



# **Children and young people's emotional health and wellbeing transformation plan refresh 2017/18**

**October 2017**

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## 1. Introduction

In summer 2015, the Departments of Health and Education published a joint five year strategy 'Future in Mind'<sup>1</sup> to transform services for children and young people's emotional health and wellbeing.

In response to this, we published a comprehensive transformation plan and this refreshed plan builds on that and outlines our key activities in 2017/18.

The vision for 2015 to 2020 is to ensure that every child, everywhere, receives the right support, as early as possible. It's much broader than just Children and Adolescent Mental Health Services (CAMHS) and includes working with schools, the local authority, universal and primary services such as GPs and school nurses, as well as the voluntary and community sector.

In July 2016, NHS England published 'Implementing of the Five Year Forward View for Mental Health'<sup>2</sup>. This guidance identified new areas for us to focus on and this has again been included in our plans for 2017/18. This plan does not include our work on perinatal mental health, as that is covered elsewhere.

This plan also links closely with our local Sustainability and Transformation Plan (STP), aligning with South Glos and North Somerset CCGs and contributes to the Integrated Assessment Framework. The key headlines are:

- Priority across BNSSG to improve access and waiting times for children and young people who need evidence based interventions for diagnosable mental health conditions, providing parity of esteem with physical services.
- Building resilience through the delivery of training to non-specialist workforces to improve capacity and capability to support children and young people in community settings
- Services are part of the children and young people's Improving Access to Psychological Therapies Collaborative, but this needs to be developed in both specialist and wider children and young people's workforce
- Work towards a sustainable 24/7 urgent and emergency mental health service

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<sup>1</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Children\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Children_Mental_Health.pdf)

<sup>2</sup><https://www.england.nhs.uk/mentalhealth/taskforce/>

- Provide community eating disorder services, compliant with access targets and independently accredited
- Improve access to and quality of perinatal and infant mental health care
- Deliver improved access to mental health support to children and young people at risk of or in the early stages of criminal justice involvement
- Ensure data quality and transparency - increase digital maturity to support interoperability of healthcare records

The STP plans on a page relating to this area of work can be found in Appendix 1.

From April 2017 we have a new contract for community children's health services led by Sirona with Avon Wiltshire Partnership delivering the CAMH service. The new service spec was informed by

- Around 900 young people
- Over 300 parents and carers
- 19 schools
- 38% of those we spoke to were from the Black Minority Ethnic community
- 21% were from 'seldom heard' communities
- 61% were females and 39% were males

We have spoken to people with different protected characteristics from communities such as Gypsy Roma Travelling (GRT), Black Minority Ethnic, Polish, Somali, faith groups and those with sensory impairments

The emphasis on participation continues in the new service developments including expanding sessional and performance review feedback and supported by the new participation contract with Barnardos.

There are agreements in place regarding sharing out of hours support with Tier 4 inpatient provision, Our evidence based Early Intervention Psychosis service is available for all children and young people with EIP taking the lead from age 16 and CAMHS taking the lead under 16.

There are monthly performance meetings for the new contract with Local Authority and Clinical Commissioning Group commissioners. Our Children and Young People's Emotional Transformation Plans are progressed across Bristol, North Somerset and South Gloucestershire (BNSSG) through our

BNSSG STP/ Emotional Health Transformation meetings.

The Mayor of Bristol, Marvin Rees has continued to make the emotional wellbeing of children and young people a priority. It is also one of four priorities in Bristol's Strategy for Children, Young People and Families 2016<sup>3</sup> – 2020. In addition, the Youth Mayors have included reducing stigma and focusing on male mental health as part of their manifesto<sup>4</sup>. This transformation plan has been developed with the involvement of the Health and Wellbeing Board, the Children and Families Board and the Joint Health Outcomes Challenge sub-group. Relevant reports are taken to the Bristol Children's Safeguarding Board. Addressing inequalities is a mayoral priority and public health being informed by a recent JSNA chapter on children's mental health (when published - [www.bristol.gov.uk/JSNA](http://www.bristol.gov.uk/JSNA)) are leading on the development of an all-age mental health strategy. The JSNA references various groups of children more at risk of mental health issues such as those who have been abused or neglected. This is an opportunity to build on our work to date and ensure a wide range of stakeholders are also involved with the development of this programme of work.

We also work closely with colleagues across the region and play an active part in the Strategic Clinical Network. Nationally we learn from other areas with similar issues or that have implemented innovative ways of delivering services.

We will keep engaging with a variety of stakeholders to develop our plans over the course of the programme, which runs until 2020. If you would like to get involved or let us know your thoughts, please contact the team at [bristolccg.cypehbristol@nhs.net](mailto:bristolccg.cypehbristol@nhs.net) or on 0117 900 2533.

## **2. What have we achieved since our last transformation plan in 2016/17?**

We have continued to develop and implement our programme of transformation since we published our last transformation plan refresh in October 2016<sup>5</sup>.

This has built on our work since 2015 and builds on our vision of ensuring that every child, everywhere, receives the right support, as early as possible and taken steps to make this a reality.

Since our last plan was published, we have progressed on a number of fronts:

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<sup>3</sup> [www.bristol.gov.uk/cyf](http://www.bristol.gov.uk/cyf)

<sup>4</sup> [https://www.bristol.gov.uk/en\\_US/youth-council-youth-mayors](https://www.bristol.gov.uk/en_US/youth-council-youth-mayors)

<sup>5</sup> <https://www.bristolccg.nhs.uk/library/emotional-health-and-wellbeing-news/>

- **CASCADE training**

In association with the Anna Freud Centre, CASCADE training was undertaken and completed by 94% of schools in Bristol between January and May 2017. Bringing together mental health leads in schools and CAMHS to embed long term collaboration and integrated working, the Bristol training, run across six area-based cohorts, also incorporated key staff from Early Help, educational psychology, safeguarding in education, Public Health teams, commissioned providers and more.

CASCADE training was previously successfully delivered across 22 Clinical Commissioning Groups as part of the Joint Department of Education and NHS England schools link pilot, testing a single point of access in schools and mental health services<sup>6</sup>.

Bristol has led the way in becoming the first city in England to offer the training to all of its school settings; primary, secondary and special. 93% of delegates found the training helpful and, as a requirement of attendance, schools were asked to identify a mental health lead for their setting.

- **Training**

The following additional training has also been commissioned and delivered:

- Social care and Early Help staff; 402 Bristol City Council Social Care practitioners have undertaken training to support prevention and early intervention in relation to CYP emotional distress and trauma with a particular focus on self-harm and suicidal ideation.
- School nurses, sexual health nurses & Youth Offending Team practitioners; Up to 48 practitioners from across the three professions are undertaking two-day Mental Health First Aid training in autumn 2016.
- Incredible Years Parenting Courses: In July 2016, 22 practitioners were trained to deliver the evidence-based programme with 16 having gone on to co-facilitate courses, ensuring sustainability for Bristol in terms of future delivery. Between September 2016 - July 2017, 86 parents completed the evidenced-based programme via a total of 12 courses.
- Mental Health First Aid: 126 Youth Workers across the city have been trained in Youth Mental Health First Aid. In addition, 115 Children's Centre staff received training in 2016/17 and we are liaising with early

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<sup>6</sup> <https://www.gov.uk/government/publications/mental-health-services-and-schools-link-pilot-evaluation>

years leads to explore their plans for the sharing and dissemination of learning across their wider networks.

- **Youth Mental Health First Aid training in schools**

Secondary school staff in Bristol have been some of the first to receive Youth Mental Health First Aid (YMHFA) Training as part of the YMHFA First Aid in Schools programme. This follows a commitment made by the Prime Minister in January 2017 to provide the training to at least one member of staff in every state secondary school in the country over the following three years.

Bristol Metropolitan Academy, Orchard School Bristol and Bridge Learning Campus each hosted a one day course between June and September 2017 for up to 16 staff per course. Training was organised on a locality basis and included input from CAMHS Primary Mental Health Professionals. The course focused on supporting delegates to provide mental health support to pupils on a first aid basis in order to facilitate early intervention and recovery. The training aimed to further enhance the skills and understanding of those who had already attended CASCADE training as mental health leads for their settings.

- **Online directory**

Following feedback from stakeholders, we launched an online directory<sup>7</sup> of local and national services and resources in May 2017 on the NHS Bristol CCG website. This is for use by children and young people, their families as well as a wide range of professionals.

The aim is to have a single, searchable source of information of different services, as well as NHS commissioned providers such as CAMHS, Off The Record and [www.kooth.com](http://www.kooth.com). It will be updated on a quarterly basis to ensure the information is kept up to date. It is also available on the GP referral support tool and can be printed as an A5 booklet.

- **Online counselling and support**

We have continued to commission our successful online counselling and support service for all 11-18 year olds at [www.kooth.com](http://www.kooth.com). This service has been widely promoted across secondary schools and colleges by an Involvement and Participation Worker.

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<sup>7</sup> <https://www.bristolccg.nhs.uk/your-health-local-services/help-and-support/young-peoples-emotional-health/>

Uptake has been higher than originally anticipated and the service has been welcomed by schools and GPs. We are continuing to ensure the service is part of an integrated, system wide pathway.

We plan to extend the pilot until March 2018, with the potential to be included in the newly commissioned Community Children's Health Partnership from April 2018.

- **Working with GPs and primary care**

The information available on the GP referral support tool has been reviewed and updated. This provides GPs and other primary care staff with information on how to signpost and support children and young people and their families to a wider range of services and resources than just those commissioned by the NHS. It also includes a link to our newly developed online directory<sup>8</sup>.

It also includes a crisis risk screen tool which was developed by CAMHS and GPs. This supports GPs in assessing children and young people who present in mental health crisis and in providing an appropriate level of response.

- **NHS 111**

We have also improved the information available on NHS 111 so that when members of the public or professionals contact them, they can be made aware of additional local services such as [www.kooth.com](http://www.kooth.com) and Off The Record, as well as CAMHS and primary care.

- **Working with schools**

The extensive reach of the CASCADE Training enabled commissioners to liaise closely over a period of time with many Bristol schools. Emergent was the need for a Bristol Schools' Mental Health Network. Transformation commissioners along with other key local authority and health colleagues are now working collaboratively with schools to develop this work. A one day Supporting Mental Health & Wellbeing Conference for Schools was successfully delivered on 27th September incorporating:

- CASCADE Celebration Workshop; developed to showcase the emotional health and wellbeing work and approaches of a number of Bristol schools, led by the Anna Freud Centre.
- Launch of the Bristol Schools' Mental Health Network.
- Launch of the new Public Health Bristol Healthy Schools' Award Mental Wellbeing Badge. Schools are encouraged to sign up and work

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<sup>8</sup> <https://www.bristolcgg.nhs.uk/your-health-local-services/help-and-support/young-peoples-emotional-health/>

towards achieving the badge which is focussed around a 'whole school approach' to mental health. It is comprised of a set of standards, developed in partnership with Bristol schools and in line with NICE guidance. The award is part of a wider Bristol Healthy Schools award and is endorsed by Bristol's elected Mayor. Supporting this programme are 10 recently appointed pilot Heads of Mental Wellbeing from Bristol primary, secondary and special schools across the city. There is a focus on the most deprived areas.

- Launch of new CAMHS referral pathways which will allow schools to directly refer in to the service

All Bristol primary, secondary and special school settings were encouraged to join the day. In attendance were a total of 133 delegates with 105 from 93 schools, the remainder coming from multi-agency settings including Early Help, Inclusion Service, Off the Record, Safeguarding in Education, Youth Offending Team, Bristol University, Community Children's Health Partnership and Bristol City Council and NHS Bristol CCG staff. Feedback from the conference was very positive and the Schools' Mental Health Network will be up and running from early November across the three locality areas of Bristol.

- **Children Centres.**

39 Children's Centre practitioners have attended the Mental Health First Aid Training (two day course) and 76 have attended the Promoting Positive Mental Health Training (short session)

The following has not been funded from the CYP Emotional Health Transformation.

All Children's Centres have accessed professional development with 'Five to Thrive' – supporting healthy attachment and emotional development in the earliest years <https://www.fivetothrive.org.uk/>

The pre-natal Mental Health HIT is strengthening pathways for new parents who may be experiencing mental health challenges

Children's Centres also work with Bluebell and commission Rockabye – a programme that promotes the formation of secure attachment.

Four Children's Centres host Drop-In Services for Gypsy, Roma and Traveller (GRT) families, working with a dedicated Health Visitor. Over 300 GRT families have accessed Health Services for the first time through this route

Children's Centres play a key role in Bristol's strategy to support children affected by parental imprisonment (CAPI)

- **Self-harm**

This is a manifestation of emotional distress rather than a primary disorder, commonly this includes difficult personal circumstances, past trauma

(including abuse, neglect or loss), or social or economic deprivation together with some level of mental disorder.

Self-harm is rising across the UK and has the highest rate in Europe, estimated at 400 per 100 000 people (JSNA *add footnote link when published*). Rates of self-harm are higher for young people who have a diagnosed mental health disorder but self-harm isn't restricted to people with mental health disorders. Risk factors for self-harm, aside from age and gender, are similar to the risk factors for all mental health problems. The risk of self-harm increases with the number of stressful life events a child is exposed to, the socio-economic position of the family and parenting factors such as high levels of punishment and high levels of family conflict (JSNA).

The Partnership Outreach Service (CAMHS/ Off the Record/ UHB/ Early Help Family Support) commenced Sept 2015 and an evaluation is in progress which includes children and young people's focus groups and interviews. This service and the Central Intake Team provided assessments for children who present with urgent mental health needs primarily to the Emergency Department and provides an outreach service for those not engaged in a service.

These two teams have recently merged to form the CAMHS Triage, Assessment and Outreach Team. GPs are now referring to this service rather than the child presenting to the Emergency Department.

The number of children accessing these services has increased across Bristol and South Gloucestershire from 315 in 2014 to 364 in 2015 and 391 in 2016.

The initiatives above all aim to contribute to reducing self-harm but nationally it is increasing due to a range of issues including the impact of social media.

In addition, suicidal ideation and self-harm training was run for social care and Early Help staff to support identification and to enhance the support of Practice Leaders within the teams. Practice Leaders are now developing an assessment tool and are clear about their roles:

- Leading on practice
- Equipped in completing initial assessments of a child or young person's health and social care needs
- Producing the assessment tool
- Developing and supporting safety plans and risk assessments with children, young people and their families.
- Mentoring staff
- Offering a network of support
- Sharing knowledge and skills within their service
- Linking with multi-agency partners when required

### 3. What are we planning in 2017/18?

- **Improve Access**

In NHS England's 'Implementing the Five Year Forward View for Mental Health', there was a new objective that in 2017/18 at least 30% of CYP with a diagnosable mental health condition receive treatment from an NHS-funded community mental health service.

We have calculated these figures for our child and young people population in Bristol using the newly available data from the refreshed JSNA chapter on children and young people's emotional health and wellbeing.

Based on activity figures from our providers (CAMHS, Off The Record, [www.kooth.com](http://www.kooth.com)), 30.4% of Bristol children and young people with a diagnosable mental health condition received treatment from an NHS-funded community service in 2016/17. We aim to continue to improve the level of access to NHS funded services. It is acknowledged that schools particularly primary schools sometimes fund counselling, learning mentors, family support workers and with challenging school finances these resources are likely to reduce.

New access times are being monitored as part of the Key Performance Indicators in the new specification with the aim of reducing Emergency Dept Crisis referrals to be seen within 2 hours, urgent referrals to being assessed within one week and routine within 4 weeks. However trajectories are dependent securing additional ongoing funding.

A 16/17 Psychiatry Liaison BNSSG project is in progress to increase clarity and alignment of model. There will be training for adult Emergency Dept staff.

A CQIN is in place regarding improving Transition. A Transition protocol has been developed and is being implemented.

- **Improve outcomes for children with ASD and severe behaviour problems.**

A multi-agency deep dive workshop included social care and education with health as part of a wider whole system review of services for children with autism and social communication and interaction needs. This workshop focussed on identifying the needs of those at risk of hospitalisation, home or out of area school or social care placements with a view to if and how these needs could be met locally.

Bristol and South Gloucestershire CCGs and Local Authorities submitted a bid to NHS England as part of the Bristol, North Somerset and South Gloucestershire (BNSSG) Transforming Care Partnership Plan. The pilot is to extend our Positive Behaviour Support Service to meet the needs of children and young people with ASD/ Asperger's without a moderate or severe

learning disability in order to reduce out of area and costly social care and education placements, also hospital inpatients.

New training relating to autism should be available for CAMHS from Jan 2018 as part of the Increasing Access to Psychological Therapies (IAPT).

- **Integrated Personal Commissioning for Looked After Children (IPC LAC) Project**

Bristol, supported by NHS England, are exploring new ways of working in a pilot known as Integrated Personal Commissioning (IPC). Looked-after children and care leavers aged 14-21 who meet specific criteria will be allocated a small budget to support equipment/activities aimed at improving their mental health and wellbeing. It is expected that by March 2018 Bristol will have between 40-60 children with a personal budget. Those with early personal budgets are being encouraged to help shape the ongoing design of the project to ensure co-production.

- **Improve Data reporting**

We are continuing to work closely with our providers to ensure comprehensive and high-quality data is submitted to the Mental Health Minimum Data Set<sup>9</sup>. We are focusing on improving both the quality and quantity of the information available about service delivery and who is being seen. This intelligence will allow us to make more informed and transparent commissioning decisions in the future.

- **Develop new IThrive children and adolescent mental health model**

Our new CAMHS providing are leading the development of this model with partners. This includes 4 domains of getting advice, getting help, getting more help and getting risk support.

- **Improve Eating disorders service**

By 2020/21, evidence-based community eating disorder services for children and young people will be in place across Bristol. We are working towards ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases.

New NICE guidelines for the treatment of eating disorders were published in May 2017<sup>10</sup>. We will ensure that eating disorders services in Bristol reflect the recommendations made and underpin the joint service across Bristol, North Somerset and South Gloucestershire.

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<sup>9</sup> <http://content.digital.nhs.uk/mhsds>

<sup>10</sup> <https://www.nice.org.uk/guidance/ng69/chapter/Recommendations>

Our CAMHS provider now has extra staff in post (WTE 1.8 including therapists and psychiatry input), which have been funded by transformation monies. They are continuing to develop a model of care that covers BNSSG and are a member of the Quality Network for Community CAMHS – Eating Disorders<sup>11</sup>.

We have also funded a research project with stakeholders to get a better understanding of how we can improve primary care for children and young people with eating disorders via Bristol Health Partners<sup>12</sup>. This involves exploring with patients, their families and GPs how children and young people with eating disorders can best be supported by primary care providers.

- **Improve Crisis care and reduce inpatient treatment**

We are working with colleagues in NHS England and across our Sustainability and Transformation Plan footprint to develop a collaborative plan for commissioning pathways including inpatient beds. The intention is to develop appropriate community services and potentially home treatment to reduce the need for inpatient admissions, especially in out of area facilities.

We developed an initial BNSSG wide collaborative commissioning plan with our local NHS England's specialised commissioning team by December 2016. Since then, we have engaged with NHS England to explore how we can develop and improve services further.

We are also working in partnership with the Local Authority, the police and hospitals to get a better understanding of the needs of children and young people in crisis, and identify if there are gaps in the services provided.

Business cases have been submitted to BNSSG CCG and NHS England to secure additional resource to improve the staffing levels of the current Triage, Assessment and Outreach Team working Mon to Friday 9-4pm to a seven day a week 8am -10 pm seven day a week service with the aim of a 24/7 service in the future. The number of new posts, types of roles and model is dependent on the success of the business cases.

- **Develop the workforce**

In Bristol we are part of Wave 2 of the South West CYP Improving Access to Psychological Therapies (CYP IAPT) Collaborative Programme. This year we have supported staff from CAMHS, Off The Record and the Local Authority parenting team to take part in the clinical training programmes.

This has included NHS Bristol making a financial contribution to the salary support costs of CYP IAPT training from our transformation funding.

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<sup>11</sup><http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqip/projects/childandadolescent/communitycamhsqnc/gncc-ed.aspx>

<sup>12</sup><http://www.bristolhealthpartners.org.uk/health-integration-teams/eating-disorders/projects-and-activities>

Parenting support has been identified in the JSNA as an area public health plan on further developing.

In December 2016 we also produced an initial BNSSG wide joint workforce plan in collaboration with our providers and other commissioners across BNSSG. This includes promoting and integrating the principles and values of CYP IAPT throughout the wider workforce, as well as other specialist training.

This includes trauma recovery model training for a range of practitioners in Bristol working with vulnerable and complex children and young people, such as those who have been abused or neglected, which is taking place in autumn 2017. This training was funded by NHS England Health and Justice Collaborative Commissioning.

‘Strengthening the Circle’ training, funded by Health Education England is also being delivered in Bristol in autumn 2017. This training aims to strengthen the skills, confidence and competence of the joint agency non-specialist workforce – those who provide the circle of support around individual vulnerable children and young people.

We are also planning to deliver Mental Health First Aid training to primary schools.

#### 4. Where are we now?

Please see the table below for how much we spent in 2016/17 and plans for 2017/18:

Description	Actuals			Planned
	2014-15 Bristol CCG	2015-16 Bristol CCG	2016-17 Bristol CCG	17-18 Bristol CCG
Main block CAMHS	4,467,377	4,557,362	4,334,741	4,450,300
<b>Total Block</b>	<b>4,467,377</b>	<b>4,557,362</b>	<b>4,334,741</b>	<b>4,450,300</b>
<b>Other</b>				
Off the record	50,895	60,215	62,360	91,215
Crisis Outreach Pilot	400,000	61,724	-	-
CHC Children’s	311,365	421,225	291,422	292,168
ED and transformation CYP IAPT	-	869,411	1,028,551	1,013,949
		51,250	196,750	

	-			101,250
<b>Total other CAMHS</b>	<b>762,260</b>	<b>1,463,825</b>	<b>1,579,082</b>	<b>1,498,582</b>
<b>Combined Total</b>	<b>5,229,637</b>	<b>6,021,187</b>	<b>5,913,823</b>	<b>5,948,882</b>

### Bristol City Council Spend and Budget

	<b>14/15 - Actual Spend</b>	<b>15/16 - Actual Spend</b>	<b>16/17 – Actual Spend</b>	<b>17/18- Budget</b>
<b>CAMHS</b>	864,595	878,516	992,854	907,780
<b>Social Care - Positive Behaviour Support Service (PBSS)</b>	30,000	30,000	30,000	30,000
<b>MTFC</b>	0	93,781	105,255	96,401
<b>Troubled Families</b>	49,534	72,836	148,000	162,689
<b>Early Years - Emotional Needs</b>	9,063	12,642	23,708	23,708
<b>SEN - PBSS</b>	30,000	30,000	30,000	30,000
<b>Youth Services - Counselling</b>			84,000	84,000
	<b>983,192</b>	<b>1,117,775</b>	<b>1,402,751</b>	<b>1,323,512</b>

There are other funding sources that include emotional health but these have not been possible to disaggregate such as Healthy Schools Programme or social care or educational support.

Please see the tables below for details of the workforce and activity of our specialist providers in 2016/17:

#### **CAMHS Workforce 2016/17**

##### **Specialised CAMHS**

<b>Position</b>	<b>WTE</b>	<b>NHS Band</b>
Admin & Clerical	1.4	3
Admin & Clerical	0.6	4
Assistant Psychologist	0.5	5
Nurse	3.8	7

Psychologist	2.4	7
Nurse Manager	0.4	8a
Psychologist	0.55	8a
Psychotherapist	0.8	8a
Psychotherapist	1.1	8b
Psychologist	0.6	8c

**WTE total = 12.15**

### **Bristol East and Central CAMHS**

<b>Position</b>	<b>WTE</b>	<b>NHS Band</b>
Admin & Clerical	1.49	2
Admin & Clerical	2.25	3
Admin & Clerical	1.5 (0.5 = CIT)	4
Nurse band	1.00	6
Nurse band	1.8	7
PMHS/PIMHS	3	7
Clinical Psychologist	1.71	7
Family Therapist	1.35	8a
Psychotherapist	1.00	8a
Psychologist	0.6	8a
Psychologist	0.61	8c
Psychiatrist consultant	1.6	

**WTE total = 17.91**

### **Bristol North CAMHS**

<b>Position</b>	<b>WTE</b>	<b>NHS Band</b>
Admin & Clerical	1.37	2
Admin & Clerical	2.24	3
Admin & Clerical	0.8	4
Psychologist	1.9	7
Nurse	1.3	7
PMHS/PIMHS	4	7
Psychologist	1.6	8a
Family Therapist (ED)	0.6	8a
Family base treatment (ED)	1	7
Consultant Psychiatrist (ED)	0.2	
Psychologist	0.7	8b
Psychotherapist	0.9	8a
Psychotherapist	1.0	8b
PMHS	1.0	8a
Psychiatrist Consultant	0.6	

**WTE total = 19.21**

## Bristol South CAMHS

Position	WTE	NHS Band
Admin & Clerical	1.6	2
Admin & Clerical	2.6	3
Admin & Clerical	1.81	4
Occupational Therapist	0.6	7
Psychologist	3.25	7
Nurse	1.79	7
PMHS/PIMHS	4.4	7
Psychologist	0.63	8a
Family Therapist	0.7	8a
Psychotherapist	1.09	8b
Psychotherapist	1.0	8d
Nurse	1.0	8a
Psychiatrist consultant	2.4	

**WTE total = 22.87**

## CAMHS activity 2016/17

Total number of referrals for year	1900
Total number accepted	1379
DNA rate	6%

## Off The Record workforce 2016/17 (including NHS funded staff)

WTE	NHS Band Equivalent
19	-
4.2	4
27.6	5
2	5/6
7	6
4	7
1	8b

**WTE total = 62**

## Off The Record activity 2016/17

Total number of referrals to OTR	1536
Total number seen in CCG services	911 (409 counselling + 342 pop-up + 160 groupwork)

DNA rate for CCG funded services	9.6%
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**Kooth workforce 2016/17 (including staff working in Bristol service)**

WTE	NHS Band Equivalent
1	7
1	6/7
3	6
30	5
9.7	3/4
5.2	1

**WTE total = 49.9**

**Kooth activity 2016/17**

Total number of referrals to Kooth (registrations)	1441
Total number receiving counselling	364
DNA rate for CCG funded services	N/A

## Appendix 1

### STP BNSSG CYP Emotional Health Plans on a page



STP CYP-PMH  
emotional health time



STP Plan on Page  
CYP SPA and online



STP Plan on Page  
siCAMHS access v1.6.c



STP Plan CYP CEDS  
v1.2.docx



STP Plan on Page  
Tier 4 CAMHS reducti

## Appendix 2

### AWP Bristol SGlos CYP emotional health joint workforce plan



AWP Bristol SGlos  
CYP emotional health

## Appendix 3

### CYP emotional health Tier 4 Co-commissioning plan



CYP\_emotional\_healt  
h\_Tier\_4\_co-commiss