

UPDATE ON CAMHS REVIEW 2018

July 2020

Final

System Transformation (A)		Actions
A1 Improving Access	<p>The review identified a clear gap in the offer to children and young people who do not need specialist mental health provision, but require more than can be provided currently by schools and primary care.</p>	<p>The Council has invested in a new 'open access' provision which will be situated in refurbished premises in Peckham, intended to provide a drop in and online provision. The service specification was informed by service user co-production and engagement. Groundworks London successfully tendered for this service (The Nest) which commenced 4 May 2020. The offer is both digital and face to face for young people aged 13 + and is based on a 'test and learn' model which will enable flexible and timely responses to changing needs. Over the course of the contract the service will be extended to younger children and families. Data will be captured to inform NHSE target monitoring over time. The service is establishing close links with SLaM to ensure that young people whose needs are deemed greater than 'low to moderate' can be seamlessly transferred into SLaM CAMHS provision as required.</p> <p>Since February 2019 CCG has invested in KOOOTH which provides online counselling and resources for children aged 10 (from 1 May 2020) up to age 19, and up to age 25 for those from vulnerable groups, i.e. SEND, Leaving Care, NEET, YOS, stepping down from CAMHS. Data is provided by KOOOTH to NHSE to inform NHSE access targets. KOOOTH has adopted a pro-active approach to working with GP surgeries and schools and delivers targeted workshops to students and to professionals in order to support and enhance workforce knowledge.</p> <p>SLaM has recently developed a small team of Children and Young People Wellbeing Practitioners (CWP) who provide a mental health service to young</p>

		<p>people who may not meet the threshold for Child and Adolescent Mental Health Service (CAMHS). The team provides short-term, low intensity, evidence-based, guided self-help interventions for children, young people and their parents or carers. The inclusion of data from this team in NHSE access reporting has had the effect of significantly increasing the acceptance rate of referrals into SLaM CAMHS.</p> <p>The Council has committed £2m funding to support schools to improve their wellbeing and mental health offer. The funding is being rolled out in three phases, with Phase 3 due to be launched in July 2020. Individual schools and school consortia have been able to bid for projects which are bespoke to their needs; in some instances this has taken a 'whole school approach', in others funding has been used for targeted support for more vulnerable pupils. The reach in terms of numbers of children and young people who will benefit from this additional support is being overseen by the Director of Education through the Improved Mental Health and Resilience in Schools (IMHRAS) Board. Data from this initiative will be used towards the 100% reach target (i.e. 100% of children and young people who require emotional and mental health support having their needs met).</p> <p>Public Health in Southwark is currently reviewing the commissioning arrangements for health visiting and school nursing will include a requirement that mental health and physical health are given parity in terms of identifying, signposting and referring to relevant support when necessary. The current provider, GSTT, has developed and promotes a digital app, 'Chathealth' , for 11 - 19 year olds which can provide confidential health advice from the school nurse.</p> <p>The review of CAMHS provision undertook significant engagement with all stakeholders including schools, clinicians, voluntary sector organisations, children and young people and their parents/carers. A Stakeholder Group has been established to oversee progress of service developments. This group receives regular reporting updates from the Steering Group. In addition, a</p>
--	--	--

		regular routine of updating and consulting with children and young people will be established from September 2020 onwards.
<p>A2</p> <p>Streamlining Pathways</p>	<p>In designing an integrated pathway for all mental health and emotional wellbeing services in Southwark, the following issues about referral processes will need to be considered:</p> <ul style="list-style-type: none"> • An information source available to all • Clear information online about how to make a referral and eligibility criteria • More support and information for GPs on what is required for referral and what is available if specialist CAMHS criteria are not met • How to obtain consent at the point of referral for CAMHS and Early Help (part of social care) to reduce delays in directing a referral to the best service • Integrating advice / consultation to referrers where CAMHS staff consider this more effective than a referral to CAMHS assessment • Clarifying the entry routes into Early Help CAMHS. • Clarifying the roles and 	<p><u>Information sources</u></p> <p>Southwark’s aspiration is to ensure that information, advice and guidance is provided in a comprehensive, consistent and accessible way and meets the needs of Southwark’s diverse communities.</p> <p>Information on support for emotional wellbeing and mental health is held in a number of places, the key sources being:-</p> <ul style="list-style-type: none"> • Southwark Council website - ‘Taking Care of your Mind’ • Southwark Community Resources • Southwark Local Offer • Southwark Youth Offer • SLaM <p>A directory of services is being produced which includes details of :-</p> <ol style="list-style-type: none"> (i) statutory services, including referral and eligibility criteria (ii) non statutory services commissioned by the council and CCG, including referral and eligibility criteria (iii) local and national organisations, including voluntary sector organisations (iv) referral routes into those services (v) referral routes into Southwark’s Early Help CAMHS <p>It will also include:-</p> <ol style="list-style-type: none"> (vi) clarity on other services which support children & young people’s emotional needs but which do not provide a direct service for that purpose, e.g. Southwark Children’s Social Care Clinical Service, Parental Mental Health Service (vii) Comment on support provided by Southwark’s education sector (pre school, schools, further education) <p>Work on this directory is being supported by input from service users and will</p>

	<p>responsibilities of the Southwark Children’s Social Care Clinical Service, and its relationship to CAMHS</p> <ul style="list-style-type: none"> • The organisation of the existing CAMHS teams (currently four separate teams) and whether this facilitates sharing knowledge and effective utilisation of specialist skills • The role of the assertive outreach / home treatment team and its relationship to the new South London Crisis pathway • The role of community paediatrics and the interface with CAMHS, there is a need to develop regular fora for discussion and service development. • Updating of service specifications for CAMHS and for community paediatric services. 	<p>help to identify any gaps in service provision which may need to be addressed. The intention is not to replicate the vast amount of information that is already available but more to ensure that there is a ‘one stop’ resource which provides effective signposting .</p> <p>The directory will be provided in both online and ‘hard copy’ format and is expected to be completed by September 2020.</p> <p>SEL CCG is currently undertaking a campaign to enhance the knowledge of online offers of support to and for children and young people. (June 2020)</p> <p><u>Recommendation One</u> : Work is already in train to develop a comprehensive directory of EW & MH support services should be completed, in co-production with service users, by September 2020.</p> <p><u>Obtaining consent for referrals</u> SLaM has developed a new role of a Referrals Co-ordinator. A ‘single point of referral’ has been established which means that all referrals into SLaM are now screened and a prompt decision can be made as to which, if any, CAMHS provision is appropriate for individual referrals. The development of the CWP role (see above) has benefitted this process, meaning that the vast majority of referrals made into SLaM are accepted as eligible referrals (89%, April 2020) This role also has a remit to follow up on any referrals received where consent to share information is not provided.</p> <p><u>Recommendation Two:</u> SLaM has noted that there would be efficiency in GPs pre-populating referrals via EMIS. This system should be implemented by September 2020 and confirmed to the September Steering Group as complete.</p> <p><u>Integration of advice</u></p>
--	--	--

		<p>The integrated Family Early Help Service and Early Help CAMHS team has been established to provide a safe, effective, responsive service. Early Help CAMHS is a community mental health team, co-located within the Family Early Help Service whose practitioners are linked directly to the 11+ and under 11s services. The team consists of a range of qualified and experienced clinicians from different professional backgrounds, including social work, mental health nursing, psychotherapy, counselling and clinical psychology.</p> <p>The Parental Mental Health Team works with parents with mild to moderate mental health difficulties who experience chronic low mood, anxiety and high levels of distress, and who have multiple current, and early, life stressors which impact on all areas of their mental health and functioning who have children under the age of 5. A significant aspect of the role is liaison with other agencies, particularly Children’s Social Care Teams.</p> <p>Direct contact is made with referrers when referral is identified as there being scope to better manage the presenting issue(s) outside of CAMHS. The joint working with The Nest offers an opportunity to establish an efficient interface between the 2 providers which will potentially improve response times for support for service users. At present (July 2020) The Nest provides for young people aged 13 to 25, however service development will extend the age range to younger children during Autumn 2020.</p> <p><u>Organisation of CAMHS teams</u> SLaM had started work some re-organisation of teams pre Covid, for example, the assertive outreach team was brought into the community team (see below) and paediatric liaison was being re-modelled (in partnership with Kings). The impact from Covid has resulted in further learning to be applied to workforce structure and delivery approaches which is work that will be continue to be developed</p> <p><u>Assertive Outreach</u> SLaM had taken action to improve the Assertive Outreach and Home Treatment</p>
--	--	--

		<p>delivery prior to April 20. This involved the teams being re-positioned within CAMHS Community Services and working with the South London Crisis Pathway (Tier 4) to ensure robust provision.</p> <p>COVID required a different model which SLaM and SLP have responded to at pace. Currently they are working in line with NHSE COVID requirements with a Crisis Assessment Unit (CAU) which incorporates A&E.</p> <p><u>Recommendation Three:</u> SLaM is intending to redesign the Assertive Outreach pathway, working in close liaison with the South London Partnership. Progress to be reported to September Steering Group, with a view to full implementation of a new delivery model by October 2020.</p> <p><u>Role of Community Paediatrics, including updating of service specifications</u> Both SLaM and GSTT have acknowledged that the interface between Community Paediatrics and SLaM requires a review and re-assessment in order to enhance multi disciplinary working and deliver better outcomes for children and young people. This work has commenced, specifically in relation to the current ASD (autistic spectrum disorder) pathway and ADHD pathway (see below) and should remain as an outstanding action for the purpose of this report.</p> <p><u>Recommendation Four :</u> A task and finish group should be convened to consider and develop new pathways between community paediatrics and SLaM to ensure improved multi disciplinary working. To report progress back to Steering Group end September 2020.</p> <p><u>Updating of Service Specifications</u></p>
--	--	---

		<p>The updating of service specifications is an expected outcome from the ongoing work to develop new ways of working between SLaM and GSTT (see above)</p>
<p>A3</p> <p>Transition to Adult Services</p>	<p>Relook at the Transition pathway in the light of the Children’s and Families Act 2014 and the moving of the age boundary up to age 25 learning from the positive impact that this has had on two other groups of young people - SEND and Care Leavers.</p> <p>Address timing issues whereby a young person transferring from CAMHS cannot be seen by AMHS until after their 18th birthday</p> <p>Appointment of specialist transitions workers based on the successful CAMHS/Early Intervention Service (EIS) Transitions Worker model</p> <p>Establish a standing forum to oversee issues relating to emotional wellbeing and mental health services up to age 25</p>	<p>SLaM has an existing Transition Policy and ‘Transition Policy on a Page’ (dated Aug 2017, review due Aug 2019). Protocols work well but the underlying issue is that adult services (AMHS) provide a very different offer to that provided by CAMHS. The ambition is for CAMHS to create a partnership with AMHS and move away from the notion of ‘transition’, which can be a particular issue for the mental health of care leavers.</p> <p>In line with NHSE Transformation Programme Framework, SLaM has appointed a Transformation Programme Manager. This is an adult focused programme . Work streams are currently being agreed across SLaM, with the intention being that consideration of how provision for 18 -25 year olds might be re-modelled to become better fit for purpose for this age group. AMHS will ensure close working with CAMHS and the local authority for this purpose.</p> <p>CAMHS will lead co-production with young people as part of a reference group. AMHS is setting up a BME reference group which should also include young people for this purpose.</p> <p>Anticipated completion date for initial implementation of transformation is early 2021.</p> <p>SLaM’s transition of young people with psychosis aged 14 + into their STEP Service is well established and in line with the National Service Framework. There is an adolescent mental health worker in this team to co-ordinate transition as appropriate.</p> <p>Work on developing a Positive Behaviour Service has recognised the benefits of aligning this service with the Enhanced Intervention Service (adult provision) for young people with learning difficulties. The cohort this service is reaching is</p>

		<p>predominantly young men under 25 who, it is hypothesised, may not have had beneficial transition support. A PBS would provide an opportunity to enhance successful transition for those young people with LD and/or ASD with behaviour that challenges.</p> <p>KOOTH, third sector provider, has extended their online support offer up to age 25 for those in defined groups, i.e. SEND, YOS, NEET, leaving care, exiting CAMHS</p> <p>The new open access service, The Nest, has been commissioned to work with young people up to the age of 25.</p> <p>Recommendation Five : Steering Group to receive regular update reporting from AMHS Transformation Programme to ensure good progress on development of a 0 – 25 service . Young Advisors to be involved in this programme of work <i>NB. See separate section re. development of PBS service</i></p>
<p>System Improvement (B)</p>		
<p>B1</p> <p>Children & Young People with ADHD and neurodevelopmental conditions</p>	<p>Strong need for a Positive Behaviour Support Service for children with Learning/Intellectual disability, and other neurodevelopmental conditions, who may also have ASD</p> <p>A review of the ADHD pathway will help establish the best way of providing these services in future.</p>	<p><u>Positive Behaviour Support (PBS) Service</u></p> <p>A task and finish group consisting of key stakeholders was set up in January 2020. The underlying issues for exploration have been:</p> <ul style="list-style-type: none"> • whether this should be a crisis response service or an early intervention and prevention service • if and how a new service might align with the current EIS (Enhanced Intervention Service) and how transition (to adulthood) arrangements could be enhanced by close working between EIS and a proposed new PBS

		<ul style="list-style-type: none"> • consideration of the cohort of children and young people who might be eligible for such a service, including age range and diagnosis. (This is particularly pertinent to those with a diagnosis of ‘highly functioning autism’ whose needs, and this support model, differ hugely from those diagnosed with autism and/or learning difficulties) • funding , and whether if closely linked to EIS, this could align with Better Care Funding • the need for better integration between health, social care and education • management and governance arrangement <p>The group will be ready to report their recommendations by early July 2020 and will be seeking a steer on ‘next steps’ at this time</p> <p><u>Recommendation Six</u> Steering Group in June 2020 to advise how proposals for a new PBS can be commented upon and progressed through to a piloting phase</p> <p><u>ASD pathway</u> The current pathway needs to be re-mapped to deliver a multi disciplinary and multi professional service, with clear pathways for those with a diagnosis and without a diagnosis. The pathway currently sits almost entirely within GSTT.</p> <p>Meeting with GSTT colleagues has begun to map out existing pathways. Colleagues note that there is a small presence of CAMHS but service would be enhanced if this resource was increased. Have also commented that a holistic service across education, health & care would be best model.</p> <p><u>Recommendation Seven:</u> A task and finish group to be convened to progress work already in train which recognises the need for an improved multi disciplinary pathway <i>NB This links with recommendation above regarding new pathways between Community Paediatrics & SLaM</i></p>
--	--	--

		<p><u>ADHD Pathway</u> in Southwark is unusual with all cases managed within CAMHS. There is a suggestion that Community Paediatrics should also be involved. This should link with item above re closer working with Community Paediatrics and with proposed work on the ASD Pathway</p> <p><u>Recommendation Eight :</u> A task and finish group to be convened to progress work already in train which recognises the need for an improved multi disciplinary pathway <i>NB This links with recommendation above regarding new pathways between Community Paediatrics & SLaM</i></p>
<p>B2</p> <p>Services for Children & Young People with conduct disorder</p>	<p>Establish a service that achieves the outcomes of the former Functional Family Therapy service.</p>	<p>A working group was set up in April 2019 to consider the scope of information and evidence that would be required to determine whether a Conduct Disorder (CD) Service should be established. This multi agency group has continued to meet but progress remains stalled.</p> <p>CSC has continued to evolve services to include CD within the offer of KFT and YOS. However, a gap appears to remain in terms of referrals to CAMHS from GPs, schools and Family Early Help.</p> <p>Research has been provided to the Steering Group as to good practice models but a robust gap analysis remains outstanding</p> <p>A separate paper has been produced (June 2020) with recommendations which will progress a commissioning decision through to a conclusion.</p> <p><u>Recommendation Nine:</u> Steering Group to consider paper submitted to June 2020 meeting and confirm next steps (Appendix One)</p>

<p>B3</p> <p>Parental Mental Health Service</p>	<p>This nurse-led service provides mental health assessment and support for parents over 18 years old who have mental health difficulties and have children under five years old. The future of the service should be considered in the context of:</p> <ul style="list-style-type: none"> • greater support for the staff: in terms of mobile and flexible working and in terms of psychological support • funding security: commissioners to move away from annual funding • expansion of the service: to families with children over five 	<p>A regular reporting schedule has been established by the service as part of the councils' SLA with SLaM which is demonstrating a need for the service and that the service is delivering good outcomes.</p> <p>The council has commissioned this provision until March 2022.</p> <p><u>Recommendation Ten:</u> The review questioned whether there is scope and need for the Parental Mental Health Service to be extended beyond the current age limit of 5. Much of the activity is based in Southwark's Children Centres which may be a barrier to this potential development. The service has been asked to comment upon the need and potential for this development – to be reported back to the Steering Group in September 2020. This should also include joint working with the Head of Clinical Services in Children's Social Care for this purpose.</p>
<p>Cross Cutting Organisational Change (C)</p>		
<p>C1</p> <p>System Leadership</p>	<p>Leadership Group takes responsibility for driving forward these recommendations.</p>	<p>Leadership Group with senior representation from the council, CCG, SLaM, GSTT, schools and voluntary sector was formed into a Steering Group with clear Terms of Reference to oversee that the recommendations of the CAMHS review have been implemented.</p> <p>Progress has been reported to the Steering Group on a regular basis and further reported into the Mental Health Strategy Programme.</p> <p>Some progress was affected by Covid priorities but activity on all of the issues</p>

		<p>being tracked by the Steering Group has been re-instated.</p> <p>There remains some further work to be completed which is highlighted within the body of this report, prioritisation of which will be agreed at the Steering Group in June 2020, taking account of the changed post Covid landscape</p>
<p>C2</p> <p>Workforce</p>	<p>Produce an overarching Workforce Strategy including but not limited to a SLaM CAMHS strategy</p> <p>Whilst a workforce strategy is being developed, the recommendation is that all CAMHS vacancies should be considered collectively.</p> <p>Service-specific recommendations are to:</p> <ul style="list-style-type: none"> • Explore sharing the small neurodevelopmental service with other boroughs and recruiting nursing, including a nurse prescriber, and therapies. • Review the deployment, capacity, and outcomes delivered by the Parental Mental Health 	<p>A Southwark Emotional Well Being and Mental Health workforce strategy has not been completed. Presentations have been made by Health Education England (HEE) and Healthy London Partnership (HLP) (January 2020) to SEL colleagues to describe their leadership role in terms of a London wide and national consistent CYP Mental Health workforce strategy and further information on progress is awaited.</p> <p>However, SLaM has established a CAMHS workforce strategy. This concentrates on hard to fill posts, recruitment/retention incentives and initiatives, eg. nursing associate posts and apprenticeships. Work is currently underway to finalise the workforce planning tools which will ensure optimum use of staff resources .</p> <p>There has been recruitment across teams and SLaM reports NDT recruitment as improved. The NDT service is currently working closely with CSC to consider the enlargement of the tier 2 CAMHS Family Early Help Service to transfer the mild/moderate cases that CAMHS NDS currently holds which will provide additional capacity for NDS to support more complex assessments and interventions.</p> <p>The Parental Mental Health staff team have been recruited to permanent contracts, with a drive to employ all qualified staff in the team. Non-qualified staff can apply for apprenticeships. The service has set up a quarterly reporting regime which feeds into the council's 2019/20 Performance Challenge reporting. Discussions are continuing with the service leads to explore the possibility of extending the remit beyond age 5 which would allow for continuity</p>

	<p>Service against available funding and appoint permanent staff to this steam and offer career development to non-qualified staff.</p> <ul style="list-style-type: none"> • Further develop new ways of working suggested by SLaM in their self-assessment, including drop-in triage clinics, group-based interventions, and technology-based interventions such as supported self-help and Skype consultations 	<p>and consistency of support for parents with older children (see above Recommendation Ten)</p> <p>Successful new ways of working have been developed from the Covid challenge. This includes group interventions and a huge shift towards technology based interventions. It is intended that these interventions will continue as part of the overall offer.</p> <p>Supported self-help has been greatly increased by the advent of the CWP service, offering evidence based intervention alongside this.</p> <p>SLaM reports that the development of the new CAMHS workforce is becoming embedded in the service.</p> <p>The KOOH workforce has been expanded to allow for the contract enhancements from 1May and the role of the Integration and Participation workers (I & P) has been adjusted to allow for a greater online presence during the Covid challenge</p> <p>The local authority clinical lead has been working closely with Groundwork to support Groundwork's recruitment of appropriately skilled staff and has supported their developing relationship with SLaM which will bring benefits over time in terms of synergy across the two services.</p>
<p>C3</p> <p>Addressing Service User Cancellations and DNAs (Did not Attend)</p>	<p>Building into proposed single point of access systems functionality to improve attendance rates</p> <p>Reviewing the language used in</p>	<p><u>Improve DNA rates</u></p> <p>SLaM's DNA rate 2019/20 averages 10.25%. This average is in line with national DNA rates.</p> <p>SLaM has introduced a robust follow up and tracking system for ensuring that no referral is un-actioned within their system, including liaison with referrers</p>

	<p>appointment correspondence</p> <p>Offering more appointments in local venues</p>	<p>and direct contact with the young person/family in the event of DNA . A similar process is employed for those who appear to be on waiting lists for excessive periods, with SLaM undertaking regular contact and offering alternative provision where appropriate. A number of young people/families elect to remain on waiting lists which significantly impacts upon ‘referral to assessment’ average timescales. SLaM submits monthly contract reporting including exception reporting which is scrutinised by commissioners.</p> <p>At the present time there is no profiling of DNA which would be useful in ensuring that more vulnerable children/young people can be identified and provided with a more bespoke service.</p> <p><u>Recommendation Eleven</u> SLaM to consider profiling of DNA service user characteristics, to include CSC (Children Social Care) status, to ensure accessibility to provision is fit for purpose for all referrals</p> <p><u>Review of correspondence</u> Since completion of the CAMHS review, SLaM has internally reviewed and improved their service user correspondence to provide greater clarity in their messaging.</p> <p><u>Recommendation Twelve</u> SLaM use the opportunity afforded by the CAMHS Council membership to involve service users in a follow up review of correspondence</p> <p><u>Appointment Venues</u> Appointments are held in numerous venues across the borough. The majority take place with SLaM clinics based at Denmark Hill, but there is significant activity within the wider community, including appointments held at schools and children centres and, as and when appropriate, within family homes (particular the Assertive Outreach Team). The choice of venue is determined by the prevailing clinical need.</p>
--	---	---

		<p>SLaM is working in partnership with The Nest provision (see above) to enable the premises occupied by The Nest to be utilised for assessment and treatment purposes as an alternative to using more traditional clinic bases. This is also advantageous as it will enable a timely through put of referrals from The Nest into SLaM as and when appropriate.</p>
<p>C4</p> <p>Information Technology and Data Sharing</p>	<p>A working group be established to</p> <ul style="list-style-type: none"> • consider short-term measures to increase interoperability between systems, including reviewing data-sharing protocols • consider how the Local Care Record project could be extended to children and young people’s records • develop longer-term solutions to effective information sharing across Southwark. • prepare options for a joint “dashboard” for all organisations 	<p><u>Increase interoperability, inc. data sharing</u> Partnership Southwark has established a ‘linking and sharing data’ work stream which should inform any barriers to progressing this work.</p> <p><u>Local Care Record</u> No action reported. Awaiting response from colleagues re this being a realistic expectation.</p> <p><u>Joint data dashboard</u> Some work has commenced on a joint dashboard in response to Southwark’s target to reach 100% of those children & young people requiring EW&MH support. At present this is considering access numbers only. Performance and outcome monitoring to be considered further.</p> <p><u>Access to mobile technology</u> The impact of Covid has resulted in good access to off site and mobile technology, including secure working from a number of venues, including home working, for all staff</p> <p><u>Reporting to NHSE, inc all relevant activity</u> SLaM has undertaken a rigorous review of their data reporting to NHSE and all submissions are now compliant with Mental Health Services Dataset (MHSD) requirements. This submission includes recording of all activity, including</p>

	<p>(commissioned and in-house) to track performance and progress.</p> <ul style="list-style-type: none"> • Organisations should seek to ensure that community staff have access to mobile technology which will enable them to work in settings outside the organisation including community venues. • All relevant activity should be reported in the NHSE return. This should be included in any contracts for newly commissioned services from the voluntary sector. • Consultation and informal advice provided by SLaM should if possible be included on SLaM systems. It is recognised that this could impact on staff time, therefore 	<p>consultations and advice as per the definitions within the MHSD guidelines</p> <p><u>Recording of sibling information</u> It is now possible for SLaM to identify where there is a sibling also within their services (subject to consent) and therefore to potentially manage cases, where appropriate, with a family centred approach</p> <p><u>Recording of CAMHS finance data to NHSE</u> No further action required</p> <p><u>Recommendation Thirteen</u> A task and finish group should be convened to understand the impact of Covid on information technology and data sharing, taking account of relevant outcomes from the CAMHS review , but recognising that the response to Covid has moved some of the issues into different solutions</p> <p>Joint data dashboard to be progressed, particularly to track outcomes and track outcomes by discrete groups</p>
--	--	--

	<p>discussion should take place with and within SLaM about the feasibility of this. It is important that a large amount of CAMHS activity in terms of advice and consultation is going unrecognised .</p> <ul style="list-style-type: none">• The SLaM system should be updated to allow practitioners to see whether a sibling is in the same service, subject to consent from the young person/parents/carers.• Investigation should take place as to why information on the NHS Digital site regarding CAMHS finance data is incorrect and this should be corrected as soon as possible.	
--	--	--

Summary of Recommendations

Recommendation One : Access to information, advice & guidance

Work is already in train to develop a comprehensive directory of EW & MH support services should be completed, in co-production with service users, by September 2020.

Recommendation Two : Efficiencies in referral processes

SLaM has noted that there would be efficiency in GPs pre-populating referrals via EMIS. This system should be implemented by September 2020 and confirmed to the September Steering Group as complete.

Recommendation Three: Assertive Outreach

SLaM is intending to redesign the Assertive Outreach pathway, working in close liaison with the South London Partnership. Progress to be reported to September Steering Group, with a view to full implementation of a new delivery model by October 2020

Recommendation Four : SLaM interface with Community Paediatricians

A task and finish group should be convened to consider and develop new pathways between community paediatrics and SLaM to ensure improved multi disciplinary working . Progress to be reported back to Steering Group end September 2020.

Recommendation Five : Transition

Steering Group to receive regular update reporting from AMHS Transformation Programme to ensure good progress on development of a 0 – 25 service .
Young Advisors to be involved in this programme of work
NB. See separate section re. development of PBS service

Recommendation Six : Positive Behaviour Service

Steering Group in June 2020 to advise how proposals for a new PBS can be commented upon and progressed through to a piloting phase

Recommendation Seven and Eight : ASD & ADHD Pathways

A task and finish group to be convened to progress work already in train which recognises the need for an improved multi disciplinary pathway
NB This links with recommendation above regarding new pathways between Community Paediatrics & SLaM

Recommendation Nine : Conduct Disorder Service

Steering Group to consider paper submitted to June 2020 meeting and confirm next steps (Appendix One)

Recommendation Ten : Parental Mental Health

The review questioned whether there is scope and need for the Parental Mental Health Service to be extended beyond the current age limit of 5. Much of the activity is based in Southwark's Children Centres which may be a barrier to this potential development. The service has been asked to comment upon the need and potential for this development – to be reported back to the Steering Group in September 2020. This should also include joint working with the Head of Clinical Services in Children's Social Care for this purpose.

Recommendation Eleven : DNA profiling

SLaM to consider profiling of DNA service user characteristics, to include CSC (Children Social Care) status, to ensure accessibility to provision is fit for purpose for all referrals

Recommendation Twelve : SLaM 'easy read' Correspondence

SLaM use the opportunity afforded by the CAMHS Council membership to involve service users in a follow up review to ensure clarity of message

Recommendation Thirteen: Date and IT

A task and finish group should be convened to understand the impact of Covid on information technology and data sharing, taking account of relevant outcomes from the CAMHS review , but recognising that the response to Covid has moved some of the issues into different solutions.

Joint data dashboard to be progressed, particularly to track outcomes and track outcomes by discrete groups

Further recommendations

Develop work around the Thrive model to increase access to universal support, inc. further development of social prescribing (referencing HLP research)

Appendix One

Conduct Disorder Provision : Update briefing paper June 2020

A CAMHS working group was set up in April 2019 to consider the need for a conduct disorder service in Southwark. Since that time there has been a number of multi agency meetings to discuss the way forward, but, to date no clear evidence of service gaps has been formulated which would inform a decision as to whether investment in provision is required.

It is important to note that there had been a Functional Family Therapy (FFT) service (allowed for in the CCG CAMHS contract) which, for reasons noted as 'staffing difficulties', ceased in 2018.. It is known that the final remaining staff member within the FFT service was placed with Southwark's Children Social Care Clinical Service in July 2018 for 6 months (prior to retirement). This time was used primarily in developing and delivering seminars and supervision on using FFT with young people with conduct problems.

The FFT team had funding of approximately £320K, made up of £193k local authority funding and £124K CCG funding.

The following is a summary of the current position :

Southwark does not have access to NICE compliant services for all young people in the borough with conduct problems. However, the Keeping Families Together (KFT) service in Children's Social Care (CSC) meets the NICE criteria, and Youth Offending Service (YOS) clinical staff have training in use of Family Functional Therapy techniques and has increased staffing funding by the local authority in comparison to other local authorities.

It is not evident that there has been a significant impact of the FFT team's closure on children involved with CSC and the YOS. Within CSC the KFT team complies with NICE guidance on treating conduct disorder, and there is significant specialist clinical provision within the YOS from staff experienced and skilled in working with young people who would meet the criteria for conduct disorder (from both the CAMHS in-reach team, and the in-house clinical staff, who have had training in delivering FFT informed family work for conduct disorder).

CSC is in the process of exploring further intensive options for adolescents with conduct problems, via a newly configured adolescent service within CSC/YOS and is exploring being involved in the 'Whatever It Takes' (WIT) trial.

CSC would not expect to fund additional provision with local authority monies given their already significant investment in intervention provision in this area.

Pathways through CSC are NICE compliant

Benchmarking with SEL CCGs (Lewisham and Bexley) has identified that their Conduct Disorder provision sits in YOS. Southwark already has significant clinical/CAMHS staffing in the YOS as compared with other boroughs, including staff trained in FFT techniques, however they do not currently have an intensive provision offer.

CAMHS is not set up to be able to offer an evidence-based provision specifically for young people with significant conduct problems presenting via school, FEH, or GPs (i.e. those not known to CSC or YOS). This means that 11-17 year olds with conduct disorder who are NOT at risk of care entry are either not receiving appropriate treatment or are not receiving treatment.

Discussions with CAMHS clinicians have ascertained that there are definitely c&yp who present to CAMHS with Conduct Disorder but who are typically seen by clinicians within other parts of the service.

There is a lack of data around the needs of this cohort. Data provided to support the need for a specific CD provision appears inconclusive for the following reasons:-

Case review period is only one month (Sept 2018)

- 40% are noted as presenting through YOS, although there would appear to be provision for YOS within existing arrangements (see above)
- About 50% went onto receive an intervention (although clinicians note that this most probably would not have been the most ideal appropriate intervention)
- About 1/3 did not receive an intervention, reasons for which are either not recorded or due to lack of engagement
- There is limited data on outcomes for any of those who received intervention

Recommendation

There is insufficient evidence at this time to proceed to jointly commission a Conduct Disorder Service. It is therefore proposed that:-

1. SLaM CAMHS undertake a 3 month recording and analysis of relevant presenting cases from July 2020 through to September 2020 to include :-
 - Presentations which ideally would have received CD intervention
 - Referring source
 - Actual intervention provided
 - Initial outcomes for those young people
 - Nos. not engaging and possible reasons for this

It would be helpful if the views of GPs, schools and families could be included for this research

2. SLaM to explore the training needs of current clinicians which may enable more relevant clinical interventions for this group, and without the necessity for a discrete service
3. CCG to ascertain if funding for this provision remains with SLaM, and, if so, the extent of the underspend which might be applied in the event of a decision to establish a service
4. Integrated Commissioning to review above in Oct/Nov 2020 and conclude whether or not a Conduct Disorder service should be established within CAMHS, including arrangements for integrated working with CSC. (A paper which details the range of service options has previously been circulated to the EW&MH Steering Group). Conclusions to be circulated to Steering Group as required.

HR 21.7.20