



# Children and Young People's Mental Health and Emotional Wellbeing

Somerset's Local Transformation Plan  
**2021-2024**



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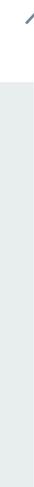
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# Introduction

This plan outlines our strategic priorities for promoting and improving the emotional wellbeing and mental health for children and young people (CYP) across Somerset. It provides a vision and set of priorities that recognises the importance of supporting and equipping children, young people their parents and families, to recognise their mental health and wellbeing needs, access appropriate and timely support, at the earliest opportunity and to improve mental and emotional wellbeing and reduce the risk of escalating need.

**Importantly, this plan has been developed in partnership with children and young people and contributed to by all stakeholders with an interest in promoting, improving and supporting the emotional wellbeing and mental health of children and young people.**

Our Somerset Transformation Plan accepts the challenge laid out in the [Five Year Forward View Implementation Plan \(2019-20; 2023-24\)](#) and the [NHS Long Term Plan \(LTP\)](#) which makes a commitment to improving access to services supported by the increased funding of children and young people's mental health and emotional wellbeing resources. We have a clear commitment for further growth and transformation of local CAMHS services.

## Local Need

Across Somerset, we know that there has been a concerning rise in rates of mental illness and distress amongst late teenage girls. We also know that since 2017, rates of eating disorders and self-harm have increased alongside an increased presentation of the latter in emergency departments. We also understand from the significant work completed through the Somerset Autism pathway and our Special Educational Needs and Disability (SEND) scoping work, that families are seeking help for their children and young people when the actual need relates to behavioural and mental health needs rather than neuro-developmental conditions.

We all recognise the pivotal role universal services play in promoting mental health, building resilience and identifying problems earlier such as [Young Minds](#), [MIND](#), but we acknowledge that they cannot do this all on their own. The Plan relies on the system comprising of Health, Social Care and Voluntary, Community and Social Enterprises (VCSE) coming together to develop clear pathways that are understood by everyone, and we will commit the time and resource to support this integration. Going forward, this will enable children and young people to be able to access services at the right level, in the right place and that any engagement will be framed around their own outcomes.

We see a great opportunity to expand, improve and transform our services, we have the right people, with the attitude and enthusiasm to deliver these changes for the children, young people and families of Somerset.

## The COVID-19 Pandemic

We know that there are a significant number of children and young people dealing with a whole range of complex and potentially traumatic experiences during the lockdown period, unable to access their regular coping strategies and the escape mechanisms offered by school and social activities, for example.

However, our services have responded to those needs and adapted and managed surges in capacity, responding to our young people's needs in a variety of ways, worked collaboratively across health, social care and education and with families to reduce the risk of harm and improve outcomes for young people.

We are committed to building on the learning emerging from the pandemic. We recognise the importance of these developmental years in paving the way for our future. Schools offer children and young people routine, purpose, friendships, and connections with adults who they often trust and rely on. CYP can benefit from the positive relationships they build at school which can compensate for less supportive or accepting home environments, not least victims of domestic violence. We understand the value of the 'trusted adult,' often someone a child / young person finds at school, who they feel better able to share distress or make a disclosure to.

This document shows our commitment to collaborating with our communities, schools, and the wide range of professionals who can improve outcomes for families and build on the commitment and dedication of all of our staff in improving children's emotional health and wellbeing.



# Introduction

Where children are, services will be a local, equal offer across Somerset. Any CYP can expect the same service wherever they live, in the county

Mental health support for children and young people is well embedded across Somerset's schools. Further funding for a new tranche of Mental Health Support Teams (MHSTs) (2022) will extend our coverage across Somerset, however we have a significant lack of coordination across the many independent schools, and this remains a much needed focus for us as a system. Our MHSTs will receive information and training to help them support young people more likely to face mental health issues – such as Lesbian, Gay, Bisexual, Transgender (LGBT+). Somerset is well supported by our established Voluntary, Community, Social Enterprise (VCSE) providers in this respect and we recognise the need to increase coverage and information regarding this service alongside general upskilling of the workforce in this area.

Our MHSTs will also specifically focus on those groups whose well-being outcomes and mental health require greater support. We will target Children Looked After; this emphasis is in line with a system wide focus on improving their well-being outcomes. We will also evaluate approaches to the supporting of those children and young people outside of education settings.

## Doing things better

A key aim for the Somerset system is to reduce the reliance on Children and Adolescents Mental Health Services (CAMHS) / Specialist services and establish earlier intervention as the equally understood and respected alternative. Our commitment to developing a clearer digital offer will support the systemwide understanding about services and pathways. We understand the gaps and we have some creative / innovative ideas to address the same. The operationalisation of the same will support the delivery of 4 week waiting times for access to NHS support, alongside the new national waiting time standards for all children and young people who need specialist mental health services.

## CYP experiencing the consequences of trauma / complex needs

It is recognised that the significant and complex needs associated with trauma requires us to establish better local and regional resources to provide a comprehensive offer. In Somerset, the coordinated planning for these services is well advanced across local NHS and local authority commissioning and our provider trust partners. These will offer consultation, advice, assessment, treatment and transition into more integrated services. From early 2022 a system wide Trauma Informed Training will underpin our approach offer available to all our staff.

## Getting Transition right: Moving from CYP services to Adult MH services

As part of asserting a 0-25 approach to wellbeing and mental health support we will develop an innovative approach to young adult mental health services for people aged 18-25 which will support the transition to adulthood. We know locally that the current structure / age focus of mental health services creates gaps for young people making the transition from children and young people's mental health services to adult mental health services. Locally, we will extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. The new model will deliver an integrated approach across health, social care, education and the voluntary sector.

## Reaching into Higher Education

We know that for some, access to early wellbeing and mental health support is not always available. We understand that we have to address uneven support in higher education. We will continue to reach out and support the LTP plan to build the capability and capacity of universities to improve student welfare services and improve access to mental health services for the student population, including focusing on suicide reduction, improving access to psychological therapies and providing targeted support to those groups of students with particular vulnerabilities.



# Vision

**Our vision is for children and young people's mental health and emotional wellbeing to flourish and for each young person to be happy, connected and prepared for adulthood.**

This includes them being healthy, active, well supported by parents, families, friends, schools and the wider community.

Young people will strongly shape services themselves with the Somerset System working together to improve the lives of all children in the County.

Every young person who needs help in relation to their mental health and / or emotional wellbeing will know how to access that help and will be able to do so easily and swiftly.

Mental health and emotional wellbeing services for children and young people will be responsive, person-centred and of the highest quality possible.



# Principles

We are keen to ensure that our work is defined by a set of shared principles agreed across all partners and stakeholders. These will enable us to hold a system wide view of the changes we want to see and the ambition we have about how local services are provided.

Our approach to delivering our vision, will be underpinned by the following principles:

**Listening to children and young people and ensuring they are at the heart of everything we do. This means we will:**

Develop our network of participation and inclusion, and involve children and young people in service development

Increase young peoples' voices through increased co-production

Use personalised goal setting / young person feedback to develop an outcome-based offer

Provide high quality information about support options and be transparent about what is possible

Put information in one place that is more accessible to young people

**Establish a whole system approach which aims to identify and meet need in a timely way. This means we will:**

Further develop relationships between statutory and voluntary, community and social enterprise (VCSE) partners, and extend provision with the VCSE

Develop a collaborative, joined up and psychologically informed workforce

Improve access to underserved / socially isolated children and young people

Understand and address the geographical gaps across the county to ensure both improved equality of offer and responsiveness to local need

**Deliver an extensive range of early help options by promoting resilience, preventing the worsening of mental health issues and supporting children and young people when they need it. To do this, we will:**

Continue developing positive relationships with partner agencies to develop an accurate / shared understanding of Somerset's diverse needs

Develop a shared understanding of early help support

Improve and contribute to the neuro-disability offer across Somerset

**Ensure that accessing help is easy, and that support is offered as close to home or as accessibly as possible. To do this, we will:**

Improve cross-service communications and ensure that referral pathways are simple and transparent

Provide simple service introductions to children and young people and their families / carers

Offer digitised self-help and virtual support offers dependent on the needs of the young person

Comprehensive, accessible information and resources for young people, families / carers and professionals

Share responsibility across the system for identifying and addressing unmet need – and to ensure that the same are made known to our key CYPMH forums

**Provide urgent mental health services, including effective crisis support, which will enable children and young people to regain an active, full life in a timely way. To do this, we will:**

Ensure timely access to proportionate community-based crisis support

Operate using our shared value of "do no harm" – and minimising the use of restrictive measures and robustly developing alternatives

For each year of the plan, we will review our efforts / transformational changes against these principles. We will use our existing evaluation and feedback mechanisms to compare how the experience of services corresponds to these principles.

We are fortunate in that we have made significant improvements to children and young people's mental health services over the last few years. With additional investment coming into mental health services over the cycle of this plan, we are confident that we will be able to build on our solid foundations and further improve the offer for children and young people and their families and carers.



# Summary of Achievements

We are proud of the progress already made and of the achievements to date in expanding and improving CYPMH services following the publication of the 2015 Children and Young Peoples Mental Health and Wellbeing Transformation Plan. We are sighted on the nationally mandated service development targets and have made good progress.

Accordingly, over the past 6 years there has been substantial change in the range of interventions and support available to children and young people and their families, supported by a significant increase in investment. This has included establishing:

This has included establishing:

- A Single Point of Access for mental health referrals
- Mental Health Support Teams - working closely with education partners
- Development of Young Somerset's CYP-IAPT service (Children and Young People's Improving Access to Psychological Therapies)
- Somerset Big Tent – our alliance of VCSE MH & WB providers
- A countywide specialist eating disorder service
- Specific support for children looked after - dedicated clinical time within the Emotional Health and Wellbeing Service
- A diagnostic / assessment pathway for autism and ADHD
- A Regional Forensic CAMHS Service
- A resolute CAMHS Liaison service situated within both acute hospitals
- An expansion of the Enhanced Outreach Service (EOS).

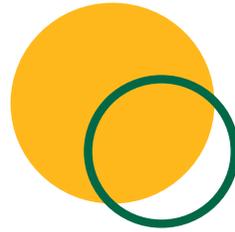


It is worth noting that changes to our services have been driven by the feedback derived from gaining the patient / service user experience perspective. We continue to use this feedback to help improve existing services and develop new ones.

## Summary of Achievements

### Regional and National Benchmarking: comparing what we do and learning from other areas

It is useful to understand the regional context of service provision and development. Our regional networking events continue to be useful opportunities to share practice and learn from innovative solutions to our shared challenges. Through the analysis of our respective, performance information we can explore both the pressures and potential means of resolving / mitigation of the same.



### The Local Picture

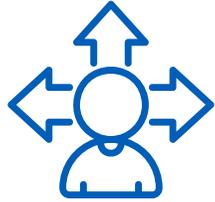
Somerset has high requests for services in comparison to regional neighbours. However, this should be seen as a positive as it suggests that children and young people know where to seek help and support when they need it. Similarly, the low waiting times and the high acceptance rates speaks to the fact that introductions to services are appropriate and that our system partners understand our pathways and thresholds for support. The higher number of face-to-face referrals can also be viewed as a positive as it reflects progress against a key NHS target (increasing the opportunity for direct, in person support) and corresponds with what children and young people have asked for, locally following the online arrangements during the pandemic



**As a system, we are already benefitting from these arrangements, and we look forward to increased co-operation and partnership particularly in terms of attracting national and regional funding / grants to support innovative practice developments.**



## Summary of Achievements



Somerset is the **2nd highest locality** in the South West in relation to the number of referrals received (per 100k of population)



We are the **lowest in the South West** region for waiting times (both first and second appointments) and lowest in the Country for 2nd appointments

Somerset has the **highest number** of referrals accepted



We are the **lowest in the region** for conversion rates (i.e. assessed and accepted onto CAMHS caseloads) due to our see and treat model



We are the **lowest in the region** for proportion of digital contacts (i.e. we see a significant higher number of face-to-face contacts)



We are the **2nd lowest** for bed occupancy rates and length of stay

Of course, over the last couple of years COVID has significantly impacted our services.

**It speaks to the commitment and flexibility of our staff and partners** that we were able to continue to deliver all our services (although we increased our ability to offer virtual / online support). It also presented us with an opportunity to review, improve and expand our services, as outlined in the next section.



# Impact of Covid-19

**We are proud that our statutory and VCSE providers continued to operate throughout the pandemic. No support services had to pause their provision, although many changed to a primarily remote delivery of services (telephone, text, virtual face to face etc).**

In the context of the national and local uncertainty concerning COVID, and with education settings closed to all but the most vulnerable children, and the children of key workers, significant changes were needed to meet the growing pressures that our children and children and young people were facing. A collaborative group, including Somerset CCG, Somerset County Council, Somerset NHS Foundation Trust and VCSE providers, was formed to focus on the planning and delivering of services during Covid. Organisations came together weekly to share information and guidance, understand the experiences, views and needs from children and young people, their families and carers. We looked at how we were doing and how we might improve accessibility to local mental health and emotional wellbeing services.

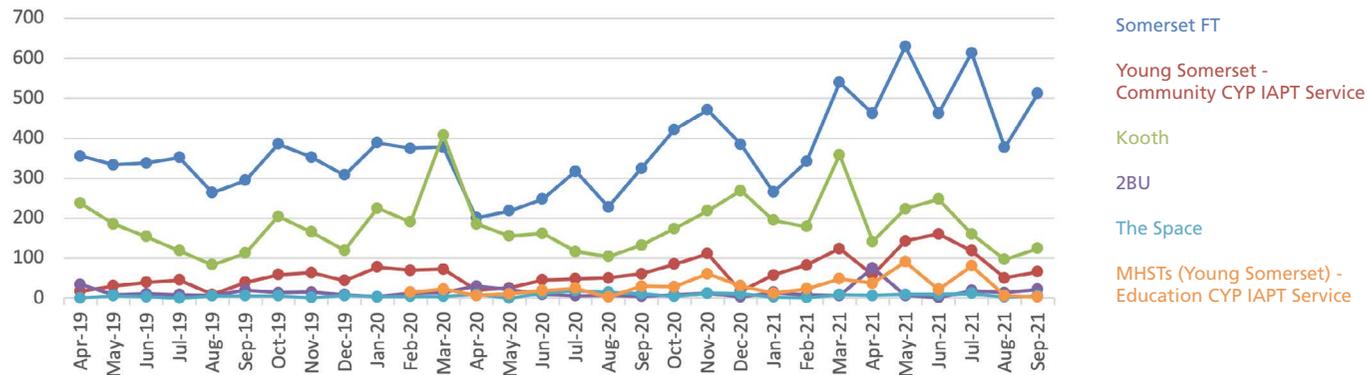
## Issues resulting from the Covid-19 pandemic:

- There was no uniform reaction to Covid-19, its associated lockdowns and restricted access to schools. For some, lockdown enriched their lives with increased quality time at home with family members. For others time at home was more problematic in terms of loss of their immediate support network and access to private space. Some found the clarity of lockdown restrictions helpful, whilst others found them oppressive, and others found the coming out of lockdown with less clear guidance even more problematic
- There was an increase in stress and anxiety for many of our children and young people who told us there was nothing else on the news; Covid-19 was the only thing being talked about
- Demand increased on services due to schools needing to restrict access
- A reported rise in online bullying. As the use of digital platforms increased, there was an increase of hate incidents for the Asian community
- An increase in self-harm / self-injury due to self-isolation
- A decrease in physical activity, partly because children and young people feared challenge if out in the community
- Some children and young people inhabited a hostile home environment. This included
  - People who were unable to disclose their gender or sexual orientation in a homophobic household
  - Children and young people not feeling they are able to access online appointments, partly due to an inability to access private spaces
  - Children and young people in households featuring domestic violence
- For those in more rural and/or deprived areas, some children and young people and families were unable to access equipment for virtual information and interventions, leaving them more isolated than ever
- Increase in complexities / acuity for those patients' accessing services, and particularly for people with eating disorders.



## Issues resulting from the Covid-19 pandemic:

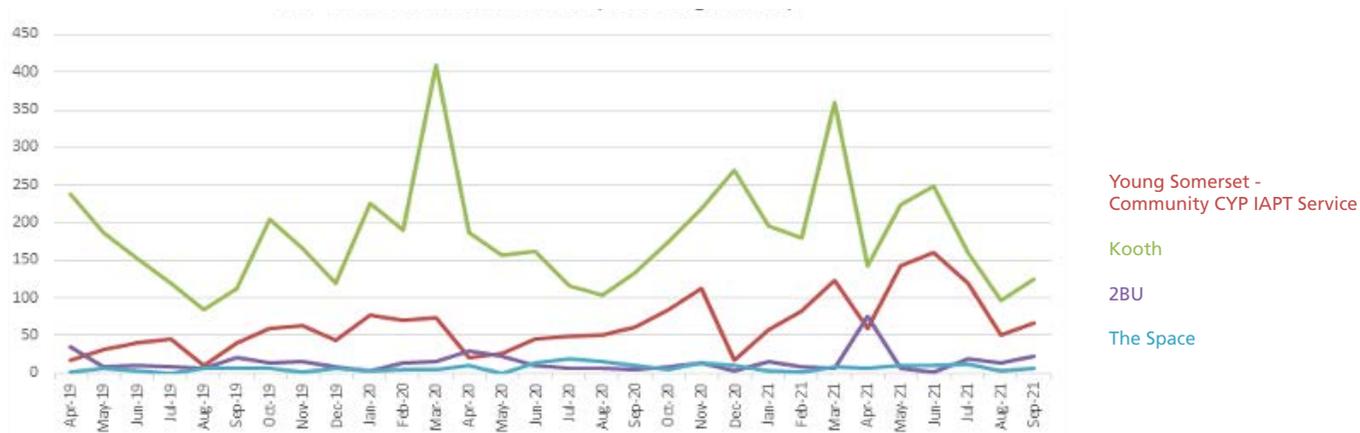
These two pages present some of the activity data for the respective services over the past two years



### Total CYP Referrals Received

This graph shows the total number of referrals into CYPMH services from April 2019 to September 2021.

Referrals into services decreased from March 2020 which is when the UK went into lockdown. Referrals started to increase in September 2020 which may have been caused by the return to education settings.



### CYP Tier 2 Referrals Received (excluding MHSTs)

This graph shows the number of referrals into Tier 2 CYP mental health and emotional wellbeing support services from April 2021 until 2021 spanning the VCSE providers – Young Somerset, Kooth, 2BU and The Space.

## Issues resulting from the Covid-19 pandemic:

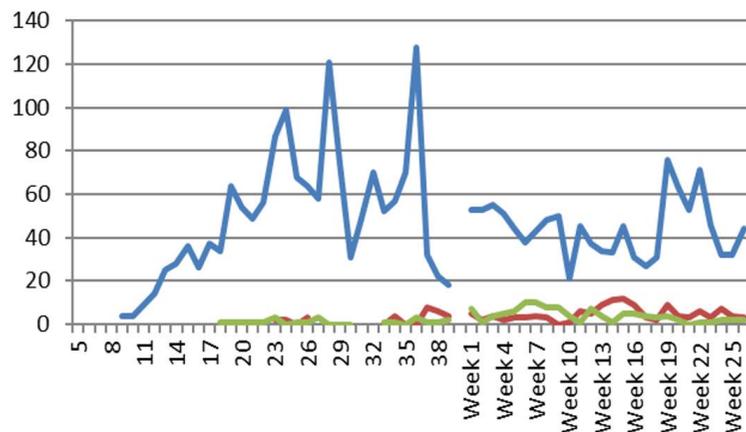
These two pages present some of the activity data for the respective services over the past two years



### CAMHS Tier 3 Referrals Received

This graph shows the number of referrals into 'Tier 3' / Specialist Community CAMHS from April 2019 to September 2021.

In April 2019, Specialist CAMHS received 356 referrals, falling to 201 referrals in April 2020 and increasing to 462 referrals in April 2021. The fall from March – April 2020 is likely a result of the service moving from face-to-face appointments to the Attend Anywhere platform. Face-to-face appointments were still given to those children and young people who were presenting with mental health difficulties with a severe risk.



### Calls to Mindline from/about CYP (June 2020 - September 2021)

This graph shows the number of calls to the 24/7 all age mental health support service (Mindline) from or about children and young people. It highlights a significant increase on the on-set of COVID-19 related restrictions with a reduction at times of restrictions easing. It highlights a low contact to referral rate indicating young people and parents/carers benefit from advice and guidance as an intervention.

The data shows an increased level of demand across all our services compared to pre-COVID activity. At this time, it is unclear whether the level of demand will stabilise at this new level, increase or decrease. However, we are committed to working as a system with children and young people and their families/carers to ensure that our services are fit for purpose and responsive to changing demand.

# Engagement with Children, Children and young people and Families

## Participation

The Somerset system benefits significantly from the active and meaningful involvement of young people, parents, carers, and other key stakeholders. Accordingly, this section has been primarily devised by children and young people who have accessed services for support with emotional or mental health difficulties.

The Somerset Participation Network is a collaboration of different organisations who are dedicated to improving the experiences and services children, children and young people and their families in Somerset receive. A key expectation of local commissioners is that they undertake robust involvement / engagement with the children and young people they provide for. This ensures a steady contribution / shaping of what we do on the basis of this feedback collect. It is made up from a combination of Health, Social Care, Education and Voluntary Sector organisations:



## Engagement with Children, Children and young people and Families

### In Somerset, children and children and young people participate in a range of ways.

This has expanded significantly over the past several years and now includes the activities indicated to the right. This year, children and young people have participated in a range of formal and unstructured engagement activities and interviews. The CAMHS Participation Team have played an integral role in over 70 interviews in 2021 and the work of our local engagement officer has been central to that.

#### This work has delivered the following:

- Delivered presentations, co-run engagement events and engaged directly with clinicians, commissioners, managers and students about their experiences and their hopes for service improvement
- Provided staff training on specific subjects (based on their personal experiences)
- Support, present and contribute to the LTP delivery group - Focus and Action group
- Provide a sense check briefing (based on recent themes from the cycle of engagement / consultation activity).



## Engagement with Children, Children and young people and Families

**We recognise that to deliver better outcomes for children and young people we need to listen and recalibrate our services offer accordingly.**

Evidence based practice tells us that a significant predictor of sustained positive change is about how services are provided from the point of first contact. Although the impact of participation from CYP in supporting change is difficult to quantify, we know that it is making a real difference. A key evaluation goal, going forward, is to better understand the benefits of this engagement and how the same has directly led to change. Below is an example of this crucial input in identifying a challenge and delivering a solution:





## Feedback

### Liaison Diversion

I know it's your job, but you carry on doing what you now for families, what an amazing, good job you are doing and all those other families that you will make a huge difference with your help and support as you have made a huge impact on my family in an awesome way.

Thank you, thank you, thank you.

Tell your higher colleagues, this new service provided by people like you is absolutely brilliant, I couldn't have done this without the support and help you have given us.

### National Deaf CAMHS

We were telling friends over the weekend how refreshing it is to finally have the right support around us, with a group of professionals who actually 'get it'. Thank you to you and your team for making us feel so at ease. We know we've got a journey ahead but it's far more achievable with the right support.

### CAMHS East

I really appreciate the time and effort you guys have made towards helping me as over the lockdown period as it was one of the hardest times in my life, you guys really opened my eyes into thinking more positively and getting me out of such a negative pattern, I cannot thank you enough.

### CAMHS West

I just wanted to say thank you for helping me. Thank you for being there and for supporting me when I needed it, it meant a lot and look it's got better. You made a difference especially from where I was in October so thank you.

### Mental Health Support Teams

We wanted to take this opportunity to thank you and your support team, for the life changing therapy and help R received from yourself and the practice. The excellent service given, and immediate start to treatment, really has made so much difference to R's recovery.

We are so relieved as parents to start to see the return of our daughter's positivity for the future, and her progression back to normal life. The support given to R and our family is very much appreciated, which we can't thank you enough for everything.

### CAMHS LIAISON

It's fantastic to see the CAMHS Team being so connected with the ED team and offering such valuable input. It was great that this vulnerable young patient was able to have someone spend time with her and her parent to offer such patience, support and empathetic care. I very much look forward to working further with the CAMHS Team.

## Co-production

# We know that successful and meaningful transformation has to involve children and young people.

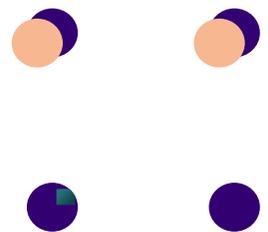
It should always be an ongoing process and one that is open to review and comment. The Somerset system is committed to and defined by the activity and principles of co-production.

### What is Co-production?

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement and consultation. It is a cornerstone of self-care, of person-centred care and of health-coaching approaches. We know from our local engagement and evaluation work that these principles are important to children and young people. Already, we have witnessed the impact of feedback and the lived experience has had upon our transformation work. Both locally and nationally we understand the benefits and the evidence base for further developing and strengthening our co-production work.

Whilst accepting that seeking engagement and feedback are importantly ongoing emphases, specific, local examples of our feedback work are as follows:

- **Simple surveys** across all CYP organisations supported by easy to complete online feedback / comments sites
- For all CYP to have **available as routine** the opportunity to offer feedback about the services they have received (supported by simple, digitised feedback form) – this can be done anonymously or directly.
- Ensuring that CYP (at the beginning of their care / support) that **participation opportunities exist**, and that they can give feedback.
- We will make greater effort to **understand how** CYP with SEND would prefer to feedback – we will develop these opportunities with those colleagues who directly work with CYP with SEND on how to do this.
- We will work to ensure that Comorbidity is no barrier to both accessing information and enabling feedback. To that end we recognise that **information should be provided in a number of formats** (to reflect differing learning styles / individual preference and ability) – e.g., visual, literary, auditory etc.
- We will ensure that **information is available** in a range of formats



## Co-production

Problem	Target	Solutions
We were told that a number of children and young people do not feel heard within services	Receiving regular, diverse feedback from children and young people across services, which is recognised and acted upon when practical.	Easily accessible spaces to provide feedback, e.g. survey forms on websites and available at in-person service locations.
Children and young people do not always know how to provide feedback	Children and young people are clear about how to provide feedback and are fully informed on the opportunities for engagement with participation within services.	Better provision of information regarding opportunities for participation and feedback, from the beginning of CYP involvement in services, i.e. detailed in initial assessment letter, and clearly displayed on Somerset CAMHS website.

## YOUR VIEWS MATTER

**Somerset CCG and Young Somerset launched the 'Your Views Matter' survey for children and children and young people aged 8-18 years old to gather their feedback on mental health in Somerset.**

**The survey ran from July – August 2020. 307 people completed this survey, with 11.4% of responses from parents / guardians and professionals who work with children and children and young people in Somerset.**



### Somerset Schools Health and Wellbeing Survey

Pupil wellbeing remains a top priority for our schools. Somerset County Council in partnership with local schools is committed to ensuring that all Somerset children have the opportunity to be seen, valued and heard and able to share their views and experiences in relation to their own health and wellbeing.

Every two years, schools participate in an online pupil health and wellbeing survey. Almost 8,500 Somerset children and children and young people in Years 2, 4, 6, 8 and 10 took part in our last survey. Questions asked included school experience and engagement, lifestyle behaviour, safety on and offline, relationships and emotional wellbeing. The results provide us with the foundation to make evidence-based, informed decisions towards strengthening the health and wellbeing of Somerset's children and families.

## Feedback

The Emotional Health and Wellbeing section of the survey asked pupils to describe their feelings, worries and coping mechanisms and also assessed their help seeking behaviours and resilience. The key findings are presented here:

**7%**

of Year 2 children said they always feel worried

**67%**

of Year 10 pupils said they worry about school work / homework and **72%** said they worry about exams / tests

**34%**

of Year 2 children said they always feel happy

**89%**

of Year 2 children said they had friends to play with at school

**34%**

of Year 4 pupils said they worry about school work / homework and **23%** said they worry about exams

**34%**

of Year 6 pupils said they worry about the way they look

**51%**

of Year 2 children said their parents / carers listened to them and **40%** said their parents/carer played games / activities with them

**31%**

of Year 4 pupils said they worry about problems with friends

**50%**

of Year 10 pupils said they worry about their mental health

**40%**

of Year 8 pupils said they worry about their mental health

**31%**

of Year 8 pupils said they worry about the mental health of someone in their family

**56%**

of Year 10 pupils said they worry about the way they look

**15%**

of Year 6 pupils said they worry about crime



## Feedback

The Emotional Health and Wellbeing section of the survey asked pupils to describe their feelings, worries and coping mechanisms and also assessed their help seeking behaviours and resilience. The key findings are presented here:

Has someone to talk to about their worries

**KS1 - 81%**  
**Primary - 81%**  
**Secondary - 67%**

Secondary age pupils - If you were to seek help would you rather...

Get help online via messaging **15%**  
Get help online via video calls **2%**  
Speak to someone in person **48%**

**66%**

of Year 4 pupils said they talk to an adult at home and **38%** said they talk to an adult at school

**22%**

of Year 8 pupils said they keep busy / exercise and **49%** said they watch TV / Netflix / online videos

**14%**

of secondary aged pupils had used a school counsellor

**6%**

of Year 6 pupils said they stop going out and **40%** said they talk to a friend or sibling

**10%**

of Year 8 pupils and **12%** Year 10 pupils said they injure themselves in some way.

**61%** of Year 10 pupils said they keep it to themselves and **22%** said they lash out in anger (verbally or physically)

**54%**

of secondary aged pupils had heard of an online counsellor (e.g. Kooth) but not used

**4%**

of secondary aged pupils had used the NSPCC Childline

**41%**

of secondary pupils had not heard of the School Nursing service

**64%**

of secondary aged pupils had not heard of CAMHS



# National and Local Need

We know that both nationally and locally that demand for mental health services is increasing for young people, recent data from the **Mental Health of Children and Young People in England, 2020**, states that:

**“From 2020 Rates of probable mental disorders have increased, with one in six (16.0%) children aged 5 to 16 years being identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls”.**

This is reflected in terms of what we know locally particularly in terms of the additional impact of Covid on emotional well-being and mental health overall.

We recognise that by providing ongoing support, promoting early identification of mental health needs, including areas such as prevention, resilience building, early-help for those with low to moderate needs, targeted work with vulnerable groups and evidence-based treatment for complex needs is the right way forward.

The same survey also highlighted the fact that one in six children and children and young people had a probable mental health disorder. This section of the plan sets out how Somerset compares to national data. We know from the National survey that the prevalence of mental health difficulties is rapidly increasing within children and young people. More than 50% of adults with mental health problems met the criteria for a diagnosis in childhood with less than half receiving the appropriate support at that time.

‘Future in Mind’ 2015 makes the compelling case for a comprehensive early help offer. The paper summarises the impact of mental health and emotional well-being issues on the lives and outcomes of children and young people. It goes on to say that

**“Mental health problems cause distress to individuals and all those who care for them. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation.”**



## National and Local Need

### Other key findings are as follows:

**1-in-12** The approximate number of children and children and young people who deliberately self-harm

The proportion of 6-16 year olds with a probable mental disorder increased from 11.6% in 2017 to 17.4% in 2021.

**72%** of children in care have behavioural or emotional problems

Among 17-19 year olds, rates of probable mental disorder rose from 10.1% in 2017 to 17.4% in 2021

Emotional and mental health problems affect about 60% of looked after children in England **60%**

from **6.7%** The increase in proportion of children and children and young people with possible eating problems to **13%** between 2017 and 2021, in 11 to 16 year olds



National data clearly highlights specific groups of children and children and young people as being at greater risk of developing emotional and mental health difficulties. These include:

- Children and young people looked after are 4 times more likely to experience mental health issues than their peers
  - Children and 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 children and young people without a learning disability
  - A third of children and young people in the youth justice system are estimated to have a mental health problem. Young LGBTQ+ people have higher rates of poor mental health, self-harm and suicide than their non-LGBTQ+ counterparts. This is in part explained by the negative impact of discrimination and marginalisation, both direct and indirect, on LGBTQ+ children and young people.
- 

## National and Local Need

### The Local Picture

Our scoping and mapping work has identified the challenges we face in terms of ensuring an equality of service provision across Somerset.

**We know that some areas present higher levels of need and an increased prevalence for some conditions.**

Our Public Health and economic data tell us that those areas of deprivation are predicting higher levels of mental health needs. As we better understand the multiple challenges faced by children and young people and their families, so it requires a joined up, multi-agency approach to respond to these challenges in a coherent and sustainable way. Our understanding of local need and the particular challenges of delivering services across a large rural footprint will be explored further in our forthcoming Joint Strategic Needs Assessment.



## Somerset Population:

Mid-year estimates for 2018 from the Office for National Statistics (ONS) indicate that the Somerset resident population of children and children and young people (aged 0–17) is 110,000, which is approximately 19% of the total population

The 2020 Somerset CYP Population Profile projected a total of 82,750 children and children and young people aged 5-17 living in Somerset

48% of these children and young people live in rural areas

Population estimate for CYP aged 16-24 in Somerset: 47,933

Area	0-15 years	16-64 years	65+	Total
South Somerset	29,580	95,660	43,100	168,350
Somerset West and Taunton	26,530	88,450	40,140	155,120
Sedgemoor	22,030	71,680	29,470	123,180
Mendip	20,860	67,530	27,200	115,590
Somerset Total	98,990	323,320	139,910	562,230

The ONS has produced population projections for people resident within CCG boundaries. These are trend-based projections, which use the previous year's births, deaths and migration figures to estimate how the population will change over the course of the next 20 years.

Locality	2020	2025	2030	2035	2040
Somerset	82,750	84,979	82,654	80,088	79,868

Somerset is rural and is made up of four districts: South Somerset, Somerset Taunton and West, Sedgemoor, and Mendip. Somerset's rurality can bring benefits for young people, but given its vast geographical size, experiences vary. Children and young people have identified positive elements to living in Somerset including a strong sense of safety, lack of pollution, peace and tranquillity, but is also creates distinct challenges:

- **Poor digital connectivity**
- **Limited job prospects for children and young people**
- **Cultural and geographical isolation**
- **Poor public transport**
- **Reduced aspirations and ambition**

In line with the national picture, around 1 in 9 children and children and young people will have a diagnosable mental health condition in Somerset. This is reflected in our own incidence rates of 9,900 with a diagnosable condition against a population of 110,000 (NHS E estimation). Yet beneath this number of children sits at least another seven who will experience emotional difficulties that would be identified as mild-to-moderate and, if not supported, could deteriorate progress into a mental health condition.

## Somerset Population:

In 2020, the proportion of Children and Children and young people not in Education, Training or Employment was **6.9% in Somerset** compared to **5.5% nationally**

In Somerset, **14%** of children and children and young people aged 0-15 years live in income deprived households (regional average **17%**)

Only **29%** of primary school leavers report high self-esteem (compared with **38%** nationally)

Children and children and young people who are permanently excluded from school is a potential risk factor to their wellbeing. The national average rate of permanent exclusions is 0.10% and the regional average is 0.13%.

**Somerset has a higher rate of 0.16%**

Somerset has a percentage of **46%** of those CLA (5-16 years) have emotional wellbeing that is a cause for concern. **This is above the national average of 39%** and the regional average of 44%

2020 Public Health data shows **3.3%** of school pupils have social, emotional, and mental health needs (SEND)

# Our Challenges

There are a number of challenges that local CYP mental health and emotional wellbeing services face going forward.

**A number of these challenges are nationally and locally well understood - recruitment and retention of skilled clinicians and practitioners, an increase in expected demand in children and young people's emotional wellbeing, and the longer-term impact of the pandemic and its related effect on young people's development, educational and employment opportunities).**

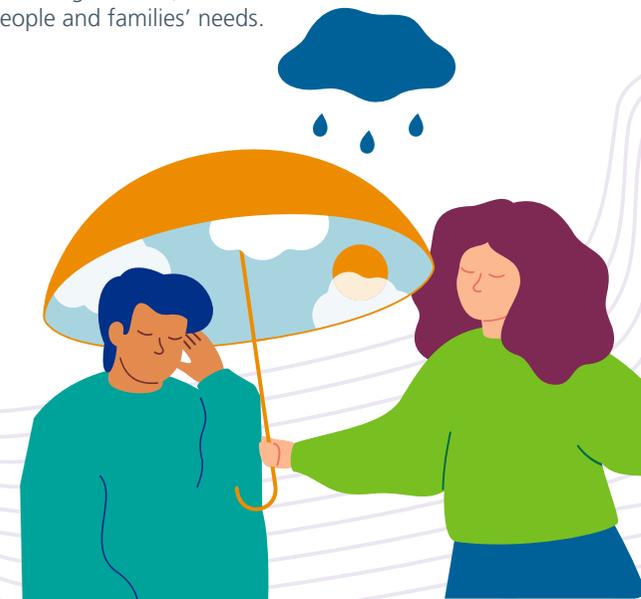
Specific to the Somerset system, one of the significant pressures that we are experiencing is the **shortage of suitable short term and intensive support for children and young people with complex emotional distress needs, but who do not have a clear mental health diagnosis.** Often the needs of these individuals manifest themselves in disruptive and high risk behaviours which are difficult for staff to manage.

Over recent months a number of children and young people have been admitted to paediatric wards following crisis episodes. They have become "stuck" due to the lack of appropriate alternative support with right the skills and expertise to enable their families to look after them. Due to the lack of this community resource, they have been placed in exceptionally high cost placements which also struggle to meet their needs effectively. **We know the recent appointment of a strategic partner (The Shaw Trust) help us together to develop a shared resources to meet this need in the medium to longer term is most welcome, but this will not be coming on stream until the summer of 2022.**

Consequently, alternative interim crisis support solutions continue to be actively explored. We know we have engaged more fully with children and children and young people to hear their voice in the development and co-production of services, but this is an area we know we would like to improve further and communicate better to CYP (as identified and welcomed by the recent Healthwatch report).

Also, specific to Somerset **we know it is harder for our staff to access the same training opportunities as staff in other areas,** which would support our workforce pressures (i.e., there is no university in Somerset). However, there are university and education suppliers who are keen to work with the system to develop our workforce locally. Also, as a system we continue to develop our workforce strategy to address this deficit and look to more initiative roles and ways of working (see Appendix X for more detail).

As part of meeting local needs effectively and maximising the use of available resources so Somerset is developing an integrated care system (ICS). This will establish new partnerships between organisations involved in meeting local health and care needs. It provides the structure by which the local council, the NHS, and other partners can work more effectively together. **Mental Health and well-being services are already benefitting from this join up and it is a highly positive contributory factor for our successful, transformational change.** Going forward, the Somerset ICS will need to consider how local governance and strategic planning will support aspirations (and associated investment) towards a more joined up and cross system approach to meeting children, children and young people and families' needs.



# Priorities

**Our local priorities will correspond both to local and national drivers for change and transformation.** Nationally, The NHS Long Term plan, sets out clear expectations for service transformation of CYPMH services, alongside commitments of increased funding for specific areas of focus. This funding is tied to clear expectations around improved performance and our local priorities have to reflect our intention to deliver to the same as part of our local planning and service development commitments / priorities. In summary, these are as follows:

**Funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.**

This means that children and young people's mental health services will for the first time grow as a proportion of all mental health services, which will themselves also be growing faster than the NHS overall.

**NHS will therefore continue to invest in expanding access to community-based mental health services to meet the needs of more children and young people.**

By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams.

**Increased investment in children and young people's eating disorder services.**

This will be defined by new waiting time standards for eating disorder services by 2020/21, thus Four fifths of children and young people with an eating disorder now receive treatment within one week in urgent cases and four weeks for non-urgent cases. As need continues to rise, extra investment will allow us to maintain delivery of the 95% standard beyond 2020/21.

**Children and young people experiencing a mental health crisis will be able to access the support they need.**

The expansion of timely, age-appropriate crisis services will improve the experience of children and young people and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services. The value of effective, intensive community follow-on support is a key commitment. All children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week via a single point of access.

**Mental health support for children and young people will be embedded in schools and colleges via the MHST approach**

which will be rolled out to between one-fifth and a quarter of the country by the end of 2023. These school and college-based services will be supervised by NHS children and young people mental health staff and will provide specific extra capacity for early intervention and ongoing help.

**A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood.**

Commitment to extend the current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. The new model will deliver an integrated approach across health, social care, education and the voluntary sector, such as the evidenced- based 'I Thrive' operating model which currently covers around 47% of the 0-18 population.



## Somerset Local Response

Our local response is reflected in our priorities and our delivery to date. The Somerset system has made considerable progress in developing its offer for children and young people. Within this section, we highlight what we are currently doing in relation to our key priorities. We provide clear ambitions for the coming 3 years and also clarity about how success will be measured.

### Priority 1: Listening to children and young people and ensuring they are at the heart of everything we do

#### What is already being done across the system?

- A range of surveys across health, social care and education have been undertaken to gather the views and experiences of children and young people accessing services
- Somerset has an established participation network which pulls together a holistic perspective of the children and young people of Somerset
- Some of the services supporting children and young people use routine outcome measures to gather the experiences of children and young people and develop personalised care plans
- The children and young people's plan has been co-produced with young people
- There is a young people's executive group that has been formed to hold the Somerset Big Tent participation group to account to deliver service improvements
- We have an established Schools Wellbeing and Arts project where children and young people can creatively share their experiences of the pandemic
- Children and young people have designed a Lifehacks' toolkit which is widely available

#### What will we do next?

We will actively seek to involve children and young people in helping us to embed a positive, responsive, and compassionate culture across all of our services

We will develop a pupil participation toolkit and a young person's health and wellbeing champion

We will expand the range of opportunities for children and young people who choose not to engage in current participation forums to have a voice

We will ensure easy access for children and young people to advice, guidance, self-help and where appropriate, self-referral

We will commit to simplifying our range of digital platforms to provide children and young people with easier access to the advice and support they need

#### What will success look like?

Children and young people will be telling us they feel heard via a simple, easy to complete feedback survey. We would aspire to having a shared feedback measure across the system.

We will have a pupil participation toolkit and young person's health and wellbeing champion to support schools in developing their student and pupil participation.

We will be fully informed from a diverse range of young people, including those we may not currently have successfully engaged.

Children and young people will be able to self-refer for right level of support for their needs.

We will have an accessible digital platform for young people.

# Somerset Local Response

## Priority 2: To establish a whole system approach which aims to identify and meet need in a timely way.

### What is already being done across the system?

- We have an Emotional Health and Wellbeing Team which is made up of professionals from Health and Social Care, providing support and consultation to children and young people and the professional network.
- We are undertaking a system wide review of the emotional health and wellbeing offer to children who are looked after.
- Our Mental Health Support Teams are a multi-agency partnership between the NHS, Voluntary Sector and Education. They seek to improve the quality of access and provide evidence based emotional wellbeing support for children and young people.
- We have an established Children and Young Persons Mental Health Strategic Cell with senior representatives from across the system. The purpose of the weekly leadership forum is to identify and respond quickly to gaps in need and to coordinate innovation and drive change. The cell aims to maintain and continue to build trusting relationships at a senior level across the system.
- We have a pilot programme aimed at supporting children and young people who are presenting at a time of significant need from representing at acute hospitals.

What will we do next?	What will success look like?
We will strive to establish a system wide digital solution including a digital front door. The digital solution will include access to information in the form of articles and personal experiences written by other young people, start discussion boards and speak to an online practitioner about what's on their mind.	We will have an accessible digital solution.  Children, children and young people and their families will report being able to access services best able to meet their needs.
The review of the emotional health and wellbeing offer to children looked after and care leavers will ensure they have accessible access to self-help resources, simplifying access to the services they need.	We will have a transparent, easy to understand pathway for children looked after and care leavers.
We will establish a trauma model that is evidence based and enables a common understanding on how to support children and young people.	We will have an agreed and published system wide trauma model.
We will continue to embed established system wide strategic cell to lead developments and initiatives.	The strategic cell will continue to be established and embedded within the ICS.
We will develop mechanisms to share information and enhance support we offer to children, children and young people and their families and to inform commissioning.	We will be able to share appropriate information across the system to improve the support we offer to children, children and young people and their families.
Following the publication of the JSNA, system partners will work to overcome the barriers relating to children and children and young people accessing mental health and emotional wellbeing services in Somerset.	We will have a shared understanding of the barriers children and children and young people face when trying to access mental health and wellbeing services. We will publish a system wide strategy on how we are overcoming these barriers. We have a systematic approach to coordinate innovation and drive change. We will plan programmes and interventions together as a system.

## Somerset Local Response

### Priority 3: Develop a system with partner agencies to deliver an extensive range of early help options by promoting resilience, prevent the worsening of mental health issues and supporting children and young people when they need it.

#### What is already being offered across the system?

- We are piloting a moderated peer support app called MeeToo
- We are working with the voluntary sector to enhance earlier intervention for eating disorders
- We have an established CAMHS 2 plus offer which bridges the gap between emotional and mental health disorders
- There are a range of training and consultation options available to the wider workforce including education, foster carers and health visitors
- We have a published Somerset Wellbeing Framework which promotes a whole school and college approach for emotional health and wellbeing

What will we do next?	What will success look like?
We will explore the opportunities presented by the local government reform programme and the move towards Somerset becoming an Integrated Care System.	We will have an Integrated Care System which helps to address the wider socioeconomic barriers that impacts the emotional health and wellbeing of children, children and young people and their families.
We will be expanding the mental health support team offer in Somerset for children and children and young people aged 5-16.	We will have a wide reaching mental health support team offer in Somerset.
We will increase the number of quality-assured Somerset Big Tent members to ensure children and children and young people can access safe, high-quality VCSE mental health and emotional wellbeing providers locally.	We will have a larger coordinated community and voluntary sector which is able to meet the needs of a wider cohort of children and children and young people in a more coordinated way.
We will develop a maternity and early years toolkit which will complement the existing offer.	We will have a maternity and early years toolkit and parents will tell us they are accessing it.
We will develop a system wide Joint Strategic Needs Assessment to support and inform future developments	We will have a system wide Joint Strategic Needs Assessment and will use this to establish Somerset's future priorities for emotional health and wellbeing.
The Somerset system will develop a standardised countywide offer for Early Help which allows for localised variation.	We will have a standardised countywide Early Help offer which can be accessed via a shared digital platform.

# Somerset Local Response

## Priority 4: Ensure that accessing help is simplified, referral pathways are easy and transparent, and that support is offered as close to home or as accessibly as possible.

### What is already being done across the system?

- We have a local offer which is publicly available.
- We have a Single Point of Access for the CAMHS system which triages referrals and provides specialist advice and consultation regarding the most appropriate intervention for the young person's emotional or mental health needs.
- A number of providers accept self-referrals.
- We have a website for Somerset Big Tent which enables children and young people to find services in their area to meet their emotional and wellbeing needs.
- We have a Somerset Wellbeing Framework which supports schools, colleges, early years setting and anyone that works with or cares for children, children and young people and their families.
- In Somerset we offer access to services via a range of solutions including face to face, telephone and virtual appointments.
- We have four operational Mental Health Support Teams in Somerset which provides high-quality, evidence-based interventions for children and children and young people with mild to moderate needs.
- A review of the pre-assessment pathway for autism and ADHD has been undertaken which has resulted in a published early help framework for parents, education providers and wider professional to use.
- We have a Neurodevelopmental partnership which provides an interim solution for the assessment of autism (ages 5-17) and triages for ADHD (primary aged children).

What will we do next?	What will success look like?
Feedback from parents, carers and children and young people indicates the need for a countywide neurodevelopmental pathway for autism and ADHD.	We will have a co-produced neurodevelopmental pathway.
We will develop a model for families to have a dedicated coordinator for their early help interventions.	We will have an agreed system wide model which allows for families to have a named coordinator for the support they are receiving.
We will have transparent pathways for emotional and mental health services for children, young people, families and professionals.	We will have published pathways which are assessable to children, young people, families and professionals.
Through the ICS digital work, we will share appropriate information regarding children and children and young people across relevant Somerset system partners.	The Somerset system will be able to share appropriate information across agencies to inform and enhance the support offered.
To promote consistency with goal setting and to allow for personalised approaches, we will launch Dialog+ in Somerset.	Dialog+ will be launched.
To allow greater access to services we will lower the age that children and young people can self-refer into CAMHS and other system partners where appropriate.	More children and young people and their parents/carers will be able to directly ask for help.

# Somerset Local Response

## Priority 5: Provide urgent mental health services which offer effective crisis support and enable children and children and young people to regain an active, full life in a timely way.

### What is already being done across the system?

- We have an established Family Intervention Service which offers a range of support options, including working with children and young people and their families who are on the edge of care, with the purpose of keeping families together
- We have an all-age helpline provided by Somerset Mindline which offers 24/7 support 365 days a year
- We have a CAMHS Enhanced Outreach Team which provides additional, targeted support to children and children and young people in mental health crisis
- We have a CAMHS Liaison Team which supports Children and Children and young people who attend hospital following risk taking behaviours
- Somerset system has identified a strategic partner who will collaborate with us to develop crisis provision and therapeutic education for children and young people at their time of most need

What will we do next?	What will success look like?
We will develop a CAMHS Intensive Treatment Team which will provide goal and strength focused interventions to children and children and young people with mental health needs requiring intensive support.	We will have a CAMHS Intensive Treatment Team.
We will develop intensive support houses for children and young people as part of the CAMHS Intensive Treatment Team. The team will be focused on keeping children and children and young people in their communities, rather than being admitted to psychiatric hospitals.	We will have intensive support houses which will be available to children and children and young people and their families.
We will develop a Key Worker Programme for Children and Children and young people with Autism and/or Learning Disabilities at risk of admission to Psychiatric Unit.	We will have a Key Worker Programme and we will be able to support children and young people in the community.
We will further develop a multi-agency Intensive Youth Work Model to support children and young people in crisis.	We will have a multi-agency Intensive Youth Work Model to support children and young people in crisis.
We will develop a therapeutic education provision with our newly identified strategic partner.	We will have a therapeutic education provision.

# Workforce

**The challenge for the Somerset system, is to support the workforce by creating conditions that make working in Somerset attractive alongside providing ongoing training and career development opportunities.**

**WWe must also provide a workforce that reflects our population. As such we need to understand and ensure that our collective recruitment processes attract and secure the appointment of a more diverse workforce where our data tells us that we have gaps.**

Local evaluation and feedback from our staff and partners speak to the challenges and the importance of developing plans together across Somerset / local systems. Significant progress across our partnership working have provided a solid platform to develop a shared approach to our ambitions. We know that sustainable progress across a range of workforce areas is being made and these are already translating into better local services.

Positively, we know that local, innovative recruitment arrangements have resulted in creative appointments that have delivered good outcomes for children, young people, families and carers. We intend to keep listening and developing accordingly.

The focus of the Somerset Local Transformation Workforce Plan is to collaborate with partners across the Somerset system to deliver the following:

- Attract and retain high quality staff
- Equips the workforce with the training and professional development to secure these changes
- Improve the outcomes and support provided to children, young people and their families / carers.
- Ensure a consistency of approach that benefits CYP
- Ensure that our recruitment and staff complement reflect the diverse population
- Provide a yearly update

## Potential Workforce: Skills / Training

This plan / strategy focuses on those colleagues whose jobs / activity support the emotional well-being / mental health of children and young people (**the workforce**). Feedback / evaluation has made clear some of the challenges that professionals and young people experience when initially accessing services and their experience of the support they obtain. We recognise the benefits of supporting our front-line staff with a basic platform of understanding of the presenting EWMH need and of what the most effective initial response / intervention might be.

The importance of getting the initial disclosure / engagement right is all important to the individual and in terms of anchoring the i-thrive approach (right help at the right time, in the right place). This is particularly important given the emphasis upon schools and colleges are seen as being at the 'heart' of transforming CYP's mental health (DHSC & DfE, 2017 etc) and are thus pivotal role in engaging with CYP.

Evidence based practice tells us that CYP (and their families / carers) benefit from a wider pool of trained and receptive professionals / trusted adults. A familiar issue is that of a lack of confidence in terms of the professional's ability to offer the "right," conversation etc. Pilot sites speak to the benefits of building this training on a set of guiding principles backed up by accessible training. Other sites also make the point that a "trauma informed workforce," is a positive platform on which to develop the roll out of a skills-based approach throughout the system. This will maximise consistency of response across agencies Represent the views of young people, families and practitioners who live and work in Somerset.



# Workforce

## Principles of Effective Workforce Plans / Strategies

Key training / Skills messages from local practice:

- Instil confidence in professionals working with children and young people
- Iterates an earlier approach to intervention and enables anyone working with CYP (i.e. a whole school approach to EWMH).
- Provides a concise and initiative-taking pathway to appropriate care – professionals understand their role and understand the EWMH pathway.
- Agile / more family facing (think I Thrive) – again, evidence-based value of band family facing staff / trusted adult role to offer containment and initial engagement whilst awaiting clinical input.

## Our Staff

The Somerset system has an established, highly skilled workforce across both statutory and non-statutory organisations, including a thriving children and children and young people (CYP) focused VCSE sector. In developing this plan, we have spoken with children and young people, their families and carers and professionals across our services. We know we have excellent foundations.

However, we have to respond to a number of key challenges in order to expand, develop and retain our workforce and thereby allow us to support more people, ensure prompt access to services, and improve outcomes for children and children and young people in Somerset. This section summarises these challenges and our plans to respond to them.

### Expanding the workforce:

There are currently not enough qualified workforce locally to meet the level of need in Somerset. In addition, we need to ensure that our workforce is representative of the population of Somerset.

- Bringing in new paid workforce, including Nursing Associate roles
- Targeted approaches to settings where we know children, young people and their families/carers turn for support outside of healthcare settings
- Increasing peer support offers available in person or online

### Retaining the workforce:

There are currently low numbers of staff leaving CYPMH services. To retain our existing workforce (and to help attract new staff), we need to ensure that services in Somerset are a good place to work. We will do this by:

- Working with our VCSE partners, for example, SWEDA, to embed new pathways of care, including step up and step down offers, which will further upskill our VCSE partners and free up specialist capacity at the more acute end of the pathway
- Recruiting additional staff to prevent current staff from burning out
- Enabling staff to think creatively about how best to support CYP
- Establishing new career pathways that enable people to progress within the county

### Developing the workforce:

Our services are expanding rapidly, and we are learning all the time. We need to ensure that our staff across all teams and organisations are equipped to best meet the needs of our children and young people, including collaborating with schools. Evidence-based practice tells us that CYP and their families/carers benefit from having access to a wide range of trained professionals. To do this, we will:

- Develop a shared language and approach across organisations alongside a shared comprehensive resource outlining support options available
- Identify and train a senior lead for mental health in every school by 2025
- Design new training packages for teachers, VCSE partners and parents/carers
- Extend SCERTs training across all schools, which covers ADHD, autism, anxiety and depression



# Conclusion

**Somerset's Children and Young People's Mental Health and Emotional Wellbeing Plan is flexible enough to be adapted to meet changing circumstances, while still realising the vision and delivering to our ambition - we will continue to respond to emerging issues and this plan will be the benchmark against which the effectiveness of progress will be measured and against which the risk to achieving the aims will be managed.**

Our delivery will be supported by an action plan which will remain a standing item at all our key governance forums – this will be further enabled by our local ICS scrutiny arrangements – we will provide a progress review at the end of each year. We will continually monitor and review our progress and remain accountable for our delivery via the Strategic oversight group (Somerset CYPEWMH Strategic Cell) and the operational forum, the CYPMH Focus and Action Group. In the short term, we have identified a number of key outcomes where we want to see positive change and we will focus our collective efforts on delivering to this. We will support the workforce to do the job they love; we will develop a retention and recruitment strategy to underpin this.

**Countywide, we will ensure that we provide the best outcomes for children and young people and families in Somerset.**



# Appendix



# Appendix 1

## Investment into Children and Young People's Mental Health Services

Somerset is now exceeding the 1% standard for investment as set out by the children's commissioner. The profile below provides an overview of the historic investment into CYPMH services and details our investment plans for 2021/22:

### CYP Mental Health Services - Annual Investment Profile

### Total Commissioner reported spend on CYP Mental Health Services (including eating disorders)

	18/19	19/20	20/21	21/22 (half year)
	£'000	£'000	£'000	£'000
Somerset NHS FT	5,416	6,229	6,475	3,610
Rapid Improvement Scheme CYP - Expanding Crisis Provision (EOT)		120	221	
Other providers (including Somerset County Council and charitable sector)	358	363	782	391
CYPMH Green Paper Trailblazer Project / MHST Waves 1 to 4 (SDF)	90	254	779	649
CYP MHSTs Waves 5 and 6 (SDF)*				110
CYPMH Crisis and Community (SDF)			29	299
Mental Health Winter Pressure Funding - CYP Psychiatric Liaison		40		
CYPMH Crisis and Community (SRF)				201
CYP Eating Disorders (SRF)				54
TOTAL	5,864	7,006	8,286	5,313
Revenue Resource Limit (adjusted for Primary Care Delegation funding and allocations related to the Covid-19 pandemic to ensure consistency of comparisons)	761,787	800,997	868,274	466,624
CYP MH spend as % of total in year resource allocation	0.77%	0.87%	0.95%	1.14%

# Appendix 1

## Investment into Children and Young People's Mental Health Services

As part of 2021/22 planning, Somerset CCG set aside a significant amount of funding (£600k) under the Mental Health Investment Standard growth, which was effectively ringfenced for the CYP programme. This meant the CYPMH was not “competing” with adult services for funding growth. We also received non-recurrent allocations for CYP programmes from the national Spending Review. This was specifically made available for eating disorders and crisis services, as there has been significant growth in demand and complexity for these services, over the Covid-19 period.

**As NHSE/I was very prescriptive about how the allocations should be used, we worked closely with NHS, Local Authority and VCSE partners to determine how best to meet the national requirements in Somerset, with clinical involvement throughout this process.**

Wider investment which supports children and young people's mental health (and parental mental health includes:

- Somerset County Council investment to develop homes for children and young people, small children's homes, high needs fostering and therapeutic education £70million over 10 years.
- Somerset County Council investment (£493,467 a year) in the Open mental health arrangements to address parental mental health issues in Family safeguarding teams.

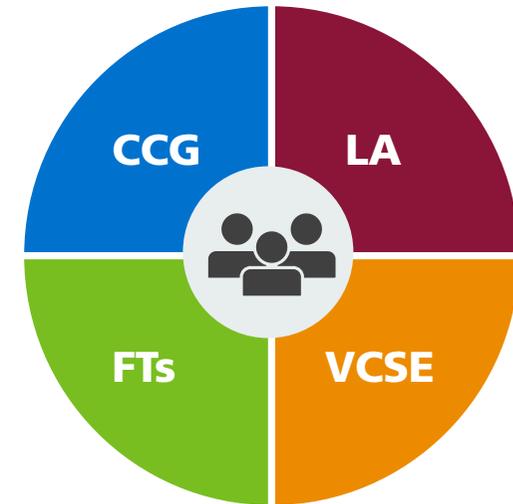
**We are committed to continuing to invest in services for children and young people, with plans already in development for 2022/23 investment.**

# Appendix 2

## Somerset's CYP Mental Health Governance Structure

Children and young people's mental health and emotional wellbeing governance arrangements were reviewed and redesigned due to increasing commitment to collaboration across Somerset, accelerated due to COVID. The Children and Young People's Mental Health and Emotional Wellbeing Strategic Cell was established with membership from key leaders across the system. The Strategic Cell meets weekly and is composed of:

- Deputy Director of Commissioning, Mental Health, Autism and Learning Disabilities, Somerset CCG
- Deputy Director of Children's Services and Social Care, Somerset County Council
- Assistant Director of Children's Commissioning, Somerset County Council –
- Public Health Consultant, Somerset County Council
- Head of CAMHS, Somerset NHS Foundation Trust (SFT)
- Chief Executive, Young Somerset and Somerset Big Tent Programme Lead
- Chief Executive, Spark Somerset
- Head of NHS Collaboration Rethink Mental Illness & Open Mental Health Lead.



The whole approach, as represented in the graphic to the right, places children and young people and those close to them at the centre of all we do. The ethos of the Strategic Cells is one of being agile and responsive, 'doing' not 'meeting,' and based on strong, trusting relationships.

The four quadrants represent 'the DNA' of how we aim to work together, namely that no decisions are made unilaterally by any single agency. Commissioning plans and the prioritisation of investments, etc., are all shared and developed together whilst recognising the various statutory duties and corporate objectives that each agency must fulfil.

VCSE partners are valued as much as statutory ones. This DNA is then being replicated throughout the system in terms of delivery at every level in line with our commitment to co-production.

The Children and Young People's Mental Health and Emotional Wellbeing Focus and Action Group (CYPMH & EWB F & A Group) was established in June 2021, and the group reports to the Strategic Cell, detailed above. The aim of the group is to provide whole-system strategic and commissioning oversight of the work to meet the mental health and emotional wellbeing needs of Somerset's children and young people.

# Appendix 3: Workforce Plan

## NHS England / Improvement's Key Lines of Enquiry

<b>4.1</b>	<b>Does the plan include or link to a multi-agency workforce plan or align with wider STP/ICS level workforce planning?</b>
Question/Task	Explicit plan with robust targets as part of the wider SPT / ICS
<b>4.2</b>	<b>Does the workforce plan detail the required work and engagement with key organisations, including schools, colleges and primary care networks?</b>
Question/Task	Local ambition and pilot plans need articulating
<b>4.3</b>	<b>Does the workforce plan:</b>
4.3a	Identify the additional staff required by 20/21 and include plans to recruit new staff and train, support and retain existing staff to deliver the NHS Long Term Plan ambition. Does this include staff from other agencies who contribute directly e.g., in social care?
Question/Task	We need to plan for specific recruitment needs tied to growth and to better understand our attrition and retention rate
4.3b	Include Continuing Professional Development (CPD) and continued training to deliver evidence-based interventions (e.g., CYP IAPT training programmes including for non-NHS staff), including resources to support this?
Question/Task	What is the Somerset offer? – directory of training resources that underpin our workforce skills approach?
4.3c	Include recruitment and employment of additional workforce requirements? For example, to train and retain Wellbeing Practitioners for CYP and additional staff for CYP 24/7 crisis care, ensure MHSTs are fully staffed, and dedicated eating disorder services.
Question/Task	Ref Eating Disorders HEE funded training plans for 2022 -
<b>4.4</b>	<b>Has data on the existing workforce - WTE, skill-mix, capabilities, demographics (including the ethnic background of the workforce across professions and levels of seniority), activity, outcomes - been used, alongside local prevalence data, to establish where and what extra capacity and capability is needed?</b>
Question/Task	We currently do not possess this information as a routine collect – work being done to remedy this
<b>4.5</b>	<b>Does the workforce plan detail how it will train staff in schools to work with children with specific needs? For example, children and young people with co-existing LD, autism, ADHD and / or communication impairments, or equality and diversity education and training to including LGBT+?</b>
Question/Task	The plan will articulate the current work and the ambitions and plans for early 2022

