

## Briefing Note for Health and Care Scrutiny Commission

|                     |   |              |  |
|---------------------|---|--------------|--|
| <b>Report From:</b> | Genette Laws,<br>Director for Commissioning,<br>Children's and Adult<br>Services,<br>Southwark Council<br>and<br>Sam Hepplewhite,<br>Director of Commissioning,<br>Southwark CCG, | <b>For:</b>  | Chair,<br>Health and Care Scrutiny<br>Commission |
| <b>Subject:</b>     | Report to update Health<br>and Care Scrutiny<br>Commission on<br>Southwark's joint Mental<br>Health Strategy  | <b>Date:</b> | 21 January 2020                                  |

### **Summary:**

On 14<sup>th</sup> October 2019, a report was presented to the Health and Care Scrutiny (H&SC) Committee which provided an update on Southwark's joint Mental Health strategy. It was resolved at this meeting that further information and data would be provided to the H&SC Commission in order to provide a greater depth of detail in relation to specific issues.

### **Key Issues:**

Members of the Health and Care Scrutiny Commission raised specific questions relating to prevalence of mental health issues.

Information within this report is provided in relation to :-

- Boys and men accessing mental health services,
- Information on BAME communities,
- Breakdown of most common mental health conditions by sex and ethnicity
- Access to CAMHS services by sex and ethnicity
- Sectioning by sex and ethnicity
- Suicide and self harm data and trends by sex and ethnicity
- Alcohol and substance misuse by sex and ethnicity
- Current waiting times for CAMHS services
- Baseline data, timeline, outcomes and targets being used to measure the effectiveness of the programme to provide 100% access to mental health services for children and young people

Report Appended

### **Future Actions:**

Additional information relating the programme to provide 100% access to mental health services for children and young people will be provided to the CAMHS Commission in January 2020.

## Report to inform Health and Social Care Scrutiny Commission Jan 2020

### 1. Background

1.1 The Health and Wellbeing Board (HWBB) has a shared contribution to seek an increase in access for mental health and well being support for children and young people in Southwark. To this end, they have set themselves a challenging target to achieve a 100% 'reach' for appropriate and timely support for those requiring intervention and wish to ensure that those groups identified with higher risk factors are specifically targeted within this reach objective.

1.2 Through the joint review of Mental Health and Wellbeing services for children and young people, there is a range of opportunities for prevention and intervention as set out below.

1.2.1. The statutory CAMHS service provided by SLaM is as follows:

- Core Service
  - Child and Family – specialist service up to 12 years of age
  - Adolescent – specialist service age 12 - 18
  - Neurodevelopmental – all age (0 -18) with neurodevelopment difficulties
  - Carelink – all age for children and young people in permanent 'looked after' arrangements
- CAMHS Assertive Outreach – all age for children and young people at high risk of hospital admission

1.2.2 Additional CAMHS services are provided by SLaM which will be detailed in the base line review as noted below. All are joint funded by the council and the CCG.

1.2.3 KOOTH is an online digital offer of counselling and signposting which started in 2018 and was introduced to Southwark in 2019. This is under utilised and we are working with KOOTH, education, schools and GP practices to raise the profile of this service to our children and young people. It is currently targeting 11 – 19 year olds.

1.2.4 Wellbeing and mental health services offered in schools is being developed due to the Council's £2million fund.

1.2.5 The Open Access service – is due to open in April 2020 and will support self help, group support and 121 sessions for children, young people and their families.

1.3 NHS England (NHSE) has a separate 'access target' of a 34% reach which Southwark is on target to achieve for 2019/20 (to increase to 35% 2020/21). This is currently measured by the number of children & young people who access treatment, where treatment is defined as two or more (i) face to face contacts, or (ii) two or more therapeutic non face to face contacts, or (iii) two or more indirect contacts (such as consultation between professionals which support the treatment of an individual), or any combination of (i), (ii) or (iii) above. (NHSE are currently finalising prevalence data for 2020/21, including an estimate on the needs of the 0 – 5 population)

1.4 Southwark's local 100% target has different criteria. The joint review focuses on the lack of early intervention and prevention and therefore access is not just to treatment but early

intervention services such as Open Access and Mental Health Services in schools. The baseline and monitoring is to be finalised at a Steering group meeting in 24<sup>th</sup> January 2020.

- 1.5 The Health and Social Care Scrutiny Committee has requested specific information relating to discrete groups which are recognised as at higher risk of experiencing mental health difficulties and/or thought to be under represented within the provider caseload.

**Commission has asked for the baseline data, timeline, outcomes and targets being used to measure the effectiveness of the programme to provide 100% access to mental health services for children and young people ?**

### **BASELINE DATA**

Nationally 1 in 10 children and young people are estimated to have a clinically diagnosed mental health disorder. This prevalence rate translates to approximately 6,228 children and young people in Southwark aged 0 to17 (NHSE calculate 34% to be 2107). NHSE have recently issued revised draft prevalence figures (January 2020) which, when confirmed, will provide a definitive basis for this calculation.

### **Population and SLaM patients by age and gender**

Southwark Demographic : JSNA findings (2018)

| <b>Age</b>             | <b>Population</b> |
|------------------------|-------------------|
| Under 5                | 20,500            |
| 5 - 10                 | 23,273            |
| 11 - 16                | 18,506            |
| 17 - 25                | 32,316            |
| <b>Total under 25s</b> | <b>94,595</b>     |

SLaM CAMHS Performance Reporting (as at December 2019)

| <b>Age</b> | <b>No.</b> | <b>% of all c&amp;yp patients</b> |
|------------|------------|-----------------------------------|
| Under 5    | 16         | 0.9                               |
| 5 - 9      | 394        | 22.0                              |
| 10 - 14    | 784        | 43.7                              |
| 15 – 18    | 589        | 32.9                              |
| 19 - 25    | 8          | 0.4                               |
| Ungrouped  | 1          | 0.1                               |

In order to determine a complete baseline of the numbers and characteristics of children & young people who have emotional wellbeing and mental health needs and how those needs might either currently be supported or how they might best be supported, further data is required from services which sit outside of the statutorily commissioned provision. This includes a mapping of schools provision and a mapping of other services wherein emotional and mental health support is provided, but not necessarily as a primary objective of those services. (See 4.1 below). This mapping is currently underway, and will form the basis of identifying gaps in provision which may need to be considered in order to ensure a successful 100% reach. A first draft of this mapping will be reported to the C&YP Wellbeing and Mental Health Steering Group on 24<sup>th</sup> January 2020.

The proposed provider of the new Open Access provision has been set ambitious targets by the commissioner which will contribute to achieving the 100% target. It should be noted that the Open Access provider will focus on young people age 10 + in the first year of operation.

**Commission has asked for the current waiting times for SLaM CAMHS services**

- Current average wait time for first Face to Face (Assessment) : All teams **14.04 weeks**
- Current average wait time for second Face to Face (Treatment) : All teams : **17.17 weeks**

**Commission has asked for information relating to gender (specifically boys and men) and ethnicity of those accessing services**

**Access to SLaM CAMHS services by gender**

Southwark Demographic : JSNA findings (2018) (0 – 18 years)

| <b>Gender</b> | <b>No.</b> | <b>%</b> |
|---------------|------------|----------|
| Male          | 48,293     | 50.5     |
| Female        | 47,302     | 49.5     |

SLaM CAMHS Performance Reporting (as at 11 December 2019)

| <b>Gender</b> | <b>No.</b> | <b>%</b> |
|---------------|------------|----------|
| Male          | 1,017      | 56.8     |
| Female        | 773        | 43.1     |
| Other         | 2          | 0.1      |

**Access to SLaM CAMHS services by ethnicity**

Southwark Demographic : JSNA findings (2018) (0 -18 years)

| <b>Ethnicity</b>                          | <b>% of total under population</b> |
|---|------------------------------------|
| Asian/Asian British                       | 11%                                |
| Black/African/Caribbean/<br>Black British | 34%                                |
| Mixed/multiple ethnic group               | 11%                                |
| Other ethnic group                        | 3%                                 |
| White                                     | 41%                                |

SLaM CAMHS Performance Reporting (as at December 2019)

| <b>Ethnicity</b>                             | <b>No.</b> | <b>%</b> |
|--|------------|----------|
| 1. Asian/Asian British                       | 37         | 2.69     |
| 2. Black/African/Caribbean/<br>Black British | 335        | 24.33    |
| 3. Mixed/multiple ethnic<br>group            | 149        | 10.82    |
| 4. Other ethnic group                        | 61         | 4.43     |
| 5. White                                     | 605        | 43.94    |
| 6. Not stated/no valid<br>ethnicity          | 168        | 12.2     |

### Access to KOOOTH service by gender (digital provision)

#### New Registrations by gender (Q2)

| Female | Male | Other |
|--------|------|-------|
| 70     | 22   | 23    |

### Access to KOOOTH service by ethnicity

#### New Registrations by ethnicity (Q2)

| Asian/Asia<br>British | Black /Black<br>British | Mixed<br>background | No valid<br>ethnicity | Not stated | Other<br>ethnic<br>groups | White | Blank<br>category |
|-----------------------|-------------------------|---------------------|-----------------------|------------|---------------------------|-------|-------------------|
| 9                     | 30                      | 17                  |                       | 8          |                           | 28    |                   |

### Commission has asked for most common conditions by gender & ethnicity

#### SLaM CAMHS Performance Reporting (as at January 2020)

| Diagnosis                 | Asian/<br>Asian<br>British | Black<br>/Black<br>British | Mixed<br>background | No valid<br>ethnicity | Not<br>stated | Other<br>ethnic<br>groups | White      |
|---------------------------|----------------------------|----------------------------|---------------------|-----------------------|---------------|---------------------------|------------|
| <b>Behavioural</b>        | <b>1</b>                   | <b>20</b>                  | <b>15</b>           |                       | <b>7</b>      | <b>2</b>                  | <b>30</b>  |
| Female                    | 1                          | 9                          | 5                   |                       | 3             | 2                         | 11         |
| Male                      |                            | 11                         | 10                  |                       | 4             |                           | 18         |
| Other                     |                            |                            |                     |                       |               |                           | 1          |
| <b>Eating Disorders</b>   |                            | <b>1</b>                   |                     | <b>1</b>              | <b>1</b>      |                           | <b>6</b>   |
| Female                    |                            | 1                          |                     | 1                     | 1             |                           | 6          |
| <b>Emotional</b>          | <b>18</b>                  | <b>126</b>                 | <b>40</b>           | <b>4</b>              | <b>64</b>     | <b>23</b>                 | <b>231</b> |
| Female                    | 13                         | 85                         | 24                  | 4                     | 45            | 15                        | 160        |
| Male                      | 5                          | 40                         | 16                  |                       | 19            | 8                         | 71         |
| Other                     |                            | 1                          |                     |                       |               |                           |            |
| <b>Neurodevelopmental</b> | <b>6</b>                   | <b>57</b>                  | <b>20</b>           | <b>2</b>              | <b>41</b>     | <b>4</b>                  | <b>92</b>  |
| Female                    | 1                          | 11                         | 3                   | 1                     | 7             |                           | 21         |
| Male                      | 5                          | 46                         | 17                  | 1                     | 34            | 4                         | 71         |
| <b>Other</b>              | <b>12</b>                  | <b>131</b>                 | <b>50</b>           | <b>8</b>              | <b>64</b>     | <b>30</b>                 | <b>172</b> |
| Female                    | 10                         | 64                         | 16                  | 6                     | 35            | 14                        | 80         |
| Male                      | 2                          | 67                         | 34                  | 2                     | 29            | 16                        | 92         |
| <b>Psychosis</b>          |                            | <b>1</b>                   |                     |                       |               | <b>1</b>                  |            |
| Male                      |                            | 1                          |                     |                       |               | 1                         |            |

### Commission has asked for Sectioning by sex and ethnicity

See attached presentation by SLaM (Appendix A) regarding males adults following a request on information which includes:

- Admission by section by age and ethnicity
- Top 12 diagnosis for adult mental health
  - By ethnicity
  - By gender
- Ethnicity of men accessing alcohol and substance misuse services

### **Commission has asked for suicide and self harm by sex and ethnicity**

The Preventing Suicides in Southwark – Our Strategy and Action Plan 2017 – 2022<sup>(1)</sup> notes relevant information. (See Extract Appendix B)

### **Commission has asked for alcohol and substance mis-use data and trends by sex and ethnicity**

Change Grow Live (alcohol & substance misuse age 25 +) Performance Reporting  
See Appendix C

Healthy Young People (sexual health & substance mis-use age 10 – 25) Performance Reporting  
See Appendix D

*NB. Data provided by both CGL and HYP is from the perspective of what is held by the services (eg. people engaged in drug / alcohol treatment with mental health need who may or may not be engaged with mental health services). This may likely differ quite significantly from the data held by mental health services on their caseload of people with mental health and substance misuse issues (who may or may not be in substance misuse treatment)*

#### **Summary**

The above information reflects the support and provision for those known to specialist services. There is a large cohort of children and young people who are supported by schools and by voluntary sectors organisations without the need for access to specialist services. There are a number of voluntary sector organisations which provide very targeted support, for example, COVO provides one to one support for children & young people with emotional and behavioural difficulties who are struggling to engage with school their family and/or their peer group and MENT4 provides for particularly vulnerable young people who are long term non attendees as school. This presents a challenge to the system to facilitate data flow to support our full understanding to better reflect both the need and the range of provision in place. Health Commissioners across SEL are currently working on a project to improve data flow from voluntary sector and other agencies

Additionally, there is also more to be learnt from support provided directly to parents through adult mental health provision and the positive impact this support has on young children.

There remains under representation of the BAME population in SLaM CAMHS provision. This group makes up 59% of Southwark's population, but only 42.4% of patients (under the age of 18).

The children & young people's gender population data indicates an almost equal split between male and female ( 5 to 10 year olds males 50.6%/females 49.4%, 11 to 16 year olds 51.2%/48.8%). However, these figures are not similarly reflected in the numbers accessing SLaM services. There is a much higher representation of males than females (56.8%/43.1%) which is consistent with reporting of females being better able to 'disguise' their mental health difficulties, but which typically results in a high level of need as and when they present to services.

The very high prevalence of males with a neurodevelopmental diagnosis is of note (77% male/33% female). This again may be consistent with reporting of females being better able to 'disguise' their neurodevelopmental difficulties and is a subject of much current national research as to how this imbalance might be addressed.

KOOTH data shows a much higher representation of females to males, and a very high percentage of those identifying as 'other'. This may be due to the 'anonymity' which online support provides, but may also indicate that routes into 'traditional' services for those identifying as 'other' are not well established. There are suggestions that online service provides an opportunity for those that worry about stigma to seek support and the forums help young people open up before they might then go on to speak to a counsellor. This will be considered for improvement by SLaM as there must be no barriers to specialist provision for those that need the service.

The KOOTH data shows that their reach within BAME communities is better than SLaM (BAME 66.6%/ White 33.3%). This is consistent with the national trend for children & young people of BAME origin to access online support as a preference. However, it is not clear if this is due to a lack of appropriate statutory provision or if other factors are at play.

KOOTH online is not fully utilised in Southwark. However, their provider plan for early 2020, which is being closely overseen by commissioners, will include widespread presentations to, and engagement with, GP practices and schools, with Southwark's Alternative (Education) Provision being a priority target.

KOOTH data is presented in sets of 'sub locations' (similar to, but not entirely consistent with, Southwark's neighbourhoods/localities). This provides rich information for the purpose of providing targeted support in specific geographical areas. This is a good data model which commissioners will seek to replicate with other providers to enable better targeted interventions.

Healthy London Partnership has recently undertaken a 'rapid audit' (2) which has demonstrated the effectiveness of directories/online directories of services which have made considerable impact in areas where this is well developed (appendix E).

#### References:

- (1) <https://www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna/health-conditions-and-health-care?chapter=6>
- (2) <https://www.healthylondon.org/wp-content/uploads/2019/12/HLP-Achieving-the-CAMHS-access-standard-in-London-A-rapid-audit-September-2018.pdf>

Appendix A

**Sectioning by sex and ethnicity (Report by SLaM)**

See separate document.



Extract from The Preventing Suicides in Southwark – Our Strategy and Action Plan 2017 – 2022

### **6.2. The Local Picture**

In 2013-15 the suicide rate in Southwark was 11.0 per 100,000 persons and was slightly above the regional and national level. A three year reported period is used because of the relatively small numbers involved. In that three year period (2013-15) there were 78 cases of suicide within the borough. Despite a recent increase, local suicide rates are relatively stable, with an average of 26 deaths per year in Southwark. While local figures fluctuate each year due to the small number of cases, there has been a general increasing trend in the number of suicides in Southwark since 2007-9, reflecting the national picture.

### **Directly age-standardised mortality rates from suicide and undetermined injury in Southwark, London and England**

Southwark is one of five London boroughs to report higher suicide rates than the national average in 2013/15 and has the fourth highest suicide rate of the London boroughs. Looking at the suicide rates within neighbouring boroughs, Lambeth is ranked sixth, while Lewisham is ranked much lower at 24th. In spite of this, Southwark's suicide rate is not significantly different to the London or England averages, or to either rates for Lambeth or Lewisham.

The overwhelming majority of suicides in Southwark occur among men, mirroring the national picture. In 2013-15, just over four out of five local suicides were among men. This pattern has remained relatively stable over time. In Southwark, the rate of suicide is highest among those in middle age, mirroring the national pattern. Deaths among those aged between 40 and 59 in Southwark account for approximately half of all suicides in the borough.

## Appendix C

### Change Grow Live (CGL Southwark) (alcohol & substance misuse)

Performance Reporting (provided by Helene Green)

#### Introduction

This report is to illustrate the number of male clients with self-reported mental health treatment needs on assessment. The clients used in this report are the active clients in service between 01/12/2018 and 30/11/2019. Duplicate clients who were assessed on several occasions during this time period have been removed with their most recent assessment being used for the purposes of report.

For the purposes of this report clients whom did not consent to NDTMS were not used in this report.

As part of CGL's assessment the client mental health diagnosis is not extractable data.

#### Self reported mental health treatment need

|                           | Count of Mental Health Treatment Need Name |
|---------------------------|--|
| Client declined to answer | 9  |
| No                        | 581  |
| Yes                       | 304  |
| Grand Total               | 894  |

The above table highlights that of the 894 clients' active during 01/12/2018 and 30/11/2019 304 identified a mental health treatment need.

#### Treatment

|   | Count of Treatment for Mental Health Need Name |
|---|--|
| Already engaged with the community mental health team | 71   |
| Engaged with IAPT                                     | 10   |
| Need identified but no treatment                      | 89   |
| Other   | 5  |
| Receiving mental health treatment from GP             | 129  |
| Grand Total   | 304  |

On analysis the treatment for mental health need shows that 129 (42.4%) of male clients were receiving mental health treatment from their GPs . With 71 clients (23.4%) engaged is the community mental health team.

### **Ethnicity**

|                                    | Count of Ethnicity Name |
|------------------------------------|-------------------------|
| Asian/ Asian British               | 6                       |
| Black/ Black British - African     | 16                      |
| Black/ Black British - Caribbean   | 25                      |
| Black/ Black British - Other Black | 6                       |
| Mixed- Other                       | 9                       |
| Mixed - White and Black Caribbean  | 7                       |
| Not Stated                         | 6                       |
| Other                              | 7                       |
| White - Other White                | 24                      |
| White - White British              | 179                     |
| White - White Irish                | 19                      |
| <b>Grand Total</b>                 | <b>304</b>              |

The above table highlights of those 304 male clients the ethnicity of those with a self-reported mental health needs.

### **Sexuality**

|   | Count of Sexuality Name |
|---|-------------------------|
| Gay, Lesbian or Bisexual                                      | 23                      |
| Heterosexual  | 267                     |
| Not known (not recorded) /Other sexual orientation not listed | 8                       |
| Prefer not to say   | 6                       |
| <b>Grand Total</b>  | <b>304</b>              |

The above table reflects the sexuality of those 304 clients with self-reported mental health treatment needs.

**Drug Category**

|                        | Count of Status4 |
|------------------------|------------------|
| Alcohol                | 84               |
| Non-Opiate             | 46               |
| Non-Opiate And Alcohol | 73               |
| Opiate                 | 101              |
| Grand Total            | 304              |

The table above refers to the drug categories in which those with a self-reported treatment need are categorised within CGL dependant on self-reported substance use.

Appendix D  
HYP Southwark

**Introduction**

This report is to illustrate the number of clients with self-reported mental health treatment needs on assessment. The clients used in this report are the active clients in service between 01/12/2018 and 30/11/2019. Duplicate clients who were assessed on several occasions during this time period have been removed with their most recent assessment being used for the purposes of report.

For the purposes of this report clients whom did not consent to NDTMS were not used in this report.

**Self-reported mental Health treatment need**

|                           | Count of Mental Health Treatment Need Name |        |
|---------------------------|--|--------|
|                           | Male                                       | Female |
| Client declined to answer |  |        |
| No                        | 142  | 183    |
| Yes                       | 9  | 31     |
| Grand Total               | 151  | 214    |

The above table highlights that of the 365 clients' active during 01/12/2018 and 30/11/2019 40 identified a mental health treatment need. Our systems do not distinguish between 'declined to answer' and 'no'.

## Treatment

|   | Count of Treatment for Mental Health Need Name |           |
|---|--|-----------|
|   | Male   | Female    |
| Already engaged with the community mental health team | 1  |           |
| Already engaged with CAMHS                            | 2  | 8         |
| Engaged with IAPT                                     |  | 1         |
| Need identified but no treatment                      | 5  | 11        |
| Other   | 1  | 8         |
| Receiving mental health treatment from GP             |  | 3         |
| <b>Grand Total</b>                                    | <b>9</b>                                       | <b>31</b> |

On analysis the treatment for mental health need shows that 40% of young people with an identified need are not being treated. 25% were engaged with CAHMS. 22.5% were seeking support from alternative providers, such as school counsellors, Kooth and our Love Life programme. 55% of males with identified mental health needs were **not** being treated compared to 65% of females with mental health needs that **were** being treated.

**Ethnicity**

|                            | Count of Ethnicity Name |           |
|----------------------------|-------------------------|-----------|
|                            | Male                    | Female    |
| African                    | 2                       | 4         |
| Any other Asian background | 1                       |           |
| Any other black background |                         | 1         |
| Any other ethnic group     |                         |           |
| Any other mixed background | 1                       | 1         |
| Any other white background | 1                       | 1         |
| Bangladeshi                |                         |           |
| Caribbean                  |                         | 5         |
| Chinese                    |                         | 1         |
| Indian                     |                         |           |
| Pakistani                  |                         |           |
| Prefer not to say          |                         | 3         |
| Unknown                    |                         | 1         |
| White and Asian            |                         |           |
| White and black African    |                         |           |
| White and black Caribbean  |                         | 1         |
| White British              | 4                       | 13        |
| White Irish                |                         |           |
| <b>Grand Total</b>         | <b>9</b>                | <b>31</b> |

The above table highlights of those 40 = total numbers of female/male clients the ethnicity of those with a self-reported mental health need.

**Sexuality**

|                   | Count of Sexuality Name |        |
|-------------------|-------------------------|--------|
|                   | Male                    | Female |
| Heterosexual      | 2                       | 17     |
| MSM/Gay           |                         |        |
| Bisexual          |                         | 2      |
| Lesbian           |                         |        |
| Prefer not to say |                         | 1      |
| Unknown/other     | 7                       | 11     |
| Grand Total       | 9                       | 31     |

The above table reflects the sexuality of those 40 clients with self-reported mental health treatment needs.



**Drug Category**

|                         | Count of Status4 |           |
|-------------------------|------------------|-----------|
|                         | Male             | Female    |
| <b>Cannabis</b>         | 6                | 6         |
| <b>Tobacco/nicotine</b> | 2                | 1         |
| <b>Opiates</b>          |                  |           |
| <b>Crack</b>            |                  |           |
| <b>Cocaine</b>          | 1                |           |
| <b>Ecstasy</b>          |                  |           |
| <b>Amphetamines</b>     |                  |           |
| <b>Solvents</b>         |                  | 1         |
| <b>Ketamine</b>         |                  |           |
| <b>GHB</b>              |                  |           |
| <b>NPS</b>              |                  |           |
| <b>Tranquilisers</b>    |                  |           |
| <b>Mephedrone</b>       |                  |           |
| <b>Other Drug</b>       |                  |           |
| <b>Alcohol</b>          | 4                | 11        |
| <b>Grand Total</b>      | <b>13</b>        | <b>19</b> |

The table above refers to the drug categories in which those with a self-reported treatment need are categorised within HYP. Note that not all clients use drugs/alcohol and some use more than one substance.

## Appendix E

Extract from Healthy London Partnership : achieving the CAMHS access standard in London : a Rapid Audit Sept 2018

‘From the online survey of commissioners we see that the only factors that seemed to differ between boroughs meeting and not meeting the targets were having VCS providing Tier 2 services for children’s mental health, and having a local directory of services and support. For those reasons, it may indicate that VCS providers of Tier 2 services are crucial in helping the system function well. Having the local service directory similarly may help signpost parents, carers and children to other community support to help children at early stages of need.’