increased by 82% compared to the previous year and is higher than the previous 3 years.

Although the number of CYP eating disorders urgent referrals being seen within 1 week has hit the target of 95%, the number of routine referrals seen within 4 weeks has decreased over 2020 and BSW is one of the lowest performing in the South West. Forecasting using the current data shows that BSW will not meet the 95% target for routine referrals in 2020.

4.1.1 Areas of Good Practice

The number of new CYP admissions in 2019/20 reduced significantly for BSW and the admission rate is one of the lowest in the South West for this time period.

BSW STP CYP access rate has continued to increase over the last year, in line with the South West and national trends and, according to the last data available, BSW hit the national target of 34% for the first time in March 2020. Early findings from the Peer Review (*) also identified additional good practice areas -

- Attracting and retaining excellent staff – e.g. revision of on-call for those willing to do, not for all
- Website and IT improvements- e.g. online guidance resources, webinar for young people waiting, webchat function
- Multi-agency working – e.g. joint working and co-location of services
- Ways of working – e.g. working with schools to build options into the curriculum

4.2 Bristol, North Somerset and South Gloucestershire (BNSSG)

The STP rates significantly higher than the England average for:

- School aged children with social, emotional and mental health needs
- Hospital admission rate as a result of self-harm
- Under 18s admissions for alcohol-specific conditions
- 15-year olds who have taken drugs in the last month.

BNSSG STP reports higher than both the South West and national average for the rate of CYP admissions in 2018/19 and 2019/20. They have one of the highest rates of admissions in the South West.

BNSSG STP was improving their CYP access rate over 2019 however this improvement has levelled off the last few months and is still 9% under the 34% target.

BNSSG improved their routine eating disorders waiting time over the last year however are 5% under the 95% target of seeing referrals within 4 weeks. The percentage of CYP urgent referrals seen within 1 week has decreased throughout 2019/20 and is 40% under the 95% target. BNSSG are currently the lowest performing STP in the South West region for this target.

4.2.1 Areas of Good Practice

BNSSG STP reported lower than South West and national averages for the average number of days for patients in a CAMHS unit in 2019/20. Their average stay remained similar to the 2018/19 figure and has reduced over the last four years. Early findings from the Peer Review (*) also identified additional good practice areas -

- Central Hub for referrals and signposting
- Improve use of digital platforms
- Improving transitions between CYP and AMH services
- Identify champions
- Link and work with Bristol CAMHS and map models together

4.3 Cornwall and the Isles of Scilly

Cornwall and the Isles of Scilly report significantly higher than the England average for:

- School aged children with social, emotional and mental health needs
- Under 18s hospital admission rate as a result of self-harm

However, they rate as lowest in the South West for:

- Rate of children in care
- Under 18s admissions for alcohol specific conditions

Cornwall STP reports the highest rate for new CYP admissions in the South West and has been above the national average over the last 4 years.

The access rate has slowly increased over 2019 after a drop of 15% in April 2019, but they remain below the target by 8% and have one of the lowest access rates in the South West.

4.3.1 Areas of Good Practice

Despite having the highest rate of CYP admissions in the South West, Cornwall and Isles of Scilly STP has the lowest average length of stay in a CAMHS unit. This is an improvement from the average LOS in 2018/19 where Cornwall STP rated higher than both the South West region and national average.

The development and opening of the 12 Sowenna Unit has thus far proved successful in ensuring that CYP with MH challenges remain much closer to home than before.

4.4 Devon

Devon STP report as significantly higher than the England average for:

- Rate of children in care
- School aged children with social, emotional and mental health needs
- Under 18s admission rate as a result of self-harm

They also rank as highest in the South West for:

- Rate of children in care
- School aged children with social, emotional and mental health needs

Devon STP has a higher rate of CYP admissions than the South West or national average. They have also had a higher rate of admissions than the national rate over the last 3 years.

Devon STP has one of lowest rates in the South West for the number of urgent eating disorder referrals seen within 1 week. They are 39% percent under the 95% target and 14% under the South West average.

Devon STP reported a lower than South West average in 2019/20 for the average number of days for a period of treatment in a CAMHS unit. However, they remain above the national average and have increased the average length of stay over the last 3 years.

4.4.1 Areas of good practice

Devon performs above the target for the CYP access rate and was the first in the South West to reach the 34% target in 2019. Their access rate is currently 4% higher than the South West average.

Early findings from the Peer Review (*) also identified additional good practice areas –

- Electronic referrals accepted from all (GP's/children/parents/teachers) and processed within 24 hours.
- Streamlined, robust and accessible service, building on work to date.
- Bespoke correspondence sent to CYP/families/other professionals.
- Signposting for when the service isn't appropriate guidance as to what alternatives are available.
- Robust risk assessment and whole system checks to aid screening/triage/clinical decisions.
- Good relationships and reputation with local partners – local knowledge and context.

4.5 Dorset

Dorset ICS report as significantly higher than the England average for:

- School aged children with social, emotional and mental health needs
- Under 18s admissions for alcohol specific conditions
- Hospital admission rate as a result of self-harm

However, they have the lowest number in the South West for 15-year olds that have taken drugs in the last month.

Dorset ICS has one of the highest performance rates in the South West region to see urgent eating disorder referrals within 1 week. They continue to report below the 95% target to see routine referrals within 4 weeks and have one of the lowest rates for routine referrals in the South West. However, if the trend for routine referrals being seen within 4 weeks continues, they are unlikely to hit the 95% target by the end of 2020.

Dorset ICS are on an upward trend to meet the CYP Access Rate target (currently only 1% below target) and 3% above the South West average rate.

Dorset ICS's rate for New CYP admissions in the South West was average in 2019/20. This was the first time the last four years that Dorset did not report one of the highest rates of admissions in the South West, however they remain above the national average rate.

Dorset STP reported as one of the highest areas in the South West for the average reported length of stay to CAMHS units. This has increased by 28 days since 2017/18. To be in line with the current South West average Dorset STP would need to decrease their average LOS by 10 days.

4.5.1 Areas of Good Practice

Dorset ICS has one of the highest performance rates in the South West region to see urgent eating disorder referrals within 1 week. They continue to report below the 95% target to see routine referrals within 4 weeks and have one of the lowest rates for routine referrals in the South West. However, if the trend for routine referrals being seen within 4 weeks continues, they are unlikely to hit the 95% target by the end of 2020.

Dorset ICS are on an upward trend to meet the CYP Access Rate target (currently only 1% below target) and 3% above the South West average rate.

Dorset ICS's rate for New CYP admissions in the South West was average in 2019/20. This was the first time the last four years that Dorset did not report one of the highest rates of admissions in the South West, however they remain above the national average rate.

4.6 Gloucestershire

Gloucestershire ICS reports as the lowest in the South West for:

- School aged children with social, emotional and mental health needs
- Hospital admission rate as a result of self-harm

Gloucestershire reports the lowest number of routine CYP eating disorder referrals seen within 4 weeks significantly below the target rate. Their rate for urgent referrals is also low at and under the target and this has decreased since June 2019.

4.6.1 Areas of Good Practice

Gloucestershire reports the lowest number of routine CYP eating disorder referrals seen within 4 weeks at 55%, this is 41% below the target rate. Their rate for urgent referrals is also low at 31% under the target and has decreased by 14% since June 2019

Gloucestershire ICS has one of the lowest rates in the South West for CYP admissions. They have remained under the South West and national average for CYP admissions over the last 3 years.

Gloucestershire ICS reported one of the lowest in the South West for the average length of stay in a CAMHS unit in 2019/20. Gloucestershire has decreased their average length of stay over the last three years, enough so that 2019/20 is the first year they report as being below both the average length of stay in the South West region and Nationally.

Gloucestershire report the highest access rate in the South West region and are 2% over the target. They have continued to improve the access rate over the last year and have recently reported an access rate above the national average for the first time.

4.7 Somerset

Somerset STP is significantly higher than the England average for:

- School aged children with social, emotional and mental health needs
- Hospital admission rate as a result of self-harm
- Under 18s admissions for alcohol specific conditions

They also report as the highest in the South West for:

- Hospital admission rate as a result of self-harm
- Under 18s admissions for alcohol specific conditions

Somerset STP had the lowest rate of CYP admissions in the South West in 2019/20 and were significantly lower than the national average. Compared to 2016/17 they have reported a reduction of 30 admissions per 100,000 children.

Somerset STP reports among the highest average length of stay in a CAMHS unit in the South West. The average figure of the last 4 years is above the South West and national average and the 2019/20 figure reported was 21 days above the national average.

The CYP access rate for Somerset is the lowest in the South West region and is 12% under the target 34%. Both the national and South West access rate reports a general upward trend, but the Somerset STP rate has maintained around 2%. Following reported trends Somerset STP is forecast as unlikely to reach the 34% target in 2020.

4.7.1 Areas of Good Practice

Somerset STP had the lowest rate of CYP admissions in the South West in 2019/20 and were significantly lower than the national average. Compared to 2016/17 they have reported a reduction of 30 admissions per 100,000 children.

Early findings from the Peer Review (*) identified additional good practice areas -

- Direct booking for SPA and expanded SPA. team/"24/7" access – all can get MH advice.
- Access online/apps/phone/text/distal platforms/walk-in centres/café.
- Staffing – friendly team who are emotionally/physically well with options for remote working.
- Physical environment – relaxed, modern, welcoming (for staff/patients).

(*) – denotes preliminary results of the SCN led Peer Review. The purpose of the review was to address the variations within the current pathways for access to community CYP mental health services across the SW (to note Dorset is excluded). To consider all referral and access points for CYP (GP, schools, emergency departments, liaison and crisis service, self-referral etc). It mapped the patient journey from access to discharge/recovery and focussed on Community CAMHS and subsequently in-patient CAMHS. To note, excluded services are highly specialist services such as eating disorders, forensic etc.

5. Recommendations

Below is a primary list of recommendations from the task and finish work which incorporates system benchmarking and reviews and the work of the task group in meeting the terms of reference.

5.1 Principles for Quality Care in commissioning Children's Mental Health Services in the South Region

Implement the use of THRIVE Language and adoption of the THRIVE model (fig 1) throughout the CYPMH systems across the region as soon as possible, aiming for seamless pathways of care and support.

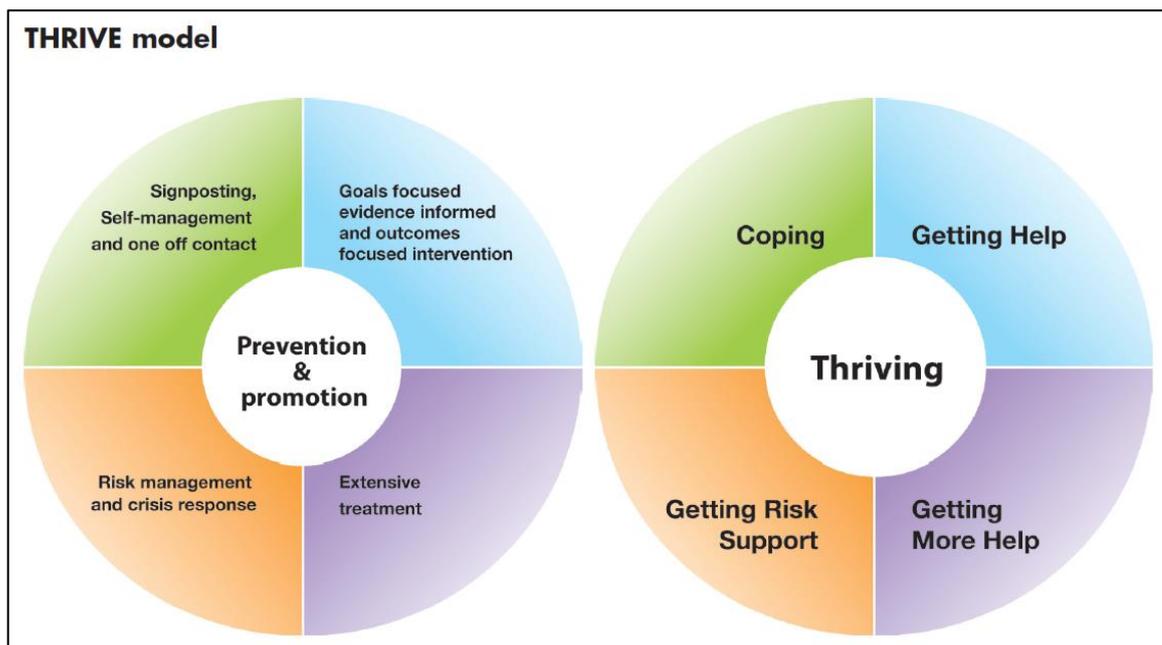


Fig 1 : Thrive Model

The THRIVE model defines how we have agreed to progress CYP services in the South West by

- Increased engagement and attendance across the system;
- Reduction in children and young people passed from one place to the other via inter-agency referrals (greater inter-agency understanding and vision of what can be helpful in supporting children and young people's mental health and wellbeing);
- Greater openness and a shared understanding between all target groups about when to end help;
- Shared outcome framework understood by all target groups;
- Children, young people and families feeling more involved in decision making about the help and support they receive;
- Children and young people's mental health needs being identified and appropriately responded to earlier;
- Improved partnership working;

-
- Improvement in access to appropriate mental health help and support: reduction in waiting times for specialist mental health and wellbeing help (fewer inappropriate referrals and discharges) across the system(s).

5.2 Seamless pathways of care

There should be seamless pathways for CYP, Families and Carers. These should be consistent, coherent and clearly understood by all stakeholders. They should also begin with the continued application of multi-agency screening and triage responses to individuals identified as high risk or vulnerable to ensure no child or young person “falls through the gaps” between services or agencies.

5.3 Access to Services

Systems should use both the benchmarking data in this report and system review data to review the variety of models of good practice, to develop their own plans to address access targets, waiting times and out of area placements.

5.4 Offer of a consistent Crisis Response Service for CYP with equitable staffing levels

The national ambition is to have a crisis service 24/7 by 2023. This crisis offer needs to extend beyond 24/7 telephone consultation, help and advice lines. It should consider building on the options to divert youngsters away from A&E departments and the recent experience of delivering services in non-face to face settings. It should also build on the proposition that supports in such a way that admission to in-patient care can be averted wherever possible, e.g. step up/step down, crisis house/safe haven. The aim should be to offer of a consistent response across the South West Region with equitable staffing levels and an efficient and capable workforce along the following lines;

- 24-hour access to service offering right time, right place where all services are working together within the STP to support CYP as they present;
- The provision of an equitable and fully skilled workforce, the workforce should be equipped with skills training and experience to best support CYP emotional and mental well-being.

5.5 Addressing the needs of CYP with LD & Autism

The South West Region has three key priorities as described in the LTP:

- improvements to the Autism pathway,
- introducing keyworkers and
- annual health checks for CYP aged 14+.

These in addition to the ongoing work across the region to embed and mature the Dynamic Support Register (DSR).

No child or young person should be admitted as an inpatient unless it is necessary for them to be there to receive treatment. Inpatient admission should not be used to manage a condition or challenging behaviour. No child who needs an inpatient bed should have to wait or be admitted to units far away from their home i.e. Place based Care.

5.6 Co –Production with Carers and Young Children to support the design of services

Systems should evidence that the voices of children and young people and their family or carers are embedded in the culture of care. Their views in relation to the design of services are meaningfully included in all decisions about the care that they receive.

5.7 More active collaboration between NHS and Local authority providers, the 3rd Sector and Commissioners

NHS Providers and Commissioners should take advantage of opportunities to collaborate with local Authorities to driving up standards to support CYP wrap around care in the community where young people can receive mental health treatment and support as close to home as possible. Continued partnership working with the third sector should support statutory service provision wherever appropriate – recognising the flexibility and agility of third sector organisations in mobilising and facilitating change.

5.8 Workforce - Support the transformation and the expansion of the CYP MH Workforce to enable service change

Workforce has been identified as ‘the key challenge facing organisations’ and this is particularly true of the CYP MH workforce. The Interim People Plan highlights that ‘more of the same will not be enough to deliver the promise of the NHS Long Term Plan’ so new ideas and solutions need to be developed. A requirement for providers to declare the entirety of their service offer, including staff numbers, skills and roles, waiting times and access to information.

The development of a workplan is required to support the development of the CYP MH Workforce across the South West which

- Establishes the current workforce profile:
- Identifies the workforce challenges and opportunities:
- sets out the critical path for the expansion and transformation of workforce to meet the LTP requirements

5.9 Development of a tier 4 CAMHs Provider Collaborative in South West

There is continued support for a CAMHs provider collaborative in the SW with the aim of establishing this by end March 2021. This timeline will depend on readiness and appropriateness of any proposed model and therefore submissions for a CAMHs Tier 4 PC would need to address a number of areas, these being;

- A proven track record of delivering high quality CAMHs services;
- The ability to deliver on the (2017) LGA publication, Key Principles with the Developing Support and Services for CYP with a Learning Disability and/or Autism;
- Strong evidence of collaboration across each STP/ICS, which includes, , CCG and LA commissioners, Specialised Commissioners, educations and judicial partnerships, the independent & voluntary sector and CYP and families themselves;
- A model of care that seeks to prevent admission wherever possible and/or accelerate appropriate and timely discharge for youngsters, reducing the reliance on in-patient care (NHSE/I Nov’ 2019)

5.10 Improve the Digital Offer and information for Children and Young People

STPs/ICs have responded to COVID by accelerating an improved digital offer to support CYP. There is a need to review what works well, share good practice and improve the digital offer for CYP waiting for an appointment. This should include facilitation of more digitally enabled booking systems and may require national system collaboration with NHS Digital. It is essential to keep children and young people well informed about waiting times, therapeutic options and transitions.

5.11 Review the distribution of inpatient capacity within the Region

A CAMHS bed capacity plan is being refreshed with further work being undertaken to bring additional beds on-line, to accommodate the current lack of PICU, Eating Disorder, LD and ASD (with a particular focus on Autism) and Low Secure beds within the South West.

The South West region has a significant number of CYP in out of area specialist beds with long lengths of stay. There are 4 PICU beds for the Region based in Bristol but these are only easily accessible for the North of the Region. There is a need for additional PICU beds to support the South of the region.

There is a need for “in region” specialist care beds, primarily for people with LD and Autism, as well as Eating Disorder beds.

The LD/ASD patients who require a more specialist and bespoke service, are also at a disadvantage as there are no suitable units within the South West.

The demand for GAU beds across the South West region has continued to decrease over recent years and balanced out with the opening of the Sowenna unit in Cornwall. The overall GAU capacity in Region is 67 although currently there are 10 beds closed for refurbishment at the Riverside Unit (AWP). The model for the use of CAMHS GAU beds across the Region will be considered as part of refreshing the CAMHS bed capacity plan.

5.12 Improve Waiting Times and Access for CYP to services

Currently, Somerset, BNSSG and Cornwall have the lowest access rates to MH service for CYP. Gloucestershire at 54% have the lowest eating disorder access rates in South West for routine cases seen in 4 weeks. Gloucestershire, Devon and BNSSG have the lowest access rates for seeing urgent cases within one week. As can be seen, some systems are challenged on delivery of Waiting Times/Access Targets (see also **System Summaries**) including Eating Disorder.

The following are required to support improvements:

- Improve data quality within systems
- Work with Regional MH leads and to have bespoke action plans to meet standards
- Sharing good practice within the region by Appreciative Inquiry peer reviews and local networking opportunities

5.13 Financial Reporting and capital investment

A recommendation from Future in Mind is the requirement for ‘local commissioning agencies to provide an annual declaration of their current investment and the needs of the local population with regards to the full range of provision for children and young people’s mental health and wellbeing’.

To date we are unable to evidence the actual breakdown of spend against plan in a consistent way across the SW e.g. CYP and adult LD/Autism spend is not currently separately reportable we recommend that each system produces a report on their spend on CYP on an annual basis.

The issue of capital investment is an outstanding action remaining from the CYP Task and Finish Group action plan as COVID19 has delayed the progress of this particular action. There needs to be clarity about what is available and what is needed in the near to mid-term. The report notes that there is a need for a wider range of Crisis prevention/management options, additional PICU beds and additional “in-region” beds for CYP with LD and Autism. NHSE/I have submitted a preliminary bid to develop beds in the SW for CYP with Eating disorder, PICU, LD and Autism and Low Secure. This bid will need further development informed by the bed capacity modelling exercise.

We should continue to work to fully understand capital funding requirements over the next 1 – 3 years to be able to deliver these options.

5.14 Standards of Care

To develop a framework of quality standards for CYP MH/LD & Autism incorporating key issues where appropriate raised by CQC, QSGs, learning from SUI’s or any relevant reviews by developing a quality schedule to include a comprehensive set of Key Lines of Enquiry for CYP.

To develop a set of regionally adopted CYP MH service standards by establishing a set of co-produced service standards to be adopted across the South West and incorporated into the Regional MH Strategy.

5.15 To develop a network for CYP mental health that brings clinicians and Commissioners together to drive service improvement and share best practice.

Both the stakeholder event and the collective conversations highlighted the benefit of networking and the establishment of a formal network can support the delivery of the recommendation from the task and finish group

5.16 To continue work on areas that have been impacted due to COVID 19. These are:

CYP Need and Prevalence – self harm

An outstanding action for completion from the CYP Task & Finish Group is that of PHE developing a shared understanding of CYP MH need and prevalence across the region and at system level, to include reference to self-harm statistics across the SW and the Service Responses. PHE have usefully pointed us in the direction of “finger-tips” data, but due to COVID19 had other priorities.

16 – 25 year old (transitions care)

Work has begun on this issue and all STP leads have an improvement plan and will this manage going forward. The 16-25s work is not complete at this stage. The next steps as part of COVID recovery are that a group of nominated STP leads will take forward the actions that were worked up within each STP during the appreciative inquiry approach used during several workshops. The aim is to bring these leads together to ensure drive and keep pace continue with the improvement work identified in each STP.

6. Learning from the Covid-19 pandemic

The requirement for all health and social care systems to respond to the Covid-19 pandemic has been unprecedented for providers and commissioners alike, and while many tranches of “business as usual” work have been temporarily halted others have accelerated to ensure those who need mental health support in the community and in hospital can still access support in a timely way. Some of the positive impacts have seen further development of CYP triage services and risk stratification methodologies, emergency department “diversion units” for youngsters keeping them away from the acute trusts, the use of Attend Anywhere, KOOTH, Skype and technology hugely increased and the delivery of 24/7 MH crisis lines. The negative impacts from the pandemic have resulted in CAMHs staff being redeployed into adult and other services, short breaks/respice services have stopped, routine out-patient appointments have been cancelled.

Most notable has been the expediting of the Long Term Plan ambition to achieve 100% coverage of 24/7 access to Crisis Provision for children and young people, including assessment and brief intervention where required, by end 23/24 – all South West systems have achieved this during May 2020, several delivering as a joined up “all age” provision with adult services partners.

Despite pressure within provider organisations to reallocate clinical, psychological and therapy staff between high risk service areas, all STPs have ensured consistent provision of a face to face and emergency offer to children and young people, with ongoing risk stratification of caseloads to ensure crises are prevented wherever possible. The needs of young people with LD and Autism have received particular focus during this challenging period, with increased utilisation of Dynamic Support Registers (DSRs) to manage potential changes in need; the use of DSRs should become custom and practice going forward.

The use of digital and internet-based technology to facilitate service user contact, assessment and appointments, deliver services and enhance therapeutic provision has been unprecedented and accelerated at a pace which would not have been possible had the situation not been forced by a need to find a remote and easily accessible response. The use of digital technology has enabled faster and greater access to advice, treatment and support and should continue to be developed and used delivering efficiencies as well effectiveness.

The third sector have been key partners in providing a flexible and reactive response to support local systems, including Police, Ambulance Services, Public Health and others. All organisations have demonstrated high levels of flexibility, openness and increased collaboration to support a continued offer of services to children and young people in all areas.