



# Isle of Wight's Transformation Plan for Children and Young People's Mental Health (2015 - 2020)

November 2015

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### **Sue Lightfoot**

Head of Commissioning Mental Health and Learning Disability  
Isle of Wight Clinical Commissioning Group

## **Foreword**

Children and young people with good mental health do better. They are happier in their families; they learn better and do better at school; they are able to enjoy friendships and new experiences. They are more likely to grow up to enjoy healthy and fulfilling lives and to make a positive contribution to society and to have good mental health as an adult.

Intervening early and positively makes a real difference at every stage of life's course. We know that giving the right type of support in the earliest years can help to avoid many of the costly and damaging social problems in society. We are investing now to save later.

We will work to develop the capacity of our children to be resilient and to maintain their wellbeing. We know that children grow best in families and supporting families is an important part of the Transformation Plan.

Through the oversight of the Isle of Wight Children's Trust and the delivery of the Isle of Wight Children and Young People's Plan a wide range of organisations have successfully come together to improve a wide range of outcomes for children.

Over the past few months we have been privileged to be able to listen to the views of children and young people and their families and to the professionals who work with them. Their priorities are the basis of this Transformation Plan and have helped us to set out clearly the changes that we need to make to improve the mental health of the Isle of Wight's children.

Public services on the island like elsewhere in the UK, face significant challenges with greater demand on services and reducing resources. It is only by working together, integrating and sharing resources that we will continue to be able to improve services and achieve the outcomes we all want for our children and young people.

The continued reduction in resources means that we need to work together even more closely to be as efficient as possible. It isn't always about commissioning or developing new services, but how we can reform and maximise the use of the whole range of resources that we already have.

### **Foreword by:**

- **Dr John Rivers, Isle of Wight Clinical Commissioning Group Executive Chair & Clinical Lead**
- **Cllr Jonathan Bacon, Lead of the Isle of Wight Council and Executive Member of Children's Services**
- **Cllr Steve Stubbings, Deputy Lead of the Isle of Wight Council**

## 1. Introduction

- 1.1 Isle of Wight Clinical Commissioning Group, Isle of Wight Council and their partners from both the health and voluntary sector are committed to “promoting, protecting and improving our children and young people’s mental health and wellbeing”. Whilst there are already areas of very high quality provision on the Island we recognise that dramatic and significant changes and improvements are needed in order to ensure that all children and young people on the Isle of Wight, including those with particular vulnerabilities, can easily access high quality, outcome focussed, evidence-based services appropriate to their need, when required. We are fully committed to co-producing and consulting with children and young people and families at the heart of all of our strategic development and service delivery.
- 1.2 This document describes the work that is needed over the next five years to make sure that children and young people, residing on the Isle of Wight, are supported in having good mental health and to build emotional resilience, in order to help them fulfil their goals and ambitions and to make a positive contribution to society. The work that needs to be done will fit in with the ‘My Life a Full Life Programme’ (MLAFL).
- 1.3 The MLAFL programme will fundamentally change and improve the lives of people on the Island. MLAFL is about organisations working together in partnership with the voluntary and private sector, the Isle of Wight Clinical Commissioning Group (CCG), the Isle of Wight Council (IWC), the Isle of Wight NHS Trust (IW NHS Trust) and One Wight Health (a GP membership organisation) providing for people’s individual needs to enable them to take control of their lives and plan for their future health and social care needs. This work is based on the partners five year vision for integrated health and social care on the Island.
- 1.4 ‘My Life a Full Life’ programme has been selected as one of the ‘Vanguard sites’ for the new care models programme, which is playing a key part in the delivery of the Five Year Forward View – the vision for the future of the NHS. Vanguard sites are also receiving practical assistance as part of a package of national support to enable them to make the changes they want at pace. Vanguard sites are leading on developing new care models that will act as blueprints for the future of the health and care system in England.
- 1.5 The first tranche of the Vanguard funding will enable the programme to press ahead with a Whole Integrated System Review (WISR). The Whole Integrated System Review is being set up to ensure the future quality, safety, clinical and financial sustainability of health and social care services on the Isle of Wight. The review will comprise three phases: Solutions designed in collaboration with Island residents and staff who work in across health and social care provision; formal public consultation; support for the implementation of the decisions made following consultation. The Island’s Whole Integrated System Review Programme team are undertaking an extensive programme of engagement with the public, staff and young people to ensure that their views and ideas shape the proposals.

Social, emotional and behavioural skills underlie almost every aspect of school, home and community life, including effective learning and getting on with other people. “Improving Young People’s Health and Wellbeing” (Public Health England 2014) acknowledges the principle that treating different, specific, health issues separately will not tackle the overall wellbeing of our current generation of young people. Young peoples’ mental and physical health is intertwined and at the heart of their health and wellbeing is their relationship with others.

In March 2015, the Department of Health and NHS England published ‘Future in Mind’ to promote, protect and improve children and young peoples’ mental health. This new publication is reflected within the strategy for the Isle of Wight and all agencies will be required to continue to work across boundaries to develop the seamless flow between services and to acknowledge that children and young people do not neatly fit into boxes or tiers of service.
- 1.6 As a partnership of organisations, we are committed to making our vision of “Person-centred, co-ordinated health and social care support” a reality on the Island. We want to improve the outcomes and experiences of children, young people, families and carers, by collaboratively harnessing the capacity of organisations, people and communities to think creatively and inform the building of a sustainable health, social and community economy, fit for now and for future generations.

## 2. Mental Health Isle of Wight

- 2.1 The Islands Health and Wellbeing Board and the Children's Trust Board have completed a diverse and in-depth range of consultation to ensure that the local population continues to guide and shape the delivery of Isle of Wight services. This has resulted in the development of an overarching transformation programme which forms the Vanguard programme 'My Life a Full Life' with high ambitions for the island's health and wellbeing outcomes.
- 2.2 Compared to the England average the Isle of Wight has<sup>1</sup>:
- Higher levels of self-harm
  - Higher hospital admissions for those with a mental health condition
  - Higher rates of young people under 18 admitted to hospital because they have a condition wholly related to alcohol
- 2.3 The major themes identified at these consultation and co-production events include:
- There are difficulties in access (increases in referrals and waiting times, increased complexity and severity reported by partners)
  - There is complexity of current commissioning arrangements
  - There is variable access to crisis, out of hours and liaison psychiatry
  - Schools and carers report difficulty accessing assessment and preventive mental health support
  - There are clusters of self-harm in several schools and communities
  - The rate of referrals is affected by a shortage of local clinical skills in prevention and early intervention services
  - There are a number of costly off-island placements for some high risk cases that divert funding from preventative activity
  - Community understanding of the causes and symptoms of childhood mental illness is not high in some areas
  - Young people with learning needs appear to be more at risk of self-harm and referral than others.
  - Bullying behaviours are being increasingly reported
- 2.4 In addition to feedback obtained locally we have looked at good practice elsewhere and identified the following features for enhancement in our Transformation Plan<sup>2</sup>:
- Development of young person's IAPT, Community CAMHs eating disorder services for young people (in conjunction with Portsmouth) and improved perinatal mental health.
  - A focus on the 14-25 year old pathway with better transition between children's and adult services.
  - Out of hours crisis services including alternatives to acute hospital admission for short periods and the enhancement of the Liaison Psychiatry function
  - Rehabilitation services to support the transition back to independent living following an acute hospital stay.
- 2.5 These priorities identified from consultation and co-production sessions have been incorporated into our Transformation Plan to reflect the five 'Future in Mind' strategic priorities. The following paragraphs represent a summary of the key consultation and co-production sessions we have completed with local families to develop our Transformation Plan:
- Isle of Wight Child & Adolescent Mental Health Service Local Transformation Planning Workshop – The workshop was held on the 1st October 2015 and involved all sectors including NHS, Public Health, LA, Healthwatch, Social Care, Youth Justice, Education, the voluntary sector, Parent and Youth representatives. This workshop focused on priority areas for investment<sup>3</sup>.
  - Eating disorder Workshops (Nov 2014 & July 2015) - Two workshops were held to develop whole life pathways for eating disorders. Partner agencies involved included NHS IW Trust, Social Care, NHS

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<sup>1</sup> <http://www.chimat.org.uk/resource/view.aspx?RID=242218>

<sup>2</sup> Please see appendix for a full copy of the Emotional Wellbeing engagement process.

<sup>3</sup> [http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services\\_2.htm](http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm)

**Transformation Plan for Children and Young People’s Mental Health and Wellbeing**

England, Third Sector and IW CCG. The pathways reflect Junior Marsipan & Marsipan requirements. The IW NHS Trust have established a multidisciplinary group to monitor and take the pathway forward<sup>4</sup>.

- Developing the Isle of Wight Transitions Pathway from children’s services to adult services – The workshop was held on the 30th of September 2015 and involved all sectors including NHS, Public Health, LA, Healthwatch, Social Care, Youth Justice, Education, the voluntary sector and parents. The objectives of the workshop were to share learning from existing good practice including successes, challenges and barriers to good transition and to define what is important in providing an effective Transition pathway. The outcomes from the workshop will be used to develop and inform the transition pathway and protocol<sup>5</sup>.
- Children & Young People’s Emotional Health & Wellbeing – Questionnaire developed by the Isle of Wight Check it Out Young Peoples Forum.
- Children and Young People’s Survey 2015 (Years 6, 8 and 10) which included participation of 1,566 children and young people.
- My Life a Full Life (MLAFL6)(BCF) three locality workshops and a launch event were held which were attended by people from a cross section of the community, people who use services, voluntary and private sectors, GPs, Primary Care and the health and social care workforce<sup>7</sup>,
- Five Year CCG Clinical Commissioning Strategy 2014 – 2019: three workshops were held in September 2013 to develop a strategy for the Island. Participants included representatives and professionals from healthcare providers, the third sector, primary care and a number of patient and carer groups. The IW CCG then published a draft strategy on its website and sought further feedback from its stakeholders through advertising the consultation in the local media and directly contacting key stakeholders.
- The Isle of Wight Children and Young People’s Action Plan (2015-2018) which involved consultation with stakeholders.
- Health and Wellbeing Strategy 2013: Extensive consultation took place to develop our Island’s overarching strategy with a key focus on emotional wellbeing and mental health.
- The Healthwatch Report “Bringing it Together” 2013 which included a series of discussion groups, with local young people, parents and family carers and an online survey.

Transformation Plan Investment

We have identified 4 local priority work streams this year as shown below:

- Local priority stream 1 - Reducing Perinatal and Infant Mental Health
- Local priority stream 2 - Out Of Hours Crisis & Inreach/Outreach Support
- Local priority stream 3 - Improving Access to Support CYP IAPT
- Local priority stream 4 - Eating Disorder Service



<p>Local priority stream 1 £26,500</p>	<p><b>REDUCING PERINATAL AND INFANT MENTAL HEALTH</b></p> <p>We know that of the 1400 births per annum on the Isle of Wight, 170 mums (12%) are reported to experience postnatal depression.</p> <p>A key priority raised through consultation with partner agencies is that there needs to be expansion and embedding of the 0-5 infant mental health service for children demonstrating the greatest need using:</p> <ul style="list-style-type: none"> <li>◆ Infant massage</li> <li>◆ Mindfulness for Mums Group</li> </ul>
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<sup>4</sup> [http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services\\_2.htm](http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm)

<sup>5</sup> [http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services\\_2.htm](http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm)

<sup>6</sup> The My Life a Full Life programme brings together the Island’s CCG, Isle of Wight Council and Isle of Wight NHS Trust to work collaboratively to deliver a shared vision which sees us embarking on a new initiative and programme of work that will create a fundamental change in the way people experience living healthy and well on the Island. This programme aims to see the partners, including voluntary and private sectors, working together to promote innovation and the introduction of proactive integrated care and support on the Island.

<sup>7</sup> <http://www.isleofwightccg.nhs.uk/Downloads/Better%20Care%20Fund/BCF%20Submission%20-%20Template%201-Isle%20of%20Wight%20Final%20for%20Circulation%20-%20Sept%202014.pdf>

	<p><b>INVESTMENT</b></p> <ul style="list-style-type: none"> <li>◆ Recruitment of a Perinatal Lead Nurse to co-ordinate Island resources and link into NHS England specialist provision</li> </ul> <table border="1" data-bbox="320 376 1422 495"> <thead> <tr> <th>Profession</th> <th>Band Grade</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>Perinatal Mental Health Lead</td> <td>0.5 x WTE Band 6</td> <td>26,500</td> </tr> <tr> <td><b>Total Cost</b></td> <td></td> <td>26,500</td> </tr> </tbody> </table> <p><b>OUTCOMES (see dashboard for outcome measures)</b></p> <ul style="list-style-type: none"> <li>◆ Improved access to support</li> <li>◆ Improved links with NHS England provision</li> <li>◆ Increased access to NICE Care Pathway PND</li> <li>◆ Timely access puerperal psychosis pathway</li> </ul> <p><b>EVIDENCE BASE</b></p> <ul style="list-style-type: none"> <li>◆ Antenatal and postnatal mental health: clinical management and service guidance, NICE guidelines [CG192] Published date: December 2014</li> <li>◆ <a href="https://www.nice.org.uk/guidance/cg192">https://www.nice.org.uk/guidance/cg192</a></li> <li>◆ <a href="https://www.rcpsych.ac.uk/pdf/perinatal_web.pdf">https://www.rcpsych.ac.uk/pdf/perinatal_web.pdf</a></li> </ul>	Profession	Band Grade	Cost	Perinatal Mental Health Lead	0.5 x WTE Band 6	26,500	<b>Total Cost</b>		26,500			
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<p>Local priority stream 2 £159,000</p>	<p><b>OUT OF HOURS CRISIS &amp; INREACH/OUTREACH SUPPORT</b></p> <p>Following extensive consultation during 2015 there was consensus that there should be an 'all age' point of access to mental health services 24/7 for all age groups. The pathway has been approved by IWCCG Clinical Executive Committee and the Integrated Commissioning Leadership Group and will be implemented fully by 1<sup>st</sup> April 2016. Provision of 24 hour assessment in crisis will be phased in through the winter system resilience funding 2015/16. Winter Mental Health System Resilience monies are being utilised Q3 and Q4 2016 along with access to £36,395 of non-recurring transformation funding of £76K in Q3 and Q4 of 2015/16 monies to provide assurance that timely triage response for people presenting with a mental health crisis are available 24/7.</p> <p>Mental Health resilience funds:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               Copy of Annex B- Liaison mental health         </div> <div style="text-align: center;">               231115 Liaison Assurance.docx         </div> </div> <p>Our proposal is to invest in an additional three Band 6 Mental Health Practitioners within CAMHS to provide 24/7 advice, triage and support in reach/outreach work.</p> <p><b>Table 1: Waiting times for self-harm patients in 2015 (1<sup>st</sup> April to 31<sup>st</sup> October 2015): Currently 86% are assessed within 24 hours, investment will realise an increase to 100% assessed within 24 hours.</b></p> <table border="1" data-bbox="296 1756 963 2031"> <thead> <tr> <th>Time till assessment</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Within 24 hrs</td> <td>32</td> <td>86%</td> </tr> <tr> <td>1 week</td> <td>5</td> <td>13%</td> </tr> <tr> <td>4 weeks</td> <td>0</td> <td></td> </tr> </tbody> </table>	Time till assessment	Number	%	Within 24 hrs	32	86%	1 week	5	13%	4 weeks	0	
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Over 4 weeks	0	
DNAs	0	
Referrals	37	

**Table 2: Waiting times for patients presenting with Eating Disorders (1<sup>st</sup> January to 31<sup>st</sup> October 2015):** An initial review of waiting times shows that 91.7% of CYP are seen within 4 weeks. Confirm baseline and set trajectory to see an increase in assessment within 24hr, 1 week and 4 weeks as per NICE guidance.

Time till assessment	Number	%
Within 24 hrs	2	16.66%
1 week	2	16.66%
4 weeks	7	58.33%
Over 4 weeks	1	8.33%
DNAs	0	
Referrals	12	

Investment in 3 additional Band 6 CCAMHS workforce will enable out of hours crisis support as well as inreach/outreach support to be provided directly by the CCAMHS Team for children and young people presenting with self-harm and in crisis.

#### INVESTMENT

Profession	Band Grade	Cost
Inreach/Outreach Mental Health Practitioner	1 x WTE Band 6	53,000
Crisis Response	2 x WTE Band 6	106,000
<b>Total Cost</b>	<b>3 x WTE Band 6</b>	<b>159,000</b>


#### OUTCOMES(see dashboard)

Investment in out of hours crisis liaison and enhanced inreach/outreach support for children and young people in mental health crisis will:

- ◆ Support 24/7 access for CYP in crisis
- ◆ Reduce the use of s136
- ◆ Reduce inappropriate admissions to hospital
- ◆ Reduction in 4hr ED waiting times
- ◆ Increase in young people having a safe pathway of care and support if presenting in a mental health crisis to the Police
- ◆ Improved access to services
- ◆ Reduction in NHS England Placements
- ◆ Reduction in LOS in NHS England placements

#### OUT OF HOURS CRISIS & INREACH/OUTREACH SUPPORT (BASELINE DATA)



	 <p>NH -MH A&amp;E attendances under 1!</p> <p><b>EVIDENCE BASE</b></p> <ul style="list-style-type: none"> <li>◆ <a href="http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf">http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf</a></li> <li>◆ <a href="http://www.cypiapt.org/site-files/jcpmh-camhs-guide.pdf">http://www.cypiapt.org/site-files/jcpmh-camhs-guide.pdf</a></li> <li>◆ <a href="http://www.google.co.uk/url?url=http://www.chimat.org.uk/resource/view.aspx%3FRID%3D104048&amp;rct=j&amp;frm=1&amp;q=&amp;esrc=s&amp;sa=U&amp;ved=0CBQQFjAAahUKEwjE--v_zLXIAhVFgj4KHfBjA8g&amp;usg=AFQjCNEEAfhD4KDbcOvTP3HahTa42_0hHA">http://www.google.co.uk/url?url=http://www.chimat.org.uk/resource/view.aspx%3FRID%3D104048&amp;rct=j&amp;frm=1&amp;q=&amp;esrc=s&amp;sa=U&amp;ved=0CBQQFjAAahUKEwjE--v_zLXIAhVFgj4KHfBjA8g&amp;usg=AFQjCNEEAfhD4KDbcOvTP3HahTa42_0hHA</a></li> <li>◆ <a href="http://www.google.co.uk/url?url=http://www.chimat.org.uk/resource/view.aspx%3FRID%3D104048&amp;rct=j&amp;frm=1&amp;q=&amp;esrc=s&amp;sa=U&amp;ved=0CBQQFjAAahUKEwjE--v_zLXIAhVFgj4KHfBjA8g&amp;usg=AFQjCNEEAfhD4KDbcOvTP3HahTa42_0hHA">http://www.google.co.uk/url?url=http://www.chimat.org.uk/resource/view.aspx%3FRID%3D104048&amp;rct=j&amp;frm=1&amp;q=&amp;esrc=s&amp;sa=U&amp;ved=0CBQQFjAAahUKEwjE--v_zLXIAhVFgj4KHfBjA8g&amp;usg=AFQjCNEEAfhD4KDbcOvTP3HahTa42_0hHA</a></li> </ul>						
<p>Local priority stream 3 £28,500</p>	<p><b>IMPROVING ACCESS TO SUPPORT CYP IAPT</b></p> <p>CYP IAPT's approach to service quality and accreditation is one that seeks to build on existing quality assurance mechanisms rather than further burden frontline agencies.</p> <p>The CYP IAPT approach is one which enables not only services that have directly benefited from their engagement in the programme to demonstrate their adherence to its principles and standards, it also encourages and facilitates change across all services providing help to children and young people with their mental health difficulties.</p> <p>The IW CCG currently commission three voluntary sector organisations to provide a Tier 2 counselling service under an 'any qualified provider' contract. They work alongside the CCAMHS Tier2/3 service and provide a counselling service for children and young people who have mild to moderate mental health condition and emotional difficulties as well as offering support, guidance, advice and information for parents, guardians and families of children and young people using the service. It is holistic in its approach to resolving individual and family issues and works together in partnership with statutory and charitable agencies engaged in work with children and young people. The service also supports the common assessment framework (CAF) process in referring children, young people and their families into the required pathway. Through the whole integrated system, a review and exploration of a single referral pathway and formulation of a CYP IAPT alliance between CCAMHS and providers of AQP Tier 2 Counselling services will take place.</p> <p>The identified investment would therefore provide workforce development training to support the transformation of the current counselling service to provide a Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme and would enable selected staff to be trained in core CYP IAPT principles. plus a course from the National Curriculum:</p> <ul style="list-style-type: none"> <li>◆ <i>Cognitive behavioural therapy (CBT) for anxiety &amp; depression</i></li> <li>◆ <i>Parenting training for behavioural &amp; conduct disorders (3 - 10 yr olds)</i></li> <li>◆ <i>Systemic family practice (SFP) for conduct disorder (over 10s) for depression, self-harm &amp; eating disorders</i></li> <li>◆ <i>Interpersonal psychotherapy for adolescents (IPT-A) for depression</i></li> <li>◆ <i>Supervisor training</i></li> <li>◆ <i>Transformational Leadership Training</i></li> <li>◆ <i>Training for other staff in core CYP IAPT principles regarding evidence based practice &amp; use of ROM</i></li> </ul> <p><b>INVESTMENT</b></p> <table border="1" data-bbox="320 1973 1118 2078"> <thead> <tr> <th>Investment:</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>Non recurring CYP IAPT training</td> <td>23,000</td> </tr> <tr> <td>Recurring</td> <td>5,500</td> </tr> </tbody> </table>	Investment:	Cost	Non recurring CYP IAPT training	23,000	Recurring	5,500
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	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Total Cost</b></td> <td style="width: 50%; text-align: right;">28,500</td> </tr> </table> <p>This investment above is in addition to the £170k for AQP Community Counselling services.</p> <p><b>OUTCOMES(see dashboard)</b> The above investment will help realise the following outcomes:</p> <ul style="list-style-type: none"> <li>◆ IOW CYP IAPT</li> <li>◆ Increased access to treatment for:             <ul style="list-style-type: none"> <li>○ mild to moderate anxiety</li> <li>○ mild to moderate stress</li> <li>○ mild to moderate depression</li> </ul> </li> <li>◆ Increased accessibility and choice</li> </ul> <p><b>EVIDENCE BASE</b> <a href="http://www.cypiapt.org/">www.cypiapt.org/</a></p>	<b>Total Cost</b>	28,500							
<b>Total Cost</b>	28,500									
<p>Local priority stream 4 £76,000</p>	<p><b>EATING DISORDER SERVICE<sup>8</sup></b> Southampton, Portsmouth and the Isle of Wight are working in collaboration to develop a combined Eating Disorder Service that links with local Community CAMHS services. A workshop has been scheduled for Jan 2016 to co-produce the design of the service with an anticipated new service operational in April 2017.</p> <p>The Eating Disorder money allocated to each CCG is as follows:</p> <ul style="list-style-type: none"> <li>◆ <b>Portsmouth</b>    £116,118</li> <li>◆ <b>Southampton</b>    £128,744</li> <li>◆ <b>Isle of Wight</b>    £76,409</li> </ul> <p><b>Combined population</b> of 613,263</p> <p>In order to address and provide a quality service that is NICE compliant and responsive to patient and family needs as well as the new access and waiting times Isle of Wight, Portsmouth and Southampton need to agree a model that provides NICE workforce recommendations and ensures the following outcomes outlined in the table below, the Isle of Wight would want to see:</p> <ul style="list-style-type: none"> <li>◆ A robust community model that provides a tailored programme that includes: 1:1 work, group work, intensive day support provision tailored to individual needs</li> <li>◆ Monthly clinics held locally on the Isle of Wight</li> <li>◆ Specialist support and advice to paediatrics and CCAMHS</li> </ul> <p><b>ISLE OF WIGHT CURRENT WORKFORCE</b></p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 25%;">Professional group</th> <th style="width: 40%;">Sessions delivered (Eating Disorders)</th> <th style="width: 35%;">Work undertaken</th> </tr> </thead> <tbody> <tr> <td>Consultant psychiatrist</td> <td>1 session( half a day per week)</td> <td>offering case management + mental health assessment + consultation/ liaison with professionals</td> </tr> <tr> <td>Inreach/Outreach Mental health nurses</td> <td>Intensive daily time limited interventions for maximum 4 weeks as well as acting as Care co-ordinator for any inpatient placement 2 x band 6</td> <td>offering community working in the homes, meal supervision in homes and schools, liaison with GP, + nutritional advice to families and professionals. Provide training and supervision to Bank staff as necessary when</td> </tr> </tbody> </table>	Professional group	Sessions delivered (Eating Disorders)	Work undertaken	Consultant psychiatrist	1 session( half a day per week)	offering case management + mental health assessment + consultation/ liaison with professionals	Inreach/Outreach Mental health nurses	Intensive daily time limited interventions for maximum 4 weeks as well as acting as Care co-ordinator for any inpatient placement 2 x band 6	offering community working in the homes, meal supervision in homes and schools, liaison with GP, + nutritional advice to families and professionals. Provide training and supervision to Bank staff as necessary when
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Inreach/Outreach Mental health nurses	Intensive daily time limited interventions for maximum 4 weeks as well as acting as Care co-ordinator for any inpatient placement 2 x band 6	offering community working in the homes, meal supervision in homes and schools, liaison with GP, + nutritional advice to families and professionals. Provide training and supervision to Bank staff as necessary when								

<sup>8</sup> Total Investment Recurring 2016-17 £76,000

		admissions to paediatric ward required
Family therapist	2 sessions	offering systemic family therapy + couple work
Psychologists	2 sessions	offering CBT –individual therapy, + Supervision
Mental Health Nurse Practitioner	2 sessions	offering individual therapeutic intervention as appropriate
Paediatrics in local general hospital	As required, need to use general hospital Bank staff who are not specifically trained and require support and supervision	offering physical assessment and short term admission
Nurse- led groups	1 session from 2 x band 6 nurses	Offering emotional coping skills group based on DBT model

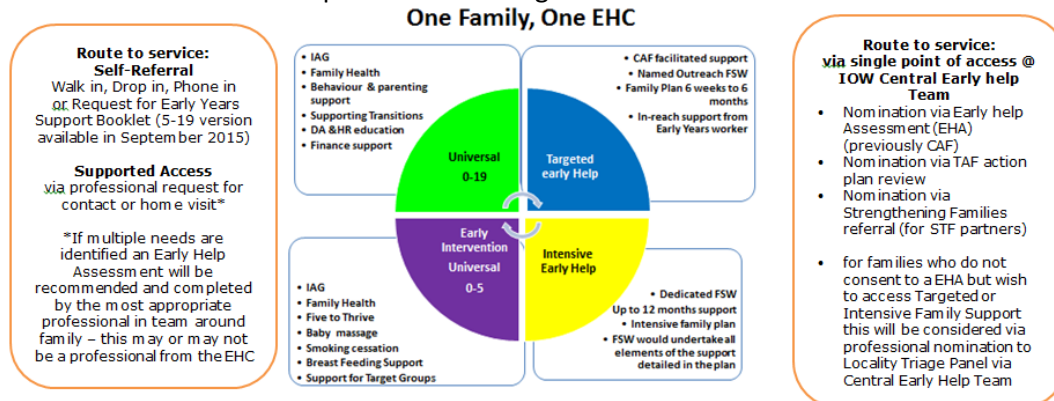
**Detail information for PROPOSAL FOR NON-RECURRING £76,000 2015/16:**  
To recruit additional 3x Band 6 CAMHS clinicians to commence November 2015 (strong candidate shortlist due for interview October 2015). Four month affect £53,000 and £23,000 non-recurring and £5,500 recurrent investment into workforce development training for CYP IAPT.

**OUTCOMES (see dashboard)**  
Investment in out of hour's crisis liaison and enhanced inreach/outreach support for children and young people in mental health crisis will:

- All cases participate in NICE concordant treatment within 4 weeks
- Reduction in total number of placements with NHS England
- Reduction Length of Stay for CYP who are placed in NHS England provision
- Support 24/7 access for CYP in crisis
- Reduce the use of s136
- Reduce inappropriate admissions to hospital
- Reduction in 4hr ED waiting times
- Increase in young people have a safe pathway of care and support if presenting in a mental health crisis to the Police
- Improved access to services
- Reduction in NHS England Placements
- Reduction in LOS in NHS England placements

### 3. Promoting resilience, prevention and early intervention

- 3.1 The Isle of Wight Local Authority together with schools, colleges and partners in health, criminal justice, community safety and the voluntary sector provide a wide range of early help for children young people and their families.
- 3.2 Early help is provided to children, young people and families who are struggling and feel in need of some additional support and to those who research tells us are at a higher than average risk of experiencing problems. The aim of early help services is to ideally prevent but otherwise to resolve any issues before they become more serious and require specialist support.
- 3.3 In April 2015 Barnardo's were awarded a contract to develop and deliver Integrated Early Help Services (IEHS) for families with children aged 0-19. This brought together the provision of Children's Centres, Parenting and Family Support and Strengthening Families into one integrated service. There is also an expanded universal service extending the Children's Centre core offer of health promotion, support for parents as first educators and parenting and family support to all families in development. The service is delivered in three localities aligned to NHS and Youth Offer localities and operates on a Hub and Spoke model of a central Hub open to the public Mon-Friday 9am -5pm and spokes delivering a timetable of activities.
- 3.4 The core offer of the IEHS is depicted below along with the routes to service:



- 3.5 The extended Universal 0-19 parenting and family support offer is currently in development but elements already being delivered include: Evidence based parenting programmes; Incredible Years (baby); Incredible Years (Toddler); Family Links primary; Family Links Talking Teens; The New Forest ADHD programme; Solihull Approach. Staff are currently being trained to deliver CYGNET for parents of children diagnosed with ASC.
- 3.6 Strengthening Families The programme covers the whole Island and is now delivered by Barnardo's within their integrated early help Service. It focuses on families who are currently experiencing complex difficulties. Phase 2 of the Troubled Families programme has extended the inclusion criteria to 6 headline indicators: Children who have not been attending school regularly; parents and/or children involved in crime and antisocial behaviour; Children in need of help (local priorities); Adults out of work or at risk of financial exclusion and young people at risk of worklessness; Families affected by domestic violence and abuse; Parents and children with a range of health problems. This has significantly increased the number of families eligible for support from the programme. In the first quarter of the new contract the IEHS supported 66 families through the Strengthening Families programme and a total of 269 across targeted and universal plus family support.

## Key Priorities

### Current

1. Continue to develop whole school approaches to promoting mental health and well-being.
  - 1.1. On-going evaluation and development of Health Visitor's role to deliver the Healthy Child Programme 5-19 and working effectively at community, family and individual level and that the Primary Mental Health workers are coordinating effectively to deliver early help in schools.
  - 1.2. Work with schools to ensure a more consistent use of counsellors and the DfE's guidance on evidenced-based school counselling across the island in partnership with the 3 voluntary sector counselling organisations (Barnardos, Youth Trust, YMCA) commissioned by Isle of Wight CCG.
2. Continue to develop Strengthening Families programme equitably across the island.
3. Continue to develop the Integrated Early Help Service to develop and strengthen existing links with children's centres, parenting and family support and complimentary programmes such as Strengthening Families and Solihull Approach.

### Future

1. Enhancing existing maternal, perinatal and early years health services and parenting programmes
2. Prepare for potential waiting times standards in relation to pregnant and post-natal women accessing Mental Health Services, including mental health supervision and training for health visitors and potential for IAPT drop-in at family's centres (requires further discussion with providers)
3. Complete mapping of school based commissioning of emotional wellbeing mental health support for local pupil population. Survey to be disseminated in partnership with Isle of Wight PSHE network, public health and school colleagues.
4. Piloting of Young Devon Model to support and develop peer support programme on the Island.
5. Pilot of Sensory integration approach in partnership with ADRC to explore effectiveness following on from positive feedback from parent groups.
6. Development of Mental Health Alliance to include child and young person focused third sector and community based organisations.
7. Pilot of Liaison and Diversion in conjunction with Hampshire County Council

### Relevant Transformation Fund Investment


- Local Priority Scheme 1 - Reducing Perinatal and Infant Mental Health
- Local Priority Scheme 3 – Implementation of CYP IAPT

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

1	Current	<p><b>Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots.</b></p>	
		<p>The Island has a wealth of services focused on prevention and early intervention including parenting support accessed through children's centres (soon to be called family centres), early help, health visitors, GPs or social care. Our prevention and early intervention services are provided as part of the Primary Mental Health Worker function. A number of key initiatives on the Island coordinate local support and facilitate easy access to a wide range of early help.</p> <p><b>A. Barnardo's Integrated Early Help Services (IEHS)</b></p> <p>In April 2015 Barnardo's started developing Integrated Early Help Services (IEHS) on behalf on the Isle of Wight Council. The new IEHS are being delivered in three localities and bring together the following services:</p> <ul style="list-style-type: none"> <li>• Children's Centres</li> <li>• 5 – 19 Parenting and Family Support</li> <li>• The IOW Strengthening Families Programme</li> <li>• Early years parenting support provided by Homestart</li> </ul> <p>The aims of the IEHS for further development include:</p> <ul style="list-style-type: none"> <li>• Families will be able to access all the Universal and Early Help Support they need when they need it most regardless of their child's age</li> <li>• Families will experience seamless transition through the levels of support they need throughout their family journey</li> <li>• A new range of 0 – 19 universal health and wellbeing services will be built on the core children's centre offer to meet the needs of all local families in local areas</li> </ul> <p>Universal Support will include:</p> <ul style="list-style-type: none"> <li>• <b>New Parents/carers:</b> Information Advice and Guidance (IAG), ante-natal support, baby massage, breast feeding support, early communication skills, Five to Thrive, Baby Incredible Years, baby stay and play, weaning advice, Smoke Free Homes, HomeStart support.</li> <li>• <b>Toddlers &amp; Pre-schoolers:</b> IAG, language building, Book Start, themed stay &amp; play sessions, healthy eating, dental hygiene, Toddler Incredible Years, supporting school readiness, positive parenting, HomeStart support.</li> <li>• <b>Primary Age:</b> IAG, healthy emotional and physical development, positive parenting, behaviour management, supporting school transitions, Family Links Programme, Solihull Approach Parenting Course, play based counselling.</li> <li>• <b>Secondary Age Young People:</b> IAG, Counselling, healthy relationship, Sexual Health, Drug &amp; Alcohol IAG, positive parenting, understanding adolescence, Teen Triple P programme.</li> <li>• <b>Adults &amp; Families:</b> Adult education and training, volunteering opportunities, budgeting advice, smoking cessation support, healthy eating on a budget.</li> <li>• <b>Targeted Family Support</b></li> </ul>	






		<p>IEHS also offers two levels of Outreach Family Support working with families in their own homes to outcomes agreed in an Early Help Family Plan or CIN/CP plan. This support is available to any family subject to an Early Help Assessment (EHA) where family support is an identified need. Support may be at a targeted level and last between 3-6 months as part of a wider TAF process, or an intensive level for up to a year for families with more complex needs. Requests for family support are made via a new EHA or a TAF review direct to the IOW Early Help Team. Requests can also be made for families open to social care by completion of the internal nomination form. The nominations for support are then presented at weekly locality triage meetings.</p> <p><b>B. Family Platform</b></p> <p>This is currently being developed and fits in well with the healthy child programme (HCP). The aim is that families will be able to access support at the earliest point to keep healthy – before they have health needs which need to be addressed by services. At the community/universal level (using HCP tiers) the support would be around healthy eating, physical activity, friendship and social connections and this will be delivered through libraries, leisure services, schools, Family Information Zone (FIZ) etc. If they need some support from the universal health (health visiting and school nursing) and early help services, this will be integrated into the Family Platform and not a referral with wait, via a separate system. Even if they need more intensive targeted support it will come from these services. The aim is for families to have a single point of contact, a key worker, who will have a broad range of skills and is part of a team of other people who understand the needs and history of the family. We have started the process of training staff in a broader range of skills and begun designing a new 0-19 public health nursing service model. The specification for the Early Help services, delivered by Barnardo's, was developed with the Family Platform in mind.</p> <p><b>C. Strengthening Families</b></p> <p>The programme covers the whole Island and is now delivered by Barnardo's within their Integrated Early Help Service. It focuses on families who are currently experiencing complex difficulties.</p> <p>Phase 2 of the Troubled Families programme has extended the inclusion criteria to six headline indicators: Children who have not been attending school regularly; parents and/or children involved in crime and antisocial behaviour; children in need of help (local priorities); adults out of work or at risk of financial exclusion and young people at risk of worklessness; families affected by domestic violence and abuse; parents and children with a range of health problems. This has significantly increased the number of families eligible for support from the programme</p> <p>In the first quarter of the new contract the IEHS supported 66 families through the Strengthening Families programme and a total of 269 across targeted and universal plus family support.</p>	
1.1	Current	Reduce the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support.	

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		Midwifery undertake family health needs assessments to identify any perinatal mental health concerns. Maternity all Health Needs Assessments are completed by the midwives at 16 weeks identifying any risks or concerns including Mental Health, described below. There is a robust system in place where all the Health Needs Assessments are handed over to the Health Visitors and MHHV are all in place within the localities. At 24 weeks gestation the family health needs assessment is handed to the health visitor at MWHV meetings. Also see section 1.4	 MATERNAL MOOD PATHWAY.docx
1.2	Current	Every birthing unit should have access to a specialist perinatal mental health clinician by 2017.	
		<p>A Perinatal Lead Nurse will be recruited in 2016 to coordinate collective resources on the Island and facilitate faster access to the appropriate support.</p> <p>We will be investing £26,500 for 0.5 WTE Band 6 Perinatal Lead Nurse.</p> <p>The aim of this investment is:</p> <ul style="list-style-type: none"> <li>• Improved access to support</li> <li>• Improved links with NHS England provision</li> <li>• Increased access to NICE Care Pathway Post Natal Depression (PND)</li> <li>• Enhanced timeliness of to access puerperal psychosis pathway</li> </ul> <p>We will achieve this by:</p> <ul style="list-style-type: none"> <li>• Reviewing our whole pathway provision and support</li> <li>• Enhancing preventative care for children exposed to perinatal mental health</li> <li>• Developing Clear referral pathways for perinatal mental health and infant MH (0-5)</li> <li>• Multidisciplinary training in perinatal mental health and infant mental health</li> <li>• Commissioning Infant massage in family centres (delivered by nursery nurses overseen by health visitors)</li> <li>• Perinatal group mindfulness sessions for mums in family centres</li> </ul> <p>See section on investment.</p>	
1.3	Current	The Institute for Health Visitors is updating training given to all health visitors around mental health and the Department of Health is working with HEE, the Royal College of Midwives and the Maternal Mental Health Alliance to design training programmes for midwives.	
		Commissioners will be working with our mental health provider to explore how best to ensure that the additional investment through the new national 'Payment by Results' formula can result in improved support, particularly in relation to the care of women affected by complex social factors, deprivation, or emotional mental health factors. Consequently, we anticipate local midwives being able to access training and professional development in relation to care for emotional wellbeing and mental health.	




**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

1.4	Current	Public Health England is publishing an update of the evidence base for the Healthy Child Programme (0-5 years) that will guide professionals including supporting early attachment between infant and parents	
		<p>Health Visitors: Each year of the 1200 - 1400 births on the Isle of Wight 170 (12%) of mums experience postnatal depression.</p> <p>The Healthy Child Programme and Health Visiting Service on the Isle of Wight provides a universal approach which promotes the healthy development of a child's emotional resilience, starting from pregnancy. This is achieved through raising awareness of a baby's emotional needs and brain development, whilst highlighting factors that can adversely affect an infant's or child's emotional well-being such as adult mental ill health, substance misuse, domestic violence and homelessness etc. The Isle of Wight Health Visiting Service identifies needs early, through a Health Needs Assessment, to enable the detection and early intervention of services to target resources through signposting to GP, IAPT and other statutory and voluntary support services i.e. Barnardo's Early Help Centres for in and outreach workers/services in addition to providing support through listening visits and mental health reassessment.</p> <ul style="list-style-type: none"> <li>• Department of Health (2009) Health Child Programme. Pregnancy and the first year of life. London: COI.</li> </ul> <p>Health Visitors undertake Universal antenatal home visits where the Family Health Needs Assessment is reviewed and any perinatal mental health concerns identified, with any other professionals working with the family established. Mental Health assessments are undertaken antenatally using the Whooley questions/HADI questionnaire. Liaison with the GP is undertaken as appropriate.</p> <ul style="list-style-type: none"> <li>• National Institute for Health and Clinical Excellence (2008). Antenatal care for the healthy pregnant woman; clinical guidelines. London: NICE.</li> <li>• National Institute for Health and Clinical Excellence (2006) Routine postnatal care for women and their babies. London: NICE.</li> </ul> <p>At the primary birth visit (10-14 days postnatally) the Whooley Questions, and/or Edinburgh Postnatal Depression score (EPDS) are completed and repeated when the baby is 6-8 weeks, 12 weeks, and 8-9 months old.</p> <ul style="list-style-type: none"> <li>• National Institute for Health and Clinical Excellence (2006) Routine postnatal care for women and their babies. London: NICE.</li> </ul> <p>If at the birth visit, or any subsequent consultation the EPDS score advises further intervention, or referral, the health visitors refer to the GP/IAPT/Early Help Hubs as appropriate, and/or undertake the age 6-8 listening visits within the family home depending on the EPDS score. If health visitors observe that the mental health of the mother is impacting upon bonding and attachment with her baby, targeted baby massage is offered within the family home to promote maternal and infant wellbeing and mental health. In partnership with midwifery, and early help centres, antenatal parent craft is offered during the day and evenings to enable father's and working mothers to attend: This is to promote parental insight into the neurosciences, baby brain development, emotional resilience, infant and maternal mental health.</p> <p>"The most important modifiable risk factor for mental health problems in childhood, and thus in adult life in general, is parenting".</p> <p>Health Visiting benefits from having a Mental Health Champion and Infant Mental Health and Wellbeing Champion who both participate in mental health strategy meetings representing the health visiting service.</p>	 Copy of Maternal mental health CQUIN.   ANTENATAL CONTACT- Pathway.   HV visit flowchart pbv.docx   6-8 Week hv pathway.docx   MATERNAL MOOD PATHWAY.docx

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

2	Current	<p><b>Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.</b></p>	
		<p>Promoting children and young people's mental health is considered a key factor in meeting the education sectors drive to improve academic standards and young people's achievement. Schools and education officers understand the link between attainment and wellbeing knowing that the better children feel, the better they do at school and the better they feel.</p> <p>Isle of Wight schools are working hard to actively promote the well-being of children and young people through their personal, social, and health education (PSHE) curriculum activities and the quality of relationships that children and young people are encouraged to develop in schools. Schools seek to build the emotional resilience of children by creating safe learning environments in which children are encouraged to make a positive contribution and in which they are supported to understand their strengths, to respect themselves and to develop the high self-esteem that gives them the confidence to take risks in their learning. This will enable the highest possible educational outcomes to be achieved by happy, mentally healthy youngsters. The TAMHs project was an important initiative enabling coordinated and focussed working between schools and health services, provided to children and their families to promote the social and emotional aspects of learning. Some of this work is now embedded within the PSHE programme in schools, and opportunities for children to work through dealing with relationships with peers etc. is delivered via staff with emotional literacy training.</p> <p>Students' understanding of the benefits of a healthy lifestyle is promoted through many aspects of schools' work ranging from what is available at mealtimes to the contents of the PE curriculum and the range of extra-curricular activities that develop physical and mental skills.</p> <p>Whilst it is an exciting time because of the increased range of opportunities available and a rite of passage, moving to secondary school is acknowledged as a potentially stressful time for some children and young people. The process of making the transition from primary to secondary school as smooth as possible is therefore an area of work schools are working hard to improve. As a result transition programmes now involve early identification of those students who are susceptible to finding secondary school difficult to manage, using a number of criteria e.g. those with special educational needs including ASD, or those who are looked after by the local authority, or those who have poor self-esteem. As well as the transfer of information that happens between schools, these students are also given opportunities to learn about their new school environment before they start through a series of visits and some joint curriculum tasks. Additionally, primary schools are amending their curriculum and the activities they deliver in PSHE to help develop the emotional resilience of all the children throughout their time in primary school, particularly in their final year. Transition projects form part of the strategy of supporting those who may be at risk of emotional difficulties that can develop into poor mental health.</p>	
2.1	Current	<p>DfE is to produce guidance for schools in teaching about mental health safely and effectively (spring 2015). Alongside the guidance will be a series of lesson plans covering key stages 1-4 (5-16 year olds). For older pupils, they will address such topics as self-harm and eating disorders, as well as issues directly concerned with school life, such as managing anxiety and stress around exams.</p>	
		<p>Isle of Wight commissioners are already working with PSHE leads through the Isle of Wight PSHE network on a range of improvements</p>	




**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		<p>to the overall co-ordination and effectiveness of the programme delivered. The PSHE network is rolling out a programme of activities to support the emotional wellbeing and resilience of school children across the Island. The programme includes evidence-based approaches such as Mental Health First Aid (MHFA) and initiatives for strengthening self-esteem, confidence and anti-bullying. These initiatives are in the process of being built into PSHE curriculums across the Island.</p> <p>Public Health and education services have coordinated a support programme with IW schools since Spring. This was done as a result of the findings of the School Survey in 2013, which found low levels of understanding in young people of key PSHE topics and higher levels of unhappiness and feeling unsafe associated with secondary school. This triggered a review of SRE and it was found that schools wanted to share best practice and network, have more training and know the best resources: They felt improved SRE would reduce safeguarding and bullying issues. At the same time the Health-watch review on mental health recommended reduction in stigma and improved understanding of mental health. Outcomes from the bullying and teenage pregnancy strategies were to develop ways to improve resilience and self-esteem, which are also key in obesity prevention work, supporting school transitions and reducing risky behaviours. Therefore the PSHE network was developed as the best way to support all of this prevention work because PSHE integrates all of these topics and when done well ensures they are incorporated into many subjects lessons, all though the year. The Hampshire County Council Personal Development Learning (PDL) approach has been adopted and all schools are offered the opportunity to engage in additional training and a network event six times a year. Approximately half of the primary and secondary schools are actively engaged and 75% have been engaged to some extent.</p>	
2.2	Current	DfE is developing an evidence-based schools counselling strategy to encourage more and better use of counsellors in schools, with practical and evidence-based advice to ensure quality provision that improves children's outcomes and achieves value for money. This will be published in spring 2015.	
		Schools on the Island are fully aware of the 3 counselling services commissioned by the Isle of Wight CCG and are making full use of current provision. A survey has been developed to take to the PSHE network in order to scope out services currently commissioned by individual schools. The survey requests this information: Type of service, number of children needing support, cost per hour, use of Pupil Premium, evaluation.	 Emotional_Wellbeing _Mapping_-_Schools I
2.3	Current	DfE has invited schools, colleges and organisations to bid for a £3.5 million character education grant fund for local projects.	
		There was no co-ordinated local bid from Isle of Wight schools, colleges and others in relation to the £3.5m DfE Character Education fund.	
2.4	Current	School nurses lead and deliver the Healthy Child Programme (HCP) 5-19 and are equipped to work at community, family and individual levels.	
		<p>The Isle of Wight NHS Trust School Nurse Team delivers the HCP in schools working across health and education and providing the link between school, home and the community for the benefit of children/young people and their families.</p> <p>Each school has access to a named School Nurse, who has responsibility for a small team of School Staff Nurses and Support Work Assistants. It is split into three separate teams: <b>South Wight</b>, <b>North East Wight</b> and <b>West Central Wight</b>. The School Nursing Team delivers care predominantly in schools and also undertake home visits, if appropriate.</p>	

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		<p>Throughout a child/young person's educational journey, School Nurses offer support to promote healthy outcomes for all inclusive of physical health, sexual health and emotional health.</p> <p>A cohort of school nurses have successfully attained the Babcock PSHE accredited training in 2014/15. We are monitoring feedback to evaluate its impact on delivery of PSHE in schools during the current academic year with expected improvement in health and wellbeing outcomes to follow.</p>	
2.5	Current	The new draft Ofsted inspection framework 'Better Inspection for All' includes a new judgement on personal development, behaviour and welfare of children and learners.	
		Isle of Wight Council works with local schools to ensure that all schools provide a "good" or "better" education. School improvement resources are targeted towards schools' individual needs, strengths and improvement priorities and any changes in the inspection framework are incorporated into the council's process for targeting its school improvement resource.	
3	Current	<b>Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.</b>	
		Although there are many competing priorities, schools are committed to working closely with health colleagues to raise awareness of mental health issues, reduce associated stigma and ensure those with mental health problems know how to get help, as well as to build the resilience and self-esteem of young people. They are doing this through the implementation of whole school approaches that promote emotional well-being and good mental health. These range from encouraging children to participate in a wide range of after school clubs, through their work on anti-bullying, from their mentoring programmes that give students access to other students and key members of staff with whom they can discuss any problems. The extensive use by schools of the common assessment framework enables them to work alongside a number of other agencies in order to support children and their families to access tier 2 counselling services as required.	
4	Future	<b>Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support.</b>	
		<p>As part of our Transformation Plan we will be developing a Perinatal Care pathway. This will include the recruitment of 0.5 Band 6 Perinatal Lead Nurse to coordinate the resources on the Island and link into NHS England specialist provision. Furthermore, the Perinatal Lead Nurse will be linking in with the Local Area Coordinators and Family Platform to ensure easy access into local resources for Early Help and in particular the new family centres (formerly children's centres).</p> <p>Health Visitors will be leading a 0-5 infant attachment group for children identified Mums with Post Natal Depression, which will include:</p> <ul style="list-style-type: none"> <li>• Infant massage</li> <li>• Mindfulness for Mums Group</li> </ul> <p>The Health Visitors will be supervising nursery nurses to implement the above.</p>	

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

4.1	Future/Potential	Achieving Better Access to Mental Health Services by 2020 sets out that DH and NHS England will consider developing an access and/or waiting standard for rapid access to mental health services for women in pregnancy or in the postnatal period with a known or suspected mental health problem.	
		See section 4 above – also, we are aware of the two sets of standards for mother and baby units and community mental health teams, which have been developed by The Royal College of Psychiatrists (RCPsych) and the Quality Network for Perinatal Mental Health. We are currently working to ensure that these are fully embedded within our service specifications for 2016/17. We anticipate that these standards will also support clinicians to evaluate their own performance, reflect on their findings through a peer review process and share best practice and approaches for ongoing service improvement. These standards will be incorporated into, and tested as part of, the Perinatal Care Pathway work stream.	
4.2	Future/Potential	The DfE and DH are to run '0-2 year old early intervention pilots looking to prevent avoidable problems later in life. The Government will consider the emerging evidence in relation to prevention and intervening early with mental health problems.	
		Isle of Wight will look for information on this pilot with a view to possibly expressing an interest to be involved, or if not, to learn from the evidence they produce.	
5	Future	<b>Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a kite marking scheme in order to guide young people and their parents in respect of the quality of the different offers.</b>	
		<p>One of the co-production pilot proposals we are evaluating is aimed at enhancing Early Prevention and Intervention. The aim is to train a group of IW Young People, with lived experience of mental health issues during childhood, to become community researchers. This group develops a programme of workshops (IW emotional well-being road-show) and social media tools to engage with children, young people and parents across the Island, through schools, youth clubs, etc.</p> <p>This will be a co-production way of learning from young people, who have not received a service on the Island, by using their experience to generate an open dialogue with other young people who could follow a similar direction. This would develop a framework for an early prevention and intervention model of service designed to develop healthy, emotional well-being in children and young people on the Island (see attached for more information)</p> <p>We have a young person friendly website which provides information on services to support the emotional wellbeing and mental health of services on the Island. The website is called: 'Check it out': <a href="http://www.checkitout-iw.org/">http://www.checkitout-iw.org/</a> The website also includes a 'Live Chat' facility which allows children and young people to online chat with someone (6pm-9pm daily) and receive instant responses from a trained responsible adult. 'Check it Out' was developed by a group of young people for young people and have also developed an App. More information available here: <a href="http://peekaboodesign.co.uk/our-work/check-it-out-iw">http://peekaboodesign.co.uk/our-work/check-it-out-iw</a></p>	 IW Early Prevention and Intervention Pilot (draft for information purposes only)  check-it-out-2.jpg  CHECK_IT_OUT_...

## 4. Improving access to effective support – a system without tiers

- 4.1 The Isle of Wight CCG is in the process of completing an application to participate in the CYP IAPT programme. Currently Isle of Wight CCG commissions three voluntary sector providers, via an AQP contract, to deliver community counselling equitably across the island. Additionally there is a Primary Mental Health Team (PMHT) which is currently delivered by Isle of Wight NHS Trust in conjunction with the Community CAMHS service. Successful acceptance into the CYP IAPT programme will lead to a more integrated model between PMHT, voluntary sector counselling providers and community CAMHS, in part due to shared training, session by session outcome measures and the development of an enhanced step-up / step-down model.
- 4.2 Commissioners from Isle of Wight CCG have begun discussions with other local CCGs to jointly commission a Community Eating Disorder service and have formed a collaboration with Southampton CCG and Portsmouth City CCG. There is on-going work to extend this collaboration further to potentially include the rest of Hampshire.
- 4.4 The Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guidance (NHS England 2015) clearly sets out the transformation required locally and regionally to improve access and waiting times and provision of evidence based treatments for our young people with an eating disorder. Two workshops were held to develop whole life pathways for eating disorders. Partner agencies involved included: NHS IW Trust, Social Care, NHS England, Third Sector and IW CCG. The pathways are now in place and a Junior Marsipan Steering Group has been established.
- 4.5 Isle of Wight, Southampton and Portsmouth are aligning their resources for their combined populations of 613,263 to develop a joint community-based model of care that links with local CAMHS. IW CCAMHS provide an inreach and outreach service for children and young people. This includes support whilst the child/young person is an inpatient on the paediatric ward to reduce numbers being placed off Island and continued support and discharge planning if the child/young person has been admitted to a NHS England commissioned unit to expedite bringing them back to the Isle of Wight.
- 4.6 The treatment options in line with NICE guidance, that are currently provided, are shown below.
- Admission to the acute paediatric ward (addressing those that are medically compromised and require careful intensive management) to re-introduce eating to avoid re-feeding syndrome:
- Multidisciplinary team risk management plan review weekly
  - Children's ward nurses and consultant paediatrician (Daily)
  - Dietician (can be daily)
  - Consultant psychiatrist (weekly)
  - Inreach/outreach nurses (daily)
  - Family therapist (weekly)
  - Clinical psychologist (weekly)
  - Additional bank staff to supervise and support the ward (behaviour and meals 24hrs daily as required)
  - Treatment for patient's not needing hospital admission;
  - Individual weekly Psychologist work
  - Regular Consultant Psychiatrist appointment
  - Review at daily MDT risk review
  - Weekly/fortnightly family therapy
  - Inreach/outreach daily support with mealtimes, behaviour, psycho-social education support to establish stability
- Admission to adolescent eating disorder unit:
- Arranged via NHS England Commissioners who identify vacant beds in England
  - Inreach/outreach to make referral and arrange admission as appropriate

## **Transformation Plan for Children and Young People's Mental Health and Wellbeing**

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- Undertake CPA reviews and weekly liaison with the hospital and weekly contact with family
- Attendance at the hospital for review can involve each clinician either by phone or face to face
- Attendance of AMP at MH tribunal, follow up if discharged on CTO requires AMP and clinical team in regular reviews
- Junior Marsipan Steering Group

### **Key Priorities**

#### **Current**

1. Complete Isle of Wight's Vanguard whole system review
2. Continue to build on links between CAMHS and LD and SEND services
3. Crisis Care Concordat
4. Development of a Community Eating Disorder service

#### **Future**



1. Universal Local Offer
2. Waiting time standards for eating disorder service and early intervention in psychosis team
3. On-line information and support
4. Development of 0-25 service and more flexibility in ages for transition

#### **Relevant Transformation Fund Investment**

Priority 3 - Improving Access to Support CYP IAPT

Priority 4 - Eating Disorder Service

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

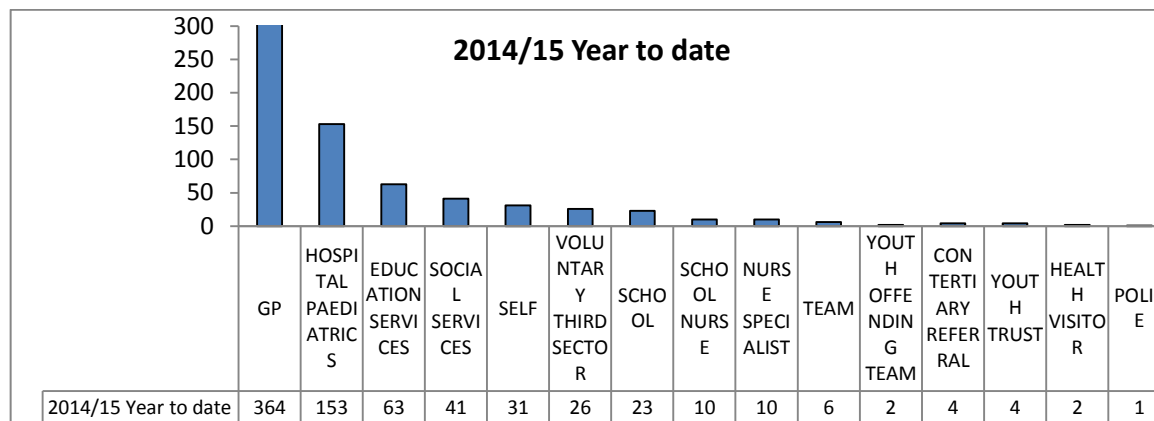
6	Current	<b>Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice.</b>	
		This development will be informed by the Whole System Review and in particular will be enhanced, if successful, with the application to join CYP IAPT on the Isle of Wight. The CYP IAPT model will lead to more of a step up / step down model between the AQP providers of community counselling and the community CAMHS services. This will require the review of existing pathways of care work across the whole continuum of need from universal support to specialist services (currently Tier Four). This will include further strengthening of links with primary care, the development of school support programmes and an increased focus on avoiding unnecessary admissions to specialist services.	 WISR Scoping Document Final 0411:
7	Current	<b>Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector.</b>	
		Feedback from the CAMHS Transformation Commissioning workshop indicated a preference for a Single Point of Access model to be developed for CAMHS on the Isle of Wight. It will make sense to review the optimum model for a CAMHS SPA locally as part of our CYP IAPT programme transformation. The CYP IAPT implementation is anticipated to link up the current AQP providers for community counselling, perhaps as part of an alliance contract, more closely with Community CAMHS.  As previously mentioned, we will be continuing to develop our Family Platform, Local Area Coordinators (three areas) and the Integrated Early Help Services. Each of these represents a 'one stop shop' in that they facilitate a connection to all of the other family resources on the Island, with excellent links to community counselling, youth services and leisure services.  The Whole System Review (across the whole Island) will be reviewing current arrangements and producing recommendations on how we can integrate more closely, where appropriate, and focus our resources around families to maximise positive family experiences, to take advantage of any potential economies of scale and / or better value to be gained (see WISR Scoping document in section 6).	 IW_CAMHS_Feedback.docx
7.1	Current	One point of contact for a wide range of universal services to access a team of children and young people's mental health professionals for advice, consultation, assessment and onward referral.	
		The development of a Single Point of Access (SPA) will likely incorporate the functions of initial telephone triage with families, choose and book system for appointments and telephone advice line. The optimum operational model and commissioning arrangement will be explored with key partners within the 2016/17 commissioning cycle.	
7.2	Current	Initial risk assessment to ensure children and young people at high risk are seen as a priority.	
		Each of the AQP Community Counselling providers and Community CAMHS on the Island carry out an initial risk assessment at the point of screening a referral and in more detail at the point of assessment. The services will refer to Community CAMHS or see the young person more quickly in the case of a more urgent need, or risk identified e.g. risk of severe self-harm or suicidal ideation.	
7.3	Current	Prompt decision-making about who can best meet the child/young person's needs (including targeted or specialist services, voluntary sector youth services and counselling services).	
		This will be developed in conjunction with preparation for CYP IAPT implementation with key partners to enable effective delivery	



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		for children and families and be supported by the function of the SPA and advice line. Commissioners will review and update relevant service specification and contractual arrangements through dialogue with key partners and providers.	
7.4	Current	Young people and parents are able to self-refer into the single point of access.	
		As part of the CYP IAPT programme we will be looking at self-referral, with advice and support reinforced by a telephone advice line. The CAMHS provider is looking at possibly developing a drop in clinic, potentially in an evening, with partners to encourage self-referral and offer advice and information.	
7.5	Current	Provide a key role for the voluntary and community sector to encourage an increase in the number of one-stop shop services, based in the community.	
		The voluntary and community sector are currently commissioned as AQP community counselling providers (Tier Two) on the Island. See section 7 for information on Family Platform, Local Area Coordinators and Integrated Early Help Services (IEHS). The Mental Health Alliance, until recently, has provided a forum for VCS to shape adult mental health arrangements and is in the process of incorporating services which provide for children and young people in the community. This will build on the current plans to enhance the coordination of, and access to, our local services, via the Local Area Coordinators.	
8	Current	<b>Improving communications and referrals, for example, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people's mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues.</b>	
		We intend to strengthen the links between our Community CAMHS and primary care while the current indications are that relations are pretty good. There is a piece of work to be completed around co-producing an amended CAMHS referral form that will allow GPs to provide the core information required for CAMHS to screen a referral and also reduce the amount of information GPs will be required to produce. This will require further discussions and a decision has not formally been made yet on whether to proceed with the completion of this activity. Any future redevelopment of the referral form will be done with consideration to the IT systems currently used by GP Practices on the Island to ensure that the electronic version is storable within primary care systems.  CAMHS do work closely with both schools and GP practices with the majority of referrals to Community CAMHS coming from GPs. Monthly CAMHS reports include referral source and allow commissioners to discuss with the CAMHS provider.	

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The CCG has a GP Clinical Lead who provides expert clinical advice and clinical assurance to all of our child health commissioning.

PSHE network provides a forum for engagement with schools and partners on emotional wellbeing mental health.


Mental Health Alliance – provides a forum for partners within the CVS, primary care and social care services to engage on key challenges and points of mutual learning. This group will soon be including both children and young people's services as well as adults' services within scope and similarly increasing its membership.

8.1	Current	There is a dedicated named contact point in targeted or specialist mental health services for every school and primary care provider, including GP practices.
		A dedicated named contact point is part of discussions for amendment to the CAMHS service specification and for contract negotiations for 2016/17. Furthermore, we intend to learn from the findings of the national CAMHS-school pilot once a summary has been released, which will inform the development of our own service and organisational arrangements.
8.2	Current	There should be a specific individual responsible for mental health in schools, to provide a link to expertise and support to discuss concerns about individual children and young people, identify issues and make effective referrals.
		A dedicated named contact will be brought to the PSHE network for discussion by the CAMHS Commissioner. Similarly, learnings from the national CAMHS-school pilot, once a summary has been released, which will inform the development of our own service and organisational arrangements.
9	Current	<b>Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools.</b>
		The joint training programme for PHSE is discussed and agreed within the context of the PSHE network where all schools attend. Examples of programmes being rolled out include Mental Health First Aid (MHFA).














**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

10	Current	<p><b>Strengthening the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).</b></p>	
		<p>The review and development of the 5-25 pathway will have implications for CAMHS client group, LD and SEND. Local commissioners and partnering organisations have committed to implement the LD CTR policy fully within services and to ensure that patients and families are fully informed of their rights. Commissioners are requesting regular reporting on progress from providers as part of contract monitoring arrangements.</p> <p>Sitting alongside the Mental Health team are dedicated commissioning staff, responsible for commissioning services for people with learning disabilities, working to deliver the improvements identified in the IWCCG commissioning strategy. The national return 'Learning Disability Health Self-Assessment Framework (LDHSAF)' is completed each year, which determines how well each CCG commissions services that support people with a learning disability. The LDHSAF considers three areas:</p> <ol style="list-style-type: none"> <li>1. Access to Health</li> <li>2. People With Complex Needs</li> <li>3. Safeguarding, Governance, Assurance and Quality</li> </ol> <p>This year the returns validation process will be done with the Learning Disability Partnership Group (LDPG). LDPG and My Health Sub-Group members are people with a Learning Disability, their relatives, Carers, health/social care personnel and providers. Alongside commissioning services for people with learning disabilities, other current commissioning projects being undertaken include:</p> <ul style="list-style-type: none"> <li>• The Isle of Wight Advocacy Trust "Your Say" Project</li> <li>• Smart Living pilot – telecare and assisted living technology</li> <li>• Pilot for 2 x Re-ablement/crisis/respice beds</li> </ul> <p>The Learning Disability Partnership Board oversees the development of LD policy and commissioning arrangements.</p> <p>The recent transition workshop 30th Sep 2015 identified a number of points for improvement in relation to the join-up between LD services and adult MH services: <a href="http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissioning-departments/childrens-services_2.htm">http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissioning-departments/childrens-services_2.htm</a></p>	 ADHD care pathway draft (3).doc   ASD care pathway draft.doc   REFERRAL ROUTE TO ASD PRE-ASS...   ADHD Care Pathway W4 15 0...
10.1	Current	<p>There is a strategic link between children's mental health services and services for children and young people with special educational needs and disabilities (SEND)</p>	
		<p>The Chair of the 'Education Improvement Board' reports into the 'Children's Trust Board' on the education working groups. One of these includes the 'SEND Reforms Strategy Group' (see governance section). Strategic leads for children's services are represented at the Children's Trust Board and input into key decisions and recommendations.</p>	
10.2	Current	<p>There should be involvement, where necessary, of mental health professionals in co-ordinated assessment and planning (for children and young people with and without Education, Health and Care Plans.)</p>	



**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		<p>CAMHS are currently involved in cases where EHCP criteria is reached as part of the health return to the assessment co-ordinators but this needs to be developed locally.</p> <p>The CCG is considering the development of a CQUIN to enhance input into the EHCP development process on the Isle of Wight and embed processes firmly into contractual arrangements for 2016/17.</p>	
11	Current	<b>Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how.</b>	
		<p>We are in the process of scoping examples of good practice in other areas and in order to make sure all young people have access to a credible peer support system, such as the model used in Ellesmere Port as part of the national pilot supported by MBF.</p> <p>Other models being considered include:</p> <ul style="list-style-type: none"> <li>• Early Prevention and Intervention pilot (see attached)</li> <li>• Young Devon Model: <a href="http://www.youngdevon.org/">http://www.youngdevon.org/</a></li> </ul>	 <p>IW Early Prevention and Intervention Pilot</p> <p>(draft for information purposes only)</p>
11.1	Current	Peer support schemes should be led and designed by children and young people or by parents or carers, with careful professional support to reduce and manage risk both to peer mentors and the young people and families they are involved with	
		See above – section 11. We are keen to build on the examples of co-production, consultation and young person led services on the Isle of Wight such as Young Inspectors, LAC Group and participation of young people in consultation sessions.	
11.2	Current	Further work should be done with relevant education and third sector partners to audit where peer support is currently available and evaluate it, building on existing work such as the Royal Society for Public Health Youth Health Champions. Local areas can then consider closing gaps in provision.	
		We are keen to learn from examples of best practice nationally, which we can suitably incorporate or pilot on the Isle of Wight.	
12	Current	<b>Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented.</b>	
		<p>Following extensive consultation during 2015 there was consensus that there should be one point of access to mental health services 24/7 for all age groups. The pathway has been approved by the Clinical Executive Committee and the Integrated Commissioning Leadership Group and will be implemented fully 1st April 2016. Provision of 24 hour assessment in crisis will be phased in through the winter system resilience funding 2015/16. Winter Mental Health System Resilience monies are being utilised during Q3 and Q4 2016 along with access to £36,395 of non-recurring transformation funding of £76K in Q3 and Q4 of 2015/16 monies to provide assurance that timely triage response for people presenting with a mental health crisis are available 24/7.</p> <p>We will be ensuring that all of the Crisis Concordat requirements are fully incorporated in Service specifications and contract for</p>	




**Transformation Plan for Children and Young People's Mental Health and Wellbeing**



		2016/17 and requesting assurance via contract monitoring processes.	
12.1	Current	CYP experiencing mental health crisis receive appropriate support/intervention as outlined in the Crisis Care Concordat	
		As part of the Transformation Plan we have identified resource for an additional four CAMHS workers to enhance our capability to respond to crisis 24/7 and provide effective in reach and outreach for young patients.	
12.2	Current	There is an out-of-hours mental health service available for children and young people experiencing mental health crisis	
		See 12 and 12.1	
12.3	Current	Supporting a CYP in a crisis includes a swift and comprehensive assessment of the nature of the crisis.	
		Provision of 24 hour assessment in crisis will be phased in through the winter system resilience funding 2015/16.	
12.4	Current	There are dedicated home treatment teams for children and young people.	
		See 12 and 12.1	
12.5	Current	The national development of all-age liaison psychiatry services in A&E Departments should mean that appropriate mental health support in A&E is more readily available.	
		A 136 suite has been commissioned and is located at the Children's Ward, St Mary's Hospital with separate access, which provides an appropriate setting for children and young people in mental health crisis. The system is currently working well and monitored as part of contract monitoring arrangements.	
13	Current	<b>Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.</b>	
		<p>Our CAMHS provider has developed a comprehensive array of best practice CAMHS pathways in line with the latest national guidance e.g. NICE. These pathway documents are shared with local partner organisations and are reviewed every six months as part of our commissioning assurance process and in partnership with our local provider. Recent work has been completed on the Eating Disorder pathway and will be overseen by the Junior Marsipan Steering Group. These developments will be instrumental in preparation for discussions with commissioning partners Southampton CCG and Portsmouth CCG, regarding the development of a soon to be jointly commissioned community Eating Disorder service.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">               psychosis care pathway draft.ii.doc         </div> <div style="text-align: center;">               attachment disorder care pathway draft (!         </div> <div style="text-align: center;">               ASD care pathway draft.doc         </div> <div style="text-align: center;">               Bipolar care pathway draft.doc         </div> <div style="text-align: center;">               Complicated grief care pathway draft.dcare pathway draft (: pathway draft.doc         </div> <div style="text-align: center;">               Conduct Disorder care pathway draft (: pathway draft.doc         </div> <div style="text-align: center;">               Anxiety care pathway draft.doc         </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">               Depression care pathway draft.doc         </div> <div style="text-align: center;">               Depression care pathway draft.doc         </div> <div style="text-align: center;">               Long term health conditions care pathw         </div> <div style="text-align: center;">               ADHD care pathway draft (3).doc         </div> <div style="text-align: center;">               Overview care pathway.doc         </div> <div style="text-align: center;">               IOW ED APPROVED Care pathway F...         </div> </div>	

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

13.1	Current	There is strong support for investing in effective targeted and specialist community provision, including admission prevention and 'step-down' provision.	
		This is currently being provided by the Intensive arm of the CAMHS service, and support maintained for CYP admitted to inpatient provision for discharge. Hampshire also has a Secure CAMHS Outreach service commissioned by NHS England. The service specification for this team is currently being updated by the Clinical Reference Group and a copy is attached. Future developments include the possibility of moving this to CCGs with the possibility of separate funding to support this. This team has a strong evidence base and has demonstrated extremely good outcomes in terms of diversion from inpatient services.	 <b>Secure CAMHS Outreach Spec.docx</b>
13.2	Current	There are clear pathways for young people leaving inpatient care to help avoid unnecessary use of inpatient provision and shorten duration of stay by easing the transition out of inpatient care	
		<p>The Community CAMHS service has a contractual obligation (see Community CAMHS - section interdependencies) to ensure that they will work with partner agencies to establish good and effective working relationships including clear care pathways and formal working agreements with the following agencies:</p> <ul style="list-style-type: none"> <li>• Adult Mental Health Services</li> <li>• Youth Justice</li> <li>• Youth Offending Teams</li> <li>• Universal Services</li> <li>• <u>Tier 4/Inpatient services</u></li> <li>• Substance Misuse Services</li> <li>• Early Intervention Services</li> <li>• Out of Hours Services (Including Local Authority and Health)</li> <li>• Children's Services</li> <li>• Children Looked After Teams</li> <li>• Police</li> <li>• Learning Disability Services</li> <li>• Community Health Teams</li> <li>• Hospital Services</li> <li>• Education</li> <li>• School Nursing</li> <li>• Primary Care</li> <li>• ADRC</li> </ul> <p>We have a dedicated CAMHS crisis management team which manages both inreach and outreach. See extra investment.</p>	 DRAFT 2015-16 CCAMHS revision...
14	Current	<b>Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour.</b>	

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		<p>Isle of Wight is committed to embedding the Care and treatment reviews (CTR) developed as part of NHS England's commitment to transforming the services for people with learning disabilities and/ or autism. We will work within the CTR policy to fully imbed the guidance into our local policies and pathways. The Clinical Executive has been briefed on requirements for the CCG and will be making a decision on the best approach for carrying out CTR meetings on the mainland i.e. IOW CCG-led or CSU led. Current processes are being reviewed for CTR meetings over three phases: Pre-placement, placement and approaching end of placement. We will be quality assuring our processes and provision in 2016 to ensure we have the best quality, safest and most cost effective, person-centred care available for our patients. We have a dedicated project manager scoping out requirements and leading on the project.</p>	 CTR Brief for Clinical Exec.docx
14.1	Current	<p>There is a robust admission gateway processes for CYP with learning difficulties</p>	
		<p>As above – we are reviewing and developing our processes in relation to this. We do hold a risk register for patients who are at risk of requiring a secure placement. Cases are actively reviewed and challenges are actively addressed as best as possible. We have been relatively successful at working with families to find creative solutions to keep CYP with learning difficulties supported effectively in the community. If an admission is required, a post-admission review is held within 10 days. Locally we have a clinical lead for CYP with learning difficulties.</p>	
14.2	Current	<p>There is a challenge process that checks that there is no alternative to admission for CYP with learning disabilities and/or challenging behaviour.</p>	
		<p>As above</p>	
14.3	Current	<p>The creation of an agreed discharge plan on admission for CYP with learning disabilities and/or challenging behaviour is standard practice.</p>	
		<p>We are in the process of reviewing our discharge planning requirements and will be ensuring we build this in as a requirement into contracts for 2016/17.</p>	
15	Current	<p><b>Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.</b></p>	
		<p><b>Community CAMHS:</b> CCAMHS have a consultant clinical psychologist whose specialist role is liaison with learning disability providers e.g. Beaulieu House (residential and respite care), special schools, social care, adult transition team. This provision includes a specially adapted CBT, EMDR, for anxiety and depression (as per NICE guidance) for children, young people, parents, carers and professionals.</p> <p>Children and young people living on the Isle of Wight who have a learning disability and complex needs, including ASD, are currently identified via partners. A multi-agency transitions meeting is held monthly to identify and address plans for young people who are in transition (14-25). These children and young people are supported through transition via the transitions team.</p> <p>Current provision includes 1.5 WTE Band 5 Learning Disabilities Children's Nurses based within the Disabled Children's Team in</p>	 Transitions_Workshop_Presentation1.pptx   Transitions_Workshop_Presentation2.pptx


		<p>Beaulieu House: They receive supervision from the IW NHS Trust Childrens Community Nursing Team leader. Community CCAMHS provide Clinical Consultancy both Psychiatric and Psychological as appropriate.</p> <p>Beaulieu House provides residential and respite services for children with complex disabilities and/or behavior that challenges. The current learning disability service requires investment to increase capacity to work across health and social care teams to ensure children and young people with learning disability and complex needs are identified early and supported to transition expediently into adult services. Plans for investment are being developed and will be part of the whole integrated service review.</p> <p><b>Children with disabilities:</b> For children with a disability, there is a dedicated transitions team that works across children and adult social services to ensure a smooth transition into adult services where ongoing support and advice is required. The Adult Transition Team work with young people with complex needs from the age of 16-25 and consists of the Group Manager, one full time Consultant Practitioner, two full time Social Care Practitioners and one full time Social Care Officer. The team holds a caseload of approximately 200 cases. Commissioners from both the Council and the CCG attend a joint meeting at which planning for sufficiency in supported housing for adults is discussed.</p> <p><b>Schools:</b> The process of making the transition from primary to secondary school as smooth as possible is an area of work schools are working hard to improve. As a result transition programmes now involve early identification of those students who are susceptible to finding secondary school difficult to manage, using a number of criteria e.g. those with special educational needs including ASD, those who are looked after by the local authority, or those who have poor self-esteem. As well as the transfer of information that happens between schools, these students are also given opportunities to learn about their new school environment, before they start, through a series of visits and some joint curriculum tasks. Additionally primary schools are amending their curriculum and the activities they deliver in PSHE to help develop the emotional resilience of all the children throughout their time in primary school, particularly in their final year. Transition projects form part of the strategy of supporting those who may be at risk of emotional difficulties that can develop into poor mental health. Outcomes from our recent bullying and teenage pregnancy strategies have been to develop ways to improve resilience and self-esteem, which are also key in obesity prevention work, supporting school transitions and reducing risky behaviours.</p> <p><b>Multi-disciplinary transition review workshop:</b> Developing the Isle of Wight Transitions Pathway from children's services to adult services – the workshop was held on the 30th of September 2015 and involved all sectors including NHS, Public Health, LA, Healthwatch, Social Care, Youth Justice, Education, the voluntary sector and parents. The objectives of the workshop were to share learning from existing good practice, including successes, challenges and barriers to good transition and to define what is important in providing an effective transition pathway. The outcomes from the workshop will be used to develop and inform the transition pathway and protocol. Further feedback from our transition consultation event is available online: <a href="http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm">http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm</a></p>	 <p>Healthwatch_Transition_Presentation.pptx</p>  <p>Isle of Wight Multi Agency Tra...</p> <p>(draft version for information purposes)</p>
15.1	Current	<p>There is flexibility around age boundaries, in which transition is based on individual circumstances rather than absolute age, with joint working and shared practice between services to promote continuity of care.</p>	



**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		<p>Isle of Wight Council have a recently established dedicated Transitions team to manage young people 18-25 moving from children's to adult services. The aim is to provide a seamless plan for each individual and their families. The team works under the Adult Social Care team.</p> <p>There are close working relationships with children's teams e.g. Disabled Children's team. A strategic transitions group has been established and is working effectively with senior managers across the Clinical Commissioning Group (CCG), NHS Trust, Adults and Children's Services. A recent workshop brought practitioners together with the aim of developing a transition protocol and increasing understanding about each other's duties and responsibilities to the young person e.g. continuing Health Care and Personal Budgets. An operational group is responsible for supporting young people through the very difficult statutory and funding requirements of children's and adults' services.</p> <p>Transition is a high priority for partner organisations and a commissioning agenda is being developed jointly, particularly around increasing the quality of specialist accommodation placements available on the Island e.g. for those with mental health needs, forensic, challenge, with severe autism or severe sensory and physical disabilities.</p> <p>Within our draft Multi-Agency Transitions Policy we have agreed on a set of core principles:          Principle 1: Effective Transition Planning &amp; Comprehensive Multi-Agency Engagement          Principle 2: The Provision of High Quality Information          Principle 3: Full Participation of Children, Young People and Families          Principle 4: An Array of Opportunities for Living Life</p> <p>While there is flexibility in our approach to transitional planning as each individual is unique and may access services at various times, there is agreement that planning for the future will start from the age of 14 as standard practice. Our document outlines the roles and responsibilities of various organisations in working together for families on the Isle of Wight.</p> <p>The protocol has been developed by the Isle of Wight Strategic Transition Group through coproduction with Children, Young People their Parents and Carers and partners from Health, Education, Social Care and the Voluntary Sector, who have shared their knowledge and experience.</p>	
16	Future	<b>Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop shop services, as a key part of any universal local offer.</b>	
		Further work required to develop this offer and part of discussions with providers to build into contracts for 2016/17. Please see previous section on SPA and named contacts (sections 7-10).	
17	Future	<b>Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services.</b>	

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		<p>There is a comprehensive dataset built into the contract reporting requirements for the Isle of Wight CAMHS service (see CAMHS Report November 2015). The current provider reports on both average, total waiting times and numbers of patients waiting for specific periods of time (&lt;6 wks, &lt;12 wks, &lt;19 wks, 18 wks+). From Jul –Sep 2015, there have been just three breaches of the 18 week threshold and the provider is reporting an improvement in performance on this standard.</p> <p>In line with the new guidance on waiting time standards for Early Intervention to Psychosis and for Eating Disorders, we are currently meeting the waiting time standard for the former and building in appropriate standards for the latter as part of our collaborative commissioning of a community Eating Disorder Service in partnership with Southampton and Portsmouth.</p>	 <p>CAMHS Report November 2015.xlsx</p>
18	Future	<p><b>Enabling clear and safe access to high quality information and online support for children, young people and parents/carers, for example through a national, branded web-based portal.</b></p>	
		<p>Each of the services commissioned providing AQP community counselling support (Tier Two) or Community CAMHS has its own website with information on how to access each of the services (including telephone, email and address):</p> <ul style="list-style-type: none"> <li>• Isle of Wight Youth Trust: <a href="http://www.iowyouthtrust.co.uk/menu/">http://www.iowyouthtrust.co.uk/menu/</a></li> <li>• Talk 2 Service (Barnardos): <a href="http://www.barnardos.org.uk/talk-2-service/service-view.htm?id=208109271">http://www.barnardos.org.uk/talk-2-service/service-view.htm?id=208109271</a></li> <li>• Counselling Service (YMCA): <a href="http://www.ymca-fg.org/for-children/isle-of-wight/counselling/counselling-service-tier-2/">http://www.ymca-fg.org/for-children/isle-of-wight/counselling/counselling-service-tier-2/</a></li> </ul> <p>Furthermore, all information is available and integrated within our Isle of Wight Local Offer.</p>	
19	Future	<p><b>Legislating to ensure no young person under the age of 18 is detained in a police cell as a place of safety.</b></p>	
		<p>Serenity, a partnership between Hampshire Constabulary, Isle of Wight NHS Trust and Southern Health NHS Foundation Trust, was the first police/mental health triage to go live in the UK on 1/11/2012. Since then:</p> <ul style="list-style-type: none"> <li>• The use of s136 has reduced by 50 per cent</li> <li>• The use of police custody as a place of safety has been completely eliminated on the Island</li> <li>• The accuracy of s136 has risen from 20 per cent to around 75 per cent (percentage of s136 detainees 'converted' to an admission)</li> </ul> <p>A 136 suite has been commissioned and is located at the Children's Ward, St Mary's Hospital with separate access, which provides an appropriate setting for children and young people in mental health crisis. We will be reviewing our protocols to ensure that all aspects of the Crisis Care Concordat standards are fully met in conjunction with a continued strong partnership working approach moving forwards.</p> <p>See article published by Isle of Wight NHS Trust (Jan 2015): <a href="http://www.iow.nhs.uk/default.aspx.locid-02gnew06a.Lang-EN.htm">http://www.iow.nhs.uk/default.aspx.locid-02gnew06a.Lang-EN.htm</a></p>	
19.1	Future	<p>No child or young person under-18 would be detained in a police cell as a place of safety, subject to there being sufficient alternative places of safety.</p>	
		<p>No children or young people are placed in a police cell on the Island as we have a dedicated 136 suite.</p> <p>We experience a higher than national average number of hospital admissions for alcohol related reasons. As part of the paediatric</p>	

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

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		component of the Whole Island Review, we will be working with partners to identify some of the key trigger points locally and work collaboratively to develop integrated approaches to reducing this figure.	
19.2	Future	Develop improved data on the availability of crisis/home treatment for under-18 year olds and the use of section 136 for children and young people under-18 to support better planning.	
		We are currently investing in an extended crisis prevention resource of three additional posts. These will contribute to the support we provide locally 24/7 and enhance our capacity for both inreach and out-reach work with patients. We are reviewing data reporting requirements for 2016/17 to ensure we will continue to receive sufficient level of detail.	

## 5. Care for the most vulnerable

5.1 Hampshire County Council and Isle of Wight have developed a Multi-Agency Safeguarding Hub (MASH) and Early Help Teams which is fully operational. These are positive examples of creative integration designed to maximize the impact of diminishing public sector funding. The design of them was based on national best practice examples as well as learning from successful local projects such as the Island's Children's Centres (soon to be named Families Centres) and the Island's Troubled Families project. The MASH and Early Help Teams are now offering high quality evidence based support, the core offer, around which organizations from all sectors can align and develop additional services.

5.2 Social Care - it is well documented<sup>9</sup> that certain factors can increase the likelihood of a child or young person suffering from emotional or mental health difficulties. Included in this list are children and young people:

- Who are looked after by the local authority
- Who have parents with mental health problems
- Who are being abused

It is recognised that children who are looked after have increased vulnerability. Recent NICE guidance suggests 60% of looked after children have emotional and mental health problems. Statutory health assessments identify the physical and emotional health needs of children coming into care. The number of looked after children and young people accessing support from mental health services is relatively low on the Isle of Wight at present.

In 2014-15 there were in excess of 2,375 referrals made to Children's Social care and 1,985 initial assessments were completed. In line with other areas of the country, the number of children who are looked after or subject to child protection plans on the Island has increased significantly over the past three years but most sharply after the most recent Ofsted inspection.

Analysis of 'children in care' data has identified that the Isle of Wight's demographical profile is weighted towards 10-15 year olds and 16+. (10-15 years constitute 38% for the Isle of Wight, 36% nationally, 16+ constitute 26% for the Isle of Wight and 20% nationally) for more information see Appendix 3.

The Ofsted report published on the 19th of November 2014 identified that children and young people on the Isle of Wight would benefit from a wider range of early help services.

The joint commissioning of services will ensure a more joined up approach to recognising the need for support for children requiring mental health services and for professionals to access advice to help support children and their foster parents.

5.3 Autism Spectrum Disorder (ASD) - the Autism Diagnostic Research Centre provides diagnostic assessment for children and young people with ASD (As per NICE guidance). A report with recommendations is shared with schools from the report produced by the ADRC for children and young people who receive a diagnosis. Recent evaluation of a pilot project on the effectiveness of sensory integration has been produced and recommendations include:

- Development of an occupational therapy service to meet the sensory needs of these children and young people
- Recruitment for psychology post for post diagnosis support is currently underway

5.4 Attention Deficit Hyperactivity Disorder (ADHD) - the IW NHS Trust provides assessment, diagnosis and treatment for children and young people with ADHD and work with CCAMHS where support for these children is required (NICE guidance).

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<sup>9</sup> HM Government 2010 Healthy Lives, Healthy People: our strategy for public health in England

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A series of New Forest ADHD Parenting programmes are also available by paediatric referral. To date 134 families have been referred to the service.

- 5.5 Learning Disability - the commissioning and delivery of services in Health, Social Care and Education for people with learning disabilities has changed considerably over the last 18 months due to changes in legislation brought about through the Children and Families Act 2014, Care & Treatment Review Policy 2015 and Care Act 2014. Nationally and locally there is a drive towards improving and increasing integration between organisations to ensure services deliver person centred and outcome focused provision.

CCAMHS have a consultant clinical psychologist whose specialist role is liaison with learning disability providers e.g. Beaulieu House (residential and respite care), special schools, social care and adult transition team. This provision includes a specially adapted CBT, EMDR for anxiety and depression (as per NICE guidance) for children, young people, parents, carers and professionals.

Children and young people living on the Isle of Wight who have a learning disability and complex needs, including ASD, are currently identified via partners. A multi-agency transitions meeting is held monthly to identify and address plans for young people who are in transition (14-25). These children and young people are supported through transition (via the transitions team).

Current provision includes 1.5 WTE Band 5 Learning Disabilities Children's Nurses based within the Disabled Children's Team in Beaulieu House: They receive supervision from the IW NHS Trust Children's Community Nursing Team leader. Community CCAMHS provide Clinical Consultancy both Psychiatric and Psychological as appropriate.

Beaulieu House provides residential and respite services for children with complex disabilities and/or behaviour that challenges. The current learning disability service requires investment to increase capacity to work across health and social care teams to ensure that children and young people with a learning disability and complex needs are identified early and supported to transition expediently into adult services. Plans for investment are being developed and will be part of the whole integrated service review.

- 5.6 Sexual Assault Referral Centre - the Isle of Wight and Hampshire Partnership commission Solent NHS Trust to deliver the Sexual Assault Referral Centre (SARC), otherwise known as Treetops, which is located in Cosham, Portsmouth, and whose remit spans across Hampshire and the Isle of Wight. Since the launch of the SARC in 2006, 2168 people have visited the centre and received expert care and support following their involvement in what can only be described as one of the most traumatic experiences a person can suffer.

More often, people who have been raped or sexually assaulted are taken to the centre after having reported the incident to the police, but they may also be referred by support services such as Rape Crisis or Inscape, or make a self-referral by contacting the centre themselves.

- 5.7 The centre offers a supportive environment where specially trained doctors and project workers can see a client through forensic examination, getting counselling and ongoing support, screening for possible sexually transmitted infections, or reporting the incident to the police.

Wessex Youth Offending Team (YOT) - Isle of Wight YOT is a multidisciplinary team who work together to prevent young people offending or reoffending.

The service is made up of YOT Officers, Social Workers, Police Officer, Probation Officer, Restorative Justice Officers, Mental Health Nurse, Education, Training, Employment Officer, Parenting Officer, Housing Officer, Substance Misuse Officer and Business Support Staff.

The team do this by:

- Assessing and providing interventions for children and young people who are at risk of offending, or who have received a community resolution, youth caution or youth conditional caution administered by the Police.
- Providing support for young people on bail and remand.
- Supporting and supervising children and young people who have been made the subject of a court order because they have committed a criminal offence.
- Preparing reports and other information for courts in criminal proceedings so that informed judgments can be made by the judiciary.
- Working with parents to help them develop better parenting skills.
- Offering the victims of crime the opportunity to get involved in restorative processes and meet the young person who offended against them. This can help the young person understand the impact of their offending behaviour and most importantly repair the harm caused to the victim.
- Providing mental health assessment, advice and treatment (as per NICE guidelines) and direct links with monthly multidisciplinary forensic CAMHS consultation group.
- Sign posting to external agencies including social care, CAMHS and the voluntary sector.

5.7 Local Area Coordinators – on the Isle of Wight, there are three Local Area Coordinators newly in post, one in Sandown, one in Ryde and one in West Wight. The purpose of their job is to get to know the neighbourhoods in which they work really well: Who are the people?, Who are the connectors? Who runs and knows about what? What community group and assets there are and how to tap into them. They get to know the community and seek out the more vulnerable and disconnected, those who do not meet the threshold for statutory service intervention, but without some kind of support may need it soon. They try and work out practical solutions with other people in the community so that statutory services are not needed. They aim to focus on the strengths and assets of the more vulnerable people they are working with and those of other people in their community so that they can benefit from these. Once they are well known they are introduced to people in need of their help by others in the community. The more they do, the stronger the community becomes, and the more connected people become, the less the demand on statutory services. Many of these people have low emotional and mental health and as a result of the work of the local area coordinators the emotional health and wellbeing of individuals and the community will increase and the resilience will increase. They will work with all ages and families as a whole.

5.8 Hospital admissions (alcohol) - the Isle of Wight has had a very high comparative rate of alcohol specific admissions among young people. This is in part due to St Mary's hospital being more likely (lower threshold) to admit young people, compared with mainland hospitals.

The data collected is aggregated over a three year period and the rate of under 18 alcohol-specific hospital admissions per 100,000 of population has shown a reduction in 2011/12-2013/14 to 90.0. This is down from 138.3 in 2008/09-2010/11 and 190.5 in 2004/05-2006/07. However, we are still significantly worse than the England average of 40.1.

## Key Priorities

### Current

1. Ensure that children and their families who do not attend appointments are not just discharged from service. Fully explore with providers current position, how updating policies would work in practice and what the cost/capacity implications of these changes would be.
2. Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate bespoke care pathways.
3. Lead professional approach for most vulnerable with multiple and complex needs.

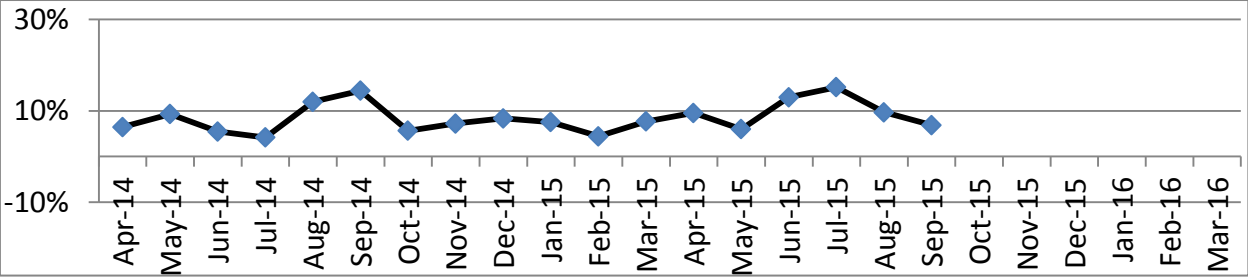
### Future

1. Development of collaborative Community Eating Disorder service (with Southampton and Portsmouth)
2. Enhancement of services for LAC delivered by Community CAMHS
3. Development of 14-25 pathway
4. Enhancement of Out of Hours service
5. Enhancement of Liaison Psychiatry function

### Relevant Transformation Fund Investment


- Local priority stream 2 - Out Of Hours Crisis & Inreach/Outreach Support
- Local priority stream 3 - Improving Access to Support CYP IAPT
- Local priority stream 4 - Eating Disorder Service

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**




20	Current	<p><b>Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage. This can apply to all children and young people.</b></p>	
		<p>On the Isle of Wight, CAMHS DNA rates are reported as being low in relation to other services across the country. The DNA rate reported for September 2015 was 4%. Therefore, we are very pleased with the level of clinical engagement and we have with our young patients once they have been accepted by the service.</p>  <p>We receive verbal updates on reasons for DNA as part of our contract monitoring reporting procedures.</p>	
20.1	Current	<p>Not attending appointments should not lead to a family or young person being discharged from services, but should be considered as an indicator of need and actively followed up</p>	
		<p>If a patient DNAs there is a follow and communication to the patient's GP. This is considered a priority by the service as a duty of care. Current DNA levels are very low in part due to the use of text messaging to send reminders of appointments to patients.</p>	
20.2	Current	<p>Services monitor attendance and actively follow up families and young people who miss appointments and inform the referrer</p>	
		<p>As above</p>	
20.3	Current	<p>It may be necessary to find alternative ways to engage the child, young person or family.</p>	
		<p>With partners we are constantly reviewing our approaches to engaging with young people. To date we have consulted on a breadth of topics with young people and via a variety of methods, including online, survey and face to face. Increasingly we are exploring ways to enable more choice and control for young people in the development of policy, influencing service design and in governance arrangements. A good example is the establishment of our Junior Marsipan Steering Group to oversee the development of a community Eating Disorder service for children and young people.</p> <p>Information on relevant workshops and consultations includes the following:</p> <ul style="list-style-type: none"> <li>Eating disorder Workshops (Nov 2014 &amp; July 2015) - Two workshops were held to develop whole life pathways for eating disorders. Partner agencies involved included NHS IW Trust, Social Care, NHS England, Third Sector and IW CCG. The IW NHS Trust have established a multidisciplinary group to monitor and take the pathway forward.</li> </ul>	



**Transformation Plan for Children and Young People’s Mental Health and Wellbeing**

		<p><a href="http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm">http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm</a></p> <ul style="list-style-type: none"> <li>• Developing the Isle of Wight Transitions Pathway from children’s services to adult services – The workshop was held on the 30<sup>th</sup> of September 2015 and involved all sectors including NHS, Public Health, LA, Healthwatch, Social Care, Youth Justice, Education, the voluntary sector and parents. The objectives of the workshop were to share learning from existing good practice including successes, challenges and barriers to good transition and to define what is important in providing an effective Transition pathway. The outcomes from the workshop will be used to develop and inform the transition pathway and protocol.</li> <li>• <a href="http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm">http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm</a>.</li> <li>• The Isle of Wight joint strategy for children, young people and adults with Autism Spectrum Condition.</li> <li>• The Healthwatch Report “Bringing it Together” 2013 which included a series of discussion groups, with local young people, parents and family carers and an online survey.</li> <li>• The Isle of Wight Children and Young People’s Action Plan (2015-2018) which involved consultation with stakeholders.</li> <li>• Developing the Isle of Wight Transitions Pathway from children’s services to adult services – Workshop held on the 30<sup>th</sup> of September 2015 <a href="http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm">http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm</a>.</li> <li>• Isle of Wight Child &amp; Adolescent Mental Health Service Local Transformation Planning Workshop – 1<sup>st</sup> October 2015 <a href="http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm">http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm</a>.</li> <li>• Children &amp; Young People’s Emotional Health &amp; Wellbeing – Questionnaire developed by the Isle of Wight Check it Out Young Peoples Forum.</li> <li>• The Isle of Wight Survey of Children and Young People 2012 which included participation of 5000 children and young people.</li> <li>• Children and Young People’s Survey 2015 (Years 6, 8 and 10) which included participation of 1,566 children and young people.</li> <li>• Children’s Trust ‘Turning the Curve Report’.</li> <li>• Eating Disorder Workshops, November 2014 &amp; July 2015</li> </ul>	
21	Current	<b>Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate and bespoke care pathways that incorporate models of effective, evidence-based interventions for vulnerable children and young people, ensuring that those with protected characteristics such as learning disabilities are not turned away.</b>	
		<p>We have agreed that there is more work required to improve certain care pathways on the Isle of Wight. Consequently, we have committed to completing the following actions as part of our Transformation Plan.</p> <ol style="list-style-type: none"> <li>1. Ensure access to appropriate joined up services and support via CCAMHS, Paediatrics and voluntary sector is made available particularly for those with a diagnosis of Learning Disability, ASD and/or ADHD. This will be achieved by: <ul style="list-style-type: none"> <li>• Review evaluation report recommendations from the pilot project for sensory integration for future provision</li> </ul> </li> </ol>	 Final SI project report 06.201...


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		<ul style="list-style-type: none"> <li>• Evaluating the parenting support service for children with a diagnosis of ADHD and agreeing on recurring investment going forward</li> </ul> <p>2. Develop clear care pathways (NICE evidence based treatment compliant) that all partners are signed up to (including NHS England specialist commissioning and offender health). This will be achieved through Whole Integrated System Review (WISR) which will include all paediatric services, child and adolescent mental health, learning disability, ASD and/or ADHD.</p> <p>3. The output of which will be:</p> <ul style="list-style-type: none"> <li>• Clear pathways for 0-5s preventative care for perinatal mental health and infant mental health</li> <li>• ASD pathways for children and young people</li> <li>• ADHD pathways for children and young people</li> <li>• Clear pathways for children and young people with life limiting illnesses</li> <li>• CYP IAPT pathway (reconfiguration of current CCAMH and Voluntary Sector AQP counselling services)</li> <li>• Build emotional resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support such as: 'How to survive your children' – Resilience training for parents of children with Learning Disability and/or Autistic Spectrum Disorder.</li> </ul>	
21.1	Current	Health inequalities duties apply only to the Health Secretary and NHS, the Taskforce encourages all those involved in commissioning mental health and wellbeing services for children and young people to give the same consideration to the need to reduce health inequalities in access and outcomes	
		<p>Isle of Wight CCG and partners are committed to providing equitable, accessible and fair services to all. We systematically gather in intelligence on the demographic makeup of the population we deliver services for and build in the protected characteristics into our performance monitoring requirements with services. The 2015/16 Commissioning Intentions demonstrate a commitment to “address health inequalities for people with a serious mental illness and physical long term condition ensuring appropriate provision.” (p.34). In particular, reinforcing the principle of Parity of Esteem has become embedded as a priority within our commissioning arrangements since April 2015.</p> <p>The Community CAMHS provider includes sections within the monthly reporting template on (see embedded document):</p> <ul style="list-style-type: none"> <li>• Age at appointment</li> <li>• Postcode town of patient's address</li> <li>• Number of patients by age, gender and ethnicity</li> <li>• CAMHS child on a register (LAC, CIN, CP)</li> </ul> <p>The three Locality Coordinators as part of the three Locality Area Coordination Schemes act as coordinators and key workers to connect members of the community to publicly commissioned resources such as CAMHS, community counselling, local offer, Strengthening Families and the Integrated Early Help Services which deliver Solihull Approach.</p>	 IWCCG Commissioning Intent  CAMHS Report November 2015.xlsx  Solihull Approach Supporting Material -




**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

22	Current	<b>Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern.</b>	
		<p>All CAMHS services work to specified criteria and referral issues which are negotiated with commissioners as part of the contract management and negotiation process. The partnership working is positive on the Isle of Wight and the system of three AQP community counselling service providers has freed up clinician time in community CAMHS to focus more of their resource on complex cases. The working arrangement is flexible both ways with an anticipated enhancement of these working relationships with acceptance onto the CYP IAPT programme. As part of this work, the CCG will be scoping the feasibility of effective 'seamless models' across the country combined with effective local commissioning arrangements such as the alliance contract approach (see 'i-dream alliance' Drug and Alcohol service in Lambeth: <a href="http://lhalliances.org.uk/case-study/idream-alliance/">http://lhalliances.org.uk/case-study/idream-alliance/</a> We are keen to learn from 'what has worked' recently and from the lessons of recent CYP IAPT compliant organisations.</p> <p>CAMHS referral requirements are outlined here: <a href="https://www.iwight.com/azservices/documents/2750-Referral-criteria.pdf">https://www.iwight.com/azservices/documents/2750-Referral-criteria.pdf</a></p> <p>Furthermore, the level of accepted referrals by Community CAMHS is exceptionally high on Isle of Wight with most patients being seen rapidly within the service.</p>	
23	Current	<b>Mental health assessments should include sensitive enquiry about the possibility of neglect, violence and abuse, including child sexual abuse or exploitation and, for those aged 16 and above, routine enquiry, so that every young person is asked about violence and abuse.</b>	
		<p>All mental health assessments form part of a systemic assessment process and look for safeguarding issues. Any safeguarding issues acted upon quickly and robustly. Any references to domestic violence is also acted in a professional manner and current best practice followed.</p> <p>Counselling assessments take into account safeguarding throughout and consider Fraser Competence, support given to CYP from other agencies, experiences of home, school, work life including relationships and friendships (how safe are these, are they appropriate / safe?), what activities CYP are involved in and where and with whom. Assessors are trained to look beyond initial answers to explore in depth risks YP may be exposed to. Counselling assessors are highly experienced counsellors who receive additional training and clinical supervision, where issues around neglect, domestic violence (DV) and child sexual exploitation (CSE) are highlighted. All assessments are quality assured by a senior clinical supervisor who ensures any risks to CYP are followed up appropriately and referrals to external agencies are made where necessary.</p>	
24	Current	<b>Ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to appropriate evidence-based services. Those who are found to be more symptomatic who are suffering from a mental health disorder should be referred to a specialist mental health service.</b>	
		<p>All CAMHS referrals are screened for risk factors and a full assessment carried out prior to a decision being made on the most appropriate package of care, treatment or service. CAMHS work closely with Local Authority colleagues to liaise on sensitive cases. CAMHS have a dedicated safeguarding lead to oversee the suitability of CAMHS processes and provide quality assurance on internal clinical practice.</p>	

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		<p>The Isle of Wight and Hampshire Partnership commission Solent NHS Trust to deliver the Sexual Assault Referral Centre (SARC), otherwise known as Treetops, which is located in Cosham, Portsmouth, and whose remit spans across Hampshire and the Isle of Wight.</p> <p>Since the launch of the SARC in 2006, 2168 people have visited the centre and received expert care and support following their involvement in what can only be described as one of the most traumatic experiences a person can suffer.</p> <p>More often, people who have been raped or sexually assaulted are taken to the centre after having reported the incident to the police, but they may also be referred by support services such as Rape Crisis or Inscape, or make a self-referral by contacting the centre themselves.</p> <p>The centre offers a supportive environment where specially trained doctors and project workers can see a client through forensic examination, getting counselling and ongoing support, screening for possible sexually transmitted infections, or reporting the incident to the police.</p>	
25	Current	<b>Specialist services for children and young people's mental health should be actively represented on Multi-Agency Safeguarding Hubs to identify those at high risk who would benefit from referral at an earlier stage.</b>	
		Isle of Wight Multi-Agency Safeguarding Hub has representation from CAMHS to advise on suitability of referrals for specific cases discussed.	
26	Current	<b>For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services.</b>	
		Local Area Coordinators will be working in partnership with key workers participating in the development of Education Health Care Plans (EHCPs). Further discussions will continue following the Whole System Review which will be exploring in depth the children's workforce and prioritising EHCP processes and integrated working as a key priority as part of the programme.	
26.1	Current	A designated or lead professional should be identified and their role strengthened – someone who knows the family well – to liaise with all agencies and ensure that services are targeted and delivered in an integrated way.	
		See 26.	
27	Future	<b>Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE and HEE, to ensure that staff are more aware of the impact that trauma has on mental health and on the wider use of appropriate evidence-based interventions.</b>	
		<p>CAMHs work closely with education providers to provide training and support but demand outstrips capacity. More training is needed for CAMHs professionals to better understand the impact as needs and demands change. Isle of Wight plan to join a CYP-IAPT collaborative and to use Transformation Fund investment to develop a comprehensive workforce strategy that includes training needs.</p> <p>The AQP Community Counselling providers report on a quality framework which is built into their contracts (see attached). This</p>	 Quality Framework AQP.docx

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		includes specific requirements regarding staff qualifications and competencies.	 Revised AQP service spec March 2014.doc
28	Future	<b>Piloting the roll-out of teams specialising in supporting vulnerable children and young people such as those who are looked after and adopted, possibly on a sub-regional basis, and rolling these out if successful.</b>	
		CAMHS currently report on the number of CIN, CP, LAC as part of their current caseload. This caseload is included in discussions for update at contract monitoring meetings. There are no plans at this stage to pilot the roll out of a team dedicated to supporting CIN, CP or LAC other than via Community CAMHS. The new community Eating Disorder service to be co-commissioned with Portsmouth and Southampton is worth noting in this category.	
28.1	Future	Specialist services are available to provide advice, rather than to see those who need help directly to advise on concerns about mental health or neurodevelopmental difficulties.	
		As part of the SPA developments and advice line will be developed to provide this advice.	
28.2	Future	Consultation and liaison teams are used to help staff working with those with highly complex needs which include mental health difficulties – such as those who have been adopted or those with harmful sexual behaviour, and those in contact with the youth justice system – based on the complexity of the issues involved above and beyond the level of existing cross-agency provision (including specialist services).	
		<p>Wessex Youth Offending Team (YOT): Isle of Wight YOT is a multidisciplinary team who work together to prevent young people offending or reoffending.</p> <p>The service is made up of YOT Officers, Social Workers, Police Officer, Probation Officer, Restorative Justice Officers, Mental Health Nurse, Education, Training, Employment Officer, Parenting Officer, Housing Officer, Substance Misuse Officer and Business Support Staff.</p> <p>The team do this by:</p> <ul style="list-style-type: none"> <li>• Assessing and providing interventions for children and young people who are at risk of offending, or who have received a community resolution, youth caution or youth conditional caution administered by the Police.</li> <li>• Providing support for young people on bail and remand.</li> <li>• Supporting and supervising children and young people who have been made the subject of a court order because they have committed a criminal offence.</li> <li>• Preparing reports and other information for courts in criminal proceedings so that informed judgments can be made by the judiciary.</li> <li>• Working with parents to help them develop better parenting skills.</li> <li>• Offering the victims of crime the opportunity to get involved in restorative processes and meet the young person who offended against them. This can help the young person understand the impact of their offending behaviour and most importantly repair the harm caused to the victim.</li> </ul>	 YOT Item 6 Health Needs Analysis power   Isle of Wight Sufficiency Duty Rep

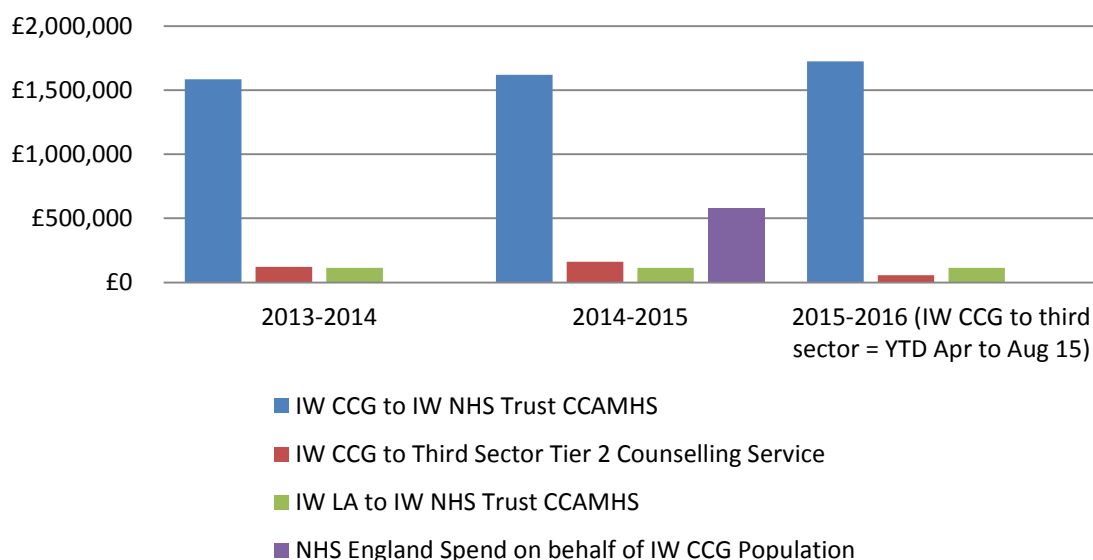
**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		<ul style="list-style-type: none"> <li>• Providing mental health assessment, advice and treatment (as per NICE guidelines) and direct links with monthly multidisciplinary forensic CAMHS consultation group.</li> <li>• Sign posting to external agencies including social care, CAMHS and the voluntary sector.</li> </ul> <p>Liaison and diversion (Health and Justice): The Isle of Wight is joining with The Hampshire Liaison and Diversion Services Pilot, which will tie in with the Isle of Wight's Serenity Service. By joining the pilot, the Isle of Wight are looking to improve health and justice outcomes for adults and children who come into contact with the youth and criminal justice systems where a range of complex needs are identified as factors in their offending behaviour.</p> <p>Liaison and diversion is a process whereby people of all ages with mental health problems, a learning disability, substance misuse problems and other vulnerabilities are identified and assessed as early as possible as they pass through the youth and criminal justice systems.</p> <p>Diversion should be interpreted in its wider sense, referring to both diversion out of, and within, the youth and criminal justice systems.</p>	
28.3	Future	There is an identified specialist point of reference, including a senior clinician with specific expertise within mental health services.	
		Yes	
29	Future	<b>Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.</b>	
		See sections above	
29.1	Future	There is a small number of young people, who may not even recognise that they have mental health problems. They benefit from having a mental health practitioner embedded in teams that have relationships with, and responsibility for such groups, such as a youth club or hostel. This model shall incorporate the necessary governance structures essential for success.	
		The AQP community counselling services deliver their service in an integrated way with community organisations, including youth centres, schools, GP practices.	
29.2	Future	Develop a highly flexible team structure which includes the regular mapping of each young person's needs, informing a consistent and psychologically-informed approach across the team members.	
		The Community CAMHS service works as a multi-disciplinary team who are collectively able to consider the child or young person from a variety of angles and develop a holistic approach to supporting the patient's holistic needs. The service works closely with families to ensure that the whole family is taken into consideration and where appropriate family therapy may be offered as a therapeutic approach. Within the multi-disciplinary approach a number of evidence-based therapeutic modalities are available to help families with a range of needs. CYP IAPT will only enhance the Community CAMHS local offer.	

## 6. Accountability and transparency

- 6.1 The 'My Life, a Full Life' Vanguard programme Whole System Review will inform the future development of Emotional Wellbeing Mental Health services on the Island. The programme is currently entering a full scale review with findings due to be reported in June 2016. The summary of recommendations will inform the future development of the Isle of Wight's Transformation Plan.
- 6.2 Isle of Wight's Health and Wellbeing Board are responsible for driving forward improvements in mental health on the Island and have strong links to all aspects of the Whole System review.
- 6.3 Baseline financial investment in Emotional Wellbeing Mental Health support for children and young people (2014/15) is summarised in the table below.

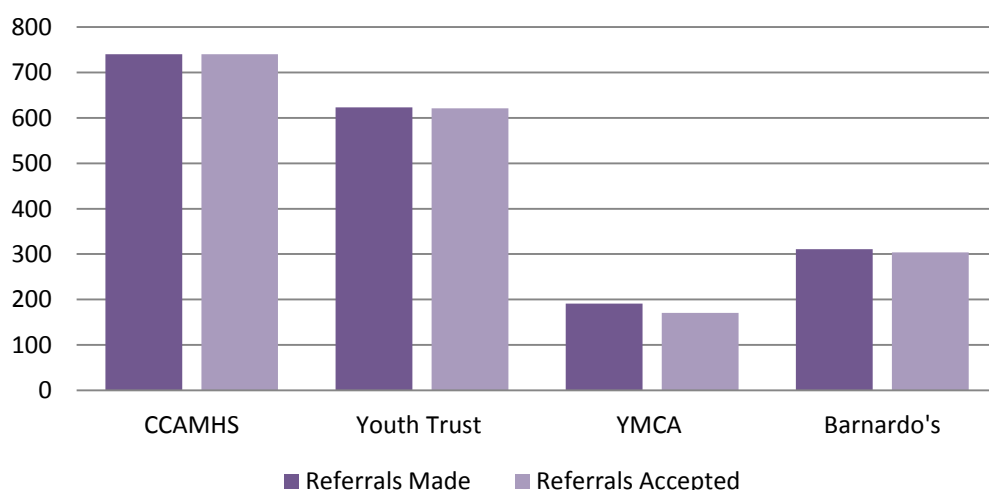
### CAMHS Investment



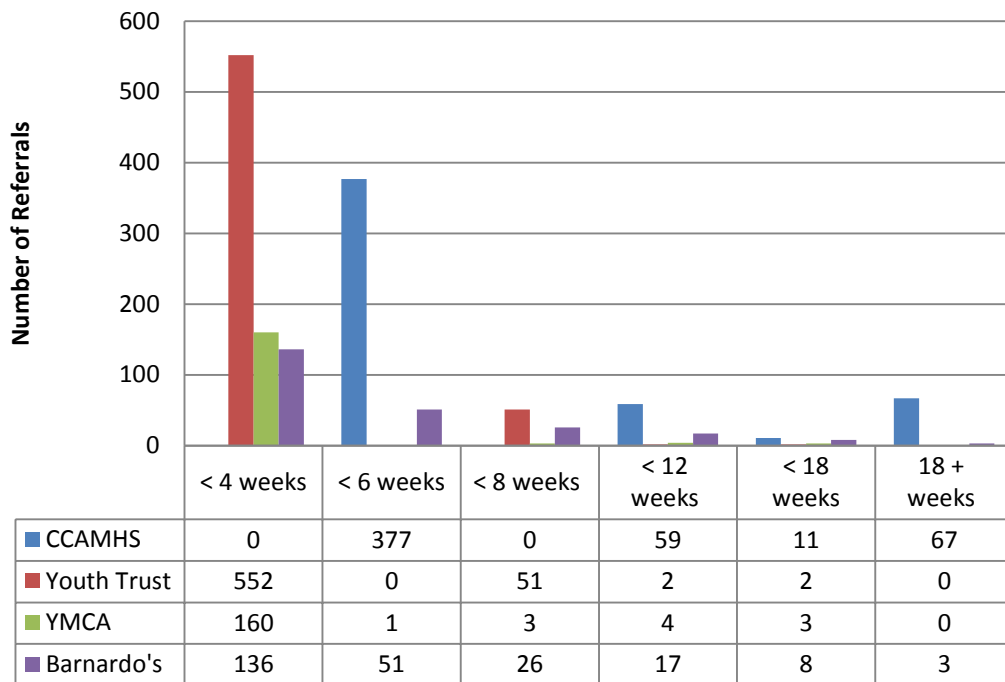
#### 6.4 Current CAMHS activity and waiting times

The charts below detail the numbers of referrals made and accepted in 2014/15: the referral to treatment waiting times: and the number of whole time equivalent clinical staff there are in the current CAMHS workforce commissioned by partner agencies on the Isle of Wight:

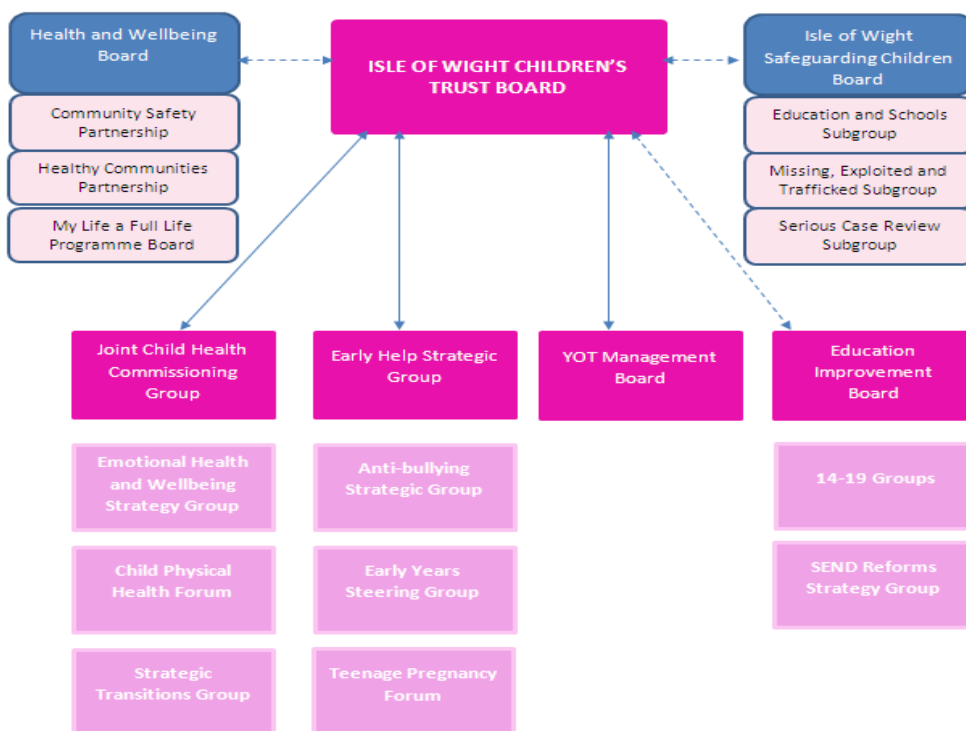
### Referrals



## Referral to Treatment Waiting Times



6.4 **Governance** - the multiagency strategic group consists of representatives from education, social care, health, voluntary and third sector, parent, carer groups and young people. The group meet bi-monthly to oversee the delivery of the action plan, are a sub group of the Isle of Wight Children's Trust Board and formally reports to the Joint Child Health Commissioning Group.





## **Transformation Plan for Children and Young People's Mental Health and Wellbeing**

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CCG working closely e.g. with Louise Doughty NHS England or team members on:

- Development of Isle of Wight eating disorder pathway all age
- LD transformation

CCG working closely with National Offender Commissioners (Sue Stadden) on:

- Isle of Wight becoming part of Hampshire liaison diversion pilot 2016/17

CCG also represented on Wessex YOT Board and SARC

### **Key Priorities**

#### **Current**

1. Consultation and engagement with CYP, family and other relevant stakeholders whilst developing the transformation plan and Whole System Review
2. Co-commissioning with NHS England
3. Ensure NICE quality standards continue to inform and shape commissioning decisions
4. Increase in level of local benchmarking/monitoring data collected and reported on
5. Monitoring access and wait measurement against pathway standards
6. Financial investment transparency – key information published on publicly accessible website

#### **Future**

1. Data collection
  - 1.1. CAMHS minimum dataset
  - 1.2. Routine outcome data collection (to be amended to include CYP IAPT session by session outcome data)
2. Input into refresh of JSNA regarding Emotional Wellbeing Mental Health
3. Waiting time standards
  - 3.1. Early intervention in psychosis
  - 3.2. Community eating disorder service


#### **Relevant Transformation Fund Investment**

- Local priority stream 3 - Improving Access to Support CYP IAPT
- Local priority stream 4 - Eating Disorder Service


**Transformation Plan for Children and Young People’s Mental Health and Wellbeing**

30	Current	<b>Having lead commissioning arrangements in every area for children and young people’s mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.</b>	
		Isle of Wight has a lead commissioner for CAMHS and children’s commissioning to ensure that CAMHS commissioning is integrated into the development of health services for families across the Island. The Transformation Plan and Strategy have been developed in partnership with Public Health colleagues and drawing in particular on findings from the JSNA. Furthermore, the CAMHS commissioner monitors information on the demographics of CAMHS caseload (reported monthly) and discusses with the CAMHS service manager any notable variations from the Isle of Wight demographic profile 0-19. The JSNA and local demographic fact sheets are available here: <a href="https://www.iwight.com/Council/OtherServices/Isle-of-Wight-Facts-and-Figures/Information-Factsheets-and-Figuresheets/">https://www.iwight.com/Council/OtherServices/Isle-of-Wight-Facts-and-Figures/Information-Factsheets-and-Figuresheets/</a>	
30.1	Current	There is a lead accountable commissioning body to co-ordinate commissioning and the implementation of evidenced-based care.	
		See governance diagram – the CCG led Joint Child Health Commissioning Group is responsible for overseeing the integrated commissioning of evidence-based care on the Isle of Wight.	
30.2	Current	There is a single, separately identifiable budget for children’s mental health services.	
		The current mental health budget (2015/16) is:  CAMHS: £1,724,380 (including CQUIN) AQP: £224,650 (includes £49,150 for Barnardo’s ADHD parenting support) Total: £1,949,030	
30.3	Current	The work of the lead commissioner should be based upon an agreed local plan for child mental health services, agreed by all relevant agencies and with a strong input from children, young people and parents/ carers.	
		The Transformation Plan has been developed and incorporated extensive input from our key partners on the Island including families, and professionals from the Local Authority, CCG and the Third Sector. We have a named Clinical Lead, who oversees developments in CAMHS and children’s commissioning as a whole, to provide expert clinical advice and quality assurance.	
30.4	Current	The local plan itself should be derived from the local Health and Wellbeing Strategy which places an onus on Health and Wellbeing Boards to demonstrate the highest level of local senior leadership commitment to child mental health.	
		The HWB have highlighted mental health as a key priority for both adults and children on the Island. This includes a commitment to “continue to develop mental health first aid training programmes to enable workplaces to identify early mental health issues and provide support” (p.?) and a recognition that good mental health and good physical health are interrelated. Continued health promotion is advocated with a need to encourage a culture in all organisations which promotes good health and wellbeing in their workforce. “Strong communities are important for physical and mental health and wellbeing. The term ‘social capital’ is used to describe the links that bind and connect people within and between communities. This provides the resilience against poor health and is critical to physical and mental well-being.” (p.20) Community resilience, workforce resilience and family resilience are all identified as key factors and initiatives built into our planning on the Island. The Transformation Plan incorporates elements to support all of these and builds on local resources such as Local Area Coordinators, Family Platform (embedded in leisure services, libraries, schools) and PHSE network. Health and Wellbeing Strategy is publicly available here: <a href="https://www.iwight.com/documentlibrary/view/health-">https://www.iwight.com/documentlibrary/view/health-</a>	



**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		<a href="#">wellbeing-strategy-2013-16</a>	
30.5	Current	Health and Wellbeing Boards have strategic oversight of the commissioning of the whole pathway or offer regarding children and young people's mental health and wellbeing.	
		The governance chart on page 44 outlines the governance of the work stream. The HWB receives formal updates from the Children Trust Board which oversees the Child Health Commissioning Board and the Transformation Plan. The HWB has adult, child, mental and physical health and wellbeing within its portfolio. The needs of the adult and child population are included in HWB briefings and reviews to identify potential synergies where feasible and provide comprehensive oversight of the needs of the local population.	 Mapping Summary with MH highlights.do
30.6	Current	As some individual commissioners and providers, including schools, are not statutory members of Health and Wellbeing Boards, they should put in place arrangements to involve them in the development of the local plan, drawing on approaches already used in some areas such as Mental Health Advisory Panels or Children's Partnership Boards.	
		See governance diagram – the CCG led Joint Child Health Commissioning Group is responsible for overseeing the integrated commissioning of evidence-based care on the Isle of Wight. Members include representatives from schools, education and other partner services to ensure we have a fully representative multi-agency partnership approach to identifying key priorities together and providing joint oversight of strategic plans.	
31	Current	<b>Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.</b>	
		See 30.4	
32	Current	<b>By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.</b>	
		We are investing in four additional staff to support with inreach, outreach and crisis response out of hours. We intend to have further conversation with NHS England in order to ensure we have a seamless transition from NHS England facilities and Community CAMHS. The CAMHS Commissioner monitors experiences of patient care and reports from Community CAMHS / NHS England to ensure that a Care Programme Approach (CPA) is fully implemented.	
33	Current	<b>Ensuring Quality Standards from the National Institute for Health and Care Excellence (NICE) inform and shape commissioning decisions</b>	
		We ensure that all of our commissioned services take into account latest NICE guidance and have robust contract monitoring and CQRM processes in place to assure this.	
35	Current	<b>The Department of Health fulfilling its commitment to complete a prevalence survey for children and young people's mental health and wellbeing, and working with partner organisations to implement the Child and Adolescent Mental Health Services dataset within the currently defined timeframe.</b>	
		We are committed to working with the DoH guidelines once these are released.	
35.1	Current	The CAMHS Minimum Dataset, already in development, will allow specific outcome metrics by condition, activity and evidence based interventions to support evaluation of the effectiveness of the care commissioned (35).	

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		We are committed to the implementation of robust data sets and work closely with our CAMHS provider to ensure the right information is reported for monitoring purposes. Currently, Community CAMHS uses CORC to record, benchmark and report outcome measures. We anticipate that the implementation of CYP IAPT on the Island will support the development of systems which integrate all future requirements of the CAMHS Minimum Dataset and incorporate CORC datasets seamlessly. To date we are satisfied with the quality of the dataset currently reported for contract monitoring purposes and are confident to be able to build in any mandatory national requirements into our contract for 2016/17.															
35.2	Current	Routine data collection of key indicators of child and adolescent mental health service activity, patient experience and patient outcomes are properly co-ordinated and incentivised.															
		As above – we are looking to collect the outcomes datasets for eating disorders, psychosis and also join up to a CYP- IAPT collaborative and collect the appropriate outcome measure for IAPT. We are also committed to implement the CORC dataset and outcomes measures across CAMHS which includes patient experience.															
36	Current	<b>Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.</b>															
		As above we are fully committed to this and will develop all the infrastructure and change management needed using the Transformation Fund															
36.1	Current	The introduction of the first ever waiting time standards in respect of early intervention in psychosis.															
		<p>A business case has been developed to outline current needs relating to the Early Intervention to Psychosis service. The service aims to deliver a seamless service for patients from age 14 to 35 that effectively integrates child, adolescent and adult mental health services and works in partnership with primary care, education, social services, youth and other services.</p> <p>The self-assessment demonstrated that in September 2015 the number of people with a first episode of psychosis who are currently being served by the EIP service can be broken down into the following age ranges.</p> <table border="1"> <thead> <tr> <th>0-18 years old</th> <th>19-35 years old</th> <th>36-60 years old</th> </tr> </thead> <tbody> <tr> <td>16</td> <td>32</td> <td>22</td> </tr> </tbody> </table> <p>Current Service Workforce: the table below outlines the current workforce for the EIP service. A recent assessment highlighted that there are currently a number of gaps in service provision that must be changed to meet NICE compliance. One of the main areas identified for improvement is the need for staff to be trained to provide cognitive behavioural therapy (CBT) family intervention and behavioural family therapy (BFT).</p> <table border="1"> <thead> <tr> <th>Role</th> <th>WTE</th> </tr> </thead> <tbody> <tr> <td>Team Leader</td> <td>0.4</td> </tr> <tr> <td>Medical Time (CAMHS and Adult)</td> <td>0.3</td> </tr> <tr> <td>Care Coordinator</td> <td>5.2</td> </tr> </tbody> </table>	0-18 years old	19-35 years old	36-60 years old	16	32	22	Role	WTE	Team Leader	0.4	Medical Time (CAMHS and Adult)	0.3	Care Coordinator	5.2	 <p>Business case for Psychosis Pathway 2016/17 (draft for information purposes only)</p>
0-18 years old	19-35 years old	36-60 years old															
16	32	22															
Role	WTE																
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Care Coordinator	5.2																

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

		<table border="1"> <tr> <td>CBT trained clinician</td> <td>0</td> </tr> <tr> <td>Family Intervention Therapist</td> <td>0</td> </tr> <tr> <td>Support or Peer Workers</td> <td>2.6</td> </tr> <tr> <td>Administrators</td> <td>1</td> </tr> </table> <p>To support the implementation of a new pathway the CCG has allocated £51K for 15/16 for 16/17 as set out in the financial operational guidance 2015/16.</p> <p>In addition, the IW NHS Trust has recently been successful in a bid for further non-recurring investment from NHS England. This is a sum of £72K (£30K for training and £42K for backfill).</p> <p><b>Early Intervention in Psychosis Service:</b> 1st Floor, South Block, St. Mary's Hospital, Newport, Isle of Wight, PO30 5TG (Staff Base Only) - Tel: 01983 552555</p>	CBT trained clinician	0	Family Intervention Therapist	0	Support or Peer Workers	2.6	Administrators	1	
CBT trained clinician	0										
Family Intervention Therapist	0										
Support or Peer Workers	2.6										
Administrators	1										
36.2	Current	Access to services is reported as time to different events in a pathway of care linked to delivery of NICE concordant treatment and measurement of outcomes.									
		<p>We have a Crisis Concordat Action Plan to fully implement the full NICE approved requirements into our services. This action plan includes themes specifically relating to 'access to services' and data collection wherein we will be ensuring we have captured the key metrics that we need to be compliant (see the following sections in attached plan):</p> <ul style="list-style-type: none"> <li>• Integration of Mental Health Social Care, Mental Health Social Work Team and Mental Health day services to improve access to Mental Health pathways. Wessex workshop attended by IOW LA, IOW CCG and Mental Health Social Work team.</li> <li>• 2.0 Access to support before crisis point</li> <li>• 4.7 Review of existing multiagency data sets collected frequent flyers identified and monitored.</li> </ul>	 IOW CCC Action Plan.docx								
37	Current	<b>Monitoring access and wait measurement against pathway standards – linked to outcome measures and the delivery of NICE-concordant treatment at every step.</b>									
		The business case for Psychosis Pathway embodies the principle of a crisis care concordant service able to respond during a crisis (rather than retrospectively).	 Business case for Psychosis P...								
38	Current	<b>Making the investment of those who commission children and young people's mental health services fully transparent.</b>									
		The Whole System Review will be considering the total spend of each commissioning organisation on the Island as well as the services currently delivering for local people. The review and recommendations will be made publicly available. The Transformation Plan will be made available on the CCG's public website: <a href="http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm">http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm</a> One of the areas for scoping is the current range of services commissioned by schools to support the emotional wellbeing and mental health of their student population. We have developed a survey, which will help us to scope out this information and support schools with potential economies of scale through collective commissioning and									

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

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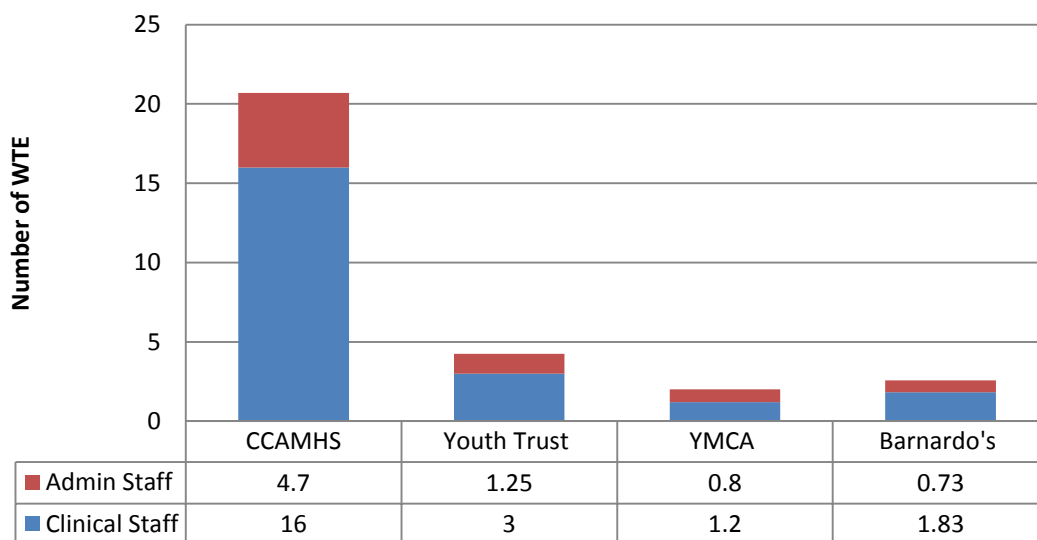
		supporting the commissioning of evidence based services. See 2.2.	
38.1	Current	NHS England will be able to identify the overall children's mental health spend by the NHS.	
		See above and 30.2	
38.2	Current	Further work is undertaken to improve understanding of child and adolescent mental health funding flows across health, education, social care and youth justice to support a transparent, coherent, whole system approach to future funding decisions and investment.	
		In 2016, the Whole System Review will be reporting on the flow of mental health, social care and education funding flows.	
39	Future	<b>Committing to a prevalence survey being repeated every five years.</b>	
		Once we have embedded the CYP IAPT data collection and CAMHS Minimum dataset requirements we will be happy to support the completion of prevalence surveys in partnership with Public Health colleagues.	

## 7. Developing the workforce

7.1 We will be reviewing the whole of the Island's workforce development needs as part of the Vanguard review.

7.2 Current CAMHS workforce and skills – CAMHS currently has a multi-disciplinary team that offer a variety of NICE recommended and evidence based interventions.

### CAMHS Workforce WTE



#### Community CAMHS staffing and sessions delivered

Professional group	Work undertaken
Consultant psychiatrist	offering case management + mental health assessment + consultation/ liaison with professionals
Inreach/Outreach Mental health nurses	offering community working in the homes, meal supervision in homes and schools, liaison with GP, + nutritional advice to families and professionals. Provide training and supervision to Bank staff as necessary when admissions to paediatric ward required.
Family therapist	offering systemic family therapy + couple work
Psychologists	offering CBT –individual therapy, + Supervision
Mental Health Nurse Practitioner	offering individual therapeutic intervention as appropriate.
Paediatrics in local general hospital	offering physical assessment and short term admission
Nurse- led groups	offering emotional coping skills group based on DBT model.

7.3 CY-IAPT transformation programme – Isle of Wight is committed to joining a CYP-IAPT collaborative and beginning to develop and implement a transformation programme with our CAMHS provider and AQP counselling providers.

## **Key Priorities**

### **Current**

1. Targeting training and continued professional development (CPD) of health and social care professionals to create workforce with appropriate skills, knowledge a values
2. National mental health commissioning capability development programme
3. CYP IAPT – joining programme, training
4. Develop comprehensive workforce strategy
5. Continue to develop this transformation plan in response to findings, outcome of Whole System Review

### **Future**

1. CYP IAPT – joint programme, training, continued up-skilling in latest best practice and evidence-based interventions

### **Relevant Transformation Fund Investment**

- Local priority stream 1 - Reducing Perinatal and Infant Mental Health
- Local priority stream 2 - Out Of Hours Crisis & Inreach/Outreach Support
- Local priority stream 3 - Improving Access to Support CYP IAPT
- Local priority stream 4 - Eating Disorder Service



**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

40	Current	<b>Targeting the training of health and social care professionals and their continuous professional development to create a workforce with the appropriate skills, knowledge and values to deliver the full range of evidence-based treatments</b>	
		<p>The Whole System Review will take into account the children's workforce and its impact on whole life pathways of care and will ensure there is sufficient capacity within services to meet the needs of children and young people presenting with mental ill health.</p> <p>Key priorities incorporated into our Transformation Plan include:</p> <ul style="list-style-type: none"> <li>• Ensure Mental Health First aid training is delivered and accessible to all staff in all schools through workforce development.</li> <li>• Provide Solihull training and train the trainer program and explore Incredible Years Training – Dr Carolyn Webster Stratton.</li> <li>• Ensure professionals are equipped to keep themselves emotionally well by utilising psychology online, Silver-cloud, Mindfulness sessions etc.</li> <li>• Provide multidisciplinary training in perinatal mental health and infant mental health, in particular to develop the early years workforce and train nursery nurses (managed by health visitors) to provide: <ul style="list-style-type: none"> <li>○ Infant massage</li> <li>○ Mindfulness for Mums</li> </ul> </li> <li>• Recruitment of a Perinatal Lead Nurse to co-ordinate Island resources and link into NHS England specialist provision</li> </ul>	
40.1	Current	Professionals trained to be able to: Recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that supports and builds resilience.	
		<p>Mental Health First Aid (MHFA) and Solihull Approach are being delivered by Community CAMHS.</p> <ol style="list-style-type: none"> <li>1. <b>Mental Health First Aid (MHFA)</b> - these sessions aim to inform staff on the Isle of Wight to be aware of Mental Health and also how to apply Mental Health First Aid in the workplace. More information is available publicly: <a href="https://www.iwight.com/trainingcourses/courseDetail.aspx?catId=6&amp;subCatId=25&amp;courseId=1276">https://www.iwight.com/trainingcourses/courseDetail.aspx?catId=6&amp;subCatId=25&amp;courseId=1276</a></li> <li>2. <b>Solihull Approach</b> – these sessions are for professionals working with children and young people and parents on 'Understanding your child'. The Solihull Approach is a highly practical way of working with families within a robust theoretical structure. It is an early intervention model and is also used in preventative and group work. See extensive research base for this exciting approach which includes online learning modules: <a href="http://solihullapproachparenting.com/research/">http://solihullapproachparenting.com/research/</a></li> <li>3. <b>Silver cloud</b> – building on the success of recent pilot undertaken by GPs with patients. We will be scoping how we can extend this to staff working for partner agencies. See recent article regarding success of pilot: <a href="http://www.silvercloudhealth.com/news/article/gp-patients-benefit-from-immediate-referral-to-online-cbt-in-isle-of-wight">http://www.silvercloudhealth.com/news/article/gp-patients-benefit-from-immediate-referral-to-online-cbt-in-isle-of-wight</a></li> </ol>	
40.2	Current	Professionals trained to: Promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing.	
		See above	
40.3	Current	Professionals trained to be able to: Identify mental health problems early in children and young people.	
		See above - CYP	

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

40.4	Current	Professionals trained to be able to: Offer appropriate support to children and young people with mental health problems and their families and carers, which could include liaison with a named appropriately trained individual responsible for mental health in educational settings.	
		See above re: MHFA and Solihull Approach	
40.5	Current	Professionals trained to be able to: Refer appropriately to more targeted and specialist support.	
		This is included as part of MHFA training. Furthermore, we will be continuing to disseminate information on appropriate referral pathways via PSHE for schools, Mental Health Alliance for multi-organisations, including CVS.	
40.6	Current	Professionals trained to be able to: Use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions.	
		As part of the CYP IAPT programme implementation staff in Community CAMHS and in AQP Community Counselling services will be trained up in session-by-session outcome monitoring methodologies to improve individual and service performance and learning. Extensive evidence indicates that when patients self-monitor their wellbeing that improvement in their wellbeing is noted. This can also be utilised as part of the clinical review process between clinician and patient.	
40.7	Current	Professionals trained to be able to: Work in a digital environment with young people who are using online channels to access help and support.	
		The Whole System Review will be reviewing the use of technology by local services serving young people and their families.  The 'Check it out' website for young people includes an online chat facility which allows a trained adult – chat online /  The use of texting by the mental health trust has helped to maintain a very low DNA rate and has proved an effective use of modern communication methods.  Public Health will be commissioning an online peer support portal for young adults called Big White Wall. The online portal is available 24/7, and is completely anonymous so young people can express themselves openly. Professionally trained Wall Guides ensure the safety and anonymity of all members.	
42	Current	<b>By continuing investment in commissioning capability and development through the national mental health commissioning capability development programme.</b>	
		All our commissioners are committed to professional development and we will endeavour to participate in national Future in Mind conferences and workshops where feasible. We will be interested in details of accredited courses which will be announced in the near future.	
42.1	Current	Attendance at these accredited courses should be a requirement for all those working in commissioning of children and young people's services	
		As above	

**Transformation Plan for Children and Young People's Mental Health and Wellbeing**

43	Future	<b>Extending the CYP IAPT curricula and training programmes to train staff to meet the needs of children and young people who are currently not supported by the existing programmes.</b>	
		Isle of Wight is not currently part of a CYP IAPT collaborative however the CCG is in the process of submitting a bid to become part of a learning collaborative. The three local AQP community counselling organisations will be part of the bid to ensure we are continuing to integrate and build on the strengths of our local model.	
43.1	Future	The workforce in targeted and specialist services need a wide range of skills brought together in the CYP IAPT Core Curriculum.	
		As above	
43.2	Future	All staff should be trained to practise in a non-discriminatory way with respect to gender, ethnicity, religion and disability.	
		Requirements are built into all of our standard NHS contracts with providers and we require all providers to report as a minimum annually on compliance with this principle.	
43.3	Future	Skills gaps in the current workforce around the full range of evidence-based therapies recommended by NICE shall be addressed.	
		See 43 – CYP IAPT will upskill the workforce in evidence-based approaches e.g. CBT. This will include our community counselling providers as well as Community CAMHS clinicians.	
43.4	Future	Skills gaps in the training of staff working with children and young people with Learning Difficulties, Autistic Spectrum Disorder, and those in inpatient settings shall be addressed.	
		We will be reviewing these skill gaps as part of the Whole Island Review process.	
43.5	Future	Counsellors working in schools and the community will receive further training to improve evidence-based care	
		See previous point re: scoping of school commissioned provision. Once we have completed a survey via the PSHE network with schools to better understand which services are currently commissioned by schools we will be in a better position to advise on the most suitable evidence based approaches which local schools may wish to consider commissioning.	
44	Future	<b>Building on the success of the CYP IAPT transformation programme by rolling it out to the rest of the country and extending competencies based on the programme's principles to the mental wellbeing workforce, as well as providing training for staff in schools.</b>	
		We will be happy to share learnings with national partners from the CYP IAPT programme once we have a fully operational CYP IAPT system established with our mental health providers on the Island	
45	Future	<b>Developing a comprehensive workforce strategy, including an audit of skills, capabilities, age, gender and ethnic mix.</b>	
		This work has previously been completed by our CAMHS provider so would require building on this and incorporating the needs around CY-IAPT and the new eating disorder standard. The latter is incorporated into our collective commissioning of a community eating disorder service with Southampton and Portsmouth.	See WISER scoping document

## Appendix 1 Strategic Plan

1.Promoting resilience,prevention and early intervention				
Key Outcomes	Action	How will we know we have made a difference?	Lead	Timescale
More children and young people will have good emotional health and resilience through early programmes of prevention and support	Develop whole school approaches to promote good mental health and emotional wellbeing by: <ul style="list-style-type: none"> <li>• Providing mindfulness training in schools</li> <li>• Providing emotional resilience training in Schools for C &amp; YP</li> </ul>	Reduction in the number of Tier 2 referrals to CCAMH and AQP services  More children will report resilience more from education and anti-bullying workshops	IW LA Education Officer / Primary & Secondary Heads / Service Leads for voluntary Sector Organisations	December 2016
	Campaign to raise awareness of mental health issues for children and young people by getting emotional wellbeing and mental health talked about openly with a focus on parity of esteem and use of the “Time to Change” website in schools	Children and Young people can: <ul style="list-style-type: none"> <li>• speak openly about emotional wellbeing and mental health needs and are confident to seek support</li> <li>• greater awareness of the factors that influence mental health in children and young people</li> </ul>	IW NHS Trust CCAMHS Service Lead /  Service Leads for Voluntary Sector Organisations/ IW LA Education Officer / Primary & Secondary Heads	April 2017

		<ul style="list-style-type: none"> <li>greater awareness of why good mental health is important and how it has a direct effect on physical health</li> </ul>		
	Provide workshops in schools for children and young people on: <ul style="list-style-type: none"> <li>Anxiety</li> <li>Stress</li> <li>Depression</li> <li>Self-esteem</li> <li>Anti-bullying</li> <li>Emotional resilience</li> </ul>	<ul style="list-style-type: none"> <li>Increase referrals and access to signposting and support for mild to moderate anxiety, stress and depression</li> <li>Improve treatment outcomes anxiety, stress and depression</li> </ul>	IW NHS Trust CCAMHS Service Lead / Service Leads for Voluntary Sector AQP Providers	April 2017
	Provide quick and easy access to advice and support from: <ul style="list-style-type: none"> <li>Drug &amp; alcohol services</li> <li>Family liaison offers</li> <li>School nursing</li> <li>Pastoral support/PSHE programmes</li> <li>AQP counselling services/CCAMHS</li> </ul>	Single care pathway available to all referrers enabling step up and step down when required <ul style="list-style-type: none"> <li>Children &amp; YP</li> <li>Parents</li> <li>Carers</li> <li>Partner agencies</li> </ul>	Public Health Development Commissioner / IW NHS Trust CCAMHS Service Lead / Service Leads for Voluntary Sector Organisations / YOT Service Lead	July 2016
	Engage schools in understanding transition supporting children	All Yr6/7 pupils will have a Health Check report which is shared with school, GP, parent/carer	Public Health Development	April 2017

	<p>and young people when moving from primary to secondary education</p> <p>Ensure screening assessment of all children to identify those with mild needs in year 6 to assist with transition to secondary school</p> <p>Ensure schools nurses provide the link between primary and secondary school working with SENCOs to pass information on</p>	and provides onward referral to appropriate services where deemed necessary	Commissioner School Nurse Team Lead	
	Provision of support during the summer term/holidays run by CCAMHS (Coping CAT) / Voluntary Sector	Support provided in Schools during summer holidays for those due to transition and those needing pre/post exam support	IW CCG Head of Commissioning for CYP / IW NHS Trust CCAMHS Service Lead / Service Leads for Voluntary Sector Organisations	July 2016
	Support self-care by developing the Check it Out APP and live chat service for children and young people to include information and signposting for those with special educational needs and disabilities	Information and Signposting to local services so that CYP know where and who to go to for support and help	IW CCG Commissioning Manager for CYP	April 2016
	Promote early intervention in	Information support and advice fed back to GP /	IW NHS Trust CCAMHS	April 2016

	universal services, working closely with GPs and children's centres to improve access to early support at a primary care level	Childrens Centres from CCAMHS/ voluntary sector Tier 2 counselling service regarding how to provide ongoing support where appropriate	Service Lead / Service Leads for Voluntary Sector Organisations / IW LA Early Help Service Manager	
	Build emotional resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support such as: <ul style="list-style-type: none"> <li>• Antenatal classes to include a focus on vulnerability and risks for parental mental health, substance abuse etc. which may contribute to poor attachment and bonding</li> <li>• "How to survive your children" – Resilience training for parents of children with Learning Disability and/or Autistic Spectrum Disorder.</li> <li>• Solihull Training</li> </ul>	Parents and carers will receive intervention and support at the earliest possible time.	Service Leads for Voluntary Sector Organisations Voluntary Sector / Health Visiting Team Lead / IW CCG Head of Commissioning for CYP / IW LA Early Help Service Manager / IW NHS Trust CCAMHS Service Lead	April 2018

## 2.Improving access to effective support – a system without tiers

Key Outcomes	Action	How we will know we have made a difference	Lead	Timescale
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	Recommission current Community CAMHs and AQP provision to deliver CYP IAPT	<ul style="list-style-type: none"> <li>• Increase numbers accessing treatment for mild to moderate anxiety, stress and depression</li> <li>• Improve treatment outcomes anxiety, stress and depression</li> <li>• More children and young people will self-refer and receive support earlier</li> <li>• More children and young people will have a choice of where they go to get support</li> </ul>	CCG	April 2017
More Children and young people will have more timely access to appropriate services supporting their emotional and mental health needs from all agencies both statutory, independent and voluntary  Look at implementing CYP IAPT	Explore the use of drop in clinics through the Tier 2 counselling service and ensure that all agencies are aware of the service provided including choices around venue and provider	<ul style="list-style-type: none"> <li>• Increase numbers accessing treatment for mild to moderate anxiety, stress and depression</li> <li>• Improve treatment outcomes anxiety, stress and depression</li> <li>• More children and young people will self-refer and receive support earlier</li> <li>• More children and young people will have a choice of where they go to get support</li> </ul>	Service Leads for Voluntary Sector Organisations / IW CCG Head of Commissioning for CYP	By April 2016
	Ensure from January 2016 that Isle of Wight CAMHS data is uploaded to the Mental Health Services Data set which has been approved through the SCCI process for collection	<ul style="list-style-type: none"> <li>• Improved outcome data</li> <li>• greater accessibility and choice</li> <li>• Establish baseline</li> <li>• Identify and fund growth to meet the need of children and young people with mild to moderate anxiety, stress, depression and SMI's</li> </ul>	Service Leads for Voluntary Sector Organisations / IW CCG Head of Commissioning for CYP / IW NHS Trust CCAMHS Service Lead	By April 2016  April 2017  April 2018
	Develop self-help, peer and parent support groups with voluntary agencies providing volunteer co-ordination,	Children, young people, parents and carers will have an active involvement in the design and delivery of services (co-production)  Decrease in the number of children and young people accessing treatment for anxiety, stress and depression	Public Health	By April 2018



<p>Exploring the use of the Young Devon Model of delivery</p>	<p>peer training and on-going support</p>			
<p>Working with the voluntary sector to deliver this approach</p>	<p>Improve communication and signposting amongst all agencies by:</p> <p>Developing the FIZ professional portal improving access to information guidance and support available to all professionals working with children and young people</p> <p>Providing information and signposting to the local offer website to improve access to local resources</p> <p>Provide information via the check it out APP for access and signposting to local support services</p>	<p>All children, young people and their families and professionals know where and who to go to, to get the right information, support and guidance</p> <ul style="list-style-type: none"> <li>• FIZ</li> <li>• CCG Website</li> <li>• SEND Local Offer</li> <li>• MLAFL</li> <li>• CIO</li> </ul>	<p>IW CCG Commissioning Manager for CYP / IW LA Youth Offer and quality performance officer / SEND reforms Commissioning Manager</p>	<p>By April 2016</p>
	<p>Ensure the support and</p>	<p>All young people in crisis receive the support and</p>	<p>IW CCG Head of</p>	

<p>intervention for young people identified and planned in the IW mental health crisis care concordat are implemented.</p>	<p>intervention required, this will include:</p> <ul style="list-style-type: none"> <li>• Crisis Support 24/7 in place</li> <li>• Reduction in the use of the s136 suite</li> <li>• Reduction in inappropriate admissions to hospital</li> <li>• Reduction LOS</li> <li>• Young people will have a safe pathway of care and support if presenting in a mental health crisis to the police</li> <li>• Young people in mental health crisis will know who to contact for support</li> </ul>	<p>Commissioning for CYP / IW NHS Trust CCAMHS Service Lead and Head Operations</p>	<p>Phase 1 Nov 2015</p> <p>Phase 2 April 2016</p> <p>Phase 3 April 2017</p>
<p>Development of Perinatal Care pathway;</p> <p>Recruitment of a Perinatal Lead Nurse to co-ordinate Island resources and link into NHS England specialist provision</p> <p>Health Visitors to lead 0-5 infant attachment group for children identified Mums with PND:</p> <ul style="list-style-type: none"> <li>• Infant massage</li> <li>• Mindfulness for Mums Group</li> </ul>	<ul style="list-style-type: none"> <li>• Earlier access to preventative care in the early years pathway</li> <li>• Care pathway to support mothers at risk of PND and puerperal psychosis</li> <li>• Timely access to treatment and support</li> </ul>	<p>CCG, Public Health Commissioner / Health Visiting Team Lead / Maternity Lead/ IW LA Early Help Service Manager</p>	<p>By April 2017</p>
<p>All Schools will assess their school environment</p>	<p>More children will have access to a nurturing environment within school supporting their emotional wellbeing and</p>	<p>IW LA Education Officer / Primary &amp; Secondary</p>	<p>By April 2018</p>

	and its impact on the emotional wellbeing of its pupils and will set clear goals and an action plan to implement changes where necessary	improving access to education	Heads	
	Review CCG investment in YOT following planned reconfiguration with a focus on provision of support for mental health and emotional resilience	Children and young people who are known to the criminal justice system will receive the emotional and mental health support they require	IW CCG Head of Commissioning for CYP / YOT Service Lead	By March 2016
All partners across education, health, social care and youth justice will work together to develop appropriate and bespoke care pathways that incorporate models of effective evidence based interventions	Ensure access to appropriate joined up services and support via CCAMHS, Paediatrics and voluntary sector is made available particularly for those with a diagnosis of Learning Disability, ASD and/or ADHD. This will be achieved by: <ul style="list-style-type: none"> <li>Review evaluation report recommendations from the pilot project for sensory integration for future provision</li> </ul>	Children and young people with a Learning Disability, ASD and/or ADHD will have access to pre and post diagnosis support which will contribute to: <ul style="list-style-type: none"> <li>An enhanced health related quality of life for children with mental health conditions</li> <li>Increased expedient access for assessment, therapy, treatment and advice</li> <li>An enhanced positive experience of care in the community</li> </ul> Children, young people, parents, carers and professionals have: <ul style="list-style-type: none"> <li>a clear understanding of the referral criteria and</li> </ul>	IW CCG Lead for CYP / IW NHS Lead Paediatric Consultant / IW LA Education Officer / Barnardo's Service Lead	December 2016

	<ul style="list-style-type: none"> <li>Evaluating the parenting support service for children with a diagnosis of ADHD and agreeing on recurring investment going forward</li> </ul> <p>Develop clear care pathways (NICE evidence based treatment compliant) that all partners are signed up to (including NHS England specialist commissioning and offender health)</p> <p>This will be achieved through Whole Integrated System Review (WISR) which will include all paediatric services, child and adolescent mental health, learning disability, ASD and/or ADHD.</p> <p>The output of which will be:</p> <ul style="list-style-type: none"> <li>Clear pathways for 0-</li> </ul>	<p>pathways</p> <ul style="list-style-type: none"> <li>receive timely access to treatment</li> </ul> <p>The review will ensure health services are:</p> <ul style="list-style-type: none"> <li>In line with the recommendations from the CQC Inspection that took place in 2014</li> <li>the service review conducted by the RCPCH In Nov 2014</li> <li>Fit with sustainable paediatric Wessex Strategy</li> <li>Reduction in hospital admissions for children and young people</li> <li>Improve access to paediatric services in the community</li> <li>Ensure families feel more supported and are able to adjust more quickly to long term illness</li> <li>Ensure improved case management</li> </ul> <p>Work with primary care and Wessex to support training and development in GP practices to prevent unnecessary admissions for short stay acute activity</p>	<p>WISR/ IW CCG Commissioning Lead for CYP / IW NHS Trust Health Visiting Lead and School Nursing Lead / IW NHS Trust CCAMH Service Lead / Service Managers for Voluntary Sector Organisations / IW LA Education Officer</p>	<p>December 2016</p>
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	<p>5s preventative care for perinatal mental health and infant mental health</p> <ul style="list-style-type: none"> <li>• ASD pathways for children and young people</li> <li>• ADHD pathways for children and young people</li> <li>• Clear pathways for children and young people with life limiting illnesses</li> </ul> <p>CYP IAPT pathway (reconfiguration of current CCAMH and Voluntary Sector AQP counselling services)</p>			
	<p>The Access and waiting time standard for children and young people with an eating disorder will be delivered by Southampton, Portsmouth and the Isle of Wight aligning to a combined population of 613,263 and providing a Tier 3 eating disorder service that links with local CAMHs.</p>	<p>Develop plans with Southampton and Portsmouth that link to local provision;</p> <p>Establish baseline and metrics:</p> <ul style="list-style-type: none"> <li>• Use PROMs to support collaboration</li> <li>• Develop CYP IAPT (CEDs-CYP)</li> <li>• Investment in primary data collection system</li> <li>• Establishment of standardised outcome measures</li> <li>• To record % of cases that receive NICE concordant treatment within the standards timeframe 100% seen within 4 weeks by March 2016</li> <li>• To record % of cases that have outcomes data entered electronically on to the IT system</li> </ul>	<p>CYP commissioning Managers Southampton, Portsmouth &amp; Isle of Wight</p>	<p>March 2016</p> <p>April 2017</p>

		<ul style="list-style-type: none"> <li>• To accurately record patient status as either routine, urgent and emergency in % of cases</li> <li>• Reduction in NHS England placements</li> <li>• Reduction in LOS in NHS England placements</li> </ul>		April 2018
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### 3.Ensuring the most vulnerable are supported

Key Outcomes	Action	How we will know we have made a difference	Lead	Timescale
The most vulnerable children have timely access to a range of services to support their emotional wellbeing and mental health	<p>We will achieve this through the Whole Integrated System Review (WISR) and then commission specialist support services for the most vulnerable children to include:</p> <ul style="list-style-type: none"> <li>• those with learning disability</li> <li>• ASD</li> <li>• ADHD</li> <li>• Looked after children</li> <li>• behaviour that challenges</li> <li>• suffered bereavement</li> <li>• in the criminal justice</li> </ul>	The most vulnerable children and young people have timely access to pathways and where appropriate specialist services (NICE)	IW CCG Head of Commissioning for CYP / Public IW LA Director of Children's Services / IW CCG Head of Continuing Care / IW LA Transitions Team Lead /	By April 2017

	system			
	Prioritise access to provision for looked after children (LAC Nurse, School Nursing Service, CCAMHS and voluntary sector)	All looked after children will be able to; <ul style="list-style-type: none"> <li>• access support in an expedient way</li> <li>• at a time</li> <li>• and place most convenient to them</li> </ul>	IW NHS Trust LAC Nurse / IW NHS Trust CCAMH Service Lead/ IW NHS Trust School Nurse Team Lead / Voluntary Sector Service Leads	By April 2017
	Provide community PCSO's /local area co-ordinators supporting vulnerable children and young people to be independent within their own communities	Children, young people with learning disability, ASD, ADHD and or behaviour that challenges are supported to be independent within their own communities	Police Neighbourhood and prevention Team Lead / Voluntary sector service Leads / IW CCG Head of Commissioning for CYP	By April 2017
	Provide access to psychiatric liaison 24/7 for children & Young people	Children, young people with learning disability, ASD, ADHD, Mental Health their parents and carers will have access to support and guidance from a psychiatric liaison 24/7	IW CCG Head of Commissioning for CYP / IW LA Director of Childrens Services/ IW NHS Trust COO	December 2018

#### 4.Accountability and transparency

Key Outcomes	Action	How we will know we have made a difference	Lead	Timescale
Ensure EWMH consultation information, plans and finance information is publicly available and accessible	Transformation Plan included on public website	-	CAMHS commissioner	By Jan 2016
	Ensure all CAMHS data is uploaded as part of updated national CAMHS dataset		CAMHS service manager	By Jan 2016
	Scope the current use of		WISER Programme	By Jan 2016

	technology by services delivering support for children and young people		manager	
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### 5.Developing the Workforce

Key Outcomes	Action	How we will know we have made a difference	Lead
Extend across the children’s workforce training and understanding of emotional wellbeing and mental health needs of isle of Wight children and young people	Ensure future workforce demand for the children’s workforce development, training and integrated leadership is addressed as a priority within Vanguard “ My Life a Full Life” workforce program	The Whole System Integrated Review will take into account the children’s workforce and its impact on whole life pathways of care and will ensure there is sufficient capacity within services to meet the needs of children and young people presenting with mental ill health.	IW CCG Heads of Commissioning for CYP & Workforce
	Ensure there is a holistic approach to training across all agencies	All professionals working with children will be able to recognise earlier the signs of mental ill health in CYP	All members of the Isle of Wight Strategic Group for Emotional Wellbeing and Mental Health
	Ensure the Common Assessment Framework (CAF) process is understood by all professionals	All professionals will know when and how to initiate a CAF	IW LA Early Help Service Manager
	Ensure Mental Health First aid training is delivered and accessible to all staff in all schools through workforce development.	Increase in numbers accessing Tier 2 CCAMH and AQP provision	Public health/ IW LA Education Officer / Primary & Secondary Heads / Service Leads for voluntary Sector Organisations
	Ensure the Multi Agency Safeguarding Hub, led by children’s social care is	All professionals will know when and how to access the Hub	IW LA Director of Childrens Services



	understood and utilised appropriately		
	Provide Solihull training and train the trainer program and explore Incredible Years Training – Dr Carolyn Webster Stratton	Increased access to Solihull parenting programme	IW LA Early Help Service Manager / IW CCG Head of Commissioning for CYP
	Ensure professionals are equipped to keep themselves emotionally well by utilising psychology online, Silver-cloud, Mindfulness sessions etc.	Increase access to; <ul style="list-style-type: none"> <li>• Silver-cloud</li> <li>• Psychology Online</li> <li>• Mindfulness</li> <li>• Reduction staff sickness</li> </ul>	All members of the Isle of Wight Strategic Group for Emotional Wellbeing and Mental Health
	Work with Southampton and Portsmouth CCG and the Isle of Wight CCAMHs team to provide a Tier 2-3 Eating Disorder Service and develop materials to support GPs, Schools, Parents, Children and Young people.	<ul style="list-style-type: none"> <li>• Implement screening tool on VISION System for GPs</li> <li>• Schools will recognise indicators of eating disorder ensuring earlier intervention and referral to support services</li> <li>• Fully Implemented Junior Marsipan guidelines and Isle of Wight Eating Disorder Care Pathways</li> </ul>	IW CCG Head of Commissioning for CYP / IW NHS Trust CCAMH Service Lead
	Provide multidisciplinary training in perinatal mental health and infant mental health, in	Health visitors will be trained to deliver support to the 12% of women on the island who suffer with postnatal depression each year.	IW CCG Head of Commissioning for CYP / IW NHS Trust Health Visitor Lead

	<p>particular to develop the early years workforce and train health visitors to provide:</p> <ul style="list-style-type: none"><li>• Infant massage</li><li>• Mindfulness for Mums</li></ul> <p>Recruitment of a Perinatal Lead Nurse to co-ordinate Island resources and link into NHS England specialist provision</p>		
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## Appendix 2

### Transformation Plan – Project Plan



Transformation\_Plan  
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## Appendix 3

### Transformation Dashboard



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## Appendix 4

### Community CAMHS Service Specification 2015/16

<b>Service Specification No.</b>	<b>Ref. 77 Mental Health</b>
<b>Service</b>	Community Child and Adolescent Mental Health Service
<b>Commissioner Lead</b>	Head of Community Commissioning, IOW CCG
<b>Provider Lead</b>	Acting / Associate Director, Community Health Directorate, IOW NHS Trust
<b>Period</b>	1 April 2015 – 31 March 2017
<b>Date of Review</b>	Annually

#### **1. Population Needs**

##### **1.1 National/local context and evidence base**

Child and Adolescent mental health is everyone's business (Sainsbury Centre for mental health, 1997 together we stand)- this statement from Together We Stand captures the underpinning principle and which reinforces the range of opportunities for developing and supporting positive mental wellbeing by professionals and carer's.

In 1995, the NHS Health Advisory Service published a thematic review of child and adolescent mental health services (Together We Stand), which offered a conceptual model of a four-tier framework for commissioning and delivering comprehensive services and provided the following outline for mental health well being:

##### Mental Health Well Being

- A sense of personal well-being;
- A capacity to form mutually satisfying relationships with others;
- Being able and prepared to adapt within a normal range of psychological and social demands appropriate to a given stage of development.
- An ability to learn new skills appropriate to age and developmental competence.

Traditionally the CAMHS tiers are used to conceptualise the different elements of services available to support mental health well being, although the model is open to local interpretation and understanding:

- Tier 1 Universal services, early identification and prevention (GPs, health visitors, teachers, youth workers etc.)
- Tier 2 Uni-disciplinary working, consultation, assessment, training (primary mental health workers, psychologists, paediatric clinics)
- Tier 3 Multi-disciplinary team, child psychiatry out patient, specialized mental health working
- Tier 4 Highly specialised services such as in-patient units or intensive outreach services. (SCMH, 1997 Ibid) for those with the most severe problems

This service is expected to comply with all relevant legislation, regulations and statutory circulars insofar as they are applicable to the services provided, these include, but are not exclusive to those listed in 4.1 and 4.2 of this service specification.

In addition the service is expected to comply with all local safeguarding policies and procedures.

**Local Strategic Context:**

The service will achieve relevant outcomes of the Every Child Matters: Change for Children programme and the National Service Framework for Children, Young People and Maternity Services, specifically, although not exclusively, Standard 9, The Mental Health and Psychological Well Being of Children and Young People. The service will also support the priorities agreed in the local Children and Young People's Plan.

The Isle of Wight Children & Young People's Plan 2014-2017 identifies 5 priorities

1. Securing children and Young Peoples, emotional, mental and physical health.
2. Helping children and Young people to be safe and feel safe
3. Improving education to provide all children and young people with outstanding learning opportunities
4. Inspiring and providing equal opportunities for all children and young people to achieve their goals and dreams
5. Addressing the incidence and reducing the impact of poverty on the achievement and life chances of children and young people

The Isle of Wight JSNA (2011-12) emphasised the need to continue to improve the emotional wellbeing and mental health of children and young people.

**2. Outcomes**

## 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	✓
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	✓
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	✓
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	✓
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	✓

## 2.2 Local defined outcomes

- Providing a Community CAMHS with an increased accessibility to user friendly services.
- Strengthening the inter-agency communication to promote the mental health and wellbeing and safety of all children and young people.
- Encouraging young people to participate in positive activities to develop personal and social skills, promote wellbeing and reduce behaviour that puts them at risk.
- Aim to ensure that all children, young people and their families have access to mental health treatment based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.
- Contributing to the improvement of the emotional well being and mental health of all children and young people on the Isle of Wight.

## 3. **Scope**

### 3.1 **Aims and objectives of service**

#### **Aims:**

The service vision is to promote the idea that the mental health and psychological wellbeing of children and young people is everybody's business, whilst developing high quality innovative service models which focus on early intervention and prevention, demonstrate value for money and are evidence based in line with the best current outcome research:

- To improve and enhance the emotional wellbeing and mental health of children and young people who are experiencing emotional and mental ill health.
- To improve high quality comprehensive multi-disciplinary and multi-model specialist child mental health provision to the children and families of the Isle of Wight and support transition to adult services where appropriate.

#### **Objectives:**

The objectives of the service are stated in the National Service Framework for Children, Young People and Maternity Services Standard 9: The Mental Health and Psychological Well-being of Children and Young People as Markers of Good Practice:

- All staff working directly with children and young people have sufficient

knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.

- Also that arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.
- A variety of therapeutic skills are needed, including behavioural, cognitive, interpersonal/psychodynamic, pharmacological and systemic approaches. These skills are not necessarily all vested in particular disciplines so that a combination of a skill based and professional based approach to team development is appropriate.
- Children and adolescent mental health (CAMH) professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMH expertise.
- Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.
- All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services.
- The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multiagency approach.
- When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuation of care is ensured by use of the 'care programme approach'.

### 3.2 Service description/care pathway

Targeted and specialist community Child and Adolescent Mental Health Services will be provided to children and young people aged 0 - 18 years with complex emotional wellbeing or mental health needs, residing on the Isle of Wight.

Within the overall target group of children and young people, the service will explicitly make provision to meet the needs of at risk and vulnerable groups of children and young people experiencing emotional or mental ill health.

The Children and Young Peoples Plan will be a source of information to support service delivery requirements for particular groups these will include but not be limited to:

- (a) Children in care, care leavers and adopted children and young people.
- (b) Children with a learning disability and disabled children including those with sensory needs.
- (c) Children with long term chronic health conditions.
- (d) Young people within the Youth Justice System
- (e) Children and young people subject to a child protection plan.
- (f) Homeless children and young people.
- (g) Asylum seekers.
- (h) Black, and minority ethnic groups, and travelers.
- (i) Lesbian, Gay, Bisexual and Transgender Young People
- (j) Children of mentally ill parents.
- (k) Children and young people excluded from or at risk of exclusion from mainstream education.
- (l) Children not in education, employment or training, (NEET).
- (m) Children and young people who have drug and alcohol problems.



- (n) Children and young people who have been sexually abused or are abusers.
- (o) Young carers.
- (p) Children and young people at risk of suicide.
- (q) Children and young people who have been bereaved.
- (r) Teenage parents.

CAMHS will provide children looked after and their carer's are provided with timely and appropriate mental health services, to promote the child's psychological health and to support their placement,

Services need to contribute to the provision of services aimed at helping parents to improve the emotional health and psychological well-being of their children, childhood resilience and confident parenting.

The service will work in partnership with parents and carer's and in an integrated way across General Practice, community health services, Children's Centres and other relevant providers.

Workforce modeling will reflect the skills knowledge and expertise required to deliver the service. The service will be flexible and responsive, adapting to the individual needs of children and families in terms of their requirements e.g. level of risk, culture, ethnicity, language and disability.

The provider will be required to evidence effective working arrangements with a range of local services to deliver the evidence based service e.g. Children's Centres services, GPs, drug and alcohol services, community services etc.

The provider will be expected to use evidence based provision and to demonstrate health outcome benefits.

### 3.2.1 Diagnoses and need categories

The provider will offer services when required, through a thorough mental state assessment to children and young people who have a range of needs. These will include (but are not exclusive to):

- (a) Hyperkinetic disorder.
- (b) Emotional and mood disorder.
- (c) Conduct disorder.
- (d) Eating disorder.
- (e) Psychotic disorder.
- (f) Deliberate self harm.
- (g) Substance misuse including dual diagnosis.
- (h) Anxiety disorder.
- (i) Autistic spectrum disorder (ASD).
- (j) Attention deficit hyperactivity disorder (ADHD).
- (k) Developmental disorder.
- (l) Post traumatic stress disorder.
- (m) Complex grief reaction.
- (n) Chronic attachment difficulties.
- (o) Long term physical conditions.

(p) Sexually problematic behaviours.

### 3.2.2 Interventions to be offered

The provider will offer a range of evidence-based direct therapeutic interventions including individual and family work to children and young people with identified emotional wellbeing and mental health issues. As a minimum the following interventions will be offered (this list is not exhaustive):

- (a) Family therapy.
- (b) Psychotherapy.
- (c) Trauma related therapy.
- (d) Solution focused therapy.
- (e) Pharmacological treatment.
- (f) Cognitive behavioural therapy.
- (g) Systemic therapy.
- (h) Psychodynamic use of play.
- (i) Creative therapies.
- (j) Group work.
- (k) Attachment work.
- (l) Complex grief interventions.
- (m) Individual support.

In addition the provider will offer consultation, support and training to other professionals and carers, particularly those working in universal services engaged in delivering emotional health and wellbeing services this will include (where appropriate):

- Advice and consultation to other professionals in relation to children's mental health and well-being.
- Multi-agency training and education as appropriate.
- Contribution to formal assessments to support the child or young person including Children's services and community and acute paediatric services.
- Emergency assessments where there is risk of serious self-harm to the child or others
- Contribution to Child Protection planning.
- Contribution to multi-disciplinary assessment for children, young people and their carer's.

The Provider will:

- Ensure that any child or young person who has an urgent and severe level of need receives a rapid response to that need.
- Aim to improve the emotional well-being and mental health of children and young people.
- Treat children, young people and their carers with respect & dignity, ensuring they are appropriately safeguarded and are enabled to contribute to planning their care, enabling choice and care that is personalised wherever possible.
- Aim to reduce the impact of risk factors and promote positive protective factors.
- Aim to reduce the length of inpatient admissions.
- When children and young people are discharged from in-patient services into their community and when young people are transferred from child to adult community

services, their continuity of care is maintained, by application of the appropriate community transition protocols.

- Work in partnership to address the needs of children, young people and their carers.
- Base the planning of child and adolescent mental health services on a sound mental state assessment.
- Provide child and adolescent mental health treatment that is evidence based.
- Aim to deliver services that are accessible, prompt and flexible.
- Ensure that all staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.
- Ensure and value open communication.
- Value the knowledge and contribution which can be made to service improvement by gaining the views of, and working in partnership with children, young people, their carers and professionals.

### 3.2.3 Service model

The service will offer an appropriate range of NICE evidence-based services and link to specialist commissioning as appropriate in a timely way:

- (a) Appointments are flexible and failure to attend is followed up, and alternatives offered. Referrers are informed of those children/young people who do not attend when relevant and with the consent of the child/young person.
- (b) Community CAMHS staff are flexible about where children, young people and families are seen in order to improve access and engagement. This includes the use of multimedia as a way of communicating.
- (c) Local need for services is identified by a full needs assessment including the JSNA, to ensure equity of provision and access.
- (d) Localised delivery is tailored to the needs of individual service users, families and carers.
- (e) Multi-disciplinary single point of referral to the community service with effective triage of referrals to ensure appropriate services are offered.
- (f) The Service will work in partnership with the Local Authority regarding the development of multi-agency care pathways.
- (g) Children and young people in care, or those who are adopted, and care leavers will be given priority consideration as their assessment requires.
- (h) All children and young people with a learning disability and a mental health disorder have access to appropriate Community CAMHS, as required.
- (i) The needs of children and young people with complex, severe and persistent behavioural and mental health needs will be met through multi-agency interventions.
- (j) Contingency arrangements are agreed at senior officer level between Community CAMHS, health, social care and education to meet the needs and manage the risks associated with this particular group.
- (k) The needs of other vulnerable, hard to reach or minority groups of children, young people and their families, e.g. black and ethnic groups, travellers, asylum seekers, will be given priority consideration, as their assessment requires.
- (l) Staff are matched to service users by ethnicity and gender where possible and appropriate.
- (m) Clear information about services, thresholds and interventions is available to all service users and stakeholders, including those whose first language is not

English.

### **3.2.4 Assessment**

The assessment should be:

- Systematic and carried out with the individual concerned enabling them to identify their own needs undertaken with due regard to confidentiality
- Thorough and comprehensive
- Holistic for health, social care and education
- Multi-disciplinary where appropriate, with information gathered from child, young person and family/ carer
- Explained to the child or young person in terminology appropriate for them
- Carried out in the most appropriate setting.
- Include a risk assessment and if necessary child protection procedures (as per local policy)
- Include links to CAF where appropriate

### **3.2.5 Care Pathway**

There will be agreed referral routes and pathways for entry to Community CAMHS with CCG.

The provider will work with partner agencies to contribute to co-ordinated service delivery across the full range of need. This will mean that multi-agency care pathways/protocols will be developed for behaviours indicative of a range of presenting conditions which will include those outlined in 3.2.1 of this specification.

Specifically, the service will provide support to children and young people open to the Paediatric and Community CAMH Services, who have a diagnosis of Autistic Spectrum Disorder and are experiencing co-existing mental health disorders or behaviour that challenges.

### **3.2.6 Location(s) of service delivery**

The service will ensure:

- Community CAMHS is delivered in community settings which support service user engagement and the young person's sense of being valued.
- Settings will be welcoming, attractive, age appropriate, young person friendly and well designed and have the facilities to meet service needs. Staff should ensure that they respect the rights, dignities and privacy of children and young people, using the You're Welcome Quality Criteria.

### **3.2.7 Days/hours of operation.**

- Weekday access (7.5 hours daily) for normal and emergency assessment, treatment and administrative services. A child and adolescent consultant psychiatrist or designated cover will be available during these hours.

- Emergency services available outside business hours (including weekends and Bank Holidays), supported by adult services.

### **3.2.8 Referral criteria and response time.**

The service will operate an emergency response to children and young people who require mental state assessment, ensuring that children can be seen within 24 hours of referral in accordance with protocols.

For non urgent cases, children and young people will start their treatment within a maximum of 12 weeks from the time they are referred for non-emergency treatment, unless they choose to wait longer or it is clinically appropriate to do so.

The service will be expected to provide accurate and accessible information on waiting times, including any internal waiting times for treatment. Information should be available on individual referrals and as an average for all referrals.

### **3.2.9 Referral processes**

There will be agreed referral routes and pathways for entry to Community CAMHS with the CCG.

Referrers, GPs, parents, and, where appropriate young people are informed of the outcome of the first attended appointment.

### **3.2.10 Discharge processes**

Discharge will occur when the child or young person:

- No longer requires the support of Community CAMHS.
- Following transfer to mental health services for adults of working age.

Discharge summaries will be provided to referrers and the child or young person's GP within 7 days of discharge. Discharge from the service will be in agreement with the family and follow strict discharge planning protocols including the handover of the child/young person to the provider of the universal health service e.g:

- Children and families who require support on discharge from the service, will be aided using the 'Team around the Child Approach', common assessment framework and a lead professional.
- Efficient hand over to colleagues delivering the universal services.

Community CAMHS will be the sole referral route to Tier 4 inpatient and day patient services in all but exceptional circumstances i.e. out of hours. Admission to Tier 4 will not necessitate discharge and will be supported with mental health practitioners.

### **3.2.11 Transition**

The service will:

- Provide continuity of care for children and young people discharged from inpatient services or transferred from one mental health service to another, supported by clear transition protocols and the use of the 'care programme approach' (CPA).
- CCAMHS will identify any young person from the age of 17 who may require transition to adult mental health services.
- Transitional arrangements will be in place between CAMHS and CMHS to ensure continuity of care/treatment.
- CCAMHS will work in collaboration with the Early Intervention in Psychosis Service

### **3.3 Population covered**

This service specification applies to all children and young people resident on the Isle of Wight and who are registered with an IOW General Practitioner. If it is required for a looked after child placed out of area on the Isle of Wight, CCAMHS will respond to individual referrals as discussed with the commissioner.

### **3.4 Any acceptance and exclusion criteria and thresholds**

The service is only available to persons under 18 years of age (or up to the age of 19 years for those with a learning disability).

In exceptional circumstances, where the needs of the young person take precedence over their chronological age, the service may work with young people over the age of 18 years. This will only be with the agreement of the CCG commissioner.

The service will not be offered to children who do not meet the criteria for the service.

### **3.5 Interdependence with other services/providers**

The service will work with partner agencies to establish good and effective working relationships. This will include working towards clear care pathways and formal working agreements with the following agencies:

- Adult Mental Health Services
- Youth Justice
- Youth Offending Teams
- Universal Services
- Tier 4/Inpatient services
- Substance Misuse Services
- Early Intervention Services
- Out of Hours Services (Including Local Authority and Health)
- Children's Services
- Children Looked After Teams
- Police
- Learning Disability Services
- Community Health Teams
- Hospital Services
- Education

- School Nursing
- Primary Care
- ADRC

### 3.6 Recording and Reporting

CAMHS will:

- Keep records which state the aims of clinical assessment and intervention for each case and make service users aware of these.
- Record clinical activity.
- Ensure that Practice adheres to the National Minimum Standards for Clinical Note keeping.
- Ensure that policies and practice guidance for user participation and involvement in record keeping are developed and implemented.
- Ensure that data protection protocols are adhered to.
- Work with partners and other key agencies to agree, support and implement appropriate information sharing guidance.

## 4. Applicable Service Standards

### 4.1 Applicable national standards (e.g. NICE)

- **National Service Framework (NSF) for Children, Young People and Maternity Services – DH October 2004**
- **Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services. - DH 2006.**
- **Criteria for Assessing Core Standards in 2009/10: Mental Health and Learning Disability Trusts. - CQC 2009**
- Every Child Matters – HM Government 2003
- Aiming High for Disabled Children 2007
- The Healthy Child Programme 2008
- Healthy Lives Brighter Futures: The strategy for children and young people's health. DH/DCSF 2009
- Children Act 1989
- Children Act 2004
- Children and Families Act 2014
- The Mental Health Act – HM Government (as amended 2007)
- Improving Access to Child and Adolescent Mental Health Services – DH/DFES 2009
- Statutory Guidance on Inter-Agency Co-operation to improve the Well-being of Children: Children's Trusts – HM Government 2005
- No Health Without Mental Health – DH 2011
- Working Together to Safeguard Children – HM Government 2010
- Medicines for Children and Young People (NSF)
- Choosing Health – DH 2004
- Disability Discrimination Act 1995
- Hear by Right Standard – National Youth Agency 2005
- Responding to Domestic Abuse: A Hand Book for Health Professionals – DH 2005
- The Common Assessment Framework for Children and Young People – Practitioner's Guide – HM Government 2006

- Adoption and Children Act 2002
- Our Health Our Care Our Say 2006
- The Children's Plan 2007
- Raising Standards – Improving Outcomes 2008
- Relevant NICE Clinical Guidance
- UN Convention on Rights of the child
- Relevant National Screening Committee Guidelines
- Staying Safe Action Plan 2007
- Better Care, Better Lives 2008
- Better Standards Better Care
- High Quality Care for all: NHS Next Stage Review 2008
- The Marmot Review 2010
- **You're Welcome Quality Criteria: Making Health Services Young People Friendly – DH 2007**
- **You're Welcome Quality Criteria Self Assessment Toolkit – DH 2009**
- DCSF (200) 2020 Children and Young People's Workforce Strategy
- Every child Matters: Common Core of Skills and Knowledge for the Children's Workforce – HM Government 2005
- National Occupational Standards for work with parents
- NHS Knowledge and Skills Framework
- Championing Children DfES 2006
- **Autism diagnosis in children and young people: recognition, referral and diagnosis of children and young people on the autism spectrum. Clinical Guideline 128. London: NICE, 2011.**
- **Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults. NICE clinical guideline 72, [guidance.nice.org.uk/cg72](http://guidance.nice.org.uk/cg72)**
- HM Government – No health without mental health
- World Health Organisation. 2004. Promoting Mental Health: Concepts; emerging evidence; practice. Geneva: WHO
- Improving Children and Young People's Health Outcomes: a system wide response 2013

#### 4.2 **Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

- **Children and Young People in Mind: The final report of the National CAMHS review. - DH 2008**
- **Keeping Children and Young People in Mind – The Government's full response to the independent review of CAMHS. DH 2010**
- **New Horizons: Towards a shared vision for mental health - DH 2009.**

#### 4.3 **Applicable local standards**

The service will follow all the local IW NHS guidance, policies and protocols agreed by the IW NHS CCG:

- Local Safeguarding procedures
- Local Area Agreement
- Local applicable IW NHS Trust or multi-agency policies and procedures
- Children and Young People's Plan



- Joint Strategic Needs Assessment [www.iwight.com](http://www.iwight.com)

The service will adhere to the Local Safeguarding Policies, in respect of information sharing and child protection.

#### **4.3.1 Subcontracting**

The provider will be expected to notify the CCG of any sub-contracting arrangements and obtain agreement. Sub-contractors used, will comply with all of the terms of this specification.

#### **4.3.2 Training/ education/ research activities**

The provider is expected to provide a workforce consistent with the effective delivery of the services set out in this specification. The skill mix in teams must ensure a range of clinical professionals who are able to work across universal, targeted and specialist services to deliver evidence based cognitive, behavioural, psychodynamic and systemic skills, complemented by psychiatric medical skills.

It is expected that the provider will ensure that staff receive up to date knowledge and training appropriate to the needs of the children and young people with whom they work.

#### **4.3.3 Risk Management**

The Provider shall meet the risk management requirements appropriate for the care and security of all Patients, including but not limited to measures whereby:

- The risk assessment and management model incorporates the principles of hazard identification, risk reduction, risk evaluation and a recognised risk communication process and recognising the benefits to children/young people of positive and therapeutic risk as a means of promoting emotional development and healthy resilience.
- The Service has a dynamic risk assessment model in place to support clinicians in making day-to-day decisions about individual Patients' care.
- That risk is assessed and reduced throughout the Patient's care and evidenced within the Patient's Care Plan.
- The Provider undertakes significant event analysis of all Serious Untoward Incidents with evidence of identified learning.

#### **4.3.4 Consent and confidentiality**

The service will ensure:

- Community CAMHS is signed up to the IOW Multi-Agency Information Sharing Protocol.
- Community CAMHS staff follow Caldicott and information sharing guidance.
- Children and young people, or their families, consent to referrals and information sharing, and understand the need for this.
- Service user information is kept confidential and shared with consent, except where there is a perceived or actual risk of harm which precludes this.
- Clinical records are kept up to date and secure and there is a clinical records policy

in place.

- Community CAMHS has a confidentiality and consent policy specifically for young people.

#### **4.3.5 Rights and safeguarding**

The service will ensure:

- Staff behave in a way which is inclusive and non-discriminatory and respects the rights of young people.
- Children, young people and their families are treated with dignity and respect and are informed about their rights and protected from abuse through clear safeguarding policies and procedures.
- All staff are subject to appropriate vetting and barring checks and safeguarding training is delivered at appropriate levels.
- Children, young people and their families are informed about procedures to raise concerns.
- Safeguarding policies and procedures are in place to protect young people, and meet NHS and LSCB requirements.
- Patient safety and risk management processes, including between agencies, are in place for all service users and the risk of harm is reduced to a minimum.
- Medicines are cost effectively prescribed, monitored, reviewed and comply with NICE guidelines.
- Resources are allocated equitably according to need. Resource risks are identified, and managed appropriately including notifying the Risk Register.
- An effective out of hours / 24 - 7 service protocol is available to manage emergencies, e.g. Police Protection Order / S 136, with staff appropriately trained and supported and Protocols in place and managed by adult MH services.

### **5. Applicable quality requirements and CQUIN goals**

#### **5.1 Applicable Quality Requirements (See Schedule 4 Parts C)**

100% of Children and Young people requiring joint assessments with paediatrics, social services and education will be completed within the 18 week referral pathway. Any Exceptions will need to be reported individually.

#### **5.2 Applicable CQUIN goals (See Schedule 4 Part [E])**

### **6. Location of Provider Premises**

**The Provider's Premises are located at:** N/A

## Appendix 5

### AQP Service Specification – Community Counselling

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement  
 Optional headings 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<b>Service Specification No.</b>	
<b>Service</b>	Any Qualified Provider Tier 2 Counselling Service for Children and Young People 0 – 18 yrs old (19yrs for C/YP with Learning disability)
<b>Commissioner Lead</b>	Rachael Hayes
<b>Provider Lead</b>	
<b>Period</b>	
<b>Date of Review</b>	Annually for duration of contract

<b>1. Population Needs</b>				
<p><b>1.2 National/local context and evidence base</b></p> <p>To meet the governments Any Qualified Provider requirements to improve patient experience by</p> <ul style="list-style-type: none"> <li>• Increasing patient choice of provider and location of service</li> <li>• To improve the quality and responsiveness of services that are delivered locally</li> <li>• To ensure the views of service users are continually fed into the Service Development and Improvement plan</li> <li>• To provide a counselling service for children and young people 0-18.</li> <li>• To promote the emotional wellbeing of children and their families who seek a service from an independent provider</li> </ul> <p>Tier 2 CAMHS provides a service that engages children, adolescents and their families in a collaborative process based on trust and safety, enabling the empowerment of children, young people and their families in reaching solutions to their problems.</p> <p>Tier 2 CAMHS provides a service that is child, young person and family focused. The needs and rights of children, young people and their families/carers are at the centre of clinical practice and the service that Tier 2 CAMHS provides.</p>				
<b>2. Outcomes</b>				
<p><b>2.1 <u>NHS Outcomes Framework Domains &amp; Indicators</u></b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"><b>Domain 1</b></td> <td style="width: 50%;"><b>Preventing people from dying prematurely</b></td> <td style="width: 25%;"></td> </tr> </table>		<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>			

<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	✓
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	✓
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	✓

## 2.2 Local defined outcomes

The Isle of Wight Children & Young People's Plan 2014-2017 identifies 5 priorities

6. Securing children and Young Peoples, emotional, mental and physical health.
7. Helping children and Young people to be safe and feel safe
8. Improving education to provide all children and young people with outstanding learning opportunities
9. Inspiring and providing equal opportunities for all children and young people to achieve their goals and dreams
10. Addressing the incidence and reducing the impact of poverty on the achievement and life chances of children and young people

The Isle of Wight JSNA (2011-12) emphasised the need to continue to improve the emotional wellbeing and mental health of children and young people.

## 3. Scope

### 3.1 Aims and objectives of service

Children, young people and families/carers using Tier 2 CAMHS can expect;

- To be treated with respect and with dignity
- To receive treatment and care that is appropriate to their needs
- To have their privacy and rights to confidentiality respected
- To be collaborative partners in their treatment and care especially relating to key decision making processes
- To receive a high quality service. The service should be responsive to local need, as accessible as possible, reflect inter-agency working, be equitable in terms of the individual and the area served, and be effective and efficient in operation
- A preventative high quality and responsive mental health service to help resolve immediate problems, but to also generate long-term solutions that will help individuals, families and communities to work towards control over their difficulties.
- A non-judgmental therapeutic environment where young people feel listened to, understood, valued and empowered.

The service will be delivered at appropriate venues across the Island to enable fair access to all.

The Provider is required to monitor Service Delivery in accordance with the Policies and Procedures agreed with the Commissioner and agreed Quality Standards.

The Provider will ensure that service user's rights to privacy, choice, dignity and

confidentiality are respected at all times within the constraints of the Local Safeguarding Children's Board, which will be explained in advance.

The Provider will ensure that all service users are aware of the rules and procedures pertaining to the Service. These will include:

- Complaints and representations procedure
- Fire procedures
- Confidentiality procedure

The Provider will follow the Local Safeguarding Children's Board procedures.

Service Users will be encouraged and supported to develop the ability and desire to achieve appropriate levels of autonomy and degrees of independence within the community. They will also be encouraged and supported if they wish to approach other helping agencies.

The Provider will undertake appropriate and regular market research to investigate the type and level of need of children on the Island for counselling, information and advice services. They will identify any shortfall in the services presently on offer by the Provider and inform the Commissioners of potential service requirements and levels of unmet need.

### **3.2 Service description/care pathway**

To provide a non-judgemental basic counselling service as the first point of contact/assessment for children, young people and their families seeking counselling and advice. The service provides an independent, confidential, non judgemental service with easy access for those referred. The service also offers support and guidance, and advice and information for parents, guardians and families of children and young people using the service. It is holistic in its approach to resolving individual and family issues and works together in partnership with statutory and charitable agencies engaged in work with children and young people. The service also supports the common assessment framework (CAF) process in referring children, young people and their families into the required pathway.

The Provider provides a service that will be targeted at children, 0-18 and their families.

The provider will refer any service users requiring tier 3 interventions to the GP or community CAMHS. The provider will take advice from CAMHS if unsure of degree of concern. The provider will have a referral protocol in place.

The service is:

- Independent and free of charge
- Safe, appropriate and reliable
- Flexible and responsive to individual need
- Aimed substantially at children, young people and families resident on the Isle of Wight

The service is intended to be available to all children, young people and their families requiring interventions upon receipt of a self referral or referral from a health care professional, GP, Health Visitor, School Nurse, Social Worker or Educational Psychologist. All Counselling Practitioners will have supervision from a clinical psychologist monthly or as required. All Counselling Practitioners must have an enhanced CRB clearance. All Counselling Practitioners must be fully qualified registered and fully insured.

The Provider is expected to provide a workforce consistent with the effective delivery of the service as set out in the Service Specification and it is the responsibility of the Provider to

check that staff delivering the service meet the legal appointment requirements on training, clearance checks including enhanced CRB.

Checks and Professional Memberships. Documentary evidence of this will be requested by the Service Commissioner.

It is expected that the Provider will ensure that staff receive up to date knowledge and regular training appropriate to the needs of the children and young people with whom they work.

The Provider is expected to achieve and maintain You're Welcome Accreditation.

**Care pathway:**

Referrals into the service can be either of the following:

- Self-referral
- GP
- Child Care Professional

In the case of self-referrals, following the second session and receipt of consent from the child/young person, the provider must contact the child/young person's GP or child care professional notifying them of the child/young person's self-referral. This is to ensure that the GP or child care professional is given the opportunity to share with the provider any relevant information that may support ongoing counselling sessions.

Following the initial referral, an informed decision will be made at the end of the assessment period as to the appropriate requirements of each individual for ongoing support which may include a referral to another service/agency that is more suited to the child's/young person's needs.

In the case of self-referrals, following the second session and receipt of consent from the child/young person, the provider must contact the child/young person's GP or child care professional notifying them of the child/young person's self-referral. This is to ensure that the GP or child care professional is given the opportunity to share with the provider any relevant information that may support ongoing counselling sessions.

There may be cases where it is felt the child/young person may benefit from other interventions and in such cases the provider will make the referral and will work in partnership with the other service to ensure the individual's needs are addressed holistically.

The child/young person should not have open ended access, but a clear pathway/sessions agreed following the first appointment.

The child/young person should have no more than six sessions in one treatment block, following the six sessions the report should be sent to the referrer

Should the counsellor identify that further treatment is needed over and above the commissioned six sessions the counsellor will send a request to the commissioner for approval of extra sessions clearly detailing evidence and reasons for the extra sessions, how many sessions are needed and expected outcomes.

The contact with the child/young person should be reviewed at the end of each session and referral to other services where it is recognised as necessary.

The service offered should follow a pattern which:

- i. Reflect the 0-18's service (child and family)
- ii. Monitors and evaluates the progress of the planned response.
- iii. Uses this evaluation to inform the development of future plans.
- iv. A suitable pattern of service delivery would be:

An initial screening assessment contact:

- Face to face
- At the Provider building or satellite project
- Elsewhere within the locality

Which would lead to the following possible outcomes:

- No further action
- A follow up meeting
- A referral back to G.P.
- A decision to offer an initial specified package of up to 6 counselling sessions which would include a review of progress.
- After the agreed counselling sessions the service on offer would be reviewed by the Clinical Supervisor and the Service Manager. A post comprehensive counselling report will be sent to the referrer with details of the work undertaken and outcomes achieved

### **3.3 Population covered**

The Service specification applies to all children and young people 0-18 year olds resident on the isle of Wight registered with an Isle of Wight General Practitioner.

### **3.4 Any acceptance and exclusion criteria and thresholds**

The service is only available to persons 0-18 years of age, displaying mild/moderate mental health and emotional difficulties i.e. anxiety, stress, depression, relationship difficulties, lack of self-esteem and confidence.

In cases of emergency referral i.e. those children and young people who present a risk to themselves or others and require immediate response are better served by accessing tier 3 and should not be accepted for a tier 2 service.

Child protection referrals should not be accepted by the service and must be referred to the interagency child protection team. The service will not be involved in the investigation process, but must pass on any information for the safety of the child or young person.

Parental mental health issues should be referred to the adult mental health team.

### **3.5 Interdependence with other services/providers**

GP's and all professionals working with children, as required. Children with learning difficulties may require support from the Children and Young Adults Disability Service (CYADS) and children's social care teams

## **4. Applicable Service Standards**

#### 4.1 Applicable national standards (eg NICE)

The service is expected to comply with all relevant legislation, regulations and statutory circulars insofar as they are applicable to the services provided, these include, but are not exclusive of:

Every Child Matters	HM Government (2003)
Children Act (1989 and 2004)	HM Government (2004)
The Mental Health Act 1983	HM Government (as amended 2007)
Statutory Guidance on Inter-Agency Co-operation to Improve the Well-Being of Children: Children's Trusts	HM Government (2005)
Working Together to Safeguard Children	HM Government (2010)
Medicines for Children and Young People (NSF)	DfES/DH (2004)
Healthy Lives, Brighter Futures (2009)	DH (2009)

In addition the service is expected to comply with all local and national safeguarding policies and procedures

The services will also implement the following good practice guidance and standards:

Choosing Health	DH (2004)
Common Core of Skills and Knowledge for the Children's Workforce	HM Government (2005)
Hear by Right Standard	National Youth Agency
National Service Framework for Children, Young People and Maternity Services	DH (2004)
Responding to Domestic Abuse: A Hand Book for Health Professionals	DH (2005)
The Common Assessment Framework for Children and Young People: Practitioner's Guide	HM Government (2006)
Improving Access to Child and Adolescent Mental Health Services	DH/DFES 2009
Findings of the National CAMHS Review	2009
Your Welcome Quality Standards	2009
No Health Without Mental Health	DH (2011)

#### 4.2 Applicable standards set out in Guidance and/or issued by a competent body



(eg Royal Colleges)

Liberating the NHS: greater choice and control -Government response. Extending patient choice of provider (Any qualified provider) Gateway 16250

#### 4.3 Applicable local standards

The Provider is expected to report against the Quality Framework that accompanies the Service Specification. It outlines outcomes required; thresholds; indicators and measurements; how the information will be obtained and references relevant good practice guidance and requirements.

### 5. Applicable quality requirements and CQUIN goals

#### 5.3 Applicable quality requirements (See Schedule 4 Parts A-D)

#### 5.4 Applicable CQUIN goals (See Schedule 4 Part E)

### 6. Location of Provider Premises

#### The Provider's Premises are located at:

The provider will deliver the service within community settings including public areas upon request of the service user as long as these are compliant with all applicable health and safety regulations including DDA compliance.

### 7. Tariff

£39 per counselling session (Session = 50 minutes)  
£39 per attendance at a professionals meeting  
£50 per clinical supervision session (frequency = once a month)

## Appendix 6

### Community Eating Disorder Service – Southampton, Portsmouth and the Isle of Wight

#### 1) Purpose

- The purpose of this paper is to describe how the CAMHs service in Portsmouth and Southampton are set up to support young people with eating disorders that include the current ED pathway; the known demand on the service; current dedicated staffing resources in the service and the associated wait times. It then goes on to describe what we feel the current gaps are in the system and a proposal for how those gaps could be addressed by enhancing the current service with the Eating Disorder Transformation money.

#### 2) Background

- The Eating Disorder money allocated to each CCG is as follows:
  - Portsmouth £116,118
  - Southampton £128,744
  - Isle of Wight £ 76,409
- Combined population of 613,263
- The children and young people's eating disorder access and waiting time standard was released in July 2015 and set the direction for improve access and waiting times and the evidenced based treatments offered. The model of care prescribed in the 'Access and waiting time's standard for children and young people with an eating disorder -Commissioning Guide, July 2015' is making recommendation for a viable evidence based eating disorder service which will engage with children young people their families and carers, delineating clear referral pathways, but also provides localised care, in a timely manner.
- Portsmouth and Southampton commissioners had approached the Hampshire 5 CCGs (West Hampshire, North Hampshire, South East Hampshire, Fareham & Gosport and North East Hampshire and Surrey) and the Isle of Wight CCG with a proposal for all eight CCGS to undertake a joint bid that would enable us to co commission a Hampshire wide ageless eating disorder service that merged with the current Hampshire wide (excluding Isle of Wight) adult eating disorder service. When in discussions with commissioning colleagues across the region it emerged that this arrangement would prove difficult at this point in time as the Hampshire CCGs are in the process of procuring a new provider of CAMHs services and as such are not able to enter into this commissioning arrangement.
- Portsmouth Southampton and the Isle of Wight are therefore working together on a joint initiative that meets the criteria of minimum recommended population. The collaboration

between Southampton and Portsmouth is further along due to sharing the same provider (Solent NHS Trust) and we are in the early stages of working with the Isle of Wight CCG. Due to obvious difficulties with the Isle of Wight being an island this will need a larger piece of work to consider how the services can work together to align current services. Our ambition in the longer term is to extend this collaboration further to include the rest of Hampshire and to develop a pan-Hampshire ageless service, which the Hampshire 5 CCGs are also committed to discussing further. This paper will therefore focus on Southampton and Portsmouth initially but will be extended to include the Isle of Wight shortly.

### **3) Current Service models**

#### **a) Portsmouth**

There is no distinct Eating Disorder service in Portsmouth and as such all referrals are seen through the CAMHS Single Point of Access or Extended CAMHS team depending on severity of need. The CAMHS service has a multidisciplinary team of medical and non-medical staff with significant training and experience in these cases of eating disorder and has timely therapy. The current model and pathway ensures they provide services that are straight forward to access and ensures robust leadership alongside strong quality governance

The services offered are

- Advice and assessment for young people who are admitted to hospital.
- First Onset Eating Disorder Assessments (17+per annum)
- Eating Disorder pathway updated and currently awaiting re-launching with partner agencies (September 2015). This was originally developed in partnership with primary care and Portsmouth Hospitals Trust.
- Routine community based treatment - outpatient with time limited home based support mealtimes; step down packages of support from inpatient care.
- A range of psychological therapies is offered as recommended by NICE. A typical outpatient treatment package for anorexia nervosa might last between 20 and 40 sessions. For bulimia nervosa, treatment packages ranging from 10-20 sessions are typically offered although these can be extended depending on individual need.
- The service works closely and flexibly with children and their families and others that are important to them.
- There are also strong partnership arrangements with primary care, secondary mental health services and specialist inpatient paediatricians providing comprehensive

packages of care which includes the safe management of the physical risks that often accompany an eating disorder.

#### **b) Southampton**

- Currently specialised CAMHS in Southampton provides assessment and treatment for children and young people and their families or carers, with eating disorders drawing on the best available evidence. A comprehensive package includes intensive community nursing 9-5pm, mainly from a specialist community nursing team covering extended hours and input to parents via the parent group. There are also close links our specialist inpatient teams both at the general hospital and the local inpatient adolescent unit.
- There is a multi-disciplinary team working closely and flexibly with children and their families and others that are important to them. Links with primary care (GPs) and secondary mental health services are in place, in order to provide a comprehensive package of care. The out-patient service is open Monday to Friday from 8.30am to 5.00pm excluding bank holidays. The intensive community support services are more flexible working more extended hours and currently offering a parent group in the evenings 6-8pm.
- A range of psychological therapies as recommended by NICE, are offered. A typical outpatient treatment package for anorexia nervosa might last between 20 and 40 sessions. For bulimia nervosa, the typical treatment packages range from 10-20 sessions, although these can be extended depending on individual need. The team work closely with GPs to ensure safe management of the physical risks that often accompany an eating disorder. And strong links have been developed with specialist inpatient paediatricians. The out-patient interventions currently include: Cognitive Behavioural Therapy (brief CBT and CBT – enhanced), Cognitive Analytical Therapy (CAT), Family/Couple Therapy, Carer and family Support Group. There is a nursing team who can offer more intensive community support. This type of programme might be for those stepping down from in-patient care or for those wanting more intensive support than that provided in out-patient treatment alone. The intensive community programmes offer nursing nutritional input, supported mealtimes and a range of therapeutic groups, aimed at supporting individuals to address the psychological issues underlying their eating difficulties. The nutritional dietary recommendations are based on the (weight gaining) plan delivered at Leigh House Hospital, (Tier 4 inpatient provision). Moderations are made to the plan when children and young people reach a position of their optimal maintenance weight. This is also undertaken in negotiation with the primary care services. These

programmes are currently run in Southampton five days a week. The structure of the treatment allows time practised and integrated into everyday life. The process of admission and discharge is also supported, for those needing an episode of in-patient care.

- There is a confidence that the package offered matches recommendations in the NHS England paper ‘Access and waiting time’s standard for children and young people with an eating disorder -Commissioning Guide, July 2015’. Waiting time compliance is already within the recommended timeframes, however more work is needed to accurately collect this information and capture it. Working with children and young people with eating disorders is integral to specialist CAMHS, which results in a comprehensive assessment, management of risk and governance, keeping skills updated for all staff.

#### 4) Outcome measures

The service currently uses objective outcome measures: CGAS, EAT Questionnaire, RCADS, (for common co-morbidities). They also use height/weight checks and CT scans for delayed menstrual status in girls. The teams offer a variety of ways for users and carers to give feedback about the service development.

The parent support group in Southampton is actively involved in giving carer feedback and have been involved in writing a care package brochure given to newly diagnosed families. As part of the on-going service evaluation feedback is asked for at discharge.

#### 5) Number of Eating Disorder cases seen

##### a) Portsmouth

Referrals are made via GP, via Liaison Psychiatrist for paediatrics and school/college via drop in clinics. The numbers of eating disorder cases seen in Portsmouth in 2014/15 are **24 cases**. It's important to note that Young People who are 17 years of age with an eating disorder are supported by the Adult Eating Disorder service that's delivered by Southern Health Foundation Trust.

##### b) Southampton

2012/2013	2013/2014	2014/2015
49 cases	46 cases	35 cases

##### c) Isle of Wight

The current IW CCAMHS have a total caseload of 16 young people between the ages of 11 and 18 with a diagnosis of Anorexia Nervosa.

There were 7 long term cases of over one year in treatment from January 2014 to December 2014 two of which have been in treatment for over two years and 3 for three years. There were 9 new cases referred between January and September 2015.

Of the total 16 young people currently being treated for Anorexia Nervosa 5 have been admitted for various periods of time to mainland adolescent psychiatric hospitals. These are often at a considerable distance from the Island due to bed availability. At this point in time only one is currently an inpatient.

## 6) Current staffing levels

### a) Portsmouth

The proportion of staff in the overall CAMHS service that work with young people with this diagnosis:

Professional group	Whole time equivalents	Work undertaken
Consultant Psychiatrist	1 x 0.3 wte Monday to Friday 09.00-17.00.	Offering case management to wards and community based packages; mental health assessment and consultation; liaison with professionals
Therapist/Nurse	1 x 0.7 wte Band 7	Psychological therapies; individual psycho education
Therapist/Nurse	1 x 0.5 wte Band 6	Initial screening; urgent mental health assessments
Family therapist	1 x 0.1 wte Band 8b	Systemic family therapy
Family therapist(Multi Systemic Trained)	1 x 0.2 wte Band 7	Intensive week long group interventions

### b) Southampton

Professional group	Whole time equivalents	Work undertaken
Consultant psychiatrist	2 sessions	offering case management + mental health assessment + consultation/ liaison with professionals
Community nurses	3 full time band 6	offering community working in the homes, meal supervision in homes and schools, liaison with GP, + nutritional advice to families and professionals
Family therapist	5 sessions	offering family therapy + couple work + parent group
Psychologists	4 sessions	offering CBT –E individual therapy, + Supervision
Psychotherapists	2 sessions	offering individual CAT + family parent groups +

		supervision
Paediatrics in local general hospital	As required	offering physical assessment and short term admission
Nurse- led groups	1 session from 2 band 6 nurses	Offering short term anxiety group.

**c) Isle of Wight**

Workforce template being completed.

**7) Current Waiting Times**

**a) Portsmouth**

The service currently meets the ED National Guidance waiting time standards via the CAMHS Single Point of Access Team.

Out of the 24 cases seen 7 people were seen through the routine route within 4 weeks with 17 people assessed as urgent and were seen within 5 working days. Of these 7 routine cases there were 3 cases requiring acute admission through paediatric liaison and 4 cases requiring tier 4 admission through Tier 4.

**b) Southampton**

An initial review of waiting times for eating disorder referrals into our CAMHS service for 14-18 year olds in 2014 has highlighted that 68.9% of CYP are seen within 4 weeks but as yet we are not able to link this to classification of need at time of referral (see table below).

Time till assessment	Number	%
Within 24 hrs	0	0
1 week	7	24.1
4 weeks	13	44.8
Over 4 weeks	9	31
DNAs	5	
Referrals	34	

longest wait 14.3 weeks

**8) Identified gaps in the service**

Currently there is have no access to a dietician, which is recognised in the model of care NHS England have recommended.

The teams would seek closer links to our primary care services and schools which would enable streamlined and earlier presentation to clinics leading to better outcomes for the children and young people their families and carers.

The services would also work towards extending the hours of working towards initially six days a week and then to seven day services.

**9) Proposal for the funding available:**

**a) Portsmouth**

With the additional funding CAMHS would be able to enhance their current service offer to deliver the following:

- Upskilling school nurses and school staff to identify and support CYP with Eating Disorders
- Extend the in reach support to school nurses
- Reintroduce the delivery of Family Systemic support to groups of parents
- Extend the in reach offer into inpatient wards at Queen Alexandra Hospital which would offer potential opportunities for early discharge and step down support in the community.
- Enhance intensive home treatment support to CYP and families
- Deliver a greater level of training and support to universal and universal plus services such as further education and health visiting settings through the city wide Healthy Weight pathway.

**Additional Staff Costing**

Profession	Band Grade	Cost
	1 x wte Band 6	49,790
	1 x wte Band 7	55,000
Administration	Band 2 0.2 wte	4,000
<b>Total Cost</b>		108,790

**b) Southampton**

- Sessions of a Dietician (in each of the CCG areas) who would be available to primary care services as well as provide advice the specialist team on nutritional care. This is not available in the current model of service provision.
- A full time Nurse Practitioner who would be available to build on the ‘out of hours’ services, supervising evening meals and visiting families in their homes, extending the working hours of the whole nursing team (from 8-8pm).



- A liaison nurse who would work with the GPs, primary care workers and schools to increase education and knowledge, this would enable earlier presentation to clinics for children, young people, families and their carers.
- A CBT-E therapist who would be able to provide sessional work over 2 days for young people to gain additional twilight sessions of therapy when college commitments and family life patterns prevent attendance sessions during usual working hours.

### Service KPI's

#### a) Portsmouth

To record % of cases that received NICE concordant treatment within the standard's timeframes	100% seen within 4 weeks	100% seen within 4 weeks	Mar-16
To record % of cases that have outcomes data entered electronically on to the IT system	Not measured as new scheme	25% of active cases	Mar-16
To accurately record patient status as either routine, urgent and emergency in % of cases	Not measured as new scheme	95% of referrals	Mar-16

#### b) Southampton

To record % of cases that received NICE concordant treatment within the standard's timeframes	69% seen within 4 weeks	75% seen within 4 weeks	Mar-16
To record % of cases that have outcomes data entered electronically on to the IT system	Not measured as new scheme	25% of active cases	Mar-16
To accurately record patient status as either routine, urgent and emergency in % of cases	Not measured as new scheme	95% of referrals	Mar-16

#### c) Isle of Wight

To record % of cases that received NICE concordant treatment within the standard's timeframes	100% seen within 4 weeks	100% seen within 4 weeks	Mar-16
To record % of cases that have outcomes data entered electronically on to the IT system	Not measured as new scheme	25% of active cases	Mar-16

To accurately record patient status as either routine, urgent and emergency in % of cases	Not measured as new scheme	95% of referrals	Mar-16
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## Appendix 7 Local Consultation and Engagement

To develop our vision we engaged with people and stakeholders in the following ways, to ensure our vision is what our communities want. This has informed all our strategies.



- ◆ Health and Wellbeing Strategy 2013: Extensive consultation took place to develop our Island's overarching strategy.
- ◆ My Life a Full Life (MLAFL<sup>10</sup>)(BCF) three locality workshops and a launch event were held which were attended by people from a cross section of the community, people who use services, voluntary and private sectors, GPs, Primary Care and the health and social care workforce.

[re%20Fund/BCF%20Submission%20-%20Template%201-20Sept%2014.pdf](http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm)

- ◆ Five Year CCG Clinical Commissioning Strategy 2014 – 2019: three workshops were held in September 2013 to develop a strategy for the Island. Participants included representatives and professionals from healthcare providers, the third sector, primary care and a number of patient and carer groups. The IW CCG then published a draft strategy on its website and sought further feedback from its stakeholders through advertising the consultation in the local media and directly contacting key stakeholders.
- ◆ Isle of Wight Child & Adolescent Mental Health Service Local Transformation Planning Workshop – The workshop was held on the 1<sup>st</sup> October 2015 and involved all sectors including NHS, Public Health, LA, Healthwatch, Social Care, Youth Justice, Education, the voluntary sector, Parent and Youth representatives. The workshop focused on priority areas for investment. [http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services\\_2.htm](http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm)
- ◆ Eating disorder Workshops (Nov 2014 & July 2015) - Two workshops were held to develop whole life pathways for eating disorders. Partner agencies involved included NHS IW Trust, Social Care, NHS England, Third Sector and IW CCG. The pathways reflect Junior Marsipan & Marsipan requirements. The IW NHS Trust have established a multidisciplinary group to monitor and take the pathway forward. [http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services\\_2.htm](http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm)
- ◆ Developing the Isle of Wight Transitions Pathway from children's services to adult services – The workshop was held on the 30<sup>th</sup> of September 2015 and involved all sectors including NHS, Public Health, LA, Healthwatch, Social Care, Youth Justice, Education, the voluntary sector and parents. The objectives of the workshop were to share learning from existing good practice including successes, challenges and barriers to good transition and to define what is important in providing an effective

<sup>10</sup> The My Life a Full Life programme brings together the Island's CCG, Isle of Wight Council and Isle of Wight NHS Trust to work collaboratively to deliver a shared vision which sees us embarking on a new initiative and programme of work that will create a fundamental change in the way people experience living healthy and well on the Island. This programme aims to see the partners, including voluntary and private sectors, working together to promote innovation and the introduction of proactive integrated care and support on the Island.

Transition pathway. The outcomes from the workshop will be used to develop and inform the transition pathway and protocol.

[http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services\\_2.htm](http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm)

- ◆ The Isle of Wight Clinical Commissioning Strategy (2013-2015)
- ◆ The Isle of Wight No Health without Mental Health Strategy (2014-2019)
- ◆ The Isle of Wight Suicide Awareness and Prevention Strategy (2014-2019)
- ◆ The Isle of Wight Health and Wellbeing Strategy
- ◆ The Isle of Wight NHS Trust Clinical Strategy
- ◆ The Isle of Wight Carers Strategy
- ◆ The Isle of Wight Council Early help Strategy (2013)
- ◆ The Isle of Wight joint strategy for children, young people and adults with Autism Spectrum Condition
- ◆ The Healthwatch Report “Bringing it Together” 2013 which included a series of discussion groups, with local young people, parents and family carers and an online survey
- ◆ The Isle of Wight Children and Young People’s Action Plan (2015-2018) which involved consultation with stakeholders.
- ◆ Developing the Isle of Wight Transitions Pathway from children’s services to adult services – Workshop held on the 30<sup>th</sup> of September 2015 [http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services\\_2.htm](http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm)
- ◆ Isle of Wight Child & Adolescent Mental Health Service Local Transformation Planning Workshop – 1<sup>st</sup> October 2015  
[http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services\\_2.htm](http://www.isleofwightccg.nhs.uk/our-priorities/commissioning-strategy/our-commissionin-departments/childrens-services_2.htm)
- ◆ Children & Young People’s Emotional Health & Wellbeing – Questionnaire developed by the Isle of Wight Check it Out Young Peoples Forum
- ◆ The Isle of Wight Survey of Children and Young People 2012 which included participation of 5000 children and young people
- ◆ Children and Young People’s Survey 2015 (Years 6, 8 and 10) which included participation of 1,566 children and young people
- ◆ Children’s Trust “Turning the Curve Report”
- ◆ Eating Disorder Workshops, November 2014 & July 2015.