<b>Item No.</b> 10.	Classification: Open	<b>Date:</b> 26 June 2019	Meeting Name: Health and Wellbeing Board	
Report title:		Children and Young People's Mental Health and Wellbeing		
Ward(s) or groups affected:		All wards		
From:		Genette Laws, Director of Commissioning, Southwark Council  Sam Hepplewhite, Director of Integrated		
		Commissioning, Southwark CCG		

### **RECOMMENDATIONS**

- That the Health and Wellbeing Board notes this report as an update following the presentation of the Southwark Joint Review of Emotional Wellbeing and CAMHS Services.
- 2. That the Health and Wellbeing Board comments on the proposals outlined in the report and agrees for these to be a part of our implementation plan and subsequent progress reporting to the Board.

### **BACKGROUND INFORMATION**

- 3. In November 2018, the Health and Wellbeing Board discussed the findings of the Joint Review of Emotional Wellbeing and CAMHS Services and 'set a shared ambition to meet 100% target of children and adolescents with MH needs and that they would aim to achieve this by 2020'. This report defines this ambition and proposes an approach to delivery and measuring progress.
- 4. This report also fulfils the resolutions agreed by the Board at the November meeting:
  - 4.1. Reporting to the Board about progress related to the implementation plan responding to the findings of the Review.
  - 4.2. Lead officers engage key stakeholders including children, young people, parents and carers by establishing a Reference Group.
- 5. At the November meeting, it was noted that the NHSE set an Access Target of 35% (approximately 1 in 3) of children and young people with diagnosable mental illness will be treated by 2021. The NHS Long Term Plan subsequently also made a commitment to achieving 100% with promised additional investment by 2029. The board noted that the target was narrow because it focused on treatment only; it did not include prevention and that the local reach of treatment is 1 in 4.

- 6. A narrow ambition based on the access target that focuses purely on activity is problematic and not the right approach for Southwark because:
  - 6.1. The NHSE target only applies to approximately 10% of children and young people in Southwark and ignores the needs of the remaining 90%.
  - 6.2. It only measures the volume of patients in a service and does not reveal anything about their experience or their outcomes.
  - 6.3. It can create a perverse incentive to get greater numbers of children and young people into 'medical treatment' and overlook opportunities to intervene earlier and meet their needs before they become acute.
  - 6.4. Although specialist services commissioned for children and young people in Southwark have limited capacity, in practice demand is managed through a waiting list system so that all eligible children receive a service eventually.
- 7. However, despite these caveats, the access target remains an area of focus given the national context. It is therefore acknowledged that whilst the 100% treatment ambitions have a set delivery timeline of 2029 and SLaM services will adhere to this given resource dependencies; local actions can provide some mitigation to ensure that by 2020 children and young people know where to get help, advice and support for improved emotional wellbeing, particularly in relation to self-management, peer support and access to a comprehensive digital offer.

### **DEFINING SOUTHWARK'S AMBITION**

- 8. For the reasons outlined above, Southwark should take a whole systems approach and aspire to improve outcomes and care for every child and young person regardless of the level of need or severity.
- 9. Furthermore, the aim should be not to increase but rather to reduce the need to see specialist services by:
  - 9.1. Building resilience so that children and young people can cope with challenges and by ensuring more children live in stronger families.
  - 9.2. Ensuring there is no stigma attached to asking for help when needed; enabling them to help themselves by creating a greater awareness of where to seek help and the confidence to access it.
  - 9.3. Taking a radical approach to co-producing with children, young people, families, communities and partners so that services and delivery are both fit for purpose and fit for the future.
- 10. We must also recognise that the only way to meet the needs of every child and young person in Southwark is by making their wellbeing everyone's business. This can only happen through clear, graduated expectations of competencies for all levels of professionals and the public, underpinned by programmes to raise awareness and by providing training in key skillsets.
- 11. Board Members may recall that testimonies from the young people at the November meeting and subsequently at the Youth Panel reflected that the 'levels of desperation that young people are feeling', especially if waiting for services. They also noted the lack of opportunities for non-specialist help or support.

### TRANSLATING THIS INTO ACTION

- 12. This paper focuses on how we realise the ambition of the Board, however, for assurance the work plan for transforming CAMHS Services is already detailed and covered in the Local Transformation Plan (see Appendix 1).
- 13. The Review recommended that Southwark should adopt the Thrive Model. Its components are:

Getting Advice and Signposting  Digital 'front – end'  Single point of access with multi-agency assessment & effective signposting  Creating a comprehensive network of community providers: Youth Wellbeing Directory  Outreach to Hard-to-reach groups Schools and primary care in-reach Self-help and peer-support	Short, evidence based interventions aligned with NICE Guidance  CYP IAPT  Wide variety of choice of modality and location, provided by health or alternatives (3 <sup>rd</sup> sector, community providers)  Outcomes plus goal based measures
AMBiT: Integrated multi-agency approach with joint accountability for outcomes  Safety plans co-produced between agencies & young people  Emphasis on developing Personal support network  Self-help and peer-support	Longer, evidence based interventions  CYP IAPT  Provided by health primarily  Outcomes plus goal based measures
Risk Support	Getting More Help

- 14. How adopting Thrive can benefit Southwark
  - 14.1. Whole system approach focusing on needs and preferences
  - 14.2. Builds on and draws from community resources, and an individual's resources to create a diverse range of options for care
  - 14.3. Shared decision making and child and young person preferences are core principles
  - 14.4. Identifies resource-homogenous groups of young people with common

- needs and preferences, rather than an escalator/severity approach
- 14.5. Focus on early intervention and building resilience in children, young people and families
- 14.6. THRIVE advocates the effective use of data to inform service delivery and meet needs
- 15. The Thrive model is a blueprint for implementing the findings of the CYP MHW Review. The model illustrates the range of opportunities for emotional wellbeing and mental health help, support or treatment services that should be available. The NHS has significantly increased funding in specialist services. Therefore, given that the areas for development relate to the top two quadrants, officers recommend that any new investment should prioritise prevention and early intervention services, where appropriate. The Council has allocated £2 million for investment in schools.
- 16. It is also noted that developing strategies and plans should take account of the emerging research and knowledge base on the impact of Adverse Childhood Experiences (ACE's) on health and social outcomes.
- 17. The proposals for prevention and early intervention have been grouped into four domains.

### Domain 1: Open access drop-in service

- 18. It has been recognised that a key gap in provision in Southwark is a dedicated open access service for young people. The Board should note that we have such a service for the mental wellbeing of adults.
- 19. To meet the above objectives there is therefore a need to develop a young person led, community based, open access drop-in service that acts as a referral point to information, advice, services and support. This should provide an alternative provision to core CYPMH services and be designed by building on learning from successful national exemplars (see Appendix). As a minimum it should:
  - 19.1. Provide young people with the opportunities, experiences and tools that enable them to develop their physical, emotional and social capabilities.
  - 19.2. A range of support should be offered including traditional talking therapies, youthwork, person-centered counselling and psychological wellbeing practices.
  - 19.3. Group work should develop a young people's awareness of their social health, help to decrease isolation, raise aspirations and develop interpersonal skills. It should also provide opportunities to meet new friends.
  - 19.4. In addition to social drop-ins and peer support sessions there should also be an opportunity to access outdoor pursuits and creative therapies.
  - 19.5. The service should recruit and train peer-mentors to spread the practice of good self-care, effective use of peer support and active healthy lifestyles.
- 20. It is recognised that whilst planning can be quite sound, a key determining factor in success is the approach to implementation and particularly stakeholder engagement. Put simply, how we do things is as important as what we do.

Therefore, it is proposed that a series of coproduction workshops are held to include children and young people, parents, providers and partners to help shape and deliver the above recommendations.

21. The first workshop should consider what the open-access service should look like and help create a design specification of the key elements and a timeframe for implementation.

## Domain 2: More Support for Schools

- 22. Most children and young people attend school and therefore schools have a profound influence on children, their families and the community. Children and young people's engagement and motivation to learn, to achieve and to thrive is directly affected by their mental and emotional wellbeing.
- 23. Schools play a key role in:
  - Building self-esteem and a sense of competence and self-worth.
  - Children's development, from peer relationships and social interactions to academic attainment and cognitive progress.
  - Emotional control and behavioural expectations, and physical and moral development.
- 24. Evidence shows that all these areas are affected by mental and emotional wellbeing
- 25. A survey of emotional wellbeing in Southwark Schools has being undertaken by the Member/Officer Policy Unit with a submission date of 7<sup>th</sup> June 2019. The findings will help inform our approach and focus for strengthening school-based support.
- 26. The survey will inform the development of a framework for emotional wellbeing and mental health resilience which is flexible and allows scope for innovation but also has agreed core elements that help standardise processes and practices where needed.
- 27. Based on national best practice, it will as a minimum include the adoption of a whole school approach to mental health and wellbeing, which includes:
  - 27.1. Leadership and Management
  - 27.2. Curriculum, Teaching and Learning
  - 27.3. Enabling student voice to influence decisions
  - 27.4. Staff development and training
  - 27.5. Identifying need and monitoring impact
  - 27.6. Working in effective partnerships with parents and carers
  - 27.7. Targeted support and appropriate referral
  - 27.8. School ethos the living and learning climate of the school; Creating a healthy, safe and nurturing physical and social environment
- 28. It is also noted that there is a growing number of children that are 'not in school',.

  These are children who are not attending Ofsted inspected schools but are instead educated at home or attending unregistered education al settings. A

significant proportion of children not in school (216 N°) are currently open, or have been known, to Children Social Care, Family Early Help, Youth Offending Service and/or CAMHS. At the time of writing this report, 10% are currently open and at least a third has had previous contact with at least one of the services.

# Domain 3: More Support for Parents and Families

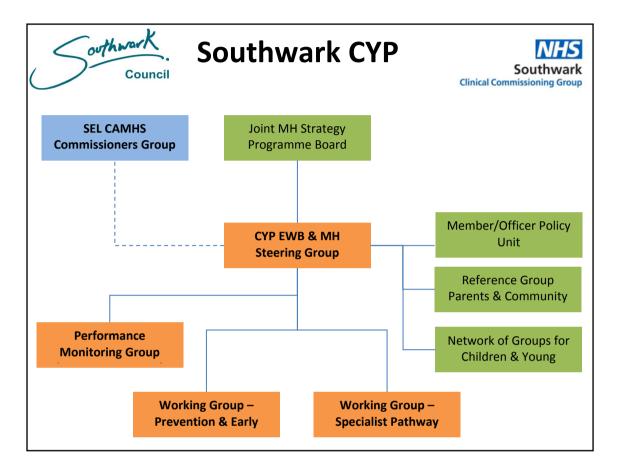
- 29. A study by the Association for Young People's Health has shown that the parents of adolescents are the most unsupported of all groups of parents, and those who have teenagers with mental health problems are particularly isolated. However, parents and the family are strong advocates for children and young people and can play a key role in supporting them through both crisis and recovery.
- 30. It is worth noting that SLAM professionals recently held a public workshop for parents about Young People and Anxiety. This domain will build on this by establishing support for parents as a key priority. This work will be developed in conjunction with the Keeping Families Strong workstream that is specifically looking at 'commissioning opportunities for self-care and knowing when and how to get help'.

### Domain 4: Digital self-help and resources

- 31. Digital technologies offer an opportunity for children and young people to take charge of their own care and to support each other. There has been an increase in online peer-to-peer support, on social media websites such as Facebook, where people with mental illnesses connect with each other, provide support, challenge stigma, and share personal strategies for coping with symptoms.
- 32. Online support networks might enable individuals with stigmatised mental health conditions to feel less alone and to find support from others with the shared experience of living with mental illness, regardless of international borders, time zones, or access to care.
- 33. Provide training and support in self-care and self-management to so that children and young people can manage their own conditions, fostering an ethos of empowerment. Establish self-referral routes for children and young people and provide access to self-help materials and digital resources.
- 34. In recognition of the importance of a digital offer South East London CCG's recently commissioned Kooth to run an 18-month pilot in all six boroughs. In Southwark the aim is to enhance this by:
  - 34.1. Creating a resource directory outlining the local and national resources available that the wider Children and Young People's workforce can access when considering support for emotional health and wellbeing.
  - 34.2. Create links to web resources that offer advice, guidance and counselling for less complex, lower level presentations that universal service providers and families themselves can access.

35. The Young People's coproduction group will lead on helping develop these resources and how they are disseminated.

### Governance and Next Steps



- 36. The Prevention & Early Intervention Working Group will take forward the proposals outlined in this paper. The group will also develop a series of performance measures that can be used to track progress in the delivery of this prevention and early intervention strategy. The SEL Data and Outcomes Group is also developing standardised approaches to performance which will help inform this process.
- 37. A series of coproduction workshops will be held to include children and young people, parents, providers and partners to help shape and deliver the above recommendations. Officers have listened to the young people, who told us that consultation should fit around when they are available and this is during school holidays or, if necessary, outside of school hours. The workshops therefore will take place during the summer school holidays.
- 38. The first workshop should consider what the open-access service should look like and help create a design specification of the key elements and a timeframe for implementation.

### **Community impact statement**

- 39. This review has taken account of the needs of local communities including people with protected characteristics. No adverse equalities impacts have been identified at this stage as the overall aim is to better target and support all Southwark residents, and particularly children and young people. Indeed, the implementing the recommendations of the Review should reduce inequalities of access, experience and outcomes.
- 40. An Equality Impact Assessment (EIA) will be completed for each of the workstreams in the implementation plan and any subsequent commissioning intentions required to achieve the identified objectives.

### **Resource implications**

41. Commissioners within the Partnership Commissioning Team (joint funded by the CCG and the Council) will be responsible for implementation of the strategy in conjunction with NHS, schools, VCS and Council partners. As the implementation plan is developed any actions arising which have resource effects will be subject to separate decision-making process.

### Legal/Financial implications

42. There are no specified legal or financial implications in relation to this report. However, as the implementation plan moves to its delivery phase within each workstream any legal/financial implications will be highlighted.

#### Consultation

- 43. An Emotional Wellbeing and CAMHS Reference Group has been established to ensure local families, parents and children continue to be fully engaged and provide input into the implementation including the reconfiguration of existing services and the design of new services in Southwark.
- 44. The future of this Group is as per the governance chart on the previous page. The group will be reconfigured to build on pre-existing young people groups as well as widening the membership of the 'adults' reference group which has a small proportion of parents. To support wider participation in the adults group, officers are seeking independent facilitation to ensure that co-production is meaningful and creative to ensure that as many parents and carers can share their views.

### **BACKGROUND DOCUMENTS**

Background Papers	Held At	Contact
	160 Tooley Street, London SE1P 5LX	Sharafat Ali EXT 55227

# **APPENDICES**

No.	Title
Appendix 1	Local Transformation Plan
Appendix 2	Notes from study visits to national exemplars
Appendix 3	Roadmap of CYP Emotional Wellbeing & MH in Southwark

# **AUDIT TRAIL**

Lead Officer	Genette Laws, Director of Commissioning					
Report Author	Sharafat Ali, Head of Children's Joint Commissioning					
Version	Final					
Dated	4 June 2019					
Key Decision?	Yes					
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES /						
CABINET MEMBER						
Officer Title		Comments Sought	Comments Included			
Director of Law and Democracy		No	No			
Strategic Director of Finance		No	No			
and Governance						
<b>Cabinet Member</b>		Yes	Yes			
Date final report sent to Constitutional Team / Community			14 June 2019			
Council / Scrutiny						

# **APPENDIX 1**

The Southwark Local Transformation Plan for CAMHS can be accessed through the following link:

https://www.southwarkccg.nhs.uk/our-plans/mental-health-services/children-and-young-people-mental-health/Pages/default.aspx

## Visit to The Hive, Camden

# 21 January 2019

A visit to The Hive in Camden took place on 21 January 2019. Cllr Jasmine Ali, Cabinet Member for, Children, Schools and Adults Care and Cllr Evelyn Akoto, Cabinet Member for Public Health and Community Safety were accompanied by officers from the council and SLAM.

The Hive is based close to Swiss Cottage on Finchley Road, in a Councilowned building that was formerly leased to the Post Office. It is an attractive and welcoming space for young people, which looks more like a well-designed youth service than a clinical setting. There are facilities for studying, employment support and social activities, as well as private spaces for one-toone counselling. On the day of the visit, the centre had just received a huge food bank donation and young people were arriving and mingling on both floors of the building, where all spaces are used by staff and young people in a shared way.

The Hive is run by Catch 22 and is part of Camden's *Minding the Gap* model for young people aged 16-24 (see below).

### The Hive Team Catch 22

- An imaginative youth base, codesigned by young people, from which a team of workers engage with young people aged 16-24 from across the borough who are currently not engaging with support services
- These workers are employed by The Brandon Centre, Anna Freud, the Tavistock, CIFT and managed by Catch 22. All staff receive regular clinical supervision
- A holistic support offer including substance misuse, a sexual health clinic, employment advice and activities including yoga, gardening and cooking.
- •A social enterprise, developed by local young people

# The Transitions Service Camden and Islington Foundation Trust

- •Eight transitions champion posts in adult mental health services to treat patients and work with young people to improve transitions
- A young people's board who developed a transitions protocol and training programme for CAHMS workers
- •Fortnightly multi-agency case transitions meetings for vulnerable young people to improve the transition rate to adult services
- •All partners sign up to a 'no bounce' policy

# Counselling and Therapy The Brandon Centre

- Increased capacity for young people who do not meet adult mental health thresholds to receive counselling and psychotherapy to improve young people's resilience
- Ensures that young people who need to be escalated to adult mental health are correctly directed as well as providing early intervention and relieving pressure on higher threshold services

The only criteria for accessing The Hive are that that the young person is between 16 and 24 years old and is resident, or registered with a GP, in Camden. They offer a drop-in health and wellbeing service, not badged as a mental health setting, to remove the stigma potentially associated with this. The

social element is important – having friends and being able to communicate is part of mental wellbeing.

One-to-one support is a key part of the offer. Seven young people's workers who have 15 to 18 young people on their caseload and are likely to work with each young person for six months to a year. They may see the young person at The Hive or take them to another setting such as a café or a park or take part in sport with the young person, as a way to build the relationship and get them to engage. The workers have a budget of £7 per session to enable this, as well as £20 for birthdays. They take a tenacious approach to getting young people involved and will not close the case without a concerted effort. They recognise that getting young people to turn up at a fixed time can be a challenge and will follow up by text repeatedly.

There are fortnightly meeting to discuss young people of concern with senior staff from different agencies who can take responsibility for cases and actively support the young person to get the right support, whether that is from CAMHS, Adult Mental Health or another agency. If there is a wait to be seen by one of these services, the young person can continue to attend the Hive, so they are not left without support while they are waiting.

Young people from across the borough attend The Hive, but they acknowledge that there may be some young people who don't come to this part of the borough due to gang affiliation. The staff believe that there are only a small number of their young people potentially involved with gangs, but they are providing a preventative service as some of their young people are vulnerable to exploitation.

# **Joint Commissioning**

Crucial to the success of the service has been senior buy-in from the partner agencies. It is jointly commissioned and overall investment (including the other elements of Mind the Gap) was £1,092,000 per year from 2015 to 2018 which reduced to £860,000 in 2018/19. The refurbishment of the building cost £500k. The service is jointly funded by Camden CCG and Camden council with significantly more financial input from the CCG initially, but wider 'in kind' investment from the council through provision of sexual health, substance misuse and other support services. The ongoing funding model has drawn on sources including Healthy Minds and reconfiguring of wider CAMHS. After three years, evaluation carried out by New Economics Foundation (NEF) found that for every £1 invested, £3.40 was saved. The Hive was cited in the NHS Long Term Plan as an example of good practice.

# **Learning for Southwark**

- Taking a different approach to this age group makes sense older adolescents/young adults do not fit neatly into traditional approaches to either CAMHS or adult mental health services.
- Co-production with young people key, as is a flexible approach to their engagement.

- A joint approach and buy-in across the partner agencies has been integral to Camden's success – the implementation of the CAMHS review provides the basis for our own joint approach.
- There is potential to build on Southwark HYP (the integrated wellbeing, sexual health and substance misuse service) and to think about other youth services that already exist across the borough.

### **APPENDIX 2b**

# Visit to Pause, Birmingham

# 12 April 2019

A visit to Pause in Birmingham took place on 12 April 2019. Cllr Jasmine Ali, Cabinet Member for Children, Schools and Adult Care was accompanied by officers from the council and SLAM.

Paused is based in the city centre of Birmingham, in a building that was chosen by young people as part of the co-design and co-production of the service. The interior was designed to meet the brief of young people which was that they wanted a cross between a coffee shop and Apple store. There are facilities for self-help on-line using fixed tablets, rooms for group work or one-to-one discussions as well as tables in a communal area for discussions. As well as using technology such as virtual reality to support exploring anxiety-inducing experiences and practicing meditation.

Pause is run by The Children's Society and is part of Birmingham's 'minding the gap' model for children and young people up to the age of 25 years old, known as Forward Thinking Birmingham, as set out below.



The only criteria for accessing Pause is that that the person is under 25 years old and is resident, or registered with a GP, in Birmingham. They are open 7 days a week and currently has 250 to 300 visits per week.

The key principle of service delivery is that they are having 'helpful conversations' with children, young people and their families. The staff consider those that attend have made a choice to come and are willing to engage. They do not see people, even if it is the case, as a referral. Therefore those that come in are greeted by a Captain and complete a self referral form.

The staffing is made up of paid staff and 50 to 60 volunteers at anyone time, some of which including students of various social sciences. Volunteer training in terms of mental health, conflict management and engagement training. There is always 9 staff on duty – 4 paid staff and 6/7 volunteers

# Commissioning

The CCG fully funds the service. It represents 2% of the £24 million budget, £480,000.

# **Learning for Southwark**

- This model reflects the Wellbeing Hub for adults in Southwark and plugs a gap.
- The service was developed from the outset through co-production with young people

### **APPENDIX 2c**

# Visit to Birmingham Education Partnership

# 20 May 2019

Birmingham has approximately 460 schools.

What is BEP? BEP is both a charity and a company (not for profit) that is focused on school improvement in its broadest sense.

**Their aim:** to secure a deeply good education for every child in a Birmingham School emphasising civic and social education as well as the academic success. Their partnership works through a variety of discrete channels. These include contractual or commissioned work, membership services and traded activities.

# They:

- Support schools that are at risk, or those already judged to be less than good.
- Provides opportunities for the remainder of Birmingham schools to support their own school development journey.
- From brokering support with expert consultants, offering specialised events and CPD opportunities and facilitating effective collaboratives and partnerships between schools.

# **Developments:**

- The Peer Review Programme Bespoke programme for schools to rigorously challenge each other and identify priority areas for development. 120 schools are participating in the programme.
  - Additional programmes are also delivered by experienced coordinators to address mental health in schools, development of the arts and sports curriculum, engagement of pupils with global issues and building connections between local business and schools to improve career opportunities for young people.
  - Newstart & MH BEP are currently working with 19 secondary schools in Birmingham using the whole school approach to help schools identify earlier those pupils who may be vulnerable to poor mental health and build resilience in order to improve academic, social and emotional outcomes.
  - RADY (Raising attainment of disadvantages youngsters) schools involved in the RADY programme receive 3 face-to-face consultation visits and participate in 2 best practice networking sessions with other schools. Offering a unique opportunity to share ideas strategies with colleagues in the same journey and schools can draw on the experience of those schools who began in 2016.

Continuous Improvement (CI) – Strategic School Improvement Fund £140m grant: It is intended to further build a school-led system, and aims to target resources at the schools most in need to improve school performance and pupil attainment; to help them use their resources most effectively, and to deliver more good school places.

**Improvement Champions** are in place to facilitate the post review workshop, enabling priorities for improvement to be identified by the review team and potential solutions and school to school support agreed. Their role is an objective facilitator is to encourage all members of the review team to fully

engage and participate and ensure that ALL voices are heard. 1-2 champions allocated per cluster.

# **Learning for Southwark**

- Cracking the communication barriers between LAs and Schools need to speak the same language to achieve common goals.
- Focus on tailoring training and implementing changes in an integrated way with the schools to secure culture change with everyone on board and with confidence.
- Challenges remain with balancing ACE vs. Support.
- Need to know the phycology of a school to make a positive difference (shift change to their culture) – i.e. Emotional Well-being comes under 'H&S' – not just about bricks & mortar.
- Change school policies buy-in via their Governors and embed in their Governance arrangements.
- Adopt a whole-school approach.
- Important to work with parents and schools all partners.

#### **APPENDIX 2d**

# Visit to Emotionally Healthy Schools, Cheshire East

# 24 May 2019

A visit to Cheshire East's Emotionally Healthy Schools Project took place on 24 May 2019. Cllr Jasmine Ali, Cabinet Member for Children, Schools and Adult Care was accompanied by an officer from the Policy and Public Affairs Team.

The Emotionally Healthy Schools Project is an innovative partnership committed to enhancing the capacity of schools in Cheshire East. The project's aim is to promote positive emotional health and wellbeing; and to develop stronger working relationships with agencies outside of the school environment.

The programme covers 124 schools with six partners across the educational, CCG, local government and charity sector. 98% of the schools are engaged who are a mix of academics and maintained.

The Emotionally Healthy Schools project is a multi-agency project; providing a mixture of whole school and targeted interventions for children and young people, underpinned by access to mental health and wellbeing training, consultation and reflective practice sessions for school staff. Teachers and school staff are trained to recognise ill mental health, promote good mental health, and signpost to services.

The programme is entering phrase three which will focus more on early years help, strengthening relationships and improvements recommended by the Salford University evaluation.

Commissioning

Phrase 1: £60 000 Phrase 2: £600 000 Phrase 3: £1.7 million

# **Learning for Southwark**

- This model reflects the importance of school's engagement in mental health prevention.
- This is a multi-agency project using whole school and targeted interventions to relieve pressure on CAMHs.

APPENDIX 3 – Roadmap of CYP Emotional Wellbeing	g & MH in Southwark
Roadmap attached on sepa	arate page



# **CYP Emotional Wellbeing & MH in Southwark**

Southwark Five Year Forward View -Southwark's vision of the system working together for the whole population

CQC Thematic Review

THRIVE framework –

Tavistock

published by

Southwark's Joint (All age) MH & Wellbeing strategy

Council Plan

2018 - 2022

NHS Long Term Plan

Council Assembly agrees budget including £2 million for EW & MH in schools

2021

2019-2020

Full implementation of Joint Review of CYP Emotional Wellbeing and **Mental Health** 

Children & Families Act 2014 Deprivation of Liberty Safeguards / Mental Capacity Act

NHS 5 Year **Forward View**  2018-2019

Health & Social Care Act 2012

Mental Health Act -Code of Practice

2016-2017

Pre 2016 17

Carers in Southwark -Strategy

Children and Young People (CYP) Plan

Southwark Public Health moves to Local Clinical Authority - Making Group (CCG) a stronger impact on improving health established

Valuing Joint (All age)

Partnership Commissioning Team (PCT) - Established to jointly plan and commission Health & Care

Local Transformation Plan - Required by NHSE to confirm how investment in MH services is being spent by the CCG refreshed annually

Southwark Wellbeing Hub - Open access community Support for adults to improve mental wellbeing

**Southwark Voluntary** Sector Strategy -"Common Purpose Common Cause"

Joint Strategy Committee directs work programme of PCT

New Models of Care the South London commissioning MH specialist services

**CYP Emotional** Wellbeing and Mental Health Services Joint Review

Partnership Southwark forming - adopts Bridges to Health and Wellbing CYP priority segment

Bridges to Health and Wellbeing identifies Maternity, Under 5s and CYP with multiple ACEs up to 25 years old

Children and Young People Mental Health Joint Strategic Needs Assessment

Health and Wellbeing Board meet on 21 November 2018 - Agrees a shared ambition for 100% of CYP to get help when they

Implementation Steering Group set up - Working Groups created including Early Intervention and Prevention

Cabinet Member for Children, Schools and Adult Care establishes Member/Officer **Policy Unit** 

Visits to exemplar sites by Cabinet Member

Workshop in summer of 2019 for Early Intervention and Prevention

Kooth -

counselling

goes live

online

Survey of current practice in schools - Identify good practice and opportunities to support MH and EW in schools