

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

**2015-2020**

## 1. Purpose

- 1.1. The purpose of this Transformation Plan is to bring a strong local focus to bear on improving mental health and wellbeing outcomes for children and young people in Southwark that are evidence-based, taking full account of Future in Mind (1)<sup>1</sup> and other key policy guidance (2, 3). It is intended to locate this Local Transformation Plan into the wider strategic development of the Southwark Children and Young People's Strategic Framework, so that the transformative work arising from this Plan has coherence across Education, Health and Social Care, and works in partnership to support the wellbeing and achievement of children and young people. It also sets out key areas for change in a timeframe for the first phase of mental health transformation.
- 1.2. It is increasingly recognised that there is no health without mental health (4, 5). It is to everyone's benefit, and to the benefit of Southwark families and local communities, to understand what good mental health and emotional wellbeing consists of: how it can be promoted, protected and provide resilience; and how mental ill-health can be prevented and avoided. And in circumstances where mental illness cannot be avoided, how it is best treated and managed, with the young person and family supported onto recovery.
- 1.3. Our vision is for all Southwark children and young people to have healthy lives and to make a successful transition into adulthood. Education, Health and Children's Social Care will work together to support and empower children and young people to develop skills and use opportunities to become active, valued members of society. We will do this through co-producing outcomes with children, young people and their families. We will challenge stigma, discrimination and prejudice - so that no Southwark child or young person is disadvantaged or socially excluded because of their experience mental ill-health. Other forms of discrimination, including racism and discrimination on the basis of sexual identity also have an adverse impact on mental health and must also be challenged.
- 1.4. The link between childhood disorders and development of mental health problems in adulthood is well established. There are many reasons why there must be a change in focus (6) because it is associated with poorer educational attainment, poorer physical health, anti-social behaviour, offending, poorer lifetime mental health and social exclusion. This Local

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<sup>1</sup> Numbers in Brackets in the text refer to References given in full at the end of this Plan.

Transformation Plan combines with broader mental health developments across Southwark to reduce health and social care inequalities.

- 1.5. To date, mental health in England has not had parity with physical health. A key policy initiative is to achieve 'parity of esteem' with physical health (7). By working in partnership in Southwark using a Local Care Network approach, to support the achievement of children and young people, we will increasingly treat health as mind and body wellness together.

## **2. Intended Outcomes**

- 2.1. Southwark children, young people and families are in good mental health, or are being helped to improve their health and increase their resilience; and their needs are identified.
- 2.2. Southwark children, young people and families know where to go for help and are clear about what information, support and services available and how to access them.
- 2.3. There is early access to assessment, early identification of mental health issues as these emerge, with evidence-based interventions taking place sooner to prevent the development of more complex difficulties when these can be averted.
- 2.4. Southwark has a competent and knowledgeable clinical and non-clinical workforce across Education, Health and Social Care who are confident to work together with children, young people and families on the co-production of health and wellbeing.
- 2.5. Non-mental health specialists recognise mental health needs and can consult mental health clinicians in a timely way. They have the skills to support children and young people experiencing mental health issues in many settings, including children centres, schools, family, foster care and youth offending services.
- 2.6. Children and Young People mental health provision is embedded in the geographical localities of Southwark with clear pathways for Primary and Secondary Schools, is available when it is needed and for as long as it is required, to support improvement in health.
- 2.7. There is an improvement in our combined response to Southwark vulnerable children and young people across Health, Education and Social Care and with our other key partners, including the voluntary sector, housing, police and criminal justice system, with strong signs of safety for children and young people across the system.

### 3. Local Context

- 3.1. Southwark is an inner London borough with a population of almost 300,000 that is comparatively young, mobile and ethnically diverse. There were 67,600 Children and Young People (age 0-19 years) in the Southwark population in 2013 (8). Around 300 languages are spoken in the borough and 79% of school children are from minority ethnic groups. The population is expected to grow by over 20% over the next decade. Southwark is densely populated and also a deprived population in relation to other London Boroughs and English authorities (9). Key Southwark Council priorities in relation to children and young people are set out in The Council Plan and Fairer Futures Promises (2014/15 - 2017/18) these are summarised in Appendix 1.
- 3.2. Most mental illness has its origin in childhood, and half of all mental disorder first emerges before the age of 14 years and three quarters by the age of 25 years (9).
- 3.3. Young people aged 12-25 years have the highest incidence and prevalence of mental illness across the lifespan (5). In contrast to physical health, which is at greatest risk at the start of life and in old age, mental illness vulnerability peaks at 18 years of age - just at the point where young people are moving into adulthood, and where, typically, service access arrangements change because of age boundaries and legal responsibilities.
- 3.4. Southwark has a mature CAMHS service, comprising the following multidisciplinary teams:
  - Child and Family Service
  - Adolescent Service
  - Neurodevelopmental Service
  - Carelink (for adopted and looked after children).

There are also Early Help CAMHS clinicians within Children's Social Care Locality teams and Families First Service located in Children's Services providing child and adolescent mental health interventions in community settings.

In addition, there is a Parental Mental Health Team and a joint service protocol to meet the needs of children whose parents/guardians have mental health problems (11). An area of concern in Southwark has been long waiting times to access first appointment. While these waits have reduced over the last 6 months due to additional CCG investment in services, demand remains high. Transitioning to adult services is also challenging. 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 further embed transition protocols and this will be a focus of development for transformation monies in 2015/16.

- 3.5. Another important element of local young people mental health services is Early Intervention in Psychosis, because good evidence shows that early detection, diagnosis and treatment of psychosis improves lifetime health outcomes. The most recent information about the Southwark Early Intervention in Psychosis service (12) provides a very positive account. The family intervention rate is positive, which is very important in relation to wellness and recovery.
- 3.6. NHS Southwark Clinical Commissioning Group (CCG) in partnership with Southwark Council are developing a Joint Children and Young Peoples' Education, Health and Social Care Strategic Framework, which incorporates the emotional well-being and mental health of children and young people and sets out how services will be commissioned to improve outcomes.

*The Southwark Joint Children and Young People's Strategic Framework sets out the following priorities:*

- Early Years - with A Better Start for 0-5 year olds, including School readiness;
- Emotional Well-being and Mental Health of Children, Young People and Young Adults;
- Long-term conditions including diabetes, asthma, epilepsy, sickle cell and complex co-morbidity;
- The promotion and maintenance of wellness and early identification of needs;
- Improving health outcomes, with the aim of reducing emergency admission and the use of hospital and crisis services;
- Young People's health including sexual health, substance misuse, self-harm and reducing the impact of gang violence.

*A particular focus on specific cohorts who are at greater risk of vulnerability and long-term poorer health outcomes:*

- Young Carers
- Young Offenders
- Looked After Children (LAC) and Children in Need (CIN)
- Children and Young People at risk of violence, abuse or neglect;
- Children with Learning Disabilities, Special Educational Needs + Disability (SEND)
- Children and Young people who are obese - healthy eating, exercise and physical activity

#### **4. Local Priorities**

- 4.1. As part of the wider transformation of Health and Social Care services, Southwark CCG and Southwark Council have agreed the following local strategic priorities for children, young people and families in June 2015:

- Commission to improve outcomes for children and young people across a range of domains, including physical health, mental health, social and emotional development
- Reduce health inequalities by working with Schools and Children's Centres, Colleges and other health and social care settings, including Youth Offending Services
- Jointly delivering an integrated local offer and establish Local Care Networks across health, local authority and voluntary sector services
- Increase integration of health, social care, housing, education and other partners over the course of implementing the Children and Young People Strategic Framework
- Commission for a culture of integrated support to enable Early Help and intervention to resolve issues as they emerge, to ensure every Southwark child is school ready, with support through childhood and into teenage years to become an independent, and resilient young adult
- Keep a focus on Safeguarding to prevent and reduce the impact of abuse and neglect and take into account new safeguarding priorities as these emerge (e.g., Female Genital Mutilation (FGM) and the Prevent Agenda)
- Work with children, young people, young adults and families as equal partners through co-production (13) to meet their needs in the most appropriate way

These priorities underpin the broader transformation work across NHS Southwark CCG and Southwark Council, including the improvement of Southwark children and young people's mental health and emotional well-being over the course of the next five years.

The transformation sought will be delivered through engagement with key stakeholders, including children and young people and their parents, commissioning, voluntary sector partners, as well as across a broader range of Education, Health and Children's Social Care Stakeholders.

## **5. Governance, Engagement and Partnership**

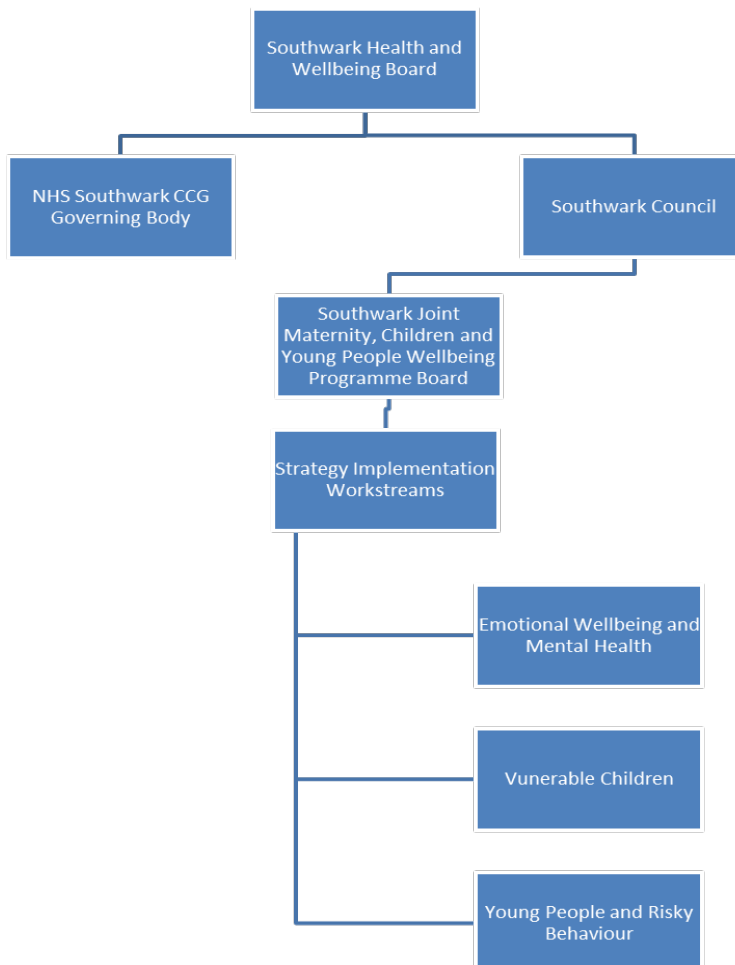
- 5.1. Southwark CCG and Social Council have undertaken extensive engagement with children, young people and families as part of its on-going work in developing children's and young people's services. Mental Health is a feature of regular public engagement and stakeholder events (for example: 14, 15) to introduce the development of the co-production process. We have also developed a questionnaire with the Southwark Youth Council for secondary schools and are seeking to test national findings locally with Healthwatch and local fora during the development of

the Children and Young People's Health & Care Strategic Framework. The engagement undertaken so far has shaped our thinking around our priorities in respect of this implementation plan (Appendix 6).

- 5.2. A CAMHS Joint Strategic Needs Assessment (JSNA) was completed in 2013 by Lambeth and Southwark Public Health and refreshed in 2015 to inform commissioning intentions and this Local Transformation Plan. A summary is provided at Appendix 2.
- 5.3. The Children and Young People Strategic Framework and this Transformation Plan have been endorsed by Southwark Health and Well-being Board. Clinical leadership for mental health is provided through the Mental Health and Parity of Esteem Programme Board. Southwark has a good track record of joint working across the Borough as well as strong links to other Councils, NHS Trusts, Public Health, Southwark Healthwatch, Youth Justice, Education and Voluntary sector partners.
- 5.4. There is continuing collaboration with NHS England (NHSE) Specialist Health and Justice Commissioning Teams. Southwark commissioners have been directly involved in the Our Healthier South East London Partnership work and have regular discussions with NHSE specialised commissioning in regard to South East sector and borough specific work.
- 5.5. This Local Transformation Plan promotes equality and addresses health inequalities through a number of mechanisms including valuing mental health equally with physical health (parity of esteem); effective discharge of commissioning functions; and using the Equality Delivery System (EDS) as a toolkit to help NHS organisations drive improvements, strengthen the accountability of services to those using them, and bring about workplaces free from discrimination.
- 5.6. Our approach to advancing equality and tackling health inequalities is influenced by performance data and public health analytics as well as listening to, and learning from, service users, parents, families and the public. We are involving people and communities in designing services to meet their health and care needs, to ensure that we create services that work to improve user outcomes.
- 5.7. Improved integration across Health, Education and Children's Social Care is taking place at the same time as ensuring that services are commissioned around the needs of children, young people and families, rather than professional disciplines or services, incorporating learning from Making Every Contact Count (16) to systematically incorporate prevention, protection and promotion of health and wellbeing.
- 5.8. The next key phase is continuing engagement with key stakeholders, including children and young people, parents/carers, schools, the voluntary / community sector and the wider children's services network around strategy development. This will test our current intentions and build consensus about the strategic direction. The opportunities for participation will be maximised through:

- Ensuring that children, young people and parents/carers have a central role in future service design and development
- Making the best use of existing findings from national, regional and local stakeholder engagement and consultation activity
- Holding a further two workshops during the next three months with children and young people and parents, to further develop a participatory co-production model spanning commissioning and operational delivery

5.9. The Southwark Health & Wellbeing Board has signed off this Local Transformation Plan. Implementation of the Plan will be overseen by the Southwark Joint Maternity, Children and Young People Wellbeing Board. Stakeholders will include health, social care, public health, the Mental Health Trust, voluntary sector partners, public representation and children and young people representatives. Relevant sub-groups will be established to take forward specific project areas as appropriate. Appendix 3 sets out stakeholders identified to date. Southwark CCG also has a Mental Health Parity of Esteem Programme Board where the CAMHS Transformation Plan will be discussed to ensure linkage to the wider transformation agenda. The Southwark Maternity, Children and Young People’s Wellbeing Governance Structure can be seen below.





5.10. The NHS Southwark CCG and Southwark Council are committed to publishing this Local Transformation Plan and declaration on their public websites.

## 6. Current investment

6.1. The Tables below provide details of services currently commissioned with the block contract with South London & Maudsley NHS Foundation Trust, the main provider of mental health services for children and young people and specialised NHS England commissioned services (excluding Eating Disorder).

<b>Jointly Commissioned CAMHS Core services (2015/16)</b>	Cost to Commissioner	Workforce WTE	Referrals received	Referrals accepted	Waiting times (days)	DNA Rates
Carelink	£ 550,842	6.8	99	88	6	4%
Adolescent Service, includes Youth Offending service	£ 1,104,885	12.9	504	346	3	16%
Children and Family Team	£ 921,730	11.9	431	309	13	15%
Neurodevelopmental Team	£ 940,727	8.7	167	139	17	10%
Early Help CAMHS offer	£ 244,468	4				
<b>Total</b>	<b>£ 3,762,652</b>	<b>44.3</b>	<b>1201</b>	<b>882</b>	<b>9.75</b>	

<b>Council Commissioned CAMHS (2015/16)</b>	Cost to Commissioner	Workforce WTE	Referrals received	Referrals accepted	Waiting times	DNA Rate
Functional Family Therapy	£ 341,345	5.8	25	25	7	7%
Parental MH Team	£ 396,616	6.4	120	111		10%
<b>Public Health</b>						
Public Health PSHE and Southwark Healthy Schools (3 years)	£ 200,000					
<b>NHSE Specialised Commissioning</b>		Cost 2014/5 (£)		Activity (days) 2014/5		
	CAMHS Secure	282,536 (1 young person)		297		
	CAMHS T4	1,252,132 (7 young people)		1,940		

In addition to this investment, NHS Southwark CCG and Southwark Council commission other relevant services outside of these arrangements. For example the CCG commissions specialist outpatient services below:

CCG Specialist Outpatient CAMHS Services:	2014/15 SPEND	No. of patients seen
ABI	£ 12,780	2
Anxiety and PTSD	£ 50,124	16
CAFT	£ 49,412	13
DBT	£ 40,074	5
Eating Disorders	£172,988	34
Eating Disorders MFG	£ 22,761	4
Forensic	£ 29,298	8
Forensic Psychology	£ 28,928	2
LDT	£ 11,090	4
Mood disorders	£ 26,710	6
Neuropsychiatry	£ 34,939	7
Neuropsychology	£ 1,711	1
OCD	£ 51,858	22
Paediatric Liaison	£ 51,533	169
<b>Total</b>	<b>£584,206</b>	<b>293</b>

The Council commission a range of Parenting programmes and the Families Matter strategy (see Appendix 4).

## 7. Analysis

An analysis was undertaken in relation to how the first phase of this Local Transformation Plan would bring greatest impact, taking account of recent progress in the development of a Children and Young People's Strategic Framework, the implementation of the Families Matters Strategy, the review of the 2013 CAMHS Joint Strategic Needs assessment by Public Health, and noting progress already made on PSHE across Southwark secondary schools. Key stakeholders from Health and Social Care Commissioning, Child Health Services, Children's Social Care, Youth Offending, Education and Public Health considered these matters at meeting on 25 September and subsequently the Southwark Health & Wellbeing Board delegated responsibility for sign off of the Local Transformation Plan to the Strategic Director of Children and Adults services on 21 October 2015.

## 8. Key priorities and deliverables of the Local Transformation Plan

- 8.1. There are significant areas of work and good practice taking place in Southwark. The transformation plan funds can therefore be used enhance current local offers to ensure more children and young people receive evidence based interventions. The transformation plan will allow us to bring together strategic plans for children's services and allow synergy across organisations through the joint strategic framework for maternity, children and young people.

We have considered the areas of work achievable in 2015/16 and those achievable from 2016/17 as listed in the priorities below. Work is on-going to ensure that all opportunities are explored including mitigation against and planning for any unspent funds in 2015/16. For example, the use of digital mental health services for young people once usage is evaluated in Southwark; emerging themes from children and young people and families during the engagement working currently being undertaken in the borough and ideas from the Southwark PSHE, Health and Wellbeing programme group.

### **Key priorities to be delivered in transformation plan**

#### **8.2. Develop evidence based Eating Disorder services for children and young people with capacity in general teams released to improve self-harm and crisis services.**

Evidence based Eating Disorder services are effectively provided locally and cited in the guidance. As the main provider of services in South East London, South London and Maudsley NHS Foundation Trust are developing a four / seven borough proposals. This includes how local community eating disorders services will be enhanced in line with new guidance to meet waiting and access standards for Eating Disorder services for children and young people.

The cost of enhancements to eating disorders services in terms self-referral and increased activity is being developed for the South East London sector. We will support further development of the already established community-based Eating Disorder service, by enhancing existing provision and open the service to self- referrals and online resources for early assessment. Further investment will improve waiting times and access, reduce in-patient admissions as well as work with schools to embed training and education; Southwark will also utilise some of the eating disorder funding for self-harm and crisis as identified priority areas

#### **8.3. Crisis Care**

As outlined in our Crisis Care Concordat commitments we will continue to do the focused work to ensure that there are clear protocols around the crisis care pathway and that these work well for vulnerable groups of children and young people. There is a comprehensive well utilised Paediatric Liaison service and as such presentations at the emergency department (ED) are responded to appropriately. Work is underway to understand how urgent and emergency access to crisis care can be enhanced for example with the creation of ED-based or paediatric liaison supervised or supported youth worker roles for out of hours to work alongside existing out of ours services.

Review Crisis Care Pathway and further development of a Telephone Helpline resource may contribute to a reduction in presentations to Emergency Departments.

#### 8.4. **Trauma Services**

Agreement to improve access to trauma focused work, including where there are presentations of Post-Traumatic Stress Disorder (PTSD) and self-harm.

#### 8.5. **Bring education and local children and young people mental health services together around the needs of the individual child.**

Southwark's was one of the 87 proposals received by NHS England to participate in a mental health training pilot. Given the interest in Southwark schools (32 Schools) the transformation implementation and service delivery group will continue to seek opportunities to support the work to develop the workforce and disseminate local good practice and have sought to build this element in to the CAMHS Early help offer outlined in the plan.

#### 8.6. **Developing the workforce**

Opportunities for a skilled and confident workforce, including specialist foster carers, who can better manage mental health and behaviour issues to avoid placement breakdown is being scoped locally. That 32 out of 96 schools in Southwark expressed an interest in the schools pilot for mental health training is important to build on. Local work includes

- A Mental Health resilience in Children and Young People through a Whole School Approach and PSHE
- Better joint work around Key Transitions

#### 8.7. **Transitions**

Further scoping will be undertaken on how to implement the recommendations in the 14-25 mental health and wellbeing report and CAMHS needs assessment. 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(15).

#### 8.8. **Good accessible information**

Further development of information on good mental health and wellbeing and its dissemination through Family Information Service and other local routes to reach Children, Young People and Families in line with Families Matters Strategy, for example use of MindEd – an educational resource on children and young people's mental health for adults.

#### 8.9. **Early Help offer**

Agreement on continuing to focus on shifting towards an Early Help and Early Intervention approach and service improvement around supporting better transitions:

- Further deployment of CAMHS clinical practitioners in the four Southwark Children Social Care locality teams, including a Clinical Practitioner Lead, to enhance the Early Help offer in primary care, community care and local schools, including additional support to LAC, SEND and other vulnerable groups
- Review of Transitional arrangements and protocols between services and across organisations
- Contribute additional resources to early intervention in behavioural difficulties for children in Primary school

#### 8.10. **Youth Offending Service (YOS)**

Increase capacity to the local Southwark Youth Offending Service (YOS) to better respond to the demand for CAMHS clinical practitioner input. A key focus will be on screening, group work and interventions as well as providing earlier and timely consultation to YOS staff

#### 8.11. **Enhanced Prevention and Early intervention Community Service**

Increase capacity to the most vulnerable children and young people by establishing a Home Treatment Team to provide intensive community support, follow up and liaison, outreach support and home contact, with the objective of avoiding presentations to emergency departments, crisis hospital admissions and the breakdown of placements

#### 8.12. **Child Sexual Assault Hub**

Contribute to the development of Child Sexual Assault Hub for the SE London to improve mental health response to Assault, Exploitation and Female Genital Mutilation (FGM)

#### **Key priorities within the wider scope of the transformation plan**

#### 8.13. **Roll-out of the CYP Improving Access to Psychological Therapies (CYP- IAPT)**

Southwark was a Wave 1 CYP IAPT site and has worked to embed the collection of outcome measures routinely in practice. Southwark via South London and Maudsley NHS Foundation Trust (SLaM) are part of the CYP IAPT Collaborative as required. This year arrangements are in place for CAMHS staff to be trained to ensure routine practice around outcome measures (See Appendix 5).

#### 8.14. **Improve perinatal care**

Southwark commissions perinatal mental health services from SLaM and has a good foundation to enhance service provision. Southwark will work with the Southwark Council and other local system stakeholders, including NHS England who commissions specialist mother and baby units, to identify the priority areas for development and future investment.

Our initial analysis suggests that care for pregnant women and new mothers with significant mental health needs are well developed locally. There are gaps within services that support people with mental health disorders and young parents/primary carers in primary care and community services. We have increase access to IAPT services for women with experience mild to moderate problems.

### 8.15. Transforming Care programme

In Southwark we have made progress in implementing the Transforming Care programme ensuring that CYP with learning disabilities and those with autistic spectrum disorder in and out of area are known and that our register is regularly updated to reflect changes e.g. admission, discharges and step down. A comprehensive plan is now in place for to ensure that Care and Treatment Reviews (CTRs) are undertaken as required prior to and during admission to deliver care in appropriate settings, prevent escalation and promote care closer to home.

### Transformation Plan - Commissioning intentions - priority areas for action

Priority Area	Commissioning Intentions	Non-recurrent 15/16	Recurrent 15/16	Recurrent 16/17
<b>Eating Disorder services for children</b> (Working with other SE London Boroughs)	ED funding will be used to enhance existing provision: 1. Access time to service and opening service to self-referrals 2. Further development of on-line resources 3. Development of Parents' Buddy network system with parents of young people treated in the service 4. Dedicated paediatric bed at King's College Hospital 5. Outreach work in schools 6. Development of the treatment for young people with comorbid eating disorder and self-harm and other comorbidities. 7. Collaboration with Crisis Services		£2,625  (percentage of 7 borough contribution)	£60,566
<b>Crisis Care</b>	Enhance 24 hour crisis line to include children and young people.		£10,635	£42,539
<b>Trauma Services</b>	Trauma Focused work across child and family and adolescent service, focus on PTSD, Self-harm, Sexual Assault and exploitation and FGM, and support work of		£16,245	£64,977

	Red Thread, the Haven and Solace			
<b>Therapeutic assessment training</b>	Therapeutic assessment training for paediatric liaison staff, adolescent team and workers in ED and crisis services e.g. Red Thread	£20,000		
<b>ED Crisis support</b>	Building capacity in crisis/ED as in Crisis care concordat.- supervised/supported youth worker/advocate roles for OOH	£118,577		
<b>Total</b>		<b>£138,577</b>	<b>£29,505</b>	<b>168,082</b>
<b>Priority Area</b>	<b>Commissioning Intentions</b>	<b>Non-recurrent 15/16</b>	<b>Recurrent 15/16</b>	<b>Recurrent 16/17</b>
<b>Bringing education and local children and young people mental health services together around the needs of the individual child.</b>	High level of interest in Southwark primary and secondary schools, opportunities to support the workforce and whole school approaches to be developed and linked with Early Help Service. 1. Identification and development of a programme to support a universal offer / support for school age children for: a) emotional resilience / resourcefulness of school age children b) early identification of emotional wellbeing / mental health issues e.g. ADHD, eating disorders	£200,000		None
<b>Developing the workforce</b>	Opportunities for a skilled and confident workforce in schools including specialist foster carers, who can better manage mental health and behaviour issues to avoid placement breakdown. 1. Training and advice for foster carers to understand and cope with challenging behaviour and underlying issues 2. Reviewing and implementing rapid access to specialist advice and support when in crisis	£72,513		None
<b>Transition</b>	Review of Transitional arrangements and protocols between services and across organisations and further work to scope how transition is implemented and	£45,000		None

	<p>embedded across local mental health teams including the transitions team working with young disabled people</p> <p>Investigate needs of our young people transitioning to adult services. Scope and test models of transition working with providers, service users and their carers and families.</p> <p>Project manager support to co-produce pathway, including workshops</p>			
<b>Good accessible information</b>	<p>Further development of information on good mental health and wellbeing and its dissemination through Family Information Service and other local routes to reach Children, Young People and Families in line with Families Matters Strategy</p>	£10,000		
<b>Early Help - Families Matter</b>	<p>Further deployment of CAMHS clinical practitioners across the Southwark Children Social Care locality teams, including a Clinical Practitioner Lead, to enhance the Early Help offer in primary care, community care and local schools;</p> <p>Contribute additional resources to early intervention in behavioural difficulties for children in Primary school; work with targeted vulnerable groups including LAC, Care Leavers and those on CP Plans.</p>		£41,993	£194,197
<b>Youth Offending Service</b>	<p>Increase capacity to the local Southwark Youth Offending Service (YOS) to better respond to the demand for CAMHS clinical practitioner input. A key focus will be on screening, group work and interventions such as ADHD community and primary care assessment and treatment, as well as providing earlier and timely consultation to YOS staff;</p>		£12,630	£50,517
<b>Enhanced Prevention and Early Intervention Community Service – Home Treatment Team</b>	<p>Increase capacity to the most vulnerable children and young people by establishing a Home Treatment Team to provide intensive community support, follow up and liaison, outreach</p>		£36,090	£166,011



	support and home contact, with the objective of avoiding presentations to emergency departments, crisis hospital admissions and the breakdown of placements; and transitions			
<b>CSA hub in SE Sector</b>	Child Sexual Assault and exploitation and FGM		£2,499	10,000
<b>Total</b>		<b>£327,513</b>	<b>£93,212</b>	<b>£420,725</b>
<b>Key priorities within the wider scope of the transformation plan</b>				
<b>Roll-out of the CYP Improving Access to Psychological Therapies (CYP-IAPT)</b>	Currently being embedded in CAMHS services across the borough.	Funded by CYP-IAPT programme		<b>Funded by CYP-IAPT programme</b>
<b>Improve perinatal care</b>	Southwark commissions perinatal mental health services and will work with the local stakeholders, including NHS England to identify the priority areas for development and future investment.	Funding to be announced		<b>Funding to be announced</b>
<b>Transforming Care programme</b>	Implemented. Care and Treatment Reviews (CTRs) are undertaken as required and routinely, prior to and during admission to deliver care in appropriate settings, prevent escalation and promote care closer to home.	Funded and managed by CCG		<b>Funded and managed by CCG</b>

## 9. Indicative Implementation Timetable

ITEM	DESCRIPTION	LINKS	REPORTING TO:	ISSUES	TIMELINE
<b>9.1. Governance</b>	Establish integrated Southwark Joint Maternity, Children and Young People Wellbeing Board	Mental Health & Parity of Esteem Board	Southwark Health & Wellbeing Board	<p>Fully connect perinatal mental health, parental mental health and children and young people's mental health and wellbeing.</p> <p>To listen and act on the voice of Southwark Children and Young People</p> <p>To include other important stakeholders from across Education, Health and Children's Social care working in statutory and voluntary sector.</p>	January 2016
<b>9.2. Strategy development</b>	Develop Children and Young People Emotional Health and Wellbeing Strategy within the Joint Maternity Children and Young People's Strategy	<p>Council Plan and Fair Futures Promises</p> <p>Southwark CCG + Council Five Year Plan</p> <p>Children &amp; Young People Strategy Framework</p> <p>Southwark Joint Mental Health Strategy</p>	Southwark Health & Wellbeing Board	<p>Direct engagement and co-production of strategy with children, young people and families.</p> <p>Sets out key priority areas for development and timetable across 3-5 years</p> <p>Takes full account of Southwark Local Care Networks development.</p>	April 2016
<b>9.3. Phase One new investment</b>	<p>Introduce areas of further investment:</p> <ul style="list-style-type: none"> <li>- Community based Eating Disorder Service</li> <li>- Home Treatment</li> </ul>	To other areas of Children and Young People service developments across Education, Health & Social	Southwark Health & Wellbeing Board	Introduce areas of further investment against clear agreements on outcomes and reporting from providers..	<p>January 2016</p> <p>April 2016</p>

	<ul style="list-style-type: none"> <li>- Early Help</li> <li>- Additional lead Practitioner in Children's Social Care</li> <li>- Youth Offending Service link with CAMHS Adolescent service</li> <li>- Improved response to Child Sexual Assault, Exploitation and Female genital Mutilation through SE Hub</li> <li>- PTSD and self-harm specialist CBT and outreach work.</li> </ul> <p>Workforce Training on CYP mental health and emotional wellbeing.</p>	Care		Start early implementation using 2015-16 monies that lead into full implementation during 2016-17.	
<b>9.4. Review</b>	<ul style="list-style-type: none"> <li>- Review progress on establishing governance and putting in place CYP MH Strategy.</li> <li>- Measure impact of new investment in bringing about better outcomes for Southwark Children Young People and Families.</li> <li>- Prepare for Phase 2 Transformation.</li> </ul>		<p>Southwark Joint Maternity, Children and Young People Wellbeing Board</p> <p>Mental Health &amp; Parity of Esteem Board</p>		<p>April 2016</p> <p>September 2016</p> <p>April 2017</p>
<b>9.5. Project Plan</b>	Develop full project plan for implementation of key areas to guide development, including risk analysis and mitigation. Include priority in plan for improvement of Transitioning.		Southwark Joint Maternity, Children and Young People Wellbeing Board	Identify Project Sponsors and appoint Project Manager	December 2015

## 10. Summary

NHS Southwark CCG and Southwark Council will use this Local Transformation Plan to secure the delivery of the Southwark Children's and Young People Mental Health and Wellbeing Strategy.

New resources will be invested to enhance arrangements already developed around Perinatal Mental health and Eating Disorder Services, with a particular focus on direct access for mental health assessment. Other areas of resource investment will focus on establishing a Children and Young People Home Treatment service as an additional element of the CAMHS specialist service and securing Early Intervention clinical capacity through the four Southwark Children Social Care locality teams.

On-going stakeholder engagement is planned to ensure the development of the plan is co-produced and strongly linked to outcome based commissioning.

Governance arrangements will incorporate the establishment of the Southwark Joint Maternity, Children and Young People Wellbeing Board, which is expected to bring about closer co-ordination. In addition to ensuring the new investment enhances the local mental health offer to Southwark Children, Young People and Families Board will focus attention with the Mental Health Trust, Children's Social Care and Education on improving the child, young person and family experience of key Transitions.

### Contact:

Carol-Ann Murray, Senior Mental Health Commissioner

[Carol-Ann.Murray@nhs.net](mailto:Carol-Ann.Murray@nhs.net) Tel: 020 7525 1316

## Appendix 1:

### Council Plan and Fairer Futures Promises (2014/15 to 2017/18)

The key priorities and themes which run across Council strategies are set out in the table below - along with suggested opportunities for joint commissioning activity going forward:

<b>Priorities</b>	<b>Themes</b>	<b>Commissioning Intentions</b>
Giving Children and Young People the Best Start in Life	1.1 Right Support, Right Time	Early Help / Families Matter SEND and EHC Plans/ Local offer (SIAS)
	1.2 Stable and Loving Homes	Fostering Offer Alternatives to Residential Provision 16+ Re-commissioning
	1.3 Improving educational standards for all.	Multi-agency response to supporting educational attainment. Link to 2.3
Improve children's Health and Wellbeing	2.1 Improve maternal and infant health	0-5 Health and Maternal Health, Early Help, Children's Centres
	2.2 Reduce obesity in children	Health checks / Health promotion/ GP / SW/ PSHE
	2.3 Improve resilience and build positive mental health	CAMHS / IAPT/ Support to LAC/ Support for Schools/ PSHE. Joint approaches to prevent and tackle self-harm, bullying, gang violence etc.
<b>***Underpinned by Hearing and Acting on the Voice of the Child***</b>		

## Appendix 2:

### Summary of Southwark Children & Young People Mental Health Needs

Almost 10% of Southwark children and young people are estimated to have a diagnosable mental health disorder. One in five is estimated to have more than one mental disorder (i.e. 1.9% of all children). The most common combinations are conduct and emotional disorders and conduct and hyperkinetic disorders (0.7% of children).

However, far more children and young people are likely to benefit from emotional and mental health and wellbeing interventions and services, including building resilience and early help. 10-15% (17, 18 of children are considered to be likely to benefit from access to Early Help services not necessarily provided through traditional CAMHS services.

In Southwark, about 23% of children and young people with estimated mental health needs are seen by CAMHS, compared to international estimates of 25% of children and UK estimates of around 30%.

#### Pre school age children

ChiMat estimates suggest **3,190** Southwark 2-5 year olds may have a mental health disorder (estimated prevalence 19.6%). There are different opinions about the validity of diagnosing children below the age of 5. Years. This figure is likely to include behavioural issues, developmental disorders and conduct disorder. However, it is important to address needs early and to ensure that as many children as possible are ready for school. In 2013-14 a higher percentage of Southwark children achieved the required standard for school readiness at the end of reception than the England average.

#### School age children

ChiMat estimates suggest that there will be around **3,640** young people aged between 5 to 16 years in Southwark with common mental health disorders (emotional disorders, hyperkinetic disorders and conduct disorders).

#### Young People aged 16-25 years

As the Children and Young People Mental Health Transformation Plan will address the needs of young people as young adults, particularly those with disabilities or Leaving Care (up to the age of 25 years) it is important to consider the needs of young people over the age of 16. In Southwark, **1,675** young people 16-19 are estimated to have a neurotic disorder, for example, mixed anxiety and depression.

The estimates in Table 1 are based on national prevalence rates, and do not take into account any differences between Southwark and England in levels of risk factors for poor mental health such looked after children, young offenders, children with learning disabilities children of parents with poor mental health, substance misuse problems, domestic violence, learning difficulties; children experiencing trauma and violence. Deprivation is also a risk factor for poor mental health.

**Table 1 Estimates of mental disorders in 16-24 year olds, Adult Psychiatric Morbidity in England Survey, 2007, ONS**

Condition	Estimated Prevalence			Estimated local numbers (population x prevalence)		
	Male	Female	Both	Male	Female	Total
Adult ADHD Self Report Scale 4 items	14%	14%	14%	2,521	2,916	5,437
Adult ADHD Self Report Scale 6 items	1.3%	0.8%	1%	239	168	407
PTSD	5%	4%	5%	938	881	1,820
Common Mental Disorder (Neurotic disorders)	12%	21%	16%	2,189	4,406	6,595
Psychotic Disorder (schizophrenia and affective psychosis)	0%	0.4%	0%	0	84	84
Eating Disorder prevalence (see table 5 for incidence)	6%	20%	13%	1,122	4,259	5,381
Suicidal thoughts (in last year)	5.4%	8.5%		993	1,783	2,777
Suicide attempts (in last year)*	1%	2.4%		184	504	688
Self- harm (lifetime)	6.3%	17%		1,159	3,567	4,726
Anti-social personality disorder	1.5%	0.4%		276	84	360
Borderline personality disorder	0.3%	1.4%		55	294	349
Alcohol dependence (moderate or severe)	1%	0.3%		184	63	247
Drug dependence – cannabis only	8.1%	2.9%		1,490	608	2,099
Drug dependence – not cannabis	3.1%	0.8%		570	168	738

### **Autistic Spectrum Disorder (ASD)**

Estimates of the prevalence of autism and autistic spectrum disorder vary by country and over time. Boys are more likely to have ASD or autism than girls.

Estimates for the Southwark 0-19 years population suggests there will be between **756 -1,031** children and young people with autism locally. Local data shows there are **1,100** children aged 0-19 in Southwark known to services as having autism, although not all will be Southwark residents. Around **610** school age children in Southwark have a Statement of SEN with autism given as the primary reason for the statement, whilst **210** school age children are identified as having autism but no SEN.

### **Eating Disorders**

Between 2000 and 2009 there was an increased incidence of eating disorders according to a review of the general practice research database. Rates of eating disorders are different for males and females (Table 2). Eating disorder not otherwise specified was the most frequently recorded eating disorder, following by anorexia and bulimia.

**Table 1:** Estimated incidence of new cases per year) of eating disorders for children and young people in Southwark

Age group (years)	Gender	Incidence per 100,000	Population	Estimated number of new cases per year
10–14	female	63.5	6,855	4
	male	17.5	7,132	1
15–19	female	164.5	7,311	12
	male	17.4	7,500	1
<b>Total</b>				<b>18</b>

### Self-harm and suicide

Self-harm is an issue which local schools have become more concerned in recent years, including some incidences at Primary School. Statistics show that 94 young people from Southwark aged 10-24 years old were admitted to hospital due to self-harm in 2013-14. This is equivalent to 172 per 100,000 - significantly lower than the England average rate of 412 per 100,000. But self-harming which is not severe enough to require hospital admission has not been captured here.

Young people who complete suicide are less likely to have been in contact with mental health services in the year prior to their death, compared with adults (14% vs 26%). Young men are more likely to commit suicide than young women. Young Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ) young people are also at higher risk of suicide. If Southwark had the same rate as England (6.6 per 100,000 population aged 15-24 years), then this would account for 2-3 suicides per year.

Some groups of children and young people are much more vulnerable to mental health disorders and services need to particularly address the needs of this group who often suffer multiple disadvantages.

### Children and young people with learning disabilities

36% of children and young people with a learning disability are estimated to have a mental health problem compared to 9.6% of the general child and young person population. Southwark has 932 children with learning disabilities known to schools, which suggests that there are **336** children and young people with learning difficulties and mental health needs.

### Looked After Children and Children In Need

45% of children in care are estimated to have a diagnosable mental health condition – around **248** looked after children in Southwark need to access CAMHS. Children leaving care are also at high risk of mental illness and services should be planned to ensure continuity of support as they move to independence.

### Vulnerable groups and access to mental health services

33% of Looked After Children who were estimated to have mental health needs were seen by CAMHS according to the 2013 Needs Assessment. In 2014-15 Carelink saw around 88 looked after children (compared to 248 with estimated need). It was not possible to report on the proportion of Young Offenders seen by CAMHS as there is not a dedicated service for this group of young people. 46% of Children with Learning Disabilities were seen by the Neuro-developmental team.

### Young Offenders



31% of young offenders are estimated to have a mental health disorder. This equates to around **140** young people in Southwark.

### **Homelessness and rough sleeping**

Mental illness is estimated to affect 67% of young people sleeping rough. CHIMAT estimate that there will be 15 homeless young people in Southwark with mental health needs.

### **Parental mental health disorders**

Children of parents with mental health disorders are at higher risk of mental health problems, however locally there is no mechanism for recording how many adults using mental health services have children who might be affected.

### **Parental substance misuse and domestic violence**

Children whose parents misuse drugs or alcohol, or who suffer domestic violence are at higher risk of mental health problems. Local substance misuse services routinely ask clients about their family, and provide services for any children or young people identified as being at risk. In the quarter ended June 2015 **568 adults** known to substance misuse services in Southwark lived with children under 18 years old.

### **Transition**

Transition to Adult services from Children and Young People Mental Health Services, and between services, remains inadequate. This is particularly true for young people requiring a range of health and social care services during their transitioning. Transfers from CAMHS, whether to Adult Mental Health Services (AMHS) or to other services, including discharge back to primary care, are single point events in the entire transition process. Young people may be subject to serial and sequential transfers within and across different healthcare organisations and specialist teams.

Young people who do not meet the threshold for Adult Mental Health Services may be best supported by primary care, other agencies such as Youth Counselling Services, or may be discharged with a clear plan which tells them and their families what to do if they become unwell. Currently many young people and families receive no such plan and are left to re-contact primary care services if further advice, treatment or care is required.

No detailed work has yet been done on other key transitions, such as the transition from Primary to Secondary school, and the CAMHS needs assessment steering group recommended that this key transition needs consideration.

### **Stakeholder Views**

Stakeholders interviews during the 2013 Needs Assessment were concerned about the impact of disruptive home environments, eating disorders, self-harm, overly sexualised behaviour, gangs, Autism Spectrum Disorder and the effects of cannabis, particularly skunk, on the mental health and wellbeing of children and young people in Southwark.

More recent views from a Stakeholder event as part of the development of this Local Transformation Plan and the 2014 events identified the following issues:

- Need to keep an open dialogue between agencies when discussing residential needs and treatment to ensure effective solution for whole family;
- Improve open access to services to respond to community need;

- Promoting Resilience through better resources for parents, including community parenting champions and better use of online resources;
- Enhance PSHE training for teachers and its use in Southwark schools to support development of Resilience.

Since the time of the 2013 CAMHS Needs Assessment, stakeholders have also identified very obese children, LGBTQ (Lesbian, Gay, Bisexual, Questioning) group, and girls at risk of, or experiencing, Female Genital Mutilation as being at higher risk of mental health disorders.

### Appendix 3: Stakeholders for Transformation Plan Implementation

Organisation	Job Title	Role in plan
Southwark CCG	Senior Mental Health Commissioner	Lead author
Southwark CCG	Director of Quality & Safety	CCG Lead
Southwark CCG	Head of Mental Health	Strategic Mental Health Lead
Southwark CCG	Head Primary, Community and Children's Commissioning	Maternity, Children and Young People's Strategic Framework Lead
Southwark CCG	GP Clinical Lead for Mental Health	
Southwark CCG	GP Clinical Lead for Children and Young People	
Southwark Council Public Health	Public Health Consultant	Joint Strategic Needs assessment
Southwark Council	Director of Commissioning Adults and Children	Strategic Lead Local Authority
Southwark Council Public Health	Mental health and wellbeing	Pre October 2015
Southwark Council	Head of YOS	
Southwark Council	Head of Early Help	
Southwark Council	C&YP commissioner for substance misuse	
Southwark Council	Director of Children's Social Care –inc children looked after	
Southwark Council	Principal Strategy Officer/s	
Southwark Council	Director of Education PSHE and Healthy Schools	
Southwark council	Head of Troubled Families	
NHS England Specialist MH Commissioning	Case Manager	Collaborate on plans Sign-off when assured
South London & Maudsley NHS Foundation Trust (SLaM)	Clinical Director Service Director Clinical Lead Service Manager	Clinical Pathway Development
Service user and parents groups	Youth Advisor, parent/carer rep	Engagement and development of Plan
Voluntary sector	Community Action Southwark(CAS) rep	
Schools	Head Teachers Forum	Contribution to the plan
Southwark Healthwatch	Healthwatch	Engagement and development of Plan

## Appendix 4: Families Matter

Families Matter is Southwark's approach to ensure we have the right local pathways to provide effective, accessible universal services from 0-19 years by strengthening links with providers across early years learning, primary and secondary education, health services, Youth Services and Children's Centres to enhance resilience and develop protective factors in children, young people, young adults and families.

Families Matter deploys a 4-tier approach with a range of support and services available at every tier of support.

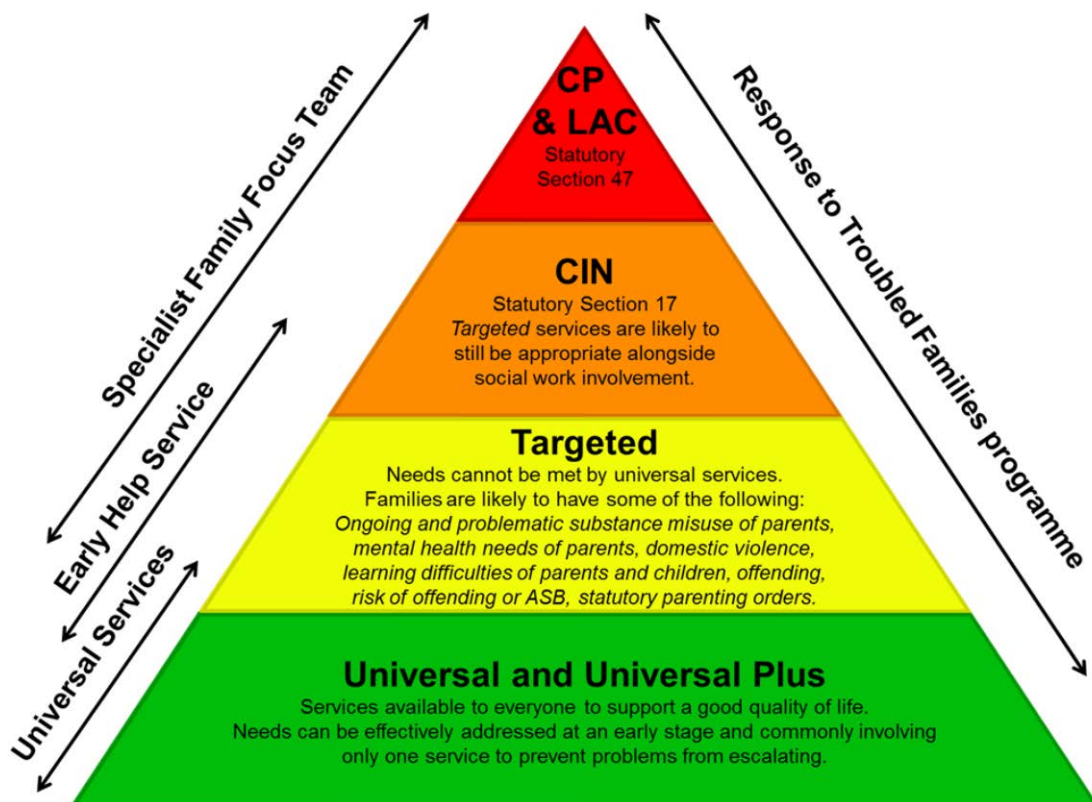
There is a focus on ensuring that Universal and Universal Plus services are delivered, the universal level reflecting our commitment to deliver high quality services for all residents of Southwark regardless of their level of need.

Targeted Support (Early Help Service and Specialist Family Focus Team) is deployed when a child, young person or family faces a number of different problems at the same time and requires more support to resolve them.

Services at the Children in Need level of delivery focuses upon providing more enhanced services for children, young people and their families where risks are greater and require longer term support.

The Child Protection and Looked After Children level encompasses statutory Child Protection, and services for children looked after by the local authority.

The pyramid below outlines the Families Matter service delivery strategy.



From: Families Matter Strategy - 2015

## Appendix 5 – (Included in CAMHS Transformation Plant for assurance purposes)

### Children and Young People Improving Access to Psychological Therapy (IAPT)

#### SLAM CAMHS CYP IAPT: Evidence to support existing IAPT services

The following information has been provided by South London & Maudsley NHS Foundation Trust (for Southwark Council areas) to evidence the CYP-IAPT evolution:

- a) Current number of staff who have completed training, who are currently training and how many are projected to start training as a result of the Memorandum of Understanding (MOU).
- b) Skill mix of staff trained, currently training and planned to be trained.
- c) Financial value of the Memorandum of Understanding (MOU).
- d) Current number of staff who have completed training, who are currently training and how many are projected to start training as a result of the MOU.

The tables below evidence the number of staff who have completed and will be completing IAPT training in Southwark. It also details clinicians who are already trained in evidence based therapies but have done so through another academic channel, for example through Clinical Psychology. These therapies are also being delivered to young people and families by staff who were not trained through the CYP-IAPT training course.

#### Southwark CAMHS IAPT Team

The table below represents skill mix across the teams:

Team	Psychological Therapy	Role	Skill mix
Southwark Child and Family Service	Family Therapy	Supervisor	CAMHS Practitioner
Southwark Child and Family Service	Family Therapy	Trainee Therapist	CAMHS Practitioner
Southwark Adolescent Team	CBT	Therapist	CAMHS Practitioner
Southwark Adolescent Team	CBT	N/A	CAMHS Practitioner
Southwark Carelink	CBT	N/A	CAMHS Practitioner
Southwark Carelink	Family Therapy	Therapist	CAMHS Practitioner
Southwark Carelink	CBT	Therapist	Clinical Psychologist
Southwark Adolescent Team	CBT	Therapist	Clinical Psychologist
Southwark Adolescent Team	Family Therapy (Systemic)	Therapist	CAMHS Clinical Specialist
Southwark Adolescent Team	CBT Family Therapy (Systemic)	Therapist	Clinical Psychologist
Southwark Neurodevelopmental Team	CBT	Therapist	Clinical Specialist
Southwark Neurodevelopmental Team	CBT/Family therapy	Therapist	Clinical Psychologist
Southwark Neurodevelopmental Team	CBT/Family therapy	Therapist	Clinical Psychologist.

The financial value of the Memorandum of Understanding (MOU) is **£26,000**.

## a) The Current CYP- IAPT model

Project Plan for CY IAPT May 2014/16

Updated

Area	Task	Owner	Deadline	RAG
Project governance	Disseminate routine outcome measure usage within pilot site schemes	TL/SW/H K	complete	Green
	Increase PPI within teams in both boroughs Data collection	TL/SW/H K	Complete	Green
	Increase/sustain use of evidence practice	TL/SW/H K	Complete	Green
Phase 1 - Set up	How to disseminate CY IAPT model of working to multiple teams across the boroughs	TL/SW/H K/LM/IR	Complete	Green
	How to make best use of CYP/IAPT training and resources teams across the boroughs		Complete	Green
	Clinical Governance days in the boroughs to orientate teams		Complete	Green
	Informal discussions with Colleagues		Complete	Green
	Formal discussions within Team Meetings, steering Group and senior management meetings		Complete	Green
	What training in teams may be required			Green
Reporting/data planning	Data admin and Assistant Psychologist employed	TL/JR/M B/JL/DP	Complete	Green
	Set up spreadsheet for tracking new cases		Complete	Green
	Prepare Questionnaire packs according to age of child and young person		Complete	Green
	Liaise with Clinicians in teams to handover packs of questionnaires		Complete	Green
	Liaise with clinicians to collect and score questionnaires, enter data and give clinicians graphs and scores		Complete	Green
	Circulate monthly report to Pilot Project Board		Complete	Green
Phase 2	Hub and spoke model		Complete	Green
	Comprising CP IAPT workers from the two boroughs To meet regularly to share good practice Attend team meetings, work with individuals clinicians to ensure ROM are utilised and CBT (through consultation and supervision, carry a case load)	JR/MB/D P	Complete Complete Complete	Green Green Green
	Supervision CBT groups to be organised in each borough Training workshop events in both boroughs. Duncan Law coming to Lambeth Clinical governance day on the 17th June Southwark does not currently have a facilitator to run the parenting group with Lambeth. The group is at risk of only having Lambeth families		Complete Complete completed	Green Green Green
	Clinical Leads to attend IAPT SLAM IAPT meetings	TL/RC/P B	To organise To organise	N/A Amber
	Audit on clinical views on using measures	RC/PB FM/JR/T L	To organise	Amber
	Phase 3 - Sustainability	ROMS on EPJS	TL/MB/R C/PB/JR/ JL/JR	completed
Graphs			completed	green
Contextual Factors			completed	green
Roll out of Tablets for all staff that are completing measures			Ongoing Dec 2014	Amber

<b>Monitoring and Evaluation</b>	Clinicians to ask C YP to complete questionnaires on tablets		Ongoing Dec 2014	Amber
	Scoring and graphs automatically generated on EPJS to be shared with C YP and family/guardian		completed	green
	Monthly update meetings to ensure targets are met		completed	green
	Team Leaders to get reports from Insight about data % and feedback to staff		Ongoing Dec 2014	Amber
	Making it second nature to use outcome measures in every day practice			Amber
	Data continuously at 90%		Ongoing Dec 2014	Amber
	Meeting to review results of measures identify lessons learned and develop recommendations		completed	green
	CBT supervision groups to be run in Lambeth and Southwark, training courses within the trust to be attended		to be completed	amber
	clinical governance days e.g. Jan in Southwark, December in Lambeth		to be completed	amber
	young people to discuss experience of measures		to be completed	amber

**Number of young persons who have been through the CYP IAPT model and the outcomes (if known) of the young person's having accessed the CYP IAPT delivered service.**

The table below illustrates the number of young persons who have been who have given consent to take part in CYP-IAPT from September 2012- September 2015 is at least **1723**. This is an estimate derived from Lambeth and Southwark's database.

<b>Southwark CAMHS Services</b>	<b>Consented YES to CYP-IAPT</b>
Southwark Adolescent Services	340
Southwark CAMHS FFT	12
Southwark CAMHS Neuro Developmental	235
Southwark Carelink	66
Southwark Child and Family Service	271
<b>Grand Total</b>	<b>924</b>

73% of paired measures completed in the last quarter across Southwark. Below is an example to illustrate the CYP-IAPT outcomes and is included to provide assurance that this work is progressing in Southwark and the improved outcomes seen.

**Revised: Child and Family Paired Data: 2015/16 Q1**

The information retrieved illustrates data submitted in 2015/16 Q1 for Child and Family. The information has been extracted from EPJS and Insight. Approximately 64 CYP's and/or their parent completed an IAPT form during this time period. All completed forms were paired with forms completed prior to (or after) 2015/16 Q1.

The data has shown that there is an overall improvement for RCAD, SDQ and CORS for CYP and parent/carer. This demonstrates that the therapeutic interventions provided by the team have had a positive impact on the CYP and their parent/carer's.

The graphs below illustrate the ALL IAPT forms by the Southwark Child and Family Team. To obtain more substantial results the team would need to complete more measures at Timepoint2.

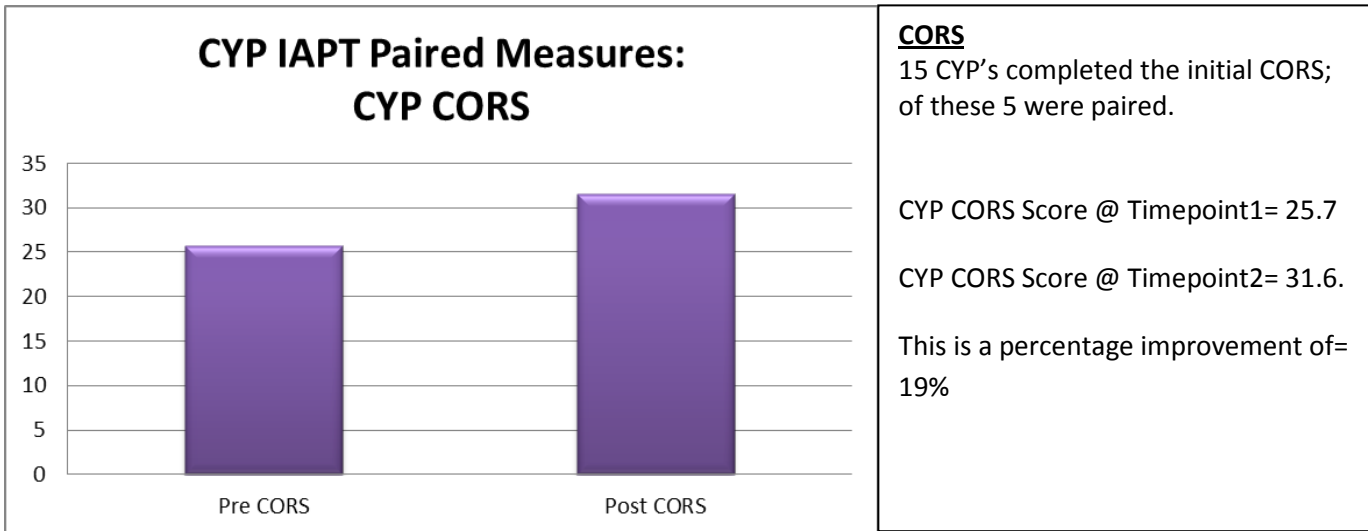
To illustrate an **improvement** in RCAD's, SDQ's and RMQ's the post result must be lower than the pre result.

To illustrate an **improvement** in the CYP CORS, the post result must be higher than the pre result.

**Independent Measures-** Includes ALL completed IAPT forms.

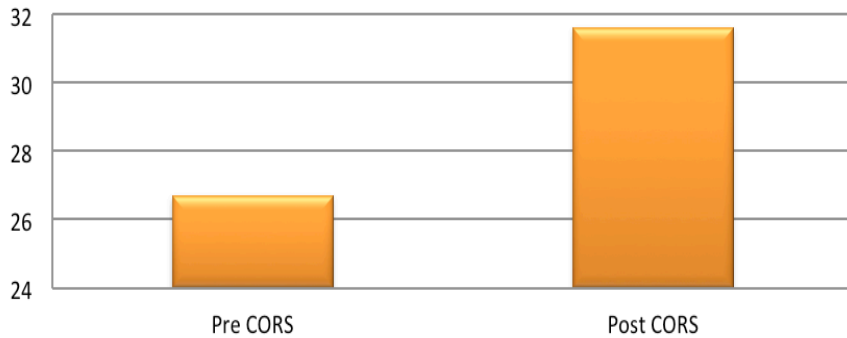
**Paired Measures-** This includes ONLY paired IAPT forms.

The mean baseline score for each CYP IAPT measure is represented at Timepoint 1.





### CYP IAPT Independent Measures: CYP CORS



#### CORS

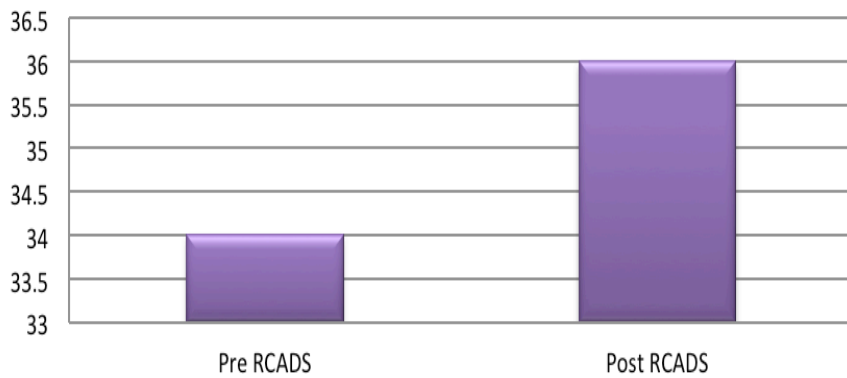
15 CYP's completed the initial CORS;  
of these 5 were paired.

CYP CORS Score @ Timepoint1= 26.7.

CYP CORS Score @ Timepoint2= 31.6.

This is a percentage improvement of= 18%

### CYP IAPT Paired Measures: CYP RCADS



#### RCADS CYP

12 CYP's completed the initial RCADS;  
of these 2 were paired.

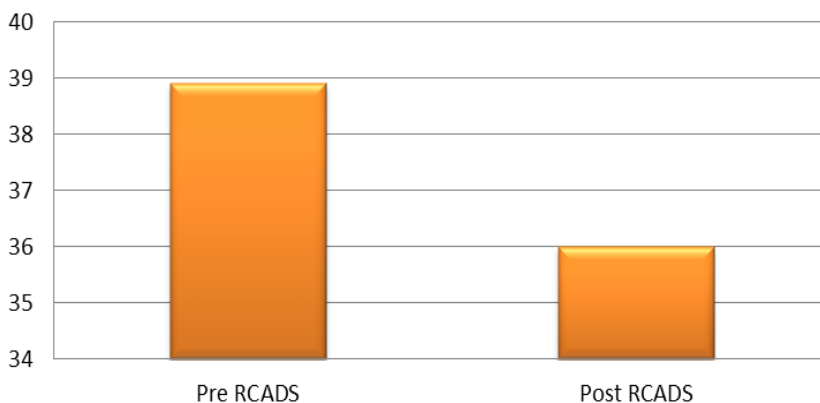
CYP RCADS Score @ Timepoint1= 34

CYP RCADS Score @ Timepoint2= 36

There is a decrease in improvement  
of =6% (-6%)

This is because there have only been  
only 2 paired measures completed.  
More results at Timepoint 2 could  
provide an appropriate reflection.

### CYP IAPT Independent Measures: CYP RCADS



#### RCADS CYP

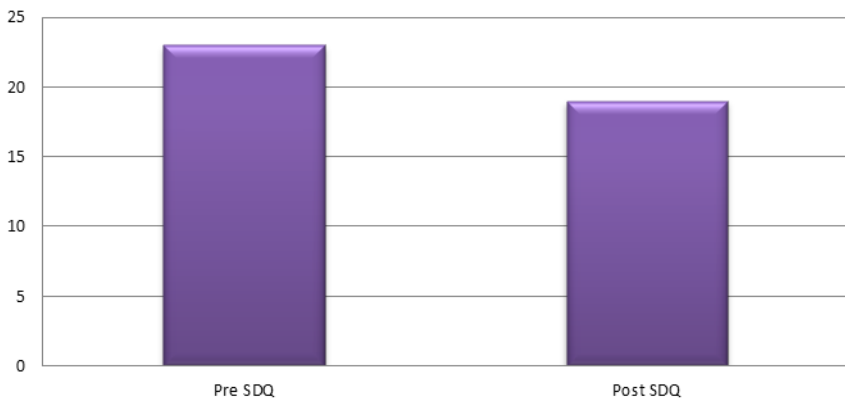
12 CYP's completed the initial RCADS;  
of these 2 were paired.

CYP RCADS Score @ Timepoint1= 38.9

CYP RCADS Score @ Timepoint2= 36

This is a percentage improvement of 7%

**CYP IAPT Paired Measures:  
CYP SDQ**



**SDQ Self**

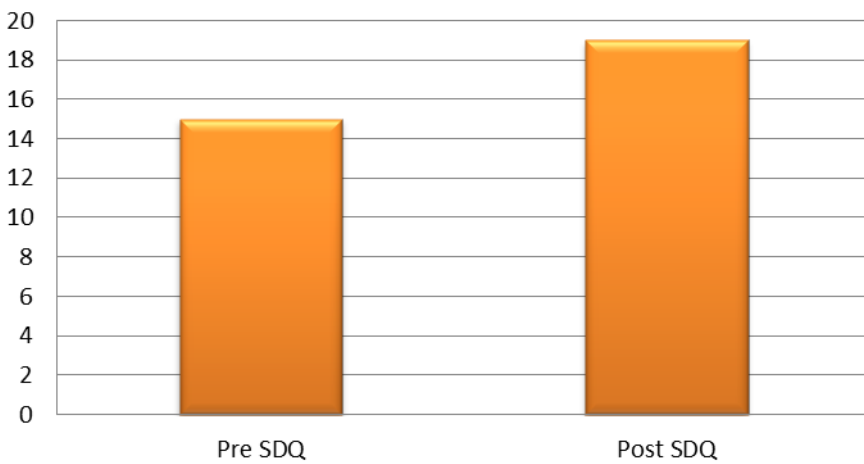
4 CYP's completed the SDQ form; of these only 1 was paired.

CYP SDQ Score @ Timepoint1= 23

CYP SDQ Score @ Timepoint2= 19

This is a percentage improvement of 17%

**CYP IAPT Independent Measures:  
CYP SDQ**



**SDQ Self**

4 CYP's completed the SDQ form; of these only 1 was paired.

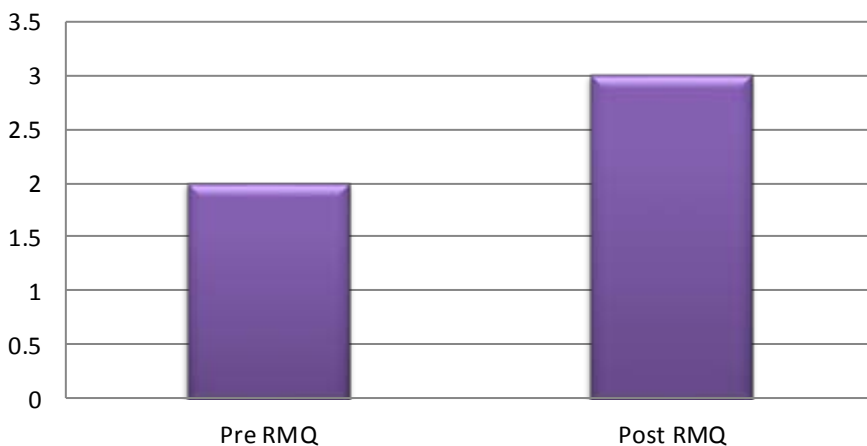
CYP SDQ Score @ Timepoint1= 15

CYP SDQ Score @ Timepoint2= 19

There is a decrease in improvement of =27% (-27%)

This is because there have only been only 2 paired measures completed. More results at Timepoint 2 could provide an appropriate reflection.

**CYP IAPT Paired Measures:  
CYP RMQ**



**RMQ CYP**

5 CYP's completed the SDQ form; of these only 1 was paired with an RMQ.

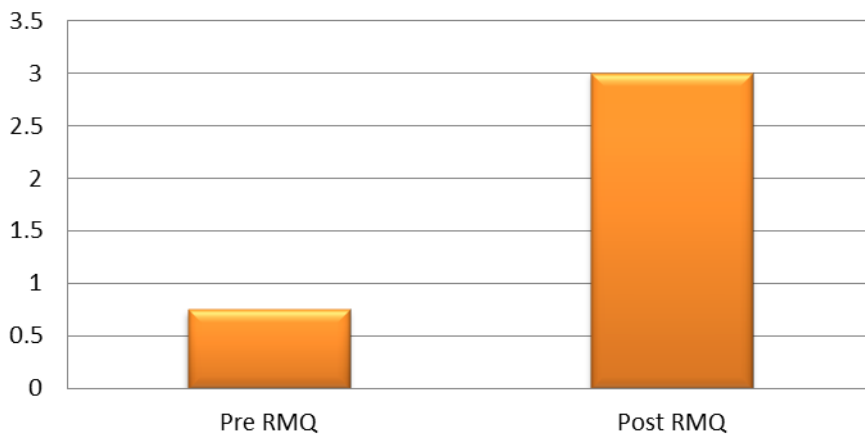
CYP RMQ Score @ Timepoint1= 2

CYP RMQ Score @ Timepoint2= 3

There is a decrease in improvement of =27%

There has been no improvement for CYP RMQ. This is because only 1 paired RMQ measure had been completed and this CYP indicated an increase in their Impact score. However their overall SDQ illustrated that there was an improvement in the CYP symptoms.

## CYP IAPT Independent Measures: CYP RMQ



### RMQ CYP

5 CYP's completed the SDQ form; of these only 1 was paired with an RMQ.

CYP RMQ Score @ Timepoint1= 0.75

CYP RMQ Score @ Timepoint2= 3

There is a decrease in improvement of =300% (-300%)

There has been no improvement for CYP RMQ. This is because only 1 paired RMQ measure had been completed and this CYP indicated an increase in their Impact score.

However their overall SDQ illustrated that there was an improvement in the CYP symptoms.

## CYP IAPT Paired Measures: Parent/Carer SDQ



### SDQ Parent/Carer

57 P/C's completed the initial SDQ's; of these 27 were paired.

CYP SDQ Score @ Timepoint1= 24.5

CYP SDQ Score @ Timepoint2= 11.6

This is a percentage improvement of 53%

## CYP IAPT Independent Measures: Parent/Carer SDQ



### SDQ Parent/Carer

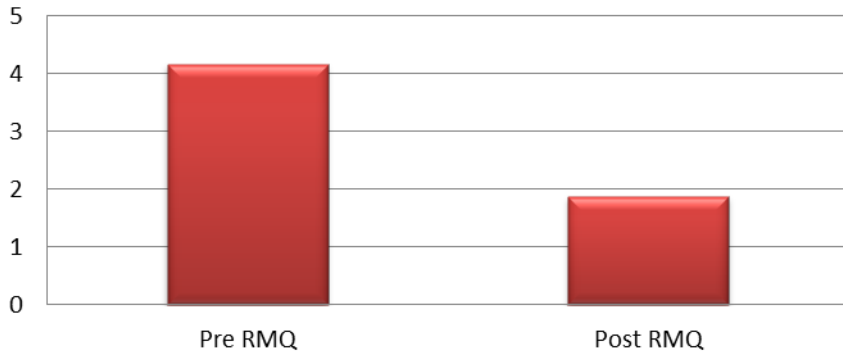
57 P/C's completed the initial SDQ's; of these 27 were paired.

CYP SDQ Score @ Timepoint1= 23.9

CYP SDQ Score @ Timepoint2= 11.6

This is a percentage improvement of 51%

### CYP IAPT Paired Measures: Parent/Carer RMQ



#### RMQ Parent/Carer

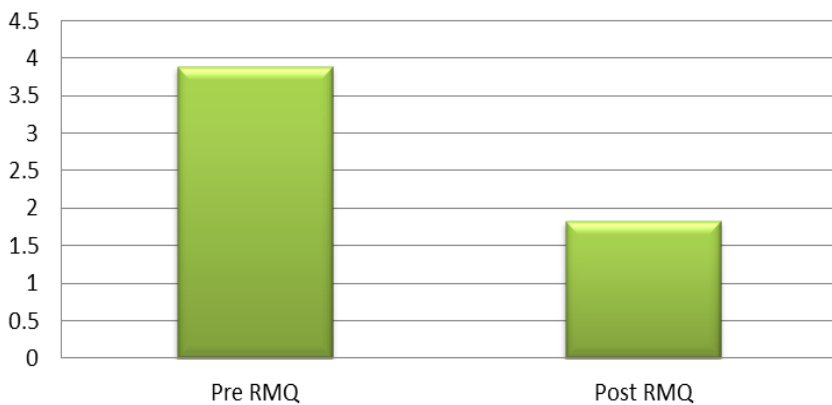
57 Carer/Parent's completed the initial SDQ forms; of these 27 were paired with the RMQ's

P/C RMQ Score @ Timepoint1= 4.16

P/C RMQ Score @ Timepoint2= 1.87

This is a percentage improvement of= 55%

### CYP IAPT Independent Measures: Parent/Carer RMQ



#### RMQ Parent/Carer

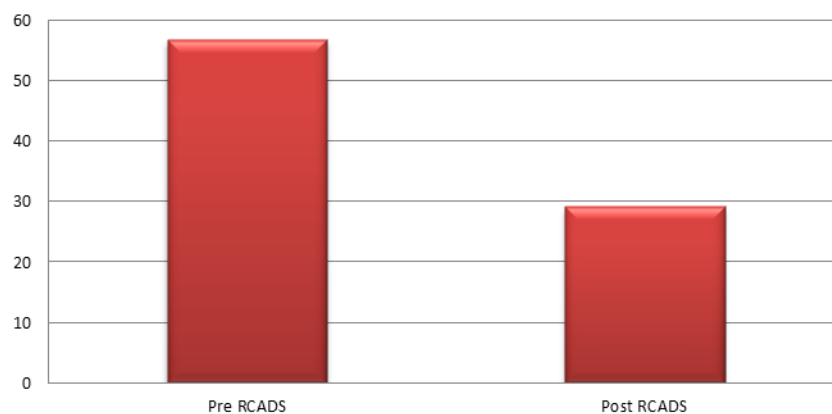
57 Carer/Parent's completed the initial SDQ forms; of these 27 were paired with the RMQ's

P/C RMQ Score @ Timepoint1= 3.89

P/C RMQ Score @ Timepoint2= 1.87

This is a percentage improvement of= 53%

### CYP IAPT Paired Measures: Parent/Carer RCADS



#### RCADS Parent/Carer

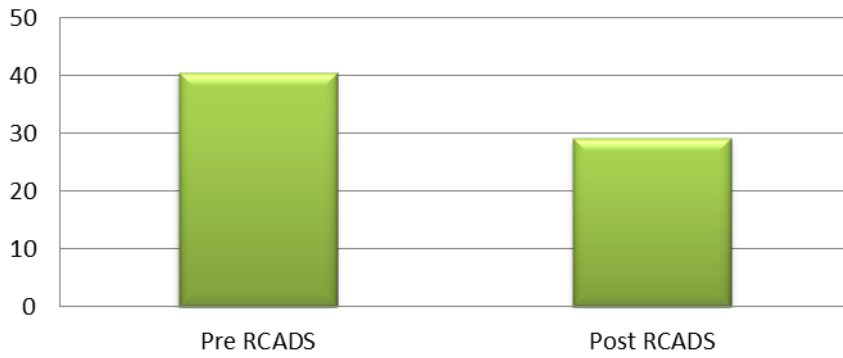
19 P/C's completed the initial RCADS; of this 6 were paired.

P/C RCADS Score @ Timepoint1= 56.7

P/C RCADS Score @ Timepoint2= 29.2

This is a percentage improvement of= 49%

## CYP IAPT Independent Measures: Parent/Carer RCADS



### RCADS Parent/Carer

19 P/C's completed the initial RCADS;  
of this 6 were paired.

P/C RCADS Score @ Timepoint1= 40.5

P/C RCADS Score @ Timepoint2= 29.2

This is a percentage improvement of=  
28%

Appendix 6

## Southwark Children and Young Peoples' Strategic Framework Engagement Mapping

Engagement undertaken and lead	Key findings	Gaps identified and planned engagement	Contacts for engagement
1 - Early years, better start and school readiness			
<p><a href="#">1000 Journeys</a> – Southwark Council – 2013</p>	<p>Make it easier to use local services such as antenatal services, childcare or services in children’s centres.</p> <p>More children having their health and education checks and immunisations, and more having better health and taking up free education places.</p> <p>Fewer young people missing school or being involved in crime.</p> <p>More families achieving permanent positive changes more quickly following support from specialist services</p>	<p>Test key findings with parents, children and young people.</p>	<p>Early Years Quality Improvement Officers</p> <p>Public Health Specialist: Children &amp; Young People</p> <p>PSHE and Healthy Schools Lead in Southwark</p>
<p><a href="#">1000 Lives</a>- Southwark Council, Healthwatch and Health and Wellbeing Board – 2014</p>	<p><b>Parent stories</b></p> <p>Mothers contributed stories about the importance of good advice through pregnancy, choice and control of their own childbirth experience, support with breastfeeding and on-going support through their child’s early years.</p> <p>Stories about post-natal depression and stories from parents whose children have health problems, meaning that they need help from a range of services were collected.</p>		

	<p>There was special praise for midwives, health visitors and our children centre workers. But there was also a desire to receive clearer, more consistent information.</p> <p>We were reminded of the essential role families play in providing support and the importance of enhancing community based support from professionals and voluntary and community groups especially for people who are isolated, vulnerable and without close relatives.</p> <p><b>Young people's stories</b></p> <p>Young people's own stories focus on their desire to be active and healthy, building their self - esteem and helping them to become confident and resilient young adults.</p> <p>Young people particularly valued leisure services, swimming and gyms and organized activities such as football clubs.</p>		
Engagement undertaken and lead	Key findings	Gaps identified and planned engagement	Contacts for engagement
2 - Emotional wellbeing and mental health			
<a href="#">1000 Lives</a> - Southwark Council, Healthwatch and Health and Wellbeing Board – 2014	<p>The impact of bullying on wellbeing and the responsibility of being a young carer were mentioned by several young people.</p>	<p>Gaps identified:</p> <p>LGBT – mental health and wellbeing</p> <p>Planned engagement:</p>	<p>One Big Community to run workshops on mental health/ wellbeing</p> <p>Somali Integration – Saturday</p>

SLAM	Waiting for MH commissioners to report	1) Quality review (outcomes and patient experience) of commissioned services	School – 60 CYP
<p><a href="#">CCG Case study – Alika's story</a></p> <p>Alika shares his story on film about his experience of suffering a mental health breakdown and subsequently spending four months in a SLaM intervention unit.</p>	<p>First contact with professionals during mental health episode was with the police (taken to hospital).</p> <p>Refused care and was left to leave hospital without follow up plans – one month later had “full breakdown” Again taken to hospital, cuffed by the police. Had no idea what was going on.</p> <p>Spent 4 months in SLaM early intervention unit – has excellent experience- felt “at peace” highlights the importance of staff who cared during recovery.</p> <p>Highlights the importance of holistic activities – not just medicine – music, art, exercise, cooking, games, socialising felt like a “kids retreat”.</p> <p>Areas for improvement – constantly having to repeat story to professionals, overload of information.</p>	2) Workshops – Test key findings	<p>Challenge Network – Campaign</p> <p>Metro Centre – Service for LGBT youth</p> <p>Public Health Lead for emotional health and wellbeing (all ages)</p>
<p>CCG Head teachers' meeting</p> <p>Southwark CCG Chair – Jonty Heaversedge attended the Southwark Head Teachers meeting</p>	<p>We don't currently adequately include schools in the development of our strategic plans for service development for children, young people and their families.</p> <p>There is no voice for schools on the H&amp;WB.</p> <p>Teachers see obesity very much as a symptom not a cause.</p>		



	<p>Their overwhelming view is that we are massively neglecting the mental health and wellbeing needs of our children, and importantly their parents. They have noticed an 'explosion' in the number of children suffering with MH problems.</p> <p>Emotional resilience should be a key ambition in any early intervention work that we do.</p> <p>Schools are having to increasingly provide a range of support to meet the medical needs of children - physical, social and emotional. They would appreciate support and training to be able to do this – have HCPs embedded in schools.</p>		
<p>Health Huts – X 15 huts across Southwark</p> <p>Currently working with young people between the ages of 7 to 24yrs within youth clubs, schools, youth offending, colleges and universities and voluntary organisations that work or provide services for young people (across a range of health issues)</p>	<p>Wordles on what young people value most to stay emotionally healthy</p>		
<p>Youth Council meeting 5<sup>th</sup> October 2015</p>	<p>CAMHS counselling an essential service for CYP. There is a lot of stress experienced by school children – competitive environment – very focussed on grades and university, other life stresses such as bullying increase stress</p>		<p>Youth Council members</p>

	levels. Need to be provided support for this at school.		
Community Action Southwark (engagement sessions pre-2014)	<p>Take a holistic approach to the treatment of Mental Health Issues</p> <p>Develop integrated mental health services with schools to tackle school related issues such as bullying</p> <p>Focus on at risk groups</p> <p>Provide information and guidance on services in the community so that people are aware of what is available</p> <p>Ensure service continuity during the transition from CAMHS to adult services – currently is a large gap</p> <p>Take a whole family approach to the treatment of CYP mental health issues</p> <p>Focus on self-harm in CYP, and specifically early identification and intervention</p> <p>Focus on eating disorders</p> <p>Raise the public's awareness of mental health issues.</p>	<p>Mental Health services in schools</p> <p>Public education</p> <p>CAMHS - &gt; Adult Services</p> <p>Self-harm &amp; eating disorder focus</p>	
Engagement undertaken and lead	Key findings	Gaps identified and planned engagement	Contacts for engagement
3 - Long term physical conditions including diabetes, asthma, epilepsy, sickle cell and complex co-morbidity			

<p>Children and Young People's Health Partnership (CYPHP) - Partnership between Lambeth and Southwark LA's, CCGs, Evelina Children's Hospital, King's, SLAM, KCL)</p> <p>Focus groups facilitated jointly with London Citizens and Stockwell Partnership, which informed programme plans. The groups included: Mumspace; Notre Dame Girls school (predominantly Latin-American students); Cherry Tree Special Needs School; Youth Futures; and Evelina Asthma.</p> <p>Parent and Carer panel - two events held to date - experiences of accessing primary care with their child. Plus one group of Spanish-speaking mothers from Latin American backgrounds in Southwark (mostly based in the Camberwell area).</p>	<p>Primary Care:</p> <p>Most parents described finding it difficult to get a GP appointment immediately.</p> <p>Difficulties cause many parents routinely to rely on A&amp;E.</p> <p>Where other professionals are involved, the GP is often bypassed, as in the case of children with moderate - severe asthma who described only receiving care from the specialist nurse and going to A&amp;E when they need nebulisers.</p> <p>Young people were particularly sensitive to the interaction with the GP.</p> <p>Inadequate support in the community –leads to A&amp;E visit</p> <p>Secondary Care:</p> <p>Many of the parents of children with complex health needs felt that the hospital environment was distressing for their children, especially when having to wait for outpatient appointments.</p> <p>A lack of coordination - negatively affecting experience of health services, often resulting in frequent health service use and time off school.</p> <p>Networks:</p> <p>Patients tended to feel that they were experts by experience - first-hand experience of the condition/ close relationships with other</p>	<p>Quality review (outcomes and patient experience) of commissioned services</p>	<p>Quality Team at CCG</p>
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	<p>people with the same condition, generally family members, friends or those at school.</p> <p>Poor professional communication around complex needs results in parents having to act as advocates and coordinators of their children's care.</p> <p>Inadequate support at school to manage their conditions – variable across schools – need more health promotion in schools.</p> <p>Information:</p> <p>Young people felt that they had insufficient information about where to go for their physical and emotional health concerns.</p>		
Engagement undertaken and lead	Key findings	Gaps identified and planned engagement	Contacts for engagement
4 -Emergency admission avoidance			
CYPHP	See above		
Engagement undertaken and lead	Key findings	Gaps identified and planned engagement	Contacts for engagement
5 - Young People's Health 10-25 including sexual health, drugs misuse, self-harm and gang violence			
Healthwatch Southwark – <a href="#">Sexual Health workshops</a>	<p>Sex education:</p> <p>Better sex education in schools. Sex education</p>	<p>Lambeth Southwark and Lewisham Sexual Health Strategy – Stakeholder engagement event</p>	

<p><a href="#">Public forum workshop</a></p>	<p>to begin in Primary school</p> <p>Non heterosexual relationships</p> <p>Consent</p> <p>Service improvement:</p> <p>Waiting rooms should be more relaxed. Separate service for male and females. More places to get free contraception. C Card to be used at all pharmacies not just local one</p> <p>Communication:</p> <p>Age matters when it comes to the person you are talking to. Supportive staff who don't judge. Staff who are open. More focus on emotional relationships.</p>	<p>planned for 25 August 2015</p>	
<p>YACnCAY – Youth violence/ crime/ anti - social behaviour engagement event with Somali community.</p> <p>Saturday 25 July- Large outreach/ engagement event</p>	<p>Waiting for report</p>		

Health Huts	<p><b>Waiting for report</b></p> <p>“The main gripes young people have is that they are rarely consulted by professionals e.g. clinic times, locations, how they are pre-judged and one of the biggest is confidentiality.”</p>		
Youth Council meeting 5 <sup>th</sup> October 2015	<p>Self-harming was raised as an issue by councillor. Caused by stress, more competition within schools, the pressures in terms of doing well at school for university, and through bullying from other students – more emotional bullying than physical (this is picked up easier than emotional). Need to identify the channels now used by students to bully others – social media is used a lot.</p> <p>Sexual health education is necessary at schools, along with support for teenage mums.</p>		
Community Action Southwark (engagement sessions pre-2014)	<p>Focus on self-harm – early identification and intervention</p> <p>Focus on eating disorders – early identification and intervention</p>		
<b>Engagement undertaken and lead</b>	<b>Key findings</b>	<b>Gaps identified and planned engagement</b>	<b>Contacts for engagement</b>
<b>6 - Vulnerable children and young people including: Young carers, young offenders, LAC/CIN, CYP at risk of violence, abuse or neglect, SEND</b>			
<a href="#">1000 Journeys</a> – Southwark Council	<p>More effective help for parents struggling to care for their children.</p> <p>More children and young people living in a</p>		

	<p>permanent and stable home.</p> <p>More foster carers and children being adopted.</p> <p>Vulnerable children and young people succeeding better at school.</p>		
<p>Healthwatch</p> <p><a href="#">Public Forum</a> March 2015– Eight young people (carers) took part in a discussion.</p> <p><a href="#">Public Forum</a> June 2015 - Five young people aged 8-12 came from Southwark Young Carers and took part in a discussion</p>	<p>Issues</p> <ul style="list-style-type: none"> <li>• There are many professional available to help young carers, it is hard to know where there support starts, ends and who then picks up that support</li> <li>• Funding constraints can limit the activities offered at Southwark Young Carers</li> <li>• Sometimes the professionals supporting young carers are not appropriately trained</li> </ul> <p>Solutions</p> <ul style="list-style-type: none"> <li>• Help with their homework</li> <li>• Support with driving lessons.</li> <li>• More training for people that are in contact with people with mental health problems and substance misuse</li> <li>• Better public facilities such as local activities, parks and youth clubs</li> <li>• Better and more social activities and trips.</li> <li>• A range of services in schools:</li> </ul> <p><i>Speech and language therapy Child and Adolescent Mental Health Service (CAMHS)</i></p>		

	<p><i>Social Worker</i>  <i>School council to say what we want in the school</i>  <i>After schools sports club</i>  <i>Mentors</i></p> <ul style="list-style-type: none"> <li>• Appropriate training for staff in schools, hospitals, community services to understand the complexities of issues faced by young carers and support them in their role accordingly</li> <li>• Awareness raising work with children and young people to understand some of the issues faced by young carers</li> </ul>		
<b>7 - Children and young people who are obese</b>			
<p>Community Participation Team – Southwark Council</p> <p>Review to gather ideas, opinions and beliefs about the problem of child obesity locally</p> <p>Focus groups - Local residents, Children and Young People – 10 focus groups</p> <p>Conversations with families at events</p> <p>Community researchers doing surveys – 343 surveys collected- (Most respondents</p>	<p>Why do you think children are becoming overweight and obese in Southwark?</p> <ul style="list-style-type: none"> <li>• Unhealthy food (Takeaways, convenient and everywhere)</li> <li>• Low income leading to unhealthy food choices</li> <li>• Lack of time/long working hours leading to unhealthy lifestyle choices re food and PA</li> <li>• Families no interest in healthier lifestyle</li> <li>• Parents lacking awareness and education</li> <li>• Not enough affordable supervised physical activity options</li> </ul>	<p>1) Test key findings</p>	<p>Work with tackling physical inactivity in younger children</p>



<p>from hotspot areas for child obesity)</p>	<ul style="list-style-type: none"> <li>• Children lack interest in physical activity and enjoy sedentary activities (PS3, Computer, TV)</li> <li>• Overweight teenagers not being picked up</li> <li>• Obese pregnant women don't always get referral to dietician</li> <li>• Some lack of consistency of message</li> <li>• Lack of time for HVs and MWs to support weight loss post birth</li> </ul> <p>Solutions:</p> <ul style="list-style-type: none"> <li>• Provide healthy food at school</li> <li>• Increase PE and PA after school</li> <li>• Educate children about HE and PA</li> <li>• Involve and educate parents</li> <li>• Raise awareness of risks</li> <li>• Raise awareness and promote healthy lifestyle</li> <li>• Projects in community</li> <li>• Free or low cost activities (attractive and supervised) - more facilities and places</li> <li>• Restricting access to unhealthy food (takeaways)</li> <li>• Monitoring and health checks of</li> </ul>		
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	<p>children</p> <ul style="list-style-type: none"> <li>• Important to look at cultural dimensions</li> <li>• Support from; community networks/community centres, schools, faith groups, sport and leisure centres, groups and clubs, libraries/food businesses/health, professionals/government/media, colleges,</li> <li>• Parents/Teachers can be barriers to doing more fun physical activity</li> <li>• Need to introduce more behaviour change skills</li> </ul>		
Community Action Southwark	Focus on eating disorders.		

## References

1. Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing (Department of Health/NHS England, March 2015).
2. Promoting children and young people's emotional health and wellbeing: A whole school and college approach. (Public Health England/Children and Young People's Mental Health Coalition, March 2015).
3. Young Minds Report on Children, Young People and Family Engagement (March 2015)
4. No health without Mental Health (2011).
5. British Journal of Psychiatry (2013) Designing youth mental health services for the 21<sup>st</sup> century: examples from Australia, Ireland and the UK. Authors: Patrick McGorry, Tony Bates and Max Birchwood. 202: s30-s35.
6. Report of the Children and Young People's Health Outcomes Forum - Mental Health Subgroup (2012).
7. Closing the Gap: Priorities for Essential Change in Mental Health (2014).
8. Child Health Profile (ChiMat) 2015. Public Health England.
9. Southwark Council (2014) Southwark Demographic Factsheet.
10. Faculty for Public Health (2010) Better Mental Health for All.
11. Southwark Council (2012) Southwark Joint Service Protocol to meet the needs of children and unborn children whose parents or carers have mental health problems. June 2012. 4<sup>th</sup> Edition.
12. London Early Intervention in Psychosis (EIP) Programme (2015). Southwark EIP Service.
13. Co-production: Nothing about you without you (2014). Southwark Council.
14. Improving Support for Children and Young People (2014). Voluntary Sector Discussion on Southwark's Mental Health Strategy. Community Action Southwark.
15. 'Wellbeing and Mental Health for Young People 14-25 years (2014). Report by Sharon Wellington following review with children Young People and other stakeholders. Southwark Council.
16. Making Every Contact Count (2012). NHS Yorkshire & Humber.
17. Kurtz Z (1996) Treating Children well a guide to using the evidence base in commissioning and managing services for the mental health of children and young people.
18. Champion J, Fitch C (2012) Guidance for Commissioning Public Mental Health Services, Joint Commissioning Panel for Mental Health Services, London