Transformation Plan for Children and Young Peoples' Mental Health and Emotional Wellbeing

Refresh, October 2017

Bexley Clinical Commissioning Group
and
London Borough of Bexley

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1. Introduction

The Bexley Clinical Commissioning Group and our partners have worked **collaboratively to commence the transformation of child and adolescent mental health services (CAMHS) across Bexley**. This new investment in CAMHS has enabled Bexley to commission a lead provider to deliver a seamless pathway for specialist tier 3 and targeted tier 2 CAMHS and with six other SEL CCG's a specialist provider to deliver the community eating disorder service.

Our CAMHS priorities aligned with *Our Future in Mind* has enabled us to be confident in how we have planned to use the additional local Five year Forward View Investment (2014) plus the new Transforming CAMHS funding allocated to CCGs in 2015 to improve the mental health and emotional wellbeing of our residents.

Our CAMHS high level strategic priorities affiliated to **Our Future in Mind** key themes are to:

- Co-design our future systems and service model with children and young people and our communities
- Challenge the stigma of mental health, improve access to early help and preventative service and to strengthen resilience and recovery
- Build capability and capacity of universal services and communities to support children and young people and their families
- To develop a sustainable workforce and a system wide approach to service delivery

Sustainability and Transformation Programme

We have aligned our proposals to local needs and the South East London priorities for emotional wellbeing and mental health. These priorities are:

- Improved S136 pathway and health based place of safety provision
- Effective Community Mental Health Services - 24/7 crisis care support
- Acute pathways and standards- Core 24 in Eating Disorder Services
- Acute pathway standards - ceasing out of area transfers and mental health inpatient bed use

Our Journey to Date

Working towards improving access and service development we have commenced the design and delivery of the following services:

- A tier 2 mental health service – building capacity across the system with evidence based and outcomes based interventions for anxiety/self-harm/PTSD/Trauma
- A community Eating Disorder Service
- Children and Young People's 'Improving Access to Psychological Therapies' (IAPT)
- Increased the capacity of existing specialist CAMHS for children with neurodevelopmental disorders
- Increased clinical capacity to meet demand for CYP with generic mental health needs and support for children aged under 5's years
- Enhanced tier 2 provision to offer targeted advice to tier 1 professionals where self-harm is emerging

- Increased capacity and capability of the workforce across the system

In addition to our CAMHS developments Oxleas NHS Foundation Trust have opened a new Child Development Centre at Queen Marys Hospital in Sidcup for children and young people with physical and mental health problems and developed a new Single Point of Access ensuring the following:

- No referral for a child or young person will be rejected - advice and direction to support will always be given
- A single point of access to CAMHS, including alignment to local community support which prevents delays in access to appropriate support;
- A new pathway that supports early identification, management and intervention for children with physical and emotional health problems
- A strong focus on early identification and intervention to avoid costly packages of care across the health and social care economies;
- Services are accessible to vulnerable and hard to reach children, young people and their families;
- Positive outcomes for children, young people and their families are achieved

This refreshed Plan should be read with reference to the CAMHs Transformation Plan published in October 2015, http://democracy.bexley.gov.uk/documents/s68975/Item%206.2%20Transformation%20Plan%20Bexley%20FINAL-131015.pdf, ,"Future in Mind" [2015] and "Implementing the Five Year Forward View for Mental Health Plan" [2016].

2. The Bexley Context

The mental health needs of children and young people within the Bexley population are as follows*:*

We acknowledge that there are gaps in data in Bexley which means that we do not hold a full picture of the level of mental health need amongst children and young people in our community. This situation comes about as a result of a number of factors, not least the lack of contemporary national prevalence data, the last study having been published in 2004. Emotional wellbeing and mental health interventions are delivered by a wide range of organisations and services across Bexley.

Therefore, in the context of high demand, increasing complexity of presentations and known gaps in provision, the Bexley Health and Wellbeing Board designated children and young people's emotional and mental health a priority in 2014 and commissioned an extensive review of needs and provision.

This review, *Child Mental Health and Emotional Wellbeing*, involving a number of key stakeholders is largely complete and included:

- significant level of engagement with parents, young people, schools and other professionals including a public survey
- needs assessment
- service mapping
- gap analysis
- transformation planning as a result of using an ethical framework for decision making

Please see appendix three for the comprehensive need assessment of children and young people's mental health and emotional wellbeing in Bexley.

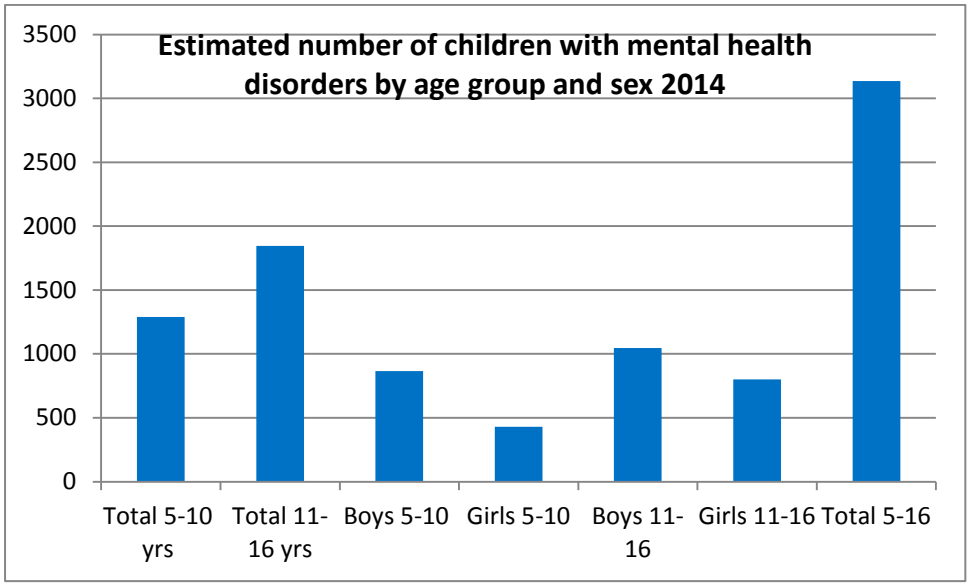
The demographic and socio-economic context for children and young people in Bexley is:

- 25.8% of the Bexley population is aged 0-19
- Approximately 60,000 young people are aged 0-19
- Bexley's 0-19 population is expected to see a 17.4% increase by 2021
- Most significant increase will be seen in the 10-19 year age bands
- Children aged under 5s makes up 6.2% of the Borough's population
- Highest unemployment group was for 16-19 year olds (39.3%)
- Increasing numbers of 13-19 year olds in the north of the Borough
- Almost one-quarter of 0-19 year olds are from BME backgrounds
- Highest concentrations of young people from BME backgrounds in Thamesmead East, Belvedere, Erith and Northumberland Heath
- 34.2% of school children are from a minority ethnic group
- 19.7% of children living in poverty
- Children subject to a child protection plan is 201
- Children subject to a Children In Need plan is 1070
- 1,155 children are estimated to be eligible for the Early Learning for 2 year old child care offer.
- 64.1% (higher than average proportion) of children are judged to have achieved a good level of development at the end of the foundation stage

- In 2013 52% of children achieved a GLD(Good Level Development)
- In 2013 the average score achieved on the EYFSP was 32.8 points. (34.0 is the equivalent of scoring the expected level across ALL ELGs
- In 2013 64% of children achieved a GLD (12% above the national outcome)
- In 2013 the average score achieved on the EYFSP was 34.5. (34.0 is the equivalent of scoring the expected level across ALL ELGs)
- Bexley's 64% GLD outcomes ranks the LA joint fifth highest attaining LA in England out of 152 local authorities nationally and joint third highest attaining of all London boroughs.
- At national level the achievement gap between the lowest attaining 20% of children and the mean is 36.6. The achievement gap in Bexley is 27.6. This represents a very positive 9% lower gap than the national and is one of the LOWEST achievement gaps nationally
- 12.6% of 4 -5 year old obese children and 26.8% of 4-5 year old with excess weight
- 24.3% of 10-11 year old obese children and 36.9% of 10-11 year old with excess weight
- 64.1% of children are considered at school readiness at end of Year R
- 47.4% of children on free school meals are considered school readiness at end of Year R

We have reviewed the prevalence data for Bexley on the CHIMAT website.

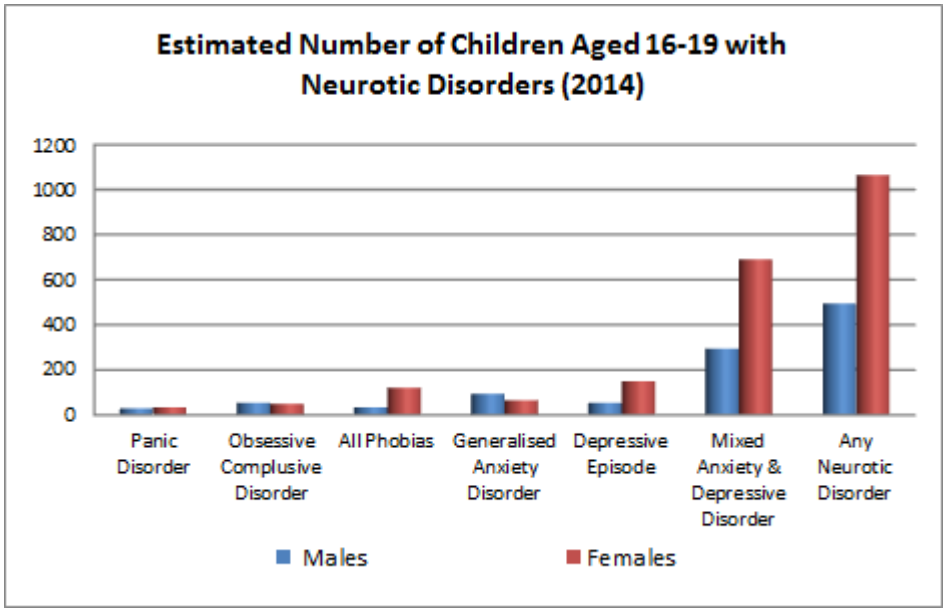
Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and sex in Bexley. This shows us that there are potentially 1290 5-10 year olds and 1845 11-16 year olds with a mental health disorder in the CCG area.



Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

As acknowledged by CHIMAT there are relatively little data about prevalence rates for mental health disorders in preschool age children. However a literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6% (Egger, H et al, 2006). Applying this average prevalence rate to the estimated population within the area, gives a figure of **2,480** children aged 2 to 5 years inclusive living in Bexley who may have a mental health disorder. We have therefore used this figure as the basis of the KPI for our proposed under 5's service.

In relation to 16/17 year olds CHIMAT provides estimates of the number of males and females with neurotic disorders. It would not appear appropriate to add estimates to give total numbers as there may be overlaps between categories but the estimates are shown in the chart below and show significantly more females than males.



- In total therefore from the above we would anticipate 2840 2-5 year olds
- 1290 5-10 year olds
- 1845 11-16 year olds
- Total **5975** 2-16 year olds

Also from CHIMAT estimates of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 have been provided. The following table shows these estimates for the population aged 17 and under in Bexley.

Tier 1	Tier 2	Tier 3	Tier 4
7880	3680	975	40

Source: Office for National Statistics mid year population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014). Kurtz, Z. (1996). (CHIMAT)

In Bexley we know that 1300 children and young people accessed the Specialist CAMHS during the year April 2015-March 2016. Until the commencement of the Transformation Plan, this service was commissioned to provide what is traditionally known as Tier 3 and Tier 3.5, with a *very* limited targeted tier 2 service. Approximately 39% of children referred were not accepted as they did not meet the referral criteria for the service. It was the indication that there are at least 3680 children in Bexley who would be eligible for an intervention at Tier 2 and that around 675 were referred but not accepted that led us to concentrate quite significantly in our plan on developing a service at tier 2 for children with the full range of needs and offering interventions as set out in section 3. Please see appendix 3 for guidance disseminated to schools for children with social, emotional and mental health issues produced by the Early Intervention team.

Since our Plan was written we now have information about CAMHS Tier 4 activity and costs for 2015/16

The predecessor to Bexley CCG , Bexley Care Trust, had made a significant additional investment in 2010 to develop a community intensive and outreach service for young people with acute mental health needs (Tier 3.5), (Risk Management and Crisis Response in the Thrive Model). This has resulted in a clinically and cost effective alternative treatment service to inpatient care, with one of the lowest inpatient admission rates across London. Whilst the treatment needs of young people with acute needs are well served in Bexley, there was a need to increase capacity for mental health interventions with children and young people with significant and complex difficulties.

The table below demonstrates that Bexley had the lowest total activity (in terms of bed days) and expenditure in SEL in 2015/16, although there were a lower number of actual admissions in Greenwich. This helps to demonstrate the impact of the Tier 3.5 service in Bexley, which works to facilitate earlier discharge as well as prevent admission. The actual cost column combines the SLAM inpatient cost with the cost per case (independent sector) admissions.

CCG Name	Service Line Description	Actual Cost 15/16	Actual Activity 15/16	Number of Admissions (NHS and independent sector)
NHS BEXLEY CCG	***CAMHS T4***	***517,539***	***952***	***20***
NHS BROMLEY CCG	CAMHS T4	1,258,179	2,258	44
NHS GREENWICH CCG	CAMHS Secure	27,037	28	17
NHS GREENWICH CCG	CAMHS T4	626,768	1,059	
NHS LAMBETH CCG	CAMHS T4	1,258,892	2,190	32
NHS LEWISHAM CCG	CAMHS Secure	318,653	330	34
NHS LEWISHAM CCG	CAMHS T4	933,987	1,625	
NHS SOUTHWARK CCG	CAMHS T4	1,771,107	3,299	46

Vulnerable Groups

It is known that some groups of children are at greater risk to and from mental health conditions. The following outlines an overview of our local understanding of the mental health needs of this group.

Children who suffer from child abuse and neglect

There are different forms of abuse and neglect, often occurring together in one family and affecting one or more children. They include:

(a) neglect
(b) physical abuse and non-accidental injury
(c) emotional abuse
(d) sexual abuse
(e) fabricated or induced illness.

Emotional abuse, as well as occurring alone, almost invariably accompanies other forms of child maltreatment. Some forms of abuse occur as discrete events, which may be repeated: these include physical abuse and non-accidental injury, sexual abuse and some forms of fabricated or induced illness.

Bexley Safeguarding Children's Board (BSCB) provide the following overview of a local understanding of children who have suffered from abuse and neglect within Bexley.

The table below provides information on the category of abuse of children with a child protection plan as at 31 March 2017. There are some differences between Bexley and the national average with the proportion of children with a child protection plan due to physical abuse being much higher than the national average with lower proportions in other categories.

Latest category of Abuse	**Number**	**Percentage**	**National average 2015/16 (latest figures available)**
Neglect	70	39.8%	43.8%
Physical Abuse	37	21.0%	8.7%
Sexual Abuse	9	5.1%	4.6%
Emotional Abuse	62	35.2%	37.8%
Multiple (not recommended to use this category)	1	0.6%	5.1%
Total	**179**	**100%**	**100**

The number of section 47 assessments started has reduced over the last 3 years. The 2016/17 rate is below the latest statistical neighbour average

The number of initial child protection conferences reduced significantly from 2014/5 to 2015/16. There was an increase from 2015/16. The 2016/17 rate of initial conferences which is below latest statistical neighbours

During 2017/18 BSCB will be facilitating follow up discussions on the following:

- What are the expected child protection activity numbers and rates for each part of the process? Would Bexley expect to be similar to statistical neighbour averages?
- The percentage of children becoming subject of CPP for a second or subsequent time rose slightly in 2016/17. What was the reason for this?
- What information is available on children and young people with a child protection plan seen by the lead social worker within the timescale specified in the plan?

This work will be shared through the BSCB Learning Hub.

The mental health needs for these children are commissioned by Bexley Clinical Commissioning Group (CCG), some of which are provided within the transformation plan.
Oxleas NHS Foundation Trust:-
CAMHS, Community Health and Well-Being Service (CHeWS) with full information provided of this service under section 3. Our transformation plan priorities.

In addition Bexley CCG commission through Oxleas NHS Foundation Trust Specialist children's services –Therapy and Learning Disability services, Health of Children who are looked after.
Lewisham & Greenwich NHS Trust – acute hospital and maternity services
Kings Healthcare – acute hospital and maternity services
Dartford & Gravesham NHS Trust – acute hospital and maternity services
Hurley Group – Urgent care and out of hours services

The new NICE guidance 'Child abuse and neglect guideline (NG76 October 2017)' just released will be considered within the transformation plan and implemented where appropriate.

The main department with responsibility for safeguarding children is Children's Social Care and Education. The key service areas are:

- Child Protection and Family Support (including the MASH, Referral & Assessment Teams, Family Wellbeing Service and Family Support and Child Protection Teams)
- Looked after Children's Service
- Placements and Specialist Services
- Virtual School for Looked After Children
- Professional Standards and Quality Assurance
- School Improvement
- Youth and Inclusion
- Early Intervention
- Special Educational Needs and Disabled Children's Service.

Other Council departments with a key safeguarding role include Public Health Community Safety, Housing, Adult Social Care and Leisure and Cultural Services.
Bexley Council's Public Health department commissions a range of children's services including:

- 0-19 years universal services (health visiting and school nursing)
- Sexual health services.

Bexley Voluntary Services Council (BVSC) also has a separate Children and Young People's (CYP) Network with around 300 contacts. These contacts receive regular e-bulletins and are invited to events, training, activities and the CYP network where safeguarding is a standing agenda item.
Voluntary organisations who provide commissioned services for CYP including:

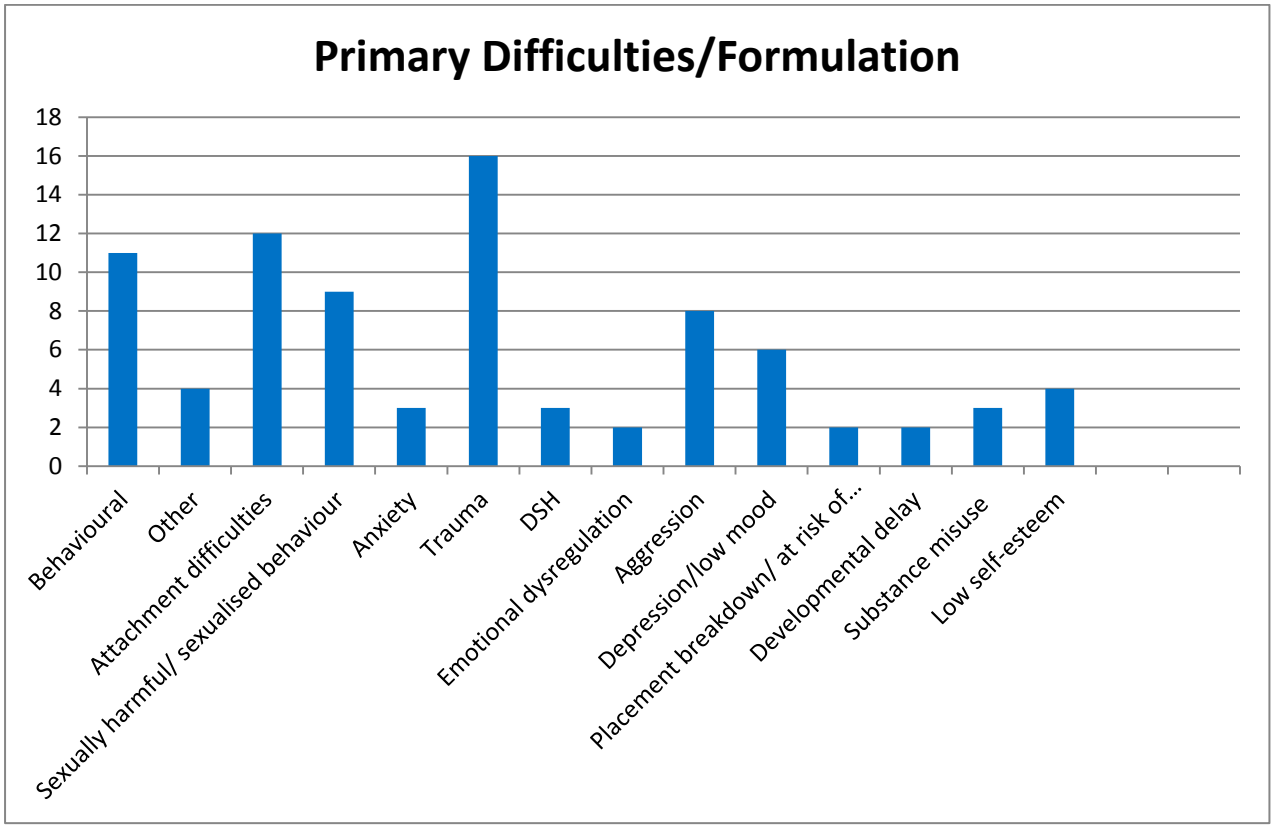
Charlton Athletic Community Trust
Bexley Snap
Ellenor Children's Hospice
Demelza Children's Hospice
Bexley Women's Aid
Bexley Moorings
Family Lives
Imago
Porchlight
Bexley Open Doors
Bexley Voice.

Looked after and adopted children

Bexley has lower than the national number of looked after children at 46.6 per 10,000 under 18 years old (2015/16) compared to the national figure of 60 per 10,000 (2015/16). The number has decreased in recent years from 275 at end March 2015, to 259 at end March 2016, to our current figure at the end of September 2016 of 230. The number of LAC whose primary residence was Bexley who are currently living out of borough is 129. Earlier intervention to prevent escalation is a key priority in Bexley.

Specialist CAMHS in Bexley provides a small dedicated service for adopted and looked after children. During the year 2015/16 146 adopted and looked after children and young people received a mental health service. Of these, 99 were looked after by LBB, 21 were looked after by local authorities other than Bexley and 26 were adopted.

The primary difficulties of LAC and adopted children and young people accessing specialist CAMHS are shown in the table below.



Attachment difficulties were a major factor in the child or young person's presentation and underlie the mental health difficulties for most of these young people. A key role of mental health interventions from Specialist CAMHS in relation to attachment is to help children and young people to develop and maintain attachments with their carers. Therefore we included additional clinical interventions for children aged under 5's in our plan in order to try to prevent some of the attachment issues which lead to children needing to be looked after.

Trauma was also a common area of difficulty. Other difficulties described were: confusion about identity, desire to run away, difficulties expressing wishes and emotions, difficulties with reflection and anticipation, emotional and cognitive impairment, engaging in abusive relationships, eating difficulties, poor understanding of his/her own and others physical and emotional responses, school difficulties (cognitive and behavioural), enuresis, adjustment difficulties, and sleep difficulties.

In addition to the difficulties with mental health and emotional well-being, 13% of children also had neurodevelopmental disabilities (e.g. ADHD and ASD), 6% had a Learning Disability and 3% had both. The investment in our Tier 3 service in our plan is intended to build capacity and ensure we can offer evidence based interventions to support LAC, maintaining placements and preventing escalation to higher tier services.

Young people involved with the Youth Justice System

A recent Health and Well Being Needs Assessment of the Youth Offending Population identified a significant link with mental health issues, with 60% of the population having significant mental health issues and 76% having medium or high risk of self-harm. Similarly capacity building in Tier 3 will enable the needs of young people in the youth justice system to continue to be prioritised.

Young people at risk of sexual exploitation

Recently, there has been greater focus on child sexual exploitation. Bexley's Child Sexual Exploitation Strategy is currently being finalised with the Children's and Young People's Improvement Partnership which includes partners from Children's Social Care, Education, Police and Health. Between April 2014 and March 2015 there were 20 notifications to a Multi-Agency Sexual Exploitation Conference and child sexual exploitation was considered a factor in Children's Social Care assessment in 76 cases in the last year. In addition Bexley's Voluntary sector providers reported that they are working with 21 children where CSE is a concern. Investment in services at Tiers 2 and 3 will enable CAMHS to respond appropriately to the mental health needs of young people at risk of sexual exploitation

Disabled children and young people

There is a lack of an agreed definition that supports the accurate identification of disabled children. Estimates vary significantly depending on the severity of the disability that is included in the estimate. However in the Bexley JSNA 2010/11 the estimated the number of children and young people with disabilities is 3,766.

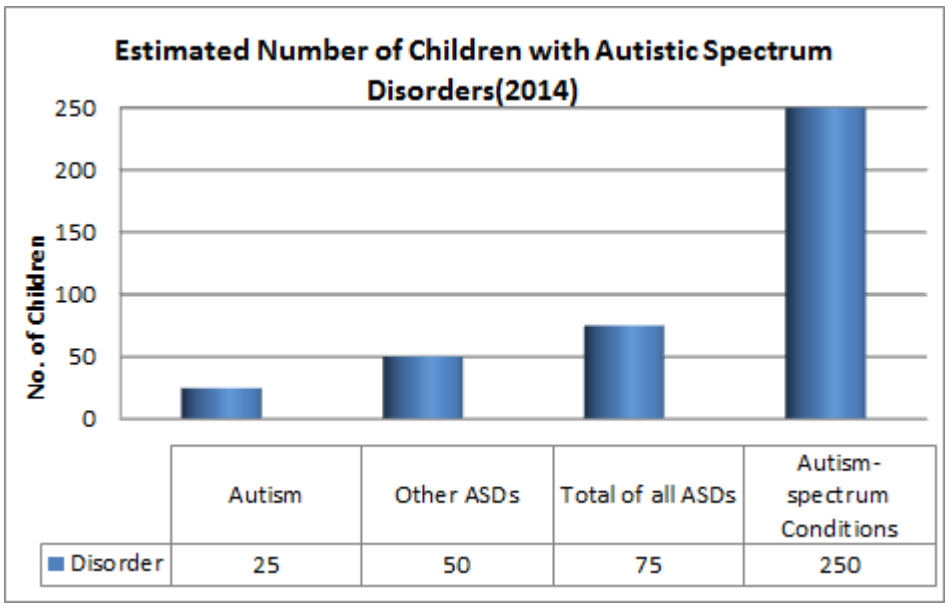
Children with learning disabilities are more likely to experience mental health problems. According to our JSNA there are at least 477 moderately, severely or profoundly learning disabled children with at least 70 profoundly disabled. CHIMAT however estimates the number of children in our population with a learning disability to be 845 and those with a learning disability and a mental health problem to be 340.

	5-9 Yrs	10-14 Yrs	15-19 Yrs
Learning Disability with Mental Health Problems	60	125	155

The number of children in Bexley diagnosed with ASD is as follows:

- Pre-school – 60
- Primary – 362
- Secondary – 423
- Bexley Special Schools – 139
- Out of borough - 52 children at school in Bexley but who reside outside of the borough is 52
- The number of children accessing Bexley schools, including those who reside out of borough is 1036

The CHIMAT data estimates that the number of children with ASD's aged 9-10 in 2014 was 75 and aged 5-9 was 250. This would appear to be an underestimate and experience in Bexley and feedback from stakeholders would suggest this too. Therefore in our plan we have directed some resource to increasing capacity in the CAMHS neuro-disability team to offer a higher level of support to special schools in particular.



Our local context of SEND children and young people in 2016

- **43 668 students attending Bexley schools** of whom **14% (6, 074)** are identified as having a **special educational need**
- **(47% (2900) primary 45% secondary (2700), 8% special school, 500)**
- **Ethnicity in line with general school population**
- **11.4%** (4 978) **receive SEN support** and **2.6%** (1 137) receive extra help through an **education health and care plan** (EHCP) – (both marginally lower than national)
- **Children in need are more likely** to have an EHC plan in Bexley (6% higher than London average)
- **1416 children with statements or EHC plans** – in year (and predicted) **growth** of **3.2%**

The highest proportions of children with disability live in Erith, Welling and Barnehurst; approximately 20% are from black and ethnic minority backgrounds. There are twice as many boys as girls identified with disabilities (Source: JSNA 2010/11). There is a higher than average rate of diagnosis of autism especially in the black African populations. There is a high incidence of children in SEBD settings with autism diagnoses. There is a higher level of children excluded from primary schools with autism.

3. Our Transformation Plan Priorities

Progress with implementing the Plan

Since the publication of our plan the local CAMHS team are now co-located within the Child Development Centre at Queen Marys Hospital in Sidcup, as part of an **integrated physical and mental healthcare service** alongside specialist community children's services (community paediatrics, speech and language therapy, occupational therapy, community nursing team etc.). This fully integrated physical and mental healthcare community service for children and young people with integrated care pathways is now based in a newly refurbished centre at Queen Marys Hospital in Sidcup which has been in full operation since September 2016.

The service can be accessed via a **Single Point of Access (SPA)** which provides multi-professional clinical triage. Integrated care pathways are operating so that the right professionals come together to provide coordinated care organised around the patient's needs and in partnership with families. This will reduce duplication of assessments, streamline interventions, and make the provision of care simpler, easier to understand and to navigate for families.

The **'Community Health and Well-Being Service',** (CHeWS) is now being implemented with the newly recruited team of community outreach CAMHS professionals. We have created an integrated team which comes together to offer more joined up care pathways for children, young people and their families. This will enhance the early identification of need and facilitate children and young people being able to access the right support at the right time. Six clinical posts are established and providing community-based clinical outreach work in schools. They are delivering consultation and liaison to schools to improve identification of emerging mental health needs and build the capability and capacity for schools to support young people with emotional wellbeing and mental health needs. These posts are working collaboratively with other school based services (for example Educational Psychology).

The borough is geographically divided into three Family Wellbeing clusters aligned to the Local Networks (see appendix three). A number of schools in two of the clusters and all GPs now have a CAMHS link worker and consultation and discussions have commenced about the CAMHS support and training opportunities that can be provided.

Fifteen referrals that previously would not have been accepted as they did not reach the threshold have either been directed for consultation in schools or accepted to CHeWS.

The launch of CHeWS to agencies in the network including the London Borough of Bexley Family Wellbeing Service, Bexley Voluntary Service Council and Schools is being very positively received.

There has been an increase in partnership working. For example, this includes a CHeWS worker linking with school nurses at drop in sessions in schools to discuss jointly where there are mental health concerns, and case consultation to a worker in the Family Wellbeing Service and with learning mentors in schools providing therapeutic play.

Assessments are being offered in community settings such as GP practices and one mother expressed her gratitude for this because it was so much easier to access a local community service.

We have now permanently increased clinical capacity in tier three CAMHS by 3.5 wte clinician's to better meet the needs of children and young people with 'generic' mental health needs which are significant, pervasive and complex in nature. Of particular note is the recruitment of an Occupational Therapist to the Learning Disability & Neurodevelopmental team. This post offers an additional range of interventions including work to promote inclusion. Following induction to the service and borough she currently has a caseload of 22 children and young people with a range of presentations of ASD and or ADHD. 70% of this clinician's work focuses on the needs of these children and young people from a community perspective.

We are currently recruiting to the clinical post working with infants and under- fives to re-establish an evidence-based infant and under-fives' mental health treatment service. This builds on excellent multi-agency structures (Bexley under 5s Service) in which professionals come together to agree shared approaches and to fine-tune the care pathways for under 5s and their families, to deliver seamless care across services. An additional 0.5 wte clinical capacity has been created to provide evidence-based treatment for the most vulnerable infants and young children up to 5 years. Typically, these are young children whose care-givers are mentally un-well and / or traumatised and where the attachment relationship is at risk of significant impairment (including where there have been perinatal mental health issues.)(appendix one describes Bexley position before FYFV and Local CAMHS Transformation Programme funding).

Feedback from the inclusion and safeguarding lead from a Bexley Infant school on the new CHeWS:

> *'Our meeting with you this morning was so valuable to us, you have no idea! It has renewed confidence in all of us and given us lots to think about, thank you.'*

The Eating disorder service

We have worked with our SEL colleagues from Bromley, Greenwich, Croydon, Lambeth, Southwark, Croydon and Lewisham CCGs and we have commissioned an enhanced service from our current specialist provider (South London and Maudsley NHS FT (SLAM). This has ensured there is continuity in the care pathway. SLAM had identified gaps between their service and the standards (which are to a large extent based on the SLAM model of care). These gaps are now being addressed by providing the following:

- Self-referral and Open Access to screening for anyone concerned about a CYP with suspected ED
- Access to specialist support and advice by telephone for those already in the service
- 7 day working

SLAM have also secured funding from Guys and St Thomas' charity to trial an outreach programme for Bulimia Nervosa in schools and with this money will recruit a Band 6 CAMHS practitioner and part time Band 4 research assistant to evaluate the impact of the programme.

The first six months of the project focussed on meeting with young people, teachers, sports groups' leaders and youth groups to find out what they already knew about bulimia and listening to their ideas about how to spread the word and let people know about the service. Most people knew a bit about anorexia but didn't know much about bulimia and they wanted to know more.

SLAM continues to run the Happy Being Me programme in schools which is a 6 week primary prevention programme based on clear cause model to address the socioenvironmental factors that have been shown to contribute to the development of poor body satisfaction. Socioenvironmental factors were chosen as a target as it is thought that school based programmes utilising the peer environment can promote change. Preliminary data has shown early benefit for body satisfaction and improvements in topic knowledge which are maintained at a 3 month follow up.

SLAM is now running an evaluation of the impact of the programme on young people, comparing key outcomes for those who do and those who do not receive the programme. The demand for this programme is such that they are developing, in collaboration with local schools a programme to train teachers in its delivery, which will be measured in order to assess whether the impact is comparable to when delivered by clinicians. This will enable a larger number of young people to receive the programme (please see appendix four for activity and goal based outcomes data for Bexley). Detailed below are some quotes from young people on the programme in schools.

> *"I really enjoyed taking part in Happy Being Me– it made me think differently about how I talk to others."*
>
> *"I feel more confident after taking part in Happy Being Me and being able to support my friends feel more confident about themselves."*
>
> *"I have recommended this programme to friends who did not get a chance to do it."*

The service is seeing the benefit of additional staff recruitment in October 2016 with improvements in waiting times. The service has been offering 6 or 7 routine appointment and 1 urgent appointment per week. With the quarter two figures for 2017 reflect 92.5% of routine and 100% of referrals seen on time.

The current caseload across the seven CCG's as at 30th September 2017 is 237 patients.

Referrals accepted by quarter

	2016-2017				2017-2018		Total
CCG	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	
NHS BEXLEY CCG	8	4	7	7	4	8	**38**

The number of children and young people who cancelled assessment, DNA or we were unable to contact

CCG	Cancelled	DNA	No contact and unable to contact	Total	Later seen following further attempts to engage
NHS BEXLEY CCG	1	0	0	1	0

The service aims to be as flexible as possible. If a first appointment cannot be attended, it is attempted to be reschedule for the next available appointment. If a first appointment is not attended or cancelled, it is followed-up and attempts are made to understand the reason. If

an eating disorder is likely, attempts are made to persuade the young person and parent to attend, seeking to understand their reluctance and anxieties to attend. Appointments requested outside the 28 day waiting period are recording as missing the 28 day waiting target.

Referrals received by source

CCG	GP	CAMHS	Self	Self (parent/ guardian)	School	Other professional	Total
NHS BEXLEY CCG	23	17	0	1	1	1	**43**

Self-Referrals (Parent / Young Person) Received by CCG and Quarter

CCG	2016-2017				2017-2018		
	Q1	Q2	Q3	Q4	Q1	Q2	Grand Total
NHS BEXLEY CCG	1	0	0	0	0	0	1

Further work will be completed with our SE London colleagues and the provider to raise the profile and promotion of the service in addition to reporting of outcomes from the service.

What do we plan to do next?

The proposals described in the original Transformation Plan for a crisis care service for young people presenting out of hours have had to be reviewed as it was identified that it was not a sustainable solution due to the demands on staff to work an unduly extended working day. Therefore Oxleas NHS Foundation Trust has commenced a work stream to look at the mental health crisis pathway across Bromley, Bexley and Greenwich CCG's. Subsequently a proposal for a tri-borough CYP specific mental health liaison service based across the Queen Elizabeth and Princess Royal Universal Hospital providing out of hours coverage until midnight in addition to weekend and bank holidays 8am until midnight. Approximately 6 nursing staff will be based across the hospitals to deliver paediatric liaison, with some additional psychiatry time. Subject to approval from NHSE it is proposed that these additional resources across the three CCGs will be pooled and topped up from within the existing transformation plan funds. If approved this will be provide a better and more robust service to children and young people and their families and work more effectively with acute partners. Critically, this would build a more responsive service, based at the hospitals.

The implementation of this service is expected Q4 2017/18

Tri-borough CYP MH liaison service implementation timeline.

Task	Expected Completion Date
1. Final tri-borough agreement for CYP MH liaison service business case	Q3 2017
2. Agree KPIs, access /waiting time standards, qualitative/quantitative data requirements and CYP/family outcome monitoring	Q3 2017
3. Finalise recruitment and operational procedures	Q4 2017
4. Monitor performance against agreed indicators	2018-2019
5. Evaluate service performance and outcomes	Q4 2018
6. Implement service changes following evaluation [where necessary]	Q1 2019
7. Agree sustainability and funding plan (post-transformation)	2019-2020

Financial breakdown

CCG	Proposed CCG split	Current investment	Additional investment		Total investment by CCG
Bexley	22.54%	54,319(LTP) 50,000(PoE) Total:104,319	Option 1	£4,698(s*)	£99,620
			Option 2	£25,262(s*)	£79,056
			Option 3	£40,769(s*)	£63,549
Bromley	43.78%	£58,105	Option 1	£135,390	£193,495
			Option2	£95,447	£153,552
			Option 3	£65,328	£123,433
Greenwich	33.68%	£32,933(LTP)	Option 1	£115,923	£148,856
			Option 2	£85,195	£118,128
			Option 3	£62,024	£94,957

Perinatal mental health care

We have begun to work on development of local models of care to improve perinatal mental healthcare. In Bexley there is an existing children and young people's multi-agency structure (Bexley Under Fives) in which practitioners working across sectors come together to plan and fine tune care pathways for individual vulnerable infants and under 5s who require psychological interventions. We also have established links between universal services (Maternity, Health Visiting) Social Care and adult mental health services. Our model will seek to create an integrated service which brings together multi-agency and multi-professional specialists to support early identification, pre-birth planning and diagnosis, care planning, risk assessment and safeguarding, pharmacological, psychological and psychotherapeutic parent-infant interventions as well as training, consultation, awareness raising and step –up / step-down support. This provides an exciting opportunity to deliver an integrated care pathway, with the contribution of child mental health expertise, to provide evidence-based, effective interventions to improve the outcomes and life chances for infants and young children.

Further investment in 2017/18 is planned to support perinatal mental healthcare which will target mothers and infants where the development and wellbeing of the infant is placed at risk by the mothers experiencing significant or acute mental health difficulties. This service will develop integrated care pathways with adult mental health and universal health services (Midwifery and Health Visiting), with the provision of evidence based parent–infant treatment interventions.

Transformation Programme for Children and Young People in contact with the Youth Justice System

Further funding will be available to the Bexley CCG from NHSE during 2016/17 to support the transformation programme for children and young people in contact with the justice system. Bexley will be allocated the non-recurrent £20,000 in year funding allocation for training key professionals including youth workers; social workers and YOS practitioners. This portfolio will include the following:

- Autism awareness
- Working with young people who have a learning disability
- AIM training (for the YOT Nurse and TYS deputy team manager).
- Sexual health
- Mental health / substance misuse.

It is proposed that future recurrent funds of £61,371 will be used for the Liaison and Diversion (L & D) service to support part cost of the Youth Offending Team (YOT) Health Nurse and the Prevention Co-ordinator and for speech and language therapy to ensure improved and sustained outcomes for this cohort of young people. Bexley has received funds for this service for the past 3 years from the youth justice board therefore this is already in place in Bexley.

The infrastructure to support the liaison and diversion service is a communications and joint working framework. This is implemented through the following structure of meetings.

1) YOT Management Board – oversees the prevention strategy and mapping, health input, data and outcomes alongside operational demands to ensure the effective allocation of resources. Through this strategic group the health needs of young offenders and those at risk of offending (e.g. Liaison and Diversion cohort), have been evidenced and cases met to increase provision during a challenging financial climate. This includes moving from a 0.5 FTE for substance misuse nurse to 1 FTE and increasing the YOT nurse provision from term time only to FTE and re-banding from a 6 to a 7.
2) Out of Court Disposals monthly meeting – chaired by Prevention Co-ordinator and attended by family wellbeing service, YOT nurse, YOT education worker, SALT, YOT police, CAMHS substance misuse nurse, targeted youth support and relevant commissioned services, School Inclusion officer, SEBD and alternative education school representatives, This is a meeting which reviews all previous months and new referrals via L & D. Here the voluntary offer/CJS disposal is agreed.
3) Twice weekly YOT and Police meetings – attended by YOT police and YOT prevention co-ordinator to discuss police referrals.
4) L & D YOT and adult team – 6 weekly liaison meetings to review information flow and referrals.
5) Substance misuse referrals meeting – 2 weekly to review and agree referrals. Attended by YOT nurse, CAMHS and prevention co-ordinator
6) Substance misuse operational steering group – meets 6 weekly. Chaired by Head of Service for Youth and Inclusion. Attended by CAMHS, targeted youth support, public health and the YOT.
7) Youth Review Implementation Steering Group attended by senior officers in the CCG, education, police (the safer schools Sgt attends and reports to the Partnership Chief Inspector), YOT, children's social care, family wellbeing service and Bexley Voluntary Services Council. Mapping has been undertaken and for most services pathways are clear.

The liaison and diversion pathway below is overseen by the Prevention Coordinator and demonstrates the offer for children and young people in contact with the youth justice system in Bexley:

At point of arrest: All young people are screened with a liaison and diversion screening tool by a jointly commissioned YOT Health Nurse. At this point the nurse will check they are registered with a GP and if not will take them to register with one. If needs are identified at point of screening a one to one is arranged either by the Adult L&D team if the young person is still in custody or an appointment is made by the YOT health Nurse to ensure the needs are fully assessed and identified at an early stage. Following this assessment the appropriate support and signposting will be put in place.

If needs are identified a telephone consultation to CAMHS senior clinical psychologist the same or next working day and a decision as to the most appropriate service is required to address emotional or mental health concerns. Any arising referrals are made within made within five working days. Where the need is acute CAMHS will see the young person within 48 hours or sooner if the need presents. This pathway applies to conduct disorder; ADHD; ASD; PTSD and Tier 2 and as above substance misuse. There is a Band 6 CAMHS substance misuse nurse in the YOT team who assists the YOT nurse with these arrangements.

Learning needs: There is a commissioned speech and language therapy (SALT) service and a dedicated SALT therapist in the youth offending team. The YOT education worker undertakes hidden disability questionnaires which identifies any unmet learning needs. Both the SALT and YOT education officer co-work some cases and have weekly communication in place. They also have close working arrangements with the local authority SEN team and input into Education Health and Care Plans (EHCP) as required. There is also a dedicated SEN Officer supporting the YOT work.

If there are unmet learning needs the YOT nurse can refer directly into community paediatric team.

CAMHs in-patient, co-commissioning and South East London Sustainability and Transformation Plans (STPs)

CAMHS are provided across the spectrum of care settings with some of the most complex and/or high risk cases requiring admission to specialised (T4) inpatient care. The development of increased services at tier 2 and 3 should result in a further reduction in demand for Specialised CAMHS services (Tiers 3 and 4) within the next 5 years. Currently community crisis care pathways which provide robust and sustainable alternatives to inpatient care are under-developed particularly for children and young people with complex needs and behaviours related to learning disability (LD) and/or Autism and emerging personality disorders. The overall distribution of CAMHS inpatient capacity does not match regional population needs and across SE London young people are being admitted far from their home, or to paediatric or adult beds. NHSE in-patient capacity review is currently reviewing the pattern of Tier 4 CAMHS provision with the aim of redressing service deficits by redistributing/realigning regionally beds to meet local needs. The clear expectation is that by 2020 there will be no inappropriate admissions to adult or paediatric beds and patients will be treated in local care pathways.

Bexley, Bromley, Greenwich, Lewisham, Lambeth and Southwark CCGs are now working **collaboratively with NHS England Specialised Commissioning** to develop robust co-commissioning arrangements to address the specific needs of this area with a commissioner/provider service design workshop planned.

Commissioners from across the six Boroughs have attended and contributed to the specialist CAMHs pathway review workshops. The Transforming Specialised Services in London (TSSL) programme have been conducting a review of Specialised Services In London, so that a regional response to the challenges in the system can be explored and a collaborative approach taken to improving the model of care to provide the right care, at the right time, and in the right place. The NHSE Specialised CAMHS Team have produced a case for change around care pathways, processes and reducing variation in practice which underpins the approach taken across Bexley, Bromley and Greenwich in treating more children and young people closer to home.

NHS England analysis of inpatient activity across Bexley, Greenwich, Bromley, Lewisham, Lambeth and Southwark points to a number of CCG and cross Borough initiatives that can be introduced to meet the targets of treating more children and young people closer to home.

A further series of workshops and co-commissioning events are planned for Quarter 3 2016/2017 to meet the commitment of in-patient mental health admissions being a last resort for children and young people. Social care across the six Boroughs will be engaged in this programme alongside specialist CAMHs providers. A review of existing and future admission pathways, as well current and future capacity requirements, will be completed and will provide the basis for understanding the gaps in community provision to meet the needs of those with the most acute needs.

Attention will be given to identifying the best community based provider staff skill mix, including reducing the reliance on mental health nurses. Additionally attention will be given to exploring the future role which existing acute trust assets, such as Paediatric Assessment Units or Paediatric Short Stay Units, could play in preventing admissions to mental health hospitals. Learning from the current new care models pilot in North West London will be leveraged in to the final community service design.

The co-commissioning development programme (with new arrangements in place by December 2016) will align with the local crisis care developments that are being led by the south east London Sustainability and Transformation Programme. The co-commissioning arrangements will be augmented by the Transforming Care Programme commitments to support children and young people to safely live at home or return home from hospital

STP and Transforming Care for People with Learning Disabilities
Here we set out how the Bexley Local Transformation Plan (LTP) aligns with the SEL Sustainability and Transformation Plan (STP) and Transforming Care for People (TCP) with Learning Disabilities.

Community crisis care pathways that can provide robust and sustainable alternatives to inpatient care are under-developed particularly for children and young people with **complex needs and behaviours related to learning disability (LD) and/or Autism and emerging personality disorders.** The overall distribution of CAMHS inpatient capacity does not match regional population needs and young people are being admitted far from their home, or to paediatric or adult beds; the NHS England National CAMHS Service Review aims to redress service deficits by redistributing/realigning beds to meet local needs, the clear expectation is that by 2020 there will be no inappropriate admissions to adult or paediatric beds and patients will be treated in local care pathways.

Areas of focus

- STP to promote commissioning of consistent out of hours services for young people particularly to manage crisis and prevent escalation with clear ambition to manage demand effectively at community level and reduce inpatient admissions to be reflected in Local CAMHS transformation plan (LTP) refresh and Transforming Care Partnership (TCP) plans.

- TCPs with engagement and support of NHS England to oversee consistent delivery of multi-agency pre-admission Care and Treatment Reviews for children and young people with LD, and/or autism to reduce inpatient admissions with ambition reflected in LTP refresh and TCP plans

- NHS England Specialised Commissioning Team to work collaboratively with CCG and Local Authorities commissioners to design and commission effective community pathways with robust links to local acute inpatient services with ambition to reduce lengths of stay and inappropriate placements reflected in LTP and TCP

- NHS England Specialised Commissioning Team to continue to work local commissioners to reflect ambition in LTP/TCP and STP plans to ensure Regional inpatient capacity meets requirements so out of region admissions become the exception to reduce variation by introducing standardised access and waiting times adopt consistent models of care based on best practice that reduce the reliance on inpatient care deliver seamless age-related service transitions to support the pilots within the New Care Models programme (NWL)

The SE London CAMHs commissioner group are contributing to the regional Sustainability and Transformation Plans. The SEL STP sets out additional deliverable priorities and pathway improvements to reduce the demand for in patient admission. These are:

- Priority 1: Improved Section 136 and Health Based Place of Safety provision
- Priority 2: Effective community mental health services: 24/7 crisis care support
- Priority 3: Acute pathway and standards; Core 24 in Emergency Departments.
- Priority 4: Acute pathway and standards; Ceasing Out of Area Transfers (OATs) and mental health inpatient bed targets
- Priority 5: Drug and Alcohol Services; presence of drug and alcohol services in Emergency Departments or rapid access to community services

Transition arrangements from CAMHS to Adult Mental Health Services

Interface between different services and organisations are a potential source of clinical risk and unmet need, post transfer. Transition between children's and adults services is a specific focus in Bexley at the present time, with a particular emphasis on the needs of children with complex SEND, some of whom may have mental health needs. Children with complex needs may need to transition between various services and we recognise the need to streamline and integrate processes more effectively to ensure that the experience of children and families is positive and supportive.

A transition protocol is in place between CAMHS and adult mental health services, but we recognise that it may not always appear to families as part of a fully integrated single transition process. Also eligibility for adult mental health services can be different from that for CAMHS and the need to prepare young people for greater independence from services is recognised. For this reason CAMHS representatives are fully engaged in the work which, led by Adult Social Care, is progressing at pace and recognises the need to ensure the various transition points are joined up. This is particularly key for young people who are in-patient at the time of transition.

The national CQUIN (Commissioning for Quality, and Innovation) for 2107-19 is part of the CAMHs contract with Oxleas NHS Foundation Trust (NHSFT) who are also providers of Adult Mental Health services. Oxleas NHSFT are working with Bexley CCG and Bexley Council to further develop transition protocols with the aim of automating an embedded reporting process for transitions as part of the national CQUIN.
Quarter two reporting has been received reasonable assurance is received from this, however further work with the provider will be completed to receive full assurance for the quarter two milestones. This will continue to be a focus of development for joint commissioning arrangements.

Transitioning to adult services is challenging for complex cases and or diagnoses. Work is being developed across the Bexley, Bromley and Greenwich CCG partnership on transitions out of Children and Young People Mental Health Services Commissioners are working together across the Sustainability and Transformation Plan (STP) area in South East London 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.

Urgent and emergency care (crisis) mental health for young people.
Bexley Specialist CAMHS provides emergency assessments for young people who present in crisis. For young people who present between 9am and 4pm, (Monday to Friday) same day assessments are provided. Out of hours, Oxleas Junior Doctors from the AMHS Mental Health Liaison Service assess young people with telephone consultation available from the CAMHS on-call Consultant Psychiatrists.

There is a team within specialist CAMHS (Tier 3.5) which provides outreach and intensive interventions for young people who present in with acute mental health conditions in hours. This team provides care within the community which acts to prevent admission to inpatient settings and reduce length of stay. The team achieves impressive outcomes for young people, both clinically and in terms of preventing admission.

The LTP originally included a funded plan for a CAMHS Clinical on-call service out of hours between 4pm and 9pm (Monday to Friday) and 8am -9pm at weekends from five year forward view investment. The model used existing day staff within CAMHS to provide out of hours on-call. However, learning from a pilot in a neighbouring borough led to a revision of the plan because it was found to be unsustainable.

Accordingly, a scoping exercise has been undertaken to develop a different model which would create a three borough (Bexley, Bromley and Greenwich) mental health liaison team for young people presenting in crisis across BBG. Based on a detailed data analysis of presentations, the model would provide nursing and additional psychiatric care for young people who present in crisis, who may be admitted to an acute paediatric bed or require a CAMHS inpatient bed. Two options have been developed, one covering 24 /7 and the other covering 4pm - midnight (Monday to Friday) and 8am - midnight (weekends) when the majority of young people present. The service would provide CAMHS assessment and input to the care whilst an inpatient in the local acute hospitals. We believe this proposal would provide a robust, sustainable and responsive service for young people in crisis.

The proposal is now developed and the overall cost is approximately £400k. To fund this proposal Bexley, Bromley and Greenwich CCG's would need to pool the existing financial commitments of £150K, and seek additional funding of £250K to top up from NHSE. Oxleas would need to obtain financial approvals from each CCG and NHSE to enable them to progress this project. Alternatively if the funding is not approved by the CCG's and NHSE this project proposal could be discussed at a further series of workshops and co-commissioning events for tier 4 specialist CAMHS planned for Quarter 4 2017/2018. A review of existing and future admission pathways, as well current and future capacity requirements, will be completed and will provide the basis for understanding the gaps in community provision to meet the needs of those with the most acute needs. This proposal could be considered by NHSE as an option to support system change within CAMHS tier 4 specialist commissioning.

NHSE have committed significant resource to the development of a Community Forensic CAMHS service (to include Secure Estate Outreach). This will operate as a Tier 3.5 service and aims to prevent admission to mental health inpatient units, including medium & secure estate, and psychiatric intensive care units (PICUs). The service will provide clinical consultation, clinical assessments and short term interventions to this highly vulnerable cohort. SEL commissioners continue to input into the development of the service, to ensure

it meets the needs of our local communities and links effectively with existing care pathways. The service is scheduled to mobilise Spring 2018.

Early Intervention in Psychosis (EIP)
Oxleas NHSFT has an established, dedicated 18 to 65 years EIP service across Bexley, Bromley and Greenwich. This service provides NICE concordant interventions and meets the new NICE standards. CAMHS and AMHS have established an EIP steering group to develop an integrated 14-18 years' service from November 2017.The aim is to complete intervention by age16, working jointly with adult EIP services for transition prior to their 18th birthday this is working towards being compliant with new national standards for young people. This has involved the development of a governance structure, reporting systems and joint clinical / operating protocols to deliver high quality care and transitions for all ages informed by NICE guidance.

The CAMHS EIP pathway is for Children and young people experiencing a first episode of psychosis are seen within Bexley CAMHS Adolescent Team by specialist clinicians within the national waiting time standards. Currently NICE guidance is adhered to in terms of medication prescription for first episode in psychosis (FEP) and physical health monitoring. These CAMHS clinicians are in the process of undertaking NICE concordant therapies training (CBT and Family Intervention for psychosis) in order that these interventions are offered as part of the evidence based care pathway.

Psychological intervention; The team lead, clinical psychologist is currently attending CBTp diploma training programme with a plan for all relevant staff to attend CBT training from January 2018. An 8a Clinic Psychologist is in the process of recruitment, this post will be based out of Bexley covering Bexley, Bromley and Greenwich. A team member has been identified to be offered supervision in Family Intervention (FI).

SERVICE NAME	Early Intervention Bexley
Children & Young Peoples' Mental Health Service (CYPMHS) provision	Adult EIP with staff that have expertise in CYPMHS
Other model: Please specify	Tier 4 CAMHS adolescent team
Staff with CYPMHS competence that have dedicated sessional time in the EIP Team	Psychiatrist, Psychologist, nurse, family therapist, other
Average length of treatment package (months)	30.5 (Range 3-48)
CYPMHS	22.6 (range 12-49)

4. Workforce Strategy

The Bexley Transformation Board is in the process of developing a CAMHS workforce Strategy; however a workforce development action plan is in place to ensure we meet the increased capacity for this new investment in CAMHS. The table below demonstrates the increased level of staffing as a result of funds from the CAMHS Transformation Programme and FYFV monies. This increasing workforce across the system **will enable Bexley to meet the demand of the growing baseline from 947 to 1,814 children and young people across tiers 2, 3 and 4 by 2020:**

Priority:		**Increased workforce**
1) Tier 2 – Build capacity across the system	Specialist Mental Health Workers Administrator	5.0 WTE 0.5 WTE
2) Tier 3 – Build capacity	Mental Health Clinicians	3.5 WTE
3) Eating Disorders (across SEL)	Psychotherapist Research Assistant 3 X Clinical psychologists 1 X Clinical Psychiatrist 1 X Family Therapist	1.0 WTE 0.5WTE 3 WTE 1 WTE 1 WTE
5) Infant /under 5s Mental Health	Mental Health Clinician	0.5 WTE

A number of staff working in the early intervention and specialist CAMHs services in Bexley is already either CYP-IAPT trained or been identified to join the next round of CYP-IAPT training programme. There are national emotional wellbeing and mental health workforce targets that are relevant to Bexley.

The national context for the workforce development is:

- The need to build capacity and capability across the system so that by 2020, 70,000 more children and young people can be offered an evidenced based intervention.
- Train 3400 existing staff in an evidence based intervention
- Train 1700 NEW staff in evidence based interventions
- Incorporate workforce development plans in refreshed Local Transformation Plans (October 2016)
- CCGs are expected to increasingly invest in the mental health workforce using year-on-year uplift in baseline allocations of Transformation Plan funding.

These targets are underpinned by multi-stream workforce training and recruitment pathways and are designed to ensure a consistent quality of intervention across all services commissioned to deliver emotional wellbeing support and mental health treatment.

Bexley CCG and partners want to be assured the workforce treating local children and young people are sufficiently trained, supported and experienced to be able to offer appropriate interventions.

CYP-IAPT is a national academic and operational qualification focused on the emotional wellbeing and mental health sectors. It sets out approaches to supporting children and young people through measurable outcomes. Subject to the outcome of our proposal for use of Transformation Plan additional funding, CYP-IAPT trained staff from the voluntary sector will be supporting our local CAMHS provider to reduce our waiting list from 100 to 80 children and young people from assessment to treatment for tier 3 CAMHS services.

Increase and up-skilling of workforce across sectors as a result of the IAPT funding

2015

- PG Cert CYP IAPT Management = 2 personnel: 1 in CAMHS; 1 in LBB Family Wellbeing Service
- PG Dip in Supervision = 2 personnel: CAMHS 1 delivering CBT and 1 Parenting Support
- PG Dip in CBT = 4 personnel: 2 CAMHS; 2 Bexley Moorings – (Voluntary organisation)
- PG Dip in IPT-A = 2 personnel in CAMHS
- PG Dip in Parent Training = 4 personnel in the Family Wellbeing Service

2016 to complete

- PG Cert CYP IAPT Management = 1 personnel CAMHS
- PG Dip in Systemic Family Practice = 3 personnel CAMHS
- PG Dip in CBT = 1 personnel Bexley Moorings
- PG Dip in Parent Training = 1 personnel Family Well-Being Service
- PG Cert Enhanced Evidence-Based Training (CBT) delivered by University of Reading = 1 personnel CAMHS

2017 just starting or to start

- PG Dip in Supervision = 2 CAMHS personnel - 1 trained in CBT and 1 Systemic Family Practice, and 1 for Parenting from the Family Wellbeing Service
- PG Dip in CBT = 1 personnel from Bexley Moorings)

CYP IAPT training across the sector and salary support

There is a commitment until December 2018 to support staff from all agencies in CYP-IAPT training including salary support. There is a local CYP-IAPT steering group which will meet in March 2018 to discuss further training needed and how this will be supported. This steering group has representation from all agencies.

In relation to the data, CAMHS has been flowing data from all NHS funded providers and the above steering group, will be discussing how to flow data from other agencies (e.g. Bexley Moorings) who are now receiving NHS funding, This may include funding and installing a N3 connection in order to flow data.

5. Engagement and partnership:

Of particular importance to the Bexley CGG, **is the involvement of children and young people in all areas of the Local CAMHS Transformation Programme commissioning cycle**. An example of this is demonstrated through the very successful participation project in Oxleas which enables a group of young people to work closely with providers and commissioners in order to inform service design and improvements. In addition, commissioners routinely work with a broader range of service users including those accessing services from health, voluntary sector and the local authority as well as the local parent carer groups. **Bexley Voluntary Service Council have** also competed a mapping exercise of the children, young people and parent participation forums and meetings will be arranged to consult with them at each stage of the process.

Participation of young people in CAMHS developments

Young people are actively involved in the design of new aspects of the service particularly the new CAMHS Tier 2 community team confirming the name as the Community Health and Emotional Wellbeing Service (CHeWs). They have been proactively involved in the waiting room area within the service including creating a questionnaire for children, young people and their parents / carers to complete before and after their appointment. Following analysis of the completed questionnaires they have provided displays reflecting their experience of CAMHS. They have also worked as a group with an artist to create a large mural leading to the waiting room which describes the journey into and through CAMHS. The participation group has suggested publicising HeadScape via social media rather than a face to face event.

Young people have been involved in the recruitment of staff, participating in the interviews, designing questions and selecting the most appropriate clinician. When they are unable to join the interviews they are supported to put together the interview questions. The service developments are communicated with the network as required. The children and young people are currently designing a leaflet for partner agencies about the CHeWS service.

Engagement and Communication with GPs, Schools, families and key partners

Letters and emails have been sent to representatives in all the agencies in the Children and Young Peoples network as well as all Head teachers, SENCOS, school administrators and GPs. Presentations about the new service have also been delivered to the Bexley Early Intervention Team, Secondary Head Teachers meeting, School Nursing and BVSC. Presentations are also planned for the Primary Heads Meeting and SEN meeting in October 2016.

As well as presentations about the service, the Clinical Lead (and Operational Manager) has met with a number of key partner agencies. This is in order to think about how to work effectively together with young people and their families.

Eating Disorder Service

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

They have worked with young people raising the profile of the outreach programme for Bulimia Nervosa developing posters, assemblies, workshops and staff training to increase awareness of what bulimia is and how people can access help to overcome any difficulties they, or someone they care about, may be struggling with. This includes a self-referral telephone number and based on feedback from young people they are now working on an online self-referral system to break down barriers to accessing timely support.

SLAM are now in the process of rolling out the outreach material and interventions to schools and community groups across all 7 boroughs. They have contacted 112 schools, had initial meetings with 46 schools and been into 22 schools to provide a combination of assemblies, workshops and staff training. Positive feedback has been received from satisfaction surveys and in focus groups with students and teachers. A number of schools have booked in for the 2017/18 academic year, with the aim of providing outreach to 66 schools by April 2018. E-mail bulletins and copies of posters and leaflets have been sent to GPs, sports groups, youth group leaders and voluntary mental health organisations. The effectiveness of this approach will be measured by auditing referrals and comparing these to a 2016 audit of referrals to determine if there is an increase in appropriate referrals for bulimia.

Happy being me project
Qualitative feedback from the students is largely positive, with some suggestions for improvements such as use of more technology and using more interactive tasks to reach core subject material. Teachers have also been enthusiastic about the programme and report liking its main messages. SLAM are currently collecting data to examine whether effects are comparable when the programme is delivered by teachers to improve dissemination of the material. Teachers are currently observing a clinician delivering the programme and SLAM provide email/telephone supervision which teachers are at present reporting to be sufficient. Data has been collected from 3 schools and the plan is to continue recruitment during the autumn school term (2017).

Engagement and communications with GPs; schools; families and other key partners
SLAM regularly offers consultation to GPs and schools through the self-referral telephone line which has been in operation since February 2016. The line has been used by families, schools, counsellors and other professionals working with children as well as GPs and other CAMH services.

Following feedback from young people in October 2017 SLAM created an on-line self-referral form on their website. Young people said that they would be more likely to self-refer themselves if they could submit their details on-line and then wait for a senior clinician to call them back, rather than make the initial call themselves. Future reports will include a report on referrals received from on-line separately. The Commissioners will be raising with the providers the profile of this service to increase referral rates for self-referral.

Participation of patients/residents in the design of services
The Patient and Public Involvement Leads (PPI) in Child and Adolescent Eating Disorder Service (CEADS) meet once a month to ensure that patient and public involvement activity in the team is on-going and meaningful. SLAM regularly recruits parents and patients to be on a PPI register which is then used to invite interested individuals to attend for either Focus Group meetings for specific topics or “advice panels” on various issues including feedback about service developments, research activity, etc.

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

Innovative technological initiatives

HeadScape has been created by Oxleas NHS Foundation Trust to provide an online resource for young people in order to support resilience and emotional well-being within the community. It provides a wide ranging mental health library of information and evidence based self-help tools as well as screening tools which lead to the option of self- referral. HeadScape is, designed for maximum compatibility on iPads and smart phones, although it is also fully accessible via PCs.

The site is very simple to use. Everything from the name, design, colour scheme, icons, language to navigation has been developed by groups of children and young people and it has won two awards

6. Measuring Outcomes (progress)

On current prevalence data it is estimated that the number of children and young people who experience Mental Health problems and **appropriate to a response from CAMHS at tiers 2, 3 and 4 is 5,183.** As we will not have any revised prevalence data until 2018 this figure has been estimated by and included in the Future in Mind document. Through this research it has been calculated that 1 in 10 of the population suffer from a diagnosable mental health disorder - that is around three children in every class. The Bexley population of children and young people is 60,000 and we are currently diagnosing and delivering CAMHS interventions to 947 children and young people. **Therefore our baseline will increase across tiers 2, 3 and 4 by 867 children and young people by 2020 (from 947 children and young people to 1,814) which is 35% of those children and young people estimated to need CAMHS in Bexley**.

The tracker in appendix three shows the detailed position in relation to the KPI development however commissioners from Greenwich, Bexley and Bromley are meeting with the local provider Oxleas NHS Foundation Trust to ensure there is a minimum dataset in place that complements the national data set and the systems are in place to capture this data. This will be with the support of the Oxleas Data Manager and Assistant Psychologists and disseminated to ensure that the service is demonstrating improved outcomes. Bexley CCG has commissioned only NHS providers to deliver the Local transformation Plan programme and they work collaboratively with commissioners to flow data for key national metrics in the MH Services Data Set (MHSDS) and these are reviewed at our quarterly contract meetings.

<u>How do we know the new Local CAMHS service delivered by Oxleas is demonstrating improved outcomes?</u>

Routine Outcome and feedback tools are used routinely in specialist CAMHS and are used within this service. Workshops and training is being provided to help school nurses and professionals from other agencies to use and understand these measures meaningfully with CYP and families. During intervention, goals which are agreed with CYP/parent are regularly tracked (to assess progress) and well as *either* a symptom tracker (e.g. depression/anxiety), *or* an Impact tracker (how much the difficulties are affecting the CYP in different areas of their life) *or* an Outcome Rating Scale (measure of how the CYP subjectively feels things are going in different areas of their life). This is discussed in sessions with CYP and the work will be goal focussed with the aim of reducing the

difficulties and improving functioning. CYP and Parents will also be able to complete session feedback scales/questionnaires to feed back their experience of the session and intervention. Quarterly reports using these clinical outcomes is in the process of being developed.

The Local CAMHS are commissioned to achieve the following outcomes:

- Children and young people make good progress towards achieving treatment goals measured using routine outcome measures.
- Children, young people and their families report satisfaction with the service
- Children and young people with emotional and mental health needs have these met in community settings, avoiding the need for hospital admissions where appropriate.
- Young people are helped to transition to adult services where this is needed
- Improve the mental health of children and young people from vulnerable groups who access the service

In order to achieve our overarching priorities for children and young people we expect CAMHS to deliver services that contribute to improvements in the following population outcomes:

- Children and young people attend school regularly, achieve well and secure employment
- Fewer young people commit offences or re-offend
- Fewer children and young people are in care, and more achieve permanence
- Fewer children and young people run away from home or care
- More vulnerable children and young people (looked after children, care leavers, disabled children and young offenders) are supported to lead healthy lives

In the attached tracker (appendix three) we have set out the expected outcomes of the schemes which we are commissioned a) via Bexley CCG new investment and b) via the Transformation Plan.

The high level outcomes are:

- Improved emotional health and wellbeing of school aged children
- Improved behavioural outcomes for children in special schools
- Improved access to evidence based interventions at a lower level of clinical acuity
- Reduced incidence of attachment related mental health and conduct disorders
- Mental health needs met in an age-appropriate and timely way for children and young people who present in unplanned acre settings
- Reduced risk of development or exacerbation of mental health problems in peri-natal period
- Need for in-patient eating disorder treatment is minimised
- Earlier access to evidence based treatment modalities for children with emerging self-harm and eating related disorders

The Eating Disorder Service

The number of referrals to the Child and Adolescent Eating Disorder Service (CAEDS) has significantly increased from February 2016 since SLAM accepted self-referrals, referrals from GPs and schools. Overall SLAM increased the number of assessments provided every week from 3 to 5. Across SEL on average the total number of assessments per month increased from 11 to 20, and case load of the service increased from around 140 to currently 230. As you could see from the activity data in appendix four around 75%

of urgent assessment are seen within 7 days. However as the referrals have increased from previously 150 per year to currently predicted 230 per year (increase in activity of 53%) SLAM is working towards achieving compliance for standard assessment on average waiting time in more 20% of cases. SLAM are expecting that with the new members of staff they will be able to meet access and waiting time targets for standard assessments in 60% of cases by the end of his year. SLAM outcome measures show significant increase in weight for the cases of Anorexia Nervosa in the first 3 months, however as treatment of Eating Disorder usually lasts 9-12 months; they will continue to monitor outcomes.

SLAM has also enclosed the number of discharges that show that great majority of people (figures in the report in appendix four) get discharged to GP after the treatment with us.

The activity and goal based outcomes measures for the eating disorder service are included in appendix four of this document.

Five year road map to ensure we achieve the vision

Our baseline is projected to increase across tiers 2, 3 and 4 by 867 children and young people by 2020 (from 947 children and young people to 1814) which is 35% of those 5,183 children and young people estimated to need CAMHS in Bexley.

The projected number of new children and young people aged 0-18 diagnosed and receiving treatment from the NHS funded community services in the reporting period 2015 – 2020 is as follows:

Year	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
No CYP with a diagnosable MH disorder	**947**	**1251**	**1555**	**1658**	**1814**
% CYP with a diagnosable MH disorder	**18%**	**24%**	**30%**	**32%**	**35%**
No of CYP accessing service	**947**	**1251**	**1555**	**1658**	**1814**
New cases seen annually	**70**	**234**	**304**	**103**	**156**
Workforce	**4.45 wte**	**7.3 wte**	**11.5 wte**	**12 wte**	**12 wte**

These figures are highlighting our **projected activity** and the Bexley CCG does have to take this into consideration as currently we cannot accurately predict the complexity and acuity of presentations. Therefore any changes in referral activity and caseloads will have to take into account volatility in presenting complexity of need and may vary from projections specified in the NHSE operating plan. We anticipate a steep rise in the number of CYP accessing CAMHS between 2016-2018 owing to the fact that the LTP involves the creation of an outreach early intervention service which will facilitate access for a high number of new children and young people. The partnership will ensure that in achieving the 35% conversion of need into access, all children and young people presenting will have their

clinical needs met at “the right time” and in the “right place”. The current and projected waiting list to CAMHS is attached in appendix 3.

7. Equality and Health Inequalities

We know that children and young people experience health inequalities for a wide range of reasons including when they:

- Are looked after
- Subjected to abuse and neglect
- In the youth justice system
- Disabled
- From a BME group
- Out of school, employment or training (NEET)
- Had a poor start in life – (1001 Days)
- Experiencing the stigma of mental health problems
- Living with domestic violence
- Living with parental mental ill health and substance misuse

Our Transformation Plan is linked with a whole systems approach to early intervention and prevention and enables us to reach more children at an earlier stage to prevent inequalities in line with ‘Future in Mind’. Our plan specifically includes more capacity offer evidence based interventions to looked after children, children with neuro-disability and those in contact with the youth justice system and in crisis.

In addition we will:

1. **Promote mental health in the early years of a child’s life:** There is a need in Bexley for increased focus and commitment around perinatal mental health and under 5s. From April 1st 2014 – March 31st 2015 there were over 600 cases of post-natal depression reported to Bexley CCG. Pregnancy is a crucial time for beginning healthy child development and it is essential that the mother is healthy, both physically and mentally, with easy access to support and care if needed. Through improved assessment and joint working between child and adult mental health services and maternity services we will ensure maternal and infant health is fully supported.
2. **Mitigate the risk of stigma:** The LBB has developed children and family centres and children’s family wellbeing centres to ensure a whole system and coordinated approach to social and care pathways. If children, young people and adults continue to live in a society where there is stigma and discrimination around mental health, they are less likely to identify, manage and seek support for their mental ill-health. These centres have been set up to be non-stigmatising and children and young people (see appendix three).
3. **Improve mental health promotion and develop emotional resilience in children and young people:** Although emotional health is part of the PSHE curriculum, there could be a far higher and more regular focus on emotional health and ‘psychological exercise’ which could have the potential to enable students to become more aware of their emotions and their own unique ways of experiencing, expressing and managing them. The transformation fund is enabling us to base mental health clinicians in the community. This team are training professionals in the referral pathway and techniques to enable them to manage locally some emotional health issues to prevent escalation to high end services.

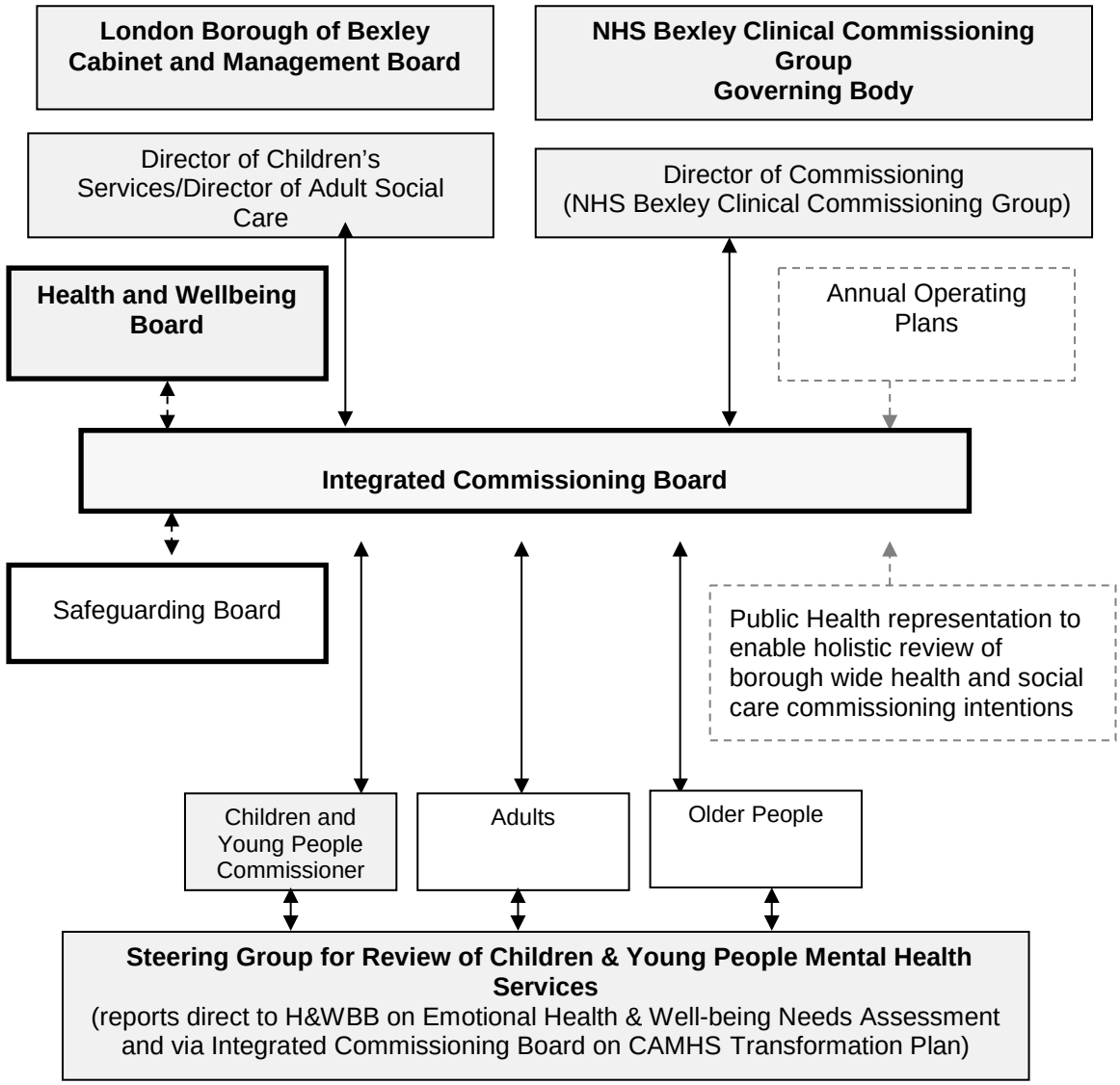
4. **Training to the children's workforce, including the Well-being and Prevention service, schools and GPs:** The providers have commenced delivery of training to increase awareness and understanding of emotional health and wellbeing and how to promote resilience through every day interventions

8. Leadership, Governance and Risk Management

8.1 **The governance of this plan is through the Bexley CCG's Governing Body and the Health & Well-being Board.**

The Steering Group for the 'Review of Children and Young People's Mental Health and Wellbeing in Bexley' currently reports to the Health and Wellbeing Board. It is suggested that this steering group takes on the strategic development of Child Mental Health Services in Bexley required to deliver this transformation plan. This group will monitor progress and risks associated with the delivery of the plan and work to embed the plan into wider local strategies and report to the Health & Wellbeing Board and to the CCG governing body via the Integrated Commissioning Board.

The diagram shows how the governance of the CAMHS Transformation Plan fits into the existing governance arrangements for integrated commissioning in Bexley.



8.2 Delivery groups to monitor progress against the plan, including risks –

This project is coordinated by officers from the integrated commissioning unit which sits jointly across the London Borough of Bexley and Bexley CCG.

The lines of accountability feed directly to both the Council and CCG – this is primarily achieved through the CCG Governing body and the Integrated Commissioning Board which is co-chaired by Director of Commissioning at CCG and Director of Adult Social Care.

A local CAMHS Transformation board has been established and meets bi monthly to track progress and monitor outcomes with representation from schools including specialist; CAMHS; SLAM – eating disorder, Bexley Voluntary Service Council; Social Care; Educational Psychology; CCG clinical lead for children and young people; looked after children; social care, public health and policy and performance. This group reports progress to the Integrated Commissioning Board.

8.3 Risks

The implementation of the Plan has proved very challenging, with the level of ambition in Bexley matched by that in neighbouring areas and across the country, and the market for scarce professionals commensurately impacted. Therefore recruitment and movement of staff into new posts taken time and the transition to new ways of working is still in progress.

The CCG have very robust monitoring arrangements in place, all risks associated with the CAMHS programme are captured, updated monthly and shared with the CAMHS Transformation Board.

Management of risks in delivery of Transformation Plan

The key risk to delivery of the Transformation Plan:

- Workforce development
- The ability to recruit and retention of staff to the necessary posts in order to make an immediate impact and deliver on our KPIs set out in our tracker (Recruitment and retention is recognised as a national issue within CAMHs).
- Retaining momentum and focus to fully achieve the ambitious outcomes of the plan against conflicting priorities within both the Children & Young Peoples agenda as well as the NHS conflicting priorities.
- Financial challenges to CCG

Risk management

The Bexley CCG and the Transformation Board are working closely with our local CAMHS to effectively mitigate risk as far as possible.

Mitigation to Risk

Transformation Board are frequently updated on recruitment progress and any unforeseen

We are continuing to upskill staff, build resilience and capacity across the professional network with CYP IAPT funding and CHeWS. The CHeWs mental health clinicians are working with schools, GPs and the voluntary sector to ensure children are seen at the right time and in the right place which will enable the future sustainability of the programme.

9. Finance:

9.1 The current level of spend is detailed in appendix two. The summarised costings are shown below and take into account posts funded through the Bexley CCG Five Year Forward View monies and the Transformation Plan allocation. The detailed plan is in Section 4.

	5YFV Funding	NHSE Funding (Spend by BCCG)
CAMHS Tier 2 /training & consultation to Tier 1.	120,000	
		255,781
CAMHS Generic Tier 3 Service	202,692	
CAMHS Neuro-disability Team		59,906
CAMHS Under 5	32,211	
Perinatal MH	50,000	
OOH clinical on-call	54,319	
CAMHS Eating Disorder Service (specialist)		98,782
CAMHS Eating Disorder Service/self-harm (local)		27,336
Sub Total		
Total	**459,222**	**441,805**

9.2 Baseline figures for 2015/16 including finance, activity data and workforce

Finance

The table above shows the new investments made in 2015/16 in respect of the CAMHS Transformation plan and the 5 year forward view funding. All the investments detailed above are recurrent investments in the services and are included in contract values from 2016/17 going forward.

Staffing

During the period of October 2015 to March 2016 the staffing employed to the programme includes the following:

1.00wte Band 8b Clinical Lead for Community Health and Well-being Service (CHeWS)
0.8wte Band 3 Administrator CHeWS
1.00wte Band 7 Clinical Psychologist
1.00wte Band 7 Child & Adolescent Psychotherapist
1.00wte Band 6 Clinical Nurse within the Generic CAMHS Team, to increase the skill mix to the team. This was reviewed during the summer 2016 and reverted to a Band 7 Specialist Nurse
1.00wte Band 6 Occupational Therapist prior to starting the funding was used to increase by 0.25wte the Child and Adolescent Psychiatrist to allow the Learning Disability & Neurodevelopmental Team to undertake the additional work in this team.
Temporary staff were utilised while recruiting to the new team and posts including Band 7 Clinical Psychologists, Child & Adolescent Psychotherapists and a Nurse.

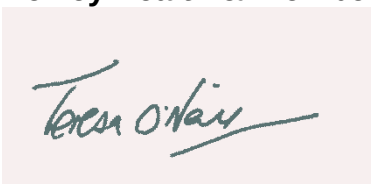
Activity

New referrals diagnosed and treated during 2015/16 with the new investment was as follows:
The activity for 12 months during 2015:
Referral made = 1326
Referrals accepted = 859
Initial and follow on contacts attended = 8917
Waiting times average 8 weeks - CYP on caseload at end of December = 792

Checklist agreed:

Name, signature and position of person who has signed off Plan on behalf of local partners

Councillor Teresa O'Neill OBE Leader of London Borough of Bexley Chairman of Bexley Health & Well-being Board



……

Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

Victoria Man Deputy Head of MH Supplier Management (London Region)

……..

Annex 2: Self- assessment checklist for the assurance process

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
1) Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1.1 Have been designed with, and are built around the needs of, CYP and their families	Y	
1.2 Provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	
1.3 Include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	
1.4 Promote collaborative commissioning approaches within and between sectors	Y	
1.5 Are you part of an existing CYP IAPT collaborative?	Y	
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?		
2) Transparency		
Please confirm that your Local Transformation Plan includes:		
2.1 The mental health needs of children and young people within your local population	Y	
2.2 The level of investment by all local partners commissioning children and young people's mental health services	Y	
2.3 The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	
3) Level of ambition		
Please confirm that your plans are:		
3.1 based on delivering evidence based practice	Y	
3.2 focused on demonstrating improved outcomes	Y	
4) Equality and Health Inequalities		
4.1 Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	

5) Governance		
5.1 Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	
5.2 Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	
6) Measuring Outcomes (progress)		
6.1 Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	
6.2 Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	
7) Finance		
Please confirm that:		
7.1 Your plans have been costed	Y	
7.2 that they are aligned to the funding allocation that you will receive	Y	
7.3 take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	

Appendix one: Summary of Transforming CAMHS services in Bexley

Where we were in 2015 – 2016

In Bexley the Specialist CAMHS service was commissioned to provide what has traditionally been known as Tier 3 and Tier 3.5 services, thus meeting the needs of children and young people who present with significant to acute mental health difficulties. This service also provided a very limited targeted Tier 2 service for some vulnerable groups, namely children and young people with learning disabilities, looked after children and those involved with the youth justice system, for whom a lower clinical eligibility threshold applies, in recognition of their vulnerability to and from mental health problems.

For many years, provision for emotional wellbeing / mental health needs across the area has been characterised by a paucity of service provision (across all sectors) for children and young people with emerging mental health difficulties. Provision in schools is variable for 'Social, Emotional and Mental Health '. The majority of secondary schools have counsellors as part of their offer. This is less common in primary schools. However, they may have a range of interventions, which include lower level therapeutic support. The majority have something and all are required to discharge their duties regarding SEMH under the SEN Code of Practice. The Local Authority publishes guidance for schools on delivering its responsibilities under the SEN Code.

Schools can also draw on the services of 'experts' from the local authority, including Educational Psychologists and Social, Emotional and Mental Health support staff (teachers and specialist teaching assistants). However it was agreed that there is a gap between what can be offered at this level and the current CAMHS thresholds.

There is a small school nursing service (6wte) which provides advice, support and interventions in physical, sexual and emotional health to children and young people across 71 schools. The Health Visitor service offers universal and targeted interventions to families. A number of local authority employed professionals work with children and young people in the area of special educational needs / additional educational needs, many of whom work with mental health in aspects of their role. There is a relatively small voluntary sector in Bexley and some services deliver part of the care pathway for a range of difficulties. Targeted tier 2 emotional wellbeing interventions are provided by the local authority Thriving Families Service which offers parenting interventions, individual and group support for young people who are considered Children in Need or on the edge of care or custody. Unfortunately, due to the level of resource available, children, young people and their families and the professionals in these services are not able to benefit from routine consultation and support from Specialist CAMHS.

Demand for services across the whole spectrum of need has been exceeding capacity. With a shortage of tier 2 / early intervention services available, children and young people frequently come to CAMHS having not received an early intervention and there have been few options available for step-down care for those who have completed treatment at CAMHS.

In light of the above, prior to developing the Transformation Plan, we worked collaboratively to develop a strategy to address areas of greatest need and pressure and to build capacity and capability into the local system. In 2014, we created a local CYP IAPT partnership between Specialist CAMHS, the local authority early help service (Thriving Families) and the voluntary sector. Our aim was to increase our local offer of early intervention in mental health and wellbeing, to improve access for children and young people to effective help wherever they presented. The partnership was designed to build integrated care pathways for a range of emotional and mental health needs across the local system in which outcomes-focussed, evidence based interventions could be provided in partnership with service users. We have made good early progress with our CYP IAPT transformation and there is strong multi-agency commitment to build on this.

Applying to Bexley, the needs-based approach to delivering evidence based practice in Specialist CAMHS developed by Kelvin et al (2005), we calculated that the staffing was at 46% of the critical mass of clinical staff required for Specialist Tier 3 CAMHS for 0-18 year olds or 43% of that required for Tier 2 and 3.

Consequently, using additional Five Year Forward View funding the CCG increased investment in Specialist CAMHS Tier 3 provision by £344,903, to address shortfalls in capacity as well as extending perinatal / infants and under 5s mental healthcare, improving out of hours crisis care in accordance with the Crisis Care Concordat and establishing 2 clinical outreach posts to work into schools.

Appendix Two: The current level of spend by all local partners commissioning children and young people's mental health services across the LBB and Bexley CCG

Table 1 Level of spend on emotional and mental health services by Bexley CCG and LBB (all costs are full year effect)

Service	**Tier**	**CCG Funding**	**LBB funding**	**Additional information**
Public Health – School Nursing	1	-	£459,635 (reducing to £384,635) (Proportion of above)	
Public Health - Health visiting	1		£2,660,106 (Proportion of above)	
School counselling services	1-2		Spend unknown/varies between schools	
LBB Family Well-being: Counselling Services	2		£80,000	
YOT SLT	2-3		£12,000	
YOT prevention co-ordinator	2-3		£42,000	
YOT Nurse	2-3		£51,000	
YOT SMU nurse	2-3		£51,729	
Clinical Lead YOT	2-4		£16,500	
CAMHS PMHW:	2	£120,000		New investment by CCG under 5 Year Forward View
CAMHS Under 5s	2	£32,211		New investment by CCG under 5 Year Forward View
Sub- total of tier 2 spend		**£152,211**	**£80,000 + proportion of school nursing and health visiting services**	
CAMHS Tier 3 – ASD/LAC/Under 5s	2-3	£1,636,000	£329,000	
CAMHS substance misuse	3		£114,000	
CAMHS Tier 3 – out of hours service	3	£54,319		New investment by CCG under 5 Year Forward View
CAMHS Tier 3 Generic increased capacity	3	£202,692		New investment by CCG under 5 Year Forward View
Sub-total of tier 3		**£1,893,011**		

Tier 1: For the services providing Tier 1 CAMHS, this activity represents a proportion of their remit and the proportion of spend is unknown. However the review currently in progress in Bexley will clarify the level of spend on all tiers of mental health provision in the borough. This review will be finalised and released in the Spring 2016.

Tier 2: The current spend on Tier 2 is low in relation to the level of need in the child population. The CCG has begun to address this via the Five Year Forward View funding as shown above. It is however acknowledged that this is a gap in Bexley and it is through our Transformation Plan that we are seeking further increase the capacity in Tier 2.

Appendix 3

Document 1: Children and Young People's Mental Health and Emotional Wellbeing in Bexley: Comprehensive Needs Assessment
Document 2: Map of Bexley Integrated Children's Services aligned to the CCG Local Care Networks and the Family Wellbeing clusters
Document 3: The outcomes and finance tracker
Document 4: Bexley EIT Guidance for Schools on SEMH (2016)


160501Final Version of HWBB Report on C


606548. Map of Maps.pdf


EITs SEMH Guidance 2016.docx


Waiting list info Bexley for NHSE 271(

Appendix four: Eating Disorder Service - Programme activity and any outcomes achieved against the standards

On 30 September 2017 SLAM SEL Child and Adolescent Eating Disorder Service had a current case load of 237 patients.

The below reporting is from SLAM Q2 2017

Type of referral

	2016/17				2017/18	
Referral Type	**Q1*** Apr-Jun	**Q2*** July-Sep	**Q3*** Oct-Dec	**Q4** Jan-Mar	**Q1** Apr-Jun	**Q2** July-Sep
GP	**33.89%** (20/59)	**21.21%** (14/66)	**33.89%** (20/59)	**24.35%** (19/78)	**36.36%** (24/66)	**25%** (17/68)
CAMHS	**33.89%** (20/59)	**34.84%** (23/66)	**22.03%** (13/59)	**39.74%** (31/78)	**19.69%** (13/66)	**32.35%** (22/68)
Self (Young Person)	**0%** (0/59)	**0%** (0/66)	**6.77%** (4/59)	**3.84%** (3/78)	**6.06%** (4/66)	**2.94%** (2/68)
Self (Parent/Guardian)	**1.69%** (7/59)	**15.15%** (10/66)	**15.25%** (9/59)	**14.10%** (11/78)	**21.21%** (14/66)	**23.52%** (16/68)
School	**5.08%** (3/59)	**0%** (0/66)	**5.08%** (3/59)	**3.84%** (3/78)	**6.06%** (4/66)	**1.47%** (1/68)
Other professional	**15.25%** (9/59)	**28.78%** (19/66)	**16.94%** (10/59)	**14.10%** (11/78)	**10.60%** (7/66)	**14.70%** (10/68)

CURRENT CASELOAD
1 April 2016- 30 September 2017

	Referrals		
CCG	**Received**	**Accepted**	**% accepted**
NHS BEXLEY CCG	43	38	88.37%
NHS BROMLEY CCG	94	86	91.48%
NHS CROYDON CCG	67	63	94.02%
NHS GREENWICH CCG	40	37	92.5%
NHS LAMBETH CCG	65	60	92.30%
NHS LEWISHAM CCG	46	44	95.65%
NHS SOUTHWARK CCG	41	39	95.12%
Grand Total	**396**	**367**	**92.7%**

REFERRALS BY CCG 1 April 2016-30 September 2017

	Referrals		
CCG	**Received**	**Accepted**	**% accepted**
NHS BEXLEY CCG	43	38	88.37%
NHS BROMLEY CCG	94	86	91.48%
NHS CROYDON CCG	67	63	94.02%
NHS GREENWICH CCG	40	37	92.5%
NHS LAMBETH CCG	65	60	92.30%
NHS LEWISHAM CCG	46	44	95.65%
NHS SOUTHWARK CCG	41	39	95.12%
Grand Total	**396**	**367**	**92.7%**

Referrals accepted by CCG and quarter

2016-2017				**2017-2018**		**Total**
Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	
8	4	7	7	4	8	**38**
13	25	10	17	12	9	**86**
8	8	7	18	13	9	**63**
6	7	4	7	5	8	**37**
6	9	8	14	12	11	**60**
9	6	8	4	8	9	**44**
5	1	12	7	8	6	**39**
55	**60**	**56**	**74**	**62**	**60**	**367**

Referrals received by CCG and source

CCG	GP	CAMHS	Self	Self (parent/guardian)	School	Other professional	Grand Total
NHS BEXLEY CCG	23	17	0	1	1	1	**43**
NHS BROMLEY CCG	21	12	3	14	2	42	**94**
NHS CROYDON CCG	21	27	2	9	2	6	**67**
NHS GREENWICH CCG	11	17	1	6	3	2	**40**
NHS LAMBETH CCG	24	12	3	16	3	7	**65**
NHS LEWISHAM CCG	6	26	2	6	2	4	**46**
NHS SOUTHWARK CCG	8	11	2	15	1	4	**41**
Grand Total	**114**	**122**	**13**	**67**	**14**	**66**	**396**

The number of children and young people who cancelled Assessment, DNA or we were unable to contact

CCG	Cancelled	DNA	No contact and unable to contact	Total	Later seen following further attempts to engage
NHS BEXLEY CCG	1	0	0	1	0
NHS BROMLEY CCG	0	2	0	2	0
NHS CROYDON CCG	9	1	0	10	2
NHS GREENWICH CCG	1	2	0	3	1
NHS LAMBETH CCG	2	1	2	5	2
NHS LEWISHAM CCG	2	0	0	2	1
NHS SOUTHWARK CCG	2	4	0	6	3
Totals	**17**	**10**	**2**	**29**	**9 / 29 = 33%**

Self-Referrals (Parent / Young Person) Received by CCG and Quarter

CCG	2016-2017				2017-2018		
	Q1	Q2	Q3	Q4	Q1	Q2	Grand Total
NHS BEXLEY CCG	1	0	0	0	0	0	1
NHS BROMLEY CCG	1	3	1	4	6	2	17
NHS CROYDON CCG	1	1	3	0	3	3	11
NHS GREENWICH CCG	2	2	1	1	0	1	7
NHS LAMBETH CCG	1	2	3	6	3	4	19
NHS LEWISHAM CCG	0	1	3	0	1	3	8
NHS SOUTHWARK CCG	1	1	2	3	5	5	17
Grand Total	**7**	**10**	**13**	**14**	**18**	**18**	**80**

Waiting Time Target Achieved %

	2016/17				2017/18		
	(Target Achieved / Total number of Referrals)						
Referral Type	**Q1*** Apr-Jun	**Q2*** July-Sep	**Q3*** Oct-Dec	**Q4** Jan-Mar	**Q1** Apr-Jun	**Q2** July-Sep	
Emergency < 1 day	N/A	N/A	N/A	N/A	N/A	**100%**	
						(1/1)	
Urgent < 7 days	**40%** (2/5) Shortest: 1 Longest: 12	**63.6%** (7/11) Shortest: 3 Longest: 15	**100%** (4/4) Shortest: 5 Longest: 7	**100%** (7/7) Shortest: 3 Longest: 7	**100%** (5/5) Shortest: 3 Longest: 7	**100%** (7/7) Shortest: 1 Longest: 6	
Routine < 28 days	**38%** (19/50) Shortest: 6 Longest: 68	**12.2%** (6/49) Shortest: 7 Longest: 62	**78.8%** (41/52) Shortest: 3 Longest: 45	**82.1%** (55/67) Shortest: 8 Longest:35	**80.7%** (46/57) Shortest: 9 Longest: 49	**92.5%** (49/53) Shortest: 3 Longest: 42 **(wanted appt in Sept)**	
% Accepted (Total accepted/ Received)	**93.2%** (55/59)	**90.9%** (60/66)	**94.9%** (56/59)	**94.9%** (74/78)	**93.9%** (62/66)	**88.2%** (60/68)	**Average / Quarter = 92.7%** (367/396)

Access and Waiting Time Targets by CCG:
Average over period 1 April 2016 – 30 September 2017

Borough	Urgent referrals (7 days) Met Target/Received		Normal referrals (28 days) Met Target/Received	
NHS BEXLEY CCG	1/1	100%	25/37	68%
NHS BROMLEY CCG	8/11	73%	46/75	61%
NHS CROYDON CCG	5/5	100%	34/58	59%
NHS GREENWICH CCG	5/6	83%	19/34	56%
NHS LAMBETH CCG	7/8	88%	39/52	75%
NHS LEWISHAM CCG	4/4	100%	28/40	70%
NHS SOUTHWARK CCG	2/3	66%	30/36	83%

NEW REFERRALS BY MONTH
Period: 1 APRIL 2016 to 31 DECEMBER 2016

2016	SOUTHWARK	LAMBETH	LEWISHAM	CROYDON	BEXLEY	BROMLEY	GREENWICH	Total referrals
APR	3	0	2	3	2	8	4	22
MAY	1	3	3	4	3	5	2	21
JUNE	1	4	4	2	4	1	0	16
JULY	2	2	1	2	1	12	2	22
AUG	1	2	2	5	2	7	4	23
SEPT	0	5	4	1	2	8	1	21
OCT	4	2	1	6	0	4	3	20
NOV	2	4	5	0	4	4	2	21
DEC	6	2	2	1	3	3	1	18
total	20	24	24	24	21	52	19	184
Of which Self-referral	4	6	4	5	1	5	5	30

Period: 1 JANUARY 2017 to 25 SEPTEMBER 2017

2017	SOUTHWARK	LAMBETH	LEWISHAM	CROYDON	BEXLEY	BROMLEY	GREENWICH	Total referrals
JAN	3	7	2	9	2	6	3	32
FEB	0	2	2	6	4	4	2	20
MAR	4	6	1	3	1	9	2	26
APR	2	4	2	2	2	4	2	18
MAY	2	5	4	4	4	4	2	25
JUNE	4	3	2	8	0	5	1	23
JULY	2	7	4	3	4	4	1	25
AUG	3	3	1	6	2	2	6	23
SEPT	1	4	4	2	3	4	2	20
total	21	40	20	43	22	41	21	212
Of which Self-referral	13	13	4	6	0	12	2	50

Improvement against the goal based measures set

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

Breakdown of presentation and diagnosis at time of assessment

	N	%
Anorexia Nervosa	**42**	**52.5**
Bulimia Nervosa	**5**	**6.25**
EDNOS R	**12**	**15..0**
EDNOS BP	**3**	**3.75**
Binge Eating Disorder	**1**	**1.25**
Avoidant/Restrictive Food Intake Disorder	**1**	**1.25**
Feeding disorder in infancy	**1**	**1.25**
Other Non-ED Diagnoses or feeding difficulties associated with other disorders	**5**	**6.25**
No Diagnosis	**8**	**10.0**
DNA/cancel	**2**	**2.5**

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

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

Weight gain (AN/EDNOS-R)

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

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

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

t(20)=0.68, p = 0.05

Eating Disorder Symptomatology: EDEQ

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

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