



working together

NHS Lewisham CCG CAMHS Transformation Plan October 2018

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1. Executive summary

With the population growing and need increasing the demand on services is ever growing. Over the last twelve months work has been done in Lewisham to embed the key principles of our Mental Health and Emotional Wellbeing Strategy 2015 - 2020.

Our vision remains as:

“Our children and young people will be emotionally resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. Those that require mental health support are able to access this, where and when they need it”.

“Our parents, carers and young people’s workforce will be equipped to identify and respond to low levels of emotional well-being amongst our young

Our achievements over the last year

We have achieved a lot over the last year. The ‘South London Partnership (SLP)’ provider alliance, which formed in 2017 across three mental health trusts (Oxleas, South West London and St Georges and SLaM), has successfully secured additional resource to deliver the **New Care Models (NCM)** for CAMHS and the **Forensic CAMHS Service** across South London. Over 2017/18 the SLP has increased CAMHS inpatient bed capacity by 14% and the number of out of partnership bed days has reduced by 25% against the baseline. This means that more young people are placed closer to home, therefore maintaining their social networks prior to discharge.

The **CAMHS Virtual School** offer to Children Looked After (CLA) has maintained significant success across the year. By responding quickly to issues raised and building confidence amongst teaching staff and foster carers, it has seen fixed term exclusions drop by 21% by 2017/18. Furthermore specialist CAMHS caseloads for CLA have drop by 20% over the last year, further supporting the call for earlier intervention.

Mobilisation of **trauma informed training and supervision** across the YOS and partners, has influenced the wider development of a trauma informed approach across all services for children and young people in Lewisham and continues to be a significant focus for the Local Authority.

Feedback from young people has resulted in the development of a range of **self-referral access routes**, from the established on line counselling service, to development of a 24/7 all age crisis phone line and the online self-referral process for eating disorders.

Lewisham has collaborated closely with the other five boroughs within the South East London (SEL) Sustainability Transformation Partnership (STP) when responding to national **Transforming Care** responsibilities and working with providers to improve performance against access targets. This established partnership has resulted in development of a cross cutting CAMHS Transformation Refresh for 2018, which hopefully demonstrates how far we have come. Furthermore SEL partnership arrangements have been extended across to the South West London (SWL) STP when supporting mobilisation of the New Care Models programme.

Our priorities for the next year

The journey has in many ways just began. As a local and STP partnership we remain as committed as ever to the key principles associated with early intervention. Recognising that mental health and emotional wellbeing affects all of us at some point in our lives, the need for further collaboration across services is required. To that end, we have devised an STP template for this transformation refresh, to ensure that we have aligned our plan to other CCGs. Over the next twelve months we are seeing this as an opportunity to embed areas of good practice but to further establish excellent data management systems to ensure that we are getting the best value for money across all of our services.

The Lewisham CCG CAMHS Transformation Plan was developed in 2015 and set out our four local priority areas for 2015/16 to 2020/21:

- Promoting resilience and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Developing the workforce

For 2018/19 we have chosen to focus on eight key areas of work within these overarching priorities:

1. **Increasing opportunities for service user participation and co-production**
2. **Reviewing and building the early intervention offer**
3. **Strengthening our work in schools and responding to the 2018 Green Paper 'Transforming Children and Young People's Mental Health Provision'**
4. **Enhancing urgent and emergency care provision for those experiencing a 'mental health' crisis**
5. **Improving access to evidence based interventions**
6. **Enhancing preventative and integrated support for perinatal mental health**
7. **Strengthening and streamlining mental health provision for children looked after**
8. **Sustaining progress of the youth justice mental health pathway**

All of our planned transformations and measures of success are set out in the document below, but in summary our key commitments for 2018/19 are as follows:

- Commissioners and providers are committed to the development of a **consistent offer** of mental health support across the SEL footprint. Plans are in place to further develop **crisis care provision** across the area, which is likely to be supported by the roll out of a six borough **digital mental health offer** for all children and young people (10 upwards) across the SEL STP.
- Commissioners continue to develop the 'evidence based' early intervention offer through the **Children's Wellbeing Practitioner** programme and other early intervention services, which is evidenced through adequate data flow to the MHSDS, with an aim to meet the 32% target by March 2019. A planned **review of the Lewisham early intervention offer** will support this work.

- There is a partnership commitment to the development of **school based mental health provision**, which includes mobilisation of a multi-agency outreach service to prevent school exclusions and implementation of the designated mental health role in every school.
- By building on the trauma informed work of the YOS and co-located mental health support, opportunities will be seized to ensure full implementation of the **Forensic CAMHS** across South London, which will offer assessment, consultation and short term interventions to some of our most complex young people, to ensure safe and effective management of need within the community.
- We recognise the importance of **data intelligence**, and over the coming six months, we will be working with all providers of children's mental health services to **better understand pathways** between universal services such as primary care and schools and more targeted support services via early help and specialist CAMHS. Findings will inform future commissioning developments as part of a larger early help review across children's services.
- We will work across Adults, Children's and Maternity services to commission prevention, early intervention and integrated approaches to **mental health support for women in the perinatal period**.
- We will facilitate a **review of our CYP mental health pathway**, from early intervention up to the interface with tier 4 services, to be carried out by the NHSE Mental Health Intensive Support Team. The ultimate aim of this is to support more children and young people to access evidence-based services.

2. Risks and mitigations

A full risk and mitigation register, demonstrating the system-wide risks to the successful implementation of our Local Transformation Plan, can be found in **Appendix Two**. Below are some examples of the risks and mitigations that we are addressing alongside the Transformation Plan:

Risk: Strengthening our work in schools and responding to the 2018 Green Paper 'Transforming Children and Young People's Mental Health Provision'

Mitigation: A series of activities are taking place in order to strengthen our work in schools and respond positively at this critical point in the Mental Health and Emotional Wellbeing pathway:

- Map current mental health and emotional wellbeing support in schools and increase awareness and confidence around Mental Health and Emotional Wellbeing through the provision of initiatives like Mental Health First Aid
- Galvanise support for a stronger mental health and emotional wellbeing offer in schools through youth and community groups
- Increase CAMHS presence in school settings through our new CAMHS school posts and the continuation of the Virtual School

Risk: Waiting times for children accessing community CAMHS

Mitigation: Waiting times are a critical area for development in Lewisham and one that The Mental Health Intensive Support Team will support in quarter one 19/20. Below are some of the actions that are being taken to address this issue:

- Facilitate demand and capacity modelling with NHSI and share the learning across the STP
- Revisit monitoring framework and KIPS with NHS and non-NHS providers
- Implement early help initiatives to promote early intervention reduce the pressure on specialist services

Risk: National Access Targets stipulate that 32% of the overall number of children thought to have diagnosable mental illness will receive at least two evidence based contacts by March 2019

Mitigation: Commissioners are actively working to further develop good evidence based provision in community settings, support the development and take-up of short-term and digital provision, facilitate the flow of data from non-NHS providers and ensure accurate data flow from NHS providers. The following actions are also underway:

- Commissioners are actively working to further develop good evidence based provision in community settings (STP)
- Commissioners and providers are actively working to capture all the relevant data (STP)
- Commissioners are support the development and take-up of digital provision across the STP
- Commissioners are facilitate the flow of data from non-NHS providers
- Commissioners will continue to monitor and drive access rates

3. Lewisham's CAMHS Transformation Roadmap

	Completed	In Planning	In Delivery	At Risk	
Workstream	2016/17	2017/18	2018/19	2019/20	2020/21
Promoting resilience, prevention & early intervention		Delivery of Early Help Offer - Young People's Health Service and Children's Wellbeing Practitioners			Delivery of CWP Prog'mme
	Embed community CAMHS support within Community Settings /		Embed community CAMHS support within Community Settings / Systems		
			Early Intervention (EI) Review	EI implementation	
	Development of digital offer (e.g. Work It Out Lewisham / Family Information Service / Kooth)				
Improving access to effective support (a system without tiers)	Implementation of CAPA & waiting list initiative			NHSE Pathways Review	
	Delivery of Crisis Care Provision		Delivery of New Models of Care Programme		
	Review of pathways & thresholds for conduct/behaviour concerns		Develop and deliver emotional health and wellbeing offer to schools		
Care for the most vulnerable	SEND / Learning Disability provision - NDT				
	Delivery of Trauma-informed work and Liaison and Diversion Post in the YOS				
	Mental Health Provision for Children Looked After				
	Transition To Adults Services				
		Support for CYP exposed to CSE/CSA for LSL boroughs		Funding Commitment TBC	
	Establishment of Perinatal Mental Health services		Future funding is uncertain for PMH Midwife post and Mindful Mums Programme		
	Eating Disorders Service				
	CYP IAPT				
	Academic Resilience Approach / Communities of Practice / Mental Health First Aid / Five To Thrive				
Outcomes	<ul style="list-style-type: none">Our young people are emotionally resilient, knowing when and where to go for supportThose that require mental health support are able to access this, where and when they need itIn partnership with young people and parents/carers, services are appropriately monitored and governed to ensure maximum impactOur parents/carers and young people's workforce will be equipped to identify and respond to low levels of emotional well-being amongst our young people				

4. South East London Sustainable Transformation Partnership (STP)

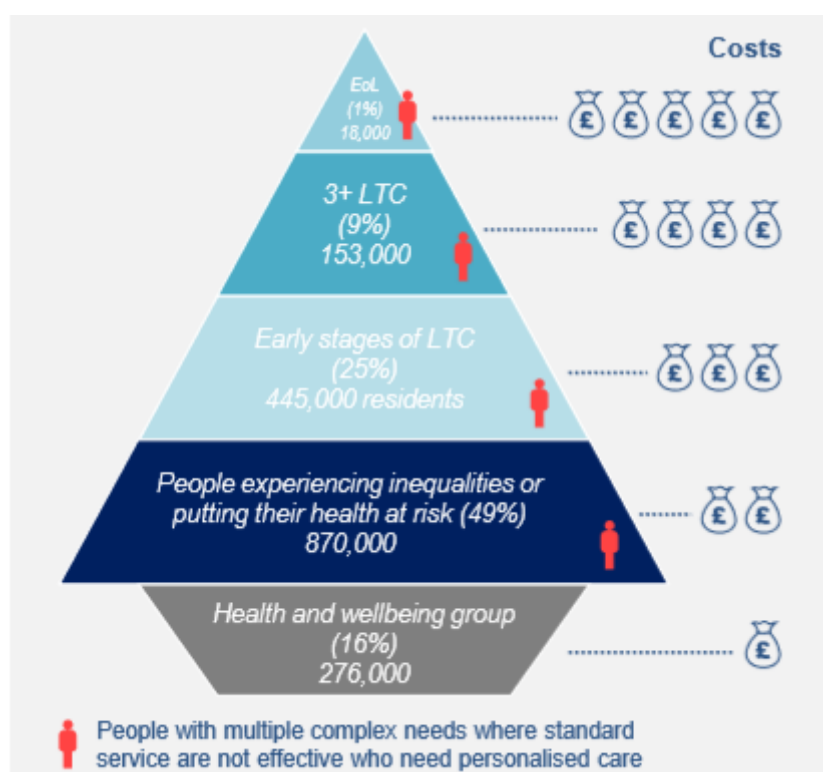
Our Healthier South East London (OHSEL) is the NHS Sustainability and Transformation Partnership (STP) for South East London. SEL boroughs include: Lambeth, Southwark, Lewisham, Bexley, Bromley and Greenwich.

With the SEL STP we aim to address three problems in local healthcare:

- The health and wellbeing gap – people should be helped to lead healthier and longer lives
- The care and quality gap – variation in the accessibility and quality of care should be improved
- The funding and efficiency gap – the NHS must become more efficient and make better use of resources available

A detailed case for change has been developed to understand the health and wellbeing needs of our population.

We have developed a model (below) that segments our population into groups depending on their condition and level of risk, in terms of both physical and mental health. The 50% of our population who are affected by inequalities is too high; and our driver is to ensure that more of our population are enabled to stay well.



Mental health

- We want to stop treating the mind and body separately. For this to happen, mental health services need to become more integrated in all our health and care services. We are bringing health and care professionals from all disciplines and organisations to work together across boundaries.
- In South East London we want all women to have access to perinatal mental health services.
- Most mental health services are treatment rather than prevention focused and there is no systemic approach to early intervention or work with specific groups. This is an area of opportunity to collaborate at SEL level on developing consistent strategic approaches and workforce development.

Children and young people

- We aim to help keep children physically, mentally and emotionally well through an increased emphasis on joined-up health and care services that is easily navigated by patients and their families. Another priority is making transition into adult services more straightforward for young people.

Delivering on prevention

- Promote prevention, self-care, prevention and self-management by expanding accessible, proactive, preventative and self-management care for mental and physical health problems outside of hospital.
- Deliver proactive primary prevention and demand management through secondary prevention, characterized by equitable and timely access and effective coordination.
- Building strong and confident communities and involved, informed patients and carers.

During 2018, CYP commissioners and local NHS providers were involved in an intensive leadership programme to assist when defining areas of focus for the STP, as part of this process key priorities for the SEL CYP work programme were agreed:

- Mental health and wellbeing
- Special Educational Needs and Disabilities (SEND)
- Urgent and emergency care and long term conditions

Key areas of focus for children's mental health and wellbeing are as follows:

- Improving access to children and young people's mental health services (trajectory to 2021).
- Taking a preventative approach, incorporating working more closely with other agencies to tackle the wider determinants of mental illness.
- Developing emotional literacy and resilience through school-based support, alongside earlier identification and intervention.
- Building parenting and peer support in the community.

SEL digital focus areas

- Digitally enabled self-care empowering patients in the management of their care.
- Real-time data analytics at the point of care.
- Whole systems intelligence to support population health and effective commissioning and research.

Digital targets

- To have connected the patient and allowed them to exchange information via connected digital apps of their choice.
- To have universally deployed digital alternatives to face to face care in primary care and outpatient settings.
- Reduce our reliance on traditional face to face models of care in primary care and outpatient settings in favour of digital alternatives.
- Streamline referral, access to diagnostic services and the delivery of care in our hospitals by making the processes of care delivery paperless at the point of care.
- Ensure that every interaction with the patient counts by making greater use of algorithmic decision support tools for clinicians working in all care settings.
- Improve our ability to provide co-ordinated, proactive, care delivery to the most vulnerable people by consolidating and connecting up the many electronic record systems that exist today.

STP investment

SEL STP has carried out financial modelling to estimate the impact of our priorities. In particular this focuses on three main areas:

- Reducing demand through consistent and high quality community based care.
- Improving quality and reducing variation.
- Improving productivity and quality through provider collaboration.

STP Forward Plan

2018/19	Improvements to access to services and waiting times
2019/20	Integrated CAMHS services delivered by multi-professional teams
2020/21	Increase in workforce delivering evidence-based interventions
2021/22	Seamless and consistent service for those with changing needs; children experience a fully integrated tier-less service model across SEL

The vision

Transformation of CAMHS to encompass a wider CYP Mental Health strategy thus including greater prevention components and focus on emotional health and wellbeing underpinned by evidence-based practice.

Initiatives and deliverables

- Consistent sign off processes for plans and strengthened collaborative commissioning group with a wider membership.
- Sufficient workforce to deliver best practice crisis pathway.
- Linking outcomes to investment to identify efficiencies and develop shared models to deliver more care across SEL internal boundaries.
- Collective STP response to address NHSE feedback and further development of Local Transformation Plans to share good practice and deploy a 'once for STP' approach to addressing challenges where appropriate.

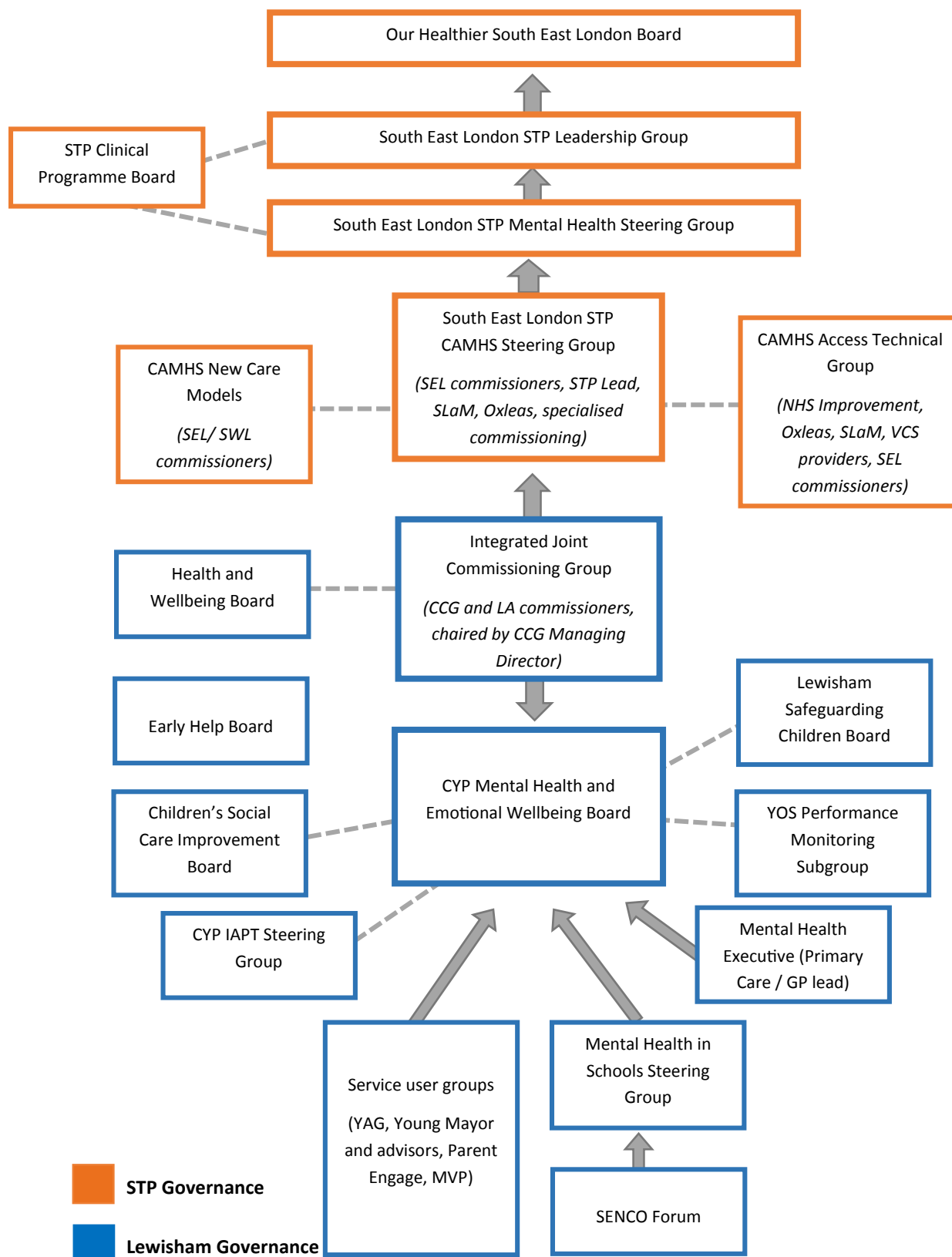
Commissioners and providers are committed to the development of a consistent offer of mental health support across the SEL footprint.

As an STP, there are a number of areas we are focusing on when it comes to transforming services to improve outcomes for children and young people, as outlined in the sections below. These can be summarised into the following priority areas:

- Transforming Care
- Collaborative and place-based commissioning
- Early Intervention in Psychosis
- Community Adolescent Eating Disorder Services
- Transition to adult services
- Forensic CAMHS

4.1 Governance

The diagram below sets out how the South East London STP is linked with Lewisham CCG and local authority governance structures.



Lewisham benefits from a well-established Joint Commissioning Team for Children and Young People, this is a successful arrangement that allows clarity and consistency across a range of funding streams, which are effectively pooled within one budget. This arrangement is governed through the multi-agency Joint Commissioning Group, under the Children and Young People's Strategic Partnership Board (CYPSPB), on behalf of the Health and Wellbeing Board.

The Mental Health and Emotional Wellbeing Programme Board (MHEWPB) is a multi-agency partnership consisting of schools, health, joint commissioning (CCG/LA), public health, youth offending, children's social care, voluntary and community sector and opportunities are given for young people to contribute. The board is responsible for overseeing CAMHS Transformation and reports directly to the JCG and the CYPSPB (and effectively the Health and Wellbeing Board). The chair and members of the Health and Wellbeing Board have been actively engaged in the development of the plan.

In ensuring that the Mental Health and Emotional Wellbeing Strategy / CAMHS Transformation Programme is fully implemented, the activities of the CYP MHEWPB will include the following elements:

- Having an overview of the planning, delivery and performance of mental health services that reflect the views and aspirations of the local community.
- To seek improvements in both the quality of mental health services and the experiences of the people that use mental health services.
- Ensuring that proposals are financially sustainable within the existing resources available locally.
- Scrutinising local policy, planning, and impact against local needs and inequalities.
- Being consulted about substantial service changes.
- Ensuring that proposals for substantial service change are in the best interests of local health services.
- Seeking opportunities to make improvements and/or stretch resources.
- Meeting the commitment to transparency and accountability so that services are appropriately performance monitored and governed to ensure maximum impact.

The board interfaces with wider governance structure including the new School Steering Group and the Integrated Joint Commissioning Group. Beyond this, the board is responsible for informing and engage areas such as primary in relation to care pathways, access and crisis care.

4.2 Strategic reforms

Children's Mental Health

In March 2015, NHS England (NHSE) published 'Future In Mind' (FIM) as part of a national drive to improve capacity and capability in the delivery of mental health services for children & young people. This report provides a broad set of recommendations across five key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Since 2015, the children's mental health agenda has continued to be a national area of focus. The 2015-2017 government announced new funding for mental health, including specific investment in perinatal services and eating disorder services for teenagers. Additionally, the 2015 government committed to implementing the recommendations made in the 'Five Year Forward View for Mental Health' (2016), which includes specific objectives to improve access to evidence based treatment for children and young people by 2020/21.

The Green Paper 'Transforming Children and Young People's Mental Health Provision' was published in December 2017, which proposed improving mental health support in schools and colleges and trialling a four week standard waiting time for access to mental health treatment.

SEND reforms

The Children and Family Act 2014 brought the biggest changes to special educational needs for 30 years. These changes included converting all Statements of Special Educational Needs to Education, Health and Care Plans (EHCP) and extending the age range from 0-25 years. These reforms aimed to ensure that services work together and EHCP's identify education, health and social care needs all together in one plan.

The key focus of the reforms was to ensure that the child/young person and their family were central to the EHC needs assessment process and the voice of the child was represented in the assessment process. The Act and subsequent Code of Practice gives greater weight to parental preference for which education provision their child attends. It also encourages families to consider having a personal budget in order to deliver the outcomes identified in the plan.

Transforming Care

The Transforming Care programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition.

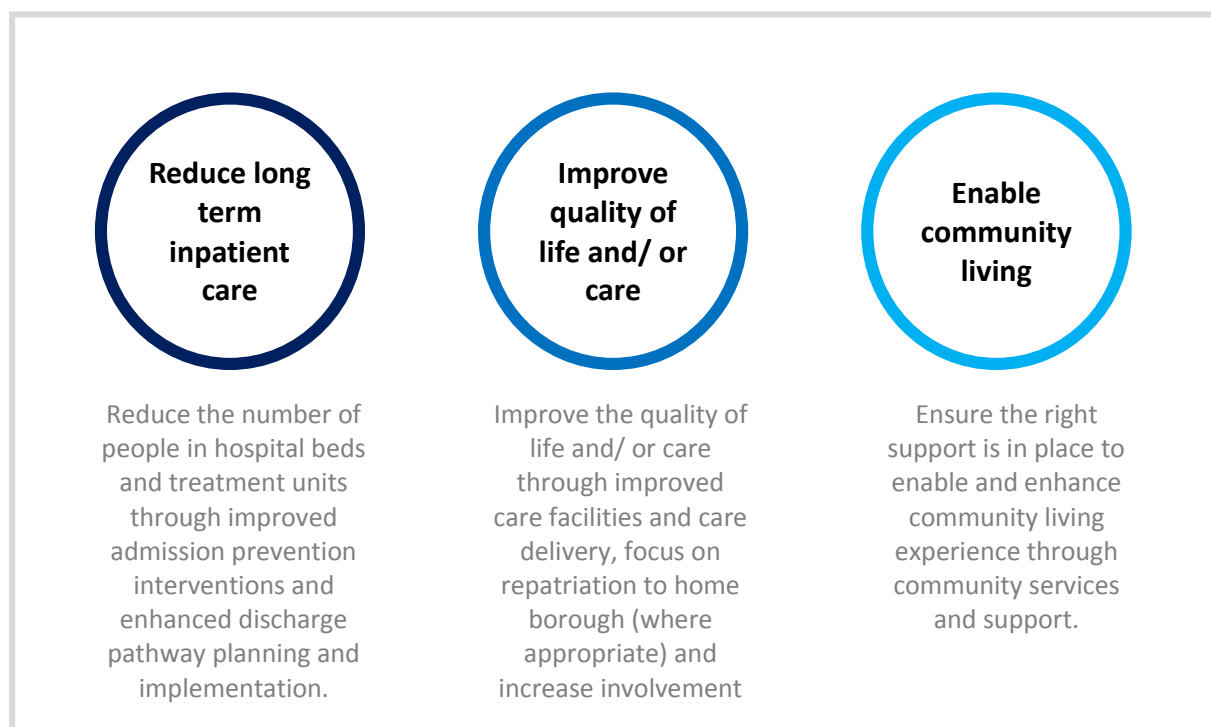
The programme has three key aims:

- To improve quality of care for people with a learning disability and/or autism
- To improve quality of life for people with a learning disability and/or autism
- To enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay

4.3 South East London STP: Transforming Care

NHS Lewisham CCG is working with South East London (SEL) CCGs, Local Authorities and NHS England Specialised Commissioning, as part of the SEL Transforming Care Partnership (TCP). The vision of the Partnership is for people with learning disabilities and/ or autism to achieve equality of life chances, live as independently as possible and have the right support from mainstream health and care services.

SEL Transforming Care Partnership Strategy



To date, the TCP has supported a reduction in the number of children and young people (CYP) with a learning disability and/ or autism in hospital from 10 to 8 between April 2016 and October 2018. The TCP has established a CYP workstream to accelerate further improvements in 2018/19, which has identified the following priorities:

- 1. Prevention:** Ensuring that all commissioners and service providers working with CYP are aware of the Transforming Care agenda and are feeding in to the management of Dynamic Risk Registers. This intelligence will in turn support preventative measures such as facilitation of community CETRs.
- 2. Community services:** Engage with ongoing Transforming Care market management and housing workstreams to support the development of community services for CYP in SEL by working with specialised commissioning and the South London Partnership when recommissioning inpatient beds and seeking opportunities to support crisis, admission prevention and support appropriate and safe discharge. Engage with voluntary sector organisations to raise the profile of the Transforming Care programme and share their service offer with care co-ordinators. In parallel, raise awareness of existing services via websites.
- 3. Transformation plan alignment:** Work with SEL CAMHS and SEND leads to ensure that Transforming Care is at the fore-front of transformation planning, and that a consistent approach to transformation is taken across the STP footprint.

The TCP has begun to make good progress on these priorities, with a workshop in September 2018 enabling partners to develop clear action plans for the improvement of local Dynamic Risk Register processes. These actions include a campaign to improve awareness of the TCP amongst local commissioners and service providers to ensure that information is shared more effectively across organisations.

The TCP CYP team will continue to meet regularly to share best practice and ensure that the agreed work stream priorities are progressed.

4.4 South East London STP: Collaborative and Place-Based Commissioning

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

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

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

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

Commissioners and providers will work together to develop the market in the community for CYP in SEL by seeking opportunities to support crisis, admission prevention and support appropriate and safe discharge.

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

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

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

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

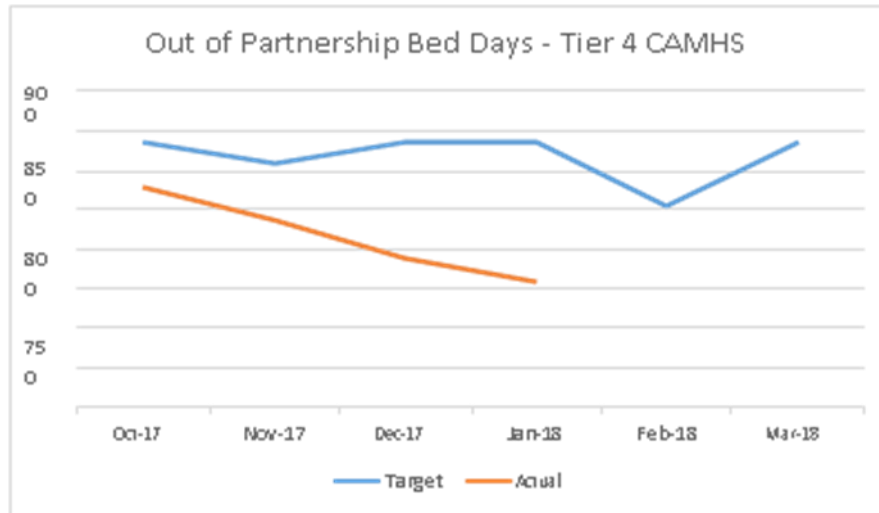
Acceptance for New Care Models Wave 2 was based on a business case to build upon the core CCG Tier 3 locally-commissioned contracts by extending hours and increasing community service capacity in services that will impact upon reducing referrals and shortening inpatient stays, thereby reducing the need for inpatients services.

Investment has been identified by the Partnership for the following community services; Crisis Care, Dialectical Behaviour Therapy (DBT) and Eating Disorders.

Since the development of the NCM programme, we have seen improved integration between local providers and NHS England Case Management and Operational Bed Management teams, meaning that we are better able to

manage all South London patients across inpatient facilities. Opportunities are actively sought to repatriate patients from outside South London, closer to home.

The focus of the CAMHS NCM programme during 17/18 was on creating ‘sustainable services’ by expanding Tier 4 outpatient services and reducing demand on Tier 4 inpatient services. Later phases will seek to optimise the demand changes and focus on service quality and healthier outcomes for patients.



The Partnership works with CCG and Local Authority commissioners to align plans, develop a consistent service model and expand evidence-based community services for the benefit of patients and their families. To support this, a baseline exercise was undertaken across South London, including community CAMHS (Tier 3) services as well as validating Tier 4 baseline data from NHS England. Commissioners aligned to each of the three providers attend the Programme Board to shape the plans and service models further. Specialised commissioning have been working with South East London commissioners and providers on the development of the CAMHS transformation plan 2018. This work is overseen by both the CAMHS New Care Models Group and the South East London STP CAMHS Steering Group, which meet bi-monthly. These groups provide clear leadership when overseeing progress of place based plans.

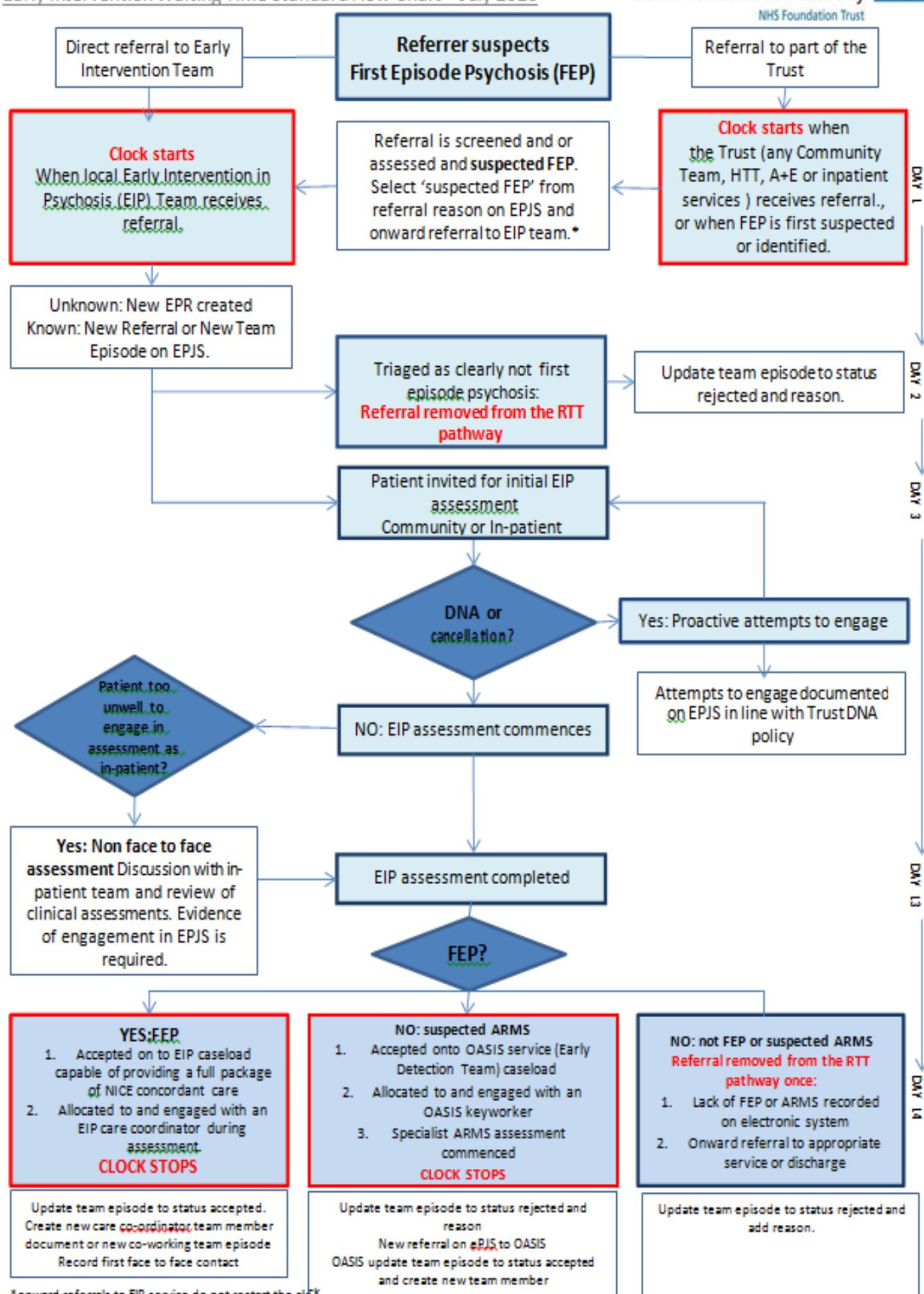
Child Sexual Assault - CSA hub (Lambeth, Southwark and Lewisham)

Across three boroughs we have commissioned Safer London to provide a CSA Hub service to offer early emotional support to children, young people and their families being seen for a CSA medical examination in the boroughs of Lambeth, Lewisham and Southwark. Local Consultant Paediatricians work with the emotional support practitioner as part of one team, providing a holistic health review focused on the needs of the child/young person and their family.

4.5 South East London STP: Early Intervention in Psychosis

Another important element of local young people’s mental health services is Early Intervention in Psychosis (EIP) because good evidence shows that early detection, diagnosis and treatment of psychosis improves lifetime health outcomes. Service monitoring information about the Lewisham team for Early Intervention in Psychosis (STEP) service provided a positive account especially in terms of achievement of the Early Intervention Waiting time standard. The data for the whole service shows that waiting time standards in LYPS continues to do well.

The CAMHS transition worker role in the CAMHS LYPS service is effective in achieving good transitions. The provision of evidence-based therapies e.g. family intervention is good, and supports wellness and recovery. A flow chart of the process across SLaM boroughs (Lambeth, Southwark, Lewisham and Croydon) can be seen below.



*onward referrals to EIP service do not restart the clock.

*The standard will not apply to those who have been under the care of an EIP service elsewhere.

The table below shows the provider performance across the four boroughs services by SLaM.

Referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' start a NICE-recommended care package

2017/18 Target: 50%

2018/19 Target: 55%

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	
Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package in the reporting period within 2 weeks of referral.	9	17	17	10	11			
Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package	13	20	21	16	16			
Actual %	69%	85%	81%	63%	69%			
Target %	50%	50%	50%	50%	55%	55%	55%	

4.6 South East London STP: Improving access to Adolescent Eating Disorder Services

Future in Mind set out to establish access and waiting time standards for Eating Disorders. The SLaM driven Child and Adolescent Eating Disorder Service provides community – based eating disorder assessment, treatment and care for children and young people with severe physical and psychological problems relating to eating disorders. The service also provides an intensive day treatment service for children and young people with anorexia nervosa and covers a population of approximately 1.8 million people, which encompasses seven boroughs in South London. It provides outpatient and day patient care, with the day programme additionally accessed by children and young people from boroughs in Kent and Surrey.

In 2014, SLaM began a 15 month pilot study in South East London, to facilitate rapid assessment and flexible tailored treatment for young adults in the early stages of their illness. The impact of this community – based service was audited in 2015; data showed that 80% of children and young people receiving this treatment were discharged having recovered from their eating disorder after an average of one year of treatment. More recently, the service received 316 new referrals during 2017/18, of which some 87.45% of cases were accepted into the service.

Performance against the Eating Disorder Access and Waiting Time standards

Over the last year, the child and adolescent eating disorders service (CAEDS) at South London and The Maudsley has been continuing to work hard and delivering against its ambitious targets and plans for innovation.

The service has shown considerable improvement in waiting times since the baseline was established in 2015. In Q1 2016/17 performance against waiting time targets for urgent and routine referrals were 40% and 38% respectively. In Q2 2018/19, performance against waiting time targets were 100% and 97.8% respectively. In the previous

quarter the service achieved 100% for both urgent and routine referrals. For current performance across the seven boroughs, please see the table below.

Table 7. Access and Waiting Time Targets by CCG (average over period 1 July to 30 September 2018)

Borough	Urgent referrals		Normal referrals	
	(7 days)		(28 days)	
	Met Target/Received		Met Target/Received	
NHS BEXLEY CCG	1/1	100%	4/4	100%
NHS BROMLEY CCG	3/3	100%	9/10	90%
NHS CROYDON CCG	3/3	100%	7/7	100%
NHS GREENWICH CCG	-	100%	2/2	100%
NHS LAMBETH CCG	2/2	100%	9/9	100%
NHS LEWISHAM CCG	2/2	100%	6/6	100%
NHS SOUTHWARK CCG	1/1	100%	7/7	100%
Grand Total	12/12	100%	44/45	98%

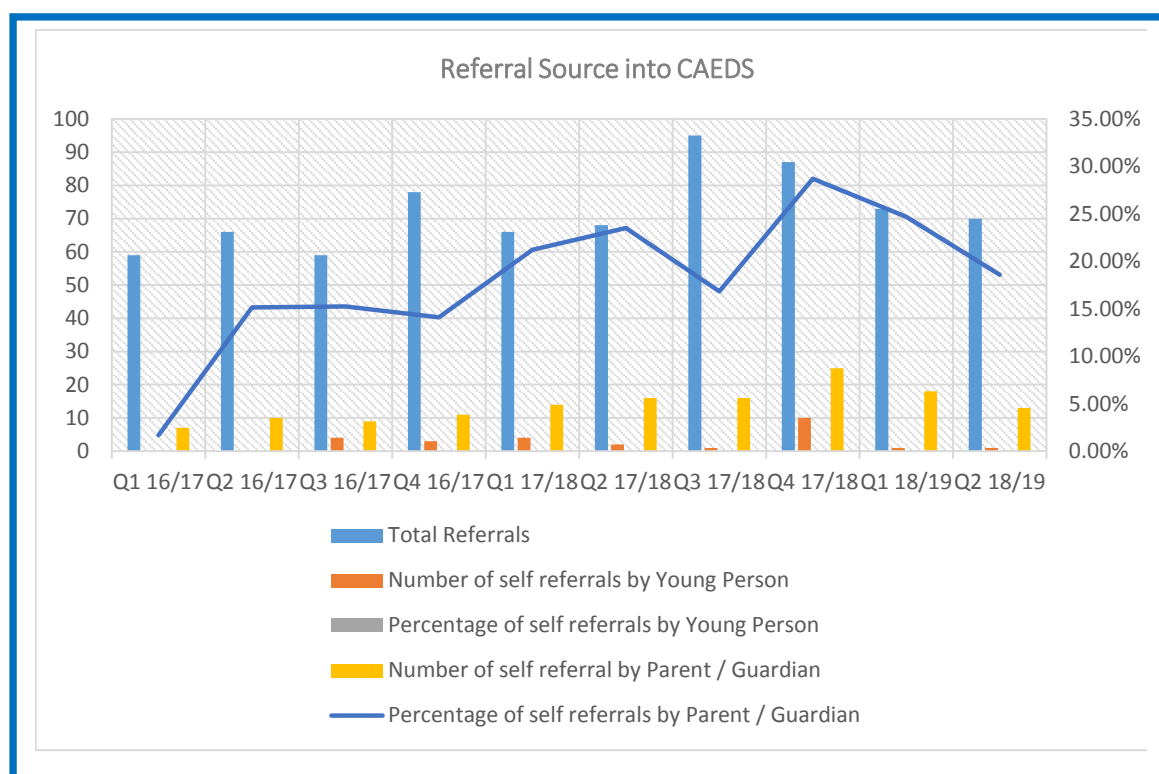
CCGs partnering in the eating disorder cluster

The service has had a longstanding and highly successful arrangement where seven CCGs have been partnered: Bexley, Bromley, Croydon, Greenwich, Lambeth, Lewisham and Southwark. This partnership is ongoing.

Model compliance with NHS England's commissioning guidance

CAEDS was cited as a national example of best practice in the commissioning guidance: Access and Waiting Time Standard for Children and Young People with an Eating Disorder.

CAEDS is one of the most accessible child and adolescent eating disorders services in the country. Since February 2016, it has been open to self-referrals by young people and parents, in addition to any professionals working with a young person, including non-medical professionals e.g. teachers, school nurses and social workers. Self-referrals were initially made by telephone. A dedicated phone line, staffed by senior clinicians, was open from 9am - 6pm. Parents or professionals worried that a young person may have an eating disorder can phone up, and immediately receive guidance and support. In reference to the graph below, self-referrals accounted for 10.85% of all referrals during the reporting period and self-referrals from parents and carers increased in popularity over time.



CAEDS is fully in line and compliant with the model recommended by NHS commissioning guidance. The service is easily accessible, any inequalities have been addressed, as the service is accepting self-referrals from young people, their parents, schools, paediatrics, social services, voluntary sector and local CAMHS teams.

Initial and ongoing assessments, provide required baseline information to ensure effective performance monitoring against national access and waiting time standards, which are regularly reported to the NHS England and CCG commissioners.

Regular monitoring of standards confirms that the performance of the service has improved since the inception of the service in 2016, as part of local CAMHS Transformation Plans. The current position shows that the service is 100% compliant with the access and waiting time standards.

Information on the eating disorder service was disseminated in 2017 through an outreach programme to schools and GP surgeries, the service has since received additional research funding through Guy's and St Thomas' charity. As a part of the project CAEDS has also offered teaching sessions to all school staff in its catchment area.

The service care pathway is fully compliant with the NHS guidance including the ability to accept self-referrals. All young people treated in the service are offered NICE concordant treatments.

In order to have sustained relationship with paediatric services, a Consultant Paediatrician from King's College Hospital has been employed on permanent basis. This has strengthened the partnership between KCH and CAEDS.

CAEDS has strong links both with the specialist Eating Disorder Unit at SW London and St George's Mental Health Trust (Wisteria Unit) and the local general inpatient Unit (Snowsfield Adolescent Unit (SAU)). Further links have been made between other services and are facilitated with the use of the step down and step up to the Intensive Treatment Programme (ITP), which forms the day hospital another part of CAEDS, this is offered when patients and their families need more intensive support than outpatient treatment. ITP, SAU and Wisteria Unit are all a part of

the South London Partnership commissioning group, a provider alliance between SLaM, Oxleas and St Georges NHS Trusts.

CAEDS staff team have all attended the national training for the Community child and adolescent eating disorder teams. In 2016 HEE awarded funding to CAEDS (SLaM and GOSH) to co-ordinate and deliver the national training (2016-2018).

Since 2009 CAEDS has been continuously collecting outcome data for all patients seen in the service. CAEDS has created an on line outcome evaluation and has developed clear protocols on how outcomes are monitored and reported.

Following a series of focus groups with young people last year the service improved its accessibility further by creating the capacity to refer online through its website. Young people told us that whilst they liked the capacity to self-refer by telephone, and receive immediate specialist support from a senior clinician, they would prefer to self-refer online, and then be contacted a clinician. Therefore the self-referral form went live in October 2017.

Two additional projects, Bulimia Schools Outreach Project and the Happy Being Me project, came on line and increased access from the beginning of 2018.

National quality improvement programme

Plans for accreditation of CAEDS with the Quality Network for Community CAMHS have resulted in a first planned peer review on 4 December 2018, with proposed application for full QNCC accreditation in 2019. As part of the peer review process, a number of CAEDS staff will join the peer review process of other generic CAMHS and Eating Disorder services nationally.

Other developments include:

1. New website

The service is working on creating a new website to provide more information to young people, parents and professionals. We hope the new site will be visually more attractive, easier to navigate, and contain further information about all aspects of our service especially the treatments that we offer, and also including what to expect from assessment, eating disorders, research, training and links to useful resources.

All art work on the site is being created by young people and the content and appearance will be informed by feedback from young people, parents and professionals through online questionnaires and focus groups.

2. South London Partnership and New Models of Care

The CAEDS service is working closely with colleagues across all three Mental Health Trusts, as part of the South London Partnership (SLP) (see Section 5 for more information on the SLP). The following priorities are considered when working with children and young people that are affected by an eating disorder:

- Reducing demand for inpatient beds
- Enabling young people to be supported closer to their home and community
- Greater integration of community and inpatient services
- Improving the consistency of eating disorder care across the three trusts in the partnership
- Enhance the collective eating disorder service offer across the partnership

4.7 South East London STP: Transition to Adult Services

Transition refers to the process of moving from one position or stage to another. In health and social care it is commonly identified as the point at which young people, on reaching 18, move from children's services to adult care. There is recognition locally of the need for specific services supporting the transition from Children to Adult services.

The need for a rich and fulfilling transition from childhood to adulthood feature as key elements of the Children's and Families Act, 2014, the Care Act, 2014 and NICE (National Institute for Health and Care Excellence) guidelines 2016. This shared legislative context across partners in health, social care, education and the wider society is predicated on the concept of 'Equal Responsibility' and partners working collectively and collaboratively together 'as equals' to shape an effective transition life experience pathway which is both person centred and strength based.

The Lewisham Partnership acknowledges its moral and legal duty to prepare and support children and young people to be resilient who are likely to continue to have additional needs through childhood and into adulthood. There are however risks for young people disengaging or being lost in the transition process. This is a vulnerable point in their development as they leave secondary education, move towards more independent living, gain legal responsibility for their choices and lose those parts of their support network that are only available within CAMHS.

In March 2018 an extensive data match exercise was undertaken between CAMHS and the Local Authority: Children with Complex Needs Service. This process collated every child between the ages of 16 – 19 years of age who are currently accessing CAMHS and also have an Education and Health Care Plan (EHCP). In addition to the cohort with 'enduring mental health conditions' such as psychosis and personality disorder, we can project that colleagues should be working together to support transition planning for approximately 100 young people each year. This analysis has been used to support transition planning discussion stretching across adult's and children's services, across both the CCG and the Local Authority. Transition is a key priority within integrated commissioning and is governed through a strategic board.

Given the importance of transition a two year national CQUIN (Commissioning for Quality, and Innovation) was published [NICE guidelines on CYPMH transition](#), and recommends that services are developed to:

- Ensure transition support.
- Ensure health and social care service managers in children and young people's and adults' services should work together in an integrated way to ensure a smooth and gradual transition for young people.
- Involving young people and their carers in service design.
- Ensure that service managers in both adults' and children and young people's services, across health, social care and education proactively identify and plan for young people in their locality with transition support needs.

We have taken the opportunity to utilise the national CAMHS Transition CQUIN to support our ambition to ensure safe and effective transitions across and between services in Lewisham. The CQUIN incentivises providers to collaborate in order to improve transition planning between 'sending' and 'receiving' services, drawing together disparate elements of the care pathway, and to involve young people and (where appropriate) their families/carers in the process in order to improve young people's transition. This will not only provide continuity of support for young people during this important time; it will also encourage cross-agency working and improve communication

across service boundaries so that receiving services, as a consequence of being fully engaged in the transition planning process, will be better prepared to accommodate the young person transferring to them.

Within the 2017-19 contract with our CAMHS provider (SLaM), a national CQUIN – called Transitions out of Children and Young People Mental Health Services is being implemented across the boroughs serviced by the two main Mental Health Trusts delivering services to children and young people. Commissioners are working together across the Sustainability and Transformation Plan (STP) in the South East London area to achieve effective transitions from CAMHS to adult mental health services, primary care and social care with a key focus on children and young people with complex or challenging circumstances with for example a learning disability, autism and children looked after.

Transitioning to adult services is challenging for complex cases and or diagnoses. In Lewisham SLaM deliver both Children and Adolescent Mental Health Services (CAMHS) and Adult Mental Health services and are working with the CCG and Lewisham Council to ensure transition protocols are fully embedded and this will continue to be a focus of development for joint commissioning arrangements.

The report of the Children and Young People's Mental Health and Wellbeing Taskforce, Future in Mind, recommended joint working and shared practice between services to promote continuity of care during transition. This requires careful planning on the part of both the 'sending' service (CAMHS) and the 'receiving' service (AMH, 3rd Sector or Primary Care). It also depends upon consistent involvement of the young person. 69% of Children & Young People Local Transformation Plans published in 2016 highlighted transition as a key area for development.

Workshops held in Q2 2017/18 of the first year of the CQUIN included Young People and parents / carers and CAMHS and AMH Commissioners and practitioners, GPs and representatives from both Adult and Children's Social Care. The workshops were to confirm general priorities identified in the Q1 report and identify other areas for development, particularly in relation to areas of need that could not be met simply by working more collaboratively. Common issues and complementary suggestions for addressing them as follows

- Young people are worried that they might fall through the gap
- Young people would like to see the AMH Service before they transition
- Young people want to be prepared before transfer to AMH Services
- Young people would like a "transition worker"
- Young people would like psycho-education on transition process to improve understanding
- Some said at 18 "they don't feel like an adult"
- Young people would like to hear about the experiences of others who been through the post 18 adult services
- Young people want "good communications" between CAMHS and AMHS.
- For some, moving to an adult service works well since "they can stand on their two feet" but others struggle, so a developmentally appropriate transition is important
- Young people want at least 2 meetings with the adult service before they access adult services and information on the services they can access
- Young people want a guaranteed access to AMH services if they meet criteria
- Young People who have parents who use AMH services are anxious about transition since they feel that limited resources are available
- Mental Health care when young people transition to university can be difficult and disjointed

Transition has been identified as a key priority for the CCG and the local authority. In 2018 a Transition Strategy has been developed, alongside an inter-agency protocol. The Transition Steering Group oversee this work, which

includes oversight of an outcomes framework. This programme of work will be a key focus for the Integrated Joint Commissioning Group and has implications for mental health, SEND/LD and community health across both adults and children's services. The CAMHS Transition CQUIN will feed into these developments

At the end of the first year of the CQUIN an updated Transitions Policy was presented at the Trust Clinical Policy Working group on 1st May 2018. Once the Transitions Policy has been ratified and all feedback has been received on the Transitions Protocol to ensure its consistent use in each Borough with clear expectations of reporting to Commissioners and Health & Wellbeing Boards.

4.8 South East London STP: Forensic CAMHS

In April 2018 following a full tender process, the South London Partnership was awarded a contract by NHSE to deliver the South London Forensic CAMHS (FCAMHS) service across the 12 boroughs of SE and SW London.

The new service is intended to supplement existing local and other cross-agency provision. It will provide a specialist, tertiary service and any agency will be able to make a referral, including YOS teams, CAMHS, and children's social care.

- The service will provide consultation and advice, and in some cases, specialist assessment and treatments.
- It is also expected to form strong links with local services and provide teaching and training, and identifying gaps in local provision.
- The referral criteria are broad and cover young people under 18 who have mental health or neuro-developmental difficulties (including learning disability and autism) and:
 - present high risk of harm towards others and about whom there is major family or professional concern
 - and/or are in contact with the youth justice system
- Practitioners can use the service to seek advice about the suitability or appropriateness of a secure setting

The intention is to support and strengthen existing local provision and prevent unnecessary admissions, reduce length of hospital stays, and prevent young people from falling through the gaps between health, youth justice, social care and education.

The timetable of activity is indicated below:

Activity	Status	Expected Delivery
Contract Award to SLP	Completed	Apr 18
FCAMHS Recruitment	Completed	Jul 18
CAMHS Recruitment Day Planning	Completed	Aug 18
CAMHS Recruitment Day	Completed	Sept 18
FCAMHS partial service delivery (telephone advice and consultation is now available with a Consultant Psychiatrist in post and some support from the existing Tier 4 service)	Completed	Sept 18
FCAMHS fully operational	On track	Dec 18

5. Sustainability beyond 2020/21

Future Sustainability beyond 20/21

There is an absolute commitment across Lewisham Local Authority and NHS Lewisham CCG to safeguard resource available to support the mental health agenda. Adequate measures are being taken to utilise national Mental Health Investment by increasing baseline spend to child and adolescent mental health services to increase access to 'evidence based' provision .

Every opportunity is being taken to collaborate across the STP footprint to utilise resource effectively, sharing good practice learning and pooling resources where possible. An example of this, is the development of the 14 month pilot to deliver a digital counselling offer across the STP, learning from this will inform future commissioning intentions.

Commissioners and providers are actively working together to develop links across the provider network, by building relationships supporting the development of provider alliances across South London. Through STP Shared Learning Events we will share models of good practice and innovation, test new ways of working and build the evidence base for increased investment, which will also support efficient use of existing resources.

Sustainability within the CAMHS New Care Model (NCM)

The NCM in South London has secured ongoing investment, although funded through NHSE, a commitment has been made to deliver internal efficiency savings over time. Delivering the best possible care for young people and their families, closer to their homes, creates efficiencies across the system and aligns best practice care and focus on patient outcomes.

Further opportunities will arise for enhanced local, community-based, more cost-effective mental health services through savings to Local Authority and CCG commissioning budgets. This includes specific mental health commissioning budgets and wider 'system savings' such as reduced Emergency Duty (ED) admissions and improved ED performance against the four hour target. This therefore creates a sustainable strategy of ongoing reinvestments including via:

- Reduced use of the independent sector (inpatient facilities) – local and national
- Reduced use of out-of-partnership area beds – outside London
- Reduced overall admissions to Mental Health inpatient facilities
- Reduced attendance and admission to Acute Trust Emergency Departments
- Reduced Acute Trust Paediatrics Ward admissions
- Reduced Length of Stay in Mental Health inpatient facilities

Ongoing funding is subject to evaluation through the pilot periods for each programme and further discussions between the network of commissioners in South London.

6. Finance

The table below sets out our actual and planned expenditure on CAMHS between 2015/16 and 2020/21, broken down by funding source.

CAMHS	15/16	16/17	17/18	18/19	19/20	20/21
Funding Source	£	£	£	£	£	£
Lewisham CCG Baseline	2,775,000	2,775,000	2,775,000	2,775,000	Figure TBC	Figure TBC
CAMHS outpatient	338,000	338,000	414,000	415,000	415,000	415,000
NCA out of borough LAC CAMHS	61,000	61,000	53,000	53,000	53,000	53,000
CAMHS Transformation Funding	635,000	756,000	835,000	864,000	864,000	864,000
NHSE non-recurrent waiting list initiatives	N/A	148,000	N/A	N/A	N/A	N/A
NHSE non-recurrent CYP IAPT income	31,500	52,000	5,000	7,500	N/A	N/A
NHSE / Health and Justice Liaison and Diversion	N/A	85,000	85,000	85,000	85,000	85,000
Additional CCG Investment	72,000	72,000	72,000	72,000	72,000	72,000
CCG subtotal	3,912,500	4,287,000	4,239,000	4,271,500	Figure TBC	Figure TBC
Council Baseline	934,000	934,000	840,000	840,000	840,000	840,000
Contributions from other Council departments	100,000	100,000	100,000	100,000	100,000	100,000
Council subtotal	1,034,000	1,034,000	940,000	940,000	940,000	940,000
Pupil Premium Grant	N/A	136,000	196,000	196,000	196,000	196,000
Other subtotal	N/A	136,000	196,000	196,000	196,000	196,000
TOTAL	4,946,500	5,457,000	5,375,000	5,407,500	Figure TBC	Figure TBC

Across this five year period, the allocated CAMHS Transformation budget, as indicated above, is being used to improve outcomes for children and young people in the following ways:

Priority area: Promoting resilience and early intervention

- Providing funding for the Young People's Health and Wellbeing Service in 2017/18 and maintaining until 2020/21 to help increase access to 'evidence based' mental health services
- Increasing funding year on year between 2015/16 and 2020/21 for clinical staff based in community settings (including delivery of Children's psychological allocated practitioner programme, New Woodlands post, Consultant Psychiatrist Post and CYP IAPT conduct work), to help increase access to services and address gaps in services
- Providing funding for Mental Health First Aid Training in 2017/18 and maintaining until 2020/21 to increase access to and awareness of services

Priority area: Improving access to effective support

- Maintaining funding for delivery of Community Eating Disorders Service to increase access and capacity, improve waiting times and reduce crisis presentations and inpatient admissions crisis presentations and inpatient admissions
- Increasing funding for Crisis Care to increase access to services and prevent escalation
- Injecting funding into the CAPA and Waiting List Initiative in 2016/17

Priority area: Care for the vulnerable

- Increasing and then maintaining funding for three Band 7 posts in the Neuro-Developmental Team to increase capacity and prevent escalation
- Providing new funding in 2017/18 for the tri-borough CSA/CSE hub to target support to the most vulnerable young people and maintaining until 2020/21
- Maintaining funding for a Parent Post within the LYPS service for young people with acute mental health needs to reduce waiting times for early intervention to psychosis service
- Providing pilot funding in 2017/18 and 2018/19 for the Perinatal Mental Health Midwife and Mindful Mums Peer Support Programme to support access to services and prevent escalation to higher tier services

7. Developing the workforce

Developing the workforce across the STP

1. The wider mental health workforce

We are investing in the mental health workforce across the STP. This additional expenditure has been applied to the workforce numbers using Provider NHSI 2019 trajectories and STP calculations from 2019 - 2021. This tells us we are on course to deliver a total increasing workforce trajectory that will meet, and be in excess of the 1733 HEE anticipated posted needed by 2021.

The table below shows the trajectory in full time equivalents until 2021.

Year	2016/17	2017/18	2018/19	2019/20	2020/21
Total planned workforce expansion by full time equivalent	5,973	6,093	6,376	6,543	6,711

Workforce requirements within the LTP will be informed by the recent NHSI driven review of the Mental Health and Emotional Wellbeing pathway and the Early Help Review, which is currently underway. NHSI will support with a demand and capacity analysis within SLaM and a mapping process will help identify the strengths and pressure points, where additional staff may be required, within the earlier pathway. These processes will inform a local workforce plan, which will be implemented in 2019/20.

The breakdown of staff required by 5YFV area and staff group is shown in the table below. The analysis of staff groups and service areas indicate both under and over establishments against the 1,733 threshold, which in turn indicates that there are interventions required to bring these outlier areas closer to requirement.

Expansion	Medical	N&M	AHP (STT)	Total Clinical	Support	Admin	Total
CYP	- 2	8	30	36	56	13	106
Adult IAPT	0.7	63.7	-6.9	57.4	64.5	14.8	136.7
Perinatal	-0.7	5.3	0.2	4.8	-0.5	1.5	5.8
Crisis	3.3	57.6	2.1	63.0	5.0	2.4	70.4
EIP	-0.4	21.9	1.3	22.9	3.8	1.0	27.7
Liaison	5.2	15.8	9.2	30.3	2.2	0.1	32.6
Core Acute	81	101	- 14	168	186	- 19	335
Core Community	- 1	24	1	24	24	- 25	23
TOTAL	86	297	23	406	341	- 10	737

2. CYP IAPT across the STP

CCG	Joined CYP IAPT	Providers
Bexley	2015 (Wave 4)	Bexley CAMHS (Oxleas), bexley Moorings, Bexley LA
Bromley	2013 (Wave 2)	Bromley CAMHS (Oxleas), Bromley Y
Greenwich	2012 (Wave 1)	Greenwich CAMHS (Oxleas)
Lambeth & Southwark	2012 (Wave 1)	Lambeth & Southwark CAMHS (SLAM)
Lewisham	2014 (Wave 3)	Lewisham CAMHS (SLAM) / PSLA

Appendix 2 gives a brief analysis of the training resources utilised by CYP IAPT partnerships throughout the duration of the CYP IAPT Programme. The power of this data is that it enables an understanding of where the capacity and capability to deliver evidence-based interventions, created through CYP IAPT, is available within the system.

The report in Appendix 2 tracks the trainings programmes that have been accessed, and by which partnerships, as far back as 2012. It provides figures for the number of staff that have completed training, where there are staff still completing training, and where there are staff who have dropped out or withdrawn. The report repeats this analysis for existing staff trained through CYP IAPT, newly recruited staff who trained through CYP IAPT (Recruit to Train), Children and Young People Wellbeing Practitioners (CWPs), and finally supervisors.

The increased capacity and capability for offering evidence base interventions in the workforce is intended to lead to increased accessibility to effective mental health services for young people, which contributes to local access targets, and the national target of 70,000 more children and young people being seen annually by 2020-21.

There is an ongoing commitment to utilise any 'evidence-based' training opportunities available via CYP IAPT. Our workforce plan includes Continued Professional Development and continued training to deliver evidence based interventions and resources are available to support this. Broader workforce development issues will be picked up via the South East London STP CAMHS steering group.

Providers operating within the CYPIAPT framework are consistently implementing the routine use of outcomes monitoring as recommended by CYP IAPT principles. There is a commitment across the partnership to increase the number of paired scores which are captured via the MHSDS.

Developing the Lewisham workforce

1. CAMHS staffing

The following table sets out the staffing capacity and skill mix within Lewisham CAMHS in the year 2017/18. There are currently 62 WTE staff working within the service. There has been a year-on-year increase in staffing capacity since the Transformation Plan was put in place, with 47 WTE in 2015/16, 50 WTE in 2016/17 and 62.4 in 17/18 as indicated in the table below.

Skill level	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8D	Other Medic	Consultant	Grand Total
Admin	0.8	3.75	1								5.55
Medical									3	4.4	7.4
Operational Manager				1							1
Psychology		5		0.7	13.2	4.7	2	1			26.6
Psychotherapy				1.2	4.3	0.6					6.1
Qualified Nurses				2		1					3
Therapist				5.37	5.6	1.8					12.77
Grand Total	0.8	8.8	1	10.3	23.1	8.1	2	1	3	4.4	62.4

A recent NHSI driven review of the Mental Health and Emotional Wellbeing pathway observed good practice in a number of areas in Lewisham. One of these was the mental health learning disability and neurodevelopment service, which has a clear eligibility criteria. Staff working within this strong pathway have the capacity to work effectively with children with specific needs e.g. children and young people with learning disabilities, autism or both, ADHD, and communication impairments is a strength within Lewisham with structures in place to maintain this high standard within the workforce development plan.

2. CYP IAPT in Lewisham

Lewisham joined the CYP IAPT programme in 2013 (Wave 3). The local partnership includes CAMHS (SLaM) and two voluntary sector providers (Pre-School Learning Alliance (PSLA) and Place2Be (P2B)). This partnership has developed the workforce by embedding evidence based practice, encouraged collaboration between agencies and has supported the development of clearer care pathways, specifically for children with a conduct/behavioural problems. This programme has also been instrumental when further embedding service user participation in local service delivery. Over the last five years we have built on these arrangements by further embedding existing provision and by creating new opportunities for CYP IAPT training within specialist, targeted and universal services. A long term commitment has been made to embedding the key principles of CYP IAPT within organisations working with children and young people.

We have expanded the local CYP IAPT Partnership to form the CYP IAPT Steering Group (as indicated in the local governance structure) to involve additional third sector organisations in an effort to provide an operational network that facilitates a span of 'evidence based' services. This partnership has provided an opportunity for shared learning and good practice in all areas.

3. Children's Wellbeing Practitioner (CWP) Programme

In 2016 the Lewisham partnership was successful in its application to Health Education England (HEE) to secure funding to deliver the Children's Wellbeing Practitioner (CWP) Programme. Consequently four new Band 4 posts were recruited that year to undertake clinical training alongside front line delivery, these posts are supported via a Band 7 Supervisor role. These posts are currently embedded within the CAMHS triage system and are responding to cases that fall below the usual specialist CAMHS threshold. They work with children who have displayed issues such as anxiety, depression and low mood.

In 2017 a further bid was submitted and agreement was given by HEE to recruit an additional three CWP posts and in 2018 a further bid was submitted and agreement has recently been given by HEE to fund two more CWP posts, as part of Phase 3 of the national programme. These posts will start their training in January 2019.

As part of the CAMHS Transformation Programme, a commitment was made in 2017 to continue to sustain two ongoing posts, alongside clinical supervision. As identified by the recent 'Council member-led' review, "CWP are providing a positive service as part of the CAMHS early intervention offer".

4. Developing the Universal and Early Intervention Workforce

We submitted an expression of interest for year-one of the Mental Health Support Teams (MHSTs) trailblazer in September 2018 in order to increase children's access to evidence-based interventions whilst upskilling school professionals. Our proposed MHST model builds on the success of our proven CAMHS virtual school model, Dream, Achieve, Believe (DAB), for Children Looked After (CLA), which is draws on a 'team around the professional' approach. 'This Way Up Well Being' have also been commissioned to deliver accredited training to school professionals throughout Lewisham in order to build confidence and promote de-escalation and early intervention.

8. Activity

CAMHS activity, which includes referral rates and waiting times, is monitored on a monthly basis in Lewisham as a priority. Commissioners have been working closely with members of the CAMHS leadership team, in order to better understand some of the performance concerns relating to waiting lists and access targets, for instance. These issues have been raised continually through core contract meetings and has as an outcome resulted in a series of operational changes that are designed to improve performance, through a review of KPIs, clarity on definitions and associated recovery plans. There is an existing KPI dashboard which is used as part of formal contract management processes to monitor patterns and trends in performance. Recent work has been undertaken with the CAMHS provider (SLaM) and three other local boroughs to review existing KPIs in light of changing need across SEL, with a view to amend these for 19/20.

Lewisham commissioners and providers, including SLaM, participated in an NHS Improvement led 'review of the mental health pathway', on 22 and 23 January. This review comprised of a series of focus groups, one of which looked closely at clinical pathways and delivery. This provided a unique opportunity for the Clinical Network to contribute to these discussions, which will have an impact on improved data and reporting.

Recommendations from the review were presented to executive leads, in February '19. This has begun to inform a longer-term, system-wide improvement plan relating to activity and areas such a waiting times and access targets. Initial feedback highlighted a willingness amongst partners to drive positive change the need for further work around demand and capacity in relation to national access targets and waiting times.

Please see Appendix 1 'Needs Analysis' for more information on CAMHS referral, waiting time and access activity.

9. Understanding local need

In order to ensure that our understanding of local need is up to date for the purposes of this LTP refresh for 2018, we carried out a review of all relevant and available data, including data from local services, Joint Strategic Needs Assessments and publically available data. This is summarised in Appendix 1 and includes:

- An overview of related local strategies
- Population and prevalence estimates
- CAMHS data including referrals, waiting times, DNA rates and caseloads

A number of Lewisham JSNAs address aspects of mental health in children, as below.

Title	Content	Date
Maternal mental health	Mental health and wellbeing of women in Lewisham in the 1001 days from the conception of their child until the child is two years old	Published April 2018
Mental health	Common and severe mental illness in adults in Lewisham	Published July 2012. Refresh due in 2019

Mothers and families who have children repeatedly taken into care in Lewisham	Health and wellbeing needs among cohorts of women and/or families who repeatedly have children taken into care	Published January 2017
Adult and Young People's Substance Misuse Needs Assessment	Alcohol and drug related harm in Lewisham	Published April 2016
Adults with Autism	Assesses the needs of adults with autism in Lewisham	Published October 2018

10. Our priorities for 2019/20

The table below sets out our priorities for action in 2019/20 and how we will measure our progress against these.

1. Increasing participation and co-production

Ensuring that consultation and engagement with young people, parents, professionals and the wider public and stakeholders informs our commissioning at every level and through every stage of the commissioning cycle, from service design through to contract monitoring.

Key transformations for 2019/20	Success measures
<ul style="list-style-type: none"> • CAMHS will develop a space for younger children to get involved in participation. • Having received training by Bromley, Lewisham, and Greenwich MIND, Parent ENGage volunteers will become parent trainers, delivering resilience sessions to parents and carers in Lewisham. • Promote Youth Mentors and Young People Advisors • Work with LSCB and support the Healthwatch survey of Young People's Mental Health needs in Lewisham 	<ul style="list-style-type: none"> • An increase in the plaudits received by CAMHS from service users, in particular from younger service users. • The number of resilience sessions delivered to parents in carers in Lewisham by Parent ENGage volunteers. • The number of children and young people involved in the creation of, and benefiting from, the forest school • An increase in the number of young people completing the Healthwatch Survey of children's mental health needs

2. Promoting resilience, prevention and early intervention

Promoting resilience, prevention and early intervention through enhanced digital platforms and peer support programmes. Digital resources can be accessed universally from home, school and community settings to improve resilience amongst our young people and have been adapted to meet the needs of young people and parents with vulnerabilities. Commissioned peer support programmes are co-facilitated by young people and parents that have previous or existing mental health concerns.

	Priority area	Key transformations for 2019/20	Success measures
Local priorities	2.1 Reviewing and building the early intervention offer	<ul style="list-style-type: none"> • Complete the review of Lewisham's Early Intervention offer • Respond to recommendations highlighted in the 2018 Councillor-led Review • Embed the process for providers of early intervention services to flow access data to MHSDS • Close the gap that exists between CAMHS and early intervention services through the Early Intervention review, the NHS Improvement review and subsequent improvement plans 	<ul style="list-style-type: none"> • CYP Mental Health access rate from early intervention providers • The number of cases referred to Early Help Panel by CAMHS • The number of referrals received and accepted to CAMHS and other early intervention services (for mental health) • A reduction in service waiting times (early intervention services and CAMHS) • A reduction in re-referrals to CAMHS • Ethnicity data to monitor access into various mental health services (Early Help and CAMHS) • Step up and step down data to and from CAMHS and early intervention services • Increase in the number of young people registered on the Kooth system and number of counselling hours used
	2.2 Strengthening our work in schools and responding to the 2018 Green Paper	<ul style="list-style-type: none"> • Launch a Mental Health Provision in Schools Steering Group • Build on the success of our Virtual School for CLA (DAV - Dream, Achieve, Believe) • Establish two new CAMHS School posts • Roll out Mental Health First Aid training, seeking opportunities to promote peer support in schools 	<ul style="list-style-type: none"> • A reduction in school exclusions • An increase in confidence around mental health in schools • A reduction in waiting times for generic CAMHS • Increasing consultation to school staff from CAMHS School posts

3. Improving access to effective support

Improve access into effective support by developing a waiting list initiative to eliminate referral to assessment waiting times and by altering access routes into the clinical service. The transformed offer will enhance the opportunity for outreach support in schools and other community settings, which includes the development of a young people's health wellbeing service, accessible to young people aged 10 upwards who are showing early signs mental health concerns.

	Priority area	Key transformations for 2019/20	Success measures
STP priorities	3.1 Enhancing urgent & emergency care for CYP across the STP	<ul style="list-style-type: none"> • Ensure equitable and consistent crisis provision across all South East London hospitals • Work across the STP to support the core 24 offer • Ensure closer collaboration between Special Educational Needs and CAMHS to pre-emptively identify children that may be about to be admitted to a specialist mental health units to ensure that their care is optimal and reduces the risk of admission. • Reduce the average waiting time for assessment and treatment and increase the percentage of children and young people that are seen within 7 days in the community following an A&E visit. 	<ul style="list-style-type: none"> • A reduction in the average waiting time for assessment by the Crisis Team. • An increase in the average number of children and young people that are seen within 7 days in the community following an A&E visit. • A reduction in the average waiting time for treatment by the Crisis Team. • A reduction in inpatient admissions • Numbers of CETRs conducted
	3.2 Improving access to evidence-based support	<ul style="list-style-type: none"> • Improve access to services by developing evidence-based preventative provision in community settings and explore co-commissioning new services across the STP, such as a digital mental health offer. • Improve data and reporting by ensuring non-NHS providers are flowing data to the MHSDS, and ensuring that NHS providers are correctly applying the definition of 'access' and reporting data that accurately represents all evidence-based support provided 	<ul style="list-style-type: none"> • An increase in the CYP mental health access rate, as reported by the MHSDS • Improved patient experience as reported by feedback measures

4. Care for the most vulnerable

Care for the most vulnerable by increasing capacity and offering enhanced and flexible models of delivery for those most in need, i.e. looked after children, young people involved with the youth justice system and children with disabilities (SEND). New models of delivery have been developed in partnership with young people affected by such issues, to improve access and engagement in 'evidence based' provision.

	Priority area	Key transformations for 2019/20	Success measures
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Local priorities	4.1	Enhancing preventative and integrated support for perinatal mental health	<ul style="list-style-type: none"> • Seek to enhance prevention, early intervention and integrated approaches to perinatal mental health support. • Evaluate and review the Specialist Perinatal Mental Health Team in response to the Community Service Development Funding coming to an end in March 2019. • Build a closer partnership approach to perinatal mental health commissioning, across Children's and Adults Mental Health and Maternity Commissioning. • Raise awareness of perinatal mental health and provide further training opportunities for local GPs. • Share and raise awareness of the Integrated Perinatal Mental Health Pathway, including responsibility for mental health screening, amongst Health and Social Care Professionals. 	<ul style="list-style-type: none"> • An increase in the number of women accessing community support for lower-level mental and emotional health needs in the perinatal period. • The number of women accessing specialist perinatal mental health support for moderate to severe mental illness. • An increase in the number of GPs attending awareness raising sessions on perinatal mental health. • An increase in the percentage of women screening for depression and anxiety in the perinatal period by Midwives and Health Visitors.
	4.2	Strengthening and streamlining mental health provision for children looked after	<ul style="list-style-type: none"> • Complete a full evaluation of the DAB team with the aim of demonstrating the impact that the team has had on the social and emotional wellbeing of pupils. • Establish a Mental Health in Schools steering group – to include the Virtual School for Children Looked After. • Strengthen governance and contract monitoring oversight for the DAB and SYMBOL teams, to ensure that they are properly supported by commissioners and the Virtual School and integrated with wider services for looked after children. 	<ul style="list-style-type: none"> • A reduction in the percentage of Lewisham looked after children indicating cause of concern on the Strength and Difficulties Questionnaire (SDQ). • A reduction in the average quarterly waiting time from referral to assessment for SYMBOL team. • A reduction in the number of school days lost to fixed term exclusion for looked after children per year.

	4.3 Sustaining progress of the youth justice mental health pathway	<ul style="list-style-type: none"> • Increase the number of co-produced integrated care plans • Maintain the downward trajectory of first time entrants into the criminal justice system through the use of the Diversion and Liaison resource • Maintain the positive feedback from children and young people receiving formal, direct, care involvement from YOS, ensuring that 100% of children and young people continue to provide a minimum of satisfactory feedback for their worker. 	<ul style="list-style-type: none"> • An increase in the number of co-produced integrated care plans • A decrease in the number of first time entrants into the criminal justice system • An increase in positive feedback from children and young people receiving formal, direct, care involvement from the YOS
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1. Participation and co-production

Lewisham has a long history, and culture of creating opportunities for children and young people (CYP) to be involved in shaping the wider transformation of CAMHS services, examples include:

- Extensive work undertaken through Phase 1 and 2 of the Big Lottery, Fulfilling Lives 'Headstart' Programme, which provided an opportunity to test new approaches when building resilience in young people aged 10 – 16 years when preventing the development of more serious mental health conditions. Co-production formed a key part of this work which began in 2014. Additional support from Big Lottery has included the development of a 'co-production tool-kit' for commissioners and the ongoing development of useful resources to support this objective.
- Lewisham CAMHS has a well-established Youth Advisory Group (YAG), which involves up to 12 young people aged 15-19, who are currently in receipt of a CAMHS service. This group meets monthly with clinical CAMHS staff and have ongoing input into clinical staff interview and service management decisions.
- Lewisham's children and young people Improving Access to Psychological Therapies (CYP IAPT) partnership is a multi – agency group of professionals and parents who come together to improve care pathways, outcomes and monitoring processes and development of communication tools to support children and young people.
- Children and young people accessing CAMHS routinely feed into their individual care plans, through pre and post outcome sessions and when writing their crisis care plans. This ensures that their needs are appropriately met. CAMHS therapists are always encouraged to ask the CYP how the therapist is meeting their goals, which feeds into treatment and supervision in order to reflect on progress and shape treatment prospectively.
- Lewisham commissioners and providers, including SLaM, participated in an NHS Improvement lead review of the mental health pathway review, on 22 and 23 January. Recommendations have been presented to executive leads, this will inform a longer-term, system-wide improvement plan and the exploration of ways in which children and young people feed into treatment and supervision.

Children Looked After

- The Children in Care Council (CICC) are a group of around 10-15 young people, aged 14 – 21, that meet twice a month to talk about the issues that matter to children in care. The children of differing ages and backgrounds work hard together to represent Lewisham's children in care. All the CICC members are vital in making sure that children's voices are heard when it comes to decisions that affect their lives. What they discuss is recorded, sometimes on paper, sometimes on film and delivered to 'The Corporate Parenting Panel'. Children's mental health is often a theme in this forum.

Children in the Youth Justice System

- The 'culture' and 'mind set' where practitioners and managers who come into contact with young people are able to see 'each and every interaction' as a potential opportunity to build a relationship with service users, which YOS has embedded, centres on young people being actively and meaningfully engaged in service delivery. Participation has further developed over the past twelve months to include case formulation, which allows children and young people to help bridge the gap between assessment and planning, with multi-agency input, ensuring that the voice of the child shapes the intervention that they will receive. The NHS England (London) KPI template shows that an average of 66.25% of children and young

people co-produced their integrated care plans across the four month period spanning from May to August 2018 and the target is for 100% co-production in the coming 12 months.

Children with Attention Deficit Hyperactive Disorder (ADHD)

- In February 2017, SLaM CAMHS held an event to celebrate and promote service user involvement, where digital app development was discussed. There was an overwhelming interest from children, young people, parents and CAMHS staff to get involved in digital app development. Therefore the service arranged for the Anna Freud and digital app developers facilitated a co-produced session, looking at several apps with young people. Clinical leads were involved in the session to ensure that the project was engaging and meaningful for children and young people with ADHD in particular.

Parent and carers

- Maternity Voices Partnership (MVP) is well-established and thriving partnership of service users, clinicians, commissioners and providers in Lewisham. Members are actively involved in shaping local maternity services, including inputting into the service specification, sharing women's feedback and influencing service development through their priorities. Members are part of the Maternity Commissioning Steering Group and Local Maternity System groups, and undertake elements of performance monitoring.
- The Lewisham Parent and Carers for Children with Disabilities' forum meets every eight weeks. They provide a space in which members can talk about things that matter to them, such as mental health. They galvanise a collective voice and influence local services such as a health, education and social care.
- Parent ENGage is an education network group for parents and the community in Lewisham. The network is designed to provide constructive support to all schools in Lewisham providing a positive voice for children and stakeholders. Bromley, Lewisham, and Greenwich MIND has been funded, through CAMHS Transformation funding, to run parent resilience workshops for Parent ENGage. In return, Parent ENGage have committed to becoming parent trainers in at least one Lewisham school. The workshops took place in October 2018 and the volunteers are eager to share their knowledge of resilience, which includes 'mental health life hacks', with fellow parents in the coming year.

Governance

Engagement with children and young people (CYP), parents, professionals and the wider public informs the work of the CYP Joint Commissioning Team, CAMHS (SLaM), and other partners across the mental health treatment pathway. Lewisham's elected Young Mayor and Young Advisors are central to the local authority's civic and democratic engagement with young people in Lewisham. The Young Mayor is a budget holder and year on year manifestos always include matters relating to young people's mental health. The Young Mayor and the two youth YP MPs are elected in October each year – young people with SEND are involved both with the election and throughout the year with the Young Advisors network.

For Lewisham CAMHS there is an ongoing process to ensure that young people from the Young Advisors Group (YAG) are present on any interview panel for all CAMHS (recruitment) appointments and also feed into service management meetings giving them a platform to feed into service governance.

Feedback to inform commissioning and services

Consultation and engagement is also embedded within commissioning activities, from service design to contract monitoring. For instance, CAMHS commissioners attended the Young Advisor's Mental Health workshop, in September 2018, in order to develop relationships with the members and to hear their thoughts about mental health provision in Lewisham. We used this opportunity to ask a small cohort of CYP to complete a Healthwatch questionnaire that will be rolled out to a much bigger and broader group of children in the coming months. 18 of the participants 19 participants in our small sample group had experienced a range of challenges associated with mental health difficulties with 'stress' being the biggest point of concern.

When feeding back about the quality of service that they receive, one young person said this:

"I feel advice is often repetitive and predictable and that one of the more tangible benefits is just the catharsis of getting stuff off your chest".

Findings obtained through various surveys will inform future commissioning practice. Further to this, the CYP Joint Commissioners are currently working with an elected-member on a review of mental health support for children and young people in Lewisham – this is due to be completed by November 2018. So far the review has identified a desire for young people to develop a peer-peer support model in order to further develop opportunities for trusted relationships, which has prompted further exploration of the appetite for, and evidence base to support this proposal.

Feedback from school professionals has also consistently highlighted the need for additional mental health training and support in school settings. A Green Paper 'Transforming Children and Young People's Mental Health Provision' was published in December 2017, and proposed improving mental health support in schools and colleges and trialling a four week standard waiting time. The CYP Joint Commissioning team has taken opportunities to bid for funds to trial new approaches in Lewisham, which could result in the development of Mental Health support Teams in schools and a four week referral to treatment waiting time pilot for CAMHS.

Feedback on the needs of young people

Alchemy (a newly co-produced service for Lewisham CAMHS) has just completed a four week summer programme which includes a range of workshops and courses. The summer programme included two weekly courses; a CBT course titled 'The Way We Think' and a wellness based social inclusion course titled Summer Tips. In a drive to redress inequalities, the new BAME and LGBTQ groups provide spaces that have proved valuable to both communities, as they are offered a space to freely be themselves and interact with others who understand and relate. The original purpose of these groups was to gather feedback on the mental health difficulties experienced within these communities.

The SLam CAMHS co-production team are starting to think about courses for the winter term. These will be psycho-educational courses considering how young people can manage anxiety and depression. Following the success of the experiential workshops in the summer, SLam intend to build on these and repeat them.

The Alchemy forum helps to project the voice of the child in order to shape development and delivery in Lewisham, and this process starts with CYP feeding into our understanding of what the concerns are. Some of the themes raised were:

- Creating resources to educate others, including staff
- Uncomfortable comments that you have heard from a range of professionals
- How we would like race and culture to be discussed in therapy
- Building confidence in our racial identity
- How do we challenge people's comments?
- "Sometimes when I get offended I feel bad because my grandparents went through a lot worse"
- "When is it OK to feel offended? What's the balance?" "You're just being sensitive"
- Colourism
- Prejudice

Alchemy recently highlighted the need for clinicians to better understand the needs of BAME children. The group expressed and explored the impact that ethnicity and lived experience can have on access to services. One young person commented that:

"I've had a lot of experience of CAMHS and all kinds of clinicians... to be honest my favourite clinician was one that just acknowledged that I was black and she was white"

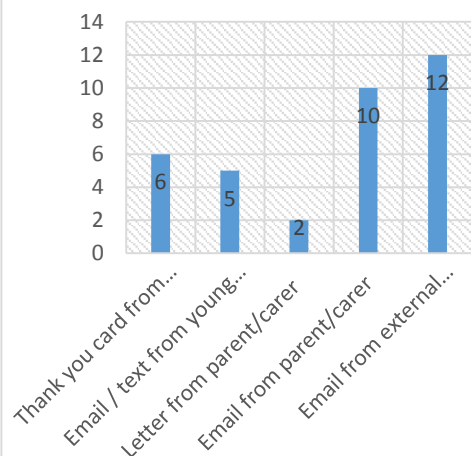
As a response to this expressed need, the alchemy groups worked with clinicians and arranged to devise and deliver a two day training course for staff at CAMHS (SLaM) around cultural awareness. This will take place in February 2019, and will be attended by both clinicians and representatives from the CYP Joint Commissioning team.

Consultation with wider partners

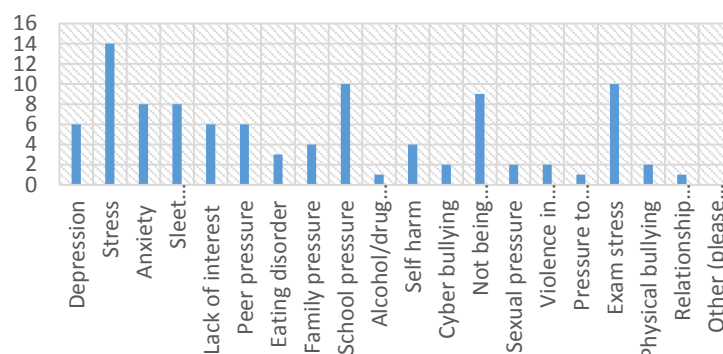
A range of relevant partners have been consulted on the priorities within this CAMHS Transformation Plan Refresh. Consulted parties include the chair of the Health and Wellbeing Board and their nominated lead members, both adults and children's joint commissioning teams, senior leaders within the local authority including the Executive Director of Children's Services, the Local Safeguarding Children's Boards and School Forums, Local Transformation Care Partnerships and local partnership groups including the CAMHS YAG and the Young Mayor and Advisor group. The CAMHS Transformation Refresh plans for 2018 have been presented to the Integrated Joint Commissioning Group and the Mental Health Executive Committee.

What is the current picture in Lewisham?

Plaudits recieved by CAMHS from
1 January - 31 June 2018



Health Watch questionnaire, completed with a sample group of 19, in September 2018. There were 18 responses to the following question: Do you feel that you have experienced any of the following?



One parent/carer said this: “We have had the pleasure of knowing **BLANK** for approximately nine months. She has been our son’s care coordinator during very difficult times for us while having to deal with our son’s severe OCD and autism condition”.

In the last year, we have:

- The Anna Freud awarded Lewisham CAMHS with the ‘Best Participation in Service’ award for participation. The gave reasons for choosing Lewisham as their winner Included the Young Advisory Group (YAG) tips for staff that can be seen around the offices and the Alchemy BAME & LGBTQ+ Groups.
- The YAG also expressed an interest to turn some outside wasteland into an area for a forest school. They received buy-in from the CAMHS management team and helped write the bid that secured the funding required to clear the land, make the area safe, and become in an expert forest school facilitator.
- Supported the Young Mayors advisors to focus on Child and Adolescent Mental Health as a theme.
- Raising awareness of Mental Health and Emotional Wellbeing, via the LSCB, in the lead up to World Mental Health Day.

This year we will:

- SLaM are planning to develop a space for younger children to get involved in participation, in response to the thoughts, wishes and feelings of service users
- Having received training by Bromley, Lewisham, and Greenwich MIND, Parent ENGage volunteers will become parent trainers, delivering resilience sessions to parents and carers in Lewisham.
- Ensure that children and young people continue to enjoy the benefits of the participation driven forest school.
- Promote Youth Mentors and Young People Advisors
- Work with LSCB and support the Health Watch survey of Young People’s Mental Health needs in London

Measuring our success

Measure		Data source
1.	An increase in the plaudits received by CAMHS from service users, in particular from younger service users.	CAMHS (SLaM) Patients and Public Involvement Report
2.	The number of resilience sessions delivered to parents in carers in Lewisham by Parent ENGage volunteers.	Parents ENGage performance monitoring
3.	The number of children and young people involved in the creation of, and benefiting from, the forest school	CAMHS (SLaM) Patients and Public Involvement Report
4.	An increase in the number of young people completing the Healthwatch Survey of Children's Mental Health needs.	Healthwatch Young People's Mental Health Survey

2. Promoting resilience, prevention and early intervention

2.1 Reviewing and building the early intervention offer

Lewisham's response to the high level of mental health need and the inequalities that exist in the borough starts with our early intervention offer. This includes an Early Help Team within Children's Services, and a package of commissioned early intervention services for children and their families.

Lewisham Early Help Team

Our current Early Help offer was launched in January 2017 in a drive to promote consistency, timely action, and a robust responses to children and families in crisis. The new approach was a response to Lewisham's 2015 Ofsted inspection resulted in recommendations that related to early help, namely;

- Ensure that early help is effectively targeted, coordinated and evaluated
- Enable families to receive appropriate support when need is first identified
- Monitor and evaluate the effectiveness of step-up and step-down arrangements between early help and children's social care to ensure that appropriate actions are taken to improve services.

The role of the Early Help Team, based in Lewisham Children's Social Care, is to intervene at level three of the Lewisham 'Continuum of Need' to prevent the escalation of concerns to specialist services provided by Children's Social Care at level 4. The team receive partnership referrals for targeted support through the Lewisham Multi Agency Safeguarding Hub (MASH). The team's role is to determine if the referral meets the criteria for level three of the continuum of need, ensure that a coordinated support package is put in place for these cases and track the outcomes of this work.

The Early Help Team and processes play a key part in identifying mental and emotional health needs amongst children and young people in Lewisham. They receive referrals from a wide range of professionals and local residents, many of which identify mental health as a primary or secondary need.

The Early Help Team manages a weekly multi-agency Early Help Panel which is the mechanism for determining the Lead professional and the partnership offer for cases which meet the criteria through the formation of a Team Around the Family (TAF). The Early Help Panel also determines whether Lewisham's commissioned Family Support Service will work with the family as part of the TAF. CAMHS, along with the early intervention services outlined below, attend the Early Help Panel on a weekly basis.

The Early Help strategy supports the provision of the right services, to the right families, at the right time, in order to prevent escalation of concerns. The Early Help Strategy is overseen by the Early Help Board which reports into the Children and Young People's Strategic Partnership Board. The Lewisham Integrated Joint Commissioning Group and the Lewisham Children's Safeguarding Board should also receive regular progress updates relating to the delivery of the Early Help Programme.

Commissioned early intervention services

The Lewisham CYP Joint Commissioning Team commission a wide range of early intervention services, each of which contribute to the better mental health and emotional wellbeing outcomes for children and families in Lewisham. The offer strives to reduce inequalities within the borough by reaching out to children, young people and families who might face barriers to accessing services. Lewisham Children and Family Centres and the Young

People's Health and Wellbeing Service serve as good examples of our commissioning drive to reach families and communities with the greatest need.

They have recently been brought together under a single Early Intervention Joint Commissioning portfolio within the Joint Commissioning Team. Whilst all of the commissioned services within the Early Intervention portfolio support the Early Help and mental health (specialist support) process, it's important to be aware that they deliver wide ranging offers across the borough, with outcomes and priorities shaped by a variety of factors, one of which is better emotional and mental wellbeing.

With a commitment to intervene early, the early help offer will support latter sections of the pathway by empowering children, young people and families and building their resilience. With evidence-based self- help service like Kooth, and greater clarity of the pathway overall, our early help offer will have long term benefits for mental health and emotional welling.

Core Assets Family Support Service – Offer one to one parenting focused family support in the family's home following the Teen Triple P programme (Positive Parenting Programme). This is the only service purposely designed to take all of its referrals from Early Help Panel and as such takes the majority of cases. Teen Triple P is the main support focus of the service, so this would ordinarily be aimed at 11-16 year olds.

Lewisham Children and Family Centres - Children and Family Centres can offer a variety of services and information, advice and support on a range of issues for children of all ages and their families. They have a family support and outreach offer however this isn't solely restricted to Early Help Referrals and the bulk of their family support cases come from other sources.

Young People's Health and Wellbeing Service - The service works with young people aged 10-19, (up to 25 with evidenced additional needs) and offers face to face and online clinical support to any young person in Lewisham needing help or advice with emotional wellbeing, sexual health or substance misuse. They are intended to provide relentless and flexible outreach, intended to reach families that might experience additional barriers to accessing services, and provide short term support at a universal and targeted level (up to tier 3 for substance misuse). Their offer is a universal one and Early Help referrals form a small percentage of their caseload.

Health Visiting and MESCH (The Maternal Early Childhood Sustained Home visiting service) - The Health Visiting Service leads on the delivery of the National Healthy Child Programme (HCP), delivering a universal home visiting service to all families from pregnancy up until the child is 5 years old. They also offer targeted interventions with additional support available to the most vulnerable families including MECSH and Family Nurse Partnership. Amongst other things, this service provides listening visits for Maternal Mental Health.

Youth First (YF) – The service promotes Emotional Wellbeing all year round through the provision of positive activities and experiences for young people including in adventure playgrounds and youth clubs. The YF offer is about building trusted relationships through consistent contact. Which in turn becomes a protective factor that can spot when things are going wrong, or when Mental Health needs are emerging. They don't hold a caseload, but provide positive youth work input into a young people's lives.

Lewisham Early Intervention Review

In order to assure our commitment *‘provide children, young people and families with the right help, at the right time, in the right place’*, the early help Improvement Board commissioned a phased review of Early Help in August 2018.

Phase One of the review began in August 2018 and as agreed as focussed on:-

- An extensive desk top review of Strategy and Governance to determine the vision, ambition and direction of travel of the Early Help Service.
- An extensive desk top review of the current Early Help offer as provided by the Council, its costs and its impact to further inform the Directorates savings proposals and Phase 2 of the review which is to focus on the wider universal early help offer with partners.
- Benchmarking with ‘good’ or excellent authorities to determine what good looks like.

An Early Help Project Group has been established with an associated Project Plan as agreed by the Improvement Board, which comprises of internal stakeholders, including social care, education, community safety, commissioning and performance. It is envisaged that the Project Group extends its membership to external partners linked to Phase Two of the review to ensure that the final review is completed as planned in December 2018.

Review of the Lewisham CYP mental health pathway

The ‘Council-led’ Early Intervention Review will dovetail into the CCG driven Children’s Mental Health Pathway Review, which will be carried out by NHSE Mental Health Intensive Support Team (IST), in partnership with local commissioners and providers. The improvement process commenced in October 2018, when providers and commissioners came together, with the NHSE Mental Health IST Team Manager, to discuss the scope of the review. The improvement process relies on a cross-agency collaboration and has already highlighted a collective will to explore performance against targets in order to reduce fragmentation in commissioning and service delivery.

The review itself will take place across two days, in January 2019, followed by a discursive feedback session in February ‘19.

Focus of the review

- It is a broad review that looks at a number of domains including productivity, value for money, pathways, demand capacity, effective use of staff time, resource, adherence to evidence based treatments and effective internal processes and data.
- Review the use of NICE-recommended pathways, assessing the extent to which pathways are tailored to individual need.
- Review whether outcomes measures are used and, if they are used, how effectively they are used deliver continuous improvement in the services.
- The review will address the whole process from the front end, exploring how straightforward it is for CYP to access mental health pathways from preventative services all the way up to the tier 4 interface, though tier 4 services themselves are out of scope.

Benefits of the review

- The delivery of useful recommendations, which include pathways, treatment models and staff training
- Increasing productivity
- Freeing up clinical time

- Developing lean and more effective pathways
- Supporting more children to access evidence based services

We recognise the importance of data intelligence, over the coming six months, we will be working with all providers of children's mental health services to better understand pathways between universal services such as primary care and schools and more targeted support services via early help and specialist CAMHS. Findings will inform future commissioning developments as part of a larger early help review across children's services.

A Case Study

Name: Gabriel

Age: 13

Ethnicity: Not disclosed

Education Status: Currently excluded from school, due to her aggressive behaviour.

Referral

Police were called to the home address, by the school, in relation to welfare concerns. Police were unable to contact Joan, Gabriel's mother. Police went to the location and spoke to Gabriel, she was safe and well. She said that did not go to school as she was excluded.

Gabriel was at first hostile to the police but eventually explained that she was scared of authority figures. Gabriel explained that she was fine living with her Mum, however that Gabriel has anger problems which is why she was excluded.

The police eventually contacted Joan, who reported that Gabriel resided with her aunt, which contradicted Gabriel and the school's statements that Gabriel lived with her mother.

Police then spoke to the school head teacher, who explained they have concerns about Gabriel and her relationship with her mother, suggesting they receive some parenting support. Concerns were raised that if this isn't provided then further concerns regarding Gabriel's welfare could escalate. The school completed a MASH referral to request Level 3 Targeted Support. The case was subsequently referred to the Young People's Health and Wellbeing Service via the Early Help Panel.

Underlying Issues include:

- Excluded from school
- Gabriel's challenging behaviour
- Gabriel getting home late after school
- Gabriel's anger issues
- Gabriel has expressed that she wants to be moved to another school

Intervention:

Core Assets have supported the family to reflect on the way that they communicate with each other. Joan has been looking specifically at the tone and delivery of her communication with Gabriel. With support, Joan has

implemented positive changes in how she responds to certain situations at home and over the phone. Joan has been able to develop and implement alternative approaches.

By observing the interactions at home, the Family Support Worker has enabled the family to review how they manage difficult situations, such as confrontation and challenging behaviour. Through using Solution-focused (brief) Therapy and the Triple P Parenting Programme, the family have been able to identify their own areas for change and improvement and look at the situation using different approaches.

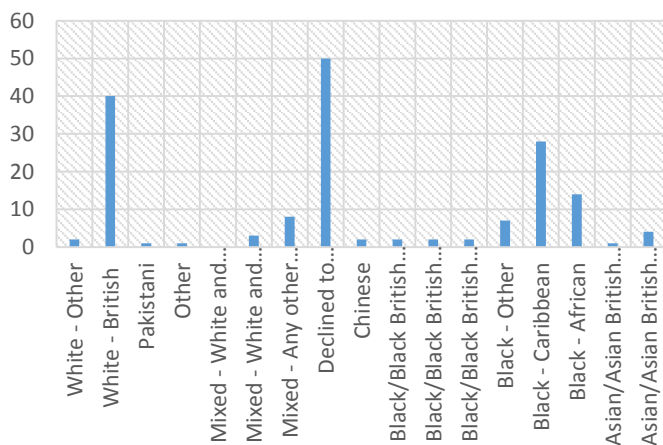
The family support worker has helped to build the families' trust and confidence in professionals. They have therefore been able to draw more support from university professionals and Gabriel has and engaged really well with a learning mentor at school.

Outcome:

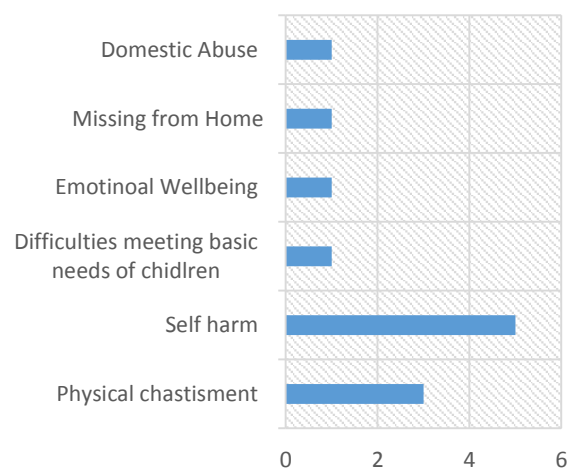
- Gabriel is now accessing support from the Young People's Health and Wellbeing Service
- Improvement in communication between Gabriel and Joan
- Gabriel and Joan have put in place routines and age appropriate boundaries
- Gabriel is responding well to these boundaries. She now comes home at the time agreed by both Joan and Gabriel
- School have shared that her attendance has gone up to 89% and her behaviour has dramatically improved
- Gabriel is on target to achieve her grades in accordance with her developmental milestones and as expected of her chronological age.
- This case is about to Step Down to Level 2 Universal Service

What is the current picture in Lewisham?

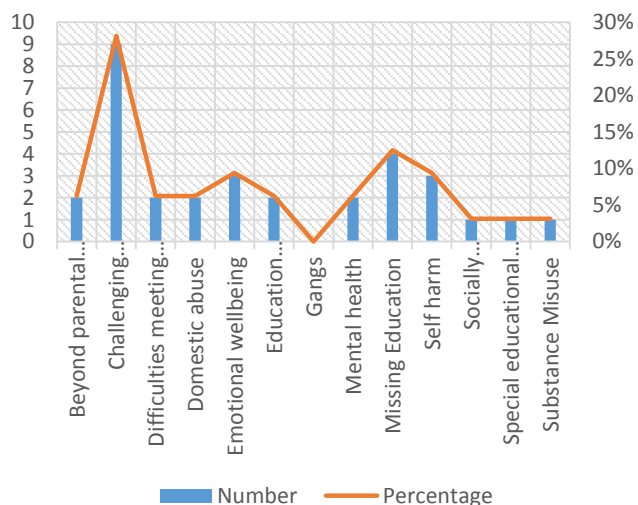
Q1 18/19: Core Assets engages service users from a wide variety of ethnic backgrounds, which is reflective of the diverse borough of Lewisham Ethnicity



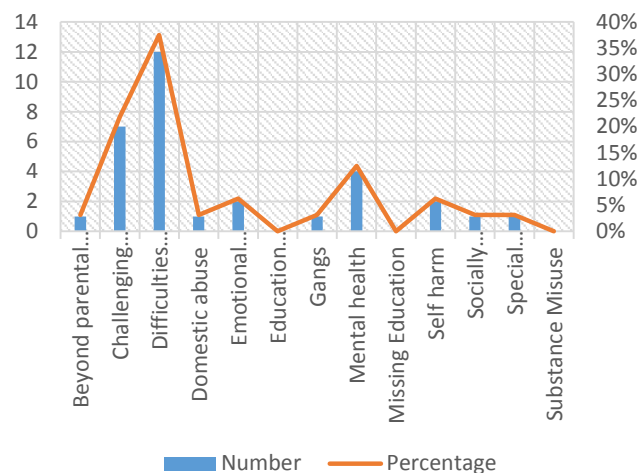
Core Assets stepped 12 cases up to MASH in Q1



Breakdown of Presenting Issues for CAMHS and SLAM referrals 2017/18



Breakdown of Presenting Issues for CAMHS and SLAM referrals into the Early Help April-Oct 2018



In the last year, we have:

- Committed to and commenced the review of Lewisham's Early Help Offer
- Started the process for Early Help providers to flow access data
- Built stronger relationships with providers across the mental health pathway in order to better understand strengths and areas for development
- Undertaken a Councillor-led review of the mental Health and emotional wellbeing needs of Lewisham Children

This year we will:

- Complete the review of Lewisham's Early Intervention offer
- Respond to recommendations highlighted in the Councillor-led Review
- Embed the process for early intervention providers to flow access data to MHSDS
- Close the gap that exists between CAMHS and early intervention services through the review, the NHSE CYP mental health review and subsequent improvement plans
- Carry out a review of the CYP MH pathway with NHS England.

Measuring our success

Measures		Data source
1.	CYP Mental Health access rate from early intervention providers	Mental Health Services Data Set

2.	The number of cases referred to Early Help by CAMHS	Early Help Tracker
3.	The number of referrals received and accepted to CAMHS and other Early Intervention Services (for Mental Health)	CAMHS Dataset and Early Intervention Performance Reports
4.	A reduction in service waiting times (Early Intervention services and CAMHS)	CAMHS Dataset and contract monitoring reporting
5.	A reduction in re-referrals to CAMHS	CAMHS Dataset
6.	Ethnicity data to monitor access into various mental health services (Early Help and CAMHS)	CAMHS Dataset and Early Intervention Performance Reports
7.	Step up and step down data to and from CAMHS and Early Intervention services	Early Intervention Service Performance Reports
8.	Increase in the number of young people registered on the Kooth system and number of counselling hours used	Kooth Performance Report

2. Promoting resilience, prevention and early intervention

2.2 Strengthening our work in schools and responding to the 2018 Green Paper

Lewisham as a trailblazer site

The ‘Transforming Children and Young People’s Mental Health Provision’ Green Paper¹ was published in 2018, which has themes around early intervention and improved access, and puts significant emphasis on improved mental health provision in schools. The Government announced in July 2018 that hundreds of new mental health workers will be working in schools and colleges from the start of 2019. These plans aim to reduce the waiting times for child and adolescent mental health services (CAMHS) down to four weeks.

The Green Paper plans will be piloted in seven ‘trailblazer’ regions across the UK, with seven higher education institutions positioned to run Education Mental Health Practitioner courses. Hundreds of educational staff will be trained in 2019, with a target of 8,000 by 2023.

Speaking on the goals of the Green Paper, Matt Hancock, Health and Social Care Secretary said:

“Growing up can be a difficult time, especially with the added pressures modern society brings. Children and young people must feel supported with their mental health needs and I am determined to keep people healthy, treat their problems quickly and provide services closer to home.”

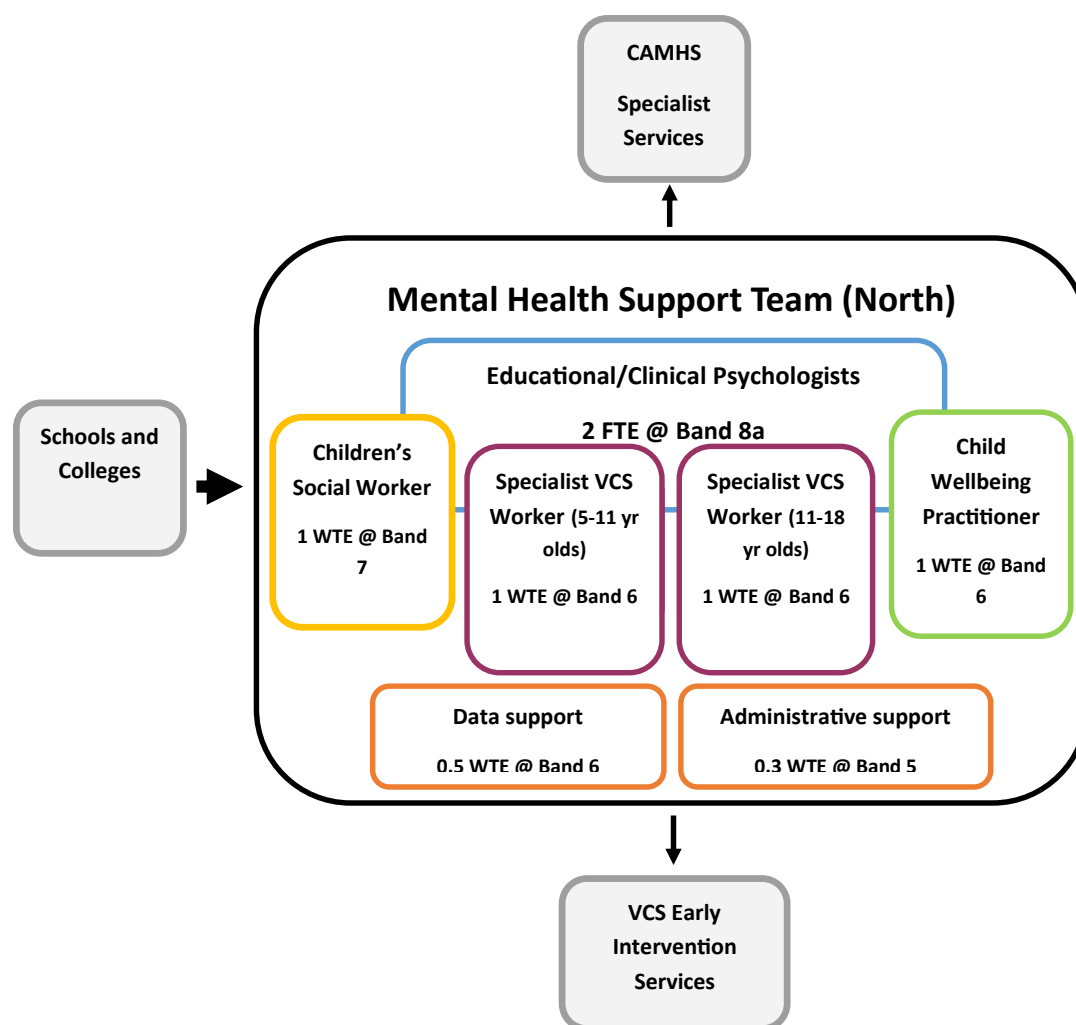
On the basis that Lewisham CCG met all the pre-selection criteria in September 2018, we submitted an expression of interest for year-one of the Mental Health Support Teams (MHSTs), and the 4 week wait pilot trailblazer. We intend to express an interest in future pilot opportunities if we are unsuccessful on this occasion.

Mental Health Support Team (MHST) Proposal

Lewisham faces a high rate of permanent exclusion from state funded schools. The percentage of permanently excluded children in Lewisham was 0.43% in the academic year 16/17 compared to just 0.22% in inner London and 0.19% across the whole of London, which highlights the high level of mental health need that we wish to address through both shorter waiting times and MHSTs.

Our proposed MHST model builds on the success of our proven CAMHS virtual school model, Dream, Achieve, Believe (DAB), for Children Looked After (CLA), which is outlined below. DAB facilitates trauma-informed, compassionate, safe and supportive learning environments for CLA in order to reduce the risk of exclusion and promote better long term outcomes. Building on this idea, we propose to deliver two MHSTs for school age children 5 – 18 years, one in the north and one in the south of the borough at a total cost of £666,373 per annum. An example is detailed in Fig.1 below:

Fig. 1



Four Week Waiting Times Proposal

The 4 week waiting times pilot proposal centres on a triage approach, allowing the team to deliver high level flexibility in terms of early identification, joint-assessment and location. We will offer assessment slots in CAMHS offices and assure a presence in universal setting. Senior clinicians will provide the triage of all referrals and decisions made in regards to the urgency of the assessment or whether more information is required. They also provide team supervision and general clinical guidance.

Two members of the team will be on duty each day and will deal with all urgent referrals and phone calls and also provide screening for referrals that require further information and liaise with appropriate services such as the local A&E departments and social care. Close links will be established between this new triage team and the new MHST's and a robust link between CAMHS and education will provide teachers and non-clinicians with guidance and support, ensuring that children get rapid access to the correct mental health provision when required. This is particularly important in the mild to moderate severity group, who may fall between services. This provides an opportunity for joint assessment and training delivered by specialist CAMHS and MHST to universal practitioners, upskilling the wider children's workforce and providing support around the ecology of the child.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Integrating trailblazer proposals with our CAMHS Transformation Plan

Lewisham's proposal for Mental Health Support Teams and the four week wait pilot trailblazer aligns with our commitment to increased CAMHS' presence in the community, identify need at an early stage, provide additional guidance and support for universal practitioners and increase access to CAMHS. The proposal also integrates with the CAMHS transformation plan 2017/18.

Schools and colleges play a critical role in identifying mental health needs at an early stage. They have a role in working collaboratively with other professionals and making onward referrals to CAMHS at the appropriate time. In order to achieve this, schools need clear guidance around what and when to refer and confidence in CAMHS access times. We will therefore continue seek opportunities over the coming year to deliver on the following four key elements of The Green Paper: Transforming Children and Young People's Mental Health Provision.

In seeking opportunities to deliver key elements of the Green Paper, commissioners are engaging with key organisations, including schools and colleges. This engagement is overseen by the school sub group, which reports into the Mental Health and Emotional Wellbeing Board. These forums influence the workforce development plan, which enables increased capacity and capability across the wider system.

1. Support schools to identify **Designated Senior Lead for Mental Health** to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting. Training in Mental Health First Aid and the establishment of a Mental Health in Schools Steering Group are the first steps towards this goal.
2. Seek funding opportunities for **new Mental Health Support Teams**, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
3. Reapply for pilot opportunities to roll out the new Support Teams and **trial a four week waiting time** for access to specialist NHS children and young people's mental health services in the pilot areas.
4. The government wants to reduce the time it takes to get treatment from children and young people's mental health services. Some of the areas with new mental health support teams will try out ways of bringing this time to 4 weeks (quicker for young people who need very urgent help). In order to **reduce the waiting times** for CAMHS in Lewisham's, for generic CAMHS in particular, we have requested a review from the NHS Improvement Team. This broad review will addresses the whole mental health pathway from the front end, considering how straight forward it is for CYP to access preventative services across, all the way up to the tier 4 interface, though tier 4 services themselves will be out of scope. The review may well generate somewhere between 30 – 50 recommendations, which will feed into a local improvement plan. The review should complete in January 2019 and some of the expected benefits are as follows:
 - Increasing productivity
 - Freeing up clinical time
 - Developing lean and more effective pathways
 - Supporting more children to access evidence based services
 - Reduce waiting times

- Develop a stronger response for children who's needs sit below the CAMHS' treatment threshold

Strengthening our mental health offer in schools

A recent member-led review into mental health as well as a Local Government Association review into the social, emotional and mental health (SEMH) needs of pupils at risk of exclusion across Lewisham secondary schools has strengthened our commitment to improving mental health provision in schools. Our current and future plans around this are outlined below.

1. Two new CAMHS posts in schools

Two new CAMHS posts were implemented in October 2018 in order to increased CAMHS' presence in universal services, identify need at an early stage, provide additional guidance and support for universal practitioners and increase access to CAMHS. The posts build on the successful model delivered by The Virtual School; Dream, Believe Achieve, as outlined below.

a) New CAMHS School Post One: New Woodlands School

In 2017, 12.7% of children and young people in Lewisham's schools (5,499) were classified as receiving SEN support. This is higher than the national and London average, but in line with the inner-London average (11.6%, 11.4% and 12.8% respectively). In the same year, of the 2,024 Lewisham residents (or looked-after children and young people residing elsewhere) with a Statement of Special Educational Needs (SEN) or an Education, Health & Care Plan (EHCP), 39.2% were diagnosed with an Autism Spectrum, 18.3% with a speech, language or communication need, 10.2% with a severe learning difficulty, 7.7% with a social, emotional or mental health (SEMH) difficulty and 6.8% with a moderate learning difficulty.

In response to the high level SEN need in Lewisham, one of the new CAMHS Schools posts will be based at, and dedicated to, New Woodlands school. New Woodlands is school for children aged 5–14 who are experiencing difficulties with their behavior at school. The CAMHS post will support the social, emotional and mental health needs of pupils at New Woodlands School. The post holder will provide assessment and treatment to young people attending New Woodlands and their networks while providing specialist advice to school colleagues to assist them in their work. They will also be a case manager and will formulate care plans through which they will deliver evidence-based models of psychological interventions, to treat the individual child and work with the school, family and parent/carer.

b) New CAMHS Schools Post 2: Lewisham Outreach Service

Following the high exclusion rates that were noted in relation to 16/17, Lewisham Exclusion Annual Report, August 18, has reported data for the academic year of 2017/18. In 2017/18 there have been **43** permanent exclusions from Lewisham secondary schools, **31.8%** less than 2016/17 and **45%** less 2015/16. This bring Lewisham figures more in line with England, London and Inner London averages. Of the 78 pupils who were permanently excluded, only 29% had any input from the local outreach service and/or New Woodlands School. We therefore wish to improve the CAMHS support offer to mainstream schools.

The scope of the second new CAMHS post is to address the social, emotional and mental health needs of pupils in mainstream schools who are at risk of permanent exclusion and are receiving support from the Outreach Service and work directly with specific schools to offer more intensive, time-limited support.

This post will be split across two key areas; Addressing the Social Emotional and Mental Health needs of pupils in mainstream Lewisham schools who are receiving support from the Outreach Service and Working directly with schools to offer more intensive, time-limited support.

2. Mental Health First Aid Training

'This Way Up Well Being' have been commissioned to deliver accredited training to professionals, through the Youth Mental Health First Training (YMHFA) programme, to better equip schools professionals to support children and young people with mental health concerns. The training will have a focus on prevention and the de-escalation of mental and emotional distress in Children and Young people in schools, strengthening safeguarding and building confidence in professionals to offer support and guidance to Children and Young People.

3. Parent ENGage - Resilience Work with Parents and Carers

Bromley, Lewisham & Greenwich Mind (BLG Mind) have been commissioned to work with Parent ENGage to deliver between 3-6 'Train the Trainer' resilience sessions to an initial pool of 12 parent ENGage volunteers. Thereafter, the parent ENGage volunteers will deliver a series of workshops to a wider pool of school parents. The BLG Mind resilience sessions took place in October 2018 and parents at Baring Primary schools have already expressed an interest in receiving the training in November 2018.

4. Collaborative PHSE Sessions

Compass and Youth First have started to collaboratively deliver PHSE sessions. They will deliver 28 sessions in total, each lasting approximately 45 minutes. The sessions will reach some 920 pupils from a range of year groups ranging from Year Seven to Sixth Form Collages and the Pupil Referral Unit. The subjects covered included online safety, sexual and relationships education, substance misuse, emotional health and wellbeing, staying safe and knife crime. Initial feedback from the sessions has been very positive;

"It was ok because I learnt different facts on how to be and stay safe. We learnt about the different topics of PSHE and the staff were nice and supportive"

Year seven student

"Forest Hill send huge thank you to Youth First and Compass for the excellent set of presentations you gave this morning... They were personable and professional and worked extremely hard to ensure that the valuable information they were giving these young men was relevant and accessible."

Associate Senior Leader

5. The Virtual School: Dream, Achieve, Believe (DAB)

The purpose of the Dream, Achieve and Believe Service is to address the emotional, behavioural and mental health needs of Children Looked After (CLA) in order to reduce the risk of exclusion and promote better health and academic outcomes in the following ways:

1. Offer support that is centred around the young person
2. Support CLA and their carers to gain the knowledge and skills required to manage their mental wellbeing
3. Ensure that all CLA referred to the Dream, Achieve and Believe are competent in the management of their mental wellbeing

4. Provide outreach support to CLA within community settings i.e. school / home
5. Provide a flexible and responsive offer to CLA through early identification of potential barriers to education (in relation to emotional wellbeing) and devise strategies to manage these
6. Offer support and advice to a range of professionals working with children looked after and support them through personal visits to schools.
7. Deliver CAMHS training and consultation to professionals when: supporting the pre-mental health assessment process; and identifying the intervention required.
8. Consultation and support will be available to foster carers, specifically those with adolescents within their care will be offered to help prevent placement breakdown
9. The service will closely work with agencies to address emotional, behavioural and mental health needs that impact on CLA within the school setting
10. Make referrals to other partners to ensure an holistic and co-ordinated approach to care planning to meet the needs of CLA

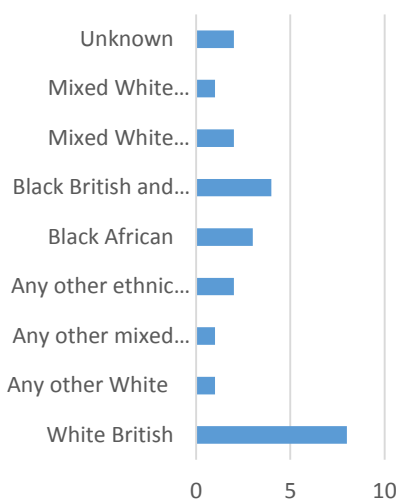
The virtual team is recognised for its ability to see children quickly (initial contact with the person making the request takes place on the same day in 79% of cases). This intervention has also resulted in fixed term exclusions dropping by 21% from 186 days (15/16) to 145 (17/18). We wish to extend this highly successful model to increase the level of trauma informed practices, flexibility, professional upskilling and confidence building within schools across London. This ambition will be achieved through the Mental Health Steering Group, the New CAMHS School Posts and for Mental Health Support Teams and Four Week waiting time pilot proposals.

6. Mental Health in Schools Steering Group

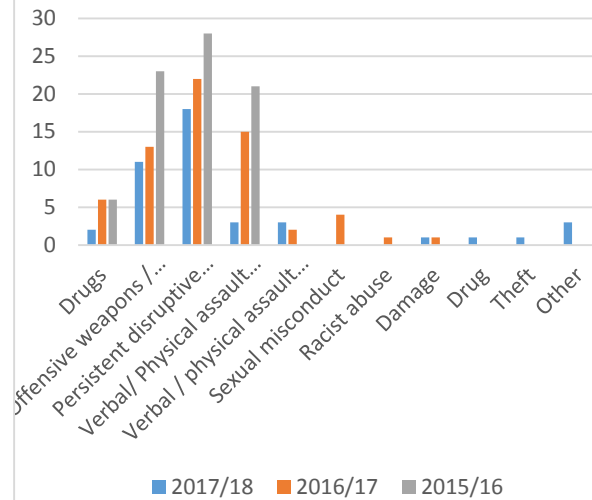
A decision has been made to launch a new Schools Steering Group, which will sit under the Mental Health and Emotional Wellbeing Board. The membership will include representatives from Primary and Secondary Schools, Public Health, Special Educational Needs, Educational Psychology, CLA Virtual Schools and others. The purpose of the group will be to better understand the Mental Health and Emotional Wellbeing services that are provided directly by schools to support the co-ordination services commissioned by CCGs and Local Authority. This will allow us to target resources in order to address inequalities that exist within Lewisham. The steering group will therefore improve strategic oversight, provide governance, promote evidence based best practice and strengthen the mental health pathway in schools for Children and Young People in Lewisham.

What is the current picture in Lewisham?

Out of Borough exclusions - ethnicity 2017/18



Reason for Exclusion - Lewisham schools only



The secondary school permanent exclusion rate for Lewisham was 0.43%, which was worse than the England, London and Inner London averages. The Fixed period exclusion rate for Lewisham primary schools was 9.71%, which was worse than the England and Inner London averages (National Exclusion Data 2016/17)

In the last year, we have:

1. Commissioned Mental Health First Aid Training
2. Expressed an interest in a trailblazer pilot for Mental Health Support Teams and Four Week Waiting times for CAMHS
3. Implemented a resilience training programme to be delivered by Lewisham parent volunteers

This year we will:

1. Launch a Mental Health Provision in Schools Steering Group
2. Build on the success of our Virtual School for CLA (Dream, Achieve, Believe)
3. Establish two new CAMHS School posts
4. Roll out Mental Health First Aid training, seeking opportunities to promote peer support in schools

Measuring our success

Measure		Data source
1.	A reduction in school exclusions	Exclusion annual report
2.	Increasing consultation to school staff from CAMHS School posts	New CAMHS School posts; quarterly performance data
4.	A reduction waiting times for generic CAMHS	CAMHS data set
3.	Increased confidence around mental health in schools	Training feedback data

3. Improving access to effective support

3.1 Urgent & Emergency (Crisis) Mental Health Care for CYP

In 2017 the Health London Partnership conducted a 'peer' review of crisis provision across London, whereby commissioners completed a self-assessment of crisis provision in their area. In December 2018 the Healthy London Partnership (HLP) published their [Summary Findings Report](#) following the HLP CYP Mental Health Crisis Pathway Peer Review. This report summarises the findings from peer reviews of London's nine mental health crisis pathways for CYP conducted between November 2017 and May 2018, including an overview of next steps. Both of the main South East London mental health providers, Oxleas and SLaM, took part in this process. It was recognised that there were inconsistencies across the SEL STP regarding the crisis offer. The SEL STP are engaging with the HLP to develop and South East London STP wide action plan to take this work forward.

During the same year, Oxleas, SW London and St George's and SLaM collaborated to form the South London Mental Health and Community Partnership (SLP) and were awarded commissioning responsibility for budgets previously held centrally by NHSE to deliver New Care Models programmes for Forensic and Tier 4 CAMHS services across South London. The SLP's key aim is to reduce inappropriate admissions to inpatient services, by creating improved opportunity for alternatives to admission and best practice interventions delivered closer to home. The SLP has developed and is implementing a programme of work to enhance the crisis services delivered by the three Trusts across South London, which not only has implications for SEL London but also SWL.

The South London Mental Health and Community Partnership has committed investment – made available through the NHSE New Care Models programme - to:

1. Increase community investment and expand crisis care access via the implementation of:
 - A CYP crisis line across all 12 boroughs operating until 10pm.
 - Improved case management building upon SLaM expertise to ensure CYP are cared for in most appropriate setting or service.
 - New Crisis Care Team to enhance existing local offers and operating at local level until 10pm in SE London. This is currently in **the** early stages of being established.(investment and implementation plan agreed over 2018-19
 - Launching a 24 hour Bed Management Service in 2018-19 which went live on 1st October 2018 (covering all south London CYPMH bed capacity and ensuring referrals Including those for Eating Disorders are dealt with promptly and necessary admissions for south London patients are placed within the area.
 - Continuing to provide 35 inpatient beds across the two south London Trusts (SLaM, SWLSTG)
2. Link with the SEL Transforming Care Programme, by working closely with the partnership to design patient focused ASD/LD packages of care that meet the needs of the CYP.
3. Strengthen the eating disorders pathway to prevent unnecessary admissions and facilitate quick discharge with appropriate packages of community care.

4. Create further opportunities to develop the local Paediatric Intensive Care Unit (PICU), increased capacity has been achieved by opening an eight bedded PICU through a phased implementation, fully operational in June 2018. This was introduced in order to increase access to local beds and reduce out of area placements.
5. Increase DBT service capacity across South London to provide better, more timely community-based care, prevent unnecessary admissions, enable quicker discharges, improving patient experience

SLP Crisis line

SLAM currently operates an 'all age' crisis line, which is open 24/7 and is currently available to four boroughs (LSLC). It is open to users and professionals and is actively promoted through primary care, other agencies, and line details feature prominently on the SLAM website. All staff involved with the crisis line are experienced clinicians, who have received training and support from CAMHS. Staff on the crisis line also have 24/7 access to CAMHS specialists and to SLaM e-notes which are updated after every call. 12% of all calls relate to the CYP cases. SLP will be introducing a dedicated CAMHS Crisis Line provided through the Bed Management Team which will operate 5pm-10pm on weekdays and 9am-10pm at weekends.

It has been recognised that demand for the crisis line can be high, demonstrating the need to develop a separate and dedicated CAMHS crisis line across the South London Partnership to cover the twelve boroughs. This will have a phased introduction starting in January 2019 and will be an integrated function of the bed management team. The aim is to align the new crisis line more closely with the bed management team and community crisis care teams. It is envisaged that this will improve the access levels and experience for CYP/families.

SLaM Crisis Provision in South East London

An overview of crisis provision is provided below:

- The **Croydon** CAMHS Crisis team is able to offer urgent appointments for CYP referred to the service thus potentially reducing the rates of presentations to ED.
- Community assessments in **Lambeth** can be offered within 24 hours for those in need and can be done in the family home which reduce the need for an admission and / mean that the team can provide rapid follow up for CYP who have presented to the emergency department.
- CYP in **Lewisham** that have been assessed as requiring inpatient services are reviewed by a senior (usually a consultant), especially if this decision was made out of hours. Crisis outreach into the hospital has dramatically reduced those affected by delayed discharge
- In **Southwark**, community-based work and intensive parenting or whole family interventions are used to strengthen the family's network of resources (extended family, church and other important part of the family and social system).

Across the four areas:

- Patients are generally directed to ED Out of Hours (OOH) across all of the boroughs. Whilst OOH times vary, the rota covers all four emergency departments (UHL, Mayday, Kings and Guys and St Thomas'), paediatric and adult wards, HBPOS, inpatient units, police stations and community sites.
- All emergency department sites have an on-site core trainee, cover from a CAMHS specialist trainee, CAMHS consultant, CAMHS manager and a hospital director on call (who can deal with HR or estates

issues). Consultant child and adolescent psychiatrist, bed managers (senior nursing staff) and on-call CAMHS managers (all 8a and above) are all listed on the CAMHS on-call systems.

- The CAMHS specialist trainee will work a full shift pattern, covering all sites and moving between them. The CAMHS Consultant is on call from home, coming in as necessary e.g. for seclusion reviews or highly complex cases. (The SLP Bed Management Team hosted by SLaM provides 24 hour bed management cover.)
- STP has added additional capacity and therefore extended operating hours for the Crisis Team.

Health Based Place of Safety (HBPoS) - SLaM boroughs only

A new purpose built HBPoS facility is now in place across SLaM boroughs, this has replaced the previous five HBPoS which were in operation previously. It has six rooms and one of these is prioritised for use of CYP as it has an accompanying room for use by families. The unit is coordinated by a nurse operating in the specific role of the Section 136 Co-ordinator 24/7. HBPoS staff are trained in children's mental health and there is 24/7 support from CAMHS through on call system and police are onsite 24/7. The average time from arrival at the HBPoS site to patient admission is just 9 minutes, with 96% of patients admitted within 30 minutes; demonstrating the benefit of the 24/7 dedicated staff on site.

The breakdown of the CYP HBPoS presentations showed that of those X presenting across xx: 29% were from Southwark, 25% from Croydon, 17% from Lewisham, 12% were from Lambeth and 17% are out of area patients

SLaM Tier 4 outpatient provision in South East London

There are a range of alternatives to admission that are currently in operation. The Supported Discharge Service (SDS) and Dialectical Behaviour Therapy (DBT) are helpful in providing therapeutic input for young people with complex and enduring mental health difficulties. These services operate on a referral basis, and are designed to reduce the need for inpatient services during and following their intervention. These team provides a crisis response to children that are already open to the team.

SDS is a service for 12-18 year olds that offers an alternative to inpatient care with intensive support for complex young people experiencing serious mental health problems. These often include difficulties that impact on a young person's confidence and ability to manage community life, home and education successfully. SDS offers a day service and outreach work as well as crisis support 8am to 8pm 7 days a week with a duty worker providing phone support outside of regular working hours. The team routinely work with young people from SLAM boroughs in South East London but due to being part of the National and Specialist CAMHS can also take referrals from a wider catchment area. DBT is a service for 12 - 18 years olds who present with symptoms associated with an emerging borderline personality disorder; recurrent self-harm / suicidal behaviour, emotion dysregulation and difficulties with relationships. It is seen as an alternative to admission as it offers a one-year intervention in parallel with weekly parent/carer DBT skills training. DBT phone skills support is available Monday to Friday, 9am - 5pm. DBT provides positive reinforcement of using alternative skills to cope instead of resorting to self-harm / other damaging behaviours. The SLaM DBT service sees CYP from Croydon, Lambeth, Southwark and Lewisham as well as some CYP from South West London.

A Lewisham perspective

The Lewisham CAMHS Crisis Team was established in May 2016 using CAMHS Transformation funds to provide timely assessment and intervention for children and young people experiencing crisis (emotional behavioural and mental health difficulties requiring urgent support). It was designed to help manage crises without need for admittance to hospital services.

24 hour provision:

- There is 24 hour cover for any crisis presentations for young people at University Hospital Lewisham (UHL). This is provided by a combination of both senior and junior psychiatric staff as well as trained crisis nurses, both off and on site. Consultant level support is available through a non-resident on-call, out of hours, rota (i.e. from 5pm on weekdays and weekends), however there is daily consultant level support from Lewisham CAMHS.
- A senior Psychiatry Junior Doctor is on call/off site, which covers all four hospital sites across LSLC 24 hours a day, seven days a week.
- The bed management team are on-call as well as CAMHS management staff.
- UHL Emergency Department (ED) intervention is available for all children and young people, dedicated paediatric ED is available for young people from 16 years.
- The SLaM Crisis line, offering advice and guidance to anyone, including children parents/carers and professionals, in relation to mental health crisis, is available 24 hours a day, seven days a week
- The Crisis Team provide ED based in-reach support from CAMHS and operate between 0900-1700, Monday – Friday, with a 7 day review and an offer of follow up sessions when required.
- If children and young people present at ED outside of office hours, then a referral is made to the Children's Social Care Emergency Duty Team.
- Kooth provide an anonymous on-line mental health service from early help to mild, moderate and complex needs. This is available: Mon – Fri from 12noon – 10pm and Sat – Sun from 6pm – 10pm
- The Core 24 adult team will assess and refer 16 – 18 year olds who present at A&E with a mental health crisis. However, many of this cohort of children are seen by CAMHS.

Lewisham made a commitment to fund the CAMHS Transformation plan up to the cost of £184,000, until 2021

Monitoring using KPIs

The SLP has commissioned a Crisis Care Team which will work with all the SLaM boroughs to enhance existing crisis care service offers. This service forms part of the overall urgent mental health landscape and it incorporates clear targets for support reduced Occupied Bed Days; reduced CAMHS admissions; reduced A&E admissions and follow-up appointments; and associated cost savings.

The SLP partnership continues to enable South East London young people to access these services more easily and to avoid out of area placements by using South East London NHS inpatient services.

The team is monitored using KPIs within the SLaM dataset. In relation to crisis, particular attention is paid to the time that children wait for assessment and treatment, and the percentage that are seen within seven days in the community following an A&E visit. Additional scrutiny is provided via the quarterly CAMHS contract meeting, the SLaM Core Contract Meeting and the seven borough SEL STP CAMHS Steering Group. The Children's Mental Health and Emotional Wellbeing Programme Board, holds ultimate responsibility for CAMHS over all, which includes crisis. The team work to clearly articulate and agree outcomes for the service: i.e. reducing admissions

to UHL and inpatient Mental Health units, reducing repeat attendances at UHL, reducing length of stay at UHL and inpatient MH units and improved patient experience. As an example of this, the CAMHS duty team now direct all crisis calls to the crisis team, thus reducing the need for children to attend ED.

The Crisis Team continue to work closely with the adult psychiatric liaison team at UHL, as evidenced in the 2017 CAMHS transformation refresh.

Reasonable adjustments for children and young people with disabilities, learning disabilities and autism

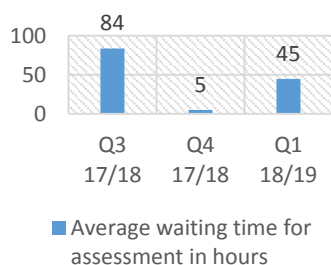
SLaM ensure a patient- centric crisis response for children and young people with disabilities, learning disabilities, autism or both. Visual aids depict waiting times and process in the paediatric ED at UHL and a number of staff have received specialist training. The lead psychiatrist also provides expert advice and consultation to ED and to specialist CAMHS teams: NDT (for children with disabilities) and the LYPS team (for children with enduring mental health needs).

The CAMHS Transformation funding created a consultant post, which is dedicated to driving care improvements for children with an Education Health Care Plan (EHCP). This new role informs placement planning, and the EHCP process, and supports the allocation of resources to LAC placements. This role has been critical in a number of crisis cases at the point of mental health escalation or placement breakdown by helping to find alternatives to hospital admission.

Lewisham's process for Care Education Treatment Reviews (CETR) has been in place for the past two years, work has been undertaken to strengthen the collaboration between Special Educational Needs and CAMHS to pre-emptively identify children with LD/ASD that may be at risk of being admitted to a specialist mental health unit to ensure that their care is optimal and admission only occurs when appropriate.

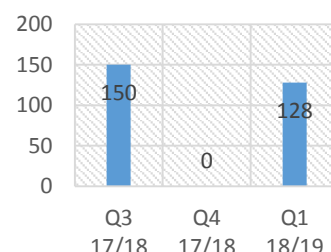
What is the current picture in Lewisham?

Average waiting time for assessment by the Crisis Team in hours



An average of 65.5% of children and young people were seen within seven days in the community following an A&E visit.

Average waiting time for treatment by the Crisis Team in hours



In the last year, we have:

1. Continued to invest into crisis and Tier 4 outpatient provision
2. Embedded the on line counselling support offer within the face to face Young Person's Health and Wellbeing

Service

3. Launched a 24 hour Bed Management Service
4. Established a 24 hour 'all age', anonymous crisis line
5. Expanded our Crisis Care Teams

This year we will:

1. Ensure equitable and consistent crisis provision across all South East London hospitals
2. Work across the STP to support the core 24 offer
3. Ensure closer collaboration between Special Educational Needs and CAMHS to pre-emptively identify children that may be about to be admitted to a specialist mental health units to ensure that their care is optimal and reduces the risk of admission.
4. Reduce the average waiting time for assessment and treatment and increase the percentage of children and young people that are seen within 7 days in the community following an A&E visit.

Measuring our success

Measure		Data source
1.	Reduce the average waiting time for assessment by the Crisis Team.	SLaM CAMHS dataset
2.	Increase the average number of children and young people that are seen within 7 days in the community following an A&E visit.	SLaM CAMHS dataset
3.	Reduce the average waiting time for treatment by the Crisis Team.	SLaM CAMHS dataset

3. Improving access to effective support

3.2 Improving access to evidence based support

The Five Year Forward View sets out an indicative trajectory to achieve the ambition that by 2020/21, 70,000 additional children and young people will access community mental health services each year. This means that the number of children and young people in treatment will go from 25% of estimated prevalence to 35% by 2021, in line with national targets.

Each borough within the SEL STP has put forward recovery plans demonstrating how we will move towards these ambitious access targets. These recovery plans cover both improvements in data and reporting, and access to services. Commissioners and providers across the SEL STP are committed to the national agenda and are working together to understand the current issues in relation to access.

Access targets

A current picture of access rates across the STP is below. This is a best case position of the full-year access rate based on manual data from April to December 2018. The access recovery target is the date at which we aim to meet the access target for the number of children and young people access mental health services.

	2018/19 CYP MH access rate (best case)	Access recovery target
NHS Bexley CCG	29%	1st August 2019
NHS Bromley CCG	34%	N/A
NHS Greenwich CCG	29%	1st April 2019
NHS Lambeth CCG	28%	1st August 2019
NHS Lewisham CCG	29%	31st March 2019
NHS Southwark CCG	32%	1st January 2019
STP overall	30%	31st April 2019

Data and reporting

There are known issues with the data flowing from service providers to the Mental Health Services Data Set (MHSDS) and it is acknowledged that, for the majority of areas, locally held data shows that access to services is greater than reported via the MHSDS.

The table below sets out whether providers across the STP are currently flowing data to the MHSDS, this demonstrates that all NHS and non-NHS providers (bar one) are now flowing access data to the Mental Health Services Data Set. This includes four non-NHS organisations who are commissioned by NHS Lewisham CCG to provide 'evidence-based' mental health interventions in Lewisham.

CCG	NHS Commissioned Providers	Non-NHS Commissioned Providers	Flowing data?
Lewisham	SLaM		Yes
		Compass	Yes
		Kooth	Yes
		PSLA	Yes
		Core Assets	Yes
Lambeth	SLaM		Yes
		Centrepont (flowing from Feb onwards)	No
		Kooth (delivering from Feb onwards)	Yes
Southwark	SLaM		Yes
		Kooth (delivering from Feb onwards)	Yes
Bexley	Oxleas		Yes
	SLaM		Yes
		Bexley Moorings	Yes (through Oxleas)
		Kooth (delivering from Feb onwards)	Yes
Bromley	Oxleas		Yes
	SLaM		Yes
		Bromley Y	Yes
Greenwich	Oxleas		Yes
	SLaM		Yes
		Kooth (delivering from Feb onwards)	Yes

What is the current picture in Lewisham?

The estimated total number of children and young people with a diagnosable mental health condition in Lewisham is **6481**. Against the 18/19 target of 32% this equates to **2074**.

The estimated proportion of affected children and young people accessing services (or 'access rate') is **21%** in 2018/19, based on MHSDS data up to September 2018.
NB this does not include CYP seen through non-NHS providers up to this point

In the last year, we have:

- Worked closely with non-NHS providers to support them to get to a point where they have the data management, information governance and technical requirements in place to enable them to flow accurate data to the MHSDS.
- Procured VPN licenses for three non-NHS providers to allow them to access the Health and Social Care Network.
- Developed a practical guidance tool to support non-NHS providers when effectively flowing data through the MHSDS
- Support the national provider Kooth (Xenzone) when agreeing an access definition with NHSE, to enable data flow to MHSDS. Kooth have been actively flowing data to MHSDS since October 2018.

This year we will:

- **Improve access to services by:**
 - a) Commissioners continue to seek every opportunity to develop good quality, evidence based provision in community settings, in order to increase access and prevent escalation by intervening earlier. This will build on existing and new provision such as the Children's Wellbeing Practitioner (CWP) programmes and mental health support to schools.
 - b) Ensuring that CYP mental health remains as one of three key work streams within the SEL STP Children's work programme, commissioners will seek opportunities for co-commissioning of services across the STP as part of this.
 - c) Working with providers to review other approaches to support, such as telephone interventions, group work and the delivery of short term interventions.
 - d) Mobilising a 14 month SEL STP digital mental health offer for all children and young people aged 11 – 19 years across six boroughs (including Croydon)
 - e) Review existing online counselling arrangements in Lewisham to ensure the service is maximising opportunities for access. This will include a review of take up and promotion, in partnership with service users.
 - f) By submitting expressions of interest to NHSE as required, with the aim to increase access to evidence based interventions, such as the school trailblazer programme
 - g) The Lewisham Local Authority (LA) Early Help review (2019-20) includes a focus on evidence based mental health provision and should inform commissioning intentions in the future
 - h) The Mental Health Pathway review with NHS Improvement in January 2019, included a review on access routes and pathways for children and young people with mental health concerns. Findings will:
 - Enable a better understand of the trajectory required in order to meet the access targets going forward
 - Support commissioners when reviewing service specifications, KPIs and contracts, which will include clear deliverables for each provider
 - Ensure that all commissioned activity levels are consistent with those required to deliver planned 35% access rates by 2020/21
- **Improve data and reporting by:**
 - a) **Ensuring non-NHS providers continue to flow data to the MHSDS**

CCG commissioners have been working with providers to ensure that they have all of the data management,

information governance and technical requirements in place to be able to flow data by December 2018. This has included reviewing 'access' definitions with providers to ensure information is being collected accurately and securing connectivity to the Health and Social Care Network on behalf of three of the four VCS providers. The fourth provider, Kooth, have made their own arrangements regarding dataflow, directly with NHSE.

b) Ensuring that NHS providers are correctly applying the definition of 'access' and reporting data that accurately represents all evidence-based support provided

Work is ongoing to ensure that the data flowed by the two local NHS Trusts – SLaM and Oxleas - accurately reflects the level of support they are providing to local children and young people, by ensuring that they are correctly applying the definition of 'access'. A series of workshops and technical groups have been organised across the STP to support this process. NHS Trusts will be attending along with commissioners and NHS England.

Measuring our success

Measure		Data source
1.	CYP Mental Health access rate for Lewisham	Mental Health Services Data Set and Monthly Local Access Data
2.	Improved patient experience	PPI Report / No of Complaints
3	CAMHS waiting times	CAMHS dataset and Monthly Local Waiting List Data
4.	% of referrals accepted by CAMHS	CAMHS dataset

4. Care for the most vulnerable

4.1 Enhancing preventative and integrated support for perinatal mental health

The foundations of good mental health are laid in the perinatal period (from conception to one year post-birth), and so, in line with a life course approach to addressing health inequalities, action to promote good child and adolescent mental health should start in the antenatal period.

Strong links have been shown between maternal mental illness in the perinatal period, and the future emotional, cognitive and physical development of children. Antenatal depression is associated with an increased risk of mental health issues in children (Stein, 2014), with one large-scale longitudinal study finding that the risk of depression in young people was 4.7 times higher in when exposed to antenatal depression (Pawlby, 2009).

Evidence has shown that postnatal depression is associated with increased risk of insecure parent-infant attachment (Stein, 2014), and that both antenatal and postnatal depression have an adverse impact on children's social-emotional development (Junge, 2017). Maternal antenatal depression also increases the risk of childhood abuse and neglect (Pawlby, 2011).

Perinatal mental health issues carry a heavy cost to society, and economic modelling carried out by the Centre for Mental Health (2014) showed an £8.1bn cost per year, with 72% of these relating to the child rather than the mother.

National and local policy

Recent national strategies have outlined perinatal mental health (PMH) as a priority where improvements in access and outcomes for women and families are required. The Five Year Forward View for Mental Health, National Maternity Review, Future in Mind, the Chief Medical Officer Report and the Healthy Child Programme all emphasise the strong link between maternal/paternal mental health, children's mental health and the importance of good mental health during pregnancy and after birth. The Five Year Forward View for Mental Health states that by 2020/21 there will be increased access to specialist PMH support in the community or in-patient mother and baby units.

Improving postnatal and PMH is one of the seven priorities within the national maternity review - 'Better Births: Improving Outcomes of Maternity Services in England'. Nationally, it has been acknowledged that PMH has been historically underfunded, and Better Births called for significant investment into community and specialist PMH services.

At a local level, improving perinatal mental health has recently been established as a priority for the South East London Better Births Implementation Plan and the Lewisham Maternity Voices Partnership. A recent Maternal Mental Health JSNA highlighted the high level of need amongst pregnant women and new mothers in Lewisham. The Lewisham CCG Commissioning Intentions for 2019/20 include a priority to enhance prevention, early intervention and integrated approaches to perinatal mental health support.

Current service provision

Lewisham CCG commission a number of services aimed specifically at addressing mental health in the perinatal period:

1. The **Specialist Perinatal Mental Health Team**, provided by South London and Maudsley NHS Trust, provides specialist care for women with moderate to severe mental health issues, including those who require in-patient care. Lewisham, in partnership with Lambeth and Southwark, were successful in applying for additional funding from NHSE in 2017 to significantly expand its capacity and workforce. This pilot funding ends in March 2019 and discussions are underway about the future of the service beyond this point. The Specialist PMH Team work closely with the nearest local **Mother and Baby Unit** which is at The Bethlem Royal Hospital in Beckenham. The mother and baby unit specialises in the treatment of antenatal and postnatal mental illnesses, predominantly for women who develop or have a relapse of serious mental illness during pregnancy, and women who develop postnatal depression, puerperal psychosis or have had a relapse of serious mental illness following the birth of their baby.
2. The LGT Maternity Service employs a **Specialist Perinatal Mental Health Midwife** for Lewisham, which is funded by the CCG through CAMHS Transformation funding. Many of the key national strategies on PMH call for this role to be in place in every Maternity Service in the UK. LGT's PMH Midwife has a crucial role to play in effective PMH care, helping to drive local efforts to ensure that women with perinatal ill-health are identified early and get the best possible care within the Maternity Service and the wider service system. The role involves education, training, advice and awareness raising for maternity staff and staff from other services; acting as a strategic point of contact for all professionals involved in the delivery of PMH care. The pilot funding for this post ends in May 2018.
3. The **Lewisham Mindful Mums Programme**, delivered by Bromley, Lewisham and Greenwich MIND, is funded by the CCG through CAMHS Transformation funding. Lewisham Mindful Mums is a peer-led programme of support with mental wellbeing and resilience for pregnant women and mothers (with babies up to one year). It aims to achieve three key outcomes for the women who take part in the programme; mothers and mothers-to-be have improved wellbeing, mothers and mothers-to-be are more resilient, and mothers and mothers-to-be are less isolated. Weekly sessions are delivered by trained volunteer facilitators who have lived experience of PMH issues. Although the programme is open to all women, it is targeted at those who have experienced PMH difficulties in the past, as well as those experiencing these challenges currently or who are at risk of developing them in future, as identified by themselves, their midwife, health visitor, GP, Children Centre staff, or other professionals. The pilot funding for this service ends in May 2018.
4. The LGT Health Visiting Service employs a **Specialist Perinatal Mental Health Health Visitor**, which is funded as part of the Health Visiting contract with the local authority. The role involves education, training, advice and awareness raising for Health Visitors and other early years services involved in PMH care; acting as a strategic point of contact for the wider early year's workforce on PMH; acting as a champion and advocate for affected families, including clinical practice with these families, and driving quality improvements and integrated care across the service.

These services are brought together in the **Lewisham Integrated Perinatal Mental Health Pathway**, which is a pathway of local service provision, screening and referral processes for Lewisham women identified as having a mental health need in the perinatal period.

What is the level of need in Lewisham?

<p>A Maternal Mental Health JSNA was carried out in 2018, which estimated that approximately 1,019 Lewisham women (20%) per year develop a mental health problem in pregnancy or within a year of giving birth.</p>	<p>It is estimated that each year between 465 and 695 women in Lewisham are affected by mild to moderate depressive illness and anxiety, and 472 to 708 are affected by postnatal depression.</p>	<p>Prevalence rates for the risk factors associated with perinatal mental illness are higher in Lewisham than in the rest of London and nationally. Lewisham has a higher prevalence of depression and severe mental illness than the London average, a higher proportion of lone parent households than the London and national averages, and one of the highest rates of domestic violence in the country.</p>
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How are we performing?

<p>Lewisham Mindful Mums supported 161 local women in the first year of the programme.</p> <p>Evaluation showed that 93% of women showed improved resilience scores - 58% of women increased in all three outcome areas, 25% increased in two areas, and 10% increased in one area.</p>	<p>The Specialist Perinatal Mental Health Team has supported an additional 494 women across LSL between April 2017 and June 2018, as a result of increased pilot funding.</p> <p>As of March 2018, the average waiting time from referral to assessment was 60 days.</p> <p>206 midwives at UHL have been trained in perinatal mental health between June 2017 and July 2018, delivered in partnership between SLaM and the PMH Midwife.</p>	<p>100% of midwives surveyed at UHL reported that they were aware of who the Perinatal Mental Health Midwife was. 96% of midwives reported they felt confident speaking to a woman about their mental health, compared to 61% the year before.</p>
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In the last year, we have:

- Evaluated the first year of the Mindful Mums Programme, which showed positive results in terms of improving the wellbeing and resilience of mothers, and reducing social isolation, and exceeded its targets in terms of reach.
- Evaluated the first year of the PMH Midwife post, which showed that the post has achieved all of the key deliverables set out at the start of the year, including setting up regular MDT meetings between specialist services across the borough, and raising awareness of perinatal mental health amongst midwives, GPs, Health Visitors and Obstetricians
- Expanded training and reflective practice across the workforce. For example, the Specialist Perinatal MH Team now deliver regular monthly reflective practice to staff in the vulnerable women's midwifery team.
- Developed an Integrated Perinatal Mental Health Pathway for Lewisham, driven by the PMH Health Visitor in partnership with services across the borough.
- Completed a JSNA for Maternal Mental Health and an accompanying action plan.

This year we will:

- Seek to enhance prevention, early intervention and integrated approaches to perinatal mental health support.
- Evaluate and review the Specialist Perinatal Mental Health Team in response to the Community Service Development Funding coming to an end in March 2019.
- Build a closer partnership approach to perinatal mental health commissioning, across Children's and Adults Mental Health and Maternity Commissioning.
- Raise awareness of perinatal mental health and provide further training opportunities for local GPs.
- Share and raise awareness of the Integrated Perinatal Mental Health Pathway, including responsibility for mental health screening, amongst Health and Social Care Professionals.

Measuring our success

Measure		Data source
1.	Number of women accessing community support for lower-level mental and emotional health needs in the perinatal period.	Mindful Mums, Bromley, Lewisham and Greenwich MIND
2.	Number of women accessing specialist perinatal mental health support for moderate to severe mental illness.	Specialist Perinatal Mental Health Team, SLAM
3.	Number of GPs attending awareness raising sessions on perinatal mental health.	PMH Midwife, PMH Health Visitor, Specialist Perinatal Mental Health Team
4.	Percentage of women screening for depression and anxiety in the perinatal period by Midwives and Health Visitors.	LGT Maternity and Health Visiting Services

4. Care for the most vulnerable

4.2 Strengthening and streamlining provision for children looked after

In Lewisham we offer enhanced and flexible mental health provision specifically for children and young people that are looked after by the local authority, or are leaving care, to address any barriers to good emotional, behavioural and mental health for this group and ensure that they are able to access the support they need.

The SYMBOL Team

The CAMHS SYMBOL team is a specialist mental health service provided to children and young people that are looked-after, adopted, or leaving care in Lewisham, including children and young people placed out of the borough by Lewisham, and children placed in Lewisham by other local authorities. The service provides mental health assessment and treatment to 0-18 year olds, and additional transitional support to looked-after young people aged 18-21 that do not meet the criteria for adult mental health services.

The SYMBOL team provides a wide range of medium and long term therapy, including CBT, systemic/family psychotherapy, psychoanalysis, drug treatment and solution-focused therapy. The team also provide enhanced interventions such as mental health consultations to schools, colleges and residential care units, family therapy workshops and psychotherapy to siblings and foster carers.

The DAB Outreach Team

The Dream, Achieve and Believe (DAB) Team is a collaboration of the Lewisham Virtual School and CAMHS, and was introduced to respond rapidly to referrals around looked after children's mental health and emotional wellbeing. The DAB team provides direct support to schools in relation to looked after children and works with young people and those around them to identify potential psychological barriers to education and devise strategies to manage these.

The overall aim is to narrow the attainment gap between children looked after and the wider population, through offering targeted packages of care to children who require additional support in managing their mental health needs. Their objectives are to prevent school exclusions, improve education attainment, reduce placement breakdown, improve emotional wellbeing and improve reintegration back into school.

The team consists of two clinical psychologists, one family therapist and one educational psychologist, and the SYMBOL team provide supervision to ensure a good interface between the two services.

Additional support

In addition to this specialist support for children looked after or those 'at risk' of becoming looked after with issues around their emotional wellbeing can access wider early help support commissioned by Lewisham, such as emotional wellbeing services provided by the voluntary sector.

Additionally, the CCG holds a separate CAMHS budget for Lewisham children placed more than 20 miles out of

borough that cannot access the Lewisham offer, but access support through other mental health trusts.

What is the current picture in Lewisham?

As of March 2017, Lewisham's rate of children looked after was **67 per 10,000 children**, compared to 62 in England and 50 in London.

In 2016/17 in Lewisham, **27.9%** of looked after children aged 5-16 had a score in the Strengths and Difficulties Questionnaire (SDQ) which indicated cause for concern. The equivalent percentages in London and England were 35.5% and 38.1% respectively.

In 2016/17, the emotional wellbeing of looked after children aged 5-16 (measured by the average difficulties score) was **13.9** for Lewisham, compared to 13.7 for London and 14.1 for England.

How are we performing?

The SYMBOL team receive **24 referrals** per quarter on average, and accept 85% of these. As of Q1 2018/19, the average waiting time from referral to assessment was **12 weeks**. The team are currently carrying a caseload of **92 cases**.

The DAB team receives **7 referrals** per quarter on average, and works with approximately **120 cases** per year. Since the team has been active, days lost to exclusions has dropped by **21%** from 186 in 2015/16 to **145** in 2017/18. The team are currently responding to referrals within 24 hours in **79%** of cases.

In the last year, we have:

- Undertaken a comprehensive peer review of the DAB team, which produced very positive feedback. Being one of its kind nationally, there is appetite to replicate this model in other parts of the country.
- Increased the clinical capacity of the DAB team by adding a clinical psychologist and an educational psychologist, meaning that the team is now able to offer more support schools.

This year we will:

- Complete a full evaluation of the DAB team with the aim of demonstrating the impact that the team has had on the social and emotional wellbeing of pupils.
- Establish a Mental Health in Schools steering group lead by the Looked After Children Virtual School.
- Strengthen governance and contract monitoring oversight for the DAB and SYMBOL teams, to ensure that they are properly supported by commissioners and the Virtual School and integrated with wider services for looked after children.

Measuring our success

Measure		Data source
1.	Percentage of Lewisham looked after children indicating cause of concern on the Strength and Difficulties Questionnaire (SDQ).	PHE Fingertips: Children and Young People's Mental Health and Wellbeing Profile
2.	Average quarterly waiting time from referral to assessment for SYMBOL team.	SYMBOL Team quarterly monitoring, SLaM
3.	Number of school days lost to fixed term exclusion for looked after children per year.	Lewisham Virtual School
4.	Number of referrals to SYMBOL and associated caseloads	CAMHS dataset

4. Care for the most vulnerable

4.3 Continuing progress of the Youth Justice Mental Health pathway

In 2017, the Lewisham YOS underwent a comprehensive redesign, moving from a largely generic model to one with three distinct and functional work streams within a clear pathway:

1. Intake – pre-court, court & remand
2. Intervention 1 – post-court & group work
3. Intervention 2 – high-risk cases & custody

Liaison and Diversion

The Liaison & Diversion (L&D) role originally started as a pilot in Lewisham and was designed to reduce the numbers of first time entrants into the Youth Justice System. This role initially provided outreach support at the police station, including screening for mental health, learning or communication difficulties and other vulnerabilities. At this time, the role was delivered via a secondment arrangement with Lewisham CAMHS and its core focus was on working with young people who had possible mental health concerns.

Although positive, this approach resulted in a relatively small number of referrals, so alongside commissioners, as part of a wider redesign, the YOS decided to transfer the role from Lewisham CAMHS to the in-house YOS team. The role now has additional responsibilities and a presence at Bromley Youth Court, it is integrated with the YOS Intake Team, enabling the L&D worker to undertake more preventative, diversionary work with a much wider cohort of vulnerable young people (including those with mental health or communication concerns). The revised L&D role has a greater strategic focus, working across the whole pathway to provide specialist advice/support to YOS Officers, identifying gaps in provision and building stronger partnerships with CAMHS and other health-focused services (e.g. Young People's Health and Wellbeing Service).

In addition to L&D provision, trauma training has been delivered to staff across the YOS and partner agencies. The trainer (an experienced clinical psychologist) currently provides monthly clinical supervision to all YOS staff and managers, which is accessed by all staff. A Speech & Language Therapist has also been commissioned to provide support from September 2018.

Pathways for children and young people

Lewisham has a number of specialised health and justice pathways for children and young people, dependant on their needs. These include:

- **CYP within and transitioning to and from the Children and Young People Secure Estate on both welfare and youth justice grounds**
- **CYP receiving specialist or forensic CAMHS (specifically high risk young people with complex needs)**

The YOS benefits from excellent relationships with the local CAMHS service, with the forensic team (ARTs) being co-located at the YOS, providing easy access to clinical advice and information, alongside

therapeutic support for young people involved in offending behaviour. In addition to this, the Young People's Health and Wellbeing (YPHWB) Service offer satellite sessions at the YOS, providing holistic support relating to substance misuse, sexual health and emotional health.

In addition to local provision, NHSE have committed significant resource to the development of a Community Forensic CAMHS service (to include Secure Estate Outreach). In South London this is being delivered by the South London Partnership (a provider collaboration between SLaM, Oxleas and SWL and St Georges Mental Health Trusts). The service launched in 2018 and will operate as a Tier 3.5 service, it aims to prevent admission to mental health inpatient units, including medium & secure estate, and psychiatric intensive care units (PICUs). When fully mobilised, the service has started to provide clinical consultation, clinical assessments and short term interventions to this highly vulnerable cohort across the STP footprint.

- **CYP interacting with liaison and diversion services**

As described above, the CCG commissioned Liaison and Diversion worker has supported implementation of the new design for the YOS team, which promotes an increased level of contact, restorative enquiry and engagement in pre-sentencing report stage, together with increased screening and assessment for identified needs, such as child criminal exploitation, speech and language and other educational disability, and mental health needs.

- **CYP presenting at sexual assault referral centres (SARCS)**

Sexual and emotional health is a feature of the holistic service offer at the Young Offending Service and the liaison and diversion worker identifies SARCS cases in custody suites. Some sexual assault cases are also managed at Multi-Agency Risk Assessment Conference (MARAC), which provides a forum for multi-agency representatives to talk about the risk of future harm to people / young people experiencing domestic and sexual abuse and if necessary their children, and draw up an action plan to help manage that risk. Lewisham, Lambeth and Southwark have also jointly funded an emotional health and wellbeing practitioner, who will work in a supportive and sign posting capacity for child victims and survivors of sexual harm.

- **CYP in crisis care related to police custody**

The SLP partnership deliver an enhanced, SLAM, 'all age' crisis line, which is open 24/7 and is currently available to four boroughs (LSLC). It is open to users and professionals and is actively promoted through primary care, other agencies, and line details feature prominently on the SLAM website. All staff involved with the crisis line are experienced clinicians, who have received training and support from CAMHS. Staff on the crisis line also have 24/7 access to CAMHS specialists and to SLaM e-notes which are updated after every call. 12% of all calls relate to the CYP cases.

Mental health assessments and youth justice

A mental and emotional wellbeing assessment is routinely carried out on this vulnerable cohort. Young people in the Youth Justice Service are assessed through the National Assessment Tool – Asset Plus, which provides a

comprehensive assessment covering items such as personal circumstances, risk, pathways to change etc. To inform it the service aims for 100% screening using a Strengths and Difficulties Questionnaire (SDQ) and a specialist screening for Trauma Speech and Language need. For those on the edge of the service, the same is done again but more rapidly, this is all undertaken with the support of the Liaison Diversion worker. Importantly, the scope of the Liaison and Diversion worker now includes young people who have been arrested but not subsequently charged.

Data collection and reporting

The following information is recorded by the YOS and submitted to the CYP Joint Commissioning Team on a monthly and quarterly basis.

- **Re-offending rates**

Longitudinal reoffending data from the Lewisham YOS YJMB and Sub Group Report, August 2018, shows that Lewisham achieved a 7.0% reduction in the number of reoffenders, from 56.3% in July-September 2015, to 49.3 % July-September 2016. London saw a 0.8% reduction in reoffenders within the same reporting period, in comparison to 1.2% nationally. Even though reoffending reduced considerably over that period, we did not achieve the national baseline target of 42.3%.

- **First time entry into the Youth Justice system**

Data from the Lewisham YOS YJMB and Sub Group Report, August 2018, compares first time entrant data from January - July 2017 and the same time period in 2018. Overall, 2017 saw 85 first time entrants compared to 61 in 2018, showing a 28% reduction. There was also a 28% reduction in BAME first time entrants during this time period from 67 in 2017 to 48 in 2018.

- **CYP who are in contact with youth justice services, engaging with their CYPMH intervention plan.**

As an indication of the level of involvement, information submitted via the NHS England (London) KPI template shows that an average of 66.25% of CYP co-produced their integrated care plans across the four month period spanning from May to August 2018.

Recognising the needs of young people in the justice system

The YOS is committed to ensuring that children and young people are informed about what is happening to them and promote opportunities to contribute to what is happening. Evidence suggests that the YOS is a service where children and young people feel that their views and experiences are encouraged, valued, respected and most importantly acted upon to shape services that meet their needs. For instance, data from the Lewisham YOS YJMB and Sub Group Report, August 2018, shows that 100% of the 60 children and young people receiving formal, direct, care involvement from YOT, provided a minimum of satisfactory feedback for their worker within the time frame May – August 2018.

The whole service uptake of clinical supervision and main-streaming of AMBIT, restorative approaches and authentically trauma - informed practice, allows practitioners to develop the meaningful relationships that are required for recovery from relational harm

A Case Study

Name: A

Gender: Male

Age: 16

Ethnicity: Mixed heritage White and Black African

Offence: Robbery

Referral

Adrian appeared in court for the above offence in January 2018. After pleading not guilty he was given a trial date to attend 3 months later. The Liaison and Diversion worker was unable to meet Adrian on the day of Adrian's court appearance, therefore she made an appointment to meet with the family in the community in order to explore areas of strength and difficulty, and discuss the ways in which local services might be able to provide support. This initial appointment provided an opportunity to engage the family outside of the court environment, which facilitated a rapport building that was essential for a meaningful and holistic assessment.

A summary of need, intervention, and outcomes

- **Education**

Need: education Adrian had been 'Not in Education, Employment or Training' (NEET) for three months when the Diversion and Liaison (L&D) worker first met with him.

Intervention: The L&D worker highlighted this to the Education Officer, which led to a referral to the local Education and Inclusion Manager.

Outcome: Adrian has been offered a place in an alternative provision to meet the immediate need, and he is currently being assessed to determine the best school setting For the longer term.

- **Family support**

Need: Adrian was living in a crowded two bedroom property with extended family and sharing a bedroom with his father. Father described a strained relationship between all family members and previous involvement with Children's Social Care.

Intervention: The L&D worker completed a Multi-Agency Safeguarding Hub (MASH) referral requesting Early Help. A family support worker was subsequently allocated to the family with a view to providing intensive support, which will include consideration of housing need.

Outcome: The family support worker struggled to engage the family so far, though they are continuing to try.

- **Mental Health**

Need: Adrian was experiencing difficulties regulating his mood and his family felt confused about his mental health support needs. They thought that he might have previously been diagnosed with a mental health condition, however they were not sure.

Intervention: The L&D liaised with CAMHS and confirmed that Adrian had not been diagnosed with a mental health condition previously. The L&D worker also consulted with the YOS CAMHS worker, and reached the decision that a referral to CAMHS would be appropriate.

Outcome: CAMHS accepted the referral and then allocated a Clinical Psychologist to his case. Adrian is engaging with CAMHS, an assessment has been completed and treatment has commenced.

- **Contextualised safeguarding**

Need: The L&D worker identified a suspected risk stemming from Adrian's gang affiliated peers. Historically, Adrian had experienced serious youth violence and had been a victim of a common assault.

Intervention: The L&D liaised with the Serious Youth Violence team and a home visit took place.

Outcome: Adrian has not made any disclosures, though the team have been able to offer advice and support to Adrian and his father.

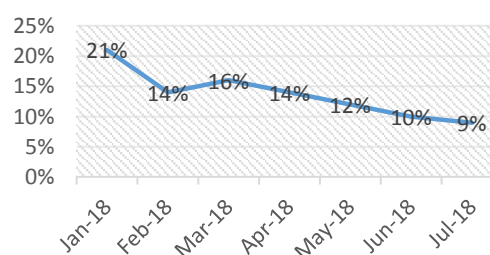
Evidence suggests that Adrian has not engaged in criminal activity, or been victimised since the initial contact made by the L&D worker and subsequent intervention.

What is the current picture in Lewisham?

100% of children and young people receiving formal, direct, care involvement from YOS, provided a minimum of satisfactory feedback for their worker within the time frame May – August 2018 (Lewisham Youth Justice Management Board)

An average of 66.25% of children and young people co-produced their integrated care plans across the four month period spanning from May to August 2018 (NHS England KPIs)

Monthly Binary Rates: 2018 for first time entrants into the CJS



In the last year, we have:

1. Achieved a whole service uptake of clinical supervision and main-streaming of AMBIT, restorative approaches and authentically trauma - informed practice, which allows practitioners to develop the meaningful relationships that are required for recovery from relational harm.
2. Ensured that the scope of the Liaison and Diversion worker now includes young people who have been arrested but not subsequently charged.
3. Introduced case formulation, which facilitates personalised planning, with children and young people's voices at their centre

This year we will:

1. Increase the number of co-produced integrated care plans
2. Maintain the downward trajectory of first time entrants into the criminal justice system through the use of the Diversion and Liaison resource
3. Maintain the positive feedback from children and young people receiving formal, direct, care involvement from YOS, ensuring that 100% of children and young people continue to provide a minimum of satisfactory feedback for their worker.
4. To build adequate referral pathways and communication channels from the CAMHS ARTS service and the new NHS funded FCAMHS service.

Measuring our success

Measure		Data source
1.	Increase the number of co-produced integrated care plans	NHS England (London) KPI
2.	Maintain the downward trajectory of first time entrants into the criminal justice system through the use of the Diversion and Liaison resource	Lewisham YOS YJMB and Sub Group Report
3.	Maintain the positive feedback from children and young people receiving formal, direct, care involvement from YOT, ensuring that 100% of children and young people continue to provide a minimum of satisfactory feedback for their worker.	NHS England (London) KPI
4.	Referrals to the FCAMHS service for Lewisham young people	SLP data reports

11. Conclusion

As an STP, we have made significant progress in delivering ambitions for CAMHS transformation as set out in the documents published in 2015. Of note, the Child and Adolescent Eating Disorders Service at South London and The Maudsley (CAEDS) has been successfully delivering against its ambitious targets and plans for innovation. The service has had a longstanding and highly successful arrangement where 7 CCGs have been partnered: Bexley, Bromley, Croydon, Greenwich, Lambeth, Lewisham and Southwark. Each meeting the 100% urgent, seven day target, for the first time, during the period 1 July to 30 September 2018.

Locally, the voice of the child has been at the forefront of decision making, service development and recruitment. Black, Asian and Minority Ethnic (BAME) service users have made really valuable contributions to service development in CAMHS. They will deliver cultural awareness training to CAMHS staff in February next year, therefore helping staff to meet the needs of the highly diverse community that they serve. The Joint Commissioner for Child and Adolescent Mental Health and Emotional Wellbeing will continue to work the Young Mayoral Advisors, and ensure that they are consulted on issues relation to Child and Adolescent Mental Health going forward. The new Young Mayor was also elected in October 2018, which provides an additional opportunity for collaboration. We have some work to do in order to ensure that 100% of Children and Young People co-produced their integrated care plans within the Youth Justice pathway. However, a review of Mental Health support for Children and Young People in Lewisham, conducted by an elected-member, highlighted peer support as an area for development. There is therefore a commitment to empower children and young people to play a more active role in the transformation of CAMHS.

We have made strides by triggering root and branch reviews of the Early Intervention and Child and Adolescent Mental Health Pathways in Lewisham. The recommendations coming from the Child and Adolescent Mental Health Pathway review in particular, will enable us to increase productivity, reduce gaps across the pathway, develop lean and more effective pathways and, critically, support more children to access evidence based services.

A focus on increasing access rates, robust data collection, reduced waiting times and the increased provision of evidence based intervention are at the core of our transformation plan 18/19. We are also committed to reducing the escalation of mental health concerns and reducing the number of admissions by pre-emptively identify children that may be about to be admitted to specialist mental health units and working with the STP to support the Core 24 offer.

In conclusion, the Lewisham CCG CAMHS Transformation Plan is on track to deliver local ambitions and meaningful transformation to strengthen our offer to the local population and their carers. This is not without challenges, particularly the very real challenges associated with Children and Young People's timely access to evidence based interventions. It is therefore our commitment to lean into this difficulty, better understand the challenges and solutions and drive positive change. We remain ambitious and confident in the collective will, across the children's workforce, to improve the Mental Health and Emotional Wellbeing offer for our Children and Young People in a sustainable way.

Appendix 1: CAMHS Transformation Plan Refresh 2018 – Needs Analysis

Joint Strategic Needs Assessments (JSNAs)

A number of Lewisham JSNAs address aspects of mental health in children:

Title	Content	Date
Maternal mental health	Mental health and wellbeing of women in Lewisham in the 1001 days from the conception of their child until the child is two years old	Published April 2018
Mental health	Common and severe mental illness in adults in Lewisham	Published July 2012. Refresh due in 2019
Mothers and families who have children repeatedly taken into care in Lewisham	Health and wellbeing needs among cohorts of women and/or families who repeatedly have children taken into care	Published January 2017
Adult and Young People's Substance Misuse Needs Assessment	Alcohol and drug related harm in Lewisham	Published April 2016
Adults with Autism	Assesses the needs of adults with autism in Lewisham	Published October 2018

Lewisham Strategies/Plans

Children and Young People's Mental Health and Emotional Wellbeing Strategy. This highlights five areas of priority and workstreams in line with Future in Mind, outlining our ambition for the next four years: Promoting resilience, prevention and early intervention; improving access to effective support – a system without tiers; Care for the most vulnerable; Accountability and transparency; and developing the workforce.

Children and Young People's Plan 2015–18. This sets out the strategic aims and priorities for all agencies working with children and young people across Lewisham. It establishes how partner agencies will continue to work together to improve those outcomes that will make significant improvements to the life-chances of our children and young people. The four priority areas are: Build Resilience; Be Healthy and Active; Stay Safe; and Raise Achievement and Attainment.

Suicide Prevention Strategy. This is due to be finalised by the end of 2018. One of the main priority areas of the strategy focuses on tailoring approaches to improving mental health in specific groups. In Lewisham, Children and Young People have been selected as one of these groups and youth mental health first aid training particularly targeted to Lewisham school staff will play a key contribution to the actions outlined in this area of the strategy.

Early Help Strategy. This strategy sets out how partner agencies will work together to deliver coordinated and timely Early Help support to children, young people, and families that need it, how

these agencies will work effectively to instil confidence, build resilience, and enhance the capacity of families.

Identification of need

Lewisham population

- The population of Lewisham was estimated to be 301,300 in 2017, making Lewisham the 14th largest borough in London by population size and the 5th largest in Inner London.² The population of the borough has increased by 25,000 since the 2011 Census. Population growth in Lewisham is driven primarily by the birth rate (rather than in-migration). There are approximately 5,000 live births each year.
- Lewisham has a young population bias, the proportion aged 0-4 population is notably higher than the national average. It is estimated that there are 92,995 children and young people aged 0-24 living in Lewisham: 47,063 males and 45,932 females (see Table 1).

Table 1. Population estimates for males and females aged 0-24 in Lewisham, mid-2017

Age	Males	Females
0-4	11,532	10,824
5-9	10,509	9,837
10-14	8,432	8,175
15-19	7,455	7,279
20-24	9,135	9,817
Total 0-24	47,063	45,932

Source: Office for National Statistics (ONS) Population estimates: Males and Females by single year of age and sex for local authorities in the UK, mid-2017.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

- 54% of all Lewisham residents are White and 46% are of Black & Minority Ethnic (BME) heritage, however for young people the ethnic proportions are and will continue to be quite different: the percentage of 0-19s of BME heritage has remained at or marginally above 65% since 2011³ and Lewisham's schools' population is 76% BME. Within the BME population, Black Africans are the fastest growing ethnic group representing 25% of the BME population.
- Nationally, Lewisham ranks 48th highest for deprivation out of 326 local authorities. This means that as a local authority Lewisham is within the 20% most deprived local authorities in England.⁴

Prevalence of mental health conditions

² Office for National Statistics (ONS) 2017 Mid-year population estimates.

³ 2015 Round Ethnic Group Population Projections, GLA

⁴ English Indices of Deprivation 2015.

- It has been estimated⁵ that 9.4% of children aged 5-16 in Lewisham will have any mental health disorder; 3.6% will have an emotional disorder; and 5.7% will have a conduct disorder (see Table 2).

Table 2. Estimated prevalence of mental health disorders in children and young people: % population aged 5-16, 2015

	Lewisham	London	England
Any mental health disorder	9.39%	9.31%	9.23%
Emotional disorder (anxiety disorders and depression)	3.60%	3.61%	3.57%
Conduct disorder	5.75%	5.68%	5.60%

N.B. These are modelled estimates of prevalence.

Source: Public Health England Fingertips Children and Young People's Mental Health and Wellbeing Profile. Number of children aged 5-16 estimated to have mental health disorders based on the prevalence from the ONS survey *Mental health of children and young people in Great Britain* (2004) adjusted for age, sex and socio-economic classification.

<http://www.hscic.gov.uk/pubs/mentalhealth04>

- It has been estimated⁶ that there were 4381 young people aged 16-24 with a potential eating disorder in Lewisham in 2013.
- Directly standardised hospital admission rate as a result of self-harm for children in Lewisham aged 10-24 was statistically significantly lower than for England overall in 2016/17 (219.6 per 100,000 population compared to 407.1 per 100,000 population) but not significantly different from the London rate.
- Crude rates of hospital admissions as a result of self-harm have been broken down into three age groups: 10-14 year olds, 15-19 year olds and 20-24 year olds (see Table 3). In Lewisham, the 15-19 age group has had the highest crude rate of hospital admissions since 2012/13, though this could be a reflection of the size of this age group relative to the others.

Table 3. Hospital admissions as a result of self-harm: Crude rates per 100,000 population in Lewisham

Age	2014/15	2015/16	2016/17
10-14	131.87	174.90	118.42
15-19	340.94	344.25	375.99
20-24	165.75	201.98	169.05

Source: Public Health England Fingertips Children and Young People's Mental Health and Wellbeing Profile. Crude rates of finished admission episodes for self-harm per 100,000 population where the main recorded cause (defined as the first diagnosis code that represents an external cause (V01-Y98)) is between X60 and X84 (Intentional self-harm). Hospital Episode Statistics (HES)

⁵ These estimates were calculated by applying national prevalence rates to local population, and adjusting for age, sex and socioeconomic classification.

⁶ This estimate was calculated by applying the national prevalence of eating disorders (those who score two or more on the SCOFF scale, the clinical threshold for diagnosis of an eating disorder) from the Adult Psychiatric Morbidity Survey (APMS) (2007) to the resident population aged 16-24.

- A suicide audit conducted in 2017 found that the number of suicides and open verdicts in the 10-24 year old age group over the period 2012-16 were much lower than for the 24-45 and 45-65 age groups (see Table 4). Suicides in the 10-24 year old age group constituted 6% of all male suicides and 13% of all female suicides in Lewisham. It is however important to note that these are raw numbers, and not rates, and the relative numbers of young people completing suicide may in part be due to Lewisham having a comparatively large number of people in the younger age groups compared to the older ones.

Table 4. Number of suicides in Lewisham, by age group, 2012-16

	10-24	24-45	45-65	65-85
Total (Suicides and open verdicts)	7	51	31	6

Source: *Lewisham Suicide Audit 2012-16*. Anonymised data from January 2012-December 2016 was extracted from the Primary Care Mortality Database (PCMD), which included data on cause of death, age, gender, place of death and country of origin.

Maternal mental health

- It is estimated that approximately 1,019 women (20%) in Lewisham develop a mental health problem in pregnancy or within a year of giving birth. Serious perinatal mental disorders are associated with an increased risk of suicide. Suicide is the leading cause of maternal mortality in the UK. Maternal mental health (MMH) issues do not just affect the mother, but also the wider family. For the child, the period of the first 1001 days – from conception to the age of two, is widely recognised as a critical developmental period. There are a number of risk factors for developing MMH issues, and in Lewisham, the high prevalence of many of these factors, indicates a high risk population. As such, MMH is an important priority for the borough. Table 4 shows the estimated number of women affected by common perinatal mental health disorders, ‘baby blues’ and postnatal depression

Table 5. Estimated number of women affected by common perinatal mental health disorders, ‘baby blues’ and postnatal depression in Lewisham, 2016

Mental health disorders during pregnancy and after childbirth	National prevalence estimate (per 1,000 deliveries)	Estimated no. of women affected in Lewisham each year
Postpartum psychosis	2	10
Chronic serious mental illness	2	10
Severe depressive illness	30	140
Mild-moderate depressive illness and anxiety (lower – upper estimate)	100 – 150	465 – 695
Post-traumatic stress disorder	30	140

Adjustment disorders and distress (lower – upper estimate)	150 – 300	695 – 1,385
‘Baby blues’	80%	3,776
Postnatal depression	10% - 15%	472 – 708

N.B. These are modelled estimates of prevalence.

Source: *Maternal Mental Health JSNA - April 2018*. These figures are calculated by applying the national prevalence rates of these disorders to Lewisham’s live birth rate (4,721 births in 2016).

School-aged children

- There are currently 2145 Lewisham residents (or Children and Young People who are Looked After Children to Lewisham but residing elsewhere) with a Statement of Special Educational Need or Education Health and Care plan. 613 (28.6%) of these children and young people are placed in out of borough provisions. ASD, Speech, Language or Communication and Social, Emotional or Mental Health difficulties are the most common diagnosis in children and young people placed out of borough (accounting for 399 (65%) combined).⁷
- Of the 2145, 780 (36.4%) are accessing mainstream schools (including Academies), 613 (28.6%) are accessing maintained special schools, 196 (9.1%) are accessing independent schools and 152 (7%) are accessing maintained resource bases attached to mainstream schools. In addition, 270 (12.6%) are accessing further education or specialist 16 provision.⁸
- Of the 2145, 808 (37.7%) are diagnosed with Autistic Spectrum Disorder, 399 (18.6%) have a Speech, Language or Communication Need, 233 (10.8%) have a Severe Learning Difficulty, 178 (8.3%) have Social, Emotional or Mental Health difficulties and 142 (6.6%) have Moderate Learning Difficulties.⁹
- According to Lewisham data, as of March 2018 there are some 43,537 pupils attending Lewisham’s 90 schools, with approximately 5,557 (12.8%) of these
- Children in Lewisham schools having been identified with SEND needs. This is above the national and London averages but lower than the Inner London averages.¹⁰
- According to Public Health England data, in 2018, 16.35% of all school pupils in Lewisham had special educational needs (SEN). This is statistically significantly higher than the overall percentage of pupils in London and England (see Table 6). Of these pupils with special educational needs, some may have social, emotional and mental health needs. In Lewisham in 2018, approximately 2% of school pupils had social, emotional and mental health needs. Again, this is statistically significantly higher than the overall percentage of pupils in London and England (see Table 7).

Table 6. Percentage of pupils with special educational needs (SEN), 2018

	Lewisham	London	England
All school ages	16.35%	14.40%	14.43%
Primary school age	15.78%	13.90%	13.79%

⁷ Lewisham’s Special Educational Needs and Disabilities Strategy 2016-2019 (Updated March 2018)

⁸ Lewisham’s Special Educational Needs and Disabilities Strategy 2016-2019 (Updated March 2018)

⁹ Lewisham’s Special Educational Needs and Disabilities Strategy 2016-2019 (Updated March 2018)

¹⁰ Lewisham’s Special Educational Needs and Disabilities Strategy 2016-2019 (Updated March 2018)

Secondary school age	14.12%	12.43%	12.27%
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Source: *Public Health England Fingertips Children and Young People's Mental Health and Wellbeing Profile*. The number of school children who are identified as having special educational needs expressed as a percentage of all school pupils. Department for Education special educational needs statistics: <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018>

Table 7. Percentage of school pupils with social, emotional and mental health needs, 2018

	Lewisham	London	England
All school ages	1.98%	2.41%	2.39%
Primary school age	1.98%	2.19%	2.19%
Secondary school age	1.90%	2.53%	2.31%

Source: *Public Health England Fingertips Children and Young People's Mental Health and Wellbeing Profile*. The number of pupils with Special Education Needs (SEN) where primary need is social, emotional and mental health expressed as a percentage of all school pupils. Department for Education special educational needs statistics: <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018>

- According to Public Health England, in 2017, 3.75% of all Lewisham school-aged children were identified as having a learning disability.¹¹ This is statistically significantly lower than the equivalent percentages for London and England (4.4% and 5.6% respectively).
- According to Public Health England, in 2017, the prevalence of children with autism known to schools was 27.7 per 1,000 pupils.¹² This is statistically significantly higher than the prevalence in London and England (13.6 and 12.5 per 1,000 pupils respectively).
- There are currently 28 children and young people receiving high cost continuing care packages either at home, at home and school and or in school.¹³
- SIGNAL is a family support group run by parents of autistic children for parents with autistic children in Lewisham and has a membership of 254 families with 274 children of which 78% are male. Children is defined as people under 25 however they have some older longstanding members (52 people are aged 18+). Their membership consists of 56% white, 19% black, 15% other, 2% Asian and the remaining undisclosed.¹⁴

¹¹ Source: *Public Health England Fingertips Children and Young People's Mental Health and Wellbeing Profile*. The number of primary, secondary and special school children who are identified as having a learning disability expressed as a percentage of all primary, secondary and special school pupils. Department for Education special educational needs statistics <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018>

¹² Source: *Public Health England Fingertips Children and Young People's Mental Health and Wellbeing Profile*. Children with Autism (sum of numbers of pupils recorded as having autistic spectrum disorder as a primary special educational need at census from state funded school primary, secondary and special schools) known to schools per 1,000 pupils. Department for Education statistical collections: Special Educational Needs, local authority tables <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

¹³ Lewisham's Special Educational Needs and Disabilities Strategy 2016-2019 (Updated March 2018)

¹⁴ JSNA Adults with Autism. October 2018.

- In the 2017/18 academic year there were 43 permanent exclusions from Lewisham secondary schools.¹⁵ This is 31.8% less than 2016/17 and 45% less 2015/16. This brings Lewisham figures more in line with England, London and Inner London averages.
- The main reason for exclusion during 2017/18 was Persistent Disruptive Behaviour.¹⁶ Some of these pupils will have behavioural/social-emotional needs that have not met the threshold for an Education, Health and Care (EHC) Plan or have yet to be formally diagnosed. However schools continue to offer strategies to support pupils with additional needs. Whilst schools offer support they recognise that the size of the school and the amount of pupils on roll has a negative impact on these vulnerable children.
- The Department for Education Statistical First Release (SFR) was published in July 2018 and gives the annual exclusion data for 2016/17. In 2016/17, Lewisham had the highest rate of permanent exclusions (0.43% of total secondary school pupils) out of all south-east London authorities (Bexley, Bromley, Greenwich, Lambeth and Southwark); and higher than the Inner London, London and England rates (see Table 8 for exclusion rates in secondary schools).
- There were no permanent exclusions from Lewisham primary schools in 2016/17 (see Table 9).

Table 8. Exclusion rates in state-funded secondary schools, 2016/17

	Lewisham	Inner London	London	England
Number of permanent exclusions	63	360	980	6,385
Permanent exclusion rate (%)	0.43%	0.21%	0.19%	0.2%
Number of fixed period exclusions	1,436	13,855	37,790	302,890
Fixed period exclusion rate (%)	9.71%	8.27%	7.5%	9.4%
Number of pupil enrolments with one or more fixed period exclusion	954	8,835	23,610	148,820
One or more fixed period exclusion rate (%)	6.45%	5.27%	4.69%	4.62%

Source: Access, Inclusion and Participation: Permanent Exclusions. Exclusion Annual Report 2017-18. August 2018. Figures taken from Department for Education Statistical First Release 2018.

Table 9. Exclusion rates in state-funded primary schools, 2016/17

	Lewisham	Inner London	London	England
Number of permanent exclusions	0	40	100	1,255
Permanent exclusion rate (%)	0%	0.02%	0.01%	0.03%
Number of fixed period exclusions	232	2,370	6,235	64,340
Fixed period exclusion rate (%)	0.91%	0.92%	0.83%	1.37%

¹⁵ Source: Access, Inclusion and Participation: Permanent Exclusions. Exclusion Annual Report 2017-18. August 2018. Lewisham is promptly notified by schools regarding the permanent exclusions of pupils in Lewisham schools and of Lewisham residents in out of borough schools. As a result we are able to collect data for the academic year of 2017/18.

¹⁶ Source: Access, Inclusion and Participation: Permanent Exclusions. Exclusion Annual Report 2017-18. August 2018.

Number of pupil enrolments with one or more fixed period exclusion	136	1,330	3,340	28,940
One or more fixed period exclusion rate (%)	0.53%	0.52%	0.45%	0.62%

Source: Access, Inclusion and Participation: Permanent Exclusions. Exclusion Annual Report 2017-18. August 2018. Figures taken from Department for Education Statistical First Release 2018.

Vulnerable groups

- In 2016/17, the emotional wellbeing of looked after children aged 5-16 (measured by the average difficulties score) was 13.9 for Lewisham, compared to 13.7 for London and 14.1 for England. This is the average of all summary scores on the strengths and difficulties questionnaire (SDQ), which is collected by local authorities. Scores range from 0 to 40, and a higher score indicates greater difficulties (a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern).¹⁷
- In 2016/17 in Lewisham, 27.9% of children aged 5-16 who had been in care for at least 12 months (on 31st March) had a score in the SDQ which indicated cause for concern.¹⁸ The equivalent percentages in London and England were 35.5% and 38.1% respectively.
- In 2017, the rate of first time entrants to the youth justice system (the rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population) was significantly higher in Lewisham (628.1) than in London and England (380.3 and 292.5 respectively).¹⁹
- In August 2018, 31 young people in the Youth Offending Service were receiving a service from CAMHS.
- In 2017, a Lewisham JSNA was published about mothers and families who have children repeatedly taken into care. Health and social needs in this group are complex and it is common for multiple needs to overlap. For 47 women in Lewisham who entered repeat care proceedings between quarter 1 2014/15 and quarter 3 2015/16, 53% had documented

¹⁷ Source: *Public Health England Fingertips Children and Young People's Mental Health and Wellbeing Profile*. Data is collected by local authorities through a strengths and difficulties questionnaire (SDQ) and a single summary figure for each child (the total difficulties score), ranging from 0 to 40, is submitted to the Department for Education through the looked after children return (SSDA903). A higher score indicates greater difficulties (a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern). The mean of total difficulties score for all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31st March is calculated by taking the sum of all individual SDQ 'total difficulties scores' for looked after children aged 5 to 16 (inclusive), who have been in care continuously for 12 months at 31 March divided by the number of valid primary carer SDQs that have been completed for looked after children aged 5 to 16 (inclusive), who have been in care continuously for 12 months at 31st March excluding any children who were looked after on that date under an agreed series of short term-placements. www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017

¹⁸ Source: *Public Health England Fingertips Children and Young People's Mental Health and Wellbeing Profile*. Percentage of children aged 5-16 who have been in care for at least 12 months on 31st March whose score in the SDQ indicates cause for concern (17 or over). www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017.

¹⁹ Source: *Public Health England Fingertips Children and Young People's Mental Health and Wellbeing Profile*. Rates of juveniles receiving their first conviction, caution or youth caution per 100,000 10-17 year old population by area of residence. <https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-december-2017>

mental health problems, 53% either currently or historically engaged in substance misuse, and 51% had a history of domestic violence.²⁰

- There were 63 cases of child sexual exploitation in Lewisham reported in 2017.²¹ Of these, 84% were Level 1, 6% were Level 2 and 10% were Level 3; 92% of cases were female; 59% of cases were Afro-Caribbean and 29% were White European. Breakdown by age is in Table 10.

Table 10. Child Sexual Exploitation in Lewisham by age, 2017

Age (years)	Percentages of cases
9-11	7%
12	8%
13	11%
14	33%
15	13%
16	14%
17	14%

Source: *A Safe Lewisham. A Plan for 2018-19*. Data provided by the police.

- The current young person's substance misuse service works with 11-25 year olds; 52% of the current clients were under 18 in 2014/15 (compared to 83% nationally) and the overall number in treatment is very small.²² Of those in treatment, young people aged 16-17 represent the age group with the highest reported substance misuse need in Lewisham (40% in 2014/15).²³

CAMHS Referrals

- In 2017-18, there were 858 accepted referrals to the Lewisham CAMHS. Expressed as a percentage of the total referrals received, this ranged from 72% in Quarter 1 to 37% in Quarter 4 (see Table 11).

Table 11. Number of accepted referrals to Lewisham CAMHS, and as a percentage of the total number of referrals, by quarter

Period		Percentage of total referrals	Number of accepted referrals
2013-14	Q4	75%	244
2014-15	Q1	66%	230
	Q2	70%	249
	Q3	61%	193
	Q4	61%	180

²⁰ JSNA Mothers and families who have children repeatedly taken into care in Lewisham. January 2017.

²¹ Lewisham Safer Partnerships

²² JSNA Substance Misuse Needs Assessment. April 2016.

²³ JSNA Substance Misuse Needs Assessment. April 2016.

2015-16	Q1	63%	219
	Q2	61%	188
	Q3	65%	236
	Q4	60%	179
2016-17	Q1	67%	209
	Q2	72%	242
	Q3	68%	243
	Q4	62%	280
2017-18	Q1	72%	280
	Q2	66%	207
	Q3	51%	222
	Q4	37%	149
2018-19	Q1	52%	196

Source: Service data – CAMHS quarterly dataset

- Table 12 shows the total caseload for the Lewisham CAMHS team, from Quarter 1 2016/17 to Quarter 1 2018/19. This is the number of open referrals where the current CCG responsible for the patient is Lewisham or another CCG (e.g. Lambeth, Southwark, Croydon or other). This will include referrals assigned to the team but which are still waiting to be reviewed by the team. The data show that there has been an increase in the total caseload since 2016/17.

Table 12. Total number of referrals open on the case load for a team (the sum of Lewisham CCG and all other CCGs), by quarter

Period	Caseload	
2016/17	Q1	1518
	Q2	1473
	Q3	1590
	Q4	1626
2017/18	Q1	1940
	Q2	1900
	Q3	1932
	Q4	1915
2018/19	Q1	1840

Source: Service data – CAMHS quarterly dataset

- The number of CAMHS appointments offered has varied from quarter to quarter, from 3837 in Q4 2015/16 to 2045 in Q2 2017/18. The overall number of appointments offered was similar in 2015/16 and 2016/17 and was lower in 2017/18 (see Table 13). The percentage of 'Did Not Attend' (DNAs) has also varied from year to year and quarter to quarter, from a low of 10% in Q4 2017/18 and Q1 2018/19, to a high of 26% in Q3 2017/18 (see Table 13).

Table 13. CAMHS Appointments offered / % Did Not Attend (DNA), by quarter

		Appointments offered	% DNA
2015/16	Q1	3532	13%
	Q2	3133	15%
	Q3	3646	13%
	Q4	3837	12%
	Total	14,148	13%
2016/17	Q1	3614	11%
	Q2	3266	14%
	Q3	3499	11.9%
	Q4	3782	11%
	Total	14,161	11.9%
2017/18	Q1	2899	10%
	Q2	2045	11%
	Q3	2400	26%

	Q4	3614	10%
	Total	10,958	14%
2018/19	Q1	3281	10%

Source: Service data – CAMHS quarterly dataset

- Data on waiting times has been collected since April 2018. It shows that between April and September 2018, 85 children and young people waited up to 4 weeks from referral to first contact; 71 waited up to 18 weeks; and 92 waited more than 18 weeks (see Table 14). At this stage, the data collected is only for referrals to South London and Maudsley NHS Foundation Trust and no other CAMHS provider.
- There is also data available on the number of children and young people receiving two or more contacts since April 2018 (again, this only refers to South London and Maudsley NHS Foundation Trust referrals). The data show that the monthly number of children receiving two or more contacts in the reporting period has decreased since April 2018 (see Table 15).

Table 14. Number of children and young people waiting up to 4 weeks, up to 18 weeks and more than 18 weeks from referral to first contact, by month since April 2018

Total number of individual children and young people according to waiting times	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Total number of individual children and young people aged 0-18 that waited waiting from referral to first contact up to 4 weeks from referral to first contact in the reporting period	15	16	19	5	15	15
Total number of individual children and young people aged 0-18 that waited up to 18 weeks from referral to first contact in the reporting period	15	11	10	13	10	12
Total number of individual children and young people aged 0-18 that waited more than 18 weeks from referral to first contact in the reporting period	24	17	13	12	15	11

Source: Service data from CYPMH local data template

Table 15. Number of children and young people aged 0-18 receiving two or more contacts, by month since April 2018

Total number of individual children and young people aged 0-18 receiving two or more contacts in the reporting period	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Total number of individual children and young people aged 0-18 receiving two or more contacts in the reporting period	224	161	87	92	44	60

Source: Service data from CYPMH local data template

- Table 16 shows the ethnicity of service users in September 2016 and September 2017 in Lewisham CAMHS services as recorded in ePJS, in comparison with the ethnicity of 0-19 year olds in the borough of Lewisham recorded in the 2011 census. Initial observations from this

data is an under-representation of young people of Asian and Black ethnicity, as well as an improvement in the internal recording of the data between September 2016 and September 2017 (note the reduction in the recording of status 'unknown').

Table 16. Breakdown of Lewisham CAMHS service users by ethnicity, September 2017 and September 2016

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
Lewisham CAMHS Community services (Sept 2017) (n=1307)	2.4%	29.6%	14.4%	2.9%	49.2%	1.5%
Lewisham CAMHS Community Services (Sept 2016) (n=1138)	2.8%	27.9%	10.9%	2.8%	43.4%	12.1%
0-19 year olds in Lewisham (2011 Census)	7.1%	35.7%	15.8%	4.8%	36.6%	0.0%

Source: CAMHS Equalities Data

Appendix 2: CYP IAPT

targets across the STP

National target 1: Existing staff

Existing staff within services, trained in evidence-based practice, count towards the national target of training 3400 existing staff in an evidence base intervention. The table indicates both current position against the target, and the position once all staff currently training have completed. This doesn't account for whether trained staff are still employed by the same provider, which is explored in the next table.

Joined in	Partnership	CCG	Providers	National Target 1 - Train 3400 existing staff in an evidence based intervention							Existing staff trained in an Evidence Based intervention (PG Dip CYP IAPT THERAPY)							PG Cert CYP IAPT EBCP
				Local Target (as proportion of national target based on local 0-18 population)	Staff trained (Completed since partnership joined CYP IAPT)	Staff trained (Completed since 2015)	Progress to target (%) (since 2015)	Staff trained (Completed & In progress, i.e. by end 2019)	Staff trained (Completed since 2015 & In progress, i.e. by end 2019)	Progress to target (%) (since 2015)	CBT	SFP CDD	SFP ED	PT	IPT-A	0-5s	ASD/LD	
	London & South East										118 51 7	45 35 4	11 10 6	64 17 9	38 31 7	18 2	22 2	9 12
	London (Average & or Total)			542	226	101	18.6%	284	175	32.3%	99 16 4	32 6 2	3 4	60 14 7	31 10 4	6	4	1
	South East London			114.2	61	33	28.9%	76	48	42.0%	22 2	11 3	2	19 4 3	8 3 1		1	1
2015	Bexley	NHS Bexley CCG	Bexley CAMHS (Oxleas), Bexley Moorings, Bexley LA	16.8	13	13	77.4%	15	15	89.3%	5 1	1		5 1	2			
2013	Bromley	NHS Bromley CCG	Bromley CAMHS (Oxleas), Bromley Y	21.4	12	7	32.7%	15	10	46.7%	3	4 2		4	1 1			
2012	Greenwich	NHS Greenwich CCG	Greenwich CAMHS (Oxleas)	19.4	13	4	20.6%	14	5	25.8%	3	3		5 1	2 1			
2012	Lambeth & Southwark	NHS Lambeth & Southwark CCG	Lambeth & Southwark CAMHS (SLAM)	18.2 18.4	14	6	15.2%	21	13	32.8%	7 1	2 1	2	2 1 1	2 1 1		1	1
2014	Lewisham	NHS Lewisham CCG	Lewisham CAMHS (SLAM)	20	9	3	15.0%	11	5	25.0%	4	1		3 2 1	1			

National target 2: New recruits, trained in EBP

Newly recruited staff, trained in an evidence-based intervention, count towards the target to increase the workforce by 1700 staff. These include those trained in a CYP IAPT evidence-based therapy, most likely through the Recruit to Train pathway, and Children and Young People’s Wellbeing Practitioners.

Joined in	Partnership	CCG	Providers	National Target 2 - Train 1700 new staff in an evidence based intervention					Children & Young People's Wellbeing Practitioners		New staff trained in an Evidence Based intervention (PG Dip CYP IAPT THERAPY)							PG Cert CYP IAPT EBCP
				Local Target (as proportion of 0-18 population)	New staff trained (inc CWP's)	Progress to target (%)	New staff trained (inc CWP's, completed and in progress)	Progress to target (%)	CWP's (trained or in training)	Trained CWP's retained	CBT	SFP CDD	SFP ED	PT	IPT-A	0-5s	ASD/LD	
	London & South East								59 60	41	7	8 8 1	1	1 1 2	1	3 10 2	12	2 11
	London (Average & or Total)			271.1	73	26.9%	126	46.5%	44 48	26	4	7 6 1	1	1 1	1	3 6 2	8	6
	South East London			57.1	17	29.8%	30	52.5%	12 10	6		4		1				3
2015	Bexley	NHS Bexley CCG	Bexley CAMHS (Oxleas), bexley Moorings, Bexley LA	8.4	1	11.9%	1	11.9%	0	0		1						
2013	Bromley	NHS Bromley CCG	Bromley CAMHS (Oxleas), Bromley Y	10.7	6	56.1%	11	102.8%	4 2	4		1		1				3
2012	Greenwich	NHS Greenwich CCG	Greenwich CAMHS (Oxleas)	9.7	2	20.6%	2	20.6%	0	0		2						
2012	Lambeth & Southwark	NHS Lambeth & Southwark CCG	Lambeth & Southwark CAMHS (SLAM)	9.1 9.2	4 0	44% 0	7 2	77% 22%	4 3 2	0 0								
2014	Lewisham	NHS Lewisham CCG	Lewisham CAMHS (SLAM)	10	4	40.0%	7	70.0%	4 3	2								

Appendix 3: Risks and Mitigations

RISK REGISTER						
Programme	CAMHS Transformation South East London STP			Version Number:	v1	Date: 29 th January 2019
Area						
RISK NO	IMPACT (Area of risk)	SEVERITY (1-5)	LIKELIHOOD (1-5)	RISK RATING (out of 10)	MITIGATING ACTION (Strategy and counter-measures)	RISK OWNER
1	Mental Health and Emotional Wellbeing pathway transformation	3	3	6	<ul style="list-style-type: none"> - Respond to recommendations made by NHSI (Lewisham) - Ensure that the Mental Health and Emotional Wellbeing Pathway is embedded within the Early Help Review (Lewisham) - Transition from current to new system – parallel planning to ensure no child is lost (Bromley) - Consider the needs of 0-25 offer children and young people in line with the NHS Long Term Plan (STP) - Review how good mental health is promoted in the pathway amongst children and young people more vulnerable to poor mental health 	CCG and Local Authority

					(care givers, those from poor and disadvantaged backgrounds, and from refugee and asylum-seeking families, and disabled, LGBT and looked-after children).	
2	Meeting eating disorder targets	1	2	3	<ul style="list-style-type: none"> - Ensure that children and young people are receiving the right support at the right time (STP) - Closely monitor in order to maintain high success rate (STP) 	Commissioners and NHS Provider
3	Strengthening our work in schools and responding to the 2018 Green Paper 'Transforming Children and Young People's Mental Health Provision'	3	4	7	<ul style="list-style-type: none"> - Map current mental health and emotional wellbeing support in schools e.g. Mental Health First Aid (Lewisham) - Galvanise support for a stronger mental health and emotional wellbeing offer in schools through youth and community groups (STP) - Increase CAMHS presence in school settings (STP) - If not successful in first wave trailblazer wave, work in collaboration to develop next bid (STP) - If successful in first trailblazer wave, continue to work closely with 	All providers

					<p>Bromley Y and selected schools to deliver the initiative (Bromley)</p> <ul style="list-style-type: none"> - Continue to work closely with Oxleas NHS foundation trust to deliver 4 week waiting time initiative (Bromley) 	
4	Maintaining or reducing current waiting times	5	4	9	<ul style="list-style-type: none"> - Review current pathways (STP) - Implement four week waiting initiative waiting pilot (Bromley) - Facilitate demand and capacity modelling with NHSI and share the learning across the STP (Lewisham) - Revisit monitoring framework and KIPS with NHS and non-NHS providers (Lewisham) - Implement early help initiatives to promote early intervention reduce the pressure on specialist services (STP) 	Commissioners and NHS Providers
					<ul style="list-style-type: none"> - Commissioners are actively working to further develop good evidence based provision in community settings (STP) 	Commissioners

5	National Access Targets stipulate that 32% of the overall number of children thought to have diagnosable mental illness will receive at least two evidence based contacts by March 2019.	3	4	7	<ul style="list-style-type: none"> - Commissioners and providers are actively working to capture all the relevant data (STP) - Commissioners are support the development and take-up of digital provision across the STP - Commissioners are facilitate the flow of data from non-NHS providers - Commissioners will continue to monitor and drive access rates - Continue to support Single Point of Access service in meeting the National trajectories (Bromley) - Commissioners and providers are planning prospectively to achieve the ambition that by 2020/21, 70,000 additional children and young people will access community mental health services each year. This means that the number of children and young people in treatment will go from 25% of estimated prevalence to 35% by 2021, in line with national targets. - Commissioners to review access rates amongst children and young people more vulnerable to poor 	
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					<p>mental health (care givers, those from poor and disadvantaged backgrounds, and from refugee and asylum-seeking families, and disabled, LGBT and looked-after children).</p> <ul style="list-style-type: none"> - Providers to actively reach and engage with vulnerable and disadvantaged groups via proactive case-finding. 	
6	Rising demand for specialist provision	4	4	8	<ul style="list-style-type: none"> - Review annual allocations and commissioning intentions for children and young people's Mental Health services and ensure they are aligned with the current need (STP) - Greater emphasis on early intervention/ prevention whilst managing the rise in crisis presentation at specialist service (STP) - Implementing a common framework and strengthening the interface between NHS and non NHS providers (Lewisham) 	All providers

					<ul style="list-style-type: none"> - Delivering demand and capacity efficiencies within specialist provision (Lewisham) 	
7	Promote co-production and the voice of the child	4	4	8	<ul style="list-style-type: none"> - Support participation and co-production approaches, such as Alchemy (Lewisham) - Seek opportunities to consult and co-design services with children and young people (STP) and ensuring there is a focus on children and young people vulnerable to mental health problems including care givers, those from poor and disadvantaged backgrounds, and from refugee and asylum-seeking families, and disabled, LGBT and looked-after children - Increase mental health and emotional wellbeing awareness amongst children and young people (STP) - Involve young people on an equal platform (STP) - Continue CYP engagement by offering mentoring support (Bromley) 	All providers

8	CYPIAPT Targets	3	3	6	<ul style="list-style-type: none"> - Increase capacity and support the recruitment of Children's Well - being practitioners (STP) - Encourage NHS providers to report on CYPIAPT outcomes (STP) 	Commissioners
9	Developing the workforce	3	2	5	<ul style="list-style-type: none"> - Increase workforce capacity through developing awareness of early identification in CYP mental health - Support non-specialise staff to deliver evidence based interventions - Work with providers to identify training and development needs 	Commissioners
10	Addressing inequalities in mental health				<ul style="list-style-type: none"> - Improve collaboration between a range of services and organisations (e.g. NHS, public health services, local authorities, schools, adult education, youth justice, drug and alcohol services, and voluntary and community groups) and consider whether an STP strategy for child mental health and wellbeing is needed to help cross system local action to reduce inequalities and improve child and adolescent mental health. - Commissioners to increase access to up-to-date and accurate data on children and young people's mental 	Commissioners

					<p>health through making a concerted effort to design, deliver and evaluate services appropriate for their local populations, including services for those with the greatest need. It is still a challenge in many areas to use data to understand local demographic information, assets and need and being mindful that some routinely collected mental health data may systematically exclude more vulnerable groups.</p>	
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