

Mental Health and Emotional Well-Being Strategy Children and Young People

“It’s Everybody’s Business”

**London Borough of Lewisham
2015 - 2020**

KEY MESSAGES

Through this strategy, we want clinical services to operate effectively, to ensure that universal services are better equipped to deal with mental health difficulties in community settings.

This strategy aims over the next 5 years to:

- ***create better, clearer, more responsive care pathways to enable improved access into appropriate services***
- ***invest in evidence based training and practice, to ensure earlier identification and improved support***
- ***embed resilient practice in community settings, where we will create a young person population that is better able to cope when faced with adversity***
- ***increase awareness of mental health and emotional well-being and provide guidance regarding where to go for support***

1. Overall Vision for Mental Health and Emotional Well-Being of Children and Young People in Lewisham

1.1 We believe that supporting mental health and emotional well-being of children and young people in the borough is “everybody’s business”. Stakeholders, including young people and their families, are committed to the following vision:

“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.

Secondly 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 people.”

1.2 Lewisham’s Children and Young People Plan (CYPP) 2015 – 18 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

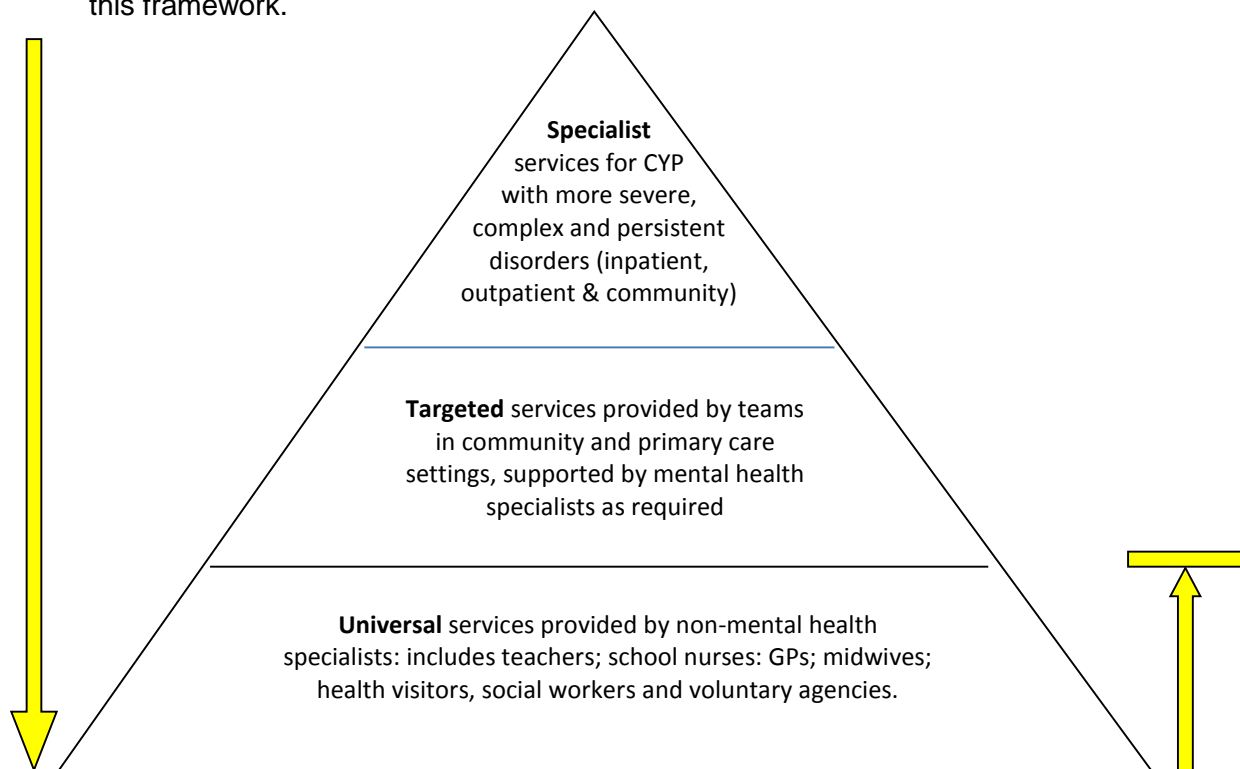
to the life-chances of our children and young people. It gives further emphasis to our commitment to joint commissioning of services to achieve better value for money and ensure our resources are aligned to achieve the greatest impact.

- 1.3 Lewisham's Mental Health and Emotional Well-Being Strategy is integral to the delivery of the CYPP and cuts across all the objectives agreed by the Children and Young People's Partnership.
- 1.4 Children and young people who are resilient are better able to cope with difficult circumstances in their lives, and are able to negotiate and navigate their own way to resources that sustain their mental health and improve their life outcomes. Resilience levels are likely to impact on other aspects of a child's life such as physical health or social relationships – a resilient young person might be better able to manage relationships and think positively, and be less likely to engage in risky behaviour such as drug taking or criminal activity.
- 1.5 Over the next five years we will ensure that the whole partnership is fully equipped to deal with issues as they arise, preventing escalation wherever possible, and that they see the following elements as core to their business:
 - Children are at the heart of how they deliver services
 - Families tell their story once and receive a coherent plan of support
 - Services do not 'refer on', with each agency being responsible for engaging other agencies
 - There is an ongoing commitment to improving outcomes
 - There is a personal responsibility to integrate and share information
 - We intervene early to make a difference – targeting resources where and when needed
- 1.6 Proposals for the CYPP set out how we will deliver our vision, with four priority areas showing where we must have an impact to achieve outcomes for our children and young people:
 - Build Resilience
 - Be Healthy And Active
 - Stay Safe
 - Raise Achievement and Attainment
- 1.7 Under each of the four key areas, a set of individual priorities have been developed with partners, which will be used to focus service provision over the coming three years. Resilience and emotional well-being cuts across many strands of our CYPP.
- 1.8 Priorities referenced below have a specific focus on resilience, all of which are considered pertinent to the Mental Health and Emotional Well-Being strategy. These priorities will have associated baselines, clear measures for impact and will be reviewed annually as part of the plan.
 - Prevent poor outcomes and escalation of need, including for children in families at risk of crisis
 - Maximising the outcomes of pregnancy and the first 1001 days, including reducing toxic stress for children
 - Improved parenting and preventing escalation of need
 - Promoting healthy relationships and secure attachment
 - Improve mental health and well-being
 - Ensure all our young people are prepared for adulthood, particularly our more vulnerable young people

- Ensure our looked after children are resilient and physically healthy
- Ensure all our children are ready to fully participate in school and at all transition stages
- Improve and maintain attendance and engagement in school at all levels
- Develop resilience in young people that have been exposed to trauma

1.9 Lewisham has a strong history of partnership working and well embedded Children's Partnership arrangements. All partners have agreed to work against our three stage model: universal, targeted and specialist within a single framework in which services will deliver the vision for our children and young people.

1.10 The diagram below highlights how mental health services are configured within this framework.



OUR ASPIRATIONS

We want all Lewisham children and young people to benefit from excellent universal services and within those services we continue to embed high quality targeted services for children and young people who may have a problem.

We want to be confident that support is provided quickly to ensure that problems do not escalate to specialist services, but we also want to be assured that universal and targeted services have the necessary skills and experience to know when and how to refer for specialist service intervention, when appropriate to do so.

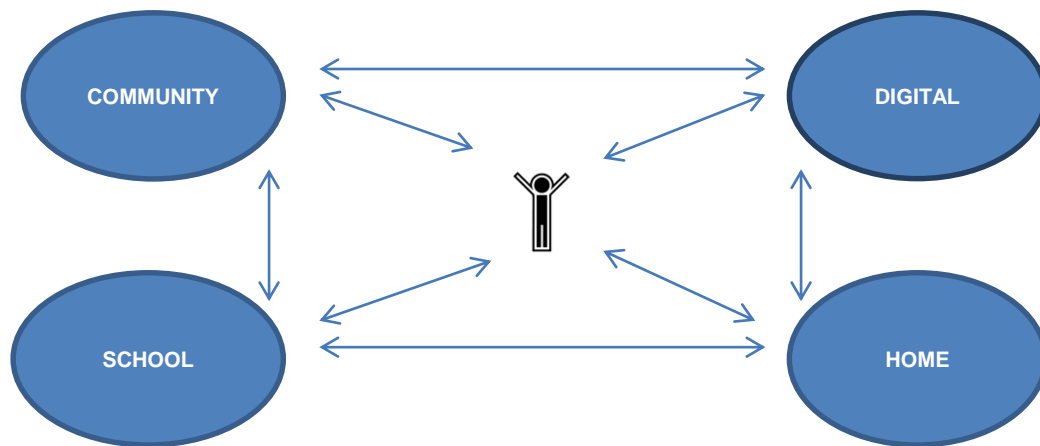
Many children and young people are supported in universal and targeted settings by non-mental health specialists, through family consultation and support. We want to move to a position where we develop mental health specialisms in such settings, where evidence based interventions would be delivered by non-clinical staff, but would be supported adequately by specialist CAMHS to ensure that individual cases are managed effectively and confidently.

WHY RESILIENCE IS IMPORTANT

By building resilience in children, families and communities, we aspire to have a population of children and young people who are confident, able to articulate thoughts and feelings, and can draw in support from significant adults and others around them, when finding their way through challenging times or circumstances.

1.11 In 2013, the Lewisham Children and Young People's Partnership were approached by the Big Lottery Fund to work together to prevent the onset of long term mental health conditions, through the Fulfilling Lives: HeadStart Programme. This work has had a significant influence when shaping our approach to mental and emotional well-being, particularly at lower levels of need.

1.12 Through the HeadStart programme, Lewisham has adopted an approach which considers the inter-relationship between: the home/family; the local community; school; and the digital world. All of which will impact directly on a child's development, from pre-birth to adulthood. As part of our strategy we want to emphasize the importance of resilience in each of these domains.



1.13 Lewisham used the HeadStart programme as an opportunity to promote support for mental health and well-being more broadly using the 'Five Ways to Well-Being'¹, a set of evidence-based actions which promote people's well-being. They are: Connect; Be Active; Take Notice; Keep Learning; and Give.

1.14 Clinical mental health provision is delivered under the NICE guidance and many organisations are using evidenced based routine outcome measures. We are committed to supporting universal and targeted services, including the voluntary sector, when developing as a partnership to making a significant difference to the outcomes and lives of children.

1.15 In March 2015, Future in Mind was published, a report with recommendations from a taskforce co-chaired by NHS England and the Department of Health. The report articulates how local partnerships should set about tackling associated problems when creating a system that brings together: schools; social care; digital technology; the NHS; the voluntary sector; and parents, children and young people themselves.

Within the report there are five main themes, within which 49 recommendations are embedded:

- 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

1.16 Future in Mind provides a useful framework which supports the development of this strategy.

¹ New Economics Foundation

2. Needs Analysis

- 2.1 Some 292,000 people live in Lewisham². Over the next two decades Lewisham is forecast to see the second fastest rate of population growth in inner London and eighth fastest in London, with a further 9,000 people by 2018.
- 2.2 In 2014, Lewisham had 32,874 pupils within its 92 schools. 46.5% of our residents are from black and minority ethnic backgrounds compared to 40.2% in London and 12.5% in England.
- 2.3 It has been shown that 1 in 10 children and young people aged 5-16 years suffer from a diagnosable mental health disorder³, which equates to around three children in every school class. The most common problems are conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders.
- 2.4 We know that Lewisham is a high need borough, there are many risk factors that may contribute to poor levels of mental health and emotional well-being:
- 27.7% of under 16s live in poverty compared to 19.2% nationally and 23.7% in London.⁴
 - 77 children in every 10,000 are looked after; compared to 60 nationally and 54 in London.⁵ 72% of looked after children have behavioural or emotional problems.⁶
 - There have been 255 new EHC Needs Assessment Requests taken to the SEND panel between 01/09/2014 and 30/06/2015; 52.5% were for children aged 0-5 years; The most common reason given for an assessment request was a diagnosis (or potential diagnosis) of Autism Spectrum Disorder (66%)⁷
 - 4.7 in every 1,000 households are homeless households with dependent children or pregnant women compared to 3.6 in London and 1.7 nationally⁸
 - 1.24% of people on Lewisham GP registers have a serious mental health disorder compared to 0.84% in England as a whole and 1.03% in London⁹.
 - From national data it can be estimated that approximately 1,019 women in Lewisham are affected by mental health difficulties just after or within the first year of their baby's birth¹⁰.
 - In 2014/15 the Lewisham Perinatal Mental Health Service saw a 9% increase in the number of referrals, when compared to 2013/14.¹¹
 - Two-thirds of children whose parents have mental health problems will experience mental health difficulties themselves¹².
 - 555 children in Lewisham were identified as being exposed to high risk

² An increase from 276,000 since the 2011 Census according to 2014 ONS mid-year population estimates

³ Green, H., McGinnity, A., Meltzer, H., et al. (2005). [Mental health of children and young people in Great Britain 2004](#). London: Palgrave.

⁴ HMRC 2012 (Personal Tax Credits: Related Statistics – Child Poverty Statistics)

⁵ DfE Published Data 2014

⁶ Lewisham's Children and Young People's Plan 2015-18

⁷ EHC Plans – Preliminary Analysis Impact

⁸ Family Homelessness: Rate per 1,000 Households 2012/13 (Local Authority Child Health Profile)

⁹ Lewisham Children and Young People Mental Health and Emotional Wellbeing Strategy 2015

¹⁰ Lewisham Children and Young People's Plan 2015 -2018

¹¹ Referrals and Referral Sources to Lewisham Perinatal Service Apr '13 – Aug '15, SLaM

¹² Evidence of the Need for Change; ODPM 2004

domestic violence in the home in 2013-2014, with up to a third of all children in the borough exposed to any domestic violence¹³

- 1.24% of people on Lewisham GP registers have a serious mental health disorder compared to 0.84% in England as a whole and 1.03% in London. In every 1,000 people in Lewisham, 12.4 are opiate or crack cocaine users compared to 8.4 nationally and 9.55 in London.¹⁴
- 592 per 100,000 10-17 year olds receive a first reprimand, warning or conviction in Lewisham, compared to 458 in London and 441 in England as a whole.¹⁵ 95% of imprisoned young offenders have mental health problems.¹⁶
- The unemployment figure for the borough is 8.5% compared with 8.2% for London and 7.1% nationally, on top of this 25.1% of children in the borough live in jobless homes compared with 26.4% in Inner London and 18.2% nationally. The youth unemployment rate (16-24) is 36.1%, significantly higher than the London (22.6%) and national (19.3%) rates.¹⁷
- Lewisham is also noted as having a high proportion of lone parent households (12%) compared to (9%) London and (7%) England.¹⁸
- In May 2015, 64.6% of referrals to CSC were due to abuse or neglect. This has been an increasing rate since March 2012, where the figure was 33.7%.¹⁹
- Over a 6 month period in 2014/15, there were 115 individual attendances in A&E for young people under the age of 18 presenting with a mental health concern, including self-harm, overdose, drug/alcohol related, anxiety, psychosis and schizophrenia.²⁰
- 88 young people presenting in A&E at UHL were referred to CAMHS for a mental health assessment²¹
- In 2012/13, 106 people aged 10-24 were admitted to hospital for self-harm. Due to small numbers, this data is pooled with information from 2010/11 to produce a rate which can be compared to that of London and England. Lewisham in 2010/11-12/13 had a lower rate of admissions than England (which is statistically significantly different) but similar to London. The rates in Lewisham were largely stable but saw a slight decrease in 2010/11-12/13. However, this drop is not statistically significantly different to earlier years. This measure only captures the most serious episodes of self-harm which would require an admission to hospital. The rates for admissions may not reflect the level of less serious self-harm.

2.5 In 2014/15 the national charity, The Children's Society, were commissioned to undertake a well-being survey²² of Lewisham school children. The survey measured children's satisfaction with life as a whole, which included different aspects such as school, transitions, friendships and the local area.

2.6 Of the 2,024 surveys that were completed, young people in this area had very similar scores for happiness with life as a whole and life satisfaction, when

¹³ Children and Young People's Plan Needs Assessment 2015

¹⁴ Public Health England GP Profiles

¹⁵ Ministry of Justice 2013

¹⁶ Lewisham Children and Young People's Plan 2015-18

¹⁷ Children and Young People's Plan Needs Assessment 2015

¹⁸ Children and Young People's Plan Needs Assessment 2015

¹⁹ Children and Young People's Plan Needs Assessment 2015

²⁰ Public Health analysis of UHL admission data 2014/15

²¹ UHL data 2014/15

²² The 2015 Report on Children's Well-Being - Lewisham, London. The Children's Society

compared to the national average. However, young people at secondary school scored as having significantly lower well-being than children at primary school. It is our intention to repeat this survey annually over the lifetime of this strategy.

2.7 In 2014 extensive consultation, specific to mental health and well-being, was undertaken with a wide cross section of stakeholders including young people, parents/carers and professionals. The key issues identified from the consultation were:

- the transition between primary and secondary school as a time of emotional difficulty
- peer support for parents/carers
- training/supporting frontline workers
- the varying provision of counselling support
- bullying (including cyber)
- school and peer pressures
- a lack of a good source of local information and resources
- the need for resilience programmes in schools as part of PSHE

2.8 Through this strategy the Children and Young People's Partnership is committed to promoting equality of access to assessment and intervention. We will shape our priorities to ensure that new and existing service developments are accessible to all children and young people 0 – 18 (up to 25 for children with disabilities), adequately meeting the needs of our population. We will do this by utilising CAMHS transformation resource to not only support children at the higher end of need, requiring specialist provision, but to ensure adequate support, training and information is available through universal and targeted services to prevent need escalating. Where possible we will utilise other resources in the system to support the priorities identified within this strategy.

3 Current Service Provision

3.1 We recognise locally that we have current gaps in our universal and targeted offer of support when improving emotional health and well-being.

3.7 We have a well-established CAMHS service operating in the community, which is commissioned jointly between Lewisham Local Authority and Lewisham NHS CCG. Inpatient services are commissioned directly by NHSE specialised commissioning. Other resources have been secured through other sources to enhance existing provision, such as Pupil Premium Grant to support work with schools and Department of Health to develop forensic services.

3.8 In March 2014/15, Lewisham's community CAMHS held a caseload of 1,375²³ against a child and young person population of 69,987²⁴, equating to 2% of young people accessing local CAMHS services during this period. Of the 1315 cases referred to CAMHS in 14/15, 35% were rejected, a 10% increase when compared to 13/14. 30% of rejected referrals in Q4 14/15 were rejected on the grounds of unmet thresholds.

3.9 We are working with CAMHS to understand referral pathways, highlighting areas of unmet need. We will use CAMHS transformation funding to increase capacity within CAMHS to ensure adequate capacity to review performance data more closely with commissioners, producing additional information when required.

²³ Lewisham Safeguarding Children Board: CAMHS Performance Report Jan – Mar 2015

²⁴ Mid-Year Population Estimate for 2014, the latest population estimates published by the Office of National Statistics

- 3.10 In light of the current economic crisis and the evident impact this has on the prevalence of mental health problems, it is even more important to ensure that services are well targeted and resources are used strategically across the partnership.
- 3.11 Through a recent audit of existing services we recognise that there are areas of good practice and areas of weakness across the current system to support children's and young people's mental health. It is our ambition to create an environment that raises the profile of mental health, which will be on a par with physical health. Future in Mind provides an opportunity over the next five years to do this.

4 Priority Areas for Action

This section highlights areas of significance within current provision which are relevant to the development of this strategy.

4.1 Resilience, prevention and early intervention for the mental wellbeing of children and young people

- 4.1.1 Like many areas, Lewisham has a range of universal services such as health clinics, health visiting, midwifery and youth services that provide early intervention and preventative practice. We also have a variety of commissioned family support services available locally such as children's centres and targeted family support. These services are operating within community settings, including the home, often building resilience within a family context. We recognise that currently there is limited cross over between such services and local community CAMHS, which is largely clinic based. Over the next five years, through the CAMHS transformation process, we intend to embed community CAMHS provision within universal and targeted services, creating an infrastructure which will ensure better risk management within community settings. By having increased opportunity for clinical outreach support in universal settings, we would expect to see a reduction in do not attends, which currently stand at 13% across Lewisham CAMH services and a reduction in the number of rejected CAMHS referrals, which currently stands at 35% of all referrals²⁵.
- 4.1.2 Through the creation of a new CAMHS infrastructure, we will prevent escalation and therefore minimise the need for specialist / inpatient services. By building clinical capacity locally, under the clinical umbrella CAMHS, we will be able to offer more effective, accessible treatment options that are closer to home. This would also include children with disabilities and / or ASD, as referenced in the Transforming Care Programme²⁶.
- 4.1.3 We know that schools offer a varied range of pastoral care, however there is variability in terms of what is available in each school, including the level of investment applied to supporting mental health, well-being and resilience. Through HeadStart we have been working closely with twenty Lewisham schools (approximately 20% of all schools) when embedding and evaluating resilient practice in their settings. Over the coming months we will conduct a thorough audit of provision, investment and required support across all our education settings. We will also work directly with our strategic school improvement team to ensure that good emotional well-being is recognised as a key contributor to academic achievement.

²⁵ CAMHS datasets 2014-15

²⁶ <http://www.england.nhs.uk/ourwork/qual-clin-lead/ld/transform-care/>

- 4.1.4 Over the last twelve months two Lewisham schools collaboratives have benefited from additional resource, consultation and training particularly through the ‘transition curriculum’ originally established to support primary to secondary transition. This work is based on the evidence based Academic Resilience Framework²⁷ and uses the ‘communities of practice’ model as a means to facilitate discussion and identify need. This initiative has resulted in better communication and improved care pathways to universal, targeted and specialist services. Teachers have reported an increase in confidence when identifying and managing early signs of emotional well-being issues. Through this strategy we will continue to work with these schools to create systemic change within these settings.
- 4.1.5 Through the Lewisham Young Mayor and his Advisors, young people are engaged on a regular basis in the planning and designing of services. Recent examples include co-production of an online resource kit and the youth led commissioning framework where young people have designed a specification and have commissioned activity in schools to support children’s well-being. Through the HeadStart Lewisham programme we have an established young person’s steering group that will continue to be supported when developing our peer to peer offer specifically in relation to emotional health and well-being. Members are represented on the Mental Health and Emotional Well-Being Board.
- 4.1.6 Building on the work of the CYP IAPT programme, CAMHS have a well-established service user forum, who have consistent input into and service changes and recruitment processes. Parents/carers are also represented on the CYP IAPT steering group. As part of the CAMHS transformation programme we intend to build more capacity in the CAMHS service to further embed service user engagement to support service redesign.
- 4.1.7 Lewisham has a large and vibrant voluntary and community sector and the impact such organisations have when supporting vulnerable families is recognised. There is national evidence available which links visual arts practice to individual and community resilience²⁸. Through our work with the local Lewisham Education Arts Network and local arts providers, we are committed to developing this further, by continuing to embed the academic resilience framework within this provision.
- 4.1.8 We recognise the importance of awareness raising in the aim to remove stigma associated with mental health. We also recognise the significance of digital technology when reaching out to a wider audience. Building on the work of Headstart, we will continue to roll out the digital element of the programme, through the co-produced online resource kit, in line with the Time to Change campaign, we will provide information to young people, parents and professionals on when and where to go for help. The co-produced ‘youth-led’ film, through Trylife, has created a valuable resource which can be used in universal settings to raise awareness on the importance of resilience and support networks when guiding a young person through times of difficulty. The online counselling service provided by Kooth.com has also provided an alternative to clinic based support, as it can be accessed at weekends and in the evenings, from home, school or other settings. Initially rolled out through four schools, it has now been extended to cover *all* 10 – 16 year olds living or

²⁷ Academic Resilience Framework, Hart and Blincow

²⁸ Connected Communities: Building Resilience Through Community Arts Practice by Macpherson, Hart and Heaver

attending school in Lewisham. Following high demand and positive feedback, we are proposing that the online counselling service increases the target age group to 18 years. By offering clinical support through digital routes we aim to reduce the need for specialist care and potentially inpatient services. It is our intention to continue to work with local young people and parents, to embed this provision over the next 5 years along with the online resource kit and the Trylife film, as part of our digital awareness campaign, which also aim to support safe use of social media.

4.2 Improving access to effective support – a system without tiers

- 4.2.1 Under the current block contract with South London and Maudsley (SLaM) NHS Foundation Trust, Lewisham young people with identified eating disorders have access to a nationally recognised eating disorder tertiary and community service. This service has an established evidence base and demonstrates excellent results when managing children and young people with such conditions in the community, minimising the need for inpatient admission. New eating disorder guidance²⁹ for access and waiting time standards was published in July 2015, and there is a requirement for these standards to be implemented by April 2016. Through the CAMHS transformation plan, it is our intention to co-commission SLaM across four CCGs³⁰, to increase capacity within the existing service, to ensure that waiting time standards are met and to offer a telephone helpline, giving access to anyone that may be concerned about a Lewisham young person. Additional capacity within the service will be used to support preventative work with schools, further developing skills within community settings to prevent the need for specialist intervention.
- 4.2.2 In line with the Crisis Care Concordat, there is a drive to develop adequate crisis care provision at the local hospital, University Hospital Lewisham (UHL) to ensure children and young people presenting in crisis are appropriately supported. Currently crisis care services for children and young people in Lewisham are severely lacking in capacity, putting significant pressure on nursing staff in A&E and community CAMHS who are required to respond to such presentations in and out of hours. This is often compounded by the lack of inpatient beds currently available nationally. Through the CAMHS transformation funding we intend to develop paediatric crisis care provision which will respond to all emergency presentations at A&E, all urgent presentations via schools, children's social care, the police and GPs, provide short term interventions, undertake all 7 day follow up assessments and provide intensive crises intervention to support non-admittance. Earlier intervention in community settings will reduce the need for A&E admissions. We will over the next six months be reviewing current need, including required input from children's social care where necessary. Children's commissioners will be working with the acute trust and adult mental health commissioners and providers develop 24/7 crisis care services for all ages to meet the new Liaison Psychiatry guidance³¹.
- 4.2.3 Through the existing CAMHS service, we have provision in place to support transition from children's to adult services. In the Lewisham Children and Young People's Service (LYPS) for young people with complex and enduring mental health concerns, we have an adult mental health worker seconded for

²⁹ Access and Waiting Time Standard for Children and Young People with an Eating Disorder: Commissioning Guide July 2015

³⁰ Lambeth, Southwark, Lewisham and Croydon

³¹ Developing Models for Liaison Psychiatry Services - Guidance

one day a week, who assists when supporting young people with emerging psychosis. This team is currently meeting the two week waiting time standard from referral to first contact³² and plays a significant role when stepping down from inpatient units, into the community. Through existing CCG/LBL resource there is a commitment to continue this provision. We recognise the correlation between a parent and child's mental health, see more detail under the needs analysis in section 2.3. Through CAMHS transformation we are keen to build on this model by seconding an adult mental health practitioner to work with parent with a mental illness, where their child is accessing CAMHS. By undertaking the approach we expect to help families manage mental health more effectively, which with the right support should result in better management of such issues in the community, reducing the need for inpatient admissions.

- 4.2.4 Through the HeadStart Lewisham programme, we have been fortunate enough to develop KOOOTH.com, an online counselling service, universally for all 10 – 16 year olds. This was originally established as a response to service user feedback, where young people were requesting improved access to clinical services. We recognise the enormous benefit that this type of service has to offer. It provides an evidenced based service, using CORE and routine outcome measures, offering an alternative to clinic based provision, which can be accessed from home, at school or in community settings such as libraries and youth centres and is available at weekends and in the evening. KOOOTH has been operating in Lewisham for approximately 9 months and has seen a steady increase in uptake. We have seen numbers registering and actively using the site double over the last three months (August – October). Qualitative feedback has been extremely positive, demonstrating the role of KOOOTH as a means to build resilience in young people. The young person steering group have been instrumental when developing the service and have been keen for commissioners to extend the service up to 18, which has been included as a CAMHS transformation priority. Feedback from local colleges demonstrated the demand for accessible online resources.
- 4.2.5 Furthermore, KOOOTH has a track record of collaboration with statutory CAMHS services in other parts of the country. As part of our broader strategy we are currently exploring the possibility of developing a blended model with CAMHS, which could be rolled out across the borough.
- 4.2.6 We are keen to increase access to psychological therapies for young people aged 16 to 18, through self and primary care referrals, by extending the age range of adult IAPT from 18 down to 16.
- 4.2.7 Schools play a significant role when supporting young people's mental health and emotional well-being. Locally a number of schools have bought into the Place2Be model, which has particular value in primary schools. This 'whole school' approach has been extended into some secondary schools, impact is currently being evaluated.

4.3 Caring for the most vulnerable

- 4.3.1 A range of mental health provision is currently delivered through the youth offending service (YOS). The co-located CAMHS service, ARTS within the YOS provides quick access into the service and increased opportunity for clinical advice and guidance to YOS colleagues. The Diversion and Liaison work provides a valued opportunity to identify mental health concerns early and

³² CAMHS dataset 14/15

divert vulnerable young people away from the Criminal Justice System. The recently established Functional Family Therapy Service engages young people who have conduct disorder, are engaging in anti-social behaviour and / or have substance misuse issues. These services have been developed as a response to the direct correlation between mental ill health and offending behaviour, but do not tackle the huge issue in Lewisham of 'peer on peer' abuse. Through this strategy we aim to collaborate with the YOS, police, children's social care and adult services to review the inter-relationship between child sexual exploitation, domestic abuse and serious youth violence – all issues of increasing concern.

- 4.3.2 Looked after children (LAC) are identified as a vulnerable cohort of children and young people, with many experiencing low levels of well-being and significant numbers going on to develop longer term mental health issues. The CAMHS 'Symbol' team for LAC is a multi-disciplinary team, which provides clinical interventions to children placed or adopted within a 20 mile radius of the borough. As a response to long waiting times a mental health outreach pilot for LAC has been commissioned this year to increase capacity internally within CAMHS, but also to offer outreach support to schools and foster families when managing mental health concerns within community and family settings. During this financial year, through the CAMHS transformation programme, we intend to independently evaluate this provision, which will hopefully strengthen the case for increased outreach provision across other cohorts of young people, in particular children with learning disabilities, including autism spectrum disorder. We want to be able to provide informed individual care packages at a community/residential level, which will support pre-admission care and treatment reviews for this cohort of young people.
- 4.3.3 In line with the Transforming Care agenda, in Lewisham we have identified children with disabilities, including those on the autistic spectrum as a key target group to be supported through this strategy. We recognise the direct correlation between learning disability and poor mental health. Currently the average waiting time for referral to assessment for the CAMHS Neuro-Development Team is 24 weeks³³, highlighting the level of complexity for such cases but also the need for additional capacity within the service. Through the transformation programme we intend to increase capacity within CAMHS and aim to strengthen existing links between CAMHS and learning disability services, building on the work of the SEND programme. It is our intention to build additional clinical capacity and parental support specifically to for children with ASD and their families post diagnosis.
- 4.3.4 Over the next four months we will be working with the complex needs service within the local authority to undertake a scoping exercise to fully understand the mental health needs of children within this cohort. Through the HeadStart Lewisham programme we will focus resource at a universal and targeted level, putting adequate mechanisms in place to identify children that are 'struggling' sooner. We will upskill the school workforce to ensure teachers are better able to manage children with SEND, avoiding the need for exclusion, sometimes resulting in alternative school placements out of the borough.
- 4.3.5 As part of our engagement strategy we will build on existing good practice, working with the Contact a Family parent forum (for parents of children with a disability) and with our Young Mayor Advisors (which has representation of young people with SEND), when developing services in this area.

³³ CAMHS dataset Q1 2015-16

4.3.6 As a response to service user feedback, commissioners have been working with our local community paediatrician service when reviewing gaps in current service provision. Lewisham Autism Support, a local branch of the National Autistic Society, have been operating in Lewisham for over 10 years. LAS are known for their extensive work when supporting families post an ASD diagnosis, this is valued by parents, children and professionals alike. We recognise through performance data that this service requires more capacity to meet demand. It is being proposed through the transformation plan that capacity is increased within this service, to meet a higher demand of families requiring this support.

4.4 Developing the workforce

4.4.1 There are a range of local initiatives, such as the 'vulnerable pregnancies' pathway, the case-loading midwifery team, and the MESCH programme, operating within the Health Visiting service which all support early identification of perinatal mental health and / or attachment issues amongst new parents. The adult mental health commissioned community perinatal service continues to provide a clinical service to those reaching threshold. However through consultation with early years professionals there is a call for increased access to clinical training and consultation within universal services to support earlier identification of perinatal mental health. Through the transformation programme we intend to increase clinical capacity within the existing perinatal mental health service, through a link nurse and input from a Specialist Perinatal Consultant Psychiatrist. This would enable delivery of a much more comprehensive programme of training underpinned by awareness raising and clinical advice to universal services. By working with specialised services within SLaM, there is potential for these developments to assist when preventing escalation and facilitating step down pathways for this cohort of parents into the community.

4.4.2 Lewisham successfully joined the CYP IAPT transformation programme (wave 3) in 2013. The local partnership consists of 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. It is our intention to further build on these arrangements by further embedding existing provision and by creating new opportunities for CYP IAPT training within specialist, targeted and universal services.

4.4.3 Through increased capacity in the community eating disorder service, CAMHS will be providing six sessions of a preventative training programme for all Lewisham schools. This will give schools a better understanding of eating disorders, which should result in earlier identification. This will be supported by a telephone helpline, which can be accessed by anyone with concerns, including families, young people and GPs.

4.4.4 Building on elements of the LAC mental health outreach service, referred to in section 4.3.2, we want to offer additional support to in-house foster carers, who may have difficulty when managing complex behaviour patterns. We want to build on existing good practice between CAMHS and Children's Social Care, to ensure that adequate training and clinical support is available to in-house foster carers and social workers, to ensure that provision can be offered locally, reducing the need for private residential placements. We are keen to build on

learning so far, which will inform the Transforming Care agenda locally to address health inequalities, specifically for children with learning disabilities including ASD.

5 Action Planning

The Children and Young People's Partnership in Lewisham are viewing the 'Future in Mind' (FiM) publication as a very helpful document which further supports our partnership vision and intentions, also aligned with priorities identified through our HeadStart programme. Action planning for this strategy has been based around the key themes identified in FiM:

Through this section the partnership has highlighted key areas of focus for the next five years.

5.1 Resilience, prevention and early intervention for the mental wellbeing of children and young people

5.1.1 We recognise the importance when promoting good mental wellbeing and resilience of supporting children, young people and their families to adopt and maintain behaviours that support good mental health. We are committed to early identification of need and the prevention of mental health issues arising.

5.1.2 We view early years services for 0 – 5s, such as midwifery, health visiting and Children's Centres as integral to the early identification of need and prevention of escalation to more specialist services.

5.1.3 Resilient practice is operating across universal and targeted services, including family support, schools and youth support services. Through the HeadStart Lewisham programme, we have adopted the Hart and Blincow 'Resilience Framework'³⁴ as a means to develop this work within statutory, voluntary and community settings.

5.1.4 Through this strategy we will:

- work with early years services to ensure that practitioners have the necessary skills and support when identifying issues of concern i.e. poor attachment or suspected antenatal / postnatal depression.
- review perinatal support services, increasing where possible capacity to ensure better access into specialist services, to reduce the impact of antenatal and postnatal depression through earlier diagnosis and better intervention and support.
- through the delivery of mental health first aid training, increase awareness, knowledge and clinical governance across the partnership, which will support front line practitioners when dealing with mental and emotional well-being issues in the community. This will include schools, GPs, the police and youth services, supporting them to intervene earlier, reducing the need for specialist services.
- support the 'universal and progressive' elements of the healthy child programme, when supporting resilience and well-being amongst 5 – 19 year olds.

³⁴http://www.youngminds.org.uk/training_services/academic_resilience/what_is_academic_resilience/academic_resilience_framework

- work with commissioners and providers of family support services to ensure that mental health and emotional well-being is embedded within a 0 – 19 pathway of care.
- through HeadStart Lewisham, we have taken steps to further embed resilient practice, through our work with schools, families, community services and the online counselling service to support self-care and the development of effective coping strategies. Through CAMHS transformation, we will pilot the CUES-Ed programme, a clinically evidence based resilience programme, which operates in primary schools and is based on cognitive behaviour therapy. By building on the current work initially developed in the London Borough of Southwark, we will aim to roll out across all primary schools where needed, through the local HeadStart programme. This programme has a strong evidence base when supporting transition to secondary school.
- as a response to requests from young people, make PSHE more effective, covering all aspects of community, home, school and digital safety. Elements will include not only mental health, but drug, alcohol and sexual health awareness.
- work with the school age nursing service to create a universal/targeted health service in schools, that with appropriate support from specialist CAMHS, can respond to the ever-changing needs of our young person population.
- work with parents to raise awareness of the challenges young people face and where to go should they need assistance or advice.
- in line with 'Time to Change campaign, build on our digital marketing programme and continue to raise awareness of mental health and emotional well-being, across community, school and digital means, as part of a long term strategy to remove stigma associated with mental health.

5.2 Improving access to effective support

5.2.1 Our aim is to change the way services are delivered; we want to remove tiered levels of service provision and further embed services within the model of universal, targeted and specialist services.

5.2.2 Through this strategy we will:

- improve the quality and increase capacity of outreach services in different settings, through a range of skilled practitioners, under structured clinical governance arrangements through specialist mental health services.
- work with CAMHS and/or children's social care to:
 - review current access points including CAMHS triage, emergency and urgent duty
 - enhance input into the early help pathway and early intervention panels
 - conduct an audit of CAMHS data, including rejected referrals, re-referrals and crisis admissions
- based on a neighbourhood model, we will make better use of community resources, such as children's centres, health clinics and GP practices, by creating hubs of support, advice and information, utilising skills and expertise from a range of services.

- review current care pathways, altering the patient journey where necessary and creating better integration to ensure that young people and parents receive an appropriate level of support at the right time.
- build on the success of existing peer support networks such as: the young person's steering group; the KOOTH peer ambassador programme (part of the online counselling service); and Bromley and Lewisham's Mind 'Mindkit' programme (free wellbeing and resilience workshops for groups of young people aged 14-25)
- work closely with NHSE specialised commissioning, adult mental health commissioners, CAMHS clinicians and University Hospital Lewisham (UHL) to develop an all age psychiatric liaison service in Lewisham. We are anticipating that this arrangement would:
 - adequately respond, assess and treat presentations in crisis
 - prevent delayed discharge
 - offer risk/safety management support
 - prevent further crises
 - provide better transition into adult services
 - support step down provision for young people being discharged from inpatient services
- build capacity within the existing community eating disorder service to ensure standards are met for access, we will also be working with the provider to develop self-referral pathways into the service and to improve preventative work across schools. By identifying needs sooner and ensuring better access into evidenced based provision, will prevent escalation and reduce the need for an inpatient admission. We will be working with SLaM, SE sector commissioners and NHSE when reviewing impact of this work.
- strengthen existing links between the CAMHS neuro-development team and learning disability services, building on the work of the SEND programme, to ensure better and quicker access into specialist services.
- increase access to psychological therapy services, by extending the age range of the adult IAPT programme from 18 to 16 years, this will support transition to adult services for young adults and provide the option for self-referrals
- increase access online counselling services by extending the age range of the KOOTH.com online service from 16 to 18.

5.3 Caring for the most vulnerable

5.3.1 Building on existing good practice, we will ensure that mental health services work effectively within existing service delivery structures to ensure that our most vulnerable groups receive a comprehensive specialist assessment, and referral to appropriate evidence based services, according to their need.

5.3.2 Through this strategy we will:

- work in partnership with Lewisham CAMHS to ensure that LAC, children exposed to trauma and young people involved in the criminal justice system, are identified at the earliest point to ensure quick and direct access into services. This will build on the co-located youth offending ARTS service, the

mental health outreach service, the diversion liaison work and the functional family therapy programme.

- reach out into voluntary and community services to ensure hard to reach groups access the clinical support they need. It is possible that this will build on the positive work that has been undertaken through the CYP IAPT programme.
- undertake further work to ensure that children/families that miss appointments are actively followed up. We also want to find alternative ways to support engagement, by developing enhanced opportunity for outreach provision in community settings, such as GP surgeries and children's centres.
- seek opportunities to work more closely with in house foster carers. By providing clinical support, training and guidance, we will prevent placement breakdown and also reduce the need to use residential units. We also want to work more closely with 'children in need' families to divert children away from the care system.
- embed the 'Transforming Care' agenda within this strategy, by supporting young people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services. We want to bring together health and social care practice to ensure that families are empowered and that they get 'the right support at the right time'. Through CAMHS transformation plan we will increase capacity in the neurodevelopment team to reduce waiting times for children with co-morbidities including ASD. By providing better quality, more responsive provision to this cohort we would expect to see behaviour managed more effectively in the home and in our local schools, which would reduce the need for inpatient services.
- through the planned SEND scoping exercise, gain a better understanding of presenting need within universal and targeted settings, such as schools, GP practices and family support services. Furthermore, the HeadStart Lewisham programme will support this agenda by putting provision in place to better support children with challenging behaviour, including diagnosed or undiagnosed ASD in universal settings.
- in partnership with targeted services, CAMHS will manage the process for de-escalation. As a partnership we will put in place mechanisms for 'step down' into universal and targeted settings.
- work with the South London region to support the Havens Paediatric Review
- undertake a detailed needs assessment of peer on peer abuse, associated with child sexual exploitation, domestic abuse and serious youth violence

5.4 Developing the workforce and awareness raising

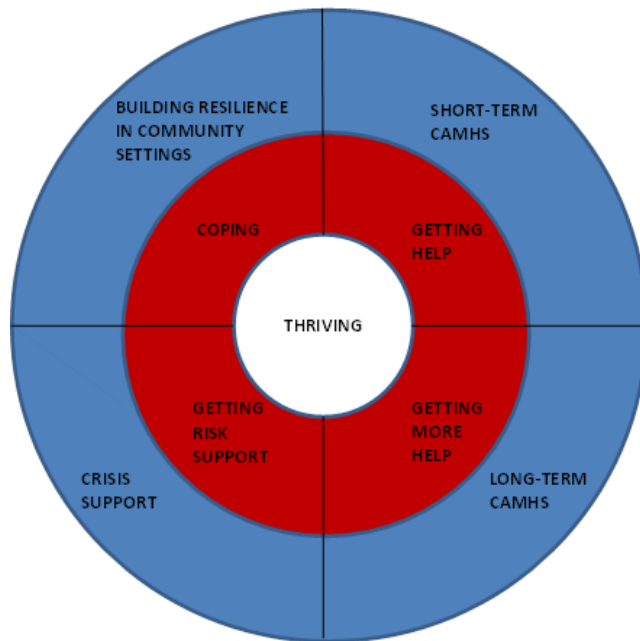
5.4.1 We aim to build capacity in universal and targeted services so that practitioners working within such services feel confident and able when effectively managing risk in the community. We want such services to have improved knowledge and confidence when making referrals to specialist services. This would result in a better understanding of identified need and more competent escalation processes.

5.4.2 Through this strategy we:

- anticipate a continuous programme of workforce development across the three areas of service provision, specialist, targeted and universal, to include:
 - an enhanced training programme for midwives, children's centre workers and health visitors on perinatal mental health, to ensure that mental health concerns can be identified earlier and that they are better equipped to offer effective support/referrals, to include the antenatal phase
 - specific training for schools in relation to resilience building, early identification and onward support
 - training for GPs regarding early identification and onward support, specifically in relation to self-harm, eating disorders, psychosis, anxiety and depression
 - ongoing mental health first aid training for frontline practitioners including the police, youth workers and schools
- will develop a process for clinical consultation and advice within community / universal and targeted services
- want to target training of health and social care professionals, to support continued professional development and create a workforce with appropriate skills, knowledge and values to deliver a varied range of evidenced based interventions.
- will build on the work of CYP IAPT, to help embed collaborative practice including service user engagement but also develop, through the use of routine outcome measures, the evidence base across statutory and voluntary sector partners.
- by building on service user feedback (as referenced in section 2.7) we will develop a peer support programme for parents, called Empowering Parents, Empowering Communities, an evidenced based programme, which trains parents to support other parents within a local community.

5.4.3 The Thrive model³⁵, highlighted below, has been adapted locally for the purposes of this strategy. It demonstrates the range of services available that respond to mental health and well-being issues as they arise, but also explicitly shows how resilience practice can assist a child to cope.

³⁵ THRIVE The AFC – Tavistock Model for CAMHS



5.4.4 As mentioned at the start of this document, we are committed to making mental health and emotional well-being ‘everybody’s business’. We will do this through workforce development, an effective awareness campaign, increased and improved service provision and through the development of more structured and formal arrangements with specialist mental health services including adults.

5.5 To be accountable and transparent

5.5.1 The joint action planning associated with the development of this strategy has been managed through a genuine partnership approach. We have reviewed data from a range of internal and external sources and have identified shared objectives and outcomes through partnership discussions.

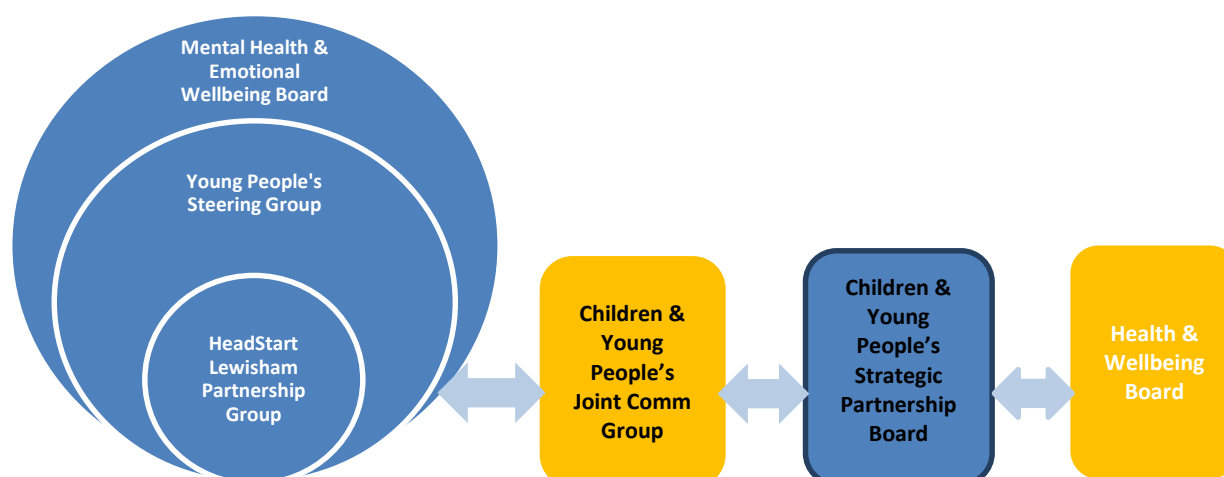
5.5.2 The Children and Young People’s partnership, consisting of NHS, public health, local authority, social care, youth justice, Healthwatch, education and the voluntary sector, has a commitment to use resources efficiently and effectively, providing value for money. Through this strategy we aim to seize opportunities for joint commissioning across the partnership, but also more broadly across the South East Sector and regionally in partnership with NHSE specialised commissioning. We also want to support local organisations when developing their evidence base and evaluative practice to ensure that they maximise opportunity for drawing down external funding from other sources.

5.5.3 Lewisham benefits from a well-established joint commissioning team for children and young people, meaning that the local authority has delegated responsibility on behalf of NHS Lewisham Clinical Commissioning Group (CCG) to manage health budgets, including community health and child and adolescent mental health. 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 Group, on behalf of the Health and Well-Being Board. We also have additional arrangements in place to oversee local and regional provision through the SE sector partnership, which includes South London Commissioners, providers and NHSE specialised commissioning. This

arrangement provides opportunities for shared learning and development when connecting specialist tertiary pathways with community provision.

- 5.5.4 We have a well-established Mental Health and Emotional Well-Being Board, which consists of a range of partners including the CCG, the LA, Public Health, Youth Justice, the Police, Schools, young people representatives and the Voluntary and Community Sector. This board is responsible for overseeing all aspects of children and young people's mental health and emotional well-being. The remit of the board covers ages 0 -18 years and includes universal up to specialist provision, building the link between resilience and mental health and emotional well-being. The board is one of the working groups accountable to the Children and Young People's Strategic Partnership Board.
- 5.5.5 As mentioned in 5.5.4, the Metropolitan Police are represented on our Children and Young People's Mental Health and Emotional Wellbeing Board and have been instrumental to the development of Lewisham's CAMHS transformation plan, but also our HeadStart Lewisham Programme.
- 5.5.6 Joint commissioners have been working closely with the Youth Offending Service to review the current service offer to young people in the criminal justice system who have identified mental health concerns. The Lewisham Youth Offending Service has been working with the Police to review all first time entrants to the Youth Justice System. This work aims to identify emotional and mental health issues at an earlier stage, diverting young people from custody wherever possible. The initial local research has concluded that there needs to be greater training with police officers around mental and emotional health and so an offer of training is being developed with an initial focus on Autism for YOS Police Officers. We intend to facilitate mental health first aid training across front line services, including the police and youth offending. Furthermore police officers will be engaged in the process when implementing and reviewing the new crisis care service, which will support children presenting often in the street or at home in crisis.
- 5.5.7 Through the peer on peer violence review, we will be reviewing the interplay between child sexual exploitation, domestic violence and serious youth violence. Findings will inform future service redesign within the youth offending service, linking to existing mental health provision, through the ARTS service and functional family therapy.
- 5.5.8 Furthermore, Lewisham Metropolitan Police have a schools team and a Police Cadet Youth Engagement Programme which works with schools and voluntary organisations across the borough delivering outreach and positive activities for children and young people at risk. This is overseen by the Mental Health and Well-Being Board and will dovetail with developments undertaken through the CAMHS Transformation Programme.
- 5.5.9 The Lewisham Partnership embraces 'the voice' of children, young people and their families in all aspects of service development. Building on the established work of the Young Mayor / Advisors programme, a Young People's Steering Group was formed in Spring 2014. This group focuses on mental and emotional well-being and consists of local young people who have themselves accessed services in the borough, including specialist child and adolescent mental health services (CAMHS). This group has been integral to the design and implementation of the HeadStart Lewisham programme and the wider developments of this strategy. We will continue to support and enhance service user co-design and production through existing and new developments, including the CYP IAPT programme.

5.5.10 The current structure is highlighted in the diagram below. For a full overview of membership for each group, please see Appendix 1.



5.5.11 Lewisham commissioners and providers of children's mental health services have been involved in strategic planning, as part of the 'Our Healthier South East London' partnership, to explore areas of good practice and opportunities for joint commissioning. Regular discussions have been undertaken with NHSE specialised commissioning to ensure nationwide developments are incorporated into local transformation plans. The Youth Offending Service (YOS) Management Board, which includes membership from the Youth Justice Board, has also been involved in strategy development via the Youth Offending Service.

5.5.12 Lewisham CCG/LA joint commissioners are represented on the South East Sector CAMHS commissioning group. This group provides an opportunity for SE London CCG commissioners (Lambeth, Southwark, Lewisham and Croydon) to meet regularly with strategic managers for CAMHS at South London and Maudsley NHS Foundation Trust, along with case managers from NHSE. This group focuses directly on community and inpatient provision, by reviewing performance, spend and activity, identifying good practice and identifying opportunities to improve efficiencies. Commissioners will continue to work with NHSE by monitoring performance, to bridge the gap effectively between community and inpatient provision, minimising where possible the need for inpatient admission.

5.5.13 Through the CAMHS transformation programme there is a commitment to develop adequate crisis care provision in Lewisham. Commissioners will be working with adult mental health providers, University Hospital Lewisham and adult mental health commissioners to review opportunities to work collectively, with the aim to prevent presentations in crisis but also support successful transition to adult services where appropriate. Such developments will be shared with NHSE through the SE sector reporting mechanism.

5.6 Making change happen

5.6.1 See Appendix 3 for a full breakdown of planned priorities, as referenced in the tracker document.

5.6.2 We will be using existing governance arrangements and joint commissioning practice to develop an integrated action plan, which will cut across the 49

recommendations of the Future in Mind publication. This will be embedded into a core commissioning approach. We will focus our attention across the partnership, building on existing areas of good practice and when designing new care pathways and service offers.

5.6.3 Within existing governance arrangements, we will establish local delivery working groups, which will include key stakeholders. These groups will be responsible for overseeing implementation, managing risks and challenges and monitoring progress and impact against our strategy.

6.0 Our approach and action plans:

6.1 Over the coming months we will be working with existing and new local delivery groups to implement new areas of delivery and monitor progress and risk against our plan. Detailed action plans will be developed linking to the Future In Mind programme – which will in due course be appended to the strategy. These delivery groups will be accountable to the wider partnership.

6.2 An Equalities Analysis Assessment will be undertaken to examine the impact of the proposal against the protected equalities characteristics, such as gender, ethnicity, disabilities and age.

6.3 Following official sign off by key stakeholders, this strategy will be shared as necessary and published on local websites in 2015 for the NHS Lewisham CCG, Lewisham Local Authority and other partners.

For more information, please contact: Caroline Hirst, Joint Commissioner, Children and Young People Email: caroline.hirst@lewisham.gov.uk Tel: 0208 314 3368

Appendix 1 – Governance Arrangements Partnership Representation

1. Health and Well-Being Board

The Lewisham Mayor, LBL
Cabinet Member for Health, Well-Being and Old People, LBL
Executive Director, Community Services, LBL
Chairman, Lewisham and Greenwich NHS Trust
Director of Public Health, LBL
Director, Voluntary Action Lewisham
GP, NHS Lewisham CCG
Chair, Lewisham Local Medical Committee
Delivery, NHSE
Manager, Family Mosaic Housing

2. Children and Young People’s Strategic Partnership Board

Cabinet Member for Children and Young People (LBL)
Executive Director for Children and Young People (LBL)
Chief Executive, Lewisham and Greenwich Trust (LGT)
Director, Voluntary Action Lewisham, (VAL)
LSCB Independent Chair
Chair: Children and Young People Select Committee (LBL)
Director of Public Health (LBL)
Head of Crime Reduction Service (LBL)
Metropolitan Police Lewisham (MPL)
Managing Director, NHS Lewisham Clinical Commissioning Group
Student Support Team Leader (LeSoCo)
Chair Secondary consultative
Head of Targeted Services and Joint Commissioning (LBL)
Director, CAMHS CAG

3. Joint Commissioning Group

Lewisham Local Authority

- Children and Young People
- Community Services
- Public Health

Schools

- Primary
- Secondary

GPs

Lewisham and Greenwich NHS Trust
NHS South East
South London and Maudsley NHS Foundation Trust
Metropolitan Police
Voluntary Action Lewisham
LEAN
Lewisham College

4. Mental Health and Emotional Well-Being Board

Head of Joint Commissioning
CYP Commissioning Team
Voluntary Sector Representative
Clinical Commissioning Group representative or GP
Metropolitan Police
Community Safety
South London and Maudsley NHS Foundation Trust
Lewisham and Greenwich NHS Trust

Public Health
 Primary / Secondary School
 Secondary School
 Young Person/Young People representative from the Young People's
 Steering Group

5. Young People's Steering Group

Consists of approximately 15 local young people, between the ages of 13 – 17 years

6. HeadStart Lewisham Partnership Board

Provision	Named Providers
Transition Curriculum	Young Minds
In school Counselling	Place 2 Be
Online Counselling	KOOTH
Creative Arts	Lewisham Youth Theatre
	Apples and Snakes
	Trinity Laban
	Playback Studio
Youth Led Film	TryLife
Youth Led Events	YP steering Group
Youth Led Commissioning	YP steering Group & House of Harriott
Innovation Fund	Parent Support Group
	LEAN
	Pre-School Learning Alliance
	Make Believe Arts
	BeEve UK
	Sydenham Gardens
	This Way Up Wellbeing
Online Resource Kit	Latimer Group
Well-being survey	The Children's Society
Schools	Sydenham
	Prendergast Vale
	Elliot Bank
	Kelvin Grove
	Forest Hill
	Holy Trinity CofE
	Sandhurst Juniors
Connectors/Strategic Partners	
Family Pathways	Voluntary Action Lewisham
Bromley and Lewisham Mind	Health Watch
Youth Service	School Aged Nursing Service
Public Health	Targeted Family Support
Life Line	NHS Trust
YOS	CAMHS

Appendix 2 – Current Finances

Comm'y CAMHS	Funding Stream						TOTAL	Recurrent 16/17	Staffing (WTE)	Ref rec'd	Ref acc'd	Waiting times Wks	Do Not Att %
	LA	CCG	University Hospital Lewisham (UHL)	DoH	Ministry of Justice	Schools DSG / Pupil Premium Grant							
ARTs (YOS)	127,324	100,874	n/a	n/a	n/a	n/a	228,198	Y	2.3	77	75	3.7	20
Diversion and Liaison (YOS)	n/a	n/a	n/a	45,000	n/a	n/a	45,000	Not confirmed	1	720	120	1	5
Functional Family Therapy	115,021	n/a	n/a	n/a	170,000	n/a	285,021	Y	4	82	82	0	9
CAMHS Schools team	n/a	n/a	n/a	n/a	n/a	100,000	100,000	N	2	28	28	6	9
Symbol (LAC)	354,197	18,000	n/a	n/a	n/a	n/a	372,197	Y	5.2	67	60	10	12
Mental Health Outreach for LAC	n/a	n/a	n/a	n/a	n/a	136,048	136,048	Y	2.2	Started in Oct			
NDT (CwD)	53,474	280,328	n/a	n/a	n/a	n/a	333,802	Y	4.4	98	86	24	11
Paediatric Liaison (LT med conditions)	n/a	n/a	51,982	n/a	n/a	n/a	51,982	Y	0.8	45	23	11	18
West Clinic	115,993	388,835	n/a	n/a	n/a	n/a	504,828	Y	9	495	265	6	16
East Clinic	109,371	585,613	n/a	n/a	n/a	n/a	694,984	Y	9.8	482	280	7	14
LYPS (early signs of psychosis)	53,474	425,306	n/a	n/a	n/a	n/a	478,780	Y	6.3	48	42	1.5	13
Mangt overheads	38,606	409,544	n/a	n/a	n/a	n/a	448,150	Y	N/A	N/A	N/A	N/A	N/A
Lewisham Park rent	41,000	n/a	n/a	n/a	n/a	n/a	41,000	Y	N/A	N/A	N/A	N/A	N/A
TOTAL	1,008,460	2,208,500	51,982	45,000	170,000	236,048	3,719,990						

Appendix 3 – CAMHS Transformation Priorities

Priority	Brief Overview	Breakdown	Referenced paragraphs within the Plan	CAMHS Trans Allocation 15/16 (£)*	CAMHS Trans Allocation 16/17 (£)**	Alignment with existing funding
Eating Disorder Services	<p>Through increased capacity within the existing service, the service will offer:</p> <ul style="list-style-type: none"> an established phone line for self-referrals and GP referrals a workforce development programme for schools. 1 school in 15/16 and 1 school per term thereafter. 	<p>Band 8a post (1/7th) £10,453 for preventative work with schools (across SE Sector) The remainder £47,785 equates to tertiary activity of 146 treatment sessions</p>	4.2.1, 4.4.3, 5.2.2	58,238	58,238	CCG contribution to block contract £134,918
Crisis Care	<p>Through increased capacity (Band 7 posts, admin and consultant time), the service will commit to</p> <ul style="list-style-type: none"> assessing all emergency presentations via A&E and all urgent presentations via Schools, GPs, police undertaking all 7-day follow up assessments delivery of intensive crises intervention to support non-admittance, short-term interventions and psychiatric consultation, assessment & medical management where necessary 	<p>1 x Band 7 1.0 WTE (at mid point) Band 5 1.0 (at mid point) Consultant 0.4</p>	4.2.2	102,500	184,164	No specific funding currently allocated to this, other than through the main community CAMHS service
Supporting children with disabilities and children with long terms medical conditions	<p>Through additional capacity in the NDT (to support children with disabilities), work will be undertaken to reduce current waiting times. Opportunities for special school clinics and group work will also be planned.</p> <p>Additional capacity in the paediatric liaison service to support children with a long term medical issue, will result in reduced waiting times and be supported by changing practice within the team.</p>	3 x WTE Band 7 posts	4.3.3	90,000	156,000	<p>Total contribution to the NDT is £333,802 (LA £53,474 / CCG £280,328)</p> <p>Paed Liaison from UHL £51,982</p>

Perinatal mental health	Through a Perinatal Link Nurse , supported by Specialist Perinatal Consultant Psychiatrist, we will extend the community perinatal mental health training programme to enable a more comprehensive programme of training underpinned by awareness raising and advice to early years services for parents from conception up to 1 year initially.	0.6 WTE perinatal link nurse 1 session of Specialist Perinatal Consultant Psychiatrist	4.4.1, 5.1.4, 5.4.2	20,000	40,000	Commissioned through adult mental health. Jointly commissioned through new resource beyond
Audit of Provision in Schools	All 94 schools will be asked to participate in a detailed audit of mental health provision, which will be supported by a financial incentive. Findings will support future commissioning priorities, in terms of workforce development and access into targeted and specialist services.	94 schools to be consulted by March 16. Incentive attached of £5k for 2 schools	4.1.3	10,000	0	One off activity, no current allocation for this
CYP IAPT training	As a wave 3 area, there is continued commitment for colleagues in CAMHS and in voluntary sector providers to access available CYP IAPT training. Numbers to benefit are unknown at this stage.	Approximately 5 trainees per year	4.4.2, 5.3.2, 5.4.2	0	0	Funded through national programme
CAMHS data collection and service user engagement	By increasing non-clinical capacity in CAMHS, will enable a much needed review of current data (through CHIMAT, CYP IAPT and MHSDS) and access points including CAMHS triage, emergency/urgent duty. It will also look at the interface between CAMHS and other services such as Children's Social Care and Family Support services, which will inform future commissioning intentions. This resource will be used to further embed service user engagement in services to support children's mental health and emotional well-being.	1 WTE Band 6 post, with additional sessional support in Q4 to set up data collection systems	3.9, 5.2.2	19,500	50,000	CCG contribution to the block contract for data and PPI posts approx. £100k
Independent Review of mental health provision for LAC	We recognise that the mental health and educational outcomes for LAC are often lower than that of non-LAC. We will conduct an independent evaluation of the LAC outreach pilot, alongside that of SYMBOL (specialist CAMHS service for LAC). The outcome of the evaluation will inform future commissioning practice for LAC.	1 part time post for 3 months	4.3.2, 4.4.4	20,000	0	SYMBOL £372,197 (CCG £18,000 / LA: 354,197) LAC Outreach Pupil premium £136,048

Delivery of Resilience Programme in Primary schools	Delivery of CUES-Ed programme in approx. 4 primary schools (TBC), which will equate to 6 sessions of whole class interventions The programme has been developed by SLAM Clinical Psychologists and CBT therapists to help children recognise and talk about how they feel and to develop simple coping strategies.	9 classes, 30 students per class = 270 beneficiaries	2.7, 5.1.4	35,000	0	One off activity, no current allocation for this – will be picked up by HeadStart / schools beyond 2016
Development of Strategic School Improvement role within the LA	Develop a mental health and emotional well-being strategic school improvement full time role within LBL, to support engagement with schools, including development of the named contact, as referenced in Future in Mind	1 WTE post, within the LA	4.1.3	0	0	Funding covered through Big Lottery HeadStart Programme on a recurrent basis
Empowering Parents, Empowering Communities	Development of the Empowering Parent Empowering Communities, to enhance work with parents	8 week course for 30 parents of children 2 – 11 yrs	5.4.2	40,000	0	One off activity, no current allocation for this – to be picked up through HeadStart
Peer on Peer Violence needs analysis	A scoping exercise to consider the interplay between Child Sexual Exploitation, Domestic Violence and Serious Youth Violence, which will inform YOS practice going forward.	1 part time post for 3 months	5.3.2, 5.5.7	10,000	0	One off activity, no current allocation for this
Regional Havens Paediatric Review	£10K per CCG in a sector	Contribution to 1 WTE project manager per sector (6 boroughs)	5.3.2	10,000	10,000	One off activity, no current allocation for this
Mental Health First Aid training	Mental Aid First Aid training will provide front line practitioners (police, schools, youth workers) with a basic understanding of mental health.	3 training programmes a quarter – 15 professionals per programme	5.1.4	0	0	Funding covered through LA
Supporting parents with a mental health issues and a child accessing CAMHS	We will second an adult mental health worker to Lewisham CAMHS for 1 day per week, to work with parents with a mental health diagnosis and with children accessing CAMHS in the LYPS team	Set up costs in 15/16. 0.2 WTE Band 7 MH. 1 session for clinical supervision	4.2.3	20,000	30,000	Funding allocated to LYP service £478,780 (LA: £53,474 / CCG: 425,306)
SEND needs analysis and	Undertake a needs analysis of SEN / mental health prevalence. The outcome will provide an	1 part time post for 3 months to	4.1.2, 4.3.3-4.3.6, 5.3.2	51,124	30,000	One off activity, no current allocation for

support to families with ASD diagnosis	understanding of how parents and schools can support these children, resulting in a reduction in the numbers being excluded from school, missing education or being educated out of borough. Increased capacity within the Lewisham Autism Support service for families with a child post an ASD diagnosis.	undertake needs analysis				this. Future funding to be secured through HeadStart.
Extension of the online counselling service	Extend the age limit for the online counselling service through Kooth.com from 16 to 18 years	40 hours counselling time per calendar month (additional costs in 16/17 will be picked up through LA)	2.7, 4.1.8, 4.2.4, 4.2.5, 5.1.4, 5.2.2	17,500	20,000	Current allocation through HeadStart Lewisham for 10 – 16 yrs
Extension of the adult IAPT service	Extend the minimum age limit for adult IAPT from 18 to 16 years, to create increased access to psychological support in community settings for young people aged 16+	Set up costs in 15/16 and activity for an additional 30 YP per quarter	2.7, 4.2.6	30,000	30,000	Current allocation for 18 years + through adult mental health
Joint Commissioning Capacity	Increase capacity within the joint commissioning team to support implementation of the local transformation programme and CAMHS service redesign	2 WTE posts for 3 months based in the LA	5.2.2	54,500	0	CCG / LA joint contribution to 1 PO8 commissioning post
Enhanced Foster Care Programme	Undertake a scoping exercise when developing the 'enhanced foster care' programme	1 part time post for 3 months	4.4.4, 5.3.2	20,000	0	One off activity, no current allocation for this. Funding to be secured through Children's Social Care in the future
TOTAL				608,362	608,402	

***To avoid any potential underspend in 2015/16, NHS Lewisham CCG has given agreement to spend 'at risk'. We have proceeded with implementation of the above priorities, using agency/locum staff to ensure quick start dates in the interim, thus allowing adequate time to recruit to fixed term positions in the longer term. We have also transferred more resource into Q4, increasing expectations within that quarter.**

****2016/17 allocations provided at this stage are indicative. Some resource in 2015/16 will be used to review current models, to inform current service delivery. Funding priorities beyond March 2016 may be amended as a response to this**