

Health and Wellbeing Board

Wednesday 21 November 2018

6.00 pm

Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

Membership

Councillor Peter John OBE (Chair)
Councillor Evelyn Akoto
Councillor Jasmine Ali
Andrew Bland
Cassie Buchanan
Sally Causer
Kevin Fenton
Ross Graves
Dr Jonty Heaversedge
Eleanor Kelly
Gordon McCullough
Catherine Negus
Councillor David Noakes
Dr Matthew Patrick
David Quirke-Thornton
Dr Yvonneke Roe

Ian Smith

Leader of the Council
Cabinet Member, Community Safety and Public Health
Cabinet Member for Children, Schools and Adult Care
Accountable Officer, NHS Southwark, CCG
Southwark Headteachers Representative
Executive Director, Southwark Law Centre
Strategic Director of Place and Wellbeing
Managing Director, NHS Southwark, CCG
Chair, NHS Southwark, CCG
Chief Executive, Southwark Council
Chief Executive, Community Southwark
Healthwatch Southwark
Opposition Spokesperson for Health
Chief Executive, SLAM NHS Foundation Trust
Strategic Director of Children's and Adults' Services
Clinical Lead for Prevention and Early Action, NHS
Southwark, CCG
Chair, King's College Hospital NHS Foundation Trust

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Contact

Everton Roberts on 020 7525 7221 or email: everton.roberts@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 13 November 2018



Health and Wellbeing Board

Wednesday 21 November 2018

6.00 pm

Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	CONFIRMATION OF VOTING MEMBERS	
	Voting members of the committee to be confirmed at this point in the meeting.	
3.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
4.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
5.	MINUTES	1 - 18
	To agree as a correct record the open minutes of the meeting held on 30 July 2018.	

Item No.	Title	Page No.
6.	THEME - BEST START: YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING	
	Invited presentations from local speakers and panel discussion covering issues related to children and young people's mental health and wellbeing around the following areas:	
	<ul style="list-style-type: none"> • Children and Adolescent Mental Health Services (CAMHS) – What's possible? • Young People's experience and perspectives of Mental Health services – Improving delivery • Understanding the mental health and wellbeing relationships to knife crime among young people 	
	ITEMS TO BE CONSIDERED UNDER THE THEME	
7.	MENTAL WELLBEING OF YOUNG PEOPLE IN SOUTHWARK - SOUTHWARK'S JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)	19 - 76
	Presentation on the mental wellbeing of young people in Southwark.	
8.	JOINT REVIEW OF EMOTIONAL WELLBEING AND CAMHS SERVICES	77 - 192
	To note the final version of the Southwark Joint Review of Emotional Wellbeing and CAMHS Services and to support the development of an implementation plan to take forward the actions identified in the review.	
	CORE BUSINESS	
9.	KEY DEVELOPMENTS - SOUTHWARK CLINICAL COMMISSIONING GROUP (CCG) AND OUR HEALTHIER SOUTH EAST LONDON	To follow
	To note key developments in relation to the work of the CCG and 'Our Healthier South East London'.	
10.	BETTER CARE FUND - UPDATE ON 2018/19 DELIVERY AND 2019/20 PLANNING	To follow
	To receive an update on the Better Care fund 2018/19 and 2019/20 planning.	

Item No.	Title	Page No.
11.	BUILDING HEALTHY COMMUNITIES (A) - STRATEGIC ESTATES PLANNING	193 - 213
	To note the draft NHS Southwark CCG estates strategy, including the development of community health hubs and support hubs and to note the joint work between the CCG and the council on further developing the health hubs to address the wider wellbeing and social regeneration agenda.	
12.	BUILDING HEALTHY COMMUNITIES (B) - DEVELOPING SUPERZONES AROUND SCHOOLS	214 - 224
	To note the pilot to develop superzones around Southwark schools with the aim to create healthier environments around schools.	
13.	PHARMACEUTICAL NEEDS ASSESSMENT (PNA) SUPPLEMENTARY STATEMENT	225 - 232
	To note the first pharmaceutical needs assessment supplementary statement based on market entry information and/or changes happening in the first six months after the PNA publication (31/03/2018).	
14.	HEALTH AND WELLBEING BOARD WORK PLAN 2018-20	233 - 240
	To note the health and wellbeing board work plan 2018-20 subject to any amendments.	

Date: 13 November 2018



Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Monday 30 July 2018 at 11.00 am at Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Peter John OBE (Chair)
Andrew Bland
Sally Causer
Kevin Fenton
Ross Graves
Dr Jonty Heaversedge
Gordon McCullough
Catherine Negus
Councillor David Noakes
Dr Matthew Patrick
David Quirke-Thornton
Dr Yvonneke Roe
Ian Smith

OFFICER SUPPORT: Everton Roberts, Principal Constitutional Officer

1. APOLOGIES

Apologies for absence were received from Councillor Evelyn Akoto, Councillor Jasmine Ali, Cassie Buchanan and Eleanor Kelly.

2. CONFIRMATION OF VOTING MEMBERS

Those listed as present were confirmed as the voting members for the meeting.

3. ELECTION OF VICE-CHAIR

It was moved, seconded and,

RESOLVED:

That Dr Jonty Heaversedge be appointed vice-chair for the 2018/19 year.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

The following late items were considered at the meeting:

Item 14 – Health and Wellbeing Board Governance Review

Item 15 – Primary Care Commissioning Committee – Health and Wellbeing Board
Observer

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

6. MINUTES

RESOLVED:

That the minutes of the meetings held on 29 January and 26 March 2018 be approved as correct records and signed by the Chair.

THEME - HEALTH AND WELLBEING BOARD - PAST PRESENT AND FUTURE

Gordon McCullough, chief executive of Community Southwark presented a report on Perspectives on the voluntary and community sector in Southwark.

The board then heard from three invited speakers from the voluntary and community sector:

Jacky Bourke-White, CEO Age UK Lewisham and Southwark

Tracey Franklin, CEO, Inspire at St Peters

Sally Causer, Executive Director, Southwark Law Centre

The speakers presented information to the board on the challenges faced by older people, young people and recently arrived black and minority ethnic refugees (BAMER) and people with insecure immigration status. The speakers reported on progress made, barriers to more effective action, what more needs to be done and suggested ways that the health and wellbeing board might be able to help.

(The individual presentations of the speakers are attached as an Appendix to this document).

7. OVERVIEW OF SOUTHWARK HEALTH AND WELLBEING STRATEGY AND PROGRESS TO DATE

Professor Kevin Fenton, Director of Health and Wellbeing introduced the report

RESOLVED:

1. That the overview of the Southwark Health and Wellbeing Strategy, progress and actions to date be noted.
2. That the annual performance report, Appendix 1 of the report be noted and agreed.
3. That the board also receive regular reports on the health and wellbeing of children and young people, the wider determinants of health and social regeneration, and long term conditions.

8. CLINICAL COMMISSIONING GROUP REPORT ON PROGRESS AND PRIORITIES

Ross Graves, Managing Director, NHS Southwark CCG introduced the report.

RESOLVED:

That the content of the report be noted, in particular the progress made by the CCG and partners in the following key programmes and priorities:

- The 2017/18 CCG assessment for Southwark CCG was “Outstanding”
- Southwark Bridges to Health and Wellbeing
- Southwark Community Based Care Programme
- Our Healthier South East London
- System Resilience and delivery of constitution standards
- Launch of joint mental health and wellbeing strategy in Southwark
- Multi Agency Discharge Event (MADE)
- Primary Care, including CQC inspections, GP Forward View Resilience Funding, key procurements and relocation of Silverlock medical centre
- The NHS funding settlement for 2019-24

9. UPDATE ON INTEGRATED COMMISSIONING

Ross Graves, Managing Director of the Southwark NHS CCG introduced the report. The board also heard from Genette Laws, Director of Commissioning, Southwark Council.

RESOLVED:

That the update on Integrated Commissioning be noted.

10. SEXUAL HEALTH UPDATE

Professor Kevin Fenton introduced the report. The board also heard from Kirsten Watters, Consultant in Public Health.

RESOLVED:

That the sexual health programme update, including progress and recent media interest be noted.

11. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) - AN UPDATE ON THE REVIEW OF SERVICES

Genette Laws, Director of Commissioning introduced the report.

RESOLVED:

That the progress in conducting a review of the Child and Mental Health Services be noted and it also be noted that a full report including findings and recommendations will come to the next meeting of the Board in the Autumn 2018.

12. HEALTH AND WELLBEING BOARD WORK PLAN 2018-2020

RESOLVED:

That the proposed work plan for 2018 – 2020 (Appendix 1 of the report) be approved.

13. HEALTH AND WELLBEING BOARD GOVERNANCE REVIEW

Doreen Forrester-Brown, Director of Law and Democracy introduced the report.

RESOLVED:

1. That the terms of reference for the governance review, Appendix 1 of the report be noted and approved.
2. That it be noted that nominations to sit on the Strategic Board will be made by the Strategic Director of Children's and Adults Services and the Managing Director of the CCG.
3. That the Director of Health and Wellbeing (Strategic Director of Place and Wellbeing from 1 September 2018) be appointed as the Chair of the Strategic Board.
4. That an update on the progress of the governance review be received at the October meeting.

14. PRIMARY CARE COMMISSIONING COMMITTEE - HEALTH AND WELLBEING BOARD OBSERVER

RESOLVED:

That Councillor Evelyn Akoto, Cabinet Member for Community Safety and Public Health be nominated to attend the (NHS Southwark) Primary Care Commissioning Committee in the capacity as a non-voting member representative from the health and wellbeing board.

15. COUNCIL PLAN 2018-19 - 2021-22

The Leader of the Council introduced the report.

RESOLVED:

That the Council Plan 2018-19 – 2021-22 agreed for consultation by the Cabinet on 26 June 2018 be noted.

The meeting ended at 1.07pm

CHAIR:

DATED:

APPENDIX TO THE MINUTES**HEALTH AND WELLBEING BOARD – 30 JULY 2018****PRESENTATIONS:**

Jacky Bourke-White, CEO Age UK Lewisham and Southwark (pages 1 – 6)

Tracey Franklin, CEO, Inspire at St Peters (pages 7 – 9)

Sally Causer Executive Director, Southwark Law Centre (pages 10 -12)



Health & Wellbeing Board

Monday 30th July 2018

Jacky Bourke-White

Age UK Lewisham & Southwark CEO



Our Older People

A brief Profile of Southwark

Population: 306,745

- 35.9% born abroad with 13% born in Africa.
- In 11% of households no one has English as a first language
- Estimated that in 2015, 8,300 people from abroad and 24,300 from England moved into Southwark and
- 31,000 people moved out of the borough
- 1,222 charities with a registered address in the borough, and an estimated 4,500 voluntary and community groups
- 5,176,860 hours worked by volunteer hours annually
- 15% of households headed by someone with a disability of long term illness
- 44% of the population live in social housing and 24 % in private rented accommodation
- Ranked 41st on the Index of Multiple Deprivation

A brief Southwark older people profile

- Population Aged 65+ : 24,014
- Projected to grow by an additional 5000 older people by 2015.
- 6th most deprived across England
- Population 85+ predicted to rise by 30% by 2025
- 57% Female/ 43 % Male
- 81% are white, predicted to reach 66% by 2025
- Over ½ 65+ population in receipt of pension credit
- 12,500 living with a long term illness rising to over 17,000 by 20025
- 13% of the population 65+ receive support from adult social care every year
- 1800 people living with dementia
- Hospital admission: 3,340 adults identified as being at high risk of hospital admission
- 5,173 falls and 296 hip fractures predicted in 2015/16 for 65+ in Southwark & Lambeth

Challenges our older people face

- Poverty- 6th most deprived older population across England
- Isolation - Greater proportion living alone (42.7%) than across England (34.4%)
- Loss of power & ability to be heard
- Growing number of older old people
- Multiple long term conditions
- Change – digital, environmental & social

Progress made & barriers

- ✓ Ethical homecare charter
 - ✓ Age friendly borough
 - ✓ Strong and growing partnership between social care, community and health
-
- Challenging economic environment in which we are working

What more needs to be done

- Re-examine commitments on age friendly borough
- Older persons reference group – e.g. Manchester & Hackney models

A Pipe Dream?

Changing our perception of what's acceptable for older people



- For those receiving 3 visits a day at least one of those to be 1 hour
- Every older person to be able to go out a minimum of once a week

Inspire

Young People

InSpire is a Community Organisation, 15 years old, serving SE17, via 2 centres - InSpire on Walworth Road and 2InSpire on the Aylesbury. We offer a range of free to access programmes for adults and young people, young people being 2/3 of what we do right now – youth work, estate-based youth clubs, youth arts, youth employment and advocacy for young parents.

We work with 800+ young people every year.

Defining 'young people' as those aged 8-24. Recognise this is large range, with very different, but closely connected needs. And needs not addressed follow them as they get older.

Four points to explore, all be it briefly:

1. What are the challenges facing young people?
2. What progress has been made?
3. What are the barriers to more effective action?
4. What more needs to be done and how can the HWB help?

1. **What are the challenges facing young people?**

- Regeneration and gentrification of Elephant and Castle, and SE17 in particular, but in fact across the Borough – making the most of opportunities (employment, training, creativity) and mitigating the challenges (feeling pushed out, feeling the regeneration is 'not for them', rising living costs, loss of housing/roots/community, loss of play spaces)
- Financial/Economic challenges – unaffordable rents (even affordable rent isn't really affordable) and basic living costs, those with LW jobs can't afford to live in the borough they grew up/work in; only young people living at home with supportive and comfortable parents can afford things like apprenticeships; employment opportunities on offer are not always what they want/need/can manage
- Crime and fear of crime – peer pressure, gangs and knife crime, postcodes, freedom of movement, other people's negative expectations
- Lack of role models – hardest to reach have low expectations, limited vision, unrealistic and unacceptable expectations of what and how relationships work (friends, family, lovers, professional relationships)
- Managing relationships - resilience, ability to negotiate and disagree - old fashioned youth work conversations/life skills work
- Challenges are not discreet, all connected
- Young people at intersections of multiple challenges have the hardest time

- Feels like a lack of holistic support for those with multiple needs - have to see a lot of different professionals for different things, professionals often limited by waiting lists, set timeframes that don't match with those of other interventions

2. What progress has been made?

- Diversity of VCS in Southwark, in SE17 lots of high impact projects on offer at various times and locations - youth employment programmes, youth arts, youth clubs, sports, after-school programmes
- Needs led service delivery
- VCS engaging with local businesses to increase opportunities (employment and youth projects, arts organisations/galleries)
- VCS organisations communicating with each other more
- Some formalising of local strategy and some coming together to ensure delivery isn't duplicated

3. What are the barriers to more effective action?

**some of these might appear contradictory, two sides of the same coin*

- Complex VCS, strength in diversity but challenge to ensure awareness, cross referral, working together, takes effort to avoid duplication or unconscious competition
- Finding specialists
- Holistic support (as opposed to generic)
- Long term funding and covering core costs (lots of good work has happened, almost all of it is getting by on repeated short-term funding, risk that good projects are lost due to resource issues)
- Other services being able to pick up their part – impact of long waiting lists, e.g. can't sustain a job until dealt with MH, but non-crisis MH waiting list is long, and recovery is long.

4. What more needs to be done and how can the HWB help?

- Using social regeneration projects to improve health and wellbeing, build confidence, invest in the people they will become
- Partnership working with non-health specialist services to achieve public health aims:
 - e.g. youth clubs, community groups – see it happening for mental health services for older people, be good to see it for youth
 - better referral pathways between specialist and non-specialist services
 - more support for those who are getting by but not thriving (e.g. not yet in crisis but held back by anxiety issues, and will be in crisis if not addressed)

- Commissioning long term projects, commissioning holistic projects, facilitating partnerships earlier on in the process
- Support VCS to recognise/measure/acknowledge the impact of youth clubs, youth work relationships and youth programmes on current and future wellbeing and in public health language.

*Tracey Franklin, CEO, InSpire traceyfranklin@in-spire.org.uk
July 2018*

Southwark Law Centre

Issue and Evidence: More recently arrived BAMER migrants and people with insecure immigration status

Key Challenges and Barriers

- Lack of knowledge of rights and access to services in the UK
- Language and cultural issues- e.g mistrust of authority
- No Recourse to public funds
- Complex immigration regulations which are difficult for health professionals to understand
- Long home office delays and general hostile environment
- Isolation and rise in hate crime
- Some groups e.g. migrants from LGBT community, women who have been victims of abuse facing multiple disadvantage and trauma

Evidence Base

Evidence on physical and mental health suggests there are poorer outcomes overall for non-UK born individuals residing in the UK compared to the UK population, but these vary according to migration histories and experience in the country. (Migration Observatory Nov 2014) T

For example: More than one in ten rough sleepers in London in 2015 were people from non-EU countries, most of whom had no recourse to public funds. (Homeless Link November 2016)

The average age of death of a homeless person is 47 years old and even lower for homeless women at just 43, compared to 77 for the general population. (Shelter report: homelessness A Silent Killer)

Whilst the vast majority will not become homeless, migrants, refugees and asylum seekers are particularly vulnerable to homelessness. This is due to a range of factors, both personal and structural, including a lack of support networks, such as friends and family, to turn to in a time of crisis; difficulties with language and a lack of familiarity with the British system, and not being entitled to benefits and services

The root cause of homelessness and destitution for many homeless patients is the lack of legal status in the UK. Disadvantaged people and the agencies who support them are often unaware of their rights and remedies, and because of ill health issues migrants may be unable to seek appropriate help.

There are often delays of many years in the Home Office making a decision on immigration applications. This leaves people in a state of limbo, unable to work or claim financial support, or to even begin the process of integration into the UK

Both socio-economic circumstances and immigration regulations affecting some migrant groups impact negatively on access to and use of health care.

For example: Vulnerable women face charges for NHS maternity care which start at £4,000 and rise to £10,000 or more. Many of these women have lived in the UK for some years and include destitute asylum seekers and women brought to the UK by abusive partners. [Research by Maternity Action](#) and Doctors of the World has shown that charging for maternity care reduces the likelihood of vulnerable migrant women receiving essential maternity care. New requirements to produce ID before receiving care are an additional barrier to access for these women.

Illustrative Case studies

Southwark Law Centre (SLC) has a partnership with Kings Health Pathway team who support homeless patients in hospital settings. For many people they cannot be discharged from hospital onto the streets. Lack of immigration status was identified as the root cause of much of the homelessness particularly at the KCH site.

Some of the most recent referrals we have taken from KHP Pathway include:

1. A 21 year old girl, in hospital suffering from sickle cell crisis, who has leave to remain but with a condition of 'No Public Funds', which the KHP Pathway team considered was adding to her stress and contributing to her deteriorating health.

2. SLC is assisting a Turkish gentleman to make a 'No Time Limit' application, which if successful would confirm that he has a settled, lawful status in the UK, without any time limit. The client is elderly and has complex health problems, including dementia, a previous stroke, diabetes, two recent heart attacks and low mobility meaning he is a falls risk. He had been living in hostel accommodation, this was dangerous due to his health but he was not thought to be eligible for supported accommodation due to his immigration status. There had been a pattern of him being discharged to unsuitable accommodation and very quickly being readmitted to hospital. He had been visited in hospital by immigration officers who informed him he had no lawful basis to remain in the country. At the time of referral he had no documents other than his bus pass and did not recall his Home Office reference number of national insurance number or address history. We supported him to obtain evidence of his lawful residence in the UK since 1969, meaning he has settled status by virtue of Part 1 section 1(2) of the Immigration Act 1971. As a result he was able to be referred to a care home and now resides in supported accommodation. Through our investigations it transpired that the Home Office had destroyed the client's file (including evidence that he had made an immigration application in 1970 which remained outstanding).

3. SLC is assisting a Mexican asylum seeker who fears return to Mexico on the grounds of his sexuality. He was admitted to Guys and St Thomas's Hospital due to complications arising from HIV and malnutrition after a period of street homelessness and self-neglect. Following a referral through the GST Pathway team SLC were able to assist him to make an asylum claim and to access asylum support. The case is complex because the gentleman has a mental health condition and high levels of anxiety. At present his case has been refused by the Home Office but he has been given a right of appeal which has been exercised and an appeal date is awaited. Since his discharge and admittance to asylum support accommodation his health has

improved, he has gained weight and he regularly attends follow-up appointments at the hospital whilst maintaining his course of medication. The chances of his re-admittance to hospital currently appear remote.

What works well/ what progress has been made

Co-location of services such as the support that SLC provides in hospitals. This encourages good referral Pathways and enables some of the most vulnerable members of our community to be reached.

Hollistic approach to support as in that provided by Southwark Day Centres for Asylum Seekers – befriending, food, access to advice and health care.

Southwark council commitment to resettling 25 refugee families

Community Activists organising to sponsor a refugee family to come to the UK

What could Health and Well Being Board do?

- Encourage the CCG to work in partnership with the VCS support groups to build a better understanding of the needs of disadvantaged migrants
- Carry out research to improve the local evidence base on migrant health needs to identify gaps in service delivery and to build an evidence base to support commissioning arrangements and plans for future service provision. This could include co-commissioning and pooled resources to optimise service delivery and improve outcomes.
- Consider a social prescribing model with effective referral pathways to deal with some of the barriers that people face that may make them more of a drain on NHS resources e.g. do people need legal advice, support with financial help, befriending to reduce isolation etc
- Provide a programme of awareness training for frontline health workers on the issues facing more recently arrived migrants and the social prescribing model
- Explore how Southwark can become a Borough of Sanctuary for migrants

Sally.causer@southwarklawcentre.org.uk

Mental Wellbeing of Young People in Southwark

Southwark's Joint Strategic Needs Assessment

Children and Health Protection Section

Southwark Public Health

30 April 2018

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GATEWAY INFORMATION

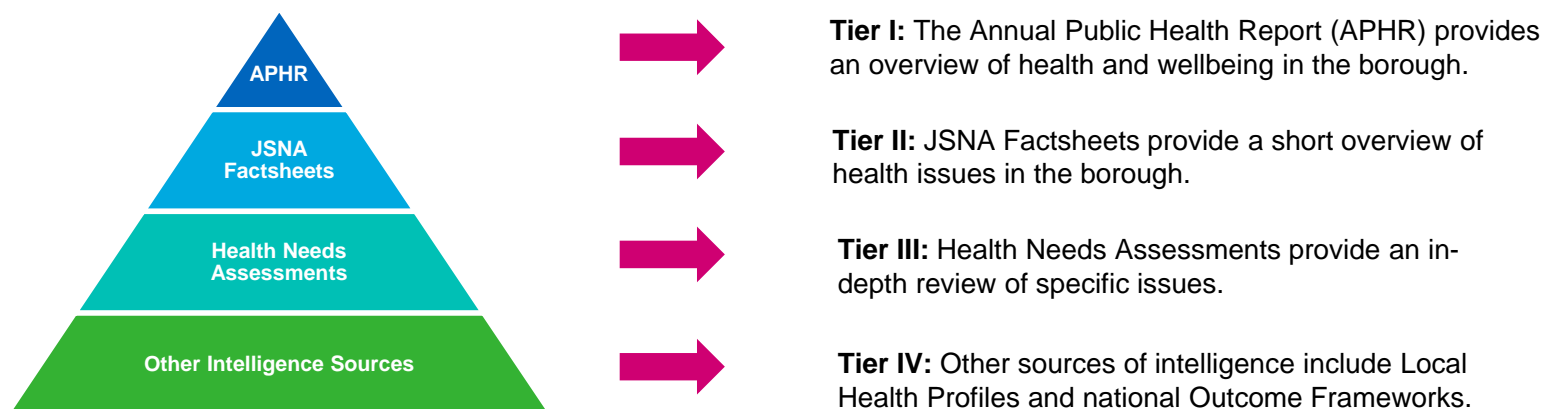
Report title:	Mental Wellbeing of Young People (aged 0-24 years) in Southwark
Status:	Public
Prepared by:	T Boshari
Contributors:	C Sharpe, C Williamson, R Pinder, S Blackman
Approved by:	K Watters
Suggested citation:	Mental Wellbeing of Young People (aged 0-24 years) in Southwark. Southwark's JSNA. Southwark Council: London. 2018.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	April 2018

Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

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The Local Response

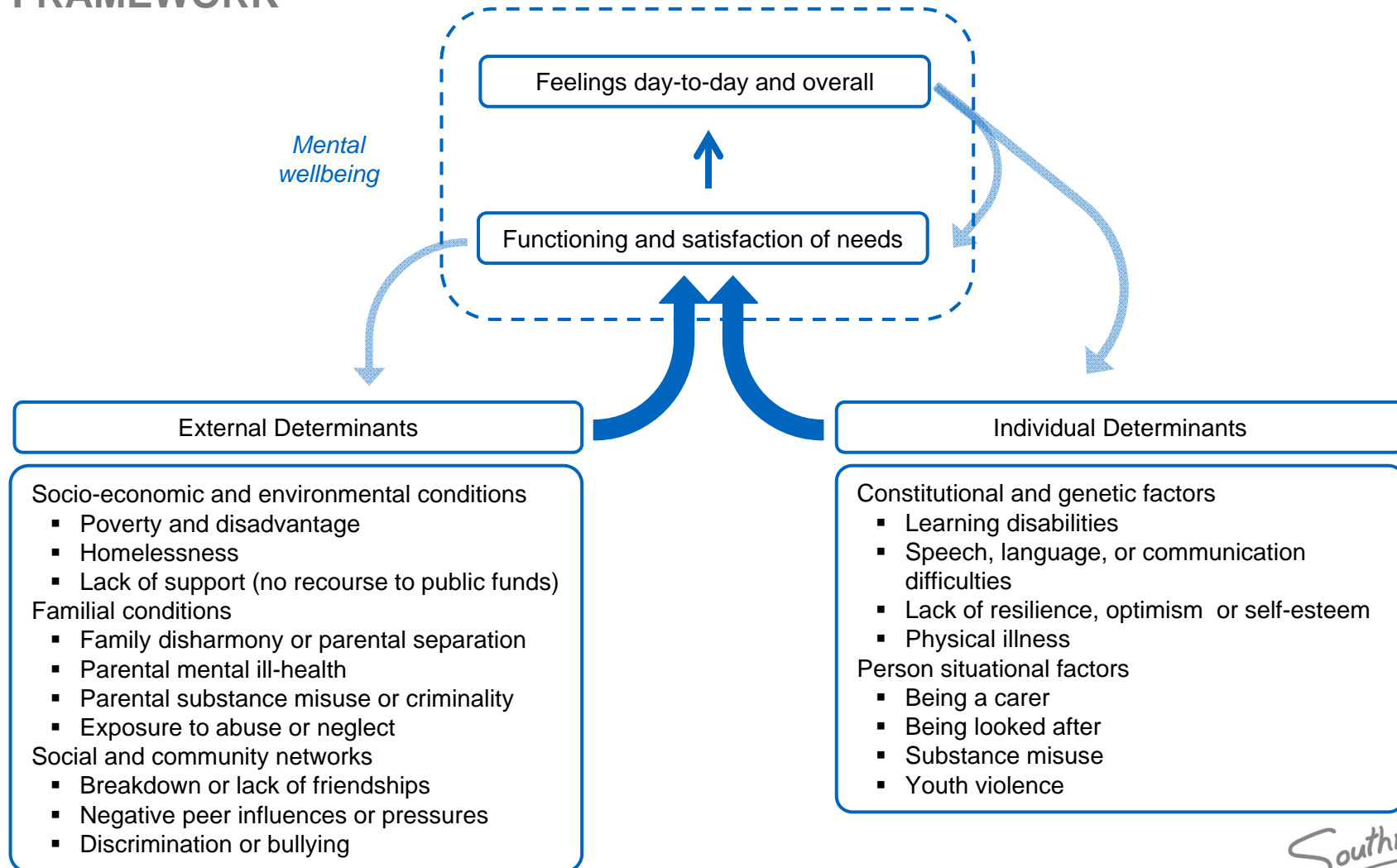
Community & Stakeholder Views

Evidence Review

Summary & Recommendations

Mental wellbeing is the cumulative result of numerous environmental and individual factors

FRAMEWORK



The mental health needs of Southwark's children and young people remain a gap in our local strategy

BACKGROUND

Mental health:	Describes a spectrum from mental health problems and illness, through to wellbeing or positive mental health
Mental wellbeing:	Used interchangeably with mental health in this document
Mental illness:	Includes a wide spectrum of mental health conditions; from common conditions such as depression and anxiety, to severe mental illnesses such as schizophrenia and bipolar disorder

The mental wellbeing of children is critical to providing the best start to life. Adverse experiences in childhood affecting mental health can have a lasting impact on physical health, educational and professional attainment, and social relationships.¹ Quantifying this adversity is a local challenge and priority.

Parity of esteem between mental and physical health has been championed by policies at national and local levels, however, coverage of mental health and wellbeing in JSNA nationally is poor.² In light of this, Public Health in Southwark has made advancements in assessing and addressing population mental health.^{2,3} However, the focus has been primarily adult and data on CYP are lacking.

This JSNA seeks to address this gap in local literature and inform the needs and service provision for CYP mental health and mental wellbeing.

1. Public Health England (PHE) (2016) The mental health of children and young people in England, December 2016
2. Campion J, Coombes C, Bhaduri N. Mental health coverage in needs assessments and associated opportunities. J Public Health (Oxf) 2017;39(4): 813-820
3. Mental Health in Southwark An overview of health needs and service provision. Southwark's JSNA. Southwark Council: London, 2016
4. Southwark Council (2017). Preventing Suicides in Southwark: Our Strategy and Action Plan, 2017-2022. Draft 0.6

The mental health needs of Southwark’s children and young people remain a gap in our local strategy

AIMS & OBJECTIVES

This needs assessment was undertaken with the following objectives:

1. Develop an understanding of the prevalence of mental health disorders in Southwark
2. Understand the mental health and mental wellbeing needs of CYP in Southwark, including identifying risk factors and vulnerable groups
3. Outline current provision of mental health promotion and specialist services, and to align this with the evidence base
4. Make evidence-based recommendations for appropriate and effective support for CYP mental health and mental wellbeing in Southwark

Scope	Includes	Excludes
Population	Children and young people	Adult/parental mental health Gypsy, Roma, traveller children Asylum seekers, refugees and new migrants Children living with long-term disability or complex needs
Age group	0-24	
Setting	Early years, schools, youth centres, communities	

1. PHE (2016) The mental health of children and young people in England, December 2016
 2. Mental Health in Southwark An overview of health needs and service provision. Southwark’s JSNA. Southwark Council: London, 2016

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The mental health of young people is a designated priority over the next five years

NATIONAL & REGIONAL POLICY CONTEXT

The NHS England 2015 report 'Future in Mind' (FiM) outlined a vision for children and young people's mental health:¹

- Tackling the gap between those with a mental health condition and those accessing treatment
- Making mental health support more visible, transparent, and easily accessible, for example by creating the expectation that there be a specific contact point for mental health in schools and in specialist services
- Promoting resilience and prevention in partnership with CYP to enable self-care

The Five Year Forward View for Mental Health supported the FiM recommendations and set to achieve:³

- Parity of esteem between physical and mental health across the life course
- Access to good quality, integrated mental health care, wherever and whenever children are seen across the NHS
- Prioritisation of CYP as a key group for mental health promotion and prevention
- An expert group be established by the Departments of Health and Education to support the complex needs of vulnerable children, including looked after children and youth offenders

Thrive London is a citywide movement for mental health, supported by the Mayor of London and the London Health Board:³

- Thrive looks to bring together multiple city agencies and providers, as well as voluntary, business, and community partners
- A primary area of focus is children and young people's mental health, raising awareness and reducing stigma through campaigns and workshops

1. Department of Health (DH) and NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.
2. Independent Mental Health Taskforce (2016) The Five Year Forward View for Mental Health
3. Thrive London: improving Londoner's mental health and wellbeing. Available from: <http://thrivedn.co.uk/about/>

The mental health of young people is a designated priority over the next five years

NATIONAL & REGIONAL POLICY CONTEXT

In December 2017, the Departments of Health and Education published a green paper on transforming children and young people's mental health provision.

- Building on *Future in Mind*, their approach has three main elements:
 - Incentivising every school and college to elect a Designated Senior Lead for Mental Health to act as a link with CYP mental health services
 - Funding new Mental Health Support Teams to be managed jointly by the NHS and schools to support CYP with mild to moderate mental health needs and promote positive mental wellbeing
 - Trialing a new four-week wait time for CYP to access specialist NHS mental health services
- Wider opportunities to improve CYP mental health through a whole school approach were also identified, including mental health awareness training for school staff and shaping the delivery of sex and relationships education on healthy relationships
- The role of social media, both positive and negative, alongside online safety will be addressed in a working group of government organisations and private companies
- Joint working between NHS mental health services and schools is prioritised throughout

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Southwark's Joint Mental Health and Wellbeing Strategy builds on the targets outlined in the 5YFV

LOCAL POLICY CONTEXT

Southwark Five Year Forward View (5YFV)¹

- Following the national 5YFV, a key local ambition is to create a much stronger emphasis on prevention and early action as well as better integration between health and social care, and wider council services
- In terms of mental health, the strategy talks to improving complex care pathways, developing more integrated services, strengthening community services and focusing on key vulnerable groups
- The CYP wellbeing framework calls for improved resilience and building positive mental health throughout adolescence

Joint Mental Health and Wellbeing Strategy (Southwark Council and CCG)²

- Building on the ambitions outlined in the Southwark FYFV, the CCG and the council developed a joint strategy to ensure alignment in improving local mental health provision
- Among their aims for CYP mental health and wellbeing were:
 - Reviewing the mental wellbeing offer in schools to ensure appropriate staff training and inclusion of wellbeing as part of the local Healthy Schools programme
 - Supporting vulnerable CYP to find employment, offering peer support through the youth offending service, and ensuring that the mental health needs of looked after children placed outside the borough are met in a timely fashion
 - Ensuring that improving mental wellbeing remains a priority outcome for the new Integrated Wellbeing Service for Young People

1. Southwark Council and NHS Southwark CCG (2015) Southwark Five Year Forward View: A local vision for health and social care: 2016/17 to 2020/21

2. NHS Southwark CCG and Southwark Council (2017) Joint Mental Health and Wellbeing Strategy, 2017-2020.. Draft v0.6

Local policies have recognised the lack of data relating to mental wellbeing in CYP

LOCAL POLICY CONTEXT

Southwark Children and Young People's Mental Health and Well-being Transformation Plan, 2015-2020.¹

- Southwark Council and the CCG refreshed their mental health and wellbeing plan in October to reflect the FYFV for mental health and to achieve an expansion in access to high-quality care
- Among their new priorities are developing an evidence base for childhood eating disorders, improving trauma services for self-harm and child sexual exploitation, and joining education with mental health services

Southwark has recently developed a Suicide Strategy and Action Plan, with the vision to reduce suicide and self-harm in the borough.²

- Specific emphasis on reducing suicide among high-risk groups, including young people who are victims of abuse or have a history of self-harm, and young offenders
- Plan to engage with schools to further develop programmes for emotional wellbeing, recognising that self-harm is prevalent, particularly among young women
- Intend to explore additional sources of intelligence relating to self-harm in young people

1. Southwark Council and CCG (2016) Southwark Children and Young People's Mental Health and Well-being Transformation Plan, 2015-2020

2. Southwark Council (2017). Preventing Suicides in Southwark: Our Strategy and Action Plan, 2017-2022. Draft 0.6

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Children and young people are disproportionately affected by certain mental health conditions

THE SOUTHWARK PROFILE

Nationally 1 in 10 children and young people aged 5-16 are estimated to have a clinically diagnosed mental health disorder.

- Among children aged 5-16 years in Southwark, this equates to:
 - 1,460 children with emotional disorders such as depression and anxiety
 - 2,300 children with conduct disorders such as oppositional defiant disorder and socialised conduct disorder
 - 650 children with hyperkinetic disorders including attention deficit hyperactivity disorder (ADHD)
- Boys are more likely to experience conduct or hyperactivity problems, whereas girls are more likely to have anxiety and emotional disorders
- Of adults with long term mental health problems, half will have experienced their first symptoms before the age of 14
- It is estimated that 95% of imprisoned young offenders have a mental health disorder, many of whom have more than one disorder

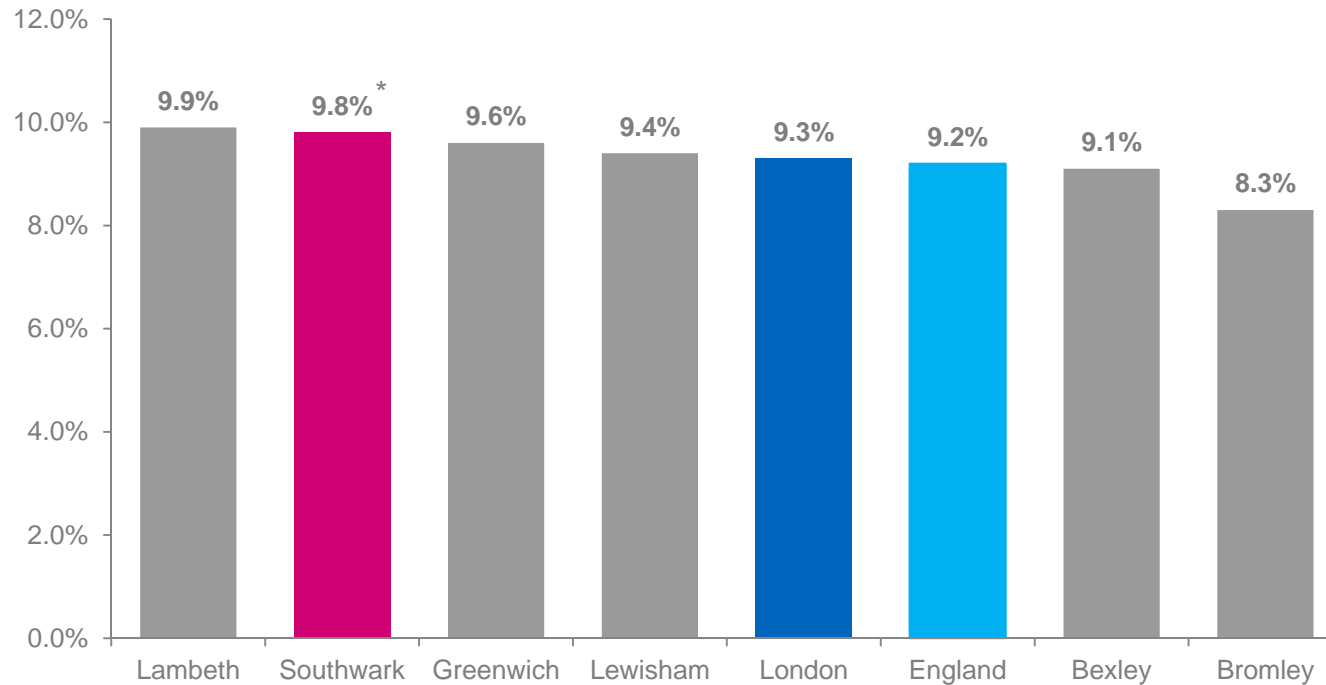
Locally, findings from the 2016 Schools Health Education Unit (SHEU) Survey also revealed a high prevalence of poor mental wellbeing.

- 31% of primary school students (ages 8-11) scored medium-low on the self-esteem questions and 25% said they were being bullied because of the way they look
- 28% of Year 6 pupils (ages 10-11) responded they felt stressed in the two weeks before the survey
- Less secondary students aged 12-15 in Southwark reported high self-esteem compared to the wider sample (37% vs. 42%); among primary students, the difference was even greater (24% in Southwark vs. 37% in the wider sample)

Across South East London, the mental health needs in Southwark are consistently among the highest

SOUTH EAST LONDON COMPARISONS

Estimated prevalence of mental health disorders, as a % population aged 5-16¹ in 2015



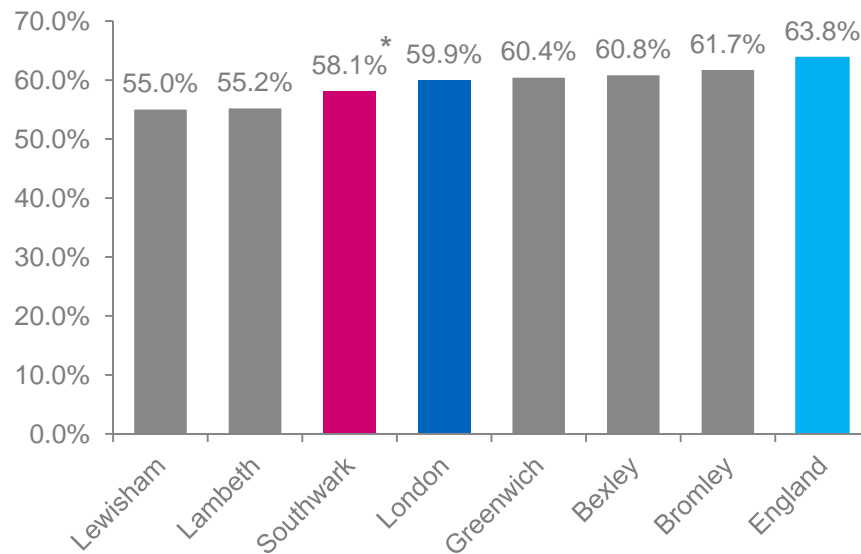
*9.8% of Southwark residents aged 5-16 equated to approximately 3,900 children in 2016

1. PHE Fingertips – Child Health Profiles and Children and Young People’s Mental Health and Wellbeing. Accessed November 2017
2. ONS local authority estimates by SYOA 2016

Despite reported life satisfaction there remain a number of students with identified mental health needs

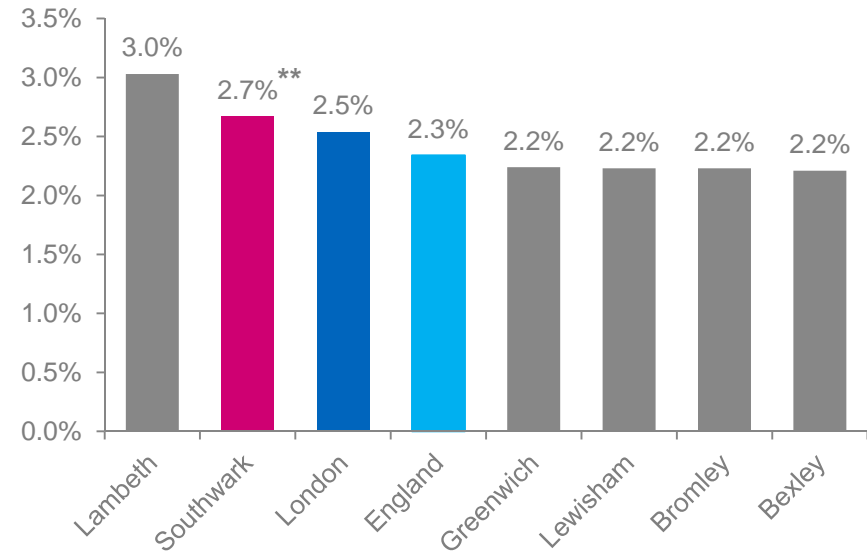
SOUTH EAST LONDON COMPARISONS

Percentage of 15 year olds reporting positive life satisfaction in 2014¹



*58.1% 15 year-olds in Southwark equated to ~1,600 children in 2016²

Percentage of school-aged pupils with social, emotional and mental health needs in 2016¹



**2.7% pupils aged 5-18 in Southwark equated to ~1,200 children in 2016²

1. PHE Fingertips – Child Health Profiles and Children and Young People’s Mental Health and Wellbeing. Accessed November 2017
 2. ONS local authority estimates by SYOA 2016

Mental health-related hospital admissions among children and adolescents are increasing

HOSPITAL ADMISSIONS

In Southwark, the rate of hospital admissions for mental health disorders among children and adolescents is on the rise:

- There were 90 hospital admissions for mental health conditions among Southwark children in 2015-16. While admission rates are increasing, they are comparable to the London average
- The rate of hospital admissions due to substance misuse in 15-24 year olds has more than doubled from 30 per 100,000 population in 2011 to 67.4 in 2016

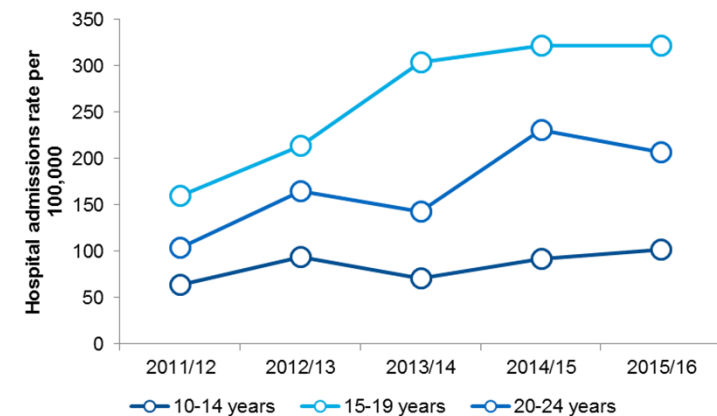
The rate of hospital admissions due to self-harm among young people in Southwark is increasing, with 117 admissions in 2015-16 compared to 90 in 2012-13.

- Around 1 in 10 young people will self harm at some point,
- with girls more likely to self harm than boys.
- More detailed data on individual hospital attendees are needed to understand the causes and identify ways to reduce admissions via targeted interventions

The observed increase in hospital admissions for self-harm may be due to a burgeoning need, however, it may also be due to a reduction in the stigma associated with poor mental health.

Nonetheless, hospital estimates and research in this area are largely based on those who seek support/treatment and therefore are likely to under-estimate the true extent of these issues.

Hospital admission rates for self-harm per 100,000 population, by age¹



1. PHE Fingertips – Child Health Profiles and Children’s and Young People’s Mental Health and Wellbeing Accessed June 2017
2. Royal College of Psychiatry (2014) Self Harm www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx

Note: Self harm is coded separately to mental and behavioural disorders.

There are key mental wellbeing issues that are prevalent across the population of children and young people

KEY ISSUES

Children aged 0-5 years

- Adverse childhood experiences including neglect, abuse, and parental separation
- Speech and language difficulties

School-aged children (5-16)

- Bullying, peer pressure
- Anxiety, depression, and low self-esteem
- Conduct disorders and long-term conditions

Young people aged 16-24 years

- Anxiety, depression, and self-harm
- Eating disorders
- Substance misuse

Certain mental wellbeing issues are more prevalent among children and young people in general; this list is not exhaustive. On top of these, there are many children who face added challenges to their mental health, throughout the life course. These vulnerable groups will be discussed in the following slides.

1. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and Household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med 1998;14(4):245-58
2. Schools Health Education Unit (SHEU) (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016
3. The health of school-aged children and young people in Southwark. Southwark's JSNA. Southwark Council: London. 2017
4. Hagell A et al. Key Data on Young People. Association for Young People's Health, 2017

There are many vulnerable groups of CYP with greater risk for developing poor mental health and wellbeing

RISK GROUPS: OVERVIEW

There are many vulnerable groups of children and young people who may be disengaged and disadvantaged, with greater risk of mental health and mental wellbeing needs. These include:

Included in this assessment

- Children with adverse experiences
- Children with speech and language difficulties
- Looked-after children and children with Child Protection Plans
- Teenage parents
- Young carers
- Young offenders
- Children who misuse substances
- CYP with Special Educational Needs and Disabilities (SEND)

Not included in this assessment

- Gypsy, Roma and Traveller children
- Young people with medical needs and long-term conditions
- Asylum seekers, refugees and new migrants

This is not an exhaustive list. While it is important that all vulnerable groups are given due consideration, it was not possible to include them all in this needs assessment.

- Focused needs assessments are planned for CYP with long-term conditions and those with no recourse to public funds, which will interrogate their specific health and wellbeing needs further

The wellbeing of children under 5 is an important determinant of future mental health

RISK GROUPS: EARLY YEARS

Speech, language, and communication is associated with mental health and wellbeing^{1,2} and disparities in language and vocabulary can appear as early as 18 months of age.³

- Children with speech and language difficulties are more likely to have be behaviourally or socially challenging, and to develop anxiety and antisocial behaviour
- In the long term, this may lead to challenges in developing friendships and in being socially accepted, which may further impact a child's mental wellbeing

Support and interventions aimed at school-aged children may therefore, already be too late.

Brain development in the first few years of life occurs rapidly and creates the foundation upon which future learning, feelings, and emotions will depend on.³

Young children depend on their parents and carers for their physical and mental wellbeing and adverse experiences are strongly associated with an increased risk of poor physical and mental health later in life.⁴⁻⁷

- Children who experience extreme neglect may have diminished brain activity
- Early adverse experiences may affect a child's ability to form secure attachments and relationships
- A third of diagnosed mental health conditions in adulthood are thought to be directly related to adverse childhood experiences (ACEs)

1. Clegg J, Hollis C, Rutter M. (1999) Life Sentence. RCSLT Bulletin; 571, 16-18
2. Beitchman JH *et al.* (2001) Fourteen-Year Follow-up of Speech/Language-Impaired and Control Children: Psychiatric Outcome. J Am Acad Child Adolesc Psychiatry; 40(1):75-82
3. Center on the Developing Child (2009) Five numbers to remember about the developing child (PDF). Harvard: Center on the Developing Child
4. Anda RF *et al.* (2006) The enduring effects of abuse and related adverse experiences in childhood: a convergence of evidence from neurobiology and epidemiology. Eur Arch Psychiatry Clin Neurosci; 256(3):174-186
5. NSPCC (2016) Looking after infant mental health: our case for change
6. Barth *et al.* (2008). InBrief: The Impact of Early Adversity on Children's Development
7. YoungMinds (2018) Addressing Adversity

Adverse childhood experiences are prevalent and have enduring effects on health

RISK GROUPS: EARLY YEARS

ACEs are common and there is significant overlap between adverse experiences.^{1,2}

- Approximately half of all adults in England have experienced at least 1 ACE
- Nationally, about 1 in 10 CYP are estimated to have experienced 4 ACEs. This equates to about 9,500 people in Southwark under 25
- There is a dose-response relationship between ACE exposure and risk factors for poor health

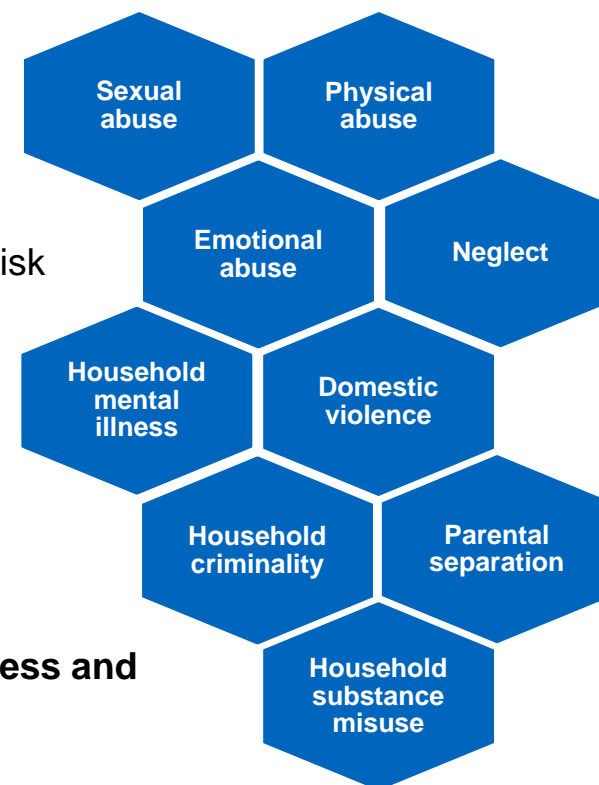
Compared to CYP with no ACEs, those with 4 ACEs are:^{1,2}

- 5x more likely to use illicit drugs
- 7x more likely to be involved in violence
- 4x more likely to have low levels of mental wellbeing
- 12x more likely to attempt suicide

Many children with ACEs will not present with a clinical mental illness and will not be identified as needing support or services.¹

It is therefore a challenge to identify these children locally and to quantify their need.

Adverse childhood experiences¹⁻⁵



1. YoungMinds (2018) Addressing Adversity

2. Felitti VJ, Anda RF, Nordenberg D, *et al.* Relationship of childhood abuse and Household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 1998;14(4):245-58

3. Public Health Wales. (2015). Welsh Adverse Childhood Experiences (ACE) Study

4. SAMHSA. Adverse childhood experiences. Available from: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

5. Hughes K, Bellis MA, Hardcastle KA, *et al.* The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet* 2017;2(8):e356-e366.

BAME are more likely to suffer from poor mental wellbeing but less likely to engage with services

RISK GROUPS: BAME

Approximately two-thirds of children and young people in Southwark are of Black, Asian, and minority ethnic (BAME) origin.¹

BAME are considered higher risk for poor mental wellbeing.²

- BAME children are more likely to be exposed to other risk factors for poor mental wellbeing, such as poverty³ and acting as a young carer⁴

BAME are under-represented in children and adolescent mental health services (CAMHS) but are over-represented in other areas, such as social services, the youth justice system and adult mental health services.^{5,6} This suggests there is an unmet need for support.

- Stigma around mental wellbeing and a lack of understanding of mental health services are significant barriers to young BAME children seeking support^{7,8}
- Analyses of an online offer of mental health support revealed that more CYP of BAME origin used online services than were referred to CAMHS, suggesting that their mental wellbeing needs are not being addressed by mainstream services⁹
- These barriers persist through to adulthood.² Qualitative studies found that some adult BAME patients feel healthcare providers are culturally insensitive, racially discriminatory, and do not recognise their mental wellbeing needs^{10,11}

There is a need for more, high-quality data around BAME mental wellbeing in order to quantify this unmet need.

1. Annual Public Health Report 2018: Statistical appendix. Southwark's JSNA. Southwark Council: London. 2018.
2. McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital
3. Independent Mental Health Taskforce (2016) The Five Year Forward View for Mental Health
4. The Children's Society (2013) Hidden from View: The experiences of young carers in England
5. Malek M (2011). Enjoy, Achieve and Be Healthy The mental health of Black and minority ethnic children and young people. The AfyaTrust
6. Maynard M and Harding S. Ethnic differences in psychological well-being in adolescence in the context of time spent in family activities. Soc Psychiatry Psychiatr Epidemiology 2010;45(1): 115-123
7. Street C, Stapelkamp C, Taylor E, Malek M and Kurtz Z (2005). Minority Voices: Research into the access

- and acceptability of services for the mental health of young people from Black and minority ethnic groups. YoungMinds Research
8. Clarke R, Annon S, Douglas G, Allen M, Kaur P, Brown K, et al. (2008). Report of the community led research project focusing on the mental health needs of BME young people. University of Central Lancashire
9. First E (2017). Online mental health support for young people
10. Memon A, Taylor K, Mohebati LM. Perceived barriers to accessing mental health services among black and minority ethnic groups (BME) communities: a qualitative study in Southeast England. BMJ Open 2016;6(11):e012337
11. Rehman H and Owen D.(2013). Mental health survey of ethnic minorities. Ethnos Research and Consultancy

The mental wellbeing needs of LGBTQI+ continue to grow in light of persisting discrimination

RISK GROUPS: LGBTQI+

Although social acceptance and attitudes towards LGBTQI+* persons have improved,¹ they remain at higher risk for bullying, discrimination, and abuse.¹⁻⁴

- Young LGBTQI+ are now coming out at an earlier age, meaning this frequently coincides with adolescence – an intense developmental and interpersonal period¹

Data on gender identity is challenging to collect and remains limited,⁶ however, the number of CYP identifying as transgender and who are referred to specialist gender identity clinics appears to be increasing.⁷

A 2017 report from Stonewall of school-aged children identifying as LGBT across Britain highlighted the added adversity these children face.²

- Nearly half of LGBT students (45%) have been bullied for their sexual orientation at school but many (45%) never report their experiences
- The majority (53%) of students don't have an adult at school from whom they can seek support
- These experiences have serious implications for mental wellbeing. 84% of LGBT students surveyed had self-harmed and 45% of trans students had attempted to take their own life

In Southwark, 10% of secondary school students self-identify as LGBTQI+.⁵ Among all secondary students, 4% reported feeling bullied because of their sexual orientation.⁵

Mental wellbeing support must grow alongside this burgeoning need but a nationwide survey found that establishing an inclusive skilled-up workforce in healthcare is a significant barrier.⁴

- One quarter of patient-facing health and social care staff have heard colleagues make homophobic remarks
- The majority (57%) of health and social care practitioners did not consider sexual orientation to be relevant to health

*LGBTQI+:



1. Russell ST and Fish JT. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. Annu Rev Clin Psychol 2016;12:465-487
2. Stonewall (2017). School Report The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017
3. Stonewall (2018) LGBT in Britain – Trans Report.
4. Stonewall (2015) Unhealthy Attitudes
5. SHEU (2016) Supporting the health and wellbeing of children and young people in

Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016
6. Office for National statistics (2017) Gender Identity Update. Available from: <https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/genderidentity/genderidentityupdate>
7. NHS England (2015) NHS Standard Contract for Gender Identity Development Service for Children and Adolescents E13.S(HSS),e

Poor mental health is prevalent among children with special needs but services are not well equipped to help

RISK GROUPS: SEND

In Southwark, 8145 children were identified as having special educational needs or disabilities (SEND) in 2017.¹

- While this number has decreased since 2011, it remains higher than the London and national average
- These children are more likely to be:



Black
Caribbean



More
deprived



Socially and
behaviourally impaired
(Autism, ADHD, Asperger's)

Children and young people with SEND may struggle to express themselves communicate with others.² This can be upsetting and may lead to feelings of frustration or anxiety. They are also more likely to develop poor mental health.^{1,3}

- Children with learning disabilities were more likely to have psychiatric, emotional, and anxiety disorders than children without an intellectual disability⁴
- Nationally, 10% of children accessing Child and Adolescent Mental Health Services (CAMHS) have autism⁵ and up to 70% of children with autism suffer from poor mental health, including anxiety, depression, and obsessive compulsive disorder.⁶ These tend to present before their fifth birthday⁷

Despite the prevalence of mental health problems in children with SEND, both parents and staff report insufficiencies among CAMHS staff in training and resources to support these children.^{3,7}

1. Children & Young People with Special Educational Needs and Disabilities. Southwark JSNA. Southwark Council: London, 2018
2. Royal College of Psychiatrists. The child and general learning disability: information for parents, carers and anyone who works with young people. Available from: <http://www.rcpsych.ac.uk/healthadvice/parentsandyoungpeople/parents/carers/generallearningdisability.aspx>
3. Jacobs M, Downie H, Kidd G, *et al.* Mental health services for children and adolescents with learning disabilities: a review of research on experiences of service users and providers. *British Journal of Learning Disabilities* 2016;44(3):225-232
4. Emerson E and Hatton C. Mental health of children and adolescents with intellectual disabilities in Britain. *British Journal of Psychiatry* (2007);191:493-9
5. Wistow, R. and Barnes, D. (2009) A profile of child and adolescent mental health services in England 2007/8: findings from children's services mapping, Durham University, Department of Health, Department of Children Schools and Families
6. Simonoff E, Pickles A, Charman T *et al.* Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample, *Journal of American Academy of Child and Adolescent Psychiatry* 2008;47(8):921-9
7. Madders T (2010). You Need to Know. The National Autistic Society

Many looked after children (LAC) do not receive support and are at-risk of exploitation

RISK GROUPS: LOOKED-AFTER CHILDREN

Children in care are those under 18 years who are looked after by the local authority. They have often suffered adverse childhood experiences and are among the most vulnerable in our society.

The prevalence of behavioural or emotional problems in this group is estimated to be as high as 72%.¹

- As of 15 June 2016, there were 475 looked after children in Southwark, which is significantly higher than the London and national average²
- These children have higher rates of depression, anxiety, conduct disorders, and ADHD³
- Only 123 children accepted referrals to Carelink in 2016/17, a CCG-commissioned service for LAC, and approximately 68 new patients were seen that year⁴

Some looked-after children will have been the subject of a Child Protection Plan (CPP).

- A CPP is drawn up by the local authority, bringing together relevant multi-agency carers to ensure the child is safe and to promote their health and development
- In 2015/16, there were 284 children in Southwark with a CPP⁵
- For nearly 50% of cases, the most common latest category of abuse was neglect, followed by emotional abuse

Such factors put looked after children at risk of exploitation and gang-affiliation.

- Nearly 1/3 of young people seen by the criminal justice system were thought to have been looked-after in 2009⁶

1. Sempik, J. *et al.* Emotional and behavioural difficulties of children and young people at entry into care. *Clinical Child Psychology and Psychiatry*, 2008;13 (2), pp. 221-233

2. PHE Fingertips – Child Health Profiles and Children’s and Young People’s Mental Health and Wellbeing. Accessed June 2017

3. Children and Young People. Southwark and Lambeth’s JSNA. Southwark Council: London, 2015

4. Data from NHS Southwark Clinical Commissioning Group for 2016/17

5. DfE (2016) Official Statistics: Characteristics of children in need: 2016 to 2017

6. PHE (2015) The mental health needs of gang-affiliated young people

There are approximately 2,400 young carers in Southwark; their mental health needs are often missed

RISK GROUPS: YOUNG CARERS

Young carers are often school-aged children who may provide care for their parents, family members and siblings as a result of long-term illness or disability.

- In the 2016 SHEU Survey, 25% of Year 6 students in Southwark reported caring for someone at home;¹ this represents approximately 781 students.² 10% of these reported young carers said that this stopped them from doing things that they want to enjoy¹
- Young carers are more likely to be from Black, Asian or minority ethnic groups

Many young carers remain unknown to services due to the family's perceived consequences of having a young carer, or the child's fear of stigmatisation or embarrassment.³

- Imago, a Council-commissioned support organisation for young carers, engaged only 324 young people in 2016/17⁴
- This is less than half the self-reported carers from the 2016 SHEU survey

Young carers may be at greater risk of poor mental health.^{4,5,6}

- Caring has been identified as a risk factor for poor mental health but often goes unrecognised
- In a survey of 348 young carers around the UK, nearly half said caring caused additional stress
- A longitudinal study of young people in England found that young carers are 1.5x more likely to have SEND than their peers
- Young carers have difficulty accessing mental health support because of their caring responsibilities

1. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016

2. ONS. Schools, pupils and their characteristics: January 2016

3. Data from Imago for 2016/17

4. Children and Young People. Southwark and Lambeth's JSNA. Southwark Council: London, 2015

5. Carers Trust (2016) Invisible and in distress: prioritising the mental health of England's young carers.

6. The Children's Society (2013) Hidden from View: The experiences of young carers in England

Teenage parents are at-risk for poor mental wellbeing but perinatal mental health support is difficult to access

RISK GROUPS: TEENAGE PARENTS

Teenage pregnancy exposes parent and child to risk factors for poor mental wellbeing and is often both a consequence and a cause of health inequalities.^{1,2}

- Children born to mothers under 20 are 63% higher risk of poverty and young mothers under 20 are 22% more likely to be living in poverty by aged 30, compared to mothers aged 24 and over
- Teenage mothers have higher rates of post-partum depression for the three years following birth, affecting their ability to form secure attachments with their child

The rate of under 18 conceptions in Southwark has decreased by 72% since 1998, however, rates are still high and Southwark has the 2nd highest rate of teenage conception in London,³ although the majority of conceptions in this age group do not lead to birth.

Teenage mothers who struggle with poor mental wellbeing are unable to receive support from the Parental Mental Health service, who limit perinatal support to women 18 years and over.

- Parents under 18 will instead be referred to CAMHS, meaning they are excluded from interventions delivered by perinatal mental health specialists
- This represents a significant unmet need in perinatal mental wellbeing support

Some teenage mothers will qualify for the Family Nurse Partnership (FNP) service, although their eligibility criteria are strict.

- The FNP service is for first-time mothers only, aged under 20 years (or 24 years if in care)
- As of March 2018, 86 women were being seen by FNP services.⁴ 20% had more than three vulnerabilities⁴
- 28/86 cases experienced domestic violence and there were 25 cases of parental mental illness⁴

The gap in sufficient perinatal mental health support for teenage parents should be addressed to mitigate poor mental wellbeing in young parents and exposure to risk factors for their children.

1. Local Government Association and PHE (2016). Good progress but more to do. Teenage pregnancy and young parents
2. PHE (2017) Southwark Local authority HIV, sexual and reproductive health epidemiology report (LASER): 2016
3. ONS – Conceptions to women aged 15-17 years. Accessed April 2018
4. Data from Southwark FNP Service. March 2018 snapshot

Serious youth violence can be both a driver and an outcome of poor mental health

RISK BEHAVIOURS: YOUTH VIOLENCE

Southwark is among the top 10 boroughs in London for first time youth entrants into the criminal justice system.

Serious youth violence (SYV) may or may not be linked gang-affiliation.

- SYV is linked closely with drugs and with theft/robbery
- Violence may be influenced by a young person's environment, especially relating to feelings of fear, stress, and trauma

Gang-like peer groups may be attractive to young people suffering from poor mental wellbeing.

- These groups are often linked to geography: where young people live and go to school. As such, they may be difficult to escape or avoid
- These offer support and a sense of belonging to those without strong relationships of their own
- Young people typically become involved in higher-risk peer groups in early adolescence, a particularly vulnerable period for development, self-identity, and mental wellbeing

CYP in gangs are at increased risk of exploitation.

- Treatment might not be initially recognised as exploitive, which can delay the mental wellbeing impact of their involvement
- Females affiliated with gangs are at increased risk of sexual exploitation. This can lead to multiple, long-term, negative health outcomes such as depression, anxiety, and self-harm

There are shared risk factors between poor mental health and gang-affiliation: low self-esteem, neglect, exclusion, social disadvantage, among others. These may be bolstered by appropriate mental health support.

Exposure to substance misuse has a negative effect on children's wellbeing and development

RISK BEHAVIOURS: SUBSTANCE MISUSE

Drug use affects a parent's mental health and their capacity to prioritise and care for their child.

Children of problem drug users experience multiple adverse health outcomes.¹

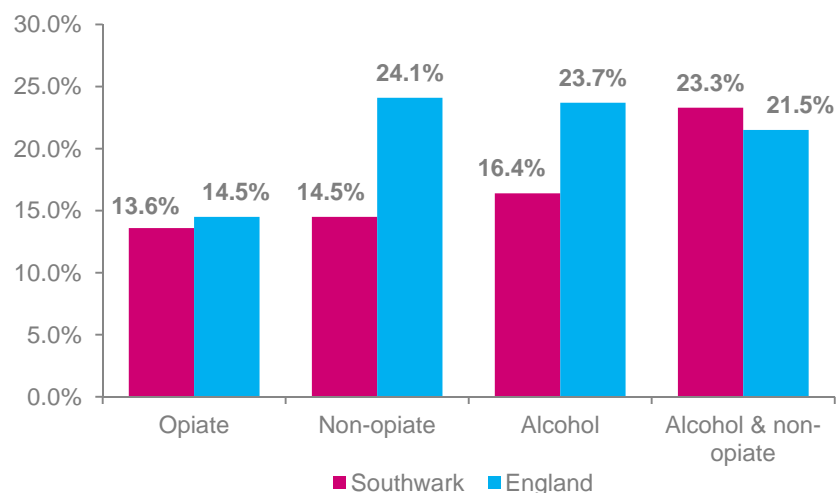
- They are susceptible to a range of emotional and behavioural issues
- They are more likely to become involved with drugs at an earlier age
- In adolescence, there is a lack of a suitable role model and greater risk of low self-esteem and self-blame, which may increase the risk of suicide
- Furthermore, drug misuse is strongly associated with low socio-economic status, a risk factor for poor mental wellbeing

Children who misuse drugs themselves are at risk of feeling depressed or anxious, or of developing disruptive behaviour.^{2, 3}

- Users may have already been more vulnerable
- Homelessness, exclusion from school, and criminal offence increase the risk of youth drug use

Cannabis remains the most commonly consumed drug by school-aged children in England.²

Proportion of new presentations to drugs and alcohol treatment who live with children under 18 years in Q2 2017/18⁵



1. Advisory Council on the Misuse of Drugs (2011) Hidden harm
2. NHS Digital (2014) Smoking, drinking and drug use among young people in England, 2014
3. Patton, GC. *et al.* Cannabis use and mental health in young people: cohort study BMJ 2002; 325 :1195
4. Becker J and Roe S Drug use among vulnerable groups of young people: findings from the 2003 Crime and Justice Survey, 2005
5. National Drug Treatment Monitoring System, Public Health England, 2017/18 data set

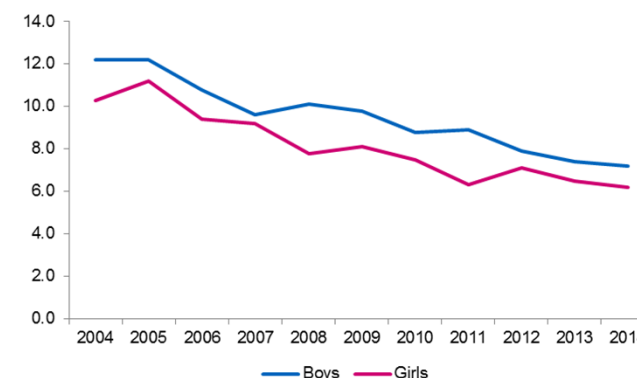
Young people who use cannabis regularly are at a greater risk for mental health disorders

RISK BEHAVIOURS: CANNABIS

Cannabis is a drug frequently presented to young people.¹

- 12% of Year 10 students in Southwark reported having used cannabis
- 6.6% of school-age children in Southwark reported taking cannabis in the last month; this is higher than both the London (5%) and national average (4.6%)³
- Half of young people who use cannabis at least once a month have a mental health disorder⁴

Percentage of pupils in England who have taken cannabis in the last year: 2004-2014⁵



Among young people in specialist substance misuse community services in Q2 2017/18, the most common characteristics were:⁶

- cannabis use
- being aged 13-14
- early onset of use
- not being in education, employment or training

Frequent cannabis use during teenage years is associated mental health disorders later in life.

- Teenage girls who used cannabis weekly or more frequently were found to have a two-fold increased risk of depression in early adulthood⁷

1. Ipsos MORI (2015) Health and Wellbeing of 15 year olds in England: Findings from the What About YOUth? Survey 2014
2. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016
3. PHE Fingertips – Child Health Profiles and Children’s and Young People’s Mental Health and Wellbeing. Accessed October 2017
4. Children and Young People. Southwark and Lambeth’s JSNA. Southwark Council: London, 2015
5. NHS Digital (2014) Smoking, drinking and drug use among young people in England, 2014
6. National Drug Treatment Monitoring System, Public Health England, 2017/18 data set
7. Patton, GC. *et al.* Cannabis use and mental health in young people: cohort study BMJ 2002; 325 :1195

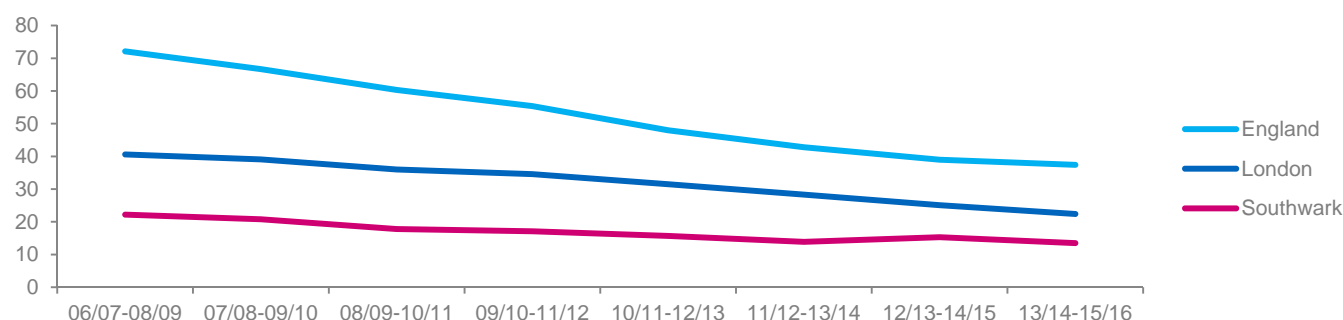
Alcohol use in young people is associated with poor mental health, though consumption is falling

RISK BEHAVIOURS: ALCOHOL

Nationally, the proportion of children aged 11-15 who have ever had an alcoholic drink fell to 38% in 2014, the lowest since 2003.^{1,2}

- However, the proportion of young people in England drinking remains well above the European average
- Students with self-reported low wellbeing were more likely to have drunk alcohol in the past week
- In Southwark, 8% of secondary students who responded to the SHEU survey reported having at least one alcoholic drink in the past week³

Admission episodes for alcohol-specific conditions in under 18 year-olds⁴



Alcohol use in adolescence may be a result of poor mental health, but it may also be a risk factor for developing depressive conditions.

- A large cross-sectional study identified an increase in symptoms of depression, hyperactivity, and inattention when students reported having been intoxicated on over 10 occasions⁵
- Conversely, in a cohort of ~500 students, self-reported depressive symptoms were positively associated with alcohol use in the subsequent year⁶

1. Children and Young People. Southwark and Lambeth's JSNA. Southwark Council: London, 2015

2. NHS Digital (2014) Smoking, drinking and drug use among young people in England

3. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016

4. PHE Fingertips –Local Alcohol Profiles for England. Accessed December 2017

5. Skogen JC *et al.* Alcohol and drug use among adolescents and the co-occurrence of mental health problems. Unghordaland, a population-based study. *BMJ Open* 2017; 4(9)

6. McCarty CA *et al.* Developmental consistency in associations between depressive symptoms and alcohol use in early adolescence. *J Stud Alcohol Drugs*. 2012 ;73(3): 444-453

Children now face a plethora of social, psychological, and interpersonal pressures that may affect body image

OUTCOMES: BODY IMAGE

44% of UK students aged 8-15 have expressed a desire to lose weight¹

A recent study of 1400 students suggested that increasing social media use among young people may lead to feelings of anxiety and poor body image.²

- Instagram and Snapchat were most often ranked as negatively affecting body image and as inciting a “fear of missing out”
- Young people were twice as likely to experience cyber-bullying on Facebook than any other social media platform³

Eating disorders impact the physical and mental health of those affected.⁴

- Tooth decay, brittle bones, and kidney stones are consequences of these illnesses
- Often employed as a way of coping, eating disorders can heighten anxiety and obsessive behaviours
- Depression is a common comorbidity⁵

Eating disorders affect both girls and boys but girls are significantly more likely to have both anorexia nervosa (under-eating) and bulimia nervosa (binge-eating).⁴

1. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016
2. Royal Society for Public Health (2017) Status Of Mind: Social media and young people’s mental health
3. Ditch the Label (2013) The annual cyberbullying survey
4. PHE (2016) The mental health of children and young people in England
5. American Psychiatric Association (2006) Practice guideline for the treatment of patients with eating Disorders

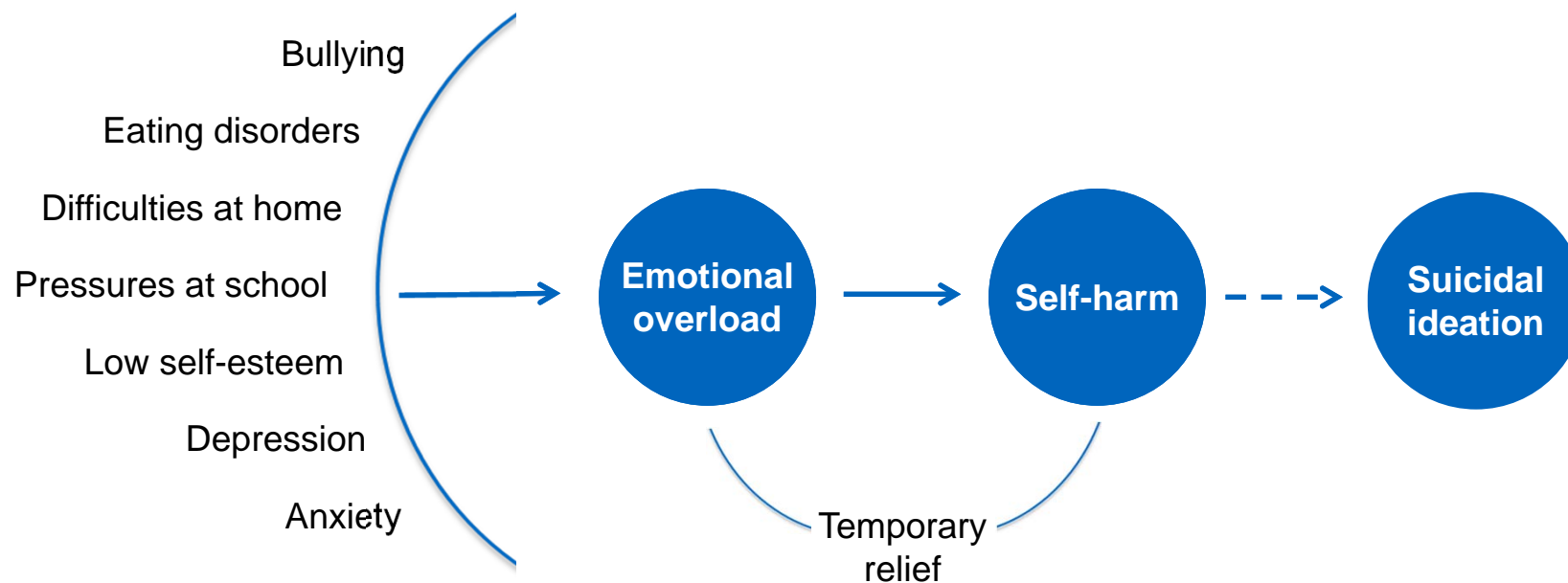
Self-harm may be used by young people as a way of coping

OUTCOMES: SELF-HARM

The majority of those who self-harm will not end up in hospital and so the prevalence is underestimated.

- Since 2007, the national rate of both self-reported and hospital-recorded self-harm has risen
- One in five young women aged 16-24 have reported having self-harmed at some point in their life

Some, but not all, who self harm may develop suicidal ideations.



1. Paul, T., *et al.* Self-injurious behavior in women with eating disorders. *The American Journal of Psychiatry*, 2002;159(3):408-411
2. Mental Health Foundation (2006) Truth about self-harm
3. Royal College of Psychiatrists (2012) Mental health and growing up factsheet
4. Hagell A *et al.* Key Data on Young People. Association for Young People's Health, 2017
5. NHS Digital (2014) Adult Psychiatric Morbidity Survey

Southwark has a large population of vulnerable children who's needs may not be met

SUMMARY OF LOCAL PICTURE

- Southwark has a higher estimated prevalence of mental health disorders among children aged 5-16, compared to both London and England. Available data are likely an underestimation of the true picture as those who seek treatment are only a subset of those affected
- Many CYP who live through adverse experiences in childhood are not identified by services and thus their mental health needs are difficult to quantify
- Children and young people with learning disabilities and autism are more likely to suffer from poor mental health, however, services are often ill-equipped to deal with children with complex needs
- Only a small proportion of Southwark's vulnerable looked after children and young carers are actually being seen by support services. Other minority groups, such as BAME and LGBTQI+ children, face difficulties in accessing mainstream support
- The rate of under 18 conceptions in Southwark is among the highest in London but our teenage parents do not have access to sufficient perinatal mental health support
- Youth crime is a significant issue in Southwark and can be both a driver and an outcome of poor mental health
- Southwark has more parents accessing treatment for opiate and non-opiate drugs, and alcohol than the England average. Substance misuse by parents and/or by young people can affect a young person's mental wellbeing
- The number of CYP who self-harm has been rising nationally, but quantifying the prevalence in Southwark is a challenge due to under-reporting

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Resilience training should be universally available but some children will need additional mental health support

THE SOUTHWARK RESPONSE

All children and young people may benefit from universal programmes on resilience and improving mental wellbeing.

- In the current landscape, this is largely provided through schools

Some children have greater mental health needs and require targeted or specialised support and treatment. In particular, children exposed to multiple ACEs with multiple morbidities.

Seven multidisciplinary teams within Southwark Children and Adolescent Mental Health Services (CAMHS) provide services to children suffering from poor mental health.

- Teams are specialised to treat children of different age groups, looked-after children, and children with neuro-developmental difficulties
- South London and Maudsley (SLaM) NHS Foundation Trust is the main provider of CAMHS
- Recent financial constraints have threatened the Council's ability to commission these critical services

CAMHS Specialist Assessment and Treatment Services

Adolescent Service: high-risk CYP aged 12-18 years

Carelink: looked after children

Child and Family Service: children up to 12 years with a mental health problem, parents and families, and CYP who have been sexually victimised (up to age 18)

Neurodevelopmental Service: CYP with learning disabilities, autism spectrum disorders, ADHD, and associated mental health problem

Integrated work within Early Help and Families First: intervention in community settings

Paediatric Liaison at Kings College Hospital: under18s and their families presented in crisis in emergency department or on the ward. Also skill-up staff involved

Parental Mental Health Team: mental health support, identification and intervention of mental health problems to parents (including those aged 20-24)

Note: a full summary and description of mental wellbeing support services available to children and young people in the borough can be found as an Appendix to this document

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Health and social care workers can help identify and support children at risk for ACEs

SERVICES: EARLY YEARS (0-5)

The environment in which a child lives and grows has enormous impact on their development and wellbeing.

- The Parental Mental Health team and Early Help Localities service work to achieve early intervention and support for children and families, including young parents.¹ Their work may help reduce the number of ACEs a child is exposed to early in life
- For children with a diagnosed mental health problem, specialist treatment is available through the CAMHS

Health visitors and Family Nurse Partnerships are well-placed to identify issues such as poor maternal health, that impact a child's mental wellbeing.²

- Health visitors universally promote positive health behaviours and strong attachment in early years but can also provide targeted support for families with complex needs (substance misuse, domestic violence)³
- They may also identify developmental delays early on and be able to support parents in receiving treatment. This is especially important given the early onset of speech, language and communication difficulties

There are 16 children's centres in the borough, providing universal children and family health services.

- Again, these play a key role in general mental health promotion and prevention as they reach a range of children. They also provide opportunities to signpost families to related health and social services⁴

Wider social services play a role in improving parental circumstances responsible for ACEs and that affect a child's mental wellbeing, for example improving housing or employment opportunities.

1. Southwark Council (2017) Early Help Service. Available from: <https://www.southwark.gov.uk/schools-and-education/information-for-parents/early-help-service>
2. NICE (2014). Health Visiting. Local Government Briefing 22
3. DOH and PHE (2014) Health Visiting and School Nurse Programme: Supporting implementation of the new service offer: Promoting emotional wellbeing and positive mental health of children and young people
4. DOH and NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing

Mental wellbeing programmes in schools are numerous and tend to focus on staff training and resilience

SERVICES: SCHOOL-AGED CHILDREN (6-15)

Children spend about a third of their time in school. Schools therefore present a critical opportunity in addressing the mental health needs of CYP.¹

- Mental and emotional health promotion in schools may be through the PSHE curriculum or the school nursing health promotion offer (e.g. assemblies and classroom sessions)
- Schools participate in several programmes that link to mental wellbeing, including PATHS+, MindUp, Cues-Ed and Discover. These are directly provided by external partners
- 87 schools in Southwark actively participate in the Healthy Schools London initiative, an awards scheme aimed at improving children and young people's wellbeing

Southwark Council and CCG are part of The Children and Young People's Health Partnership (CYPHP), which aims to improve the physical and mental wellbeing of CYP in Southwark and Lambeth.

- Together with The Training Effect, have developed an emotional resilience training programme to be offered to primary and secondary schools in Southwark and Lambeth, called 'Head-First'

Head-First is a free, evidence-based programme supporting the mental wellbeing of CYP in schools.²

- Provides a targeted programme at each key stage in school, along with staff training in Head-First delivery and mental health first aid
- Conducts audits to assess the mental wellbeing and resilience of pupils and allows for comparisons between schools and at the borough level
- In Southwark, 13 schools have participated and 16 staff members trained. This compares to 31 schools in Lambeth and 156 staff trained. Preliminary data on Southwark primary students revealed that:³
 - ¼ of respondents said *'I've been feeling happy about the future **only some of the time**'*
 - Only 20% felt they have *'been able to manage problems well **all of the time**'*; this proportion dropped to 10% among secondary school students

1. The health of school-aged children and young people in Southwark. Southwark's JSNA. Southwark Council: London. 2017
2. Head-First. Available from: <https://www.head-first.org.uk/>
3. Data from The Training Effect for 2016/17

Mental wellbeing programmes in schools are numerous and tend to focus on staff training and resilience

SERVICES: SCHOOL-AGED CHILDREN (6-15)

In 2016, the CAMHS Transformation Fund provided a non-recurrent sum to be spent on school-based programmes for emotional and mental health and wellbeing.

- Schools were encouraged to apply for this funding. For an application to be successful, it needed to emphasise collaboration with other schools, have a good understanding of local services, and pilot innovative ideas
- 19/33 applications were granted with a total reach of 65 schools (primary and secondary)
- Proposals were school-led and based on their own perceived needs and what works for their pupils.
- Successful bids included a range of interventions, including mentoring, mindfulness, and therapeutic storytelling
- Most schools started their programme in September 2016 and are in the process of evaluating their impact

Social organisations provide additional support for children who may or may not be attending school.

- Southwark Council commissions Imago to support young carers
- COVO Connecting Voices, through the Southwark Wellbeing Hub, works with children unable to attend mainstream schools who have emotional and social difficulties, to reengage with their education

Southwark's new young people's integrated service supports mental wellbeing and related health issues

SERVICES: YOUNG PEOPLE (16-24)

A new young people's integrated wellbeing service termed 'HYP (Healthy Young People)' has been established in Southwark, as of 1 December 2017.

- Provided jointly by Brook and CGL, the new service is a mixed model of hub and community outreach accessible to young people aged 10-24
- Holistic treatment encompassing substance misuse, sexual health, and mental health
- Universal as well as specialist care provision, supporting access to CAMHS services and other local mental health provision (e.g. IAPT, youth counselling)

The Southwark Wellbeing Hub¹ hosts a variety of charities aimed at supporting CYP mental wellbeing, including:

- BEAT – beating eating disorders provides a helpline, along with support groups and specific projects (e.g. for emotional overeating)
- YoungMinds, the national charity, provides expert knowledge and resources to parents, professionals, and young people
- Faces in Focus provides counselling services across Southwark and Lambeth to address depression, loneliness, gender issues, among others. In Southwark, it is the only holistic service available and is the next-line of referral after SLAM and Early Help. As such, their waitlists are extensive³
- They also host organisations that tackle wider determinants of poor mental wellbeing, such as homelessness, support for disabilities, training, employment, and education

The Southwark Youth Offending Service provide opportunities for mental wellbeing improvement and keep trauma at the focus of their practice.

- There is a designated Health & Wellbeing worker at the YOS
- 'Peer Navigators' are based at hubs across the borough and are trained in emotional intelligence and trauma support for their peers

1. Southwark Wellbeing Hub. Children and Young People. Available from: <http://www.together-uk.org/southwark-wellbeing-hub/the-directory/hub-category/children-young-people-mental-health/>
2. Faces in Focus. Available from: <http://facesinfoocus.org.uk/>
3. Engagement with Southwark CCG – Brenda Bartlett
4. Cambridge House. Youth Empowerment. Available from: <http://ch1889.org/our-work/youth-empowerment/>

Wider social improvements can bolster young people's mental wellbeing

SERVICES: YOUNG PEOPLE (16-24)

Stand-Up Southwark works with disadvantaged children to empower them and build resilience.⁴

- Hosted by Cambridge House, the programme works with CYP to overcome emotional factors that are barriers to success and educational attainment
- Outcomes include broadened horizons and improved self-image

Strong social networks, opportunities for impactful and valued roles, and a good standard of living all contribute to a young person's mental wellbeing.¹

- Southwark's youth centres provide young people with a place to meet and socialise
- Youth Ink, a peer-led programme working with Youth Offending Services, works to improve social and emotional skills for life and work. Preliminary internal reviews of the programme have demonstrated its impact on both the young people running and participating in the programme

Employment helps foster a sense of purpose and achievement, which builds resilience and promotes positive mental wellbeing¹

- Southwark Council and other local businesses offer apprenticeship programmes as career opportunities for young people.
- For young people not in education, employment or training, Southwark Choices works with them to re-engage and learn, work, and train for future opportunities²

1. PHE (2016) The mental health of children and young people in England, December 2016

2. Southwark Council (2018). Southwark Choices. Available from: <http://www.southwark.gov.uk/jobs-and-careers/southwark-choices>

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CYP have expressed a lack of understanding of mental health and of the support available

COMMUNITY & STAKEHOLDER VIEWS

The Office of the Children’s Commissioner recently commissioned a report on the qualitative experiences of children with mental health needs.¹ Several themes emerged from the literature:

- Children conceptualise mental illness in negative terms (*‘crazy’, ‘horrible’, ‘criminal’, ‘out of control’*) and they associate it with significant stigma. This has led to a fear of accessing services and a mistrust of counsellors who might share information with teachers
- Children diagnosed with a mental health condition reported feelings of guilt and shame, lowering their self-esteem; they felt they were *‘bad children’* and wanted *‘to be like everyone else’*
- There is often a limited understanding of mental health among children and they find it difficult relating their own experiences to their notion of mental illness
 - Age-appropriate descriptions of difficulties a child might face were suggested to improve their identification of poor mental health
- Strong relationships with friends and family are among the most significant sources of support for children with mental health needs

Healthwatch Southwark’s ‘Young Voices on Mental Health’² compiled students’ recommendations for mental health services.

- Desire for mental health organisations to delivery information directly to schools to normalise the discussion
- Advice focused on prevention, sharing of personal experiences, and beginning early in Year 5-6
- Use less frightening words, such as *‘emotional wellbeing’*
- Peer counselling with a focus on confidentiality

1. Children’s Commissioner (2017) Children’s Voices: A review of evidence on the subjective wellbeing of children with mental health needs in England
2. Healthwatch Southwark (2016) Young Voices on Mental Health

Engaging with young people is key to developing effective, accessible services

COMMUNITY & STAKEHOLDER VIEWS

Parliament's Education and Health Committee published a report to the House of Commons on the role of education in children's mental wellbeing¹, after visiting with schools and mental health professionals in London.

- Recommended that promoting mental wellbeing be embedded throughout by senior leadership
- Training of school staff to better recognise the warning signs of poor mental health may improve referrals to further assessment and support
- Inclusion of social media education and risk management

A 2010 report by the National Autism Society² highlighted gaps in training and understanding among CAMHS staff of children with developmental disorders. They spoke with both parents and staff and found that:

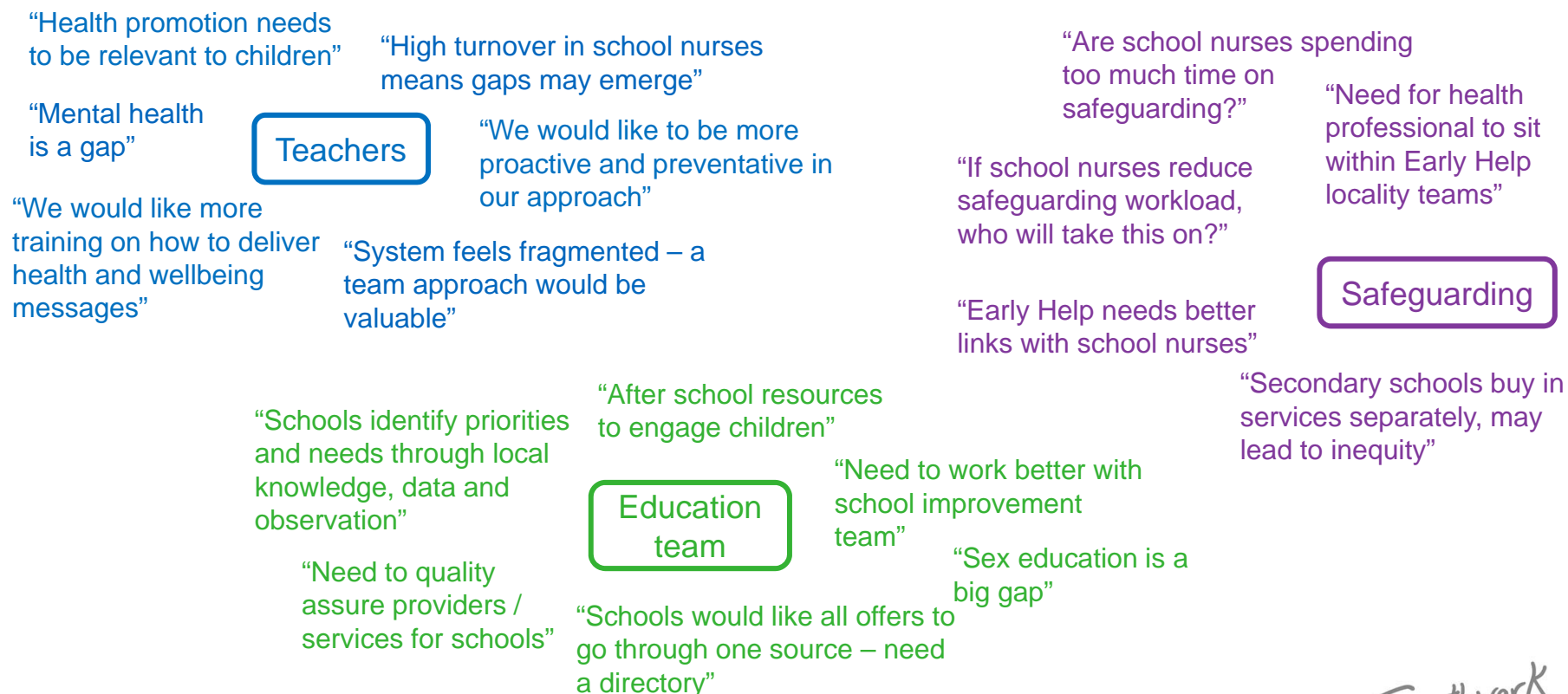
- Many psychologists don't get enough experience or training with children with autism to feel comfortable treating them
- Standard approaches and interventions have to be adapted to best reach this group of children
- In order to be most effective, treatment should involve parents as well as schools, where possible

1. The Education and Health Committee (2017) Children and young people's mental health — the role of education
2. Madders T (2010). You Need to Know. The National Autistic Society

Professionals have identified gaps in CYP mental health and wellbeing services

COMMUNITY & STAKEHOLDER VIEWS

A 2017 school-based health needs assessment of CYP by Southwark Council summarised the experiences of professionals working with CYP:¹



1. The health of school-aged children and young people in Southwark. Southwark’s JSNA. Southwark Council: London. 2017

Professionals have identified gaps in CYP mental health and wellbeing services

COMMUNITY & STAKEHOLDER VIEWS

A 2017 school-based health needs assessment of CYP by Southwark Council summarised the experiences of professionals working with CYP:¹

“Imago is a well-known and trusted service for young carers that is responsive and effective; school nursing can learn from this”

Health / GP

“Health promotion in schools needs to be strategic, with a ‘must do’, ‘should do’ and ‘could do’ tiered service”

“Lack of accountability / governance structure around health promotion”

School nurses

“Very little partnership working with other service providers”

“Work is largely reactive, not proactive”

“Mental health interventions is an area where quality assurance is particularly important”

“Not enough health promotion for complex needs children”

“Evident fragmentation of health promotion services”

“We should leverage pupil premiums as a mechanism for focusing school budgets on health and wellbeing”

External partners

“Difficult to assess impact of interventions”

“Education, health and social care working in silos, lack of collaboration and communication”

“We should be considering joint commissioning across sectors”

1. The health of school-aged children and young people in Southwark. Southwark’s JSNA. Southwark Council: London. 2017

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Significant logistical challenges remain in implementing best-practice programmes and services

EVIDENCE REVIEW

Promoting positive mental wellbeing in children is largely done through school-based programmes. However, for children with a diagnosable mental health disorder, access to support may be lacking.

What Works

- Whole-school, multi-element approaches beginning as early as possible are more successful in promoting good mental wellbeing
- Support should be young people-friendly and be delivered in a welcoming, non-threatening environment and lessons should be engaging and creative
- There should be cohesive working amongst schools, nurses, and other health professionals to deliver multi-agency support
- Models of care should be trauma-informed, meaning that care should be integrated across providers while maintaining ACEs as a strategic priority
- Services should be person-centred by involving CYP and their families in their practice and providing innovative, flexible treatment

Key Challenges

- Children who do not meet a defined threshold will not be identified as requiring care, despite experiencing adversity in childhood
- Current commissioning arrangements are complex, leading to a lack of clear accountability of care
- There are significant gaps in access to support and treatment among those with a diagnosable mental health disorder and, when granted, access is rarely timely
- A lack of awareness of the importance of student's mental wellbeing among school staff is a barrier to improved provision
- There remains a 'cliff-edge' transition from CAMHS to adult mental health services that disrupts continuity of care

1. Department of Health (DOH) and NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing
2. Green H, *et al.* (2005) Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive
3. Royal College of Psychiatrists (2016) Values-based child and adolescent mental health system commission: what really matters in children and young people's mental health
4. Ofsted (2005) Healthy minds: promoting emotional health and well-being in schools
5. DfE (2016) Mental health and behaviour in schools: departmental advice for school staff

6. Healthwatch Southwark (2016) Young Voices on Mental Health
7. Department for Children, Schools and Families (2008) Targeted Mental Health in Schools Project: Using the evidence to inform your approach: a practical guide for headteachers and commissioners
8. Department of Health (DOH) and NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing
9. Care Quality Commission (2017) Review of children and young people's mental health services. Phase One Report

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Mental health issues in children are diverse and impactful but more data are needed

KEY FINDINGS

- The estimated prevalence of mental health disorders among CYP in Southwark is higher than the London average. Due to underreporting, the true prevalence is likely to be even higher and thus these numbers may represent only the tip of the iceberg
- The mental wellbeing of young children under five should not be overlooked as adverse experiences in infancy may have a lasting impact on a child's development. Quantifying this adversity remains a challenge
- Southwark has a high proportion of high-risk groups for poor mental wellbeing, including young carers, BAME and/or LGBTQI+ children, children with SEND, and looked after children. However, only a minority are seen by services
- Poor mental health and wellbeing are significant risk factors for outcomes such as exploitation, the development of eating disorders, and engaging in self-harm. These factors can be addressed and improved through school-based interventions
- Because of the breadth of providers of mental wellbeing services, there must be a holistic espousal of responsibility for the success and effectiveness of such programmes

This JSNA has provided a broad overview of the mental health needs of CYP in Southwark, our vulnerable populations, and what services are provided to support them. It has identified gaps in our services and will help direct and inform future, in-depth assessments on specific issues and population groups.

A number of opportunities have been identified to improve CYP mental wellbeing (1 of 4)

RECOMMENDATIONS

Recommendation	Details	Suggested Owner
EARLY YEARS (0-5)		
ACEs needs assessment	Further evaluate the landscape of ACEs locally to identify gaps in mental health and resilience support	Public Health
Improved capture of vulnerabilities	Improve data collection and identification of ACEs in all universal and targeted services to quantify the picture of ACEs in Southwark	Children's Centres, Nurseries, Health Visiting, Maternity, Social Services
Parental mental health	Improve identification and support for parents with poor mental wellbeing to ensure children grow up in a healthy, supportive environment	Health Visiting, Social Services
Early intervention with speech & language difficulties	Promote awareness of the need to identify and treat speech, language, and communication difficulties early on and evaluate the availability of support services	Health Visiting

A number of opportunities have been identified to improve CYP mental wellbeing (2 of 4)

RECOMMENDATIONS

Recommendation	Details	Suggested Owner
SCHOOL-AGED (6-15)		
Adapt SHEU questionnaire	Include additional, more nuanced questions on mental health and wellbeing, and coping mechanisms to the SHEU survey in Southwark	Public Health
Refresh school nursing specification	Explore opportunities to develop a refreshed vision for school nursing that integrates mental health promotion within the wider health offer	Public Health
Edge of care needs assessment	Evaluate the health of CYP at the edge of care who are likely being missed by services to better support their mental wellbeing needs	Public Health
Evaluate the Healthy Schools London (HSL) programme	Identify points of improvement for staff mental health training	Public Health
Support Head-First uptake	Encourage schools to participate in the Head-First programme, promoting its free mental health first aid training and applicability to HSL accreditation	Education

A number of opportunities have been identified to improve CYP mental wellbeing (3 of 4)

RECOMMENDATIONS

Recommendation	Details	Suggested Owner
SCHOOL-AGED (6-15)		
Online support	Explore online mental health support services to reach CYP populations under-represented in traditional services or those unwilling to engage with mainstream support	Southwark CCG
YOUNG PEOPLE (16-24)		
Earlier intervention	Improve access to mental wellbeing support for young people to build resilience and prevent crisis, by integrating this with other young people’s health services (HYP Southwark)	Southwark CCG
Suicide prevention	Support the implementation of the Southwark Suicide Prevention Strategy and Action Plan	[see action plan]
Improve data quality	Encourage improved IT and qualitative data collection among SLAM services to better inform service design	SLAM
Extend perinatal mental health support	Amend the Parental Mental Health service specification to provide perinatal mental health support to parents of all ages to meet the identified gap in teenage parents’ mental health needs	Southwark Council

A number of opportunities have been identified to improve CYP mental wellbeing (4 of 4)

RECOMMENDATIONS

CROSS-CUTTING RECOMMENDATIONS		
Child health strategy	Develop a comprehensive public health strategy to include the wider determinants of children’s (mental) health in the borough	Public Health
Data on ethnicity, sexual orientation, and SES	Improve collection of ethnicity, sexual orientation, and SES data in support services and school-based surveys to better understand the influence of these factors on mental wellbeing outcomes and the prevalence of poor mental wellbeing in Southwark’s vulnerable groups	Southwark CCG & YOS, Education, Public Health
Joined-up service provision	Ensure improved transition from child to adult mental health services in re-designing CAMHS services	Southwark CCG
Trauma-informed services	Using the results of the ACEs needs assessment, support an understanding of the importance of trauma and of ACEs by service providers and support staff to ensure children who do not meet the requirements for mental health support are still identified and have their mental wellbeing needs met through	Southwark CCG & YOS, Education, Public Health
Clear pathways for patients and parents	Consolidate all available services for children and young people’s mental wellbeing in a clearly presented platform for parents to facilitate seeking the appropriate support	All commissioners of mental health services

Summary of mental wellbeing programmes available for children and young people in Southwark in FY2017/18

APPENDIX

The following tables outline the programmes available to children and young people in Southwark in financial year 2017/18, in support of good mental wellbeing

	Stage of mental wellbeing support			Age group eligible		
	Prevention/ Resilience	Structured interventions/ Clinical treatment	Wider Determinants	Early years	School age	Young people
Council-Commissioned						
Functional Family Therapy		✓			10-15	16-17
Health Visiting			✓	0-5		
School Nursing	✓				6-15	
Youth Offending Services	✓	✓	✓		11-15	16-17
Imago	✓		✓		6-15	16-24
HYP Healthy Young People	✓	✓ *	✓		10-15	16-24

*Southwark CCG have set out their intention to build mental health support into this service

Summary of mental wellbeing programmes available for children and young people in Southwark in FY2017/18

APPENDIX

The following tables outline the programmes available to children and young people in Southwark in financial year 2017/18, in support of good mental wellbeing

	Stage of mental wellbeing support			Age group eligible		
	Prevention/ Resilience	Structured interventions/ Clinical treatment	Wider Determinants	Early years	School age	Young people
Jointly-Commissioned by the Council and the CCG						
CAMHS Adolescent Team		✓			12-15	16-18
CAMHS Carelink		✓		0-5	6-15	16-18
Social Care Clinical Practitioner Provision		✓	✓	0-5	6-15	16-18
CAMHS Neurodevelopmental Team		✓		0-5	6-15	16-18
CAMHS Child and Family Service		✓		0-5	6-12	
Parental Mental Health Team		✓				19-24+
			✓	0-5		
Early Help Localities Service	✓	✓	✓	0-5	6-12	19-24
Family Nurse Partnership			✓		10-15	16-19, or up to 24 if in care
			✓	0-2		

Summary of mental wellbeing programmes available for children and young people in Southwark in FY2017/18

APPENDIX

The following tables outline the programmes available to children and young people in Southwark in financial year 2017/18, in support of good mental wellbeing

	Stage of mental wellbeing support			Age group eligible		
	Prevention/ Resilience	Structured interventions/ Clinical treatment	Wider Determinants	Early years	School age	Young people
Voluntary sector†						
School-based programmes (MindUp, PATHS+, Cues-Ed, Discover, Head-First)	✓				6-15	
Faces in Focus	✓	✓	✓		11-15	16-24
COVO – Connecting Voices		✓		0-5	6-15	16-24
BEAT – Beating Eating Disorders		✓			6-15	16-24
Stand Up Southwark	✓		✓			16-21
Gendered Intelligence	✓	✓	✓		6-15	16-21
Southwark Choices			✓			16-19
YoungMinds		✓		0-5	6-15	16-19

†This list is not exhaustive owing to the breadth of voluntary sector providers working with children and young people in the borough. Their services range from prevention, intervention and treatment, to tackling the wider determinants of poor mental wellbeing by improving housing, education, employment, and providing outlets for creative expression.

For more information about services provided by the voluntary sector in Southwark, please visit the Southwark Wellbeing Hub: <http://www.together-uk.org/southwark-wellbeing-hub/the-directory/>

Find out more at
southwark.gov.uk/JSNA

Children and Health Protection Section
Southwark Public Health

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Item No. 8.	Classification: Open	Date: 21 November 2018	Meeting Name: Health and Wellbeing Board
Report title:		Joint Review of Emotional Wellbeing and CAMHS Services	
Ward(s) or groups affected:		All wards	
From:		Caroline Gilmartin, Director of Integrated Commissioning, Southwark CCG Genette Laws, Director of Commissioning, Southwark Council	

RECOMMENDATIONS

1. That the HWBB notes the final version of the Southwark Joint Review of Emotional Wellbeing and CAMHS Services (Appendix 1).
2. That the HWBB supports the development of an implementation plan to take forward the actions identified in the Review and subsequent reporting to the Board about progress
3. That the HWBB notes the engagement of key stakeholders in the conduct of the review including children, young people, parents and carers and the steps being taken to establish an Emotional Wellbeing and CAMHS reference group to ensure the ongoing voice of stakeholders in the implementation of the Review.

BACKGROUND INFORMATION

4. Early in 2018, a Joint Mental Health and Wellbeing Strategy was published by Southwark CCG and Southwark Council. This strategy recognises that that 'there is no health without mental health' (parity of esteem) and identifies the wide-ranging and long-lasting impacts of poor mental health.
5. The strategy adopts a life course approach with a 'focus on early help and support for families, protection of . . . children and promotion of positive wellbeing in all aspects of life'.
6. One of the commitments in the Joint Mental Health and Wellbeing Strategy is to complete a review of children and young people's emotional wellbeing and CAMHS services.

The Process of Conducting the Joint Review

7. This review was jointly commissioned by Southwark CCG and Southwark Council. A CAMHS Review Steering Group was setup to carry out the review and included a wide range of stakeholders including schools, SLAM and other NHS partners. The group reported into the Children and Adults Board in Southwark Council and the Commissioning Strategy Committee in Southwark CCG.

8. An engagement sub-group was set up with representation from communications teams in both Southwark Council and Southwark CCG and input from Healthwatch Southwark.
9. This group devised a Communications and Engagement Plan for the review and facilitated numerous engagement events with a wide range of stakeholders including children, young people, parents and carers. The final review wherever possible has been shared with these stakeholders. Views are sought to incorporate into the Implementation Plan.

The Council Plan 2018/19 – 2021/22

10. The Southwark Council Plan presents a set of commitments to achieve a vision of a fairer future for all. The updated commitments were agreed by the Cabinet in June 2018 and are due to be formally agreed by the Council Assembly in November 2018.
11. Southwark's Council Plan describes the vision for a fairer future for all which recognises that 'good mental health is as important as good physical health' and commits to 'protect funding for mental health services for children and young people and find ways to change and improve services so that more children get the support they need when they need it.'

Southwark Children and Young People's Mental Health and Well-being Transformation Plan

12. The Local Transformation Plan sets out Southwark's approach to improving outcomes for children and young people's mental health and wellbeing. A key aim of the plan is to present how challenging targets to increase children and young people's access to mental health care will be met. This plan is refreshed annually in line with business planning cycles and was submitted to NHS England at the beginning of November 2018.
13. The plan has incorporated the findings and recommendations of the Joint Review and outlines a local strategy to move towards a more preventative model with a strong focus on evidence-based care and ensuring alignment with other areas of South East London where appropriate.

KEY ISSUES FOR CONSIDERATION

Key Findings

14. Specialist services in Southwark are seeing more children than neighbouring areas and Southwark spend is higher.
15. There are great services in the borough but both the public and professionals (mental health and non-mental health) found the pathways for referral difficult to navigate.
16. High thresholds, long waiting lists and high levels of DNAs all contribute to children and young people who are distressed becoming increasing unwell and potentially needing targeted or specialist interventions.

17. However, there is a gap in provision for children and young people who do not need specialist mental health provision but who do need more than can be provided by schools and / or GPs.
18. There is a need for greater consistency in the Southwark schools offer, and to ensure all education staff are trained and supported to manage children/young people's emotional wellbeing.
19. Greater flexibility and sensitivity is needed in the transition to adults' services; and services need to offer greater choice and more flexible appointment times and venues to minimise time out of education.
20. The Carelink service for Looked After and adopted children was highly praised. However the high acceptance rate by Carelink masks lower rates for the rest of the service, and particular difficulty was reported by parents and carers of children with neuro-developmental conditions. The community eating disorder service shows good performance with waiting time targets largely met, and the highest self-referral rate in Southeast London.
21. Although Southwark is well located to be able to recruit, workforce issues remain a challenge for CAMHS; with a 20% vacancy rate and a shortage of suitably qualified talent to supplement existing teams.
22. **It is estimated that 136 children and young people attended local A& E (GSTT or KCH) in 2017-18 and required 7-day follow-up**, which indicates the extent to which there is a need to intervene further to prevent the need for hospital attendance.
23. Access to NHS funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions by 2020/21. Based on prevalence of 6196, in Southwark this translates into 30% or 1,860 in 2017/18 and 32% or 1,983 in 2018/19.

Recommendations

24. Children and young people's emotional wellbeing and resilience should be supported in a wider range of settings than at present.
25. Universal access by children and young people and their parents / carers to accurate and up to date advice and information on what services are available in Southwark including how to access them, what eligibility criteria are where applicable, and what they can do to help themselves whilst awaiting professional support.
26. Access to immediate professional advice for children and young people, parents/carers and referrers; and support is available whilst awaiting specialist assessment and / or treatment and after discharge from specialist services.
27. There is a need to adopt a "No Wrong Door" policy with all referrals including self-referral being considered and directed to appropriately.
28. Transition to adults' services is flexible in terms of age and is sensitively managed by both children's and adults' services.

29. Pathways, access points and services within the system need to be joined up; current spend needs to be maintained to cope with rising demand; future funding, unless ring-fenced for a specific purpose, should be targeted at prevention and early intervention, not specialist services.
30. Ensure that all stakeholders are involved in system transformation and service redesign.

Next Steps

31. The recommended approach is to consider the future development of the mental health and wellbeing system in Southwark under three key headings:
 - A. System transformation: where significant system-wide change is required to improve access, simplify and streamline pathways for young people, parents and professionals, and improve the transition to adult services.
 - B. System improvement: where there is scope for improvements to existing services for specific client groups.
 - C. Cross-cutting organisational change: issues relating to workforce and IT that affect a wide range of services.
32. There is the potential to adopt elements of approaches such as I-Thrive and / or to develop a local conceptual model to support a common language and common understanding across education, health and broader local authority services.
33. It should be noted that Commissioners and providers have not waited for the review to be finalised. During the review some improvements have been made including the development of a CAMHS single referral point; and a South London Partnership Crisis Line (intended to be launched in Southwark in Q4 18/19).
34. In addition, a Trailblazer bid for £1.6 million to support mental health and wellbeing in schools as well as the Chancellor's announcements in his budget speech about supporting this initiative as well as mental health services in A&E provide opportunities for the recommendations in the Review to be realised, at pace.

Community impact statement

35. This review has taken account of the needs of local communities including people identified as possessing protected characteristics. No adverse equalities impacts have been identified at this stage as the overall aim is to better target and support all Southwark residents, and particularly children and young people.
36. The implementation of the review will seek to advance equality of opportunity and foster good relations between people with protected characteristics and those without.
37. It is proposed that an Equality Impact Assessment (EIA) is completed for the implementation plan and any subsequent commissioning intentions required to achieve the identified objectives.

Resource implications

38. Commissioners within the Partnership Commissioning Team will be responsible for implementation of the strategy in conjunction with CCG and Council partners. As the implementation plan is developed any actions arising which have resource effects will be subject to separate decision-making process.

Legal/Financial implications

39. There are no legal or financial implications at present. However, as the implementation plan is finalised and moves to its delivery phase any legal/financial implications which become apparent will be highlighted.

Consultation

40. A critical element of the review has been coproduction with a large number of local people and stakeholders.
41. An Emotional Wellbeing and CAMHS Reference Group is being established to ensure local families, parents and children continue to be fully engaged and provide input into the implementation including the reconfiguration of existing services and the design of new services in Southwark.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Joint Review of Emotional Wellbeing and CAMHS Services (Sep 2018)

AUDIT TRAIL

Lead Officer	Deborah Cohen, Assistant Director Partnership Commissioning	
Report Author	Sharafat Ali, Head of Children's Joint Commissioning	
Version	Final	
Dated	12 November 2018	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Director of Commissioning Children's and Adults' Services Southwark Council	Yes	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team / Community Council / Scrutiny Team	13 November 2018	



Review of Child and Adolescent Mental Health and Emotional Wellbeing Services in Southwark

September 2018

FINAL V9 Sept 2018

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1. Executive Summary

This review was jointly commissioned by Southwark Clinical Commissioning Group (CCG) and Southwark Council, with involvement from a wide range of stakeholders including children, young people, parents and carers.

We would like to thank all those who gave their time, documents, and thoughts to this review, and assurance is given that attempt has been made to take account of all the information and views offered.

There has been a sustained increase in presentations of mental-ill health amongst children and young people across England; whilst across South East London, the level of mental health needs of children and young people in Southwark are consistently amongst the highest.

The prevalence rate currently in use, i.e. 1 in 10 children and young people having a diagnosable mental health condition, is based on an Office for National Statistics (ONS) survey carried out in 2004. The ONS will be carrying out a further survey later in 2018. Given the reported increase nationally in children and young people presenting with emotional/mental health difficulties, it is likely that the prevalence figure is higher than the one currently being used, and which is being used by the NHS England (NHSE) Transformation programme aimed at increasing access to services for children and young people with a diagnosable condition.

Whilst the review found evidence of numerous good and excellent support services across Southwark, we also identified significant challenges. The evidence suggests that local services for children and young people are currently stretched. Central government grants to the local authority that have helped support Child and Adolescent Mental Health Services (CAMHS) funding in the past have now ceased and increases in Transformation funding through NHS England to the CCG have significant targets of their own attached.

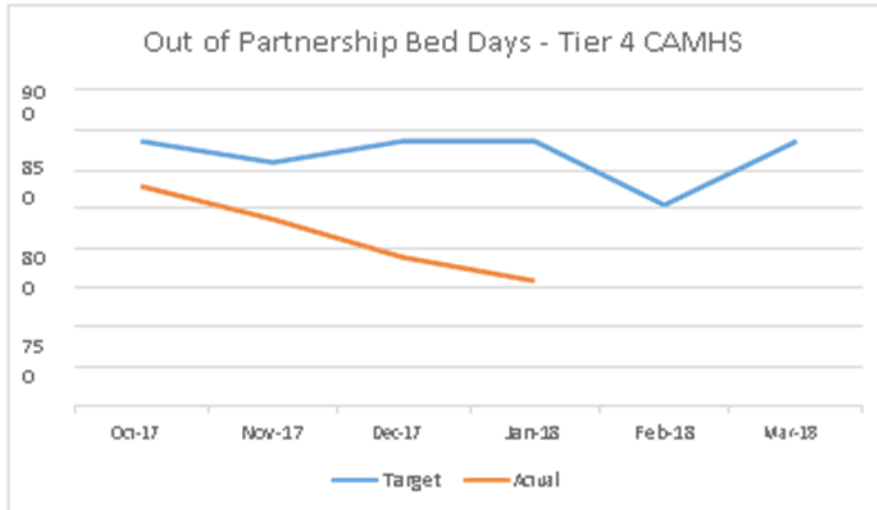
The access target set by NHSE in the 2016 Five Year Forward View for Mental Health is that 35% of children and young people with a diagnosable mental health condition should be able to access NHS services by 2020/21 (against the 2015 baseline). This target demonstrates the continuing lack of parity between mental and physical health. There are data capture issues. For example the figures only capture children and young people who are seen and treated directly; help provided indirectly through other professionals and parents/carers is not captured, and this means that the percentage may be understated in terms of actual activity. Southwark is currently at 24%, better than most Southeast London boroughs but a long way from where we would wish to be.

In comparison with other neighbouring boroughs, Southwark funding for CAMHS is generous and specialist services in Southwark are seen to be achieving correspondingly more; they have lower waiting times and more appointments offered, and are strongly valued by those who access them.

Funding comparison with other areas is difficult because the only published spend relates to CAMHS, not to other services. Benchmarking against the three other boroughs served by SLaM shows Southwark having the highest spend per head of prevalent population, the second lowest cost per appointment, (more appointments being offered) and considerably more appointments offered per whole-time equivalent staff (see Appendix L).

There is evidence that access to local inpatient beds for children and young people is improving. The New Models of Care programme being managed by the South London

Partnership (see Appendix F) is demonstrating success in reducing the need for children and young people to be placed a long way from their homes: the below graph shows bed days for South London children and young people placed outside the South London Partnership (SLaM, Oxleas NHS Foundation Trust and St Georges Mental Health NHS Trust)- the steady decline indicates success both in preventing admission and in placing children locally when they are admitted.



Both Southwark CCG and Southwark Council are committed to improving services and outcomes for children and young people, working with key local partners including South London and Maudsley NHS Foundation Trust (SLAM), our primary provider of CAMHS services, and with our local voluntary and community sector, youth justice, early years and schools.

In too many areas of England, services are locked into a “vicious circle” where increasing demand for high-acuity, specialist help leaves fewer and fewer resources available to help children and young people not yet at this level of need, building up greater demand for the future.

We recognise that we will need to work differently. This will mean investing in universal and targeted services that help promote mental wellbeing and prevent mental-ill health, in a way which improves support for children and young people whilst also relieving growing demand and pressures on our specialist services.

Engagement with families (Appendix B) indicated that a holistic/family approach to provision is wanted:

“Organisations should work more closely together to provide a more holistic service for children and young people and meet all of their needs, including considering a family approach where it is needed/relevant to the child’s needs. Feedback indicated that there is a lack of holistic support for CYP and their parents/carers – services are not connected in any way and don’t work together to support the needs of the young person “

Specialist CAMHS services will always be an important part of the support and care we offer. However, working with colleagues and communities across Southwark, this review has also sought to identify new opportunities to promote overall emotional wellbeing. These involve changing the way our services and systems work with each other and those they support.

There is a need to strengthen early intervention (“early” meaning prevention of escalation as well as primary prevention) and increase efficiency across the system to ensure that maximum benefit is derived from investment made.

All parts of the system-universal provision funded by the council and schools, targeted provision for vulnerable groups such as Looked After Children, young offenders, or children with Special Educational Needs and Disability (SEND)-are linked and any change in financial support to one part of the system affects the whole. Budget reductions in universal services can be expected to impact on specialist ones.

In the long term, the preferred service design, taking into account what was said by all stakeholders during this review, would be a strong locality-based service offer, inclusive of both SLaM CAMHS, the voluntary sector, social care Early Help and children’s community health services and aligned with adult mental health services and primary care as well as schools. As the Bridges to Health and Wellbeing population-based commissioning programme (Appendix M) progresses, this needs to be held as the desired goal. It is recognised that pathways and provision are currently too complex to allow for this and CAMHS staffing insufficient for it to be able to operate in this way. It is suggested however that a road map be created with steps along the way to achieving this, using Bridges to Health and Wellbeing as the vehicle.

The first steps will be to adopt a common language and a common conceptual framework for children and young people’s emotional wellbeing and mental health in Southwark. It is suggested that I-thrive (Appendix G) could provide this. There is no suggestion that this would need to be adopted as a model for SLaM CAMHS structure or mode of operation, it could simply be used as a means of giving all stakeholders a common language and framework within which provision can be located in a non-tiered way.

To achieve this, we are recommending that:

- 1. The Council and CCG continue to work together to take a Southwark-wide approach to funding and developing children and young people’s services**, with a focus on joining-up existing support, removing areas of duplication, and using opportunities to invest jointly in new preventative services that promote emotional wellbeing for all our children and young people and which provide intervention to avoid escalation into crisis necessitating hospital attendance or admission. A locality based integrated community service offer would be the desired long-term goal.
- 2. With the ongoing support of SLAM, identified opportunities to improve the efficiency of our acute and specialist services** (including reducing rates of Did Not Attends – DNAs – and user cancellations and improving the current workforce mix) are used to deliver greater access to help now, and to mitigate projected increases in demand in the future.
- 3. Transformation programmes are reviewed in line with the recommendations of this review**, to ensure that all available funding is being directed towards those activities which children, young people, families, carers and frontline professionals are telling us

will have the greatest impact, with a particular focus on universal and targeted services for those who do not currently reach the thresholds for accessing help.

Our recommended approach is to consider the future development of mental health and wellbeing services in Southwark in 3 related domains:

- A. System transformation:** where significant system-wide change is required to improve access, simplify and streamline pathways for young people, parents and professionals, and improve the transition to adult services
- B. Service improvement:** where there is scope for improvements to existing services for specific client groups.
- C. Cross-cutting organisational change:** issues relating in particular to workforce, and IT that affect a wide range of services.

Together with recommendations on investment:

- **Current spend needs to be maintained to cope with current need**
- **Future funding, unless ring-fenced for a specific purpose, should be targeted at prevention and early intervention** as opposed to specialist services.
- **Open-access online and face-to-face non-specialist services** provided by qualified counsellors.
- **Behaviour support for children and young people with neuro-developmental disability (including learning/intellectual disability) and challenging behaviour** is an area requiring investment- families struggle to cope as young people become older and more challenging, and help which is provided early to enable parents/carers to better manage challenging behaviour can help avoid family breakdown and assist transition to adulthood. Such support programmes are normally provided by a team including nurses, therapists and psychologists. This group of children are, if their families become unable to cope any longer, most likely to require high-cost care packages.

The process of this review has already effected change; in no part of the system are we starting from scratch.

However, after a significant amount of engagement and analysis work (as reflected in the appendices to this report) there remain challenges in producing specific recommendations around current community-based services, where data and outcomes are not yet captured at the level of detail of CAMHS services provided by SLAM.

Further work will be required to establish a comprehensive framework for understanding and investing in better outcomes for all our children and young people, across all service areas.

There are nonetheless already clear areas where we can have an immediate impact, with strong support for both for making existing specialist services even better, whilst ensuring that services supporting broader emotional and mental wellbeing are effectively prioritised and funded.

2. Context

This review was jointly commissioned by Southwark Clinical Commissioning Group (CCG) and Southwark Council with involvement from a wide range of stakeholders including children, young people, parents and carers.

There has been a sustained increase in presentations of mental ill-health amongst children and young people across England. Current estimates suggest that at least 1 in 10 of those aged 5-16 are living with a diagnosable mental health condition, with 50% of all adult mental health problems established by age 14, and 75% by the age 24.¹

The Care Quality Commission Thematic Review of Children and Young People's Mental Health Services (CAMHS) conducted in 2017 concluded that in England

“many children and young people experiencing mental health problems don't get the kind of care they deserve. The system is complicated, with no easy or clear way to get help or support.”

The report (Are We Listening? CQC March 2018) identifies a number of themes applicable across England. Southwark was one of ten areas in which fieldwork was done.

The report cites two good practice examples for Southwark, one relating to a primary school and the other CAMHS.

Areas identified as needing to be addressed in Southwark were:-

- Partnership and transformation, to build trust, shared language and systems
- Join-up at strategic level
- Complex and fragmented services and pathways
- Gap in services below CAMHS threshold
- Ethnic and cultural diversity
- Support in schools
- Inclusion of children, young people and families in service design

The evidence and views obtained in this review support the findings of the CQC and the recommendations are intended to address these.

Local evidence suggests that services for children and young people are currently stretched, with emergency presentations at hospital having increased year-on-year since 2013. In parallel, Southwark Council has for several years made a funding contribution to the CAMHS service provided by South London and Maudsley NHS Foundation Trust (SLAM), currently amounting to just under £1.4m. The majority of this council funding has come from central government grants which have now ceased, and the increase in CCG funding through the NHS England Transformation Programme has conditions attached which require improved access and outcomes.² (Improved access from a baseline established in 2015).

This review has considered whether new or changed service models could reduce fragmentation and improve service access, bringing together commissioners, public health representatives, the CAMHS provider, individuals, families and communities to review

¹ Please see [Appendix L](#) for current activity and benchmarking data.

² Please see [Appendix E](#) for details of CCG, council and transformation funding.

current services and consider where and how opportunities may be found to do things differently.³

The Southwark Five Year Forward View for Health and Social Care sets out our vision for reducing service fragmentation, bringing budgets together, and developing outcomes-based commissioning to improve outcomes for key population groups through prevention, early intervention and the right targeted and specialist services where needed.

Together with the Southwark Joint Mental Health and Wellbeing Strategy 2018-2021 it captures our response to the challenges set out in the NHS Five Year Forward View and the Five Year Forward View for Mental Health, as well as our draft Joint Strategic Needs Assessment (JSNA) for Children and Young People's Mental Health.⁴

³ Please see [Appendix D](#) for details of current universal, targeted and specialist provision.

⁴ Please see [Appendix A](#) for further strategic context.

3. Demographic factors

Across South East London, the level of mental health needs of children and young people in Southwark are consistently amongst the highest. The percentage of school-aged pupils with social, emotional and mental health needs shows a similar pattern, with Southwark in 2016 being second highest at 2.7%, representing approximately 1200 children (0.4% higher than the England average). Potential factors include:

- **8,145 children were identified as having Special Educational Needs and Disability (SEND) in Southwark in 2017.** This is a decrease since 2011, but is higher than the London and national average, with children with learning disabilities at increased risk of having mental health problems.
- **Southwark has a higher number of Looked After Children than the London or England averages.** The number of Looked After Children in Southwark up to 2017 has remained stable, at between 475 and 500. This equates to 78 per 10,000 children vs. 62 per 10,000 for England and 50 for London.⁸ The prevalence of emotional and behavioural problems in this group is estimated to be as high as 72%.
- **38% of Southwark residents live in areas that are amongst the most deprived nationally.** Social disadvantage is associated with increased risk of mental health problems.
- **Approximately two thirds of Southwark children and young people are of Black, Asian and minority ethnic origin (BAME).** BAME children are more likely to be exposed to other risk factors for poor mental health and wellbeing and are under-represented in CAMHS, but are over-represented in other services, e.g. social care and the youth justice system.
- **In Southwark, 10% of secondary school pupils self-identify as LGBTQI+.** LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and others) children and young people are at higher risk of bullying, discrimination and abuse, and these experiences have serious implications for mental wellbeing.
- **Southwark also has a high number of children and young people using cannabis.** 6.6% of school-aged children reported using it in the previous month, higher than London and England averages (5% and 4.6% respectively) – with frequent cannabis use associated with increased risk of mental health disorder later in life.

4. Scope of this review

- **CAMHS (Child and Adolescent Mental Health Services)** refers to specialist services whose primary function is to diagnose and treat clinically recognised mental ill-health. In Southwark these services are provided by the South London and Maudsley NHS Foundation Trust. CAMHS services may also be commissioned to provide wider services aimed at specific vulnerable groups (e.g. Youth Offending and Looked After Children) and / or at early help and prevention.

This review looks at the entirety of the CAMHS offer provided by SLAM, including Carelink, Functional Family Therapy, CAMHS in Early Help, Children and Families and Adolescent Service teams, and the Neurodevelopmental Service; Carelink, Functional Family Therapy and Early Help being integrated with staff from Southwark Children's Social Care. The review also includes the Parental Mental Health Team which sees adults who are parents of children under 5.

While the Joint Strategic Framework for Children and Young People sets out priorities for the 0-18 age range, it is recognised that there are clear links to adult mental health and vulnerable young people aged 18-25 who are in the transition phase. Therefore, the review has also focussed on the transition phase with implications for adult mental health services.

- **Emotional Wellbeing** refers to the wide range of activity and services, both universal and targeted, which contribute to emotional health and the development of emotional resilience in children and young people. All universal and targeted services have a part to play in this: this includes primary care, public health nursing, early years services, schools and colleges, voluntary sector providers, and services whose primary purpose may be non-mental health activity, e.g. sexual health and substance misuse.

In addition, the review set out to consider how a whole system response to children's mental health and wellbeing contributes to and links with the CAMHS offer. This includes the social determinants of mental health and wellbeing in children and young people, the importance of early intervention, and the operation of non-SLAM services such as the Southwark Children's Social Care Clinical Service and the mental health and wellbeing offer in schools; as well as voluntary sector organisations including the new Young People's Integrated Wellbeing service, the Wellbeing Hub and Faces in Focus.

The review provides options for how the services and pathways could be reconfigured in a way that protects outcomes for children and young people. Safeguarding and managing potential risks to vulnerable young people will be paramount, with particular focus on the most vulnerable groups and those whose access to services may be more difficult. The review has focussed on a life-course approach, considering evidence for intervention in childhood / adolescence vis-à-vis the likely impact on adult mental health if not provided.

There will need to be a further phase of work following this review following any final decisions from the local authority and CCG on funding, to implement the agreed model and refresh the service specifications.

Objectives

- **Review current outcomes and potential future outcomes.**
- **Ensure the changing needs of the population group can be met** through the CAMHS (and wider system) offer.
- **Design a financially sustainable service model.**
- **Design an accessible and inclusive service model** for all children and young people.
- **Ensure the redesigned offer can meet required outcomes and performance measures**, whilst addressing potential changes to national strategy and NICE guidelines.

Principles

In carrying out this review, Southwark CCG and the Council have committed to:

- **Maintain and where possible promote better outcomes** for children and young people.
- **Working in partnership**, seeking to understand and respect each other's views and perspectives and moving forward together as service commissioners.
- **Working in partnership with children, young people and parents / carers**
- **Working with providers**, social care, third sector, adult mental health, public health, educational settings, and schools to co-create solutions.
- **Openly sharing challenges and opportunities.**
- **Putting needs of children and young people first**, listening to what they have told us.
- **Understanding all current investments** and the services that are supported.
- **Defining options for future investment** to promote best value across the total spend.
- **Maximise the potential in our children and young people**, their families and communities, as well as the voluntary sector.
- **Understanding the role of the system in prevention.**
- **Ensure the sustainability** of the model adopted.
- **Taking into account likely impact on adult mental health** and the wider system of needs are not addressed in childhood.

Process

- **Phase 1 Analysis:** understanding current services and the population cohort, service user views, strengths or weaknesses of the model (target completion April 2018)
- **Phase 2 Design of options:** exploring options with providers, the wider system and service users (target completion May 2018)
- **Phase 3 Implementation Plan:** how options might be implemented (June/July 2018)
- **Phase 4 Mobilisation:** from July 2018 onwards.

5. Key Findings and Recommendations

Southwark has elements of good, and in some cases excellent, services.

Specialist services are very stretched, as they are across the country, but specialist services in Southwark are seen to be achieving more than in neighbouring boroughs. They have lower waiting times and are strongly valued by those who access them.⁵ Activity data for SLaM compares well with other areas. More children are referred and more children are seen than in neighbouring areas served by SLaM (a higher % of referrals are accepted in Lambeth but of a lower number).

Mean waits for assessment for CAMHS teams (Quarter 3 2017-18)

Team	Weeks
Adolescent	3.60
NDS	7.72
Child/Family	3.19
Carelink	7.84
Early Help	3.17
PMHT	6.66

For first treatment (Quarter 3 2017-18) :-

Team	Weeks
Adolescent	9.14
Child/Family	6.67
Carelink	10.66
NDS	15.15
Early Help	5.96
PMHT	9.63

Across the CAMHS service, excluding the Parental Mental health team, 70% referrals are accepted, very close to the national average, this does however mask big differences between teams with Carelink accepting a very high percentage of referrals. The audit of referrals carried out as part of this review indicated that children are referred who would not meet criteria for a mental health service, it should not therefore be assumed that all referrals do need to be picked up by a specialist service. The issue as explained in this report is that there are not other suitable services which could offer support to those children and young people who do not require specialist mental health services. The CQC thematic review also identified this gap.

⁵ Please see [Appendix L: Detailed Activity Data and Benchmarking](#)

The recommendations in this report are based on a model of good outcomes which includes the following:

- **Children and young people’s emotional wellbeing and resilience are supported** in all settings.
- **Universal access by children and young people and their parents / carers to accurate and up to date advice and information on what services are available in Southwark** including how to access them, what eligibility criteria are where applicable, and what they can do to help themselves whilst awaiting professional support.
- **Access to immediate professional advice** for children and young people, parents/carers and referrers.
- **Fast assessment** to determine the most appropriate support pathway.
- **Support available whilst awaiting specialist assessment** and / or treatment and after discharge from specialist services.
- **“No Wrong Door”** with all referrals including self-referral are considered and directed to appropriate advice/information and/or services. Referral is issue-based not service-based.
- **Children and young people, parents and carers, and referrers only have to tell their story once** - information sharing based on consent ensures that where possible repeat information-giving and duplicate referral is avoided
- **Transition to adults’ services is flexible** in terms of age and is sensitively managed by both children’s and adults’ services.
- **Services are able to offer flexibility in appointment time and venue**, minimising time out of education and offering some choice.

These outcomes are based on I-statements derived from extensive engagement with stakeholders including children, young people, parents and carers.⁶

⁶ Please see [Appendix B: Engagement](#); and [Appendix C: Proposed I-Statements](#)

Our consultation and stakeholder engagement work undertaken as part of this review identified:

- **CAMHS is valued by service users when they have accessed it.** Benchmarking indicates good CAMHS performance compared with neighbouring boroughs, along with higher Southwark spend.
- **Inpatient and crisis services are improving** with increased number of children and young people who need inpatient beds being able to access them locally and NHS England case management being integrated with operational bed management to manage all South London inpatients and look for opportunities to repatriate children who are inpatients outside South London.
- **The community eating disorder service** was seen as good with waiting time targets largely met, and the highest self-referral rate in Southeast London.

However, people also made clear there was:

- **A need for more clarity on the Southwark schools offer**, with all education staff trained and supported to manage children/young people's emotional wellbeing.
- **A gap in provision for children and young people who do not need specialist mental health provision** but who do need more than can be provided by schools and / or GPs.
- **A fragmented system which is to understand and negotiate**, with confusing multiple pathways and entry points and need for more integration across the whole system and specifically across all children's community (including universal) services.
- **Difficulty accessing specialist CAMHS** with the exception of the Carelink service for Looked After and adopted children, which was highly praised. Although the specialist CAMHS acceptance rate at 70% is in line with the national average range, the high acceptance rate by Carelink masks lower rates for the rest of the service.⁷
- **Particular difficulty was reported by parents and carers of children with neuro-developmental conditions involving challenging behaviour**, including learning disability, autistic spectrum conditions and attention deficit hyperactivity disorder (ADHD); the specialist CAMHS team supporting these conditions is very under-resourced, and there is no specialist behaviour support service for these children and young people.
- **It is estimated that 136 children and young people attended local A& E (GSTT or KCH) in 2017-18 and required 7-day follow-up**, which indicates the extent to which there is a need to intervene further to prevent the need for hospital attendance.
- **Transition from CAMHS to AMHS at age 18 can be difficult**; detailed work on addressing this issue is already under way.⁸
- **And although Southwark is well located to be able to recruit, workforce issues remain a challenge for CAMHS**; with a 20% vacancy rate and a shortage of suitably qualified talent to supplement existing teams.⁹

⁷ Please see [Appendix L: Detailed Activity Data and Benchmarking](#) for more details

⁸ Please see [Appendix I: Progress on Improving Transitions](#)

⁹ Please see [Appendix K: Workforce Numbers and Challenges](#)

- A need to ensure that CAMHS services can **support Looked After Children in their placements so that they stay within a family setting for as long as they need it**, ie reduce the number of moves for a child or young person by providing enhanced support to foster carers and adopting families.

Our ambition is to ensure that emotional and mental health resilience is a priority within all settings where children and young people spend their time, and that all children and young people and their parents / carers can access the right support in the right place at the right time.

To achieve this, we recognise that:

- **Pathways, access points and services within the system need to be joined up;**
- **Current spend needs to be maintained** to cope with current need;
- **Future funding, unless ring-fenced for a specific purpose, should be targeted at prevention and early intervention, not specialist services.**¹⁰
- **Prevention does include support to parents/carers of neuro-developmentally disabled children, specifically those who have extremely challenging behaviour along with learning disability and/or autism. Positive behaviour support delivered by skilled nursing and psychology staff can support children to remain at home and in school, as opposed to admission to care or to residential schools.**

During this review, several immediate actions were identified. Progress to-date has included:

- **A developing CAMHS single referral point** (rather than previous multiple ones for different teams);
- **Work on specialist CAMHS eligibility criteria;**
- **Application to Health Education England** for 100% funded CYP Improving Access to Psychological Therapies (IAPT) trainee posts to start 2019;
- **A South London Partnership Crisis Line plan**, is intended to come on stream in Southwark late 2018 / early 2019;¹¹
- **A steady reduction in out-of-area inpatient placements.**

Immediate further priorities for investment include:

- **Open-access online and face-to-face non-specialist services** provided by qualified counsellors.
- **Behaviour support for children and young people** who have neurodevelopmental disability and challenging behaviour. Positive behaviour support programmes delivered by skilled psychology, nursing and therapy staff working with parents/carers can assist in avoiding the need for children and young people with highly challenging behaviour along with learning disability and/or autism to be admitted to care or to residential schools.

The above areas are essential to improving emotional wellbeing and mental health outcomes for children and young people in Southwark.

¹⁰ Please see [Appendix E](#) for details of current funding, including Transformation funding

¹¹ Please see [Appendix F: New Models of Care and The South London Partnership](#)

Recommended Approach

The recommended approach is to consider the future development of the mental health and wellbeing system in Southwark under three key headings

- A. System transformation:** where significant system-wide change is required to improve access, simplify and streamline pathways for young people, parents and professionals, and improve the transition to adult services.
- B. Service improvement:** where there is scope for improvements to existing services for specific client groups.
- C. Cross-cutting organisational change:** issues relating in particular to workforce and IT that affect a wide range of services.

In addition, major system changes could be complemented by the adoption of an underpinning, child-centred conceptual model.

A further recommendation is for work to determine whether the strategic objectives of the whole system would best be served by an established model.

There is the potential to adopt elements of approaches such as I-Thrive and / or to develop a local conceptual model to support a common language and common understanding across education, health and broader local authority services.¹²

Full details of recommendations under each of these three headings is provided in the following sections.

¹² More detail on I-Thrive, as an example, is included [Appendix G](#)

A. System Transformation

A1: Improving Access

The review identified a clear gap in the offer to children and young people who do not need specialist mental health provision, but require more than can be provided currently by schools and primary care.

An indicator of presenting unmet need for help, not necessarily specialist help (as opposed to estimates based on population) is obtained by considering the number of referrals not accepted by SLaM over the year 2017/18 (539) and those who are awaiting Faces in Focus (62) or who have attended the Lambeth Well Centre (51) (although it is noted that there may be overlap across these groups).

As well as improving outcomes through early intervention, such a service would relieve pressure on specialist services in that it could avoid unnecessary referral (although it could generate referrals if more severe issues are picked up it is assumed that these would eventually be being picked up in any event even if through A&E attendance). The recommendation therefore is that an open access service, which could have both online and face-to-face aspects, should be commissioned.

Issues to be considered in commissioning will include:

- **The views of children and young people** in designing the service.
- **The offer to parents**, given the importance of their engagement, and consent for younger children.
- **The offer for educational settings including schools** – ensuring it is consistent, equitable, and of high quality. Ensuring that CAMHS commissioners work with Southwark’s Health Schools Partnership to drive forward the engagement with educational settings, as well as contribute to partners’ and agencies’ commissioning arrangements - e.g. to the findings of the review of school nursing by Public Health and to the commissioning of an emotional resilience offer for schools – delivered by TTE (The Training Effect).
- **Relationships with existing providers** of advice and help such as Healthy Young People Southwark, the Wellbeing Hub and the SEND local offer site.
- **The outcome of SLaM’s bid** for CYP IAPT trainee posts.
- **The qualifications of staff required**, and the governance model.
- **Information sharing & data handling**, including uploading to NHSE to count against the access target.
- **Referral pathways** (see below) to CAMHS and Early Help.
- **The availability of “step-down” support** for those completing a CAMHS intervention.

An online offer could be piloted, to collect more information about unmet need in Southwark. It is estimated that a one-year pilot would cost £68,000.¹³ Links could be made with the existing “Chathealth” secure text messaging app used by Guys & St Thomas’s Trust school nurses, which has been well received by young people and parents.

¹³ Subject to confirmation, based on initial market engagement conducted during this review.

Development of these services should be a priority for further Transformation Funding. CCG Transformation Fund uplift monies for 2017/18 and 2018/19 have not been allocated. This is a total of £323,000. Further uplift monies are expected in 2019/20 and 2020/21 (estimated allocations of £198,000 and £223,000 respectively).

A2: Streamlining Pathways

Regular referrers from schools and GPs were positive about the response they received from SLaM when they had an urgent referral or sought help and advice.

However, the review also identified fragmented services which are difficult to understand and negotiate, with confusing multiple pathways and entry points and need for more integration across all children's community services, as well as difficulties accessing specialist CAMHS.¹⁴

SLaM are now developing a single point of entry for their services and this should be the starting point for a system-wide "no wrong door" approach.¹⁵

In designing an integrated pathway for all mental health and emotional wellbeing services in Southwark, the following issues about referral processes will need to be considered:

- **An information source** available to all, including parents/carers, young people and professionals, clearly setting out what the emotional wellbeing and mental health offer for children and young people in Southwark is. This should link to but is not the same as the SEND local offer. The contract with Together for Mental Health (Southwark Wellbeing Hub) should be used to ensure this is in place, it is however dependent on all organisations taking responsibility for ensuring that they have provided up to date information.
- **Clear information online** about how to make a referral and eligibility criteria. An audit of 38 CAMHS referrals identified significant gaps in referral information, requiring CAMHS staff to follow up for further information. This is wasteful of CAMHS staff time.
- **More support and information for GPs** on what is required for referral and what is available if specialist CAMHS criteria are not met
- **How to obtain consent** at the point of referral for CAMHS and Early Help (part of social care) to reduce delays in directing a referral to the best service
- **Integrating advice / consultation** to referrers where CAMHS staff consider this more effective than a referral to CAMHS assessment, particularly with key groups such as GPs.

Six specific issues to be addressed will be:

- **Clarifying the entry routes** into Early Help CAMHS.
- **Clarifying the roles and responsibilities** of the Southwark Children's Social Care Clinical Service, and its relationship to CAMHS. This will involve development of clear protocols explaining the remit of each service and the interfaces between them.
- **The organisation of the existing CAMHS teams** (currently four separate teams) and whether this facilitates sharing knowledge and effective utilisation of specialist skills. SLaM may wish to consider those elements of CAPA (Choice and Partnership approach) most likely to be found helpful, for example job planning and booking.

¹⁴ Please see [Appendix B: Engagement](#) for further details of responses.

¹⁵ Please see [Appendix H: Existing Referral Processes](#) for current arrangements.

- **The role of the assertive outreach / home treatment team** and its relationship to the new South London Crisis pathway
- **The role of community paediatrics** and the interface with CAMHS, there is a need to develop regular fora for discussion and service development.
- **Updating of service specifications** for CAMHS and for community paediatric services.

A3: Transition to Adult Services

Transition to adult services has been the subject of detailed work by the South East London Boroughs and the mental health trusts, with the aim of delivering the national CQUIN (Commissioning for Quality and Innovation) target in accordance with the 2016 NICE guidelines on CYPMH transition.¹⁶

Our key recommendations in this area are continued work between the commissioners and providers including the trusts and the Council's own services to:

- To relook at the Transition pathway in the light of the Children's and Families Act 2014 and the moving of the age boundary up to age 25 learning from the positive impact that this has had on two other groups of young people - SEND and Care Leavers – who it might be noted often require/access CAMHS services. This should include how ongoing support can be provided to young adults who do not meet Care Act and Care Programme Approach criteria to access specialist services as adults but still have lower level requirements for support to enable them to live fulfilled lives.
- **Start transition conversations earlier** securing clarity on eligibility in the light of high thresholds for AMH services, and providing information to the young person about the service.
- The majority of children and young people with mental health conditions do not meet criteria for adult mental health services. Those who do not are discharged to their GP.

The Council has moved to an All-Age Disability service but only a very small number of children and young people in receipt of CAMHS services meet the criteria for either children's or adults' social care.

The Early Intervention Service (EIS) sees young people 14 -18 who have psychosis. These young people do meet criteria for transfer to adult mental health services but they are small in number.

The following two tables give transition destinations from CAMHS for four quarters:-

Transitions to adult mental health service (AMH) 2017-18

Quarter	Transition to AMH	Retained in CAMHS post-18
1	3	13
2	5	11
3	5	10
4	8	9

¹⁶ Detail of the work undertaken and the analysis of the issues can be found in [Appendix I](#).

Discharges 2017-18

Quarter	No	% to GP
1	291	75
2	333	86
3	-	76
4	-	82

(number not known for Quarters 3 or 4)

The implementation plan for this review should include an audit of a sample of young people, considering diagnosis, destination and funding packages if any.

- **Address timing issues** whereby a young person transferring from CAMHS cannot be seen by AMHS until after their 18th birthday, at which point the “waiting list” clock starts ticking, leading to a gap in care and treatment.
- **Appointment of specialist transitions workers** based on the successful CAMHS/Early Intervention Service (EIS) Transitions Worker model
- **Establish a standing forum** to oversee issues relating to emotional wellbeing and mental health services up to age 25.

B. System Improvement

The review identified a number of specific services where improvements should be made to achieve the objectives of improving outcomes, meeting emerging needs and delivering a financially sustainable model.

B1: Children & Young People with ADHD and neurodevelopmental conditions

- **We found strong need for a Positive Behaviour Support Service for children with Learning/Intellectual disability, and other neurodevelopmental conditions, who may also have ASD.** Informal indications are that a service would cost in the region of £300,000, but a full business case should be prepared. Exploration should take place as to whether neighbouring boroughs would wish to do this together.
- **The ADHD pathway in Southwark is unusual with all cases managed within CAMHS.** In other areas this is usually shared to some extent with community paediatrics. A review of the ADHD pathway will help establish the best way of providing these services in future.

B2: Services for Children & Young People with conduct disorder

- **The Functional Family Therapy Service was unable to continue due to lack of staff.** It appears that the way it was set up (managed by SLaM but with some local authority posts and embedded in Early Help) made it difficult to retain staff.
- During the course of this review the SLaM contract ended (on 30/06/18) and was not renewed. It was agreed that the remaining practitioner be absorbed into the Southwark Children's Social Care Clinical Service where the post holder will provide training to other staff.
- **£106k of transformation funding was allocated to this service in 2017/18** and a breakdown of costs for the revised model is awaited

It is recommended that the future of services for this cohort of C&YP be reviewed.

B3: Parental Mental Health Service

- **This nurse-led service provides mental health assessment and support for parents over 18 years old** who have mental health difficulties and have children under five years old. A description of the service and its outcomes is at Appendix I.
- **It is considered to be a cost-effective, low-threshold easily accessible service** which is addressing need both now and for the long-term future, given the emotional / mental health risks for children who have had adverse experiences in childhood and who will go on to have families of their own. Areas for future consideration include:
 - **greater support for the staff:** in terms of mobile and flexible working and in terms of psychological support given the stressful work that they do
 - **funding security:** it is currently funded annually with the staff on one-year contracts, which affects service stability. This is not the case with other services which have longer contracts.
 - **expansion of the service:** to families with children over five, making closer links with the CAMHS child/family team. This would need further exploration to avoid duplication with other services, there would need to be discussion with Early Help, CAMHS, AMH and the GSTT health visiting service and the local authority's clinical service as to whether there are gaps which need addressing or whether

there would be other ways of providing help for parents who have mental health difficulties but who do not meet criteria for AMH.

It should be noted that parental mental health remains one of the major reasons why Children's Social Care goes to court to remove children from a parent's care. **It is recommended that the deployment, capacity, and outcomes delivered by this service be reviewed against available funding.**

C Cross Cutting Organisational Change

Alongside individual areas seeking to benefit from service transformation and improvement, several cross-cutting areas were identified with significant opportunities for development which would have a system-wide impact.

C1: System Leadership

It is suggested that a Leadership Group takes responsibility for driving forward these recommendations. This should bring together all parties, including council and CCG commissioners, social care, education and schools, the voluntary sector, NHS Trusts, GPs, public health and adults' mental health, as well as service user representation.

The current Commissioning Development groups do not include all these stakeholders. The NHSE Transformation Plan would need to be included within the work programme of a Leadership group such as that described above and the findings of this review will need to be taken into account in the refreshed plan for 2019/20.

The purpose of this group would be to oversee strategic planning so that any change in any part of the system is conducted with reference to the whole, and there is shared accountability for service transformation and delivery of systemic outcomes.

C2: Workforce

The establishment of SLaM CAMHS, excluding management and admin is 57.4 WTE but there is currently a 20% vacancy rate.¹⁷

There are many other professionals working directly with children who positively impact on and promote emotional wellbeing and good mental health, it is not possible to calculate the workforce time devoted to this because these professionals have other core work- eg teachers, health visitors, school nurses, GPs, social workers to name some of these (this is not an exhaustive list).

Our core recommendation is to produce an overarching Workforce Strategy including but not limited to a SLaM CAMHS strategy.

An overarching strategy would include:

- **Emotional wellbeing / mental health training** and competence across the children's workforce, ensuring a "one stop shop" for educational settings and schools accessing the Council's, CCG's, partners' and providers' training offer. For wider educational settings staff examples include for newly qualified teachers (NQTs), NQT+1and+2, school nurses, welfare assistants, teaching assistants, learning mentors, youth workers, etc. Effective and integrated marketing communications is

¹⁷ Details of the SLaM CAMHS staffing structure, Southwark Children's Social Care Clinical Service, and a description of the current staffing challenges can be found in [Appendix K](#).

required. For example the CYPHP training offer for schools should feature in the Council's offer.

- **Skills and knowledge sharing** across the workforce, as highlighted in recent case reviews.
- **The importance of time for supervision**, reflection and consultation when working with high-risk children and young people.
- **Capacity planning to cover fixed term absence** eg maternity leave or sick leave, recognising that such absences can be impossible to recruit to but that there needs to be sufficient capacity in the workforce to enable well-planned handover for children/young people and support to services where a number of such short-term vacancies occur at one time.
- **Changes to recruitment processes** within SLaM to consider vacancies in the context of the whole service, not just one team.
- **Initiatives to recruit and retain staff in Southwark**, such as partnering with the council on key-worker housing.
- **A SLaM culture of operating as a unified service** albeit with separate teams and specialisms within this.

Whilst a workforce strategy is being developed, the recommendation is that all CAMHS vacancies should be considered collectively in the context of agreed priorities with commissioners rather than individual teams continuing to advertise like-for-like posts.

This includes looking at the opportunity for improving the skill-mix within the neurodevelopmental service and non-medical prescribing.

The reasoning behind this is that SLaM are being commissioned to provide a service, not individual posts except where ringfenced funding is involved, and are expected to utilise their whole funding envelope to ensure that the overall service offer meets contractual obligations, so that within the service there is freedom to manage in accord with changing need.

Service-specific recommendations are to:

- **Explore sharing the small neurodevelopmental service** with other boroughs and recruiting nursing, including a nurse prescriber, and therapies.
- **Carry out a review of the Functional Family Therapy team** as described under section B2.
- **To review the deployment, capacity, and outcomes delivered by the Parental Mental Health Service against available funding.** In the meantime, to appoint permanent staff to this team and offer career development to non-qualified staff.
- **Further develop new ways of working** suggested by SLaM in their self-assessment, including drop-in triage clinics, group-based interventions, and technology-based interventions such as supported self-help and Skype consultations.

C3: Addressing Service User Cancellations and DNAs (Did not Attend)

Southwark's DNA rate is comparable to the national average, but nevertheless represents a loss of practitioners' time together with that of admin staff in trying to contact family, school and referrers. The service user cancellation rate is above the national average. There are many reasons for this, and it cannot be assumed that any one reason predominates, but there will be a range of emotional and practical reasons why people do not attend.

Recommendations include:

- **Building into proposed single point of access systems** functionality to improve attendance rates, especially with hard-to-reach groups. This might include employing non-qualified staff or sub-contracting to a voluntary sector organisation to improve engagement with hard-to-reach groups and reduce DNA / user cancellation by offering a care navigation service
- **Reviewing the language used in appointment correspondence** – an issue raised in the engagement events.
- **Offering more appointments in local venues** subject to results of the child/family team usage of Camberwell library

C4: Information Technology and Data Sharing

The review found that information-sharing across Southwark was hindered by multiple IT systems, requiring young people and families to repeat their story multiple times.

There is an issue with referrals to Early Help CAMHS, which uses the social care recording system Mosaic. If the referral has been made to Specialist CAMHS, consent has to be secured again to record the data on Mosaic. Where staff work across CAMHS and local authority services (such as the Parental Mental Health Team and Early Help / FFT) dual-recording has been required, but this increases the risk of error and it appears that staff may not have been consistent in dual-recording practices.

It is reported that GPs have on occasion been asked to do repeat referral to Early Help, having first referred to specialist CAMHS- this is not in accord with the pathway which is intended to allow referrals to pass from Early Help CAMHS to specialist CAMHS or vice versa, but may be caused by consent issues.

The stakeholder engagement identified repeat information-giving as an issue for service users.

It is recommended that a working group be established to

- **consider short-term measures** to increase interoperability between systems, including reviewing data-sharing protocols
- **consider how the Local Care Record** project could be extended to children and young people's records
- **develop longer-term solutions** to effective information sharing across Southwark.
- **prepare options for a joint "dashboard"** for all organisations (commissioned and in-house) to track performance and progress.

Further recommendations in relation to information technology and data, based on feedback received as part of the engagement process, are listed below:

- **Organisations should seek to ensure that community staff have access to mobile technology** which will enable them to work in settings outside the organisation including community venues.
- **All relevant activity should be reported in the NHSE return.** This should be included in any contracts for newly commissioned services from the voluntary sector.
- **Consultation and informal advice provided by SLaM should if possible be included** on SLaM systems. It is recognised that this could impact on staff time, therefore discussion should take place with and within SLaM about the feasibility of this. It is important that a large amount of CAMHS activity in terms of advice and consultation is going unrecognised .
- **The SLaM system should be updated to allow practitioners to see whether a sibling** is in the same service, subject to consent from the young person/parents/carers.
- **Investigation should take place** as to why information on the NHS Digital site regarding CAMHS finance data is incorrect and this should be corrected as soon as possible.

APPENDICES

- A. Strategic Context
- B. Engagement
- C. Proposed I-Statements
- D. Current services
- E. Funding
- F. New Models of Care and the South London Partnership (SLP)
- G. Background to the Thrive Model
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Appendix A: Strategic Context

Mental Health Five Year Forward View

The aim of the Mental Health Five Year Forward View is to expand access to high quality mental health care for children and young people. This is measured by the additional children and young people who are receiving evidenced-based treatment, representing an increase in access to NHS funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions by 2020/21. Based on prevalence of 6196, in Southwark this translates into 30% or 1,860 in 2017/18 and 32% or 1,984 in 2018/19.

Council Plan

The Southwark Cabinet approved a council plan that will be presented to the Council Assembly in the autumn of 2018. A commitment within the Plan is to “Protect funding for mental health services for children and young people and find ways to change and improve services so that more children get the support they need when they need it.”

Local Transformation Plan for the Mental Health of Children and Young People

The overall purpose is to work towards a more preventative model that takes early action and works collaboratively with other South London Boroughs to bring a strong local focus to bear on improving evidence-based mental health and wellbeing outcomes for children and young people in Southwark. This plan is refreshed annually in line with business planning cycles. The transformation plan funding allocation in 2017/18 is £841,000. The plan for 2019/20 has to be submitted by the end of October 2018 and this review will inform the refresh.

Feedback from the CQC Thematic Review

This review takes into account the feedback from the CQC received at the end of their field work in Southwark on the 6th of October 2017. This includes the need to respond to their findings which were that work is needed on:

- Partnership and transformation, to build trust, shared language and systems
- Join-up at strategic level
- Complex and fragmented services and pathways, need for service users, parents/carers and GPs to be able to navigate the system with more ease and clarity
- A gap in services below the CAMHS threshold
- Ethnic and cultural diversity
- Support in schools
- Inclusion of children, young people and families in service design.

The published review report (Are We Listening, CQC March 2018) focuses on person-centred experience, access, services and planning.

Some excellent practice in Southwark was picked up by the CQC in their fieldwork. Two examples are cited in their report, one relating to CAMHS work with a transgender young person and the other to a whole-school Healthy Schools approach to emotional wellbeing in a primary school.

Attention to all of the points raised above would help to ensure that such excellence becomes available to many more children and young people.

The points made by the CQC were reflected in the engagement feedback for this review from young people, parents/carers and professionals, particularly in relation to the complexity of services and pathways and difficulty navigating them, the gap in services below the CAMHS threshold, and the need for shared language which is comprehensible to all.

Southwark Joint Mental Health and Wellbeing Strategy 2018-2021

This strategy covers the whole age range and sets out the intention to work in partnership across the CCG and the Council as well as with NHS organisations, voluntary and other third sector services, and with the public, to deliver the best possible health and social care outcomes for the residents of Southwark. The strategy adopts a life-course approach and sets out an intent to shift the focus to promotion of wellbeing and early intervention.

Appendix B: Engagement

This review has been carried out with the help and involvement of a wide range of stakeholders, including parents/carers, children and young people, and health, social care and education professionals.

As part of the governance arrangements, an engagement sub-group was set up with representation from communications teams in both Southwark Council and Southwark CCG, with engagement teams in both organisations and input from Healthwatch Southwark.

This group:

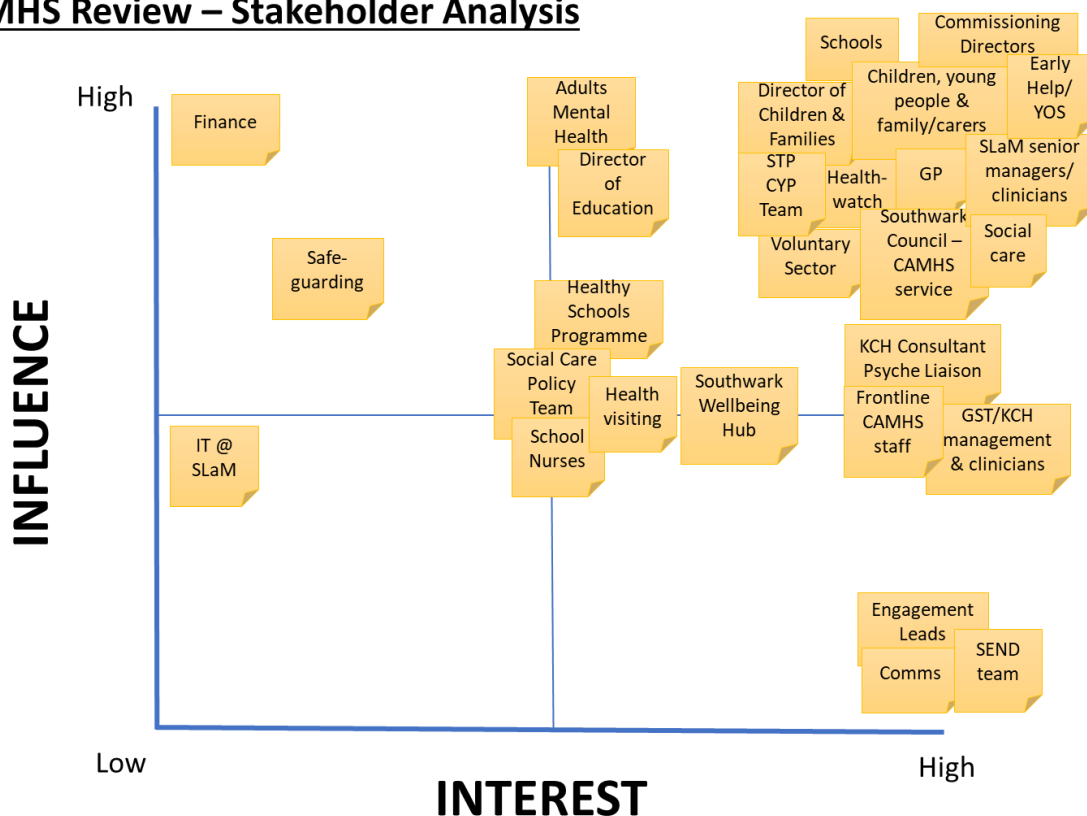
- devised a Communications and Engagement Plan for the review
- devised a number of aims and objectives for the engagement process
- met regularly to discuss and agree engagement mechanisms
- facilitated engagement events with a number of key stakeholders

The aim was to engage with relevant stakeholders to:

- understand their views on the service
- understand the issues and gaps they experience in the service
- explore ideas/new ways of working for the CAMHS service

As part of understanding the engagement element of the review, the project team carried out a stakeholder analysis exercise. Below you can find the output from the exercise:

CAMHS Review – Stakeholder Analysis



What did we already know?

Prior to the start of the CAMHS review, previous engagement had been carried out by Healthwatch Southwark, the CCG and the Youth Council with children and young people. Whilst this was not specifically around the CAMHS service or the review, issues regarding mental health and wellbeing were addressed.

Healthwatch Southwark: Young Voices on Mental Health (November 2016)

Healthwatch Southwark (independent health and social care champion for local people) carried out an engagement exercise with children and young people in 2016 on mental health and wellbeing. They spoke to 114 young people as part of the exercise in a variety of ways including workshops and surveys both online surveys and on paper.

Issues raised by young people in this exercise included:

- perceptions and knowledge of mental health
- where to find information
- where to go for support
- support from friends and family
- support from professionals
- embarrassment and stigma

Healthwatch Southwark made a number of recommendations which were wide-ranging and comprehensive. These included:

- Teaching young people about mental health – young people felt that they need to know more about mental health which would help them deal with it better.
- Teaching teachers about mental health – young people felt strongly that schools need to be better at talking about mental health. They feel that teachers are currently not equipped to do this and it would be beneficial for them to receive training on this.
- Normalise talking about mental health – young people felt that more could be done to reduce the stigma and challenge the norms around mental health as it was a barrier to accessing help
- Support from GPs – young people reported not feeling confident about speaking to GPs or that they would offer non-judgemental advice and support therefore more needs to be done to ensure young people know they can speak to GPs when required
- Support young people at school – young people felt schools were in a prime position to support young people and work with others to help young people access services

The full report can be found [here](#).

Southwark CCG – Children and Young Peoples’ Joint Wellbeing Strategic Framework

Southwark CCG carried out a programme of engagement to inform the development of the Southwark Children and Young People’ Joint Wellbeing Strategic Framework. Issues raised included the following:

- Stress is a common cause of unhappiness (over half of the 128 respondents to the Youth Council survey stated this).
- Bullying is a major problem for young people (67% of respondents to above survey stated this).
- A focus group of vulnerable care leavers felt that a more holistic approach to mental health support is necessary.
- Participants (25 young people) in the My Voice Count, a joint event with Healthwatch, noted that self-harm is a real issue for young people with the vast majority of them knowing someone who had self-harmed.
- They also noted that their knowledge of mental health services is limited.
- The majority of young people who took part in the Challenge project found their GP helpful.

The full report can be found [here](#).

Youth Council

During the election period for the youth council, Southwark Council carried out a consultation exercise to identify the top priorities for young people. This consultation identified bullying as one of their top issues which has huge links to mental health issues of young people as they grow older. Other priorities included employment and knife crime.

Friends and Family Test – SLaM

Every quarter, SLaM submit an update on their service which includes most up to date information on their friends and family test. Below are the results of their friends and family test for 2017/2018:

17/18	Total responses	Positive	Passive	Negative
Q1	25	16	6	3
Q2	78	68	9	1
Q3	311	265	31	15
Q4	224	194	26	4
TOTAL	638	543	72	23

During the last full financial year, they have considerably increased the number of service users completing the friends and family test. Across the full year, 85% of the responses were positive about the service, with only 4% being negative about the service they received.

Stakeholder engagement undertaken during the review

In addition to the engagement that had already taken place, the engagement sub-group agreed that further engagement would be required during the period of the review. As a result, the following was carried out:

- **An electronic survey** of GPs and professionals including hospital staff and school nurses, social workers, Early Help & YOS staff, who may make CAMHS referrals (129 responses).
- **16 one-to-one interviews** with SLaM managers, IT, quality managers and clinicians.
- **3 clinical group meetings** attended by medical and paediatric managerial and / or nursing staff from Guys and St Thomas's NHS Foundation Trust (GSTT), Kings College Hospital NHS Foundation Trust (KCH), SLaM, a GP, and the lead for the Southwark Children's Social Care Clinical Service.
- **One-to-one telephone / email** exchanges with GPs unable to attend the above.
- **Meetings with local authority children's services** senior managers and with the Interim Head of the Southwark Children's Social Care Clinical Service
- **Fortnightly meetings** with SLaM management.
- **A focus group** with SLaM service users.
- **A meeting** with community paediatricians (Guys and St Thomas's NHS FT).
- **A focus group** with headteachers / safeguarding leads from primary and secondary schools in Southwark.
- **A stakeholder event** attended by 72 people, including health, education, voluntary sector and social care representatives, carers and two young people.
- **An audit of referrals** to specialist CAMHS, with outcomes of referral
- **A meeting with young people** who are using CAMHS services.
- **A focus group** with a number of young carers in Southwark
- **A meeting with parents** of SEND children (facilitated by Contact, a Registered Charity).
- **Attendance** at the SEND Parents and Children and Young People's Consortium.
- **Attendance** at two locality GP meetings (two localities on two occasions).
- **Email correspondence** from people who wished to give personal views, including adoptive and foster-carers, GPs and paediatric and CAMHS professionals.
- **A meeting** with local authority Principal Educational Psychologists.
- **Discussions** with neighbouring boroughs including Lambeth, Lewisham and Croydon.
- **Information** obtained through Healthy London Partnership leadership events.
- **Consultation** with an independent CAMHS senior manager who was previously a regional Children's CAMHS Improvement Lead for the South-West Strategic Health Authority as part of the national CAMHS improvement team.

Overall, a number of common areas / issues were found:

Prevention: this came through really strongly in all discussions with stakeholders, in particular at the Stakeholder Engagement Event where there was wide variety of representation from professionals and parents/carers. It is felt more can be done to try and prevent mental health issues beginning, or carry out sufficient early intervention which enable children and young people to live their childhoods to their full potential and therefore prevent children and young people experiencing mental health issues into adulthood

Information sharing: More could be done to enable organisations to share information and prevent children, young people and their families from repeating their story again and again. They find having to do this distressing.

Holistic/family approach: Organisations should work more closely together to provide a more holistic service for children and young people and meet all of their needs, including considering a family approach where it is needed/relevant to the child's needs. Feedback indicated that there is a lack of holistic support for CYP and their parents/carers – services are not connected in any way and don't work together to support the needs of the young person

System wide provision: A common theme running across all engagement was the need to have a bigger role for services in the community (including schools) and the voluntary sector, who could work in conjunction with NHS provision of mental health services. Stakeholders felt there was a place for more localised delivery. There was agreement that the current offer in the community is not good enough and does not go far enough to support the current demand.

Training/awareness: There was agreement across the board that there is not enough training in terms of dealing with mental health issues, or awareness training. It was felt this should be raised and given prominence in the wider community including GPs, primary care staff, community staff, voluntary sector, youth services, teachers, school staff. It was also felt that the introduction of mental health first aid training should be considered across the system.

Single point of access: There was similar agreement that the referral pathway into CAMHS can be very confusing both for the referrer and the child or young person. The development of a single point of access is welcomed, however there is a need to ensure this is set up properly with sufficient knowledge of all services so they can help the referrer.

Language: It was felt that the language currently used within specialist CAMHS services acts as a barrier to external services, children and young people and parents / carers. It is hard to understand the CAMHS offer as a whole, and it is more difficult for referrers to be confident they are referring to the right service. For young people, the language used makes the service inaccessible and very difficult to understand therefore meaning they are less likely to engage.

Technology: Concern was raised about the use of technology as a replacement for services rather than in addition to services. Mental health services often benefit from face-to-face treatments, and increased use of technology to replace that could lead to

less success with the treatment. There was a strong feeling that new technology had to be carefully considered as part of the service.

Pathways: It was felt that current pathways are very hard to understand and follow – we need a better mapping of services and a better way of advising our local community on what is part of the mental health offer, what can be accessed by who and how.

Inflexible: Lots of feedback from the local community indicated that they felt the CAMHS service was inflexible, and did not offer a service which suited children, young people and their families. Appointments were often during school and work hours which had an impact on education and on financial stability of the family.

ADHD: It was felt that the ADHD pathway is unclear in CAMHS, and so is the offer to children and young people with ADHD. This needs to be clearer for those who refer into CAMHS, as well as parents/carers who have to navigate the service.

Behaviour support: Parents of children and young people with Learning Disability and / or ASD and other neurodevelopmental conditions including ADHD, with highly challenging behaviour, felt that greater support is needed with behaviour management. Medication alone is insufficient and young people may refuse to take it. Parents fed back that they struggle with behaviour which they feel responsible for but which cannot be managed by teachers. Parents described how this impacts on their other children, on relationships, on their ability to maintain paid employment.

Communication: This area came through strongly from both referrers and parents / carers. It was felt that communication from SLaM was limited and it was often the case that they had to chase SLaM for an update on the referral. Parents/carers felt that it was often not clear from SLaM what the direction of travel was for their child or young person.

Thresholds: Referrers felt very strongly that thresholds are too high and there is a very low acceptance rate. This has an impact on the child or young person, and also on the confidence of the referrer to know what to do next if they don't meet the threshold.

Carelink: There was very clear and positive feedback from all on the value of the Carelink service. Staff were highly praised and the support they offered was comprehensive and vital to the children and young people in their care.

Schools/teachers: From the feedback, it is clear that schools and teachers want to ensure the children and young people they see have the best possible chance to access a good and valuable education and feel that offering a good mental health offer is part of this process. There is an acknowledgement that there is still much to do, and more that schools, working in partnership with mental health providers, can do to support children and young people. Young people felt that teachers are not fully prepared to deal with mental health issues, and as a result can sometimes have a negative impact on the young people.

Leaving the service: It was felt that having a strict discharge was detrimental to children and young people who have accessed the service. Once they have left the service, if they experience a relapse in their mental health issues they have to be referred back into the service, or potentially get to crisis point and have to attend A&E. In some cases,

young people have been advised to attend A&E to get a quick entry back into the service if they experience a relapse.

It is important to note that through all of the feedback, it was reported that once children and young people were in the SLaM CAMHS service they found it valuable and it changed their lives.

It was described by some as 'valuable and inspiring' and provides an excellent service for children and young people who experience mental health issues in Southwark

The full engagement report is on the CCG website and can be found here:

<http://www.southwarkccg.nhs.uk/news-and-publications/meeting-papers/governing-body-committees/Engagement%20and%20Patient%20Experience%20Committee%20Meetin/ENC%20B%20-%20Report%20-%20engagement%20in%20review%20of%20CYP%20MH%20and%20emotional%20wellbeing%20services%20-%20May%202018.pdf>

Appendix C: Proposed I-Statements

The following I-Statements were developed as part of the review from the engagement with parents, carers, children and young people and have been used to inform what good looks like, for the outcomes of this review, and the detailed recommendations listed in section 5:

1. *I am able to find information on mental health services easily and I am able to understand how and where to access services and what type of service I need. Information is easy to understand, correct and up to date.*
2. *I have confidence in all the professionals I have contact with to be able to deal with my mental health issues appropriately.*
3. *I can access a range of mental health services in the community, close to my home*
4. *I can rely on mental health services to support me, as well as taking my family needs into consideration*
5. *I feel supported when caring for my child who is experiencing mental health issues.*
6. *I have access to the right mental health services before I need crisis or specialist support*
7. *I am able to tell my story once and do not have to repeat it many times over*
8. *I feel that services are flexible/tailored to my needs*
9. *I have a clear line of communication with the relevant people, and I am given all the correct information by professionals in a timely manner*
10. *I can use the most up to date technology when it is appropriate to do so*
11. *I know that when I leave the service I will have the right support in place to prevent my needing to use the service again in the future*
12. *I feel that I am a valued member of the community and I am supported to continue my personal growth and to contribute to the community*

Appendix D: Current services

1. This section describes the universal, targeted and specialist services available in Southwark.

Not all services neatly fall into a single category, with some providing services across the spectrum. All services that were identified during the review are referenced below, including those not commissioned by Southwark CCG and/or Southwark Council.

2. The principal provider is South London & Maudsley NHS Foundation Trust (SLaM).

SLaM provide a range of local specialist and targeted services across four of the council areas in South East London, but the pattern of services is different in each of the council areas. SLaM also provide national specialist services commissioned by NHS England, which includes inpatient beds.

Universal Services

These services contribute to children and young peoples' emotional wellbeing and do not generally require referral. These services are funded from a variety of sources including some statutory funding (largely Council) and charitable funding.

BEAT (Beating Eating Disorders)

BEAT is a national registered charity which provides helplines, advice and information and online support groups.

Big White Wall

An online 24/7 peer support and self-help programmes for people over 16 with a UK wide reach. It provides safe online support guided by professionals and is commissioned by Southwark CCG.

Children's Centres

Children's Centres provide advice and support for parents and carers and services for preschool children. There are 16 children's centres in Southwark. These are funded by the council although there are other funding streams for specific services that are located in these centres.

There is discretion about the age ranges served by these centres. In Southwark the age range has stayed with the original age 0 to 5. The core offer includes health services e.g. health visiting and breastfeeding support, support to access high quality child care and early learning, access to specialist services such as speech and language, healthy eating, money management, help to find work or training opportunities. Many centres offer parenting classes and access to other services for example smoking cessation, English classes, access to services for children with special needs. Southwark Children's Centres are currently part of a consultation exercise around locality Early Help structures. There are opportunities to consider CAMHs Early Help in this review.

Children and Young People's Health Partnership (CYPHP)

CYPHP have commissioned a mental health resilience training offer for schools, provided by TTE (The Training Effect). CYPHP is part of the Guy's & St Thomas' Charity and this

offer is free to all Southwark schools. The Head First Programme provides an audit of existing wellbeing in the school, training to school staff to deliver intervention to children / young people who might benefit, an evaluation of intended outcomes for children /young people who participate in Head-First intervention, and a targeted and universally accessible resource toolkit which can be utilised by staff and pupils in relation to mental wellbeing. In addition, Mental Health First-Aid training is offered to participating schools.

COVO - Connecting Voices

Connecting Voices provides one-to-one support for children, young people aged 8-16 who are struggling to engage with their school, family or peer group. Provides support also to parents. Parents are charged although direct payments are accepted where parents have these and schools may also refer and pay. The organisation also works with children and young people who have autism, speech/language delay, or learning difficulties. Provides training services in schools and community settings. Their website says that they are sponsored by Southwark Council but no ongoing funding from the Council has been identified.

Emotional and physical wellbeing services in Educational Settings, Schools, and Colleges

Emotional and physical wellbeing services are commissioned by and funded by schools directly and provided within schools. Educational settings including schools and colleges commission a wide range of emotional support and positive mental health services for children and young people, including by note limited to counselling, art and creative therapies, speech and language services, health lifestyle and eating, Theatre in Education projects, psycho-emotional programmes (Cues-Ed, MindUP, PATHS+, RULER, etc) e-safety and health relationships education programmes.

The Council contribution to school-based services is through **Southwark Healthy Schools Partnership**, established between the Council's Education and Public Health Teams, has selected the Healthy Schools London (HSL) accreditation scheme through which to support and engage schools with the health and wellbeing agenda. This contribution funds only membership of the scheme. It does not cover all the costs of these services.

As part of the Partnership, schools have access to include:

- C&YP behavioural surveys focused on emotional development & wellbeing and MH
- Best practice curriculum frameworks prioritising EWB & MH as part of a "PSHE & Wellbeing" offer for schools, themes and content
- Sex and Relationship Education Teaching and Learning support service
- Teaching & Learning pedagogies: Theatre in Education projects; linking in with expert organisations and projects (e.g. Barnados, St John's Ambulance, Unicef, Slam, Anne Freud, etc); utilising the evidence of what works to inform practice and being innovative
- Professional networks and subject associations and school policies for implementation, including monitoring, evaluation and impact assessment as well as lead staff members
- Evidence-based and –informed programmes, local, national and international
- Peer to peer mentoring & student leadership programmes and supportd

- Wider workforce: best practice from Health & Wellbeing Teams and from pastoral systems with the focus on diminishing the differences and improving outcomes
- Training and CPD for staff and Governors, focus including how best to monitor effectiveness, evaluation and impact assessment
- HSL accreditation support and Southwark's Enhanced Healthy Schools work collaboratively together to strengthen the offer for C&YP. This approach includes:
 - Bronze renewal; Silver action plan (EI/EB) & Gold evaluation
 - Reference document (evidence base & guidance)
 - Champions Team and "PSHE & Wellbeing Expert Group" (action-based research)

The majority of schools (96) participate in Southwark's Healthy Schools Partnership, including the Healthy Schools London accreditation scheme that offers quality-assured accreditations as well as opportunities for professionals to network, learn, share practice, develop effective collaborations and contribute to research and the evidence base. Examples of health and wellbeing improvement Silver plans (action-based research) as well as Gold impact reports can be found on the website: <http://schools.southwark.gov.uk/pshe-healthy-schools>. These documents contributed to the positive feedback on "**effectiveness in improving outcomes**" from the recent Local Area SEND Inspection team.

The Standards Team maintains a database of what is provided by the schools that do participate. However there is no information on spend by/within individual schools. The educational settings/schools/colleges that do not participate in Healthy Schools London – very small in number - also commission services but only limited information is held about these.

Faces in Focus

A registered charity that provides a counselling service for young people aged 11-24. This service has for many years been used by GPs and SLaM for onward referral but is currently not able to take referrals and was reported to be struggling to deal with the workload that it has. It is not a commissioned service, although it has received CCG ad-hoc funding in the past.

Gendered Intelligence

A non-profit organisation that runs youth groups for trans and gender variant/gender questioning young people up to the age of 21. It runs a young adults peer-led support group in London and an under-16 group. It offers support, information and advice and is independently funded.

Health Visiting

Health visiting is provided by Guys and St Thomas's NHS Foundation Trust (Evelina) and commissioned by Southwark Public Health. Provides a healthy child programme aimed at ensuring health and development of children under school-age, and in doing so has a crucial role in advising and supporting parents. Health visitors work closely with children's centres and with primary care. The Health Visiting service is supported by two enhanced programmes (Early Intervention and the Family Nurse Partnership) which are targeted services and are detailed more under that heading.

Healthy London Partnership

The Healthy London Partnership have published a compendium of children's mental health training resources which is available on their website:

<https://www.healthy london.org/wp-content/uploads/2018/05/HLP-CYP-Mental-Health-Training-Compendium-May-18.pdf>

The list includes free resources and gives indicative costs for those which are chargeable. They are also working with Young Minds and children and young people across London to design a resource about the things they need to support their mental health and wellbeing in school or college. The learning will be shared across London.

Healthy Young People Southwark

Registered charities Brook and Change, Grow, Live work in partnership to provide sexual health and substance misuse services and advice / information on health and wellbeing for young people aged 10-24. Commissioned by Southwark Council.

Lambeth Well Centre

A Lambeth resource commissioned by Lambeth CCG and Lambeth Council. It provides for CYP aged 11-20, open 3 times per week from 3.30-7pm. It provides both drop-in and booked appointments. It is staffed by a GP (who provides the service as a branch of her own surgery), a senior CAMHS nurse, and two youth workers employed by Red Thread. It is included here because Southwark young people are accessing it. Follow-ups take place there for young people who have been seen by the Red Thread youth worker at KCH and who require further youth worker contact. To date there has been no concern expressed by Lambeth about Southwark young people accessing it, but this could change in the future as budgets become tighter.

PACT Parents and Communities Together

A community-led network funded by multiple organisations. It is supported by Guy's & St Thomas' Charity. A programme in Camberwell aimed at supporting babies' development came to the end of its funding in February 2018, but a Big Lottery Fund bid has been successful and discussion is taking place with Public Health about the commissioner contribution required for the Big Lottery funding to be accessed.

School Nursing

School nursing is provided by Guy's and St Thomas's NHS Foundation Trust (Evelina) and commissioned by Southwark Council. The school nursing service undertakes health monitoring and health promotion and support for vulnerable children, e.g. those with SEND or who are otherwise Children in Need, who are Looked After or on Child Protection Plans. See chapter on Public Health Services.

Southwark Wellbeing Hub

This is part of a charitable organisation, Together for Mental Health. It provides advice, information and signposting on a wide range of practical and health-related issues including mental/emotional health, for both adults and children/young people. It is a registered charity and is commissioned by Southwark Council and Southwark CCG.



How-Can-We-Help.
pdf

Stand Up Southwark

Part of a registered charity called Project Oracle Evidence Hub. This is a community-based project aimed at empowering and raising the capabilities of young people aged 16-21. It targets young people who are vulnerable and have issues with antisocial behaviour and/or offending, as well as young people who are not in education, employment or training. It provides opportunities for personal and social development. Activities include training and support, coaching, experiential and skill-building projects, signposting. Receives funding from a variety of sources including the Greater London Authority, but not Southwark Council or CCG.

Young Minds

Young Minds a registered national charity that works locally and provides resources and a parent's information service and helpline.

Other

There are additionally a large number of small council grants distributed to neighbourhood groups through for example community capacity, community safety and neighbourhood funds. There are too many to list here but they support many small local groups offering physical, educational and cultural activities. Youth and Play funding support youth groups/centres, playgrounds and targeted youth outreach as well as specific initiatives such as boxing clubs intended to provide a means of enabling young people to achieve greater emotional resilience.

Targeted Services

Child Sexual Abuse Early Emotional Support Service

Contract for 2018-2020 awarded to Safer London. This service is commissioned in partnership with Lewisham and Lambeth CCGs. The service provides emotional support to children and young people who are being seen for a child sexual abuse medical examination, offering 6-8 sessions with an emotional support practitioner with onward referral to specialist CAMHS or signposting to other services if required. There is no mental health threshold for access to the service.

Early Intervention Health Visiting

Part of the health visiting service provided by Guys and St Thomas's. Early intervention health visitors have additional training in mental health and other areas which enables them to provide an enhanced service, for example in provision of parenting programmes, sleep clinics and bonding and attachment work.

Family Nurse Partnership

Provides support to mothers who are expecting their first baby and are aged 16-19 or up to 24 in some circumstances e.g. if the parent has been Looked After. Support is offered

until the child is two years old. The service is provided by Guys and St Thomas's NHS Foundation Trust, commissioned by Southwark CCG and Southwark Council.

Imago

A support service for Young Carers, commissioned by Southwark Council. The service provides one to one support, social activities and group sessions, advice and information, and liaison with schools and other services for children and young people aged 8-24 who undertake caring responsibilities for an adult.

Liaison and Diversion and the Youth Offending Service

Funding from the Department of Justice for *Liaison and Diversion* is intended to ensure that all young people entering the criminal justice system have the opportunity of a health and wellbeing assessment, followed by support to access appropriate services. There is a national service specification, but local services are configured in a way which integrates with local provision.

The Southwark service includes screening at point of entry to the Youth Offending Service (by a YOS Health and Wellbeing Officer), peer listening (by young men trained as Peer Navigators who can facilitate conversations about feelings and stresses), trauma awareness training, and listening projects developed as satellite hubs in the community, with drop-ins and training of existing peer mentors and support services.

Drop-ins facilitated by the Peer Navigators are targeted at young people who are concerned about knife possession, gangs or involvement in crime. Speech, Language and Communication skills are a key focus of YOS interventions, encouraging young people to express their feelings and understand the connections with negative behaviours in order to develop more thoughtful responses to emotions. Different intervention models using music or forum theatre provide opportunities to build on this knowledge and participation by Peer Navigators encourages other young men to discuss emotional wellbeing.

The YOS has delivered workshops to at risk pupils in Secondary Schools to encourage conversations about feelings and personal safety and worked with Bubble theatre to pilot similar anti-knife crime work with Year 6 pupils in Primary Schools. Funding has been provided for CAMHS staff in YOS and for speech and language provision from Guys and St Thomas's NHS Foundation Trust.

Oasis Youth Support

A youth worker service for adolescents who have diabetes. Provides mentoring and supports young people to engage with health services and to self-care, and supports them in accessing employment, training, education and extra-curricular activities.

Parental Mental Health Service

A SLAM service for parents who have mental health difficulties and who have a child under 5 years old. The service is provided by SLAM and funded by the council and the CCG. No diagnosis is necessary.

Southwark Locality Early Help¹⁸

Structured into four locality-based multiagency teams, managed and funded by Southwark Council Children's Services. Links directly into children's centres and into schools. Provides support on matters including school attendance, exclusions, benefits, and behaviour support. The service aims to provide early intervention in family or school-based problems which will if successful avoid need for statutory intervention and includes staff from social care, education and health. There are a number of services under this umbrella:

- Early Help CAMHS Team providing early intervention for children and young people up to the age of 18 who have mild to moderate mental health issues; assessment and short term therapeutic intervention for CYP who have mental health issues due to home and/or school-based problems. The CAMHS staff are clinical staff employed by SLaM who work within the locality Early Help teams. The intent was that these staff would see children and young people with mild-moderate mental health issues arising from home or school circumstances, but in fact they have been seeing children/young people with more significant issues than was intended.
- Functional Family Therapy team, called Families First. Children/young people aged 10-17 and their families where there is challenging behaviour in two or more settings (home/school/community). (note this service is undergoing change as of July 2018, it is being amalgamated with the Southwark Children's Social Care Clinical Service, a new service model is awaited).
- The Specialist Family Focus Team (SFFT) provides intensive support to resolve family crisis. The team is multidisciplinary and includes an adult's mental health and substance misuse nurse and a health visitor as well as social workers, parenting coordinators and family practitioners. It is part of the Early Help service and works with families to resolve crisis.

Locality Early Help is a "traded" service, purchased by schools. Children and young people may access Early Help CAMHS regardless of whether the school will fund or not as long as the child / young person has a Southwark GP.

Red Thread Youth Limited

A Youth Violence project at Kings College Hospital Foundation Trust, working with young people aged 13-20 who have presented at the hospital due to knife and/or gun crime.

A youth worker is funded by the Children and Young People's Health Partnership, working within Kings College Hospital NHS Foundation Trust, appointed to visit young people 16-19 who are being seen or who have been admitted to adult areas of the hospital. The worker carries out a Teen Health Talk with young people who consent to this. This service is part of a project called KAOS- Kings Adolescent Outreach Service.

Children and Young People's Health Partnership (CYPHP)

This organisation is funded by Guys and St Thomas's Charity. A four year-project (2016-2020) which aims to support the integration of mental and physical healthcare, it provides free Health checks and Health packs for children and young people (in Lambeth and Southwark) who have asthma, eczema, constipation or epilepsy.

¹⁸ At the time of writing this service was undergoing a restructure and this section may require updating.

Funding pickup for this project , provided it is successful, will come from the CCG.

Joint paediatric clinics are offered to GP practices within the programme (as this programme is subject to a controlled evaluation, not all GP practices are within the programme, but all GP practices are able to access the enhanced service offer including online decision-support tools, a paediatric hotline and education/training).

Children and young people being seen by CYPHP practitioners in this programme may be referred to mental health practitioners who are employed by SLaM but are working within CYPHP. Mental health referrals may only be made for children/young people who are part of the long-term conditions programme. Mental health training is provided for personal advisers and youth workers. Some access is provided for mental health consultation for GPs with plans to increase this access.

Specialist Services

Child and Adolescent Mental Health Services (CAMHS) provided by SLaM

Specialist outpatient services¹⁹

- **Adolescent team:** Assessment and treatment for children and young people aged 12-18 years. Provides also for Southwark Young Offenders.
- **Carelink:** provides assessment and treatment services for children & young people who are looked after or have been adopted. The service works with carers and adoptive parents. Runs focus groups for foster-carers, social workers and adoptive parents.
- **Child and Family Service:** assessment and treatment for children up to 12 years old and sexual abuse service for children and young people up to 18 years old. Does work in two primary schools. Includes Hope Project for CYP up to 18 years who have experienced trauma.
- **Child and Adolescent Mental Health Neurodevelopmental service:** assessment and treatment services for children and young people up to 18 years old who have complex developmental disability i.e. Autistic Spectrum Disorder, Learning Disability, Attention Deficit Hyperactivity Disorder and accompanying mental health issues. Work is commissioned from this team by some special schools.
- **Southwark Assertive Outreach / Home Treatment Team:** Children / young people who have been assessed by a CAMHS team and have been identified as having complex needs which need to be met in a flexible way (i.e. hard-to-reach children and young people who have severe, persistent and complex needs) and /or have attended A&E more than once in preceding 12 months. Referral may be made internally to this team, who may assess at home if needed and will offer an assertive approach to engagement and avoid admission if possible. The team also offers intensive support post-discharge from inpatient treatment if that was outside SLaM inpatient care. This is a very small team operating within the adolescent team.

Kings and St Thomas' Paediatric Liaison Services

- Service provided by psychiatrists, nurses, psychologists, and therapist employed by SLaM who are embedded within KCH and GSTT. The service provide assessment and treatment to children and young people under 18 who present in crisis to the Emergency Department or as psychiatric emergencies on the wards. Staff also provide advice, consultation, and training for their physical health colleagues and work closely with Southwark CAMHS.

National/Specialist Services provided by SLaM

- Commissioned and paid for on a case-by-case basis. These can be commissioned both by local CCG and NHSE as noted below. Outpatient services are:
 - Adoption and Fostering Outpatient service
 - Anxiety Outpatient Service
 - Centre for Interventional Paediatric Psychopharmacology

¹⁹ Referral criteria can be found in [Appendix H](#).

- Eating Disorders Multi-Family Groups
- Eating Disorders Outpatient Service
- Forensic Psychology
- Learning Disabilities Outpatient Service
- Mood Disorder Outpatient Service
- Neuropsychiatry Outpatient Service
- Obsessive Compulsive Disorder Service
- Paediatric Liaison (Inc. assessment / treatment provision)
- Service for Complex Autism & Associated Neurodevelopmental Disorders [NHSE]
- Obsessive Compulsive Disorder Service [NHSE]
- Forensic Psychiatry
- National & Specialist paediatric liaison service
- Conduct Adoption & Fostering Team

National and Specialist Alternative to Admission services

- Dialectical Behaviour Therapy Service
- Eating Disorders Intensive Treatment Day Programme (11-17 years) [NHSE]

Eating Disorders

Southwark has a well-established specialist outpatient service. The provision has been enhanced with Transformation funding, providing the following:

- Service open to self-referrals
- On-line resources developed
- Parents Buddy network system
- Dedicated paediatric bed at KCH
- Outreach work in schools
- Treatment for young people who have co-morbidities
- Collaboration with Crisis services

Inpatient Beds

These are nationally commissioned by NHS England. SLaM is a provider of beds in four wards / units (Acorn Lodge, Bethlem and Snowfields on SLaM sites, and Woodlands in Kent). It is important to recognise that although every effort is made to place children and young people locally, all beds are a national resource, and specialist beds, e.g. for children and young people with learning disability, are available only in specialist units. Inpatient beds may only be accessed via specialist CAMHS.

Southwark Children's Social Care Clinical Service,

This is a clinical team, led by a Consultant Clinical Psychologist, embedded within children's social work and youth offending teams. The purpose of the service is to support social work objectives, rather than to reduce symptoms in children with diagnosable mental health disorders. For example, social work objectives may include obtaining a court order, successfully achieving a move back home, reducing reoffending, successfully removing the need for a child protection plan or finding a suitable placement for a looked-after child. Clinical work is primarily with birth parents/carers or whole families, joint working with social workers, and providing social workers with training, advice and consultancy. Children may be clinically assessed/worked with individually if this necessary to support court proceedings or to enable the social work task to be achieved.

Services which are both targeted and specialist

Community paediatric services

Provided by GSTT (Evelina). Community paediatricians see children with a wide range of health conditions. Necessarily they will see children who have or may have mental health or emotional conditions as well as physical ones. This includes young children who have behavioural issues, children and young people with SEND, and children / young people who are Looked After, since they provide the Looked After Children Health service. They are responsible for provision of health reports to education for SEND Education Health and Care plans (EHCPs). They are also integral to the multidisciplinary autistic spectrum disorder diagnostic pathway. They work closely with the neurodevelopmental CAMHS team which is located in the same building.

Educational Psychology

Provided by Southwark Council. Services are provided freely to all maintained schools, but academies and non-maintained schools must buy the service (and are in turn free to buy services elsewhere). Educational Psychologists carry out statutory and non-statutory work relating to the SEND Code of Practice and provide advice about the psychological aspects of learning and child development, social, emotional and mental health and behaviour. This may be done at individual, group, class or whole system / school / organisation level.

Inpatient beds and other Tier 4 services

NHS England Specialised Commissioning team commission all inpatient beds across England. The main provider of mental health services in Southwark, South London and Maudsley NHS Foundation Trust (SLaM), and when the Transformation Programme began in 2015/16 there were 57 beds for children and young people.

Children's beds for 4-12-year olds are provided at Acorn Lodge, Bethlem Hospital. Adolescent beds are at the Snowfields Adolescent Unit (Maudsley) the Bethlem Adolescent Unit and Woodlands in Kent.

There are no beds for psychiatric intensive care (PICU), learning disability or eating disorder locally or in the South East London Sector. Young people requiring these are placed out of borough, sometimes far away, depending on where beds are available.

National Review of Tier 4

1. **A national review of Child and Adolescent Mental Health Services (CAMHS) Tier 4** was undertaken by NHSE and the report was published in July 2014⁷. Since that time NHS England Specialised Commissioning have worked to understand pathways to and from inpatient bed/services, and currently commission what is referred to as Specialised CAMHS beds.

2. **The review identified the numbers, type of bed available and where they are located.** London exports the highest number of patients nationally.

- 743 patients of London CCGs needed CAMHS admission in 2015-16.
- 398 patients (54%) received treatment in London.

Non-London CCG patients utilise a high proportion of London's inpatient capacity:

- 197 patients (34%) of London's inpatient activity in 15-16 was generated by non-London CCGs.

3. **During 2017 the number of beds in the sector was increased** so that by the end of 2018/19 there will also be an increase in the number of beds provided by SLaM.

	Acorn Lodge (Bethlem site)	Bethlem Adolescent (Bethlem site)	Snowsfields (Denmark Hill site)
2016/17	10	12	11
2017/18	10	12	11
2018/19	10 plus HDU suite	12 plus 8 PICU beds	11

4. **There has also been an increase in the number of PICU beds** in London at the East London Foundation Trust which will benefit Southwark young people in terms of distance travelled for a bed.

5. **The three Trusts in South London have formed a partnership** and NHS England have delegated funding to this partnership to develop inpatient services and to develop alternatives to admission.²⁰

6. **Commissioners are reviewing data across the SEL boroughs** to understand the needs in the sector and how those needs can be commissioned.

Most Southwark admissions are to SLaM beds and out of 47 admissions 2015-2016, 37 were to NHS beds, the remainder in the private sector. Commissioners continue to monitor inpatient admissions to understand the number and types of beds required and the service areas to be improved to prevent admissions.

7. **The key messages or challenges for London following the Tier 4 review were that:**

- **More must be done across the CAMHS pathway** to manage demand at earlier points in the pathway to reduce the reliance on beds.

²⁰ Please see [Appendix F](#) for further details.

- **Demand for specialised CAMHS beds has risen** in London (15% increase in patient numbers since 2013-14 with evidence of plateau since 2015/16). It will not diminish without system-wide intervention and change.
- **Inpatient admission is not always the right answer** even in crisis however this currently appears to be the default option.
- **There are gaps in total pathway** and not just in inpatient provision.
- **Local CAMHS Transformation Plans** are key to delivering change.
- **Earlier intervention** is required.
- **Sustainable community packages** are a key part of solution.

Appendix E: Funding

The table below sets out the budget for the CCG and Council on CAMHS and total mental health services:

Budget for Southwark Mental Health 2016-17	CCG £'000s	Council £000s	Total £'000s
CAMHS	4,082	1,425	5,507
Total	58,289	11,224	69,513

Source of information: Mental Health Commissioning Team (PCT)

This does not include spend on other local services that contribute to children's emotional mental health, or amounts spent in schools.

From Southwark local authority funding, a further:

- **£7,734,000 was spent on Public Health services**, including the Family Nurse Partnership, School Nursing, Healthy Weight Specialist School Nurse Practitioner and Healthy Schools;
- **£1,027,000 on the Southwark Children's Social Care Clinical Service** (which is expected to help pay for itself by reducing or eliminating the need for external assessments for court proceedings which will be done by the Team).(not all of this budget is currently spent due to vacancies)
- **Two Social Worker posts for Carelink (Budgets 2017/18: £108,522) (2018/19: £110,622)**. Carelink provides adoption support services on a case-by-case basis under a rolling service level agreement funded on condition that the council can claim funding from central government. £199,000 of funding came from the adoption support grant, which has now ceased.
- **Three social worker posts within the Functional Family Therapy team:** two of these are vacant and a decision is awaited on a new model.
- **In addition to this Southwark Council provides grants to and has contracts with a very large number of community groups**, including for children / young people. The total spend on Youth and Play alone is £481,589 for the current year, covering 21 organisations.
- **Council Funding in the table above includes:**
 - £287,000 per annum for Parental Mental Health.
 - Funding for adoption support within Carelink on a case-by-case basis, dependent on there being funding from Central Government.

The spend on SLAM CAMHS services is set out in the table below (2017/18):

Service	CCG	Transformation funds	Council	Total
	£'000s	£'000s	£'000s	£'000s
Child and Family Service TF: Hope Trauma Project	698	65	194	957
Adolescent team TF: Home treatment Service (Southwark Assertive Outreach) £166k, Increase in Youth Offending Service CAMHs offer £51k	809	217	133	1,159
Neurodevelopmental Service	835		46	881
National and specialist outpatients CAMHS (including Paediatric Liaison)*	473	-	-	473
Carelink	644	-	288	932
Parental Mental Health Team	170		287	457
All-age mental health support line (inc. children) **	65	-	-	65
Early Help CAMHS (CCG via a s256)	-	-	306	306
Functional Family Therapy The TF funding is passed by CCG to Council.	-	106	87	193
Liaison and Diversion (from Ministry of Justice funds services in the YOS)	--	-	84	84
TOTAL	3,694	388	1,425	5,507

* cost & volume

** this budget cannot be broken down into adults / children spend

The spend from the National Specialist Outpatient/Community budget held by the CCG is set out in the table below.

This funding is on a cost per case basis and therefore varies year to year as can be seen (2017-18 figures are not yet available). This spend is in addition to the funding of £5,507,000 detailed above.

CCG Specialist Outpatient CAMHS services:	2016/17 SPEND £	No. of patients seen	2015/16 SPEND £	No. of patients seen	2014/15 SPEND £	No. of patients seen
ABI	282	1	11,439	2	12,780	2
Anxiety and PTSD	22,695	9	38,139	13	50,124	16
CAFT	15,502	6	46,913	12	49,412	13
CIPRD	2,956	1				
DBT	131,727	10	29,970	8	40,074	5
Eating Disorders	141,648	36	174,618	41	172,988	34
Eating Disorders MFG	10,068	3	11,620	5	22,761	4
Forensic Psychiatry	3,835	1	19,730	8	29,298	8
Forensic Psychology	46,802	6	15,082	1	28,928	2
LDT	2,829	2	1,395	2	11,090	4
Mood disorders	14,391	4	17,874	4	26,710	6
Neuropsychiatry	8,478	4	6,975	2	34,939	7
Neuropsychology	0	0	6,696	1	1,711	1
OCD	17,829	8	24,243	15	51,858	22
Paediatric Liaison	42,929	33	24,972	27	51,533	169
Total	£461,971	124	£429,666	141	£584,206	293

The CCG has met and is committed to continuing to meet the mental health investment standard. This is an NHSE requirement that CCGs increase investment in mental health services in line with their overall increase in allocation each year, this has been a 2-3% increase.

Additional council and CCG funding

In addition to the above funding there is spend on third sector/other organisations from variable sources including charitable funding. Third sector spend from the CCG and Council is:

- **Southwark Wellbeing Hub:** A block contract from Southwark CCG and Southwark Council for £453,000 which is funded 50% each.
- **Big White Wall:** Commissioned by Southwark CCG (over 16s/adults only) at £24,000 per annum.
- **PACT:** A universal service which is under review.
- **CYPHP:** long-term conditions programme incrementally funded by CCG over a four-year programme (now in its second year).

Transformation Funding

CCG CAMHS Transformation Funds (actual and future estimates):

National	15/16	16/17	17/18	18/19	19/20	20/21
	£m	£m	£m	£m	£m	£m
National	105	119	140	170	190	214
Local	15/16	16/17	17/18	18/19	19/20	20/21
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Southwark allocation	589	695	841	1,018	1,216	1,439
Additional from 14/15 baseline	-	106	146	177	198	223
Cumulative increase	-	106	252	429	627	850

NHS England Transformation Funding is intended to improve access to NHS services for children and young people. The key objectives for this additional funding are:

- **Build capacity and capability across the system** so that this would include making measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes by 2020;
- **Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT)** so that by 2018, CAMHS across the country are delivering a choice of evidence-based interventions, using routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities;
- **Develop evidence-based community Eating Disorder services for children and young people** with capacity in general teams released to improve self-harm and crisis services;
- **Improve perinatal care.** There is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK – nearly three quarters of this cost relates to adverse impacts on the child rather than the mother;
- **Bring education and local children and young people's mental health services together around the needs of the individual child** through a joint mental health training programme testing in over 15 CCGs.²¹

The Five Year Forward Plan for Mental Health has a target of 35% of children / young people with a diagnosable condition being able to access services by 2020/21, with a 32% target being reached by April 2019. The annual Transformation Plans submitted by CCGs must demonstrate how this target is to be achieved and that progress is being made against the 2015/16 baseline. Figures collected do not currently take into account non-NHS services such as voluntary sector or local authority activity, although now under discussion are ways in which this could happen. The baseline as explained in section 1 is very likely an

²¹ NHSE Guidance document: "Transformation guidance and support for local areas 2015"

underestimate but 2004 ONS survey prevalence figures have been used by NHSE for this programme.

The 2015/16 indicative baseline for Southwark was 1,305 children and young people (21% of an estimated prevalence of 6,196). The prevalence figure as described earlier is taken from the 2004 ONS survey which found that 1 in 10 children/young people had a diagnosable mental health condition. 10% of the 2015/16 population for Southwark was an estimated 6,196. The latest return for end of March 2018 reported Southwark as reaching 24% of children / young people with a diagnosable condition being able to access services.

The following table summarises spend from Transformation funding since 2015-16:

Service	£ LTP spend	One-year funding (15-16 only)	Funding up to March 2020
HOPE project trauma service CYP 0-18 2016/17 onward	64,977	-	64,977
Home Treatment service (Assertive Outreach) 2016/17 onward	166,011		166,011
2015/16 only	36,090	36,090	
Enhanced YOS CAMHS offer- 1 Band 7 post- 2016/17 onward	50,517		50,517
2015/16 only	12,630	12,630	
2015/16 pilot youth worker service in KCH Emergency Dept – Redthread	118,577	118,577	
All-age mental health support line to include CYP (1 clinician working OOH) 2016/17 onward	64,977		64,977
2015/16 only	10,635	10,635	
Early Help CAMHS -clinical practitioner lead for Social care** -early intervention for children with behavioural difficulties in primary school -work with targeted vulnerable groups including LAC, Care Leavers, those on CP plans. One senior advanced practitioner post, a team leader and 2 band 7 clinicians 2016/17 onward	194,197		194,197
15/16 only	41,933	41,933	
Functional Family Therapy (FFT)- funding for ongoing service from 2016/17	106,000		106,000
Eating Disorder- 1:7 of post for preventive work in schools*	10,500		10,500
Eating Disorder- enhancements to service*	28,173 Not spent		28,173 Not spent
Schools (2015/16) Mental health in schools' pilot	200,000	200,000	
Child Sexual Abuse and FGM emotional support (Safer London) 2016/17 onward	10,000		10,000
2015/16 only	2,499	2,499	
Therapeutic assessment training for paediatric liaison, adolescent team and workers in crisis services 2015/16	20,000	20,000	
Developing workforce in schools 2015/16	72,513	72,513	
Transition 2015/16-Review of transition arrangements and protocols	45,000	45,000	

Information on good mental health and wellbeing and its dissemination	10,000	10,000	
TOTAL			635,352

Funding comparison with other areas

Benchmarking spend against other areas has proved very difficult because the only published data relates to CAMHS, not to other services. Amongst the four areas served by SLaM, Southwark has the highest spend:

2017/18 Funding per appointment and per prevalent population (excluding tier 4 expenditure and activity)²²

Borough	Funding	Number of appts offered	£ per apt.	Prevalent ppn.	£ per prev. ppn.	Appts per head prev. ppn.	Staff WTE	Appts per WTE	WTE per 1000 prev. Ppn
Croydon	£4,212,912	10,889	£387	9,421	£447	1.16	54.3	201	5.8
Lambeth	£3,428,562	10,061	£341	6,613	£518	1.52	47.8	210	7.2
Lewisham	£4,293,541	10,958	£392	6,909	£621	1.59	59.2	185	8.6
Southwark	£4,813,563	13,979	£344	6,674	£721	2.09	57.4	244	8.6

The table indicates that more appointments are offered in Southwark, with those appointments each costing less than in either Lewisham or Croydon. Southwark's funding per head of prevalent population is the highest.

Staffing WTE numbers should be treated with caution because it is not known for the other three boroughs what the vacancy rate is- these numbers do not reflect staff who are actually in post and at work.

²² Source: NHSE returns, Lambeth CCG

Appendix F: New Models of Care and the South London Partnership (SLP)

The ambition of the South London Partnership CAMHS Programme is to:

'Minimise the disruption to the lives of young people and their families through maintaining social networks and improving their resilience, aiding their recovery. The Partnership will do this through providing the majority of specialist services in South London, prioritising community-based support, and ensuring high quality and responsive services are available.'

During 2017 NHS England accepted the submission of the SLaM Mental Health and Community Partnership for New Models of Care CAMHS Wave 2 programme and set up a partnership of South West London and St. George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, and SLaM. Operation of New Models of Care began on 1st October 2017, with the Partnership taking responsibility for a £20m Tier 4 CAMHS commissioning budget and working closely with NHS England.

As part of the New Models of Care process, the lead Trust, SLaM, signed a contract on behalf of the Partnership that devolves appropriate commissioning responsibility from NHS England for the CAMHS Tier 4 budget. The Partnership has also signed a management agreement with NHS England regional team that sets out how it will work together to ensure effective management for the delegated budget and monitor quality and performance of Tier 4 services that support South London patients.

The scope of the budget is all Tier 4 services commissioned by NHS England specialised commissioning for residents of the 12 south London CCGs, except for children's inpatient services, services for deaf children, medium and low secure inpatients and specialist services for Transforming Care (i.e. Learning Disability) patients.

Tier 4 services are characterised by a number of challenges with the key ones being;

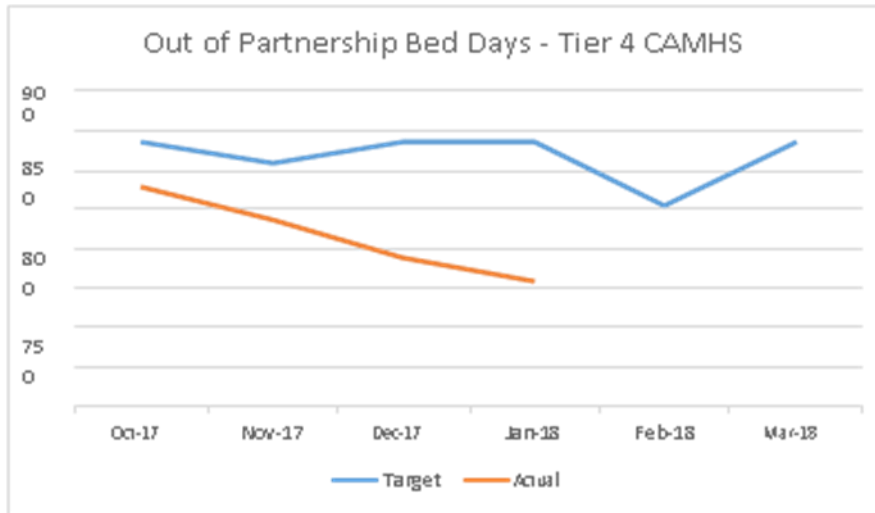
- availability of alternatives to inpatient facilities due to capacity and accessibility of community-based services;
- access to inpatient facilities within South London as there are insufficient beds;
- rising need for Tier 4 inpatient facilities creating budgetary pressures.

During 16/17, roughly 65% of adolescent inpatient bed days for South London CAMHS patients were provided outside South London, with the average distance from home being 73 miles. The aim is to reduce the total number of adolescent and eating disorder bed days by 25% and halve the average distance from home by 2019/20.

Acceptance for New Models of Care Wave 2 was based on a business case to build upon the core CCG Tier 3 locally-commissioned contracts by extending hours and increasing community service capacity in services that will impact upon reducing referrals and shortening inpatient stays, thereby reducing the need for inpatients. The community services the Partnership identified for investment are; Crisis Care, Dialectical Behaviour Therapy (DBT) and Eating Disorders.

NHS England Case Management and operational Bed Management will be integrated with each other to better manage all south London patients in inpatient facilities and seek opportunities to repatriate patients from outside South London.

The focus of the programme during 17/18 was on Sustainable Services achieved through expanding Tier 3 services and reducing demand on Tier 4 services. Later phases will seek to optimise the demand changes and focus on Service Quality and Healthier outcomes for patients.

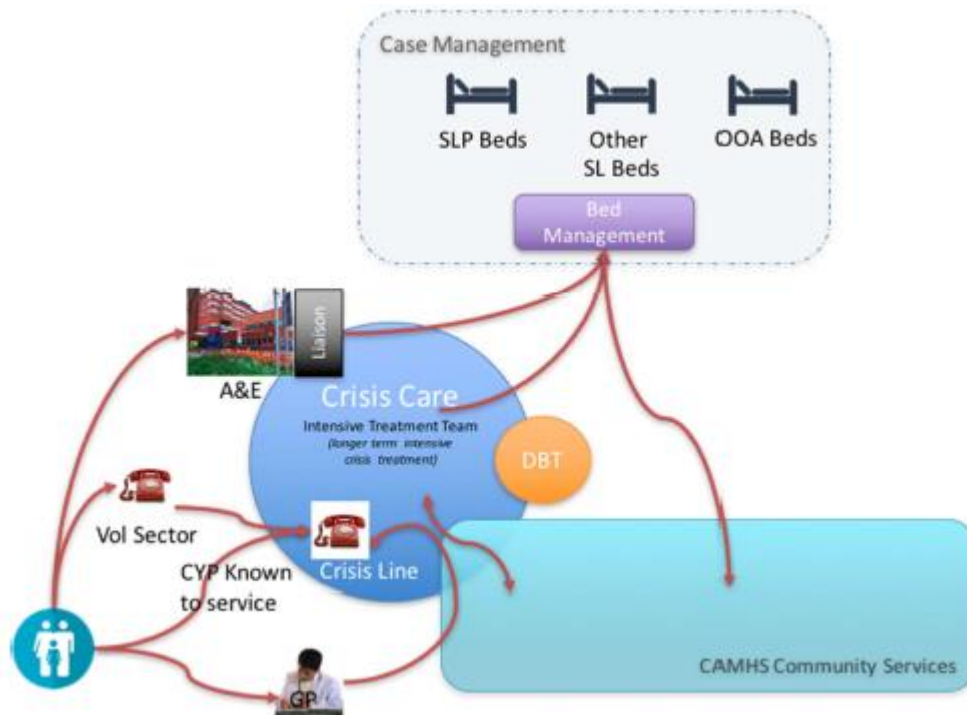


The Partnership works with CCG and Local Authority commissioners to align plans, develop a consistent service model and expand evidence-based community services for the benefit of patients and their families. To support this, a baseline exercise was undertaken across South London, including Tier 3 services as well as validating Tier 4 baseline data from NHS England. Commissioners aligned to each of the three providers attend the Programme Board to shape the plans and service models further.

Crisis Care

Crisis care is a focus of the work being undertaken by the South London Partnership (SLP). A systemic approach to crisis care is being led by SLP. To this end the focus is on improving access, the quality of care and service experience for the local CYP and their families.

The flow map below shows Crisis Care (along with the Crisis Line) as a bridge between community and inpatient CAMHS services.



The SLP ambition outlines the need to integrate and where possible co-locate services (bed management and crisis line) to gate-keep robustly and manage the demand for CAMHS beds and reduce out of area/partnership admissions for CYP. Another highlight of the proposed crisis care system is that it would be informed by dialectical behaviour therapy (DBT). This is based on evidence obtained from other crisis care sites (e.g. Oxford) leading to a better skilled and more resilient workforce that is able to offer high quality service to CYP in crisis.

The SLP crisis care model comprises individual models for each of the three Trusts, ensuring that local services are tailored to local needs. Earlier in the year the current service flows and patient pathways across the SLP were mapped.

The implementation will see an approach which will reduce the need for inpatient services through the deployment of intensive treatment and support services operating 7 days a week at extended hours (9am to 10pm) to ensure that adequate support is available for young people and families when most needed. This service will need to be supported by the commissioned community CAMHs (Tier3) service. This means this interface /pathway is critical to success of the model.

Crisis Line

As part of the crisis care system across South London a 'crisis telephone line' will be introduced. This will offer telephone support and guidance to families to de-escalate a crisis and where a need for immediate assessment or intervention is identified, the Crisis line will make contact with the local Crisis team. In other situations, they will provide immediate guidance and then signpost to services for further help.

This proposal outlines a joint function that provides both an SLP CAMHS Bed Management function integrated with a Crisis Care Line. The cost across the SLP is £580,000.

In the first phase of implementation the SLP crisis line will be introduced across two South London boroughs (Greenwich and Lewisham) and will initially be available for CYP that are already known to the service. The line will be operational between 5pm – 10pm, Monday to Friday and 9am – 10pm on weekends and bank holidays. This is due to be rolled out to Southwark in 2018 but a date is not yet set.

The in hours' arrangements for crisis line during the week will be with the local CAMHS teams. A review three months after 'Go-Live' (above) is planned to inform the decision to expand further. Assessments will be conducted as a 'triage assessment' to review the mental health of the young person within their family context and identify what immediate support is needed, and whether admission is the next most appropriate step.

When admission is required the team will identify the most appropriate resource and will work with the family on goals for admission and expected date for transfer back to community services.

Consistent with the approach of the SLP Crisis Care service offer, Crisis Line clinicians will use a variety of therapeutic interventions such as problem solving, listening and relaxation techniques etc. to ensure that a package of care is put in place whenever possible within the community setting. If the level of risk presented is not manageable within the community setting, then the most appropriate course of action will be admission to an inpatient unit.

The new Crisis Response Team will provide short term intensive crisis response and assessment leading to the following outcomes:

- De-escalation of crisis
- Book within 1 working day an urgent clinic appointment in CAMHS Community team e.g. specialist CAMHS could follow up patients or the crisis team, as an alternative to A&E presentations.
- Refer to Intensive Treatment Team or Maudsley Intensive Community Care Service for longer term intensive crisis treatment
- Inpatient admission.

Assessments will either take place in separate room in A&E or in the community team. If CYP presents to S136 suite, SpR (Specialist Registrar) will assess them with the following outcome:

- Discharge home (can the Crisis Team go with them/ meet them at home?)
- Transfer to A&E bed
- Transfer to mental health bed

Implementation of SLAM Model

The SLAM crisis care model implementation will progress through the summer and the first phase of the implementation will be complete by September 2018.

During this phase the operational policy will be updated, and the recruitment process will get underway. The new crisis support team will be able to offer support up to 7pm during the week.

The second phase will be completed by October 2018 with crisis support extended till 9pm, 7 days a week (including Bank Holidays) the SLP crisis line will go live (5pm – 10pm, Monday to Friday; 9am-10pm on weekends including Bank Holidays). The recruitment will be

completed, and finalised rotas will be in place for the extended hours coverage. The full benefits of the crisis care service for SLaM are expected to be achieved by March 2019.

Other Crisis Services

Currently SLaM offer other CAMHS services that look after CYP in crisis, within the above system. These include the Supported Discharge Service (SDS), Paediatric Liaison Services which offer a mental health liaison service for children and adolescents up to the age of 18 years across the acute hospital sites of King's College Hospital, Croydon, Lewisham and St. Thomas's Hospital.

An Emergency and Developing Crisis protocol was recently collated and circulated by SLaM following a learning event in December 2017. SLaM was asked to clarify the CAMHS process for responding to urgent concerns and where concerns should be directed (community CAMHS or A&E). The Emergency and Developing Crisis CAMHS Protocol provides guidance to general practitioners, other health professionals, school staff, counsellors, social workers and others, on what to do in the case of a mental health emergency or developing crisis for a child or young person.

Appendix G: Background to the Thrive Model

One area explored in this review was the possibility of implementing a model which is inclusive of all services, not specialist CAMHS alone. The I-Thrive model, developed by the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust, now being used in many areas around the country, is an example of a model which does include all resources and need, and which is not tiered.

- Thrive is the conceptual framework for a new way of thinking about CAMHS. The I-Thrive (implementing Thrive) programme takes the principles of Thrive and translates them into a model of care called I-Thrive.
- Thrive is distinct by emphasising the need for a common language when talking about the needs of young people rather than trying to create a service structure. For example, an individual therapist could be giving advice to one person in the morning and giving more help to a different person in the afternoon.
- Thrive is a framework for how best to address the needs while acknowledging how CAMHS services do not have all the answers. The Thrive model should help to tackle assumptions made in treatment for children and young people using mental health services that are based on professional views.
- Using a broader lens for mental health services and one that incorporates the wider system, the narrative can move towards asking how we can support young people wherever they are.
- I-Thrive would encourage the allocation of resources according to best use of multi-agency input and pilot sites are currently exploring with NHS England how this might work in practice and how this can lead to changes in service design. It is systematic and population-focussed, therefore fits very well with Bridges to Health.
- It is integrated, person-centred and needs-led. Shared decision-making and active involvement by children, young people and their families is integral to the model.

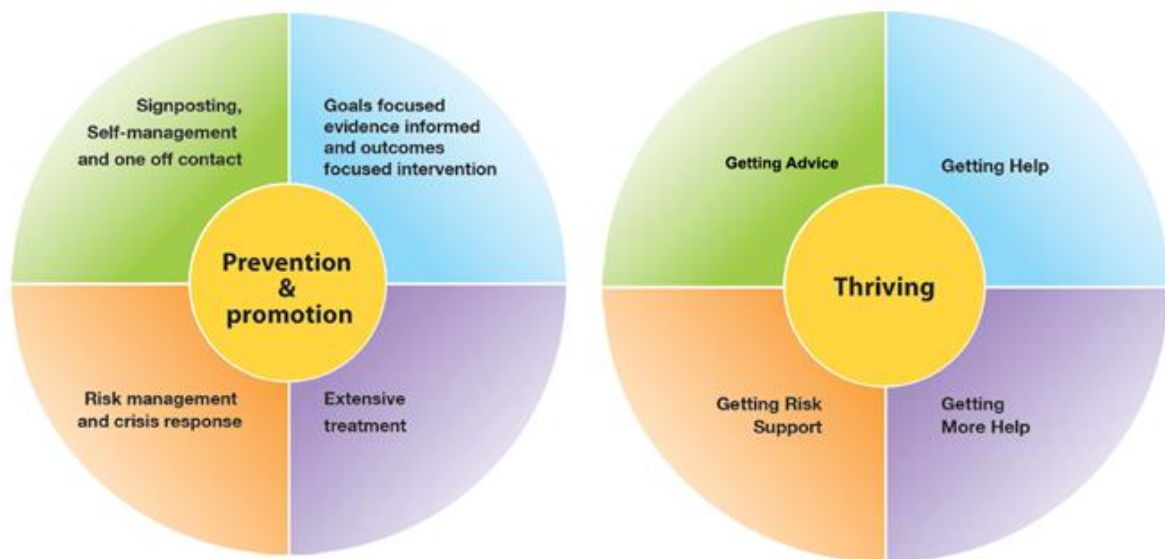
There are five groups within Thrive:

1. Thriving (no problems requiring services, this population of children require prevention and health promotion services).
2. Getting advice/signposting.
3. Seeking help.
4. Seeking further help.
5. Risk management.

The model is not prescriptive in terms of structures, it is intended as a conceptual model which is implemented in ways which fit local need and requirements.

It does require a focus on outcomes which are negotiated with children/young people and parents/carers at the outset, and consequently a focus on endings also, the assumption being that ending of service will take place when negotiated outcomes have been achieved. All services at all levels can fit within the I-thrive model.

The THRIVE conceptual framework



i-Thrive was selected to join the NHS Innovation Accelerator (NIA) in 2015. NIA is an NHSE initiative delivered in partnership with all 15 Academic Health Science Networks (AHSNs) and hosted by UCL Partners.

More information on Thrive can be found here: <http://www.implementingthrive.org/>

Appendix H: Existing Referral Processes

SLaM Services

- Each of the six teams in SLaM, (including Early Help CAMHS) has until June 2018 received and processed its own referrals, by post or email. At the time of writing a single referral point is being established. The pathway description given here is still in process of change and so should not be taken as read for the future.
- The teams have varying criteria as to who can refer:

Team	Parent or carer (or family member)	GP	School	Social Services	Other health professional
Adolescent		yes	yes	yes	
Child and Family Service	yes	yes	yes	yes	
Neurodevelopmental Service		yes	yes	yes	yes
Referrals also come to the above teams as appropriate direct from paediatric liaison					
Carelink (<i>If adopted child-referral through the children's social care post-adoption support service</i>)	yes			Social worker (preferred)	yes
Early Help CAMHS team	yes	yes	yes	yes	
Functional Family Therapy (FFT)	yes	yes	yes		yes

- Referrers have needed to know which team to refer to, although if a referral was sent to the wrong team there would be cross-team transfer within SLaM. Referrers may call SLaM for advice regarding whether to make a referral and how to make it.
- Practitioners from different teams may co-work if required.
- Email addresses for referrals have varied, with a total of five addresses depending on the team being referred to (one for child / family and adolescent, one for the neurodevelopmental service, one for Carelink, one for FFT and one for Early Help), although referrals would be passed on if needed. This has reflected different bases and administrative arrangements and the situation as has been until June 2018.
- Early Help:** Referrals may go directly to Early Help CAMHS, and, since the service is part of the SLaM CAMHS service, the latter may direct referrals sent to specialist teams to Early Help CAMHS, following discussion with the latter about appropriateness. The Early Help locality clinician (based on which school the child/young person attends) will ring the family to confirm the transfer and seek consent for information to be shared with the local authority Early Help team. The family may decline at this point. If the family consents, the referral will go to the multidisciplinary locality meeting for allocation.
- Going the other way, an Early Help referral** received directly may be re-routed to specialist CAMHS and will then follow the CAMHS triage route, i.e. risk screening, multidisciplinary meeting (held weekly for each team) and will be either accepted and

allocated (letter then sent to family), or declined, in which case there would be discussion with Early Help about alternatives.

8. These pathways cause considerable confusion to referrers and there appears not to be consistency, i.e. some referrers have been asked to re- do a referral to Early Help when specialist CAMHS has declined it. There is also an issue commented on later about information sharing arrangements and the need for information to be held on the local authority recording system (Mosaic).

Other Services

9. **The Parental Mental Health Team** has its own arrangements and email address whereby anyone can refer, although predominantly referrals come from: GPs, Maternity/health visiting services, self-referral (GP would be contacted), adults mental health, Early Help and Social Services.
10. **Paediatric liaison KCH:** urgent referral direct from A&E. Once referral is received, the child/young person will be seen. 7-day follow-up arranged with CAMHS. Overnight self-harm admissions, information/ call from night or weekend shift junior psychiatrist. Non-urgent referrals are received internally or via post.
11. There is an Emergency care pathways document (March 2015) for under-18s presenting to Kings College Hospital with mental health issues. This document provides clear flow charts for staff for both under- 16s and 16-17 year olds, with phone / bleep / pager information.
12. Similar arrangements to (10) above are in place for GSTT
13. **Emergency and Developing Crisis protocol:** this protocol published by SLaM and dated 24th April 2018 gives GPs and other professionals advice on what to do in the event of a mental health emergency or developing crisis. In emergency (i.e. immediate suicide or serious self-harm risk, or physical harm due to an overdose or serious self-harm, or acute onset psychotic symptoms, or young person putting themselves or others at risk through bizarre behaviour) advice is to go to A&E or to dial 999.
14. In a developing crisis during working hours, advice is to call CAMHS and ask for the Duty Clinician. There is also an email referral line which is checked hourly. In the event of no positive response, a manager can be called. Out of working hours, the child or young person should be taken to A&E (directly or via 999 call) and they will be assessed by the on-call psychiatrist.
15. The protocol gives helpline numbers for parents/carers/friends. There is a 24-hour SLaM mental health support line for urgent advice. There is a Young Minds parent helpline during weekdays for more general advice and support. Helpline numbers are also given for young people – Samaritans, NSPCC and Childline.
16. **National/Specialist CAMHS services:** these may be accessed via CCG commissioners who will liaise with SLaM CAMHS services. The exception is specialist adoption/fostering which may be accessed via the local authority if funding is available.
17. **Southwark Children's Social Care Clinical Service:** this service operates as part of social work teams and therefore takes work only from local authority children's services social workers. Whilst informal discussion does take place between this service, SLaM CAMHS services and Early Help including FFT, there are no written or formal protocols

in place other than with the Youth Offending Service. There is therefore no clarity as to expectations regarding handover or information-sharing between services.

18. **Targeted Services:** Those services described above and each have their own criteria but by definition these are self-evident.
19. Access to **Educational Psychology** is always via school referral.
20. **Community paediatrics:** normally accessed via GP or other health professional referral but since they provide SEND and LAC services they also undertake work on behalf of education and social services. They may make referrals to CAMHS services but there is no clear pathway between them and CAMHS, the exception being in relation to autistic spectrum diagnosis where they and CAMHS are an integral part of the multidisciplinary diagnostic pathway.

CAMHS Referral Criteria

	SLAM				Early Help Locality Team	
	Specialist Adolescent Team	Child and Family Service	Child and Adolescent Mental Health Neuro-Developmental Service	Carelink (Looked After Children Service)	Functional Family Therapy (Families First Team)	Early Help CAMHS Team
Service available to	Children & young people (CYP) 12 to <=18 yrs	CYP <= 12 yrs Trauma abuse: CYP <= 18 yrs	CYP <= 18 yrs	Looked after CYP 0 to <= 18 yrs	CYP 10 to <= 17 yrs and their family	CYP <= 18 yrs and their families
Mental Health Issues Experienced	<ul style="list-style-type: none"> CYP experiencing severe and complex mental health problems: depression, anxiety, self-harm and psychosis All ADHD over 12 Youth offenders with severe and complex mental health problems 	<ul style="list-style-type: none"> Child and family relationship difficulties Emotional problems Behavioural problems Attention and concentration difficulties Anxieties and depression Trauma and loss Abuse including sexual abuse Self-harm ADHD with co-morbid conduct difficulties <= 12 yrs 	<ul style="list-style-type: none"> CYP with complex disabilities (mainly intellectual disability, autism spectrum disorders) associated with known or suspected mental health challenges and/or challenging behaviours ADHD with co-morbid neuropsychiatry under 12 	<ul style="list-style-type: none"> Emotional difficulties e.g. anxiety, depression, anger, mood swings, low self-esteem Behavioural difficulties e.g. violence, destructiveness, self-harm, over activity, sexualised behaviours, obsessive compulsive behaviours Relationship difficulties e.g. problems in the family, with peers, in school or community Developmental difficulties e.g. wetting, soiling, problems with eating or sleeping, problems with communication 	<ul style="list-style-type: none"> Family relational difficulties / violence Behavioural and emotional difficulties at school, home and in the community Antisocial behaviour, conduct disorder Where substance abuse co-exists with behavioural and relationship problems Breakdown in the home/relationship Going missing/staying out late 	<ul style="list-style-type: none"> Early intervention for mild, to moderate, mental health issues Assessment and short-term therapeutic intervention for CYP, up to the age of 18, who have mental health problems e.g. poor school attendance because of home and/or school-based problems
Who can refer	<ul style="list-style-type: none"> General practitioner Schools Social Services 	<ul style="list-style-type: none"> General practitioner Parent or Carer Teacher Social Services 	<ul style="list-style-type: none"> General practitioner Other health professional Teacher Social Services 	Referrals preferred from the child's allocated Social Worker but other professionals and their carers can refer	<ul style="list-style-type: none"> General practitioner Other health professional Teacher Family member 	<ul style="list-style-type: none"> General practitioner Parent or Carer School / community Social Services
Referral criteria	<ul style="list-style-type: none"> Major mental illness with significant disturbance of functioning, in high risk 	<ul style="list-style-type: none"> Child <=12 yrs of age presenting with mental health issues as described above Child <=18 yrs of age who has experienced trauma (including sexual abuse) 	<ul style="list-style-type: none"> Up to 18 years old, with known or suspected mental health challenges as above, registered to General Practitioner in London Borough of Southwark 	<ul style="list-style-type: none"> Up to age 18 years In care Some adopted CYP (through CSC Post-Adoption Support referral route) 	<ul style="list-style-type: none"> Families with a 10-17 year old displaying challenging behaviours (aggression, conflict, risky relationships, running away) in two or more settings: school, home and community 	<ul style="list-style-type: none"> Child <=18 yrs of age presenting with mild to moderate mental health issues as described above
Services provided	<ul style="list-style-type: none"> Assessment and treatment of major mental illnesses using the following modalities Cognitive Behavioural Therapy (CBT) Mindfulness Family Therapy Medication management 	<ul style="list-style-type: none"> Assessment Parent and child work Individual sessions for the child Family therapy Parenting interventions CBT Consultation Medication prescription Trauma-focused therapy HOPE Project 	<ul style="list-style-type: none"> Specialist Multidisciplinary assessments Parenting advice, support and parent groups, Family work, Behaviour modification programmes incl.CBT Individual counselling, Medication, Mental health promotion & education, Liaison & consultation 	<ul style="list-style-type: none"> Mental health and therapeutic services for LAC, their carers and their professional network Assessment Treatment Consultation 	<ul style="list-style-type: none"> Intensive family therapy for CYP and their families in the home Shifts focus away from negative and blaming interactions on individuals, to a helpful and supportive way of building and strengthening relationships in families 	<ul style="list-style-type: none"> Assessment of the problem Parent/child or family work Individual sessions for the child CBT Parenting interventions Consultation
Contact details	1 st Floor Mapother House De Crespigny Park London SE5 8AZ Tel: 020 3228 7777 Reception: 020 3228 7777 Lead Clinician: Dr Partha Banerjee: 020 3228 7750 Email: CAMHS.SouthwarkReferrals@slam.nhs.uk	Child and Family Service Address as per Specialist Adolescent Team Tel: 020 3228 7777 Lead clinician: Dr Tara Weeramanthri 0203 228 7754 Henry Ker: 020 3228 7774 Email: CAMHS.SouthwarkReferrals@slam.nhs.uk	Child and Adolescent NDS 4 th Floor Sunshine House 27 Peckham Road London SE5 8UH Tel: 020 3049 8269 Duty clinician: 020 3049 8269 Team Manager: 020 3049 8269 NDSAdmin.Southwark@slam.nhs.uk	Carelink - CAMHS for Children in Care Lister Primary Care Centre (1 st Floor) 101 Peckham Road, Peckham London SE15 5LJ Tel: 0203 049 8470 Duty clinician: 0203 049 8470 Lead Clinician: Elizabeth Murphy: 07976782025 Email: Southwark.Carelink@slam.nhs.uk	Functional Family Therapy Service 1 st Floor Ann Bernadt School 29 Chandler Way London SE15 6DT Tel: 020 7525 2432 Karen Burgess: 07710921753 Duty Clinician: 0207 525 2432 Email: FFTsouthwark@southwark.gov.uk	Early Help Service Duty Manager Team Lead: Dr Donna Oxley Tel: 0207 525 3893 Email: earlyhelp@southwark.gov.uk

Audit of Referrals to SLAM CAMHS

Thirty-eight referrals to Southwark CAMHS were reviewed to have an in-depth look at referrals in and out of Southwark CAMHS. While there is data on the children and young people receiving services from Southwark CAMHS, understanding the characteristics of those who are not accepted or referred on by the local service is key to understanding the needs of children and young people who are presenting to services. The selection of cases to review was not random, each team was asked to identify five (5) cases that were accepted and five (5) that were rejected. The quality of referral information was reviewed, and coded as Missing, Incomplete or Complete.

Adolescent team

Ten referrals to the CAMHS Adolescent team were reviewed. Of the ten referred three (3) were accepted, five (5) were refused and redirected including one adult. Of those redirected three were to a counselling service, and one to Early Help CAMHS. Two (2) refused treatment however school counselling and the Early Help service appears to have been signposted. Of the ten referrals five were from GPs. In terms of GP referrals two refused treatment, one was accepted and two were redirected to counselling services. There were seven female and three males, four were Black British, two Latin American, one British Bangladeshi, two British and ethnic origin was not stated for one referral.

Referral information was missing from four of the referrals and six were incomplete. However incomplete or missing information did not prevent cases being accepted and points to the fact that information was also sent in addition to the referral form or collected by the team following receipt of referral. The most common presenting problem for adolescents was anxiety including PTSD (6 cases). There was one case presenting with psychosis and this case was accepted, the referral-in route being via A&E. The length of time of the mental health concern varied from 2 months to 8 plus years. Of the two at risk to self, the presenting problems were psychosis and depression, both were accepted however one refused treatment and moved school which may have alleviated the issue of bullying experienced and the presenting depression.

Children and Families team

As with the adolescents reviewed five were accepted and five were declined, with this group however the reason for the referral not being accepted or being declined appears to be influenced by parents e.g. that parents were not engaging. This is important to note as consent by parents is reported to be a key factor in the offer of assessment and treatment. There are also important factors to consider for example if the parent is the cause of the presenting problem e.g. assault and agencies such as social care being involved. The presenting problem for this age group is different from the adolescent group. Behavioural issues are a feature with presentations such as aggression, challenging behaviours - including suicidal thoughts and behaviours. Important past events included domestic violence, and physical assault by a parent. The length of time of the mental health concern varied as well adolescents ranging from 3 months to 7 years. Half of the cases reviewed presented a risk to self.

Early Help CAMHS Team

Of the ten referrals reviewed eight were from school and two from mental health professionals. Of the referrals reviewed the presenting problem was similar to those referred to the adolescent team namely anxiety and depression, the length of time of the presenting problem however was shorter varying from 6 months to 2 years. Recent changes in the lives of this group of children and young people referred included bereavement, witnessing self-harm, and removal from the care of a parent and parental illness. Important to note that of those declined or not accepted by the Early help CAMHS team most four (4) of these, were

referred onto other CAMHS teams and one (1) to school counselling. This may reflect a higher level of need for more intensive intervention for those children and young people.

Carelink – for Looked After Children

Referrals to Carelink are via Children's Social Care for children looked after. Eight cases were reviewed, five were accepted and three were declined. The reasons for being declined were to do with age, belonging to a neighbouring borough and a referral being made to another CAMHS service. Looked after children are sometimes not placed in borough and this will impact on if accepted by the local service. The presenting problems of the cases reviewed tend to be behavioural issues with behavioural problems cited in five out of the eight reviewed. Important past events tend to be directly linked to looked after status with issues such as neglect, domestic violence, rape and parental mental illness.

Appendix I: Progress on Improving Transition to Adult Services

1. Transition is the process of moving from one position or stage to another. In health and social care, it is commonly identified as the point at which young people, on reaching 18, move from children's services to adult care. There is recognition locally of the need for specific services supporting the transition from Children Services to Adult services.
2. There are risks for young people disengaging or being lost in the transition process. This is a vulnerable point in their development as they leave secondary education, move towards more independent living, gain legal responsibility for their choices and lose those parts of their support network that are only available within CAMHS.
3. Given the importance of transition a two year national CQUIN (Commissioning for Quality, and Innovation target) was published in 2016 [NICE guidelines on CYPMH transition 2016](#), and recommends that services are developed to :
 - Ensure transition support.
 - Ensure health and social care service managers in children and young people's and adults' services should work together in an integrated way to ensure a smooth and gradual transition for young people.
 - Involving young people and their carers in service design.
 - Ensure that service managers in both adults' and children and young people's services, across health, social care and education proactively identify and plan for young people in their locality with transition support needs.
4. The opportunity has been taken to utilise the national CAMHS Transition CQUIN to support the ambition to ensure safe and effective transitions across and between services in Southwark. The CQUIN incentivises providers to collaborate in order to improve transition planning between 'sending' and 'receiving' services, drawing together disparate elements of the care pathway, and to involve young people and (where appropriate) their families/carers in the process in order to improve young people's transition. This will not only provide continuity of support for young people during this important time; it will also encourage cross-agency working and improve communication across service boundaries so that receiving services, as a consequence of being fully engaged in the transition planning process, will be better prepared to accommodate the young person transferring to them.
5. Within the 2017-19 contract with SLaM, a national CQUIN – called Transitions out of Children and Young People Mental Health Services is being implemented across the Southeast London boroughs serviced by the two main mental health Trusts delivering services to children and young people. Commissioners are working together across the Sustainability and Transformation Plan (STP) in the South East London area to achieve effective transitions from CAMHS to adult mental health services, primary care and social care with a key focus on children and young people with complex or challenging circumstances with for example a learning disability, autism and children looked after.
6. Transitioning to adult services is challenging for complex cases and or diagnoses. The Mental Health Trust provider (South London and Maudsley NHS Foundation Trust) deliver both Children and Adolescent Mental Health Services (CAMHS) and Adult Mental

Health services and are working with the CCG and Southwark Council to ensure transition protocols are fully embedded and this will continue to be a focus of development for joint commissioning arrangements.

7. The report of the Children and Young People's Mental Health and Wellbeing Taskforce, Future in Mind⁸, recommended joint working and shared practice between services to promote continuity of care during transition. This requires careful planning on the part of both the 'sending' service (CAMHS) and the 'receiving' service (AMH, 3rd Sector or Primary Care). It also depends upon consistent involvement of the young person. 69% of Children & Young People Local Transformation Plans published in 2016 highlighted transition as a key area for development.
8. Workshops held in Q2 2017/18 of the first year of the CQUIN included Young People and parents / carers and CAMHS and AMH Commissioners and practitioners, GPs and representatives from both Adult and Children's Social Care. The workshops were to confirm general priorities identified in the Q1 report and identify other areas for development, particularly in relation to areas of need that could not be met simply by working more collaboratively. Common issues and complementary suggestions for addressing them were as follows:
 - Young people are worried that they might fall through the gap
 - Young people would like to see the AMH Service before they transition
 - Young people want to be prepared before transfer to AMH Services
 - Young people would like a "transition worker"
 - Young people would like psycho-education on transition process to improve understanding
 - Some said at 18 "they don't feel like an adult"
 - Young people would like to hear about the experiences of others who been through the post 18 adult services
 - Young people want "good communications" between CAMHS and AMHS.
 - For some, moving to an adult service works well since "they can stand on their two feet" but others struggle, so a developmentally appropriate transition is important
 - Young people want at least 2 meetings with the adult service before they access adult services and information on the services they can access
 - Young people want a guaranteed access to AMH services if they meet criteria
 - Young People who have parents who use AMH services are anxious about transition since they feel that limited resources are available
 - Mental Health care when young people transition to university can be difficult and disjointed.
9. All participants sought both clearer guidance and greater flexibility about clinical responsibility during the transition period.
10. All participants agreed that the overriding issue with transition from CAMHS to AMHS was communication.
11. All participants noted that redesigns to adult ADHD / ASD services have made transition into these services more difficult.

12. All participants noted that it remains difficult to transition young people with mild to moderate intellectual difficulties to AMH services and of similar difficulties in stepping young people with a severe learning disability to adult social care learning disability services
13. All boroughs have had a number of challenges when seeing young people for an initial assessment knowing that they are within a few months of their 18th birthday. Sometimes it has been difficult to know whether it is reasonable to start an intervention in the knowledge that the Young Person will be transitioning and where the creation of a therapeutic alliance might be unhelpful - or whether not starting would be disadvantaging a young person. It would make sense for these young people to be discussed with adult services at the time of assessment and for a case by case decision to be made if intervention is indicated.
14. At the end of the first year of the CQUIN an updated Transitions Policy was presented at the Trust Clinical Policy Working group on 1st May 2018. Once the Transitions Policy has been ratified and all feedback has been received on the Transitions Protocol to ensure its consistent use in each Borough with clear expectations of reporting to Commissioners and Health & Wellbeing Boards.
15. The most developed pathway is for young people age 14 and upwards with psychosis who are able to transition to the Early Intervention Service in Psychosis which sits within adult mental health and will support a transition as required. Transformation Funding has been used to pay for a CAMHs practitioner in this service.
16. **Waiting Times**

There is a lot of frustration for Young People at the start of the transition period due to waiting for acceptance of a referral and then waiting times to be seen. This can result in a difficult start to the relationship with adult services and causes some young people to not wish to engage.

The waiting time 'clock' should start at the point the young person is seen by Adult Mental Health even if this is at age 17. At present the person may be seen at age 17 but then have to wait until they are 18 before accepted into Adult Services. It is at this point that the waiting time clock starts. It is understood that this point has been made before.
17. Issues may occur with LAC Young People if they move boroughs and GPs frequently during the transition process. This is a much wider issue than CAMHs.

Child and Adolescent investment as a proportion of the whole mental health spend and implications for adult services of reduction in spend.

The table below sets out 2016-17 spend in the Borough across all mental health services. The CAMHS spend accounts for 8%*of total spend on mental health services with adult services across and range of disciplines and complexity accounts for 92% of total spend. Figures for the other boroughs covered by SLAM were not available.²³

²³ Source: Mental Health Commissioning Team (PCT)

Budget for Southwark mental health 2016-17	CCG £'000s	Council £000s	Total £'000s
CAMHs	4,139	1,400	5,539
SLaM	48,556	695	49,251
IAPTs	3,300	-	3,300
Voluntary and community services	402	468	870
Supported Housing (forensic, high/medium, medium-low, homeless mental health services)	1,892	4,712	6,604
Nursing and residential		3,949	£3,949
Total	58,289	11,224	69,513

**This is inconsistent with data held by NHSE and derived from CCG returns (7% and requires further investigation)*

There is good evidence that supporting good parenting skills and developing children's social and emotional skills can improve mental wellbeing and prevent some mental health problems persisting into adulthood. As 50% of mental health problems are established by age 14 and 75% by age 24, appropriate support for children and young people is crucial. If tackled early problems in adulthood can be reduced and early intervention targeted at younger people can result in greater benefits than intervention at any other time in the lifespan.²⁴

It can be particularly difficult for looked-after children and young people, who are one of the most vulnerable groups in our society. We know that timely and effective intervention is critical for children and young people who are particularly vulnerable, positively affecting their health outcomes, their life opportunities, happiness and wellbeing²⁵

Analysis

Openly begin preparing early for possible ending / transition, with clarity helping to and contain anxiety:

- CAMHS practitioners to begin the process from 17 years old
- Link in with adult service early and try to determine whether the Young Person would meet the criteria for the service
 - Clearer pathways needed (look at all of the Young Person's needs collectively, rather than single issues that separately don't meet criteria)
 - Contingency planning if referral isn't accepted
- Make Young People aware of what they can expect from the adult service and how it

²⁴ *Mental health and wellbeing of looked-after children: Govt response to the Committee's Fourth Report of Session 2015-16*

might differ from CAMHS

- Introduce to new services early enough to begin building trust to aid with engagement after transition by
 - Joint working
 - CAMHS worker to introduce Young Person to adult services
 - CAMHS appointments could be held in the adult service to build familiarity for Young Person with their new service

Transition workers, based on the successful CAMHS / Early Intervention Service (EIS) Transitions worker model, to liaise between services and continue working with the Young Person across transition, were considered and could not be sustainably supported. These posts are funded by CAMHS commissioners in some Boroughs and AMH commissioners in others. Some boroughs have other, non EIS cross-service posts (like IAPT in Lewisham) and these also work well - as more informed and consistent case selection better anticipates meeting the needs of Young People.

However, a Named contact for the Young Person during transition has been successfully implemented, also audited.

The need to manage Young People's expectations of adult mental health services is essential - CAMHS practitioners need to better understand adult mental health services so that they can ensure the Young People that they do refer have realistic expectations and moderate the differences in the two services.

Thresholds for adult mental health services are quite high and CAMHS need to better understand these (and AMH services need to help with this) so that unrealistic referrals and disappointments are kept to a minimum. Referrals made by CAMHS need to be clear on present issues and goals that the Young Person has, but recommendations for treatment and care should ideally not be made by CAMHS unless discussed with AMH colleagues, as they may not necessarily be available in adult services.

A Transition Protocol for Child and Adolescent Mental Health Services and Adult Mental Health Services

Purpose

This protocol is designed to improve Young People's experience of transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) and to support the work of professionals' responsible for the transition process. The protocol has been developed and will be reviewed and improved as part of the Transitions CQUIN. It applies to young people from the age of 17 years and above and to transitions from CAMHS to:

- Adult Mental Health Services,
- Primary Care,
- Other CCG commissioned services, including 3rd Sector providers.

Quality Statement

- To ensure the best possible outcomes and experience for young people transitioning from CAMHS to AMHS.
- To ensure consistency with NICE guidelines for transitions into adult services (NICE Guidance, published February 2016)
- To create a protocol that is meaningful and relevant to young people (YP)

Key Principles

Transitions have often been unsuccessful, partly because they are inherently difficult, but also due to poor communication between AMHS and CAMHS and the absence of a clear transitions protocol. This protocol adheres to several key principles:

- The young person (YP) and their families and carers should be involved in the design, delivery and evaluation of transitions, including co-producing and piloting of materials and tools.
- The YP must be fully engaged with the transition decision and implementation of the transition process.
- There will be a named worker in both the CAMHS and AMHS services to co-ordinate the transition.
- CAMHS will not discharge YP into AMHS unless transition has been agreed with the receiving service and the YP.
- AMHS will not send a referral back to CAMHS but will bring the case to the Borough Transitions Meeting to discuss possible management plans and alternative solutions within AMHS i.e. a 'no-bounce' policy.
- Feedback to and from young people about the transitions process and their influence upon it is essential.

The Protocol

1. At least 9 months before a young person reaches the age of 18, the CAMHS team engages in discussion with the young person (YP) about the available options for their future care and possible referral to AMHS. The YP will be invited to involve family and carers in these discussions.
2. If the YP wishes to be referred and gives consent, then the CAMHS team arranges to present the referral at the Borough Transitions meeting.
3. The CAMHS team will discuss the outcome of the meeting with the YP.
4. The YP in CAMHS will be facilitated, if they so wish, in developing a document that provides information they feel is important about them, and that can be taken from CAMHS to AMHS.
5. If the referral pathway is clear, then the Transitions meeting will recommend that the CAMHS team make the referral to the relevant service and to copy the Transitions reps into the referral.
6. The CAMHS team will forward (with YP consent) the relevant information to the receiving AMHS team (i.e. referral letter, personal profile and key documents).
7. The AMHS team will meet with the CAMHS team (relevant members of the respective team) to discuss the referral.
8. Both parties will meet with the young person to agree a treatment plan. An opportunity will be provided for the YP to visit the AMHS site. If the YP agrees for the referral to go ahead then the three parties will agree the following plan:
 - When the transfer of care will happen
 - Over what period of time the transfer process will take place
 - If a phase of parallel care is required, during which the YP may be seen by workers from both CAMHS and AMHS team (eg.3-9 months), and if this is agreed as part of the plan then the CAMHS and AMHS team workers will meet together with the YP at regular intervals to monitor progress and satisfaction with their care. The type of contact between the YP and their new AMHS team will be agreed with the YP and may take the form, for example, of periodic meetings or email contact.
 - When the plan has been agreed the Transition Checklist will be updated and a copy kept by the YP, CAMHS and AMHS
 - When the transition has been completed the AMHS team will ask for early feedback from the YP about their experience of the AMHS (to avoid unexpected drop-out) and to determine whether it has helped them to achieve the outcomes they wanted.
 - If the YP appears at risk of falling out of services then the AMHS team might consider a further joint meeting with the YP and CAMHS / bringing the case to the Transitions meeting
 - If the YP falls out of adult services, then the AMHS team will bring the case to the meeting for further review.
9. Electronic copies of the checklist will be uploaded by CAMHS and AMHS teams and will be shared between CAMHS, AMHS and the YP.
10. Members of the Borough Transition meeting will conduct, with YPs, a bi-annual audit of the application and usefulness of the protocol.

Appendix J: Parental Mental Health Service

This service provides mental health assessment and support for parents over 18 years old who have mental health difficulties and who have children under 5 years old.

The service accepts self-referral and a diagnosis is not required prior to referral. It is nurse-led with a low threshold. People are seen at home, this includes people living in difficult conditions e.g. refuge/temporary accommodation/asylum seeker accommodation (e.g. Barry House). There is no waiting list held.

The service carries out initial mental health assessment and facilitates access to other services where necessary. It runs groups e.g. "Keeping Well post-birth" which is a 10-week programme with a creche, run 3 times p.a.

A Creative Families group runs once/year and there is also a "Staying Well" group.

Staff attend TAC (Team Around the Child) meetings and MARAC (Multi-agency Risk Assessment) meetings.

Issues identified by the service include the following:

- Adult assessment/intervention teams have high caseloads. PMHT takes people who do not meet adult mental health team thresholds.
- The team is funded year to year and has no long-term security. Staff are on yearly contracts.
- As the team sees people at home, they necessarily work remotely. They have to hot desk in offices that aren't theirs- it is difficult to keep team morale going like this, the work is stressful, people need to feel they belong somewhere and they need to be able to access team support. It is reported that accessing IT is difficult, and that it took over a year to get iPads and that people who struggled to use them had to give them back (NB the IT manager spoken with as part of this review said that this is not SLAM policy and that if people struggle to use equipment which is needed for them to do their job, they will be supported/trained).
- The service needs some psychology input, they do not have this.
- Non-qualified practitioners are doing difficult and stressful work.
- Housing is a big issue-the service sees a lot of NRPF (no recourse to public funds) families.
- Band 6s are working with 20-25 families at a time. The service has to allow for time to be spent building trust with people in order that the worker can get in, this takes time and effort. There is not enough staff capacity to cope with referrals coming in.
- Data collection does not capture the work done by the team.
- The service is receiving more referrals which are due to social stressors – e.g. housing and immigration difficulties- than mental health difficulties.
- The service has no allocated duty worker.
- The service is experiencing more safeguarding risk and more complex referrals.
- Pressure on other teams/services can lead to problems with professional relationships.

Analysis

1. Very positive feedback from families received by the service. An email from a service user for this review was extremely positive about the Keeping Well post-birth group and reported that it was this group that made a huge positive difference to her post-birth depression and anxiety, despite the fact that she had accessed IAPT and counselling.
2. The service has clear referral pathways and clarity re the boundaries with other services, there are clear relationships with the perinatal mental health service and with adults' mental health as well as with children's service.
3. A clinical evaluation of this service was carried out in 2016/17 by Kings College London Institute of Psychiatry. The final report was produced in January 2017.¹¹
4. The purpose of the review was to assess service quality and to inform future service development. The review was carried out in 4 phases from September 2015 to September 2016.
5. There were 132 service users, of whom 131 were women. Age range was 18-49 years, average age was 33. 53% were BAME but ethnicity had not been recorded in systematic categories so could not be further explored in the study.
6. The most common mental health condition was depression, followed by anxiety. There was a high rate of postnatal depression.
7. Average visits carried out by the service were 10 in 3 months. Half of these visits were at home. Half the cases involved multiagency meetings.
8. The researchers reported improved parental wellbeing and access to social support as well as improved parental self-belief over the course of the study.
9. Caveats were that the people included in the study may have been those who were more co-operative and easier to access, given the high workload of the staff.
10. Comment was made about the need to record ethnicity properly.
11. This service is undoubtedly doing a great deal of valuable work with families who would otherwise not be able to access support, and whose mental health difficulties would be likely to impact on their children. There is an increase in workload which can be attributed to stress on other services, and there is a need for greater support for the staff in this service, both in terms of psychology support and practical issues like mobile working and access to office space. Development of unqualified workers who wish to undertake training will be an important part of a workforce strategy.

Appendix K: Workforce Numbers and Challenges

SLaM (as at end of March 2018)

Key messages with respect to the SLaM workforce are:

- There is currently a 20% vacancy rate (June 2018)
- Total workforce is 57.4 WTE, 65.55 if admin and management included

Team	WTE	Vacancies	Comment
Borough management	3.3 10.1 including admin	0	3.3 includes 0.2 borough clinical lead
Adolescent	13.7 Includes assertive outreach/home treatment team which consists of 3 posts, one vacant and the other on maternity leave	5	2 vacancies 3 maternity Senior clinician for AO/home treatment team is covering 0.2 of Early Help team leader vacancy.
Child/Family	9.8 Plus 1.2 medical trainee posts	0.5	1.5 admin L/T sick
NDS	7.6	2.8	Vacant psychology/team manager post and 0.8 admin post Actual clinical cover is 3.48
Carelink	8.0 Includes 2 social workers employed and funded by the local authority 1 practitioner does 2 sessions in schools	1	1 maternity
Early Help	6.2	2	1 team leader vacancy 1 maternity leave
FFT* * As of July 2018 this service is no longer with SLaM	2.3 includes 3 LA posts	0.8*	*Following this report, team leader has left, only one person who is an LA employee now in post* *As of July 2018 the latter is managed within the Southwark Children's Social Care Clinical Service
PMHT	6	0.2	Adult mental health and substance misuse post vacant 2 WTE (3 people) are agency because funding has been subject to annual review 1 WTE mental health safeguarding post is included

Analysis

1. For comparison purposes PMHT has been excluded and is excluded from NHSE monitoring reports since other CAMHS services do not include services for adults.
2. Comparison with other boroughs served by SLaM gives the following WTE figures:

Croydon 54.3	Lambeth 47.8	Lewisham 59.2	Southwark 57.4
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3. It should be appreciated that there is a national recruitment shortage in children's /young people's mental health services and indeed in adult services too. NHSE transformation funding is intended amongst other objectives to increase the workforce, however this is only feasible when there is an additional workforce to be recruited. London has particular difficulties due to housing and other living costs.
4. In addition, there is greater difficulty retaining junior and middle-grade staff who can very easily obtain promotion opportunities in neighbouring or farther London boroughs. SLaM provides to four London boroughs and staff do move between these.
5. Implementing the Five Year Forward View for Mental Health¹² points out that in order to deliver the targets for increased access to services, there will have to be a significant expansion in the workforce, both in terms of increased number of therapists and supervisors, and in terms of improving retention of existing staff, based on recommended caseloads
6. There are particular difficulties in the adolescent and neurodevelopment services for slightly different reasons.
 - In the adolescent team, vacancies have coincided with maternity leaves.
 - Short-term absence is very difficult if not impossible to cover since this requires recruitment of scarce skilled staff on fixed term contracts.
7. For the neurodevelopmental service, there are other issues in that the team's establishment is not sufficient to manage the workload, half the workload is ADHD requiring medication reviews, and the skill-mix in this team is unsuitable for this in that they do not have nurse prescribers. The NDS team establishment consists of:
 - 1.8 Consultant psychiatrist (temporarily the 0.8 psychiatry post is fulltime but does have external commitments, this was correct at time of writing but expected that there would soon be one post vacant)
 - 0.4 CAMHS practitioner
 - 1.6 clinical psychology posts, one Band 7 post vacant and attempts to fill it have been unsuccessful
 - 1 team leader (vacant)
 - 1 psychology assistant

8. The team is dealing with children who have severe learning disability, autistic spectrum disorder with co-morbid mental health issues, and ADHD, as well as other neurodevelopmental disorders such as Tourette's and tics. These children/young people may have other mental health disorder such as early onset psychosis or obsessive-compulsive disorder.
9. There are a number of gaps in the multidisciplinary team, for example:
 - No trainee psychiatrists
 - No occupational therapist
 - No speech and language therapist, family therapist, nurse practitioner/nurses or social worker.

Royal College of Psychiatry guidelines recommend that there should be several community intellectual disability nurses, OT, speech and language therapy, and support workers.

10. It is unusual for psychiatrists to be managing children with ADHD who do not also have clear mental health issues.
11. Skill-mix in other teams is more robust, e.g. the Child and Family Team have posts across a wider range of bands, there is a family therapist and an art psychotherapist, and the team benefits from medical and psychology trainees as well as trainee art therapists.
12. Senior leads / consultants in all teams are very experienced. The neurodevelopmental team consultant retired in March 2018. His 0.8 WTE post is filled by a fulltime consultant.
13. The Parental Mental Health Team is nurse-led and the issues in this team relate to the past uncertainty regarding funding, therefore there are a predominance of long-term agency staff.
14. The Carelink Service is under pressure due to maternity leave. There are a range of trainees who require supervision from experienced staff. This team is the only non-medically led service, the lead being a Consultant Psychotherapist.
15. Senior staff who are professional leads (e.g. Family Therapy, Psychology) undertake professional leadership work across the service which generally will consist of 0.2 of a fulltime post.
16. There is not a CYP IAPT service which sees sub-threshold children and young people,, although principles and practice are embedded in the teams. A bid was made this year for 100% funded trainee posts, 2 posts were provisionally offered but without matching supervisory cover. As there was no guarantee from commissioners that the posts could be sustained, there being concern about funding cuts, the offer was not pursued. A repeat bid has been made (July 2018) for 4 posts for next year 2019/20. As the NHSE transformation programme expects CYP IAPT in every area, it is hoped that this will be successful.

17. The SLAM CAMHS service does not have a workforce strategy of its own (as opposed to the overall organisational one).

Southwark Children's Social Care Clinical Service

18. This was originally a service made up of 20 separate clinical practitioner posts based in, and managed by, separate SW Team Managers. A head of Clinical Practice post was created in August 2017 and is currently filled on an interim basis. There has been significant staff turnover, and there continues to be a number of vacant posts (n=4) but there is now a clear governance structure, with clinical practitioner posts linked to each team across Social Care and YOS, all managed and clinical supervised by senior clinical practitioners, and all under the clinical leadership of the Head of Clinical Practice.

19. Staff are a mixture of systemic psychotherapists, clinical psychologists, forensic psychologists, and integrative psychotherapists (all registered with the BACP, HCPC, or UKCP), and CAMHS practitioners who do not have formal mental health registration (n=5). The service's training and development plan prioritises completion of training leading to registration for the 5 CAMHS practitioners who have not yet completed registerable training.

20. Professional supervision is supported by a cross-agency arrangement with SLAM CAMHS.

Table: Skill mix comparison (SLAM CAMHS)

Borough	Admin and management WTE	Band 4 WTE	Band 5 WTE	Band 6 WTE	Band 7 WTE	Band 8 WTE	Medical WTE
Croydon	9	1	1	6.3	19.8	11.1	6.1
Lambeth	10	0	0	13.9	13.6	6.7	3.6
Lewisham	8.6	0	1	9.7	28.9	7.6	3.4
Southwark	10.1	0	0	9.2	22.3	12.2	3.6

21. The bands relate to NHS Agenda for Change grades, with 8 being the highest. WTE means whole-time equivalent, i.e. the actual number of post holders may exceed the number given here because some staff will be part-time.

22. A band 5 post holder would be newly qualified, band 7 would be a specialist or a team leader or both, band 8 would be a professional lead or equivalent senior post. Band 4 staff are not professionally qualified.

**funding includes contribution to paediatric liaison service - no specific WTE allocated against this*

Appendix L: Detailed Activity Data and Benchmarking

Activity information April 2017 to March 2018

- Information taken from quarterly monitoring reports which are based on NHSE key commissioning indicators (“-“ Indicates figure not provided in the report)

Referrals received

Quarter 1	402
Quarter 2	393
Quarter 3	489
Quarter 4	510

% referrals accepted by team

Quarter	PMHT	Adolescent	Early Help	FFT	NDS	Carelink	Child and Family
1	-	45	63	100*	48	96	71
2	98	68	80	-	57	100	49
3	78	36	74	100*	65	88	68
4	45	37	62	-	56	51	61

**Only one referral recorded due to data being put on Mosaic*

% referrals accepted by referral source (CAMHS only)

Quarter	GP	A&E	Child health	School	Social Services*	Other
1	49	75	73	57	84	59
2	-	-	-	-	-	-
3	41		53	62.5	86	
4	43		56	58	46	

**Most social services referrals are to Carelink*

Team caseloads at quarter end (team breakdown was only provided in Quarter 1)

Quarter	Adolescent	Early Help	FFT	Child and Family	NDS	Carelink	PMHT	Total	Other CCGs
1	256	49	3	230	353	87	141	1119	-
2							-	1200	69
3							-	1220	53
4							-	1247	49

To note (i) the majority of children belonging to other CCGs are Carelink cases and (ii) the Parental Mental Health Team (PMHT) data included in quarterly returns is incorrect but cannot be removed since it would affect the whole return.

PMHT provide separate quarterly reports which indicate the numbers of parents and children worked with in that quarter, but this cannot be married up with the SLaM data. For 2017/18, the PMHT reports give the following figures:

- Q1- 174 children and 131 parents worked with
- Q2- 177 children and 131 parents
- Q3- 218 children and 162 parents
- Q4- 193 children and 142 parents.

The number of initial (adult) mental health assessments in the home increased by 38% from April 2017- end of March 2018.

Waiting times for first assessment

Quarter 1: of 245 referrals, 99 were seen within 4 weeks and 132 within 12 weeks. Outliers were due to service user cancellation, recording errors, failure by service user to respond to attempts to contact, and DNAs. (latter 6).

Quarter 2: of 227 referrals accepted for assessment, 91 were seen within 4 weeks and 114 within 12 weeks. Those not seen within 12 weeks were due to DNAs, cancellations by service user, and in 2 cases to pressure of work /staff unavailability.

Quarter 3: 110 out of 237 seen within 4 weeks, 113 4.1- 12 weeks, 14 waited up to 26 weeks.

Quarter 4: of 232 cases, 89 seen within 4 weeks, 116 in 4.1-12 weeks, 25 up to 26 weeks. 3 teams reported data-input errors, so team information unreliable.

The adolescent team began a waiting list in mid – March, for CYP meeting eligibility criteria. This stood at 16 at end of Quarter 4, and Child & Family had 13 waiting.

It should be noted that, with two exceptions, there is no national standard for CAMHS waiting times other than the overall NHS Constitution standard which requires that no patient wait for more than 18 weeks to begin treatment. The NHSE Transformation Programme requires much more detailed information as a means of assessing the progress and effectiveness of the national children’s mental health Transformation Programme.

The exceptions are, with full compliance expected by 2020:

- Eating Disorder- Community Eating Disorder services should respond within 24 hours in emergency, 1 week if urgent, 4 weeks if routine.
- First episode of psychosis- 50% of people presenting with a first psychotic episode should be treated within 2 weeks.

Prior to the waiting list being put in place, mean waits for individual teams were as follows (data taken from quarter 3 report):

Team	Weeks
Adolescent	3.60
NDS	7.72
Child/Family	3.19
Carelink	7.84
Early Help	3.17
PMHT	6.66

Carelink data in the above table is affected by placement moves, court proceedings, other assessments needing to be completed first, and referral for consultation only.

Waiting time for first treatment (second face-to-face appointment)

Quarter 1: of a total 175, 39 were seen within 4 weeks, and 99 within 12 weeks. 34 were 12.1-26 weeks. 3 outliers beyond 26 weeks were due to recording errors.

Quarter 2: of 180 cases, 29 seen in 4 weeks and 96 in 12 weeks. 46 were seen between 12.1-26 weeks.

18 cases shown as not seen with 12 weeks for Neurodevelopmental (NDS), 6 of these DNA'd, 1 cancellation, 10 were subject of recording error and actually seen in 9 weeks.

Quarter 3: 48 out of 210 seen within 4 weeks, 105 4.1- 12 weeks and 49 up to 26 weeks.

Quarter 4: of 193, 30 were seen within 4 weeks and 106 within 4.1-12 weeks. 51 waited 12.1-26 weeks.

Mean average waits (taken from Quarter 3 report):

Team	Weeks
Adolescent	9.14
Child/Family	6.67
Carelink	10.66
NDS	15.15
Early Help	5.96
PMHT	9.63

Some of the Carelink data is acknowledged to be incorrect recording in that children were seen or offered appointments within timescales. Otherwise waits were affected by external factors.

NDS is severely affected by staffing shortage. For other teams, there are issues about incorrect data and DNAs. 4 children in Child & Family were waiting for ADHD assessment. Some longer waits are for specific treatments, e.g. CBT.

The table below shows A&E attendances by quarter (necessitating 7-day follow-up). These figures represent number of children, not total activity since children/young people may have more than one follow-up appointment.

2017-18

Quarter 1	51
Quarter 2	31
Quarter 3	-
Quarter 4	20

Appointments offered and attended

Quarter	Appointments offered and attended	DNAs	Cancellations by service user	Cancellations by Trust
1	3807	473	293	32
2	2042	300	282	-
3	2621	262	322	42
4	3267	316	402	77

Average length of treatment in weeks*

Quarter	Adolescent	Child/Family	PMHT	Early Help	NDS	Carelink
1	43	59	69	38	86	129
2	80	63	55	46	96	132
3	57	73	52	24	95	136
4	76	49	34	33	149	143

**Figures have been rounded to eliminate decimal points*

Transitions to adult mental health service (AMH)

Quarter	Transition to AMH	Retained in CAMHS post-18
1	3	13
2	5	11
3	5	10
4	8	9

Discharges

Quarter	No	% to GP
1	291	75
2	333	86
3	-	76
4	-	82

Outcome measurement: CEGAS

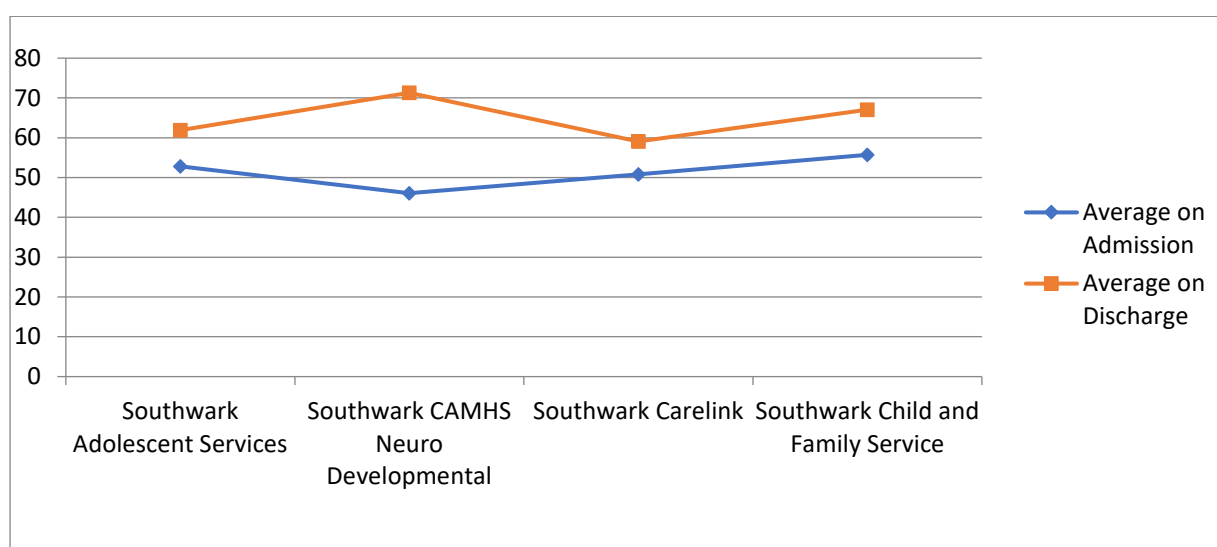
CEGAS is the Children's Global Assessment Scale, which is a rating of functioning aimed at children and young people 6-17 years old. A single score is given on a scale 1-100, based on assessment of a range of aspects related to psychological and social functioning; higher scores reflect better functioning. The score puts the child/young person in one of ten categories ranging from "extremely impaired" to "doing very well". There is a modified scale for children and young people who have developmental disabilities. The rating is completed by the clinician, twice, at beginning and end of treatment.

Average scores are included in the quarterly monitoring reports.

The report given below is taken from the 2017/18 Quarter 4 report; there is no significant difference in the reports for the four 2017/18 quarters.

Change in CGAS scores over course of treatment for cases closed in the quarter

	Average on Admission	Average on Discharge	Count of Discharges
Southwark Adolescent Services	53	62	106
Southwark CAMHS Neuro Developmental	46	71	83
Southwark Carelink	51	59	103
Southwark Child and Family Service	56	67	88



(Graph taken from SLaM report and cannot be altered although the points representing separate teams should not be joined by a line)

National & Specialist and Alternative to Admission Treatments/Assessments

Quarter	N/S treatment	N/S assessment	Alternative to admission (DBT / Eating Disorder, includes assessments)
1	227	11	52
2	269	14	10
3	333	20	46
4	*333	20	46

* exactly the same figures given for two quarters so suggests that the Q3 figures may have been mistakenly copied in the Q4 return

Eating Disorders

The Child and Adolescent Eating Disorder service (CAEDS) from 1 April 2016-30 September 2017 (i.e. 6 quarters) had 41 Southwark referrals, of which 39 were accepted, an acceptance rate of 92.7%. Southwark had the highest % of self-referrals (majority were referral by parents) at 41.4%. (Bexley in comparison had 2%). The service has an online self-referral form which can be completed by young people, who said they would prefer this and then have a clinician call them back, rather than making the call themselves.

All Southwark Eating Disorder referrals (7 in total) would have met the normal 28-day referral pathway (i.e. not urgent) had one young person not declined the appointment. There were no urgent ones.

The lowest overall referrer was Greenwich, with Southwark slightly higher but lower than all other referring boroughs (the highest being Bromley).

CAEDS and Great Ormond St have delivered a national eating disorders training programme, which ended in March 2018.

There has been an ongoing primary prevention programme aimed at schools, and a pilot bulimia outreach project was supported by Guys and St Thomas's charity.

Inpatient Usage

CAMHS inpatient bed usage (number of children/young people):

Quarter	Admissions SLaM beds	Admissions other beds	Day care
1	2	3	4
2	6	2	3
3	7	1	3
4	3	3	3

Analysis of SLaM data across four quarters 2017/18.

1. Data issues: all four reports suffer from recording/data input errors. The Trust installed a new Business Intelligence system in 2017. The Trust is undertaking work on a dashboard.
2. The reports vary in what is included. The Quarter 4 report is a great improvement on the earlier ones, with more clarity and qualitative information.
3. FFT data was largely unable to be collected due to recording being on the social care system, Mosaic.

4. Further information has not been sought on FFT because figures would not be meaningful given there has been a very low and reducing staffing complement since summer 2017 with at time of writing only one employee left in the service.
5. PMHT data is inaccurate (under-reported) due to referrals only being counted if they came to PMHT as the first point of entry to SLAM. Many referrals come from SLAM Adult Mental Health and these are not included. Quarterly monitoring reports produced separately by the service give the number of parents worked with and the number of children, but do not indicate how many new referrals or families this represents.
6. Carelink data is highly problematic since the service undertakes a high number of consultations, children may be out of borough and therefore not seen although there is involvement, work has to be arranged in accordance with court proceedings which may mean delay, and carers or adoptive parents may not be available or may wish to postpone work after referral has been made. A relatively high number of cases do not belong to Southwark CCG and therefore payment would be made by the home authority /CCG for children/young people who are placed in Southwark by another local authority.
7. DNAs are a problem although they have fallen since the first quarter and they are in line with national DNA rates (see section 7). The service reports that they actively follow up DNAs, making up to three phone calls and at least one alternative attempted link, e.g. through school or social care. The total number of DNAs across the year was 1351. Taking out the PMHT ones, which are to be expected since the service by definition is dealing with people who are mentally unwell, 1267 were CAMHS appointments. This represents a very substantial wasted resource.
8. The Early Help CAMHS team are offering appointments in community centres and other non-stigmatising environments to improve attendance- this has had positive responses from parents but it is too soon to say whether it will lower the DNA rate.
9. The Child and Family Team are offering a group project in Camberwell Library to try to improve engagement and attendance, again it is too soon to say what impact this will have.
10. There is a low level of acceptance of GP referrals (below 50%). School referrals normally provide more detailed and comprehensive referral information which is to be expected since they have more information about the child/family. An audit of referrals indicates that GP referrals are often missing contextual information which would aid decision-making. The service does seek to obtain further information when this is lacking in referrals.
11. The 20% vacancy rate has very evidently affected waiting times. In quarter 4 there was a 7% rise in referrals, fairly evenly spread across the service. There was also a significant rise in those waiting more than 12 weeks, up from 14 in quarter 3 to 25 in quarter 4 (these figures include PMHT). 23 NDS CYP had to wait longer than 12 weeks for treatment, compared to 14 in quarter 3. However, NDS contacts rose in quarter 4 despite the vacancy issues- this was due to reviewing extant cases, initiating reviews, and closing cases.

12. Referrals to SLaM CAMHS have increased across the year 2017/18, as has the total service caseload (1106 at end of March 2018 excluding 141 Parental Mental Health team cases). The proportion of referrals accepted is 70% across the whole service but this varies by team with Carelink accepting a higher proportion of referrals than other teams.
13. The gender balance across the whole service is roughly equal but this hides differences within teams: the adolescent team has a 2:1 male-female workload.
14. An average 11 young people are retained by CAMHS post-18. This is usually because they are taking exams and disruption needs to be avoided, or there is no matching adults' mental health service for them to be transferred to (e.g. young people with ADHD or with ASD but no intellectual disability). The average number of transitions to adults' mental health services is 5 per quarter (2017/18).
15. The number of admissions to inpatient beds does not vary very much across the four quarters. There are an average of 7 children/young people per quarter who are in inpatient beds (SLaM and non-SLaM), and 3 in day care.
16. Despite pressure on the service due to staff vacancies, there has been no deterioration in measured outcomes for children/young people.
17. Consultation and advice activity, and informal support provided to schools, is not captured by the SLaM electronic recording system. This means that a lot of work cannot be reported on.

KCH paediatric liaison activity data

18. This data is provided by Kings Paediatric Liaison. No data is available from GSTT but the KCH data been collected over a number of years as a specific project.
19. It should be noted that the following figures do not represent Southwark children/young people alone - attendances are from multiple boroughs/ areas. Southwark children/young people are the highest number:

Figures are from July-June

Place of residence	15-16	16-17
Southwark	147	161
Lambeth	105	104
Lewisham	31	24
Croydon	21	13
Other	25	27

Table: annual attendance figures by borough

20. There has been a steady increase in the number of children and young people attending A&E and requiring emergency mental health assessment, as shown in the next table. Figures do not represent Southwark children/young people alone – attendances are from multiple borough/areas. However, as captured in the previous table, Southwark children/young people's attendance is the highest.

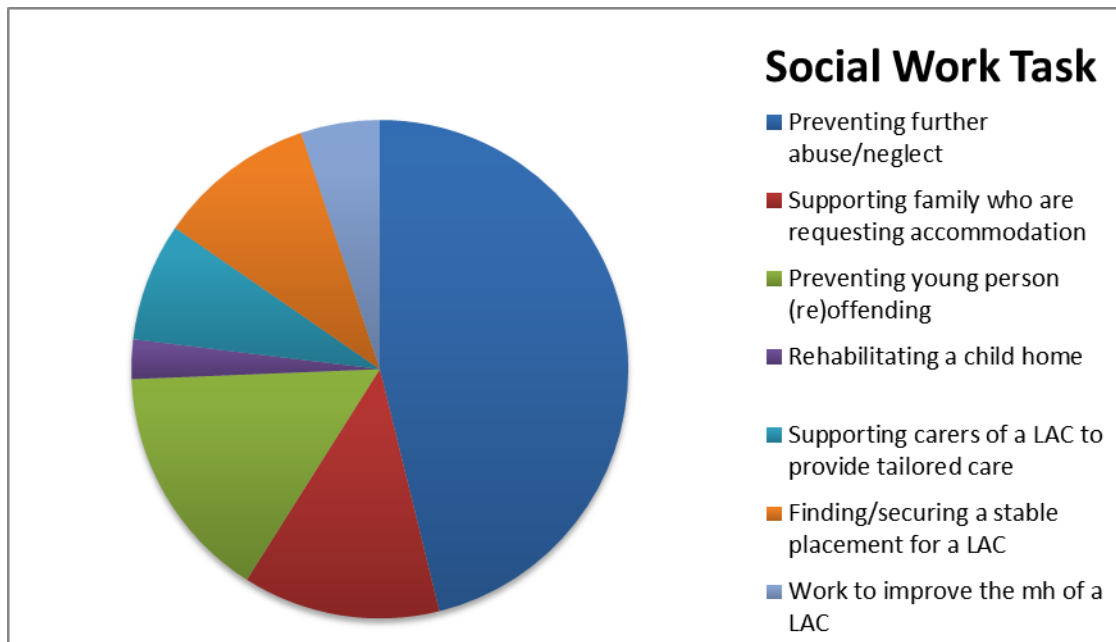
July 2013- June 2014	176
July 2014-June 2015	222
July 2015- June 2016	321
July 2016- June 2017	329

Table: year on year increase in ED attendance rates

21. The majority of attendees were aged 11 and over, with a higher number aged 15-17. 32% arrived by ambulance, 67% self-presented, 1% were brought by police. The peak time for presentation at A&E is 4pm (with another peak at 10-11pm for 16/17-year olds only) and this has been consistent through the above years. A low number of presentations take place between midnight and 9am. This also has been consistent.
22. Out of hours presentations which includes weekends/ holidays have however consistently been increasing. In-hours presentations in 2016-17 (July -June) for the first time decreased, by 26%.
23. The majority of children and young people seen in A&E attend only once, a small number twice, and a very small number more than twice. E.g. for July 2016 to June 2017 60% of attendances were one-time only.

Southwark Council's Clinical Service

24. It is early days in terms of the service's ability to record and report on **impact** of the service – setting up systems to do this centrally is a key focus for 2018. In terms of **activity** reporting, a proportional system of clinical involvement has been implemented across the service which focuses the majority of resources on working alongside social care colleagues, with families only being 'allocated' for specialist clinical input where that is clearly required. All social work teams (when the service is fully staffed) now have a link clinician for the equivalent of one day a week who provides informal consultation and co-works cases as prioritised by the group's Team Manager. Full time clinical practitioners work as link clinicians to three teams at a time, working with approximately 5 families in this way per practice group, meaning that a full time clinical practitioner is involved with approximately 15 families in terms of systemic consultation and co-working at any one time.
25. In addition, for children and families where a specific therapeutic intervention is required, the link clinician facilitates access to the central clinical hub of clinicians, or to NHS services if more appropriate. The central clinical hub is provided via each clinical practitioner having a proportion of their days allocated to the hub. So a full time clinical practitioner works with three practice groups as described above, *and in addition* provides two days into the central hub, during which they are working with up to 10 further families providing specific clinical assessments or interventions.
26. In total therefore, when fully staffed, we would expect approximately 200 families to be receiving clinically informed social care interventions at any one time, and a further 150 families to be receiving specific clinical interventions or specialist assessments. In terms of what social work task the clinical involvement was aimed at supporting, a quick survey of open cases as at Feb 2018 showed the following breakdown:



27. A key focus for 2018 (now that we have a 0.5wte Practice Coordinator) will be setting up an outcomes reporting system to evaluate the impact (or otherwise) of clinical input on social work objectives. For each specific piece of clinical work taken on, the clinician will clarify with the allocated social worker what they are trying to achieve for the family in terms of the following outcomes:

- Increase in the safe discharge of children from safeguarding plans / from CSC
- Reduction in the number of children entering local authority care
- Increase in placement stability for looked after children
- Reduction in use of high-cost placements for looked after children
- Increase in numbers of young people abiding by YOS orders and not re-offending

28. The service will monitor whether there has been any measurable progress towards that objective (via social work report, family report, and objective measures such as placement stability, coming off safeguarding plans etc). This will allow us to quantify for senior management both the proportion of clinical activity focussed on each objective, but also the impact, in order to inform decision-making about commissioning the service going forward.

Third Sector: Faces in Focus activity (29 May 2018)

	Southwark	Other	Total
Waiting for assessment	23	4	27
Waiting for allocation	39	16	55
In counselling	26	7	33

Lambeth Council & CCG: Lambeth Well Centre

29. 10% of children/young people who attended in the year 2017-18 were from Southwark. This equated to 51 out of a total 513. Location is determined by GP if known, home address if GP not known.

Other areas for consideration include:

30. Some ethnic and minority groups, e.g. Asian and black girls, are under-represented in specialist CAMHS. Black boys, are over-represented in the Youth Offending Service (YOS) population, compared with representation in the general population.

31. There has been a steady increase over four years in the number of young people attending A&E and requiring mental health assessment (an increase of 53% from July 2013 to June 2017).

32. No activity or outcome data is available for the Southwark Children's Social Care Clinical Service because their work is attached to attainment of social work objectives rather than direct work.

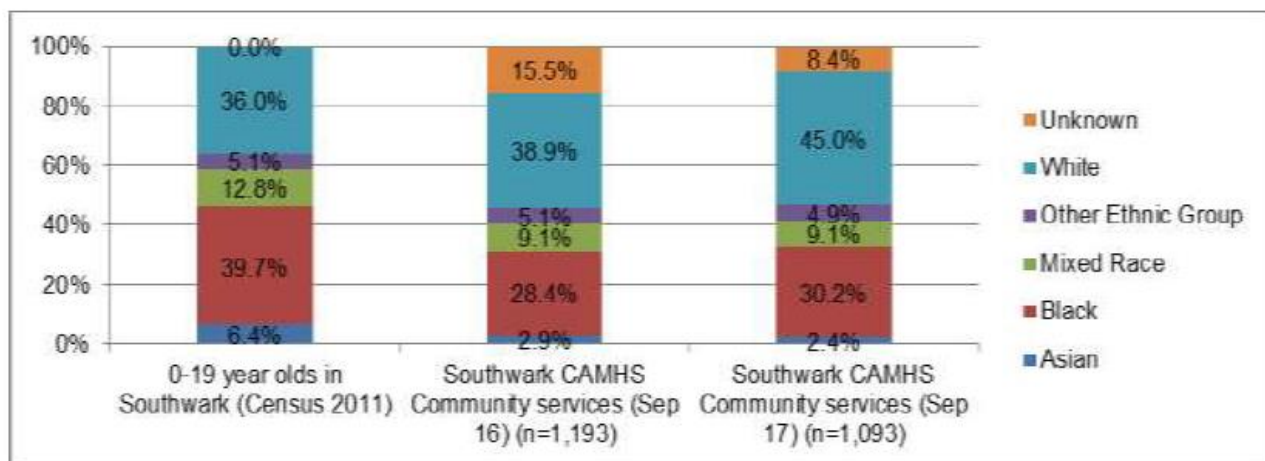
33. The Functional Family Therapy service has had reducing staff since summer 2017 and has now only one remaining employee, therefore activity data would not be meaningful.

SLaM Data

Ethnicity information

34. The table and chart below show the ethnicity of service users in September 2016 and September 2017 in comparison with the ethnicity of 0 to 19-year olds in Southwark (from Census 2011). Data provides snapshots of ethnicity data on two days, it does not necessarily reflect data on other days.

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
0-19 year olds in Southwark (Census 2011)	6.4%	39.7%	12.8%	5.1%	36%	0%
Southwark CAMHS Community services (Sep 16) (n=1,193)	2.9%	28.4%	9.1%	5.1%	38.9%	15.5%
Southwark CAMHS Community services (Sep 17) (n=1,093)	2.4%	30.2%	9.1%	4.9%	45%	8.4%



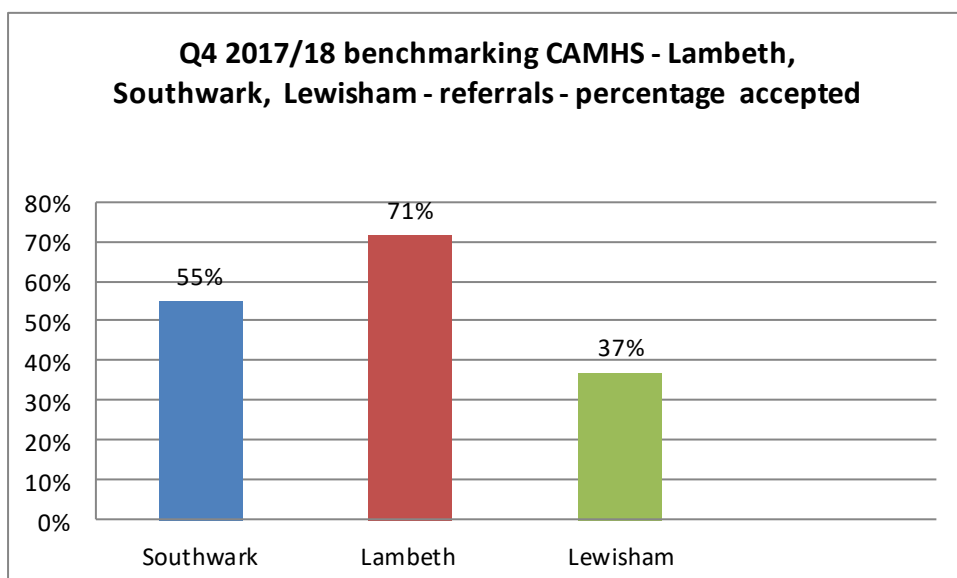
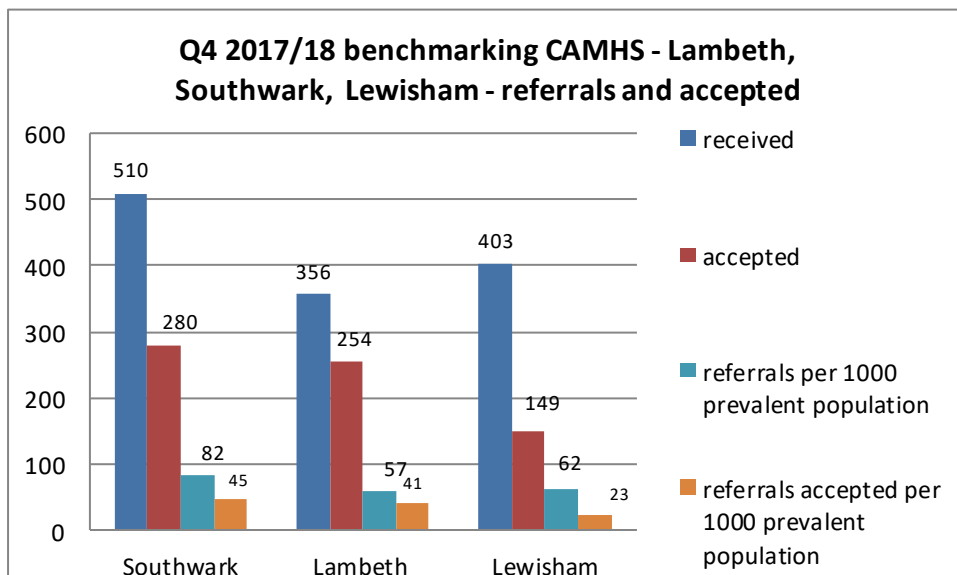
Examples of work to deliver effective and responsive services to BME service users include:

- Significantly improving the recording of service users' ethnicity
- Southwark CAMHS community teams are delivering an equality objective on improving access for young Asian and Black females.
- Recruiting a team manager from a BME background to enhance staff diversity and representation.

Benchmarking of key CAMHS measures from Quarter 4 data reports

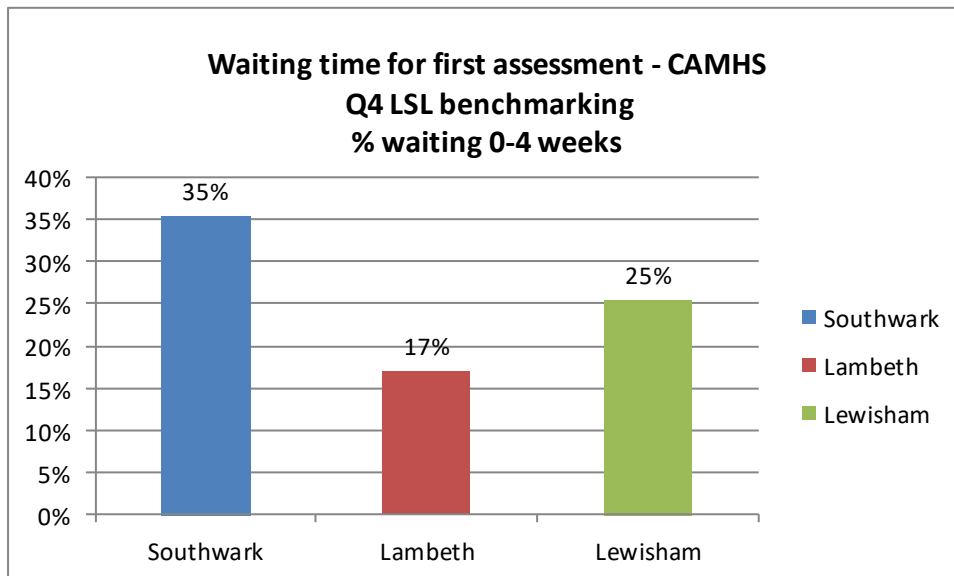
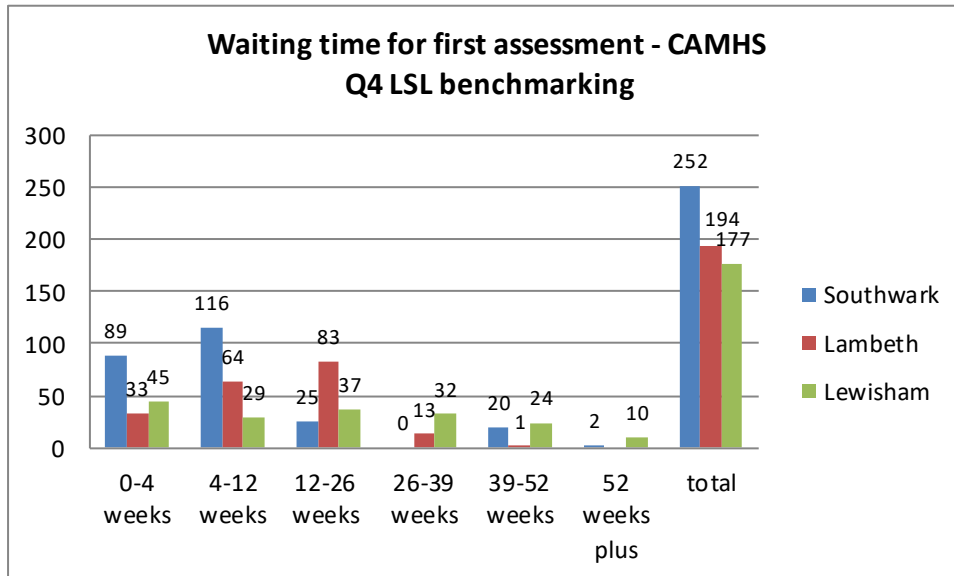
Referrals received and accepted - Q4

Southwark received and accepted more referrals in absolute terms, but Lambeth accepted a higher percentage of referrals.



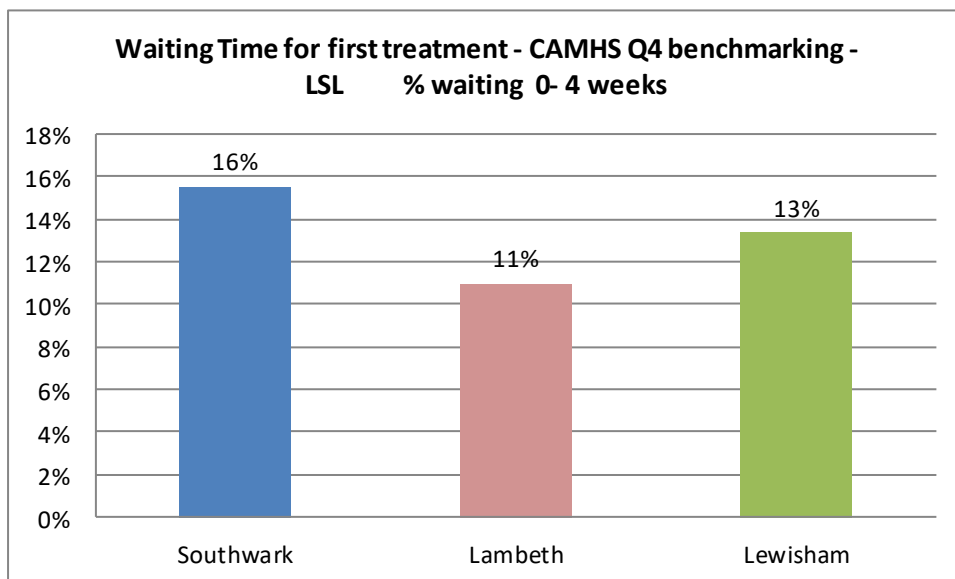
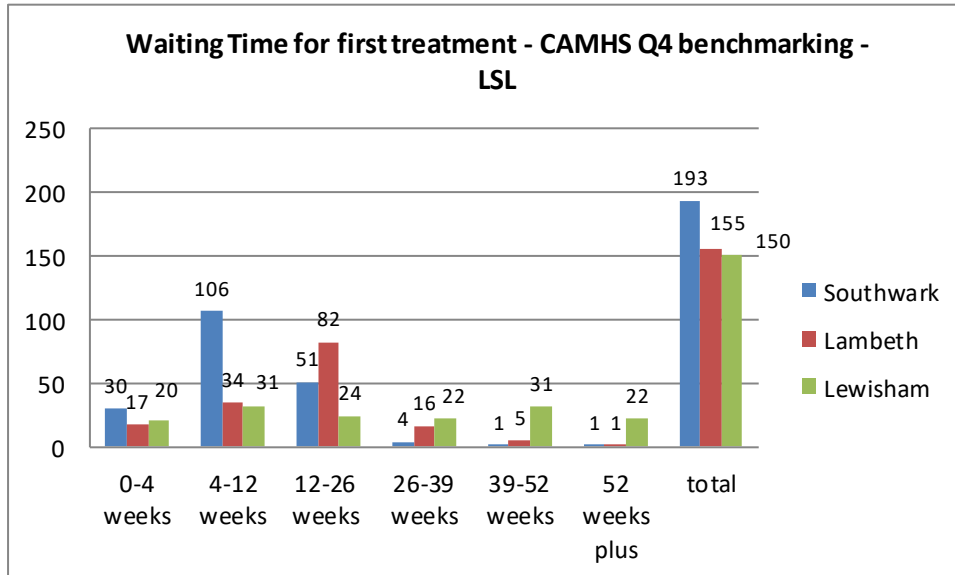
Waiting time for first assessment – Q4

Southwark undertook a higher number of first assessments, with a higher percentage seen within 4 weeks.



Waiting time for first treatment – Q4

Southwark undertook a higher number of first treatments, with a higher percentage seen within 4 weeks.

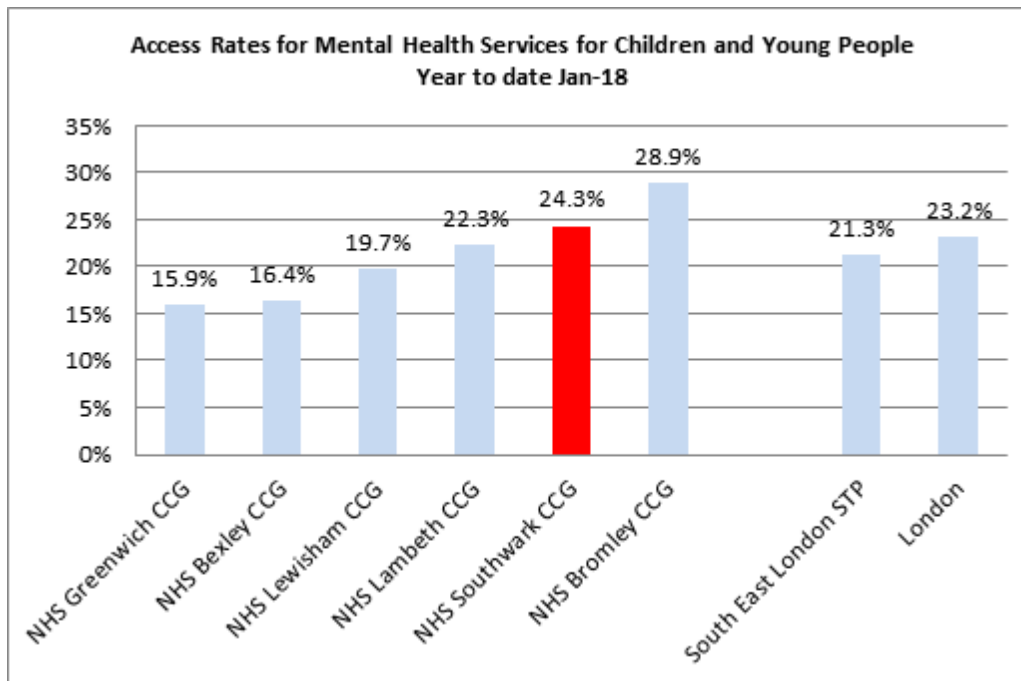


Comparison of activity across 4 boroughs

The following provides a comparison of activity across the four boroughs served by SLaM*. It is important to recognise that these services operate in different landscapes, so for example other boroughs have more voluntary sector and other commissioned support services than does Southwark.

*Southwark, Lambeth, Lewisham and Croydon

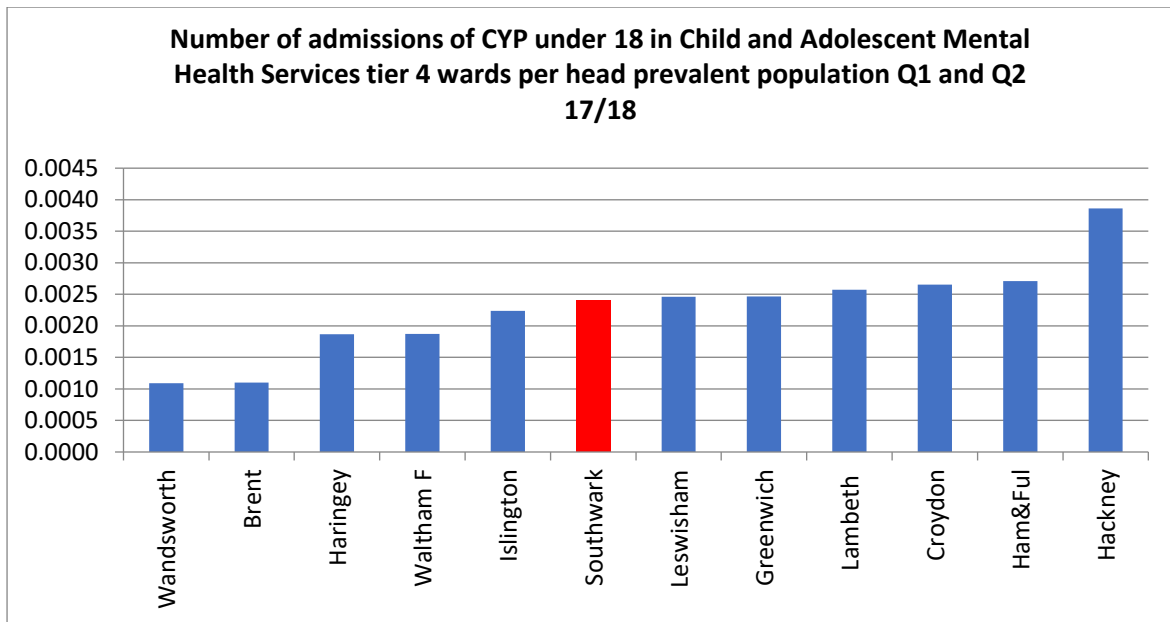
Access rates – South East London (latest NHS Digital published data)



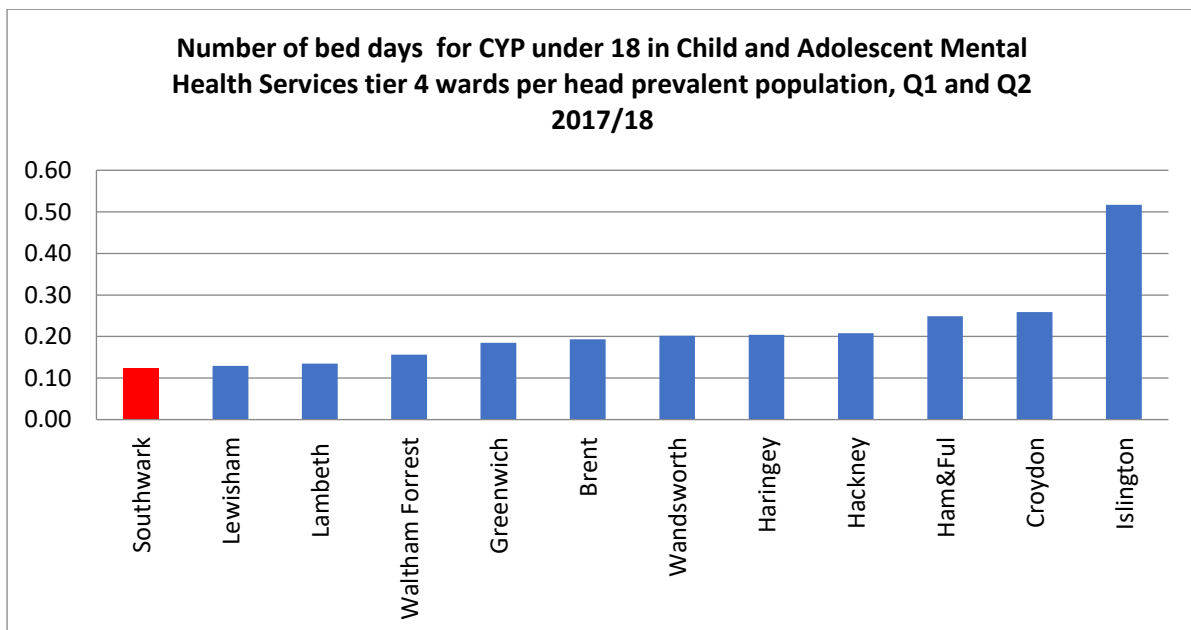
Underlying access data – NHS Digital

	Actual number of CYP receiving treatment (YTD)	Total number of CYP with a diagnosable mental health condition (prevalence)	Percentage access rate (annual equivalent)
Area	Jan-18	2017-18	Jan-18
NHS Southwark CCG	1,300	6,196	24.30%
NHS Lambeth CCG	1,205	6,240	22.30%
NHS Lewisham CCG	1,105	6,481	19.70%
NHS Bexley CCG	735	5,183	16.40%
NHS Bromley CCG	1,515	6,066	28.90%
NHS Greenwich CCG	875	6,364	15.90%
London	33,720	168,219	23.20%
South East London STP	6,740	36,530	21.30%

CAMHS indicators derived from the national MH5YFV quarter 2 report 2017/18 (March 2018) - using Right Care benchmarking group + Croydon**



NB. this is a different and lower picture for Southwark compared to the earlier London MH dashboard which is older data relating to 2015/16 – suggesting admissions rates have dropped.

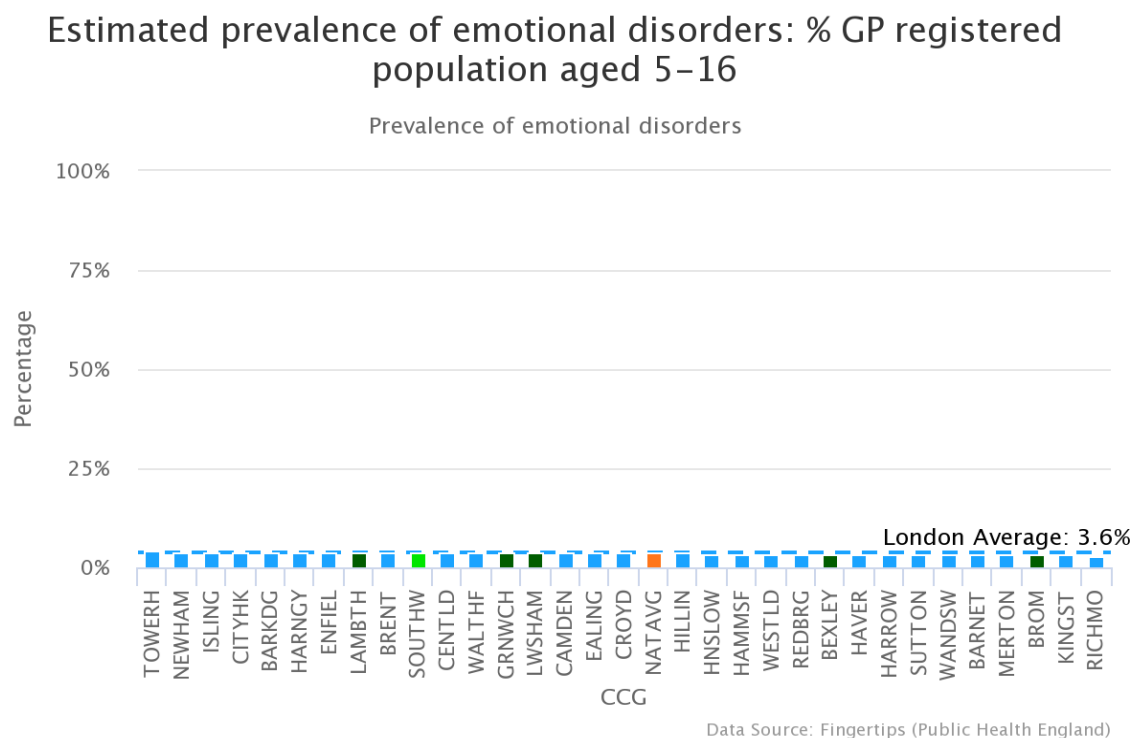
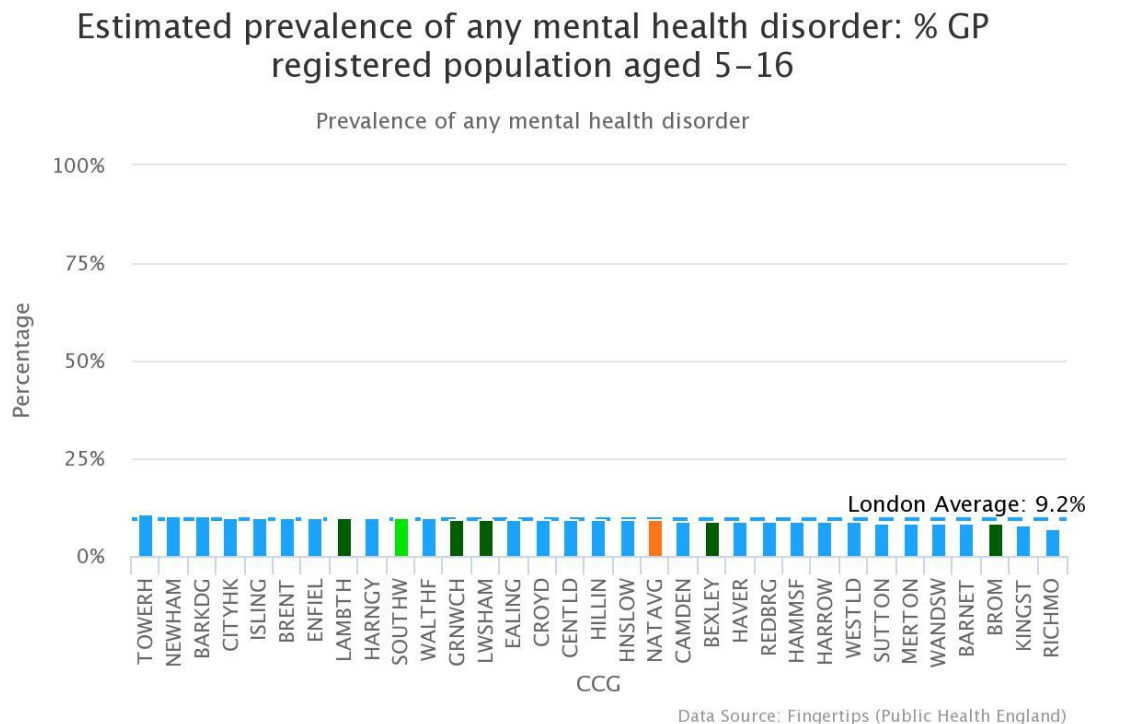


CAMHS Indicators on the London Mental Health Dashboard (at May18)

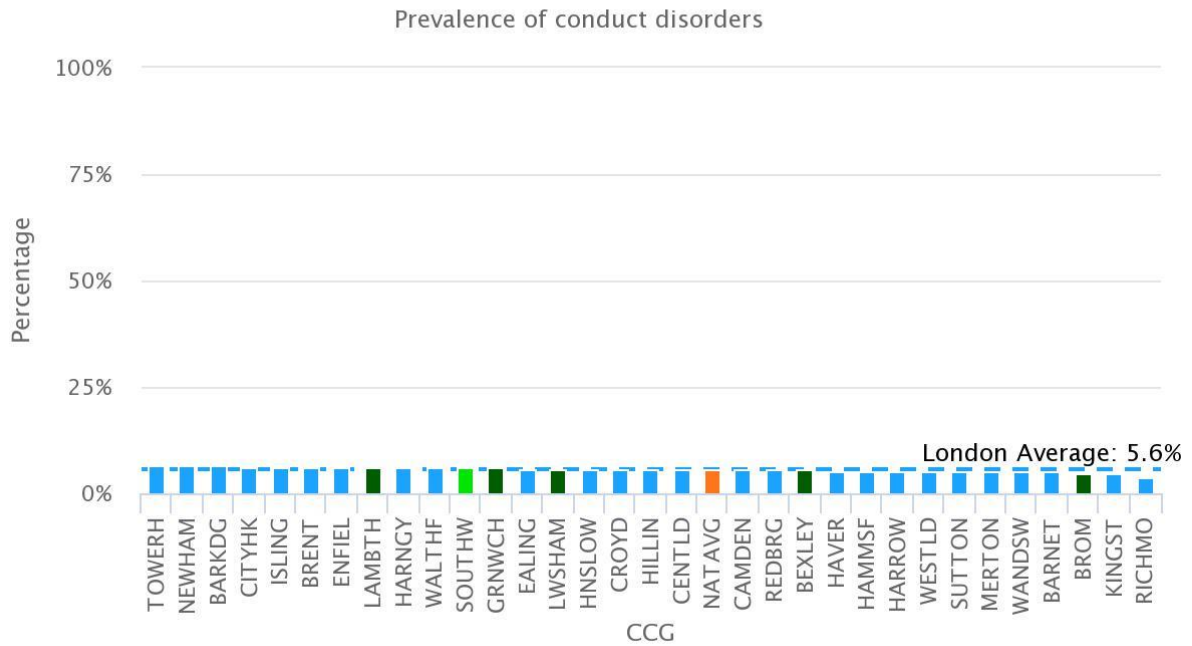
The most significant implication from these charts is that whilst Southwark has prevalence rates not far from the London average, the hospital admission rate for mental health conditions is significantly higher. However, this data is 3 years old and as above, admission rates have since dropped.

Data period 2015

Source: <http://lmh.nhsbenchmarking.nhs.uk/login>

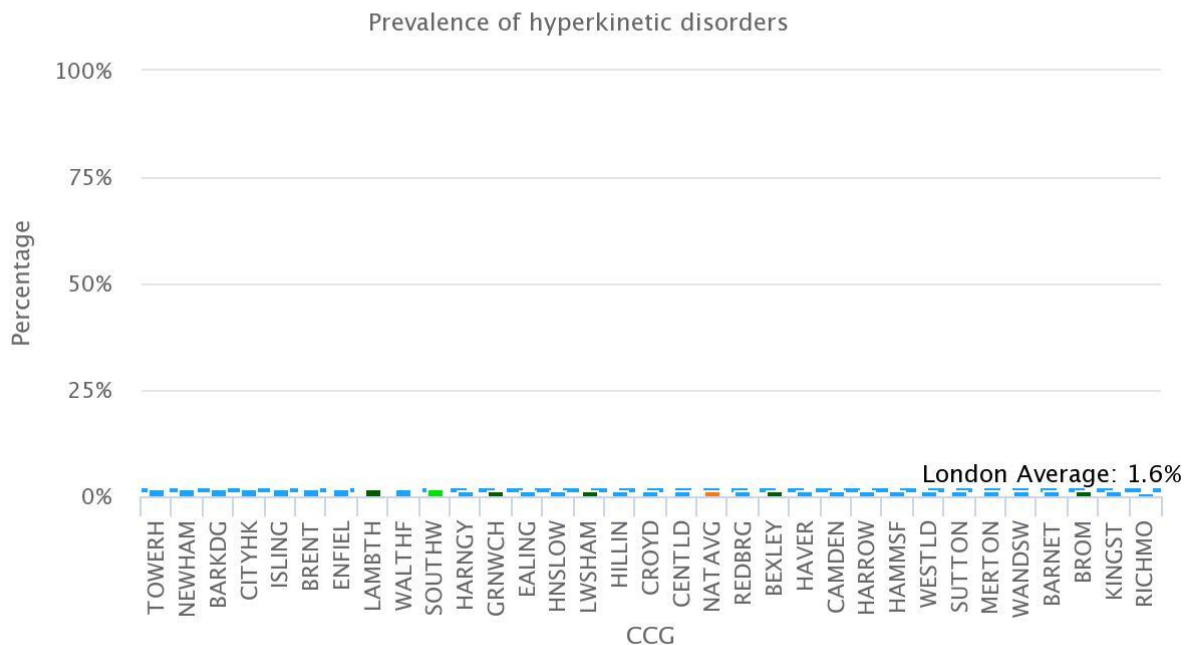


Estimated prevalence of conduct disorders: % GP registered population aged 5-16



Data Source: Fingertips (Public Health England)

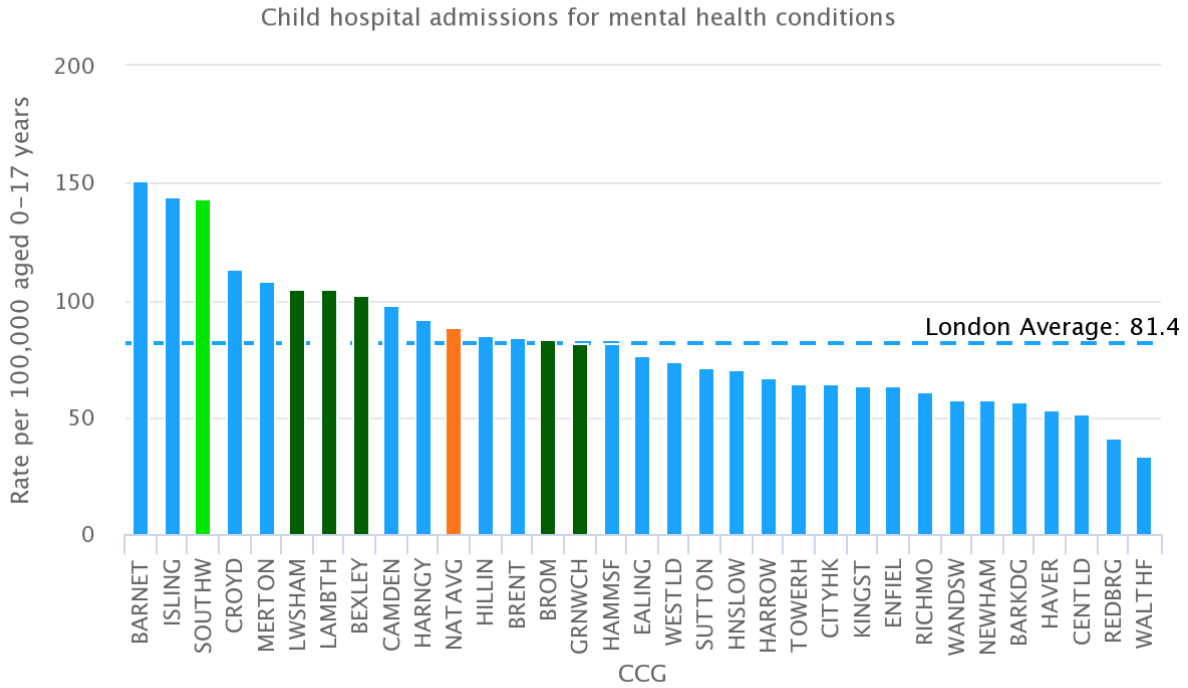
Estimated prevalence of hyperkinetic disorders: % GP registered population aged 5-16



Data Source: Fingertips (Public Health England)

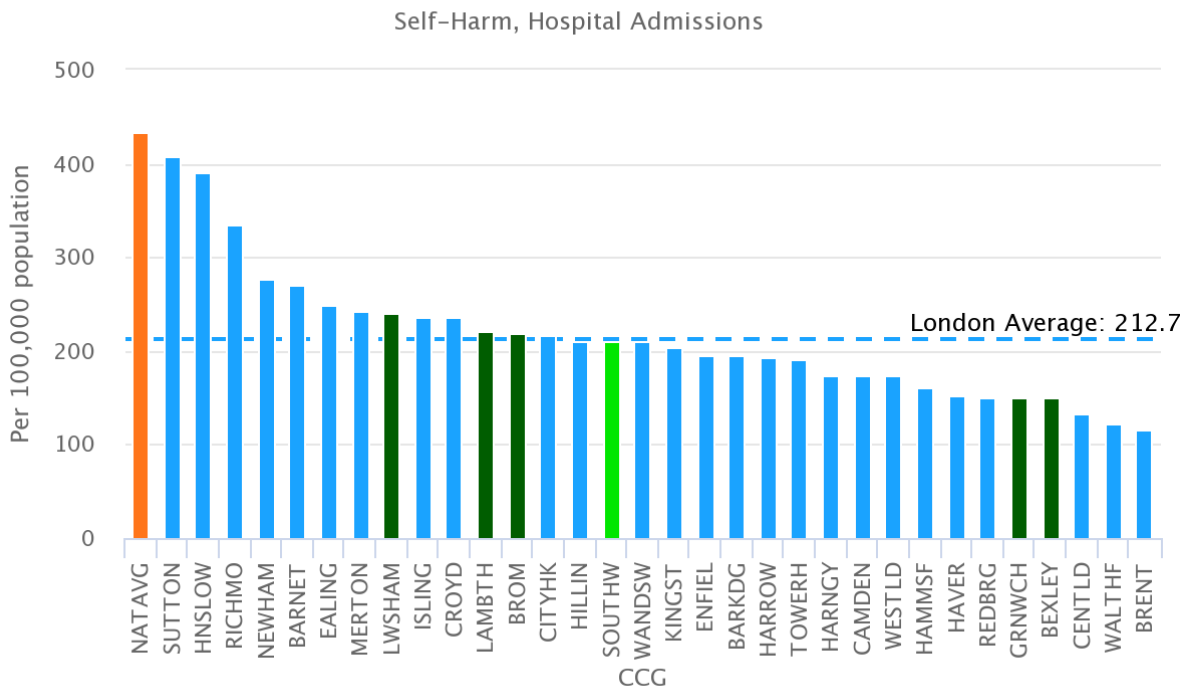
Data period: 2015/16

Child hospital admissions for mental health conditions



Data Source: Fingertips (Public Health England)

Self-Harm (10-24 year): Hospital admissions



Data Source: Fingertips (Public Health England)

Data period Q3 2017/18

Appendix M: Bridges to Health and Wellbeing in Southwark

NHS Southwark CCG and Southwark Council have agreed to a new joined up approach to commissioning known as population based commissioning which moves away from individual services towards commissioning to ensure delivery of outcomes based on people's needs.

We have adapted a tool known as Bridges to Health and Wellbeing, reflecting our desire to not just look at health and care but also the wider determinants such as housing, education and employment as part of getting the environment right, where the Council and CCG can provide information, advice, support, care or treatment for the presenting and underlying needs of an individual and/or their family. The tool will help us understand the needs, any health inequalities, common characteristics and best possible outcomes relevant to service users in the population, within individual population segments.

At the centre of this is a consistent focus on early intervention, prevention and self-management / self-care across all segments and acknowledging the voluntary sector's important role in this.

Segmentation

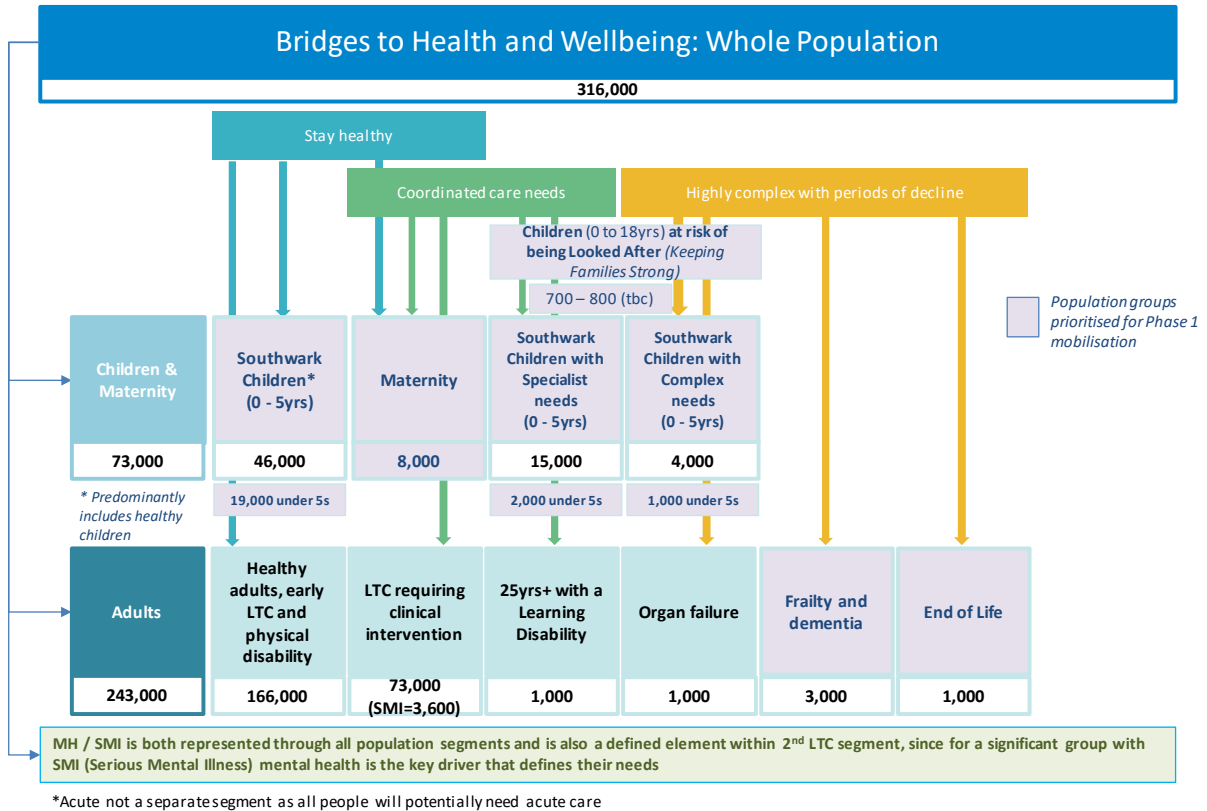
Segmentation aims to categorise the population according to health and wellbeing status, health and social care needs and priorities. This tool recognises that groups of people share characteristics that influence the way they interact with health and care services. To optimise outcomes, service user experience, efficiency and care costs, care delivery systems should respond to the needs of different population segments in different ways²⁶.

The population segments to which we will apply the Bridges to Health and Wellbeing approach are set out below:

²⁶ Adapted from <https://outcomesbasedhealthcare.com/evaluation-of-whole-population-segmentation-models/>

Applying the phase 1 priorities to original Bridges to Health & Wellbeing tool

Our Commissioning Development Groups have worked to localise the model



After careful development of the agreed model - which is recognised as a whole population approach - we have selected two key population groups to test the methodology in phase 1:

- **Adults:** Frailty, Dementia and End of Life
- **CYP:** Keeping Families Strong: Preventing the need for children (0 to 18 yrs) to be looked after; Maternity and All Southwark Children (up to 5 years) including those with Specialist or Complex needs

Children and Young People (CYP) element of phase 1 will be aligned to the findings and recommendations following the review of the CAMHS service, given that CAMHS is a key cross-cutting theme spanning all CYP population groups

Key features of the approach

- Includes a particular focus on targeting genuine need by improving outcomes for those with the worst outcomes and experiencing health inequalities (who may be identified through stratification) for whom traditional approaches have had insufficient impact
- Focussed on delivering agreed outcomes for the people of Southwark by meeting the “whole needs” of key population segments, rather than separate agencies trying to meet different needs through individual service specifications in an often uncoordinated way

- Tool requires collaboration between service users, providers and commissioners to use their input and expertise to take a system rather than service approach to meeting need
- Combines commissioning resources and incentivises different providers who are working with the same population segments to collaborate and shift the focus towards prevention, early intervention and better integrated community based care
- With prevention and early intervention in mind, the themes of Keeping Families Strong and Think Family will be supported and embedded across all population groups and throughout all phases of delivery including outcomes that focus on wellbeing and building resilience
- Improves impact, quality, value for money and whole system sustainability by spending the “Southwark pound” in a co-ordinated way so that agencies wrap around individuals and their families
- Improves people’s experience resulting from a shift in focus towards the individual and better co-ordination to deliver outcomes to meet people’s needs

Appendix N: National Indicators (for CAMHS and CCG)

1. % CYP with Eating Disorder seen within one week (urgent)
2. % CYP with Eating Disorder seen within 4 weeks (routine)
3. No of bed days for CYP under 18 in tier 4 mental health wards
4. No of admissions of CYP under 18 to tier 4 mental health wards
5. Bed days of CYP under 18 in adult inpatient wards
6. No of CYP under 18 admitted to adult inpatient wards
7. Planned CCG spend on CYP excluding Learning Disability and Eating Disorder
8. Planned CCG spend on CYP Eating Disorder
9. Unplanned readmissions to mental health services within 30 days of discharge for patients who are over 17

A quarterly activity return is made to NHS England but this does not have targets attached to them other than as indicated above.

Appendix O: References

1. *Briefing: Children's Mental Health Care in England. Children's Commissioner October 2017*
2. *Are We Listening? CQC Thematic Review of Mental Health Services for Children and Young People March 2018*
3. *NICE CYP Mental Health transition guidelines 2016*
4. *Southwark Joint Mental Health and wellbeing Strategy 2018-20121*
5. *NHS Five year Forward View: NHS England 2014*
6. *NHS Five Year Forward View for Mental Health: NHS England 2016*
7. *Child and Adolescent Mental Health Services Tier 4 report NHS England 2014*
8. *Future in Mind: Children and Young People's Mental Wellbeing NHS England 2015*
9. *Mental Health of Children in England Public Health England 2016*
10. *No Health Without Mental Health Dept of Health and Social Care 2011*
11. *Report on Parental Mental Health Service. CAMHS Research Unit, Kings College London Institute of Psychiatry. January 2017.*
12. *Evaluation of the Choice and Partnership Approach in Child and Adolescent Mental Health Services in England. National CAMHS Support Service/Mental Health Foundation December 2009*

13. Education

PHE (2015) What works in schools and colleges to increase physical activity; PHE (2014) The link between pupil health and wellbeing and attainment; DfE (2015) PSHE education a review of impact and effective practice; DfE (2016) School food in England. Departmental advice for governing bodies; School Food Plan (2015) Ofsted Guidance; School Food Standards. A practical guide for schools their cooks and caterers; Government Buying Standards; Ofsted (2015) Going the extra mile. Excellence in competitive school sport; Ofsted (2014) The PE and Sport Premium for Primary Schools; PHE (2014) The link between pupil health and wellbeing and attainment; DoH (2011) Physical Activity Guidelines for Children and Young People (5-18 years); HM Government (2016) Childhood Obesity: A Plan for Action; NICE (2008) Physical Activity in the workplace; Ofsted (2016) School Inspection Handbook; School Food Plan (2015) School food guidance for Governors; DfEE (2000) Sex and Relationships Education Guidance; Ofsted (2015) The Common Inspection Framework; NICE (2009) Physical activity for children and young people; NICE (2010) Smoking prevention in schools; NICE (2008) Social and emotional wellbeing in primary education; NICE (2009) Social

and emotional wellbeing in secondary education; NICE (2006) Obesity Prevention; DfE (2014) Promoting fundamental British values as part of SMSC in schools; DfE (2015) The Prevent Duty; DfE (2016) Mental health and behaviour in schools

Appendix P: Other reading

Mental Wellbeing of Young People (aged 0-24 years) in Southwark- draft Southwark Council Public Health Joint Strategic Needs Assessment March 2018

Southwark Children and Young People's Mental Health and Wellbeing Transformation Plan 2017

Transforming Children and Young People's Mental Health Provision: Dept of Health and Dept for Education 4 Dec 2017

Children Looked After and Care Leavers Placement Sufficiency Strategy 2018-22 Southwark Council 2017

Southwark Five Year Forward View: A local vision for health and social care 2016/17 to 2020/21

The health of school-aged children and young people in Southwark (5-19 years)- Southwark Council Public Health Joint Strategic Needs Assessment Sept 2017

Implementing the Five Year Forward View for Mental Health. NHS England 2016

NHS Benchmarking Network CAMHS Benchmarking Report 2017

Public Health England Child Profile March 2016

Glossary

AMH	<i>Adults' Mental Health</i>
ADHD	<i>Attention Deficit Hyperactivity Disorder (also termed Hyperkinetic Disorders)</i>
ASD	<i>Autistic Spectrum Disorder</i>
CAEDS	<i>Child and Adolescent Eating Disorder Service</i>
CAMHS	<i>Child and Adolescent Mental Health Services</i>
CAPA	<i>Choice and Partnership Approach</i>
CBT	<i>Cognitive Behavioural Therapy</i>
CCG	<i>Clinical Commissioning Group</i>
CEGAS	<i>Children's Global Assessment Scale</i>
CPA	<i>Care Programme Approach</i>
CQC	<i>Care Quality Commission</i>
CYP	<i>Children and Young People</i>
CYPHP	<i>Children and Young People's Health Partnership</i>
DBT	<i>Dialectical Behaviour Therapy</i>
EH	<i>Early Help</i>
EIS	<i>Early Intervention Service</i>
FFT	<i>Functional Family Therapy</i>
GSTT	<i>Guys and St Thomas's NHS Foundation Trust (Inc. Evelina Children's Hospital)</i>
HEE	<i>Health Education England</i>
HLP	<i>Healthy London Partnership</i>
IAPT	<i>Improving Access to Psychological Therapies</i>
I-Thrive	<i>Implementing Thrive</i>
JSNA	<i>Joint Strategic Needs Assessment</i>
KCH	<i>Kings College Hospital NHS Foundation Trust</i>
LAC	<i>Looked After Children</i>
LD	<i>Learning Disability (also referred to as Intellectual Disability or ID)</i>
LTP	<i>Local Transformation Programme</i>
NHSE	<i>NHS England</i>
NICE	<i>National Institute for Clinical Excellence</i>
ONS	<i>Office for National Statistics</i>
PH	<i>Public Health</i>
PHE	<i>Public Health England</i>
PMHT	<i>Parental Mental Health Team</i>
Provider	<i>Commissioned provider of services</i>
SEND	<i>Special Educational Needs and Disability</i>
SLaM	<i>South London and Maudsley NHS Foundation Trust</i>
SLP	<i>South London Partnership</i>
Specialist	<i>Services involving highly individualised programmes from expert practitioners</i>
STP	<i>Strategic Transformation Plan</i>
Targeted	<i>Services aimed at vulnerable groups but which are not specialist</i>
Tier 4	<i>Highly specialist services usually (but not always) provided in inpatient settings</i>
Universal	<i>Services aimed at the whole population</i>
YOS	<i>Youth Offending Service</i>

Item No. 11.	Classification: Open	Date: 21 November 2018	Meeting Name: Health and Wellbeing Board
Report title:		Building healthy communities (A): strategic estates planning	
Ward(s) or groups affected:		All	
From:		Ross Graves, Managing Director Southwark CCG Kevin Fenton, Strategic Director – Place and Wellbeing	

RECOMMENDATIONS

1. To note the draft NHS Southwark CCG estates strategy, including the development of community health hubs and support hubs.
2. To note the joint work between the CCG and the council on further developing the health hubs to address the wider wellbeing and social regeneration agenda.
3. To note progress to date and decisions on specific sites: Elephant and Castle, Canada Water, Aylesbury and Old Kent Road.
4. To agree a further meeting to discuss in more detail the content and shared implications to implement this strategy.

BACKGROUND INFORMATION

5. NHS Southwark CCG has recently refreshed their community estates strategy. This was originally developed through a series of multi-agency workshops including representation from the CCG, all provider trusts, the NHS property companies, local general practice and Southwark Council.
6. This work:
 - Developed a set of principles for the estate of the future and where we should be investing
 - Looked at what the existing capacity was, and where
 - Looked at future demand – generated by both the increasing population and the expectation that more services will be provided in a community/primary care setting
 - Pooled local knowledge on a locality by locality basis and
 - Proposed a future configuration of community health hubs and community health support hubs.
7. The refreshed draft NHS estate strategy is attached at Appendix 1.

KEY ISSUES FOR CONSIDERATION

Community Health Hubs and Support Hubs

8. The strategy sets out an ambitious partnership approach that is:
 - fit for the future delivery of transformed services,
 - able to accommodate a projected increase of 83,000 people over the next 15-20 years, and
 - supports the wider health and wellbeing of the population and the integration of public and voluntary sector services.
9. This is consistent with the approach across SE London which is to focus a wider range of services in community health hubs and support hubs which will provide care closer to people's homes and support a reduction in the demand on acute services. This grew out of the proposals for a place-based approach focusing on local neighbourhood populations and the development of Local Care Networks.
10. In Southwark, the focus is on the areas where population increase is expected to be greatest. This resulted in the following proposed locations. Appendix 2 shows these on a map.

Community Health Hubs:

- Elephant and Castle (new),
- Old Kent Road (new)
- Dulwich

Community Health Support Hubs:

- Surrey Docks (existing)
- Canada Water (new)
- Aylesbury (new)
- Lister Health Centre (existing – possible extension)

11. The range of services might vary slightly depending on the location, as the people in different parts of Southwark will have different needs, but there will be core focus on primary care, and services supporting people to be at home rather than in hospital. The fundamental model has been developed building on the engagement and consultation work undertaken as the CCG developed the plans for the new health centre in Dulwich. The service model for Dulwich is included at Appendix 3.

Developing the links with wellbeing and social regeneration

12. The refresh of the strategy this year offered the opportunity to consider how the concept of the health hubs and support hubs might be further developed to address wider wellbeing and social regeneration issues. Appendix 4 sets out the current thinking about how this might look.

Specific projects

13. The community health hub in Dulwich is under construction, but plans for the other hubs and support hubs are still in the planning stage.

14. The Elephant and Castle has been identified as the location for one of the two community health hubs in the north of the borough. It would allow the reprovision of existing poor-quality GP premises, accommodate a significant increase in population and allow the delivery of integrated community health services.
15. The Council regeneration team is leading work on a possible partnership joint venture between the council, the CCG and London South Bank University (LSBU) to create a world class 4000sqm health hub for on the Perry Library/ Keyworth site.
16. The health hub will be located on the lower floors with significant ground floor access. It would accommodate general practice and a range of other health and wellbeing services supporting the delivery of the social regeneration vision including shared synergistic community and voluntary sector space.
17. At Canada Water the CCG is working closely with the council and British Land on identifying a suitable location for a community health support hub. This would accommodate services both to the existing population and a significant proportion of the expansion following developments by British Land, Sellar Construction and King's College. The support hub will offer both GP and community health services from a single building and would accommodate a range of wider services offered by the local care network.
18. At the Aylesbury, a community health support hub will be part of the Plot 18 development. Delivery will be Aylesbury development partner Notting Hill Genesis. It will also accommodate significant additional population in that area – including the Aylesbury estate, the regeneration around Mandela Way, and the south end of the Heygate estate.
19. The support hub will offer both GP and community health services from a single building with a base for the community health staff working in the Borough and Walworth area. It would accommodate a range of wider services offered by the local care network.
20. The site will capture the interflow between other primary care (pharmacy) the library, early years / nursery and will be located in a designated shopping area. The indicative key dates are:
 - Currently on-going: site preparation
 - Mid 2019: construction start
 - Mid 2021: completion of South Building (Health Centre and Early Years)
 - End 2021: completion of North Block (Library, Retail and Residential) and Public Square
21. The south-east end of the Old Kent Road area has been identified as the location for the third community health hub and is in an area with the highest expected additional population. The numbers assume that the Bakerloo Line extension is progressed however even without the extension there will still be demand well over that which can be accommodated locally.
22. The CCG is working with the council, and the master-planning work has identified two possible sites. These have both been confirmed as possible through some high-level feasibility work.

Community impact statement

23. The NHS estates strategy will deliver together with partners improved and wider range of health and related care provision to better meet the needs of a local and growing population. The joint work between the council and the CCG looking at broadening the vision for the hubs and support hubs will support the realization of the social regeneration ambition.

Resource/financial implications

24. There are number of mechanisms for procuring health facilities, including LIFT, use of public sector capital and third party revenue options. The CCG will wish to work with the council to see how S106 and CIL resources might support these developments and provide high quality health and wellbeing facilities.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark CCG NHS Estates Strategy	Southwark CCG	Rebecca Scott rebecca.scott4@nhs.net

APPENDICES

No.	Title
Appendix 1	NHS Southwark CCG Estates Strategy
Appendix 2	Map of proposed community hubs and community support hubs
Appendix 3	Service model for Dulwich
Appendix 4	Wider services at community health & wellbeing hubs

AUDIT TRAIL

Lead Officer	Ross Graves, Managing Director, NHS Southwark CCG Kevin Fenton, Strategic Director, Place & Wellbeing	
Report Author	Rebecca Scott, Programme Director	
Version	Final	
Dated	7 November 2018	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
	Officer Title	Comments Sought
	Stephen Platts, Director of Regeneration	Yes
	Jin Lim, Consultant in Public Health	Yes
	Date final report sent to Constitutional Team	8 November 2018

Appendix 1

NHS Southwark CCG – Local Estates Plan refresh – 2018 version 3

<p>Introduction to Southwark and background to the local estates strategy</p> <p>Process for the refresh</p>	<p>Introduction to Southwark:</p> <p>Southwark is a young and culturally diverse borough with large numbers of working age adults and residents from a wide range of ethnic backgrounds. Home to some 312,000 people, Southwark has a comparatively young population, the median age (32.9 years) is two years younger than London. This stems not from a large number of children, but from a large number of young working age residents: over 40% of the Southwark population is aged 20 to 39, compared to just 34% in the rest of London. The population of Southwark is growing rapidly, with projections suggesting there will be an additional 63,000 people in the borough by 2026. Population growth is set to take place across almost all parts of the borough, but the largest increases are expected in redevelopment areas around Old Kent Road, South Bermondsey, Elephant and Castle and Canada Water.</p> <p>Background to the estates strategy:</p> <p>The Southwark Local Estates Strategy was developed early in the spring of 2016 through a series of multi-agency workshops. This included representation from the CCG, all provider trusts, the NHS property companies, local general practice and local authority. This group:</p> <ul style="list-style-type: none"> • Developed a set of principles for the estate of the future and where we should be investing • Looked at what the existing capacity was, and where • Looked at future demand – generated by both the increasing population and the expectation that more services will be provided in a community/primary care setting • Pooled local knowledge on a locality by locality basis and • Proposed a future configuration of community health hubs and community health support hubs <p>This group (the Local Estates Forum or LEF) has continued to meet, and has now embarked on a refresh of that strategy. This has consisted of:</p> <ul style="list-style-type: none"> • Redefining the context • Reviewing the population projections and seeing how they have changed • Considering changes to the provider landscape • Noting progress on projects
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	<ul style="list-style-type: none"> • Updated the principles for investment and ensuring they are still consistent with the SE London principles • Considering the changes to the policy context • Reviewing the development of the vision for community hub developments and as a result of this • Reviewing the location of the proposed community health hubs.
<p>Author/s</p>	
<p>Contents</p>	<p>This document sets out, at a high level, the following:</p> <ul style="list-style-type: none"> • The context for health and wellbeing in Southwark • A summary of the 2016 LES Strategy priorities • An update on key changes/developments since 2016 • Key Strategic activity • Key priorities for funding support • Next steps • STP Integration
<p>Context</p>	<p>Southwark is a young, diverse, and changing borough – a borough of communities – whose diversity, history and people make it a special place to live, work and play. Home to some 312,000 people, Southwark is also growing fast. Estimates suggest that the population of Southwark will increase by 20% by 2026, especially in and around areas of redevelopment such as Old Kent Road, South Bermondsey and Elephant and Castle. Current GLA population projections to 2035, while less reliable, are suggesting there will be 83,000 additional people living in the borough.</p> <p>Despite the improvements made in recent years, Southwark remains one of the most deprived local authorities in the country, with two in five residents living in communities ranked in the 20% most deprived areas nationally. This is a great concern, as deprivation has a profound impact on health.</p> <p>Whilst life expectancy is continuing to increase, social inequalities have led to unequal health outcomes across the borough, with some of our residents living longer, healthier lives than others. For example, between the most and least deprived wards in the Borough, there is a 5.5 year life expectancy gap among women and a 9.5 year difference among men.</p> <p>Key health challenges and opportunities for improvement are:</p>

	<ul style="list-style-type: none"> • Childhood obesity: children in Southwark have some of the highest levels of excess weight in England with 43% of 11 year olds currently overweight or obese. In deprived parts of the borough, children are 120% more likely to be obese than children from affluent areas • Sexual health: Southwark has the second highest prevalence of HIV in England and over 8,000 new STI diagnoses each year • Mental health: in Southwark, just under 50,000 adults are thought to experience anxiety or depression. Approximately 4,000 people have a severe mental illness such as schizophrenia or bipolar disorder • Long-term conditions (LTCs): the most common LTCs diagnosed in Southwark are Hypertension, depression, and diabetes. Approximately 1% of the registered population have three or more chronic conditions • Air Quality: There are over 80 deaths each year in Southwark attributable to poor air quality <p>Informed by those key health challenges, the Health and Wellbeing Board has identified a number of key priority areas for the borough:</p> <ol style="list-style-type: none"> 1. Best start in life for every child and young person 2. Tackling the root cause of ill health and enabling healthier and more resilient communities by focusing on wider determinants of health, healthier streets and places, and prevention and early intervention 3. Improved outcomes for vulnerable groups and supporting independent living 4. Integration for better health and wellbeing outcomes focusing on integrated health and social care that is personalised and coordinated in collaboration with individuals, families and carers and a shift from reliance on acute care towards primary and self-care
<p>Summary of the 2016 LES Strategy</p>	<p>The estates challenge for Southwark is three-fold. We need an NHS estate that is:</p> <ul style="list-style-type: none"> • fit for the future delivery of transformed services, • able to accommodate a projected increase of 83,000 people over the next 15-20 years, and • supports the wider health and wellbeing of the population and the integration of public and voluntary sector services. <p>The strategy across SE London is to focus a wider range of services in community health hubs and support hubs which will provide care closer to people's homes, and support a reduction in the demand on acute services. This grew out of the proposals for a place-based approach that focussing on local neighbourhood populations and the development of Local Care Networks.</p> <p>In Southwark we proposed a similar network, focussed on the areas where population increase was expected to be</p>

	<p>greatest. This resulted in the following proposed locations:</p> <p>Community Health Hubs:</p> <ul style="list-style-type: none"> • Elephant and Castle (new), • Old Kent Road (new) • Dulwich <p>Community Health Support Hubs:</p> <ul style="list-style-type: none"> • Surrey Docks (existing) • Canada Water (new) • Aylesbury (new) • Lister Health Centre (existing – possible extension)
<p>Key changes since 2016 strategy - context</p>	<p>A number of things have changed since 2016:</p> <p>1. Population projections have increased The total increase across the borough by 2035 is now estimated to be an additional 83,000 people.</p> <ul style="list-style-type: none"> • The increases are focussed in the north: <ul style="list-style-type: none"> ○ Borough and Walworth (Elephant and Castle and Blackfriars) - +23,000 people, with bigger increases in people of working age ○ Bermondsey and Rotherhithe (SE end of the Old Kent Road and Canada Water) – 57,450 people again with bigger increases in people of working age • In the south of the borough the picture is very different: <ul style="list-style-type: none"> ○ Peckham and Camberwell - modest increases overall (+5236) with a decrease in younger people offset by a larger increase in older people ○ Dulwich – small decrease overall (-2214) also with a decrease in younger people in part offset by an increase in older people <p>2. Social regeneration in Southwark</p> <ul style="list-style-type: none"> • Southwark continues to have a proactive regeneration programme aimed at creating more homes, strengthening the local economy, and improving the wellbeing of individuals and communities across the

borough.

- The new Southwark Council Plan (FY18/19-FY21/22) includes ambitious commitments to making Southwark a place to belong, vibrant and healthier. It includes a number of relevant commitments including:
 - i. Continue to ensure that every new development has access to enough primary and community based health services (including GPs), school places and parks to support residents
 - ii. Build at least 1,000 more council homes and secure 1,000 new homes at London Living rent by 2022
 - iii. Build a new library and health centre on the Aylesbury Estate and secure funding to support residents through regeneration
 - iv. Improve high speed internet access across the borough
 - v. Open new nursing homes
 - vi. Build extra care housing
- Southwark Council has also prioritised social regeneration as a strategic priority. Defined as an approach which prioritises “ensuring that the places where people live, now and in the future, create new opportunities, promote wellbeing and reduce inequalities so that people have better lives, in stronger communities, and achieve their potential”.
- The Council is now increasing its efforts to ensure that health and wellbeing is a primary outcome for all regeneration work, recognising that the extensive urban redevelopment of large parts of the borough presents opportunities to re-shape the built environment to improve health and wellbeing.

3. Changes to the provider landscape

- Provider trusts have consolidated into fewer premises, especially in the north
- Loss of 2 poor quality GP premises with another 1 possible – all in the north
- Southwark GP federations (IHL and QHS) have developed cluster/neighbourhood population-based delivery models (9 across the Borough).
- Mergers –
 - 1 super-practice in the north
 - Practice numbers reducing as APMS practice tenders increasingly bring smaller lists together where possible

4. Progress on existing projects

- Dulwich (future Community Health Hub) – financial close completed and now on site – due to open April 2020

- Aylesbury – business case close to completion – due on site end 2018 and opening early 2021
- Acorn/Gaumont – refurbishment and creation of additional clinical space
- Nexus@Decima Street – creation of additional clinical space

5. Changes to the policy context

The 2016 strategy was based on a policy context of:

- OHSEL plan which sought to expand community-based care instead of building another 750 bed hospital.
- Local Care Network development
- Development of GP Federations

Since then there has been growing attention given to

- Digital first
- A possible provider Joint Venture
- Embracing the wider social regeneration/health and wellbeing agenda

6. Developing vision for Community Hubs and support hubs

- Discussions are on-going with council colleagues about how we can maximise the benefits of co-locating health, council and voluntary sector services to support a more holistic approach to both health and wellbeing both in the new and the existing communities.
- Initial conversations between the CCG and Council have encouraged a broader, more inclusive and more holistic view of Community Hubs be explored and prioritised. Key principles include:
 - Viewing hubs as an opportunity to co-locate & integrate NHS, council, voluntary sector and other local community assets
 - Recognise that interested parties within the Council for this co-location go beyond traditional partners (eg social care) but may include other parts of the council which interface with local communities
 - Understand that hubs can be both physically as well as virtually co-located and connected and that discussions on hubs should take an individual and community-centered approach into what integrated services are required to improve wellbeing more easily, effectively and engagingly
 - The acknowledgement that while the Hub services may vary by geographic locality, there should be a commitment to developing a robust, 'basic package' of integrated services available at all hubs with 'enhanced support services' being developed and added to reflect local needs and local assets
 - The ambition that hubs serve to support and enhance a stronger community based offer that

	<p>improves the health and wellbeing outcomes for Southwark residents and supports the development of resilient communities</p> <ul style="list-style-type: none"> ○ Finally, it is important that these hubs are seen as being part of local communities and that the principles of community engagement and empowerment are employed as far as possible to involve local communities in shaping their hubs, participating in its development and future sustainability.
<p>Key changes since 2016 strategy - projects</p>	<p><u>Community hubs and support hubs</u></p> <p>Following the work by the LEF, it was agreed that there was no argument for changing the locations of the community hubs and support hubs. As before, these are as follows:</p> <p>Community Hubs</p> <p>Elephant and Castle</p> <p>This is an area with a fast increasing population and some poor quality primary care premises. The population is projected to grow by 18,000. There are two possible options for a location for a community health hub:</p> <ul style="list-style-type: none"> • Joint development of Walworth Town Hall and Larcom House (previously Walworth Clinic) offering an integrated health, social care and wellbeing centre. There is currently an expression of interest with the council for this joint project. The site is well located on the Walworth Road • Redevelopment of an existing GP premises to form a Community Health Hub. This is a site which is slightly away from the main roads, but the new landlord is keen to progress a development either as a GP surgery or as a community health hub depending on the need. • Possible joint work with LSBU on site close to Skipton House. This offers a good amount of space in a location very close to the Elephant and Castle. <p>Next steps and key decisions We are waiting on the imminent council decision in relation to the Walworth Town Hall and there are also discussions to be had in relation to the breadth of the service offering and the extent to which the council will consider the co-location of services and the wider social regeneration agenda. We will be undertaking a site options appraisal and then working through the business case process.</p> <p>Old Kent Road</p>

This is a brownfield/ex-industrial area which will within 5 years be being redeveloped with an expected additional population of 32,000. The options for a community hub location are:

- Community Health Hub as part of a larger development on the south side of the Old Kent Road. This would be a 'shell and core' for fit-out
- Redevelopment of existing GP premises to form a Community Health Hub to the north of the Old Kent Road – this would probably be a separate building

Next steps and key decisions We are waiting council information about the pace of the development of this area so that we can identify the trigger point by which there needs to be additional capacity. There are also discussions to be had in relation to the breadth of the service offering and the extent to which the council will consider the co-location of services and the wider social regeneration agenda. We will also be undertaking a site options appraisal and then working through the business case process.

Dulwich

This is a development on the Dulwich Hospital site. Financial Close was reached on 1 May 2018 and contractors are now on site, with a scheduled completion of April 2020.

Community Health Support Hub options:

Canada Water options:

This is an area where the population is projected to grow by 13,000. The CCG is working with British Land, who are the largest of the three developers to identify a possible site. Discussions are also on-going with the regeneration team in the council and the planning team about how to ensure appropriate facilities in the future that serve both the three new populations as well as the existing one.

Next steps and key decisions We have started discussions with local GP practices about the potential sites. This will lead into a site options appraisal after which we will progress to working through the business case process.

Aylesbury Health Centre

As part of the regeneration of the Aylesbury estate both the Aylesbury Medical centre and the Aylesbury Health Centre will be demolished. The council are re-providing the facilities in a new integrated health centre as part of the 'town

centre' for the new development. It has been sized to accommodate the increased population in the area. This is now at FBC development stage and the CCG awaits completion of the lease discussions between the council and GSTT. This is funded by the council and with some S106 funding. Unfunded elements are the FF&E and the ICT.

Lister Health Centre options:

The population of the Peckham and Camberwell area is now only expected to grow by around 5000. Some of this can be addressed through the development of the Gaumont, and the remainder through the more efficient use of existing premises and a possible extension of the Lister health centre to offer additional clinical accommodation.

Next steps and key decisions We are reviewing the utilisation of this site with a view to assessing whether there needs to be additional capacity built on. This needs to take into consideration the longer-term availability of local practice premises and the changing primary care provider landscape in that area.

Improving utilisation of existing buildings

There is an on-going task group working on ways of improving the utilisation of Sunshine House – the Child Development Centre in the centre of the borough.

Council Assets for HWB (i.e. leisure centres, etc)

There are other council resources and assets that can greatly contribute to the Health and Wellbeing of the local population. These should not be overlooked. A preliminary list of council assets with an interest in health and wellbeing is below:

Parks and Leisure:

- Southwark has five major parks and 34 local parks (and many more pocket parks or squares):

North: 2 major parks; 15 local parks
 Central : 1 major park; 12 local parks
 South: 2 major parks, 7 local parks

	<ul style="list-style-type: none"> • 5 main leisure centres (many with meetings rooms and consultation rooms) • 1 fitness and water sports centre (with studios and meeting rooms) • 1 athletics track (new pavilion planned so currently no building) • 5 football facilities with pavilions (St Pauls, Burgess, Homestall, Pynners, Southwark Sports Ground) • 1 multi outdoor sports facility with pavilion (Geraldine and Mary Harmsworth) • 1 Tennis centre and café • 1 BMX track • There are approximately 516 play areas for children and young people. This figure includes both private, parks and housing play areas. <p>Culture</p> <ul style="list-style-type: none"> • 12 libraries (with meeting rooms available) <p>Children’s and Adults’ services</p> <ul style="list-style-type: none"> • 22 youth centres • 3 Social care hubs – two existing and one in development <p>Health and Wellbeing</p> <ul style="list-style-type: none"> • Southwark Wellbeing Hub (largely mental health)
<p>Key Strategic activity</p>	<p>Southwark GP Federations and Neighbourhood Southwark Five year forward view - Community based Care and Local care networks</p> <p>NHS Southwark CCG and Southwark Council have agreed to a new joined up approach to the commissioning of health</p>

and care services. We have called it Bridges to Health and Wellbeing Southwark, reflecting our desire to join up services that all too often operate in silos. The key features of the approach are that it:

- Is focussed on delivering agreed outcomes for the people of Southwark by meeting the “whole needs” of key population segments, rather than separate agencies trying to meet different needs in an often uncoordinated way
- Has a particular focus on improving outcomes for those with the worst outcomes whom traditional service approaches have had insufficient impact
- Combines commissioning resources and incentivises different providers who are working with the same population segments to collaborate and shift the focus towards prevention, early intervention and better integrated community based care
- Improves impact, quality, value for money and whole system sustainability by spending the “Southwark pound” in a co-ordinated way between different agencies
- Improves people’s experience as different services are more user focussed and better co-ordinated to meet people’s needs and deliver their outcomes.

Local Care Networks

Local Care Networks (LCNs) bring together local health and social care providers alongside voluntary sector and local people to work collaboratively to improve the health and wellbeing for the people of Southwark. LCNs are part of our whole-system response to deliver on the ambitions set out in the Southwark ‘Five Year Forward View’.

Over the last 18 months, LCNs have brought together provider partners, people with lived experience and the voluntary and community sector to design and deliver a care coordination pathway for people with three or more long-term conditions that has been rolled out across all GP practices in Southwark. As we move into the next phase of the programme we need to build on this foundation, increasing the scope and scale of this model.

The Southwark Community Based Care Programme

From June, we are mobilising new arrangements for how we work together with partners to transform how community

based care is delivered in Southwark. This is in recognition of a need for increased scope and scale for LCNs, more formalised collaborative arrangements between providers and commissioners, and the move to commissioning based on populations and outcomes.

The Southwark Community Based Care Programme will bring together:

- **‘Commissioning development’** workstreams that support Council and CCG commissioners moving towards commissioning for populations and outcomes based on our Southwark Bridges to Health and Wellbeing segmentation model
- **‘System development’** workstreams to enable service re-design and delivery within effective provider partnerships and accountability arrangements.
- **A focus on neighbourhoods with services and professional working together in alliances that are formal and informal to deliver a specific population based focus.** The cluster/neighbourhood footprint is accepted as the basis to redesign services across organisation boundaries (through the Local Care Network, Joint Venture(s) and Community Based Services Southwark. The estates strategy needs to enable this new way of working and ‘joined up’ delivery of services.

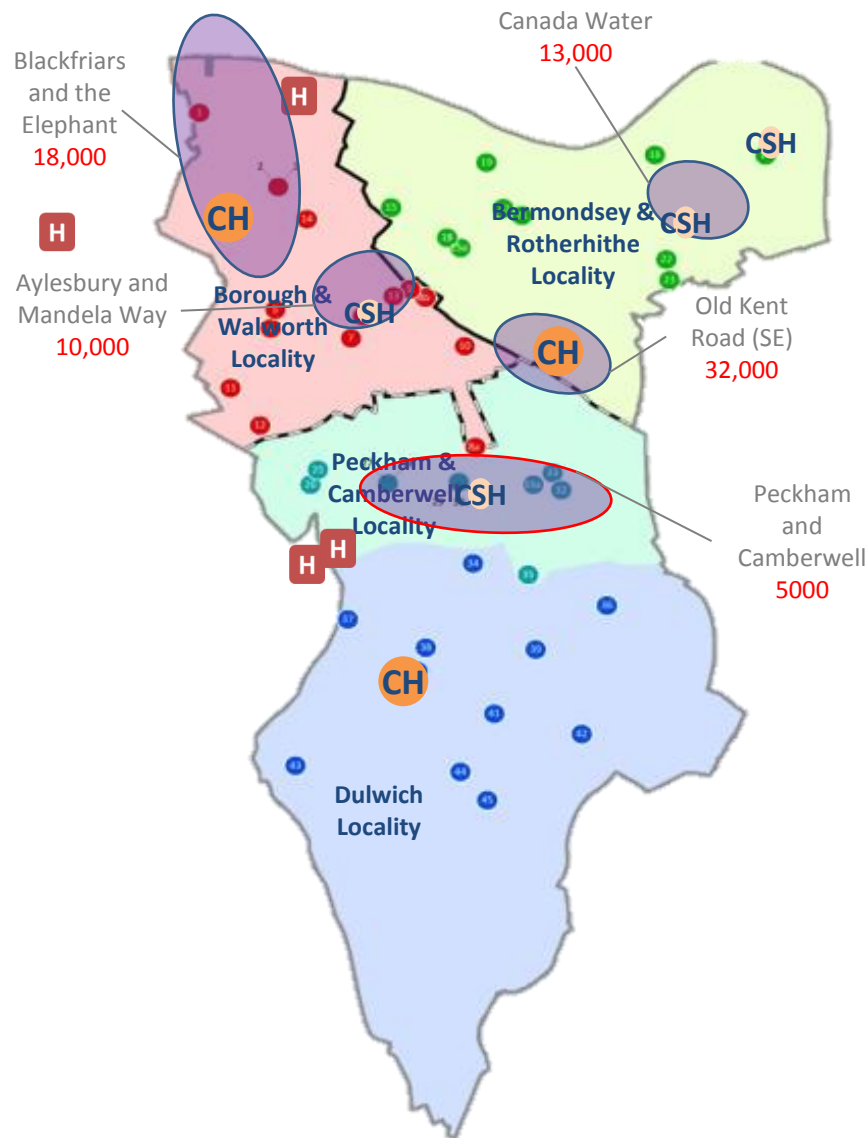
NHS Southwark CCG’s work is consistent with the SE London Sustainability and Transformation Plan (STP) whose key issues are:

- Better community based care including: extra £7.5 million a year to ensure that people in south east London can book a GP at a time that suits them – including more evening and weekend slots
- No closures of any A&E and maternity departments – we want to make sure they all meet high standards of care in the future
- Better maternity care – dedicated midwives supporting mothers throughout pregnancy, better advice and choice on birth options
- Developing world-class orthopaedic services – fewer cancelled operations, shorter waiting times and more procedures carried out
- All the different parts of local health and care services working together to use available money and resources in the best way possible - helping us avoid a £1bn overspend by 2021
- Faster cancer diagnosis – new £160 million purpose built cancer centres at Guy’s Hospital and £30 million centre at Queen Mary’s Sidcup, launch of dedicated oncology support phone line, dedicated clinical nurse

	<p>specialists for all patients</p> <ul style="list-style-type: none"> All the different parts of local health and care services working together to use available money and resources in the best way possible - helping us avoid a £1bn overspend by 2021 <p>The SE London estates strategy underpinning this is predicated on the establishment of a network of community health hubs across the area. These will not only add capacity where there are significant population growth but also accommodate services being provided outside the acute sector.</p> <p>Key CCG-level issues:</p> <ul style="list-style-type: none"> The CCG is continuing to invest more in mental health services. For the coming year we will continue to invest in improving the quality of community and primary care services, and achieve safety and quality improvements in all our contracts. We are working closely with all our local providers including local GP Federations, to deliver improved quality and consistency of services to all residents on a population basis. We are committed to both enabling and participating in the development of strong partnerships between our providers and with Southwark council in order that we can maximise the benefits to the residents of Southwark.
<p>Key priorities</p>	<p>The principles to which the CCG and our partners are working are:</p> <ul style="list-style-type: none"> Principle 0 – Driving forward – continuing with existing rationalisation plans - Continuing with rationalisation plans where the case has already been made (informed by a shared and up to date understanding of our current estate and planned future requirement). Principle 1 – Digital First: Develop technological solutions that support a greater degree of service integration and offer alternatives to face-to-face consultations Principle 2 – Community Hubs: Support the development of up to three Community Hubs, which can accommodate increased primary care activity, community-based care services provided by local care networks (LCNs) and the wider out-of-hospital services required across a locality. These are the focus of a network of services to a locality which will include community support hubs as well as general practice and community clinics. Principle 3 – Logistics Hubs: Support providers in using their sites as effectively as possible, with non face-to-face work taking place away from clinical standard spaces. Encourage new ways of working which utilises admin space as efficiently as possible.

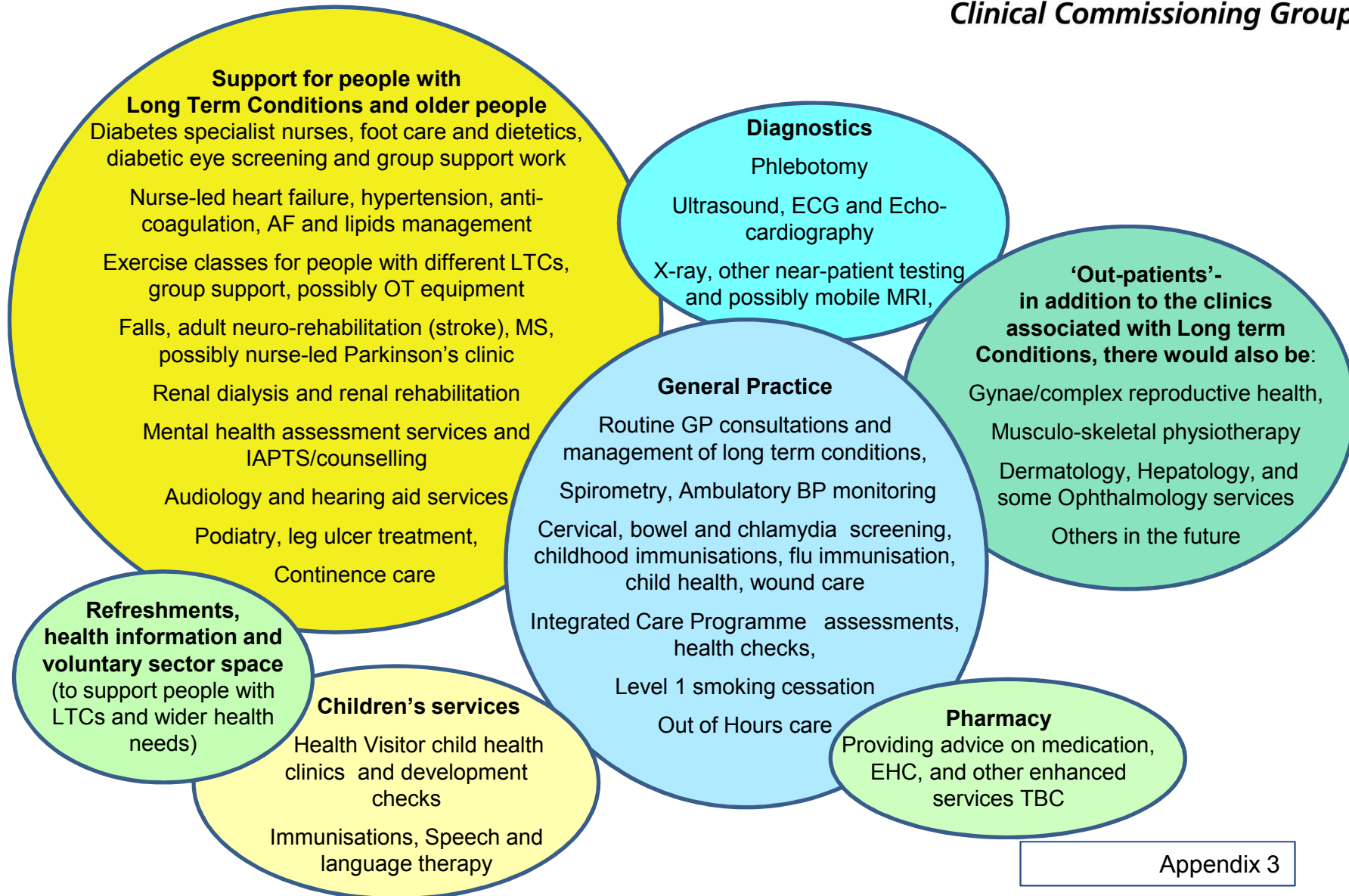
	<ul style="list-style-type: none"> • Principle 4 – Integrating with the wider public sector Integration with wider public and voluntary sector to maximise use of both clinical and non-clinical space through sharing across organisations. Consider the co-location of wider public and voluntary sector services to maximise wider health benefit and draw on the wider public estate where required. • Principle 5 – Flexibility - Develop flexible, generic space and buildings with appropriately flexible occupation agreements that can be used by any specialty or service, so integrating health and mental health with social care and voluntary sector services to enable us to provide accessible, holistic and person-centred care. • Principle 6 – Maximising the value of the estate: Maximise the utilisation of existing clinical space through new ways of working and extending hours of operation where possible. • Support the development of modern, fit for purpose primary care premises where they can contribute effectively to the provision of consistent high quality care to the local population • Principle 7: Maximising population health - Work with wider public and voluntary sector in considering wider health and wellbeing benefits of co-locating and sharing accommodation across a wide range of social regeneration initiatives, encouraging social connection and cohesion. • Principle 8: Addressing health inequalities - Focus investment in areas where the need and the population increase are greatest.
<p>Funding support</p>	<p>S106 – The CCG is working with the council to secure S106 resources to support the development of health and wellbeing facilities.</p> <p>IG – A small amount of improvement grants were awarded in Southwark to general practice.</p> <p>ETTF – Funding has been made available for non-recurrent revenue costs, ICT and some FF&E for Dulwich.</p> <p>It is noted the Southwark Council have not pursued OPE support.</p>
<p>Next steps</p>	<p>The key issue for the CCG at the moment is the resourcing of the work on developing schemes in the Elephant and Castle, Canada Water and the Old Kent Road.</p>
<p>STP Integration</p>	<p>NHS Southwark CCG is well represented and involved within the South East London STP.</p>

Community hub and support hub locations April 2018



- Local estates strategy plan proposals:
- 3 Community health hubs:**
- CH • Elephant and Castle
 - Old Kent Road
 - Dulwich
- 4 Community health support hubs:**
- CSH • Aylesbury
 - Canada Water
 - Surrey Docks
 - Lister

Services proposed for the Dulwich Health Centre



Appendix 3

Optional Services at Southwark Community Health & Wellbeing Hubs

General practice space

- Consulting rooms
- Treatment rooms
- Confidential space for non-face-to-face clinical work, e.g. telephone or video consultations and follow-up

Pharmacy

- Dispensing space
- Consultation room

Shared support space

- Shared meeting rooms (eg for multi-disciplinary meetings)
- Hot desking for staff to do clinical follow-up work between clinics
- Staff facilities

Voluntary sector presence

- Information point
- Café/coffee stall

Diagnostics

- Test specific but could include x-ray, ultrasound, ECG and Echo and space for mobile MRI

Primary care children’s services

- Space for baby clinics – combination of group and consulting room space
- Speech and Language therapy rooms

Consultation space for multi-disciplinary clinics (Eg LTCs, mental health)

- Consulting and treatment rooms
- Counselling rooms
- Group rooms for patient education and peer group support sessions
- Exercise/gym space

Wellbeing Services

- VCS, Social Connectivity,
- Physical activity programmes
- Healthy eating support

Access point to Council Services

Links to, or integrated with, the adult social care hubs



Work/economic support

- Job Centre Plus
- Accelerator hubs
- CAB/benefits advice
- Apprenticeships

Community Space

- wellbeing workers/navigators
- Community curated space
- Cultural and arts space

Information/advice services

- Digital access & support
- Library
- SIAS

Housing support

- LBS/RSL housing office

Item No. 12.	Classification: Open	Date: 21 November 2018	Meeting Name: Health and Wellbeing Board
Report title:		Building healthy communities (B): Developing superzones around schools	
Ward(s) or groups affected:		All	
From:		Kevin Fenton, Strategic Director – Place and Wellbeing	

RECOMMENDATIONS

1. To note the pilot to develop superzones around Southwark schools and that this will inform the development of a potential model for London.
2. To note that a further report will be brought back to the health and wellbeing board setting out the proposed model for London with implications for implementation in Southwark.

BACKGROUND INFORMATION

3. The London Health and Social Care Devolution Memorandum of Understanding (MoU) was signed in November 2017 and commits to accelerate health and care transformation for the benefit of all Londoners through the devolution of powers to the London system.
4. The MOU commits London to explore the interaction between planning and urban spatial policy. London Councils and PHE London are working closely with local boroughs to develop the concept of creating healthy superzones around schools. Superzones are a 400m radius area around schools in which actions are taken to protect children and young people health and encourage healthy behaviours through interventions that target: unhealthy food and drink sales; advertisements; alcohol; smoking; gambling; air quality; physical inactivity; and anti social behaviour including violence.
5. Thirteen London boroughs are developing local models for how superzones will operate. This pilot stage will run until April 2019. Using the feedback from local boroughs, London Councils and PHE London will develop a proposed model for implementation across London.

KEY ISSUES FOR CONSIDERATION

6. Following a cross departmental Southwark workshop October 2018, work is now taking place with partners including head teachers to develop this further over the next 2 months.
 - To identify a ‘test’ school: ideally a secondary and a primary

- To identify a potential menu of interventions which will include for example fast food restrictions, advertising, air quality initiatives, active travel and community initiatives eg in early years settings.
7. The Southwark pilot will consider: obesity, air quality and youth violence. The pilot is 'retrospective' ie it will pull together learning from on-going work over a 6 month period. Appendix 1 sets out further information on the Southwark pilot.
 8. London Councils and London PHE are aiming to have collated the feedback from all 13 pilots by May / June and will seek to propose a London wide model for testing.

Community impact statement

9. The superzones aim to create healthier environments around schools and will initially target schools in the most deprived parts of the boroughs with higher levels of obesity, poor air quality and community safety concerns.

Resource implications

10. There are no immediate resource implications as the pilot is based on pulling existing Southwark good practice to help inform the development of a London model.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Developing a superzones model - Action Plan - draft	Public Health	Rosie Dalton Lucas rosie.dalton-lucas@southwark.gov.uk

APPENDICES

No.	Title
Appendix 1	Southwark school superzone pilot

AUDIT TRAIL

Lead Officer	Kevin Fenton, Strategic Director – Place & Wellbeing	
Report Author	Jin Lim, Consultant in Public Health	
Version	Final	
Dated	8 November 2018	
Key Decision	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No

Date final report sent to Constitutional Team

8 November 2018

Southwark School Superzone Pilot

Place and Wellbeing Department, Southwark Council

Focus areas for school superzone pilot in Southwark

PRIORITIES BASED ON SOUTHWARK NEEDS

1. Childhood Obesity

- Obesity among children in Southwark is consistently above London and national levels. In 2016-17, Southwark had the third highest level of excess weight out of the 32 London Boroughs for children in Reception (26%) and fourth highest for children in Year 6 (43%).

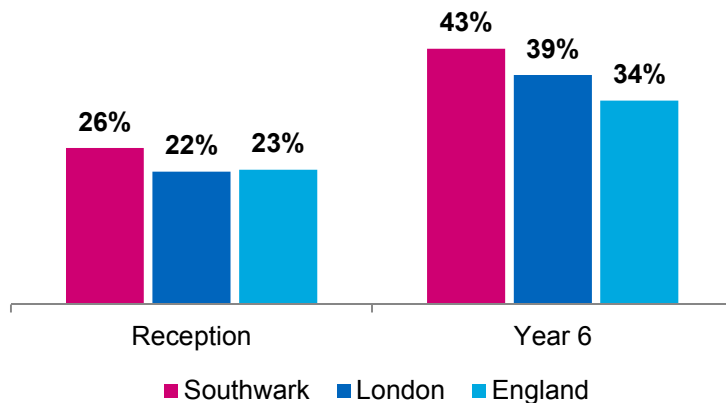


Figure 1: % children overweight or obese in Reception and Year 6, 2016-17

2. Air Quality

- Air pollution data show a decrease in total emissions for Nitrogen Oxide (NOx) and particulate matter (PM) in Southwark. But concentrations of NO2 remain above the legal limit along major roads and PM2.5 is thought to have an effect equivalent to over 80 deaths per year in Southwark

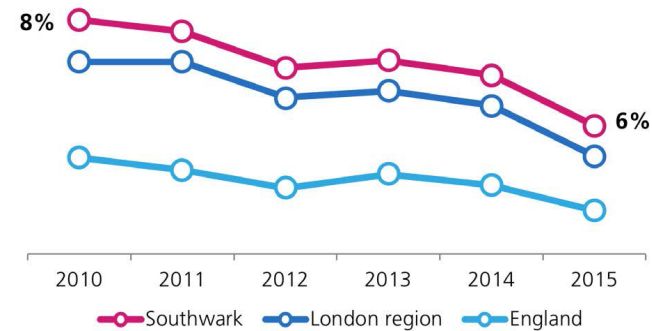


Figure 2: Trend in proportion of deaths linked to PM2.5

3. Youth Violence, including Knife Crime

- Sharp increase across London in knife crime with young people are disproportionately affected.
- For the last five years Southwark has had higher than the London average level of knife crime

Principles that underpin our superzone pilot

Life course approach

Recognise the importance of early years and include pre-school settings wherever possible.

Community

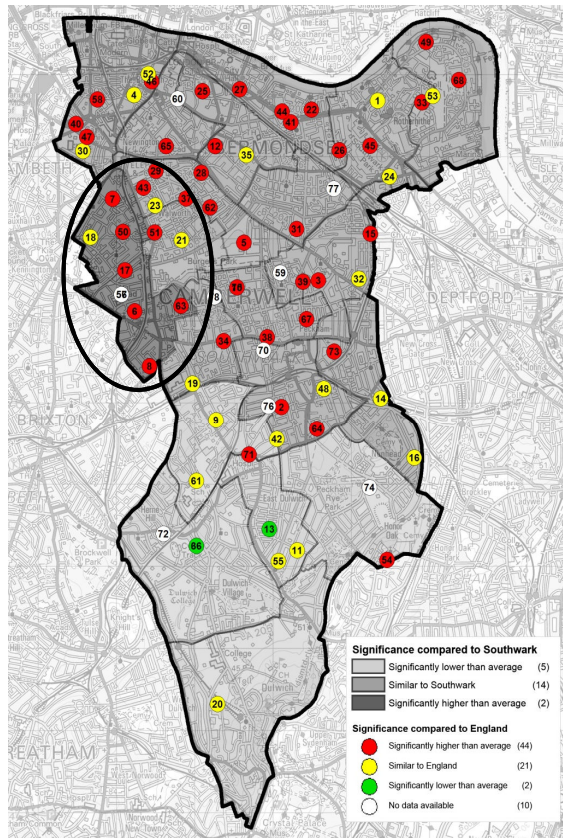
Encourage wider involvement and take initiatives and activities outside school setting and into the community.

Mental Wellbeing

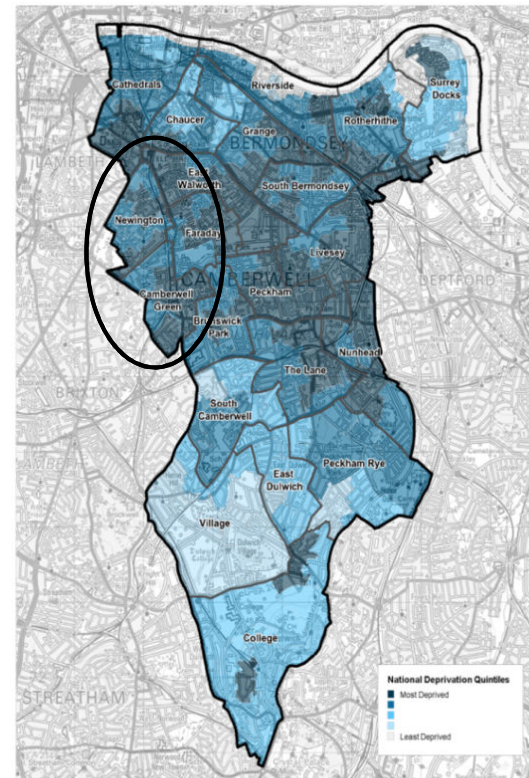
Consider and address the link between priority areas and mental wellbeing

Walworth

WHY WE HAVE CHOSEN WALWORTH AS SCHOOL SUPERZONE PILOT AREA



higher than national average excess weight

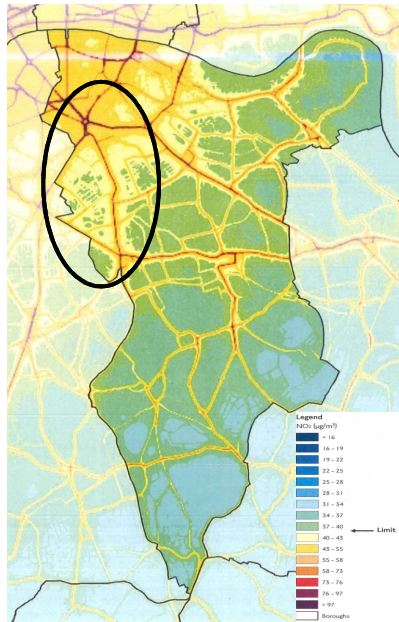


Indices of Deprivation 2015
Southwark Public Health Department - People & Health Intelligence, January 2017.
chris.williamson@southwark.gov.uk
© Crown copyright and database rights 2017. Ordnance Survey (0100019252)

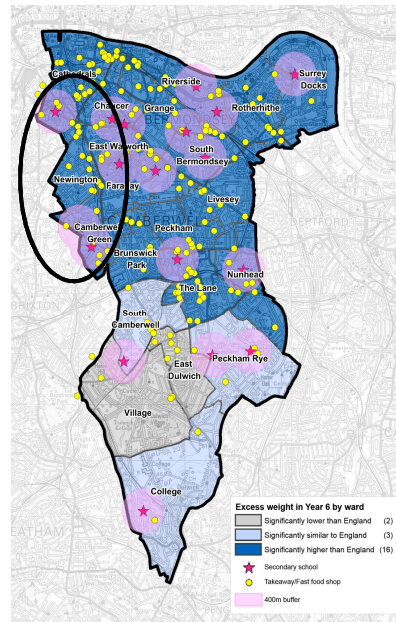
One of most deprived area of borough

Walworth

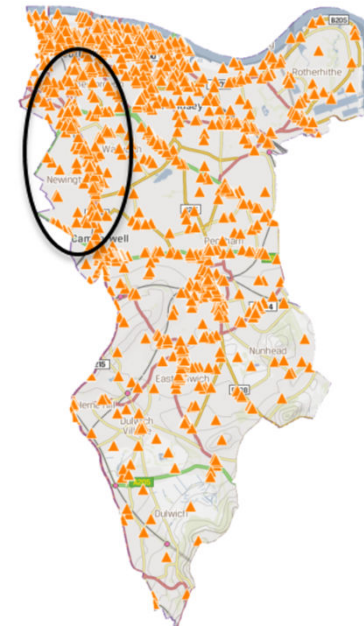
Hazards



NO₂ concentrations above legal limit



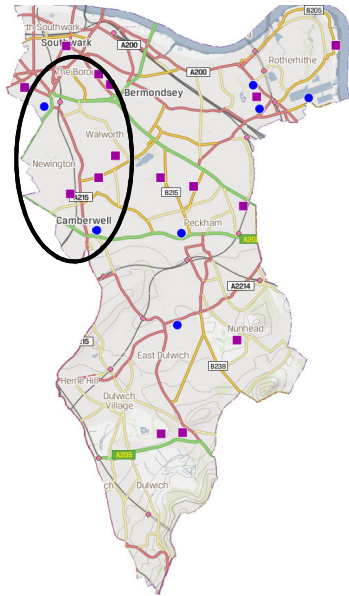
High concentration of takeaways



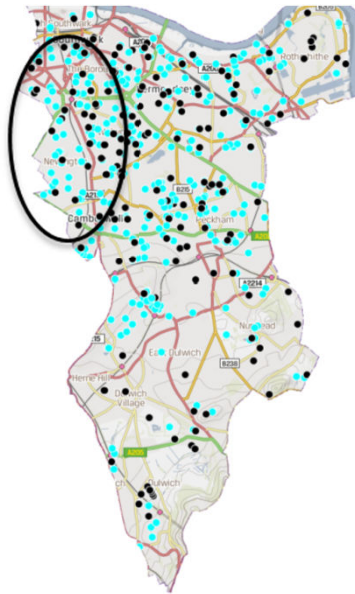
High concentration of licensed premises

Walworth

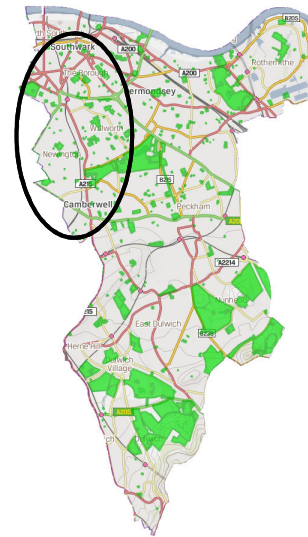
Assets



Some sports and leisure facilities



High concentration of play areas



Close to large green space



Some public water fountains in area

The superzone offer for schools

MENU APPROACH – EXAMPLES OF TYPE OF OPTIONS

Food environment	<ul style="list-style-type: none">▪ Restricting unhealthy food advertising in the area▪ Support healthier food offer in schools▪ Work with supermarkets and shops in surrounding area to help make healthier choices easier (Collaboration for Healthier Lives)▪ Work with takeaways/ fast food outlets to improve their healthy food offer (healthier catering)▪ GSTC Walworth Innovation incubator can help local businesses improve health offer▪ Water fountain funding for schools (and sign up to Fizz Free February)
Active places	<ul style="list-style-type: none">▪ Engage children and parents in Beat the Street and daily mile in school and community▪ Map and improve parks and green infrastructure▪ Active travel/ air quality initiatives around school e.g. school streets & vehicle idling campaign
Clean Air	<ul style="list-style-type: none">▪ Clear signage and policies for smoke free zones e.g. playgrounds▪ Explore restrictions on shisha bars (e.g. hours of operation / outdoor smoking)▪ Target underage sales activity (cigarettes, alcohol, knives) to surrounding area
Safe	<ul style="list-style-type: none">▪ Target licencing enforcement activity to surrounding area
General	<ul style="list-style-type: none">▪ High Street challenge- businesses in area bid for healthier high street funding▪ Audit and address unhealthy advertising

Next steps

- November: Identify pilot schools – ideally one primary and one secondary (*high risk of identified health issues, willingness and infrastructure to engage in a partnership approach, multiple interventions in the area to tap into*)
- November / December: Engage with school and other local stakeholders to agree a partnership approach, action plan, baseline data and monitoring framework
- Jan-May: Test partnership, model and interventions
- June: Review and report to PHE

Item No. 13.	Classification: Open	Date: 21 November 2018	Meeting Name: Health and Wellbeing Board
Report title:		Pharmaceutical Needs Assessment (PNA) Supplementary statement (no.1)	
Ward(s) or groups affected:		All Southwark wards and all population groups	
From:		Strategic Director of Place and Wellbeing	

RECOMMENDATIONS

1. Southwark Public Health invites the Health and Wellbeing Board to:
 - Note the first Pharmaceutical Needs Assessment (PNA) Supplementary statement based on market entry information and/or changes happening in the first six months after the PNA publication (31/03/2018); and
 - Agree the way forward for the Board when considering any future PNA supplementary statements on a six monthly basis during the life course of this PNA (1/04/2018 - 31/03/2021) with the following two options:
 - a) If public health is notified of any significant changes to our local network of pharmacies (number, location, service provision, opening/closing hours) a supplementary statement has to be presented and approved by the HWB; and
 - b) If there are no significant changes to our local network of pharmacies (categories mentioned above) the PNA supplementary statement is to be approved by the Chair and the HWB to be kept informed.

BACKGROUND INFORMATION

2. Southwark's Health and Wellbeing Board is required by law to undertake and publish a pharmaceutical needs assessment that sets out the existing provision of pharmaceutical services available to local residents, and assess current and future needs. The current PNA was published on 31/03/2018.
3. PNA Supplementary Statements
 - This supplementary statement has been prepared on behalf of the London Borough of Southwark Health & Wellbeing Board, in accordance with the requirements set out under the National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014, 2015 and 2016 ["the Regulations"]¹.

¹ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: (No.349; Part 2 - Regulation 6). Available online at:
<http://www.legislation.gov.uk/ukSI/2013/349/regulation/6/made>

- The statement has been issued in accordance with Part 2; 6 (3) of the Regulations and updates the Pharmaceutical Needs Assessment published by the London Borough of Southwark on the 31 March 2018.
- Whilst it is not necessary to publish a supplementary statement if a change does not impact upon the granting of applications, it may be helpful to do so as this provides a mechanism to advise local stakeholders on minor changes in pharmaceutical services.
- A supplementary statement must not be used as a means of assessing need. Where further assessment is needed the only option is to initiate the formal process to revise the PNA.

KEY ISSUES FOR CONSIDERATION

4. No significant changes have been identified. *See enclosed supplementary statement.*

Legal implications

5. None

Financial implications

6. None

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Pharmaceutical Needs Assessment 2018-2021	Place and Wellbeing Department, Public Health Division, 160 Tooley Street	Dr Leidon Shapo Tel: 020 7525 7705
PNA link: https://www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna/health-conditions-and-health-care?chapter=7		

APPENDICES

No.	Title
Appendix 1	Supplementary Statement

AUDIT TRAIL

Lead Officer	Professor Kevin Fenton, Strategic Director of Place and Wellbeing	
Report Author	Dr Leidon Shapo, Head of Programmes for Health and Social Care	
Version	Final	
Dated	8 October 2018	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team / Community Council / Scrutiny Team	8 October 2018	

Southwark's Pharmaceutical Needs Assessment

Supplementary Statement
(1/04/2018 – 31/03/2021)

30 SEPTEMBER 2018

Since the publication of Southwark's Pharmaceutical Needs Assessment (PNA) on 31 March 2018 the following change in pharmaceutical services has occurred:

PNA Details

Date PNA Published	31/03/18
Date of Supplementary Statement	30/09/18
Supplementary Statement Number	01

Type of Change

Service change	No
New Opening	No
Pharmacy Closure	No
Pharmacy Relocation	2
Change in Hours	1
Change in Ownership	4

Date of notification	Type of change	Contractor/trading name at time of published PNA 2018-21 & Address	New Contractor Trading Name as after 1/04/18 & Address (if different)	Current contract or / Owner name	Changes to opening hours	Service Change
17/07/18	Pharmacy relocation	AAM Pharma Ltd/AR Chemists, 176-178 Old Kent Road, SE1 5TY	Same contractor/trader New address: 199 Old Kent Road, SE1 5NA	No change	No change	No Change
16/07/18	Pharmacy relocation	Boots UK Ltd Address: 333 Elephant and Castle Shopping Centre, SE1 6TB	Same contractor/trader New address: Unit TBC, Block H2, Walworth Road, SE17	No change	No change	No change
15/05/18	Change of ownership	Pyramid Pharmacy 193-221 Southwark Park Road, SE16 3TS	FYN Pharma Limited (same address)	FYN Pharma	No change	No Change
08/05/18	Change of ownership	Medimpo Ltd Est street Chemist, 18 East Street, SE17 2DN	K.S.C. 1T Ltd (same address)	K.S.C. 1T Ltd	No change	No Change
23/03/18	Change of ownership and opening hours	Medimpo LTd/Ridgway pharmacy Chana Chemist, 251-253 Walworth Road, SE17 1RL	K.S.C. 1T Ltd (same address)	K.S.C. 1T Ltd	Mon-Fri 09:00 – 19:00 Sat 09:00 – 18:00 Sun 10:00 – 15:00	No Change
10/10/17	Change of ownership	Medimpo Ltd/Davis Chemist 10 Crosthwaite Avenue, SE5 8ET	Pharmacy care Ltd (same address)	Pharmacy care Ltd	No change	No Change

Neighbouring boroughs (Lambeth/Lewisham/Tower Hamlet/City of London)

Date of notification	Type of change	Contractor/trading name at time of published PNA 2018/21 & Address	New Contractor Trading Name as after 1/04/18 & Address (if different)	Current contract or / Owner name	Changes to opening hours
27/07/18	Application offering to secure identified improvements or better access. <i>NHSE rejected the application</i>	Ascent Healthcare Limited 196 Rye Lane to 192 Peckham High Street London SE15	Same contractor T/A	No change	No change
18/07/18	Pharmacy relocation Neighbouring borough (Lambeth)	BD Chemist Ltd Previous address unknown	Same contractor T/A Address: Unit 1, 222 Coldharbour Lane, SW9 8SA	No change	No change
2/07/18	Pharmacy relocation	Boots UK Limited Previous address unknown	Same contractor T/A 135 The Strand, London, Middlesex, WC2R 1HH	No change	No change
13/06/18	Change of ownership	Raysol Limited T/A Rickman Chemists	Medicos Prime Health Limited 197 Stanstead Road, Forest Hill, London, SE23 1HU	Medicos Prime Health Ltd	No change
23/03/18	Pharmacy relocation	Aposave Ltd Previous address unknown	Same contractor T/A New Address: Floor 30, The Leadenhall building, 122 Leadenhall Street, London EC3V 4AB	No change	No change

This supplementary statement to Southwark's Pharmaceutical Needs Assessment is issued in accordance with paragraph 3D (3) in Part 1A of the NHS (Pharmaceutical Services) Regulations 2005.

If you require further information please contact: publichealth@southwark.gov.uk

Item No. 14.	Classification: Open	Date: 21 November 2018	Meeting Name: Health and Wellbeing Board
Report title:		Health and Wellbeing Board Work Plan 2018-20	
Ward(s) or groups affected:		All	
From:		Strategic Director of Place and Wellbeing	

RECOMMENDATION

1. That the health and wellbeing board note the work plan for 2018-2020 (Appendix 1) subject to any amendments.

BACKGROUND INFORMATION

2. The forward work plan enables the board and officers to have strategic oversight of matters pertaining to the future work of the board and to keep track of issues arising following consideration of items.

KEY ISSUES FOR CONSIDERATION

3. Attached at Appendix 1 is a draft work plan for the Health and Wellbeing Board for 2018-20. The work plan is to be driven by the priorities agreed by the Board and underpinned by the Health and Wellbeing Strategy.
4. The work plan will be submitted to each meeting to enable the board to note / consider any necessary changes as appropriate.

Policy implications

5. This report is not considered to have direct policy implications. Relevant policy implications will be set out in the individual items when considered by the board.

Community impact statement

6. Community impact will be addressed when considering the individual items.

Resource implications

7. There are no direct resource implications in this report.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

8. None.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Previous health and wellbeing board agendas and minutes	Southwark Council Website	
Link: http://moderngov.southwark.gov.uk/ieListMeetings.aspx?Committeeld=365		

APPENDICES

No.	Title
Appendix 1	Proposed work plan 2018-2020

AUDIT TRAIL

Lead Officer	Kevin Fenton, Strategic Director of Place and Wellbeing	
Report Author	Everton Roberts, Principal Constitutional Officer	
Version	Final	
Dated	12 November 2018	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments sought	Comments included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	12 November 2018	

APPENDIX 1

Work Programme for 2018-19 and 2019-20

Item	Meeting date							Commentary
	30 July 2018	21 Nov 2018	4 Mar 2019	Jun 2019	Oct 2019	Feb 2020	Apr 2020	
Proposed themes for future meetings								
Giving Every Child Best Start in Life	-	-						
Best Start – Young People’s Mental Health and Wellbeing	-	✓						
Community Safety – Knife Crime, public health approach		-						
Health Inequalities	-	-						
Dementia	-	-						
Bridges to Health and Wellbeing	-	-						

Item	Meeting date							Commentary
	30 July 2018	21 Nov 2018	4 Mar 2019	Jun 2019	Oct 2019	Feb 2020	Apr 2020	
Previous Themes								<ul style="list-style-type: none"> • Mental Health and Inequalities (January 2018) • Place and Health (March 2018) • Health and Wellbeing Board – Past, Present and Future (July 2018)
Council Business								
Overview of Southwark Health and Wellbeing Strategy and progress to date	✓	-						Board to receive regular reports on the health and wellbeing of children and young people, the wider determinants of health and social regeneration and long term conditions
Council Plan 2018 – 2021-22	✓	-	-	-	-	-	-	
Sexual Health Update	✓	-						Requested at January 2018 board meeting.
Southwark Healthy Weight Strategy ' <i>Everybody's Business</i> '	-	-						Findings of Expert Challenge Panel scheduled to meet in Autumn 2018.
Annual Performance report covering obesity, smoking, HIV and sexual health	✓	-						
Joint Strategic Needs Assessment	-	-						

Item	Meeting date							Commentary
	30 July 2018	21 Nov 2018	4 Mar 2019	Jun 2019	Oct 2019	Feb 2020	Apr 2020	
Local Government Declaration on the reduction of Sugar and Healthier Food	-	-	✓					Declaration agreed at September Cabinet. Cabinet also agreed that a progress report be brought back to cabinet and the health and wellbeing board in six months with a more developed action plan.
Pharmaceutical Needs Assessment	-	✓						Supplementary document to be agreed.
Director of Public Health Annual Report	-	-	-	✓	-	-	✓	
Immunisation programmes in Southwark – Update	-	-						Report to be brought back once strategy is in place. Originally considered at January 2018 board meeting.
Enhancing the impact of planning policy on health outcomes and inequalities in Southwark and Lambeth (Health Innovation Fund)	-	-						Update on progress of the project. Originally considered at January 2016 board meeting.
Domestic Violence Strategy – Update	-	-						
Primary Care Commissioning Committee – Health and Wellbeing Board observer	✓	-	-	✓				Councillor Evelyn Akoto nominated.

Item	Meeting date							Commentary
	30 July 2018	21 Nov 2018	4 Mar 2019	Jun 2019	Oct 2019	Feb 2020	Apr 2020	
Policy and Resources Revenue Budget 2019-20	-	-	✓	-	-	-	✓	
Clinical Commissioning Group business								
Key Developments - CCG	✓	✓	✓	✓	✓	✓	✓	Update to be provided at each meeting on key developments in the CCG
South East London Sustainability and Transformation Plan	-	✓	-	✓	-	✓	-	Update to be provided at every other meeting.
Our Healthier South East London	-	✓	-	✓	-	✓	-	Update to be provided at every other meeting.
Joint Council and CCG Business								
BCF and iBCF	-	✓						
CAMHS – Whole System Approach	✓	✓						Full report including findings and recommendations to come to the Autumn 2018. Agreed at July board meeting.
Integrated Commissioning Update	✓	-						

Item	Meeting date							Commentary
	30 July 2018	21 Nov 2018	4 Mar 2019	Jun 2019	Oct 2019	Feb 2020	Apr 2020	
Integration Policy Update: NHS 10 Year Plan and Social Green Paper	-	-						
Southwark Five Year Forward View	-	-						
Health and Wellbeing Board Structure and Governance Review	✓	-	✓					Update on the progress of the governance review to be received at the Autumn meeting. Agreed at July 2018 board meeting.
London Mayor's Health Inequalities Strategy Pledges	-	-						Update arising from pledges agreed at board meeting of January 2018.
Building healthy communities – social regeneration and strategic estate planning	-	✓						Requested at March 2018 board meeting under the guise of Development of a Shared Estate Strategy.
Other								
Voluntary & Community Sector Strategy Action Plan – Update	-	-						Last considered at March 2018 board meeting.
Health and Wellbeing Board Workplan 2018-2020 – Updates	✓	✓	✓	✓	✓	✓	✓	Opportunity to review at each meeting.

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