

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

2015-2020

October 2016 Refresh

1. Purpose

- 1.1. This transformation plan has been refreshed in line with *Implementing the Five year Forward View for Mental Health* (1) and achieving the objectives for children and young people's mental health, specifically that by 2020/21, there will be a significant expansion in access to high-quality health care for children and young people. There is an expectation that all local areas have expanded, refreshed and republished their Local Transformation Plan by 31 October 2016. This refreshed plan will therefore detail how Southwark as a local area will utilise the extra funds committed to support ambitions across the whole local system. This plan will be refreshed annually in line with business planning cycles. The transformation plan funding allocation in 2016-17 is £695,000; this includes uplift from the previous year of £106,000. Transformation funds are to be spent on both the prescribed and locally determined priorities for children and young people.
- 1.2. The overall 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* (2)¹ and other key policy guidance (3, 4). It is intended to locate this Local Transformation Plan into the wider strategic development of the *Joint 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.
- 1.3. In the year since the development of the Local Transformation Plan, the priority areas for action from our *Joint Southwark Children and Young People's Strategic Framework* have been identified for 2016/17 and 2017/18 and are driven by our Children and Young People Commissioning Development Group (CYP CDG). The priority areas for commissioning that have been agreed by the CYP CDG are the following 3 population groups:
1. Children and young people with a long term condition
 2. Healthy Children from pre-birth (- 12 months) to preschool (up to 5 years)
 3. Looked After Children
- 1.4. In Southwark we are continuing to develop our joint commissioning arrangements with a clear focus on commissioning for outcomes. The new joint commissioning arrangements once established will take into consideration the impact of reductions in funding in social care and increasing demand for local services. Local commissioners across health and social care are seeking to ensure that existing services are maintained and are committed to reviewing the entire provision of services for children and young people. Commissioners will therefore start with reviewing the provision for early help and early intervention for children and young people and their families and the

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

- work that is done with and in schools. This will impact on our Early Help CAMHS offer, Parental Mental Health team and Specialist Family Focus team and will be key examples of how we commission for outcomes.
- 1.5. We have also reviewed the existing service provision for Young People's health including sexual health, substance misuse, self-harm and reducing the impact of gang violence. We have identified service strengths and gaps, and opportunities to enhance services to improve the health and wellbeing of YP in Southwark.
- Young people (YP) (aged 10 – 25 years) make up 21% of the population of Southwark (5) They are the age group in the UK that has experienced the least improvement in health status over the last 50 years and are the only age group in which morbidity and mortality are increasing (5). They are also twice as likely as other age groups to attend accident and emergency and walk in services, and local YP report difficult accessing primary care services (7)(8). Of the 10 major risk factors for adult disease, five are initiated or heavily shaped in adolescence (smoking, lack of physical activity, being overweight, unsafe sex and alcohol use), and it is a time of increased risk to health as a result of an increased tendency to exploratory risky behaviour (5)(6). They are therefore a key group for early intervention and prevention.
- 1.6. It is increasingly recognised that there is no health without mental health (9, 10). 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.
- 1.7. 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.
- 1.8. 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 (11) because it is associated with poorer educational attainment, poorer physical health, anti-social behaviour, offending, poorer lifetime mental health and social exclusion. This Local Transformation Plan combines with broader mental health developments across Southwark to reduce health and social care inequalities.

- 1.9. 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 (12). 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, families, 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 (13). 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 (14). 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 (15).
- 3.3. Young people aged 12-25 years have the highest incidence and prevalence of mental illness across the lifespan (10). 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 Team 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 (16). An area of focus in Southwark has been long waiting times to access first appointment. While these waits have reduced due to additional CCG investment in services, demand remains high. Transitioning to adult services is challenging for complex cases and or diagnoses. The Mental Health Trust provider (South London and Maudsley NHS Foundation Trust – SLaM) 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 is fully embedded and this

will continue to be a focus of development for joint commissioning arrangements.

- 3.5. Another important element of local young people mental health services is Early Intervention in Psychosis, (EIP) because good evidence shows that early detection, diagnosis and treatment of psychosis improves lifetime health outcomes. The most recent service monitoring information about the Southwark team for Early Intervention in Psychosis (STEP) service (17) provides a very positive account especially in terms of achievement of the Early Intervention Waiting time standard. The family intervention rate is positive, which is very important in relation to wellness and recovery. The current all age service is working to achieve EIP Standards and is monitored monthly across the four boroughs that the provider delivers the service to in South East London. A flow chart of the process in Southwark can be seen in Appendix 2
- 3.6. NHS Southwark Clinical Commissioning Group (CCG) in partnership with Southwark Council developed 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 (18) to meet their needs in the most appropriate way

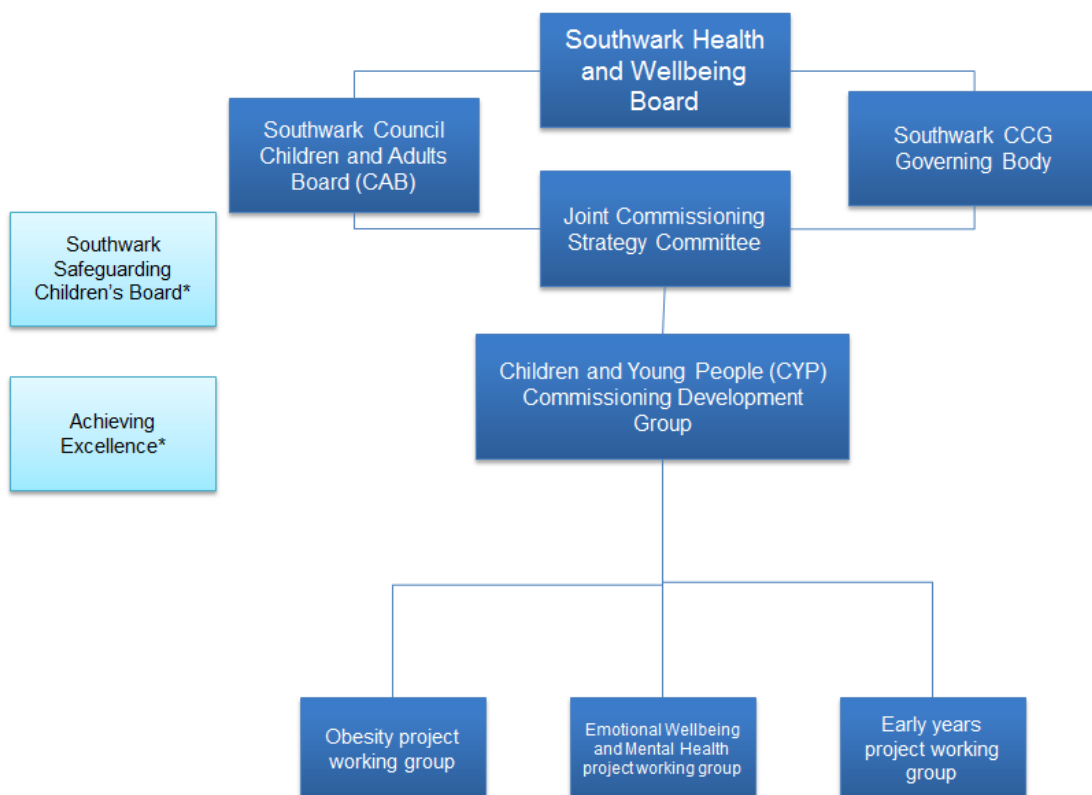
These priorities underpin the broader transformation work across NHS Southwark CCG and Southwark Council, including the improvement of Southwark children and young people's mental health and emotional well-being over the course of the next five years.

- 4.2. 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. We have stated in our commissioning intentions for 2017-19 that Southwark Council and CCG want to work with providers to develop an integrated pathway for the children of Southwark aged 0-19 years across health, education, community voluntary and social care services, including emotional

wellbeing and mental health for children and adults. Initially we will work on the pre-birth to starting school (5 years) pathway so that children have the best possible start into education. This pathway will look at innovative and alternative support for families and their children to reduce the impact of the public health grant reductions on the health visiting and school nurse services. The intended outcome of this pathway is to ensure that our children achieve the best start in life, achieve school readiness and health and developmental targets expected when entering primary school.

5. Governance, Engagement, Partnership and Collaboration

5.1. The Southwark Health & Wellbeing Board will sign off this Local Transformation Plan. Implementation of the plan will be overseen by the Southwark Joint Commissioning Strategy Committee via the Children and Young people Commissioning Development Group and the emotional wellbeing and mental health project working group. The project working group has been established to take forward the implementation of the transformation plan. Appendix 3 sets out transformation plan project working group stakeholders identified to date. NHS Southwark CCG and Southwark Council therefore have in place, agreed governance procedures for to deliver our strategic framework and commissioning for children and young people. See below for our governance arrangements.



*interdependence Boards/Groups

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

- 5.2. The Children and Young People Strategic Framework and the first Transformation Plan was endorsed by Southwark Health and Well-being Board. Sign off of the refreshed plan has been agreed between the CCG and Council and locally with partners. Clinical and commissioning leadership for CYP mental health is now provided through the Children and Young People's Commissioning Development group which reports into the joint Southwark Commissioning Strategy Committee. 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.
- 5.3. The Southwark Education and Children's Services Scrutiny Sub-Committee received the transformation plan and made a number of recommendations which will be considered by the implementation working group to ensure that the transformation plan areas of work and projects are embedded and contribute to achieving better mental health and wellbeing outcomes for children and young people. The recommendations made by the committee applies to the wider commissioning of mental health services for children and young people and will be a feature of joint commissioning arrangements that are being developed.
- 5.4. 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: 19, 20) 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 4).
- 5.5. In April 2016 we were able to successfully engage with 16-22 year olds using transformation plan funds to support the engagement event. The findings from this will inform the on-going development of transformation plan initiatives and help towards achieving the ambitions in our strategic framework and joint all age mental health strategy that is in development. Initial feedback from the event was that it was successful in engaging 16-22 year olds on the health issues including mental health and wellbeing, relevant to them.

Young people told us:

- Teach young people about mental health
- Be creative and engaging.
- Teach teachers about mental health
- Reduce stigma; normalise talking about mental health.
- Can GPs help with mental health?
- Promote mental health support services.
- Support young people at school.
- Improve access to talking therapies.
- Encourage peer and mentor support
- Give clear information about confidentiality, and offer anonymous support
- Listen to young people.
- Make services friendly for young people.

The full report is due to be published on 31 October and can be found [here](#)

- 5.6. 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 5. The summary was reviewed and remains relevant one year on.
- 5.7. There is continuing collaboration with NHS England (NHSE) Specialised Commissioning, we have been involved in the review of NHS England Specialised CAMHS (Tier 4) in London as part of “Transforming Specialised Services in London” (TSSL) programme and as such the case for change to look at how we can improve the model of care to provide the right care, at the right time, and in the right place. We have also started the discussions locally and within the Sustainability and Transformation Plan (STP) area and NHSE about transforming care for CYP in the Justice system. We have signed the memoranda of understanding for recurrent and non- recurrent funding for the transformation programme for CYP in contact with the Justice System. Southwark commissioners have been directly involved in the Our Healthier South East London Partnership/ STP work and have regular discussions with NHSE specialised commissioning in regard to South East sector and borough specific work.
- 5.8. CAMHS services are provided across the spectrum of care settings with some of the most complex and/or high risk cases requiring admission to specialised (T4) inpatient care. There is the expectation that Local Transformation Plans lead to a significant reduction in demand for Specialised CAMHS services within the next 5 years. Community crisis care pathways that can provide robust and sustainable alternatives to inpatient care are under-developed particularly for children and young people with complex needs and behaviours related to learning disability (LD) and/or Autism and emerging personality disorders. The overall distribution of CAMHS inpatient capacity does not match Regional population needs and young people are being admitted far from their home, or to paediatric or adult beds; the NHS England National CAMHS Service Review aims to redress service deficits by

redistributing/realigning beds to meet local needs, the clear expectation is that by 2020 there will be no inappropriate admissions to adult or paediatric beds and patients will be treated in local care pathways.

- 5.9. There has been agreement for CCGs and STPs to focus on
- Commissioning of consistent out of hours services for young people particularly to manage crisis and prevent escalation with clear ambition to manage demand effectively at community level and reduce inpatient admissions as outlined in this Local transformation plan (LTP) refresh and our Transforming Care Partnership (TCP) plans.
 - TCPs with engagement and support of NHS England to oversee consistent delivery of multi-agency pre-admission Care and Treatment Reviews for children and young people with LD, and/or autism to reduce inpatient admissions with ambition reflected in LTP refresh and TCP plans
 - NHS England Specialised Commissioning Team to work collaboratively with the CCG and Local Authorities commissioners to design and commission effective community pathways with robust links to local acute inpatient services with ambition to reduce lengths of stay and inappropriate placements reflected in LTP and TCP
 - NHS England Specialised Commissioning Team to continue to work local commissioners to reflect ambition in LTP/TCP and STP plans to
 - ensure Regional inpatient capacity meets requirements so out of region admissions become the exception
 - reduce variation by introducing standardised access and waiting times
 - adopt consistent models of care based on best practice that reduce the reliance on inpatient care
 - deliver seamless age-related service transitions
 - support the pilots within the New Care Models programme e.g. NWL
- 5.10. 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.
- 5.11. 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.
- 5.12. 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 (21) to systematically incorporate prevention, protection and promotion of health and wellbeing.

- 5.13. 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.

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).

Jointly Commissioned CAMHS Core services (2014/15)	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	Not available	Not available		
Total	£ 3,762,652	44.3	1201	882	9.75	

Council Commissioned						
Functional Family Therapy	£ 341,345	5.8	25	25	7	7%
Parental MH Team	£ 396,616	6.4	120	111		10%
Total	£737,961	12.2	145	136		

Jointly Commissioned CAMHS Core services (2015/16)	Cost to Commissioner	Workforce WTE	Referrals received	Referrals accepted	Waiting times (days)	DNA Rates
Carelink	£ 504,650	6.7	122	120	4.9	7%
Adolescent Service, includes Youth Offending service	£ 989,381	15.9	539	326	3.3	13%
Children and Family Team	£ 923,609	12.8	342	248	8.1	12%
Neurodevelopmental Team	£ 875,778	9.5	234	203	9.3	9%
Early Help CAMHS offer	£ 292,320	7.0	Not available	Not available		
Total	£ 3,585,738	51.8	1251	910		

Council Commissioned						
Functional Family Therapy	£ 282,218	3.8	27	27		6
Parental MH Team	£ 412,320	6.4	107	88	7.9	13
Total	£ 694,538	12.2	134	115		

Public Health PSHE and Southwark Healthy Schools (3 years)	2014/15	2015/16
	£ 200,000	£ 200,000

NHSE Specialised Commissioning	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

NHSE Specialised Commissioning	Cost 15/16 (£)	Activity
CAMHS Secure	-	-
CAMHS T4	1,771,107	3,299

The differences in cost to commissioner above are not due to a reduction in workforce numbers but due to reductions in overhead from rebasing and from a cost improvement programme (CIP) savings. Transformation funds are part year effect in 15/16.

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:	2015/16 SPEND £	No. of patients seen	2014/15 SPEND £	No. of patients seen
ABI	11,439	2	12,780	2
Anxiety and PTSD	38,139	13	50,124	16
CAFT	46,913	12	49,412	13
DBT	29,970	8	40,074	5
Eating Disorders	174,618	41	172,988	34
Eating Disorders MFG	11,620	5	22,761	4
Forensic Psychaitry	19,730	8	29,298	8
Forensic Psychology	15,082	1	28,928	2
LDT	1,395	2	11,090	4
Mood disorders	17,874	4	26,710	6
Neuropsychiatry	6,975	2	34,939	7
Neuropsychology	6,696	1	1,711	1
OCD	24,243	15	51,858	22
Paediatric Liaison	24,972	27	51,533	169
Total	£429,666	141	£584,206	293

The Council commission a range of Parenting programmes and the Families Matter strategy (see Appendix 6).

7. Analysis

An analysis was undertaken in relation to how the first and current 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 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 will continue to consider these matters at our transformation implementation and commissioning groups.

We are committed to working with neighbouring boroughs in South East London and already have established meetings in the sector. Our commissioning intentions for CAMHS have been aligned with the other south east boroughs who commission SLaM to ensure this approach continues. All of the borough's commissioning intentions include the high level intention of a 32-35% increase in access to CAMHS by 2020/21.

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 to maintain and 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 considered the areas of work achievable in 2015/16 and those achievable from 2016/17 as listed in the priorities below. We are committed to ensuring that all opportunities are explored including mitigation against and planning for any unspent funds. 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, Emotional Health and Wellbeing implementation working group.

We are committed to ensuring that good quality information is provided to children and young people and in 2015/16 launched the Health Help Now App which covers South East London (SEL) boroughs. The focus has been on embedding this application locally and we are evaluating its reach in the borough. We know for example that usage has increased and that mental health is the topic search for. We plan to build on this during winter 2016/17 and make links were possible with national work being done in this area for e.g. the NHSgo app

Since the assurance of the transformation plan in December 2015, commissioners have been working with providers and stakeholders to implement the plan. We are keen to ensure that all providers contribute to the provision of data for the key national metrics in the MH Services data set. We are seeking to evaluate all new projects and share good practice locally in the borough and with boroughs in our STP area.

In Southwark we have been successful in implementing the projects funded using non-recurrent 15/16 funds as described below. The main challenge however has been in the recruitment of staff for those projects to enhance existing or new services. The implementation working group will therefore focus on the workforce challenges as a core agenda item.

Key priorities and outcomes to be delivered with transformation plan funding

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 developed a seven borough proposal. 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.

Objective	<ul style="list-style-type: none"> • Ensure CYP are screened and access an appropriate treatment plan within the National Waiting Times standard in relation to eating disorders • Improved access to service assessment and evidence based treatment • Reduced number of CYP accessing ED service
KPI	<ul style="list-style-type: none"> • 95% of CYP assessed as emergency, urgent and routine treatment have treatment plan within 24hrs, 1 week and 4wks respectively • Increase in number of referrals once first year baseline established • Programme to be in one school per term
Outcomes	Improved access and self-referral to services and improved outreach and crisis work especially for schools

Progress to date

The following was achieved for access and waiting time standards for CYP with Eating Disorders.

Increasing access to services

- A referrals telephone line was launched on 22 February
- Self-referrals information was published on website 17 May
- Website fully updated, including resource pages on 25 July
- Outreach work in schools.

Appendix 7 provides details on the implementation and performance of community eating disorder services across the SE Sector from April to September 2016.

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.

Objective	<ul style="list-style-type: none"> • Reduce in ED presentations and admissions • Pilot increased capacity and support for CYP in crisis out of hours in ED
KPI	<ul style="list-style-type: none"> • Reduction in ED presentations by 50% and reduction in admissions by 50% • Reduce presentations to 43 from 86 by 17/18 and reduce admissions to 14 from 28 by 17/18
Outcomes	<p>Reduction in presentations to Emergency departments and admissions via ED.</p> <p>Provision of brief interventions and signposting</p> <p>Improved support out of hours (OOH) for CYP in crisis</p>

Progress to date

Activity for a three year period has been analysed to identify the trends in demand for emergency mental health assessments for under 18 year olds presenting to the ED. The findings show that over the period July 2013 – June 2016, demand for U18s emergency mental health assessment significantly increased, with an increase of 45% in the 2015/16 period and an 82%

increase across the three years. Over the three year period however there have been significant changes to ED pathway for CYP. A paediatric short stay unit opened in 2014 and this has provided seamless short-stay psychosocial admission for significant numbers of children and young people, sometimes even 16 year olds. There are also clear emergency care pathways for under 18s presenting to the main emergency department with mental health issues.

Transformation plan funds were used to

- 1- Implement a CAMHS practitioner role into the new all age 24/7 Mental Health Support Line. The support line covers four boroughs and is able to receive calls from and relating to, children and young people and
- 2- Employ a youth worker as part of the extended under 18s mental health offer. The youth worker will be employed to work alongside children and young people presenting out of hours, and will advocate for, gather information from and alert ED and mental health staff to safeguarding issues they come across with the child or young person they are working with. A one year pilot will examine the impact on children and young people's experiences of being in the ED, which at present are frequently reported as poor out of hours. The pilot will also explore new models of co-working between youth services and emergency mental health services. The youth worker role is expected to be in place by December 2016.

Southwark Commissioners are committed to reviewing the trend data and to work with colleagues our STP to share good practice and provide effective crisis care for our children and young people.

8.4. Trauma Services

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

Objective	<ul style="list-style-type: none"> • Improved reported outcomes measures using IAPT measures. • Increase in access to trauma focused interventions • Increased awareness and reporting by CYP of child sexual exploitation, gang related sexual violence and child sexual abuse
KPI	<ul style="list-style-type: none"> • Increase in the number of CYP seen in community and support the reduction in presentations to Emergency Departments by March 2018 (using baseline figures)
Outcomes	Reduction in self-harm and complex presentations of PTSD and admissions to inpatient beds

Progress to date

We were successful in appointing to a specialist trauma focused CAMHS practitioner with the local provision since September 2016. Local stakeholders have identified the need ensure links with this specialist worker and The

Havens specialist centres for CYP who have been raped or sexually assaulted and indeed all CAMHS teams.

Stakeholders have however identified gaps in service around;

- 1- Preventing tier 4 /specialised inpatient admissions by CYP who tend to not be able to have needs meet in the community.
- 2- The cohort of CYP who may still be experiencing trauma during engagement with services e.g. at the YOS.

These identified areas will be taken forward by the implementation working group.

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 by Southwark schools (32 Schools) in the training pilot, 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 into the CAMHS Early help offer outlined in the plan.

Objective	<ul style="list-style-type: none"> • Increase in brief interventions and support in the community and Southwark schools
KPI	<ul style="list-style-type: none"> • 150 staff across, CAMHS services, paediatric liaison, pastoral care and schools trained by March 2018 • Increase in Healthy Schools award year on year for emotional health and wellbeing.
Outcomes	<p>Staff will be trained to deliver the brief therapeutic interventions for CYP presenting in services.</p> <p>Increased number of whole school approaches</p>

Progress to date

Southwark Schools were asked to bid for transformation funds to build emotional wellbeing and mental health capacity in schools. Thirty four (34) applications were received and 19 applications were funded. Primary and Secondary schools were asked to work in groups/clusters and as such the total reach of the 19 applications is to 65 schools.

Links will be made between schools and each of the Early Help Service teams so that there is good understanding of the interventions and projects being undertaken in schools by each locality team. Schools have been informed of the outcome of their bid and successful schools have agreed to develop evaluation plans to look at the impact and outcomes of various projects bid for. Commissioners will also ensure that the work in schools will be used to support and guide the development of projects arising from charitable funding

received by the Children and Young People's Health Partnership (CHYHP) to support emotional health and wellbeing in Southwark schools. We have built in an evaluation process for the work in schools which will also contribute to schools achievement of the Healthy Schools Award.

8.6. **Developing the workforce**

Overall the main provider of CAMHS South London and Maudsley NHS Foundation Trust has developed a workforce strategy and plan to identify and meet its future staffing requirements. This includes a resourcing strategy and action plan to address the need for additional staff. The CAG's (Clinical Academic Group) succession plan and Education and Training meetings set out and agree interventions to develop our existing workforce to meet the service's future needs. At a Trust level, through its work on South East and South West London Sustainability and Transformation Plans (STPs), SLaM is collaborating with mental health providers from these areas in the development and delivery of integrated services across primary, secondary and social care services.

As part of this, SLaM is working with two Local Workforce Action Boards (LWABs) to identify future workforce requirements. In addition to the work with LWABs, the Trust is reaching out to schools with visits by former employees on working in healthcare. It also has future plans for intern programmes and being an apprenticeship placement and training provider.

There are plans to:

- Work with SLaM to understand the trajectory of presentations against workforce competency
- Develop plans with safeguarding, social care and education to develop allied professional competencies in relation to mental health
- Develop an IAPT workforce plan based on sector submissions to the IAPT Collaborative (and approvals)
- Work together in the SE London STP to develop a workforce strategy that will be published.

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 and Southwark schools have expressed an interest in mental health training, 32 out of 96 schools in Southwark expressed an interest in the schools pilot for mental health training, work includes;

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

Objective	<ul style="list-style-type: none"> • Identify specialist leaders in education (SLE) • Increase number of healthy schools prioritise Emotional wellbeing and MH as part of a whole school approach • Increase the number of CYP seen in Early Help Service • Increase brief interventions and support in community
KPI	<ul style="list-style-type: none"> • The projects selected will have a reach to 65 schools and the evaluation of impact will be shared via PSHE group and healthy schools programme <p>Three projects identified will be evaluated for impact - Therapeutic Story writing, Mindfulness and Mentoring and mediation</p>
Outcomes	Increased confidence and skills of local workforce in Southwark schools and services

Progress to date

Some of the bids received from schools were around developing the workforce in schools. Three areas were identified from bids received and these have been funded from transformation funds; this would increase the number of schools benefitting from transformation funds by 20-30 schools by providing;

1. Therapeutic Story writing
2. Mindfulness programmes
3. Mentoring and Mediation

These projects will be evaluated and good practice shared across Southwark schools.

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 (20).

Objective	<ul style="list-style-type: none"> • Improved quality of experience for young people and their families • Reduce presentation to emergency departments and local CAMHS services
KPI	<ul style="list-style-type: none"> • Developed process to manage transitions effectively
Outcomes	Improved arrangement and protocols to manage transitions

Progress to date

This is an area of work that has not been developed given changes planned within Council and CCG to develop joint commissioning arrangements. The implementation working group however have this as an area to be scoped by December 2016 and for implementation by the end of March 2017.

8.8. Good accessible information

Further development of information on good mental health and wellbeing and its dissemination through the Southwark Information and Advice Service (SIAS) 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.

Objective	<ul style="list-style-type: none"> To provide visible information in primary care, schools and on CCG and Council websites
KPI	<ul style="list-style-type: none"> Improve resources on CCG and Council websites including the Local Offer website
Outcomes	Improved accessible information and resources available in Southwark

Progress to date

Some of the funding allocated for this work was used to fund an engagement event for young people aged 16 to 22, to better understand needs. The findings from this event will be used by commissioners to inform the development of services or to implement recommendations in the report due to be published shortly. SIAS has commissioned a short animation and Fact Sheet Suite focusing on the journey as seen by a young person who is a bit worried about something. This links with specific conditions that young people may be stressed about or is exacerbated by stress.

The project will be co-produced across agencies involving health, education, CAMH’s and safeguarding teams. The animation will be made by young people from special schools

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

Objective	<ul style="list-style-type: none"> • Increase the number of CYP receiving evidence based interventions • Improve reported outcome measures used
KPI	<ul style="list-style-type: none"> • Increase in number of consultations and specialist CAMHS interventions in community and schools by March 2018
Outcomes	Increased use of evidence based interventions to meet high demand for service

Progress to date

Following the implementation of CAMHS practitioners into the Early Help Service offer in 2014, commissioners are reviewing the service model to ensure that CYP are able to access the most appropriate intervention based on need. There have also been some staffing issues around retention that have led to increased waiting times and reduced access to interventions. Commissioners will therefore address with the provider action plans required to reduce waiting times in quarter 3 and 4 while reviewing and developing a service specification and funding available for Early Help CAMHS service offer, parental mental health and functional family therapy.

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

Objective	<ul style="list-style-type: none"> • To screen and access all young people in the YOS to be for Trauma.
KPI	<ul style="list-style-type: none"> • 50% increase YP in YoS accessing service screened and assessed by March 2018
Outcomes	Improved assessment and early interventions, for YP

Progress to date

Despite on-going recruitment drive this role remains vacant. This role is one of several that the provider has been unable to fill. The implementation working group therefore have identified the recruitment of a sustainable workforce as an area of work for the group given the difficulties recruiting staff for some services. Discussions have therefore been started to consider;

- i. How can we support recruitment or what can be done differently?

- ii. The need to review models to consider where staff teams are located.
- iii. Clear governance and embedding of services if located in schools and other community sites/bases.
- iv. How schools use the pupil premium received for recognised evidence based interventions that work in school.

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.

Objective	<ul style="list-style-type: none"> • Increase in the number of CYP receiving evidence based interventions • Improve quality of experience a young person and family with CAMHS under SLaM
KPI	<ul style="list-style-type: none"> • Increase in 7 day follow up CAMHS assessments required from outpatients CAMHS
Outcomes	Improved outreach support, professional expertise and home contact for children and young people and families

Progress to date

This scheme sought to increase staffing in this service to do more outreach and interventions in the home to prevent emergency department presentations. Of the three additional roles, one is in place and two are still being recruited to and as is another example of the difficulties recruiting good quality CAMHS staff.

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).

Objective	<ul style="list-style-type: none"> • Demand and capacity mapping across the South East sector
KPI	<ul style="list-style-type: none"> • Clear recommendations to support development of CSA hub/house
Outcomes	Initial scoping and development of recommendations for CSA hub/house

Progress to date

Southwark along with Lambeth, Lewisham and Bromley utilised transformation funds to contract the NSPCC to undertake a piece of work to:

1. Revise and extend existing mapping of the current physical and mental health services provided for child and adolescent victims of Child Sexual Abuse (CSA), Child Sexual Exploitation (CSE)
2. Undertake a gap analysis of services and capacity in the area
3. Estimate the existing capacity in provider services
4. Estimate future demand for services to meet the CSA model and the Child House models

Commissioners will use these findings to development of a commissioning framework around CSA and the scoping for a Child House in South East London.

- 8.13. The increase in 2016/17 of the Transformation plan allocation from 2015/16 will be utilised to continue and enhance the work of our functional family therapy team. This increase in funding will allow the team to continue the work with complex children and young people and their families. In support of our plans to review our service delivery and model of early help and early intervention, we will work with providers and children and young people services to improve access to early intervention services which reduce the requirement for crisis and social care interventions for our children.

Key priorities and outcomes within the wider scope of the transformation plan

- 8.14. **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. There were arrangements in place in 2015/16 for CAMHS staff to be trained to ensure routine practice around outcome measures (See Appendix 8). We are seeking to support staff from all agencies to participate in CYP IAPT training and salary support where required.

Progress to date

CYP IAPT outcome measures are reported quarterly by the provider. There will be changes in the training (delivery) as well as new modalities and we are discussing with the provider and SEL STP colleagues the type of staff needed and where they will best impact on waiting times as within the STP we are at different stages of development.

- 8.15. **Improve perinatal care**

Southwark commissions perinatal mental health services from SLaM and has a good foundation to enhance service provision. Southwark will work with 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 prioritise access to IAPT services for women who experience mild to moderate common mental health problems.

Progress to date

A proposal was submitted to the NHS England Perinatal MH Community Services Development Fund by South London and Maudsley NHS Foundation Trust to develop perinatal services in Southwark, Lambeth and Lewisham for wave 1 funding and was successful.

8.16. **Transforming Care programme**

In Southwark we have made progress 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 to ensure 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.

Progress to date

We continue to make good progress in developing our risk registers and in undertaking CTRs as required. NHS England Specialised Commissioning is responsible for commissioning high secure, medium secure and low secure inpatient services for adults with Learning disabilities and/or autism and for commissioning specialised inpatient care for children and young people with Learning Disabilities and/or autism. Specialised Commissioning will therefore work closely with local commissioners within the Transforming Care Partnership to;

- deliver a robust approach to implementing the pre and post admission Care and Treatment Reviews to reduce the numbers of people particularly children and young people being admitted to inpatient care unnecessarily.
- support the design of appropriate community packages enabling timely discharges and reduced lengths of stay
- deliver care closer to home by commissioning appropriate inpatient capacity for: medium and low secure services for adults and specialised inpatient care for CAMHS.

Transformation Plan - Commissioning intentions - priority areas for action - Total allocation 16/17 - £695,000

Eating Disorders, £168,000 CYP MH £527,000

Priority Area	Commissioning Intentions	Allocation and spend 15/16	Allocation 16/17	Recurrent or non-recurrent	Projected spend 16/17
Eating Disorder services for children (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	£10,500	Recurrent	£10,500
Specialist ED Service in primary care	To provide additional support to general practice within local care networks		£28,173	Recurrent	£28,173
Crisis Care	Enhance 24 hour crisis line to include children and young people.	£10,635	£64,977	Recurrent	£64,977
Trauma Services	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 Red Thread, the Haven and Solace		£64,977	Recurrent	£64,977
Therapeutic assessment training	Therapeutic assessment training for paediatric liaison staff, adolescent team and workers in ED and crisis services e.g. Red Thread	£20,000		Non recurrent from 15/16	
ED Crisis support	Building capacity in crisis/ED as in Crisis care concordat.- supervised/supported youth worker/advocate roles for OOH	£118,577		Non-recurrent from 15/16	
Total		£168,082	£168,082	£29,505	£168,082

Priority Area	Commissioning Intentions	Allocation and spend 15/16	Allocation 16/17	Recurrent or non-recurrent	Projected Spend 16/17
Bringing education and local children and young people mental health services together around the needs of the individual child.	<p>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.</p> <ol style="list-style-type: none"> 1. Identification and development of a programme to support a universal offer / support for school age children for: <ol style="list-style-type: none"> a) emotional resilience / resourcefulness of school age children b) early identification of emotional wellbeing / mental health issues e.g. ADHD, eating disorders 	£200,000		Non-recurrent	On track, full allocation spent
Developing the workforce	<p>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.</p> <ol style="list-style-type: none"> 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		Non-recurrent	On track to spend full allocation
Transition	<p>Review of Transitional arrangements and protocols between services and across organisations and further work to scope how transition is implemented and 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>	£45,000		Non-recurrent	On track to spend full allocation

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	£10,000		Non-recurrent	On track to spend full allocation
Early Help - Families Matter and Functional Family Therapy	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; 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.	£41,933	£300,197	Recurrent	£194,197 £106,000 uplift in 2016-17 On track to spend uplift funds
Youth Offending Service	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;	£12,630	£50,517	Recurrent	£50,517
Enhanced Prevention and Early Intervention Community Service – Home Treatment Team	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; and transitions	£36,090	£166,011	Recurrent	£166,011
CSA hub in SE Sector	Child Sexual Assault and exploitation and FGM	£2,499	£10,000	Recurrent	£10,000
Total		£420,666	£526,725		£526,725

Key priorities within the wider scope of the transformation plan					
Roll-out of the CYP Improving Access to Psychological Therapies (CYP-IAPT)	Currently being embedded in CAMHS services across the borough.				Funded by CYP-IAPT programme
Improve perinatal care	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 awarded following bid submitted September 2016
Transforming Care programme	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

9. Summary

The Transformation plan funding received while significant contributes to the wider body of work being done in Southwark to improve mental health and wellbeing outcomes for children and young people. The additional investment enhances the local mental health and wellbeing offer to Southwark children, young people and their families. The plan is seen within the all age mental health strategy that is in development and the Southwark Children's and Young People Mental Health and Wellbeing Strategic Framework.

New resources will be invested to enhance and maintain existing services and we will work to ensure that the areas of work within the wider scope of the transformation plan are included. On-going stakeholder engagement is planned to ensure the development of the plan is co-produced and strongly linked to outcome based commissioning and what children and young people have told us they want.

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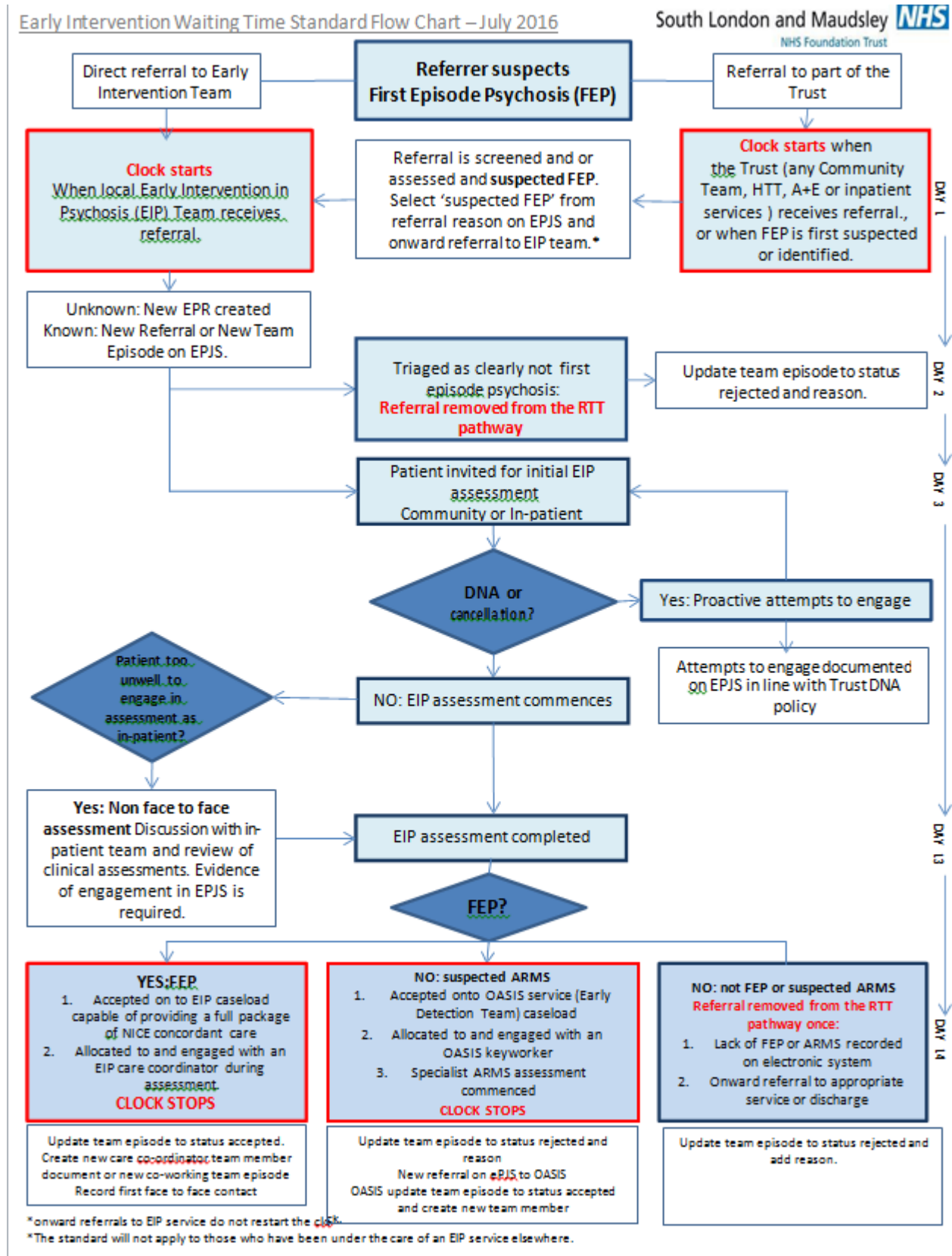
Appendix 1:

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:

Priorities	Themes	Commissioning Intentions
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.
Underpinned by Hearing and Acting on the Voice of the Child		

Appendix 2:



Appendix 3: Stakeholders for Transformation Plan Implementation Updated

Organisation	Job Title	Role in plan
Southwark CCG	Senior Mental Health Commissioner	Lead author
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 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	Principal Strategy Officer/s	
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

Key stakeholders on CYP Commissioning Development Group

Southwark CCG	Director of Integrated Commissioning	CCG Lead
Southwark Council	Public Health Consultant	Joint Strategic Needs assessment
Southwark Council	Director of Commissioning Adults and Children	Strategic Lead Local Authority
Southwark Council	Director of Children's Social Care –inc children looked after	
Southwark Council	Director of Education PSHE and Healthy Schools	

Appendix 4

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>1000 Journeys – 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 & Young People</p> <p>PSHE and Healthy Schools Lead in Southwark</p>
<p>1000 Lives- Southwark Council, Healthwatch and Health and Wellbeing Board – 2014</p>	<p>Parent stories</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</p>		

	<p>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>Young people's stories</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>		
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Engagement undertaken and lead	Key findings	Gaps identified and planned engagement	Contacts for engagement
2 - Emotional wellbeing and mental health			
<p>1000 Lives- Southwark Council, Healthwatch and Health and Wellbeing Board – 2014</p>	<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: LGBT – mental health and wellbeing</p>	<p>One Big Community to run workshops on mental health/wellbeing</p>
<p>SLAM</p>		<p>Planned engagement:</p>	<p>Somali Integration – Saturday School – 60 CYP</p>
<p>CCG Case study – Alika's story</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>1) Quality review (outcomes and patient experience) of commissioned services</p> <p>2) Workshops – Test key findings</p>	<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>Areas for improvement – constantly having to repeat story to professionals, overload of information.</p>		
<p>CCG Head teachers' meeting 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&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 5th 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 levels. Need to be provided support for this at school.</p>		<p>Youth Council members</p>
<p>Community Action Southwark (engagement sessions pre-2014)</p>	<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</p>	<p>Mental Health services in schools</p> <p>Public education</p> <p>CAMHS - > Adult Services</p> <p>Self-harm & eating disorder focus</p>	

	<p>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>		
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</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&E.</p> <p>Where other professionals are involved, the GP is often bypassed, as in the case of children with moderate - severe asthma who</p>	<p>Quality review (outcomes and patient experience) of commissioned services</p>	<p>Quality Team at CCG</p>

<p>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>described only receiving care from the specialist nurse and going to A&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&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 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>		
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	<p>Inadequate support at school to manage their conditions – variable across schools – need more health promotion in schools.</p> <p>Information: 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			
<p>Healthwatch Southwark – Sexual Health workshops</p> <p>Public forum workshop</p>	<p>Sex education: Better sex education in schools. Sex education to begin in Primary school</p> <p>Non heterosexual relationships</p> <p>Consent</p>	Lambeth Southwark and Lewisham Sexual Health Strategy – Stakeholder engagement event planned for 25 August 2015	

	<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>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>		
<p>Health Huts</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>		

<p>Youth Council meeting 5th October 2015</p>	<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>		
<p>Community Action Southwark (engagement sessions pre-2014)</p>	<p>Focus on self-harm – early identification and intervention</p> <p>Focus on eating disorders – early identification and intervention</p>		
<p>Engagement undertaken and lead</p>	<p>Key findings</p>	<p>Gaps identified and planned engagement</p>	<p>Contacts for engagement</p>
<p>6 - Vulnerable children and young people including: Young carers, young offenders, LAC/CIN, CYP at risk of violence, abuse or neglect, SEND</p>			
<p>1000 Journeys – Southwark Council</p>	<p>More effective help for parents struggling to care for their children.</p> <p>More children and young people living in a permanent and stable home.</p> <p>More foster carers and children being adopted.</p>		

	Vulnerable children and young people succeeding better at school.		
<p>Healthwatch</p> <p>Public Forum March 2015– Eight young people (carers) took part in a discussion.</p> <p>Public Forum 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"> • 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 • Funding constraints can limit the activities offered at Southwark Young Carers • Sometimes the professionals supporting young carers are not appropriately trained <p>Solutions</p> <ul style="list-style-type: none"> • Help with their homework • Support with driving lessons. • More training for people that are in contact with people with mental health problems and substance misuse • Better public facilities such as local activities, parks and youth clubs • Better and more social activities and trips. • A range of services in schools: <p><i>Speech and language therapy</i> <i>Child and Adolescent Mental Health Service (CAMHS)</i> <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"> • 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 • Awareness raising work with children and young people to understand some of the issues faced by young carers 		
7 - Children and young people who are obese			
<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 from hotspot areas for child obesity)</p>	<p>Why do you think children are becoming overweight and obese in Southwark?</p> <ul style="list-style-type: none"> • Unhealthy food (Takeaways, convenient and everywhere) • Low income leading to unhealthy food choices • Lack of time/long working hours leading to unhealthy lifestyle choices re food and PA • Families no interest in healthier lifestyle • Parents lacking awareness and education • Not enough affordable supervised physical activity options • Children lack interest in physical activity and enjoy sedentary activities (PS3, Computer, TV) • Overweight teenagers not being picked up • Obese pregnant women don't always get referral to dietician • Some lack of consistency of message • Lack of time for HVs and MWs to 	<p>1) Test key findings</p>	<p>Work with tackling physical inactivity in younger children</p>

	<p>support weight loss post birth</p> <p>Solutions:</p> <ul style="list-style-type: none"> • Provide healthy food at school • Increase PE and PA after school • Educate children about HE and PA • Involve and educate parents • Raise awareness of risks • Raise awareness and promote healthy lifestyle • Projects in community • Free or low cost activities (attractive and supervised) - more facilities and places • Restricting access to unhealthy food (takeaways) • Monitoring and health checks of children • Important to look at cultural dimensions • Support from; community networks/community centres, schools, faith groups, sport and leisure centres, groups and clubs, libraries/food businesses/health, professionals/government/media, colleges, • Parents/Teachers can be barriers to doing more fun physical activity • Need to introduce more behaviour change skills 		
Community Action Southwark	Focus on eating disorders.		

Appendix 5:

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
Total				18

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 6: 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.

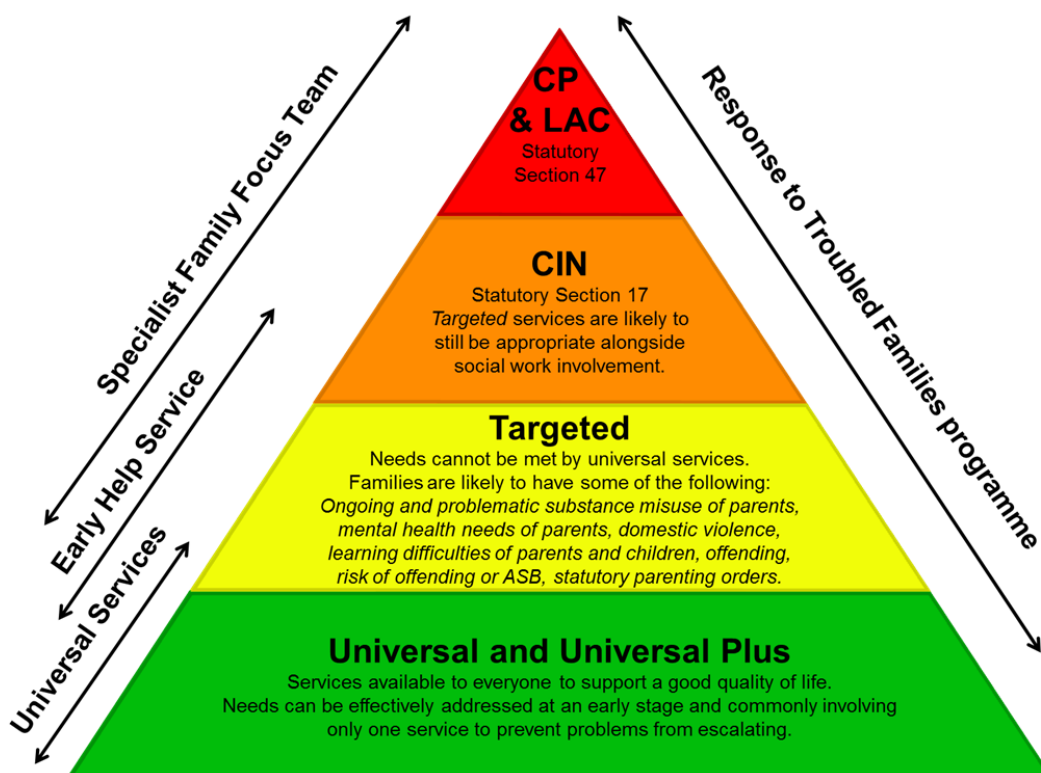
Families Matter deploys a 4-tier approach with a range of support and services available at every tier of support.

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 7 NEW Appendix

Update on SLAM Child and Adolescent Eating Disorder Service: Q1 and Q2 2016

Recruitment and workforce development matters

Since April we have advertised and recruited into the service one consultant psychiatrist who is due to start on 7/11/2016.

Two members of staff left the service in October 2016 for their own professional development and promotion. We have replaced them with two clinical psychologists and recruited two additional clinical psychologists and one family therapist. We have also recruited an additional Band 4 research assistant to help us with collecting outcome data and analysing outcomes.

Participation of patients/residents in the design of services

PPI Leads in CAEDS meet approximately once a month to ensure that PPI activity in the team is ongoing and meaningful. We regularly recruit parents and patients to be on a PPI register which is then used to invite interested individuals to attend for either Focus Group meetings for specific topics or “advice panels” on various issues including feedback about service developments, research activity, etc.

Dr Simic is currently developing Mind-ED modules for the Department of Health with the support of expert parents recruited through the PPI register. This will be readily available for patients, carers and parents early next year.

Engagement and communications with GPs; schools; families and other key partners

We regularly offer consultation to GPs through the self-referral telephone line. The line has been offered since 22/2/2016. The line has been used by families, schools, counsellors and other professionals working with children as well as GPs and other CAMH services.

We have also secured funding from Guys and St Thomas’ charity to trial an outreach programme for Bulimia Nervosa in schools in SLAM and OXLEAS as with this money will recruit a Band 6 CAMHS practitioner and part time Band 4 research assistant to evaluate the impact of the programme (please see Appendix 2).

We continue to run the Happy Being Me programme in schools. The following table provides an update on activity in schools. We are now running an evaluation of the impact of the programme on young people, comparing key outcomes for those who do and those who do not receive the programme. The demand for this programme is such that we are developing in collaboration with local schools a programme to train teachers in its delivery which will be measured in order to assess whether the impact is comparable to when delivered by clinicians. This will enable a larger number of young people to receive the programme.

Governance of the programme

The joint heads of the service have regular meetings with Clinical and Medical directors of CAMHS to review developments, challenges and problem solve. There are regular meetings of the senior service staff (Psychiatry, Family therapy, Psychology and Nursing) to plan and review service delivery. Regular audits of service outcomes are conducted and service performance is discussed monthly in team business and research meetings. In addition, the service leads (Simic and Eisler), service manager (Ellis) and consultant psychologist (Hunt) are members of the expert reference group for the development of community services. We have also applied to NHS England to provide nationwide training for eating disorder teams in a joint bid with GOSH. The service leads (Simic and Eisler) and team manager (Ellis) are members of the expert reference group for review of inpatient services for eating disorders.

An update on the on-line services

Website: <http://www.national.slam.nhs.uk/services/camhs/camhs-eatingdisorders/>
The website has been updated and now includes screening questions and information about the referral line. It also has resources including the team treatment manual. Dr Simic is developing three modules on eating disorders with Mind-Ed, in collaboration with service users, and these will be accessible via the website.

Programme activity and any outcomes achieved against the standards

Our Child and Adolescent Eating Disorder Service has a current case load of 228 patients.

Improvement against the goal based measures set

The following data is for the 80 young people referred to the service in Q1 and Q2 2016/7, who have been assessed to date.

Breakdown of presentation and diagnosis at time of assessment

	N	%
Anorexia Nervosa	42	52.5
Bulimia Nervosa	5	6.25
EDNOS R	12	15.0
EDNOS BP	3	3.75
Binge Eating Disorder	1	1.25
Avoidant/Restrictive Food Intake Disorder	1	1.25
Feeding disorder in infancy	1	1.25
Other Non-ED Diagnoses or feeding difficulties associated with other disorders	5	6.25
No Diagnosis	8	10.0
DNA/cancel	2	2.5

Sixty-five have been accepted for treatment of whom nine have been discharged (two prior to three months of treatment and five between three and six months). Data is reported for change between assessment and three months of treatment.

Key outcomes: The key outcomes for the first months of treatment are eating disorder symptomatology (measured by the Eating Disorder Examination Questionnaire, EDEQ) and increase in weight for young people with Anorexia Nervosa or EDNOS (restrictive subtype). The EDEQ is a self-report questionnaire of eating disorder symptoms, including restriction, binge, purge and concerns about weight and shape (Fairburn and Beglin, 1994).

Weight gain (AN/EDNOS-R)

Weight data is available for all young people at assessment and 21 young people at three months. There has been a significant increase in percentage median BMI over this time period.

Mean %mBMI over treatment young people with AN or EDNOS-R

	N	Mean %mBMI	SD
Assessment	54	84.62	8.31
3 months	21	85.77	21.03

t(20)=0.68, p = 0.05

Eating Disorder Symptomatology: EDEQ

Review of the EDEQ data reveals a decrease in Dietary Restraint and Global Eating Disorder scores over the first three months of treatment. However, At three months 5/25 young people completed the EDEQ. Only three young people did not complete the EDEQ at assessment. Invitations to complete further assessment at three months were sent via email approximately a week before they were due. If questionnaires were not completed within two weeks' time a reminder email was sent out and/or phone call made to the family.

Recruitment of a Band 4 research assistant will support collection of outcome measures and the process by which they are collected is under review to ensure more effective measurement of change in treatment.

Summary

Under the transformation plans, CAEDS is a much more accessible service and this has resulted in a significant increase in referrals, including direct GP referrals and self-referrals. Our duty clinicians also provide telephone advice and consultation to GPs, schools, primary care and other health and mental health services.

As referrals have increased we have responded by increasing the number of new patient assessments in a week from three to five. On average the total number of assessment per month has increased from 11 to 20, and the case load of the service has increased from around 140 to currently 230. For urgent assessments we are meeting targets in 63.6% and for normal cases we are reaching the 28-day standard in 37% of cases; there

has been a small improvement in Q2. However, as the referrals received have increased from 150 per year to currently predicted 230 per year (an increase in activity of 53%), we are not meeting the target for normal assessments on average in more than 20% of cases.

Our outcome measures show a significant increase in patient's weight for anorexia nervosa cases in the first three months, however as treatment of an eating disorder usually lasts between nine months and a year, we will continue to monitor outcomes. We have also provided information for the number of discharges that which highlight that the majority of young people are discharged back to their GP after the treatment with us.

Currently, all members of CAEDS are over capacity and two team members have left the service (promotions) in the last month. This month (October) we have three new members of staff are joining our team (all band 7 Clinical Psychologists), a new Consultant Psychiatrist will join us on 7 November and a new family therapist will be starting with CAEDs in December. In this context, it is worth noting that the process of new staff recruitment has taken six months.

While we are not currently in a position to fully meet access and waiting times standards, we anticipate that with the benefit of new staff we will be able to meet Access and Waiting Time Standards in 60% of normal cases by the end of 2016 will result in a significant improvement in achieving these standards in the next three months.

DR MIMA SIMIC

Consultant Child & Adolescent Psychiatrist

Joint Head of Child & Adolescent Eating Disorder Service

Numbers of children and young people referred via the telephone helpline and source

Appendix 1: Period: 22 FEBRUARY to 6 OCTOBER 2016

SOUTHWARK		report covers: 22 February to 6 October 2016 (7.5months)	
No. patients referred:	11	NOT accepted	2
<i>of which self-referrals</i>	5	DNA/assessment	1
		Family did not want assessment	0
		Withdrew/canx/assessment	0
URGENT referrals (within 7 days):	2	Met target 1	Missed target: 1 (+ 5 days)
ROUTINE referrals (within 28 days):	7	Met target 2	Missed target: 5
		exceeding target – range:(1—36 days) *36 days – earlier date offered/ family on holiday	

NEW REFERRALS BY MONTH

Period: **22 FEBRUARY to 6 OCTOBER 2016**

2016	SOUTHWARK	LAMBETH	LEWISHAM	CROYDON	BEXLEY	BROMLEY	GREENWICH	Total referrals
FEB	1	1	0	4	0	6	0	10
MAR	1	1	4	3	2	5	3	21
APR	3	0	2	3	2	8	4	23
MAY	1	3	3	4	3	4	2	19
JUNE	1	4	5	2	4	1	0	16
JULY	2	2	0	1	1	11	2	18
AUG	1	2	3	5	2	6	4	24
SEPT	0	5	4	1	2	8	1	21
1-6/OCT	1	1	0	1	0	0	1	4
total	11	19	21	24	16	49	17	
Self-referral	5	4	2	4	1	2	4	

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CAMHS bulimia service wins Guy's & St Thomas' Charity grant award

Guy's and St Thomas' Charity are backing SLaM to create a new outreach service to help prevent and fight a prevalent and aggressive eating disorder.

The charity has provided a grant of **£118,495** to our CAMHS **to raise awareness of the symptoms of bulimia**. Through the new service, a full-time mental health outreach practitioner will build relationships with GPs, schools, community groups, youth clubs and other local services across the boroughs, and provide accessible information to young people and professionals in contact with them via lessons, posters, assemblies and more.

The service will make referrals and self-referrals easier and promote access to existing treatment pathways, with a special focus on young people from ethnic minority groups.

It will test new practices which, if successful, could be applied across the country.

By the end of the project, we expect to treat 35-45 young people who have symptoms of bulimia per year. By strengthening prevention and improving access to treatment, the new service also hopes to benefit over 470 local teenagers who may otherwise have developed the condition to chronic levels.

Dr Catherine Stewart, who leads the project, said: "Young people have very clearly told us that we need to be more visible and provide more information for those experiencing symptoms of bulimia nervosa so they can seek treatment earlier. Discussions with teachers from local schools have revealed that staff have great concern about anorexia, which can be a very visible problem, but that they are largely unaware of the difficulties experienced by an equal number of young people with bulimia. This project will ease access for young people with symptoms of bulimia nervosa to existing but currently

under-utilised pathways, before the disorder becomes chronic and harder to treat."

Appendix 8 – CYP IAPT programme

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/HK	complete	Green
	Increase PPI within teams in both boroughs Data collection	TL/SW/HK	Complete	Green
	Increase/sustain use of evidence practice	TL/SW/HK	Complete	Green
Phase 1 - Set up	How to disseminate CY IAPT model of working to multiple teams across the boroughs	TL/SW/HK/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/MB/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)		Complete Complete	Green Green
	Supervision CBT groups to be organised in each borough	JR/MB/DP	Complete	Green
	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	Green
		TL/RC/PB	To organise	N/A
	Clinical Leads to attend IAPT SLAM IAPT meetings	RC/PB FM/JR/T	To organise	Amber
	Audit on clinical views on using measures	L	To organise	Amber

Phase 3 - Sustainability	ROMS on EPJS	TL/MB/RC/PB/JR/JL/JR	completed	green
	Graphs		completed	green
	Contextual Factors		completed	green
	Roll out of Tablets for all staff that are completing measures		Ongoing Dec 2014	Amber
	Clinicians to ask C YP to complete questionnaires on tablets Scoring and graphs automatically generated on EPJS to be shared with C YP and family/guardian		Ongoing Dec 2014	Amber
	Monthly update meetings to ensure targets are met		completed	green
	Team Leaders to get reports from Insight about data % and feedback to staff		completed	green
	Making it second nature to use outcome measures in every day practice		Ongoing Dec 2014	Amber
				Amber
		Data continuously at 90%		Ongoing Dec 2014
Monitoring and Evaluation	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.

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

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