

DRAFT

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

(2017 Refresh)




Isle of Wight
Clinical Commissioning Group



Isle of Wight 
NHS Trust

My life
a full life

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This summary document should be read in conjunction with the [Isle of Wight CAMHS Transformation Plan 2015-20](#) which contains much more depth and detailed plans.

This document is available, along with an accessible format, to download from the www.isleofwightccg.nhs.uk website.

Foreword

“Half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24.”

The Five Year Forward View for Mental Health, 2016

Children and young people with good mental health do better. They are happier in their families, learn better at school and are able to build friendships more easily. They are more likely to grow up to enjoy healthy and fulfilling lives, making a positive contribution to society and to have good mental health later in life.

However, when support is needed, 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. This simple fact has guided the strategy within this document as we recognise that, by investing in our young people now, we not only provide them with immediate support but will help enable them to build a better, brighter and healthier future.

With this goal in mind, a wide range of organisations have successfully collaborated under the oversight of the Isle of Wight Children’s Trust to develop this strategy. Together, we have been – and will continue to - work to improve a wide range of outcomes for our Island’s children and support the delivery of the overarching Isle of Wight Children and Young People’s Plan.

To help shape the direction of this strategy, over the past few months we have been privileged to be able to listen to the views of our children and young people, along with their families and 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.

Through these conversations three key areas requiring improvement have been identified:

Quality

Access

Affordability

Public services on the Island, like elsewhere in the UK, face significant challenges with greater demand on services conflicting with diminishing resources. This challenging environment means that, in order to make improvements, we will need to work together even more closely to be as efficient as possible. It is only through integrating and sharing resources that we will continue to be able to develop services and achieve the outcomes we all want for our children and young people. We recognise that it isn’t always about commissioning or creating new services, but instead identifying how we can reform and maximise the use of existing resources.

As an Island we are committed to working together to ensure our children and young people get the best start in life, to learn, to develop and to grow into a healthier future we can all be proud of. We will work to build the capacity of our children and their families to be resilient and to maintain their wellbeing.

This strategy was previously updated in 2016. Now, as we are undertaking a system-wide alignment of our collective resources and services, we have refreshed this strategy to ensure that it will continue to remain relevant and will support us on our journey into 2020 and beyond.

Introduction

The 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 (CYP) mental health and wellbeing. Whilst there are already pockets of excellence on the Island, we recognise that dramatic and significant 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.

In order to achieve a service that meets these goals, we are fully committed to co-producing and consulting with children, young people and their families; this is at the heart of all of our strategic development and service delivery.

Based on these consultations, national best practice and clinical expertise, we have refreshed this strategy to help shape the Island's Children and Young People's Mental Health services. This document describes the work that is needed over the remainder of the 2015-2020 period to make sure that children and young people residing on the Isle of Wight are supported in:

Having good mental health

Building emotional resilience

Fulfilling their goals and ambitions

Making a positive contribution to society

Our Vision

In 2017 there was a radical shift in the approach to cross-organisational working on the Isle of Wight. The challenges of historical silo working and diminishing resources heralded a need for a more innovative and integrated approach to meeting the health and social care needs of the Island's population. In response to this challenging landscape, the health and social care system have formed a collaborative Local Care Board with

representation from the Isle of Wight CCG, Isle of Wight Local Authority and Isle of Wight NHS Trust. Together they have developed a joint vision and set principles of how we will work in partnership. These principles help to shape not only the way in which we will work, but also the outcomes we wish to achieve for our Island residents. Some of the key goals are outlined below:

Principles to Improve the Way in which we Work

To recognise the importance of communities and act to ensure we listen to Island people in the planning of services and responding to their concerns; nurturing the contribution and impact that our communities and places have on our health and wellbeing, harnessing these to aid our change in direction to prevention and self-care to enable people to live well

To jointly commission services with outcome focused contracts, which incentivise positive change in providers of services

To jointly ensure that our resources are focused on prevention, recovery and continuing care in the community

To continually improve the quality of our care and improve the experience of people in contact with our services, within available resources

To ensure service provision and commissioning is delivered in the most efficient and cost effective way across the whole system, leading to system sustainability; working towards one Island budget for health and social care

To ensure partnership working across all sectors, including the Third Sector and Independent Sector

To work towards better integration and coordination of care across all sectors of health and social care provision

To encourage staff to work beyond existing boundaries to support system wide, innovative delivery of care

To develop our workforce to enable our staff to have the right knowledge, skills and expertise that is appropriate to their role

To create a culture and environment where our staff will be proud of the work they do, the services they provide and the organisations they work for and we will be employers of choice

To reduce bureaucracy, improve efficiency and increase capacity to meet future demands for services

To work towards a fully integrated IT system across primary, secondary and social care with appropriate access for staff

What we wish to Achieve for Our Residents

To improved health and social care outcomes

To improve community and individual resilience through more appropriate support and improved social interaction

To enable people with mental ill-health to be better supported, enabling them to return to and remain in their community

To ensure all care will be person centred, evidence based and delivered by the right person in the right place and at the right time, closer to home

To enable people to recover and regain independence as quickly as possible

To jointly ensure that people are supported to take more responsibility for their care and to be independent at home for as long as possible, reducing the need for hospital admission and long term residential care

To empower individuals to feel able to make healthier life choices

To enable people to have access to high-quality information and lifestyle interventions that prevent their health and care needs becoming serious

To undertake informed decision-making at the right time and place to reduce and delay the need for care, recognising the need for people living with a health condition, and their carers, to have appropriate recovery services and the right information

To help individuals and families feel more confident to self-care and self-manage knowing how to access help, guidance or care should they need it, enabling them to remain independent

To support carers to have increased coping mechanisms relating to their caring responsibilities; feeling less isolated and able to enjoy a life alongside caring

To improve access to early support

By working cohesively across the system we will deliver initiatives to prevent poor health, support people to be in good health for longer and reduce variations in outcomes. We will also ensure parity of esteem for mental and physical health which is fundamental to unlocking the power and potential of our Island communities. We will tackle stigma and promote a culture where people are treated as individuals where their identity is valued and they are not seen as just a behaviour or illness. We want to shift the focus of care to prevention, early help and resilience in order to deliver a sustainable health and care system. This requires simplified and strengthened leadership with accountability across the whole system.

The success of our strategy will therefore depend on the strength of our partnerships, including health, social care, housing, regeneration and other key stakeholders, working together in a joined up approach to address the needs and aspirations of our residents.

Building on Existing Foundations

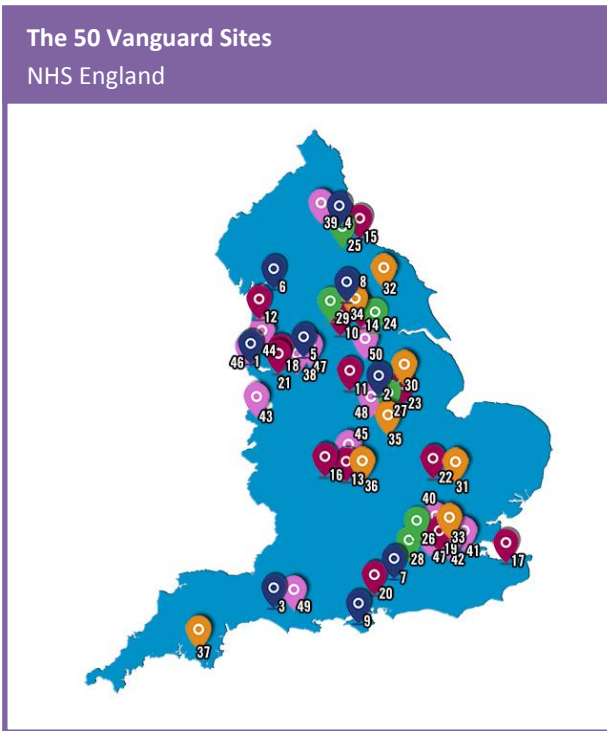
We believe in a journey of continuous improvement and seek to build upon previous areas of good work including that which has been delivered through the ‘[My Life a Full Life](#)’ Programme (MLAFL).

The MLAFL programme supports fundamental change and improvement for the lives of people on the Island. MLAFL is about organisations working together in partnership including 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).

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Together they have been working to provide an integrated vision of the Island’s health and social care economy which supports people’s individual needs, enabling them to take control of their lives and plan for their future.

The ‘My Life a Full Life’ programme was selected as one of the [NHS 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. Vanguards have also received practical assistance as part of a package of national support to enable them to make the changes they want at pace. Vanguards are leading on developing new care models that will act as blueprints for the future of the health and care system in England.

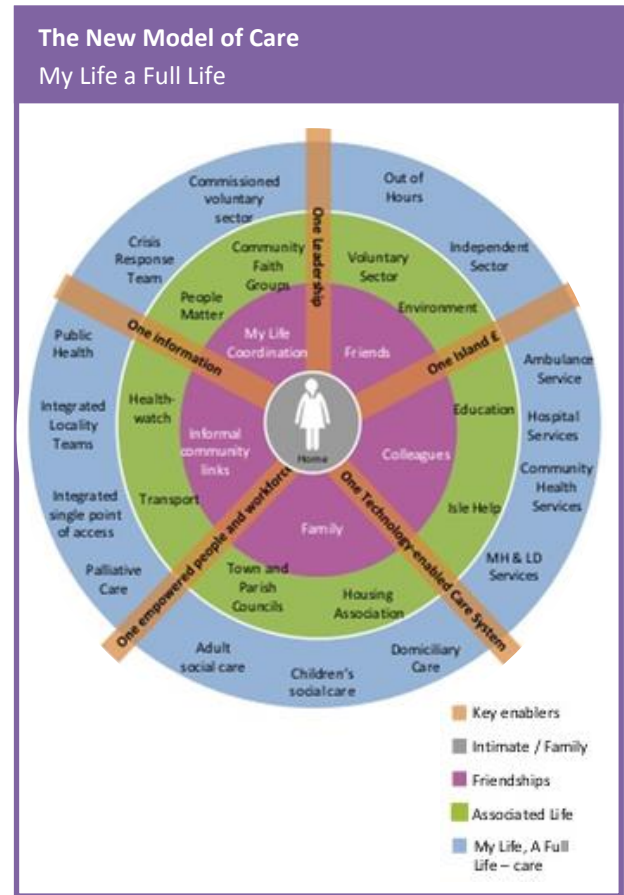


The first tranche of the Vanguard funding has enabled the programme to press ahead with a Whole Integrated System Review (WISR). WISR was set up to ensure the future quality, safety, clinical and financial sustainability of health and social care services on the Isle of Wight.

The review comprised of three phases:

- Solutions designed in collaboration with Island residents and staff who work in and across health and social care provision
- Formal public consultation
- Support for the implementation of the decisions made following consultation

The outcomes of the review reflected key national findings. Social, emotional and behavioural skills underlie almost every aspect of school, home and community life, including effective learning and getting on with other people. In recognition of this, the My Life a Full Life Model of Care was created which seeks to capitalise on people’s existing health and social networks. Then, when needed, additional care delivery is provided closer to people’s homes.



By highlighting the importance of strong community links, the deployment of this model into practical life has been undertaken through a locality basis. It has recognised that communities across different towns and parishes on the Island vary significantly, including the prevalence of varying conditions and access to local community services.

As a consequence of this, a locality model has emerged. This splits the Island into three distinct geographical areas, with services implemented in a bespoke fashion.



This locality model creates an environment of both parity of access, by commissioning key overarching principles and service specifications, whilst fostering innovative, meaningful implementation.

The approach is very much in its early stages of evolution; the model has not yet been fully operationalised and still requires formal commissioning. Going forwards, work is being undertaken through the Local Care and Delivery Board to fully commission and implement the model through a dedicated Integrated Locality Service Task and Finish Group. Although the pilot funding from Vanguard status is now drawing to an end, there is strong commitment to continuing to support this model.

Beyond *where* people will be provided with care, the consultation also considered who will need what *type* of care. It recognised that the complexity of people's conditions will vary at any given time and, as such, will require varying degrees of intervention. The structuring and allocation of resources, both human and financial, will consequently need to reflect this varying need in appropriate proportion to population trends.

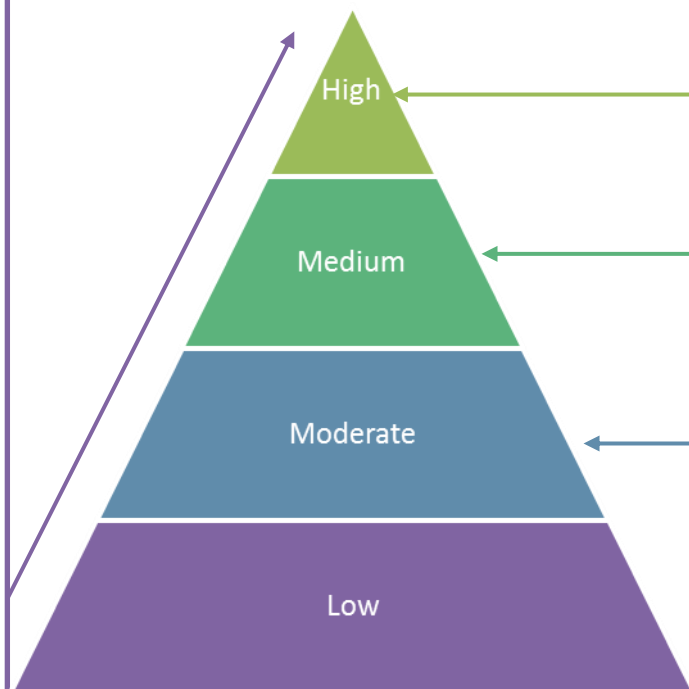
Based on the traditional Kaiser Triangle, there are a significant number of people within the wider population who require very little support and preventative work in order to keep them stable, healthy and happy within their communities. This group may deteriorate occasionally but, with focused low-level to moderate intervention, the majority may largely be supported and stabilised within their usual environment. This is where outcomes for both individuals and services can be improved significantly to make the greatest impact on

people's lives whilst helping organisations to run more cost-efficiently.

By shifting towards an earlier intervention mode, it will also help ensure those people with more complex and long term conditions have access to highly skilled resources which are not overwhelmed through unmanageable demand from those who may be better supported by alternative resources. The following model outlines the approach to demand and capacity mapping:

Planning Resources by Population Need

Increase in acuity and complexity of cohort, prediction of small number of individuals meeting criterion



A small number of individuals will have highly complex needs, are experiencing an acute episode or are particularly vulnerable. These people will require highly specialist, intensive intervention in order to support them. Understanding the local population needs and prevalence of conditions will be crucial in ensuring the correct services are commissioned and developed appropriately.

Where individuals are experiencing more complex long-term conditions, the provision of more specialist and intensive support will be required. By focussing on early intervention for a preventative and stabilising approach, the aim is to minimise the number of people whose health deteriorates to this extent. However where they do, the focus will be on holistic, person centred and co-produced care with clear pathways and top of skill working. There will be an application of the My Life a Full Life Model of Care aiming to build individual resilience and, where possible, help to step-down the tiers of need.

Cohort is largely able to cope with their health and social condition within their community and home environment. Focus of support is on promoting self-management, developing personal strengths, building self-confidence, increasing community participation and building resilience. Education awareness provided for recognition of deterioration triggers and what to do to either prevent or resolve any deterioration with minimal intervention.

Where people are unable to successfully manage on their own, early intervention of low level support with access to information, advice and guidance is provided. By prioritising access, facilitating faster and clearer pathways in an adaptive and proactive manner, it will be possible to de-escalate health and social issues more quickly. This will improve the outcomes and experience for the individual whilst relieving down-stream system demand.

This stratification model is applicable across services. To ensure it is robust and able to meet the needs of the population it will require clear pathways, full resourcing, equality of access and whole integrated system support.

It is not purely a physical health model, but a biopsychosocial one. As in [Improving Young People's Health and Wellbeing](#) (Public Health England 2014), it was acknowledged that the principle of 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. This matrix of health and wellbeing was also recognised in the [Transforming Children and Young People's Mental Health Provision](#) Green Paper published by the Department of Health and Department of Education in December 2017. It noted that adults with mental health problems are much more likely to have other disadvantages, including lower incomes, lower probability of being in work in middle age, and increased risk of problems with their physical health, including cardiovascular disease, gum disease, serious injury and nicotine dependency. To ensure a healthier and happier future, the entirety of a person must be taken into consideration.

In addition to the consultation process in Summer 2017, national research against best practice guidelines, leading policy and peer implementation was undertaken. The findings from this undertaking have been interwoven within this strategy. One of the key national drivers for improving Mental Health services was a document published by the Department of Health and NHS England in March 2015; [Future in Mind](#) was produced to promote, protect and improve children and young peoples' mental health. This publication is reflected within this strategy and all agencies will be required to continue to work across boundaries to develop the seamless flow between services and to acknowledge that individuals do not neatly fit into boxes or tiers of service.

Equally, the increased collaboration between regional peers has strongly influenced this strategy. Alignment with regional plans has been a requisite to ensure efficiency, best practice and parity of access are reflected locally. The Isle of Wight CCG and partnering organisations are working collaboratively to deliver the Hampshire and Isle of Wight (HIOW) Children and Young People Sustainability and Transformation Programme

(STP). A few of the key influences from the [Hampshire and the Isle of Wight Sustainability Transformation Plan \(STP\)](#) have been outlined below.

Hampshire and the Isle of Wight Sustainability Transformation Plan (STP)

The Hampshire and Isle of Wight Health and Care System recognises the importance of good emotional wellbeing and mental health in children and young people (CYP), not only during childhood and adolescence, but also as predictors for positive mental health outcomes in adulthood. As such, there are a number of strategic commitments/work streams across the STP which directly affects CYP mental health. Examples of this include the Core Programme 6 - Mental Health Alliance and Enabling Programme 9 – Workforce which are outlined below:

Core Programme 6 - Mental Health Alliance

The HIOW STP is committed to working towards parity of esteem for mental health services, reviewing and aligning mental health care pathways, out of area placements, and crisis care. The Crisis Concordat Steering Group gives more local-level detail for these priorities and how they affect CYP.

Enabling Programme 9 – Workforce

A comprehensive review of mental health workforce requirements is currently under way across the HIOW STP footprint, with a commitment to moving towards a flexible workforce shared across geographical and organisational boundaries, enabling care to be more responsive to CYP needs.

The Children's Programme undertakes to:

1. Implement New Models of Care, ensuring repatriation of CYP in Tier 4 beds back into locally-based provision (thus releasing money into the local CYP mental health care system);
2. Strategically review ASC/ADHD provision across Hampshire to ensure consistency in pathways and information and support available to parents/carers of CYP undergoing assessment or diagnosed with these conditions.
3. Review and implement robust provision people with Eating Disorders.

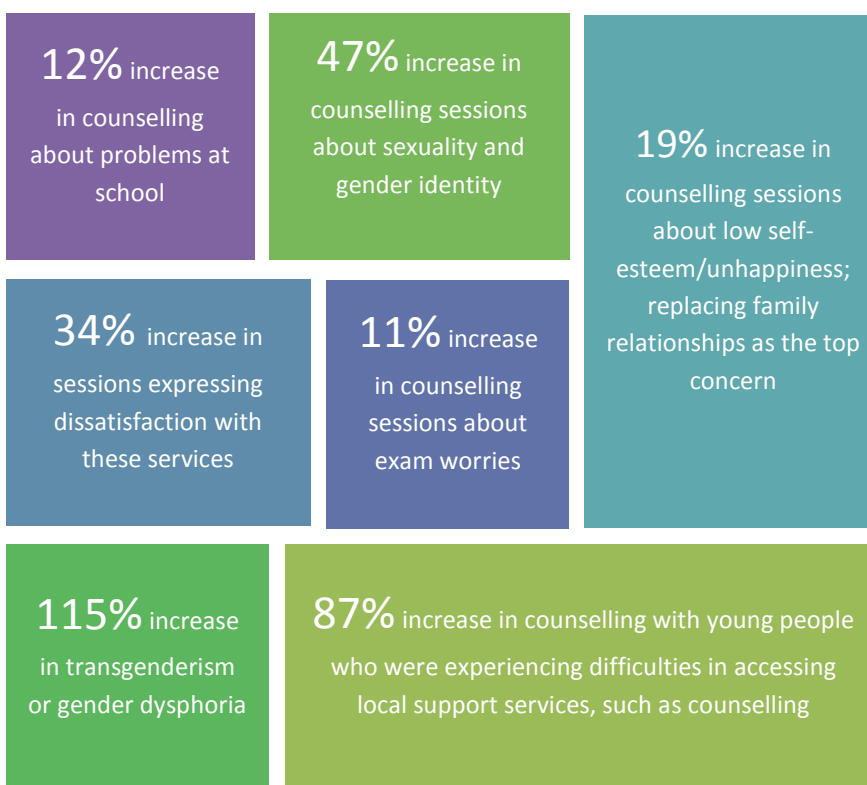
Isle of Wight Demographics

Emotional Wellbeing and Mental Health for Children and Young People¹

Mental health and wellbeing among children and young people can set the pattern for their mental health throughout their lifetime. Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters by their mid-20s².

Nationally, the status of children's mental health has come to the fore as many feel the cuts in mental health services and the increased pressures placed on young people have led to deterioration in their mental health.

[Child Line's Annual Report 2015-16](#) states that their website received over 3.5 million visits and almost 140,000 new users registered for a Childline account. There were national increases in the key areas outlined to the right:³



Across the country, at any one time, one in ten young people aged 5 to 16 years have a mental health problem and many continue to have mental health problems into adulthood.⁴ By applying this 1 in 10 measure to the Island's population, around 1,700 young people aged 5 to 16 could be experiencing such mental health problems.⁵

Extending Access to Mental Health Support for CYP

Services on the Island are committed to extending access to appropriate emotional wellbeing and mental health support to the local population. Partner organisations and Community CAMHS specifically are on track to extend the range and number of CYP accessing Mental Health support. IOW CCG tracks and monitors these figures on a yearly basis to ensure the collective intent to expand access is achieved. The below table provides details of the predicted estimated prevalence for children and young people living on the Isle of Wight with a diagnosable mental health condition until 2020:

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Prevalence	1630	1646	1662	1679	1696
Prevalence increase year on year	1%	1%	1%	1%	1%
Target - CYP with a diagnosable MH condition receive treatment from an NHS-Funded Community MH Service	28%	30%	32%	34%	35%
Number of patients to hit target	456	494	532	571	594

¹ Chapter 2 data is drawn extensively from the latest JSNA 2017: <https://www.iwight.com/Council/OtherServices/Isle-of-Wight-Facts-and-Figures/Information-Factsheets-and-Figuresheets>

² http://youngminds.org.uk/media/1410/strategic_plan_2016-20_key_objectives.pdf

³ www.nspcc.org.uk/services-and-resources/research-and-resources/2016/childline-annual-review-2015-16-turned-out-someone-did-care

⁴ http://youngminds.org.uk/media/1410/strategic_plan_2016-20_key_objectives.pdf

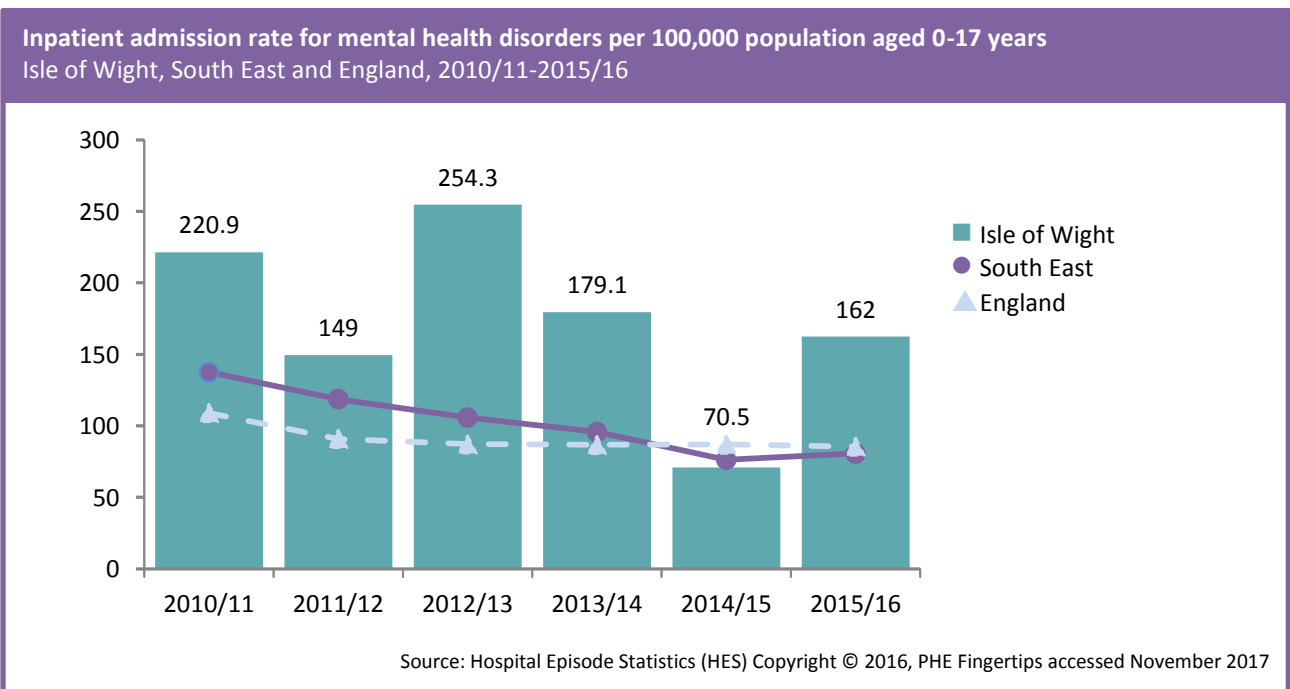
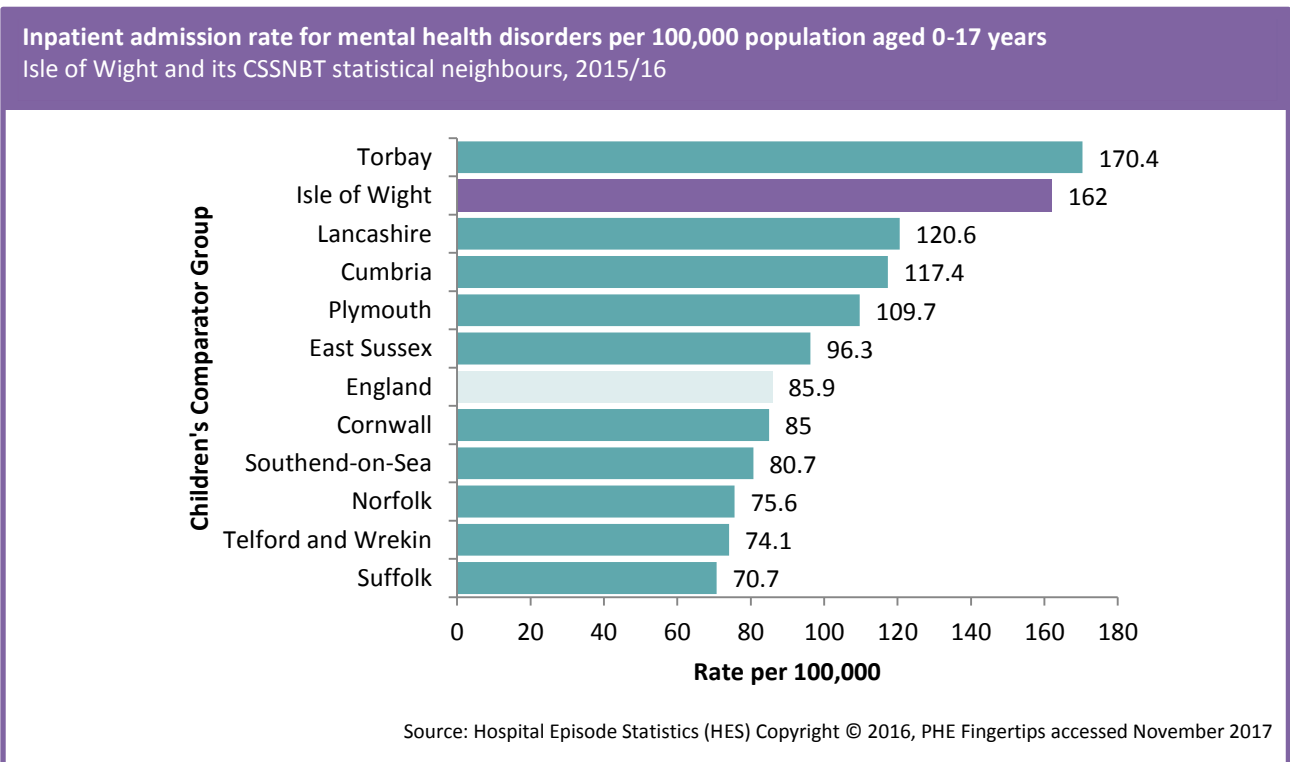
⁵ For similar figures also see: estimated prevalence of mental health disorders 5-16 year olds: <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/0>

Child Hospital Admissions

The current child (0 to 17 year old) hospital admissions for mental health the Isle of Wight occurs at a rate of 162.0 per 100,000. This puts the Isle of Wight statistically higher than five of its comparator regions as well as against the national England average (85.9 per 100, 000).

This higher than national average rate is also reflected in the local quarterly data from the [National Drug Treatment Service \(NDTMS\)](#) which indicates that between 40% and 53% of those open to the service experience mental health problems as compared to between 18% and 20% nationally.

When reviewing this rate over the past few years, it should be noted that the rate had reduced significantly from 2012/13 to fall in line with regional and national averages by 2014/15. However, it is in the most recent data from 2015/16 which the significant rise on the Isle of Wight has occurred.



Eating Disorders

Nationally, it is estimated that around 725,000 people suffer from eating disorders but estimates are far from accurate.

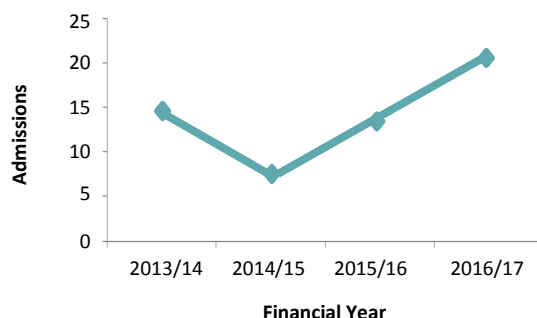
We know figures are on the rise with those being diagnosed and entering inpatient treatment increasing nationally at an average rate of 7% per year.⁶ Public Health estimates a national prevalence of potential eating disorders among young people (16 – 24 years), based on a SCOFF scale rating and the Adult Psychiatric Morbidity Survey 2017, at a rate of 6.1% for males and 20.3% for females.

Based on these estimates, locally there could be 421 males and 1,244 females aged 16-24 suffering from an eating disorder on the Isle of Wight.

Local data covering the Wessex Clinical Commissioning Group (CCG) over the past four financial years indicates an increase in admissions for eating disorders, particularly from a dip in 2014/15 as indicated in the graph top right. The majority of those admitted were female 85% with 15% male.

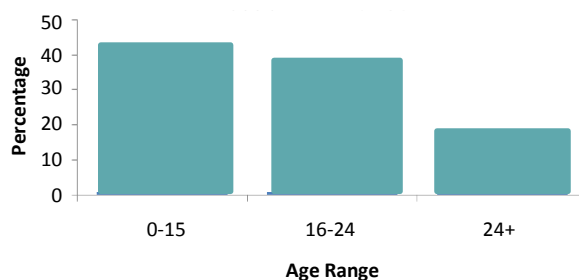
The split between male and female admissions reflects the general national pattern and also mirrors findings in the Isle of Wight children’s survey which saw nearly a third of females in Year 8 and 10 unhappy with their appearance and 40% of females in Year 6 wanting to lose weight compared with only 27% classed as overweight / obese in that year ([NCMP data 2015](#)).

Admissions for eating disorders
Wessex CCG Area, 2013/14-2016/17



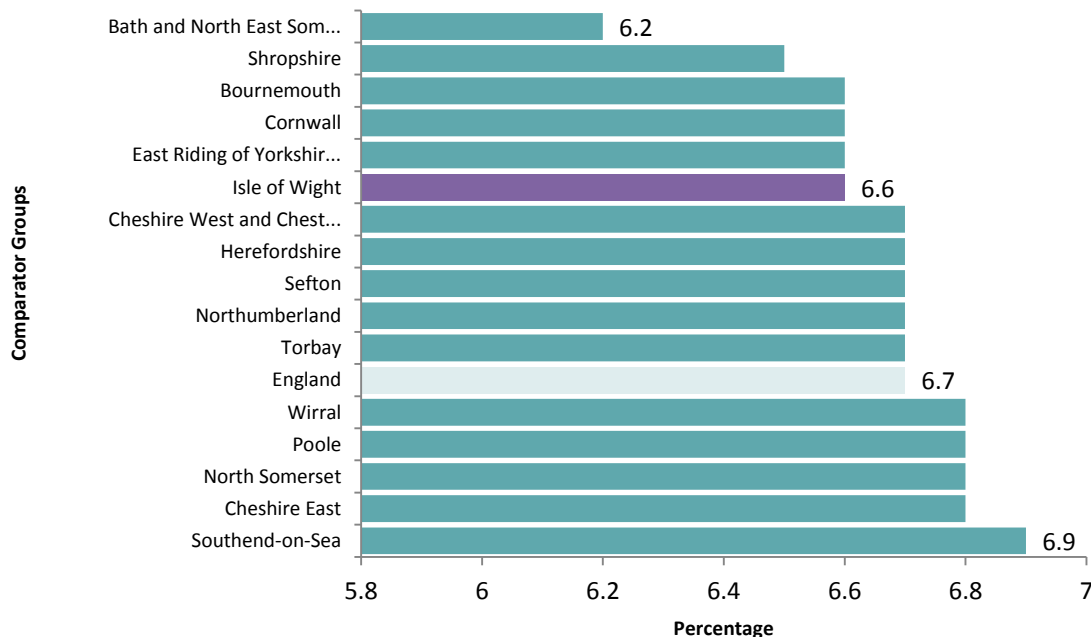
Source: HES data provided by Isle of Wight CCG

Age range of patients admitted for eating disorders
Wessex CCG Area, 2013/14-2016/17



Source: HES data provided by Isle of Wight CCG

Estimated prevalence of eating disorders: % of population aged 16+ with an eating disorder
Isle of Wight and its CIPFA nearest neighbours, 2012



Source: APMS and ONS population estimates, PHE Fingertips

¹ B-EAT https://www.b-eat.co.uk/assets/000/000/373/PwC_2015_The_costs_of_eating_disorders_Final_original_original.pdf?1426603077

In order to ensure that the Island’s services are supporting its children appropriately, the Children and Adolescent Mental Health Services (CAMHS) team submit quarterly eating disorders return to monitor local population trends and ensure that waiting times are kept to a minimum.

Currently there is no national waiting target. However, in July 2015 NHS England published the [Access and Waiting Time Standard for Children and Young People with an Eating Disorder](#). This document set the direction for improving access, waiting times and the evidenced based treatments offered. As part of this, NHS England outlined that data collected in 2016 would inform trajectories for incremental percentage increases, with the aim of setting a 95% tolerance level by 2020. Aspiring to best practice, the Isle of Wight CAMHS team are already shadowing this target to map performance in preparation of 2020.

The CAMHS returns show that only a small number of young people are eligible for inclusion each quarter; only routine cases are tracked as the numbers referred urgently is minimal. For example, only 3 referrals were reported in Q3 2016/17 and 0 for all other quarters.

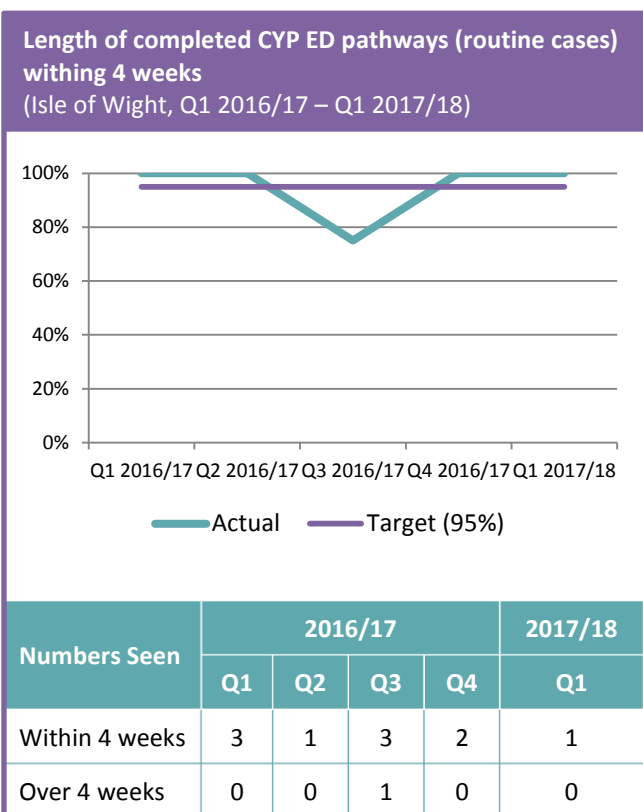
Due to small numbers, percentage performance rate can be affected by just one breach of the target, as seen in Q3 2016/17 below. Of those tracked, all apart from 1 have been seen within 4 weeks.

The Access and Waiting Time Standard for Children and Young People with an Eating Disorder document outlined guidance for developing an Eating Disorder pathway. An interim local interpretation of this guidance has been agreed, put in place and is being disseminated to primary care and other professionals who may wish to refer into the service.

However, the model of care recommended by NHS England calls 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 providing localised care, in a timely manner. It requires a population footprint of at least 500,000.

Based on this population requirement, it would not be possible for the Isle of Wight to develop such a model in isolation. It has been possible, though, to co-commission a Hampshire wide ageless Eating Disorder service by developing collaboration between the Isle of Wight and partner CCGs in Hampshire. Work is now underway to understand the needs across Hampshire and the Isle of Wight and to explore the models, linking in with [MARSIPAN](#) (Management of Really Sick Patients with Anorexia Nervosa).

The MARSIPAN group is committed to establishing best practice through research and audit, the development of clinical guidelines and promoting training in the medical management of eating disorders. It is a growing network for experienced clinicians to share resources, ideas and best practice. By linking in with this national body, the Isle of Wight will be able to remain up to date with the latest in best practice throughout the duration of this strategy refresh and beyond.

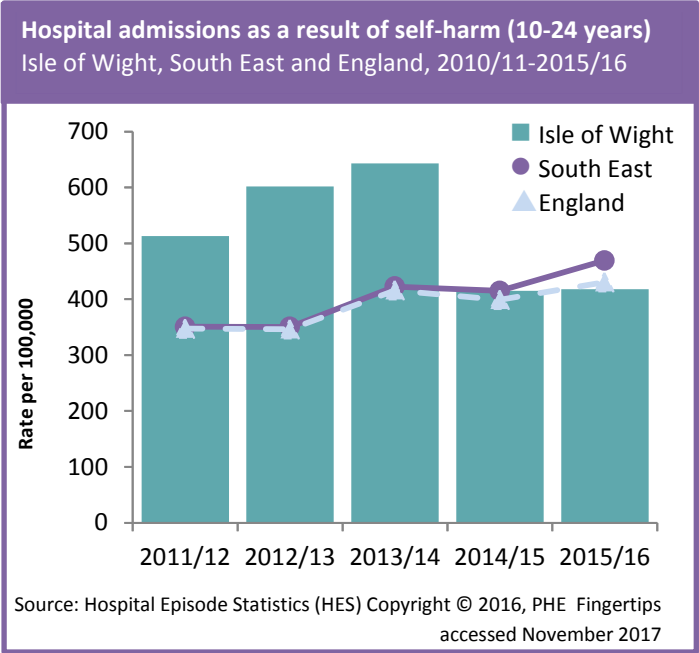


Self-Harm

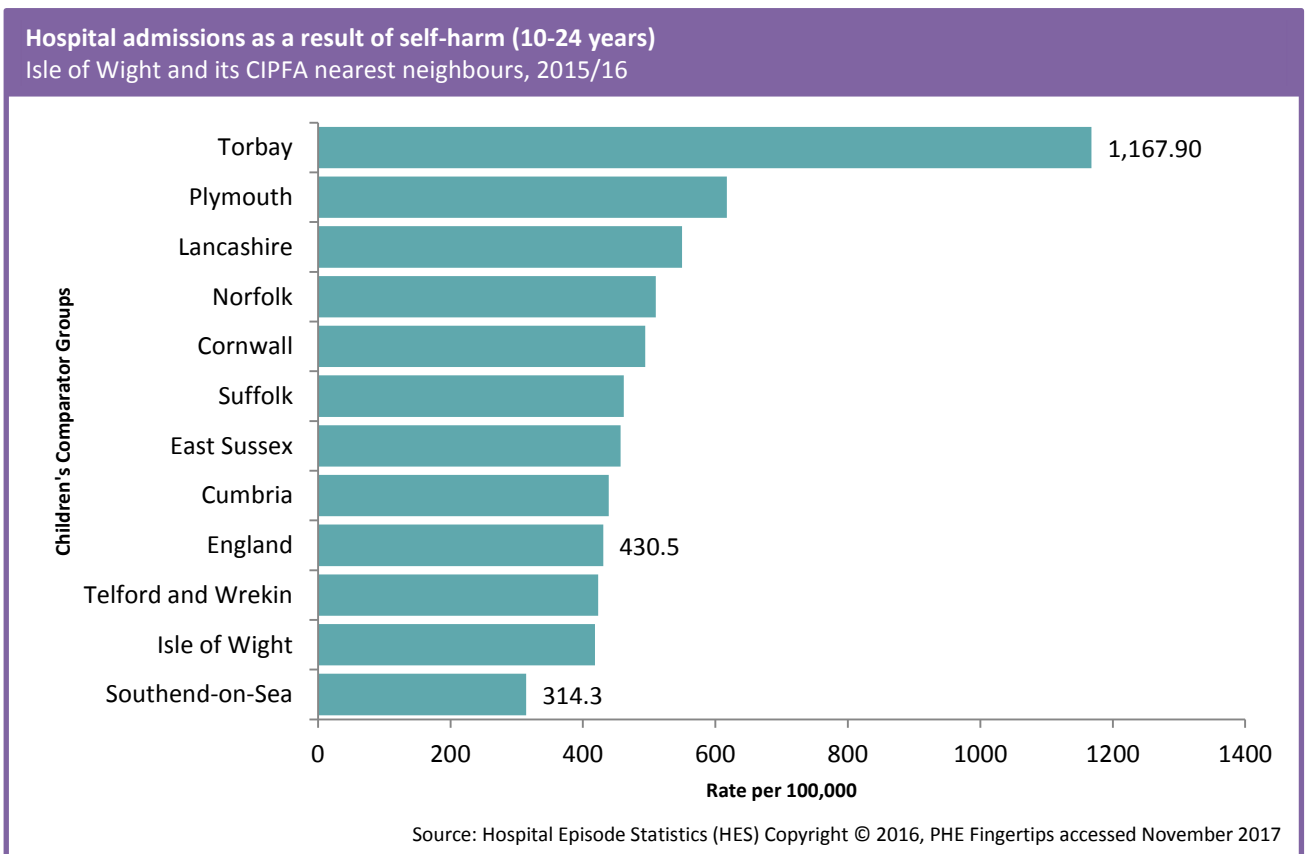
A national increase in self-harm rates reveals a worrying trend in young people’s mental health. Globally deaths from self-harm are increasing and have now reached the second highest cause of deaths in females aged 10-19 years.⁷

In 2014, [selfharm^{UK}](#) reported a 70% national increase in 10-14 year olds attending Accident and Emergency Departments for self-harm related reasons over the preceding 2 years.⁸ However, Emergency Department attendances and hospital admissions for self-harm only show a very small part of the picture of self-harm as, in most incidences, young people do not seek medical attention or attend primary care.

Public Health has published data on hospital admissions as a result of self-harm, helping to provide a local context for these trends. Since 2014/15, the Isle of Wight rates have reduced to fall in line with South East and England averages and are significantly lower than many of its comparators. However, it is believed that this is not so much as a result of declining incidences but more an alteration to the admissions policy which used to see most cases admitted due to no paediatric nurse in the Emergency Department. This has now changed and young people are able to be assessed within the Emergency Department without being admitted to the Children’s Ward in accordance with national best practice guidelines.



Local ‘real-time’ quarterly data as provided to the [Local Children’s Safeguarding Board \(LCSB\)](#) shows a different picture for Emergency Department attendances indicating an increase quarter by quarter for 2016 to 2017 with figures doubling over this period. Young people open to drug treatment services on the Isle of Wight also indicate a higher rate of self-harming behaviour than nationally with between 33% and 42% exhibiting this behaviour as recorded in quarterly returns compared with 16% to 17% nationally.



Community Child and Adolescent Mental Health Service (CCAMHS)

Targeted support for young people for mental health issues includes the Community Child and Adolescent Mental Health Service (CAMHS). In 2016/17, the service saw an increase in referrals to a peak in Quarter 4 with 219 referrals.

In 2016-2017, the Island CAMHS service has been performing well within national standards. Demand has been rising and waiting times are being well managed within national standards.

The boxes opposite provide a snapshot of service performance during 2017:

CAMHS Community Contacts

The number of client contacts recorded for Community CAMHS has increased since 2015/16.

The actual number of client contacts recorded for Q1 17/18 remains consistent in comparison with the same period last year.

CAMHS Performance Summary

During 2017/18 there was a month on month increase in the number of referrals received from a low in August. (The dip in August is a seasonal trend in line with the school summer holidays). The highest number of referrals received in one month was during March 2017 with 82 referrals.

Following this rise in March there was a dip in April before increasing again in May and June. As expected the numbers of referrals received during August decreased further after a small decrease in July 2017.

48.9% of referrals during 17/18 (139 actuals) were referred in by the GP. Other referral sources include Social Services, self, education services, third sector organisations, Speech and Language Team and the Youth Trust.

CAMHS Consultant Performance Summary

After a low number of contacts reported in April – June 2017 the number of contacts reported in

July and August have increased. Contacts remain higher than the same period in previous years, however the Year to Date number seen is slightly below last year due to the low number of contacts seen during the first quarter of 2017/18.

The current waiting time from referral to treatment for CAMHS consultant outpatients (non-admitted) is showing at 100%; all young people were seen within 18 weeks of referral. Further detail shows that for August 2017, 100% of young people were seen within 14 weeks of referral.

The current Incomplete performance for referral to treatment for the consultant led CAMHS service shows that 75% (9 young people) of patients are waiting 0-4 weeks at the end of August, 25% (2 young people) were waiting between 5 – 13 weeks and 0% (0 young people) were waiting 14 – 18 weeks.

Cancellations within the service remain low for both patient and hospital with 0 hospital cancellations reported in August and 1 patient cancellation. Year to date there have been 1 hospital cancellations and 5 for patient cancellations. There have been 29 Did Not Attend (DNAs) recorded from April – August 2017 showing a 12% DNA rate. This is an actual reduction.

Early Intervention to Psychosis

In line with the [new guidance on waiting time standards for Early Intervention to Psychosis \(EIP\)](#), we are currently meeting the waiting time standard at a rate of 100% compliance.

The current pathway is delivering evidence-based therapies in line with national guidance to provide support when required for people of all ages. The CCG will continue to monitor the number of children and young people reported to be accessing early support for Psychosis.

The IW NHS Trust baseline performance data against the new EIP waiting time standards ahead of measurement beginning from 2017/18 via [Unify2](#):

Isle of Wight NHS Trust	% People Seen		Weeks Waiting
	< 4 Weeks	> 4 Weeks	
Routine Pathways Completed 2016/17	100%	0%	3-4
Routine Pathways Incomplete 2016/17	0%	0%	0

CYP-IAPT Transformation Programme

Isle of Wight has joined a Children and Young People – Improving Access to Psychological Therapies (CYP-IAPT) collaborative and six staff has been identified to begin training later in 2017. Discussions have commenced with Community CAMHS (CCAMHS) and the Third Sector provider of our counselling services to look at future models and identify staff who will attend the training moving forwards.

This is in response to the national guidance that, by 2018, CCAMHS should develop a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide service design, working collaboratively with children and young people.

CAMHS Benchmarking 2016

A benchmarking exercise of CAMHS was undertaken in 2016. The below table details the indicators assessed and the Island's position in comparison to the national average.

Analysis completed based on this data indicates a very active service e.g. lots of contacts with staffing higher than the national average for the Isle of Wight size of population, and a service operating well considering the high levels of activity and accepted demand.

Referrals Received	<i>Average increase</i> - Requests for support from the service are increasing in line with the national trend.
Referrals Accepted	<i>Higher than average acceptance</i> – The service is accepting significantly more referrals than most services across the UK.
Re-Referrals	<i>Low</i> – Once young people are seen by the CAMHS service there are few that are re-referred back into the service.
Waiting Time to First Assessment	<i>Below national average (positive)</i> – The service is performing well in terms of meeting waiting time standards, particularly considering the high level of accepted referrals.
Caseload	<i>Higher than national average</i> – Staff are seeing lots of clients concurrently.
Number of Contacts	<i>Very high</i> – Levels of activity are high with this service.
DNA Rate	<i>Just slightly higher than national average</i> – The reason for this has not been confirmed but it is believed that a factor may be related to Island transportation links.
Service Cancellation Rate	<i>Low (good)</i> – The service operates consistently and rarely cancels appointments to see young people.
Staffing Levels	<i>Higher than national average</i> – The service is well staffed in terms of numbers.
Workforce Type	<i>Less therapists than national average, more nurses, more psychotherapy than other therapies</i> – A review of the staffing mix could be worthwhile to review level and type of therapeutic options available to meet evidence based guidelines.

Social Media and Bullying

Existing research cited in the Department of Health and Department of Education's Green Paper [Transforming Children and Young People's Mental Health Provision](#) suggests that links exist between the increased use of social media, low self-esteem and greater opportunity for bullying as a factor in the deterioration of children's mental health.

The Royal Society for Public Health (RSPH) in partnership with the Young Health Movement published [Status of Mind – Social Media and young people's mental health and wellbeing](#) which found that 91% of 16-24 year olds use the internet for social networking and that social media has been described as more addictive than cigarettes and alcohol.

Social media use has been linked with increased rates of anxiety, depression and poor sleep with rates of anxiety and depression in young people rising by 70% over the past 25 years. Young people suffer low self-esteem and a fear of missing out as a constant stream of images of people seemingly having fun and looking attractive is uploaded.

Cyber bullying is a growing problem with 7 in 10 young people saying they have experienced it. A new report from the World Health Organization [Adolescent obesity and related behaviours: trends and inequalities in the WHO European Region 2002–2014](#), was based on the findings of a questionnaire sent to more than 200,000 children in 42 countries.⁹ It has suggested that a dramatic rise in the use of computers and social media is wreaking havoc on the health of young people. It found a continuous steep increase between 2002 and 2014 in the proportion of children and young people using technology for two hours or more each weekday for things like social media, surfing the internet and homework. Experts say this is leading to an increasing risk of ill-health, with the vast majority of young people also failing to take the recommended level of exercise each day.

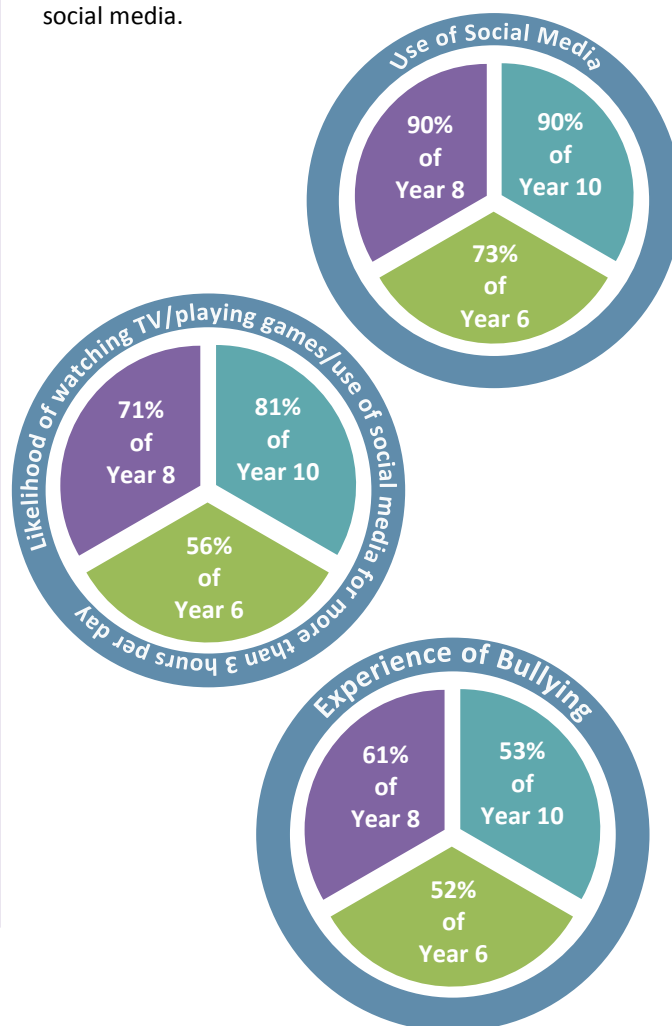
Locally, on the Isle of Wight when young people were asked about their social media habits, significantly high percentages across all ages advised that they used social media on a regular basis as shown in the diagrams, right.¹⁰

Also of note is that 75% of those who stated that they 'hardly ever' have enough sleep to feel refreshed in the morning engage in 3 or more hours of screen time a day.

When asked if they had ever been bullied, over half of Year 6 (52%) and Year 10 (53%) respondents reported they had been bullied. This peaked in Year 8 where 61% stated they had been bullied.

In the [What About YOUth?](#) survey 63.1% of respondents on the Isle of Wight stated that they had been bullied in the past couple of months. This was significantly higher than all other comparators in the group and the South East region's figure of 57.3%. The most frequent form of bullying was 'name calling' (63%) closely followed by teasing (52%) and being ignored (35%). Making threats and physical assault accounted for 27% and 24% respectively whilst cyberbullying accounted for 16%. Overall, 43% of those bullied believe it was associated with the way they look and 33% believe it was to do with their size or weight.¹¹

However, the full extent of the impact of social media use on mental health is yet unknown; although increased social media use is linked to poorer mental health, it is not clear whether this increased use causes poorer mental health, or whether poorer mental health drives an increase in use of social media.



⁹ www.euro.who.int/__data/assets/pdf_file/0019/339211/WHO_ObesityReport_2017_v2.pdf?ua=1

¹⁰ <https://www.iwight.com/azservices/documents/2552-Children-and-young-peoples-survey-2015-final.pdf>

¹¹ Data sources: <http://fingertips.phe.org.uk/profile-group/child-health> and www.ndtms.net/NDTMSLogin.aspx?ReturnUrl=%2fphereportViewer.aspx

Emotional Wellbeing

Mental Health Investments (2017/18)

July to October 2017, the Isle of Wight completed a new wave of consultation with children, young people, their families and carers who have relevant lived experience.¹³ Engagement events were held to offer access to diverse groups across the Island, including communities and cohorts with heightened vulnerability to developing a mental health problem. Key priorities were identified from this consultation process and co-production sessions have been incorporated into our CYP Local Transformation Plan to refresh the 'Future in Mind' strategic priorities.

The below diagram outlines a summary of the key consultation and co-production sessions we have completed with local families to develop our Transformation Plan and refresh it.

The information, comments and feedback gathered at these events were subsequently collated and analysed to identify key strengths, challenges and recommendations for the future development of the Children and Young People's Mental Health services. The following pages provides a summary of these outcomes:

3

The Isle of Wight CCG engaged external project management with capacity of 11 days allocated to complete a two phased process:

1. Engagement and consultation
2. CAMHS Transformation Plan 2017 refresh.

September 2017 - 26 meetings and conversations with local stakeholders were held including public, private and voluntary sector engagement to identify perceived areas of emerging need and prioritisation.

22nd September 2017 - Parent and Carers engagement session organised by Isle of Wight CCG to provide an opportunity to listen to the priorities of local families.

22nd September 2017 - Multi-professionals engagement session.

5th October 2017 - Engagement session with young people, parents, carers and professionals invited to review the key messages from all stakeholder groups. Review of high level national benchmarking of local CAMHS service to triangulate with local experiences on the Island.

¹² See engagement appendix for breakdown of key messages

¹³ Youth Trust Youth Survey 2017

¹⁴ Note: there is a CAMHS component of the MH Liaison 24/7 and Serenity funding.

¹⁵ Combined with previous perinatal funding from CAMHS Transformation 2016/17

Current Provision Strengths

Cygnets Training Group	Provides support to parents of children with autism; has a Facebook group and effective solution-focused approaches, meets every month.
Sole Records	Effective outcomes methodology utilized by one of participating organisations.
Self-Help Resources	Available for children and young people; these are valued and more wanted to be made accessible.
Kids Café	Provides peer support for parents, signposting and pre-diagnostic support.
Lesbian, Gay, Bisexual, and Transgender (LGBT) Breakout Youth	Is well thought of and delivers excellent support to LGBT youth on the Island. There has been a growing awareness of gender identity as a presenting point for consideration.
Frankie Workers	Provide therapeutic counselling to children and young people aged 0 – 18 years who are victims of sexual abuse and sexual exploitation.
Youth Crime Prevention Service	Is reducing first time entrants into the youth justice system.
Serenity	Adult trained mental health nurses go on patrol with police officers out of hours. As a result, a significant reduction of adults being sectioned has been noted.
CAMHS Newsletter	Positive reports received from a variety of professionals and parents. The newsletter is co-produced with service users and provides information on group sessions to support young people with self-esteem and training sessions for professionals on topics such as resilience, self-harm and anxiety
CAMHS Multi-Disciplinary Approach (Including Family Therapy)	Children and young people are seen quickly, and those seen are satisfied with the service overall.
New Forest Parenting Programme	For parents with children with diagnosis of ADHD. Delivered by Barnardos and well thought of by parents.
CAMHS Evidence Based Approaches	For working with trauma including Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioural Therapy CBT Trauma, Dialectical Behaviour Therapy (DBT) and emotional coping skills group.

Current Provision Challenges

Training	There is a need for more training. Access to or awareness of training is required to upskill universal services, particularly supporting school staff. Parents are also interested in the possibility of accessing this training.
Early Intervention Therapeutic Support (Tier 2)	There is a perception of rising demand for commissioned voluntary sector organisations who are delivering a 6 session model for young people. Local people would welcome a review of the possibility of extending this model or links to supplementary services or self-support.
Schools	Schools are using their Pupil Premium to buy in services for their most vulnerable. However, there is more that can be done to upskill staff in schools to support them with identifying mental health problems, knowing how and which support to get and how to manage challenging behaviour. Education regarding CAMHS eligibility criteria is important. Home educated children have been identified as a cohort requiring engagement.
Autism	Greater clarity required on current processes for identification within schools and link up with CAMHS and Paediatrics. Lack of clarity on process for getting a diagnosis and post-diagnostic support.
Challenging Behaviour	School staff, parents and carers (including foster carers) require sub-CAMHS threshold support and /or access to training to manage challenging behaviour.
YMCA Closed Local Counselling Service	As of October 2017 YMCA counselling services will no longer be provided at Winchester House, Shanklin after a strategic review of operations.
CAMHS Eligibility Criteria	While overall reports of experience once seen by CAMHS were positive, professionals and parent / carers alike were keen to have greater clarity on how best to contact CAMHS, how to know if a child qualifies for CAMHS support, what needs to be tried first and what is available if not meeting CAMHS criteria on the Island.

Recommendations

Communication strategy	Develop a robust communication strategy to ensure the right information about the transformation plan is communicated in the right way, at the right time to the right people.	CAMHS Criteria	Educating all people on what is required prior to referring to CAMHS. See CAMHS referral form for current information on criteria and required pre-work.
Single Emotional Wellbeing Mental Health Webpage	People have requested one webpage to be promoted universally that includes the following three points:	Single Point of Access (SPA)	Build on the 24/7 SPA model and include information on dedicated single webpage. Explore Wessex-wide Out of Hour support options.
	<ol style="list-style-type: none"> 1. "Where can I refer to or contact for advice?" e.g. SPA 2. "What support is available for my family?" i.e. a clear directory of services, likely linking into a Local Offer webpage 3. "What training is available for me?" e.g. young person groups, CAMHS professional training, positive parenting <p>To also include for active and collective dissemination in communication strategy, training and standard inductions.</p>	Early Intervention Therapeutic Support (Tier 2)	While the budget has been increased in 2017/18 from the previous year, consider links with school commissioned support and closer links with CAMHS to ensure best use of financial envelope and outcomes for young people.
Link with Wessex Healthier Together Website Plans	An identified lack of communication on the services and support available across the Island led to a number of meetings with regional CAMHS colleagues to explore opportunities via the Wessex Healthier Together website with a view to scope out how we improve the information that's available to young people, families and professionals. It is envisaged that this will create a central point of information for all children and young people's mental health and wellbeing services across the Island.	Review Multi-Agency Pathways	Review scope for multi-agency triage / assessment, diagnosis and post diagnostic support arrangements, links between services (including schools, paediatrics and CAMHS), with regard to Autism (ASD), Attention Deficit Disorder (ADD) and Learning Disabilities (LD).
		Links with Schools	Improving links with schools is a key priority emerging from consultation with greater support within the system required for managing challenging behaviour. Schools commission services and it is important to improve the understanding of interdependencies. Link with Public Health to support schools with commissioning framework to support schools. Develop effective mechanism for engaging with schools and informing regarding developments.
		Building Resilience	Important to empower children, young people and their families with access to the information and support they require as well as strategies for building personal resilience. It is important to ensure this information accessible and available widely.
		Feedback Loops	Ensuring the parent / carers are kept in the loop where consent is given.
	This also forms part of the Children's STP where there are plans to explore how we use the regional Wessex Healthier Together website to promote self-help materials and messaging/tools for schools and families. There has also been a suggestion that we use the same website to highlight local clinical pathways for emotional wellbeing and up to date information on local services. The website will need to be easily accessible and beneficial to children, young people and their families by supporting their wellbeing and building their resilience.		

These recommendations have been collated to develop the Transformation Plan for Children and Young People’s Mental Health and Wellbeing 2015-2020 (2017 Refresh).

They have then been reviewed in light of the previous work undertaken by My Life a Full Life and the WISR review, discussed at the start of this strategy document, to ensure continuity of progress.

Part of the WISR review had identified that there was a need to improve provision for those with complex neurological conditions (e.g. ASD, LD, ADHD), the emotional wellbeing of people within CCAMHS and the creation of a Paediatric Assessment Unit, (the latter of which is out of scope for this strategy document.)

In addition, research into local statistics using data collection resources such as the Joint Strategic Needs Assessments, NHS England Right Care Data, Public Health England Fingertips Tool and NHS England Mental Health Five Year Forward View Dashboard has been undertaken.

Pulling these various sources of information together, the Isle of Wight CCG has subsequently assessed the financial viability of different improvements to pathways to ensure that the progress being implemented will not only deliver high quality, accessible care but will also be sustainable for the future. It is committed to a Transformation Plan that builds on the Transformation investment and ensures benefits extending beyond 2020.

The core mental health budget for 2017/18 is:

Emotional Wellbeing Mental Health Service	2016/17	2017/18
Community CAMHS	£1,689,280	£1,653,789
Any Qualified Provider (AQP) (co-delivered by Barnardos and Youth Trust)	£190,000	£220,000

The budget has been allocated to implement the recommendations from the wider consultation and will do this through four local priority areas:

CAMHS transformation funding ¹⁴	2017/18
Priority 1 - Perinatal	<i>Successful Wave 1 bid, recurrent, transferred to support Priority 4</i>
Priority 2 – All age 24/7 Single Point of Access	£159,000 recurrent
Priority 3 - CYP IAPT Collaborative	£5,500 recurrent
Priority 4 - Eating Disorders	£77,000 + £26,500 recurrent ¹⁵ (Combined total of £103,500)

An update on each local priority area and plans for investment are provided below:

Local Priority Stream 1
Improving Perinatal and Infant Mental Health

Local Priority Stream 2
24/7 All Age Single Point of Access

Local Priority Stream 3
Improving Access to Support CYP IAPT

Local Priority Stream 4
Eating Disorder Service

Local Priority Stream 1: Improving Perinatal and Infant Mental Health

Overview

The [Five Year Forward View for Mental Health](#) highlighted that the impact of mental health problems experienced by women in pregnancy and during the first year following the birth of their child can be devastating for both mother and baby, as well as their families. It outlined that by 2020/21, NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period.

Women who require specialist treatment for mental health problems in the perinatal period need different facilities and service response from those provided by general adult mental health services. This has been acknowledged and promoted in a range of evidence-based publications, particularly the National Institute for Health and Care Excellence ([NICE clinical management and service guidance on antenatal and postnatal Mental Health](#) (2014) and associated [quality standard](#) (2016). Consequently, the Isle of CCG has invested in a Community Perinatal Mental Health Service.

The Community Perinatal Mental Health Service aims to ensure that women in pregnancy and postnatally who have a current or previous history of mental illness, and cannot be appropriately managed by Primary Care, receive timely and high quality treatment, care and support to minimise the high risks posed to themselves, families and services.

Current Service Status



Objectives

1. Undertake holistic multidisciplinary specialist assessments of the mother’s mental health and related needs of her baby and family.
2. Whenever safe and in the best interests of mother and baby, support mothers to remain in their own home rather than be admitted to hospital.

3. Have capacity to assess patients in a variety of settings including their homes, maternity hospitals, outpatients clinics, and community settings such as family centres.
4. Work collaboratively with colleagues in primary care, maternity, health visiting and adult mental health services to ensure women’s and babies’ needs are met.
5. Work closely and have formal links with a designated in-patient mother and baby unit.
6. Provide specialist perinatal mental health care for women and babies discharged from inpatient mother and baby units.
7. Offer pre-conception counselling to women with pre-existing severe mental health problems including those who are well but at high risk of a postpartum disorder.
8. Provide appropriate specialist perinatal psychological interventions.
9. Provide education and training for non-specialists involved in the care of pregnant and postpartum women including general psychiatric teams, GPs, midwives, Health Visitors and IAPT workers to support their effective contributions to the pathway of care.

The Isle of Wight CCG has defined clear Perinatal Mental Health targets for year on year increase in the access for mothers who require access to the appropriate support to meet their needs:

Increased access to evidence-based perinatal mental health care¹⁶:

Trajectory	Number of Women
2016/17	4
2017/18	28
2018/19	43
2019/20 onwards	63

Targets are being monitored with successful progress noted to date.



¹⁶Source: Isle of Wight CCG Operational Plan 2017-19, p.29 <http://www.isleofwightccg.nhs.uk/Downloads/Operational%20Plan/2017-19%20IOW%20CCG%20Operational%20Plan%20Final%20for%20Submission%2023.12.2016.pdf>

Investment

Partnering CCGs and Southern NHS trust were successful in a Wave 1 bid for targeted monies to enhance perinatal mental health services. A Band 6 Registered Midwife Nurse and a Nursery Nurse have been appointed. They will co-ordinate Island resources and link into NHS England specialist provision at Southern NHS Trust. The Isle of Wight is the first area to go green on meeting required standards.

Outcomes

1. Enhance detection of existing serious illness ante- and postnatally, providing expert advice and treatment where required.
2. Provide evidence based care, in accordance with NICE clinical management and service guidance on antenatal and postnatal Mental Health (2014) and associated quality standard (2016).
3. Improvement in quality of life
4. Reduction in the numbers of admissions to a Specialised In-Patient Mother and Baby Unit of women with relapse or a recurrence of a pre-existing condition.
5. A reduction in the number of in-patient readmissions within one month of discharge from the In-Patient Mother and Baby Unit.
6. A reduction in delayed discharges from an In-Patient Mother and Baby Unit.
7. A reduction in the mean length of stay on an In-Patient Mother and Baby Unit.

Evidence Base

1. [NICE, Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance \(2014\) and Quality Standard \(2016\)](#)
2. [Mental Health Task Force, Five Year Forward View for Mental Health for the NHS in England \(2016\)](#)
3. [National Maternity Review, Better Births, Improving Outcomes of Maternity Services in England \(2016\)](#)
4. [The British Psychological Society \(BP8 2016\), Perinatal Service provision: The Role of Perinatal Clinical Psychology](#)

5. [Falling through the gaps: perinatal mental health and general practice, Centre for Mental Health \(2015\)](#)

Local Priority Stream 2: 24/7 All Age Single Point of Access

Overview

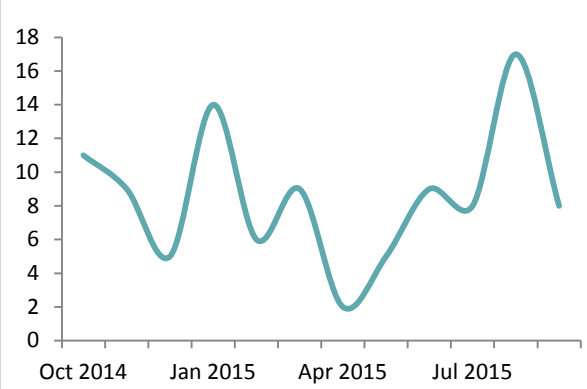
On 29 September 2017, the Isle of Wight Youth Trust released key findings from data collected through the Island Youth Mental Health Census. Findings from the census reflected that the mental health crisis facing young people across the country is being felt more acutely on the Isle of Wight.

Although currently small in number, there are fluctuating demands for CAMHS support placed upon our emergency services.

Local Priority Stream 2 aims to provide a 24/7 All Age Single Point of Access including advice, triage and support to expand provision to evening and weekends to ensure the needs of our young people are being met and they are supported through any crisis. This expanded service is now live with the below pathway.

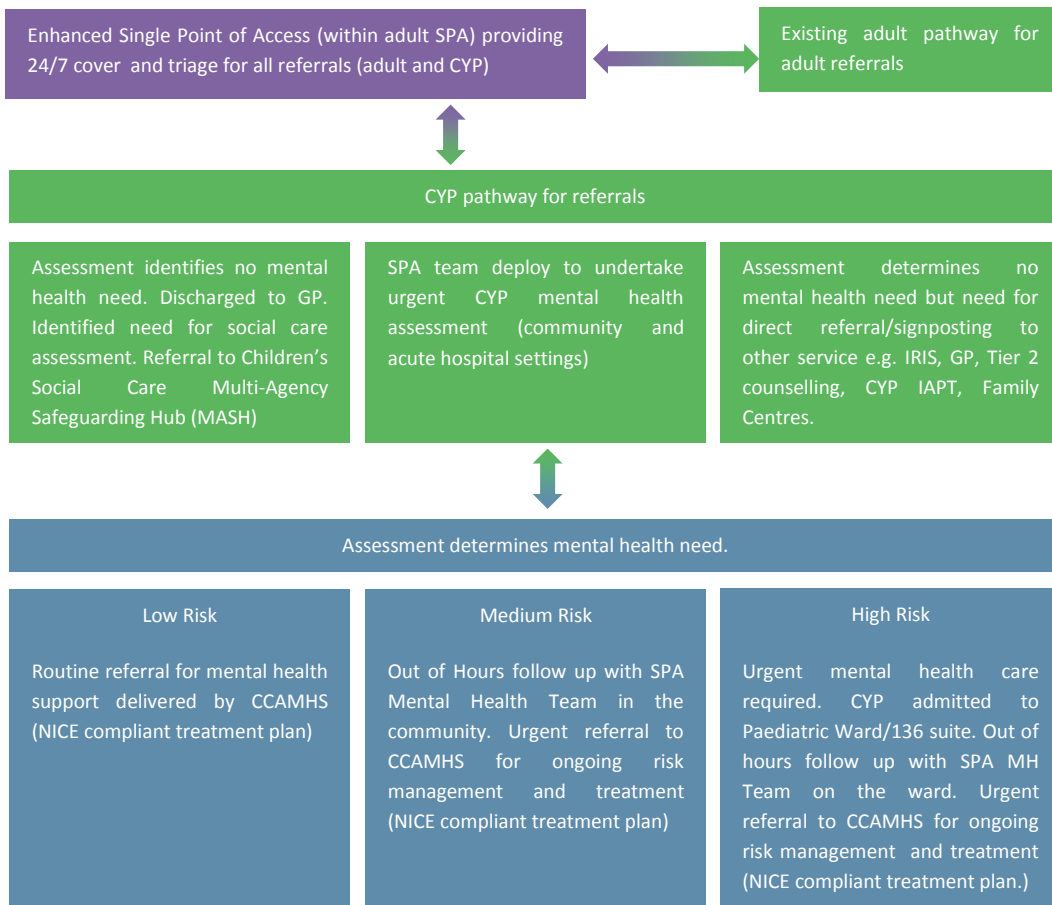
Three additional Band 6 Mental Health Practitioners were identified as being required for this extended provision. Recruitment processes have been undertaken and training has now been commenced by the Trust.

A&E attendances under 19 years old diagnosed with psychiatric conditions
Isle of Wight, South East and England, Oct 2014-Sep



Source: Isle of Wight NHS Trust Performance Information & Decision

The intention is to further develop this at regional level. To facilitate this, the Island participates in the [Hampshire and Isle of Wight Crisis Care Concordat](#) which is committed to improving service for people of all ages in, or at risk, of a mental health crisis.



Current Service Status

Red

Amber

Green

Objectives

1. Support 24/7 access for CYP in crisis.
2. Link with appropriate and related services including adult psychiatry
3. Develop end to end pathways for people of all ages in crisis and shared across the multi-agency team
4. Improve responsiveness of services to people approaching or undergoing mental health crisis.
5. Ensure people get the right care at the right time through agreed pathway encompassing community and acute hospital care.
6. Ensure the project work streams for children are captured in the Crisis Pathway delivery plan.
7. Develop a range of prevention, education and awareness work streams.
8. Improve responsiveness of CAMHS clinicians for the Emergency Department and [S136](#) escalation.

Investment

£159,000 has been transferred to the Isle of Wight NHS Trust to provide staffing resources with appropriate training and Continuing Professional Development.

Outcomes

1. Better quality of care for young people in crisis (safety, effectiveness, continuity, closer to home etc).
2. Reduced attendances at the Emergency Department (ED) for young people in mental health crisis.
3. Reduced reliance on inpatient care – paediatrics, adult Mental Health Units and Tier 4 CAMHS.

4. Reduce the use of s136 detention (overall) and those used are appropriate.
5. Reduce inappropriate admissions to hospital.
6. Reduction in 4hr ED waiting times.
7. Increase in young people having a safe pathway of care and support if presenting in a mental health crisis to the Police
8. Improve the experience of young people when subject to s136/135(1).
9. Improved access to services.
10. Reduce the number of NHS England Placements.
11. Reduce the Length of Stay (LOS) in NHS England placements.
12. Reduce in out of area inpatient admissions.

Evidence Base

1. <http://www.uhs.nhs.uk/Media/SUHTInternet/News/HIOW-STP-Delivery-Plan-21Oct16-FinalDraft.pdf>
2. <http://www.uhs.nhs.uk/AboutTheTrust/PlansPoliciesAndStrategies/Hampshire-and-Isle-of-Wight-Sustainability-and-Transformation-Plan-STP.aspx>
3. http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf
4. <http://www.cypiapt.org/site-files/jcpmh-camhs-guide.pdf>
5. http://www.google.co.uk/url?url=http://www.chim.at.org.uk/resource/view.aspx%3FRID%3D104048&rc=j&frm=1&q=&esrc=s&sa=U&ved=0CBQQFjAAahUKEwjE--v_zLXIAhVFgj4KHfBjA8g&usg=AFQjCNEEAfhD4KDbcOvTP3HahTa42_0hHA
6. http://www.google.co.uk/url?url=http://www.chim.at.org.uk/resource/view.aspx%3FRID%3D104048&rc=j&frm=1&q=&esrc=s&sa=U&ved=0CBQQFjAAahUKEwjE--v_zLXIAhVFgj4KHfBjA8g&usg=AFQjCNEEAfhD4KDbcOvTP3HahTa42_0hHA

Local Priority Stream 3: Improving Access to Support CYP IAPT

Overview

This Priority Stream will support the implementation of a CYP IAPT collaborative as part of a lead provider commissioning model with the current Isle of Wight Community CAMHS provider and Tier 2 counselling voluntary sector providers.

Isle of Wight participating services have joined the [London CYP IAPT Collaborative](#) as part of Wave 7 of CYP IAPT. The Trust and partners are now linked with the other 37 training networks within the collaborative. CYP IAPT will provide more consistency as the service strengthens its evidenced based therapeutic approaches combined with a rigorous session-by-session outcome monitoring methodology.

From March 2018, services will be moving towards a Trust CAMHS [prime provider model](#) with sub-contracting arrangements to support management of activity with AQP early intervention services. As part of the new arrangements the Lead Provider will ensure arrangements area in place to flow data into the [Mental Health Services Data Set \(MHSDS\)](#).

Currently, Wessex CAMHS Commissioners are in the process of developing a regional dashboard to review waiting times and other standards for regional oversight and peer review.

The Isle of Wight CCG and partners are exploring ways to sustain the CYP IAPT programme beyond the availability of national funding to support the training and implementation.

Current Service Status

Red

Amber

Green

Objectives

1. Review the existing pathways of care and develop them further to provide a continuum of support, moving away from tiers of service.

2. Provide workforce Continuing Professional Development training to support the (CYP IAPT) programme.
3. Enable selected staff to be trained in core CYP IAPT principles, plus a course from the National Curriculum, which will cover:
 - 1.1. Cognitive Behavioural Therapy (CBT) for anxiety and depression.
 - 1.2. Parenting training for behavioural and conduct disorders (3 - 10 yr olds).
 - 1.3. Systemic Family Practice (SFP) for conduct disorder (over 10s), depression, self-harm and Eating Disorders.
 - 1.4. Interpersonal Psychotherapy for Adolescents (IPT-A) for depression.
 - 1.5. Supervisor training.
 - 1.6. Transformational Leadership Training.
 - 1.7. Training for other staff in core CYP IAPT principles regarding evidence based practice and use of Routine Outcome Monitoring (ROM).
2. Mainstream youth participation within the design and delivery of services.

Outcomes

1. Increased access to treatment for:
 - 1.1. Mild to moderate anxiety
 - 1.2. Mild to moderate stress
 - 1.3. Mild to moderate depression
2. Increased accessibility and choice.

Evidence Base

1. www.cypiapt.org/

Local Priority Stream 4: Eating Disorder Service

Overview

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, waiting times and provision of evidence based treatments for our young people with an Eating Disorder.

From the inception of this Transformation Plan, the Isle of Wight CCG has been focused on commissioning a service to meet these standards ahead of time which is taking place successfully as evidenced by performance data at the time of the 2017 refresh of this document.

In order to achieve this and implement the necessary changes to our provision, Southampton, Portsmouth and the Isle of Wight united to collaboratively develop a combined Eating Disorder Service that links with local Community CAMHS services. In 2016, an agreement was reached to align resources and utilise CAMHS Local Transformation Plan (LTP) monies non-recurrently to meet local requirements.

The current service workforce consists of the team members outlined in the boxes below. The Isle of Wight NHS Trust are submitting baseline performance data against the new Eating Disorder access and waiting time standards with data submitted demonstrating 100% of CYP are seen within 3 to 4 weeks of referral, currently meeting the Access and Waiting Time standard.

The service provides an in-reach and outreach service for children and young people. This includes support whilst the child or young person is an inpatient on the Paediatric Ward, helping to reduce numbers being placed off Island. It also provides continued support and discharge planning if the child or young person has been admitted to a NHS England commissioned unit to expedite their return to the Isle of Wight.

To continue to develop the service further, the Isle of Wight CCG has also been working with the Wessex Programme Board to develop South Hampshire, Isle of Wight and Portsmouth (SHIP) ED plan proposals and a network wide generic ED pathway and specification across Wessex.

Consultant Psychiatrist

One session (half a day per week)

Offering case management, mental health assessment, consultation and liaison with professionals.

Psychologists

Two sessions

Offering CBT –individual therapy, and supervision.

Nurse-led groups

1 session from two Band 6 Nurses

Offering emotional coping skills group based on DBT model.

Mental Health Nurses

Two Band 6 Nurses deliver intensive daily time limited interventions for a maximum of 4 weeks as well as acting as Care Co-ordinator for inpatient placements.

Offering community working in homes and schools, liaison with GP, as well as nutritional advice to families and professionals.

Provide training and supervision to temporary staff as necessary when admissions to Paediatric Ward as required.

Paediatrics in Local General Hospital

Used as required.

Offering physical assessment and short term admission.

Mental Health Nurse Practitioner

Two sessions

Offering individual therapeutic intervention as appropriate.

Family Therapist

Two sessions

Offering systemic family therapy and couple's work.

Consultation to date has involved partner agencies including: NHS IW Trust, Social Care, NHS England and the Third Sector in order to develop a best practice, evidence based model best suited to the regional footprint.

Workshops have also been scheduled for December 2017-March 2018 in order to co-produce the design of the future enhanced service. An options paper is to be finalised by April 2018 with a timeline for implementation agreed.

When developing the new model, consideration will be given to national best practices. NHS England have established the Eating Disorders programme which promotes early access to effective, evidence-based and outcome-focused treatment working in partnership with children, young people and families. It links in with the Royal College of Psychiatrists' Quality Network for Community Eating Disorder services for children and young people (QNCC-ED). The benefits of linking in with these quality improvement programmes will need to be explored further.

Current Service Status

Red

Amber

Green

Objectives

1. Additional workforce will be recruited with the new funding to enhance and expand the current team.
2. Develop a highly skilled and multi-agency workforce.
3. Provide rapid access to evidence based care and treatment to CYP with anorexia nervosa, bulimia nervosa, binge eating disorder, atypical anorexic and bulimic eating disorder.
4. Deliver the right intervention and the right time with the best outcomes
5. Provide local treatment based on individual need, focused on experience and with the right escalation mechanisms for those CYP who require more intensive intervention.
6. Design consistent services to cover CCG population needs, which meet national standards and deliver the best possible outcomes for CYP.

7. Enable CYP to access a range of NICE concordant treatment options with additional support provided for parents and carers.
8. Explore the benefits of taking part in the National Quality Improvement Programme.
9. Deliver streamlined and equitable access for CYP with easy to navigate referral systems and processes for those who wish to refer into the service.
10. Ensure a safe and seamless transition from CAMHS to adult services for those aged 18 and over.

Investment

The National Allocation for Eating Disorders on the Isle of Wight was £77,000. However, Isle of Wight partners have agreed to increase this to £103,500 to support development of a combined Eating Disorder Service across the Hampshire and Isle of Wight footprint, (reallocation via successful Wave 1 Bid).

Outcomes

1. Facilitate shorter recovery period.
2. 95% of CYP with an eating disorder will receive treatment between 24 hours and 4 weeks depending on the urgency of the referral in line with national access and waiting time standards.
3. Reduction in referrals, transfer to adult services, waiting times and inpatient admissions.
4. All cases participate in NICE concordant treatment within 4 weeks.
5. Reduction in total number of placements with NHS England.
6. Reduction Length of Stay for CYP who are placed in NHS England provision.
7. Support 24/7 access for CYP in crisis.
8. Reduce the use of s136.
9. Reduce inappropriate admissions to hospital.

10. Reduction in 4hr ED waiting times.

11. Increase in young people having a safe pathway of care and support if presenting in a mental health crisis to the Police.

12. Improved access to services.

Evidence Base

1. www.cypiapt.org/
2. <https://www.england.nhs.uk/mental-health/cyp/eating-disorders/>
3. <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/childandadolescent/communitycamhsqncq/qncq-ed.aspx>
4. <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

Emotional Wellbeing

Mental Health Strategic Plan for the Isle of Wight

Strategic Priorities

Priority	Action	How will we know the impact?	Lead	Timescale
Strategic Priority 1 Improving Perinatal and Infant Mental Health	Increase awareness of new pathways and local support to GPs and other professionals	<ol style="list-style-type: none"> 1. Increased referral rate 2. Increased request for consultation and advice 	Perinatal Lead Professional HIOW STP	January 2018
Strategic Priority 2 24/7 All Age Single Point of Access	Review all age crisis response, including data analysis for CYP to inform best use of allocated resource	<ol style="list-style-type: none"> 1. Rapid response time to intervention 2. Prevention of unnecessary paediatric admission / Tier 4 inpatient admission 3. Parent / carer service satisfaction 4. CYP service satisfaction 	IOW NHS Trust	October 2017
	Review appropriate links for CYP Psychiatry out of hours support across larger CCG footprint to achieve best value use of resource	<ol style="list-style-type: none"> 1. Reduced inpatient admissions 	IOW NHS Trust HIOW STP	September 2018
Strategic Priority 3 Improving Access to Support CYP IAPT	Four staff members to complete first year of CYP IAPT training (Wave 7)	<ol style="list-style-type: none"> 1. Clinical outcome measures 2. Staff satisfaction 3. Patient satisfaction 	IOW NHS Trust and AQP providers	September 2018
Strategic Priority 4 Eating Disorder Service	Finalise and agree enhanced model with commissioners	<ol style="list-style-type: none"> 1. Options paper on future model 2. Agreed specification 3. Commissioning strategy agreed 4. Implementation timelines to be determined when option approved 	Hampshire CCGs	April 2018

Priority	Action	How will we know the impact?	Lead	Timescale
Enhanced Priority 1 Frankie Workers	Review current Frankie Worker service to ensure best value	1. Service review	STP Commissioner	April 2019
Enhanced Priority 2 Whole System Approach and Early Intervention	Ensure Emotional Wellbeing and Mental Health (EWMH) webpage is created with: 1. Where to refer 2. Service available 3. Training available Explore links to Wessex Healthier Together website.	4. Parent / Carer sign off 5. EWMH Strategy Group sign off	IOW CCG Lead, PH	September 2018
	Develop communication strategy to direct professionals and parents to the EWMH webpage (including home educated CYP) and disseminate best practice Isle of Wight developed ' Check it Out App ' to more CYP within schools	1. Parent / Carer sign off 2. EWMH Strategy Group sign off	EWMH Strategy Group, IOW CCG Lead, PH	April 2018
	Public Health to engage with schools and to develop best value resilience building and training to support school staff	1. Increased take up of CAMHS training for schools 2. Increased take up of parenting training 3. Increased EWMH website visits 4. Reduced school referrals to CAMHS	EWMH Strategy Group, Head Teachers, Public Health	April 2018 onwards
	STP leading group on standards for ASD, ADHD and Learning Disabilities / Difficulties Ensure communication to children, young people, parents and professionals as to new diagnostic arrangements with Trust.	1. Increased number of appropriate referrals 2. Reduced number of inappropriate referrals to CAMHS	EWMH Strategy Group	April 2019 <i>(Subject to independent EWMH Strategy Group timeline)</i>
Enhanced Priority 3 Co-Develop Wessex Workforce Development Strategy	To be developed with partner CCGs across STP footprint	1. Increased recruitment for specific skill sets 2. Increased retention of staff 3. Upskilling of CAMHS related staff	Wessex CCGs	To be confirmed
Enhanced Priority 4 Develop High Level Outcomes Dashboard	Collate key performance information into the five year strategic framework to evidence impact of investment on one page	1. Reduced time for CAMHS LTP refresh Oct 2018	IOW CCG	April 2018

Risk Management

Priority	Risks	Mitigation
Strategic Priority 1 Improving Perinatal and Infant Mental Health	Dependency on key members of staff for implementation of perinatal pathway	Work with provider to identify contingency measures in case of perinatal lead unavailability.
Strategic Priority 2 24/7 All Age Single Point of Access	Sustainability of all age 24/7 crisis response	Ensure all staff get trained on working with CYP populations and families.
Strategic Priority 3 Improving Access to Support CYP IAPT	Loss of highly qualified staff to other services	Ensure the CYP IAPT principles and ways of working are embedded throughout partner organisations by the participating staff.
Strategic Priority 4 Eating Disorder Service	Delay in agreeing final model to implementation within acceptable time scales	Ensure sign off of model within 7 days of 12 th October commissioner meeting or escalate for resolution within CCG governance.
Enhanced Priority 1 Whole System Approach and Early Intervention	Sufficient capacity to implement communication strategy	Utilise EWMH champion approach to mobilise supportive parents who are keen to support the process. Seek additional funding to support completion of key tasks to build on momentum from the engagement sessions.
Enhanced Priority 2 Co-Develop Wessex Workforce Development Strategy	Capacity of CCG leads to dedicate time to fully develop	Work with Wessex to establish whether there is Wessex related resource available to support CCGs with STP footprint strategy.
	Staff sickness impacting on participation in programme	Contingency members of staff to be identified to take place on following year's programme. IAPT supported funding for travel costs will be recurrent to enable future staff members completing the training.
	Failure of Wessex CCGs to agree common approach	Isle of Wight CCG will proceed with Island partners to develop local workforce development strategy.

Strategy Refresh Cycle

The joint ratification of this refreshed strategy will shape the next stages of delivering the five-year Transformation Plan for Children and Young People's Mental Health and Well-Being. However, there will be a need to refresh this strategy again in October 2018. This will provide a check and challenge process to ensure that the agreed actions have been delivered. It will also identify the next steps to be undertaken in order to continue our journey of transformation and implement the overall vision of change outlined at the start of this strategy.

There will also be a need, as the 2015-2020 period comes to a close, to outline what the direction of travel will be beyond 2020/21.

It is expected that, through the implementation of these changes, services will become more sustainable and achieve better outcomes for our children and young people.

However, it is important to recognise the current wide ranging transformative landscape of the entire Isle of Wight health and social care economy. The degree of success for the programmes of work being currently undertaken by the Local Care Board will impact on the future state of the pathways of care.

It will be essential to reflect the emerging landscape in each refresh cycle as has been done so at the start of this document.

Promoting Resilience, Prevention and Early Intervention

A national understanding has emerged that taking a prevention-focussed approach to improving the public's mental health makes a valuable contribution to achieving a fairer and more equitable society. The October 2017 Public Health England policy paper, [Prevention Concordat for Better Mental Health](#), promotes this and encourages cross-sector working to facilitate implementation on a local level.

The Isle of Wight is applying the spirit of the Concordat on a local level. The 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.

To help shape future plans, an Isle of Wight Special Educational Needs and Disability (SEND) Self Evaluation was co-produced between the Isle of Wight Council, Clinical Commissioning Group (CCG) and Parents Voice – IW. This assessed the service status and development requirements.

The findings from this review process were aligned with the [2014 national reforms to the support for children with SEND](#) and the [2015 SEND Code of Practice](#). The latter of which specifically recognised mental health issues for the first time as one of the things that could underlie specialist educational needs.

The product of this work was the development of the [Children and Young People with Special Educational Needs and Disability \(0 to 25 years\)](#) strategy which identifies key priorities for the Isle of Wight Council and its partners for 2017-2019.

The full contents of this strategy are not reproduced here but the interdependency between the SEND strategy and this Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020 (2017 Refresh) cannot be sufficiently stressed. Some of the key priorities have been summarised right:

SEND 2017-2019 Aim

1. Children's SEN are picked up early and support is routinely put in place quickly.
2. Staff have the knowledge, understanding and skills to provide the right support.
3. Parents know what support they can reasonably expect to be provided without having to fight for it.
4. Aspirations for children and young people are raised.
5. For more complex needs, an integrated assessment and 0-25 years EHC plan is in place.
6. There is greater control for parents and young people over the services they use.

SEND 2017-2019 Focus

1. The introduction of the new EHC plans to replace statements of SEN and learning difficulty assessments (LDAs).
2. 'Transfer Reviews' to move those with a statement of SEN or LDA on to an EHC plan by April 2018 will be undertaken.
3. The introduction of optional personal budgets, where appropriate, to increase independence, choice and control.
4. Development of the [Isle of Wight Local Offer](#) - a website providing details of all local health, education, social care, leisure services and support for children and young people with special educational needs or who are disabled.

SEND 2017-2019 Priorities

1. Partnership and co-production with parents/carers, children and young people.
2. Early recognition of needs and appropriate intervention.
3. Strengthening inclusion and improving provision for children and young people with SEN in mainstream settings.
4. Ensuring local provision is responsive to and meets local need and improves outcomes.
5. Fair and efficient use of resources.
6. Integrated working between agencies.

Early Help

Once identified, help is provided to those who are struggling and feel in need of some additional support, as well as 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. The Isle of Wight Children and Young People's Strategic partnership recognises that the best outcomes are achieved when a combination of services work together to ensure that the whole family are able to work towards better life chances of their children.

Concerns about how well a child or young person is progressing may be raised by a professional, parent/carer or the child/young person themselves. An [Early Help Assessment](#) (EHA) is then used to identify their needs. EHA is a standardised shared assessment and planning framework for use across all children's services and all areas in England. At the centre of the development of the EHA is the principle that it is child/young person centred, and can be shared across agencies and between professionals as appropriate with the family/young person's permission.

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 and support. 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 Monday-Friday 9am -5pm and spokes delivering a timetable of activities.

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.

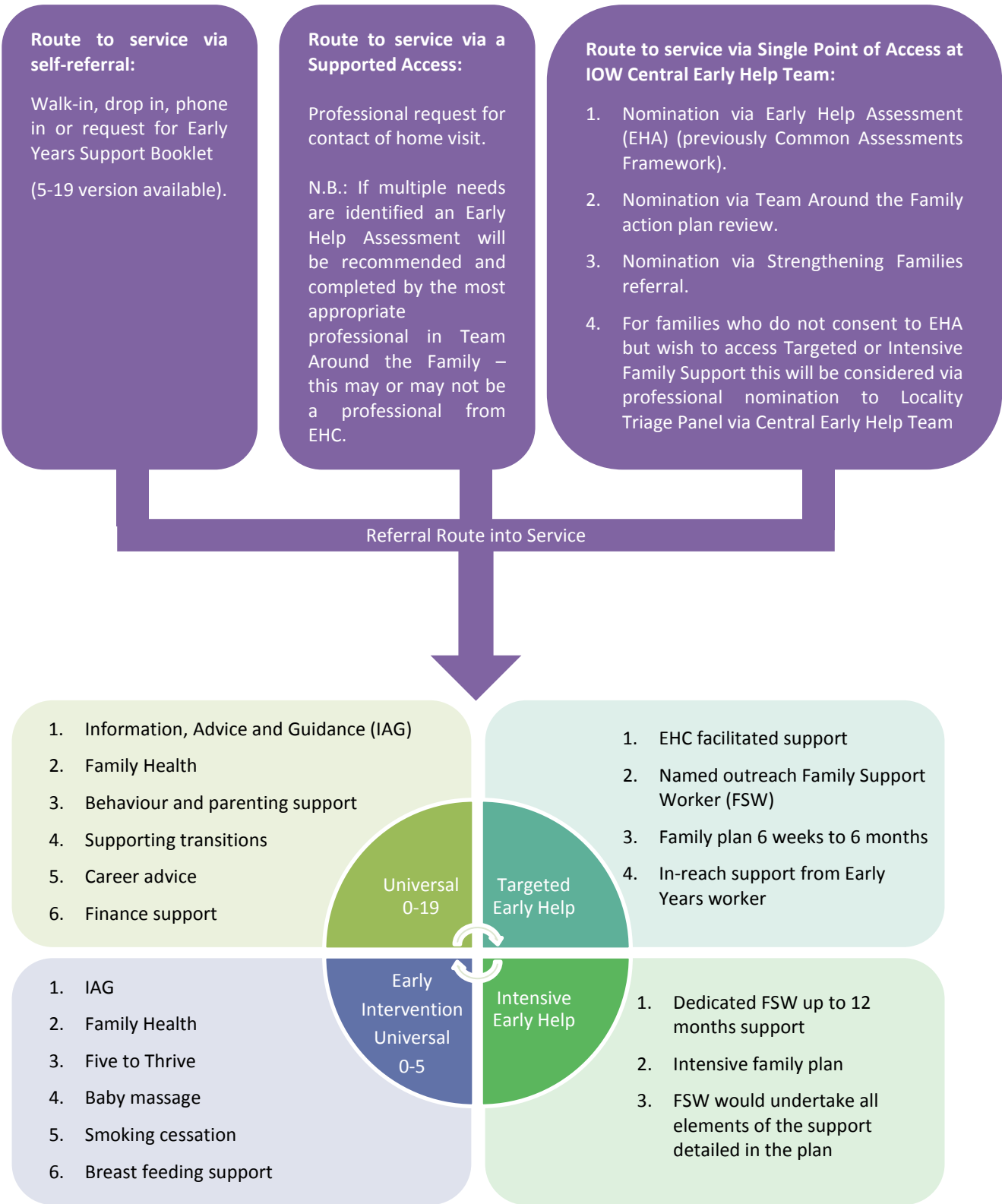
The programme covers the whole Island and is now delivered by Barnardo's within their integrated Early Help Service. It focuses on families who are currently experiencing complex difficulties. Phase 2 of the Troubled Families programme has extended the inclusion criteria to 6 headline indicators:

1. Children who have not been attending school regularly
2. Parents and/or children involved in crime and antisocial behaviour
3. Children in need of help (local priorities)
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents and children with a range of health problems.

This has significantly increased the number of families eligible for support from the programme.

One Family, One Early Help Centre (EHC)

The core offer of the Integrated Early Help Service is depicted below along with the routes to service:



Wider Support in Schools

The Isle of Wight Health Visiting Service comprises of a multi-skilled team of Health Visitors, Community Nursery Nurses and Support Workers. Health Visitors are qualified midwives or nurses with specialist training in Public Health. They work in partnership with other agencies to promote health and wellbeing for the family as part of the Healthy Child Programme 0-5.

As part of the Health Child Programme they offer a diverse scope of support including Emotional Health and Wellbeing support. The Universal Plus service enable the team to provide additional support to families when expert help or advice is needed. This includes support for those with post-natal depression, domestic abuse, behaviour management and children with additional health needs.

The Universal Partnership Plus comprise of a range of local services working together with parents to deal with more complex issues over a period of time.

As part of the next step of a child's journey, the School Nursing team receives children's health records from Health Visitors so that they can continue to perform health checks and offer support to children and their families throughout the school year as part of the Healthy Child Programme 5-19.

Supporting Innovation

The Trust and CCAMHS service promote the use of apps to support prevention and secondary level prevention from deterioration. Examples include:



Well Mind – an NHS developed app including tools and resources to help individuals to cope with stress, anxiety and depression.



What's Up? – Mental Health App - What's Up? is a free app utilising CBT (Cognitive Behavioural Therapy) and ACT (Acceptance Commitment Therapy) methods to help individuals cope with depression, anxiety, anger, stress and more.



Happier – Helps individuals to stay more present and positive throughout the day by sharing their mood and encouraging them to take regular meditation breaks and keep a gratitude journal.

However, it is recognised that there is a massive potential for further engagement with CYP through innovative approaches and use of technology.

Whilst this strategy has focused on the Model of Care and shaping the structure in which care can be delivered, it remains open for providers to determine the best possible pathways of our CYP to access that care. This may be facilitated or enhanced by working in a different way.

This encouragement for innovative working practices is supported through the participation in wider health networks, such as the [Wessex Clinical Network](#) and seeking inspiration through peer resources such as can be found on the Improvement Hub at [NHS Improvement](#) and from the [King's Fund](#).

We recognise that mental health is a changing landscape with new ideas and information constantly emerging. We encourage every person along the pathway of delivery – whether frontline clinicians or commissioners – to share in that transformative process and to share their ideas for improving service delivery.

We recognise that the development of services needs to remain a constant process of Plan, Do, Study, Act to ensure that they are responsive to the needs of individuals and changing practices.

Improving Access to Effective Support

A System without Tiers

Breaking Down Age Barriers

Effective person-centred transition planning is essential to help young people and their families prepare for adulthood. Transition to adult care and support comes at a time when a lot of change can take place in a young person's life. It can also mean changes to the care and support they receive from education, health and social care or involvement with new agencies, like housing and further education.

The transition process needs to be carefully planned taking into account the wellbeing of the young person and, where relevant, their parents/carers. The process must take into account the young person's needs wishes and the outcomes which matter to them. Early conversations provide an opportunity for young people and their families to reflect on their strengths, needs and desired outcomes and to start to plan ahead for how they will achieve their goals.

A new Commissioning for Quality and Innovation goal ([CQUIN](#)) for Children and Young People's Mental Health is being introduced for 2017-19 which aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS).

There are three components of this CQUIN:

A case note audit in order to assess the extent of Joint-Agency Transition Planning

A survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness)

A survey of young people's transition experiences after the point of transition (Post-Transition Experience)

To implement this, 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 strategy and increasing understanding about each other's duties and responsibilities to the young person. A draft [Post 14 Special Educational Needs and Disability \(SEND\) 2017-2020](#) document is now out for consultation. We recognise the need to ensure that the final strategy helps generate a seamless flow across organisational boundaries and the Island health and social care partners are committed to achieving this.

At present, the draft document has identified six key strategic priorities to work towards:

Develop local SEND provision to meet needs

Strengthen the SEND post 14 Offer and support

Develop employment pathways with partner agencies

Develop integrated SEND post 14 data systems

Improve quality SEND post 14 information and accessibility

Establish integrated SEND Post 14/ Preparation to Adulthood Governance arrangements

Some of the key methods proposed to deliver these aims include:

Plan and develop with young people and their families, social care, health and neighbouring authorities, the most appropriate local provision to support young peoples' aspirations; facilitating smooth transition planning with integrated pathways.

Review existing off island provision attended by young people with SEND at post 14 to determine value for money and suitability.

Develop more local provision for young people with social, emotional and mental health (SEMH) and autistic spectrum disorder (ASD) to meet needs within the Isle of Wight at post 14 which is high quality and cost efficient.

	Work with all schools, colleges and settings to develop ways of working which are person centred, outcome focused and linked to EHC Plans.
	Develop commissioning arrangements with existing local providers in the Isle of Wight and beyond to deliver a range of high quality work experience opportunities, apprenticeships and supported internships.
	Develop a directory via the local offer outlining support available for SEND young people who want to access employment opportunities.
	Work in partnership with local employers and SEND young people and young adults to ensure that they have the appropriate skills and training in preparation for employment.
	Provide early information for SEND young people and their parent/carers to manage expectation and prepare effectively for progression.

Isle of Wight CCAMHS have also drawn up an implementation plan to ensure that all young people on Isle of Wight have a transition plan which has been co-produced with the young person, their parents/carers and dedicated key worker.

Further to this, a recently established Transitions Team helps to support young people aged 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 work under the Adult Social Care team. There are close working relationships with children's teams, e.g. Disabled Children's team.

For those, children and young people living on the Isle of Wight, who have a learning disability and more complex needs, including ASD, they 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 who receive supervision from the IW NHS Trust Children's Community Nursing Team leader. Community CCAMHS provide

Clinical Consultancy with both Psychiatric and Psychological input as appropriate. Beaulieu House also provides residential and respite services for children with complex disabilities and/or behaviour that challenges.

In order to support this vulnerable group of young people through the transition process, four key principles are applied:

PRINCIPLE 1: Effective Transition planning and 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

An [Isle of Wight Multi Agency Transitions Protocol](#) has been co-produced to outline what should happen, by whom and when. A summary of this staged process is outlined as follows:

Year 9

1. The Special Educational Needs Co-Ordinator (SENCo) at the individual's school will discuss their future plans.
2. The school will organise the first transition annual review where the individual will have the opportunity to discuss what happens during the Transition process and their future needs. At this review there will be representatives from the school, health professionals and from social care services (e.g. Children's Service team). Individual support at these meetings can be provided by Special Educational Needs and Disabilities Information Advice and Support Service (SEND IASS) and or an Advocate.
3. A report is written and shared with the individual.
4. The IW Council will update the individual's ECHP.

Year 10

1. A further annual review is held (*Process as Year 9*).
2. During Year 10 the individual will have the opportunity to visit educational places that they may want to go to when they leave school – including specialist colleges and training providers.

Year 11

1. A further annual review is held (*Process as Year 9 and 10*).
2. Opportunity to visit educational places (*Process as Year 10*).

Year 12

1. A further annual review is held (*Process as Year 9, 10 and 11*).
2. When the individual comes to the end of their school education they will be helped to move on into whatever option they have chosen. This could be into Further Education (college), Higher Education (University) or into employment.

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.

Breaking Down Delivery Location Barriers

The focus of this strategy has been to transform the current provision of the CYP services in line with the wider transformation work that is undergoing locally and regionally to the wider health and social care economy.

As outlined during the Introduction to this document, there has been a significant shift in the approach to care towards outcomes-based, person-centred delivery which is closer to people's homes, in order to build upon individual's own strengths and personal networks. Consequently, the priorities identified for actioning in this document have focused on these areas and the greatest needs for change.

However, at the heart of this approach there is a requirement for there to be a continuum of care so that individuals may step-up and down through the system to receive the most appropriate care and support in the right place, at the right time.

On occasions, this may require more intensive support which may only be provided by an inpatient admission.

Whilst this strategy document will not go into the wider details regarding all of the existing in-patient services as they are outside of the current Transformation Plan, it is important to note that any changes will require full alignment and integration with those services.

When developing and implementing the new model of CYP, it will require full and robust pathways for all CYP including those who present to specialist services, who may require a link to liaison psychiatry, as well as those in contact with the Health and Justice directly commissioned services who may require stays in secure settings.

A System without Tiers can only be achieved when there is a seamless transition between these varying degrees of intervention.

Breaking Down Commissioning Barriers

To help further reduce potential barriers between services, a paper has been co-produced by the Local Authority and Public Health proposing a move towards a more integrated approach to commissioning between Children's Services and Public Health.

The essential aim is to streamline the complexity that exists around the planning of Children's Health and Wellbeing Services on the Isle of Wight. This will be achieved by working with key stakeholders whilst retaining an understanding of local priorities and decision making processes.

The Senior Public Health Practitioner is already trialling this approach by spending a number of days each week working in the Integrated Commissioning Unit; currently incorporating just Children's Services and Public Health but moving onto integrating other organisations to joint commission and provide more integrated services.

This locally integrated approach work in tandem with continued STP level integrated working with our regional CCG partners. We will continue to commission mental health services on an Alliance wide basis, recognising STP priorities including a focus on out of area placements and crisis response. As outlined above, the successful delivery of this Transformation Plan will only be possible where there is integration with the wider in-patient services – which will include specialist place-based joint commissioning.

It is acknowledged that, due to geographical and population restrictions, locally delivered services will not always be possible to ensure the highest quality of best practice, specialist treatment.

A collaborative and seamless in-patient pathway across the STP footprint with clear oversight is essential. To achieve this, continued liaison and partnership working at an STP level will be required.

However, it is our vision and intention that the implementation of these wider community based preventative (at both a primary and secondary stages) and early intervention transformation actions will help to minimise the demand for joint place-based plans. This intention aligns with the [Five Year Forward View Plan for Mental Health](#) that out of area placements for acute care should be reduced and eliminated as quickly as possible.

Care for the Most Vulnerable

Hampshire County Council and Isle of Wight have developed a [Multi-Agency Safeguarding Hub \(MASH\)](#) and Early Help Teams which are 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 organisations from all sectors can align and develop additional services.

Social Care

It is well documented 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

have parents with mental health problems

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. 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.

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).

The joint commissioning of services, as outlined previously, will ensure a more cohesive approach to meeting this need. This approach acknowledges that each person needs to be treated as a whole.

It is only by considering all aspects of their lives that the best possible outcomes will be achieved.

Autism Spectrum Disorder (ASD)

The Island is in a process of transition from the commissioning of ADRC to diagnose and deliver sensory interventions to Community CAMHS which will be taking over this function. A communication strategy has been developed and communications have gone out to parents / carers, professionals and service users in October to inform as to the new referral pathway on the Island.

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 as per NICE guidance.

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

Learning Disabilities

Children and young people with learning disabilities are more likely to experience mental health problems with prevalence rates of up to 40% compared to 10% of children and young people without a 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 and Treatment Review Policy 2015 and Care Act 2014.

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.

Links are also well established with the Special Educational Needs Service, Parents Voice IW, SEND IASS, Hampshire and Isle of Wight Educational Psychology, Sensory Support Team, Schools Speech and Language Support Team, Early Years SEN Team, Education Inclusion Service (EIS), Children's Services Social Care to provide a cross-sector support system.

Sexual Assault Referral Centre

The Isle of Wight and Hampshire Partnership commission Solent NHS Trust to deliver the Sexual Assault Referral Centre (SARC).

This is 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.

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)

In December 2017, the Department of Health and Department of Education released a Green Paper: [Transforming Children and Young People's Mental Health Provision](#) which noted that one quarter of boys in Young Offender Institutions reported emotional or mental health problems. It went on to summarise research that indicated young people with conduct disorder are more likely to engage in criminal activity, with research suggesting they are 20 times more likely to end up in prison, and four times more likely to become dependent on drugs, compared to the general population.

The Isle of Wight YOT is a multidisciplinary team who work together to prevent young people offending or reoffending on a local scale.

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

The team do this by:

1. 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.
2. Providing support for young people on bail and remand.
3. Supporting and supervising children and young people who have been made the subject of a court order because they have committed a criminal offence.
4. Preparing reports and other information for courts in criminal proceedings so that informed judgments can be made by the judiciary.
5. Working with parents to help them develop better parenting skills.
6. 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.
7. Providing mental health assessment, advice and treatment (as per NICE guidelines) and direct links with monthly multidisciplinary forensic CAMHS consultation group.
8. Sign posting to external agencies including social care, CAMHS and the voluntary sector.

Local Area Coordinators

On the Isle of Wight, there are three Local Area Coordinators newly in post; one each in Sandown, Ryde and 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 are there and how do we 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 then 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.

The more they do the stronger and more resilient the individual and their community becomes. As people become more connected, demand on statutory services lessens.

Developing the Workforce

CAMHS currently has a multi-disciplinary team that offer a variety of NICE recommended and evidence based interventions.

However, to ensure we have a robust, resilient and sustainable workforce going forward, we will be reviewing the whole of the Island's multi-agency workforce development needs in conjunction with Wessex CCGs and NHS England Strategic Clinical Network with CYP IAPT forming the backbone of our workforce transformational programme.

Like other island communities, we have to work hard to attract people to live and work here and to retain them. We can't simply recruit from elsewhere though. We will do more to develop our workforce from within the population of the Island and provide opportunities for professional development and promotion within our existing staff.

We will make it easier for professionals to work together, by locating them in the same buildings and offices, so they can communicate effectively, share information and work as teams.

We will develop a workforce that is less clinically dominated and draws upon the skills and expertise of other professions and workers. There is huge potential in recruiting support workers and other types of staff, who may not have clinical qualifications but who can bring other valuable skills.

We will also work closely with the voluntary sector to develop their role in the provision of some services, as well as those with lived experience who are able to offer valuable peer support. The [Transforming Children and Young People's Mental Health Provision](#) Green Paper highlighted the importance that such people can play within our services. Review found that evidence-based treatments for mild to moderate levels of mental health disorder can be delivered by trained non-clinical staff with adequate supervision, leading to outcomes comparable to those of trained therapists.

We will also make sure there are appropriate opportunities for people with mental health problems, including those who have used our services, to work in those services. We intend to lead by example by promoting a positive culture of inclusion and empowerment; challenging stigma at every level.

Through this Wessex-wide workforce development strategy to enhance recruitment, retention and the outcomes delivered by the collective workforce. In turn this will ensure that our services will have the right mix of trained, skilled, experienced and compassionate staff.

Accountability and Transparency

The Isle of Wight is committed to working with all partners to ensure that the most effective and integrated services are appropriately planned and commissioned for the local populations specific needs. We will continue to work with colleagues from NHS England as well as neighbouring CCG's and local authorities. We will pool our resources, where sensible to do so, to ensure that services commissioned provide a seamless and comprehensive pathway service provision which mitigates the risks of individuals slipping through gaps, avoid duplication and offer the best outcomes for our residents. We have robust governance structures in place that provides the appropriate level of scrutiny, support and guidance needed to deliver our plans.

Governance

The Isle of Wight's Health and Wellbeing Board is responsible for driving forward improvements in mental health on the Island and has strong links to all aspects of the Whole System Review and Local Care Board. This multiagency strategic group provides oversight to the Island's provision of children and young people's service, consisting of representatives from education, social care, health, voluntary and third sector, parent, carer groups and young people.

This Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020 (2017 Refresh) has been signed off by the Health and Wellbeing Board and other relevant partners to ensure accountability and transparency.

Progress reports are made to the group which meets bi-monthly to provide clear and effective oversight of the delivery of the action plan and are a sub group of the Isle of Wight Children's Trust Board and formally reports to the Joint Child Health Commissioning Group.

Progress reports include the evidencing of outcomes identified within the Transformation Plan and financial tracking of implementation.

Finance

The baseline financial investment in Emotional Wellbeing Mental Health support for children and young people is summarised in chapter 3.

Data

One of our main sources of local data is the [Joint Strategic Needs Assessment \(JSNA\)](#) that is carried out every year in partnership with health services. This tells us about the current needs of children, young people and families on the Island and anticipates future need. Most crucially it identifies groups whose needs are not being met and who are experiencing poor outcomes. This information informs the design and focus of our services and our commissioning priorities.

Wider information is also gathered by our provider partners which is analysed to assess the service status and needs of those accessing our local system. Partners are committed to continue to publish data to evidence the impact of new investment into the local Emotional Wellbeing Mental Health System.

Based on the data sets reported to NHS England and referenced in this Transformation Plan, the Emotional Wellbeing Mental Health Multiagency Strategic Group will be overseeing the development of a strategic dashboard. Additional capacity has been authorised for data preparation and analysis to support this purpose. There is a commitment to support the flow of data for key national metrics to the [NHS Mental Health Services Data Set](#), which has already commenced. The development of a strategic dashboard will help to close submission gaps.

Current and future data will be used to evaluate the delivery of services to ensure a continuous cycle of improvement. We will be able to look at not only how much did we do, but also how well did we do it and – crucially – is anyone better off.

We will also continue to factor in and adapt to emerging national research. Fieldwork is currently underway for an expanded survey covering children and young people aged 2-19 in England, which will capture issues that have become more common since the last national survey such as eating disorders, the impact of cyberbullying and social media. The Department of Health and Department of Education will publish a survey report in 2018 and from then on future surveys will take place every seven years. The results from this research will help shape the future refreshes of our Island's local strategy.

Appendices

Appendix 1: National Oversight

NHS England issued national guidance which supports the refresh of Children and Young People’s Mental Health and Wellbeing (CYP MHWB) Local Transformation Plans (LTPs) for 2017/18. It builds on the initial Key Lines of Enquiry (KLoEs) developed in 2015 to support the original LTPs and the refresh in 2016.

The aim was to confirm that there is transparent commitment and local engagement in 2017/18 to deliver existing planning commitments for CYP MHWB and to make the necessary preparations for future years.

The guidance uses the format of the 2016/17 Mental Health Interim Assurance Audit for CCGs with a RAG (Red, Amber, Green) rating system to assess progress.

The review of these KLoEs will confirm that identified actions and intentions from the previous publication of this document are progressing and are backed by a substantive, transparent and system-wide commitment.

The ratings key is as follows:

Fully confident: Objective clearly identified and delivered. All requirements in place.

Partially confident: Objective not clearly identified, some requirements in place or plans/actions require strengthening

Not confident: Objective not identified or no confidence that actions will result in requirements

The following table summarises the status of inclusion of the NHS England KLoEs within the current refreshed strategy :

NHS England Guidance based on Key Lines of Enquiry (KLoE)

1. Transparency and Governance	
Will the LTP be both refreshed <i>and</i> republished by the deadline of 31 October 2017 with checked URLs	N/A
Is the LTP appropriately referenced in the STP? Does the plan align with the STP and other local CYP LTPs (CCGs are requested to provide a paragraph on alignment)	9, 13, 24, 27-31, 40-41
If the plan is not refreshed by the deadline - has the CCG confirmed that a progress position statement on the refresh is on their website	N/A
Does the LTP include a baseline (15/16) actual for 2016-17 and planned trajectories which include: <ul style="list-style-type: none"> - finance (including identification of, at least, the additional investment flowing from this LTP's share of Budget allocations and performance to date) - staffing (WTE, skill mix, capabilities); - activity (e.g. referral made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment) with clear year on year targets and performance to date for improving access and capacity to evidence based interventions 	10-17, 22-29
Does the refreshed LTP clearly evidence engagement with a wide variety of relevant organisations, including children, young people and their parents/carers from a range of diverse backgrounds including groups and communities with a heightened vulnerability to developing a MH problem and aligned to key findings of the JSNA, youth justice and schools & colleges? Does it evidence their participation in: <ul style="list-style-type: none"> - governance - needs assessment - service planning - service delivery and evaluation - treatment and supervision 	4, 18-20, 21, 33-43
Has the LTP been signed off by the Health and Wellbeing Board and other relevant partners, such as specialist commissioning, local authorities including Directors of Children's Services and local safeguarding children's boards, Children's Partnership arrangements and local participation groups for CYP and parents/carers?	45
Are there clear and effective multi-agency governance board arrangements in place with senior level oversight for planning and delivery and with a clear statement of roles, responsibilities and expected outputs?	45
Does the plan clearly evidence outcomes of existing services including achievements and challenges, alongside a coherent statement of strategic priorities, areas where further development is needed and future commissioning focus?	19-21
Are there clear mechanisms and KPIs to track progress that are shown over the plans period? i.e.. Show yr1, 2, 3 etc.	23, 25-26, 28-29
Is the refreshed LTP published on local websites for the CCG, local authority and other partners? Is it in accessible format for children and young people, parents, carers those with a learning disability and those from sectors and services beyond health, with all key investment and performance information from all commissioners and providers within the area?	Contents
Does it include specific plans to improve local services?	22-31

2. Understanding Local Need	
Is there clear evidence that the plan was designed and built around the needs of all CYP and families locally who may have or develop a MH problem, with particular attention to groups and communities with a known heightened prevalence of MH problems?	10-20, 32
Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA)?	9-10, 21, 45
Does the plan make explicit how health inequalities are being addressed?	10, 24, 28, 37-40
Does the plan contain up-to-date information about the local level of need and the implications for local services, including where gaps exist and plans to address this?	7-10, 21-31

3. LTP Ambition 2017-2020	
Does the LTP identify a system-wide breadth of transformation of all relevant partners, including NHS England specialist commissioning, the local authority, third sector, youth justice and schools and colleges, primary care and relevant community groups?	33-43
Does the plan have a vision as to how delivery will be different in 2020 and how this will be evidenced?	4-9, 30-31
Does the LTP align with the deliverables set out in the 5YFV for Mental Health?	3-6, 9, 18, 22, 25, 27, 41
Does the plan address the whole system of care including: <ul style="list-style-type: none"> - early prevention and early intervention including universal setting, schools and primary care - early help provision with local authorities - routine care - crisis care and intensive interventions - identifying needs, care and support for groups with particular needs and who may require alternative intervention types or settings or further outreach services, such as those who have experienced trauma or abuse, looked after children, children with learning disabilities, isolated communities, groups with historically poor access to mental health services, those at risk of entering the justice system. This is not an exhaustive list and will vary from one area to another. - Inpatient care? - specialist care e.g. eating disorders 	22-29, 33-40
Does the LTP include sustainability plans going forward beyond 2020/21?	32, 44
Where New Models of Care are been tested - is there a commitment to continue to invest LTP monies beyond the pilot?	7

4. Workforce	
Does the LTP include a multi-agency workforce plan?	44
Does the workforce plan identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP's ambition?	22, 24, 26, 28, 44
Does the workforce plan include CPD and continued participation in CYP IAPT training programmes	25-26, 28
Does the plan include additional workforce requirements where provision of CYP 24/7 crisis care is not already in place ?	24-25
Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges and detail how the plans will increase capacity and capability of the wider system?	33-43

5. Collaborative and Place Based Commissioning	
Does the LTP include joint place based plans (between CCGs and specialised commissioning) to: develop a local seamless in-patient CYP MHS pathway across appropriate footprint - demonstrating the interdependency of the growth of community services aligned with recommissioning inpatient beds, including plans to support crisis, admission prevention and support appropriate and safe discharge?	25, 28, 40
Is the role of the STP reflected in joint place plans?	40
Is there evidence of clear leadership and implementation groups in place to oversee progress of place based plans?	40
Does the LTP detail how it is ensuring that there is full pathway consideration for children and young people in contact with Health and Justice directly commissioned services? This should include during their stay in secure settings, transition in and out of secure settings, and in and out of community services, whether continuing in children and young people services or moving into adult services.	40, 42

6. CYP Improving Access to Psychological Therapies (CYP IAPT)

Does the LTP evidence full membership and participation in CYP IAPT and its principles? These principles include: - collaboration and participation - evidence-based practice - routine outcome monitoring with improved supervision	26
If not a CYP IAPT member, are there plans in place to join a CYP IAPT learning collaborative?	26
Is there a commitment to support the participation of staff from all agencies in CYP IAPT training, including salary support? Does it include staff who are in other sectors than health?	26
Is there sustainability plans for CYP IAPT learning collaborative in preparation for central funding coming to an end?	26

7. Eating Disorders

Does the LTP identify current baseline performance against the new Eating Disorder access and waiting time standards ahead of measurement beginning from 2017/18?	27-29
Does the plan clearly state which CCGs are partnering up in the eating disorder cluster	27-29
Where in place, is the community eating disorder service (CEDS) in line with the model recommended in NHS England's commissioning guidance?	27-29
Is the CEDS signed up to a national quality improvement programme?	29

8. Data

Does the LTP set out baseline and incremental increase in number of CYP accessing care, number of existing staff being trained and numbers of new staff recruited to deliver EB interventions? - is there evidence of progress against set trajectories?	10-17
Does the LTP identify the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers to flow data for key national metrics in the MH Services Data Set? (MHSDS) Does it set out the extent and completeness of MHSDS submissions for all NHS-funded services across the area, and where there are gaps set out a plan of action to improve that data quality?	45
Is there evidence of the use of local/regional data reporting template(s) to enhance local data?	45

9. Urgent & Emergency (Crisis) Mental Health Care for CYP

Does the LTP identify an agreed costed plan with clear milestones, timelines for implementation and investment commitment to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families	24-25, 29
Is there evidence of progress of planning and implementation of urgent and emergency mental health care for CYP with locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and families including monitoring their experience and outcomes?	24-25, 29

10. Integration

Does the LTP include local delivery of the Transition CQUIN and include numbers of expected transitions from CYPMHS and year on year improvements in metrics?	37
Does the LTP include evidence of extended provision across schools, primary care, early help or specialist social care? Does it evidence a clear and actionable plan to provide a targeted service offer that reaches vulnerable groups (i.e. those with a heightened vulnerability to developing a MH problem or those with historically poor access to MH services or particular issues accessing MH services be it cultural, communication-based, etc.)	33-39
Does the LTP include work underway with Adult MHS to link to liaison psychiatry?	25, 39

11. Early Intervention in Psychosis (EIP)

Does the LTP identify an EIP service delivering a full age-range service, <i>including all CYP</i> , experiencing first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?	16
If so, does this include the full pathway for all CYP, including those who present to the specialist CYP MH service? Is there a commitment to specifically monitor CYP access?	16

12. Impact and Outcomes

The LTP is a five-year plan of transformation. Do you have:	4-9
- a transformation road map	
- examples of projects which are innovative and key enablers for transformation;	
- examples of how commissioning for outcomes is taking place?	

13. Other Comments

Does the plan highlight key risks to delivery, controls and mitigating actions? Workforce, procurement of new services not being successful or delayed?	32
Does the plan highlight or prompt the use of innovation particularly in relation to the use of social media and apps that can be shared as best practice?	36
Does the plan state how the progress with delivery will be reported encouraging the transparency in relation to spend and demonstration of outcomes?	45-55
Does the plan show how funding will be allocated throughout the years of the plan?	21
If there are risks does it highlight this within the plan?	32

Appendix 2: Strategy Delivery Progress Summary

The below table summarises the status of the strategy actions and the progress over the past year. These have been RAG (Red, Amber Green) rated as follows:

Not Yet Started

Work Commenced

Implemented

Ref.	Action	Timescale	October 2016 Status	October 2017 Status
1. Promoting resilience, prevention and early intervention				
1.1.	Develop whole school approaches to promote good mental health and emotional wellbeing by: <ul style="list-style-type: none"> • Providing mindfulness training in schools • Providing emotional resilience training in Schools for CYP 	By December 2016	Not Yet Started	Work Commenced
1.2.	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	By April 2017	Work Commenced	Work Commenced
1.3.	Provide workshops in schools for children and young people on: <ul style="list-style-type: none"> • Anxiety • Stress • Depression • Self-esteem • Anti-bullying • Emotional resilience 	By April 2017	Not Yet Started	Work Commenced
1.4.	Provide quick and easy access to advice and support from: <ul style="list-style-type: none"> • Drug and alcohol services • Family liaison offers • School nursing • Pastoral support/PSHE programmes • AQP counselling services/ CCAMHS 	By July 2016	Work Commenced	Work Commenced
1.5.	Engage schools in understanding transition supporting children and young people when moving from primary to secondary education Ensure screening assessment of all children to identify those with mild needs in Year 6 to assist with transition to secondary school Ensure schools nurses provide the link between primary and secondary school working with SENCOs to pass information on	By April 2017	Not Yet Started	Implemented
1.6.	Provision of support during the summer term/holidays run by CCAMHS (Coping CAT) / Voluntary Sector		Implemented	Implemented
1.7.	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		Implemented	Implemented
1.8.	Promote early intervention in universal services, working closely with GPs and children's centres to improve access to early support at a primary care level		Implemented	Implemented

2.Improving access to effective support – a system without tiers				
2.1.	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"> • 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 • “How to survive your children” – Resilience training for parents of children with Learning Disability and/or Autistic Spectrum Disorder. • Solihull Training 	By April 2018		
2.2.	Recommission current Community CAMHS and AQP provision to deliver CYP IAPT	By April 2017		
2.3.	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	By April 2016		
2.4.	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 Standardisation Committee for Care Information (SCCI) process for collection	By April 2018		
2.5.	Develop self-help, peer and parent support groups with voluntary agencies providing volunteer co-ordination, peer training and on-going support	By April 2018		
2.6.	Improve communication information and signposting amongst all agencies by: <ul style="list-style-type: none"> • Developing the FIZ professional portal improving access to information guidance and support available to all professionals working with children and young people • Providing information and signposting to the local offer website to improve access to local resources • Provide information via the check it out App for access and signposting to local support services 	By April 2016		
2.7.	Ensure the support and intervention for young people identified and planned in the IW mental health crisis care concordat are implemented.	Phase 1 Nov 2015 Phase 2 April 2016 Phase 3 April 2017		
2.8.	Development of Perinatal Care pathway; Recruitment of a Perinatal Lead Nurse to co-ordinate Island resources and link into NHS England specialist provision Health Visitors to lead 0-5 infant attachment group for children identified Mums with Postnatal Depression: <ul style="list-style-type: none"> • Infant massage • Mindfulness for Mums Group 	By April 2017		

2.8.	All Schools will assess their school environment and its impact on the emotional wellbeing of its pupils and will set clear goals and an action plan to implement changes where necessary	By April 2018		
2.9.	Review CCG investment in YOT following planned reconfiguration with a focus on provision of support for mental health and emotional resilience	By March 2016		
2.10.	<p>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:</p> <ul style="list-style-type: none"> • Review evaluation report recommendations from the pilot project for sensory integration for future provision • Evaluating the parenting support service for children with a diagnosis of ADHD and agreeing on recurring investment going forward <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"> • Clear pathways for 0-5s preventative care for perinatal mental health and infant mental health • ASD pathways for children and young people • ADHD pathways for children and young people • Clear pathways for children and young people with life limiting illnesses <p>CYP IAPT pathway (reconfiguration of current CCAMH and Voluntary Sector AQP counselling services)</p>	By Dec 2016		
2.11	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, providing a Tier 3 Eating Disorder service that links with local CAMHS.	By April 2017		

3.Ensuring the most vulnerable are supported				
3.1.	We will achieve this through the Whole Integrated System Review (WISR) and then commission specialist support services for the most vulnerable children to include: <ul style="list-style-type: none"> • those with learning disability • ASD • ADHD • looked after children • behaviour that challenges • suffered bereavement • in the criminal justice system 	By April 2017		
3.2.	Prioritise access to provision for looked after children (LAC Nurse, School Nursing Service, CCAMHS and voluntary sector)	By April 2017		
3.3.	Provide community PCSO's /Local Area Co-ordinators supporting vulnerable children and young people to be independent within their own communities	By April 2017		
3.4.	Provide access to psychiatric liaison 24/7 for children and young people	By Dec 2018		

4.Accountability and transparency				
4.1.	Transformation Plan included on public website	By Jan 2016		
4.2.	Ensure all CAMHS data is uploaded as part of updated national CAMHS dataset	By Jan 2016		
4.3.	Scope the current use of technology by services delivering support for children and young people	By Jan 2016		

5.Developing the workforce				
5.1.	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	By Dec 2016		
5.2.	Ensure there is a holistic approach to training across all agencies	By Feb 2016		
5.3.	Ensure the Common Assessment Framework (CAF) process is understood by all professionals	By May 2016		
5.4.	Ensure Mental Health First Aid training is delivered and accessible to all staff in all schools through workforce development.	By Feb 2016		
5.5.	Ensure the Multi Agency Safeguarding Hub, led by Children's Social Care is understood and utilised appropriately	By Feb 2016		
5.6.	Provide Solihull training and train the trainer program and explore Incredible Years Training – Dr Carolyn Webster Stratton	TBC		
5.7.	Ensure professionals are equipped to keep themselves emotionally well by utilising psychology online, Silvercloud, Mindfulness sessions etc.	By Feb 2016		

5.8.	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.	By Dec 2016		
5.9.	Provide multidisciplinary training in perinatal mental health and infant mental health, in particular to develop the early years workforce and train health visitors to provide: <ul style="list-style-type: none">• Infant massage• Mindfulness for Mums Recruitment of a Perinatal Lead Nurse to co-ordinate Island resources and link into NHS England specialist provision.	By Dec 2016		