

Southwark Child and Adolescent Mental Health Commission

Monday 7 October 2019

5.00 pm

Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

Invitees

Councillor Jasmine Ali
Rt Hon Harriet Harman QC MP
Emily Barlow
Louise Bauer
David Brindle
Andy Elvin
Anita Frier
Peter Hay CBE
Nancy Hey
Dr Margaret Murphy
Dr Matthew Patrick
John Poyton
Emma Thomas
Rianna Walcott
Peter Wilson

In Attendance

Cassie Buchanan
Professor Kevin Fenton
David Quirke-Thornton
Genette Laws

INFORMATION FOR MEMBERS

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Date: 4 October 2019



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Order of Business

Item No.	Title	Page No.
1.	INTRODUCTION AND APOLOGIES	
2.	OPENING	
	The hopes of Southwark young people for this Commission	
3.	THE CHILDREN'S COMMISSIONER	
	The challenges we face as a country: overview from Anne Longfield, Children's Commissioner for England, followed by brief questions	
4.	MOTHER OF THE HOUSE	
	The relevance of the Commission to families and society: reflections from Harriet Harman QC MP, followed by brief questions	
5.	THE COMMISSION	1 - 124
	Reports to be introduced for future reading:	
	<ul style="list-style-type: none">A Values-Based Child and Adolescent Mental Health System Commission, introduced by Professor Kevin FentonA Review of Child and Adolescent Mental Health and Emotional Wellbeing Services in Southwark, Genette Laws	
6.	THE SOUTHWARK VISION	
	Overview from Councillor Jasmine Ali, Cabinet Member for Children, Schools and Adult Care, followed by brief questions	

Item No.	Title	Page No.
7.	TERMS OF REFERENCE	125 - 126
	An open floor discussion on the scope of the Commission; to agree the Terms of Reference and any proposed amendments	
8.	WORK PROGRAMME AND DATE OF NEXT MEETING	127
	Proposed work plan and schedule for 2019-2021	

Date: 4 October 2019

THE VALUES-BASED CHILD AND ADOLESCENT MENTAL HEALTH SYSTEM COMMISSION



What really matters in children and young people's mental health

SUMMARY DOCUMENT

About this report

This is the summary report of the Values-Based Child and Adolescent Mental Health System Commission. The Commission looked at the children and young people's mental health system from many perspectives and recommends significant and far-reaching changes. The Commission was supported by the Dinwoodie Settlement, the Faculty of Child and Adolescent Psychiatry of the Royal College of Psychiatrists, the Children and Young People's Mental Health Coalition and Young Minds.

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Baroness Claire Tyler

Steering Committee

Professor Dame Sue Bailey Chair, Children and Young People's Mental Health Coalition

Dr Peter Hindley (convenor) Chair, Faculty of Child and Adolescent Psychiatry, Royal College of Psychiatrists

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Contents

Commission terms of reference	2
Context: why another commission?	4
What is a values-based approach?	6
Key findings	8
Values	9
Challenges of adopting a values-based approach	10
Recommendations	11
References	13



Commission terms of reference

- 1 To examine the role of values (what is most important to children and young people, parents and carers, service providers, referrers and service commissioners) in child and adolescent mental health services (CAMHS).
- 2 To examine how any differences in the implicit values of the different constituents of CAMHS (see above) affect the commissioning of CAMHS.
- 3 To examine how any differences in the implicit values of the different constituents of CAMHS (see above) affect the development and delivery of CAMHS.
- 4 To seek best practice as to how working with these differences can lead to better commissioning and provision of CAMHS.
- 5 To examine evidence of why and how service providers use children and young people's participation to improve service development and service delivery.
- 6 To examine evidence of why and how service providers use parents' and carers' participation to improve service development and service delivery.
- 7 To examine evidence of why and how commissioners and managers use children and young people's participation to improve the management and commissioning of CAMHS.
- 8 To examine evidence of why and how commissioners and managers use parents' and carers' participation to improve the commissioning and management of CAMHS.

- 9 To develop recommendations for service providers, commissioners and managers to use working with differences in values to improve service.
- 10 To develop recommendations for training for service providers, commissioners and managers.
- 11 To develop recommendations for the education and training of CAMHS staff.
- 12 To develop recommendations to key organisations (Department of Health, NHS England, Directorate of Health and Social Care (Scotland), Department of Health and Social Services (Wales), Department of Health (Northern Ireland), etc.).

Context: why another commission?

The mental health and well-being of children and young people has never been of greater concern. Nearly every day a new story breaks: concerns about rising levels of self-harm, eating disorders and depression; concerns from head teachers that schools are struggling to support pupils with mental health problems and are unable to access advice; difficulties in accessing mental healthcare; and fears that the internet acts as a malign force in children's lives. Perhaps of greatest concern, however, is the fact that these challenges have persisted despite a series of national reports highlighting the problems and offering well-considered solutions: 'Just one more report and we'll get it right', seems to have been the strategy.

Over the past 5 years major reports from England, Wales, Northern Ireland and Scotland have catalogued concerns and suggested solutions.¹ A little further back, the *National Service Framework for Children, Young People and Maternity Services* (Department of Health, 2004) set out solutions to many of the same problems. Reports on child welfare and protection have highlighted similar issues.

An important theme that stands out from these reports is the need to consider services for children and young people with mental health problems within the wider system in and by which they are supported: families and communities, schools, health and social care, and the voluntary sector.

This was the key starting point for the Values-Based Child and Adolescent Mental Health System Commission. In taking a whole-system approach we wanted to explore and understand how different values might drive decision-making, behaviours and practice within and between the various components of this wider system.

Our Commission therefore aimed to look at the issues through a different lens. While the findings we set out here are broadly consistent

1. In England, *Future in Mind* (Department of Health & NHS England, 2015), *The Five Year Forward View for Mental Health* (Mental Health Taskforce, 2016) and *Implementing the Five Year Forward View for Mental Health* (NHS England, 2016). In Wales, the Together for Children and Young People multi-agency programme (Welsh Government, 2015). In Northern Ireland, the *RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland* (Regulation and Quality Improvement Authority, 2011). In Scotland, the mental health of children and young people was included in the Scottish Mental Health Strategy 2012–2015 as part of the overall plan (The Scottish Government, 2012), which informed the Children and Young People's Act (Scotland) 2014.

with those of our predecessors, we have adopted an explicitly values-based approach to the issues. In doing so, we have sought to build on earlier reports by considering how a values-based approach can help to achieve our shared aspiration – improvements in the mental health and well-being of children and young people. It is hoped that our recommendations will help to bridge the gap between the challenges consistently identified by other reports, and successful realisation of their recommended actions.



A key challenge for anyone working in contemporary health and social care provision is 'initiative fatigue'. It seems there is always someone eager to urge us to adopt this or that new approach, with the implication that everything that has been done to date has at best been imperfect, if not wrong altogether. By contrast, values-based practice in the model adopted by the Commission is about empowering both service providers and service users to understand and build on their own and others' good practice.

The Commission took as its starting point a recognition that tensions within and between stakeholders arise in part, but very importantly, from differences in the values inherent in their working processes and approach. To address these, the Commission drew on the resources of values-based practice.

What is a values-based approach?

By 'values' in this context we mean 'what matters' or 'what is important' to those concerned. The tensions can thus be understood as arising from differences between stakeholders in what matters or is important from their particular perspectives, such as ease of access to services and evidence of their effectiveness. Unacknowledged, such differences can lead to failures of communication and other barriers to joined-up care provision. These same differences though, if understood as differences of perspective on what matters, are not irreconcilable. Rather, they can usefully be regarded as differences of emphasis. When they are openly acknowledged and understood by all parts of the system, it is possible to develop a framework of shared values within which balanced decisions can be made in partnership between those involved, acting in the best interests of children and young people and meeting their mental health needs.

This is where values-based practice is important. Always working in partnership with evidence-based practice, values-based practice provides the skills and other resources needed to support balanced decision-making between stakeholders, within a framework of shared values (valuesbasedpractice.org).

Methodology

The Commission brought together individual, professional and sector representatives from across the child and adolescent mental health system: young people, parents, education, social care, child and adolescent mental health services (CAMHS), commissioners and voluntary organisations. Almost 120 submissions were received in response to our call for evidence and from all four jurisdictions of the UK. The Commission also took five sessions of oral evidence, and the Commission Chair and the convenor spoke to key individuals. In addition, the Commission convenor and one of the young people carried out a site visit to Liverpool CAMHS, which provides comprehensive services from tier 2 to tier 4, with close links to schools and primary care. The Commission convenor also spoke to a wide range of individuals who had submitted written evidence.

We applied values-based thinking to all aspects of the Commission. Its work as a whole was informed by an extended period of preparatory research, including a structured literature review and qualitative primary research on stakeholders' values.

At the Commission's first meeting, the Commission members participated in a brief training exercise to develop their awareness of differences in values, which helped to shape our later lines of questioning. For example, we focused more than previous commissions on staff values and on evidence of what works well, as well as what hinders the most effective practice. This in turn guided our findings and recommendations.

Our inquiry gathered examples of practice which, in the view of the Commission, demonstrated successful whole-system support for children and young people's mental health and well-being. Our analysis of the written and oral evidence has identified practical solutions to the problems that face this complex system, and some of the values-based approaches that could be adopted to support their successful implementation.

Our report is a synthesis of this information, not a systematic review. It reflects the diversity of practice across the system and provides examples of how a wide range of stakeholders are working to solve the problems that confront them. We found many individual examples of best practice in joined-up, whole-system approaches. Yet, a striking finding was the overall sense of disjunction between different services and the wider system, particularly in the relationships between schools and between education and other parts of the system.



Key findings

- 1 The lack of a shared language and approach for describing outcomes for children and young people is hampering inter-agency working.
- 2 Schools and the wider education sector are a key component of the child and adolescent mental health system, but they feel disconnected from other parts of the system.
- 3 There were several examples of whole-system transformation, but there were also persistent concerns that these are not adequately funded.
- 4 Whole-system leadership is crucial to delivering system transformation, but is not always encouraged and nurtured.
- 5 The workforce is vital for realising effective service transformation, but often feels excluded and devalued.
- 6 Co-production with children, young people, parents and carers is not only good for services, it is also good for children and young people and helps them to achieve optimal outcomes.
- 7 In-patient services need to be managed and commissioned as part of a whole system, and should include the full range of crisis services and alternatives to in-patient treatment.
- 8 Long-term, sustainable relationships between service providers, commissioners, and children and young people are crucial to delivering effective service transformation.

In the implementation-oriented model adopted by the Commission, shared values are important as the starting point for values-based practice and for addressing our key findings. These are underpinned by the 'best interests' principle enshrined in the Children Act 1989, which remains vital and itself embodies welfare and human rights-based values that are undoubtedly shared by all stakeholders.

Values

The Commission recommends that the following values should be shared, and explicitly adopted, by all those working in the child and adolescent mental health system.

Equal partnership We value children, young people and parents as partners with an equal voice.

Empowerment We value empowering children and young people to understand their mental health as a critical contribution to their health and well-being.

Workforce We value the workforce who are providing the services, care and support.

Whole system We value working together across sectors, recognising that we all have responsibility for the mental health of children and young people – no one sector, or part of society, can do this alone.

Leadership We value leadership at all levels, especially system leadership.

Long-term relationships We value the power of long-term relationships as a critical factor in promoting and supporting children and young people's mental health.



Challenges of adopting a values-based approach

The overall purpose of the Commission in exploring a values-based child and adolescent mental health system was to promote good outcomes for children and young people's mental health. As already noted, however, there can be tensions between stakeholders arising from unacknowledged differences in values. In other words, while all stakeholders have a shared values base for promoting good outcomes for children and young people's mental health, they have different perspectives on what matters or is important in achieving these.

The Commission believes that the development and application of values-based practice within the wider child and adolescent mental health system provides a new opportunity to transform our shared aspirations into sustainable improvements in practice. It further recognises the need for values-based thinking to be applied across the system as a whole for effective implementation of a values-based approach.



Recommendations

The Commission recommends the following actions as a series of concrete steps necessary for achieving the adoption of these values across the system of services and government.

- 1 **Establish a values-based child and adolescent mental health system network.** The workforce needs opportunities to share and explore their values and their practice implications, and the ability to exchange best practice in a safe space. The network would bring together all parts of the system to achieve this.
- 2 **Adopt shared values for the child and adolescent mental health system.** The departments of state of national administrations and jurisdictions should consider whether they could adopt the Commission's proposed shared values as the basis of a common set of shared outcomes expressed in a common language to guide their work with children and young people.
- 3 **Recognise the role of schools and fund them appropriately.** Governments should formally recognise schools as a crucial component of the child and adolescent mental health system, in the following ways.
 - Undertake mental health impact assessments to ensure that both schools/education policy and wider government policy and legislation are not detrimental to children and young people's mental health.
 - Help schools to develop a framework for empowering and enabling children and young people to better understand their own mental health and to advocate for themselves. Schools should be able to teach children and young people about mental health in the same way they teach them about literacy or numeracy.
 - Ensure that schools are able to identify mental health issues and can easily signpost pupils to relevant support, either within the school or their local community, and have the accountability to do this.

Training

- 4 **All training for the children’s workforce – from clinicians to youth workers – should include training in values-based theory and practice**, including an exploration of what matters to clinicians and patients, with the aim of developing a community of shared practice.

Service improvement

- 5 **Co-production with young people and parents** should be at the heart of all recovery, service redesign, commissioning and training.
- 6 **Single point of access referral systems** should be appropriately resourced to provide access to the full range of services, from support through to diagnosis and specialist intervention.
- 7 **Clinical pathways to and from in-patient admission should include access to alternatives to admission**, such as crisis intervention teams and home treatment teams. These should be jointly commissioned or managed with in-patient care.
- 8 **Commissioners of CAMHs should establish sustainable relationships** with provider partners and young people.
- 9 **Whole-system leadership** should be characterised by a collaborative and mutually respectful approach, and include the active participation of clinicians from specialist services.

Research to support development of a values-based child and adolescent mental health system

- 10 Further research is needed in the following areas:
 - the relationship between co-production, values (what matters) and recovery in children and young people with mental health problems
 - staff values (what matters): this is an important and under-researched contribution to understanding why co-production and other aspects of service improvement have proved so difficult to implement in a sustainable way.

Next steps

Subject to continued funding, members of the Commission plan to work with others on implementation plans that include the role of staff recruitment and staff training in developing a values-based child and adolescent mental health system.

References

Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services*. Department of Health.

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The Scottish Government (2012) *Mental Health Strategy for Scotland 2012–2015*. The Scottish Government.

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Review of Child and Adolescent Mental Health and Emotional Wellbeing Services in Southwark

September 2018

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Contents

1. Executive Summary	3
2. Context	7
3. Demographic factors	9
4. Scope of this review	10
5. Key Findings and Recommendations	12
Appendix A: Strategic Context	27
Appendix B: Engagement	29
Appendix C: Proposed I-Statements	36
Appendix D: Current services.....	37
Appendix E: Funding.....	50
Appendix F: New Models of Care and the South London Partnership (SLP)	56
Appendix G: Background to the Thrive Model	61
Appendix H: Existing Referral Processes	63
Appendix I: Progress on Improving Transition to Adult Services	69
Appendix J: Parental Mental Health Service	76
Appendix K: Workforce Numbers and Challenges.....	78
Appendix L: Detailed Activity Data and Benchmarking	82
Appendix M: Bridges to Health and Wellbeing in Southwark	102
Appendix N: National Indicators (for CAMHS and CCG)	105
Appendix O: References	106
Appendix P: Other reading	107
Glossary.....	108

1. Executive Summary

This review was jointly commissioned by Southwark Clinical Commissioning Group (CCG) and Southwark Council, with involvement from a wide range of stakeholders including children, young people, parents and carers.

We would like to thank all those who gave their time, documents, and thoughts to this review, and assurance is given that attempt has been made to take account of all the information and views offered.

There has been a sustained increase in presentations of mental-ill health amongst children and young people across England; whilst across South East London, the level of mental health needs of children and young people in Southwark are consistently amongst the highest.

The prevalence rate currently in use, i.e. 1 in 10 children and young people having a diagnosable mental health condition, is based on an Office for National Statistics (ONS) survey carried out in 2004. The ONS will be carrying out a further survey later in 2018. Given the reported increase nationally in children and young people presenting with emotional/mental health difficulties, it is likely that the prevalence figure is higher than the one currently being used, and which is being used by the NHS England (NHSE) Transformation programme aimed at increasing access to services for children and young people with a diagnosable condition.

Whilst the review found evidence of numerous good and excellent support services across Southwark, we also identified significant challenges. The evidence suggests that local services for children and young people are currently stretched. Central government grants to the local authority that have helped support Child and Adolescent Mental Health Services (CAMHS) funding in the past have now ceased and increases in Transformation funding through NHS England to the CCG have significant targets of their own attached.

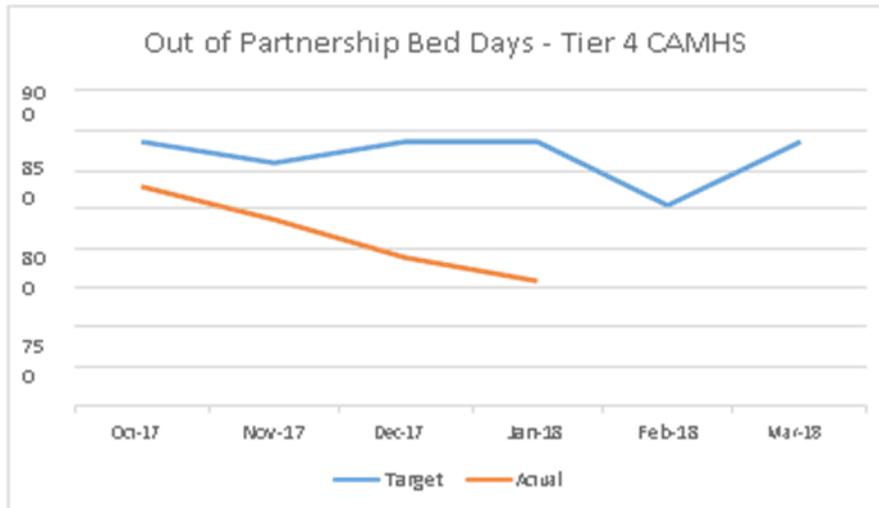
The access target set by NHSE in the 2016 Five Year Forward View for Mental Health is that 35% of children and young people with a diagnosable mental health condition should be able to access NHS services by 2020/21 (against the 2015 baseline). This target demonstrates the continuing lack of parity between mental and physical health. There are data capture issues. For example the figures only capture children and young people who are seen and treated directly; help provided indirectly through other professionals and parents/carers is not captured, and this means that the percentage may be understated in terms of actual activity. Southwark is currently at 24%, better than most Southeast London boroughs but a long way from where we would wish to be.

In comparison with other neighbouring boroughs, Southwark funding for CAMHS is generous and specialist services in Southwark are seen to be achieving correspondingly more; they have lower waiting times and more appointments offered, and are strongly valued by those who access them.

Funding comparison with other areas is difficult because the only published spend relates to CAMHS, not to other services. Benchmarking against the three other boroughs served by SLaM shows Southwark having the highest spend per head of prevalent population, the second lowest cost per appointment, (more appointments being offered) and considerably more appointments offered per whole-time equivalent staff (see Appendix L).

There is evidence that access to local inpatient beds for children and young people is improving. The New Models of Care programme being managed by the South London Partnership (see Appendix F) is demonstrating success in reducing the need for children and young people to be placed a long way from their homes: the below graph shows bed days for

South London children and young people placed outside the South London Partnership (SLaM, Oxleas NHS Foundation Trust and St Georges Mental Health NHS Trust)- the steady decline indicates success both in preventing admission and in placing children locally when they are admitted.



Both Southwark CCG and Southwark Council are committed to improving services and outcomes for children and young people, working with key local partners including South London and Maudsley NHS Foundation Trust (SLAM), our primary provider of CAMHS services, and with our local voluntary and community sector, youth justice, early years and schools.

In too many areas of England, services are locked into a “vicious circle” where increasing demand for high-acuity, specialist help leaves fewer and fewer resources available to help children and young people not yet at this level of need, building up greater demand for the future.

We recognise that we will need to work differently. This will mean investing in universal and targeted services that help promote mental wellbeing and prevent mental-ill health, in a way which improves support for children and young people whilst also relieving growing demand and pressures on our specialist services.

Engagement with families (Appendix B) indicated that a holistic/family approach to provision is wanted:

“Organisations should work more closely together to provide a more holistic service for children and young people and meet all of their needs, including considering a family approach where it is needed/relevant to the child’s needs. Feedback indicated that there is a lack of holistic support for CYP and their parents/carers – services are not connected in any way and don’t work together to support the needs of the young person “

Specialist CAMHS services will always be an important part of the support and care we offer. However, working with colleagues and communities across Southwark, this review has also sought to identify new opportunities to promote overall emotional wellbeing. These involve changing the way our services and systems work with each other and those they support.

There is a need to strengthen early intervention (“early” meaning prevention of escalation as well as primary prevention) and increase efficiency across the system to ensure that maximum benefit is derived from investment made.

All parts of the system-universal provision funded by the council and schools, targeted provision for vulnerable groups such as Looked After Children, young offenders, or children with Special Educational Needs and Disability (SEND)-are linked and any change in financial support to one part of the system affects the whole. Budget reductions in universal services can be expected to impact on specialist ones.

In the long term, the preferred service design, taking into account what was said by all stakeholders during this review, would be a strong locality-based service offer, inclusive of both SLaM CAMHS, the voluntary sector, social care Early Help and children’s community health services and aligned with adult mental health services and primary care as well as schools. As the Bridges to Health and Wellbeing population-based commissioning programme (Appendix M) progresses, this needs to be held as the desired goal. It is recognised that pathways and provision are currently too complex to allow for this and CAMHS staffing insufficient for it to be able to operate in this way. It is suggested however that a road map be created with steps along the way to achieving this, using Bridges to Health and Wellbeing as the vehicle.

The first steps will be to adopt a common language and a common conceptual framework for children and young people’s emotional wellbeing and mental health in Southwark. It is suggested that I-thrive (Appendix G) could provide this. There is no suggestion that this would need to be adopted as a model for SLaM CAMHS structure or mode of operation, it could simply be used as a means of giving all stakeholders a common language and framework within which provision can be located in a non-tiered way.

To achieve this, we are recommending that:

- 1. The Council and CCG continue to work together to take a Southwark-wide approach to funding and developing children and young people’s services**, with a focus on joining-up existing support, removing areas of duplication, and using opportunities to invest jointly in new preventative services that promote emotional wellbeing for all our children and young people and which provide intervention to avoid escalation into crisis necessitating hospital attendance or admission. A locality based integrated community service offer would be the desired long-term goal.
- 2. With the ongoing support of SLAM, identified opportunities to improve the efficiency of our acute and specialist services** (including reducing rates of Did Not Attends – DNAs – and user cancellations and improving the current workforce mix) are used to deliver greater access to help now, and to mitigate projected increases in demand in the future.
- 3. Transformation programmes are reviewed in line with the recommendations of this review**, to ensure that all available funding is being directed towards those activities which children, young people, families, carers and frontline professionals are telling us will have

the greatest impact, with a particular focus on universal and targeted services for those who do not currently reach the thresholds for accessing help.

Our recommended approach is to consider the future development of mental health and wellbeing services in Southwark in 3 related domains:

- A. Service transformation:** where significant system-wide change is required to improve access, simplify and streamline pathways for young people, parents and professionals, and improve the transition to adult services
- B. Service improvement:** where there is scope for improvements to existing services for specific client groups.
- C. Cross-cutting organisational change:** issues relating in particular to workforce, and IT that affect a wide range of services.

Together with recommendations on investment:

- **Current spend needs to be maintained to cope with current need**
- **Future funding, unless ring-fenced for a specific purpose, should be targeted at prevention and early intervention** as opposed to specialist services.
- **Open-access online and face-to-face non-specialist services** provided by qualified counsellors.
- **Behaviour support for children and young people with neuro-developmental disability (including learning/intellectual disability) and challenging behaviour** is an area requiring investment- families struggle to cope as young people become older and more challenging, and help which is provided early to enable parents/carers to better manage challenging behaviour can help avoid family breakdown and assist transition to adulthood. Such support programmes are normally provided by a team including nurses, therapists and psychologists. This group of children are, if their families become unable to cope any longer, most likely to require high-cost care packages.

The process of this review has already effected change; in no part of the system are we starting from scratch.

However, after a significant amount of engagement and analysis work (as reflected in the appendices to this report) there remain challenges in producing specific recommendations around current community-based services, where data and outcomes are not yet captured at the level of detail of CAMHS services provided by SLAM.

Further work will be required to establish a comprehensive framework for understanding and investing in better outcomes for all our children and young people, across all service areas.

There are nonetheless already clear areas where we can have an immediate impact, with strong support for both for making existing specialist services even better, whilst ensuring that services supporting broader emotional and mental wellbeing are effectively prioritised and funded.

2. Context

This review was jointly commissioned by Southwark Clinical Commissioning Group (CCG) and Southwark Council with involvement from a wide range of stakeholders including children, young people, parents and carers.

There has been a sustained increase in presentations of mental ill-health amongst children and young people across England. Current estimates suggest that at least 1 in 10 of those aged 5-16 are living with a diagnosable mental health condition, with 50% of all adult mental health problems established by age 14, and 75% by the age 24.¹

The Care Quality Commission Thematic Review of Children and Young People's Mental Health Services (CAMHS) conducted in 2017 concluded that in England

“many children and young people experiencing mental health problems don't get the kind of care they deserve. The system is complicated, with no easy or clear way to get help or support.”

The report (Are We Listening? CQC March 2018) identifies a number of themes applicable across England. Southwark was one of ten areas in which fieldwork was done.

The report cites two good practice examples for Southwark, one relating to a primary school and the other CAMHS.

Areas identified as needing to be addressed in Southwark were:-

- Partnership and transformation, to build trust, shared language and systems
- Join-up at strategic level
- Complex and fragmented services and pathways
- Gap in services below CAMHS threshold
- Ethnic and cultural diversity
- Support in schools
- Inclusion of children, young people and families in service design

The evidence and views obtained in this review support the findings of the CQC and the recommendations are intended to address these.

Local evidence suggests that services for children and young people are currently stretched, with emergency presentations at hospital having increased year-on-year since 2013. In parallel, Southwark Council has for several years made a funding contribution to the CAMHS service provided by South London and Maudsley NHS Foundation Trust (SLAM), currently amounting to just under £1.4m. The majority of this council funding has come from central government grants which have now ceased, and the increase in CCG funding through the NHS England Transformation Programme has conditions attached which require improved access and outcomes.² (Improved access from a baseline established in 2015).

This review has considered whether new or changed service models could reduce fragmentation and improve service access, bringing together commissioners, public health

¹ Please see [Appendix L](#) for current activity and benchmarking data.

² Please see [Appendix E](#) for details of CCG, council and transformation funding.

representatives, the CAMHS provider, individuals, families and communities to review current services and consider where and how opportunities may be found to do things differently.³

The Southwark Five Year Forward View for Health and Social Care sets out our vision for reducing service fragmentation, bringing budgets together, and developing outcomes-based commissioning to improve outcomes for key population groups through prevention, early intervention and the right targeted and specialist services where needed.

Together with the Southwark Joint Mental Health and Wellbeing Strategy 2018-2021 it captures our response to the challenges set out in the NHS Five Year Forward View and the Five Year Forward View for Mental Health, as well as our draft Joint Strategic Needs Assessment (JSNA) for Children and Young People's Mental Health.⁴

³ Please see [Appendix D](#) for details of current universal, targeted and specialist provision.

⁴ Please see [Appendix A](#) for further strategic context.

3. Demographic factors

Across South East London, the level of mental health needs of children and young people in Southwark are consistently amongst the highest. The percentage of school-aged pupils with social, emotional and mental health needs shows a similar pattern, with Southwark in 2016 being second highest at 2.7%, representing approximately 1200 children (0.4% higher than the England average). Potential factors include:

- **8,145 children were identified as having Special Educational Needs and Disability (SEND) in Southwark in 2017.** This is a decrease since 2011, but is higher than the London and national average, with children with learning disabilities at increased risk of having mental health problems.
- **Southwark has a higher number of Looked After Children than the London or England averages.** The number of Looked After Children in Southwark up to 2017 has remained stable, at between 475 and 500. This equates to 78 per 10,000 children vs. 62 per 10,000 for England and 50 for London.⁸ The prevalence of emotional and behavioural problems in this group is estimated to be as high as 72%.
- **38% of Southwark residents live in areas that are amongst the most deprived nationally.** Social disadvantage is associated with increased risk of mental health problems.
- **Approximately two thirds of Southwark children and young people are of Black, Asian and minority ethnic origin (BAME).** BAME children are more likely to be exposed to other risk factors for poor mental health and wellbeing and are under-represented in CAMHS, but are over-represented in other services, e.g. social care and the youth justice system.
- **In Southwark, 10% of secondary school pupils self-identify as LGBTQI+.** LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and others) children and young people are at higher risk of bullying, discrimination and abuse, and these experiences have serious implications for mental wellbeing.
- **Southwark also has a high number of children and young people using cannabis.** 6.6% of school-aged children reported using it in the previous month, higher than London and England averages (5% and 4.6% respectively) – with frequent cannabis use associated with increased risk of mental health disorder later in life.

4. Scope of this review

- **CAMHS (Child and Adolescent Mental Health Services)** refers to specialist services whose primary function is to diagnose and treat clinically recognised mental ill-health. In Southwark these services are provided by the South London and Maudsley NHS Foundation Trust. CAMHS services may also be commissioned to provide wider services aimed at specific vulnerable groups (e.g. Youth Offending and Looked After Children) and / or at early help and prevention.

This review looks at the entirety of the CAMHS offer provided by SLAM, including Carelink, Functional Family Therapy, CAMHS in Early Help, Children and Families and Adolescent Service teams, and the Neurodevelopmental Service; Carelink, Functional Family Therapy and Early Help being integrated with staff from Southwark Children's Social Care. The review also includes the Parental Mental Health Team which sees adults who are parents of children under 5.

While the Joint Strategic Framework for Children and Young People sets out priorities for the 0-18 age range, it is recognised that there are clear links to adult mental health and vulnerable young people aged 18-25 who are in the transition phase. Therefore, the review has also focussed on the transition phase with implications for adult mental health services.

- **Emotional Wellbeing** refers to the wide range of activity and services, both universal and targeted, which contribute to emotional health and the development of emotional resilience in children and young people. All universal and targeted services have a part to play in this: this includes primary care, public health nursing, early years services, schools and colleges, voluntary sector providers, and services whose primary purpose may be non-mental health activity, e.g. sexual health and substance misuse.

In addition, the review set out to consider how a whole system response to children's mental health and wellbeing contributes to and links with the CAMHS offer. This includes the social determinants of mental health and wellbeing in children and young people, the importance of early intervention, and the operation of non-SLAM services such as the Southwark Children's Social Care Clinical Service and the mental health and wellbeing offer in schools; as well as voluntary sector organisations including the new Young People's Integrated Wellbeing service, the Wellbeing Hub and Faces in Focus.

The review provides options for how the services and pathways could be reconfigured in a way that protects outcomes for children and young people. Safeguarding and managing potential risks to vulnerable young people will be paramount, with particular focus on the most vulnerable groups and those whose access to services may be more difficult. The review has focussed on a life-course approach, considering evidence for intervention in childhood / adolescence vis-à-vis the likely impact on adult mental health if not provided.

There will need to be a further phase of work following this review following any final decisions from the local authority and CCG on funding, to implement the agreed model and refresh the service specifications.

Objectives

- **Review current outcomes and potential future outcomes.**
- **Ensure the changing needs of the population group can be met** through the CAMHS (and wider system) offer.
- **Design a financially sustainable service model.**
- **Design an accessible and inclusive service model** for all children and young people.
- **Ensure the redesigned offer can meet required outcomes and performance measures**, whilst addressing potential changes to national strategy and NICE guidelines.

Principles

In carrying out this review, Southwark CCG and the Council have committed to:

- **Maintain and where possible promote better outcomes** for children and young people.
- **Working in partnership**, seeking to understand and respect each other's views and perspectives and moving forward together as service commissioners.
- **Working in partnership with children, young people and parents / carers**
- **Working with providers**, social care, third sector, adult mental health, public health, educational settings, and schools to co-create solutions.
- **Openly sharing challenges and opportunities.**
- **Putting needs of children and young people first**, listening to what they have told us.
- **Understanding all current investments** and the services that are supported.
- **Defining options for future investment** to promote best value across the total spend.
- **Maximise the potential in our children and young people**, their families and communities, as well as the voluntary sector.
- **Understanding the role of the system in prevention.**
- **Ensure the sustainability** of the model adopted.
- **Taking into account likely impact on adult mental health** and the wider system of needs are not addressed in childhood.

Process

- **Phase 1 Analysis:** understanding current services and the population cohort, service user views, strengths or weaknesses of the model (target completion April 2018)
- **Phase 2 Design of options:** exploring options with providers, the wider system and service users (target completion May 2018)
- **Phase 3 Implementation Plan:** how options might be implemented (June/July 2018)
- **Phase 4 Mobilisation:** from July 2018 onwards.

5. Key Findings and Recommendations

Southwark has elements of good, and in some cases excellent, services.

Specialist services are very stretched, as they are across the country, but specialist services in Southwark are seen to be achieving more than in neighbouring boroughs. They have lower waiting times and are strongly valued by those who access them.⁵ Activity data for SLaM compares well with other areas. More children are referred and more children are seen than in neighbouring areas served by SLaM (a higher % of referrals are accepted in Lambeth but of a lower number).

Mean waits for assessment for CAMHS teams (Quarter 3 2017-18)

Team	Weeks
Adolescent	3.60
NDS	7.72
Child/Family	3.19
Carelink	7.84
Early Help	3.17
PMHT	6.66

For first treatment (Quarter 3 2017-18) :-

Team	Weeks
Adolescent	9.14
Child/Family	6.67
Carelink	10.66
NDS	15.15
Early Help	5.96
PMHT	9.63

Across the CAMHS service, excluding the Parental Mental health team, 70% referrals are accepted, very close to the national average, this does however mask big differences between teams with Carelink accepting a very high percentage of referrals. The audit of referrals carried out as part of this review indicated that children are referred who would not meet criteria for a mental health service, it should not therefore be assumed that all referrals do need to be picked up by a specialist service. The issue as explained in this report is that there are not other suitable services which could offer support to those children and young people who do not require specialist mental health services. The CQC thematic review also identified this gap.

⁵ Please see [Appendix L: Detailed Activity Data and Benchmarking](#)

The recommendations in this report are based on a model of good outcomes which includes the following:

- **Children and young people’s emotional wellbeing and resilience are supported** in all settings.
- **Universal access by children and young people and their parents / carers to accurate and up to date advice and information on what services are available in Southwark** including how to access them, what eligibility criteria are where applicable, and what they can do to help themselves whilst awaiting professional support.
- **Access to immediate professional advice** for children and young people, parents/carers and referrers.
- **Fast assessment** to determine the most appropriate support pathway.
- **Support available whilst awaiting specialist assessment** and / or treatment and after discharge from specialist services.
- **“No Wrong Door”** with all referrals including self-referral are considered and directed to appropriate advice/information and/or services. Referral is issue-based not service-based.
- **Children and young people, parents and carers, and referrers only have to tell their story once** - information sharing based on consent ensures that where possible repeat information-giving and duplicate referral is avoided
- **Transition to adults’ services is flexible** in terms of age and is sensitively managed by both children’s and adults’ services.
- **Services are able to offer flexibility in appointment time and venue**, minimising time out of education and offering some choice.

These outcomes are based on I-statements derived from extensive engagement with stakeholders including children, young people, parents and carers.⁶

⁶ Please see [Appendix B: Engagement](#); and [Appendix C: Proposed I-Statements](#)

Our consultation and stakeholder engagement work undertaken as part of this review identified:

- **CAMHS is valued by service users when they have accessed it.** Benchmarking indicates good CAMHS performance compared with neighbouring boroughs, along with higher Southwark spend.
- **Inpatient and crisis services are improving** with increased number of children and young people who need inpatient beds being able to access them locally and NHS England case management being integrated with operational bed management to manage all South London inpatients and look for opportunities to repatriate children who are inpatients outside South London.
- **The community eating disorder service** was seen as good with waiting time targets largely met, and the highest self-referral rate in Southeast London.

However, people also made clear there was:

- **A need for more clarity on the Southwark schools offer**, with all education staff trained and supported to manage children/young people's emotional wellbeing.
- **A gap in provision for children and young people who do not need specialist mental health provision** but who do need more than can be provided by schools and / or GPs.
- **A fragmented system which is to understand and negotiate**, with confusing multiple pathways and entry points and need for more integration across the whole system and specifically across all children's community (including universal) services.
- **Difficulty accessing specialist CAMHS** with the exception of the Carelink service for Looked After and adopted children, which was highly praised. Although the specialist CAMHS acceptance rate at 70% is in line with the national average range, the high acceptance rate by Carelink masks lower rates for the rest of the service.⁷
- **Particular difficulty was reported by parents and carers of children with neuro-developmental conditions involving challenging behaviour**, including learning disability, autistic spectrum conditions and attention deficit hyperactivity disorder (ADHD); the specialist CAMHS team supporting these conditions is very under-resourced, and there is no specialist behaviour support service for these children and young people.
- **It is estimated that 136 children and young people attended local A& E (GSTT or KCH) in 2017-18 and required 7-day follow-up**, which indicates the extent to which there is a need to intervene further to prevent the need for hospital attendance.
- **Transition from CAMHS to AMHS at age 18 can be difficult**; detailed work on addressing this issue is already under way.⁸
- **And although Southwark is well located to be able to recruit, workforce issues remain a challenge for CAMHS**; with a 20% vacancy rate and a shortage of suitably qualified talent to supplement existing teams.⁹

⁷ Please see [Appendix L: Detailed Activity Data and Benchmarking](#) for more details

⁸ Please see [Appendix I: Progress on Improving Transitions](#)

⁹ Please see [Appendix K: Workforce Numbers and Challenges](#)

Our ambition is to ensure that emotional and mental health resilience is a priority within all settings where children and young people spend their time, and that all children and young people and their parents / carers can access the right support in the right place at the right time.

To achieve this, we recognise that:

- **Pathways, access points and services within the system need to be joined up;**
- **Current spend needs to be maintained** to cope with current need;
- **Future funding, unless ring-fenced for a specific purpose, should be targeted at prevention and early intervention, not specialist services.**¹⁰
- **Prevention does include support to parents/carers of neuro-developmentally disabled children, specifically those who have extremely challenging behaviour along with learning disability and/or autism. Positive behaviour support delivered by skilled nursing and psychology staff can support children to remain at home and in school, as opposed to admission to care or to residential schools.**

During this review, several immediate actions were identified. Progress to-date has included:

- **A developing CAMHS single referral point** (rather than previous multiple ones for different teams);
- **Work on specialist CAMHS eligibility criteria;**
- **Application to Health Education England** for 100% funded CYP Improving Access to Psychological Therapies (IAPT) trainee posts to start 2019;
- **A South London Partnership Crisis Line plan**, is intended to come on stream in Southwark late 2018 / early 2019;¹¹
- **A steady reduction in out-of-area inpatient placements.**

Immediate further priorities for investment include:

- **Open-access online and face-to-face non-specialist services** provided by qualified counsellors.
- **Behaviour support for children and young people** who have neurodevelopmental disability and challenging behaviour. Positive behaviour support programmes delivered by skilled psychology, nursing and therapy staff working with parents/carers can assist in avoiding the need for children and young people with highly challenging behaviour along with learning disability and/or autism to be admitted to care or to residential schools.

The above areas are essential to improving emotional wellbeing and mental health outcomes for children and young people in Southwark.

¹⁰ Please see [Appendix E](#) for details of current funding, including Transformation funding

¹¹ Please see [Appendix F: New Models of Care and The South London Partnership](#)

Recommended Approach

The recommended approach is to consider the future development of the mental health and wellbeing system in Southwark under three key headings

- A. System transformation:** where significant system-wide change is required to improve access, simplify and streamline pathways for young people, parents and professionals, and improve the transition to adult services.
- B. System improvement:** where there is scope for improvements to existing services for specific client groups.
- C. Cross-cutting organisational change:** issues relating in particular to workforce and IT that affect a wide range of services.

In addition, major system changes could be complemented by the adoption of an underpinning, child-centred conceptual model.

A further recommendation is for work to determine whether the strategic objectives of the whole system would best be served by an established model.

There is the potential to adopt elements of approaches such as I-Thrive and / or to develop a local conceptual model to support a common language and common understanding across education, health and broader local authority services.¹²

Full details of recommendations under each of these three headings is provided in the following sections.

¹² More detail on I-Thrive, as an example, is included [Appendix G](#)

A. System Transformation

A1: Improving Access

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.

An indicator of presenting unmet need for help, not necessarily specialist help (as opposed to estimates based on population) is obtained by considering the number of referrals not accepted by SLaM over the year 2017/18 (539) and those who are awaiting Faces in Focus (62) or who have attended the Lambeth Well Centre (51) (although it is noted that there may be overlap across these groups).

As well as improving outcomes through early intervention, such a service would relieve pressure on specialist services in that it could avoid unnecessary referral (although it could generate referrals if more severe issues are picked up it is assumed that these would eventually be being picked up in any event even if through A&E attendance). The recommendation therefore is that an open access service, which could have both online and face-to-face aspects, should be commissioned.

Issues to be considered in commissioning will include:

- **The views of children and young people** in designing the service.
- **The offer to parents**, given the importance of their engagement, and consent for younger children.
- **The offer for educational settings including schools** – ensuring it is consistent, equitable, and of high quality. Ensuring that CAMHS commissioners work with Southwark’s Health Schools Partnership to drive forward the engagement with educational settings, as well as contribute to partners’ and agencies’ commissioning arrangements - e.g. to the findings of the review of school nursing by Public Health and to the commissioning of an emotional resilience offer for schools – delivered by TTE (The Training Effect).
- **Relationships with existing providers** of advice and help such as Healthy Young People Southwark, the Wellbeing Hub and the SEND local offer site.
- **The outcome of SLaM’s bid** for CYP IAPT trainee posts.
- **The qualifications of staff required**, and the governance model.
- **Information sharing & data handling**, including uploading to NHSE to count against the access target.
- **Referral pathways** (see below) to CAMHS and Early Help.
- **The availability of “step-down” support** for those completing a CAMHS intervention.

An online offer could be piloted, to collect more information about unmet need in Southwark. It is estimated that a one-year pilot would cost £68,000.¹³ Links could be made with the existing “Chathealth” secure text messaging app used by Guys & St Thomas’s Trust school nurses, which has been well received by young people and parents.

Development of these services should be a priority for further Transformation Funding. CCG Transformation Fund uplift monies for 2017/18 and 2018/19 have not been

¹³ Subject to confirmation, based on initial market engagement conducted during this review.

allocated. This is a total of £323,000. Further uplift monies are expected in 2019/20 and 2020/21 (estimated allocations of £198,000 and £223,000 respectively).

A2: Streamlining Pathways

Regular referrers from schools and GPs were positive about the response they received from SLaM when they had an urgent referral or sought help and advice.

However, the review also identified fragmented services which are difficult to understand and negotiate, with confusing multiple pathways and entry points and need for more integration across all children's community services, as well as difficulties accessing specialist CAMHS.¹⁴

SLaM are now developing a single point of entry for their services and this should be the starting point for a system-wide "no wrong door" approach.¹⁵

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:

- **An information source** available to all, including parents/carers, young people and professionals, clearly setting out what the emotional wellbeing and mental health offer for children and young people in Southwark is. This should link to but is not the same as the SEND local offer. The contract with Together for Mental Health (Southwark Wellbeing Hub) should be used to ensure this is in place, it is however dependent on all organisations taking responsibility for ensuring that they have provided up to date information.
- **Clear information online** about how to make a referral and eligibility criteria. An audit of 38 CAMHS referrals identified significant gaps in referral information, requiring CAMHS staff to follow up for further information. This is wasteful of CAMHS staff time.
- **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, particularly with key groups such as GPs.

Six specific issues to be addressed will be:

- **Clarifying the entry routes** into Early Help CAMHS.
- **Clarifying the roles and responsibilities** of the Southwark Children's Social Care Clinical Service, and its relationship to CAMHS. This will involve development of clear protocols explaining the remit of each service and the interfaces between them.
- **The organisation of the existing CAMHS teams** (currently four separate teams) and whether this facilitates sharing knowledge and effective utilisation of specialist skills. SLaM may wish to consider those elements of CAPA (Choice and Partnership approach) most likely to be found helpful, for example job planning and booking.

¹⁴ Please see [Appendix B: Engagement](#) for further details of responses.

¹⁵ Please see [Appendix H: Existing Referral Processes](#) for current arrangements.

- **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.

A3: Transition to Adult Services

Transition to adult services has been the subject of detailed work by the South East London Boroughs and the mental health trusts, with the aim of delivering the national CQUIN (Commissioning for Quality and Innovation) target in accordance with the 2016 NICE guidelines on CYPMH transition.¹⁶

Our key recommendations in this area are continued work between the commissioners and providers including the trusts and the Council's own services to:

- To 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 – who it might be noted often require/access CAMHS services. This should include how ongoing support can be provided to young adults who do not meet Care Act and Care Programme Approach criteria to access specialist services as adults but still have lower level requirements for support to enable them to live fulfilled lives.
- **Start transition conversations earlier** securing clarity on eligibility in the light of high thresholds for AMH services, and providing information to the young person about the service.
- The majority of children and young people with mental health conditions do not meet criteria for adult mental health services. Those who do not are discharged to their GP.

The Council has moved to an All-Age Disability service but only a very small number of children and young people in receipt of CAMHS services meet the criteria for either children's or adults' social care.

The Early Intervention Service (EIS) sees young people 14 -18 who have psychosis. These young people do meet criteria for transfer to adult mental health services but they are small in number.

The following two tables give transition destinations from CAMHS for four quarters:-

Transitions to adult mental health service (AMH) 2017-18

Quarter	Transition to AMH	Retained in CAMHS post-18
1	3	13
2	5	11
3	5	10
4	8	9

¹⁶ Detail of the work undertaken and the analysis of the issues can be found in [Appendix I](#).

Discharges 2017-18

Quarter	No	% to GP
1	291	75
2	333	86
3	-	76
4	-	82

(number not known for Quarters 3 or 4)

The implementation plan for this review should include an audit of a sample of young people, considering diagnosis, destination and funding packages if any.

- **Address timing issues** whereby a young person transferring from CAMHS cannot be seen by AMHS until after their 18th birthday, at which point the “waiting list” clock starts ticking, leading to a gap in care and treatment.
- **Appointment of specialist transitions workers** based on the successful CAMHS/Early Intervention Service (EIS) Transitions Worker model
- **Establish a standing forum** to oversee issues relating to emotional wellbeing and mental health services up to age 25.

B. System Improvement

The review identified a number of specific services where improvements should be made to achieve the objectives of improving outcomes, meeting emerging needs and delivering a financially sustainable model.

B1: Children & Young People with ADHD and neurodevelopmental conditions

- **We found strong need for a Positive Behaviour Support Service for children with Learning/Intellectual disability, and other neurodevelopmental conditions, who may also have ASD.** Informal indications are that a service would cost in the region of £300,000, but a full business case should be prepared. Exploration should take place as to whether neighbouring boroughs would wish to do this together.
- **The ADHD pathway in Southwark is unusual with all cases managed within CAMHS.** In other areas this is usually shared to some extent with community paediatrics. A review of the ADHD pathway will help establish the best way of providing these services in future.

B2: Services for Children & Young People with conduct disorder

- **The Functional Family Therapy Service was unable to continue due to lack of staff.** It appears that the way it was set up (managed by SLaM but with some local authority posts and embedded in Early Help) made it difficult to retain staff.
- During the course of this review the SLaM contract ended (on 30/06/18) and was not renewed. It was agreed that the remaining practitioner be absorbed into the Southwark Children's Social Care Clinical Service where the post holder will provide training to other staff.
- **£106k of transformation funding was allocated to this service in 2017/18** and a breakdown of costs for the revised model is awaited

It is recommended that the future of services for this cohort of C&YP be reviewed.

B3: Parental Mental Health Service

- **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. A description of the service and its outcomes is at Appendix I.
- **It is considered to be a cost-effective, low-threshold easily accessible service** which is addressing need both now and for the long-term future, given the emotional / mental health risks for children who have had adverse experiences in childhood and who will go on to have families of their own. Areas for future consideration include:
 - **greater support for the staff:** in terms of mobile and flexible working and in terms of psychological support given the stressful work that they do
 - **funding security:** it is currently funded annually with the staff on one-year contracts, which affects service stability. This is not the case with other services which have longer contracts.
 - **expansion of the service:** to families with children over five, making closer links with the CAMHS child/family team. This would need further exploration to avoid duplication with other services, there would need to be discussion with Early Help, CAMHS, AMH and the GSTT health visiting service and the local authority's clinical service as to whether there are gaps which need addressing or whether there

would be other ways of providing help for parents who have mental health difficulties but who do not meet criteria for AMH.

It should be noted that parental mental health remains one of the major reasons why Children's Social Care goes to court to remove children from a parent's care. **It is recommended that the deployment, capacity, and outcomes delivered by this service be reviewed against available funding.**

C Cross Cutting Organisational Change

Alongside individual areas seeking to benefit from service transformation and improvement, several cross-cutting areas were identified with significant opportunities for development which would have a system-wide impact.

C1: System Leadership

It is suggested that a Leadership Group takes responsibility for driving forward these recommendations. This should bring together all parties, including council and CCG commissioners, social care, education and schools, the voluntary sector, NHS Trusts, GPs, public health and adults' mental health, as well as service user representation.

The current Commissioning Development groups do not include all these stakeholders. The NHSE Transformation Plan would need to be included within the work programme of a Leadership group such as that described above and the findings of this review will need to be taken into account in the refreshed plan for 2019/20.

The purpose of this group would be to oversee strategic planning so that any change in any part of the system is conducted with reference to the whole, and there is shared accountability for service transformation and delivery of systemic outcomes.

C2: Workforce

The establishment of SLaM CAMHS, excluding management and admin is 57.4 WTE but there is currently a 20% vacancy rate.¹⁷

There are many other professionals working directly with children who positively impact on and promote emotional wellbeing and good mental health, it is not possible to calculate the workforce time devoted to this because these professionals have other core work- eg teachers, health visitors, school nurses, GPs, social workers to name some of these (this is not an exhaustive list).

Our core recommendation is to produce an overarching Workforce Strategy including but not limited to a SLaM CAMHS strategy.

An overarching strategy would include:

- **Emotional wellbeing / mental health training** and competence across the children's workforce, ensuring a "one stop shop" for educational settings and schools accessing the Council's, CCG's, partners' and providers' training offer. For wider educational settings staff examples include for newly qualified teachers (NQTs), NQT+1and+2, school nurses, welfare assistants, teaching assistants, learning mentors, youth

¹⁷ Details of the SLaM CAMHS staffing structure, Southwark Children's Social Care Clinical Service, and a description of the current staffing challenges can be found in [Appendix K](#).

workers, etc. Effective and integrated marketing communications is required. For example the CYPHP training offer for schools should feature in the Council's offer.

- **Skills and knowledge sharing** across the workforce, as highlighted in recent case reviews.
- **The importance of time for supervision**, reflection and consultation when working with high-risk children and young people.
- **Capacity planning to cover fixed term absence** eg maternity leave or sick leave, recognising that such absences can be impossible to recruit to but that there needs to be sufficient capacity in the workforce to enable well-planned handover for children/young people and support to services where a number of such short-term vacancies occur at one time.
- **Changes to recruitment processes** within SLaM to consider vacancies in the context of the whole service, not just one team.
- **Initiatives to recruit and retain staff in Southwark**, such as partnering with the council on key-worker housing.
- **A SLaM culture of operating as a unified service** albeit with separate teams and specialisms within this.

Whilst a workforce strategy is being developed, the recommendation is that all CAMHS vacancies should be considered collectively in the context of agreed priorities with commissioners rather than individual teams continuing to advertise like-for-like posts.

This includes looking at the opportunity for improving the skill-mix within the neurodevelopmental service and non-medical prescribing.

The reasoning behind this is that SLaM are being commissioned to provide a service, not individual posts except where ringfenced funding is involved, and are expected to utilise their whole funding envelope to ensure that the overall service offer meets contractual obligations, so that within the service there is freedom to manage in accord with changing need.

Service-specific recommendations are to:

- **Explore sharing the small neurodevelopmental service** with other boroughs and recruiting nursing, including a nurse prescriber, and therapies.
- **Carry out a review of the Functional Family Therapy team** as described under section B2.
- **To review the deployment, capacity, and outcomes delivered by the Parental Mental Health Service against available funding.** In the meantime, to appoint permanent staff to this team and offer career development to non-qualified staff.
- **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.

C3: Addressing Service User Cancellations and DNAs (Did not Attend)

Southwark's DNA rate is comparable to the national average, but nevertheless represents a loss of practitioners' time together with that of admin staff in trying to contact family, school and referrers. The service user cancellation rate is above the national average. There are many reasons for this, and it cannot be assumed that any one reason predominates, but there will be a range of emotional and practical reasons why people do not attend.

Recommendations include:

- **Building into proposed single point of access systems** functionality to improve attendance rates, especially with hard-to-reach groups. This might include employing non-qualified staff or sub-contracting to a voluntary sector organisation to improve engagement with hard-to-reach groups and reduce DNA / user cancellation by offering a care navigation service
- **Reviewing the language used in appointment correspondence** – an issue raised in the engagement events.
- **Offering more appointments in local venues** subject to results of the child/family team usage of Camberwell library

C4: Information Technology and Data Sharing

The review found that information-sharing across Southwark was hindered by multiple IT systems, requiring young people and families to repeat their story multiple times.

There is an issue with referrals to Early Help CAMHS, which uses the social care recording system Mosaic. If the referral has been made to Specialist CAMHS, consent has to be secured again to record the data on Mosaic. Where staff work across CAMHS and local authority services (such as the Parental Mental Health Team and Early Help / FFT) dual-recording has been required, but this increases the risk of error and it appears that staff may not have been consistent in dual-recording practices.

It is reported that GPs have on occasion been asked to do repeat referral to Early Help, having first referred to specialist CAMHS- this is not in accord with the pathway which is intended to allow referrals to pass from Early Help CAMHS to specialist CAMHS or vice versa, but may be caused by consent issues.

The stakeholder engagement identified repeat information-giving as an issue for service users.

It is recommended that a working group be established to

- **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 (commissioned and in-house) to track performance and progress.

Further recommendations in relation to information technology and data, based on feedback received as part of the engagement process, are listed below:

- **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 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 .
- **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.

APPENDICES

- A. Strategic Context
- B. Engagement
- C. Proposed I-Statements
- D. Current services
- E. Funding
- F. New Models of Care and the South London Partnership (SLP)
- G. Background to the Thrive Model
- H. Existing Referral Processes
- I. Progress on Improving Transition to Adult Services
- J. Parental Mental Health Service
- K. Workforce Numbers and Challenges
- L. Detailed Activity Data and Benchmarking
- M. Bridges to Health and Wellbeing
- N. National Indicators
- O. References
- P. Other reading

Appendix A: Strategic Context

Mental Health Five Year Forward View

The aim of the Mental Health Five Year Forward View is to expand access to high quality mental health care for children and young people. This is measured by the additional children and young people who are receiving evidenced-based treatment, representing an increase in access to NHS funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions by 2020/21. Based on prevalence of 6196, in Southwark this translates into 30% or 1,860 in 2017/18 and 32% or 1,984 in 2018/19.

Council Plan

The Southwark Cabinet approved a council plan that will be presented to the Council Assembly in the autumn of 2018. A commitment within the Plan is to “Protect funding for mental health services for children and young people and find ways to change and improve services so that more children get the support they need when they need it.”

Local Transformation Plan for the Mental Health of Children and Young People

The overall purpose is to work towards a more preventative model that takes early action and works collaboratively with other South London Boroughs to bring a strong local focus to bear on improving evidence-based mental health and wellbeing outcomes for children and young people in Southwark. This plan is refreshed annually in line with business planning cycles. The transformation plan funding allocation in 2017/18 is £841,000. The plan for 2019/20 has to be submitted by the end of October 2018 and this review will inform the refresh.

Feedback from the CQC Thematic Review

This review takes into account the feedback from the CQC received at the end of their field work in Southwark on the 6th of October 2017. This includes the need to respond to their findings which were that work is needed on:

- Partnership and transformation, to build trust, shared language and systems
- Join-up at strategic level
- Complex and fragmented services and pathways, need for service users, parents/carers and GPs to be able to navigate the system with more ease and clarity
- A gap in services below the CAMHS threshold
- Ethnic and cultural diversity
- Support in schools
- Inclusion of children, young people and families in service design.

The published review report (Are We Listening, CQC March 2018) focuses on person-centred experience, access, services and planning.

Some excellent practice in Southwark was picked up by the CQC in their fieldwork. Two examples are cited in their report, one relating to CAMHS work with a transgender young person and the other to a whole-school Healthy Schools approach to emotional wellbeing in a primary school.

Attention to all of the points raised above would help to ensure that such excellence becomes available to many more children and young people.

The points made by the CQC were reflected in the engagement feedback for this review from young people, parents/carers and professionals, particularly in relation to the complexity of services and pathways and difficulty navigating them, the gap in services below the CAMHS threshold, and the need for shared language which is comprehensible to all.

Southwark Joint Mental Health and Wellbeing Strategy 2018-2021

This strategy covers the whole age range and sets out the intention to work in partnership across the CCG and the Council as well as with NHS organisations, voluntary and other third sector services, and with the public, to deliver the best possible health and social care outcomes for the residents of Southwark. The strategy adopts a life-course approach and sets out an intent to shift the focus to promotion of wellbeing and early intervention.

Appendix B: Engagement

This review has been carried out with the help and involvement of a wide range of stakeholders, including parents/carers, children and young people, and health, social care and education professionals.

As part of the governance arrangements, an engagement sub-group was set up with representation from communications teams in both Southwark Council and Southwark CCG, with engagement teams in both organisations and input from Healthwatch Southwark.

This group:

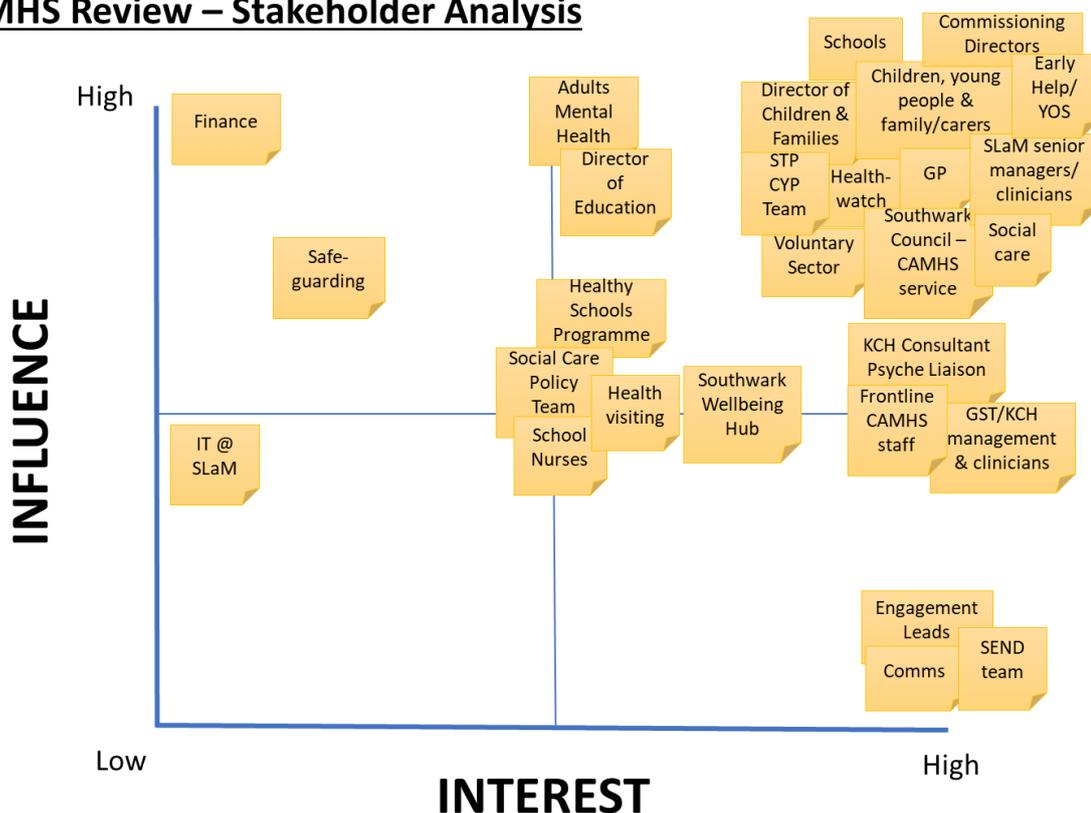
- devised a Communications and Engagement Plan for the review
- devised a number of aims and objectives for the engagement process
- met regularly to discuss and agree engagement mechanisms
- facilitated engagement events with a number of key stakeholders

The aim was to engage with relevant stakeholders to:

- understand their views on the service
- understand the issues and gaps they experience in the service
- explore ideas/new ways of working for the CAMHS service

As part of understanding the engagement element of the review, the project team carried out a stakeholder analysis exercise. Below you can find the output from the exercise:

CAMHS Review – Stakeholder Analysis



What did we already know?

Prior to the start of the CAMHS review, previous engagement had been carried out by Healthwatch Southwark, the CCG and the Youth Council with children and young people. Whilst this was not specifically around the CAMHS service or the review, issues regarding mental health and wellbeing were addressed.

Healthwatch Southwark: Young Voices on Mental Health (November 2016)

Healthwatch Southwark (independent health and social care champion for local people) carried out an engagement exercise with children and young people in 2016 on mental health and wellbeing. They spoke to 114 young people as part of the exercise in a variety of ways including workshops and surveys both online surveys and on paper.

Issues raised by young people in this exercise included:

- perceptions and knowledge of mental health
- where to find information
- where to go for support
- support from friends and family
- support from professionals
- embarrassment and stigma

Healthwatch Southwark made a number of recommendations which were wide-ranging and comprehensive. These included:

- Teaching young people about mental health – young people felt that they need to know more about mental health which would help them deal with it better.
- Teaching teachers about mental health – young people felt strongly that schools need to be better at talking about mental health. They feel that teachers are currently not equipped to do this and it would be beneficial for them to receive training on this.
- Normalise talking about mental health – young people felt that more could be done to reduce the stigma and challenge the norms around mental health as it was a barrier to accessing help
- Support from GPs – young people reported not feeling confident about speaking to GPs or that they would offer non-judgemental advice and support therefore more needs to be done to ensure young people know they can speak to GPs when required
- Support young people at school – young people felt schools were in a prime position to support young people and work with others to help young people access services

The full report can be found [here](#).

Southwark CCG – Children and Young Peoples’ Joint Wellbeing Strategic Framework

Southwark CCG carried out a programme of engagement to inform the development of the Southwark Children and Young People’ Joint Wellbeing Strategic Framework. Issues raised included the following:

- Stress is a common cause of unhappiness (over half of the 128 respondents to the Youth Council survey stated this).
- Bullying is a major problem for young people (67% of respondents to above survey stated this).
- A focus group of vulnerable care leavers felt that a more holistic approach to mental health support is necessary.
- Participants (25 young people) in the My Voice Count, a joint event with Healthwatch, noted that self-harm is a real issue for young people with the vast majority of them knowing someone who had self-harmed.
- They also noted that their knowledge of mental health services is limited.
- The majority of young people who took part in the Challenge project found their GP helpful.

The full report can be found [here](#).

Youth Council

During the election period for the youth council, Southwark Council carried out a consultation exercise to identify the top priorities for young people. This consultation identified bullying as one of their top issues which has huge links to mental health issues of young people as they grow older. Other priorities included employment and knife crime.

Friends and Family Test – SLaM

Every quarter, SLaM submit an update on their service which includes most up to date information on their friends and family test. Below are the results of their friends and family test for 2017/2018:

17/18	Total responses	Positive	Passive	Negative
Q1	25	16	6	3
Q2	78	68	9	1
Q3	311	265	31	15
Q4	224	194	26	4
TOTAL	638	543	72	23

During the last full financial year, they have considerably increased the number of service users completing the friends and family test. Across the full year, 85% of the responses were positive about the service, with only 4% being negative about the service they received.

Stakeholder engagement undertaken during the review

In addition to the engagement that had already taken place, the engagement sub-group agreed that further engagement would be required during the period of the review. As a result, the following was carried out:

- **An electronic survey** of GPs and professionals including hospital staff and school nurses, social workers, Early Help & YOS staff, who may make CAMHS referrals (129 responses).
- **16 one-to-one interviews** with SLaM managers, IT, quality managers and clinicians.
- **3 clinical group meetings** attended by medical and paediatric managerial and / or nursing staff from Guys and St Thomas's NHS Foundation Trust (GSTT), Kings College Hospital NHS Foundation Trust (KCH), SLaM, a GP, and the lead for the Southwark Children's Social Care Clinical Service.
- **One-to-one telephone / email** exchanges with GPs unable to attend the above.
- **Meetings with local authority children's services** senior managers and with the Interim Head of the Southwark Children's Social Care Clinical Service
- **Fortnightly meetings** with SLaM management.
- **A focus group** with SLaM service users.
- **A meeting** with community paediatricians (Guys and St Thomas's NHS FT).
- **A focus group** with headteachers / safeguarding leads from primary and secondary schools in Southwark.
- **A stakeholder event** attended by 72 people, including health, education, voluntary sector and social care representatives, carers and two young people.
- **An audit of referrals** to specialist CAMHS, with outcomes of referral
- **A meeting with young people** who are using CAMHS services.
- **A focus group** with a number of young carers in Southwark
- **A meeting with parents** of SEND children (facilitated by Contact, a Registered Charity).
- **Attendance** at the SEND Parents and Children and Young People's Consortium.
- **Attendance** at two locality GP meetings (two localities on two occasions).
- **Email correspondence** from people who wished to give personal views, including adoptive and foster-carers, GPs and paediatric and CAMHS professionals.
- **A meeting** with local authority Principal Educational Psychologists.
- **Discussions** with neighbouring boroughs including Lambeth, Lewisham and Croydon.
- **Information** obtained through Healthy London Partnership leadership events.
- **Consultation** with an independent CAMHS senior manager who was previously a regional Children's CAMHS Improvement Lead for the South-West Strategic Health Authority as part of the national CAMHS improvement team.

Overall, a number of common areas / issues were found:

Prevention: this came through really strongly in all discussions with stakeholders, in particular at the Stakeholder Engagement Event where there was wide variety of representation from professionals and parents/carers. It is felt more can be done to try and prevent mental health issues beginning, or carry out sufficient early intervention which enable children and young people to live their childhoods to their full potential and therefore prevent children and young people experiencing mental health issues into adulthood

Information sharing: More could be done to enable organisations to share information and prevent children, young people and their families from repeating their story again and again. They find having to do this distressing.

Holistic/family approach: Organisations should work more closely together to provide a more holistic service for children and young people and meet all of their needs, including considering a family approach where it is needed/relevant to the child's needs. Feedback indicated that there is a lack of holistic support for CYP and their parents/carers – services are not connected in any way and don't work together to support the needs of the young person

System wide provision: A common theme running across all engagement was the need to have a bigger role for services in the community (including schools) and the voluntary sector, who could work in conjunction with NHS provision of mental health services. Stakeholders felt there was a place for more localised delivery. There was agreement that the current offer in the community is not good enough and does not go far enough to support the current demand.

Training/awareness: There was agreement across the board that there is not enough training in terms of dealing with mental health issues, or awareness training. It was felt this should be raised and given prominence in the wider community including GPs, primary care staff, community staff, voluntary sector, youth services, teachers, school staff. It was also felt that the introduction of mental health first aid training should be considered across the system.

Single point of access: There was similar agreement that the referral pathway into CAMHS can be very confusing both for the referrer and the child or young person. The development of a single point of access is welcomed, however there is a need to ensure this is set up properly with sufficient knowledge of all services so they can help the referrer.

Language: It was felt that the language currently used within specialist CAMHS services acts as a barrier to external services, children and young people and parents / carers. It is hard to understand the CAMHS offer as a whole, and it is more difficult for referrers to be confident they are referring to the right service. For young people, the language used makes the service inaccessible and very difficult to understand therefore meaning they are less likely to engage.

Technology: Concern was raised about the use of technology as a replacement for services rather than in addition to services. Mental health services often benefit from face-to-face treatments, and increased use of technology to replace that could lead to less success with the treatment. There was a strong feeling that new technology had to be carefully considered as part of the service.

Pathways: It was felt that current pathways are very hard to understand and follow – we need a better mapping of services and a better way of advising our local community on what is part of the mental health offer, what can be accessed by who and how.

Inflexible: Lots of feedback from the local community indicated that they felt the CAMHS service was inflexible, and did not offer a service which suited children, young people and their families. Appointments were often during school and work hours which had an impact on education and on financial stability of the family.

ADHD: It was felt that the ADHD pathway is unclear in CAMHS, and so is the offer to children and young people with ADHD. This needs to be clearer for those who refer into CAMHS, as well as parents/carers who have to navigate the service.

Behaviour support: Parents of children and young people with Learning Disability and / or ASD and other neurodevelopmental conditions including ADHD, with highly challenging behaviour, felt that greater support is needed with behaviour management. Medication alone is insufficient and young people may refuse to take it. Parents fed back that they struggle with behaviour which they feel responsible for but which cannot be managed by teachers. Parents described how this impacts on their other children, on relationships, on their ability to maintain paid employment.

Communication: This area came through strongly from both referrers and parents / carers. It was felt that communication from SLaM was limited and it was often the case that they had to chase SLaM for an update on the referral. Parents/carers felt that it was often not clear from SLaM what the direction of travel was for their child or young person.

Thresholds: Referrers felt very strongly that thresholds are too high and there is a very low acceptance rate. This has an impact on the child or young person, and also on the confidence of the referrer to know what to do next if they don't meet the threshold.

Carelink: There was very clear and positive feedback from all on the value of the Carelink service. Staff were highly praised and the support they offered was comprehensive and vital to the children and young people in their care.

Schools/teachers: From the feedback, it is clear that schools and teachers want to ensure the children and young people they see have the best possible chance to access a good and valuable education and feel that offering a good mental health offer is part of this process. There is an acknowledgement that there is still much to do, and more that schools, working in partnership with mental health providers, can do to support children and young people. Young people felt that teachers are not fully prepared to deal with mental health issues, and as a result can sometimes have a negative impact on the young people.

Leaving the service: It was felt that having a strict discharge was detrimental to children and young people who have accessed the service. Once they have left the service, if they experience a relapse in their mental health issues they have to be referred back into the service, or potentially get to crisis point and have to attend A&E. In some cases, young people have been advised to attend A&E to get a quick entry back into the service if they experience a relapse.

It is important to note that through all of the feedback, it was reported that once children and young people were in the SLaM CAMHS service they found it valuable and it changed their lives.

It was described by some as 'valuable and inspiring' and provides an excellent service for children and young people who experience mental health issues in Southwark

The full engagement report is on the CCG website and can be found here:

<http://www.southwarkccg.nhs.uk/news-and-publications/meeting-papers/governing-body-committees/Engagement%20and%20Patient%20Experience%20Committee%20Meetin/ENC%20B%20-%20Report%20-%20engagement%20in%20review%20of%20CYP%20MH%20%20and%20emotional%20wellbeing%20services%20-%20May%202018.pdf>

Appendix C: Proposed I-Statements

The following I-Statements were developed as part of the review from the engagement with parents, carers, children and young people and have been used to inform what good looks like, for the outcomes of this review, and the detailed recommendations listed in section 5:

1. *I am able to find information on mental health services easily and I am able to understand how and where to access services and what type of service I need. Information is easy to understand, correct and up to date.*
2. *I have confidence in all the professionals I have contact with to be able to deal with my mental health issues appropriately.*
3. *I can access a range of mental health services in the community, close to my home*
4. *I can rely on mental health services to support me, as well as taking my family needs into consideration*
5. *I feel supported when caring for my child who is experiencing mental health issues.*
6. *I have access to the right mental health services before I need crisis or specialist support*
7. *I am able to tell my story once and do not have to repeat it many times over*
8. *I feel that services are flexible/tailored to my needs*
9. *I have a clear line of communication with the relevant people, and I am given all the correct information by professionals in a timely manner*
10. *I can use the most up to date technology when it is appropriate to do so*
11. *I know that when I leave the service I will have the right support in place to prevent my needing to use the service again in the future*
12. *I feel that I am a valued member of the community and I am supported to continue my personal growth and to contribute to the community*

Appendix D: Current services

1. This section describes the universal, targeted and specialist services available in Southwark.

Not all services neatly fall into a single category, with some providing services across the spectrum. All services that were identified during the review are referenced below, including those not commissioned by Southwark CCG and/or Southwark Council.

2. The principal provider is South London & Maudsley NHS Foundation Trust (SLaM).

SLaM provide a range of local specialist and targeted services across four of the council areas in South East London, but the pattern of services is different in each of the council areas. SLaM also provide national specialist services commissioned by NHS England, which includes inpatient beds.

Universal Services

These services contribute to children and young peoples' emotional wellbeing and do not generally require referral. These services are funded from a variety of sources including some statutory funding (largely Council) and charitable funding.

BEAT (Beating Eating Disorders)

BEAT is a national registered charity which provides helplines, advice and information and online support groups.

Big White Wall

An online 24/7 peer support and self-help programmes for people over 16 with a UK wide reach. It provides safe online support guided by professionals and is commissioned by Southwark CCG.

Children's Centres

Children's Centres provide advice and support for parents and carers and services for preschool children. There are 16 children's centres in Southwark. These are funded by the council although there are other funding streams for specific services that are located in these centres.

There is discretion about the age ranges served by these centres. In Southwark the age range has stayed with the original age 0 to 5. The core offer includes health services e.g. health visiting and breastfeeding support, support to access high quality child care and early learning, access to specialist services such as speech and language, healthy eating, money management, help to find work or training opportunities. Many centres offer parenting classes and access to other services for example smoking cessation, English classes, access to services for children with special needs. Southwark Children's Centres are currently part of a consultation exercise around locality Early Help structures. There are opportunities to consider CAMHs Early Help in this review.

Children and Young People's Health Partnership (CYPHP)

CYPHP have commissioned a mental health resilience training offer for schools, provided by TTE (The Training Effect). CYPHP is part of the Guy's & St Thomas' Charity and this

offer is free to all Southwark schools. The Head First Programme provides an audit of existing wellbeing in the school, training to school staff to deliver intervention to children / young people who might benefit, an evaluation of intended outcomes for children /young people who participate in Head-First intervention, and a targeted and universally accessible resource toolkit which can be utilised by staff and pupils in relation to mental wellbeing. In addition, Mental Health First-Aid training is offered to participating schools.

COVO - Connecting Voices

Connecting Voices provides one-to-one support for children, young people aged 8-16 who are struggling to engage with their school, family or peer group. Provides support also to parents. Parents are charged although direct payments are accepted where parents have these and schools may also refer and pay. The organisation also works with children and young people who have autism, speech/language delay, or learning difficulties. Provides training services in schools and community settings. Their website says that they are sponsored by Southwark Council but no ongoing funding from the Council has been identified.

Emotional and physical wellbeing services in Educational Settings, Schools, and Colleges

Emotional and physical wellbeing services are commissioned by and funded by schools directly and provided within schools. Educational settings including schools and colleges commission a wide range of emotional support and positive mental health services for children and young people, including by note limited to counselling, art and creative therapies, speech and language services, health lifestyle and eating, Theatre in Education projects, psycho-emotional programmes (Cues-Ed, MindUP, PATHS+, RULER, etc) e-safety and health relationships education programmes.

The Council contribution to school-based services is through **Southwark Healthy Schools Partnership**, established between the Council's Education and Public Health Teams, has selected the Healthy Schools London (HSL) accreditation scheme through which to support and engage schools with the health and wellbeing agenda. This contribution funds only membership of the scheme. It does not cover all the costs of these services.

As part of the Partnership, schools have access to include:

- C&YP behavioural surveys focused on emotional development & wellbeing and MH
- Best practice curriculum frameworks prioritising EWB & MH as part of a "PSHE & Wellbeing" offer for schools, themes and content
- Sex and Relationship Education Teaching and Learning support service
- Teaching & Learning pedagogies: Theatre in Education projects; linking in with expert organisations and projects (e.g. Barnados, St John's Ambulance, Unicef, Slam, Anne Freud, etc); utilising the evidence of what works to inform practice and being innovative
- Professional networks and subject associations and school policies for implementation, including monitoring, evaluation and impact assessment as well as lead staff members
- Evidence-based and –informed programmes, local, national and international
- Peer to peer mentoring & student leadership programmes and supportd
- Wider workforce: best practice from Health & Wellbeing Teams and from pastoral systems with the focus on diminishing the differences and improving outcomes

- Training and CPD for staff and Governors, focus including how best to monitor effectiveness, evaluation and impact assessment
- HSL accreditation support and Southwark's Enhanced Healthy Schools work collaboratively together to strengthen the offer for C&YP. This approach includes:
 - Bronze renewal; Silver action plan (EI/EB) & Gold evaluation
 - Reference document (evidence base & guidance)
 - Champions Team and "PSHE & Wellbeing Expert Group" (action-based research)

The majority of schools (96) participate in Southwark's Healthy Schools Partnership, including the Healthy Schools London accreditation scheme that offers quality-assured accreditations as well as opportunities for professionals to network, learn, share practice, develop effective collaborations and contribute to research and the evidence base. Examples of health and wellbeing improvement Silver plans (action-based research) as well as Gold impact reports can be found on the website: <http://schools.southwark.gov.uk/pshe-healthy-schools>. These documents contributed to the positive feedback on "**effectiveness in improving outcomes**" from the recent Local Area SEND Inspection team.

The Standards Team maintains a database of what is provided by the schools that do participate. However there is no information on spend by/within individual schools. The educational settings/schools/colleges that do not participate in Healthy Schools London – very small in number - also commission services but only limited information is held about these.

Faces in Focus

A registered charity that provides a counselling service for young people aged 11-24. This service has for many years been used by GPs and SLAM for onward referral but is currently not able to take referrals and was reported to be struggling to deal with the workload that it has. It is not a commissioned service, although it has received CCG ad-hoc funding in the past.

Gendered Intelligence

A non-profit organisation that runs youth groups for trans and gender variant/gender questioning young people up to the age of 21. It runs a young adults peer-led support group in London and an under-16 group. It offers support, information and advice and is independently funded.

Health Visiting

Health visiting is provided by Guys and St Thomas's NHS Foundation Trust (Evelina) and commissioned by Southwark Public Health. Provides a healthy child programme aimed at ensuring health and development of children under school-age, and in doing so has a crucial role in advising and supporting parents. Health visitors work closely with children's centres and with primary care. The Health Visiting service is supported by two enhanced programmes (Early Intervention and the Family Nurse Partnership) which are targeted services and are detailed more under that heading.

Healthy London Partnership

The Healthy London Partnership have published a compendium of children's mental health training resources which is available on their website:

<https://www.healthy london.org/wp-content/uploads/2018/05/HLP-CYP-Mental-Health-Training-Compendium-May-18.pdf>

The list includes free resources and gives indicative costs for those which are chargeable. They are also working with Young Minds and children and young people across London to design a resource about the things they need to support their mental health and wellbeing in school or college. The learning will be shared across London.

Healthy Young People Southwark

Registered charities Brook and Change, Grow, Live work in partnership to provide sexual health and substance misuse services and advice / information on health and wellbeing for young people aged 10-24. Commissioned by Southwark Council.

Lambeth Well Centre

A Lambeth resource commissioned by Lambeth CCG and Lambeth Council. It provides for CYP aged 11-20, open 3 times per week from 3.30-7pm. It provides both drop-in and booked appointments. It is staffed by a GP (who provides the service as a branch of her own surgery), a senior CAMHS nurse, and two youth workers employed by Red Thread. It is included here because Southwark young people are accessing it. Follow-ups take place there for young people who have been seen by the Red Thread youth worker at KCH and who require further youth worker contact. To date there has been no concern expressed by Lambeth about Southwark young people accessing it, but this could change in the future as budgets become tighter.

PACT Parents and Communities Together

A community-led network funded by multiple organisations. It is supported by Guy's & St Thomas' Charity. A programme in Camberwell aimed at supporting babies' development came to the end of its funding in February 2018, but a Big Lottery Fund bid has been successful and discussion is taking place with Public Health about the commissioner contribution required for the Big Lottery funding to be accessed.

School Nursing

School nursing is provided by Guy's and St Thomas's NHS Foundation Trust (Evelina) and commissioned by Southwark Council. The school nursing service undertakes health monitoring and health promotion and support for vulnerable children, e.g. those with SEND or who are otherwise Children in Need, who are Looked After or on Child Protection Plans. See chapter on Public Health Services.

Southwark Wellbeing Hub

This is part of a charitable organisation, Together for Mental Health. It provides advice, information and signposting on a wide range of practical and health-related issues including mental/emotional health, for both adults and children/young people. It is a registered charity and is commissioned by Southwark Council and Southwark CCG.



How-Can-We-Help.
pdf

Stand Up Southwark

Part of a registered charity called Project Oracle Evidence Hub. This is a community-based project aimed at empowering and raising the capabilities of young people aged 16-21. It targets young people who are vulnerable and have issues with antisocial behaviour and/or offending, as well as young people who are not in education, employment or training. It provides opportunities for personal and social development. Activities include training and support, coaching, experiential and skill-building projects, signposting. Receives funding from a variety of sources including the Greater London Authority, but not Southwark Council or CCG.

Young Minds

Young Minds a registered national charity that works locally and provides resources and a parent's information service and helpline.

Other

There are additionally a large number of small council grants distributed to neighbourhood groups through for example community capacity, community safety and neighbourhood funds. There are too many to list here but they support many small local groups offering physical, educational and cultural activities. Youth and Play funding support youth groups/centres, playgrounds and targeted youth outreach as well as specific initiatives such as boxing clubs intended to provide a means of enabling young people to achieve greater emotional resilience.

Targeted Services**Child Sexual Abuse Early Emotional Support Service**

Contract for 2018-2020 awarded to Safer London. This service is commissioned in partnership with Lewisham and Lambeth CCGs. The service provides emotional support to children and young people who are being seen for a child sexual abuse medical examination, offering 6-8 sessions with an emotional support practitioner with onward referral to specialist CAMHS or signposting to other services if required. There is no mental health threshold for access to the service.

Early Intervention Health Visiting

Part of the health visiting service provided by Guys and St Thomas's. Early intervention health visitors have additional training in mental health and other areas which enables them to provide an enhanced service, for example in provision of parenting programmes, sleep clinics and bonding and attachment work.

Family Nurse Partnership

Provides support to mothers who are expecting their first baby and are aged 16-19 or up to 24 in some circumstances e.g. if the parent has been Looked After. Support is offered until the child is two years old. The service is provided by Guys and St Thomas's NHS Foundation Trust, commissioned by Southwark CCG and Southwark Council.

Imago

A support service for Young Carers, commissioned by Southwark Council. The service provides one to one support, social activities and group sessions, advice and information, and liaison with schools and other services for children and young people aged 8-24 who undertake caring responsibilities for an adult.

Liaison and Diversion and the Youth Offending Service

Funding from the Department of Justice for *Liaison and Diversion* is intended to ensure that all young people entering the criminal justice system have the opportunity of a health and wellbeing assessment, followed by support to access appropriate services. There is a national service specification, but local services are configured in a way which integrates with local provision.

The Southwark service includes screening at point of entry to the Youth Offending Service (by a YOS Health and Wellbeing Officer), peer listening (by young men trained as Peer Navigators who can facilitate conversations about feelings and stresses), trauma awareness training, and listening projects developed as satellite hubs in the community, with drop-ins and training of existing peer mentors and support services.

Drop-ins facilitated by the Peer Navigators are targeted at young people who are concerned about knife possession, gangs or involvement in crime. Speech, Language and Communication skills are a key focus of YOS interventions, encouraging young people to express their feelings and understand the connections with negative behaviours in order to develop more thoughtful responses to emotions. Different intervention models using music or forum theatre provide opportunities to build on this knowledge and participation by Peer Navigators encourages other young men to discuss emotional wellbeing.

The YOS has delivered workshops to at risk pupils in Secondary Schools to encourage conversations about feelings and personal safety and worked with Bubble theatre to pilot similar anti-knife crime work with Year 6 pupils in Primary Schools. Funding has been provided for CAMHS staff in YOS and for speech and language provision from Guys and St Thomas's NHS Foundation Trust.

Oasis Youth Support

A youth worker service for adolescents who have diabetes. Provides mentoring and supports young people to engage with health services and to self-care, and supports them in accessing employment, training, education and extra-curricular activities.

Parental Mental Health Service

A SLaM service for parents who have mental health difficulties and who have a child under 5 years old. The service is provided by SLaM and funded by the council and the CCG. No diagnosis is necessary.

Southwark Locality Early Help¹⁸

Structured into four locality-based multiagency teams, managed and funded by Southwark Council Children's Services. Links directly into children's centres and into schools.

¹⁸ At the time of writing this service was undergoing a restructure and this section may require updating.

Provides support on matters including school attendance, exclusions, benefits, and behaviour support. The service aims to provide early intervention in family or school-based problems which will if successful avoid need for statutory intervention and includes staff from social care, education and health. There are a number of services under this umbrella:

- Early Help CAMHS Team providing early intervention for children and young people up to the age of 18 who have mild to moderate mental health issues; assessment and short term therapeutic intervention for CYP who have mental health issues due to home and/or school-based problems. The CAMHS staff are clinical staff employed by SLaM who work within the locality Early Help teams. The intent was that these staff would see children and young people with mild-moderate mental health issues arising from home or school circumstances, but in fact they have been seeing children/young people with more significant issues than was intended.
- Functional Family Therapy team, called Families First. Children/young people aged 10-17 and their families where there is challenging behaviour in two or more settings (home/school/community). (note this service is undergoing change as of July 2018, it is being amalgamated with the Southwark Children's Social Care Clinical Service, a new service model is awaited).
- The Specialist Family Focus Team (SFFT) provides intensive support to resolve family crisis. The team is multidisciplinary and includes an adult's mental health and substance misuse nurse and a health visitor as well as social workers, parenting co-ordinators and family practitioners. It is part of the Early Help service and works with families to resolve crisis.

Locality Early Help is a "traded" service, purchased by schools. Children and young people may access Early Help CAMHS regardless of whether the school will fund or not as long as the child / young person has a Southwark GP.

Red Thread Youth Limited

A Youth Violence project at Kings College Hospital Foundation Trust, working with young people aged 13-20 who have presented at the hospital due to knife and/or gun crime.

A youth worker is funded by the Children and Young People's Health Partnership, working within Kings College Hospital NHS Foundation Trust, appointed to visit young people 16-19 who are being seen or who have been admitted to adult areas of the hospital. The worker carries out a Teen Health Talk with young people who consent to this. This service is part of a project called KAOS- Kings Adolescent Outreach Service.

Children and Young People's Health Partnership (CYPHP)

This organisation is funded by Guys and St Thomas's Charity. A four year-project (2016-2020) which aims to support the integration of mental and physical healthcare, it provides free Health checks and Health packs for children and young people (in Lambeth and Southwark) who have asthma, eczema, constipation or epilepsy.

Funding pickup for this project , provided it is successful, will come from the CCG.

Joint paediatric clinics are offered to GP practices within the programme (as this programme is subject to a controlled evaluation, not all GP practices are within the programme, but all GP practices are able to access the enhanced service offer including online decision-support tools, a paediatric hotline and education/training).

Children and young people being seen by CYPHP practitioners in this programme may be referred to mental health practitioners who are employed by SLaM but are working within CYPHP. Mental health referrals may only be made for children/young people who are part of the long-term conditions programme. Mental health training is provided for personal advisers and youth workers. Some access is provided for mental health consultation for GPs with plans to increase this access.

Specialist Services

Child and Adolescent Mental Health Services (CAMHS) provided by SLaM

Specialist outpatient services¹⁹

- **Adolescent team:** Assessment and treatment for children and young people aged 12-18 years. Provides also for Southwark Young Offenders.
- **Carelink:** provides assessment and treatment services for children & young people who are looked after or have been adopted. The service works with carers and adoptive parents. Runs focus groups for foster-carers, social workers and adoptive parents.
- **Child and Family Service:** assessment and treatment for children up to 12 years old and sexual abuse service for children and young people up to 18 years old. Does work in two primary schools. Includes Hope Project for CYP up to 18 years who have experienced trauma.
- **Child and Adolescent Mental Health Neurodevelopmental service:** assessment and treatment services for children and young people up to 18 years old who have complex developmental disability i.e. Autistic Spectrum Disorder, Learning Disability, Attention Deficit Hyperactivity Disorder and accompanying mental health issues. Work is commissioned from this team by some special schools.
- **Southwark Assertive Outreach / Home Treatment Team:** Children / young people who have been assessed by a CAMHS team and have been identified as having complex needs which need to be met in a flexible way (i.e. hard-to-reach children and young people who have severe, persistent and complex needs) and /or have attended A&E more than once in preceding 12 months. Referral may be made internally to this team, who may assess at home if needed and will offer an assertive approach to engagement and avoid admission if possible. The team also offers intensive support post-discharge from inpatient treatment if that was outside SLaM inpatient care. This is a very small team operating within the adolescent team.

Kings and St Thomas' Paediatric Liaison Services

- Service provided by psychiatrists, nurses, psychologists, and therapist employed by SLaM who are embedded within KCH and GSTT. The service provide assessment and treatment to children and young people under 18 who present in crisis to the Emergency Department or as psychiatric emergencies on the wards. Staff also provide advice, consultation, and training for their physical health colleagues and work closely with Southwark CAMHS.

National/Specialist Services provided by SLaM

- Commissioned and paid for on a case-by-case basis. These can be commissioned both by local CCG and NHSE as noted below. Outpatient services are:
 - Adoption and Fostering Outpatient service
 - Anxiety Outpatient Service
 - Centre for Interventional Paediatric Psychopharmacology

¹⁹ Referral criteria can be found in [Appendix H](#).

- Eating Disorders Multi-Family Groups
- Eating Disorders Outpatient Service
- Forensic Psychology
- Learning Disabilities Outpatient Service
- Mood Disorder Outpatient Service
- Neuropsychiatry Outpatient Service
- Obsessive Compulsive Disorder Service
- Paediatric Liaison (Inc. assessment / treatment provision)
- Service for Complex Autism & Associated Neurodevelopmental Disorders [NHSE]
- Obsessive Compulsive Disorder Service [NHSE]
- Forensic Psychiatry
- National & Specialist paediatric liaison service
- Conduct Adoption & Fostering Team

National and Specialist Alternative to Admission services

- Dialectical Behaviour Therapy Service
- Eating Disorders Intensive Treatment Day Programme (11-17 years) [NHSE]

Eating Disorders

Southwark has a well-established specialist outpatient service. The provision has been enhanced with Transformation funding, providing the following:

- Service open to self-referrals
- On-line resources developed
- Parents Buddy network system
- Dedicated paediatric bed at KCH
- Outreach work in schools
- Treatment for young people who have co-morbidities
- Collaboration with Crisis services

Inpatient Beds

These are nationally commissioned by NHS England. SLaM is a provider of beds in four wards / units (Acorn Lodge, Bethlem and Snowfields on SLaM sites, and Woodlands in Kent). It is important to recognise that although every effort is made to place children and young people locally, all beds are a national resource, and specialist beds, e.g. for children and young people with learning disability, are available only in specialist units. Inpatient beds may only be accessed via specialist CAMHS.

Southwark Children's Social Care Clinical Service,

This is a clinical team, led by a Consultant Clinical Psychologist, embedded within children's social work and youth offending teams. The purpose of the service is to support social work objectives, rather than to reduce symptoms in children with diagnosable mental health disorders. For example, social work objectives may include obtaining a court order, successfully achieving a move back home, reducing reoffending, successfully removing the need for a child protection plan or finding a suitable placement for a looked- after child. Clinical work is primarily with birth parents/carers or whole families, joint working with social workers, and providing social workers with training, advice and consultancy. Children may be clinically assessed/worked with individually if this necessary to support court proceedings or to enable the social work task to be achieved.

Services which are both targeted and specialist

Community paediatric services

Provided by GSTT (Evelina). Community paediatricians see children with a wide range of health conditions. Necessarily they will see children who have or may have mental health or emotional conditions as well as physical ones. This includes young children who have behavioural issues, children and young people with SEND, and children / young people who are Looked After, since they provide the Looked After Children Health service. They are responsible for provision of health reports to education for SEND Education Health and Care plans (EHCPs). They are also integral to the multidisciplinary autistic spectrum disorder diagnostic pathway. They work closely with the neurodevelopmental CAMHS team which is located in the same building.

Educational Psychology

Provided by Southwark Council. Services are provided freely to all maintained schools, but academies and non-maintained schools must buy the service (and are in turn free to buy services elsewhere). Educational Psychologists carry out statutory and non-statutory work relating to the SEND Code of Practice and provide advice about the psychological aspects of learning and child development, social, emotional and mental health and behaviour. This may be done at individual, group, class or whole system / school / organisation level.

Inpatient beds and other Tier 4 services

NHS England Specialised Commissioning team commission all inpatient beds across England. The main provider of mental health services in Southwark, South London and Maudsley NHS Foundation Trust (SLaM), and when the Transformation Programme began in 2015/16 there were 57 beds for children and young people.

Children's beds for 4-12-year olds are provided at Acorn Lodge, Bethlem Hospital. Adolescent beds are at the Snowfields Adolescent Unit (Maudsley) the Bethlem Adolescent Unit and Woodlands in Kent.

There are no beds for psychiatric intensive care (PICU), learning disability or eating disorder locally or in the South East London Sector. Young people requiring these are placed out of borough, sometimes far away, depending on where beds are available.

National Review of Tier 4

- 1. A national review of Child and Adolescent Mental Health Services (CAMHS) Tier 4** was undertaken by NHSE and the report was published in July 2014⁷. Since that time NHS England Specialised Commissioning have worked to understand pathways to and from inpatient bed/services, and currently commission what is referred to as Specialised CAMHS beds.
- 2. The review identified the numbers, type of bed available and where they are located.** London exports the highest number of patients nationally.
 - 743 patients of London CCGs needed CAMHS admission in 2015-16.
 - 398 patients (54%) received treatment in London.

Non-London CCG patients utilise a high proportion of London's inpatient capacity:

- 197 patients (34%) of London's inpatient activity in 15-16 was generated by non-London CCGs.

- 3. During 2017 the number of beds in the sector was increased** so that by the end of 2018/19 there will also be an increase in the number of beds provided by SLaM.

	Acorn Lodge (Bethlem site)	Bethlem Adolescent (Bethlem site)	Snowsfields (Denmark Hill site)
2016/17	10	12	11
2017/18	10	12	11
2018/19	10 plus HDU suite	12 plus 8 PICU beds	11

- 4. There has also been an increase in the number of PICU beds** in London at the East London Foundation Trust which will benefit Southwark young people in terms of distance travelled for a bed.
- 5. The three Trusts in South London have formed a partnership** and NHS England have delegated funding to this partnership to develop inpatient services and to develop alternatives to admission.²⁰
- 6. Commissioners are reviewing data across the SEL boroughs** to understand the needs in the sector and how those needs can be commissioned.

Most Southwark admissions are to SLaM beds and out of 47 admissions 2015-2016, 37 were to NHS beds, the remainder in the private sector. Commissioners continue to monitor inpatient admissions to understand the number and types of beds required and the service areas to be improved to prevent admissions.

- 7. The key messages or challenges for London following the Tier 4 review were that:**
 - **More must be done across the CAMHS pathway** to manage demand at earlier points in the pathway to reduce the reliance on beds.

²⁰ Please see [Appendix F](#) for further details.

- **Demand for specialised CAMHS beds has risen** in London (15% increase in patient numbers since 2013-14 with evidence of plateau since 2015/16). It will not diminish without system-wide intervention and change.
- **Inpatient admission is not always the right answer** even in crisis however this currently appears to be the default option.
- **There are gaps in total pathway** and not just in inpatient provision.
- **Local CAMHS Transformation Plans** are key to delivering change.
- **Earlier intervention** is required.
- **Sustainable community packages** are a key part of solution.

Appendix E: Funding

The table below sets out the budget for the CCG and Council on CAMHS and total mental health services:

Budget for Southwark Mental Health 2016-17	CCG £'000s	Council £000s	Total £'000s
CAMHS	4,082	1,425	5,507
Total	58,289	11,224	69,513

Source of information: Mental Health Commissioning Team (PCT)

This does not include spend on other local services that contribute to children's emotional mental health, or amounts spent in schools.

From Southwark local authority funding, a further:

- **£7,734,000 was spent on Public Health services**, including the Family Nurse Partnership, School Nursing, Healthy Weight Specialist School Nurse Practitioner and Healthy Schools;
- **£1,027,000 on the Southwark Children's Social Care Clinical Service** (which is expected to help pay for itself by reducing or eliminating the need for external assessments for court proceedings which will be done by the Team).(not all of this budget is currently spent due to vacancies)
- **Two Social Worker posts for Carelink (Budgets 2017/18: £108,522) (2018/19: £110,622)**. Carelink provides adoption support services on a case-by-case basis under a rolling service level agreement funded on condition that the council can claim funding from central government. £199,000 of funding came from the adoption support grant, which has now ceased.
- **Three social worker posts within the Functional Family Therapy team:** two of these are vacant and a decision is awaited on a new model.
- **In addition to this Southwark Council provides grants to and has contracts with a very large number of community groups**, including for children / young people. The total spend on Youth and Play alone is £481,589 for the current year, covering 21 organisations.
- **Council Funding in the table above includes:**
 - £287,000 per annum for Parental Mental Health.
 - Funding for adoption support within Carelink on a case-by-case basis, dependent on there being funding from Central Government.

The spend on SLaM CAMHS services is set out in the table below (2017/18):

Service	CCG	Transformation funds	Council	Total
	£'000s	£'000s	£'000s	£'000s
Child and Family Service TF: Hope Trauma Project	698	65	194	957
Adolescent team TF: Home treatment Service (Southwark Assertive Outreach) £166k, Increase in Youth Offending Service CAMHs offer £51k	809	217	133	1,159
Neurodevelopmental Service	835		46	881
National and specialist outpatients CAMHS (including Paediatric Liaison)*	473	-	-	473
Carelink	644	-	288	932
Parental Mental Health Team	170		287	457
All-age mental health support line (inc. children) **	65	-	-	65
Early Help CAMHS (CCG via a s256)	-	-	306	306
Functional Family Therapy The TF funding is passed by CCG to Council.	-	106	87	193
Liaison and Diversion (from Ministry of Justice funds services in the YOS)	--	-	84	84
TOTAL	3,694	388	1,425	5,507

* cost & volume

** this budget cannot be broken down into adults / children spend

The spend from the National Specialist Outpatient/Community budget held by the CCG is set out in the table below.

This funding is on a cost per case basis and therefore varies year to year as can be seen (2017-18 figures are not yet available). This spend is in addition to the funding of £5,507,000 detailed above.

CCG Specialist Outpatient CAMHS services:	2016/17 SPEND £	No. of patients seen	2015/16 SPEND £	No. of patients seen	2014/15 SPEND £	No. of patients seen
ABI	282	1	11,439	2	12,780	2
Anxiety and PTSD	22,695	9	38,139	13	50,124	16
CAFT	15,502	6	46,913	12	49,412	13
CIPRD	2,956	1				
DBT	131,727	10	29,970	8	40,074	5
Eating Disorders	141,648	36	174,618	41	172,988	34
Eating Disorders MFG	10,068	3	11,620	5	22,761	4
Forensic Psychiatry	3,835	1	19,730	8	29,298	8
Forensic Psychology	46,802	6	15,082	1	28,928	2
LDT	2,829	2	1,395	2	11,090	4
Mood disorders	14,391	4	17,874	4	26,710	6
Neuropsychiatry	8,478	4	6,975	2	34,939	7
Neuropsychology	0	0	6,696	1	1,711	1
OCD	17,829	8	24,243	15	51,858	22
Paediatric Liaison	42,929	33	24,972	27	51,533	169
Total	£461,971	124	£429,666	141	£584,206	293

The CCG has met and is committed to continuing to meet the mental health investment standard. This is an NHSE requirement that CCGs increase investment in mental health services in line with their overall increase in allocation each year, this has been a 2-3% increase.

Additional council and CCG funding

In addition to the above funding there is spend on third sector/other organisations from variable sources including charitable funding. Third sector spend from the CCG and Council is:

- **Southwark Wellbeing Hub:** A block contract from Southwark CCG and Southwark Council for £453,000 which is funded 50% each.
- **Big White Wall:** Commissioned by Southwark CCG (over 16s/adults only) at £24,000 per annum.
- **PACT:** A universal service which is under review.
- **CYPHP:** long-term conditions programme incrementally funded by CCG over a four-year programme (now in its second year).

Transformation Funding

CCG CAMHS Transformation Funds (actual and future estimates):

National	15/16	16/17	17/18	18/19	19/20	20/21
	£m	£m	£m	£m	£m	£m
National	105	119	140	170	190	214
Local	15/16	16/17	17/18	18/19	19/20	20/21
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Southwark allocation	589	695	841	1,018	1,216	1,439
Additional from 14/15 baseline	-	106	146	177	198	223
Cumulative increase	-	106	252	429	627	850

NHS England Transformation Funding is intended to improve access to NHS services for children and young people. The key objectives for this additional funding are:

- **Build capacity and capability across the system** so that this would include making measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes by 2020;
- **Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT)** so that by 2018, CAMHS across the country are delivering a choice of evidence-based interventions, using routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities;
- **Develop evidence-based community Eating Disorder services for children and young people** with capacity in general teams released to improve self-harm and crisis services;
- **Improve perinatal care.** There is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK – nearly three quarters of this cost relates to adverse impacts on the child rather than the mother;
- **Bring education and local children and young people's mental health services together around the needs of the individual child** through a joint mental health training programme testing in over 15 CCGs.²¹

The Five Year Forward Plan for Mental Health has a target of 35% of children / young people with a diagnosable condition being able to access services by 2020/21, with a 32% target being reached by April 2019. The annual Transformation Plans submitted by CCGs must demonstrate how this target is to be achieved and that progress is being made against the 2015/16 baseline. Figures collected do not currently take into account non-NHS services such as voluntary sector or local authority activity, although now under discussion are ways in which this could happen. The baseline as explained in section 1 is very likely an underestimate but 2004 ONS survey prevalence figures have been used by NHSE for this programme.

²¹ NHSE Guidance document: "Transformation guidance and support for local areas 2015"

The 2015/16 indicative baseline for Southwark was 1,305 children and young people (21% of an estimated prevalence of 6,196). The prevalence figure as described earlier is taken from the 2004 ONS survey which found that 1 in 10 children/young people had a diagnosable mental health condition. 10% of the 2015/16 population for Southwark was an estimated 6,196. The latest return for end of March 2018 reported Southwark as reaching 24% of children / young people with a diagnosable condition being able to access services.

The following table summarises spend from Transformation funding since 2015-16:

Service	£ LTP spend	One-year funding (15-16 only)	Funding up to March 2020
HOPE project trauma service CYP 0-18 2016/17 onward	64,977	-	64,977
Home Treatment service (Assertive Outreach) 2016/17 onward	166,011		166,011
2015/16 only	36,090	36,090	
Enhanced YOS CAMHS offer- 1 Band 7 post- 2016/17 onward	50,517		50,517
2015/16 only	12,630	12,630	
2015/16 pilot youth worker service in KCH Emergency Dept – Redthread	118,577	118,577	
All-age mental health support line to include CYP (1 clinician working OOH) 2016/17 onward	64,977		64,977
2015/16 only	10,635	10,635	
Early Help CAMHS -clinical practitioner lead for Social care** -early intervention for children with behavioural difficulties in primary school -work with targeted vulnerable groups including LAC, Care Leavers, those on CP plans. One senior advanced practitioner post, a team leader and 2 band 7 clinicians 2016/17 onward	194,197		194,197
15/16 only	41,933	41,933	
Functional Family Therapy (FFT)- funding for ongoing service from 2016/17	106,000		106,000
Eating Disorder- 1:7 of post for preventive work in schools*	10,500		10,500
Eating Disorder- enhancements to service*	28,173 Not spent		28,173 Not spent
Schools (2015/16) Mental health in schools' pilot	200,000	200,000	
Child Sexual Abuse and FGM emotional support (Safer London) 2016/17 onward	10,000		10,000
2015/16 only	2,499	2,499	
Therapeutic assessment training for paediatric liaison, adolescent team and workers in crisis services 2015/16	20,000	20,000	
Developing workforce in schools 2015/16	72,513	72,513	
Transition 2015/16-Review of transition arrangements and protocols	45,000	45,000	
Information on good mental health and wellbeing and its dissemination	10,000	10,000	
TOTAL			635,352

Funding comparison with other areas

Benchmarking spend against other areas has proved very difficult because the only published data relates to CAMHS, not to other services. Amongst the four areas served by SLaM, Southwark has the highest spend:

2017/18 Funding per appointment and per prevalent population (excluding tier 4 expenditure and activity)²²

Borough	Funding	Number of appts offered	£ per apt.	Prevalent ppn.	£ per prev. ppn.	Appts per head prev. ppn.	Staff WTE	Appts per WTE	WTE per 1000 prev. Ppn
Croydon	£4,212,912	10,889	£387	9,421	£447	1.16	54.3	201	5.8
Lambeth	£3,428,562	10,061	£341	6,613	£518	1.52	47.8	210	7.2
Lewisham	£4,293,541	10,958	£392	6,909	£621	1.59	59.2	185	8.6
Southwark	£4,813,563	13,979	£344	6,674	£721	2.09	57.4	244	8.6

The table indicates that more appointments are offered in Southwark, with those appointments each costing less than in either Lewisham or Croydon. Southwark's funding per head of prevalent population is the highest.

Staffing WTE numbers should be treated with caution because it is not known for the other three boroughs what the vacancy rate is- these numbers do not reflect staff who are actually in post and at work.

²² Source: NHSE returns, Lambeth CCG

Appendix F: New Models of Care and the South London Partnership (SLP)

The ambition of the South London Partnership CAMHS Programme is to:

'Minimise the disruption to the lives of young people and their families through maintaining social networks and improving their resilience, aiding their recovery. The Partnership will do this through providing the majority of specialist services in South London, prioritising community-based support, and ensuring high quality and responsive services are available'.

During 2017 NHS England accepted the submission of the SLaM Mental Health and Community Partnership for New Models of Care CAMHS Wave 2 programme and set up a partnership of South West London and St. George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, and SLaM. Operation of New Models of Care began on 1st October 2017, with the Partnership taking responsibility for a £20m Tier 4 CAMHS commissioning budget and working closely with NHS England.

As part of the New Models of Care process, the lead Trust, SLaM, signed a contract on behalf of the Partnership that devolves appropriate commissioning responsibility from NHS England for the CAMHS Tier 4 budget. The Partnership has also signed a management agreement with NHS England regional team that sets out how it will work together to ensure effective management for the delegated budget and monitor quality and performance of Tier 4 services that support South London patients.

The scope of the budget is all Tier 4 services commissioned by NHS England specialised commissioning for residents of the 12 south London CCGs, except for children's inpatient services, services for deaf children, medium and low secure inpatients and specialist services for Transforming Care (i.e. Learning Disability) patients.

Tier 4 services are characterised by a number of challenges with the key ones being;

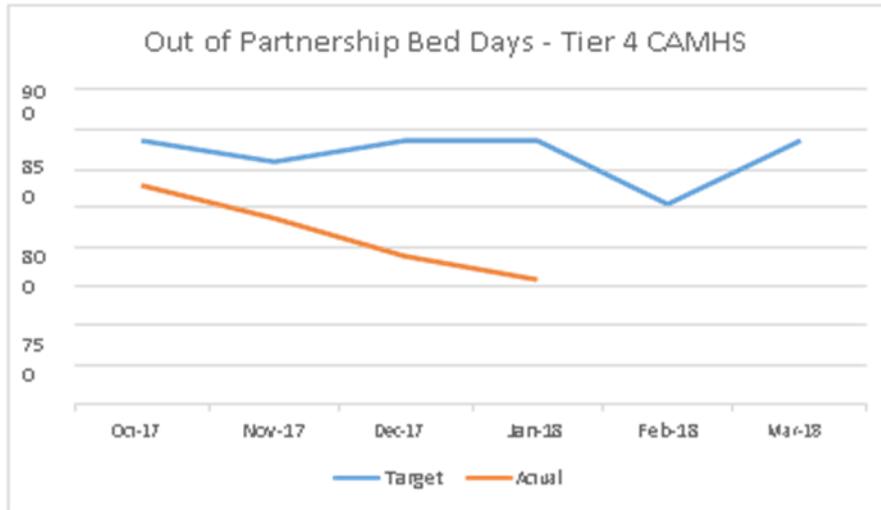
- availability of alternatives to inpatient facilities due to capacity and accessibility of community-based services;
- access to inpatient facilities within South London as there are insufficient beds;
- rising need for Tier 4 inpatient facilities creating budgetary pressures.

During 16/17, roughly 65% of adolescent inpatient bed days for South London CAMHS patients were provided outside South London, with the average distance from home being 73 miles. The aim is to reduce the total number of adolescent and eating disorder bed days by 25% and halve the average distance from home by 2019/20.

Acceptance for New Models of Care Wave 2 was based on a business case to build upon the core CCG Tier 3 locally-commissioned contracts by extending hours and increasing community service capacity in services that will impact upon reducing referrals and shortening inpatient stays, thereby reducing the need for inpatients. The community services the Partnership identified for investment are; Crisis Care, Dialectical Behaviour Therapy (DBT) and Eating Disorders.

NHS England Case Management and operational Bed Management will be integrated with each other to better manage all south London patients in inpatient facilities and seek opportunities to repatriate patients from outside South London.

The focus of the programme during 17/18 was on Sustainable Services achieved through expanding Tier 3 services and reducing demand on Tier 4 services. Later phases will seek to optimise the demand changes and focus on Service Quality and Healthier outcomes for patients.

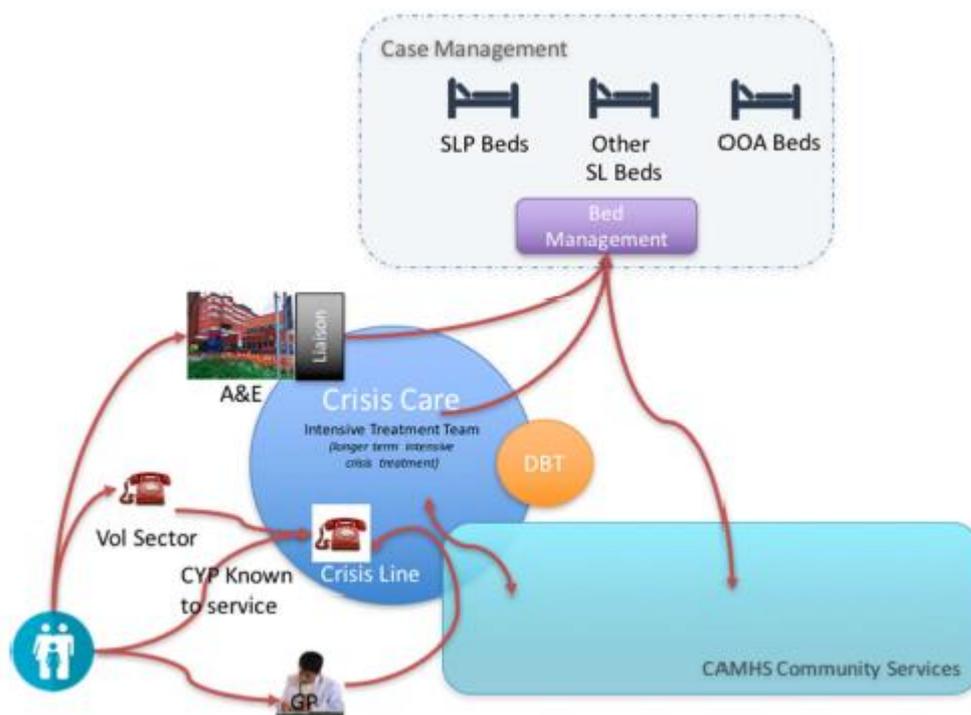


The Partnership works with CCG and Local Authority commissioners to align plans, develop a consistent service model and expand evidence-based community services for the benefit of patients and their families. To support this, a baseline exercise was undertaken across South London, including Tier 3 services as well as validating Tier 4 baseline data from NHS England. Commissioners aligned to each of the three providers attend the Programme Board to shape the plans and service models further.

Crisis Care

Crisis care is a focus of the work being undertaken by the South London Partnership (SLP). A systemic approach to crisis care is being led by SLP. To this end the focus is on improving access, the quality of care and service experience for the local CYP and their families.

The flow map below shows Crisis Care (along with the Crisis Line) as a bridge between community and inpatient CAMHS services.



The SLP ambition outlines the need to integrate and where possible co-locate services (bed management and crisis line) to gate-keep robustly and manage the demand for CAMHS beds and reduce out of area/partnership admissions for CYP. Another highlight of the proposed crisis care system is that it would be informed by dialectical behaviour therapy (DBT). This is based on evidence obtained from other crisis care sites (e.g. Oxford) leading to a better skilled and more resilient workforce that is able to offer high quality service to CYP in crisis.

The SLP crisis care model comprises individual models for each of the three Trusts, ensuring that local services are tailored to local needs. Earlier in the year the current service flows and patient pathways across the SLP were mapped.

The implementation will see an approach which will reduce the need for inpatient services through the deployment of intensive treatment and support services operating 7 days a week at extended hours (9am to 10pm) to ensure that adequate support is available for young people and families when most needed. This service will need to be supported by the commissioned community CAMHS (Tier3) service. This means this interface /pathway is critical to success of the model.

Crisis Line

As part of the crisis care system across South London a 'crisis telephone line' will be introduced. This will offer telephone support and guidance to families to de-escalate a crisis and where a need for immediate assessment or intervention is identified, the Crisis line will make contact with the local Crisis team. In other situations, they will provide immediate guidance and then signpost to services for further help.

This proposal outlines a joint function that provides both an SLP CAMHS Bed Management function integrated with a Crisis Care Line. The cost across the SLP is £580,000.

In the first phase of implementation the SLP crisis line will be introduced across two South London boroughs (Greenwich and Lewisham) and will initially be available for CYP that are

already known to the service. The line will be operational between 5pm – 10pm, Monday to Friday and 9am – 10pm on weekends and bank holidays. This is due to be rolled out to Southwark in 2018 but a date is not yet set.

The in hours' arrangements for crisis line during the week will be with the local CAMHS teams. A review three months after 'Go-Live' (above) is planned to inform the decision to expand further. Assessments will be conducted as a 'triage assessment' to review the mental health of the young person within their family context and identify what immediate support is needed, and whether admission is the next most appropriate step.

When admission is required the team will identify the most appropriate resource and will work with the family on goals for admission and expected date for transfer back to community services.

Consistent with the approach of the SLP Crisis Care service offer, Crisis Line clinicians will use a variety of therapeutic interventions such as problem solving, listening and relaxation techniques etc. to ensure that a package of care is put in place whenever possible within the community setting. If the level of risk presented is not manageable within the community setting, then the most appropriate course of action will be admission to an inpatient unit.

The new Crisis Response Team will provide short term intensive crisis response and assessment leading to the following outcomes:

- De-escalation of crisis
- Book within 1 working day an urgent clinic appointment in CAMHS Community team e.g. specialist CAMHS could follow up patients or the crisis team, as an alternative to A&E presentations.
- Refer to Intensive Treatment Team or Maudsley Intensive Community Care Service for longer term intensive crisis treatment
- Inpatient admission.

Assessments will either take place in separate room in A&E or in the community team. If CYP presents to S136 suite, SpR (Specialist Registrar) will assess them with the following outcome:

- Discharge home (can the Crisis Team go with them/ meet them at home?)
- Transfer to A&E bed
- Transfer to mental health bed

Implementation of SLaM Model

The SLaM crisis care model implementation will progress through the summer and the first phase of the implementation will be complete by September 2018.

During this phase the operational policy will be updated, and the recruitment process will get underway. The new crisis support team will be able to offer support up to 7pm during the week.

The second phase will be completed by October 2018 with crisis support extended till 9pm, 7 days a week (including Bank Holidays) the SLP crisis line will go live (5pm – 10pm, Monday to Friday; 9am-10pm on weekends including Bank Holidays). The recruitment will be completed, and finalised rotas will be in place for the extended hours coverage. The full benefits of the crisis care service for SLaM are expected to be achieved by March 2019.

Other Crisis Services

Currently SLaM offer other CAMHS services that look after CYP in crisis, within the above system. These include the Supported Discharge Service (SDS), Paediatric Liaison Services which offer a mental health liaison service for children and adolescents up to the age of 18 years across the acute hospital sites of King's College Hospital, Croydon, Lewisham and St. Thomas's Hospital.

An Emergency and Developing Crisis protocol was recently collated and circulated by SLaM following a learning event in December 2017. SLaM was asked to clarify the CAMHS process for responding to urgent concerns and where concerns should be directed (community CAMHS or A&E). The Emergency and Developing Crisis CAMHS Protocol provides guidance to general practitioners, other health professionals, school staff, counsellors, social workers and others, on what to do in the case of a mental health emergency or developing crisis for a child or young person.

Appendix G: Background to the Thrive Model

One area explored in this review was the possibility of implementing a model which is inclusive of all services, not specialist CAMHS alone. The I-Thrive model, developed by the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust, now being used in many areas around the country, is an example of a model which does include all resources and need, and which is not tiered.

- Thrive is the conceptual framework for a new way of thinking about CAMHS. The I-Thrive (implementing Thrive) programme takes the principles of Thrive and translates them into a model of care called I-Thrive.
- Thrive is distinct by emphasising the need for a common language when talking about the needs of young people rather than trying to create a service structure. For example, an individual therapist could be giving advice to one person in the morning and giving more help to a different person in the afternoon.
- Thrive is a framework for how best to address the needs while acknowledging how CAMHS services do not have all the answers. The Thrive model should help to tackle assumptions made in treatment for children and young people using mental health services that are based on professional views.
- Using a broader lens for mental health services and one that incorporates the wider system, the narrative can move towards asking how we can support young people wherever they are.
- I-Thrive would encourage the allocation of resources according to best use of multi-agency input and pilot sites are currently exploring with NHS England how this might work in practice and how this can lead to changes in service design. It is systematic and population-focussed, therefore fits very well with Bridges to Health.
- It is integrated, person-centred and needs-led. Shared decision-making and active involvement by children, young people and their families is integral to the model.

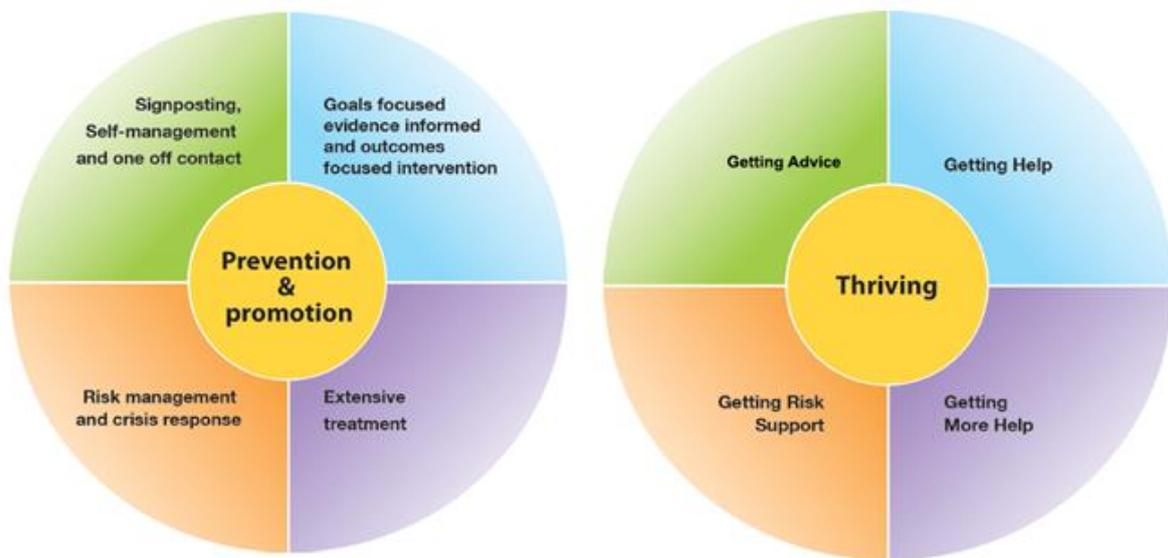
There are five groups within Thrive:

1. Thriving (no problems requiring services, this population of children require prevention and health promotion services).
2. Getting advice/signposting.
3. Seeking help.
4. Seeking further help.
5. Risk management.

The model is not prescriptive in terms of structures, it is intended as a conceptual model which is implemented in ways which fit local need and requirements.

It does require a focus on outcomes which are negotiated with children/young people and parents/carers at the outset, and consequently a focus on endings also, the assumption being that ending of service will take place when negotiated outcomes have been achieved. All services at all levels can fit within the I-thrive model.

The THRIVE conceptual framework



i-Thrive was selected to join the NHS Innovation Accelerator (NIA) in 2015. NIA is an NHSE initiative delivered in partnership with all 15 Academic Health Science Networks (AHSNs) and hosted by UCL Partners.

More information on Thrive can be found here: <http://www.implementingthrive.org/>

Appendix H: Existing Referral Processes

SLaM Services

- Each of the six teams in SLaM, (including Early Help CAMHS) has until June 2018 received and processed its own referrals, by post or email. At the time of writing a single referral point is being established. The pathway description given here is still in process of change and so should not be taken as read for the future.
- The teams have varying criteria as to who can refer:

Team	Parent or carer (or family member)	GP	School	Social Services	Other health professional
Adolescent		yes	yes	yes	
Child and Family Service	yes	yes	yes	yes	
Neurodevelopmental Service		yes	yes	yes	yes
Referrals also come to the above teams as appropriate direct from paediatric liaison					
Carelink (<i>If adopted child- referral through the children's social care post-adoption support service</i>)	yes			Social worker (preferred)	yes
Early Help CAMHS team	yes	yes	yes	yes	
Functional Family Therapy (FFT)	yes	yes	yes		yes

- Referrers have needed to know which team to refer to, although if a referral was sent to the wrong team there would be cross-team transfer within SLaM. Referrers may call SLaM for advice regarding whether to make a referral and how to make it.
- Practitioners from different teams may co-work if required.
- Email addresses for referrals have varied, with a total of five addresses depending on the team being referred to (one for child / family and adolescent, one for the neurodevelopmental service, one for Carelink, one for FFT and one for Early Help), although referrals would be passed on if needed. This has reflected different bases and administrative arrangements and the situation as has been until June 2018.
- Early Help:** Referrals may go directly to Early Help CAMHS, and, since the service is part of the SLaM CAMHS service, the latter may direct referrals sent to specialist teams to Early Help CAMHS, following discussion with the latter about appropriateness. The Early Help locality clinician (based on which school the child/young person attends) will ring the family to confirm the transfer and seek consent for information to be shared with the local authority Early Help team. The family may decline at this point. If the family consents, the referral will go to the multidisciplinary locality meeting for allocation.
- Going the other way, an Early Help referral** received directly may be re-routed to specialist CAMHS and will then follow the CAMHS triage route, i.e. risk screening, multidisciplinary meeting (held weekly for each team) and will be either accepted and allocated (letter then sent to family), or declined, in which case there would be discussion with Early Help about alternatives.

8. These pathways cause considerable confusion to referrers and there appears not to be consistency, i.e. some referrers have been asked to re- do a referral to Early Help when specialist CAMHS has declined it. There is also an issue commented on later about information sharing arrangements and the need for information to be held on the local authority recording system (Mosaic).

Other Services

9. **The Parental Mental Health Team** has its own arrangements and email address whereby anyone can refer, although predominantly referrals come from: GPs, Maternity/health visiting services, self-referral (GP would be contacted), adults mental health, Early Help and Social Services.
10. **Paediatric liaison KCH:** urgent referral direct from A&E. Once referral is received, the child/young person will be seen. 7-day follow-up arranged with CAMHS. Overnight self-harm admissions, information/ call from night or weekend shift junior psychiatrist. Non-urgent referrals are received internally or via post.
11. There is an Emergency care pathways document (March 2015) for under-18s presenting to Kings College Hospital with mental health issues. This document provides clear flow charts for staff for both under- 16s and 16-17 year olds, with phone / bleep / pager information.
12. Similar arrangements to (10) above are in place for GSTT
13. **Emergency and Developing Crisis protocol:** this protocol published by SLaM and dated 24th April 2018 gives GPs and other professionals advice on what to do in the event of a mental health emergency or developing crisis. In emergency (i.e. immediate suicide or serious self-harm risk, or physical harm due to an overdose or serious self-harm, or acute onset psychotic symptoms, or young person putting themselves or others at risk through bizarre behaviour) advice is to go to A&E or to dial 999.
14. In a developing crisis during working hours, advice is to call CAMHS and ask for the Duty Clinician. There is also an email referral line which is checked hourly. In the event of no positive response, a manager can be called. Out of working hours, the child or young person should be taken to A&E (directly or via 999 call) and they will be assessed by the on-call psychiatrist.
15. The protocol gives helpline numbers for parents/carers/friends. There is a 24-hour SLaM mental health support line for urgent advice. There is a Young Minds parent helpline during weekdays for more general advice and support. Helpline numbers are also given for young people – Samaritans, NSPCC and Childline.
16. **National/Specialist CAMHS services:** these may be accessed via CCG commissioners who will liaise with SLaM CAMHS services. The exception is specialist adoption/fostering which may be accessed via the local authority if funding is available.
17. **Southwark Children's Social Care Clinical Service:** this service operates as part of social work teams and therefore takes work only from local authority children's services social workers. Whilst informal discussion does take place between this service, SLaM CAMHS services and Early Help including FFT, there are no written or formal protocols in place other than with the Youth Offending Service. There is therefore no clarity as to expectations regarding handover or information-sharing between services.

18. **Targeted Services:** Those services described above and each have their own criteria but by definition these are self-evident.
19. Access to **Educational Psychology** is always via school referral.
20. **Community paediatrics:** normally accessed via GP or other health professional referral but since they provide SEND and LAC services they also undertake work on behalf of education and social services. They may make referrals to CAMHS services but there is no clear pathway between them and CAMHS, the exception being in relation to autistic spectrum diagnosis where they and CAMHS are an integral part of the multidisciplinary diagnostic pathway.

CAMHS Referral Criteria

	SLAM				Early Help Locality Team	
	Specialist Adolescent Team	Child and Family Service	Child and Adolescent Mental Health Neuro-Developmental Service	Carelink (Looked After Children Service)	Functional Family Therapy (Families First Team)	Early Help CAMHS Team
Service available to	Children & young people (CYP) 12 to <=18 yrs	CYP <= 12 yrs Trauma abuse: CYP <= 18 yrs	CYP <= 18 yrs	Looked after CYP 0 to <= 18 yrs	CYP 10 to <= 17 yrs and their family	CYP <= 18 yrs and their families
Mental Health Issues Experienced	<ul style="list-style-type: none"> CYP experiencing severe and complex mental health problems: depression, anxiety, self-harm and psychosis All ADHD over 12 Youth offenders with severe and complex mental health problems 	<ul style="list-style-type: none"> Child and family relationship difficulties Emotional problems Behavioural problems Attention and concentration difficulties Anxieties and depression Trauma and loss Abuse including sexual abuse Self-harm ADHD with co-morbid conduct difficulties <= 12 yrs 	<ul style="list-style-type: none"> CYP with complex developmental disabilities (mainly intellectual disability, autism spectrum disorders) associated with known or suspected mental health challenges and/or challenging behaviours ADHD with co-morbid neuropsychiatry under 12 	<ul style="list-style-type: none"> Emotional difficulties e.g. anxiety, depression, anger, mood swings, low self-esteem Behavioural difficulties e.g. violence, destructiveness, self-harm, over activity, sexualised behaviours, obsessive compulsive behaviours Relationship difficulties e.g. problems in the family, with peers, in school or community Developmental difficulties e.g. wetting, soiling, problems with eating or sleeping, problems with communication 	<ul style="list-style-type: none"> Family relational difficulties / violence Behavioural and emotional difficulties at school, home and in the community Antisocial behaviour, conduct disorder Where substance abuse co-exists with behavioural and relationship problems Breakdown in the home/relationship Going missing/staying out late 	<ul style="list-style-type: none"> Early intervention for mild, to moderate, mental health issues Assessment and short-term therapeutic intervention for CYP, up to the age of 18, who have mental health problems e.g. poor school attendance because of home and/or school-based problems
Who can refer	<ul style="list-style-type: none"> General practitioner Schools Social Services 	<ul style="list-style-type: none"> General practitioner Parent or Carer Teacher Social Services 	<ul style="list-style-type: none"> General practitioner Other health professional Teacher Social Services 	Referrals preferred from the child's allocated Social Worker but other professionals and their carers can refer	<ul style="list-style-type: none"> General practitioner Other health professional Teacher Family member 	<ul style="list-style-type: none"> General practitioner Parent or Carer School / community Social Services
Referral criteria	<ul style="list-style-type: none"> Major mental illness with significant disturbance of functioning, in high risk 	<ul style="list-style-type: none"> Child <=12 yrs of age presenting with mental health issues as described above Child <=18 yrs of age who has experienced trauma (including sexual abuse) 	<ul style="list-style-type: none"> Up to 18 years old, with known or suspected mental health challenges as above, registered to General Practitioner in London Borough of Southwark 	<ul style="list-style-type: none"> Up to age 18 years In care Some adopted CYP (through CSC Post-Adoption Support referral route) 	<ul style="list-style-type: none"> Families with a 10-17 year old displaying challenging behaviours (aggression, conflict, risky relationships, running away) in two or more settings: school, home and community 	<ul style="list-style-type: none"> Child <=18 yrs of age presenting with mild to moderate mental health issues as described above
Services provided	<ul style="list-style-type: none"> Assessment and treatment of major mental illnesses using the following modalities Cognitive Behavioural Therapy (CBT) Mindfulness Family Therapy Medication management 	<ul style="list-style-type: none"> Assessment Parent and child work Individual sessions for the child Family therapy Parenting interventions CBT Consultation Medication prescription Trauma-focused therapy HOPE Project 	<ul style="list-style-type: none"> Specialist Multidisciplinary assessments Parenting advice, support and parent groups, Family work, Behaviour modification programmes incl.CBT Individual counselling, Medication, Mental health promotion & education, Liaison & consultation 	<ul style="list-style-type: none"> Mental health and therapeutic services for LAC, their carers and their professional network Assessment Treatment Consultation 	<ul style="list-style-type: none"> Intensive family therapy for CYP and their families in the home Shifts focus away from negative and blaming interactions on individuals, to a helpful and supportive way of building and strengthening relationships in families 	<ul style="list-style-type: none"> Assessment of the problem Parent/child or family work Individual sessions for the child CBT Parenting interventions Consultation
Contact details	1 st Floor Mapother House De Crespigny Park London SE5 8AZ Tel: 020 3228 7777 Reception: 020 3228 7777 Lead Clinician: Dr Partha Banerjee: 020 3228 7750 Email: CAMHS.SouthwarkReferrals@slam.nhs.uk	Child and Family Service Address as per Specialist Adolescent Team Tel: 020 3228 7777 Lead clinician: Dr Tara Weeramanthri 0203 228 7754 Henry Ker: 020 3228 7774 Email: CAMHS.SouthwarkReferrals@slam.nhs.uk	Child and Adolescent NDS 4 th Floor Sunshine House 27 Peckham Road London SE5 8UH Tel: 020 3049 8269 Duty clinician: 020 3049 8269 Team Manager: 020 3049 8269 NDSAdmin.Southwark@slam.nhs.uk	Carelink - CAMHS for Children in Care Lister Primary Care Centre (1 st Floor) 101 Peckham Road, Peckham London SE15 5LJ Tel: 0203 049 8470 Duty clinician: 0203 049 8470 Lead Clinician: Elizabeth Murphy: 07976782025 Email: Southwark.Carelink@slam.nhs.uk	Functional Family Therapy Service 1 st Floor Ann Bernadt School 29 Chandler Way London SE15 6DT Tel: 020 7525 2432 Karen Burgess: 07710921753 Duty Clinician: 0207 525 2432 Email: FFTsouthwark@southwark.gov.uk	Early Help Service Duty Manager Team Lead: Dr Donna Oxley Tel: 0207 525 3893 Email: earlyhelp@southwark.gov.uk

Audit of Referrals to SLaM CAMHS

Thirty-eight referrals to Southwark CAMHS were reviewed to have an in-depth look at referrals in and out of Southwark CAMHS. While there is data on the children and young people receiving services from Southwark CAMHS, understanding the characteristics of those who are not accepted or referred on by the local service is key to understanding the needs of children and young people who are presenting to services. The selection of cases to review was not random, each team was asked to identify five (5) cases that were accepted and five (5) that were rejected. The quality of referral information was reviewed, and coded as Missing, Incomplete or Complete.

Adolescent team

Ten referrals to the CAMHS Adolescent team were reviewed. Of the ten referred three (3) were accepted, five (5) were refused and redirected including one adult. Of those redirected three were to a counselling service, and one to Early Help CAMHS. Two (2) refused treatment however school counselling and the Early Help service appears to have been signposted. Of the ten referrals five were from GPs. In terms of GP referrals two refused treatment, one was accepted and two were redirected to counselling services. There were seven female and three males, four were Black British, two Latin American, one British Bangladeshi, two British and ethnic origin was not stated for one referral.

Referral information was missing from four of the referrals and six were incomplete. However incomplete or missing information did not prevent cases being accepted and points to the fact that information was also sent in addition to the referral form or collected by the team following receipt of referral. The most common presenting problem for adolescents was anxiety including PTSD (6 cases). There was one case presenting with psychosis and this case was accepted, the referral-in route being via A&E. The length of time of the mental health concern varied from 2 months to 8 plus years. Of the two at risk to self, the presenting problems were psychosis and depression, both were accepted however one refused treatment and moved school which may have alleviated the issue of bullying experienced and the presenting depression.

Children and Families team

As with the adolescents reviewed five were accepted and five were declined, with this group however the reason for the referral not being accepted or being declined appears to be influenced by parents e.g. that parents were not engaging. This is important to note as consent by parents is reported to be a key factor in the offer of assessment and treatment. There are also important factors to consider for example if the parent is the cause of the presenting problem e.g. assault and agencies such as social care being involved. The presenting problem for this age group is different from the adolescent group. Behavioural issues are a feature with presentations such as aggression, challenging behaviours - including suicidal thoughts and behaviours. Important past events included domestic violence, and physical assault by a parent. The length of time of the mental health concern varied as well adolescents ranging from 3 months to 7 years. Half of the cases reviewed presented a risk to self.

Early Help CAMHS Team

Of the ten referrals reviewed eight were from school and two from mental health professionals. Of the referrals reviewed the presenting problem was similar to those referred to the adolescent team namely anxiety and depression, the length of time of the presenting problem however was shorter varying from 6 months to 2 years. Recent changes in the lives of this group of children and young people referred included bereavement, witnessing self-harm, and removal from the care of a parent and parental illness. Important to note that of those declined or not accepted by the Early help CAMHS team most four (4) of these, were referred onto

other CAMHS teams and one (1) to school counselling. This may reflect a higher level of need for more intensive intervention for those children and young people.

Carelink – for Looked After Children

Referrals to Carelink are via Children's Social Care for children looked after. Eight cases were reviewed, five were accepted and three were declined. The reasons for being declined were to do with age, belonging to a neighbouring borough and a referral being made to another CAMHS service. Looked after children are sometimes not placed in borough and this will impact on if accepted by the local service. The presenting problems of the cases reviewed tend to be behavioural issues with behavioural problems cited in five out of the eight reviewed. Important past events tend to be directly linked to looked after status with issues such as neglect, domestic violence, rape and parental mental illness.

Appendix I: Progress on Improving Transition to Adult Services

1. Transition is the process of moving from one position or stage to another. In health and social care, it is commonly identified as the point at which young people, on reaching 18, move from children's services to adult care. There is recognition locally of the need for specific services supporting the transition from Children Services to Adult services.
2. There are risks for young people disengaging or being lost in the transition process. This is a vulnerable point in their development as they leave secondary education, move towards more independent living, gain legal responsibility for their choices and lose those parts of their support network that are only available within CAMHS.
3. Given the importance of transition a two year national CQUIN (Commissioning for Quality, and Innovation target) was published in 2016 [NICE guidelines on CYPMH transition 2016](#), and recommends that services are developed to :
 - Ensure transition support.
 - Ensure health and social care service managers in children and young people's and adults' services should work together in an integrated way to ensure a smooth and gradual transition for young people.
 - Involving young people and their carers in service design.
 - Ensure that service managers in both adults' and children and young people's services, across health, social care and education proactively identify and plan for young people in their locality with transition support needs.
4. The opportunity has been taken to utilise the national CAMHS Transition CQUIN to support the ambition to ensure safe and effective transitions across and between services in Southwark. The CQUIN incentivises providers to collaborate in order to improve transition planning between 'sending' and 'receiving' services, drawing together disparate elements of the care pathway, and to involve young people and (where appropriate) their families/carers in the process in order to improve young people's transition. This will not only provide continuity of support for young people during this important time; it will also encourage cross-agency working and improve communication across service boundaries so that receiving services, as a consequence of being fully engaged in the transition planning process, will be better prepared to accommodate the young person transferring to them.
5. Within the 2017-19 contract with SLaM, a national CQUIN – called Transitions out of Children and Young People Mental Health Services is being implemented across the Southeast London boroughs serviced by the two main mental health Trusts delivering services to children and young people. Commissioners are working together across the Sustainability and Transformation Plan (STP) in the South East London area to achieve effective transitions from CAMHS to adult mental health services, primary care and social care with a key focus on children and young people with complex or challenging circumstances with for example a learning disability, autism and children looked after.
6. Transitioning to adult services is challenging for complex cases and or diagnoses. The Mental Health Trust provider (South London and Maudsley NHS Foundation Trust) deliver both Children and Adolescent Mental Health Services (CAMHS) and Adult Mental Health

services and are working with the CCG and Southwark Council to ensure transition protocols are fully embedded and this will continue to be a focus of development for joint commissioning arrangements.

7. The report of the Children and Young People's Mental Health and Wellbeing Taskforce, Future in Mind⁸, recommended joint working and shared practice between services to promote continuity of care during transition. This requires careful planning on the part of both the 'sending' service (CAMHS) and the 'receiving' service (AMH, 3rd Sector or Primary Care). It also depends upon consistent involvement of the young person. 69% of Children & Young People Local Transformation Plans published in 2016 highlighted transition as a key area for development.
8. Workshops held in Q2 2017/18 of the first year of the CQUIN included Young People and parents / carers and CAMHS and AMH Commissioners and practitioners, GPs and representatives from both Adult and Children's Social Care. The workshops were to confirm general priorities identified in the Q1 report and identify other areas for development, particularly in relation to areas of need that could not be met simply by working more collaboratively. Common issues and complementary suggestions for addressing them were as follows:
 - Young people are worried that they might fall through the gap
 - Young people would like to see the AMH Service before they transition
 - Young people want to be prepared before transfer to AMH Services
 - Young people would like a "transition worker"
 - Young people would like psycho-education on transition process to improve understanding
 - Some said at 18 "they don't feel like an adult"
 - Young people would like to hear about the experiences of others who been through the post 18 adult services
 - Young people want "good communications" between CAMHS and AMHS.
 - For some, moving to an adult service works well since "they can stand on their two feet" but others struggle, so a developmentally appropriate transition is important
 - Young people want at least 2 meetings with the adult service before they access adult services and information on the services they can access
 - Young people want a guaranteed access to AMH services if they meet criteria
 - Young People who have parents who use AMH services are anxious about transition since they feel that limited resources are available
 - Mental Health care when young people transition to university can be difficult and disjointed.
9. All participants sought both clearer guidance and greater flexibility about clinical responsibility during the transition period.
10. All participants agreed that the overriding issue with transition from CAMHS to AMHS was communication.
11. All participants noted that redesigns to adult ADHD / ASD services have made transition into these services more difficult.

12. All participants noted that it remains difficult to transition young people with mild to moderate intellectual difficulties to AMH services and of similar difficulties in stepping young people with a severe learning disability to adult social care learning disability services
13. All boroughs have had a number of challenges when seeing young people for an initial assessment knowing that they are within a few months of their 18th birthday. Sometimes it has been difficult to know whether it is reasonable to start an intervention in the knowledge that the Young Person will be transitioning and where the creation of a therapeutic alliance might be unhelpful - or whether not starting would be disadvantaging a young person. It would make sense for these young people to be discussed with adult services at the time of assessment and for a case by case decision to be made if intervention is indicated.
14. At the end of the first year of the CQUIN an updated Transitions Policy was presented at the Trust Clinical Policy Working group on 1st May 2018. Once the Transitions Policy has been ratified and all feedback has been received on the Transitions Protocol to ensure its consistent use in each Borough with clear expectations of reporting to Commissioners and Health & Wellbeing Boards.
15. The most developed pathway is for young people age 14 and upwards with psychosis who are able to transition to the Early Intervention Service in Psychosis which sits within adult mental health and will support a transition as required. Transformation Funding has been used to pay for a CAMHS practitioner in this service.
16. **Waiting Times**

There is a lot of frustration for Young People at the start of the transition period due to waiting for acceptance of a referral and then waiting times to be seen. This can result in a difficult start to the relationship with adult services and causes some young people to not wish to engage.

The waiting time 'clock' should start at the point the young person is seen by Adult Mental Health even if this is at age 17. At present the person may be seen at age 17 but then have to wait until they are 18 before accepted into Adult Services. It is at this point that the waiting time clock starts. It is understood that this point has been made before.
17. Issues may occur with LAC Young People if they move boroughs and GPs frequently during the transition process. This is a much wider issue than CAMHS.

Child and Adolescent investment as a proportion of the whole mental health spend and implications for adult services of reduction in spend.

The table below sets out 2016-17 spend in the Borough across all mental health services. The CAMHS spend accounts for 8%*of total spend on mental health services with adult services across and range of disciplines and complexity accounts for 92% of total spend. Figures for the other boroughs covered by SLAM were not available.²³

²³ Source: Mental Health Commissioning Team (PCT)

Budget for Southwark mental health 2016-17	CCG £'000s	Council £000s	Total £'000s
CAMHs	4,139	1,400	5,539
SLaM	48,556	695	49,251
IAPTs	3,300	-	3,300
Voluntary and community services	402	468	870
Supported Housing (forensic, high/medium, medium-low, homeless mental health services)	1,892	4,712	6,604
Nursing and residential		3,949	£3,949
Total	58,289	11,224	69,513

**This is inconsistent with data held by NHSE and derived from CCG returns (7% and requires further investigation)*

There is good evidence that supporting good parenting skills and developing children's social and emotional skills can improve mental wellbeing and prevent some mental health problems persisting into adulthood. As 50% of mental health problems are established by age 14 and 75% by age 24, appropriate support for children and young people is crucial. If tackled early problems in adulthood can be reduced and early intervention targeted at younger people can result in greater benefits than intervention at any other time in the lifespan.²⁴

It can be particularly difficult for looked-after children and young people, who are one of the most vulnerable groups in our society. We know that timely and effective intervention is critical for children and young people who are particularly vulnerable, positively affecting their health outcomes, their life opportunities, happiness and wellbeing²⁵

Analysis

Openly begin preparing early for possible ending / transition, with clarity helping to and contain anxiety:

- CAMHS practitioners to begin the process from 17 years old
- Link in with adult service early and try to determine whether the Young Person would meet the criteria for the service
 - Clearer pathways needed (look at all of the Young Person's needs collectively, rather than single issues that separately don't meet criteria)
 - Contingency planning if referral isn't accepted
- Make Young People aware of what they can expect from the adult service and how it

²⁴ *Mental health and wellbeing of looked-after children: Govt response to the Committee's Fourth Report of Session 2015-16*

might differ from CAMHS

- Introduce to new services early enough to begin building trust to aid with engagement after transition by
 - Joint working
 - CAMHS worker to introduce Young Person to adult services
 - CAMHS appointments could be held in the adult service to build familiarity for Young Person with their new service

Transition workers, based on the successful CAMHS / Early Intervention Service (EIS) Transitions worker model, to liaise between services and continue working with the Young Person across transition, were considered and could not be sustainably supported. These posts are funded by CAMHS commissioners in some Boroughs and AMH commissioners in others. Some boroughs have other, non EIS cross-service posts (like IAPT in Lewisham) and these also work well - as more informed and consistent case selection better anticipates meeting the needs of Young People.

However, a Named contact for the Young Person during transition has been successfully implemented, also audited.

The need to manage Young People's expectations of adult mental health services is essential - CAMHS practitioners need to better understand adult mental health services so that they can ensure the Young People that they do refer have realistic expectations and moderate the differences in the two services.

Thresholds for adult mental health services are quite high and CAMHS need to better understand these (and AMH services need to help with this) so that unrealistic referrals and disappointments are kept to a minimum. Referrals made by CAMHS need to be clear on present issues and goals that the Young Person has, but recommendations for treatment and care should ideally not be made by CAMHS unless discussed with AMH colleagues, as they may not necessarily be available in adult services.

A Transition Protocol for Child and Adolescent Mental Health Services and Adult Mental Health Services

Purpose

This protocol is designed to improve Young People's experience of transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) and to support the work of professionals' responsible for the transition process. The protocol has been developed and will be reviewed and improved as part of the Transitions CQUIN. It applies to young people from the age of 17 years and above and to transitions from CAMHS to:

- Adult Mental Health Services,
- Primary Care,
- Other CCG commissioned services, including 3rd Sector providers.

Quality Statement

- To ensure the best possible outcomes and experience for young people transitioning from CAMHS to AMHS.
- To ensure consistency with NICE guidelines for transitions into adult services (NICE Guidance, published February 2016)
- To create a protocol that is meaningful and relevant to young people (YP)

Key Principles

Transitions have often been unsuccessful, partly because they are inherently difficult, but also due to poor communication between AMHS and CAMHS and the absence of a clear transitions protocol. This protocol adheres to several key principles:

- The young person (YP) and their families and carers should be involved in the design, delivery and evaluation of transitions, including co-producing and piloting of materials and tools.
- The YP must be fully engaged with the transition decision and implementation of the transition process.
- There will be a named worker in both the CAMHS and AMHS services to co-ordinate the transition.
- CAMHS will not discharge YP into AMHS unless transition has been agreed with the receiving service and the YP.
- AMHS will not send a referral back to CAMHS but will bring the case to the Borough Transitions Meeting to discuss possible management plans and alternative solutions within AMHS i.e. a 'no-bounce' policy.
- Feedback to and from young people about the transitions process and their influence upon it is essential.

The Protocol

1. At least 9 months before a young person reaches the age of 18, the CAMHS team engages in discussion with the young person (YP) about the available options for their future care and possible referral to AMHS. The YP will be invited to involve family and carers in these discussions.
2. If the YP wishes to be referred and gives consent, then the CAMHS team arranges to present the referral at the Borough Transitions meeting.
3. The CAMHS team will discuss the outcome of the meeting with the YP.
4. The YP in CAMHS will be facilitated, if they so wish, in developing a document that provides information they feel is important about them, and that can be taken from CAMHS to AMHS.
5. If the referral pathway is clear, then the Transitions meeting will recommend that the CAMHS team make the referral to the relevant service and to copy the Transitions reps into the referral.
6. The CAMHS team will forward (with YP consent) the relevant information to the receiving AMHS team (i.e. referral letter, personal profile and key documents).
7. The AMHS team will meet with the CAMHS team (relevant members of the respective team) to discuss the referral.
8. Both parties will meet with the young person to agree a treatment plan. An opportunity will be provided for the YP to visit the AMHS site. If the YP agrees for the referral to go ahead then the three parties will agree the following plan:
 - When the transfer of care will happen
 - Over what period of time the transfer process will take place
 - If a phase of parallel care is required, during which the YP may be seen by workers from both CAMHS and AMHS team (eg.3-9 months), and if this is agreed as part of the plan then the CAMHS and AMHS team workers will meet together with the YP at regular intervals to monitor progress and satisfaction with their care. The type of contact between the YP and their new AMHS team will be agreed with the YP and may take the form, for example, of periodic meetings or email contact.
 - When the plan has been agreed the Transition Checklist will be updated and a copy kept by the YP, CAMHS and AMHS
 - When the transition has been completed the AMHS team will ask for early feedback from the YP about their experience of the AMHS (to avoid unexpected drop-out) and to determine whether it has helped them to achieve the outcomes they wanted.
 - If the YP appears at risk of falling out of services then the AMHS team might consider a further joint meeting with the YP and CAMHS / bringing the case to the Transitions meeting
 - If the YP falls out of adult services, then the AMHS team will bring the case to the meeting for further review.
9. Electronic copies of the checklist will be uploaded by CAMHS and AMHS teams and will be shared between CAMHS, AMHS and the YP.
10. Members of the Borough Transition meeting will conduct, with YPs, a bi-annual audit of the application and usefulness of the protocol.

Appendix J: Parental Mental Health Service

This service provides mental health assessment and support for parents over 18 years old who have mental health difficulties and who have children under 5 years old.

The service accepts self-referral and a diagnosis is not required prior to referral. It is nurse-led with a low threshold. People are seen at home, this includes people living in difficult conditions e.g. refuge/temporary accommodation/asylum seeker accommodation (e.g. Barry House). There is no waiting list held.

The service carries out initial mental health assessment and facilitates access to other services where necessary. It runs groups e.g. "Keeping Well post-birth" which is a 10-week programme with a creche, run 3 times p.a.

A Creative Families group runs once/year and there is also a "Staying Well" group.

Staff attend TAC (Team Around the Child) meetings and MARAC (Multi-agency Risk Assessment) meetings.

Issues identified by the service include the following:

- Adult assessment/intervention teams have high caseloads. PMHT takes people who do not meet adult mental health team thresholds.
- The team is funded year to year and has no long-term security. Staff are on yearly contracts.
- As the team sees people at home, they necessarily work remotely. They have to hot desk in offices that aren't theirs- it is difficult to keep team morale going like this, the work is stressful, people need to feel they belong somewhere and they need to be able to access team support. It is reported that accessing IT is difficult, and that it took over a year to get iPads and that people who struggled to use them had to give them back (NB the IT manager spoken with as part of this review said that this is not SLAM policy and that if people struggle to use equipment which is needed for them to do their job, they will be supported/trained).
- The service needs some psychology input, they do not have this.
- Non-qualified practitioners are doing difficult and stressful work.
- Housing is a big issue-the service sees a lot of NRPF (no recourse to public funds) families.
- Band 6s are working with 20-25 families at a time. The service has to allow for time to be spent building trust with people in order that the worker can get in, this takes time and effort. There is not enough staff capacity to cope with referrals coming in.
- Data collection does not capture the work done by the team.
- The service is receiving more referrals which are due to social stressors – e.g. housing and immigration difficulties- than mental health difficulties.
- The service has no allocated duty worker.
- The service is experiencing more safeguarding risk and more complex referrals.
- Pressure on other teams/services can lead to problems with professional relationships.

Analysis

1. Very positive feedback from families received by the service. An email from a service user for this review was extremely positive about the Keeping Well post-birth group and reported that it was this group that made a huge positive difference to her post-birth depression and anxiety, despite the fact that she had accessed IAPT and counselling.
2. The service has clear referral pathways and clarity re the boundaries with other services, there are clear relationships with the perinatal mental health service and with adults' mental health as well as with children's service.
3. A clinical evaluation of this service was carried out in 2016/17 by Kings College London Institute of Psychiatry. The final report was produced in January 2017.¹¹
4. The purpose of the review was to assess service quality and to inform future service development. The review was carried out in 4 phases from September 2015 to September 2016.
5. There were 132 service users, of whom 131 were women. Age range was 18-49 years, average age was 33. 53% were BAME but ethnicity had not been recorded in systematic categories so could not be further explored in the study.
6. The most common mental health condition was depression, followed by anxiety. There was a high rate of postnatal depression.
7. Average visits carried out by the service were 10 in 3 months. Half of these visits were at home. Half the cases involved multiagency meetings.
8. The researchers reported improved parental wellbeing and access to social support as well as improved parental self-belief over the course of the study.
9. Caveats were that the people included in the study may have been those who were more co-operative and easier to access, given the high workload of the staff.
10. Comment was made about the need to record ethnicity properly.
11. This service is undoubtedly doing a great deal of valuable work with families who would otherwise not be able to access support, and whose mental health difficulties would be likely to impact on their children. There is an increase in workload which can be attributed to stress on other services, and there is a need for greater support for the staff in this service, both in terms of psychology support and practical issues like mobile working and access to office space. Development of unqualified workers who wish to undertake training will be an important part of a workforce strategy.

Appendix K: Workforce Numbers and Challenges

SLaM (as at end of March 2018)

Key messages with respect to the SLaM workforce are:

- There is currently a 20% vacancy rate (June 2018)
- Total workforce is 57.4 WTE, 65.55 if admin and management included

Team	WTE	Vacancies	Comment
Borough management	3.3 10.1 including admin	0	3.3 includes 0.2 borough clinical lead
Adolescent	13.7 Includes assertive outreach/home treatment team which consists of 3 posts, one vacant and the other on maternity leave	5	2 vacancies 3 maternity Senior clinician for AO/home treatment team is covering 0.2 of Early Help team leader vacancy.
Child/Family	9.8 Plus 1.2 medical trainee posts	0.5	1.5 admin L/T sick
NDS	7.6	2.8	Vacant psychology/team manager post and 0.8 admin post Actual clinical cover is 3.48
Carelink	8.0 Includes 2 social workers employed and funded by the local authority 1 practitioner does 2 sessions in schools	1	1 maternity
Early Help	6.2	2	1 team leader vacancy 1 maternity leave
FFT* * As of July 2018 this service is no longer with SLaM	2.3 includes 3 LA posts	0.8*	*Following this report, team leader has left, only one person who is an LA employee now in post* *As of July 2018 the latter is managed within the Southwark Children's Social Care Clinical Service
PMHT	6	0.2	Adult mental health and substance misuse post vacant 2 WTE (3 people) are agency because funding has been subject to annual review 1 WTE mental health safeguarding post is included

Analysis

1. For comparison purposes PMHT has been excluded and is excluded from NHSE monitoring reports since other CAMHS services do not include services for adults.
2. Comparison with other boroughs served by SLaM gives the following WTE figures:

Croydon 54.3	Lambeth 47.8	Lewisham 59.2	Southwark 57.4
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3. It should be appreciated that there is a national recruitment shortage in children's /young people's mental health services and indeed in adult services too. NHSE transformation funding is intended amongst other objectives to increase the workforce, however this is only feasible when there is an additional workforce to be recruited. London has particular difficulties due to housing and other living costs.
4. In addition, there is greater difficulty retaining junior and middle-grade staff who can very easily obtain promotion opportunities in neighbouring or farther London boroughs. SLaM provides to four London boroughs and staff do move between these.
5. Implementing the Five Year Forward View for Mental Health¹² points out that in order to deliver the targets for increased access to services, there will have to be a significant expansion in the workforce, both in terms of increased number of therapists and supervisors, and in terms of improving retention of existing staff, based on recommended caseloads
6. There are particular difficulties in the adolescent and neurodevelopment services for slightly different reasons.
 - In the adolescent team, vacancies have coincided with maternity leaves.
 - Short-term absence is very difficult if not impossible to cover since this requires recruitment of scarce skilled staff on fixed term contracts.
7. For the neurodevelopmental service, there are other issues in that the team's establishment is not sufficient to manage the workload, half the workload is ADHD requiring medication reviews, and the skill-mix in this team is unsuitable for this in that they do not have nurse prescribers. The NDS team establishment consists of:
 - 1.8 Consultant psychiatrist (temporarily the 0.8 psychiatry post is fulltime but does have external commitments, this was correct at time of writing but expected that there would soon be one post vacant)
 - 0.4 CAMHS practitioner
 - 1.6 clinical psychology posts, one Band 7 post vacant and attempts to fill it have been unsuccessful
 - 1 team leader (vacant)
 - 1 psychology assistant

8. The team is dealing with children who have severe learning disability, autistic spectrum disorder with co-morbid mental health issues, and ADHD, as well as other neurodevelopmental disorders such as Tourette's and tics. These children/young people may have other mental health disorder such as early onset psychosis or obsessive-compulsive disorder.
9. There are a number of gaps in the multidisciplinary team, for example:
 - No trainee psychiatrists
 - No occupational therapist
 - No speech and language therapist, family therapist, nurse practitioner/nurses or social worker.

Royal College of Psychiatry guidelines recommend that there should be several community intellectual disability nurses, OT, speech and language therapy, and support workers.

10. It is unusual for psychiatrists to be managing children with ADHD who do not also have clear mental health issues.
11. Skill-mix in other teams is more robust, e.g. the Child and Family Team have posts across a wider range of bands, there is a family therapist and an art psychotherapist, and the team benefits from medical and psychology trainees as well as trainee art therapists.
12. Senior leads / consultants in all teams are very experienced. The neurodevelopmental team consultant retired in March 2018. His 0.8 WTE post is filled by a fulltime consultant.
13. The Parental Mental Health Team is nurse-led and the issues in this team relate to the past uncertainty regarding funding, therefore there are a predominance of long-term agency staff.
14. The Carelink Service is under pressure due to maternity leave. There are a range of trainees who require supervision from experienced staff. This team is the only non-medically led service, the lead being a Consultant Psychotherapist.
15. Senior staff who are professional leads (e.g. Family Therapy, Psychology) undertake professional leadership work across the service which generally will consist of 0.2 of a fulltime post.
16. There is not a CYP IAPT service which sees sub-threshold children and young people,, although principles and practice are embedded in the teams. A bid was made this year for 100% funded trainee posts, 2 posts were provisionally offered but without matching supervisory cover. As there was no guarantee from commissioners that the posts could be sustained, there being concern about funding cuts, the offer was not pursued. A repeat bid has been made (July 2018) for 4 posts for next year 2019/20. As the NHSE transformation programme expects CYP IAPT in every area, it is hoped that this will be successful.

17. The SLAM CAMHS service does not have a workforce strategy of its own (as opposed to the overall organisational one).

Southwark Children's Social Care Clinical Service

18. This was originally a service made up of 20 separate clinical practitioner posts based in, and managed by, separate SW Team Managers. A head of Clinical Practice post was created in August 2017 and is currently filled on an interim basis. There has been significant staff turnover, and there continues to be a number of vacant posts (n=4) but there is now a clear governance structure, with clinical practitioner posts linked to each team across Social Care and YOS, all managed and clinical supervised by senior clinical practitioners, and all under the clinical leadership of the Head of Clinical Practice.

19. Staff are a mixture of systemic psychotherapists, clinical psychologists, forensic psychologists, and integrative psychotherapists (all registered with the BACP, HCPC, or UKCP), and CAMHS practitioners who do not have formal mental health registration (n=5). The service's training and development plan prioritises completion of training leading to registration for the 5 CAMHS practitioners who have not yet completed registerable training.

20. Professional supervision is supported by a cross-agency arrangement with SLAM CAMHS.

Table: Skill mix comparison (SLAM CAMHS)

Borough	Admin and management WTE	Band 4 WTE	Band 5 WTE	Band 6 WTE	Band 7 WTE	Band 8 WTE	Medical WTE
Croydon	9	1	1	6.3	19.8	11.1	6.1
Lambeth	10	0	0	13.9	13.6	6.7	3.6
Lewisham	8.6	0	1	9.7	28.9	7.6	3.4
Southwark	10.1	0	0	9.2	22.3	12.2	3.6

21. The bands relate to NHS Agenda for Change grades, with 8 being the highest. WTE means whole-time equivalent, i.e. the actual number of post holders may exceed the number given here because some staff will be part-time.

22. A band 5 post holder would be newly qualified, band 7 would be a specialist or a team leader or both, band 8 would be a professional lead or equivalent senior post. Band 4 staff are not professionally qualified.

**funding includes contribution to paediatric liaison service - no specific WTE allocated against this*

Appendix L: Detailed Activity Data and Benchmarking

Activity information April 2017 to March 2018

- Information taken from quarterly monitoring reports which are based on NHSE key commissioning indicators (“-“ Indicates figure not provided in the report)

Referrals received

Quarter 1	402
Quarter 2	393
Quarter 3	489
Quarter 4	510

% referrals accepted by team

Quarter	PMHT	Adolescent	Early Help	FFT	NDS	Carelink	Child and Family
1	-	45	63	100*	48	96	71
2	98	68	80	-	57	100	49
3	78	36	74	100*	65	88	68
4	45	37	62	-	56	51	61

**Only one referral recorded due to data being put on Mosaic*

% referrals accepted by referral source (CAMHS only)

Quarter	GP	A&E	Child health	School	Social Services*	Other
1	49	75	73	57	84	59
2	-	-	-	-	-	-
3	41		53	62.5	86	
4	43		56	58	46	

**Most social services referrals are to Carelink*

Team caseloads at quarter end (team breakdown was only provided in Quarter 1)

Quarter	Adolescent	Early Help	FFT	Child and Family	NDS	Carelink	PMHT	Total	Other CCGs
1	256	49	3	230	353	87	141	1119	-
2							-	1200	69
3							-	1220	53
4							-	1247	49

To note (i) the majority of children belonging to other CCGs are Carelink cases and (ii) the Parental Mental Health Team (PMHT) data included in quarterly returns is incorrect but cannot be removed since it would affect the whole return.

PMHT provide separate quarterly reports which indicate the numbers of parents and children worked with in that quarter, but this cannot be married up with the SLAM data. For 2017/18, the PMHT reports give the following figures:

- Q1- 174 children and 131 parents worked with
- Q2- 177 children and 131 parents
- Q3- 218 children and 162 parents
- Q4- 193 children and 142 parents.

The number of initial (adult) mental health assessments in the home increased by 38% from April 2017- end of March 2018.

Waiting times for first assessment

Quarter 1: of 245 referrals, 99 were seen within 4 weeks and 132 within 12 weeks. Outliers were due to service user cancellation, recording errors, failure by service user to respond to attempts to contact, and DNAs. (latter 6).

Quarter 2: of 227 referrals accepted for assessment, 91 were seen within 4 weeks and 114 within 12 weeks. Those not seen within 12 weeks were due to DNAs, cancellations by service user, and in 2 cases to pressure of work /staff unavailability.

Quarter 3: 110 out of 237 seen within 4 weeks, 113 4.1- 12 weeks, 14 waited up to 26 weeks.

Quarter 4: of 232 cases, 89 seen within 4 weeks, 116 in 4.1-12 weeks, 25 up to 26 weeks. 3 teams reported data-input errors, so team information unreliable.

The adolescent team began a waiting list in mid – March, for CYP meeting eligibility criteria. This stood at 16 at end of Quarter 4, and Child & Family had 13 waiting.

It should be noted that, with two exceptions, there is no national standard for CAMHS waiting times other than the overall NHS Constitution standard which requires that no patient wait for more than 18 weeks to begin treatment. The NHSE Transformation Programme requires much more detailed information as a means of assessing the progress and effectiveness of the national children's mental health Transformation Programme.

The exceptions are, with full compliance expected by 2020:

- Eating Disorder- Community Eating Disorder services should respond within 24 hours in emergency, 1 week if urgent, 4 weeks if routine.
- First episode of psychosis- 50% of people presenting with a first psychotic episode should be treated within 2 weeks.

Prior to the waiting list being put in place, mean waits for individual teams were as follows (data taken from quarter 3 report):

Team	Weeks
Adolescent	3.60
NDS	7.72
Child/Family	3.19
Carelink	7.84
Early Help	3.17
PMHT	6.66

Carelink data in the above table is affected by placement moves, court proceedings, other assessments needing to be completed first, and referral for consultation only.

Waiting time for first treatment (second face-to-face appointment)

Quarter 1: of a total 175, 39 were seen within 4 weeks, and 99 within 12 weeks. 34 were 12.1-26 weeks. 3 outliers beyond 26 weeks were due to recording errors.

Quarter 2: of 180 cases, 29 seen in 4 weeks and 96 in 12 weeks. 46 were seen between 12.1-26 weeks.

18 cases shown as not seen with 12 weeks for Neurodevelopmental (NDS), 6 of these DNA'd, 1 cancellation, 10 were subject of recording error and actually seen in 9 weeks.

Quarter 3: 48 out of 210 seen within 4 weeks, 105 4.1- 12 weeks and 49 up to 26 weeks.

Quarter 4: of 193, 30 were seen within 4 weeks and 106 within 4.1-12 weeks. 51 waited 12.1-26 weeks.

Mean average waits (taken from Quarter 3 report):

Team	Weeks
Adolescent	9.14
Child/Family	6.67
Carelink	10.66
NDS	15.15
Early Help	5.96
PMHT	9.63

Some of the Carelink data is acknowledged to be incorrect recording in that children were seen or offered appointments within timescales. Otherwise waits were affected by external factors.

NDS is severely affected by staffing shortage. For other teams, there are issues about incorrect data and DNAs. 4 children in Child & Family were waiting for ADHD assessment. Some longer waits are for specific treatments, e.g. CBT.

The table below shows A&E attendances by quarter (necessitating 7-day follow-up). These figures represent number of children, not total activity since children/young people may have more than one follow-up appointment.

2017-18

Quarter 1	51
Quarter 2	31
Quarter 3	-
Quarter 4	20

Appointments offered and attended

Quarter	Appointments offered and attended	DNAs	Cancellations by service user	Cancellations by Trust
1	3807	473	293	32
2	2042	300	282	-
3	2621	262	322	42
4	3267	316	402	77

Average length of treatment in weeks*

Quarter	Adolescent	Child/Family	PMHT	Early Help	NDS	Carelink
1	43	59	69	38	86	129
2	80	63	55	46	96	132
3	57	73	52	24	95	136
4	76	49	34	33	149	143

**Figures have been rounded to eliminate decimal points*

Transitions to adult mental health service (AMH)

Quarter	Transition to AMH	Retained in CAMHS post-18
1	3	13
2	5	11
3	5	10
4	8	9

Discharges

Quarter	No	% to GP
1	291	75
2	333	86
3	-	76
4	-	82

Outcome measurement: CEGAS

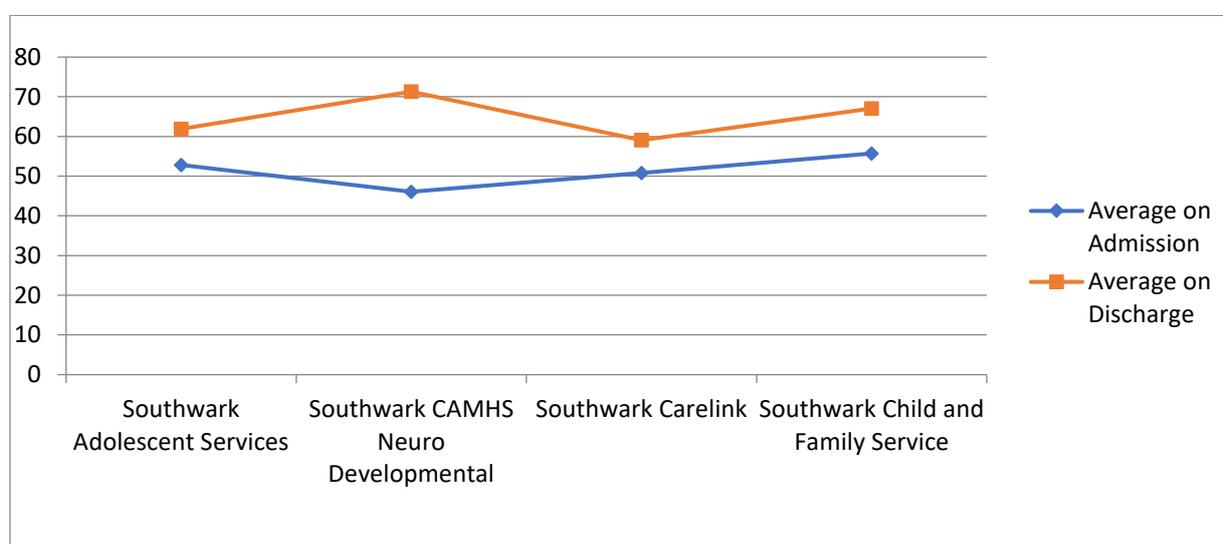
CEGAS is the Children's Global Assessment Scale, which is a rating of functioning aimed at children and young people 6-17 years old. A single score is given on a scale 1-100, based on assessment of a range of aspects related to psychological and social functioning; higher scores reflect better functioning. The score puts the child/young person in one of ten categories ranging from "extremely impaired" to "doing very well". There is a modified scale for children and young people who have developmental disabilities. The rating is completed by the clinician, twice, at beginning and end of treatment.

Average scores are included in the quarterly monitoring reports.

The report given below is taken from the 2017/18 Quarter 4 report; there is no significant difference in the reports for the four 2017/18 quarters.

Change in CGAS scores over course of treatment for cases closed in the quarter

	Average on Admission	Average on Discharge	Count of Discharges
Southwark Adolescent Services	53	62	106
Southwark CAMHS Neuro Developmental	46	71	83
Southwark Carelink	51	59	103
Southwark Child and Family Service	56	67	88



(Graph taken from SLaM report and cannot be altered although the points representing separate teams should not be joined by a line)

National & Specialist and Alternative to Admission Treatments/Assessments

Quarter	N/S treatment	N/S assessment	Alternative to admission (DBT / Eating Disorder, includes assessments)
1	227	11	52
2	269	14	10
3	333	20	46
4	*333	20	46

** exactly the same figures given for two quarters so suggests that the Q3 figures may have been mistakenly copied in the Q4 return*

Eating Disorders

The Child and Adolescent Eating Disorder service (CAEDS) from 1 April 2016-30 September 2017 (i.e. 6 quarters) had 41 Southwark referrals, of which 39 were accepted, an acceptance rate of 92.7%. Southwark had the highest % of self-referrals (majority were referral by parents) at 41.4%. (Bexley in comparison had 2%). The service has an online self-referral form which can be completed by young people, who said they would prefer this and then have a clinician call them back, rather than making the call themselves.

All Southwark Eating Disorder referrals (7 in total) would have met the normal 28-day referral pathway (i.e. not urgent) had one young person not declined the appointment. There were no urgent ones.

The lowest overall referrer was Greenwich, with Southwark slightly higher but lower than all other referring boroughs (the highest being Bromley).

CAEDS and Great Ormond St have delivered a national eating disorders training programme, which ended in March 2018.

There has been an ongoing primary prevention programme aimed at schools, and a pilot bulimia outreach project was supported by Guys and St Thomas's charity.

Inpatient Usage

CAMHS inpatient bed usage (number of children/young people):

Quarter	Admissions SLaM beds	Admissions other beds	Day care
1	2	3	4
2	6	2	3
3	7	1	3
4	3	3	3

Analysis of SLaM data across four quarters 2017/18.

1. Data issues: all four reports suffer from recording/data input errors. The Trust installed a new Business Intelligence system in 2017. The Trust is undertaking work on a dashboard.
2. The reports vary in what is included. The Quarter 4 report is a great improvement on the earlier ones, with more clarity and qualitative information.
3. FFT data was largely unable to be collected due to recording being on the social care system, Mosaic.
4. Further information has not been sought on FFT because figures would not be meaningful given there has been a very low and reducing staffing complement since summer 2017 with at time of writing only one employee left in the service.

5. PMHT data is inaccurate (under-reported) due to referrals only being counted if they came to PMHT as the first point of entry to SLaM. Many referrals come from SLaM Adult Mental Health and these are not included. Quarterly monitoring reports produced separately by the service give the number of parents worked with and the number of children, but do not indicate how many new referrals or families this represents.
6. Carelink data is highly problematic since the service undertakes a high number of consultations, children may be out of borough and therefore not seen although there is involvement, work has to be arranged in accordance with court proceedings which may mean delay, and carers or adoptive parents may not be available or may wish to postpone work after referral has been made. A relatively high number of cases do not belong to Southwark CCG and therefore payment would be made by the home authority /CCG for children/young people who are placed in Southwark by another local authority.
7. DNAs are a problem although they have fallen since the first quarter and they are in line with national DNA rates (see section 7). The service reports that they actively follow up DNAs, making up to three phone calls and at least one alternative attempted link, e.g. through school or social care. The total number of DNAs across the year was 1351. Taking out the PMHT ones, which are to be expected since the service by definition is dealing with people who are mentally unwell, 1267 were CAMHS appointments. This represents a very substantial wasted resource.
8. The Early Help CAMHS team are offering appointments in community centres and other non-stigmatising environments to improve attendance- this has had positive responses from parents but it is too soon to say whether it will lower the DNA rate.
9. The Child and Family Team are offering a group project in Camberwell Library to try to improve engagement and attendance, again it is too soon to say what impact this will have.
10. There is a low level of acceptance of GP referrals (below 50%). School referrals normally provide more detailed and comprehensive referral information which is to be expected since they have more information about the child/family. An audit of referrals indicates that GP referrals are often missing contextual information which would aid decision-making. The service does seek to obtain further information when this is lacking in referrals.
11. The 20% vacancy rate has very evidently affected waiting times. In quarter 4 there was a 7% rise in referrals, fairly evenly spread across the service. There was also a significant rise in those waiting more than 12 weeks, up from 14 in quarter 3 to 25 in quarter 4 (these figures include PMHT). 23 NDS CYP had to wait longer than 12 weeks for treatment, compared to 14 in quarter 3. However, NDS contacts rose in quarter 4 despite the vacancy issues- this was due to reviewing extant cases, initiating reviews, and closing cases.
12. Referrals to SLaM CAMHS have increased across the year 2017/18, as has the total service caseload (1106 at end of March 2018 excluding 141 Parental Mental Health team cases). The proportion of referrals accepted is 70% across the whole service but this varies by team with Carelink accepting a higher proportion of referrals than other teams.
13. The gender balance across the whole service is roughly equal but this hides differences within teams: the adolescent team has a 2:1 male-female workload.

14. An average 11 young people are retained by CAMHS post-18. This is usually because they are taking exams and disruption needs to be avoided, or there is no matching adults' mental health service for them to be transferred to (e.g. young people with ADHD or with ASD but no intellectual disability). The average number of transitions to adults' mental health services is 5 per quarter (2017/18).
15. The number of admissions to inpatient beds does not vary very much across the four quarters. There are an average of 7 children/young people per quarter who are in inpatient beds (SLaM and non-SLaM), and 3 in day care.
16. Despite pressure on the service due to staff vacancies, there has been no deterioration in measured outcomes for children/young people.
17. Consultation and advice activity, and informal support provided to schools, is not captured by the SLaM electronic recording system. This means that a lot of work cannot be reported on.

KCH paediatric liaison activity data

18. This data is provided by Kings Paediatric Liaison. No data is available from GSTT but the KCH data been collected over a number of years as a specific project.
19. It should be noted that the following figures do not represent Southwark children/young people alone - attendances are from multiple boroughs/ areas. Southwark children/young people are the highest number:

Figures are from July-June

Place of residence	15-16	16-17
Southwark	147	161
Lambeth	105	104
Lewisham	31	24
Croydon	21	13
Other	25	27

Table: annual attendance figures by borough

20. There has been a steady increase in the number of children and young people attending A&E and requiring emergency mental health assessment, as shown in the next table. Figures do not represent Southwark children/young people alone – attendances are from multiple borough/areas. However, as captured in the previous table, Southwark children/young people's attendance is the highest.

July 2013- June 2014	176
July 2014-June 2015	222
July 2015- June 2016	321
July 2016- June 2017	329

Table: year on year increase in ED attendance rates

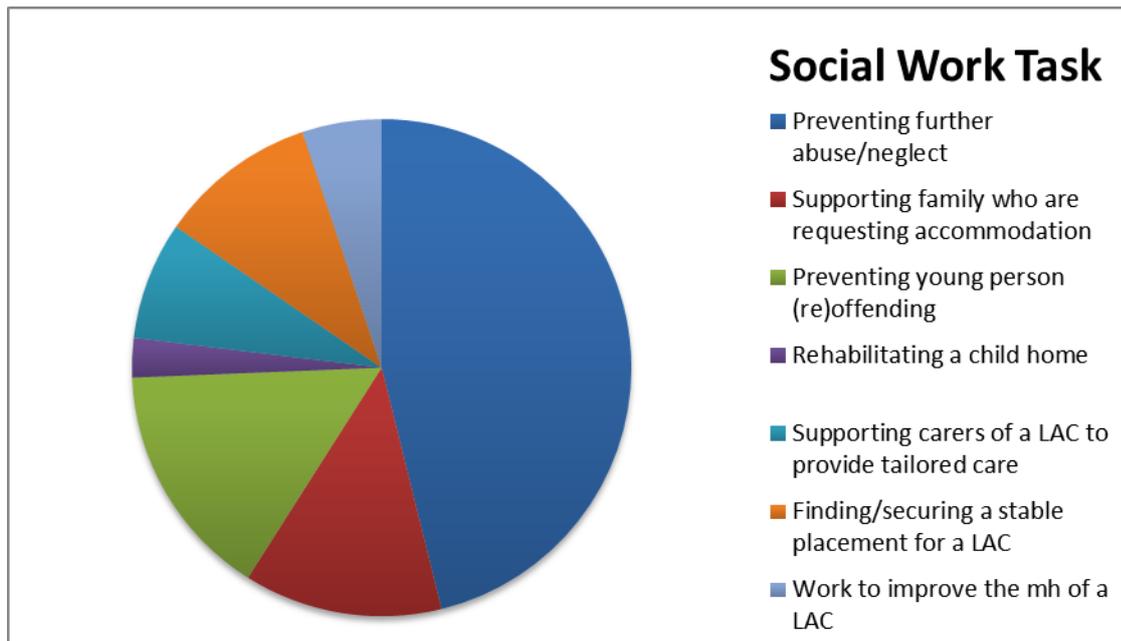
21. The majority of attendees were aged 11 and over, with a higher number aged 15-17. 32% arrived by ambulance, 67% self-presented, 1% were brought by police. The peak time

for presentation at A&E is 4pm (with another peak at 10-11pm for 16/17-year olds only) and this has been consistent through the above years. A low number of presentations take place between midnight and 9am. This also has been consistent.

22. Out of hours presentations which includes weekends/ holidays have however consistently been increasing. In-hours presentations in 2016-17 (July -June) for the first time decreased, by 26%.
23. The majority of children and young people seen in A&E attend only once, a small number twice, and a very small number more than twice. E.g. for July 2016 to June 2017 60% of attendances were one-time only.

Southwark Council's Clinical Service

24. It is early days in terms of the service's ability to record and report on **impact** of the service – setting up systems to do this centrally is a key focus for 2018. In terms of **activity** reporting, a proportional system of clinical involvement has been implemented across the service which focuses the majority of resources on working alongside social care colleagues, with families only being 'allocated' for specialist clinical input where that is clearly required. All social work teams (when the service is fully staffed) now have a link clinician for the equivalent of one day a week who provides informal consultation and co-works cases as prioritised by the group's Team Manager. Full time clinical practitioners work as link clinicians to three teams at a time, working with approximately 5 families in this way per practice group, meaning that a full time clinical practitioner is involved with approximately 15 families in terms of systemic consultation and co-working at any one time.
25. In addition, for children and families where a specific therapeutic intervention is required, the link clinician facilitates access to the central clinical hub of clinicians, or to NHS services if more appropriate. The central clinical hub is provided via each clinical practitioner having a proportion of their days allocated to the hub. So a full time clinical practitioner works with three practice groups as described above, *and in addition* provides two days into the central hub, during which they are working with up to 10 further families providing specific clinical assessments or interventions.
26. In total therefore, when fully staffed, we would expect approximately 200 families to be receiving clinically informed social care interventions at any one time, and a further 150 families to be receiving specific clinical interventions or specialist assessments. In terms of what social work task the clinical involvement was aimed at supporting, a quick survey of open cases as at Feb 2018 showed the following breakdown:



27. A key focus for 2018 (now that we have a 0.5wte Practice Coordinator) will be setting up an outcomes reporting system to evaluate the impact (or otherwise) of clinical input on social work objectives. For each specific piece of clinical work taken on, the clinician will clarify with the allocated social worker what they are trying to achieve for the family in terms of the following outcomes:

- Increase in the safe discharge of children from safeguarding plans / from CSC
- Reduction in the number of children entering local authority care
- Increase in placement stability for looked after children
- Reduction in use of high-cost placements for looked after children
- Increase in numbers of young people abiding by YOS orders and not re-offending

28. The service will monitor whether there has been any measurable progress towards that objective (via social work report, family report, and objective measures such as placement stability, coming off safeguarding plans etc). This will allow us to quantify for senior management both the proportion of clinical activity focussed on each objective, but also the impact, in order to inform decision-making about commissioning the service going forward.

Third Sector: Faces in Focus activity (29 May 2018)

	Southwark	Other	Total
Waiting for assessment	23	4	27
Waiting for allocation	39	16	55
In counselling	26	7	33

Lambeth Council & CCG: Lambeth Well Centre

29. 10% of children/young people who attended in the year 2017-18 were from Southwark. This equated to 51 out of a total 513. Location is determined by GP if known, home address if GP not known.

Other areas for consideration include:

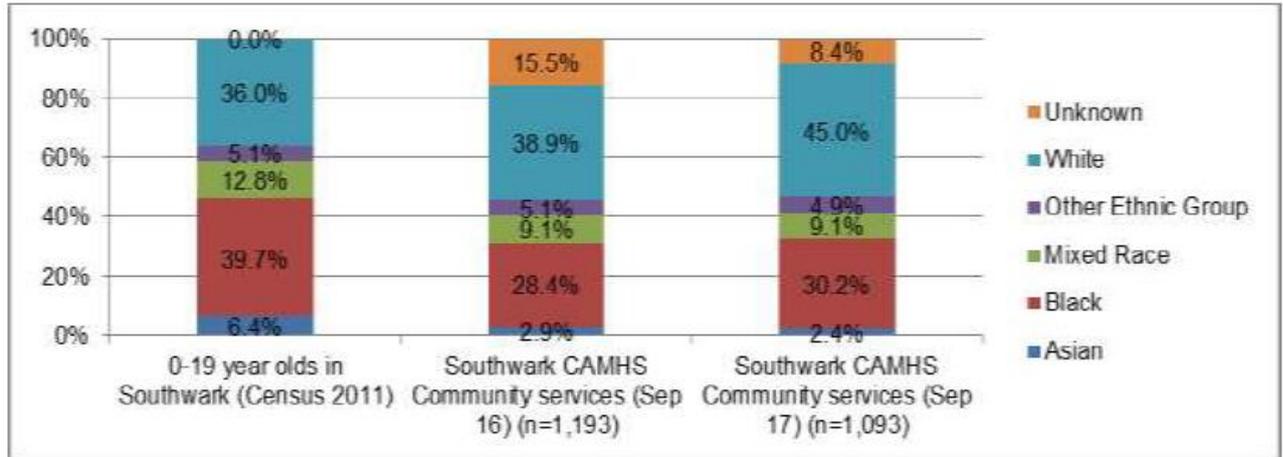
30. Some ethnic and minority groups, e.g. Asian and black girls, are under-represented in specialist CAMHS. Black boys, are over-represented in the Youth Offending Service (YOS) population, compared with representation in the general population.
31. There has been a steady increase over four years in the number of young people attending A&E and requiring mental health assessment (an increase of 53% from July 2013 to June 2017).
32. No activity or outcome data is available for the Southwark Children's Social Care Clinical Service because their work is attached to attainment of social work objectives rather than direct work.
33. The Functional Family Therapy service has had reducing staff since summer 2017 and has now only one remaining employee, therefore activity data would not be meaningful.

SLaM Data

Ethnicity information

34. The table and chart below show the ethnicity of service users in September 2016 and September 2017 in comparison with the ethnicity of 0 to 19-year olds in Southwark (from Census 2011). Data provides snapshots of ethnicity data on two days, it does not necessarily reflect data on other days.

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
0-19 year olds in Southwark (Census 2011)	6.4%	39.7%	12.8%	5.1%	36%	0%
Southwark CAMHS Community services (Sep 16) (n=1,193)	2.9%	28.4%	9.1%	5.1%	38.9%	15.5%
Southwark CAMHS Community services (Sep 17) (n=1,093)	2.4%	30.2%	9.1%	4.9%	45%	8.4%



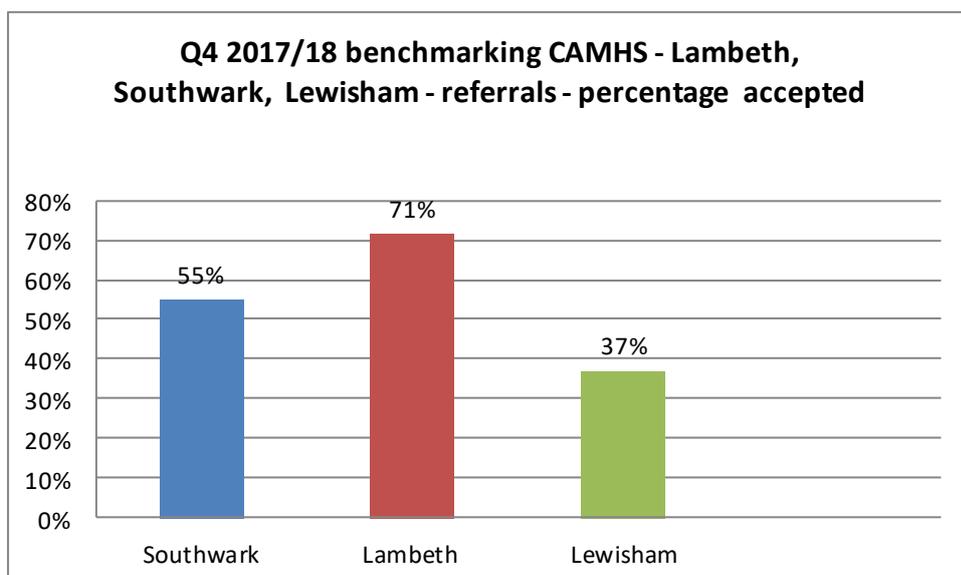
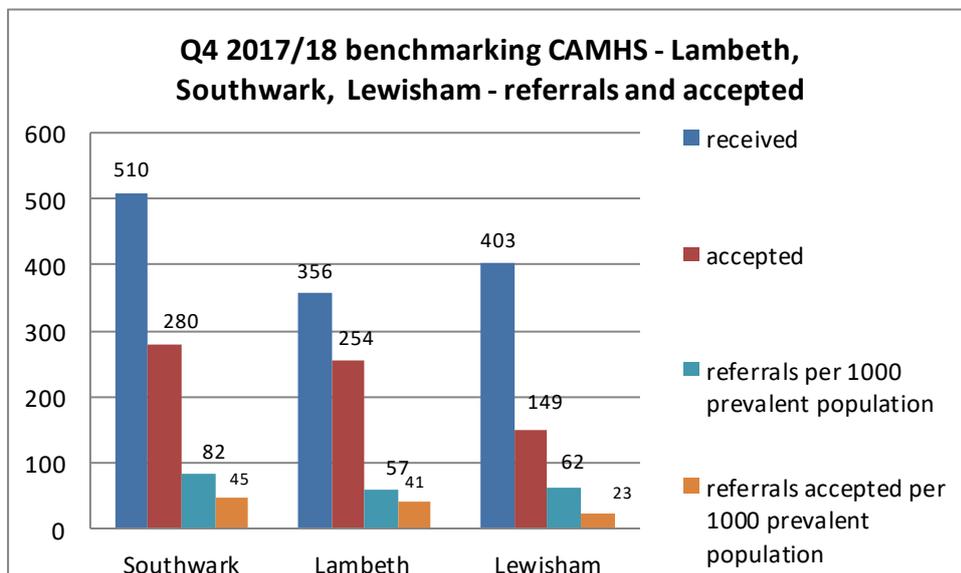
Examples of work to deliver effective and responsive services to BME service users include:

- Significantly improving the recording of service users' ethnicity
- Southwark CAMHS community teams are delivering an equality objective on improving access for young Asian and Black females.
- Recruiting a team manager from a BME background to enhance staff diversity and representation.

Benchmarking of key CAMHS measures from Quarter 4 data reports

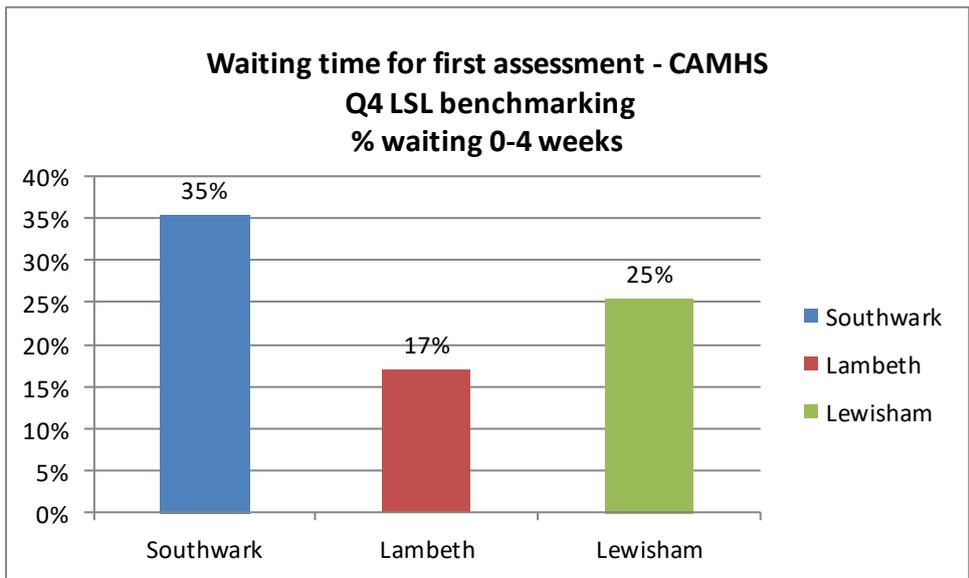
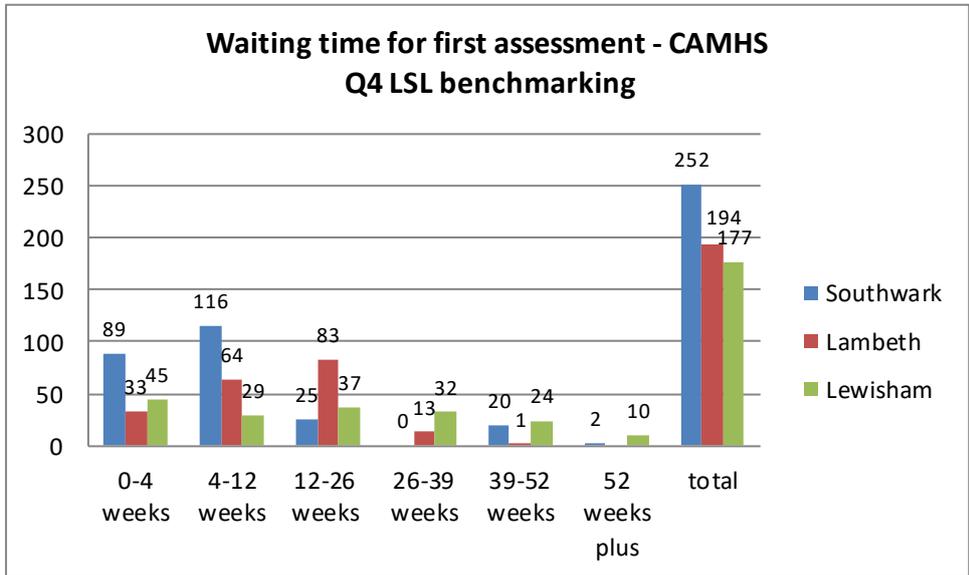
Referrals received and accepted - Q4

Southwark received and accepted more referrals in absolute terms, but Lambeth accepted a higher percentage of referrals.



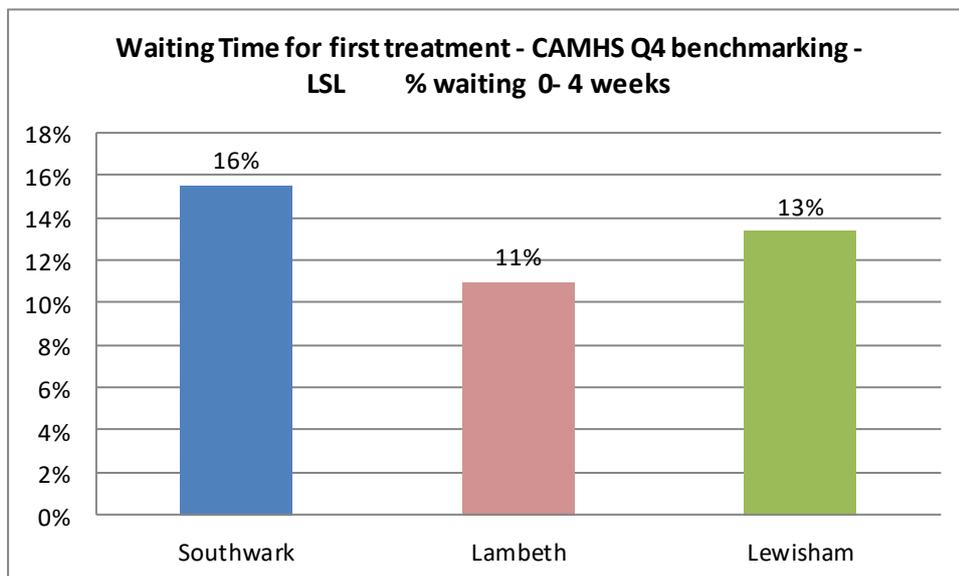
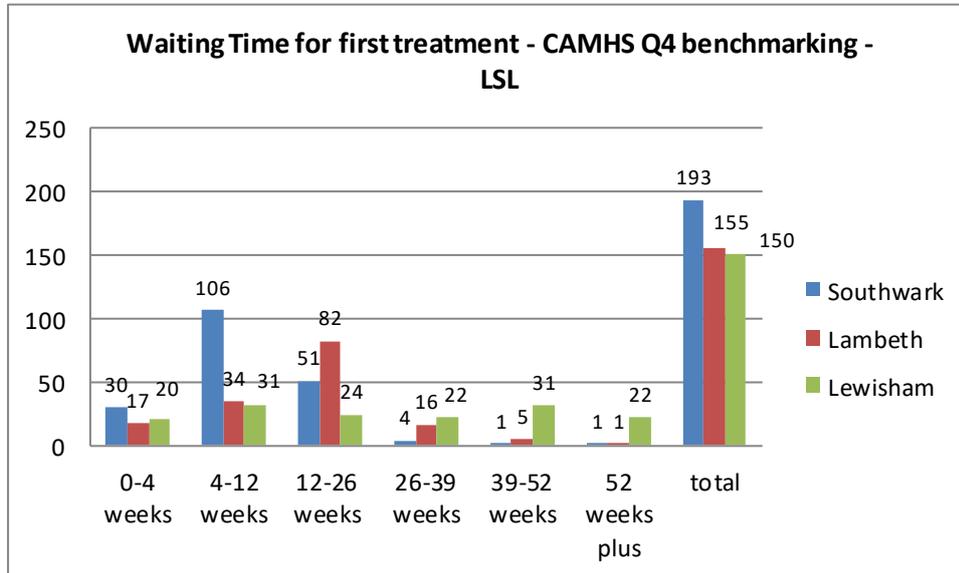
Waiting time for first assessment – Q4

Southwark undertook a higher number of first assessments, with a higher percentage seen within 4 weeks.



Waiting time for first treatment – Q4

Southwark undertook a higher number of first treatments, with a higher percentage seen within 4 weeks.

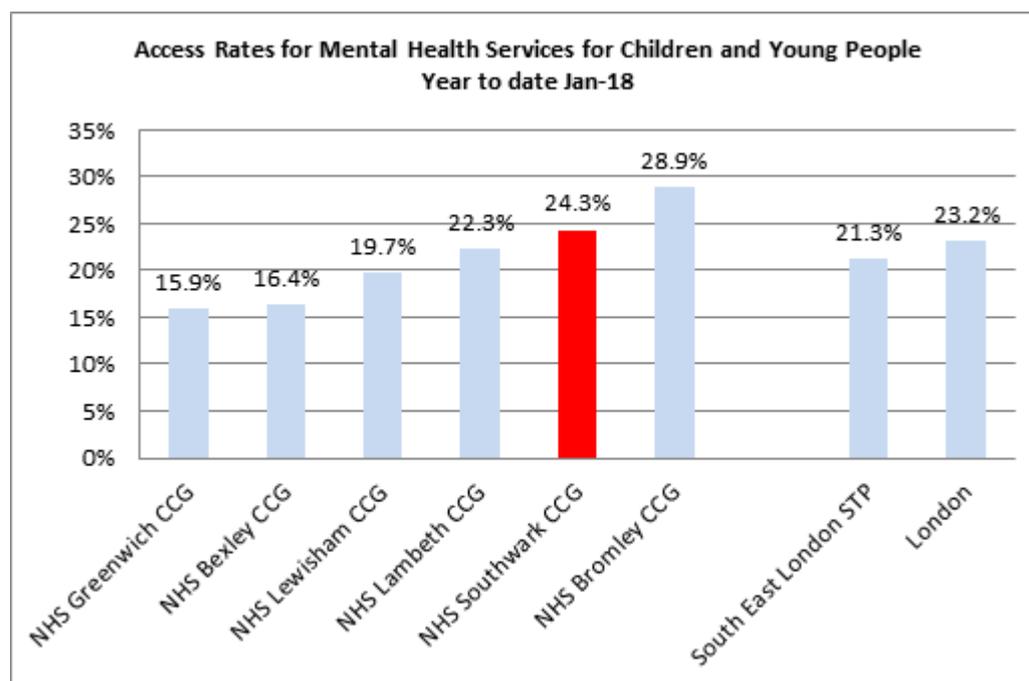


Comparison of activity across 4 boroughs

The following provides a comparison of activity across the four boroughs served by SLaM*. It is important to recognise that these services operate in different landscapes, so for example other boroughs have more voluntary sector and other commissioned support services than does Southwark.

*Southwark, Lambeth, Lewisham and Croydon

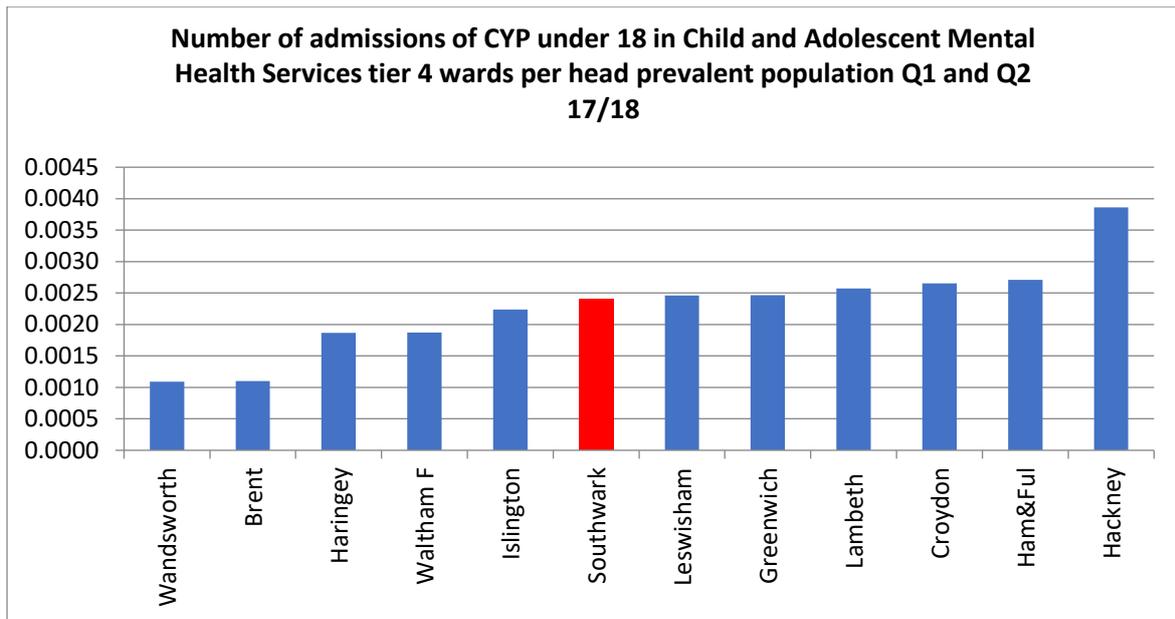
Access rates – South East London (latest NHS Digital published data)



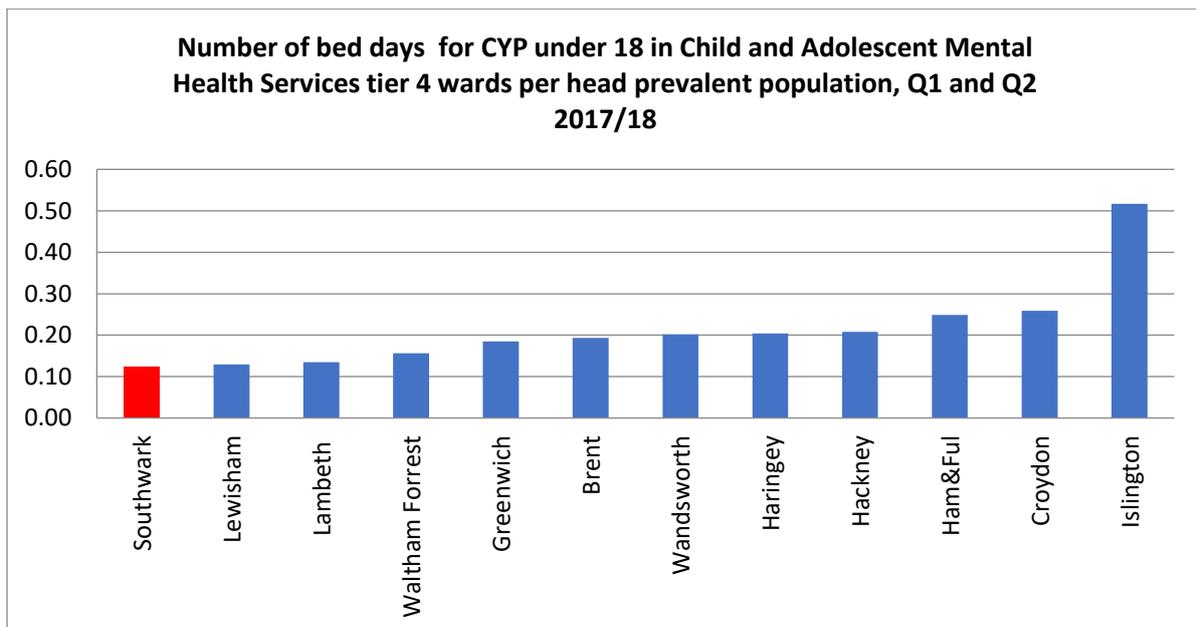
Underlying access data – NHS Digital

Area	Actual number of CYP receiving treatment (YTD)	Total number of CYP with a diagnosable mental health condition (prevalence)	Percentage access rate (annual equivalent)
	Jan-18	2017-18	Jan-18
NHS Southwark CCG	1,300	6,196	24.30%
NHS Lambeth CCG	1,205	6,240	22.30%
NHS Lewisham CCG	1,105	6,481	19.70%
NHS Bexley CCG	735	5,183	16.40%
NHS Bromley CCG	1,515	6,066	28.90%
NHS Greenwich CCG	875	6,364	15.90%
London	33,720	168,219	23.20%
South East London STP	6,740	36,530	21.30%

CAMHS indicators derived from the national MH5YFV quarter 2 report 2017/18 (March 2018) - using Right Care benchmarking group + Croydon**



NB. this is a different and lower picture for Southwark compared to the earlier London MH dashboard which is older data relating to 2015/16 – suggesting admissions rates have dropped.

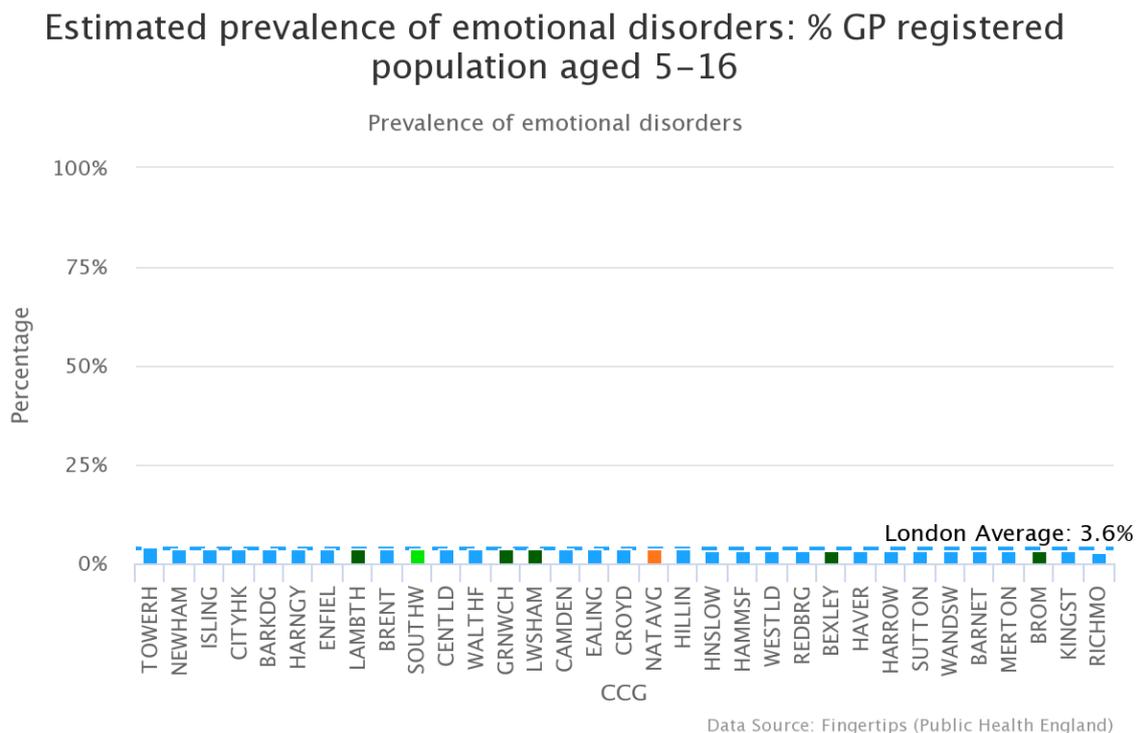
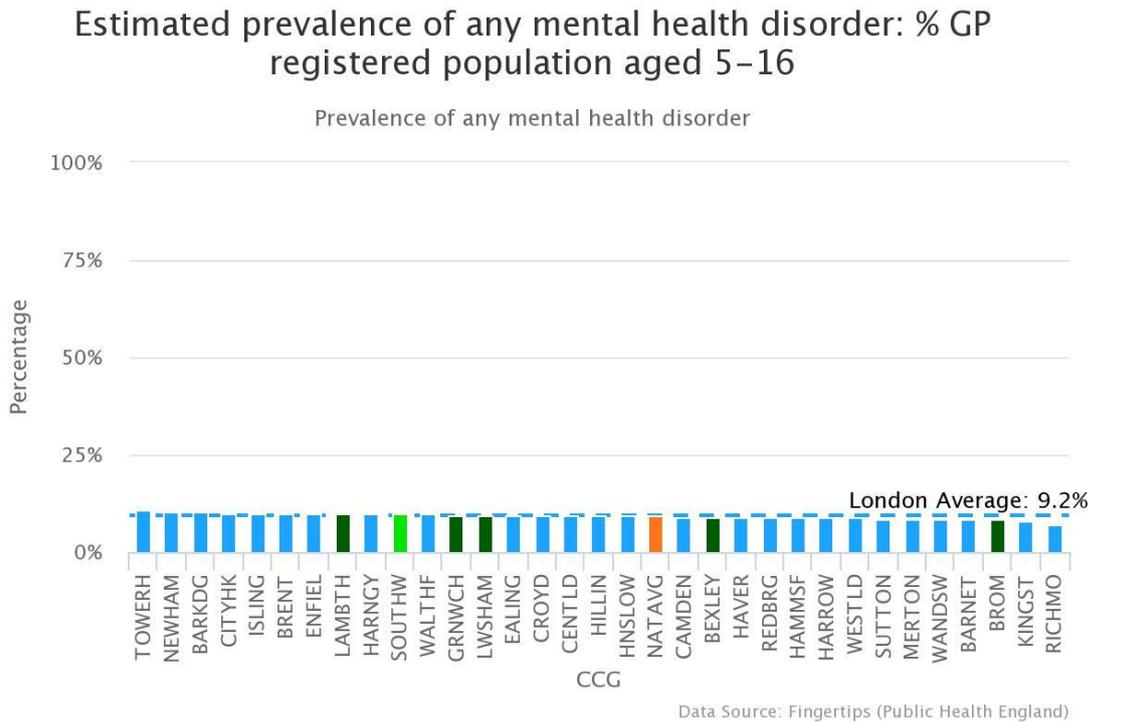


CAMHS Indicators on the London Mental Health Dashboard (at May18)

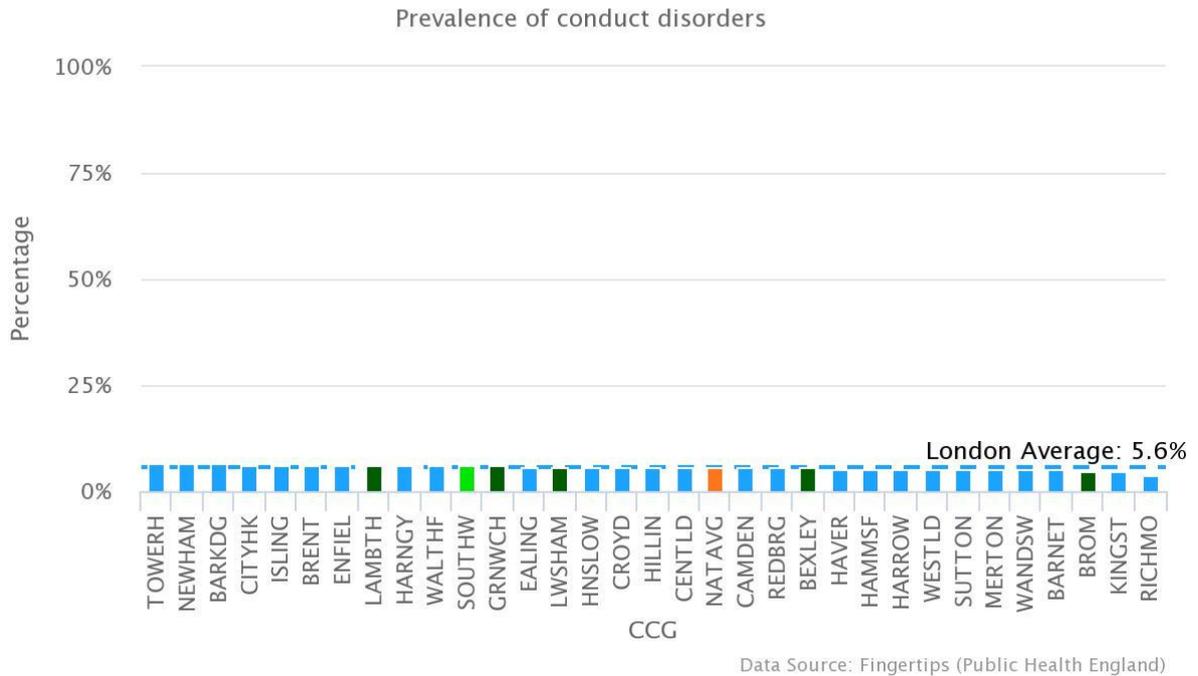
The most significant implication from these charts is that whilst Southwark has prevalence rates not far from the London average, the hospital admission rate for mental health conditions is significantly higher. However, this data is 3 years old and as above, admission rates have since dropped.

Data period 2015

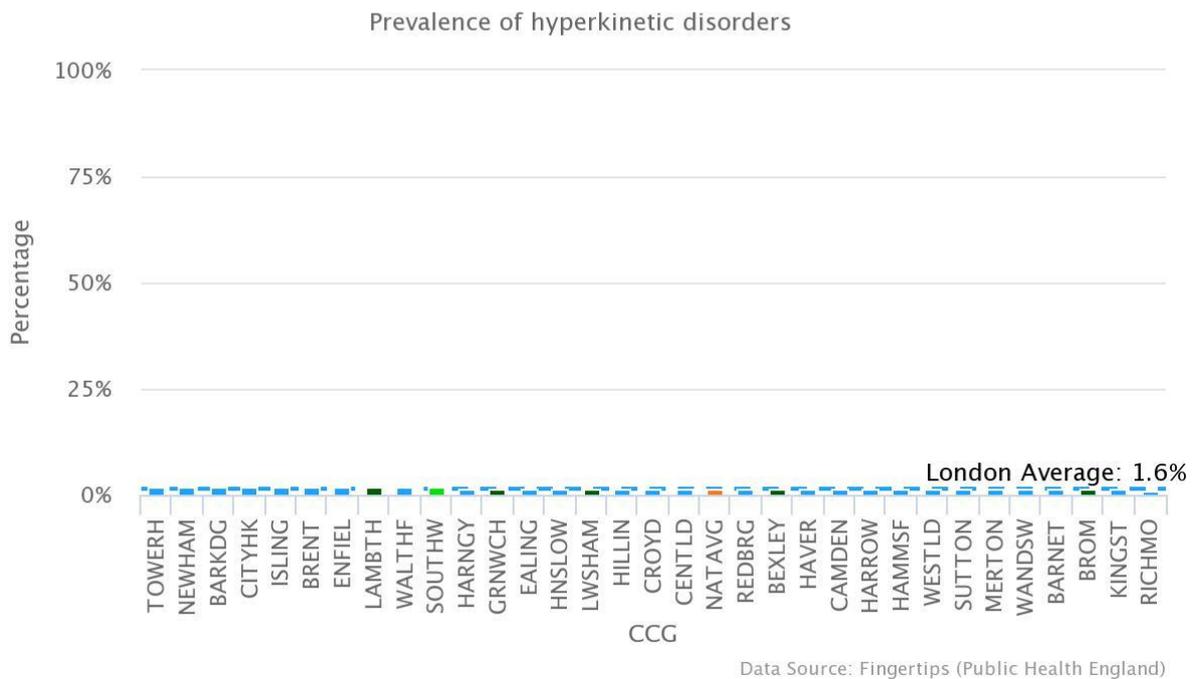
Source: <http://lmh.nhsbenchmarking.nhs.uk/login>



Estimated prevalence of conduct disorders: % GP registered population aged 5-16

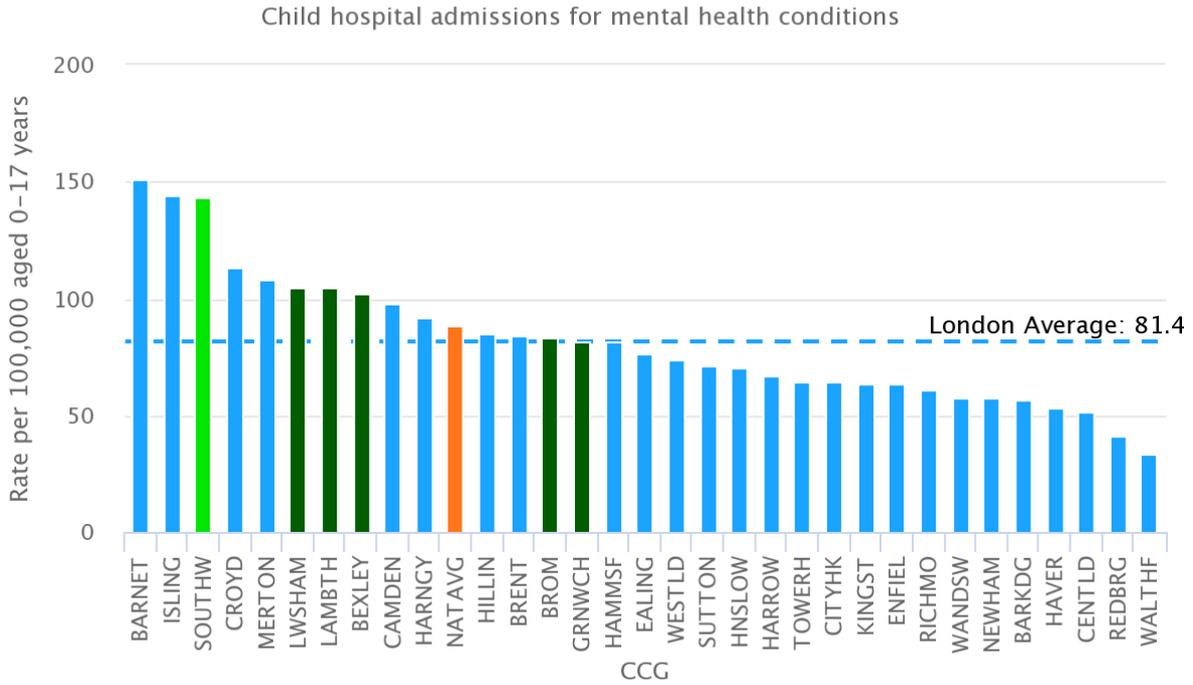


Estimated prevalence of hyperkinetic disorders: % GP registered population aged 5-16



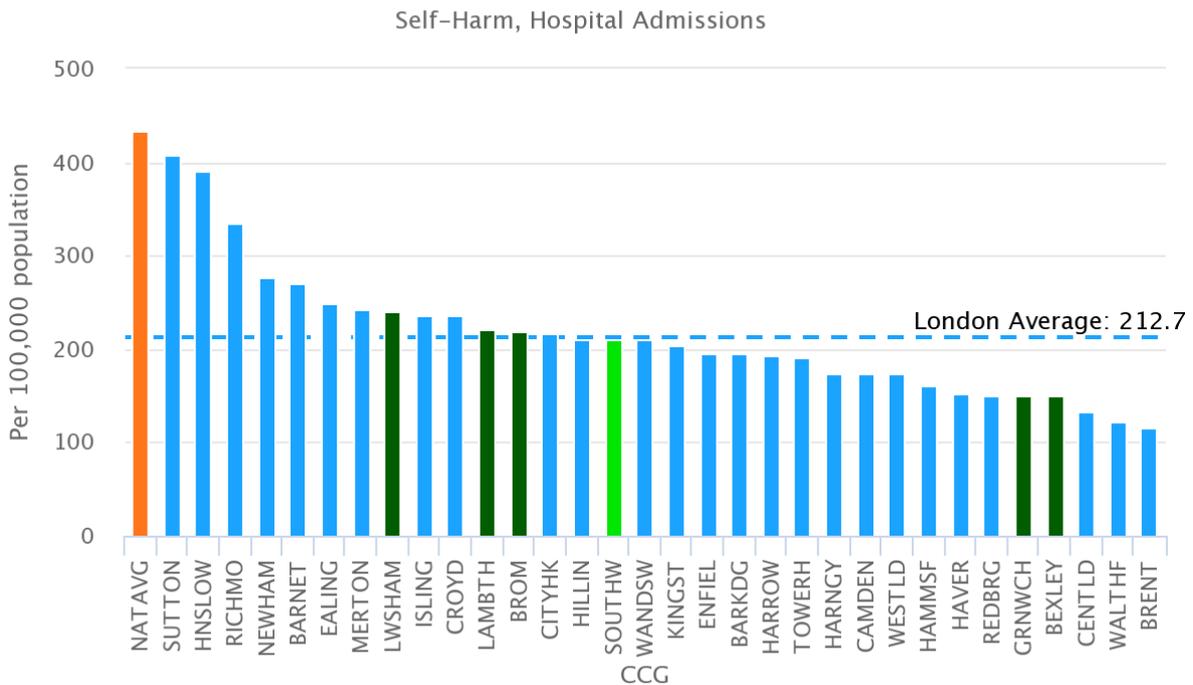
Data period: 2015/16

Child hospital admissions for mental health conditions



Data Source: Fingertips (Public Health England)

Self-Harm (10-24 year): Hospital admissions



Data Source: Fingertips (Public Health England)

Data period Q3 2017/18

Appendix M: Bridges to Health and Wellbeing in Southwark

NHS Southwark CCG and Southwark Council have agreed to a new joined up approach to commissioning known as population based commissioning which moves away from individual services towards commissioning to ensure delivery of outcomes based on people's needs.

We have adapted a tool known as Bridges to Health and Wellbeing, reflecting our desire to not just look at health and care but also the wider determinants such as housing, education and employment as part of getting the environment right, where the Council and CCG can provide information, advice, support, care or treatment for the presenting and underlying needs of an individual and/or their family. The tool will help us understand the needs, any health inequalities, common characteristics and best possible outcomes relevant to service users in the population, within individual population segments.

At the centre of this is a consistent focus on early intervention, prevention and self-management / self-care across all segments and acknowledging the voluntary sector's important role in this.

Segmentation

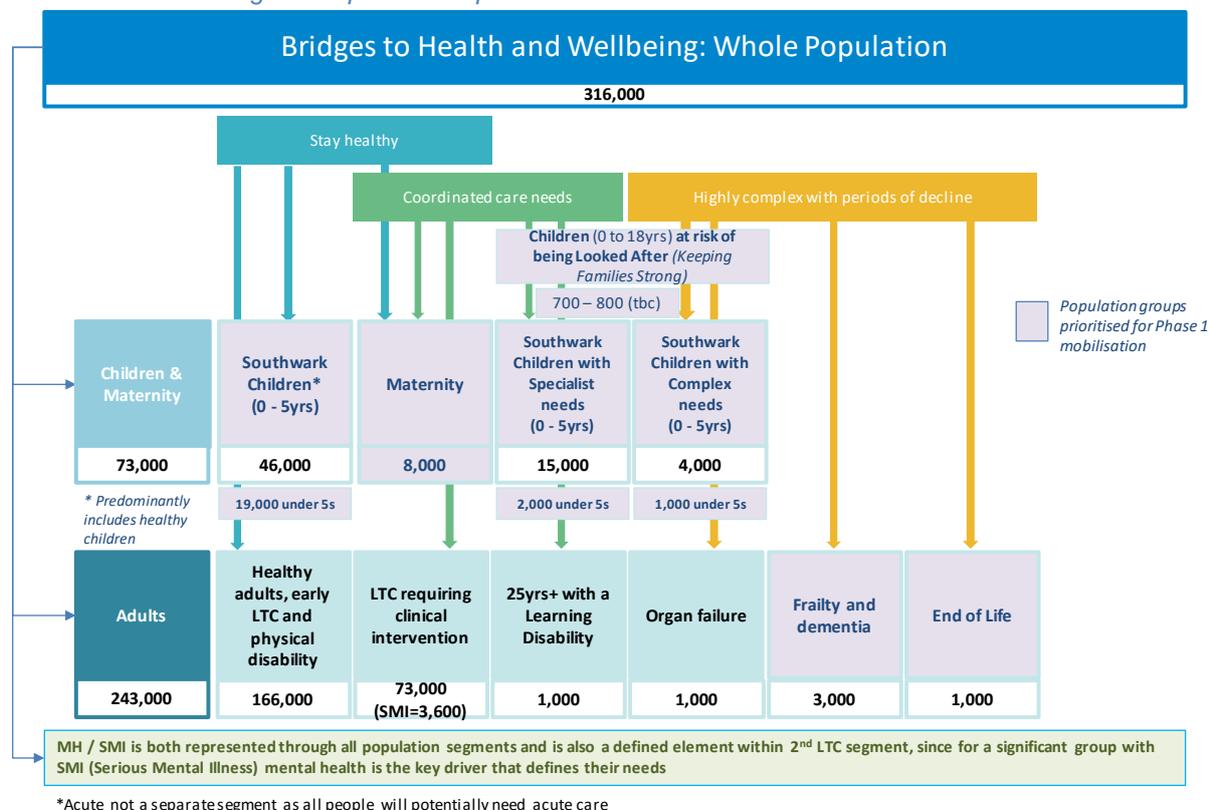
Segmentation aims to categorise the population according to health and wellbeing status, health and social care needs and priorities. This tool recognises that groups of people share characteristics that influence the way they interact with health and care services. To optimise outcomes, service user experience, efficiency and care costs, care delivery systems should respond to the needs of different population segments in different ways²⁶.

The population segments to which we will apply the Bridges to Health and Wellbeing approach are set out below:

²⁶ Adapted from <https://outcomesbasedhealthcare.com/evaluation-of-whole-population-segmentation-models/>

Applying the phase 1 priorities to original Bridges to Health & Wellbeing tool

Our Commissioning Development Groups have worked to localise the model



After careful development of the agreed model - which is recognised as a whole population approach - we have selected two key population groups to test the methodology in phase 1:

- **Adults:** Frailty, Dementia and End of Life
- **CYP:** Keeping Families Strong: Preventing the need for children (0 to 18 yrs) to be looked after; Maternity and All Southwark Children (up to 5 years) including those with Specialist or Complex needs

Children and Young People (CYP) element of phase 1 will be aligned to the findings and recommendations following the review of the CAMHS service, given that CAMHS is a key cross-cutting theme spanning all CYP population groups

Key features of the approach

- Includes a particular focus on targeting genuine need by improving outcomes for those with the worst outcomes and experiencing health inequalities (who may be identified through stratification) for whom traditional approaches have had insufficient impact
- Focussed on delivering agreed outcomes for the people of Southwark by meeting the “whole needs” of key population segments, rather than separate agencies trying to meet different needs through individual service specifications in an often uncoordinated way

- Tool requires collaboration between service users, providers and commissioners to use their input and expertise to take a system rather than service approach to meeting need
- Combines commissioning resources and incentivises different providers who are working with the same population segments to collaborate and shift the focus towards prevention, early intervention and better integrated community based care
- With prevention and early intervention in mind, the themes of Keeping Families Strong and Think Family will be supported and embedded across all population groups and throughout all phases of delivery including outcomes that focus on wellbeing and building resilience
- Improves impact, quality, value for money and whole system sustainability by spending the “Southwark pound” in a co-ordinated way so that agencies wrap around individuals and their families
- Improves people’s experience resulting from a shift in focus towards the individual and better co-ordination to deliver outcomes to meet people’s needs

Appendix N: National Indicators (for CAMHS and CCG)

1. % CYP with Eating Disorder seen within one week (urgent)
2. % CYP with Eating Disorder seen within 4 weeks (routine)
3. No of bed days for CYP under 18 in tier 4 mental health wards
4. No of admissions of CYP under 18 to tier 4 mental health wards
5. Bed days of CYP under 18 in adult inpatient wards
6. No of CYP under 18 admitted to adult inpatient wards
7. Planned CCG spend on CYP excluding Learning Disability and Eating Disorder
8. Planned CCG spend on CYP Eating Disorder
9. Unplanned readmissions to mental health services within 30 days of discharge for patients who are over 17

A quarterly activity return is made to NHS England but this does not have targets attached to them other than as indicated above.

Appendix O: References

1. *Briefing: Children's Mental Health Care in England. Children's Commissioner October 2017*
2. *Are We Listening? CQC Thematic Review of Mental Health Services for Children and Young People March 2018*
3. *NICE CYP Mental Health transition guidelines 2016*
4. *Southwark Joint Mental Health and wellbeing Strategy 2018-2021*
5. *NHS Five year Forward View: NHS England 2014*
6. *NHS Five Year Forward View for Mental Health: NHS England 2016*
7. *Child and Adolescent Mental Health Services Tier 4 report NHS England 2014*
8. *Future in Mind: Children and Young People's Mental Wellbeing NHS England 2015*
9. *Mental Health of Children in England Public Health England 2016*
10. *No Health Without Mental Health Dept of Health and Social Care 2011*
11. *Report on Parental Mental Health Service. CAMHS Research Unit, Kings College London Institute of Psychiatry. January 2017.*
12. *Evaluation of the Choice and Partnership Approach in Child and Adolescent Mental Health Services in England. National CAMHS Support Service/Mental Health Foundation December 2009*
13. *Education*

PHE (2015) What works in schools and colleges to increase physical activity; PHE (2014) The link between pupil health and wellbeing and attainment; DfE (2015) PSHE education a review of impact and effective practice; DfE (2016) School food in England. Departmental advice for governing bodies; School Food Plan (2015) Ofsted Guidance; School Food Standards. A practical guide for schools their cooks and caterers; Government Buying Standards; Ofsted (2015) Going the extra mile. Excellence in competitive school sport; Ofsted (2014) The PE and Sport Premium for Primary Schools; PHE (2014) The link between pupil health and wellbeing and attainment; DoH (2011) Physical Activity Guidelines for Children and Young People (5-18 years); HM Government (2016) Childhood Obesity: A Plan for Action; NICE (2008) Physical Activity in the workplace; Ofsted (2016) School Inspection Handbook; School Food Plan (2015) School food guidance for Governors; DfEE (2000) Sex and Relationships Education Guidance; Ofsted (2015) The Common Inspection Framework; NICE (2009) Physical activity for children and young people; NICE (2010) Smoking prevention in schools; NICE (2008) Social and emotional wellbeing in primary education; NICE (2009) Social and emotional wellbeing in secondary education; NICE (2006) Obesity Prevention; DfE (2014) Promoting fundamental British values as part of SMSC in schools; DfE (2015) The Prevent Duty; DfE (2016) Mental health and behaviour in schools

Appendix P: Other reading

Mental Wellbeing of Young People (aged 0-24 years) in Southwark- draft Southwark Council Public Health Joint Strategic Needs Assessment March 2018

Southwark Children and Young People's Mental Health and Wellbeing Transformation Plan 2017

Transforming Children and Young People's Mental Health Provision: Dept of Health and Dept for Education 4 Dec 2017

Children Looked After and Care Leavers Placement Sufficiency Strategy 2018-22 Southwark Council 2017

Southwark Five Year Forward View: A local vision for health and social care 2016/17 to 2020/21

The health of school-aged children and young people in Southwark (5-19 years)- Southwark Council Public Health Joint Strategic Needs Assessment Sept 2017

Implementing the Five Year Forward View for Mental Health. NHS England 2016

NHS Benchmarking Network CAMHS Benchmarking Report 2017

Public Health England Child Profile March 2016

Glossary

AMH	<i>Adults' Mental Health</i>
ADHD	<i>Attention Deficit Hyperactivity Disorder (also termed Hyperkinetic Disorders)</i>
ASD	<i>Autistic Spectrum Disorder</i>
CAEDS	<i>Child and Adolescent Eating Disorder Service</i>
CAMHS	<i>Child and Adolescent Mental Health Services</i>
CAPA	<i>Choice and Partnership Approach</i>
CBT	<i>Cognitive Behavioural Therapy</i>
CCG	<i>Clinical Commissioning Group</i>
CEGAS	<i>Children's Global Assessment Scale</i>
CPA	<i>Care Programme Approach</i>
CQC	<i>Care Quality Commission</i>
CYP	<i>Children and Young People</i>
CYPHP	<i>Children and Young People's Health Partnership</i>
DBT	<i>Dialectical Behaviour Therapy</i>
EH	<i>Early Help</i>
EIS	<i>Early Intervention Service</i>
FFT	<i>Functional Family Therapy</i>
GSTT	<i>Guys and St Thomas's NHS Foundation Trust (Inc. Evelina Children's Hospital)</i>
HEE	<i>Health Education England</i>
HLP	<i>Healthy London Partnership</i>
IAPT	<i>Improving Access to Psychological Therapies</i>
I-Thrive	<i>Implementing Thrive</i>
JSNA	<i>Joint Strategic Needs Assessment</i>
KCH	<i>Kings College Hospital NHS Foundation Trust</i>
LAC	<i>Looked After Children</i>
LD	<i>Learning Disability (also referred to as Intellectual Disability or ID)</i>
LTP	<i>Local Transformation Programme</i>
NHSE	<i>NHS England</i>
NICE	<i>National Institute for Clinical Excellence</i>
ONS	<i>Office for National Statistics</i>
PH	<i>Public Health</i>
PHE	<i>Public Health England</i>
PMHT	<i>Parental Mental Health Team</i>
Provider	<i>Commissioned provider of services</i>
SEND	<i>Special Educational Needs and Disability</i>
SLaM	<i>South London and Maudsley NHS Foundation Trust</i>
SLP	<i>South London Partnership</i>
Specialist	<i>Services involving highly individualised programmes from expert practitioners</i>
STP	<i>Strategic Transformation Plan</i>
Targeted	<i>Services aimed at vulnerable groups but which are not specialist</i>
Tier 4	<i>Highly specialist services usually (but not always) provided in inpatient settings</i>
Universal	<i>Services aimed at the whole population</i>
YOS	<i>Youth Offending Service</i>

Terms of Reference

Southwark Child and Adolescent Mental Health Commission

The purpose of this Commission is to consider, challenge, support and evaluate the actions being taken in the London Borough of Southwark to revolutionise and transform mental health support for children and families. Specifically to ensure that all children and families resident in the borough will have access to support, and where appropriate treatment, to ensure that their mental health needs are met.

Background and context

Access to mental health services for children and families in England is not sufficient and NHS England's target, set in 2018, of 35% access is unacceptable. Whilst the 2019 NHS plan for the next 10 years has set a target of 100% access for 2029, the Southwark Health and Wellbeing Board agreed a 100% target within 2 years at the November 2018 meeting of the Board. This places Southwark in a position of much higher aspiration, and to be achieved much quicker, quite simply because the Southwark Health and Wellbeing Board recognises that for children their childhood is not a dress rehearsal but rather sets the foundation for the rest of their lives. It is clear to the Southwark Health and Wellbeing Board that much suffering in childhood, often running through to adulthood, in relation to poor mental health can be prevented or successfully treated if access to support is *early* and *helpful*.

Southwark Council provide the most funding for Child and Adolescent Mental Health Services of any borough in South London. This is in addition to the statutory responsibilities of the NHS to properly fund Child and Adolescent Mental Health Services. Yet, access to NHS support means that currently less than a quarter of children who need to access Mental Health services are able to do so. This is a matter of great concern and a priority for the Southwark Health and Wellbeing Board who have committed to revolutionise and transform the offer to residents of Southwark.

In February 2019 Southwark Council Assembly approved a budget that not only protects Council funding for Child and Adolescent Mental Health Services, despite the fact that the Council no longer receives a specific grant from Government to do so and Council funding has been severely cut since 2010, but to additionally make £2m available to ensure that 100% of children and young people resident in the borough get access to emotional wellbeing or mental health services so that we reduce the need for specialist services and ensure that families who must wait for specialist services are well supported, and that this ambition would be achieved by 2020.

This Commission will build on the national work of the Values-Based Child and Adolescent Mental Health System Commission (2016), with the London Borough of Southwark as the community to implement the key learning and recommendations of that Commission, to learn *what works* in practice and to openly share that learning and experience with our community and wider stakeholders concerned about the mental health of children and families.

The Terms

The Commission will run from October 2019 to October 2021 and will meet quarterly and will be supported by Southwark Council officers in undertaking their work. Chief officer support, advice and guidance will be provided by the Strategic Director for Children and Adults (the statutory Director for Children's Services and the Director of Adult Social Services) and the Strategic Director for Place and Wellbeing (the statutory Director of Public Health). The chief officers will be in attendance at Commission meetings.

The Council's Directors of Education, Commissioning, Children and Families, Adult Social Care and the Southwark NHS CCG Director of Integrated Commissioning and Lead GP and Lead Commissioner for Mental Health will make themselves available to the Commission in support of this important work.

Between April and June 2021 the Commission will review a draft report of the Commission's findings and learning for sharing, with the intention of publishing a public report in July 2021.

Chair

The Commission will be chaired by the Southwark Council Cabinet Member for Children, Schools and Adult Care.

Members of the Commission:

The members of the Committee will consist of experts in the field of children's mental health, people with first hand experience of mental health services as professionals and or service users.

Version 2 October 2019

Draft Work Programme for 2019-21

Items shown in brackets (✓) are standing items which will be brought forward if required

Item	Meeting						Commentary
	2	3	4	5	6	7	
Standing Items							
Minutes and Actions of the last meeting	✓	✓	✓	✓	✓	✓	To report on any actions recommended by the Commission – Constitutional Officer
Updates to proposed work programme	(✓)	(✓)	(✓)	(✓)	(✓)	(✓)	Draft work programme for the committee – Constitutional Officer
Themes for the meeting							
Open Access	✓						A foundation and gateway for helping children and their families through their journey – Genette Laws
Emotional Health and Wellbeing Support in schools		✓					Universal support in schools – Cassie Buchanan and Nina Dohel
Community groups, local councillors and stakeholders' views			✓				Representations from interested groups and individuals - Constitutional Officer
Review and Evaluation				✓			Summary of recommendations and actions over the lifespan of the Commission – Emma Moseley
Final report of the CAMHS Commission					✓		To review the draft final report

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COMMITTEE: SOUTHWARK CAMHS COMMISSION

NOTE: Original held in Constitutional Team; all amendments/queries to Virginia Wynn-Jones, Constitutional Team on 020 7525 7055 or virginia.wynn-jones@southwark.gov.uk

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Genette Laws 1

Kim Nash 1

Katie Thrower 1

Emma Moseley 1

Cassie Buchanan 1

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Virginia Wynn-Jones

List Updated: 4 October 2019