Overview & Scrutiny

Children and Young People Scrutiny Commission

All Members of the Children & Young People Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Tuesday 11 May 2021

7.00 pm

Until further notice, all Council meetings will be held remotely

Contact:
Martin Bradford - martin.bradford@hackney.gov.uk
☎ 020 8356 3315
✉ martin.bradford@hackney.gov.uk

Tim Shields
Chief Executive, London Borough of Hackney

Members: **Cllr Sophie Conway (Chair), Cllr Margaret Gordon (Vice-Chair), Cllr Humaira Garasia, Cllr Katie Hanson, Cllr James Peters and Cllr Anna Lynch**

Co-optees: **Shabnum Hassan, Justine McDonald, Jo Macleod, Ernell Watson, Richard Brown and Michael Lobenstein**

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

1 **Agenda & Papers** (Pages 5 - 260)

2 **Minutes of 11th May 2021** (Pages 261 - 276)

Hackney

Access and Information

Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website http://www.hackney.gov.uk/contact-us.htm or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

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Further Information about the Commission

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Public Involvement and Recording

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Rights of Press and Public to Report on Meetings

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Providing oral commentary during a meeting is not permitted.

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Overview & Scrutiny

Children & Young People Scrutiny Commission
London Borough of Hackney

All Members of the Children & Young People Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows.

Date: Tuesday 11th May 2021 at 7.00pm.

Venue: Council Chamber, Hackney Town Hall, Mare Street, London. E8 1EA

The press and public are welcome to join this meeting remotely via the live link below:

https://youtu.be/k4QI1XKVBcY

Contact: Martin Bradford, Overview & Scrutiny Officer
0208 356 3315
martin.bradford@hackney.gov.uk

Tim Shields
Chief Executive, London Borough of Hackney

Council Members:	**Cllr Sophie Conway (Chair)**	**Cllr Margaret Gordon (Vice Chair)**
	Cllr Humaira Garasia	**Cllr Katie Hanson**
	Cllr Anna Lynch	**Cllr James Peters**
VACANT	**5 Labour** **1 Opposition**	
Co-opted Members:	**Richard Brown, Justine McDonald, Shabnum Hassan, Jo Macleod, Ernell Watson and Michael Lobenstein.**	
Publication Date	**30th April 2021**	

Agenda

1.	**Election of Chair and Vice Chair (19.00)** As the first meeting of the new Municipal Year (2021-2022), members of the Commission will elect a Chair and Vice Chair.
2.	**Confirmation of Terms of Reference** Members are requested to note the terms of reference for the Scrutiny Commission as set out in Articles (sections 7.12-7.16) and Procedures (section 4.5) within the Constitution.
3.	**Apologies for Absence (19.05)**
4.	**Urgent Items / Order of Business**
5.	**Declarations of Interest**
6.	**Special Educational Needs and Disability Services - Performance and Recovery Plan (19.10)** Increased demand for services together with national budgetary constraints have placed considerable pressures on Special Educational Needs & Disability (SEND) services in Hackney and elsewhere. The Commission therefore requested a strategic update from Hackney Education Service to: (i) identity how well local services are performing against local and national targets; (ii) set out the financial context and budget pressures within SEND services; (iii) recovery plans for the service in light of pressures arising from budgetary constraint and the pandemic. Fran Cox, Head of High Needs & School Places Annie Gammon, Director of Education Members are requested to note the attached report and to ask officers present to respond to any questions that they may have.
7.	**Pupil Movement 2019-2020 (19.40)** In response to the Commission's work on off-rolling in schools, Hackney Education Service agreed to provide regular updates on the number of children who exit school through explained or unexplained reasons. This update (this is the first) is produced annually so that the Commission ma

	retain regular oversight of the number and demographics of those children who: (i) Have been permanently excluded from school; (ii) Are receiving education in an Alternative Provision setting: (ii) Have moved from school into Elective Home Education; iii) Have changed schools through the managed move process. Chris Robers, Head of Wellbeing & Education Safeguarding Annie Gammon, Director of Education Members are requested to note the attached report and to ask officers present to respond to any questions that they may have.
	Recess (20.10) A short recess of 5min will take place for members present.
8.	**Children & Young People's Mental Health & Emotional Wellbeing in Hackney (20.15)** The Commission has requested an update on the Mental Health & Emotional Wellbeing of children and young people in Hackney and those services that support them. The Commission have requested an overview of: - Strategic priorities for local services; - Key strategies to deliver on these priorities - Funding for local services. -Amy Wilkinson, Integrated Commissioning Workstream Director Children, Young People, Maternity and Families -Sophie McElroy, Wellbeing and Mental Health Service (WAMHS), City & Hackney CCG / LBH -Greg Condon, Programme Manager, Mental Health (CCG)
9.	**Children's Social Care Report April 2020- September 2020 (20.45)** To help maintain oversight of children's social care services, a report on children's social care activity is provided twice yearly (6 months and full year). Anne Canning, Group Director for Children & Education Annie Coyle, Director of Children & Families Members are requested to note the attached report and to ask officers present to respond to any questions that they may have.
10.	**Post 16 SEND Strategy (21.15)** As part of its work programme in 2019/20 the Commission held a stakeholder event to assist in the refresh of the Post 16 SEND Strategy for Hackney. The Commission has made a number of recommendations

	to the Cabinet member for Families, Early Years, Parks and Play to help guide and inform the process to refresh this strategy. Members are requested to note the recommendations in the letter to the Cabinet member. The response will be published here once received.
11.	**Work Programme for 2021/22 (21.20)** A new work programme is developed each municipal year for the Commission. The Commission has a number of standing items within its work programme which have been placed in a draft outline of the agenda. A range of local stakeholders will also be consulted in the development of the work programme to identify possible areas for scrutiny. These suggestions will be considered by the Commission within its work programme discussion at its next meeting in June 2021.
12.	**Minutes of last meeting (21.30)** The minutes of the last meeting (8th February 2021) are attached. Members are requested to note and agree the minutes and any actions from the meeting.
13.	**Any other business (21.30)**
	Meeting Close 9.30

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Article 7 - Overview and Scrutiny

The Overview and Scrutiny function is carried out by the Scrutiny Panel and the Scrutiny Commissions. They are set up to hold the Elected Mayor and Cabinet to account. The role of Scrutiny is to be non-adversarial, non-partisan and act as a critical friend to challenge decision makers within the Council as well as external agencies.

7.1 The Council must appoint at least one Overview and Scrutiny Committee to: -

i) Hold the Cabinet to account, by examining decisions that are about to be taken; taken but not yet implemented (known as the call-in process); and that have been implemented (post-hoc review) in connection with the discharge of any functions which are the responsibility of the Cabinet;

Ii) Review the general policy framework document and policies generally and make suggestions for improving them;

iii) Contribute to continuous improvement in service delivery through consideration of service delivery performance, participation in Service and value for money reviews, and investigations of budgets;

iv) Review and make recommendations relating to the discharge of non-executive (regulatory) functions;

v) Consider and make recommendations to Full Council and external partner stakeholder organisations on any matters having a direct bearing on the economic, social or environmental well-being of Hackney Citizens;

vi) In the case of the Health in Hackney Scrutiny Commission, to review and scrutinise matters relating to the health service in the authority's area and to make reports and recommendations on such matters in accordance with any Regulations and Directions made under the Health and Social Act 2001. The Health in Hackney scrutiny commission may, from time to time, decide to appoint a Joint Health Scrutiny Committee, which may involve one or more other local authorities;

vii) In the case of the Living in Hackney Scrutiny Commission, to review and scrutinise decisions made, or other actions taken, in connection with the discharge by the responsible authorities of their crime and disorder functions. To make reports or recommendations to Full

Council and to provide copies of reports to such responsible authorities and co-operating persons and bodies as appropriate, in accordance with the Police and Justice Act 2006, with respect to the discharge of those functions;

viii) Request information from relevant external partner authorities, invite interested parties to comment as appropriate and to make recommendations.

ix) Consider any referral by a Councillor under the Councillor Call for Action, and if considered appropriate to scrutinise decisions and/or actions taken in relation to a matter;

x) Consider matters referred to in accordance with the Council's Petition Scheme as set out in Part 6 of this Constitution

7.2 The Scrutiny Panel and Commissions may make recommendations arising from such work to the Cabinet, Full Council and external partner / stakeholder organisations.

Attendance by Elected Mayor, Cabinet Councillors and other persons

7.3 The Scrutiny Panel and Commissions may require the Elected Mayor, Cabinet Councillors or Chief Officers to attend before it to answer questions and may invite other persons to attend meetings of the Commissions.

7.4 It shall be the duty of any Councillor or Officer to comply with any requirement so made.

7.5 A Councillor must not be involved in scrutinising a decision in which they had been directly involved.

7.6 A person is not obliged to answer any question. However, they would be entitled to refuse to answer a question in or for the purposes of proceedings in a court in England and Wales.

Role and Function of the Scrutiny Panel

7.7 The Council shall appoint a Scrutiny Panel to coordinate and oversee the work of the Scrutiny Commissions

7.8 The Panel will be responsible for establishing task-finish scrutiny panels and for considering a request made by any 5 non-executive Members for the call-in of a cabinet decision or a decision of the Joint committee of the Six Growth Boroughs. The Scrutiny Panel's terms of reference are set out

in Part 3 of the Constitution

7.9 The Scrutiny Panel shall comprise 9 Members, who cannot be Members of the Cabinet. It shall include the Chairs and Vice-Chairs of the Scrutiny Commissions and a Councillor of the larger opposition group, if not already represented as a Chair or Vice-Chair of a commission.

7.10 The Scrutiny Panel's Chair shall be a Member of the majority political group of the Council. Chairs of the Scrutiny Commissions are not eligible for the position of Chair of the Scrutiny Panel. The Vice-Chair of the Panel should be a member of the larger opposition party.

7.11 The Scrutiny Panel may invite the Elected Mayor and the Deputy Mayor to attend meetings of the Panel to assist in consideration of the scrutiny work programme, and how the Elected Mayor and Deputy Mayor can participate in the Panel's work programme. The Scrutiny Panel may also invite the chairs of the Audit and Corporate Committees to assist with discharging the functions of the Panel.

Role and function of the Scrutiny Commissions

7.12 Full Council will appoint the following Scrutiny Commissions as set out in the table below:

Commission	Scope
Living in Hackney Scrutiny Commission	Quality of life in local communities covering neighbourhoods, place, wellbeing and amenities.
Skills, Economy and Growth scrutiny Commission	Prosperity of the borough and development, in particular economic development, employment and large-scale schemes.
Health in Hackney Scrutiny Commission	Health Services, Adult Social Services, Older People
Children and Young People's Scrutiny Commission	Children and Young People, Hackney Learning Trust

7.13 The Children and Young People Scrutiny Commission shall include in its membership the following voting representatives: -

a) One London Diocesan board for Schools (Church of England)

representative;

b) One Roman Catholic Westminster Diocesan Schools Commission representative;

c) Two parent governor representatives: and the following non-voting representatives;

d) One Orthodox Jewish community representative;

e) One representative from the North London Muslim Community Centre;

f) One representative from the Free Churches Group;

g) One representative from the Hackney Schools Governors' Association; and

h) Up to five representatives from the Hackney Youth Parliament.

7.14 Within their terms of reference, the Scrutiny Commissions may: -

i) Develop a rolling programme of scrutiny and review which shall be reviewed on a quarterly basis;

ii) Exercise an overview of the Sustainable Community Strategy for the purpose of contributing to policy development;

iii) Review and/or scrutinise decisions or actions relating to the discharge of the Council's functions within its terms of reference. This could include reviewing decisions before they have been taken (policy development) or after they have been implemented (post-hoc review);

iv) Where referred to it, consider a request made by any 5 non-executive Members for the call-in of a Cabinet decision

v) Make reports and / or recommendations to the Cabinet for possible forwarding to Full Council and/or the Cabinet, and/or Corporate Committee and/or any Ward Forum with the discharge of any Council functions; and

vi) Exercise responsibility for any resources made available to them.

Specific functions of Scrutiny Commissions

7.15 Scrutiny Commissions specific functions are: -

i) **Policy Development and Review**

- To assist Full Council and the Cabinet in the development of the budget and policy framework by in-depth analysis of policy issues;
- To conduct research and consult with the community on policy issues and options available to the Council;
- To consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
- To liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working; and
- To consult or question councillors of the Cabinet and senior officers about their views on issues and proposals affecting the area.

ii) **Scrutiny**

- To review and scrutinise Cabinet decisions made by the Elected Mayor, the Cabinet, by an individual Councillor of the Cabinet, by a Committee of the Cabinet, or by an Officer of the Council;
- To review and scrutinise the work of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- To question Councillors of the Cabinet and senior Officers about their decisions and the performance of the services for which they are responsible, whether generally in comparison with service plans and targets over a period of time or in relation to particular decisions initiatives or projects;
- For the Health in Hackney Scrutiny Commission, to carry out health Scrutiny in accordance with Section 244 Regulations under that section of the National Health Services Act 2006 (as amended by the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012 relating to reviewing and scrutinising local health service matters). Where the proposal relates to more than one local authority area, it must be considered by a Joint Health Scrutiny Committee appointed by each of the local authorities in question;

- For the Living in Hackney Scrutiny Commission, to discharge the functions conferred under the Police and Justice Act 2006;
- To make recommendations to Cabinet arising from the outcome of the scrutiny process for possible forwarding to Full Council;
- To review and scrutinise the performance of other public bodies in the area, invite them to address the Scrutiny Commission, and prepare reports about their initiatives and performance;
- To gather evidence from any person or organisation outside the Council;
- To consider referrals from Ward Forums and Enhanced Tenants Residents Associations and initiate reviews of issues as deemed appropriate.

iii) **Community Representation**

- To promote and put into effect closer links between Overview and Scrutiny Members and Citizens;
- To encourage and stimulate an enhanced community representation role for Overview and Scrutiny Members including enhanced methods of consultation with local people;
- To liaise with the Council's consultative Ward Forums and Enhanced Tenants Residents Associations on matters that affect or are likely to affect the local area;
- To keep the Council's area-based governance arrangements under review and to make recommendations to the Scrutiny Panel, to the Cabinet and / or Full Council as to how participation in the democratic process by local people can be enhanced;
- To receive petitions, deputations and representations from local people and other stakeholders about matters of concern within the Scrutiny Commission's remit. Where considered appropriate, to refer them to the Cabinet, an appropriate Committee or Officer for action, with a recommendation for a report back if requested.

iv) **Developing the Work Programme**

In considering their work programme, the Scrutiny Commissions shall have regard to the following:

- Recommendations received from the Scrutiny Panel;

- Cross-cutting items proposed for the programme by the Scrutiny Panel;
- Petitions received from the public;
- The contents of the Cabinet Meetings and Key Decisions Notice;
- Issues emerging from the ward/representational role of any Councillor;
- Issues relating to Councillor Call for Action;
- Referrals made by Healthwatch Hackney relating to health and social care matters;
- Referrals by any Councillor of the Council on any matter relevant to the functions of the Scrutiny Commission;
- Referrals by any Councillor on a local crime and disorder matter;
- Referrals to it by Full Council, the Cabinet or another Committee;
- Issues which, whilst not the direct responsibility of the Council, have a direct bearing on the economic, social or environmental well-being of the borough's Citizens;
- Issues relating to Joint Overview and Scrutiny Committees.

Proceedings of Overview and Scrutiny

7.16 The Scrutiny Panel and Commissions will conduct their proceedings in accordance with the Overview and Scrutiny Procedure Rules set out in Part 4 of this constitution

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4.5 Overview and Scrutiny Procedure Rules

1. **Arrangements for overview and scrutiny**

1.1 The Council will have a Scrutiny Panel and four Scrutiny Commissions as set out in Article 7 of this Constitution. Article 7 sets out the broad framework for the operation of the Council's overview and scrutiny function. These rules set out some of the more detailed working arrangements.

2. **Meetings of the Scrutiny Panel and Commissions**

2.1 There shall be 4 Ordinary Meetings of the Scrutiny Panel in each year. In addition, Extraordinary Meetings may be called from time to time as and when appropriate. A Scrutiny Panel meeting may be called by the Chair of the Panel or by the Monitoring Officer if they consider it necessary or appropriate.

2.2 The Scrutiny Commissions are each expected to meet at least 8 times a year, but this may include site visits and informal meetings undertaken as part of a review.

3. **Quorum**

3.1 The quorum for the Scrutiny Panel and the Scrutiny Commissions shall be one quarter of voting Members or three voting Members, whichever is the greater.

4. **Chairs and Vice-chairs**

4.1 The Chairs of the Scrutiny Panel and the Scrutiny Commissions shall be appointed by their voting members at their first meeting of each municipal year.

4.2 The Scrutiny Panel's Chair shall be a Councillor of the majority political group of the Council. The Vice-Chair shall be a Councillor of the largest minority political group of the Council. The Chairs of the Scrutiny Commission are not eligible for the position of Chair.

5. **Reports from Scrutiny Panel or Commissions**

5.1 Once it has formed recommendations, a Scrutiny Commission or the Scrutiny Panel will prepare a formal report and its recommendations to the Monitoring Officer for consideration by the Elected Mayor, a Cabinet Councillor, the Executive or Full

Council (usually only if the recommendation would require a departure from or a change to the agreed budget or policy framework) as appropriate. Where recommendations are made that relate to an external organisation (such as an NHS Trust) the report will also be submitted to that body.

5.2 If the Scrutiny Panel or Commission cannot agree on one single final report, then up to one minority report may be prepared and submitted for consideration alongside the majority report.

5.3 Where referred to Full Council or the Executive, the report of the Scrutiny Panel or Commission will be considered at the next scheduled meeting.

6. Ensuring that reports are considered by the Cabinet and other bodies

6.1 Where the Scrutiny Panel or Commission publishes a report which includes recommendations, it will submit a copy of the report to the relevant decision-making person or body. It will copy the report to the Elected Mayor (unless the Elected Mayor is the decision-maker) and the Monitoring Officer indicating the decision-maker(s) to whom the report has been sent.

6.2 The following sub-sections govern the procedure to be followed according to the decision-maker receiving the report:

i. Where the decision-maker is Full Council:

When Full Council meets to consider the report, it shall also consider the response of the Executive to the recommendations. The outcome of the discussion at Full Council will be placed on the agenda of the next scheduled meeting of the Scrutiny Panel and/or Commission

ii. Where the decision-maker is Cabinet:

The report will be considered under the standing item "Issues Arising from Overview and Scrutiny", unless it can be considered in the context of the Executive's deliberations on a substantive item on the agenda. The Executive shall also consider the response of the lead Cabinet Councillor(s) for the portfolio area(s) to which the report's recommendations relate. The outcome of the discussion by the Executive will be

placed on the agenda of the next scheduled meeting of the Scrutiny Panel and/or Commission.

iii. Where the decision-maker is the Elected Mayor or another individual Councillor of the Cabinet:

The Councillor with delegated decision-making power must consider the matter and report back to the Scrutiny Panel and / or Commission within 2 weeks. If the Councillor does not accept some or all of the recommendations then they must include within that report the reasons for not doing so, send a copy of their response to the Monitoring Officer, and attend the meeting of the Scrutiny Panel and/or Commission that considers their response.

iv. Where the decision-making is an external (non-Council organisation):

a) Where that organisation has a statutory duty to respond to the Scrutiny Panel and / or a Commission, a written response shall be requested within the timescale required, or if mutually agreed, by another set deadline, so the response can be placed on the agenda of the next scheduled meeting of the Panel and / or Commission;

b) Where that organisation does not have a statutory duty to respond to the Scrutiny Panel and/or a Commission, a written response shall be invited within a reasonable period of time noting that, if submitted, the response would be placed on the agenda of the next scheduled meeting of the Panel and/or Commission.

6.3 The Scrutiny Panel and each Scrutiny Commission will in any event have access to the Executive Meetings and Key Decisions Notice and timetable for decisions and intentions for consultation. Even where an item is not the subject of detailed consideration by the Panel or a Commission, the Panel or Commission will be able to respond in the course of the Executive's planned consultation process in relation to any Key Decision.

7. **Rights of access to documents**

7.1 In addition to their rights as elected Councillors, members of the Scrutiny Panel and Commissions have the additional right to documents, and to notice of meetings as set out in the Access to Information Procedure Rules in Part 4 of this Constitution.

7.2 Nothing in this Rule prevents more detailed liaison between the Executive and the Scrutiny Panel and Commissions as appropriate, depending on the particular matter under consideration.

8. **Members and Officers giving account**

8.1 The Scrutiny Panel and any Scrutiny Commission may scrutinise and review decisions made, or actions taken, in connection with the discharge of any Council functions relevant to the issues it is examining. As well as reviewing documentation, in fulfilling the scrutiny role it may require any member of the Executive, the Head of the Paid Service and / or any senior Officer and, subject to contractual arrangements, any other person delivering a Council service, to attend before it to explain in relation to matters within their remit:

i. Any particular decision or series of decisions;

ii. The extent to which the actions taken implement Council policy;

iii. The performance of relevant services; and / or

iv. As required under the Council Petition Scheme; and it is the duty of those persons to attend if so required.

8.2 Where any Councillor or Senior Officer is required to attend the Scrutiny Panel or a Commission under this provision, the Chair of that Panel / Commission will inform the Monitoring Officer who shall inform the Councillor or Senior Officer in writing giving at least 5 working days' notice of the meeting at which their attendance is required. The notice will state the nature of the item on which they are required to attend to give account and whether any papers are required to be produced for the Commission. Where the account to be given to the Commission will require the production of a report, then the Member or Senior Officer concerned will be given sufficient notice to allow for

preparation of that document

8.3 Where, in exceptional circumstances, the Member or Senior Officer is unable to attend on the required date, the Scrutiny Panel / Commission shall, in consultation with the Member or senior officer, arrange an alternative date for attendance, or, an alternative attendee

8.4 A Senior Officer may determine that another Officer should attend because of their knowledge and experience is more relevant to the issue being discussed

9. **Attendance by others**

9.1 The relevant Scrutiny Panel or Commission will be able to exercise legal rights to require attendance by individuals who are not Officers, or Councillor of the Council, such as the right to require attendance by an Officer of a local NHS body [as conferred by the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2013]; the right to require attendance by Officers or employees of responsible authorities and co-operating bodies of a local Community Safety Partnership [as conferred by the Crime and Disorder (Overview and Scrutiny) Regulations 2009]; and the right to require information from partner authorities which relate to local improvement targets [as conferred by the Local Authorities (Overview and Scrutiny Committees) (England) Regulations 2012].

9.2 A Scrutiny Panel or Commission may invite people other than those referred to above to address it, discuss issues of local concern, and/or answer questions. It may for example wish to hear from Citizens, stakeholders and Members and/or officers in other parts of the public or private sector; and shall be free to invite such people to attend.

10. **Call-in**

10.1 Call-in of executive decisions should only be used in exceptional circumstances. These are where any 5 non-executive Members have evidence which suggests that:

i. The decision-maker did not take the decision in accordance with the principles set out in Article 13.2; or

ii. The decision-maker acted contrary to the policy framework; or

iii. The decision-maker acted not wholly in accordance with the Council's budget; or

iv. The decision-maker failed to consider relevant evidence when taking a decision; or

v. The decision would not be in the interests of the borough's residents and a preferable alternative decision could be adopted.

10.2 The procedure for a call-in is:

i. When an executive decision is made by the Elected Mayor, at a Cabinet meeting, or, by an individual member of the Cabinet, or a key decision is made by an Officer (under delegated authority) the decision shall be published. The Chair of the Scrutiny Panel will be sent copies of the records of all such decisions within the same timescale by the person responsible for publishing the decision.

ii. All such decisions will include the date published and will specify that the decision will come into force, and may then be implemented, on the expiry of 5 working days after the publication of the decision, unless that decision is called-in by at least 5 non-executive members in writing and submitted to the Monitoring Officer. Each of the 5 non-executive members requesting the call-in shall either sign the call-in request or individually email the Monitoring Officer indicating their support for the request.

iii. The Monitoring Officer shall call-in a decision for scrutiny by the Scrutiny Panel if so notified and shall then notify the Elected Mayor and Cabinet of the call-in. They shall place the call-in on the agenda for the next Scrutiny Panel meeting. If no meeting is scheduled to take place within 10 working days, a special meeting of the Panel will be convened as soon as reasonably practicable taking into account the existing calendar of Council meetings. The Panel may

agree a procedure for convening such a meeting.

iv. If, having considered the decision, the Scrutiny Panel feel that a preferable alternative decision should be taken it may refer the decision back to the decision-maker for reconsideration, setting out in writing the nature of its concerns and recommendations. Where the Panel considers that its recommendations would have an impact on the Council's budget or policy framework, it may instead refer the matter to Full Council.

v. If the decision is referred to an individual member of the Executive, or to an officer, they will then re-consider the proposed decision, and may amend it. If the Member or Officer rejects any or all of the recommendations made, they will submit a written statement to the next meeting of the Scrutiny Panel setting out their reasons.

vi. If the decision is referred to the Executive, the item will be placed on the agenda for the next Executive meeting. They will then reconsider the proposed decision and may amend it. If the Executive rejects any or all of the recommendations made to it, it will then reconsider the proposed decision, and may amend it. If the Executive rejects any or all the recommendations made to it, it will submit a written statement to the next meeting of the Scrutiny Panel setting out its reasons.

vii. If the decision is referred to Full Council, the item will be included on the agenda for the next ordinary meeting for reconsideration.

viii. If Full Council does not refer the decision back to Cabinet, the decision shall become effective on the date of the Full Council meeting.

ix. Full Council may only change a Cabinet decision if it is contrary to the policy framework or contrary to or not wholly consistent with the budget.

x. Unless that is the case, Full Council shall refer any decision with which it does not concur back to the decision-making person or body, together with Full

Council's views on the decision. That decision-making body or person shall choose whether to amend the decision or not. Its determination shall then be implemented.

xi. Where the decision was taken by the Cabinet as a meeting, or by a Committee of it, a meeting shall be convened to reconsider the decision within 15 working days of the Full Council meeting. Where the decision was made by an individual, the individual shall reconsider the decision within 15 working days of the Full Council meeting. In either case, a written statement shall be submitted to the next meeting of the Scrutiny Panel setting out the outcome.

xii. If, following a call-in, the Scrutiny Panel does not refer the matter back to the decision-maker, the decision shall take effect on the date of the Scrutiny Panel meeting.

xiii. If the decision-maker or Full Council does not amend a decision under the above circumstances, and the Scrutiny Panel still feels a more appropriate decision should have been taken, it may add the matter to its own work programme or the work programme of a Commission and monitor the implementation of the decision.

11. **Call-in and urgency**

11.1 The call-in procedure set out above shall not apply where the decision being taken is urgent. A decision will be urgent if any delay likely to be caused by the call-in process would seriously prejudice the Council's or the public interest. The record of the decision, and notice by which it is made public, shall state whether in the opinion of the decision-maker, the decision is an urgent one, and therefore not subject to call-in. The Chair of the Scrutiny Panel must agree both that the decision proposed is reasonable in all the circumstances and to it being treated as a matter of urgency. In the absence of the Chair, the Speaker's consent shall be required. In the absence of both, the Head of the Paid Service, or their nominee's, consent shall be required. Decisions taken as a matter of urgency must be reported to the next available meeting of Full Council, together with the reasons

for urgency.

11.2 The operation of the provisions relating to call-in and urgency shall be monitored annually, and a report submitted to Full Council with proposals for review if necessary.

12. Councillor Call for Action

12.1 The Councillor Call for Action is a procedure which enables Councillors to have a matter referred to the Scrutiny Panel or relevant Scrutiny Commission for consideration. Prior to requesting such reference, Councillors are invited to raise the matter with the relevant Group Director or Lead Councillor in order to achieve settlement without the need for formal reference. Notwithstanding, the option for formal reference shall remain available.

12.2 Any member of any Scrutiny Panel / Commission, may by giving written notice of at least 15 working days to the Monitoring Officer, prior to the date of the meeting at which the Councillor wishes to raise the matter, request that any matter which is relevant to the functions of the Scrutiny Panel or Commissions, as the case may be, is included in the agenda for discussion at a meeting of the Panel or Commission.

12.3 Any Member of the Council, may by giving written notice of at least 15 working days to the Monitoring Officer, request that any local government matter (pursuant to Section 21A of the Local Government Act 2000) which is relevant to the functions of the Scrutiny Panel or Commissions is included in the agenda and is discussed at a meeting of the Panel or Commission.

12.4 Any Member of the Council, may, by giving written notice of at least 15 working days to the Monitoring Officer, request that a local crime and disorder matter (pursuant to section 19 of the Police and Justice Act 2006) is included in the agenda for discussion at a meeting of the Living in Hackney Scrutiny Commission.

12.5 A local government matter pursuant to Rule 12.3 shall not include:

i. Any matter relating to a planning decision;

ii. Any matter relating to a licensing decision;

iii. Any matter relating to an individual or entity in respect of which that individual or entity has a right of recourse to a review or right of appeal conferred by or under any enactment;

iv. Any matter which the Monitoring Officer determines to be vexatious, discriminatory or not reasonable to be included in the agenda for, or to be discussed at, a meeting of the Scrutiny Panel or Commissions.

A matter shall not fall within a description in Rule 12.5(i)-(iv) above if it consists of an allegation that a function for which the authority is responsible has not been discharged at all or that its discharge has failed or is failing on a systematic basis, notwithstanding the fact that the allegation specifies or refers to a planning decision, a licensing decision or a matter relating to an individual or entity in respect of which that individual or entity has a right of recourse to review or right of appeal conferred by or under any enactment.

12.6 The Scrutiny Panel and Commissions will undertake their proceedings pursuant to the powers set out in Article 7 of the Constitution.

12.7 Where a local government matter is referred to the Scrutiny Panel or one of the Commissions by a Member of the local authority, in considering whether or not to exercise any of its powers in relation to a matter, the Scrutiny Panel/Commission may have regard to:

i. Any powers which a Councillor may exercise in relation to the matter by virtue of section 236 of the Local Government and Public Involvement in Health Act 2007 (exercise of functions by local Councillor s in England); and

ii. Any representations made by the Councillor as to why it would be appropriate for the Scrutiny Panel / Commission to exercise any of its powers to include a matter on the agenda for discussion at a meeting of any Panel/Commission.

12.8 If the Scrutiny Panel or Commission decides not to exercise any of those powers in relation to the matter, it shall notify the

Councillor of –

i. Its decision; and

ii. The reasons for it.

12.9 The Scrutiny Panel or Commission shall provide the Councillor with a copy of any report or recommendations which it makes to the authority or the Cabinet if the matter is included in the agenda and discussed at a meeting of the Scrutiny Panel / Commission.

13. Crime and Disorder Matters

13.1 The Living in Hackney Scrutiny Commission is the designated Crime and Disorder Commission. A “crime and disorder matter” means a matter concerning crime and disorder (including in particular forms of crime and disorder that involve anti-social behaviour or other behaviour adversely affecting the local environment) or the misuse of drugs, alcohol and other substances in that area.

13.2 Where the Living in Hackney Scrutiny Commission, as the Crime and Disorder Commission makes a report or recommendations to Full Council it must:

i. Provide a copy of the report or recommendations to any member of the authority who referred the local crime and disorder matter in question to the Commission;

ii. Provide a copy of the report or recommendations to such of the responsible authorities, co-operating persons and bodies as it thinks appropriate.

13.3 Where a copy of a report or recommendations is provided to a responsible authority, co-operating person or body under paragraph 13.2 above that authority, person or body shall:

i. Consider the report or recommendations;

ii. Respond to the Living in Hackney Scrutiny Commission indicating what (if any) action it proposes to take;

iii. Have regard to the report or recommendations in

exercising its functions.

14. **Joint Committee of the Six Growth Boroughs**

14.1 This Committee is a formally constituted Joint Committee undertaking executive functions on behalf of the Six Growth Boroughs including Hackney

14.2 Decisions of the Joint Committee may be called-in by one or more participating boroughs pursuant to the Joint Committee's Procedure Rules. Each of the boroughs shall apply their existing overview and scrutiny arrangements to decisions of the Joint Committee

14.3 Upon publication by the Chief Executive of the record of Joint Committee decisions, Members of Hackney Council may call-in any such decision pursuant to the Joint Committee Procedure Rules

15. **Procedure at Scrutiny Panel and Commission meetings**

15.1 The Scrutiny Panel and Commissions shall include within their agendas the following business:

i. Declarations of interest (including whipping declarations);

ii. Minutes of any previous meetings;

iii. Consideration of the body's own work programme;

iv. Other business.

15.2 Where the Scrutiny Panel or Commissions conducts investigations (e.g. with a view to policy development), the Panel/Commission may also ask people to attend to give evidence at meetings which are to be conducted in accordance with the following principles; that:

i. The investigation be conducted fairly and all Councillors (including co-opted Members) of the Panel / Commission be given the opportunity to ask questions of attendees, and to contribute and speak;

ii. Those assisting the meeting by giving evidence be treated with respect and courtesy;

iii. the investigation be conducted so as to maximise the efficiency of the investigation or analysis;

iv. Evidence collected is analysed; and

v. Any recommendations made are based upon that evidence.

15.3 Following any investigation or review, the Scrutiny Panel or Commission, may prepare a report for submission to the relevant decision-maker, Executive and/or Full Council as appropriate and shall make its report and findings public except to the extent that they may include confidential or exempt information.

15.4 These rules shall apply to any Scrutiny Commissions and working parties.

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Overview & Scrutiny

Children & Young People Scrutiny Commission

Report Title:	Strategic overview of SEND services with particular reference to: Service performance and Recovery Plan
Meeting for:	Children & Young People Scrutiny Commission
Date:	11th May 2021
Produced by:	Fran Cox and Joe Wilson
Authorised by:	Annie Gammon, Director of Education

1. Summary

1.1. Main duties and responsibilities of the Local Authority in relation to SEND

1.1.1 Local Authorities have a statutory responsibility to adhere to the duties as set out in the Children and Families Act 2014. This is further underpinned by the responsibilities outlined in the SEND Code of Practice and the Care Act 2014.

1.1.2. These duties include but are not limited to the following;

- Coordination of the statutory Education Health and Care Planning process in accordance with the key performance indicators.
- Ensurance of appropriate statutory support services to work with children and young people with SEND
- Ensurance of the appropriate education provision to meet the needs of the pupils in Hackney
- The publication of a Local Offer for SEND
- Working in collaboration with children and young people and their families to co-produce services and strategy
- Working in collaboration with partner organisations including Health and the voluntary sector to jointly commission needs led provision and services.

1.2. Key information for the attention of members of the Commission

1.2.1. To provide an overview of SEND Services provided by Hackney Education with particular focus on the current performance against national standards and progress against the Hackney Education Priority related to SEND.

1.2.2 To provide an update on Hackney SEND finances.

1.3. Questions for the Commission to consider or address e.g. areas for further consultation, service development or community involvement

1.3.1 The Commission is asked to advise on approaches for purposeful engagement and consultation in line with the four principles of engagement (meaningful, timely, inclusive, direct) outlined in the Corporate Plan. This is something that needs to take

place across a number of activities highlighted in the report and will require broad engagement across the partnership.

2. SEND Services

2.1 Hackney Education is committed to achieve the following;

"We, with schools, will provide excellent provision for young people with SEND through:

- Excellent statutory and traded work supporting vulnerable children;
- Our work influencing schools and school systems; and
- Through our partnerships with parents / carers and with other services.

2.2 The SEND Services consist of the following service areas:

2.2.1. **Education, Health and Care (EHC) Planning Team** - The EHCP Team is responsible for the assessment, review and placement of pupils with special educational needs and disabilities.

2.2.2. **Educational Psychology Service (EPS)** - The EPS is responsible for psychology to promote the well-being and educational success of children and young people aged 0 – 25 by empowering them, their parents and carers, working with other professionals, and through direct and indirect assessment and interventions. The EPS also contributes to the statutory EHC Assessment and review process.

2.2.3. **Inclusion and Specialist Support Team** - The team consists of specialist professionals who assist schools and settings in meeting the special educational needs of pupils. The following areas are provided from the service:

- Autism and complex needs
- Specialist teaching
- Portage and Early Years
- Hearing Impairment and Sensory (Deaf and Visual Impairment)
- Assistive technology

2.2.4. **Travel Assistance Service** - The purpose of the service is to provide a range of travel assistance options to support home to educational placement transport for children and young people with SEND.

2.2.5. **SEND Leadership** - Hackney Education has appointed two new leaders within the service; Fran Cox Head of High Needs and School Places and Joe Wilson Head of SEND. A permanent leadership team is now in place to ensure the SEND Programme is driven forward.

2.3. In support of Hackney Education's strategic priority, SLT have mandated a programme of work to support and strengthen the SEND services and the wider provision offer within the Borough.

2.4. The programme aims to ensure engagement of children, young people and families. It is a key priority for the SEND Services to support and improve links with HIP and the wider community to ensure that improvements made in provision and services are co-designed and co-owned.

3. <u>SEND Programme</u> *(Key performance indicators and self assessment overview)*

3.1 The SEND Local Area Self Assessment has been reviewed with new focus brought, and attention on the need to ensure this is kept as a live document through the SEND Partnership Board. The document has now been reviewed, shared and updated by input from over 70 colleagues. 82% of the document is now complete with the remaining 14 sections underway with a view to complete by the next SEND Partnership Board in May. The Local Area Self Assessment, alongside a thorough Leadership review of the SEND services and provision, has highlighted a number of areas of focus which need targeted resources in order to make the necessary improvements.

The key areas of focus are listed below with an overview of current performance and the action plan to ensure improved outcomes.

3.2 Assessment and Planning

3.2.1 Demand

The following table shows the percentage of pupils with an EHC Plan of the school population.

Hackney - Regional View

% of Pupils with Statement of (SEN) or (EHC) Plans

LA No	Regional Authorities	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Change from previous year
201	City of London	**0.20**	**0.20**	**0.10**	**0.30**	**0.30**	**0.30**	**4.40**	**0.40**	**0.20**	**0.40**	**0.20**
316	Newham	**0.80**	**0.80**	**0.80**	**0.80**	**0.90**	**0.80**	**0.80**	**0.70**	**0.80**	**1.40**	**0.60**
207	Kensington and Chelsea	**1.80**	**1.70**	**1.70**	**2.00**	**1.90**	**1.70**	**2.10**	**2.00**	**2.20**	**2.50**	**0.30**
213	Westminster	**2.40**	**2.60**	**2.70**	**2.70**	**2.70**	**2.60**	**2.60**	**2.70**	**2.90**	**3.00**	**0.10**
202	Camden	**3.00**	**2.80**	**2.70**	**2.80**	**2.70**	**2.80**	**3.10**	**3.50**	**3.60**	**3.20**	**-0.40**
210	Southwark	**2.90**	**2.90**	**2.70**	**2.80**	**2.70**	**2.70**	**2.80**	**2.90**	**3.10**	**3.30**	**0.20**
309	Haringey	**3.20**	**3.20**	**3.20**	**3.10**	**3.20**	**3.10**	**3.10**	**3.00**	**3.10**	**3.50**	**0.40**
209	Lewisham	**2.80**	**2.70**	**2.70**	**2.70**	**2.80**	**2.80**	**3.00**	**3.10**	**3.50**	**3.80**	**0.30**
204	**Hackney**	**3.10**	**3.20**	**3.20**	**3.20**	**3.30**	**3.40**	**3.30**	**3.50**	**3.50**	**4.20**	**0.70**
205	Hammersmith and Fulham	**3.20**	**3.10**	**3.30**	**3.30**	**3.40**	**3.50**	**3.50**	**3.90**	**4.20**	**4.70**	**0.50**
206	Islington	**3.30**	**3.30**	**3.40**	**3.40**	**3.60**	**3.50**	**3.70**	**3.90**	**4.30**	**4.70**	**0.40**
208	Lambeth	**3.80**	**3.60**	**3.60**	**3.50**	**3.50**	**3.50**	**3.80**	**4.10**	**4.40**	**4.70**	**0.30**
212	Wandsworth	**3.60**	**3.80**	**3.80**	**3.90**	**4.00**	**3.90**	**3.90**	**4.10**	**4.50**	**4.70**	**0.20**
211	Tower Hamlets	**3.40**	**3.50**	**3.60**	**3.60**	**3.80**	**4.00**	**4.20**	**4.40**	**4.60**	**5.10**	**0.50**

The proportion of EHC Plans compared to the population in Hackney has increased by 0.70% in a year.

The table below shows the increase in EHC Plans in comparison to statistical neighbours, and England averages.

		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Change from previous year
204	Hackney	3.10	3.20	3.20	3.20	3.30	3.40	3.30	3.50	3.50	4.20	0.70
987	Inner London	2.80	2.80	2.80	2.80	2.90	-	-	-	-	-	-
	Statistical Neighbours	2.97	2.93	2.94	2.96	3.04	3.00	3.11	3.31	3.56	3.93	0.37
970	England	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.90	3.10	3.30	0.20

2020 data shows that Hackney's rate of EHC Plans is higher than both statistical neighbours and England averages.

Local data is explored further in the table below:

Age Breakdown	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Under 5	83	76	83	95	95	121	139	71	126	137	90	160	187
05-10	507	514	516	535	551	570	617	611	676	706	758	885	1031
11-15	524	564	576	582	615	617	635	667	680	677	732	765	920
16-19	70	62	61	72	88	91	138	252	251	268	292	353	432
20-25								34	42	45	54	86	75
TOTAL	1,184	1,216	1,236	1,284	1,349	1,399	1,529	1,635	1,775	1,833	1,926	2,249	2,645
Year on year increase		2.70%	1.64%	3.88%	5.06%	3.71%	9.29%	6.93%	8.56%	3.27%	5.07%	16.77%	17.61%
No. of EHCP increase		32	20	48	65	50	130	106	140	58	93	323	396

The above shows an increase in EHC Plans in 2020 of circa 16% and an increase in 2021 of circa 17% .

3.2.2. Performance re timely completion of EHC plans - The key performance indicator for local areas relating to EHC Plans is performance on delivering final EHC Plans in 20 weeks. Historically, Hackney has struggled with ensuring that EHC Plans are provided within statutory deadlines. The table below shows Hackney performance in comparison to inner London LA's:

Proportion of all new EHC plans issued within 20 weeks

Regional Authorities LA No		-	-	-	2014	2015	2016	2017	2018	2019	-	Change from previous year
316	Newham	-	-	-	-	81.00	32.40	8.80	1.90	24.90	-	23.00
204	Hackney	-	-	-	0.00	70.00	30.30	34.20	42.40	40.30	-	-2.10

211	Tower Hamlets	-	-	-	**100.00**	**99.50**	**58.40**	**21.40**	**38.10**	**40.40**	**-**	**2.30**
212	Wandsworth	-	-	-	**-**	**28.10**	**24.80**	**53.40**	**57.40**	**43.60**	**-**	**-13.80**
210	Southwark	-	-	-	**100.00**	**71.10**	**84.00**	**55.60**	**51.10**	**52.00**	**-**	**0.90**
208	Lambeth	-	-	-	**100.00**	**86.30**	**30.60**	**68.60**	**50.00**	**58.30**	**-**	**8.30**
209	Lewisham	-	-	-	**89.50**	**58.10**	**36.30**	**47.20**	**76.50**	**67.10**	**-**	**-9.40**
309	Haringey	-	-	-	**-**	**8.00**	**9.00**	**22.70**	**25.80**	**70.10**	**-**	**44.30**
205	Hammersmith and Fulham	-	-	-	**-**	**54.20**	**22.40**	**52.50**	**60.50**	**74.10**	**-**	**13.60**
206	Islington	-	-	-	**-**	**48.40**	**40.00**	**41.50**	**69.70**	**75.80**	**-**	**6.10**
202	Camden	-	-	-	**-**	**68.40**	**50.00**	**56.10**	**62.40**	**93.10**	**-**	**30.70**
207	Kensington and Chelsea	-	-	-	**-**	**15.40**	**7.10**	**48.10**	**67.70**	**93.80**	**-**	**26.10**
213	Westminster	-	-	-	**-**	**6.90**	**14.60**	**52.50**	**74.80**	**99.20**	**-**	**24.40**
201	City of London	-	-	-	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**-**	**0.00**

Data for 2020 is not yet published by the DfE. However, in 2020 Hackney delivered **41.70%** of EHC Plans in 20 weeks.

3.2.3 Current Performance - Scrutiny and performance management on the 20 weeks has been increased significantly since the latter part of 2020. The current 2021 average (January to now) shows **69% of EHC Plans were delivered on time.** This is above the England average of 58%.

It is important to note that increased performance is in the context of staffing levels remaining largely the same and an **increase of 17% EHC Plans in one year**. A restructure of the EHCP Team is currently in progress so that the Team is able to keep up with unprecedented demand.

The statutory process is being improved with the introduction of a new multi agency panel, process maps and a new emphasis on engaging with parents, children and schools. EHCP team quality assurance is improving but needs to be embedded and partnership QA is to be developed over the coming months.

3.3 Parent and CYP involvement

3.3.1 It is a key and fundamental element of the Children and Families Act 2014 that Parents, Children and Young People with SEND and their families play a large role not only in the determination of individual provision, but also in the strategic direction of the determination and commissioning of services and provision for the local community.

3.3.2 The SEND Service is currently working with young people and settings to strengthen the voice of Young People in the delivery of services. We are currently developing a student council for SEND with the aim of producing an annual Young People's SEND Conference.

3.3.3. HIP (Hackey's Parent Carer Forum) continues to play an active role in the SEND Partnership Board. Contact are working with HiP and Hackney Education to map out the future direction of the forum to ensure they are best placed to play an active role in all of the activities planned.

3.4 Schools engagement and the graduated response

3.4.1 "The Ordinary Available Offer", Hackney Education's approach to a graduated response is currently out for consultation with parents and stakeholders. Joint Hackney Education and partnership working has started and lessons from joint working during the pandemic are accelerating a joined up multi agency response.

3.4.2 It is a key priority for the SEND Leadership team alongside School Improvement colleagues on behalf of Hackney Education to improve communication with schools in relation to children and young people with SEND.

3.4.3 It is recognised that a re-launch of the Hackney Education offer to schools for SEND is needed to improve schools' understanding of the offer and encourage participation in future co-design of services. This will be planned over the coming months with a view to running a series of roadshows with schools as soon as it is safe to do so; ideally at the start of the new academic year.

3.4.4 A key element of the graduated response approach in Hackney needs to be the robust alignment of universal services to enable prevention and de-escalation of need wherever possible. Hackney Education will ensure strategic alignment of services across its offer to ensure schools and families have a clear understanding of what is available.

3.5 Sufficiency of places

3.5.1 An updated SEND sufficiency analysis is currently in draft with the projections having been reprofiled based on the latest SEN 2 return. Three scenarios are being considered, modeled on an annual increase of 111, 271 or 396 EHCPs. These annual increases are expected to continue year on year over a 5 year period.

3.5.2 Scenario 2 (271 increase p.a.) suggests the need for 250 new places for ASD pupils, possibly including a new special school, and multi agency SEMH unit. This information is informing the development of a wider Education Estate Strategy which will seek to outline a way forward for the whole education estate; both mainstream and specialist provision.

3.5.3 The interim the following specialist placements are being developed:

- Queensbridge ASD ARP - 10 place provision opened September 2020
- Gainsborough SEMH ARP - this 10 place ARP will open in the Summer Term.
- The Garden Special School - 50 Post 16 places for pupils with severe learning difficulties and Autism. Pupils will begin attending from September 2021
- Ickburgh School - A planned increase of 14 places WEF September 2021.

3.6 Financial performance

3.6 1 The below table highlights the strategic financial forecast for SEND as at February 2021.

Section	Annual Budget	Forecast Variance
SEND services (Educational psychology, EHCP team, Inclusion, Early years Inclusion, Portage, SENDIAGs, Speech & Language Therapy Service, Visual Impairment, SEN Equipment, SEN Admin & SEN Management)	£4,623,092	£507,725
SEND provision / top-up funding	£35,736,665	£7,989,426
SEND Transport	£3,855,007	£164,190
Behaviour & PRU	£3,263,550	£0
Total	**£48,497,730**	**£8,721,307**

3.6.2 The main area of budget pressure is the SEND Provision/Top-up funding (payment to schools and education providers for pupils with an EHCP). EHCP numbers have been increasing year on year resulting in an overspend in the SEND division which is forecast to continue unless addressed. The highest spend and overspend within the SEND provision / Top-up funding category is payments to independent and non-maintained special schools.

3.6.3 The financial recovery plan is dependent on tactical reductions in budget reorganisation in staffing structure and a strategic shift in capital investment,linked to revenue funding to reduce out of borough spend. Recent capital investment and the possibility of additional capital are beginning to make this strategic shift as outlined above in 3.5.3. National reviews and a new national funding scheme will be part of any local financial recovery.

3.6 4 A project to address SEND commissioning and to review the position re contracts with non maintained and independent schools started on the 29th March 2021. 460 Hackney children and young people currently attend a provision that is independent from the governance and support of Hackney Education and outside our community. This equates to a spend of circa £16m pa.

3.6.5. It is hoped that the project will address measures that, when implemented, will not only create immediate potential for savings but will also develop a strategy for future procurement that will allow for more rigorous oversight of the placement of children and young people in high cost settings. Increasing the placement options in borough will again allow for the potential to move placements back home to Hackney (if appropriate for the young person) and reduce the need to make out of borough placements in the future.

3.6.6. SLT have approved a process to review and consider the current SEND Transport arrangements. The process will commence this summer and involve full consultation with all parties involved.

3.7 Preparing for adulthood (PfA)

3.7.1 The development of the four PfA pathways - preparing for the world of work, living independently, being part of a local community and enjoying good health are underdeveloped in Hackney. A PfA guide has been developed with the parent and carer partnership and work is commencing to ensure full multi agency ownership in both the strategy and the implementation.

3.7.2 Preparing for adulthood will be a key focus for the SEND Leadership team over the next 6 weeks to work with partners, schools, parents and carers and young people to

determine a clear and concise action plan to improve engagement and planning for our young people.

4. Recovery Plan

4.1 The work as outlined above is all being managed within the SEND project board framework which reports into the SEND Partnership Board. There is excellent strategic sign up to the SEND Partnership Board from services outside of Hackney Education, and it is hoped that within this multi agency context; resilient and robust change can be achieved.

4.2 This year has been extremely challenging for all CYP in all school settings. Hackney Education have made consistent and targeted efforts to ensure that this period has been as settled as possible for all of our settings and those who access them.

4.3 As you would expect, children and young people with SEND will have been impacted in many ways; some of which may only be apparent with time. The SEND Leadership team have however undertaken an analysis to attempt to understand the impact at this point in time and most importantly what needs to be put in place to mitigate and support recovery.

4. 4 Ofsted carried out a series of visits across the country to local areas to consider SEND Provision during lockdown and on return to face to face teaching in the latter part of the year (2020). The findings from these visits confirmed the following:

- Many children and young people had not received provision throughout the period.
- Children with SEND struggled to access online and remote teaching
- An increase in anxiety and decreased wellbeing[1]

4.5 The review notes the following impacts:

1. Impacted wellbeing (physical and mental)

- Family breakdown, as a result of increased caring responsibilities. Protecting vulnerable young people from entering the care system.
- Regression in friendships; learning and communication; physical health and mental wellbeing directly impacted by a lack of opportunities for socialisation for young people who are increasingly isolated.
- The worry some families have about contracting and passing on COVID-19 to their vulnerable young person, given the complexities of their needs.

2. Access to prescribed therapies

- Children and young people have not received usual prescribed therapies included in EHC Plans. It is therefore important that a return to face to face therapy provision happens as soon as possible across the Summer Term.

3. Current and ‘live’ assessment of needs

- Regression in key milestones for learners and young people with very specific and highly specialised needs.

[1] Ofsted, COVID-19 series: briefing on local areas’ SEND provision, October 2020

- Not being seen regularly, children and young people's needs will very likely have changed significantly necessitating an urgent review of their needs

4. Access to Quality First Teaching

- Lack of access to their key workers in education settings will have prevented significant progress and in some cases caused regression

5. Multiagency Reviews

- Whilst online platforms have enabled professionals to remain joined up through lockdown, children and young people have missed the opportunity to physically interact with all the agencies who review and support their needs and progress.

4. 6 Although Government guidance around provisions being made for vulnerable children and young people explains that the Coronavirus Act 2020 allows the Secretary of State to issue a notice temporarily lifting Children and Families Act 2014 (CFA) duties, at the present time the full provisions of the CFA still apply.

4. 7 For schools, this means that there is still an expectation that statutory annual reviews take place. We recognise that it will continue to be hugely challenging for schools and for the families. Government advice for the need for social distancing means that alternatives to face to face review meetings are called for and some schools have successfully used video calling.

4. 8 Hackney Education will now develop a framework with parents and settings in line with the above findings to ensure that these known areas of impact are a key focus area where support services can target their time.

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Overview & Scrutiny

Children & Young People Scrutiny Commission

Date of meeting: 11th May 2021
Title of report: Pupil Movement (September 2019-December 2020)
Report author: Chris Roberts, Head of Wellbeing & Education Safeguarding
Authorised by: Annie Gammon, Director of Education

Brief:

This report is to provide the commission with an update on pupil movement between schools.

All schools experience pupil movement as children and young people change schools, either as a result of moving into or out of Hackney or a change of school is requested due to parental preference. Hackney Education monitors roll movement and where schools are considered to have above average movement this is explored with the individual school.

There is also a specific focus in the report on children and young people who have been permanently excluded; whose parents have opted to electively home educate; and pupils who have been subject to a managed move. Finally the report also covers pupils who attend alternative provision..

The report covers the period from September 2019 to December 2020. This provides the commission with information for the period before the first lockdown, during the first lockdown and the first term of the full return return to school.

Compared to the period prior to the first lockdown demand decreased in all areas during the lockdown. This could be expected as schools were closed to the majority of pupils at this time.

When schools fully reopened in September 2020 in-year school admissions returned to something close to pre-lockdown levels. However when schools returned in September the number of parents opting to home educate their children increased significantly. In contrast the number of permanent exclusions reduced significantly. This has led to fewer children attending alternative provision.

Report to the Children & Young People Scrutiny Commission

Report title: **Pupil Movement**

Meeting date: **11th May 2021**

Report originator: **Chris Roberts, Head of Wellbeing & Education Safeguarding**

1. Purpose of the report

1.1. This report will provide Councillors with an overview on additions and removals from school admission registers.

1.2. There is a specific focus on pupils who have left their school for one of the following reasons:

- 1.2.1. to elective home education
- 1.2.2. been permanently excluded
- 1.2.3. been subject to a managed move

1.3. These last three categories are a relatively small cohort of pupils who are removed from a schools admission register amidst the much greater levels of pupil movement that exists.

1.4. The report will look at the available locally reported data from September 2019 to December 2020. This will provide the commission with an overview of the picture of pupil movement that existed before the first lockdown, during the first lockdown and the first full return to school.

2. Recommendations

2.1. Commission members are asked to note the contents of this report.

3. Pupil movement

3.1. All schools in Hackney experience some level of pupil movement during the period under consideration with pupils joining and leaving the school.

3.2. Majority of pupil movement relates to pupils:

- 3.2.1. moving into Hackney and needing a local school place;
- 3.2.2. moving out of Hackney and no longer needing a local school place; or
- 3.2.3. transferring from one local school to another.

3.3. Within this wider picture of pupil movement it is not always possible to identify a new school for the pupil (i.e. because they have moved abroad) and these children are recorded as Children Missing Education (CME).

3.4. In addition there is a relatively small cohort of children and young people who are moving from one school either because they are moving into elective home education, have been permanently excluded or have been subject to a managed move.

4. Additions/removals from school admission registers and Children Missing Education

4.1. Since September 2016, all schools, including academies and independent schools, have been legally required to notify their local authority details of all pupils who have been either added to or removed from their admission register (this is also known colloquially as the school roll).

4.2. Schools are required to notify the local authority within five school days of an addition to the admission register and within one school day of a removal.

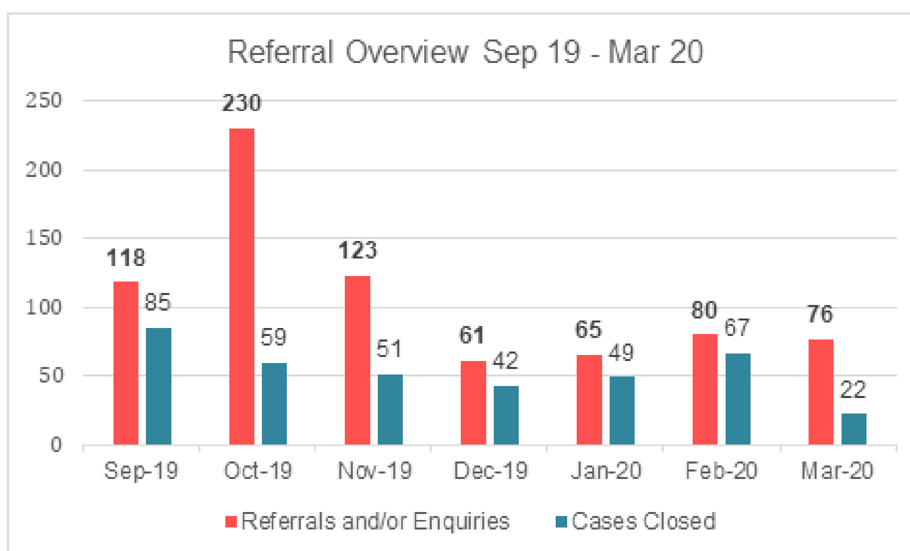
4.3. Pupils can only lawfully be removed from the admission register on one of the grounds set out in the regulations.

4.4. Once a school has added or removed a pupil from the admission register they are required to submit a joiner/leaver report to Hackney School Admissions.

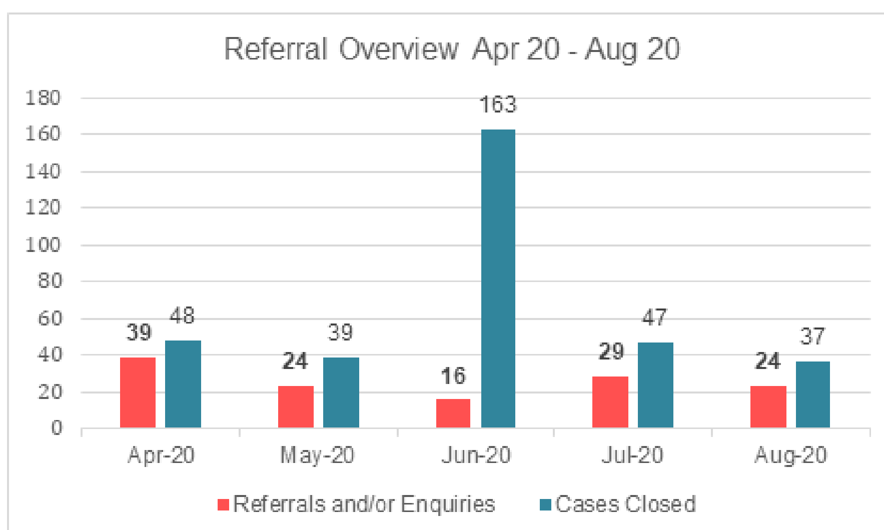
4.5. If, having undertaken reasonable enquiries, the school does not have a confirmed new school for that pupil they should also submit a Children Missing Education (CME) referral to Hackney's Pupils Out of School team.

4.6. A Child Missing Education is a child of compulsory school age who is not on the admission register of state funded or independent school.

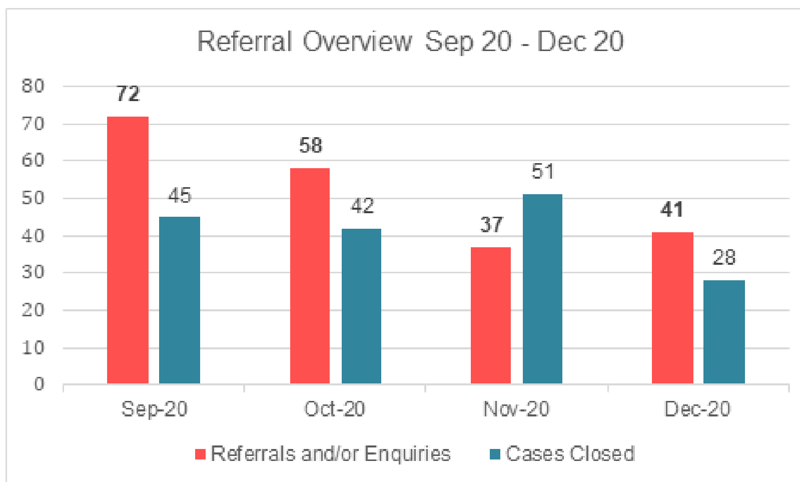
4.7. CME referral data for the period under review:



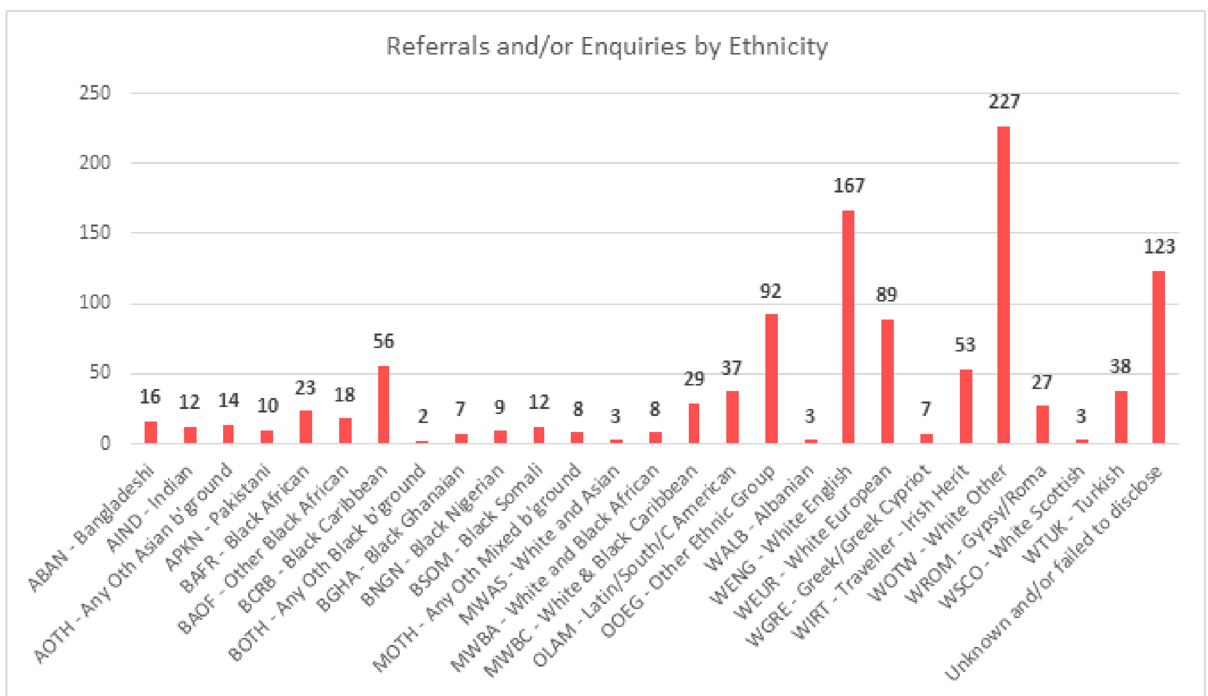
The service received a high number of referrals in October and November 2019 following the closure of a local independent school.



With restrictions on movement following Covid-19, overall referrals to the service fell during this period. The high closure rates in June reflect those in Year 11 who are no longer considered statutory school age.



4.8. CME demographic data for the period under review



4.9. In addition to regular CME referrals, which relate to children and young people moving into or out of Hackney without a known new school, there is also a sizable cohort of young people in Hackney who are educated at Yeshivas. These are unregistered education settings that have a curriculum that is deemed too narrow for them to be a school or meet the requirements of provision of education otherwise than at school. Therefore young people attending these settings fulfil the definition of children missing education. The commission has previously been updated on unregistered education settings and this cohort continues to present a significant challenge for Hackney Education.

4.10. The school admissions team routinely writes to all schools, including independent schools, reminding them of their legal requirement to report additions and removals to their admissions register and the process for doing so. The most recent occasions were in September 2020 (maintained schools) and in December 2020 (independent schools).

4.11. Hackney Council does not have the legal powers to inspect the attendance and admission registers of academies and independent schools.

5. Hackney Education's response to schools with above average roll movement

5.1. The commission has previously recommended that follow up action continues to be taken in respect of schools that have above average levels of roll movement. Roll movement between Years 10 and 11 has previously been highlighted as an area the commission was concerned about.

5.2. Discussions have been held with secondary headteachers through our School Improvement Partner programmes. In addition there was further scrutiny in the form of focused meetings with six secondary schools in the Autumn term 2020 where figures were above local averages and/or there had been a significant change. This follows focused meetings in the Autumn term 2018 and 2019 linked to the same criteria.

5.3. An analysis of the data relating to roll movement between Years 10 and 11 has shown the following:

- 5.3.1. There has been a gradual fall in the three year average percentage from 6% to 5 %
- 5.3.2. In two schools the percentage change was greater than 10%
- 5.3.3. The two year average shows that seven secondary schools have reduced their percentage change

5.4. Headteachers were able to provide clear and convincing reasons why pupils had been removed from their admission register. They were able to provide information as to the circumstances (e.g. changed schools; moved away from London; etc.).

5.5. All schools viewed removal from the admission register as a potential safeguarding issue.

5.6. In secondary schools it is now practice for headteachers to authorise all removals from the admission register and to report information on pupil movement to their governing body.

6. In-year school admissions & Fair Access

6.1. Any parent can apply for a school place for their child at any time to any school outside the normal admissions round (admission to reception and transfer from primary to secondary school) and admission authorities must comply with that preference unless it would prejudice the provision of education or the efficient use of resources.

6.2. A total of 1324 were allocated places at schools through the in-year admissions process between September 2019 to December 2020. Of this number:

- 6.2.1. 718 were admitted from September 19 to March 20 (568 primary & 150 secondary);
- 6.2.2. 86 from April 2020 to August 2020 (67 primary & 19 secondary); and
- 6.2.3. 520 from September 2020 to December 2020 (424 primary & 96 secondary).

6.3. Each local authority must have a Fair Access Protocol, agreed with the majority of schools in its area to ensure that – outside the normal admissions round - unplaced children, especially the most vulnerable, are offered a place at a suitable school as quickly as possible.

6.4. The majority of pupils considered under the Fair Access Protocol are pupils who have been out of school for two months or more; have challenging behaviour or could not be offered a place because schools applied to were full.

6.5. Between September 2019 and December 2020 a total of 84 pupils (2 primary & 82 secondary) have been considered under the protocol. Of this number:

6.5.1. 54 were admitted between between September 2019 and March 2020;

6.5.2. 8 between April 2020 and August 2020 (the pupils did not start until Sept 2020); and

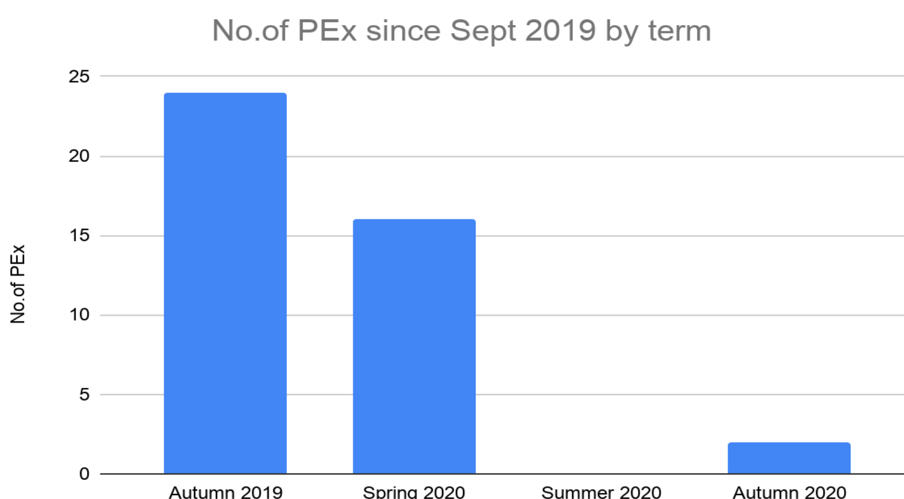
6.5.3. 22 between September 2020 and December 2020.

7. Permanent exclusions

7.1. Since September 2019 there have been 42 permanent exclusions from Hackney secondary schools. There have been no permanent exclusions from Hackney primary schools.

7.2. Forty of these permanent exclusions occurred in the Autumn and Spring terms of 2019/20.

7.3. Since the first Covid-19 lockdown in March 2020 there has been a significant reduction in the number of permanent exclusions from Hackney secondary schools.



7.4. Of these 42 permanent exclusions 32 were male (76%) and 10 were female (24%).

7.5. They were from the following ethnic groups:

7.5.1. Asian (3); Black (21 (of which 10 were Black Caribbean)); Mixed (3); Other (1); White (9); and Not Recorded (5)

7.6. Pupils were in the following years when they were permanently excluded:

7.6.1. Year 7 (5); Year 8 (7); Year 9 (11); Year 10 (14); and Year 11 (5)

7.7. It is too soon to say whether this reduction will be sustained as schools return to pre-pandemic ways of working.

7.8. 50% of our permanent exclusions during this period were for pupils from a black ethnic background. The disproportionate exclusion of pupils from black ethnic backgrounds, particularly those from a black Caribbean background is a national issue and has been highlighted in a number of reports. The Young Black Men project and other Hackney Council, Hackney Education and school based initiatives are working to tackle disproportionality and improve the outcomes for this group of young people. Work on equalities has been reported to scrutiny in the last year.

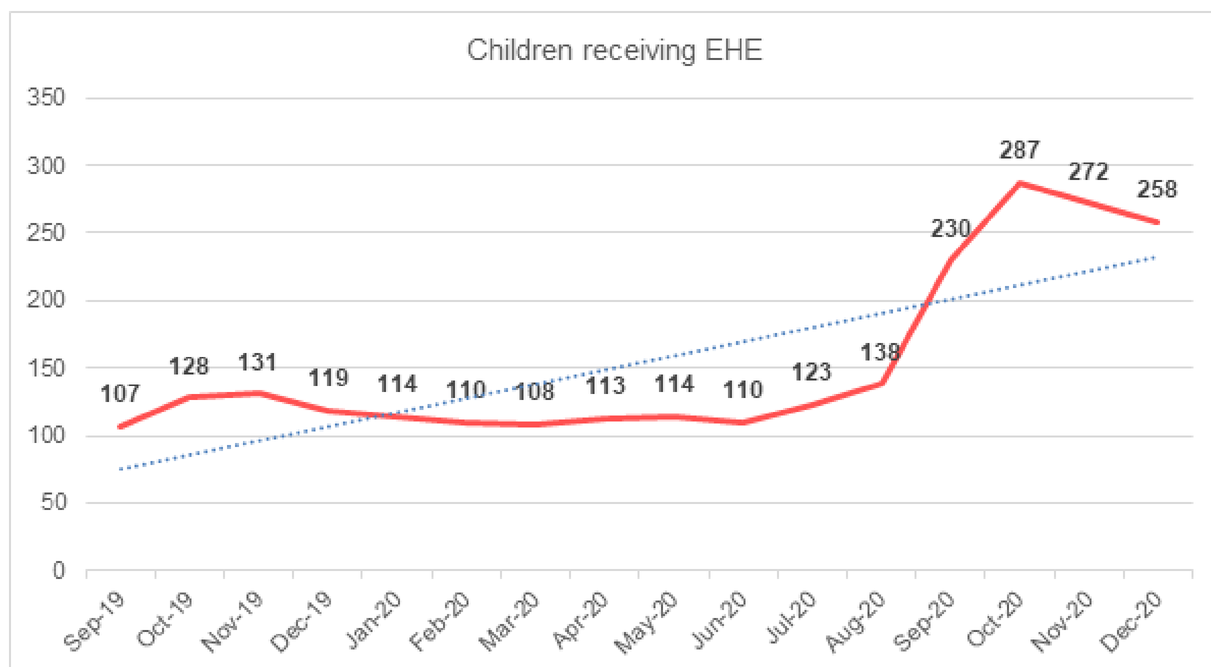
7.9. Reducing rates of exclusion is a strategic priority for Hackney Education. This work is coordinated by the Reducing Exclusions Officer group, which is chaired by the Director of Education. The approach adopted and work is then overseen by a Board, which includes head teacher representatives.

8. Elective Home Education

8.1. Parents/carers have a legal responsibility to ensure that their school age children receive an education that is suitable for their age, ability and aptitude as well as any special educational needs they may have. This can be done through regular attendance at school or by educating them otherwise than at school. Education otherwise includes elective home education (EHE).

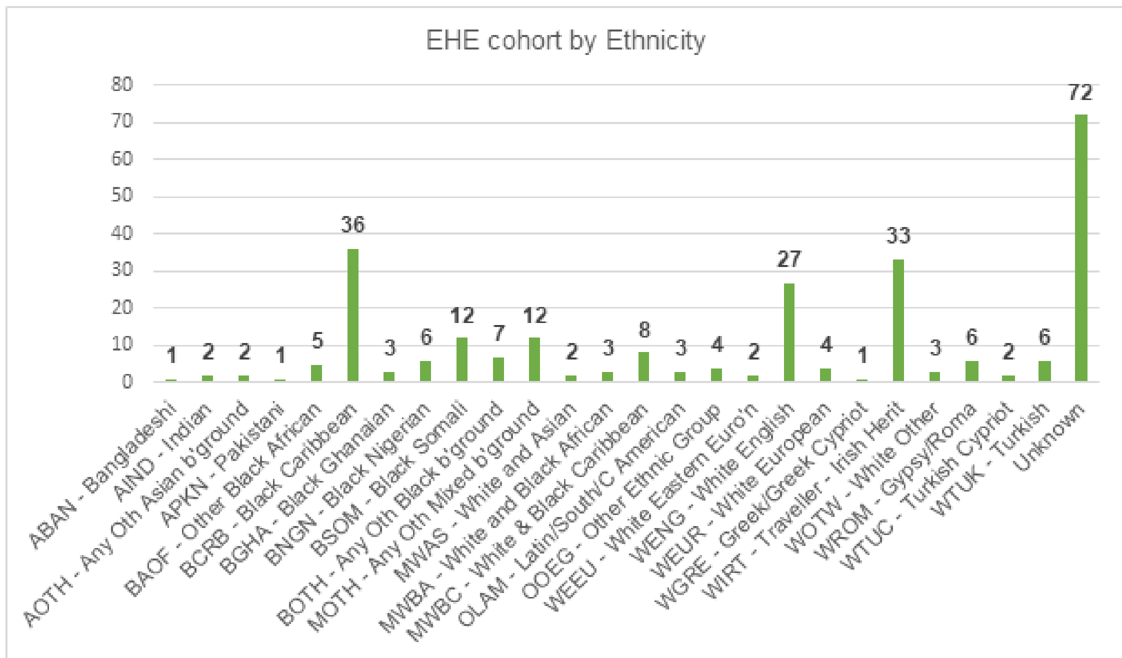
8.2. In September 2020, when pupils resumed full attendance at school following the first lockdown there was a significant increase in the number of families opting for elective home education over attendance at school. Between March 2019 and December 2020 the service saw a 268% increase compared to the same period the previous year. The greatest increase took place following the reopening of schools in September 2020. As a consequence 41% of our current EHE cohort moved to EHE during the Autumn Term.

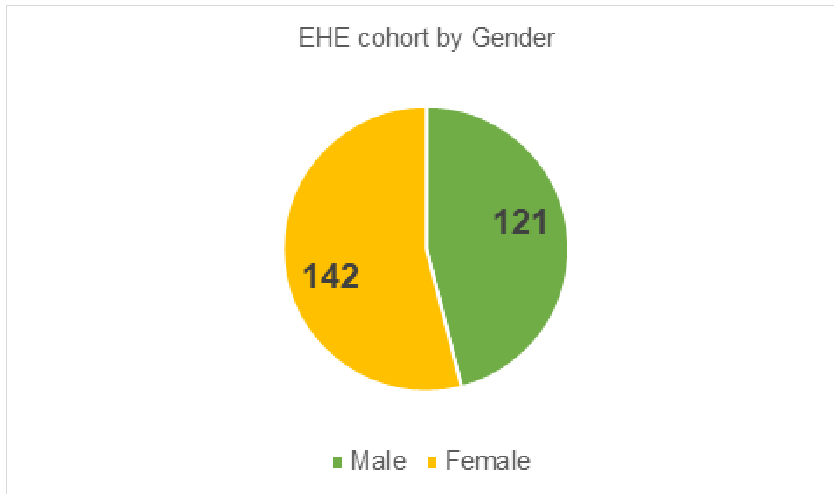
8.3. Elective Home Education referral data for the period under review:

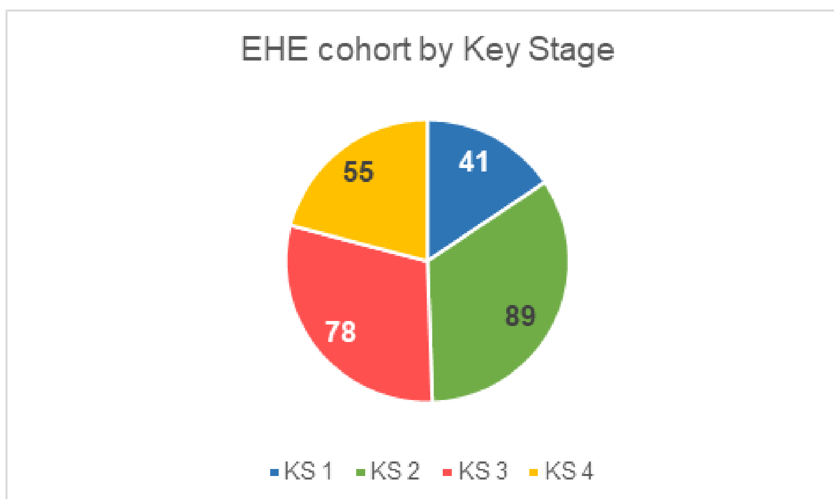


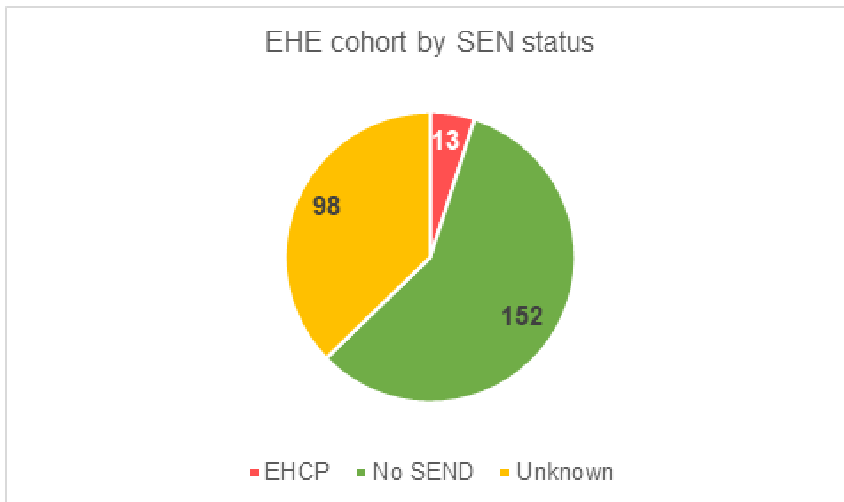
8.4. The majority of these parents cited Covid-19 as their reason for this decision. In many cases this was due to a concern as to whether the school environment was safe, though this reason was not universal. For some this was a positive choice having enjoyed spending time with their children doing home school in the first lockdown and wished this to continue.

8.5. Demographic profile of the current EHE cohort


EHE cohort by Ethnicity
80
70
60
50
40
30
20
10
0
1
2
2
1
5
36
3
6
12
7
12
2
3
8
3
4
2
27
4
1
33
3
6
2
6
72
ABAN - Bangladeshi
AIND - Indian
AOTH - Any Oth Asian b'ground
APKN - Pakistani
BAOF - Other Black African
BCRB - Black Caribbean
BGHA - Black Ghanaian
BNGN - Black Nigerian
BSOM - Black Somali
BOTH - Any Oth Black b'ground
MOTH - Any Oth Mixed b'ground
MWAS - White and Asian
MWBA - White and Black African
MWBC - White & Black Caribbean
OLAM - Latin/South/C American
OOEG - Other Ethnic Group
WEEU - White Eastern Euro'n
WENG - White English
WEUR - White European
WGRE - Greek/Greek Cypriot
WIRT - Traveller - Irish Herit
WOTW - White Other
WROM - Gypsy/Roma
WTUC - Turkish Cypriot
WTUK - Turkish
Unknown


EHE cohort by Gender
121
142
Male
Female


EHE cohort by Key Stage
41
89
78
55
KS 1
KS 2
KS 3
KS 4



8.6. Parents who opt to electively home educate their children assume full responsibility for provision of their child's education. Hackney Education undertakes an annual assessment of the education being provided by parents to establish whether it is suitable or not.

8.7. The Covid-19 pandemic has been a significant driver for parents opting for elective home education since September. The growth in numbers, particularly for those from black and traveller ethnic backgrounds aligns with anecdotal evidence of higher levels of concerns in relation to Covid-19 amongst these communities. In recent months we have started to see some children who were new to elective home education returning to school. Targeted work has been undertaken with those from the traveller community and this has been successful at securing a return to school education.

9. Managed moves

9.1. Managed moves are a voluntary arrangement between two schools when it is felt that a pupil would benefit from a fresh start in a new school. This could be because of a serious breach of the schools behaviour policy, which has meant the pupil is at risk of permanent exclusion or it may be for some other reason. It is an alternative to permanent exclusion.

9.2. A managed move should only take place with the agreement of both schools and the pupil's parents/carers.

9.3. When a managed move is agreed the pupil will have a trial period at the new school. During the trial period the pupil will remain on the admission register of both schools. This is known as dual registration. At the end of the trial period, if it is successful, the pupil transfers permanently to the new school. If it is unsuccessful the pupil returns to their former school.

9.4. As they are an informal arrangement between schools, national guidance around the use of managed moves is limited.

9.5. In Hackney managed moves are agreed at a school level and are not centrally coordinated by the local authority. Therefore when a headteacher wishes to arrange a managed move they arrange this directly with another head teacher either in their geographical vicinity or within multi-academy trust. Sometimes the Exclusion Officer within Hackney's Pupils Out of School team will be involved and assist in brokering a managed move as an alternative to permanent exclusions.

9.6. Schools can report managed moves between Hackney schools to the Fair Access Panel in order to obtain 'weighting credit' under the protocol. Between September 2019 and March 2020 there were nine successful managed moves reported to the Fair Access Panel for credit. A further eight managed moves occurred between September 2020 and December 2020. There were no managed moves during the first lockdown between April 2020 and August 2020.

9.7. Of the nine managed moves that occurred between September 2019 and March 2020 five were male and four were female. The eight managed moves that occurred between September 2020 and December 2020 all were male pupils.

9.8. They were from the following ethnic groups:

9.8.1. September 2019-March 2020: Black (4 (of which 3 were Black Caribbean)); Mixed (2); White (2); and Not Recorded (1)

9.8.2. September 2020-December 2020: Asian (1); Black 4 (of which none were Black Caribbean)); Mixed (1); and Not Recorded (2)

9.9. Pupils were in the following year groups when they underwent a managed move:

9.9.1. September 2019-March 2020: Year 7 (1); Year 8 (5); Year 10 (3)

9.9.2. September 2020-December 2020: Year 8 (2); Year 9 (3); Year 10 (3)

9.10. This data reported to Hackney Council would indicate that there have been 17 successful managed moves between September 2019 and December 2020.

9.11. As with exclusions pupils from non-white backgrounds are more likely to undergo a managed move. Pupils from a black ethnic background made up 47% of our known managed moves. The Young Black Men project and other Hackney Council, Hackney Education and school based initiatives are working to tackle disproportionality and improve the outcomes for this group of young people. Work on equalities has been reported to scrutiny in the last year.

10. Alternative Provision

10.1. Hackney has a statutory duty under section 19 of the Education Act 1996 to '*make arrangements for the suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are make for them*'.

10.2. This duty is discharged by New Regent's College, which is funded for 240 places. These arrangements are overseen by a Service Level Agreement between Hackney Council and New Regent's College.

10.3. Pupils may attend New Regent's College for a range of reasons. The largest cohort is those who have been permanently excluded from school, although there are other reasons why a pupil may be on roll. These include short term partnership placements, where the pupil attends on a dual registration basis with their home school and new arrivals from overseas in Year 11 for whom ESOL provision is considered more appropriate.

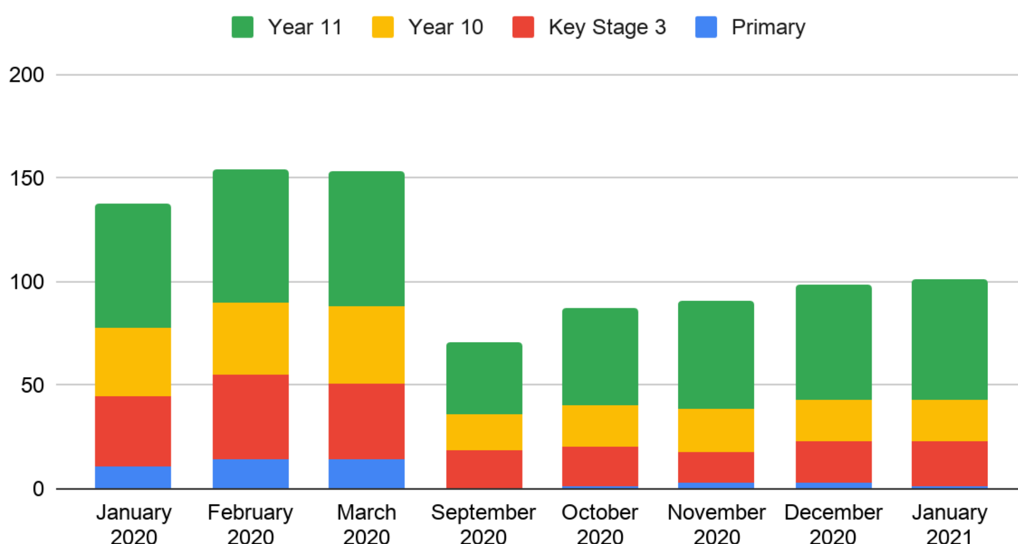
10.4. Not all pupils attend the New Regent's College site itself. Arrangements are made for some pupils to be educated at independent sector alternative provision or colleges in Hackney and the neighbouring boroughs.

10.5. Since September 2020 the number of pupils on roll has fallen with the total number on roll in January 2021 25% lower than in January 2020. This is a consequence of the pandemic and having fewer permanent exclusions from schools in the Autumn term.

10.6. The decrease has primarily been in pupils in primary, key stage 3 and year 10, which have fallen by 90%; 35%; and 39% respectively. Whereas the number of pupils in Year 11 has only fallen by 3%.

10.7. We do not hold data for the period prior to January 2020 so are unable to provide comparative information for the period September 2019 to December 2020.

10.8. The number of pupils on roll at New Regent's College is as follows:



10.9. At the start of January 2021 there were 103 pupils on roll at New Regent's College. Of these:

10.9.1. 77 were male (75%) and 26 were female (25%)

10.9.2. 11 pupils had an EHCP (10%).

10.10. They were from the following ethnic groups:

10.10.1. Asian (11); Black (44 (of which 21 were Black Caribbean)); Mixed (20); Other (10); White (17); and Not Recorded (1)

10.10.2. 83% of the cohort at New Regent's College is from a non-white ethnic background, with black pupils forming the largest group making up 42% of pupils on roll.

10.11. The pupil cohort at New Regent's College is reflective of Hackney as a whole and reflects the already known disproportionality in exclusions, where black boys are more likely to be excluded from school than their white peers. As stated above there are efforts across the education system in Hackney to address this.

11. Conclusion

11.1. Hackney Education has oversight of pupil movement in the borough through the School Admissions team and the Pupil's Out of School team.

11.2. During the first Covid-19 lockdown the number of children reported as children missing education, applying for a school place, opting for elective home education, being permanently excluded or being subject to a managed move declined.

11.3. Following the full return to school in September 2020 the numbers of parents opting to electively home educate their children increased significantly and the number of children being permanently excluded declined significantly.

11.4. Hackney Education continues to monitor pupil movement locally. There are systems in place to monitor pupil movement between schools and for identifying pupils who are missing from education or at risk of becoming so.

11.5. A number of groups of pupils are disproportionately impacted by some of these reasons why pupils move from their school. This is a priority area for Hackney Education and we are recruiting to a new role with a focus on engagement with parents and disproportionality.

11.6. This is in addition to the ongoing work to reduce the use of exclusions through supporting inclusive whole school practice in schools and targeted work in relation to individual young people.

Report originator: **Chris Roberts, Head of Wellbeing & Education Safeguarding**

Other contributors: **Marian Lavelle, Head of Admissions & Place Planning**

Billy Baker, Principal Officer - Pupils Out of School team

Date:

Cleared by: **Annie Gammon, Director of Education**

Report Title:	Children and Young People's Emotional and Mental Health and wellbeing in Hackney
Meeting for:	Children & Young People Scrutiny Commission
Date:	11 May 2021
Produced by:	Ellie Duncan, Programme Manager, Children's, Maternity and CAMHS Nadia Sica, Integrated Commissioning Transformation Programme Manager, Children, Young People, Maternity and Families Workstream Greg Condon, Programme Manager, Mental Health
Authorised by:	Amy Wilkinson, Integrated Commissioning Workstream Director - Children, Young People, Maternity and Families

Report Summary

Introduction
This paper sets out a summary of current priorities and work areas relating to children and young people's mental health including:

1. How we are delivering against nationally set priorities as laid out in the NHS Long-Term Plan
2. Local partnership strategies including the *Local Mental Health Transformation Plan* and the *City and Hackney Emotional Health and Wellbeing Strategy* outlining locally identified priorities and action plans
3. Local Governance arrangements
4. An overview of activity and performance data
5. Details of recent adaptations made to meet increased and changing demand as a result of the pandemic
6. A summary of local spend

Key Documents
CAMHS Transformation Plan
The City and Hackney Emotional Health and Wellbeing Strategy
Childhood Adversity, Trauma and Resilience (ChATR) programme overview
CAMHS data (found in Appendix 1)

Action
The Commission is requested to review and comment on the attached Report, and to endorse the Integrated Children and Young People's Emotional Health and Wellbeing Strategy Draft.

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Children and Young People's Emotional and Mental Health and wellbeing in Hackney

CYP Scrutiny Commission Report
April 2021

The emotional and mental health and wellbeing of City and Hackney children, young people and their families continues to be a key priority for system partners, as part of our integrated work. While there is a clear national drive, we continue to invest in a broad range of interventions and services locally, and have developed an Integrated Emotional Health and Wellbeing Being strategy that sets out our vision and action plan for improving wellbeing. Led by our new 0-25 Emotional Health and Wellbeing Partnership, we are aiming to balance a focus on prevention and wellbeing, including in schools, alongside accessible CAMHS. We aim to target support effectively, informed by evidence around inequalities, as we move through the far reaching mental health impacts of the pandemic.

1. National Strategic Direction and Priorities

Nationally, children and young people's (CYP) mental health priorities are set out in the NHS Long-Term Plan. The plan covers a five-year period until the year 2023-24 and outlines a number of ambitions including the following:

National Priority (by year 2023-24)	Local Action
● There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.	● Offer of a 16-25 service through Off Centre at Family Action. ● Creation of an 18-25 CYP transition pathway into adult Improving Access to Psychological Therapies (IAPT). ● Development of transition pathways into other adult mental health services and identification of gaps for specific groups.
● The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained.	● This has been consistently achieved for the routine 4-week wait target. ● Recent surge in demand has impacted the urgent 1-week wait pathway, additional investment and capacity is being developed to address this.

• There will be 100% coverage of 24/7 mental health crisis care provision for CYP which combines crisis assessment, brief response and intensive home treatment functions.	• A crisis service is now available as a joint offer across East London, including City & Hackney. • The home treatment function is in development and consultation is underway.

2. Key Local Strategies

2.1 City and Hackney CAMHS Transformation Plan

In 2015, the National Children and Young People's Mental Health and Wellbeing Taskforce released their *Future in Mind* report which set out a national ambition to transform the design and delivery of local CYP mental health service offers.

A specific requirement of the report was that local systems develop publicly available *Local Transformation Plans for Children and Young People's Mental Health and Wellbeing* to achieve the vision of all children and young people receiving the right support at the right time around their mental health.

As the responsible commissioners for local CAMHS services, CCGs were tasked with leading on the development of the plans, working closely with their Health and Wellbeing Board partners and with strong input from children, young people and those who care for them.

Delivery of the **City and Hackney CAMHS Transformation Plan** is now entering its third phase, with the first phase fully operational. Phase 2 and 3 represent an overarching whole-system strategy bringing together key stakeholders from across the patch. There are currently 18 delivery strands as part of the plan representing an additional investment of £1.2m into services. These strands all report into the local CAMHS Alliance. The plan is due to be refreshed by September 2021 however local priority areas currently include:

- **Integration of CAMHS services:** to deliver a lead provider model that increases efficiency through clear and effective pathways delivered by the most appropriate provider, maximises available resources by reducing duplication of central functions (such as admin) and creates a simpler, more streamlined offer for CYP and families that functions as a single CAMHS service whilst maintaining the 'no wrong front door' policy of accessing CAMHS services. Once complete an 'Integrated CAMHS' arrangement will replace the current CAMHS Alliance. The integration will be supplemented with development of a single point of access (SPA).

- **Crisis:** continuing the 24 hour mental health line and East London crisis service providing assessment and treatment via A&E (9am – 9pm, 7 days a week), plus expanding the remit to include Home Treatment Teams (HTT) to provide brief support and intervention.
- **Transitions:** developing transition pathways and increasing the offer for the relevant age groups, namely through:
    - Additional investment in Off Centre at Family Action to provide mental health support for YP aged 18-25 years.
    - Ensuring services are YP friendly and adapted to work with the ongoing needs of those with autism and / or a mild learning disability who may not meet threshold for specialist services but for whom the traditional service model may need adapting.
    - Continue to develop and improve our local IAPT services to expand the range of interventions and therapeutic models they can offer in order to ensure we have suitable interventions for the younger cohort of 18-25, including through community organisations such as Bikur Cholim.
    - Ensure that there are pathways to refer YP between 18-25 when they present with severe mental health needs to be assessed / diagnosed in a timely manner and their needs managed at secondary care level.
    - Address the current gaps around care leavers placed out of area.
- **Workforce development:** to build a sustainable workforce that is representative of the diversity seen within the local population and considers how the workforce can be expanded to include a broader scope of roles than those traditionally seen.
- **Delivery of mental health support outside of traditional CAMHS settings**: such as through community-based and peer support (e.g. Cool Down Café) and digital delivery.
- **School support**: continuing strong offer of school-based support through rollout of Department of Education's Wellbeing Return to School programme, provide direct, low-level interventions for YP and parents / carers as part of Mental Health Support Teams in Schools (MHSTs), and consultation to schools and development of policies as part of linked CAMHS workers via the WAMHS programme, and a training offer to school staff.
- **Intensive support for YP with autism and / or a learning disability**: undertaking of a 2-year pilot to deliver an intensive support pathway that will provide behavioural support for YP, families and the professional network where YP have challenging behaviour, to prevent admissions to inpatient CAMHS settings and support discharge following admission. This will be jointly delivered with partnership between CAMHS, social care and education.
- **Communities**: building on the existing offer for local communities to provide support in a tailored and culturally competent way that meets the needs of those local communities.

2.2 City and Hackney Emotional Health and Wellbeing Strategy

Driven by the specific needs and local impetus of our own system, stakeholders from across Health, Public Health, Education, Social Care, the voluntary sector and young people themselves came together to develop the City and Hackney Emotional Health and Wellbeing Strategy 2020-2026.The strategy aligns closely with the transformation priorities whilst taking the scope much wider.

Part of the rationale for developing the local strategy was the shared stakeholder consensus to recognise the broader remit of emotional health and wellbeing. The aims of the strategy extends beyond the scope of existing plans which focus on mental health and core CAMHS services.

This is the first integrated strategy (CCG, LBH, CoL, wider partners) developed by the Children, Young People, Maternity and Families Integrated Workstream. It takes a life course approach (0-5, 5-18 and 18-25) to bring together collective ambitions across Health, Social Care and Education. It has been developed through a series of consultations with key input from CYP through the System Influencer project. Attached to the strategy is a detailed action plan which aligns many actions from existing 18 CAMHS work streams. Additionally, it specifically addresses the impacts of Covid-19 and the stark inequalities in emotional wellbeing and mental health it has significantly exacerbated. A full draft is currently out for a 3-month consultation period.

The vision for the strategy was developed with children and young people, and is that 'all children and young people have positive relationships that allow them to develop their abilities and gain the confidence that will help them thrive'. The key principles informing it are to:

- Build awareness and work preventatively
- Identify needs and intervene early
- Understand and respond to local need to ensure that service design is influenced by young people, families and caregivers and frontline practitioners
- Take a life course approach from conception to adulthood to deliver equitable access, effective interventions and managed transitions
- Make the best use of resources in a collaborative integrated system

The strategy takes the following as key themes and approaches throughout:

- Promotes early development of emotional skills and resilience
- Emotional and mental health are distinct but interrelated; wider system responsibility for both
- Works on the belief that all children and young people, including those in vulnerable groups and with SEND, are capable of and deserve to achieve good emotional health and wellbeing
- Prioritises the young person's voice and them remaining seen

- Views families and context as a whole
- Being trauma-informed and attachment aware
- Tackling health inequalities
- Engagement and co-production

2.3 Childhood Adversity, Trauma and Resilience Programme

Supporting both transformation priorities and those set out in the Emotional Health and Wellbeing Strategy, the City and Hackney Childhood Adversity, Trauma and Resilience Programme (ChATR) addresses the impact of trauma and adversity in childhood and draws on the large body of international evidence around ACEs ('Adverse Childhood Experiences') and their effect on outcomes later in life. The programme vision is to create a community in which children who are at risk of or have experienced trauma receive the right support at the right time, giving them the best possible opportunity for a healthy future. The vision is being delivered through:

- A system-wide, prevention-focused approach developed and agreed by key system partners
- A programme of workforce development aimed at upskilling practitioners across disciplines to be trauma-informed and ACE-aware. Both intensive and 'lite-touch' training in a life course approach (perinatal, 0-5s, 5-11s, 11-19, 19-25) is being delivered with the 0-5s phase going ahead in June 2021.
- Developing and testing interventions to prevent, intervene early and mitigate the impact of Adverse Childhood Experiences, and build resilience in individuals, families and communities.

3. Governance

A brand new City and Hackney Emotional Health and Wellbeing Partnership (EHWP) has been established in order to oversee delivery of the Emotional Health and Wellbeing Strategy. It is chaired by the LBH Group Director for Children, Adults and Community Health and reports to Children, Young People, Maternity and Families Integrated Workstream Strategic Oversight Group, which in turn, reports to the Integrated Care Partnership Board.

The EHWP will oversee accountability of Health, Education and Social Care commissioning bodies in relation to delivery of programmes of work that sit within the remit of the Partnership; this will include acting as a point of consultation for Integrated CAMHS work. The partnership will not be a contractual vehicle or hold any financial decision-making powers. The CAMHS Alliance will continue to meet monthly however it will transition into the 'Integrated CAMHS' forum.

4. Activity and Performance

The pandemic has impacted activity and created a surge in activity coupled with an increase in the complexity of presentations. This is applicable across all services but specific areas, such as eating disorders and crisis, have seen larger demand, as demonstrated by the increased level of referrals seen across City & Hackney services:

- Peaks in activity seen across all services (rather than a steady increase) since March 2020, coinciding with the start of lockdown and return to schools.
- Tier 3 mental health services (Specialist CAMHS, CAMHS Disability) have seen a rise of 50% in referrals in Q3 of 20/21, with a smaller increase of 10% in Q3 seen in Tier 2 services (First Steps).
- Eating disorder services have shown an overall increase of 140% in 2020 vs 2019, this is more pronounced in City & Hackney than other NEL boroughs.
- Paediatric admissions have increased 440% in 2020 vs 2019.
- Overall number of referrals to crisis teams have increased an average of 73% in 2020 vs 2019 (social care-related problems being the presenting problem that has increased the most, followed by self-harm).
- Accumulation of waiting list for autism assessments owing to reduction in face-to-face services in CAMHS and ability to observe YP in school settings or similar as part of assessment process.

There have been a number of other trends reported qualitatively:

- Increasing complexity of presentations to CAMHS.
- YP presenting in crisis who may not have been known to services previously / increasing number of late presentations.
- Increasing influence of social factors (such as placement breakdown) in presentations.
- Impact on staff wellbeing of continued demand, increasing complexity and impact of remote working.
- Higher numbers of admissions to inpatient CAMHS beds and young people requiring a residential placement on discharge (note inpatient CAMHS beds commissioned centrally and not locally).

5. Local system adaptations

Throughout the pandemic local need has been continually monitored through the CAMHS Alliance Board and additional contingency planning meetings with providers to ensure that service delivery is responsive to local need and mitigations are put in place where necessary. A number of local system adaptations have been made as a result:

- Accelerated rollout of digital solutions to widen availability of treatment options for young people, including:
    - Kooth, an online, anonymous counselling platform for young people aged 11-19 that offers direct contact with clinical practitioners and an online wellbeing community with peers. During the first 3 quarters of rollout:
        - 893 YP registered, logging in a total of 4,933 times.
        - 56% of logins were made by YP from a BAME background.
        - 83% of YP made repeat use of the platform.
        - 100% of YP would recommend to a friend.
    - Introduction of Silvercloud, a digital mental health platform that provides access to evidence-based programmes tailored for young people. Introduced to schools from April 2021, referrals will be via MHSTs.
    - Pilot of Healios to offer treatment interventions related to neurodevelopmental conditions.
    - Adaptation of existing parenting groups to be delivered online and development of webinars and workshops for young people and families who are on waiting lists to access non-urgent treatment.
    - Creation of videos and Q&A sessions to support young people and families with a recent diagnosis of autism.
    - Expedited development and implementation of a digital SPA for all CAMHS services, to improve allocation of referrals to the correct service on first allocation (therby reducing transfer of cases) and combine associated processes, such as single triage of referrals. Expected completion date Q2 2020-21.
- Direct increase in capacity of existing services to meet demand:
    - Expanding existing eating disorders service by 40% to cover increased demand seen as a result of the pandemic – rapid deployment underway.
    - Implementation of duty service within CAMHS Disability and weekly review of referrals with Alliance partners to ensure effective allocation and treatment.
    - Additional senior clinician capacity with HUH CAMHS (CAMHS Disability and First Steps).
    - Capacity increase of 50% within Off Centre's 16-25 years pathway, plus development of joint working with adult IAPT to provide support for YP on Off-Centre's waiting list through co-facilitated group work.
    - Use of non-recurrent funds to address the waiting list for autism assessment.
- Adaptations to service delivery and pathways:
    - Move to a combination of face-to-face and virtual support, with face-to-face remaining available throughout the pandemic where necessary.
    - First Steps to now see lower threshold cases that would normally go to Specialist CAMHS e.g. low level self-harm.

    - Introduction of enhanced offer from LBH / CFS Clinical Service to support surge in crisis presentations that relate to social problems (e.g. placement breakdowns), as well as an embedded social worker to support crisis presentations (currently under review).
- Mobilisation of a 2-year pilot of the Intensive Support Pathway in response to the increase in inpatient CAMHS admissions. This will provide intensive behavioural support to prevent admissions and placement breakdowns or support discharge back to the community.
- Maintenance of crisis service, operational 9am - 9pm 7 days per week beyond April 2021 and introducing additional cover up to midnight (in development). A 24 hour crisis line is also available.
- Continuation of WAMHS / MHST to deliver a range of services to meet needs faced by schools, pupils and parents, including:
    - Parent meetings, training sessions & webinars to support managing CYP at home.
    - Staff training across wellbeing and mental health topics (e.g. attachment / trauma).
    - Therapeutic groups for primary and secondary pupils around anxiety and low mood (in phase 1 WAMHS schools).
    - Consultations with staff about pupils.
    - Reflective practice and support for staff wellbeing.
    - Multi-agency / MDT meetings consultation.
    - Signposting and advising on referrals.
- Setup of a temporary bereavement service at St Joseph's Hospice providing counselling to CYP who have lost someone due to COVID-19 through individual and family sessions, memorial events and art therapy.

6. Local Spend

- Spend on services (block contracts): £6,589,101
    - Specialist CAMHS (ELFT): £4,571,678
    - CAMHS Disability, including autism pathway (HUH): £551,141
    - First Steps (HUH): £1,181,283
    - Family Action Well Family Service: £285,000
- A further £4,267, 247 on Transformation across all services, including:
    - WAMHS: £768,750
    - East London Crisis service: £532,000
- As a result of the pandemic, and as per the *Local system adaptations* section, additional investment has been made in crisis, eating disorders, autism diagnostic pathway, senior clinician capacity and bereavement.
- In addition to the CAMHS spend an additional £660,000 has been recurrently invested in perinatal mental health from 2020-21, with further increases of £110,000 in 2022-23 and 2023-24.

Appendices: City & Hackney CAMHS activity and performance data

Indicator	Compared with	Latest Period	Reporting Period												
			Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
CYP - Access (Monthly)	Monthly	Jan-21	160	120	90	335	255	200	220	170	235	235	235	175	180
CYP - Access Rate%	Quarterly Cumulativ	Jan-21	35.8%	37.9%	39.4%	5.7%	10.1%	13.5%	17.2%	20.1%	24.1%	28.2%	32.2%	35.1%	38.2%
CYP - Access Rate%	Rolling 12 Months	Jan-21	40.9%	40.8%	39.4%	38.0%	35.9%	35.1%	36.0%	36.6%	37.8%	39.2%	40.5%	41.5%	41.8%
CYP Eating disorder - Routine cases - 4 week wait	Quarterly	Dec-20			100.0%			100.0%			96.4%			96.5%	
CYP Eating disorder - Urgent cases - 1 week wait	Quarterly	Dec-20			75.0%			75.0%			100.0%			80.0%	

Figure 1: Overview of City & Hackney access data for NHS CAMHS services in the period January 2020 – January 2021

Indicator	CCG	Compared with	Latest Period	Reporting Period												
				Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
CYP - Access Rate%	Barking and Dagenham	*34.0% target for 2019-20* ***32.8 % target for 2020-21***	Jan-21 Quarter Cumulative	35.6%	39.0%	41.9%	3.3%	5.9%	8.0%	10.0%	11.2%	12.6%	14.8%	16.6%	18.2%	20.0%
	City and Hackney			35.8%	37.9%	39.4%	5.7%	10.1%	13.5%	17.2%	20.1%	24.1%	28.2%	32.2%	35.1%	38.2%
	Havering			36.3%	39.2%	42.0%	5.4%	10.1%	13.9%	17.7%	20.0%	23.4%	26.6%	29.5%	31.7%	33.9%
	Newham			34.1%	36.2%	38.3%	5.8%	8.8%	11.0%	13.6%	15.6%	17.0%	19.5%	21.5%	22.9%	24.2%
	Redbridge			22.7%	24.5%	26.2%	2.8%	4.5%	6.6%	8.4%	9.9%	11.6%	13.5%	15.1%	16.0%	17.6%
	Tower Hamlets			24.5%	26.1%	27.4%	4.5%	6.6%	9.1%	11.4%	13.0%	14.9%	17.5%	19.7%	21.6%	23.3%
	Waltham Forest			22.5%	24.6%	26.8%	6.6%	10.4%	12.9%	14.9%	16.9%	18.6%	20.8%	23.1%	24.8%	26.4%
	NEL STP			30.0%	32.2%	34.3%	4.9%	7.9%	10.5%	13.0%	15.0%	17.1%	19.7%	22.0%	23.8%	25.6%

Figure 2: Comparison of City & Hackney access data with other North-East London boroughs, for NHS CAMHS services in the period January 2020 – January 2021. *Note, 34.0% target for 2019-20, 32.8 % target for 2020-21.*

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NHS
City and Hackney
Clinical Commissioning Group

City and Hackney's integrated

Children and Young People's Emotional Health and Wellbeing Strategy

2021-2026

Supporting families across City & Hackney

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Introduction

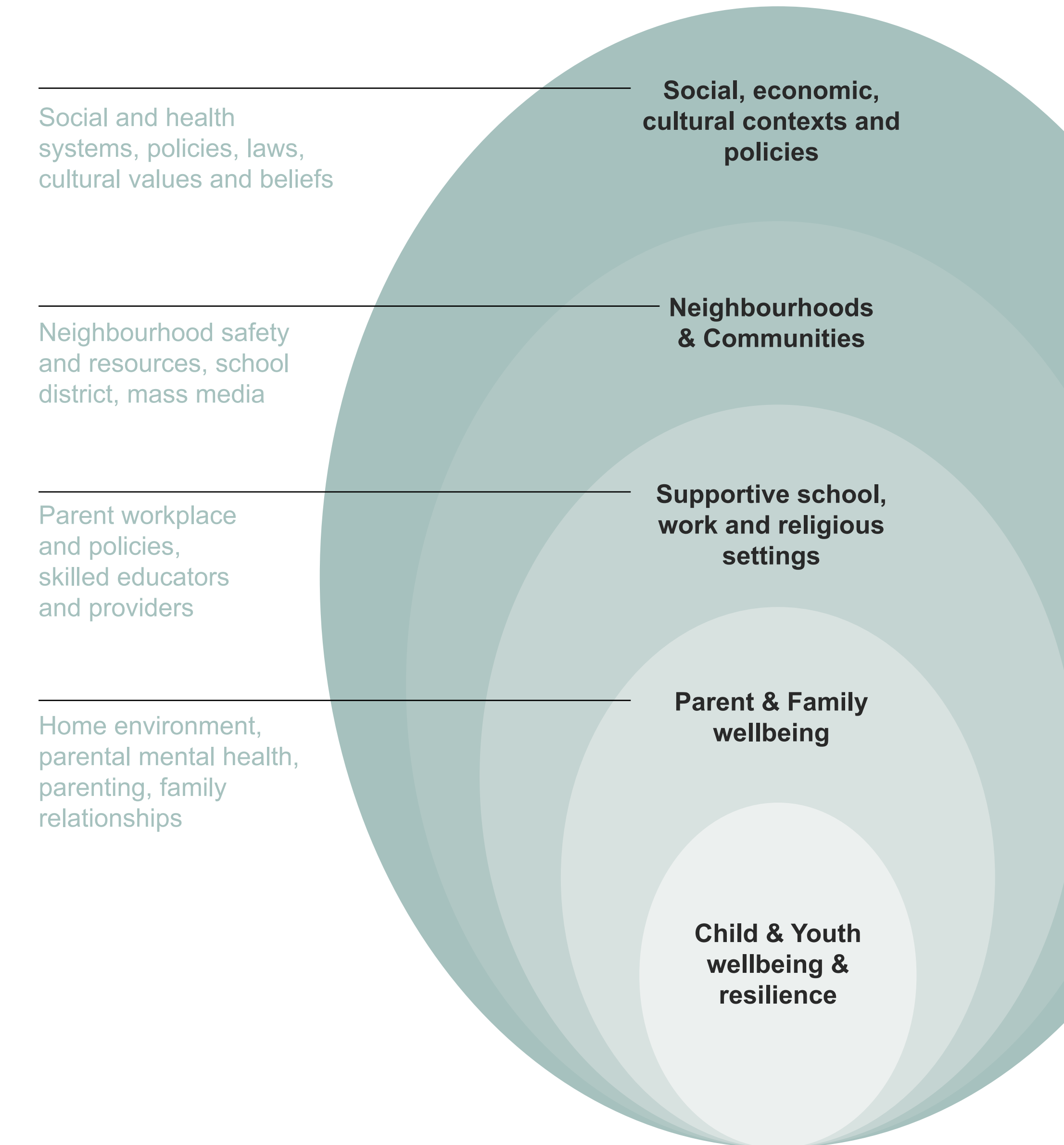
This is the first integrated children and young people's emotional health and wellbeing strategy for City and Hackney, bringing together the collective ambitions of all partners across health, social care and education. It demonstrates our commitment to ensuring that all children, young people and families are supported with the means to have good emotional health and wellbeing and to develop the resilience that will allow them to maintain this throughout their lives.

The strategy describes how we will build on efforts to date from partners in the ICP across The City of London and London Borough of Hackney to prioritise the emotional health and wellbeing of children, young people and families by taking a life course approach, addressing unmet and emerging needs in existing services and continuing to expand the support available whilst working towards further integration across the system.

It is informed by the local needs assessment and takes into account the particular needs of our diverse community, setting out the key overarching principles and objectives that underpin our action plan.

This strategy is aligned with the Joint Mental Health Strategy for City and Hackney (2019-2023), whose vision is that 'Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible.'

We acknowledge that prevention and the emotional health, wellbeing and resilience of children and young people spans wider than the single domain of NHS mental health services; it must also take account of social factors and the wider determinants of health including physical health, socio-economic, environmental and cultural influences.



Addressing these necessitates a whole system approach that brings together the NHS, local authorities, voluntary and community sectors and other partners to jointly commit to striving for change and recognising the responsibility each respective organisation has towards doing so.

There has been further influence from national policy in developing this document, such as the NHS Long Term Plan (2019) and Five Year Forward View for Mental Health (2015), in addition to the local policies and information (such as the JSNA; CAMHS Transformation Plan) from across partners to inform how a whole system approach should be developed, with a focus on specific areas where evidence tells us there is the greatest need within the local population and also where benefit can be derived for the overall wellbeing of the larger population.

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There is no doubt that the structure of the local system is complex and this presents challenges that will take time to overcome. We are also aware of the need to consider the wellbeing and capacity of our workforce.

With the challenges of limited resources in mind and the uncertainties we face amidst rapid change, we must be ready to be flexible, creative and responsive, whilst also considering sustainability. We must find ways to support children, young people and families earlier, help them develop resilience and feel equipped to take care of their own wellbeing.

This strategy should be read alongside the following local strategies, policies, frameworks and plans:

- City And Hackney Mental Health Strategy (2019-23)
- City of London Children And Young People's Plan (2018-2021)
- Suicide Prevention Action Plan, City Of London (2016)
- Hackney Suicide Prevention Strategy
- Hackney Child Wellbeing Framework
- CAMHS Transformation Plan
- ChATR Approach
- Behaviour Advice: To Support Reviews Of School Behaviour Policies (2019-2020)
- Autism Strategy (2019-2024)
- SEND Strategy (2017-2020)
- Single Equality Scheme (2018-2022) and Mayors Priorities
- Young Black Men's Programme: The 'Improving Outcomes For Young Black Men Programme'
- Youth Justice Plan
- Hackney Violence Against Women And Girls Strategy (2019-2022)
- Healthy Communities Strategy (2018-2028)

We want every child and young person in City and Hackney to reach their full potential and have opportunities to be healthy, happy, safe, valued and prepared for adulthood.

Our vision is that…

all children and young people have positive relationships that allow them to develop their abilities and gain the confidence that will help them thrive.

Our Principles

We want every child and young person in City and Hackney to reach their full potential and have opportunities to be healthy, happy, safe, valued and prepared for adulthood.

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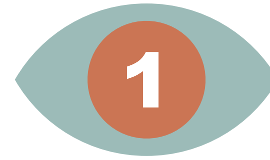
Our vision is underpinned by the following principles:



Build awareness and work preventatively

We will work to embed emotional health and wellbeing on every agenda and across system partners, to build awareness of its importance and drive preventative working across the system.

This will develop awareness amongst both the wider workforce - being attachment aware and trauma informed in their approaches - but also amongst families, young people and communities as to how they can develop and maintain their own and others' emotional health and wellbeing.

Recognising the high degree of diversity seen locally the approach to preventative working will also extend to working with system partners to ensure an awareness of the influence that social and wider determinants of health, including socio-economic, environmental and cultural influences, can have on families and how that may interplay with and impact emotional health and wellbeing. In addition, preventative work with system partners will seek to directly address and reduce the impact of social and wider determinants of health.

Identify needs and intervene early

We will ensure professionals across the system make every contact with children, young people and families count and create a child friendly City and Hackney where needs relating to emotional health and wellbeing are identified early and met with support, also recognising that equality - rather than requiring every child and young person to be treated the same - necessitates treating them as individuals and offering support in a tailored way. At a system level, we will make best use of national and local evidence to review and inform how interventions are developed in a way that maximises effectiveness.

Working closely with our partners we will develop joint working across service boundaries to be able to respond to strengths in individuals, families, settings and communities and provide support in a way that empowers them and facilitates change, including in vulnerable groups. Informed by best practice we will strive to prevent, mitigate and reduce the impact of ACEs across the life course.

Understand and respond to local need to ensure that service design is influenced by young people, families and caregivers and frontline practitioners

We will proactively seek out and respond to the lived experiences of children, young people and families to jointly inform our service development, design and delivery, in conjunction with evidence that helps the needs of the local population be understood.

We will work in partnership to drive meaningful engagement, utilising different engagement and participation models to offer all groups a means for their voice to be heard, including those that are vulnerable or under-represented. The views and first-hand experience of the workforce will also be sought and integral to service design.

We will continue to reflect on, evaluate and learn from what we do to enhance and adapt existing provision, make local services responsive to need and informing strategic planning.

Take a life course approach from conception to adulthood to deliver equitable access, effective interventions and managed transitions

We will consider the journey of the child, young person and family as they transition through life and therefore local systems and services, providing a strong and evolving offer of universal and targeted services. This will ensure access to specialist evidence-based interventions for those that need it and place an emphasis on services working together to provide effective support to those with complex difficulties.

We will work towards the CAMHS Transformation vision that there 'will be no thresholds and no wrong doors to support a system that works beyond traditional health care settings extending into schools and the wider community', considering not only the intervention itself but also the way in which it can be delivered to maximum benefit, be that in community settings, digitally or in partnership with other services, utilising innovative approaches, a population based approach and the neighbourhood model of care to help us respond to needs equitably.

Make the best use of resources in a collaborative integrated system

We will continue to maximise working collaboratively in a partnership way across the system to build on existing services, partnerships and delivery models to ensure we align and integrate relevant parts of the system in order to strengthen the available provision and outcomes delivered.

In addition, we will extend this partnership working to the planning phases, facilitating shared intelligence that informs the way local services are designed and commissioned more effectively.

A whole systems approach

This strategy will drive and support the delivery of a whole systems approach to achieving the following overall objectives.

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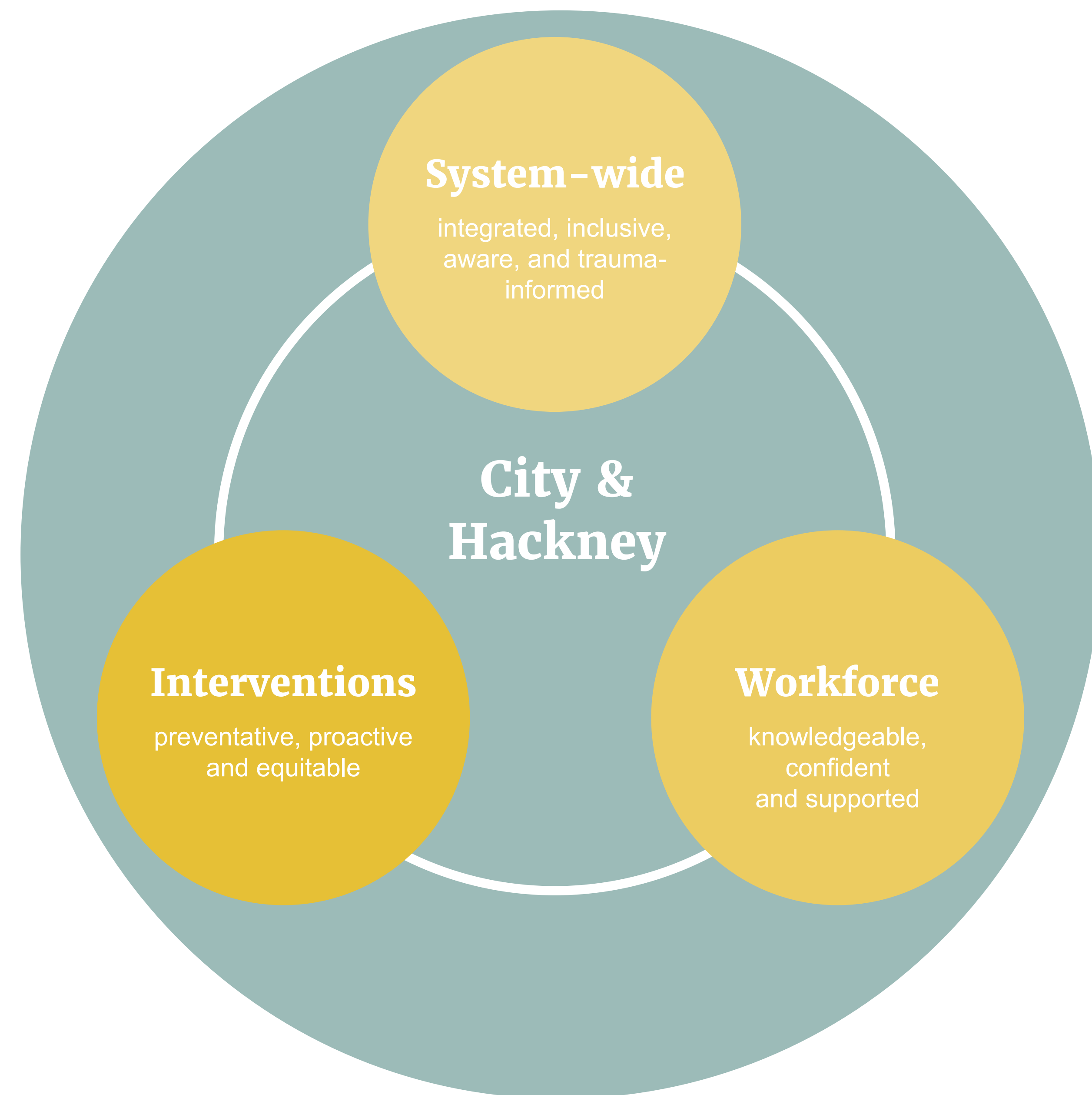

System-wide: integrated, inclusive, aware, and trauma-informed

We will..

- Work on the belief that all children and young people, including those in vulnerable groups and with SEND, are capable of and deserve to achieve good emotional health and wellbeing.
- Work on the premise that the child or young person's voice should be paramount.
- Ensure that children and young people are visible and 'seen' at all times.
- Work towards greater integration across services to deliver improved care that crosses traditional boundaries.
- Strive to provide continuity of care and consistent relationships between key workers and those that they support, particularly when vulnerable or requiring multi-agency input.
- Support the workforce across the integrated system to work collaboratively in a way that is attachment aware and trauma-informed to increase awareness of the importance of emotional health and wellbeing and to promote a preventative approach.
- Support the workforce to take a unified view of families and be aware of the wider context, for example by being poverty-aware, in a way that seeks to consider presentations holistically and avoid locating problems within individual parents or children.
- Ensure that vulnerability is considered in terms of risk factors that may be indicative of the potential to become vulnerable and protective factors that can mitigate this.
- Ensure that specialist services are in place where needed but also that planning and service design and delivery is inclusive of the whole population, including vulnerable groups and those with SEND and their families, providing all children and young people with equal opportunity to thrive.
- Review whole system working by looking critically at pathways, assessment tools and eligibility criteria to enable services to communicate with each other and make them easier to navigate.
- Make sure that the experiences of those who work in and use our services informs decision making and planning to continuously improve delivery.
- Work alongside system partners to change the social and wider determinants of health, including socio-economic, environmental and cultural influences, that interplay with and impact emotional health and wellbeing.
- Be vigilant in identifying disparities and structural inequalities that impact how service users access and experience services, as well as the outcomes of services, striving to make them fairer through working holistically and inclusively.

Workforce: knowledgeable, confident and supported

We will..

- Establish clear shared values where prevention, earlier intervention, reach and access are prioritised.
- Ensure that the workforce is equipped with the skills, resource and support they need to provide the children, young people and families they work with a sense of being heard, valued and effectively supported.
- Value our practitioners and recognise the challenges they may face, including resource limitations that may impact on their ability to do the important work they do, and develop ways of ensuring they can access practical support.
- Ensure practitioners are involved in planning and service design and development, to capture both their views of delivering the service and also their perception of the experience of children, young people and families.
- Recognise the emotional impact that working at the frontline can have and prioritise the health, welfare and wellbeing of our workforce by developing reflective practice and peer support approaches.

We will..

- Keep the journey and lived experience of each child and young person at the centre of all we do, taking a life course approach and working holistically to provide support at key moments where the opportunities to intervene successfully are the greatest.
- Take a relational and whole family approach to promote healthy relationships within families and the wider network around a child.
- Adopt an approach that ensures the needs of children and young people with SEND, and their families, are considered in every intervention and have equitable provision.
- Support parents, carers and families to build on their individual, family and community strengths developing their resilience and capacity for self-care to enable them to thrive without external interventions wherever possible.
- Continue to work with practitioners and families to support the early development of coping, self-regulation, communication and relational skills to promote healthy and positive expression of emotions in a way that seeks to prevent problems developing and reduces the need for statutory service involvement.
- Work together to target interventions more effectively across agencies when the unresolved difficulties of adults caring for children and young people may have become located in the child.
- Where multiple services are involved we will facilitate sharing of skills and experiences to develop approaches to risk and complexity that retain a focus on the needs of the child.

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Wider Context

National policies and guidance place a strong emphasis on the need for prevention and early intervention and increasingly take a broader view of emotional health and wellbeing, encouraging adoption of a life course approach that not only considers the impact of social and environmental determinants but also how to achieve maximum impact across an individual's life and for future generations.

Key stages in the life course have particular relevance for the health of individuals and taking this approach acknowledges the importance of these stages, as well as the interplay between protective and risk factors and the extent to which a supportive environment can aid in developing and maintaining good health and wellbeing from both a physical and emotional perspective.[1,2]

Achieving good emotional wellbeing and mental health requires an ability to accept, process and respond to circumstances and events that will inevitably be difficult at times, in part through developing resilience within children and young people but also the adults and environment around them.

Resilient children are those that are able to develop and realise their potential, even when faced with adversity, as a result of the interaction with their surrounding environment. It should be acknowledged that resilience has a wider emphasis than that of just the individual; it is dynamic in nature.

Three fundamental building blocks underpin a resilient child and include: secure attachments; good self-esteem providing a sense of self-worth, and competence and self-efficacy (or a sense of self-mastery and control). Ensuring the resilience that allows children and young people to deal with and overcome adversity requires support to develop the skills of each individual, timely access to the right information; services when needed and adopting a system-wide approach that seeks to change the wider determinants of health inequalities.

"Individual potential shows that a service is trying to look out for you; potential is important as it shows hope...for someone to address that they believe in you when you access them"

Undoubtedly the most important component is having a stable relationship with at least one supportive parent, caregiver, or other adult.[3]

The quality of the relationships experienced in childhood have a lasting impact on emotional health and wellbeing and overall life chances; it is these first relationships that develop the capacity to relate, manage emotions and to learn, highlighting the influence that each person who comes into contact with a parent, child or young person, either in the capacity of caregiver or professional, has on the emotional wellbeing of that child or young person.

Supportive environments where caregivers and professionals are encouraged to think more holistically about emotional health and wellbeing - as it being wider than just the individual, and linked to physical health, education and relationships - are essential. This includes helping caregivers to get the input they need with their own difficulties as early as possible to minimise any impact on the children and young people they care for.

It is widely acknowledged that families living in poverty face additional challenges as they parent, which may be due to a combination of

1 Jacob, C.M. (2017). The Importance of a Life Course Approach to Health: Chronic Disease Risk from Preconception through Adolescence and Adulthood. *World Health Organisation* [online]. Available at: https://www.who.int/life-course/publications/life-course-approach-to-health.pdf

2 Public Health England, (2019). *Health matters: Prevention - a life course approach.* [online] Available at https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach

3 Association for Young People's Health, (2016). *A public health approach to promoting young people's resilience.* [online] Available at: http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf

factors such as, but not limited to, physical living environment, lack of support, low income, their own physical or mental ill health, social isolation or emotional needs not being met.[4]

All of these can impact on the ability to parent to the best of their ability and create or maintain a nurturing environment that supports child development, and requires an awareness amongst professionals of the impact poverty and life experiences can have on families, how families interact with services and the support that may be needed.[5]

Mental health needs are also strongly driven by early life - it is estimated that 50% of mental health conditions are established by age 14 and 75% by age 24, highlighting the importance of awareness and early intervention to provide the necessary support that aims, where possible, to prevent more complex needs developing.[6]

Nationally, CAMHS have seen a 26% increase in referrals between 2013/14 and 2017/18 and, whilst the increase in demand is an encouraging sign that awareness of mental health issues is improving and the associated stigma lessening, it also points to the increasing extent to which support and intervention is needed.

Notably, although neurodevelopmental conditions are distinctive from mental health needs, they too have an early life onset and a chronic course whereby impairment often lasts into adulthood, also emphasising the importance of identification and support in childhood.[7]

Whilst emotional wellbeing and mental health are strongly linked it is important to recognise that the two are distinct. Equally, that both can be influenced by a range of behaviours; for example, research evidence suggests that by adopting 5 behaviours - connecting with people, being active, taking notice, learning and giving - the subjective wellbeing of individuals can be improved. Practically this can be encouraged through proactively developing healthy routines and practices around sleep, online activity and the importance of keeping physically and mentally active. Maintaining a balance of activities that encompasses those that give pleasure, a sense of achievement and closeness or connection can all help to reduce anxiety and maintain wellbeing.

The wider determinants of health also have an important role to play and are considered to be the most important factor in ensuring a healthy population. Health is determined by complex interactions between individual characteristics, lifestyle and the physical, social and economic environment.

For example, economic hardship is highly correlated with poor health whereas increased levels of education are strongly related to improved health. The Marmot review '10 years on' reflected that progress has been made in early years development as evidenced by children's school readiness, but identified that clear socioeconomic inequalities persist. Nationally levels of child poverty are increasing, with over four million children affected.

It is known that the home, school, community and online environments in which children and young people live, learn and grow as they transition to independence also have an impact on their emotional wellbeing. Safe environments where residents are able to explore and participate in communities fully, and do not feel discriminated against or isolated, work in conjunction with the relationships surrounding a child or young person to build the emotional resilience that can mitigate the impact of early and later life adverse experiences.

Equally it should be noted that the social and cultural determinants associated with mental health will exert a differing level of influence dependent on whether they are considered to be distal or proximal.[8]

4 Katz, I. (2007). The relationship between parenting and poverty. *Joseph Rowntree Foundation* [online]. Available at: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-poverty.pdf

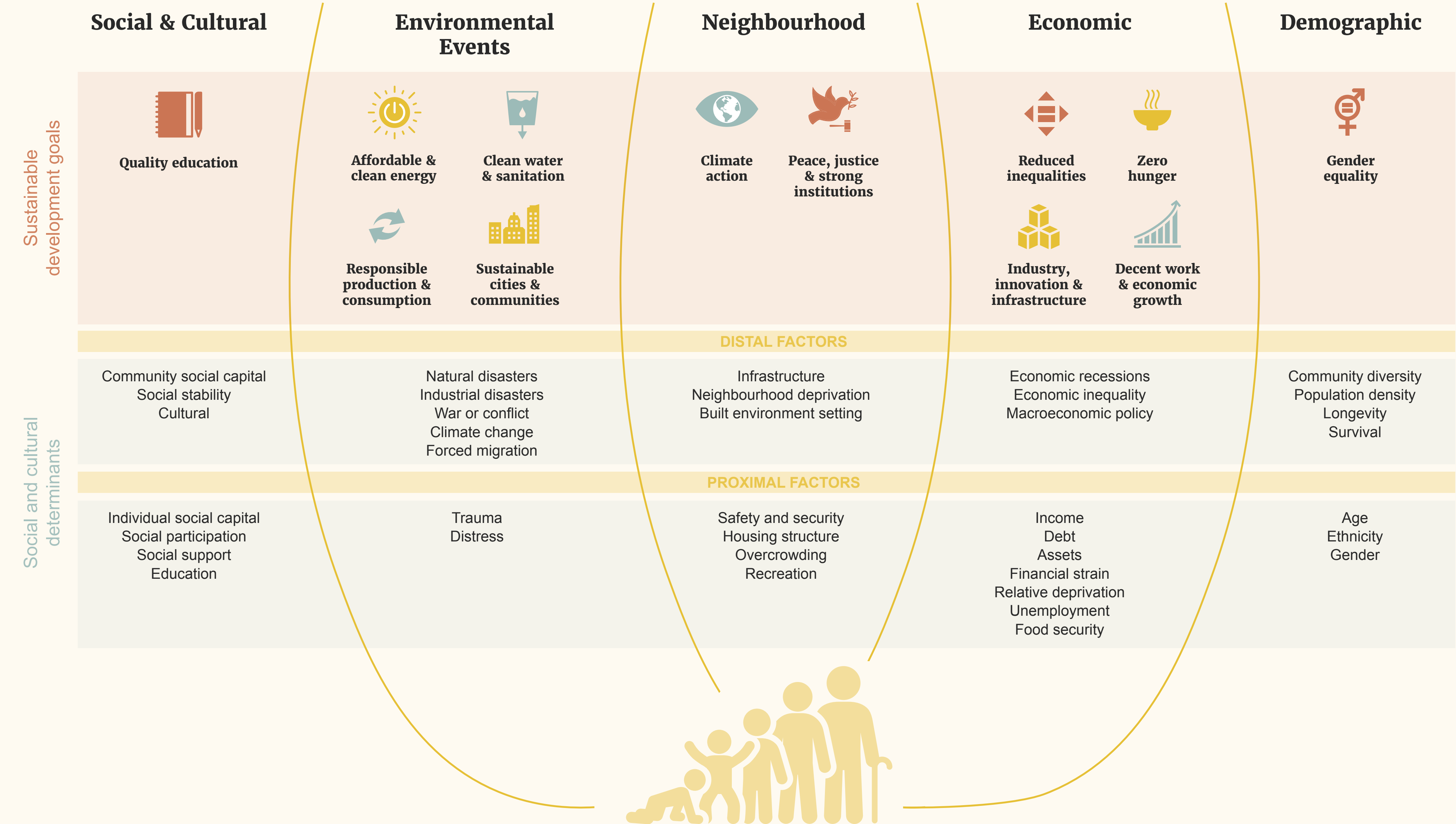
5 BASW and CWIP. (2019). *Anti-poverty Practice Guide for Social Work* [online] Available at: https://www.basw.co.uk/system/files/resources/Anti%20Poverty%20Guide%20A42.pdf

6 Kessler et al. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), pp. 593-602

7 Thapar, A. et al (2015). *Rutter's child and adolescent psychiatry, Sixth edition*. Wiley-Blackwell.

8 Lund, C., et al. (2018). Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews. *The Lancet Psychiatry*, [online] 5(4), pp.357–369. Available at: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30060-9/fulltext [Accessed 10 Sep. 2019].

Influential factors for emotional wellbeing and mental health



Local Context

The City of London and Borough of Hackney are both diverse local areas, with a high degree of variation seen even within small geographical areas.

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Although children living in City and Hackney are reporting relatively good levels of happiness overall, there are a number of characteristics that differentiates the area from similar local authorities in London.

in more detail...

CITY OF LONDON [9,10,11]

- 1,453 0-18's, 17% of population
- 11% of children living in poverty
- 24 looked after children
- Approximately 40% of all residents are BAME (compared to 21% nationally)
- High proportion of unaccompanied asylum seekers amongst children in care and care leavers

HACKNEY [12]

- 63,655 0-18's, 23% of population
- 28% of children living in poverty
- 432 looked after children
- Approximately 40% of all residents are BAME
- One of the largest Charedi Jewish communities in Europe, (7% of the borough's population), plus well established Caribbean, Turkish and Kurdish and Vietnamese communities

9 City & Hackney Safeguarding Children Partnership, (2019-20). Annual report. [online] Available at http://www.chscb.org.uk/annual-report-and-priorities/

10 Office for National Statistics Mid 2019 population estimates ONS July 2020

11 City of London Corporation's Children and Young People's Plan 2018-21

12 Hackney Council, (2019). *Knowing our communities*. [online] Available at: https://hackney.gov.uk/knowing-our-communities

There are a number of other characteristics seen across City and Hackney:

LANGUAGE

An estimated **100** languages spoken

SCHOOL

Local data suggests that children and young people from certain ethnic minority groups are more likely to be excluded from school.

Rates of school exclusions in state secondary schools are high in Hackney, relative to London and England – in some neighbourhoods as many as 10% of secondary school children have had at least one fixed term exclusion during the school year.

HOME

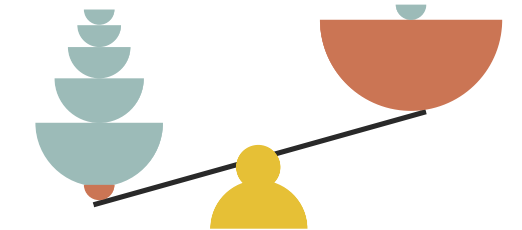
717 homeless families

in City and Hackney during 2017/18

From 317 local authorities, City & Hackney ranked

3rd in barriers to housing and services

WEALTH



Within the City of London, inhabitants of the Square Mile are ranked in both the top 10% of wealth and the 40% most deprived.

LIFE EXPECTANCY

Lower

Lower life expectancy in Hackney than the national average.

Although it is higher than the national average in the City, there is a high degree of variation within the local population.

Locally young people tell us that stressful events in their lives, the lack of affordable and adequate housing, discrimination and racism, the cost of living and feeling scared in the borough all impact on their wellbeing.[13]

Nationally, rising levels of poverty and resulting family dysfunction and pressures on young people, including social media and academic pressures, have all been found to make a contribution to these trends. Engagement with young people has also told us that:

- Trust between services and local communities is paramount.
- An understanding and appreciation of the lives young people lead is key to avoiding fear of judgement.
- Services need to be truly accessible in every sense - be that to different communities or levels of need - and that professionals should remain open and listen to and hear the story of each young person.
- An approach that considers the needs and influence of the wider family or caregiving network around a young person is perceived to inspire trust, stability and longevity.
- The voice of the young person should always be paramount rather than decisions being made by the surrounding adults.

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Vulnerable groups

National and local data suggests that vulnerable groups may be more at risk of experiencing difficulties and less able to access universal support in traditional settings. Vulnerable cohorts in City and Hackney include, but may not be limited to, children and young people:

- Who are looked after or a care leaver.
- At risk of significant harm from physical, emotional or sexual abuse, neglect or exploitation or coercion.
- Whose parents, carers and family members are unwell, either through physical and / or mental health, or engaging in risky behaviours.
- Living in poverty and / or experiencing instability associated with housing.
- BAME groups who may considered vulnerable due to discrimination or socio-economic factors.
- Who identify as LGBTQ or whose caregivers are LGBTQ and may experience discrimination on the basis of their sex or gender.
- Whose families do not have leave to remain.
- Who are unaccompanied minors and asylum seekers.
- In contact with the youth justice system or whose family member has been incarcerated.
- Educated outside of state maintained schools.
- Out of education, either through exclusion or low / non-attendance.
- With SEND, including those within the CETR cohort (with autism and / or a learning disability and at risk of an inpatient admission).
- Who are young carers.
- Who have experienced a bereavement or loss of a significant person in their lives.
- Experiencing acute illness (whether in their physical or mental health).

13 Hackney Young Futures Commission, (2019). Report. [online] Available at https://drive.google.com/file/d/1w56XBzv3lPuxh1lk-ry6cf-PdxEAZFPU/view

SEND

Based on 2019 data, The City of London recorded 19.3% of those in primary school as having SEND (there are no secondary schools in the locality). Hackney recorded 17.1% and 17.5% within primary and secondary schools, respectively.[14] These figures are higher than the national average of 14.9%.

Autism is now the largest SEND need within Hackney, making up 33% of the total and followed by behavioural, emotional and social difficulties (18%), speech and language difficulties (15%) and moderate learning difficulties (12%).[15]

In line with the NHS Long-Term Plan priorities reflecting the need to improve community-based support for young people with autism and / or a learning disability, which encompasses health, social care and education domains, local CETR processes will continue to be embedded and strengthened across partners.

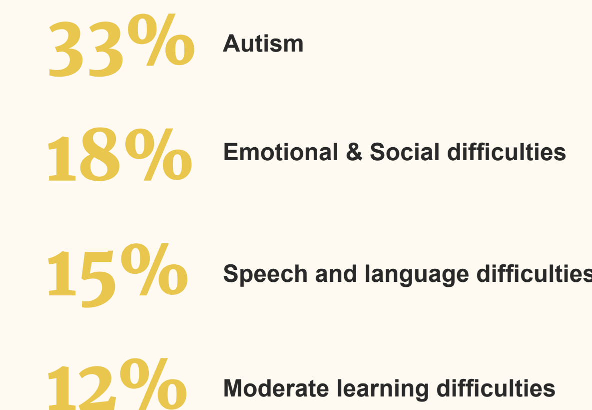
Key areas of focus will include earlier diagnosis and strengthening multi-agency working to effectively support families.

The All Age Autism Strategy includes specific ambitions for children and young people with autism and the delivery of these ambitions will be led by a Children and Young People's working group that is committed to co-production.

Review of the neurodevelopmental pathway will take account of the impact of late diagnosis on the health and wellbeing of young people and their families, of the need to make access to services as straightforward and timely as possible, and that further training is required across agencies, schools and our residents to improve earlier identification of needs. The specific lived experience of girls with autism will also be an early priority.

More broadly with our families and partners, and in recognition of the additional burden on families of having to navigate our processes and pathways, we will work to strengthen our joint review of the needs of individual children and young people with SEND, to ensure services are personalised and responsive.

SEND NEED WITHIN HACKNEY



14 Department for Education, (2019). *SEND Local Authority Data*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814246/

15 Hackney Education, (2020). SEND Needs Analysis Paper

Emotional health and wellbeing is a broad and important area that interlinks with a number of existing areas of focus and through which many of the outcomes in the action plan will be achieved.

City of London & Hackney Safeguarding Children Partnership

The CHSCP's vision is that:

"Children and young people in the City of London and Hackney are seen, heard and helped; they are effectively safeguarded, properly supported and their lives improved by everyone working together."

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Their work emphasises that safeguarding is everyone's responsibility along with the importance of a child-centred culture in which the child or young person is seen and decisions about them informed by their voice. A key commitment for the CHSCP remains in 'making the invisible visible' and a focus on better understanding vulnerability. They deliver a learning and improvement framework that supports the workforce in embedding safeguarding principles throughout and aims to foster a culture of transparency in which professionals actively seek out and embrace opportunities to learn that will ultimately improve the quality of multi-agency practice.

Childhood Adversity, Trauma and Resilience (Adverse Childhood Experiences)

City & Hackney have recently developed a culture change programme, ChATR, that aims to bring about a shift in ways of working, starting with embedding awareness of ACEs into the everyday practice of professionals. Based on reviewing what has been found to be effective in addressing the lifetime impact of early adversity on children's life outcomes, we aim to increase awareness of ACEs, resilience and trauma-informed care to drive change that will prevent and mitigate against ACEs, and build more trauma-informed, culturally aware and responsive systems and communities.

By working in partnership and in an integrated way at all levels, we consider that it is possible to prevent, intervene earlier and mitigate the negative impact of ACEs.

The term 'Adverse Childhood Experiences' refers to a study published in 1997 that explored the impact of 10 experiences (five relating to abuse and neglect and five relating to the behaviour or circumstances of a family member) on the later life outcomes of a person if experienced before the age of 18.

The study found that individuals who had been exposed to ACEs were more likely to experience poor mental and physical health outcomes.[16] As the number of ACEs increased, so did an individual's risk of experiencing a range of physical and mental health conditions.

'While ACEs occur across society, they are far more prevalent among those who are poor, isolated or living in deprived circumstances. These social inequalities not only increase the likelihood of ACEs but also amplify their negative impact. Structural inequalities must be addressed for ACE-related policies, services and interventions to have any meaningful effect.'[17]

Resilience has been found to be a protective factor against the increased risks associated with experiencing ACEs. For example, having some personal, relationship and community resilience in the form of supportive relationships was found to reduce the risk of current mental illness in more than half of those who had experienced four or more ACEs, and financial security, trusted adult relationships, regular sports participation and community engagement were also shown to have a beneficial effect.[18]

There is already a level of good practice across City & Hackney that is relevant in taking a preventative approach to ACEs through being attachment and trauma aware; this can be seen throughout CAMHS services and others, such as health visiting, early help, early years settings, schools, youth justice, midwifery and others.

A system-wide focus on tackling the conditions that enable childhood adversity to prevail must be a collaboration between health and social care organisations, schools, families and communities with children, young people and families at the centre of our thinking and planning.

To further this a local City & Hackney approach to Childhood Adversity, Trauma and Resilience (2019-24) has been developed and will focus on a set of key elements:

- **Producing an evidence based ChaTR approach.**
- **Workforce development.**
- **Creating a resource portal.**
- **Co-producing and delivering pilot interventions.**

The CAMHS Alliance Transformation Plan

"Our vision is that by 2024/25 we will have in place a system that meets the mental health needs of every child in City and Hackney. There will be no thresholds and no wrong doors. The system will exist beyond traditional health care settings extending into schools and the wider community. It will be seamless and child and family centered, continually adapting through local service user empowerment and engagement."

It will be optimised to catch mental health issues as early as possible preventing long term mental illness developing or escalating. Every intervention delivered will be subject to robust quality assurance through CYP IAPT framework. In achieving this, our local system will be highly cost effective, making best use of every penny spent.

The City and Hackney CAMHS Alliance was created in 2015 to support effective partnership working across our local service offer. The membership spanned across specialist NHS services, local authority and voluntary sector organisations, facilitating development and delivery of integrated pathways to effectively reach more children, young people, families, schools and the wider community.

The CAMHS Transformation Programme is now entering Phase 3b, which represents an overarching whole-system strategy based on detailed local engagement to improve mental health and wellbeing outcomes, supplemented with an additional investment of £1.2M in local services.

A main focus has been to achieve an increased access target of treating 35% of the estimated prevalence of diagnosable mental health conditions by 2020/21; this has been exceeded and City & Hackney is now amongst the highest access rates in the country. Further details can be found in the published Transformation Plan.

Creation of the 'Children and Families Emotional Health and Wellbeing Partnership' during 2021, to oversee delivery of this strategy, builds on earlier work in developing the foundations of a whole-system approach to support children, young people and families locally. Aligned with the wider remit of emotional health and wellbeing, the Partnership will bring together stakeholders to drive a whole-system approach, with the ongoing work of the CAMHS Transformation Plan being delivered through a consolidated 'Integrated CAMHS' arrangement.

Integrated CAMHS will focus on core CAMHS delivery whilst also being represented within the Partnership and maintaining close links with associated programmes of work.

16 Felitti, *et al.* (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14(4), pp. 245-258. Available at: https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext

17 Asmussen, *et al.* (2020). Adverse childhood experiences. Early Intervention Foundation. Available at: https://www.eif.org.uk/files/pdf/adverse-childhood-experiences-report.pdf

18 Hughes, et al. (2018). Report 1: Mental illness. Welsh Adverse Childhood Experience and Resilience Study. Public Health Wales. Available at: http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20(Eng_final2).pdf

Taking action to reduce health inequalities is a matter of social justice.

Health inequalities are avoidable, unfair differences in health status between different groups of people or communities.[19]

Underpinning these unequal living and working conditions are structural and systemic inequalities embedded in institutions, policies and across society - biases which provide advantages for some groups whilst marginalising others.

Health inequalities are defined according to a number of different, and inter-related dimensions:

- **Protected characteristics such as age, disability, sex, gender reassignment, ethnicity / race, religion or belief, sexual orientation, marriage and civil partnership.**
- **Social inequalities such as poverty, housing, education, unemployment.**
- **Geographical inequalities such as urban vs rural, local area deprivation.**
- **Vulnerability such as carers, rough sleepers, care leavers, those with no recourse to public funds.**

Health inequalities are not new. It is well-documented that life expectancy follows a 'social gradient' - the more deprived the area, the shorter the average life expectancy. Nationally, this gradient has become steeper over the past 10 years; in other words, social inequalities in life expectancy have increased. Unsurprisingly, these inequalities are also played out locally.

Between 2003 and 2018, an estimated 4,000 premature deaths in City and Hackney residents were attributed to socioeconomic inequality.

Underpinning these stark figures are multiple, inter-related factors that combine to create poorer health outcomes for many vulnerable and disadvantaged people and families. For example, some chronic conditions are more prevalent in people from certain ethnic minorities, carers are more likely to experience a range of physical and mental health problems, and the average life expectancy of people with a learning disability is 20 years shorter for women and 13 years for men.

Furthermore, it has been suggested that taking a health justice approach could aid understanding of the relationship between health inequality, inequity, and injustice; this approach theorises that pre-existing class, ethnicity and gender-based health injustice, along with the socially differentiated impacts of the COVID-19 pandemic, are shaped by economic, cultural and political factors.[20]

The impact of the COVID-19 pandemic has further highlighted and exacerbated health inequalities that already existed across all age ranges. For the Black community the death of George Floyd in the US in May 2020, and subsequent spotlight on the anti-racist global Black Lives Matter movement, highlighted the injustices faced globally and called for action to address the adversity caused by discrimination and systemic and institutional racism.

Our system wide 'Young Black Men's programme' is one of the tangible ways the Hackney system is seeking to address some of these inequalities. Three years into a ten-year programme, it is focussed on delivering three large partnership programmes of work looking at Education, Reducing Harm and Mental Health.

The programme prioritises up to 25 year olds and their families and is informed and led by those with lived experience, seeking to challenge the institutional ways of working that exacerbate these inequalities, and to narrow the gap through a range of interventions.

Locally a new Health Inequalities Steering Group has been implemented, initially to take forward actions that address the inequalities highlighted through the pandemic, but also to address longer term issues in a more fundamental and systemic way. Alongside this there is a range of other programmes and projects seeking to reduce disparities in a number of key communities and we acknowledge the fundamental and ongoing nature of this work as part of this strategy, and as part of our anti-racism and discrimination work across the system.

We are working closely with our Charedi community to develop wellbeing and mental health services that encourage access and work more effectively to tackle some of the mental health impacts of the pandemic on families.

The CAMHS Transformation Plan resources and drives forward a dedicated strand to improve the reach and resilience across communities, and to design and tailor approaches with those communities across City & Hackney. This work sits more widely within the London Borough of Hackney's Single Equality Scheme, our three-year strategy for tackling inequality in the borough, and the Corporation's corporate equalities policy.

Wider work, such as Hackney's commitment to becoming a fully 'Child-Friendly Borough' that maximises the opportunities for safe play and outdoor activities as children and their families explore and discover the world around them, also aims to deliver benefits for all residents in a way that is relevant to some of the inequalities seen locally.

The breadth and depth seen throughout the impact of COVID-19 emphasises the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic. This includes (but is not limited to) more effective targeting and tailoring of existing services and support; strengths-based models of care that meet people's wider (social) needs; action to tackle inequalities related to race and systemic racism head on; and enhanced system capacity and capability to embed health equity in all policies and practice.

19 NHS, Definitions for Health Inequalities. [online] Available at: https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/

20 Borras, A.M. (2020). Toward an Intersectional Approach to Health Justice. *International Journal of Health Services*, doi: 10.1177/0020731420981857. Epub ahead of print. [online] Available at: https://pubmed.ncbi.nlm.nih.gov/33356774/

The impact of COVID-19

The COVID-19 pandemic and resulting lockdown measures imposed in March 2020 undoubtedly had an impact on communities and individuals worldwide.

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The loss of freedom, being confined to home environments, missed education and exams, loss of real life peer groups and reliance on virtual interaction, all combined with anxiety around health concerns and the uncertainty of how long the situation would last affected everyone. Bereaved families faced grieving under difficult circumstances, sometimes unable to say goodbye or attend funerals.

As well as the challenges faced by all families, and those that were bereaved, many will have been subject to additional strain attributable to their family situation, including those with existing vulnerabilities and additional needs.

The integral importance of safeguarding was evident to all types of practice, with family dynamics becoming increasingly complex in some instances - for example, nationally domestic homicides were at the highest rate in 11 years and calls to some helplines increased by as much as 50% during the lockdown period - combined with factors such as social care visits for vulnerable families no longer able to be face-to-face and children and young people who may have never needed additional support before suddenly experiencing difficult circumstances.

The pandemic also had an impact at system level, requiring rapid and continuous adaptation of service delivery to a virtual model and doing so under challenging circumstances.

Services were affected by reduced staffing capacity due to shielding or contracting COVID-19, the uncertainty of how referral numbers would change and to what extent, and also needed to be aware of the long-term emotional impact on practitioners as a result of dealing with increasingly complex work and their own experience of the lockdown measures.

We know that those from BAME groups experienced a disproportionate impact not only in terms of the clear disparities in mortality and serious illness rates but were also more likely to be susceptible to social factors, such as financial hardship and employment instability.

Pre-pandemic this was evident; of the 61% of working-age adults in Hackney that were in employment, this ranged from 69% of White people compared to 50% of people from Black or Asian backgrounds.[21]

21 Hackney Council, (2020). *Race and ethnicity.* [online] Available at: https://hackney.gov.uk/eqal-race

Nationally, young people from a minority ethnic background are more than twice as likely to no longer be employed since lockdown as their peers, with 12.8% reporting to have lost their jobs.[22] Across City & Hackney this will have been felt by the high proportion of residents from these communities.

The full impact on the mental health of children, young people and families is yet to be fully realised and we can only anticipate what some of the more wide reaching impacts may be. We know that increases are beginning to be seen in crisis and eating disorder presentations. We have concerns about new mothers, fathers, carers and families, and the impact on their perinatal mental health at this critical time.

Notwithstanding the issues highlighted, the requirement to change ways of working and adopt a virtual service model at pace yielded some benefits in the form of accelerated rollout of digital provision, such as Kooth (an online counselling service for 11 years plus), and virtual appointments within CAMHS services, including both assessment and treatment appointments that were anecdotally reported to be preferred by some users and will offer a new flexibility.

We are also seeing the benefit of being able to access parenting groups online, and some adolescents preferring virtual contact. We are working on additional virtual support in the form of more intensive support and virtual psychological support for our workforce.

> **"There is an urgent need to do things differently, to build a society based on the principles of social justice; to reduce inequalities of income and wealth; to build a wellbeing economy that puts achievement of health and wellbeing...at the heart of government strategy."**
>
> - Marmot, et al. (2020). Build Back Fairer: The COVID-19 Marmot Review.

22 The Health Foundation, (2020). *Generation COVID-19*. [online] Available at: https://www.health.org.uk/publications/long-reads/generation-covid-19

Work we want to build on and improve

Work we want to build on

- Universal screening of mental health by midwifery and health visiting services to facilitate signposting or onward referral.
- Antenatal appointments in settings such as children's centres to familiarise parents-be-be with available settings.
- Comprehensive and universal programme of events, activities and support available within children's centres.
- Awareness of parent-child attachment and positive parenting strategies across the health visiting service and early years settings.
- Hackney Portage support in the home setting to aid development for those with SEND.
- Multi-agency teams within children's centres, providing and co-ordinating integrated support for vulnerable families.
- Wide offer of youth provision in hubs and adventure playgroups.
- Increasing offer of health and wellbeing services in community settings, such as through CHYPS Plus.
- Community-based delivery of psychology support.
- Direct therapeutic support in many schools, such as speech and language therapy.
- Development of whole-school approaches - WAMHS - and direct mental support - MHSTs.
- Extension of the re-engagement unit service working with young people, families and schools to reduce exclusions.
- Reviews of school behaviour approaches and rollout of trauma-informed and attachment aware training across schools.
- Routine screening for mental health needs through Early Help and Diversion, including signposting and onward referral for identified need.

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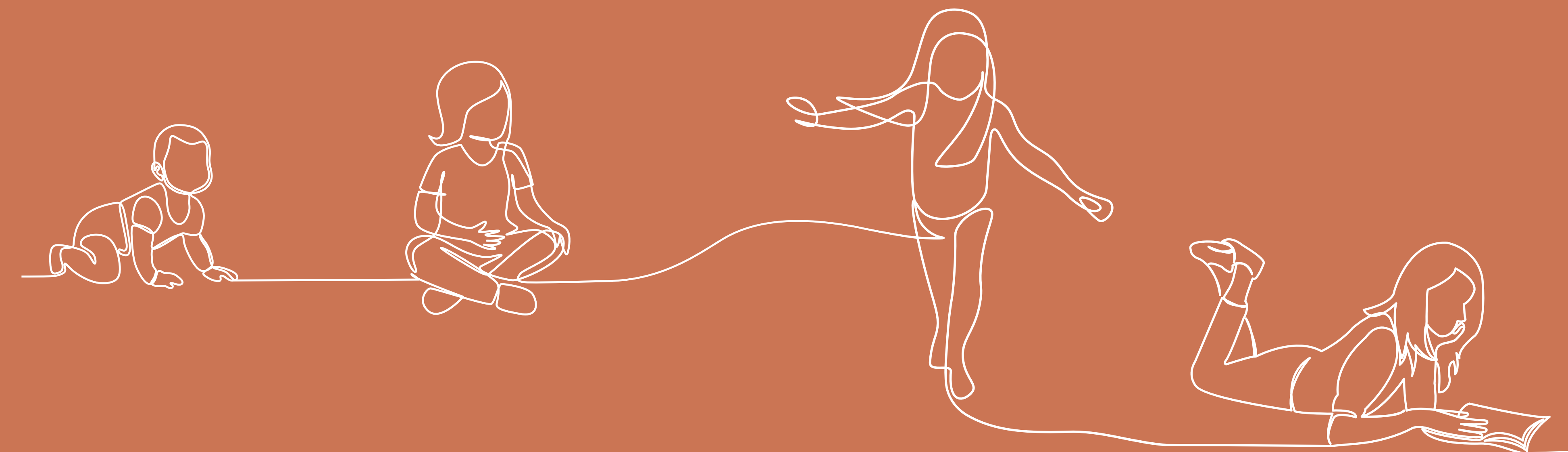
Areas we want to improve

- Increasing take up of universal services and support, particularly during early years.
- Moving towards more widely available parenting support being offered proactively before targeted intervention is needed.
- Furthering the understanding of the influence of child development and secure attachment in the early years.
- Improving transition support particularly for those with complex needs.
- Continuing to upskill school staff and improve links with other services to support proactive and earlier identification of need.
- Ensuring that children with SEND have their needs understood and supported by schools.

The City & Hackney life course approach



Ages 0-5, including perinatal

The period from preconception to age 5 years affords a unique opportunity to capitalise on the ability to have a positive impact on the development of children, take a preventative approach and provide additional support where needed. It is the period in which children and families have the most contact with services, such as midwifery, health visiting, GPs, early years, and also when a child's development is most susceptible to influence.

> "The earliest years of life set the tone for the whole of the lifespan"
>
> - The Marmot review 10 years on, 2020

There is a growing body of evidence that asserts the influence of neuroscience and developmental psychology, such as The 1001 Critical Days and Five to Thrive, to illustrate the extent to which brain development occurs during early years and how the surrounding environment and caregivers influence this, all of which have a collective impact on the lifelong emotional wellbeing and mental health of the child and emphasise the importance of considering families and their environment as a whole, rather than the child or parent in isolation.

The wider determinants of health are equally important and parents need to be supported in achieving this, through local initiatives such as the Birth to Five resource.

For younger children learning through play supports development and, when children are given some degree of agency, enables them to take on an active role and ownership in their experiences, as well as trusting them to be capable and autonomous - key preparation ahead of the transition to formal education.[23]

As well as promoting learning and healthy development, universal services also need to be equipped to identify SEND and provide early help in a timely way, facilitating onward referral to specialist services when necessary, so that needs are not exacerbated and are able to be met in mainstream settings wherever possible, including early years settings. Where SEND needs are identified, parents should receive early support that helps them accept and understand the diagnosis and how to support their child.

We want universal services and community activities to be accessible and inclusive for all families. City & Hackney represents a diverse population and many communities, and it is important that all feel able to access universal services and the local community in order for this offer to deliver the greatest benefit across the lifespan.

Where further support is needed mental health services are an important component - it is known that up to 20% of women experience some form of mental health need during the perinatal period (up to 1 year after birth), and up to 10% of partners. This support needs to be readily available and tailored to new parents, as well as to women with known mental health needs during or when planning pregnancy, so as to provide the best opportunity of successfully delivering early intervention and minimising the need for long-term support.

23 UNICEF, (2018). *Learning through play*. [online] Available at: unicef.org/sites/default/files/2018-12/UNICEF-Lego-Foundation-Learning-through-Play.pdf

Our specific objectives for ages 0-5 are:

System:

- We will support partnership working across community based services to ensure families receive a co-ordinated response that meets their individual needs, also promote a shared understanding and approach to how families and their context are considered as a whole and supported holistically.

Workforce:

- We will co-ordinate the delivery of specialist training programme that will encompass parental mental health, infant mental health, pre and postnatal mental health and environmental factors, to develop attachment and trauma-informed practice within the workforce as we strive to reduce the local prevalence and impact of ACEs.
- We will equip all practitioners coming into contact with families with children under 5 with the knowledge and expertise to identify and support vulnerable families earlier.

Interventions:

- We will look to raise awareness of and further develop the existing parenting offer to drive proactive and early intervention, with a focus on relational and attachment-aware support from a whole-family perspective, making this more widely available for parents and carers.
- We will increase the availability of mental health support from community-based perinatal teams to offer greater availability of specialist input and access to evidence-based interventions.

Our specific deliverables for ages 0-5 are:

- Co-production and delivery to health and social care practitioners of targeted, multi-disciplinary training around an approach to childhood adversity, trauma and resilience in the perinatal period.
- Raising awareness of, and further developing, the parenting offer in early years and beyond.
- Promoting practitioner and family knowledge of brain development, encouraging early development of social and emotional skills in a way that builds resilience and seeks to prevent problems developing.
- Increasing the availability of access to specialist community-based perinatal mental health teams and expanding the range of psychological therapies offered, as well as improving links with IAPT services.
- For women who have experienced birth trauma, loss, tokophobia (fear of childbirth) or removal of a child, increasing the accessibility of evidence based psychology available, offering tailored peer support from women with lived experience and creating an integrated pathway across the local system (reproductive health, midwifery, mental health), accessed via a single point of access, to provide integrated and holistic support.

Ages 5-18

In this life stage education constitutes a large proportion of a child's environment, with school staff and peer groups becoming an increasing influence. Good school readiness and educational attainment are considered to be protective factors against poor mental health, and factors such as a healthy weight, activity levels, developing a supportive network of relationships and independents interests can all contribute towards maintaining wellbeing and building resilience. Parents begin to build connections with peers and the local community through their child's school, offering an opportunity to create a supportive environment for the family unit as a whole.

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As children and young people begin to access the community independently, both online and physically, this presents an opportunity for families and professionals to work together to ensure children have the skills and knowledge to do so safely and in a way that benefits development. It is also important that adults are aware of the potential risks that these interactions can entail, and are supported by robust safeguarding policies and training.

Adolescence represents a time of huge change and an important period of rapid brain development that leads to changes in terms of exploring and establishing identity and relationships with family networks and peers. It is an important time for guidance and intervention - life-long health behaviours, such as smoking and eating disorders, can be established during this period. Impulsivity and an increase in risky behaviours are more likely to occur, which can lead to adverse outcomes such as unplanned teenage pregnancy, substance abuse and mental health disorders.

Taking risks is, however, an important part of growing up and young people should be given opportunity to engage in positive risk taking in a way that encourages awareness and a sense of evaluating and managing risk independently.

Forming positive relationships with adults has been shown to result in decreased patterns of risk-taking behaviour related to alcohol, tobacco and drugs, increased restraint in sexual behaviour and promote resilience in young people during times of adversity. Factors such as deprivation, poor parental support, family conflict and poor mental health are known to be associated with an increased likelihood of adverse outcomes, emphasising the continued importance of considering families in a holistic sense.

Wide-ranging factors can affect children and manifest in different ways in school and home settings, including some which make it more difficult for them to regulate their behaviour and impair their ability to express what they are feeling. In some instances this can result in difficulty complying with school behaviour policies, particularly those with complex or acute SEMH needs.

The current evidence base recognises that some children (such as vulnerable groups and those that have experienced trauma and loss) can be re-traumatised by behaviourist approaches and that these do not teach expression and communication of emotions, but instead that pupils need to be supported with knowledge of the context of their needs, combined with wider expertise around how trauma, attachment and communication interplay with child development.

Schools should be encouraged to respond to the emotions that are driving behaviour, rather than the behaviour itself, and use this as a basis for developing approaches with a focus on underlying causes and communication needs, in a way that benefits the whole school and supports more targeted pupils, recognising that equality means an approach that meets the needs of all rather than the same approach for every pupil.

Similarly, parents should be supported to understand how factors can impact emotional wellbeing and to view behaviour as a form of communication and respond in an empathetic, non-judgemental and curious way, also recognising when further support may need to be sought. Where young people experience bullying at school this can also affect their mental health and relationships with peers, making them more vulnerable to poor attendance and other outcomes.

Of particular note are the WAMHS and MHSTs areas of work. WAMHS provides each school with a linked CAMHS worker to support development of a whole-school approach that focuses on building academic, social and emotional resilience and coping skills in students and helping them to identify and access additional support if needed, as well as further developing knowledge and skills in education staff. MHSTs provide evidence-based support to young people and their parents / carers within the school setting for mild-moderate difficulties with emotional wellbeing, delivered to groups of young people and parents / carers alone.

For vulnerable groups, such as children with SEND, LAC (including care leavers and UASC) and those in the youth justice system, there is a continued need for confidence within universal services to proactively identify needs and vulnerabilities early, as well as for effective multi-agency working to maintain a clear focus on joined-up pathways that deliver good outcomes and meet individual needs. Young people may also be vulnerable for other reasons, for example, through school exclusion.

We want City & Hackney to be a safe and supportive community; offering safe community spaces - such as the youth hubs - and activities to connect with peers, develop interests, maintain overall wellbeing and be provided with an environment in which to explore risk taking within normal limits. Locally we seek to take an innovative approach to how health services can be delivered in a way that appeals to young people, such as clinical services being delivered outside of traditional health settings.

The same approach applies to mental health, reflected in a move towards community-based psychology, outreach work, increasing availability of digital assessment and treatment, and upskilling of professionals as teachers, youth workers, social workers and primary care to improve mental health literacy.

Social prescribing (finding non-medical solutions to problems people are experiencing, that may often be caused by social and environmental, rather than medical, factors) will also have a growing role to play within wellbeing. Across City and Hackney there is a successful history of social prescribing for adults upon which to build, and a particularly strong and vibrant youth offer across statutory and voluntary services.

With an initial focus on strengthening collaboration between these existing services and primary care, the local strategy will consider how to effectively support children and young people to access personalised support in their local communities, co-produced with our young people, and with a focus on priority vulnerable groups.

It is important that the voices of young people and their parents are actively sought throughout local service development, a principle that extends to across health, education, social care and community services, to ensure that they feel listened to and are able to inform what is available.

This should take a range of different forms - such as consultation, coproduction and engagement - and be supplemented by peer support and mentoring to help individuals and communities support each other in a way that makes use of the value in lived experience.

Transitions is an area that children and young people and schools should be prepared for, particularly educational transitions, ensuring this occurs with a readiness to continue learning in a supportive environment, as well additional, proactive support for those with known additional needs. We recognise that preparation for transition to adult services should be started early and from 14-years plus for those with the highest need.

Our specific objectives for ages 5-18 are:

System:

We will...

- We will work together across the system to ensure we promote a whole system approach in which education is a key enabler and delivery partner, and that also continues to take account of universal health practitioners (such as GPs, school nurses), specialist services and wider areas such as youth work and community organisations.
- We will ensure all system partners provide proactive support to maintain emotional wellbeing and develop resilience, are able to recognise the interdependencies between emotional and overall wellbeing, have an awareness of how wider familial context can influence this, as well as a clear understanding of pathways and how to determine when onward referrals are required.
- We will further develop an integrated pathway to facilitate joint working across health, social care and education that meets individual needs.
- We will respond to what young people tell us by reconsidering language, practices and processes to make them more accessible and meaningful to young people and families.

Workforce:

We will...

- We will keep working on ways to provide better support to our teachers to increase the focus on psychosocial wellbeing in schools.
- We will support schools to develop whole school approaches, build inclusive and supportive policies and wellbeing and behaviour strategies, as well as support staff and provide opportunities to engage in good quality training on emotional health and wellbeing and trauma-informed approaches.
- We will expand the reach of existing trauma-informed and attachment training to include partners such as youth workers and community organisations.
- We will ensure practitioners in schools, youth hubs and other services and settings understand the risk factors to wellbeing and are able to help young people develop the resilience to overcome adverse circumstances.
- We will respond to consultations with young people by striving to employ a more diverse workforce that young people can relate to and who can carry out detached outreach in community-based settings that are less stigmatising to access.

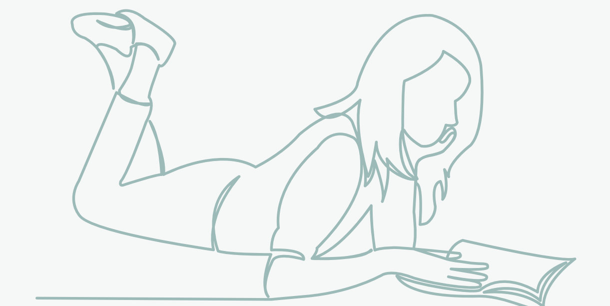
Interventions:

We will...

- We will work with our partners in the voluntary sector to co-design and deliver therapeutic and clinical support that is effective, flexible and culturally appropriate for parents and young people in trusted settings.
- We will prioritise the mental health needs of young people in the youth justice system by enhancing the existing provision based on learnings to date.

Our specific deliverables for ages 5-18 are:

- Through both training and partnership working upskill system partners and practitioners to proactively support young people and families to develop and maintain good emotional wellbeing and resilience.
- Increasing awareness of trauma-informed practice.
- Promoting whole-school approaches to emotional health and wellbeing that are co-produced by schools and health practitioners.
- Ensuring support for vulnerable groups, such as those in the youth justice system or with SEND.
- Furthering support available at transition points, such as between schools and life stages.
- Incorporating the voices of children, young people and their families throughout the system to deliver flexible services that meet the needs of those that use them.



Transition to adulthood, 18-25

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Transitions will be experienced by all young people but in different ways; transition to higher education, the workplace, potentially moving out of the family home, from child to adult services. Young people at this age are going through a period of physiological change and are making important transitions into adulthood. It is widely recognised that brain development continues until around 25 years of age, hence the transition to early adulthood aged 18, whilst full of opportunities, can be a challenging time with high expectations, particularly for those who are experiencing additional stressors within their lives (such as being NEET, or issues impacting the family dynamic).

In the later adolescent years young people are able to gain work experience and consider employment or further education opportunities. Local systems have a key role in providing viable options for training and employment, tailored support and guidance to help young people navigate entry into employment and addressing inequalities. Creating local job opportunities and apprenticeships can benefit the young people and businesses alike as well as supporting sustainable development of the area.

Where young people are already known to children's services they are likely to have been accepted under a lower threshold than is seen within adult services, and have received a higher level of support. This is particularly true for those with mental health needs, social care input or SEND, and necessitates a supported transition with clear expectations about what can be provided by adult services.

The national directive is to move towards a 0-25 offer for vulnerable groups in response to this, which has begun in some areas: Leaving Care, the Family Nurse Partnership and therapeutic and psychological services provided by Off Centre at Family Action. Further work is still need to develop a joined up approach that links services and makes pathways easier to navigate, as well providing a lower level of support for those that do not meet current threshold, such as young adults with mild intellectual disabilities.

Our specific objectives for transitions are:

System:

- We will promote partnership arrangements between children and adults' services that work towards preparing young people and their families for a timely and positive experience of transition using a shared approach to co-ordinate input across services.

Workforce:

- We will share learning across partners to achieve clarity around the essential features of a good transition, with a shared focus on vulnerable groups to ensure they are safeguarded and receive a 0-25 service that supports them in fulfilling their potential.

Interventions:

- We will work with local networks to further develop existing employment schemes and identify new opportunities than enable young people to stay in and benefit their local community.

Action plan & Evaluation

We have created a five year (2020-2025) action plan that will guide data monitoring and evaluation, being reviewed and updated annually by the Children, Young People, Maternity and Families Work stream and key partners.

The delivery of the strategy will be the responsibility of the new Strategic Steering Group: **The City and Hackney 'Children and Families Emotional Health and Wellbeing Partnership'.**

The framework includes key indicators of success, deliverables and outcomes, and explains how data will be collected, when and by whom. This will help us to understand whether progress has been made as planned, reflect on our approach, practice and service delivery. It will also help us to share learning and identify gaps where changes might need to be made in practice or to the strategy.

In the long-term it is anticipated that the work undertaken across the system to promote positive emotional wellbeing for all, alongside evidence based interventions targeted at those that require it the most, will lead to an increase in referrals to universal services provided across all sectors. Where they occur we hope that earlier identification will lead to a reduction in children and young people experiencing a mental health crisis or needing specialist intervention.

In implementing our strategy and action plans, we will continue to explore opportunities to further align our plans and develop and deliver services through the integrated commissioning and care process.

Whilst we will be monitoring and reviewing the action plan, delivery and outcomes, we also plan to evaluate the impact of a system-wide approach to improving children and young people's wellbeing through working with evaluation partners to evaluate the complex approach, capturing learning on design and implementation of a system-wide approach to improving wellbeing, as well as evaluating in detail specific areas of innovation.

Our overarching aim, to improve the emotional wellbeing of our City and Hackney residents, and what needs to be measured to demonstrate that, will guide our evaluation design.

Aims

- To create a cultural shift that increases awareness of childhood trauma and tackles the root causes of ACEs to reduce the prevalence and mitigate the associated impact on families.
- Ensure services meet the needs of the local population by addressing health inequalities and that the voices of those with lived experience are heard and able to influence service design and transformation.
- Strengthen a whole-system approach to the emotional health and wellbeing of looked after children and care leavers.

AGES 0-25					
Action	**Deliverable**	**Outcome**	**Timeline**	**Name**	**System lead**
Co-produce and deliver targeted, multi-disciplinary training around an approach to childhood adversity, trauma and resilience to health and social care practitioners working with children and families	Targeted training modules covering perinatal, 0-5, 5-11, 12-19, 19-25's	Increased expertise and awareness of childhood adversity, trauma and resilience amongst professionals, ensuring families receive a trauma-informed approach to care	Oct 2020 - Dec 2021	ChATR approach	ChATR project group
Develop an online resource portal (Childhood Adversity, Trauma and Resilience Hub) to support training and develop a community of practice	Resource portal available to all professionals	Increased awareness of ChATR work and early development of a community of practice amongst professionals	Dec 2021	ChATR approach	ChATR project group
Develop specific interventions that aim to prevent, intervene early and mitigate against ACEs and build resilience in individuals, families and communities	Specific interventions, as scoped with system partners and agreed through project group	Over time, reduced prevalence and impact of ACEs	Apr 2021 - Mar 2024	ChATR approach	ChATR project group
Within the context of ethnic and cultural awareness, address health inequalities and improve service delivery and configuration including through workforce development* and by improving data collection to measure real indicators for access and inequalities based on local demographics	Through close partnership working with local community groups, deliver services that better meet the healthcare needs of our ethnically and culturally diverse communities through a workforce that is representative of the local population	• Measured reduction in health outcome inequalities • Measured reduction of inequalities in access • Ongoing plan and commitment to continued improvement agreed with local community groups	Ongoing and reviewed annually	CAMHS Transformation Plan	CAMHS Alliance

AGES 0-25					
Action	**Deliverable**	**Outcome**	**Timeline**	**Name**	**System lead**
Design and delivery of an integrated CAMHS system	Clear and effective pathways for provision to be delivered by the most appropriate provider that increases efficiency and maximises resources available whilst maintaining the 'no wrong front door' policy of accessing CAMHS services	• Increased access rate • Improvement in allocation of referrals to most appropriate provider on first allocation	Jul 2021 - Jul 2022	CAMHS Transformation Plan	CAMHS Alliance
Embed the influence of young people and families across the system through consistent engagement and co-production	• Completion of the system influencer pilot and subsequent rollout of the programme • Development of a parent / carer consultation body • Ongoing engagement through the Hackney Young Futures Commission	Local service design and transformation informed by the voices of those with lived experience, and engagement and participation embedded across work stream activities and priority areas	• Mar 2021 (pilot) • Ongoing	CYPMF Work stream CAMHS Alliance / Transformation Plan Hackney Young Futures Commission	System influencer working group
Strengthen a whole system approach across social care and health that prioritises the emotional wellbeing of children in care and care leavers, to identify mental health and wellbeing needs earlier, determine whether these needs are being addressed and ensure access to relevant services is available	• Professionals equipped with the skills and knowledge to support the emotional wellbeing of looked after children and young people • Training for staff and foster carers • Engagement with commissioners of AMHS and participation of young people in care and care leavers	• Children in care and care leavers report feeling that their mental health and wellbeing needs are met, and an increase in their life chances • Identification and responses to mental health needs will improve • A decreased need for long-term support from health and social care services	Ongoing and included in strategic needs assessments	Local Authority CAMHS Corporate parenting	CAMHS Local Authority clinical leads CCG Commissioners NEL ICP / STP
Delivery of MECC training	Training provided to staff in: • Children's centres • Childcare providers • City of London Community and Children's Services Department • Hackney Education • Maternity	Frontline staff are supported to develop their confidence, competence and motivation to have proactive, strengths-based conversations with residents about actions they can take to improve their own health and wellbeing and where they can access further support	Aug 2021	MECC Programme	MECC Steering Group

Life course actions

Ages 0-18

AGES 0-18					
Action	**Deliverable**	**Outcome**	**Timeline**	**Name**	**System lead**
Develop social prescribing offer for children and young people through building on existing adults offer	Mapping of existing social prescribing offer Pilot of Neighbourhood worker to improve links between existing services and primary care A social prescribing strategy that identifies the agreed priority cohorts with an initial focus on vulnerable young people	• Clear published pathways for agreed cohorts • Pathways promote trusted agency and voluntary sector services, with a place based focus	December 2021 to inform commissioning from April 2022 (pilot work will continue throughout 2021)	NEL Babies Children Young People and Families (BCYPF) Social Prescribing Steering Group City and Hackney System Adults Social Prescribing	CYPMF Workstream
Review of the neurodevelopmental pathway	Implementation of an integrated assessment pathway for ASD	• Families experience improvements in the pathway, feeling more supported during the assessment process and upon receiving a diagnosis • Re-referrals and need for ongoing support around psychoeducation decreases	Jun 2021	City & Hackney All-age autism strategy CAMHS Transformation Plan, including CAMHS integration work	CYP autism working group CAMHS Alliance
Ensure awareness of existing parenting support across all age groups and universally available community services	The existing parenting offer is clearly available for parents to access and any gaps in support are identified	• Parents will have access to a range of appropriate interventions • Parents will have an informed and supported understanding of how to meet their children's' needs	Dec 2021	CAMHS Transformation Plan Hackney Education	CAMHS Alliance
Develop and coproduce an integrated speech and language strategy	A single strategy that is owned by all commissioners of speech and language services	• A shared vision and action plan to meet the speech and language needs of children and young people • Expectations on professionals and agencies to support the whole community approach to speech and language • Strengthened focus on early identification of needs	Dec 2021	CYPMF workstream SEND Programme Board (Hackney) SEND Project Board (City of London)	Speech and Language Integrated Commissioning working group

Life course actions

Ages 0-5, including perinatal

Aims

Provide universal and targeted support around parenting and mental health to ensure children and families are supported to have the best start in life, and ensure practitioners are equipped to support families and identify where further input may be required.

PERINATAL					
Action	**Deliverable**	**Outcome**	**Timeline**	**Name**	**System lead**
Increase period of access for perinatal mental health support	Women able to access the perinatal service up to 24 months after birth (increased from 12 months)	Expanded availability to support more women	Apr 2021 onwards	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
Increase access to specialist community-based perinatal mental health support	Increased access rate for women (7.1% of the birth rate in 2020/21, rising to 10% by 2022/23)	More women that require specialist support are able to receive it	Mar 2023	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
Provide additional support for women experiencing mental health needs relating to their maternity experience	Availability of integrated MMHS from 2021/22, including a single point of access to integrated support	Women experiencing trauma and / or loss in the perinatal period are able to access specialist support	Mar 2022	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
Ensure partners of women have access to mental health support when needed	Perinatal service to offer advice and signposting for partners and continue link with IAPT perinatal leads	Partners feel more informed about and able to access the services available	Mar 2021	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
Develop an MDT approach to support new parents, up to one year	• Updated perinatal mental health pathway • Programme of GP education sessions • Improved links between MDTs • Review of 8-week baby checks	• Proactive and early identification of mental health and other needs • Parents feel better supported	Sep 2021	CAMHS Alliance Neighbourhoods 0-5 project	CAMHS Alliance CYPMF Work stream Neighbourhoods working group
AGES 0-5					
Continue with implementation of Five to Thrive across early years settings	• Webinar session for Strategic Leads • Learning journey to create a network of Champions	• Increased awareness of Five to Thrive principles • Improved knowledge and understanding vs baseline	2021/22	Five to Thrive	Hackney Education - Early Years
Test strengthened multi-agency working and Primary Care input through Neighbourhoods	• Workshop to inform piloting a test model in one neighbourhood • Evaluation and expansion	• Improved practitioner knowledge • Recommendations for proposed model of improved neighbourhood working	Apr 2021 - Mar 2021	Neighbourhoods Steering Group Primary Care Networks	CYPMF Workstream

Life course actions

Ages 5-18

Aims

For children and young people to be able to develop in a supportive environment that utilises protective factors and promotes resilience, with a focus on whole-school approaches to emotional health and wellbeing and supported transitions through educational and life stages.

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Action	Deliverable	Outcome	Timeline	Name	System lead
AGES 5-11					
Implementation of the COACH programme, based on the completed pilot	Outreach model embedded locally, providing group and community based clinical psychology, parent support and youth work interventions	Young people at risk of exploitation and / or criminal activity are supported to have better social, emotional and behavioural outcomes, develop skills to manage conflict and their families experience better outcomes	To be determined	CAMHS Transformation Plan	CAMHS Alliance
AGES 5-18					
Deliver training to upskill wider professionals around emotional health and wellbeing	• Support school staff in creating an environment where children and young people develop emotionally and are supported to develop resilience, as well as promoting early identification and intervention for mental health needs • Deliver multi-disciplinary training in childhood adversity, trauma and resilience to practitioners working with children and families across the life course	All practitioners who work with families have a greater awareness of how to promote good emotional health and wellbeing, identify when support is needed and have appropriate links into services that are able to offer support and intervention	Dec 2021	WAMHS Wellbeing Framework ChATR approach	CAMHS Alliance ChATR project group
Support a consistent approach to behaviour management within schools	• Schools take a trauma-informed, attachment aware approach to behaviour management • Schools are aware of how to support wellbeing, including calling on wider agencies and teams for input and referrals	Schools' behaviour policies will address underlying needs and recognise that children who have experienced ACEs and trauma may not respond to a one-size-fits-all approach	May 2018 - Sept2022	CAMHS Transformation Plan WAMHS Wellbeing Framework	Hackney Education WAMHS (CAMHS Alliance)
Continued efforts to reduce school exclusions through improved understanding of data and causes, offer of training and targeted interventions	• Young person and / or parent rep to be brought into Exclusions Board • Analysis of school data and behaviour audits to identify areas of best practice and concern, including disproportionality • Deepen understanding of SEND as an underlying cause or presenting factor of poor behaviour • Training offer from Hackney Education articulated to secondary schools • Increased early help offer and other targeted interventions made available to schools and individual pupils impacted by fixed-term exclusions	To evaluate the impact of training and interventions and demonstrate a reduced number of exclusions	Dec 2021	Hackney Education 'Reducing Exclusions' action plan WAMHS Wellbeing Framework	Hackney Education

Life course actions

Ages 5-18

Action	Deliverable	Outcome	Timeline	Name	System lead
AGES 5-18					
Provided continued input to schools around mental health awareness and support, including trauma informed practice	• Universal rollout of WAMHS in 100% of state maintained schools by 2021, followed by independent schools • MHSTs in 50% of state maintained schools (rising to 100% in September 2021) • Rollout of the Department of Education's Wellbeing for Education Return programme	• Schools take a whole-school approach to wellbeing and mental health with school staff developing understanding and capacity to support children and families • Pupils with mental health needs will be identified early, appropriate referrals will be made to evidence-based interventions both within and outside of school • Pupils will know how to access support	Dec 2021 Dec 2020 Mar 2021	CAMHS Transformation Plan Hackney Education's 'Reducing Exclusions' strategy	CAMHS Alliance Hackney Education
Strengthen partnerships across Education, Health and Local Authorities (including social care) to improve their support for children and young people with learning disabilities and / or autism in line with the NHS Long Term Plan	• Review and publish the neurodevelopmental pathway • Co-produce the pathway and supporting resources for CYP and their families • Review and publish responsibilities across agencies	• Fragmentation across the pathway is reduced • Young people and their families are equal partners in the review and design of pathways and resources • Young people and their families know how and when they can access support and advice across all services	Dec 2021	C&H All-age autism strategy CAMHS Alliance SEND Programme Board (Hackney) SEND Project Board (CofL)	CYP autism working group
Develop an approach for strengthened multi-agency working through the Neighbourhoods Programme	• Workshop with partners including Primary Care, Health, Education, Children's Social Care to inform approach • Pairing of GP Practices and Primary Schools with a named contact (phase 1) • Scope a pathway / mechanism for discussing complex cases at neighbourhood level (phase 2)	Improved knowledge amongst teams of health and education practitioners on a neighbourhood level Recommendations for pathway development from phase I learnings	Apr 2021 - Mar 2021	CYPMF Neighbourhoods Steering Group Primary Care Networks	CYPMF Work stream

Life course actions

Ages 11-18

AGES 11-18					
Action	Deliverable	Outcome	Timeline	Name	System lead
Development of an agreed model to support the mental health needs of young people within the Youth Justice system	An outreach model is embedded to provide Liaison and Diversion that focuses on identification of, and providing support, to young people within the youth justice system who have mental health needs	• Improve early identification of mental health, learning and / or communication needs at the point of entry into the youth justice system • Enhanced access to multi-agency support and improvements in joint working • Where appropriate, diversion away to personalised packages of health and social care or to services better equipped to meet health, emotional wellbeing and welfare needs • Reduction in longer term offending • Reduction in health inequalities	To be further scoped	CAMHS Transformation Plan	CAMHS Alliance
Increase provision of mental health support provided via digital platforms	• Embed, establish and monitor online therapy (such as self-help and psycho education support), including extending out-of-hours and weekend provision • Work with services and service users around online therapy models initiated during the pandemic to sustain beneficial changes • Incorporate and make use of new, evidence-based ways of delivering online therapy, tailoring it according to the needs of each young person and achieving measurable improvements • Develop a single point of access to all CAMHS services • Increase CYP and parent / carer usage to the CAMHS website, exploring digital marketing and social media strategies • Identify the main barriers to accessing online support and put in place solutions that address these, including digital exclusion	• Increased access rates, including across BAME groups, and effective treatment outcomes • Young people and parents / carers able to access the right information at the right time • Improvement in allocation of correct service upon first referral	Ongoing Jan 2021 - Dec 2023	CAMHS Transformation Plan	CAMHS Alliance

Life course actions

Ages 14-25

AGES 14-25					
Action	Deliverable	Outcome	Timeline	Name	System lead
Work jointly with adult mental health services to develop transition services and pathways in the community, especially for young people falling out of conventional mental health services	• ASD 18-25 pathway within IAPT to support young adults with anxiety and low mood • Increased capacity at Off Centre to deliver counselling for 16-25 years with moderate to severe mental health need • Enhance links between CAMHS and AMHS to improve transitions between services and identify and address gaps, including for vulnerable groups such as mild LD, high functioning ASD, LAC • Implement CQUIN model in social care to support care leavers accessing AMHS at transition point	• Increased access for young adults (18-25) to appropriate mental health support • Development of enhanced pathways for specific cohorts of vulnerable 18-25 young people • Improved experience for young people transitioning between children and adult services	2020 / 2022	CAMHS Transformation Plan Adult Mental Health strategy	CAMHS Alliance
Work jointly with adult mental health services to develop information and support for children, young people and their parents about transferring from children's services to adult services, particularly in relation to health and social care	Easy read resource for young people, and their parents and carers, that can be seen as part of the wider Post-16 transition resources	Improved understanding by young people and their families about how transition will be planned with them from the age of 14	September 2021 and reviewed annually	SEND Strategies Post 16 pathways Adult Services	CYP autism working group

Appendix – CAMHS Services

Kooth

Kooth offers online, anonymous counselling to children and young people aged 11-19 in the form of an online community of peers and team of experienced counsellors. Any young person living in City & Hackney can access the service online, 7 days a week, without the need for referral or waiting lists.

Eligibility criteria: aged 11-19 and resident in City & Hackney.

First Steps

First Steps (provided by Homerton University Hospital Foundation Trust) is a Tier 2 community psychology service for children, young people and families with mild to moderate mental health needs who are likely to benefit from a short term psychological intervention.

They offer:

- Individual and group support
- Parenting support
- Community based sessions in children's centres and GP surgeries, many of which offer drop-in support.

Eligibility criteria: aged 0-18 and registered with a GP in City & Hackney, self-referrals and professionals referrals accepted. Not able to work with families open to social care.

Family Action

Family Action is a national charity that provides practical, emotional and financial support to those who are experiencing poverty, disadvantage and social isolation. In Hackney they provide the WellFamily Plus service, Growing Minds and Off Centre.

Hackney WellFamily Plus

The WellFamily Plus Service helps individuals, couples and families to manage their mental health and prevent problems from getting worse when facing difficult or complicated challenges, such as domestic abuse, substance misuse and mental health issues.

They offer advice and wellbeing services, conflict management and practical and emotional relationship support, and can also offer support in identifying parenting support courses or accessing other services.

Eligibility criteria: Individuals over 16 and families can refer themselves by booking an appointment at their GP practice if registered with a City & Hackney GP. Professionals can also refer by completing the referral form or signposting to GPs.

Growing Minds

Growing Minds aims to improve African, Caribbean and mixed heritage children and young people's emotional health and wellbeing in City & Hackney, during the important transition years from primary to secondary school and adolescence to adulthood by providing culturally aware counselling, emotional and practical support.

Eligibility criteria: children and young people aged 9-25 of African, Caribbean and mixed heritage, and their families, who are registered with a City & Hackney GP.

Off Centre

A confidential counselling, art therapy, advice and information service for young people aged 16-25, offering support for emotional and practical issues including stress, depression, anger and self-harm, bereavement, family breakdown, sexuality and identity, violence, neglect or abuse, accommodation and education.

This may take the form of 1-2-1 counselling, art therapy or general advice and key-working. Groups are available for art therapy and LGBTQI+.

Eligibility criteria: aged 16-25 and registered with a City & Hackney GP.

Listening Works

A phone, text and webchat service providing advice, support and signposting for those in care and care leavers aged 18-27. Available 6pm – midnight, 7 days a week.

Coborn Centre for Adolescent Mental Health

The Coborn Centre for Adolescent Mental Health is an in-patient service for young people with complex and severe mental health difficulties.

Eligibility criteria: aged 11-18. Referrals can only be made through clinical and adolescent mental health services.

CAMHS Disability

CAMHS Disability (provided by Homerton University Hospital Foundation Trust) is specialist Tier 3 service for children, young people and their families who have a moderate to profound learning disability and ADHD or ASD (if also diagnosed with a learning disability). Also accepts referrals where there are other types of moderate to profound disability (e.g. physical disability).

Support includes assessment, diagnosis, psycho-pharmacological intervention, therapeutic or behavioural support and intervention, group work (parenting groups, siblings groups, ASD support), family therapy and play specialists.

Eligibility criteria: aged 0-19 and registered with a City & Hackney GP. Diagnosed with both a disability that has been assessed as requiring specialist support and emotional or mental health needs, including ASD if there is also a moderate or profound learning disability and the child's care is under the medical and therapy teams at Hackney Ark for MDT care planning.

Children and Families Clinical Service

Provided by London Borough of Hackney, the Children and Families Clinical Service works with children and young people and their parents and carers who are receiving support from Children's Social Care, Young Hackney, the Family Support Service and the Youth Offending Team.

The team offer a full range of CAMHS services including specialist clinical assessments and individual, family and group therapy, and are part of the CAMHS Alliance. They support children and young people and their families who have mental health needs, are experiencing issues and stressors, struggling with emotional and behavioural issues, and/or where there are child protection concerns.

Eligibility criteria: children, young people and families who are receiving support from local authority services (Children's Social Care, Young Hackney, Youth Justice and Family Support). Referrals can be made by professionals working within children and families services through clinical consultation and discussion. Health and education professionals can flag up concerns and recommendations for a referral by emailing the service.

Specialist CAMHS

Specialist CAMHS (provided by East London Foundation Trust) is a Tier 3 service that offers assessment and treatment for children, young people and their families who are experiencing moderate to severe emotional, behavioural and/or mental health difficulties via the following pathways:

- Neurodevelopmental
- Emotional and behavioural
- Eating disorders
- Conduct and Outreach
- Adolescent Mental Health Team.

Eligibility criteria: aged 0-18, registered with a GP in City and Hackney, and experiencing moderate, persistent, complex or severe mental health difficulties. For children under 16, consent required from a legally responsible parent or guardian. Professional referral required (self-referral can be accepted if the young person has accessed the service within the past year).

East London Crisis Service

CAMHS offer a crisis service (provided by East London Foundation Trust) that provides access to support in hospital accident and emergency departments at three major hospital sites – Royal London, Homerton University and Newham University Hospital.

The crisis team aims to provide the right care, in the right place, at the right time to promote safety and recovery from crisis for those experiencing a mental health crisis. It is available 9am – 9pm, 7 days a week. City & Hackney also has a 24 hour crisis helpline.

Eligibility crtieria: aged 0-18. Able to self-refer by presenting at the A&E department of one of the three hospitals listed, or by calling the crisis helpline.

Appendix – Other Services

Bump Buddies

Provided by Shoreditch Trust, Bump Buddies offers information, signposting and peer support throughout pregnancy and up to 3 months postnatally, aimed at women who are socially isolated during pregnancy and early parenthood who may also be coping with a range of health and social issues.

Eligibility criteria: living in Hackney and up to 32 weeks pregnant. Self and professional referral accepted.

CHYPS Plus

Aims to provide young people with easy and convenient access to health care, in a supportive and confidential environment to consider how best to improve their physical, social and emotional health. Offers services such as sexual health, smoking cessation, clinical services, general advice, support and signposting.

Eligibility criteria: aged 11-19 and live, work, attend school or are registered with a GP in City & Hackney. Self-referral accepted.

Perinatal Mental Health

Provided by ELFT, the service works with women and their partners during pregnancy and up to 2 year postnatally where there are moderate to severe mental health difficulties, either pre-existing or beginning in the perinatal period, also liaising closely with maternity and the mother and baby unit where needed. Pre-conception advice and planning can also be provided.

Eligibility criteria: Aged 16 and over is resident in City & Hackney; 18 and over if registered with a GP in City & Hackney. Experiencing moderate-to-severe mental health issues and either planning a pregnancy or in the perinatal period (up to 2 years postnatal). Professional referral from secondary care mental health teams, primary care, obstetric and midwifery services and social care. Self-referral accepted for non-urgent cases.

Family Nurse Partnership

Family nurse support for young mothers up to the aged of 19, or up to age 25 if meeting additional vulnerability criteria. Provides practical, intense support up until the child is 2 years old. This may be include support during pregnancy, advice around child health and development or support with identifying life goals such as entering employment or education.

Eligibility criteria: aged 19 or under, or referrals can be made up to age 25 by Public Health midwives and specialist midwives at Homerton Hospital, safeguarding midwives and Hackney Education's Multi Agency Team Quality Improvement Partners. Referrals must be made before 28 weeks gestation and be for a first live baby.

Health Visiting

Support families from birth up until a child is 5 years of age, with an enhanced service for vulnerable families.

Huddleston Centre

Offers activities and a range of different projects for young people living in Hackney with a disability, aged 9-25. Self and professional referrals accepted.

Improving Outcomes for Young Black Men Programme

An ambitious programme to tackle inequalities for black boys and young black men. It includes a group of Inspirational Leaders, a group of young black men, who have been trained as community leaders to engage and inspire other young black men, and who help co-produce solutions.

Young Hackney

Provided by London Borough of Hackney, Young Hackney helps local young people to enjoy their youth and become independent and successful adults. In addition to offering activities for all young people, through youth clubs, sports sessions and citizenship programmes, they also offer advice and support.

This includes advice about employment, health, education and housing. Also able to offer more intensive support by working alongside other partners, for those young people who need it – for example, young people who are looked-after, have been arrested, or who are dealing with substance misuse.

Young Hackney provides a broad range of individual support at home, school, and in community settings such as youth hubs. They support young people to achieve positive outcomes by building constructive relationships with trusted adults.

Virtual School

The Virtual School is responsible for ensuring that LAC and care leavers achieve the best possible educational outcomes. The service consists of a multi-disciplinary team that work with young people, schools, colleges, social workers and foster carers to support young people aged 0-18 through school and into further or higher education, employment or training.

They also provide support in regards to how to access additional support within the wider network and provide training to schools, social workers and foster carers on educational issues.

School Nursing

Homerton's School Nursing Service is part of the schools based health services for maintained schools in Hackney and the City of London. The service provides support to all school ages and covers health assessments, safeguarding, support for children with disabilities and / or additional health needs and vaccinations (delivered by Vaccination UK).

Targeted antenatal classes

In addition to the universally available antenatal classes a programme of targeted antenatal groups is offered. This is available for women and partners who may benefit from additional support, such as (but not limited to):

BME (Turkish and African communities) and faith groups (Muslim and Orthodox Jewish)

Those with social vulnerabilities, mental health needs, young parents, limited English or involvement with the Criminal Justice system.

Glossary

ACEs Adverse Childhood Experiences

AMHS Adult Mental Health Services

ASD Autism Spectrum Disorder

BAME Black, Asian, Minority Ethnic

CAMHS Child and Adolescent Mental Health Services

CETR Care, Education and Treatment Review

CCG Clinical Commissioning Group

CFS Children and Families Service

ChATR Childhood Adversity, Trauma and Resilience

CHSCP City of London & Hackney Safeguarding Children Partnership

CHYPS City & Hackney Young People's Service

COACH

CQUIN Commissioning for Quality and Innovation

CYP Children and Young People

CYP IAPT Children and Young People's Improving Access to Psychological Therapies

CYPMF Children, Young People, Maternity and Families

FNP Family Nurse Partnership

GP General Practitioner

IAPT Improving Access to Psychological Therapies

ICP Integrated Care Partnership

JSNA Joint Strategic Needs Assessment

LAC Looked After Child(ren)

LD Learning Disability

LGBTQ Lesbian, Gay, Bisexual, and Transgender

MDT Multi-disciplinary Team

MECC Making Every Contact Count

MH Mental Health

MHSTs Mental Health Support Teams

MMHS Maternity Mental Health Services

NEET Not in Education, Employment or Training

NEL North-East London

NHS National Health Service

PRU Pupil Referral Unit

SEMH Social, Emotional and Mental Health

SEND Special Educational Needs and Disabilities

STP Sustainability and Transformation Partnership

UASC Unaccompanied Asylum Seeking Children

WAMHS Wellbeing and Mental Health in Schools

With thanks to...?

City of London

NHS City and Hackney Clinical Commissioning Group

Hackney

To find out more...

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City & Hackney's integrated

Childhood Adversity, Trauma and Resilience (ChATR) Programme

Our vision is a community in which children who are at risk of or have experienced trauma receive the right support at the right time, giving them the best possible opportunity for a healthy future.

Adverse Childhood Experiences (ACEs) are known to impact on physical and mental health throughout the life course. ACEs can include neglect, abuse or household dysfunction.

Practitioners from across and beyond the Health and Social Care system can work together with local communities to prevent and reduce the impact of ACEs by collaborating in ways that are trauma-informed and resilience-focused.

Across City and Hackney we are working in partnership to deliver a shift in how we address and mitigate the impact of trauma and adversity, and maximise the resilience of our children and families.

We are implementing this in three different ways:

- **Our System Approach**
- **Workforce Development**
- **Testing Intervention**

Contact Us

Please get in touch if you are interested in taking part in the workforce development programme or wish to discuss any other aspect of the ChATR Programme.

matthewhopkinson@nhs.net

nadia.sica@hackney.gov.uk

CITY OF LONDON

NHS City and Hackney Clinical Commissioning Group

Hackney

Our System Approach

We are creating an integrated, system-wide approach in City & Hackney based on shared principles drawn from trauma-informed practice and innovation around tackling Adverse Childhood Experiences.

Leadership Commitment – Our strategic approach is endorsed by the leadership of the London Borough of Hackney, the City of London Corporation, City & Hackney Clinical Commissioning Group, and the City & Hackney Safeguarding Children Partnership.

Partner Buy-in – The approach has been developed in partnership with more than 50 local service providers, clinicians and practice experts representing a wide range of services. The project team will continue to engage with disciplines to ensure meaningful culture change.

Co-produced in partnership with our children and families – Lived experience is essential to our understanding of how to drive change. In development is an engagement plan informed by recommendations of the Hackney Young Futures Commission. This work is supported by the System Influencer project which engages with young people in our communities.

Workforce Development

Raising awareness of childhood adversity, trauma and resilience in City & Hackney through developing:

- Understanding of how to support children, families and practitioners in a trauma-informed way.
- Awareness of early intervention services to reduce the need for onward referral.
- Multi-disciplinary collaboration amongst practitioners drawing on multiple perspectives and increasing consistency in approach.
- Sharing of best practice to enable practitioners to provide holistic and integrated relational care.
- Continuous dialogue to generate improvements in pathways and processes that enable transformation which is systemic and trauma-informed.

Support and development for our Workforce:

ChATR Training Courses – In-depth, multi-disciplinary professional development courses focused on supporting children and families with the challenges faced across the life course, informed by the latest evidence.

ChATR Resource Portal – An online hub of videos, articles and publications for use by practitioners.

Community of Practice – An ongoing peer-led forum for practitioners to share resources, experiences and mutual support.

Testing Interventions

Developing and testing interventions to prevent, intervene early and mitigate the impact of Adverse Childhood Experiences, and build resilience in individuals, families and communities.

Interventions will be informed by the latest evidence and emerging needs and will support the delivery of shared strategic objectives.

Trauma-informed Child Protection Conferences – Working with the Safeguarding & Learning and the Change Support Teams in the London Borough of Hackney to develop and pilot a new approach to Child Protection Conferences. The approach will translate the core principles of trauma-informed practice into transformational processes and procedures that put children and families at the centre of the work.

Further interventions to be developed through 2021

City & Hackney CAMHS Alliance

NHS City and Hackney Clinical Commissioning Group

City and Hackney

CAMHS Transformation Plan (Phase 3b): Implementation (2020-21)

Transforming Local Systems to Improve Children and Young People's Emotional Health and Wellbeing

City and Hackney
Clinical Commissioning Group

Developed in collaboration with members of the City and Hackney CAMHS Alliance

Thank you to the Children, Young People and Parents of City and Hackney who helped contribute to the artwork in this document.

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1 Executive Summary

Our vision is that by 2024/25 we will have in place a system that meets the mental health needs of every child in City and Hackney. There will be no thresholds and no wrong doors. The system will exist beyond traditional health care settings extending in to schools and the wider community. It will be seamless and child / family centered, continually adapting through local service user empowerment and engagement. It will be optimised to catch mental health issues as early as possible preventing long term mental illness developing or escalating. Every intervention delivered will be subject to robust quality assurance through CYP IAPT framework. In achieving this, our local system will be highly cost effective, making best use of every penny spent.

City and Hackney has a relatively young population which has grown significantly in recent years and is projected to continue to grow. The City of London and London Borough of Hackney are both ethnically diverse and projected to become increasingly diverse with extreme variances in deprivation across the area. Although children in City and Hackney are reporting good levels of happiness relative to other inner London boroughs, there remain a number of issues. Exclusion rates particularly in secondary school age are higher than London and National averages. We also have a higher proportion of children with Special Education Needs and Disabilities (SEND), 16-18 year olds who are not in education, employment or Training (NEET) and Looked After Children (LAC). These children are likely to have higher mental health need compared to others.

City and Hackney has a relatively high quality and comprehensive provision of CAMHS available to all children and young people (CYP) in the area (See section 4). The CCG has historically invested significantly in CAMHS and this investment continues to grow through the CAMHS Transformation Programme delivered by the City and Hackney CAMHS Alliance (See section 5). The CAMHS Transformation Programme is now entering Phase 3b (year 5) (See section 6). The first phase is now operational with a recurring investment of £526,769 addressing previously identified gaps and in alignment with ambitions set out in the Department of Health's Future in Mind document. Phase 2 and 3 represents an overarching whole-system strategy based on detailed engagement with local CYP and Parents (Section 8) to improve mental health and wellbeing outcomes for children and young people through 18 comprehensive workstreams representing additional investment of £1.2M in to CYP mental health:

1. Schools, Education, Training and Employment
2. Transitions
3. Crisis and Health Based Places of Safety (HBPoS)
4. Families (previously parenting)
5. Core CAMHS Pathways
6. Communities (previously Reach and Resilience)
7. Youth Offending
8. Eating Disorders
9. Perinatal and Best Start (0-5 Mental Health Strategy)
10. Safeguarding
11. Early Intervention in Psychosis
12. Primary Care
13. Wellbeing and Prevention
14. Physical Health and Wider Determinants
15. Quality and Outcomes
16. Digital and Tech
17. Workforce Development and Sustainability
18. Demand Management and Flow

Through the workstream project strands (table 1.1), we aim to significantly improve outcomes for CYP through seamless working across a wide spectrum of agencies and settings and achieve our increase access target of treating 35% of our prevalence of diagnosable mental health conditions by 2020/21. Details of all transformation project in the summary table below (table 1.1) can be found in section 9 of this Transformation Plan.

Table 1.1 Transformation Project Workstreams

WS ID	Workstream (WS)		Lead Org	Strand
1	Schools, Education, Training and Employment	1.1	HLT	Designated Senior School MH Lead
		1.2	HLT	School Wellbeing Framework Partners
		1.3	ELFT HUH LBH	School based CAHMS Clinician
		1.4	ELFT	MHSTs (Phase 2 Trailblazer)
		1.5	HUH	Independent Charedi Schools - Solihull
		1.6	HLT	Attachment & Trauma Informed Schools
2	Transition	2.1	HUH	ASD Transition Supp't; Passports, CYGNET, Parents Forum
		2.2	HUH	18-25 IAPT (plus enhanced ASD support)
		2.3	Off Centre	16-25 VSO service for moderate to severe
		3.4	LBH	Care Leavers
3	Crisis and Health Base Place of Safety (HBPOS S136)	3.1	ELFT	Paediatric Psychiatric Liaison
		3.2	CCG	Implementing Crisis Compact
		3.3	ELFT	Extended hours A&E
		3.4	ELFT / HUH	Community CYP crisis hub / Community Outreach
		3.5	CCG	Home Treatment Team (NHSE / STP Collaboration)
		3.6	STP	CYP Health Base Place of Safety (HBPOS Section136)
		3.8	Alliance ALL	Critical Event Protocol (part of crisis)
		3.9	Public Health	Suicide prevention
4	Families (parenting)	4.1	HUH	Community Parenting
		4.2	HLT	Multi-Family Groups
		4.3	LBH	Parent Family Engagement
5	Core CAMHS Pathways (CYP)	5.1	HUH	ASD SCAC and LD Increase Capacity
		5.2	Alliance ALL	Neurodevelopmental Pathway review
		5.3	TBC	Other core pathway review (TBC - CAMHS Clinical leads)
6	Communities (Reach and Resilience)	6.1	Young Hackney	Service user engagement / participation / Co-design
		6.2	ELFT / Hackney CVS	African and Caribbean communities
		6.3	HUH	Turkish speaking communities
		6.4	HUH	Orthodox Jewish communities
		6.5	Family Action	LGBT 0.5
		6.6	Hackney CVS / FA	Growing Minds

WS ID	Workstream (WS)		Lead Org	Strand
7	Youth Offending	7.1	LBH	Youth Offending - Early help
		7.2	ELFT	Youth Offending - Liaison and Diversion
		7.3	LBH / Public Health	Gangs (COACH)
		7.4	LBH - Young Hackney	Youth Offending - Peer mentoring
8	Eating Disorders	8.1	ELFT	Hub and spoke core service
9	0 to 5 MH Strategy (Perinatal & Best Start)	9.1	HUH	NICU Trauma and Attachment
		9.2	ELFT	Parent Infant Psychotherapy (Perinatal Mental Health)
		9.3	HUH	First year and you (previously Babylove)
		9.4	STP / ELFT	STP Perinatal Mental Health Bid
10	Safeguarding	10.1	LBH / STP	Child Sexual Abuse / Exploitation
11	Early Intervention in Psychosis (EIS)	11.1	ELFT	CYP Early Intervention in Psychosis Service
12	Primary Care	12.1	ELFT	ADHD Primary Care Step Down
		12.2	CCG / ELFT	CYP MH in Neighbourhoods (Place based Commissioning)
		12.3	Family Action	16-25 Self Harm Follow-up
		12.4	GP Confed	GP Confed representation on CAMHS Alliance Board
13	Wellbeing and Prevention	13.1	Alliance ALL	Wellbeing and Five to Thrive
		13.2	Public Health	LBH Wellbeing initiatives - PH
14	Health and Wider Determinants	14.1	Peabody Trust / LBH	Cool Down Cafe
		14.2	LBH / Public Health	Substance Misuse
		14.3	LBH / Public Health	Sexual Health
		14.4	LBH	Physical Health, Long Term Conditions and Disabilities
15	Quality and Outcomes	15.1	HUH (All)	Outcome measures systems 0.5 WTE B4 Assistant Psych
		15.2	Alliance ALL	Outcome measure reporting and analysis
16	Digital and Tech	16.1	LBH (All)	Seamless patient flow (Tech solution)
		16.2	Alliance ALL	MHSDS (Access and Outcome data submission)
		16.3	CCG	Digital Marketing / channels
		16.4	LBH / CCG	Digital 1:1 face to face interventions / counselling
		16.5	N/A	Mobile apps and social media solutions
17	Workforce Development & Sustainability	17.1	HUH / ELFT	Training and Development (2 year programme)
		17.2	CCG	Diversity and Skill mix
		17.3	CCG	Workforce sustainability
18	Demand management & Flow /	18.1	Alliance Clinical Leads	Pathway Optimisation (as per workstream 5)
		18.2	Alliance All	Demand Capacity management - system sustainability
		18.3	Alliance All	4 week average wait to enter treatment (Core pathways)
		18.4	Alliance All	Tier 4 Bed Use - New Models of Care

This local increase in investment equates to significant increase in front line clinical staff providing direct interventions (Table 1.2)

Table 1.2 Increase in Clinical and Non-Clinical Capacity via transformation investment

	15/16 Baseline – Pre CAMHS Transformation		16/17 Post transformation plan phase 1		17/18 Post transformation plan phase 2		18/19 transformation plan phase 3	
Service	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE
HUH First Steps	17.5	1.5	18	1.5	18	1.5	18	1.5
HUH CAMHS Dis	8.3	1.0	9.9	1.0	12.4	1.2	12.4	2.4
ELFT Sp CAMHS	34.7	10.1	36.0	10.1	38.8	10.9	59.9	11.4
Off-Centre	0	0	0.2	0	0.2	0	4.4	1.5
Family Action	0	0	0	0	3.4	0.8	3.4	0.8
LBH: CFS	10.36	0	16.8	0	22.4	0	22.4	0
Total	70.86	12.6	80.9	12.6	95.2	14.4	120.5	17.6

Increased capacity has allowed us to increase the number of new CYP seen per year and meet increasing demand (table 1.3)

Table 1.3 City and Hackney CAMHS activity overview (Diagnosable)

	14/15	15/16	16/17	17/18	18/19
Referrals	1749	1874	2170	2422	2890
Referrals Accepted	1644	1553	1733	1842	2139
New Patients Seen	1452	1494	1657	1782	1811
Contacts	12798	15019	16856	18605	20632

(Represents data for diagnosable mental health conditions. However, much of our CAMHS work in City and Hackney is early intervention / prevention work and not for diagnosable Mental Health Condition – this data is not included in these figures)

2 Vision

Our Vision for City and Hackney

By 2024/25 we will have in place a system that meets the mental health needs of every child in City and Hackney. There will be no thresholds and no wrong doors. The system will exist beyond traditional health care settings extending in to schools and the wider community. It will be seamless and child / family centered, continually adapting through local service user empowerment and engagement. It will be optimised to catch mental health issues as early as possible preventing long term mental illness developing or escalating. Every intervention delivered will be subject to robust quality assurance through CYP IAPT framework. In achieving this, our local system will be highly cost effective, making best use of every penny spent.

3 Local Needs

The following section is based on City and Hackney Mental Health and Substance Misuse Joint Strategic Needs Assessments (JSNA) 2018/19 and wider data sources.

3.1 Socio-demographic Profile

City and Hackney CCG covers two local authority areas, The City of London and the London Borough of Hackney. Hackney and the City population structures are noticeably different compared to the population structure in England. There is a higher proportion of people aged 25 to 44 and a lower proportion of people over the age of 45 in Hackney (Figure 3.1). In the City of London, there is a higher proportion of people aged 20 to 34 and a lower proportion of children compared to the national age structure (Figure 3.2).

Figure 3.1: Hackney age structure (population projections, 2018)

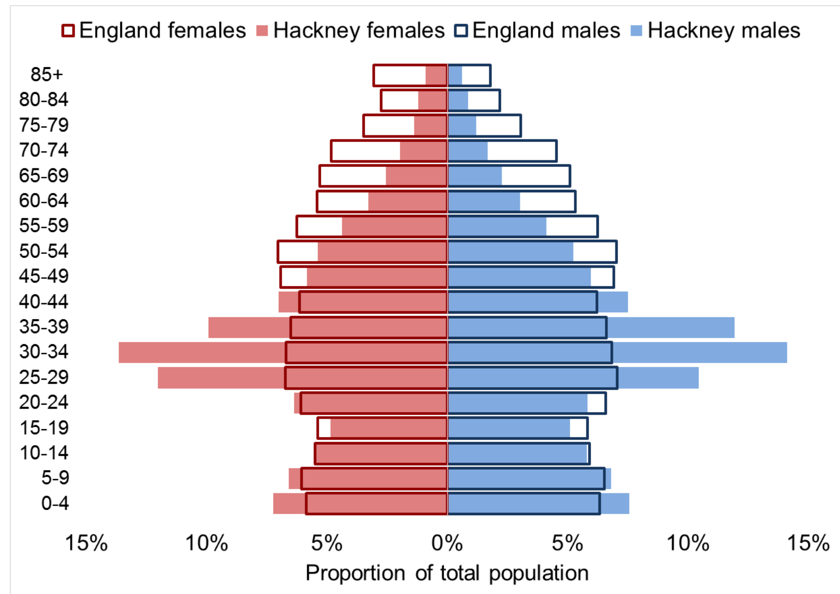
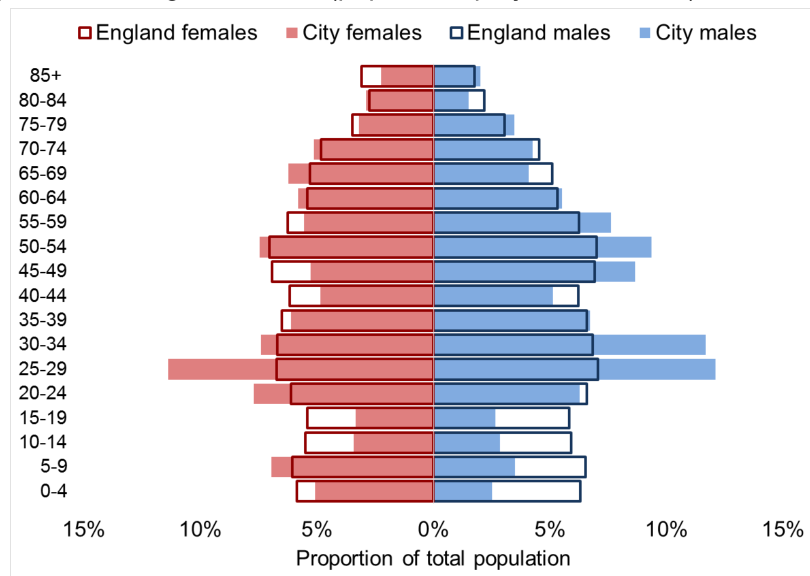


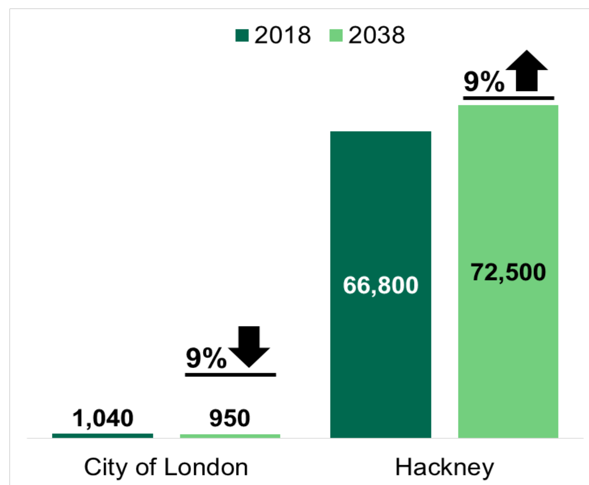
Figure 3.2: City of London age structure, (population projections, 2018)



Sources: GLA, 2016-based trend population projections; ONS, Mid-2017 population estimates

Around 24% of Hackney residents and 14% of City of London residents are between 0 and 18 years old. The number of Hackney residents in this age group is predicted to increase by 9% in the next 20 years. The numbers in the City, however, are predicted to decline (Figure 3.3).

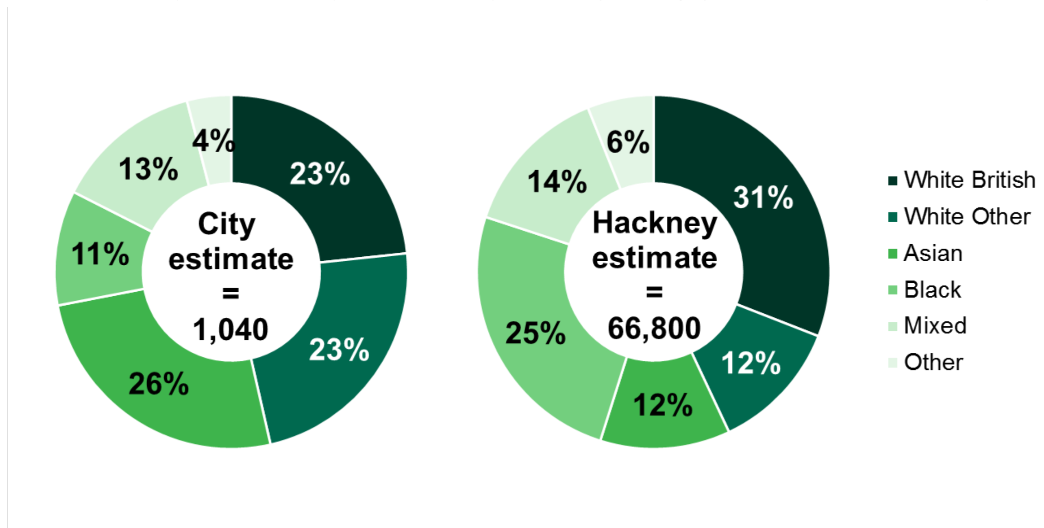
Figure 3.3: Estimated and predicted population in Hackney and the City (age 0-18, population projections, 2018 and 2038)



Source: GLA, 2016-based trend population projections

Hackney and the City of London population is characterised by ethnic diversity. Compared to England's population where around 75% of 0-18 year olds identify as White British, 31% of Hackney and 23% of the City residents are estimated to belong to this ethnic group (Figure 3.4). The proportion of White British Hackney residents aged 0-18 is similar to the London average.

Figure 3.4: Hackney and the City residents by ethnic group (age 0-18, population projections)



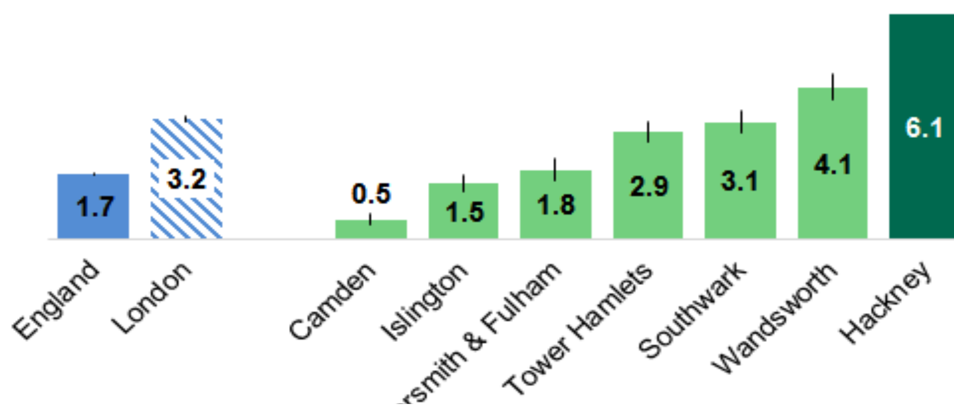
Source: GLA, 2016-based ethic group population projections
Notes: White other includes "Other White" and "White Irish"; Asian includes "Arab", "Bangladeshi", "Chinese", "Indian", "Other Asian", "Pakistani"; Black includes "Black African", "Black Caribbean", "Other Black", Mixed includes "Other Mixed", "White and Asian", "White and Black African", "White and Black Caribbean"; Other includes "Other Ethnic Group"

Three quarters (76%) of Hackney residents and 83% of City residents cite English as their main spoken language (significantly lower than the national average of 91%). In both Hackney and the City of London, young people are more likely to cite English as their main language than the rest of the local community. This may be a reflection of the fact that a greater proportion of young people were born in the UK. Many people who do not cite English as their main language still report being able to speak English well or very well; 95% of 3-15 year olds in Hackney and 99% in the City of London report being able to speak English well.[1]

Poverty and deprivation can negatively impact mental health and wellbeing. Based on the English indices of multiple deprivation 2015 (IMD 2015), Hackney is the 11th most deprived of 326 English local authorities. The City of London is ranked 226th and is within the 40% least deprived local authorities in England and third least deprived in Greater London. Despite a significant reduction over the past ten years, Hackney has high rates of relative child poverty. The Income deprivation affecting children index (IDACI) in Hackney was 31.9% in 2015. This is the proportion of children aged 0–15 years living in income deprived households as % of population aged 0-15.[2] Around a quarter (15,955) of Hackney's children under 20 were living in poverty in 2015, the fifth highest level in London. The City has a small number of resident children and is relatively less deprived on average, however child poverty is still present and persistent in parts of the City of London. In 2015, around 10% (70) of City children under 20 were living in poverty. [3]

Evidence suggests that children experiencing homelessness may be at risk of ill mental health with mental health problems found to be significantly higher among rehoused mothers and their children. Homelessness can also have an adverse impact on a child's development with children living in temporary accommodation having poorer social and language communication skills compared to children in stable accommodation. In 2017/18, 717 families in Hackney and the City were registered as homeless. [The rates of family homelessness in Hackney and the City are significantly higher compared to its statistical neighbours. and the national and London averages. In 2017/18, family homelessness rates in Hackney rose compared to the previous year, when rates were 5.5 per 1,000 households.[4]

Figure 3.5: Rates of family homelessness (all ages, rate per 1,000 households, 2017/18)



Source: PHE, Children and Young People's Mental Health and Wellbeing Profiles. City of London data are not reported due to small numbers

[1] https://hackneyjsna.org.uk/articles/children-young-people/
[2] http://lmh.nhsbenchmarking.nhs.uk/toolkit
[3] https://fingertips.phe.org.uk/profile/child-health-profiles
[4] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

3.2 Risk factors for poor mental health

3.2.1 Education

According to School Census data, around 44,400 pupils were enrolled in Hackney schools in 2018 and around 2,400 pupils were enrolled in the City (Table 3.1). The proportion of pupils in special schools was lower in Hackney compared to the London and England averages, while the proportion of pupils in Pupil Referral Units (PRUs) was similar. There are no special schools or PRUs in the City of London.

Table 3.1: Number and proportion of Hackney and the City pupils by type of school (2018)

School type	Hackney		City of London	
	Number of pupils	Proportion of total	Number of pupils	Proportion of total
Primary	20,584	46%	284	12%
Secondary	13,524	30%	0	0%
Special	374	0.8%	0	0%
Pupil referral units (PRUs)	92	0.2%	0	0%
Independent	9,794	22%	2,098	88%
Total	44,368	100%	2,382	100%

Source: Department for Education, School Census 2018

In 2014/15 survey data found that 48.5% of 15 year olds in City and Hackney combined reported being bullied in the past couple of months, less than to the London average[5]. Children and young people with special educational needs and disabilities (SEND), high absence and exclusions from school might be at increased risk of adverse mental health outcomes. In addition, unemployment is a risk factor for poor mental wellbeing in younger age groups. Adolescents who remain unemployed after leaving school report lower levels of life satisfaction, have decreased self-esteem and increased depression. Conversely, good school readiness and educational attainment are considered as protective factors against poor mental health.

In 2018, around 18.5% (6,383) of Hackney's school aged children were identified as having SEND. This is significantly lower compared to the 2014 prevalence of 20.5%, but still significantly higher compared to the national and London averages of 14.4% apiece. The proportion of primary school children with SEND in the City in 2018 was 18.7% (53 pupils), which was similar to Hackney prevalence, but significantly higher than London and England averages. No SEND data is available for independent schools.[6] The proportion of pupils receiving SEND support in Hackney in 2018 is 13.4%, higher than the London average of 11.3%. The proportion of Key Stage 4 SEND with education, health and care (EHC) plans going to or remaining in education, employment or training in Hackney was 89% in 2017 compared to the London average of 92%. The proportion of looked after children with a SEN statement or EHC plan was 60% in 2018, compared to the London average of 49% [7]

According to 2018 data, 1,165 primary, secondary and special school pupils with statements of SEN were identified as having social, emotional and mental health needs as a primary need in

[5] https://fingertips.phe.org.uk/profile/child-health-profiles
[6] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
[7] http://lmh.nhsbenchmarking.nhs.uk/toolkit

Hackney. The proportion of Hackney pupils with social, emotional and mental health needs has increased significantly over the past three years and is significantly higher compared to the national and London averages (Table 3.2). This proportion is also significantly higher among secondary school pupils, compared to primary school age. The prevalence in the City of London is not significantly different from Hackney and in 2018 a total of 12 pupils were identified as having social, emotional and mental health needs, all of whom were in primary school.

Table 3.2: Primary, secondary and special school pupils with social, emotional and mental health needs as a proportion of total pupils (school age, number and percentage, 2018)

Age	Hackney		City of London		London	England
	Number	%	Number	%	%	%
Primary	520	2.5%	12	4.2%	2.2%	2.1%
Secondary	630	4.7%	0	0.0%	2.6%	2.3%
All	1,165	3.4%	128	2.9%	2.4%	2.4%

Source: PHE, Children and Young People's Mental Health and Wellbeing Profiles

The rate of exclusions from primary schools in Hackney is significantly higher compared to the London average, but similar to the national average (Table 3.3). However, the rate of exclusions in the City is significantly higher than Hackney, London and national averages. The rate of exclusions increases significantly by the time children are in secondary school and the rate in Hackney is significantly higher compared to the London and England averages. In addition, the rate of exclusions due to persistent disruptive behaviour is significantly higher in Hackney than in London and England. In 2017/18, over 438,000 and 2,500 half school days were missed due to either authorised or unauthorised absence in Hackney and the City respectively. The proportion of half days missed in Hackney has decreased significantly over the past six years and is now similar to the national and London averages. There has been no significant change to the proportion of half school days missed in the City of London.[8] The total permanent exclusions from school as a proportion of the total school population in 2016/17 in Hackney were 0.1% similar to the London average. The total number of fixed period exclusions as a proportion of the total school population in Hackney in 2017 was 5.6%. The proportion of children who have been looked after for 12 months or more with at least one fixed term exclusion from school was 14.2% in City and Hackney in 2016[9]

[8] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

[9] http://lmh.nhsbenchmarking.nhs.uk/toolkit

Table 3.3: Fixed period exclusions and absence from school as a proportion of total pupils (school age, number and percentage, 2016/17)

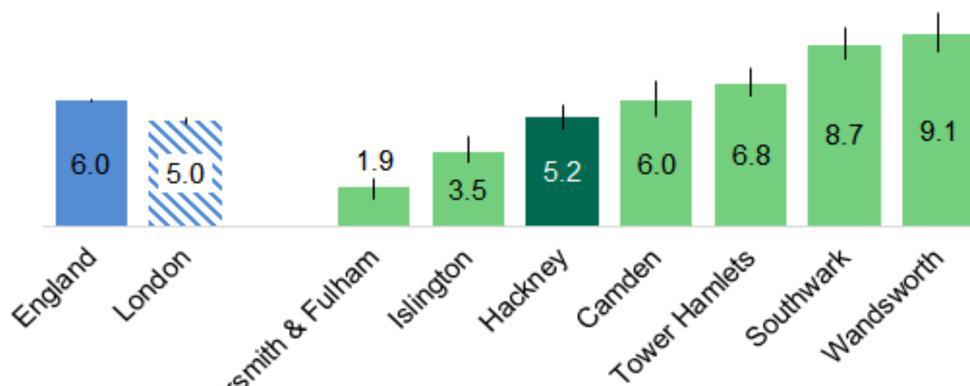
Indicator	Hackney		City of London		London	England
	Number	%	Number	%	%	%
Exclusions (primary school)	235	1.1%	3	1.1%	0.8%	1.2%
Exclusions (secondary school)	1,680	12.7%	0	0%	6.9%	8.8%
Exclusion due to persistent disruptive behaviour	417	1.2%	37	1.1%	0.7%	1.2%
Half days missed due to overall absence	438,704	4.3%	2,565	3.2%	4.5%	4.5%

Source: PHE, Children and Young People's Mental Health and Wellbeing Profiles

Local data suggests that children and young people from certain ethnic minority groups are more likely to be excluded from school. In secondary schools, the number of Caribbean girls receiving fixed term exclusions is higher than other ethnicities on the school roll across 2014-17. In 2014, 22% of all primary school fixed exclusions were received by Caribbean boys and 26% in both 2015 and 2016. In 2017, Caribbean boys received 18% of fixed term exclusions, with the 'all other ethnic groups' cohort contributing 21% of fixed term exclusions, more than Caribbean pupils for the first time. In secondary schools, boys from Caribbean, African, Mixed heritage, English/Scottish/Welsh groups are over-represented in terms of proportion of exclusions versus proportion of school roll. [10]

The proportion of young people aged 16-18 who are not in education, employment or training (NEET) in Hackney has been decreasing in the past five years. In 2015 the proportion was significantly lower compared to the 2011 value of 3.9%. The proportion of NEET in Hackney is also significantly lower compared to the national and London averages as well as the rates in Tower Hamlets and Camden (Figure 3.6).

Figure 3.6: Young people not in education, employment or training as a proportion of total 16 to 17 year olds (age 16-17, percentage, 2017)



Source: PHE, Children and Young People's Mental Health and Wellbeing Profiles. City of London data are not reported due to small numbers

[10] Hackney Learning Trust. Education and Exclusions internal data 2018

In 2017/18, 70.1% of all eligible Hackney children and 81.3% of the City children achieved a good level of development at the end of reception (school readiness). School readiness has improved significantly over the past five years in Hackney and both Hackney and the City perform significantly better compared to the national average. School readiness for children who receive free school meals in Hackney has also improved significantly from 54.8% in 2012/13 to 70.4% in 2017/18 and while the proportion is lower compared to all children, the difference is not statistically significant. The count of children receiving free school meals in the City was too low to make any meaningful conclusions about the trend and performance.[11]

Around 63% of Hackney and the City children have achieved 5 or more GCSEs in 2015/16 – this proportion is significantly higher compared to the national average and similar to the London average. A significantly lower proportion of Hackney children who are in care achieve the same level of educational attainment. According to 2015 data, only around 35% of children in care have achieved 5 or more GCSEs. It was not possible to estimate the proportion for the City due to low numbers.

3.2.2 Physical or learning disability and Autism

Children with a physical or learning disability can experience higher risk of adverse mental health outcomes. Physical illness and disability influence the risk of mental health problems and can result in emotional and conduct disorders, depression, and low life satisfaction. A national survey of young people showed that approximately 11% (around 310) of 15 year olds in Hackney and the City have a long-term illness, disability or medical condition diagnosed by a doctor. In 2017 around 6.4% (2,182) of primary, secondary and special school children in Hackney were registered as having a learning disability. The proportion of pupils with a learning disability in Hackney is significantly higher compared to the London and national averages of 4.4% and 5.6% respectively. This proportion has increased significantly since 2013, when around 2.8% (1,080) of Hackney pupils were known to have a learning disability. The proportion of City pupils with a learning disability is 8.3% (23 pupils), which is not statistically different from Hackney and the national average, but significantly higher compared to the London average. No learning disability data is available for independent schools.[12]

Autism is not a learning disability, but around half of people with autism may also have a learning disability and some might have other mental health issues.[13] According to the Department for Education 2017 data, 506 (11.4%) of Hackney and 7 (2.9%) of City school children had autism. Autism prevalence in Hackney and in the City was significantly lower compared to the national and London averages of 12.5% and 13.6% respectively.[14]

3.2.3 Crime

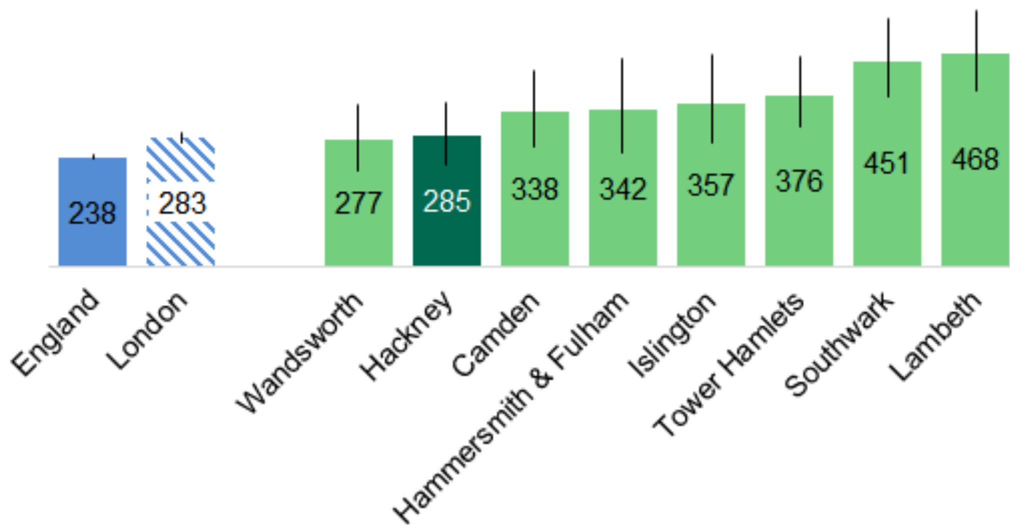
There is strong evidence of correlation between experiencing or witnessing violence and adverse mental health outcomes such as depression, anxiety, conduct disorder, suicidal behaviour, substance abuse, post-traumatic stress disorder, low self-esteem and poor life satisfaction.

In 2018, in Hackney and the City, 69 10-17 year olds received their first reprimand, warning or conviction (first time entrants to the youth justice system). The rate of entering the youth justice

[11] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
[12] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
[13] https://www.mencap.org.uk/learning-disability-explained/conditions/autism-and-aspergers-syndrome
[14] https://fingertips.phe.org.uk/profile/learning-disabilities

system for the first time was 285 per 100,000 population, which was similar to the national and London averages (Figure 3.7). The rate was also similar to the first time entrants to the youth justice system rates in most statistical neighbours, excluding Southwark and Lambeth, where the rates were significantly higher. Compared to the 2010 rate of 973 per 100,000 population, the rate of a young person entering the youth justice system for the first time in Hackney and the City has reduced significantly.

Figure 3.7: First time entrants to the youth justice system (age 10-17, rate per 100,000 population, 2018)



Source: PHE, Children and Young People's Mental Health and Wellbeing Profiles

The numbers of young people re-offending in Hackney within a 12 month period have plateaued over 2017/18, at 79. However with the national change to quarterly calculation of re-offences there has been a national and local rise in the average number of re-offences. For Hackney this has seen a rise to 3.96 re-offences per reoffender. [15]The Office for National Statistics (ONS) warn that the change in counting rules that occurred last year means that previous trend data is no longer comparable.

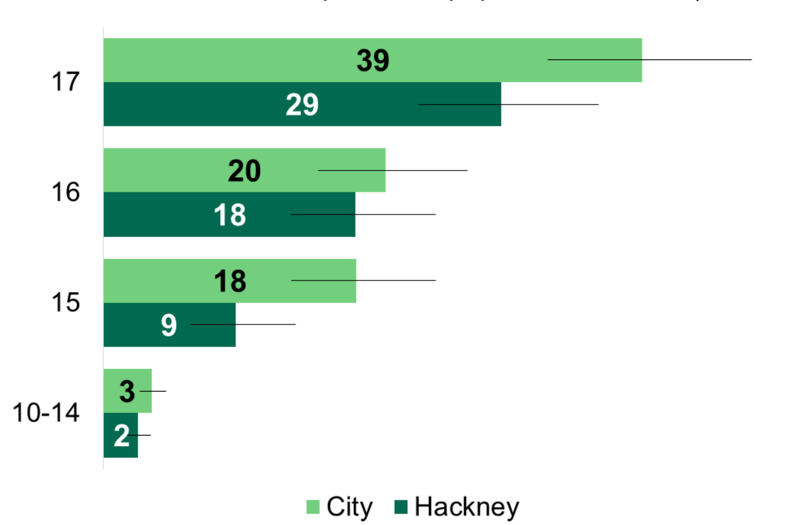
In 2015/16, 193 Hackney children and young people age 10 to 17 were worked with by the youth offending team. The number of sentences in the City cannot be reported due to small values. The rate of being sentenced was the highest among 17 year olds in both Hackney and the City and there was no significant difference in the sentencing rates between the two boroughs (Figure 8). The rates in the City were significantly higher compared to the national average in all age groups. Compared to the national average, the rates in Hackney were significantly higher for young people aged 16 to 17, but similar for children aged 10 to 14 and young people aged 15.

Research locally has found that between 60-70% of children involved in offending have a speech, language and/or communication needs. This is not very different from national findings of needs of children within the Youth Justice System. Furthermore, the correlation between youth offending and exposure to trauma, violence and abuse is well-documented and it has been a key area of

[15] London Borough of Hackney. Local Youth Justice dataset 2018

focus in youth justice in Hackney since 2016, particularly in relation to how it interplays with racial identity and contributes to disproportionality of BAME children in the youth justice system.[16]

Figure 3.8: Children and young people in the youth justice system in Hackney and the City by age (ages 10 to 14, 15, 16 and 17, crude rate per 1,000 population, 2015/16)



Source: PHE, Child and Maternal Health Profiles

3.2.4 Substance Misuse

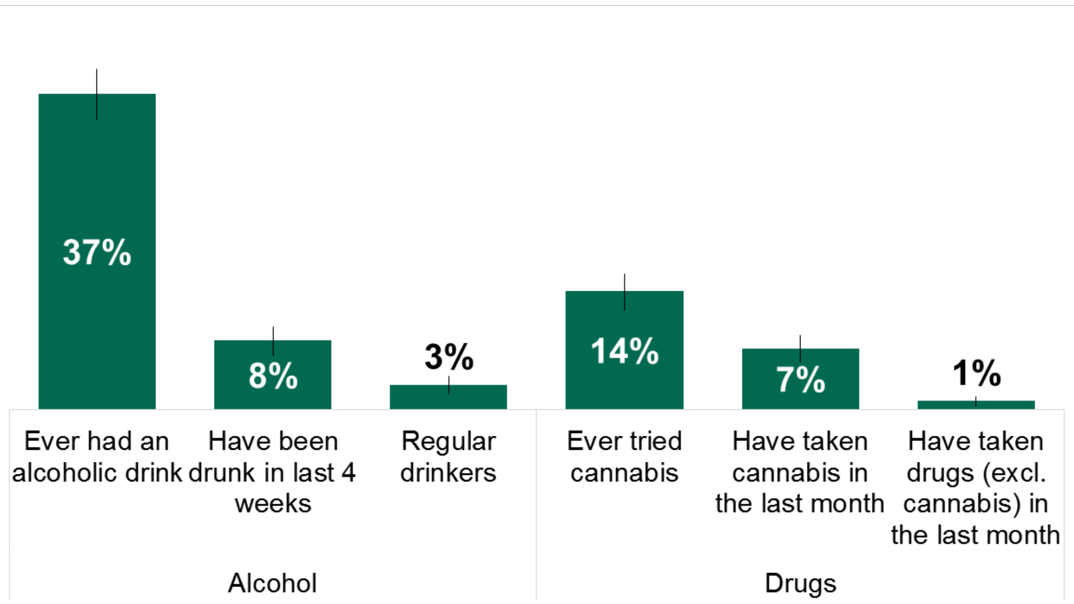
The 'substances' referred to in substance use and misuse cover a range of mood altering consumables, from common and legal substances such as alcohol to illegal and extremely harmful drugs such as heroin. Substance misuse happens when the excessive consumption of and/or dependence on leads to social, psychological, physical or legal problems, affecting family and friends, or the wider community. There is also a strong relationship between mental ill health and substance misuse.[17]

Locally, around 40% of young people age 15 have ever tried an alcoholic drink (Figure 9). This proportion is significantly lower compared to the national and London averages. Proportion of regular drinkers and those who report being drunk in the past four weeks in Hackney and the City is also significantly lower compared to the national average and similar to the London average. The data show that a significantly higher proportion of girls age 15 than boys report ever having an alcoholic drink and being drunk in the past four weeks: 65% and 18% versus 60% and 12% respectively for boys. There is no significant sex difference in the proportion of regular drinkers.[18]

Locally, around 14% of young people age 15 report to have ever tried cannabis with around 7% reporting having taken cannabis in the last month (Figure 3.9). These proportions are significantly higher compared to the London averages and similar to the national averages. Proportion of 15-year-olds who have taken drugs (excluding cannabis) in the last month in Hackney and the City is similar to the national and London averages. The data show no significant sex differences in the proportion of 15-year-olds who have ever tried cannabis, those who had cannabis in the last month and those who have taken other drugs but cannabis in the last month.

[16] https://fingertips.phe.org.uk/profile/child-health-profiles
[17] https://hackneyjsna.org.uk/articles/children-young-people/
[18] https://fingertips.phe.org.uk/profile/child-health-profiles

Figure 3.9: Proportion of young people reporting having an alcoholic drink and taking drugs in Hackney and the City (age 15, percentage, 2014/15)



Source: PHE, Child and Maternal Health Profiles

In 2017/18, 109 young people were in specialist substance misuse services, 89 (82%) of which constituted new presentations to service. Furthermore, 112 (around 12.5%) of 893 adults undergoing a substance misuse treatment in 2017/18 in Hackney were living with children (either their own or someone else's).[19]

The rate of admissions for alcohol-specific conditions for those aged under 18 per 100,000 population for the 3 years combined (2015/16 - 17/18) in Hackney and the City combined was 18.4, similar to the London average.[20]

The rate of admissions for substance misuse for those aged 15 to 24 per 100,00 population (age standardised) for the 3 years combined (2015/16 - 17/18) in Hackney and the City combined was 69, similar to the London average. [21]

In 2018, 9% of looked after children in Hackney had substance misuse problems[22]

3.3 Children and young people known to services

Children in the care of local authorities are more likely to experience mental health problems such as conduct disorder as a result of their adverse childhood experiences. Being in care when young is associated with increased levels of antisocial behaviour, emotional instability and psychosis. Nationally, about 60% of looked after children have been reported to have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care.

[19] National Drug Treatment Monitoring System, Provider Activity report 2017/18
[20] https://fingertips.phe.org.uk/profile/local-alcohol-profiles
[21] https://fingertips.phe.org.uk/profile-group/mental-health/profile/crisis-care
[22] http://lmh.nhsbenchmarking.nhs.uk/toolkit

In 2018, the rate of referrals to children's social services for Hackney was 6,169 per 100,000 registered population aged under 18. [23] In 2018 there were 390 looked after children (LAC) under 18 in Hackney and the City combined. The rate (61 per 10,000 population aged under 18) was similar to the national average but significantly higher than the London average. In 2017/18, there were 224 care leavers in Hackney and the City combined. In 2018 in Hackney 248 children aged under 18 were identified as in need due to socially unacceptable behaviour as the primary reason. The rate of children in need due to socially unacceptable behaviour in Hackney is significantly higher compared to the London and national averages: 39.3 versus 13.3 and 6.9 per 10,000 children aged under 18 respectively.[24]

There is strong evidence to suggest that experience of abuse and/or neglect has a detrimental effect on children's mental health and wellbeing. Child abuse, especially child sexual abuse may result in major psychiatric disorders, personality disorders, conduct disorders, high risk lifestyles, aggression, self-destructive and violent behaviours, anti-social behaviour, problems with relationships, impaired capacity for parenting as well as physical illness.

Children who have been neglected are more likely to experience mental health problems including depression, post-traumatic stress disorder, and attention deficit and hyperactivity disorder. Furthermore, malnourishment resulting from neglect can cause delayed development and impaired cognitive function which can lead to depression in later life as well as dissociative disorders and impaired memory.

Lastly, children exposed to frequent, intense and poorly resolved inter-parental conflict are at heightened risk of emotional problems such as anxiety, depression as well as behavioural problems such as conduct problems.

The rate of new child protection cases started in 2014/15 per 10,000 aged under 18 was 45.5 for Hackney. The rate of child protection plans started in 2018 was 34.9 per 10,000 population (age unspecified)[25] Table 4 presents a number of indicators for children in need, child protection plans and LAC split by reason of being in contact with local services. Hackney rates for children in need (CIN) due to family stress, dysfunction or absent parenting or starting to be looked after for the same reason in 2017 were significantly higher compared to the national and London averages. In 2018 CIN due to parent disability or socially unacceptable behaviour were also significantly higher than the London or national averages. The remaining indicators from 2018 were similar or lower than the London or national averages. In 2018, 30 Hackney children became the subject of a child protection plan for a second or subsequent time during the year (14% of all cases). The number of cases in the City was too small and had to be suppressed.
In addition to the above, there were 27 looked after unaccompanied asylum seeker children in Hackney and 10 in the City in 2018.

[23] http://lmh.nhsbenchmarking.nhs.uk/toolkit
[24] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
[25] http://lmh.nhsbenchmarking.nhs.uk/toolkit

Table 3.4: Children in need, looked after children and child protection plans (age under 18, number and crude rate per 10,000 children aged under 18, 2018)

Indicator	Hackney		City of London		London	England
	Number	Rate	Number	Rate	Rate	Rate
CIN due to abuse or neglect	1,183	187	11	88	180	181
CIN due to child disability or illness	209	33	-	-	39	29
CIN due to family stress or dysfunction or absent parenting (2017)	832	133	31	266	98	93
CIN due to parent disability or illness	249	40	-	-	14	8
CIN due to socially unacceptable behaviour	248	39	-	-	13	7
Children subject to a child protection plan with initial category of abuse	111	18	-	-	21	21
Children subject to a child protection plan with initial category of neglect	79	13	-	-	16	22
Children who started to be looked after due to abuse or neglect	75	12	0		13	16
Children who started to be looked after due to family stress or dysfunction or absent parenting (2017)	82	13	6	51	12	9

Source: PHE, Children and Young People's Mental Health and Wellbeing Profiles
Notes: CIN – Children in need; "-" value suppressed due to a small number of cases

Table 3.5 shows that BAME groups are over represented in Hackney, relative to their population sizes in terms of the numbers of child protection plans and the number of looked after children. Whilst Hackney has a well-resourced CAMHS offer for LAC, the over-representation of BAME children in this cohort reflects wider generally higher levels of local need in BAME groups that requires an accessible and culturally competent CAMHS offer.

Children of Black ethnicity are over-represented among Hackney's LAC, accounting for 40% of LAC, but accounting for around a quarter (25%) of the local 0-19 population. Conversely, children of White ethnicity account for less than one third (27%) of the LAC caseload, while comprising around 43% of the local 0-19 population. The numbers in the City of London were too small to present by ethnicity. In the City, the ethnic profile of the City's children in care reflect the dominance of children who are unaccompanied asylum seeking children (UASC) among this group. 92% of children looked after in 2017/18 were UASC and BAME. 7% of City's LAC were White. [26]

[26] City of London, Corporate Parenting 17/18 report

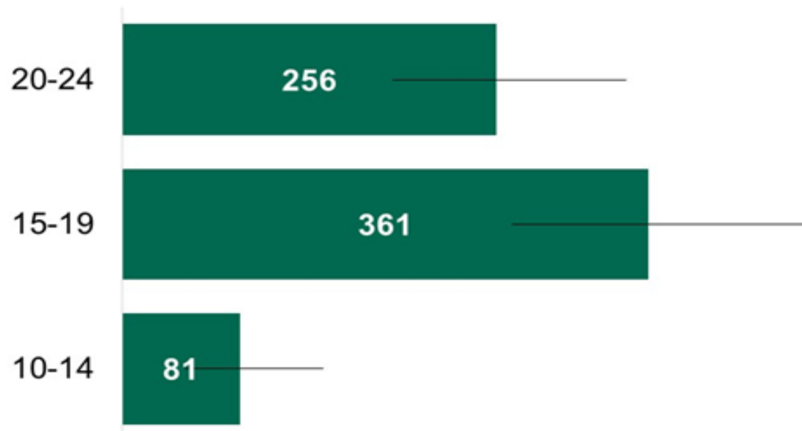
Table 3.5: Looked after children and children on Child Protection Plans in Hackney by ethnicity (number and proportion of total, March 2018)

Ethnic group	Child protection plans		Looked after children	
	Number	%	Number	%
Black	62	31%	151	40%
White	57	28%	102	27%
Mixed	43	21%	83	22%
Asian	26	13%	25	7%
Other Ethnic group	11	5%	13	3%
Not Stated/not recorded	3	1%	8	2%
Total	202	100%	382	100%

Source: Hackney Learning Trust, Local Children's Social Care dataset (2018)

In 2017/18 Hackney Children and Families Services received 1,186 contacts with a referral category of 'domestic abuse' (9% of all contacts received). This is similar to the previous year, when the number of referrals in 'domestic abuse' category was 1,221 (10% of all contacts).[27] In 2017/18 there were 106 admissions due to self-harm among Hackney and the City children and young people aged 10 to 24. The standardised rates of admissions in Hackney and the City were significantly lower compared to the London and national averages. The highest rates were in age group 15-19 (Figure 3.10). The rates in this age group were significantly higher compared to those among 10-14 year olds, but not significantly different compared to age group 20-24.[28]

Figure 3.10: Hospital admissions due to self-harm in Hackney and the City by age (ages 10-14, 15-19, 20-24, crude rates per 100,000 population, 2017/18)



Source: PHE, Children and Young People's Mental Health and Wellbeing Profiles

3.3.1 Tiered Services

- Tier 1: Mental health problems manageable by non-specialist community practitioners, teachers, GPs, social workers.
- Tier 2: Problems requiring specialist primary care and community practitioners e.g. psychologists)
- Tier 3: Problems requiring specialist team input
- Tier 4: Severe problems requiring inpatient, outpatient and specialist day units.

[27] London Borough of Hackney, Local Domestic Violence dataset

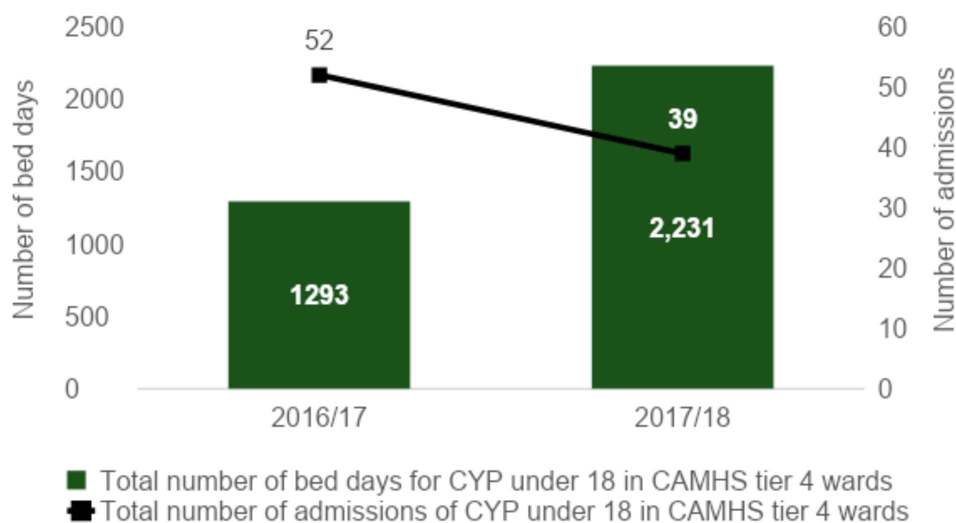
[28] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

In March 2019 the rate of people aged under 18 in Hackney and the City in contact with mental health services per 100,000 registered population was 2,670, greater than the London average of 2,276. The rate of those under 18 receiving a second contact with mental health services in December 2018 in hackney and the City per 100,000 registered population was 160, greater than the London average of 112.

In 2017/18 the rate of admissions for mental health conditions among City and hackney children under 18 per 100,000 was 82.4 compared to the London average of 78.8. In Quarter 2 2018/19 the rate of admissions into CAMHS inpatient services for City and Hackney aged under 18 per 100,000 registered population was 11.1 compared to the London average of 8.7. This equated to a total number of bed days per 100,000 registered population in the same quarter was 682, lower than the London average of 878. The proportion of caseload under 18 with psychosis was 1.2% in 2016 for City and Hackney, compared to the London average of [29]

The total number of admissions for children and young people under the responsibility of City and Hackney CCG aged under 18 in CAMHS Tier 4 Wards decreased in 2017/18 overall (Figure 3.11). However, the total number of bed days increased. The number of new CYP under 18 receiving treatment in community services has increased.

Figure 3.11: Tier 4 Mental Health bed admissions (age range, unit, year)



Source: NHS England Mental Health Five Year Forward View Dashboard

Demographic data were available for the 1,874 open cases in the specialist CAMHS service for all teams in 2017/18. The majority (68%) were in the 12 to 18 age group and there were significantly more males in the service (54%). Ethnic group analysis found 38% of cases were in white, 24% in other, 20% in black, 11% in mixed and 6% in Asian young people. 1% of cases did not have an ethnic group assigned.

Local hospital episode statistics found 45 finished admission episodes with a primary diagnosis of mental and behavioural disorders in 2018/19 for 0 to 17 year olds. The majority (64%) were in 15 to 17 year olds and 56% were in females. Ethnic group analysis found that 33% were in white

[29] http://lmh.nhsbenchmarking.nhs.uk/toolkit

people, 20% in black and 11% each for Asian, other or mixed ethnicity. 13% did not have an ethnic group assigned.

3.4 Estimated mental health need

Estimates suggest that around 3,900 of Hackney and the City residents aged 5-16 might be experiencing a mental health disorder (Table 6). An estimated prevalence of any type of a mental health disorder is higher in Hackney compared to the City of London. Conduct disorders in childhood are associated with significantly increased rate of mental health problems in adult life and up to 50% of children and young people with conduct disorder go on to develop antisocial personality disorder. [30]

Table 6: Estimated number and prevalence of mental health disorders among children and young people in Hackney and the City (age 5-16, 2015)

Mental health disorder	Hackney		City of London	
	Number	Prevalence	Number	Prevalence
Conduct disorders	2,374	6%	28	4%
Emotional disorders	1,494	4%	19	3%
Hyperkinetic disorders	648	2%	8	1%
All mental health disorders	3,837	10%	48	8%

Source: PHE, Children and Young People's Mental Health and Wellbeing Profiles

Notes: Numbers of individual disorder types might not add up to the total as some children experience more than one disorder; emotional disorders include anxiety disorders and depression; conduct disorders include defiance, aggression and anti-social behaviour

These estimates should be interpreted with caution, as they are only adjusted for age, sex and socio-economic classification and do not take into account differences in other factors which may influence prevalence. The survey used to derive the estimates was carried out in 2004 and no adjustment has been made for possible change in prevalence over time.

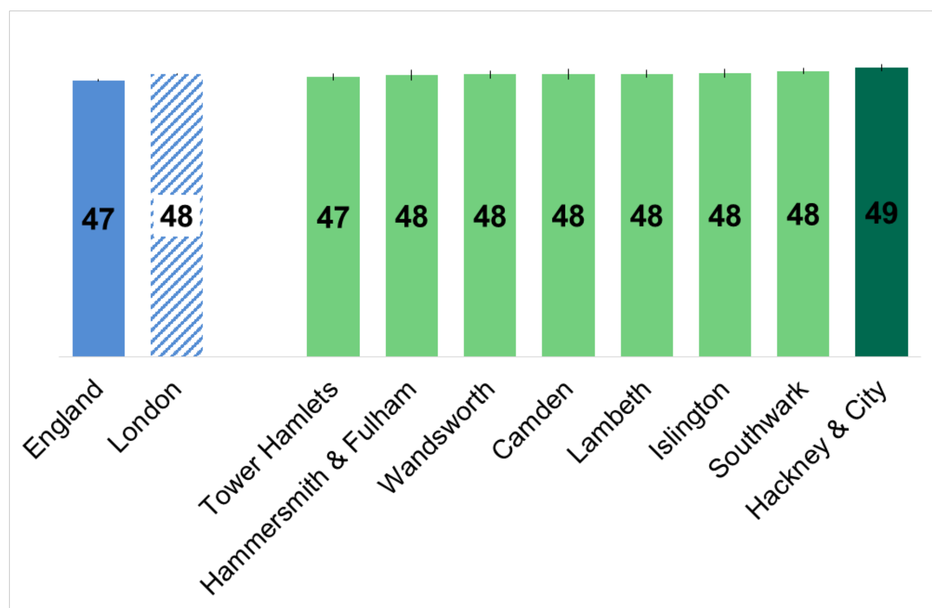
More recent estimates for mental health conditions in children and young people are available from the Mental Health of Children and Young People (MHCYP) in England Survey 2017 using age-sex prevalence tables for behavioural, emotional, hyperactivity and less common disorders applied to Greater London Authority age-sex housing-based population estimates for 2018. The survey finds behavioural disorders including conduct disorders and oppositional defiant disorder (6%) and hyperactivity disorders (3%) are more prevalent among boys and among girls emotional disorders including anxiety, depressive episodes and bipolar affective disorder (10%) and eating disorders including anorexia nervosa and bulimia nervosa (1%) are more prevalent. Applying the MHCYP prevalences to local population estimates suggest that around 4,500 children and young people aged 5 to 19 in Hackney and the City in 2018 have one or more diagnosable mental health disorders. In detail estimates suggest that there may be 2,306 young people with behavioural disorders in Hackney and 36 in the City. Emotional disorders are estimated at 3,790 in Hackney and 64 in the City. Hyperactivity disorders are estimated at 804 in Hackney and 13 in the City. Eating disorders in young people are estimated as 195 in Hackney and 3 in the City. [31]

[30] Antisocial behaviour and conduct disorders in children and young people: recognition and management NICE CG158, 2017 https://www.nice.org.uk/guidance/cg158/chapter/introduction

[31] Mental Health of Children and Young People in England 2017

Analysis shows that, despite having significant risk factors for poor mental health, mental health and wellbeing outcomes for children in City and Hackney are relatively good. The What About YOUth survey, which was conducted nationally in 15 year olds, included 14 questions to calculate an overall mental wellbeing score using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Using this scale, mental wellbeing in Hackney and the City was similar to Hackney's statistical neighbours with an exception of Tower Hamlets, where it was significantly lower. Mental wellbeing among young people in Hackney and the City was also significantly higher than the London and national averages (Figure 3.12).

Figure 3.12: Average mental health and wellbeing score for young people in Hackney and statistical neighbours (age 15, average WEMWBS score, 2014/15)



Source: PHE, Children and Young People's Mental Health and Wellbeing Profiles

https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

4 Current Mental Health and Wellbeing Pathways for Children and Young People in City and Hackney

4.1 CCG Funded Services

The following services are currently funded by City and Hackney CCG on a recurrent basis.

4.1.1 Community Child Psychology Services (First Steps)

Provided by Homerton University Hospital NHS Foundation Trust, First Steps Early Intervention Community Psychology Service operates between 9-5pm, Monday to Friday and provides a service for children and young people aged 0-18 and their families, who have mild to moderate mental health problems and who are likely to be helped by a brief psychological intervention. The service is provided by a team of child mental health professionals, locality leads and a parenting lead, all of whom are based in children's centres and GP practices across the local authority where interventions are also delivered. The service delivers a range of individual and group interventions, parenting support, mental health promotion, education and training, and topic based groups such as 'Calm Connections' and 'Transition'. Referrals onto specialist CAMHS is required. Referrals can be made by any professional working with a child. Families may also self-refer.

4.1.2 Child and Adolescent Mental Health Service (CAMHS) Disability Team

The CAMHS Disabilities Service is provided by the Hackney Ark Children & Young People's Centre for Development & Disability by Homerton University Hospitals NHS Foundation Trust and East London NHS Foundation Trust. The service operates between 9-5pm, Monday to Friday. The service consists of:

- A specialist, tier 3 service for children and young people aged 0-19 who have dual difficulties; mental health or emotional needs, which occur alongside a disability.
- A joint multidisciplinary team provided by Homerton University Hospital NHS Foundation Trust and East London NHS Foundation Trust, which consists of clinical psychologists, consultant child and adolescent psychiatrist, play specialist, systemic family therapist, child psychotherapist and specialist autism clinicians.

The service provides diagnosis e.g. ASD, ADHD, psycho-pharmacological intervention (medication), therapeutic/behavioural support and interventions and support with emotional response to diagnosis. It also delivers group work around parenting, siblings support groups, Next Steps intervention (MDT) for under 5s, Teen Troubles (ASD), ASD parent support group. Referrals can be made by any professional working with a child. Parents may self-refer provided they have been known to the service in the past.

4.1.3 Specialist Child and Adolescent Mental Health Services

Core specialist CAMHS services are provided by East London NHS Foundation Trust from primarily one location at Homerton Row. Specialist CAMHS offers assessment and help to children, young people and their families with significant emotional, behavioural and mental health difficulties. The threshold for referral to specialist CAMHS is that the suspected mental health difficulties are urgent, persistent, complex or severe. The service provides several team pathways:

- Emotional and behavioural disorders
- Conduct disorder and Outreach

- Eating disorders
- Paediatric Crisis and Psychiatric Liaison
- Neurodevelopmental Disorders (ASD and ADHD)
- Adolescent Mental Health Team (see below)
- Parent Infant Psychotherapy Service (PIP, see below)
- Youth Justice Liaison and Diversion

East London NHS Foundation Trust provides an Adolescent Mental Health Team which targets work with psychosis. The team provides an early intervention in psychosis service to offer quick identification of the first onset of a psychotic disorder and appropriate treatment including intensive support, crisis intervention, assertive outreach and home treatment in the early phase.

- The service also provides assessment and treatment of mental health problems of an acute and severe nature for young people including complex eating disorders, OCD, ASD, Anxiety and Depression.
- The service will implement appropriate discharge planning, liaison and community outreach in conjunction with the Coborn Centre for Adolescent Mental Health (In patient unit).
- The team is multidisciplinary and consists of consultant child and adolescent psychiatrists, clinical psychologist; systemic family therapists, and specialist mental health nurses and mental health clinicians.
- Referrals through core service and the Coborn Centre for Adolescent Mental Health (in-patient unit)

4.1.4 Parent Infant Psychotherapy Service (PIP)

The PIP Service, provided by ELFT, works with women, who have moderate to severe mental health difficulties in pregnancy or within the first year after child birth. These may be pre-existing illnesses or have their onset in the perinatal period. If there is a previous, current or a family history of mental health difficulties, a woman can consent to a referral to this service. Members of the team have many different professional backgrounds: nursing, psychology, and medicine.

4.2 NHS England Funded Services (Specialist Commissioning)

The following services available in City and Hackney and/or available to City and Hackney residents are:

4.2.1 The Mother and Baby Unit

East London NHS Foundation Trust provide a family centred mother and baby unit for mother's experiencing mental health problems before and after pregnancy.

4.2.2 The Coburn Centre

The Coborn Centre for Adolescent Mental Health is a service specially set up to look after young people between the ages of 12 and 18 years old who are experiencing significant emotional and/or mental distress. It is mixed gender and provides a service to young people from Hackney, Tower Hamlets and Newham. The unit has 16 beds (12 Acute and 4 PICU) and 6 day care places.

4.2.3 Youth Justice Liaison and Diversion

East London NHS Foundation Trust have historically hosted this post. However, subsequent to CAMHS Transformation Phase one, work is currently underway to collaboratively commission this with City and Hackney CCG.

4.3 Services funded and delivered by London Borough of Hackney / City of London

4.3.1 Midwives doctors and health

All midwives, doctors and health visitors at the Homerton are trained in perinatal mental health and are aware of the physical and emotional changes that occur during pregnancy and following childbirth as part of the universal service. The midwifery team is supported by Specialist Mental Health Midwives who are expert midwives and local champions and who's role it is to ensure that women with perinatal mental illnesses and their families receive the specialist care and support they need during pregnancy and in the postnatal period. They support their maternity team colleagues to ensure that services deliver the best possible personalised care to these women and their families to optimise their mental health

4.3.2 Family Nurse Partnership

First time parents aged 24 or under in City and Hackney are supported by the Family Nurse Partnership programme (FNP). This is a holistic preventative programme with the primary focus on improving the health and wellbeing of the child and mother in pregnancy, supporting parents understanding of their child's development and encouraging parents to fulfil their aspirations for their baby and themselves. Young families are supported by a family nurse from a healthcare background either as midwife, health visitor or paediatric nurse who has been specially trained to deliver this programme[1].

4.3.3 Health visitors

Our Health visitors, who are all nurses or midwives with specialist training in family and public health, provide universal support to parents and their families to improve health and wellbeing during pregnancy, after the birth and all the way through until a child is five. Health visitors in City and Hackney work as part of a wider health team which includes nursery nurses, GPs, midwives, paediatricians, psychologists, speech therapists and other health professionals and they provide support around child development, parental wellbeing and around understanding children's behaviour as well as providing targeted support to vulnerable families.

4.3.4 Children's centres, MAT and Early Help

Early identification of need; family strength and support network, underpinned by the Common Assessment Framework (CAF) and Hackney Wellbeing Framework.

The Children's Centres in City and Hackney provide a space where local families with young children can go to enjoy the facilities and receive support that they need, including free parenting support. In Hackney, the Children's Centres play an important part in ensuring children and families that require additional support, receive seamless support. In order to do so they provide Multi-Agency Team meetings (MAT). MATs are attended by a virtual team of professionals from different agencies, who work together to coordinate and monitor family intervention, in order to prevent fragmented service delivery and rather provide:

Quick and easy access to expertise and flexible services, avoiding bureaucratic processes
A lead professional to hold and support the family; Packages of support or coordinated services to achieve clearly defined child outcomes; and Monitor and review the support and outcomes before closing cases.

A number of Children's Centres run more targeted support groups for BAME groups, pregnant teenagers and their partners, women with a high BMI and for women from vulnerable groups who have not previously accessed antenatal classes. In Hackney there is also specialist support on offer from Orbit Project. The Orbit has specialist substance misuse midwives, counsellors and support workers on hand to help expectant mums and families with children under 5 years old.

4.3.5 Schools

In addition to the CAMHS and CFS support available as outlined above there is a range of other support available through school, Young Hackney or provided by the community and voluntary sector. It should be noted that most of the services below are targeted at children from the age of 10. In addition, schools are autonomous hence free to buy in emotional help and wellbeing support independent of the local authority. In the City and Hackney we know that a number of schools offer their pupils support from the following voluntary organisations; A Space, Place2B and CarrissCreative;

A Space work in 10 secondary schools and 9 primary schools in Hackney and their clinicians embedded in the schools work with students for an average of 2 years. A Space primarily see pupils for individual one-to-one sessions but they also work with parents and families on a targeted basis[1].

Place2Be work in 4 schools in Hackney, these include both primary and secondary schools, using the following approach;

- A clinician or trained counsellor is embedded in the school and the service is commissioned directly by schools.
- Employ a whole school approach to mental health and offer one-to-one counselling, short and long term psychotherapy, short term solution focussed interventions as well as a universal access service in the form of a drop-in service which has proven successful in providing readily available access to support for children and young people.
- Deliver training which includes Mental Health Champion training which helps schools think about mental health across their school, focusing on a whole school approach which includes parents and carers. In addition, they also provide consultation for teachers to help them reflect on their practice[2].

CarissCreative provide arts therapies in 6 schools and colleges in Hackney. Offering and opportunity for people to express themselves in a different way to talking alone. CarissCreative provide group work as well as individual support to children, families and staff. The support offered includes both short term and long term work. CarissCreative also work with staff to prioritise which children access their support services as well as providing support for staff in terms of training around the emotional burden of working with such vulnerable children.

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[1] http://mginternet.hackney.gov.uk/documents/g3999/Printed%20minutes%2019th-Feb-2018%2019.00%20Children%20and%20Young%20People%20Scrutiny%20Commission.pdf?T=1
[2] http://mginternet.hackney.gov.uk/documents/g3999/Printed%20minutes%2019th-Feb-2018%2019.00%20Children%20and%20Young%20People%20Scrutiny%20Commission.pdf?T=1

4.3.6 Hackney Educational Psychology Service

Educational psychologists work with parents/carers, other professionals and children/young people aged 0 to 25 years old. The focus is on applying psychology and evidence based practice

and interventions to promote positive outcomes. We work with children and young people who are experiencing difficulties that hinder their successful learning and participation in school and other activities. These difficulties include learning, social and emotional issues, as well as more complex developmental disorders.

Educational psychologists offer a range of services which include:

- Direct parental support with individuals or groups, for example using Video Interactive Guidance to promote parent child interaction
- Small group work with pupils, for example, Circle of Friends
- Therapeutic approaches with children and young people, for example, Tree of Life
- Training for teachers, teaching assistants and other support staff, for example, Emotional Literacy Support Assistants (ELSA) and Maximising the Practice of Teaching Assistants (MPTA)
- Clinical supervision

The Educational Psychology Service (EPS) has extensive experience working with schools managing traumatic incidents - sudden unpredicted tragic events, which come out of the blue. The EPS provides three types of support in the first days and weeks following a traumatic incident:

- Information and advice about action, together with moral support and a trusted sounding board
- Advice to school staff about possible emotional responses among staff and pupils, and how to manage these
- Support in developing scripts when communicating with staff, parents and children and young people

4.3.7 Hackney CFS Clinical Service

Hackney Children and Families Service (CFS) includes the in-house Clinical Service, which is a highly specialist and integrated therapies MDT that delivers high quality assessments and multi-modal interventions to children who are in need, at risk and looked after and who have a range of complex needs in relation to their emotional health and wellbeing. Clinical assessments are undertaken collaboratively alongside CFS assessment and care planning by Specialist Clinical Practitioners working in clinical hubs across Children's Social Care, Young Hackney, the Family Support Service (including "Troubled Families") and the YOT.

Clinicians deliver a range of specialist assessments and multi-modal interventions to address a range of complex needs including but not exclusive to:

- Early identification and screening of child and adolescent mental health iss
- Abuse, neglect and complex trauma
- Children in Need and/or subject to Child Protection Plans
- Children and families in crisis and experiencing family breakdown
- Children subject to care proceedings and their families
- Emotional and behavioural difficulties experienced by looked after children, adopted children and children in other permanency arrangements.
- Psychological difficulties being experienced by care leavers
- Clinical risk issues and interventions to address these, including self-harm.
- Offending behaviour and harmful sexualised behaviour.

4.3.8 Young Hackney

Young Hackney is Hackney Council's early help, prevention and diversion service that works with children and young people aged 6 to 19, and up to 25 with special education needs/disability to support their development and transition to adulthood by intervening early to address adolescent risk, develop pro-social behaviours and build resilience. The service offers outcome-focused, time-limited interventions through universal plus and targeted services designed to reduce or prevent problems from escalating or becoming entrenched and then requiring intervention by Children's Social Care.

Young Hackney works closely with schools to support the delivery of the core Personal, Social and Health Education (PSHE) programme as well as to support behaviour management interventions. A curriculum has been developed that is delivered in schools and focuses on topics such as healthy relationships, substance misuse, e-safety and youth participation and citizenship. The majority of secondary schools in Hackney have an allocated Young Hackney team who will work with them to identify students who require additional support to participate and achieve. If schools identify students who would benefit from individual support, Young Hackney will create an appropriate intervention with the school.

4.3.9 The Young Hackney Health and Wellbeing Team

The health and wellbeing team is a relatively new team in Young Hackney delivering PSHE/RSE to all 5-19 year olds (up to 25 if SEND) in the City and Hackney. Their service is free of charge and sessions are offered in schools, colleges and at the Young Hackney Hubs. These drop-in sessions cover 5 subject areas:

- Sexual Health and Contraception
- Emotional Wellbeing
- Healthy Weight
- Smoking Prevent

4.3.10 Hackney Youth Justice Liaison and Diversion

'Early Help and Diversion', as it is locally known, offers young people, aged 10 to 18, who get arrested (regardless of arrest outcome), an opportunity to meet with either a CAMHS clinician or Young Hackney Prevention and Diversion Worker to complete an Early Help and Wellbeing screening. The screening consists of a series of questions to ascertain their feelings, circumstances and needs at the time of arrest, including mental health and wellbeing needs. The screening is usually offered and conducted whilst in custody or within a week of release into the community. Following consent, young people can be referred or sign posted to relevant support services and/or universal opportunities available in Hackney and suited to their needs and aspirations.

4.3.11 The Contextual Safeguarding Project

The Contextual Safeguarding project is focused on reducing the risks that young people face in extra-familial contexts including risks associated with peer abuse and sexual or criminal exploitation. The project is developing new approaches and systems to support practitioners to appropriately assess risk of harm that comes from beyond a young person's family to develop and implement contextual intervention plans. A range of training on Contextual Safeguarding has been developed and is being delivered. Contextual Safeguarding processes to support practitioners to think about and respond to contextual risks faced by young people have been developed, and these are being piloted within the CFS.

4.3.12 Trusted Relationships Project

Hackney Children and Families service has set up a to create a small detached youth work and mental health team to work with the borough's most vulnerable and hard to reach young people aged 10-17 years old. The team draws on the learning from Contextual Safeguarding and support young people to access specialist mental health support, targeted youth work and positive activities to help divert them away from being drawn into crime. The team also work with staff and local organisations to create a safer local environment through methods such as mental health first aid, community guardianship and bystander interventions that help people to understand how they can respond and intervene in potentially harmful situations.

4.3.13 Hackney Young Black Men's Programme

As part of a council and borough wide programme working to address disproportionality in outcomes for Young Black Men, the London Borough of Hackney invested £25,000 in rolling out mental health first aid training during 2016/17, targeting professionals working closely with Young Black men, and supporting early identification of need specifically around emotional and mental health and wellbeing. System leaders currently chair a YBM Mental Health Worksteam, and are focusing on four key areas of transformation:

- Acknowledging the context (understanding the causes and drivers of inequality)
- Young People, Families and communities taking the lead (prioritising lived experience and improving communication and transparency in our work)
- Provision, practise and response (Developing non - traditional working, building trust and confidence, emphasising prevention, challenging expectations of YBM and tackling structural racism and bias within systems)
- Developing partnerships (Influencing and taking action across statutory and voluntary services)

4.3.14 City of London Services

The City of London Corporation public health and children's social care teams have commissioned an enhanced CAMHS scheme for the looked after children under the care of the Corporation. Under this service all looked after children and care leavers receive a CAMHS assessment. These are undertaken in the placement and include the mental state of the child or young person. All relationships are assessed. All assessments include diagnosis of common conditions such as ADHD, and Autistic Spectrum Conditions can be screened for and diagnosed if appropriate. Support is also given to foster parents and carers for crisis management on a case by case basis, as is teaching and training to foster parents and carers.

4.4 Voluntary Sector Provision

4.4.1 Family Action – Well Family Plus

Family Action provides the 'WellFamily Plus' service which supports people over the age of 16, who experience mild to moderate mental health difficulties, frequent attenders to GP and A&E, those with unexplained symptoms for psycho-social issues This service offers holistic assessments, advice, and information, emotional and practical support. Anyone over the age of 16 is eligible, but must be registered with a City and Hackney GP. The service provides a range of emotional support / interventions to alleviate stress, anxiety, depression relating to domestic abuse, relationship issues, bereavement, parenting issues, education and employment difficulties, substance misuse, exam stress etc.

Practical support is also offered such as the following:

- Information and basic advice on a range of issues such as housing, welfare benefits, debt, access to Health and Social Care services, domestic abuse, etc.
- Simple form filling, for example, dial a ride or freedom pass application
- Support with applying for grants to alleviate financial difficulties
- Signposting to specialist services such as IAPT, psychotherapy, CAMHS, CHAMHRS, housing, finances/debt, immigration, domestic abuse, welfare benefits, education, employment etc.

By investigating root causes and signposting to services, which can address the wider social determinants identified, the service will also be supporting secondary care services by ensuring referrals to secondary services are more appropriate. The service can also have a “holding” function for patients/service users who are referred to secondary care and are waiting to be seen.

4.4.2 3.4.2 Off-Centre at Family Action

Off Centre provides a range of support including: counselling, psychotherapy and art psychotherapy; 1-1 keywork; psycho-social groupwork; an out-of-hours drop in, information and advice services and specific LGBTQI+ emotional and social support in a young person friendly setting; to children and young people experiencing practical, emotional and / or mental health difficulties. Off Centre works with young people experiencing diverse issues including bereavement, family breakdown; physical, sexual and emotional abuse, substance misuse, depression, anxiety, identity issues and more practical concerns such as unstable accommodation or employment support. Off Centre have recently been commissioned to provide the 16-25 transition service as part of CAMHS Transformation.

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4.5 CYP IAPT

City & Hackney was a wave two CYP IAPT site and the City & Hackney CYP IAPT partnership was set up in late 2012. The original partnership consisted of East London NHS Foundation Trust specialist CAMHS, Homerton University Hospital NHS Trust CAMHS and the London Borough of Hackney’s Young Hackney service. City & Hackney is part of the London and South East Collaborative linked to University College London and Kings College London. The CYP IAPT programme has also enabled greater participation by children, young people and parents/carers in service design and delivery. CAMHS partners undertook a User Participation project in 2015 and are currently collaborating with Hackney CVS in a Reach and Resilience programme aimed at minority communities.

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5 Current CAMHS Investment, Capacity and Performance

Table 5.1 Investment summary –Core Services (CCG Funded)

CCG Funded : City and Hackney	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
ELFT: Specialist CAMHS	£3,413,106	£3,467,000	£3,964,502	£3,968,602	£4,107,256	£4,214,045	£4,270,091	£4,326,884	£4,367,124	£4,407,738
ELFT: Perinatal Services	£215,373	£287,793	£288,000	£288,288	£333,741	£342,418	£346,972	£351,587	£354,857	£358,157
HUH: CAMHS ASD	£41,000	£42,000	£45,000	£46,817	£47,519	£49,529	£48,907	£50,926	£50,091	£52,158
HUH: First Steps	£1,080,670	£1,070,000	£1,082,000	£1,085,970	£1,102,259	£1,148,885	£1,134,460	£1,181,283	£1,161,914	£1,209,870
HUH: CAMHS Disability	£455,508	£451,000	£458,000	£459,854	£466,752	£486,496	£480,387	£500,215	£492,013	£512,320
FA - Well Family Service	£0	£285,000	£285,000	£285,000	£285,000	£285,000	£285,000	£285,000	£285,000	£285,000
Sub Total (CCG funded)	**£5,205,657**	**£5,602,793**	**£6,122,502**	**£6,134,531**	**£6,342,527**	**£6,526,372**	**£6,565,819**	**£6,695,894**	**£6,710,999**	**£6,825,243**

Table 5.2 Transformation Investment and Long Term Plan Trajectories

CCG Funded : City and Hackney	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Eating Disorder Service	£0	£190,000	£175,000	£150,000	£207,367	£212,759	£226,375	£236,449	£245,907	£254,759
Reach and Resilience phase 1	£0	£82,766	£66,355	£66,355	£66,420	£68,147	£69,053	£69,972	£70,622	£71,279
Developing CYP Outcomes	£0	£52,260	£0	£0	£0	£0	£0	£0	£0	£0
Perinatal	£0	£36,472	£67,568	£67,568	£67,636	£69,395	£70,317	£71,253	£71,915	£72,584
NICU Trauma & Attachmt	£0	£39,105	£36,978	£36,978	£37,016	£37,978	£38,484	£38,995	£39,358	£39,724
ASD Ed Psych	£0	£77,090	£59,141	£59,141	£59,200	£60,739	£61,547	£62,366	£62,946	£63,531
Psych and Paed Liaison	£0	£30,091	£80,548	£80,548	£80,628	£82,724	£83,825	£84,939	£85,729	£86,527
Off-Centre YIAC	£0	£10,205	£39,316	£39,316	£39,356	£40,379	£40,916	£41,460	£41,846	£42,235
Youth Offending	£0	£6,623	£26,491	£26,491	£26,517	£27,206	£27,568	£27,935	£28,195	£28,457
Information Systems	£0	£41,785	£0	£0	£0	£0	£0	£0	£0	£0

CCG Funded : City and Hackney	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Parenting	£0	£0	£38,000	£0	£84,000	£115,000	£60,798	£61,607	£62,180	£62,758
Child to Adult Transition	£0	£0	£38,000	£0	£35,250	£35,250	£0	£0	£0	£0
Phase 2 Crisis Pathway	£0	£0	£38,000	£0	£267,000	£112,000	£253,325	£256,694	£259,081	£261,491
Interfaces with Schools	£0	£0	£88,000	£0	£334,269	£329,539	£711,337	£720,797	£727,501	£734,267
Project & Evaluation Costs	£0	£0	£48,000	£0	£78,561	£282,582	£275,382	£143,735	£145,072	£146,421
Off-Centre Clinical Pilot	£0	£0	£18,350	£0	£0	£0	£0	£0	£0	£0
Waiting List Initiative	£0	£0	£134,000	£0	£0	£167,720	£0	£0	£0	£0
Youth Justice	£0	£0	£48,733	£0	£0	£0	£0	£0	£0	£0
Conduct Disorder Pathway	£0	£0	£27,000	£0	£0	£0	£0	£0	£0	£0
CAMHS Alliance	£0	£352,000	£0	£0	£0	£0	£0	£0	£0	£0
Outcomes Phase 2	£0	£0	£0	£0	£0	£18,000	£0	£0	£0	£0
Digital Interventions	£0	£0	£0	£0	£0	£49,000	£49,652	£50,312	£50,780	£51,252
Training and Development	£0	£0	£0	£0	£0	£63,500	£63,500	£135,000	£136,256	£137,523
Training and Development CWP	£0	£0	£0	£0	£0	£0	£0	£140,583	£140,583	£140,583
Family Action (Schools)	£0	£458,351	£56,250	£0	£0	£0	£0	£0	£0	£0
First Step Access	£0	£75,000	£0	£0	£0	£0	£0	£0	£0	£0
Reach and Resilience phase 2	£0	£186,868	£0	£0	£0	£33,000	£33,439	£33,884	£34,199	£34,517
ASD Pathway Improvement	£0	£0	£0	£0	£67,000	£67,000	£67,891	£68,794	£69,434	£70,080
Primary Care Step Down	£0	£0	£0	£0	£0	£91,700	£92,920	£94,155	£95,031	£95,915
Off Centre Transition Service	£0	£0	£0	£0	£125,000	£312,544	£253,325	£256,694	£259,081	£261,491
Paediatric Liaison Team (PLT)	£0	£0	£0	£0	£0	£108,252	£109,692	£111,151	£112,184	£113,228
Growing Minds (BME)	£0	£0	£0	£0	£0	£130,000	£131,729	£133,481	£134,722	£135,975
OJ Schools Project	£0	£0	£0	£0	£0	£40,000	£40,000	£40,000	£150,000	£151,395
CYP Wellbeing Café	£0	£0	£0	£0	£0	£17,130	£17,358	£17,589	£17,752	£17,917
LBH COACH Prog (MH Gang)	£0	£0	£0	£0	£0	£186,943	£189,429	£191,949	£193,734	£195,536
CAMHS LD consultant	£0	£0	£0	£0	£0	£31,200	£31,615	£32,035	£32,333	£32,634
First Steps SOS Pre Crisis	£0	£0	£0	£0	£0	£67,000	£67,891	£68,794	£69,434	£70,080
Adverse Childhood Events (ACEs)	£0	£0	£0	£0	£0	£45,000	£0	£0	£0	£0
Sub Total CAMHS Transformation	**£0**	**£1,638,616**	**£1,085,730**	**£526,397**	**£1,575,220**	**£2,901,688**	**£3,067,367**	**£3,190,623**	**£3,335,876**	**£3,372,157**
Total CCG	**£5,205,657**	**£7,241,409**	**£7,208,232**	**£6,660,928**	**£7,917,747**	**£9,428,060**	**£9,633,186**	**£9,886,518**	**£10,046,874**	**£10,197,401**
Total LBH: CYPS MH	**£1,409,138**	**£1,587,020**	**£1,628,641**	**£1,716,973**	**TBC**	**TBC**	**TBC**	**TBC**	**TBC**	**TBC**

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Table 5.3: ELFT Specialist CAMHS Waiting Times

Provider total number of individual children and young people waiting from referral to first contact	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Total number of individual children and young people aged 0-18 that waited up to 4 weeks from referral to first contact in the reporting period	83	97	109	71	59	80	85	109	72	82	106	111
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	10	4	6	12	16	16	3	8	4	12	0	9
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	0	0	0	0	0	19	1	0	0	0	0	0
Provider total number of individual children and young people waiting from referral to second contact	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
Total number of individual children and young people aged 0-18 that waited up to 4 weeks from referral to second contact in the reporting period	37	51	43	36	42	29	37	58	40	30	25	26
Total number of individual children and young people aged 0-18 that waited up to 18 weeks from referral to second contact in the reporting period	37	26	26	28	44	33	17	21	23	46	35	57
Total number of individual children and young people aged 0-18 that waited more than 18 weeks from referral to second contact in the reporting period	1	3	2	1	0	2	2	3	1	0	1	0

Table 5.4: HUH Specialist CAMHS Waiting Times

Provider total number of individual children and young people waiting from referral to first contact	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Total number of individual children and young people aged 0-18 that waited up to 4 weeks from referral to first contact in the reporting period	30	43	56	69	42	69	61	95	54	73	77	85
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	18	30	23	26	33	12	10	15	6	11	13	15
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	0	2	0	0	0	0	0	2	0	0	0	0
Provider total number of individual children and young people waiting from referral to second contact	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
Total number of individual children and young people aged 0-18 that waited up to 4 weeks from referral to second contact in the reporting period	14	17	32	55	25	37	42	52	30	33	45	37
Total number of individual children and young people aged 0-18 that waited up to 18 weeks from referral to second contact in the reporting period	28	38	42	36	38	36	22	44	24	46	38	53
Total number of individual children and young people aged 0-18 that waited more than 18 weeks from referral to second contact in the reporting period	6	20	5	4	12	8	7	16	6	5	7	10

Table 5.5: Off-Centre CAMHS Waiting Times

Provider total number of individual children and young people waiting from referral to first contact	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Total number of individual children and young people aged 0-18 that waited up to 4 weeks from referral to first contact in the reporting period	0	0	3	2	6	1	2	5	1	1	0	0
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	9	0	8	7	8	7	2	3	6	5	5	5
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	1	0	6	4	0	3	1	2	1	3	1	2
Provider total number of individual children and young people waiting from referral to second contact	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
Total number of individual children and young people aged 0-18 that waited up to 4 weeks from referral to second contact in the reporting period	0	0	1	0	1	0	0	3	0	0	0	0
Total number of individual children and young people aged 0-18 that waited up to 18 weeks from referral to second contact in the reporting period	7	2	0	2	3	3	0	0	1	1	1	1
Total number of individual children and young people aged 0-18 that waited more than 18 weeks from referral to second contact in the reporting period	1	0	8	7	3	6	5	2	6	6	3	4

Table 5.5 City and Hackney CAMHS substantive posts (recurrently funded)

	15/16 Baseline – Pre CAMHS Transformation		16/17 Post transformation plan phase 1		17/18 Post transformation plan phase 2		18/19 transformation plan phase 3	
Service	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE
HUH First Steps	17.5	1.5	18	1.5	18	1.5	18	1.5
HUH CAMHS Dis	8.3	1.0	9.9	1.0	12.4	1.2	12.4	2.4
ELFT Sp CAMHS	34.7	10.1	36.0	10.1	38.8	10.9	59.9	11.4
Off-Centre	0	0	0.2	0	0.2	0	4.4	1.5
Family Action	0	0	0	0	3.4	0.8	3.4	0.8
LBH: CFS	10.36	0	16.8	0	22.4	0	22.4	0
Total	70.86	12.6	80.9	12.6	95.2	14.4	120.5	17.6

Increased capacity has allowed us to increase the number of new CYP seen per year and meet increasing demand (table 5.3)

Table 5.6 City and Hackney CAMHS activity overview (Diagnosable)

	14/15	15/16	16/17	17/18	18/19
Referrals	1749	1874	2170	2422	2890
Referrals Accepted	1644	1553	1733	1842	2139
New Patients Seen	1452	1494	1657	1782	1811
Contacts	12798	15019	16856	18605	20632

(Represents data for diagnosable mental health conditions. However, much of our CAMHS work in City and Hackney is early intervention / prevention work and not for diagnosable Mental Health Condition – this data is not included in these figures)

6 CAMHS Transformation Programme

City and Hackney CAMHS Transformation is a local five year programme from 2015/16 to 2020/21 aligned to the Department of Health's Future in Mind and NHS Five Year Forward View. Nationally, the programme represented a £1.4 billion investment in children and young people's mental health which translates to £1.2 million locally in City and Hackney. The transformation programme is being delivered in Phases (Table 6.1)

Table 6.1 CAMHS Transformation Programme Phases

Transformation Phase	Year
Start-up	2015/16
Phase 1	2016/17
Phase 2 (a)	2017/18
Phase 2 (b)	2018/19
Phase 3 (a)	2019/20
Phase 3 (b)	2020/21

Phase One (completed in 2016/17) addressed existing gaps in service provision. A summary of the achievement can be found in appendix 4.

Phase 2(b) was completed in March 2019 and built on the work completed in Phase 1 by improving outcomes for children and young people using a wider whole-system approach to reach more children and young people. It aligned to the previous mandates in Phase One such as 'Future in Mind' but additionally to new strategic objectives set out in the new Five Year Forward View for Mental Health in addition to achieving the vision detailed in Section 2. To achieve these, the existing City and Hackney CAHMS Alliance responsible for managing both Phase One and Phase Two Transformation Programme, was extended to include Family Action (representing the City and Hackney Primary Care Alliance) and will continue to work in close partnership with Hackney CFS, including Hackney Learning Trust. NHS England Specialist Commissioning will also assist as a partner within the Alliance.

Now in Phase 3, the new "whole-system" CAMHS Alliance will focus on making sustainable changes within whole care pathways to deliver more integrated and cost effective care. The aim of this is to provide greater reach across the care pathway and a greater scope for integration. These new models of care will replace existing ones and organisations will be expected to transfer resources from old systems to fund redesigned models so that the changes are financially sustainable.

7 Current Gaps, Challenges and Opportunities

This section describes remaining gaps and challenges in relation to local services:

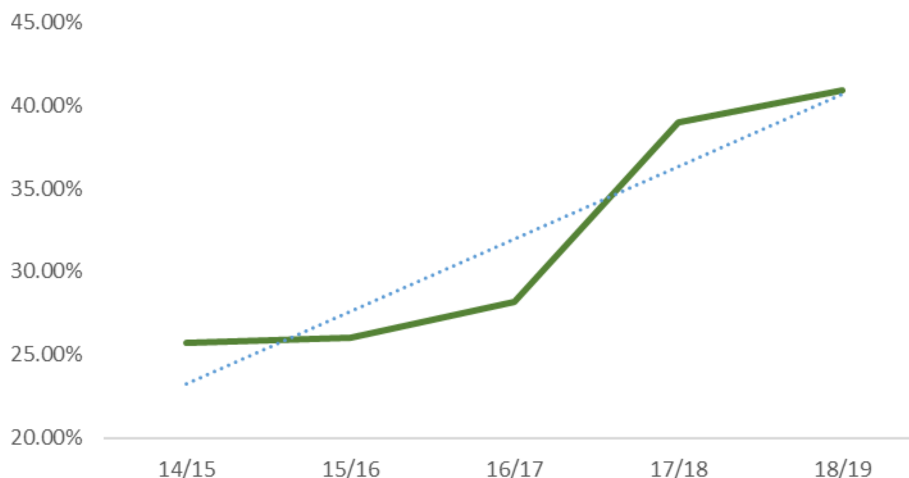
7.1 Access

In City and Hackney, it is estimated that approximately 5861 children and young people have a mental health need that requires intervention (based on ONS estimates of 10.1% fixed on 14/15 population). By the end of the last reporting year, local CAMHS provided treatment to 2395 children and young people. This means 40.9% of our CYP population is getting the mental health services they require (table 7.1 / Figure 7.1). Although a significant proportion of remaining "unmet need" is likely to be being managed in primary care and other community based services, this represents a significant risk where some residents may not be receiving the level of care they require. This is likely to be more significant in those groups who have been historically hard to reach such as young offenders, young people in gangs, those struggling at school and deprived families.

Table 7.1 Numbers of CYP with Mental Health Need Accessing CAMHS

	14/15	15/16	16/17	17/18	18/19
CYP Population (GP reg)	58547	59500	60700	62350	64323
MH Prevalence	5861	5861	5861	5861	5861
New Assessments	1452	1494	1657	2285	2395
Additional from baseline	-	42	189	833	943
Access Rate (MHSDS)	25.7%	26.0%	28.2%	39.0%	40.9%

Figure 7.1 Increase Access delivered through CAMHS Transformation from 14/15 baseline



7.2 Demand

Demand on local CAMHS as measured by number of referrals is increasing significantly. Each year, local CAMHS receive around 15-18% more referrals than the previous year (table 7.2). If this

demand projection increases as expected, by 2021 our CYP MH Services will need to treat almost double the number of CYP compared to that delivered in 2014. Without transformation to improve demand management and optimised capacity, our local system will be unable to cope within the next 1-2 years which left unaddressed could say waiting times begin to increase.

Table 7.2: Demand as measured by CYP accepted for treatment (*Includes projections)

	1415	1516	1617	1718	1819*	1920*	2021*	20228
ELFT Sp	866	883	936	1106	1232	1373	1530	1705
First Steps	889	1062	1292	1308	1457	1624	1810	2016
CAMHS Dis	326	285	348	461	514	572	638	711
Total	2081	2230	2576	2875	3204	3570	3978	4432

7.3 Crisis pathway

Since the beginning of CAMHS Transformation (2015), significant improvements have been delivered in relation to the CYP Mental Health Crisis pathway. However, significant work still remains. In December 2017, the CYP mental health crisis service provided by East London NHS Foundation Trust at Homerton Hospital became the first site regionally to complete Healthy London Partnership's detailed crisis peer review. The report was extremely positive especially in terms of the quality of care provided, however, a number of gaps and issues were identified. These were:

- Increase in crisis presentations to A&E
- Increase in admissions to ACU (16-18 year olds)
- Paediatric and ACU bed availability constraints (16-18 year olds)
- Lack of availability of office space for Liaison Team
- Skills gap in relation to emergency acute setting navigation when CAMHS cover is non-nursing / medical speciality.
- Lack of CAMHS cover during early evenings, in particular for CYP presenting late afternoon.
- Out of hours and on call cover from CAMHS is limited given the geography covered by the out of hours rota.
- On call SpR may not have all the relevant training to be able to deal with all cases in particular learning disability and young children although they have access to advice from the on call consultant.
- There can on occasion be long waits for both in and out of hours resulting in some breaches of the 4 hour emergency department waiting time standard, particularly when an admission is sought.
- Feedback from staff indicated that the 4 hour waiting time standard is possibly not so strongly on the radar for CAMHS as it is for the emergency department. It was clarified following the visit that in hours, referrals from HUH are always seen within 4 hours of the referral.
- There is limited access to non-medical crisis support in particular social care and family crisis services.

7.4 Health based place of Safety (HBPoS)

In east London, there is one HBPoS suite in East London in Newham (all ages) which can be used by CYP brought to the hospital under Section 136 (s136). The HBPoS suite within the East London

Centre for Mental Health (City and Hackney) is an adult only facility and it was reported that it is a 'never event' if CYP use this facility. Newham's HBPoS suite is a 90 minute journey using public transport from Homerton Hospital which can be problematic for CYP and their families. Alternatively CYP under s136 can be taken to any of the three emergency departments in East London. At Homerton Hospital, all CYP under 18 years old who are brought in on an s136 are assessed in the emergency department (paediatric emergency department for under 16 year olds). The Homerton Psychiatric Medicine room can be used when available but it was noted that this is not an ideal environment for CYP in mental health crisis. An initial triage is undertaken where emergency department staff take primary responsibility for CYP initially, and if out of hours supported by HPM staff. Medical issues are treated by paediatric emergency department staff. CAMHS provide an advisory service via the CAMHS duty rota and Psychiatric liaison team (in hours) and the CAMHS registrar (out of hours) with input from CAMHS consultant on call, AMHP and the s12 doctor if necessary. A discharge plan is developed or alternatively the CYP are admitted to either Starlight (under 16 years old) or the ACU (16-18) for a short term admission if required.

7.5 Admissions and inpatient bed use

As described in section 3, the mental health admission rate for children and young people in City and Hackney is relatively low. The funding of the Adolescent Mental Health Team is likely to have a significant positive impact, however, the current joint needs assessment for City and Hackney identified greater understanding is a key priority as it may represent lower identification rates for children in crisis. Admissions to out of area units are also relatively low in City and Hackney (table 7.3). Although overall costs of inpatient admissions is relatively low owing to the low admission rates, costs of inpatient stays for City and Hackney residents equates to approximately 20% of the budget when compared with CCG commissioned CAMHS .

Table 7.3 City and Hackney CAMHS Inpatient Admissions

Type of admission	Sum of Unique Ward Stays
Acute – Local Service Admissions	34
Acute – Out of Area Service Admission Inpatient OOA	13
Specialist Eating Disorders Admission	2
TOTAL	49

7.6 Education, employment and training

As described in section 2, Hackney has significantly higher numbers of pupils in SEMH schools and Pupil Referral Units (PRU). It also has higher number of children with Special Educational Needs and Disabilities (SEND) and those aged 16-18 who are not in education, employment or training. Hackney's rate of school exclusion due to persistent disruptive behaviour is much higher than the rate in England or London. In particular, it is over twice as high as the rate for most of Hackney's statistical peers. This is a likely reflection of under-identification of unmet need in the conduct disorder and related conditions which are high in Hackney. Schools in the boroughs are increasingly under pressure owing to this and integration with effective mental health service has

been identified as a significant objective to improve health outcomes from local children and young people and to prevent possible adverse pathways in to gangs, crime, youth justice and prison.

7.7 Youth justice

A Youth Justice Liaison and Diversion post has been historically commissioned for the borough of Hackney by NHS England specialist commissioning. This function has recently ceased with specialist commissioners expressing a need to align more closely with local service frameworks. Currently a gap exists in relation to children and young people entering or at risk of entering the justice system and addressing their mental health needs. As part of CAMHS Transformation Phase 1, the CCG commissioned with NHS England, a joint Early Help plus Liaison and Diversion Service with the London Borough of Hackney and ELFT. This service model, as part of phase 3 will be reviewed and alternative models will be considered.

7.8 Transition to adult services

At present, in City and Hackney, 18 years of age is the cut-off for access to NHS CAMHS, though a minority of 18-25 year olds can continue access support via the CFS Clinical Service and Off Centre. Also children remaining in special schools until age 19 can continue NHS CAMHS input until their 19th birthday, in line with EHCP. However they will transition to Adult LDS for social care at 18, as social care follow the legal age of adulthood and transitions from child to adult services happen on their 18th birthday. In Hackney, adult social care for disability is integrated with health. Adult mental health services will not begin work with a young person before their 18th birthday. During local consultation and workshops, transition was identified as a key gap, with service users identifying significant issues in terms of changes to their care. Transition age to adult services presents additional difficulty for young people, both in acute hospital and mental health settings. This may be made more so by the confusion caused by services using different ages when transition is “enacted”. Hence young people often feel that they have fallen through the gap between CAMHS and adult services. Some health care systems are moving to a 0-25 provision to address this, in line with SEND legislation.

Particular challenges exist when a young person presents in mental health crisis a few weeks before their 18th birthday. Guidance suggests that it is not good practice to admit a young person within a few weeks of their 18th birthday to an adolescent unit if they will then need to be transferred to an adult ward. It is permissible to admit a young person between 16 and 18 years in an emergency if a suitable CAMHS bed is not available or in the circumstances where the adult bed is the most appropriate environment. This could include young people on the verge of transition where an adult ward can provide consistency of care desirable in their recovery.

CYP at transition ages do face additional problems if they require admission into a medical inpatient setting with the choice of an adult medical ward or children’s (paediatric) ward. Guidance states that they should be able to express a preference and have that preference taken into account. The lack of an agreed protocol to guide staff and the necessary arrangements being in place, especially out-of-hours, in these situations leads to significant delays and exacerbates crisis. Differences in thresholds between CAMHS and adult services may also mean that young people presenting in crisis shortly after their 18th birthday, having been discharged from CAMHS, may fail to meet the threshold for acceptance into an adult service and left without any outpatient provision, a situation they are likely to find bewildering. The Transition Workstream is being coordinated in

conjunction with the national transition CQUIN. Transition data for the current period is shown in table 7.4.

Table 7.4a: Transition CQUIN Baseline Data for Mental Health

Destination Service for Transition	2017	2018
Number of young people transition to Adult Secondary Care	20	23
Number of young people transition to Primary care	24	27

Table 7.4b: Transition CQUIN baseline data from CAMHS Disability to ILDS

Destination Service for Transition	2017	2018
Number of young people transition to adult ILDS	15	20

Following the successful NHSE CQUIN, "*Transitions out of Children and Young People's Mental Health Services (CYPMHS)*", for CAMHS there were a number of areas of development identified which have been addressed by the implementation of the new transition services at off-Centre and Growing Minds for CYP without a neurodisability plus the new ASD IAPT service for 18-25s CYP with high functioning ASD. Outstanding is the transition of CYP with mild Learning or Intellectual disabilities, as they often do not meet criteria for ILDS and thus fall through the net as adult mental health or IAPT services do not have the long term support or skills to meet their more complex multifaceted needs.

This CQUIN aimed to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS). For Disability, the feedback gained from parents/carers and CYP resulted in a transition clinic being set up bi-monthly at the Hackney Ark, with Consultant Child and Adolescent Psychiatrists from both CAMHS Disability (CAMD) and Adult LDS. This has been a success in informing timely transition and making excellent partnership links between services, resulting in a confident transition plan for CYP. A Transition Leaflet from CAMD to ILDS for transition between these two services has been developed. This leaflet has been through the Hackney Ark Captains Youth Council (CYP user group at Hackney Ark) for comment. This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway. There have been three components of this CQUIN:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning.
2. A survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness).
3. A survey of young people's transition experiences after the point of transition (Post-Transition Experience).

The CQUIN applied to any young person transitioning out of CYPMHS as a consequence of their age, whatever that age may be, as may be dictated by local commissioning arrangements.

Previously an Engagement Plan was set up consisting of: pre and post-transition questionnaires, timelines, systems and processes to deliver the questionnaires to all relevant sending and receiving organisations. Joint mapping of current state of transition plans was done against jointly agreed indicators for transition planning. A joint Implementation Plan was put in place, based on findings from joint mapping of transition plans, consisting of actions, dates, and timelines for delivery which were revised in line with outcomes. The refresh of the Implementation Plan included findings from the transitions CYP have made through the CQUIN 2018/19. The main area of concern was the lack of an allocated/named key worker in adult receiving services. This has been addressed by the joint transitions clinic going forward and a service for high functioning ASD young people soon to start. The Mild LD client group will need further thought and planning. The pre-transition goals identified have predominantly focused on continuation of care with the new service, with a focus on behavioural and psychological support:

- Continuation of care
- Regular contact with new services
- Options for education / employment
- Crisis/planning/psychiatric support/medication
- Psychological/behaviour support
- Independence/ supported living

The transitioning of CYP following the protocol is now embedded within Community CAMHS, resulting in closer links and shared working practices with ILDS. Over the CQUIN we have established bi-monthly transition meetings with ILDS and CAMD and a strategic meeting between all CAMHS partners and ILDS to embed better working practices and to aid positive and timely CYP transitions.

Overall, Community CAMHS (CAMD) met and exceeded targets in all areas of Joint-Agency Transition Planning and Pre-Transition / Discharge Readiness. Clinicians have found the protocol to be successful in supporting a timely and planned transition with their feedback being integral to the process, decreasing anxiety in CYP and families about the transition out of CAMHS.

In terms of taking this forward into the future, this strategic meeting is promoting transition starting at a younger age, a departure from the NHS CQUIN, where transition will now start from 16 to enable eligibility processing and screening. Also setting up links within the wider SEND arena to look at all CYP on Education Health Care Plans to make sure that all partners, not just the NHS, are thinking about transition and CYP are not missed.

7.8.1 Transitions of Care Leavers' into Adult Mental Health Services

The identified current issues facing Care Leavers are the low levels of engagement with Adult Mental Health Services; the need for earlier identification of mental health difficulties; and the need to improve the direct support to Care Leavers to enable them to access appropriate services.

The national picture indicates that outcomes for Care Leavers are much worse than for their counterparts in the general population (DfE 'Keep on Caring', 2016) and that half of England's 26,340 care leavers' may be suffering with mental health difficulties (Barnardo's, 2017). As a cohort, Care Leavers face a number of additional challenges. On Leaving Care, many young

people move from highly supportive foster placements to more independent living arrangements. This group of young people frequently face placement instability, often as a result of difficulties maintaining tenancies, mental health concerns, comorbid substance misuse issues or due to challenges living alongside other young people, often linked to complex presenting needs including the long standing impact of early trauma and ACES. Placement breakdown may also result in move of geographical areas. With a move of placement, many Care Leavers may be distanced from any supportive network around them and may experience a reduction in levels of support. Furthermore, higher thresholds for referrals into adult services and differing models of practice between CAMHS and adult mental health services are all significant challenges for those supporting care leavers with mental health difficulties. Alongside the challenges with transitions from Child to Adult Mental Health Services faced by the general population, these issues can further complicate the transition between child and adult mental health services and limit the possibilities for comprehensive handover between services in different localities, as well as creating challenges for engaging Care Leavers in mental health support and ensuring access for those who need it most.

Our Hackney Care Leavers' residing in Hackney or neighbouring boroughs have direct access to the CFS Clinical Service, the specialist mental health provision embedded within Hackney CFS. This includes access to mental crisis support. In addition, the CFS service provides a dedicated link clinician co-located within Children's Social Care, who is available to consult to social workers. The CFS Clinical Service regularly reviews support offered to Care Leavers open to Adult Mental Health Services and plays an important role in liaising between different localities, for example where a young person moves borough and transitions between services. The effectiveness of this provision was praised by Ofsted, who said “Care leavers receive outstanding services that are leading to sustained improvement in their lives. Young people leaving care in Hackney have exceptionally positive outcomes” and that “the local authority's excellent in-house clinical service provides swift access to child and adolescent mental health support for those children who need this support. The service has an impressive range of therapeutic options for children and their families and these are leading to demonstrable benefits in children's lives.” (Ofsted, 2016, https://reports.ofsted.gov.uk/provider/44/80496)

However, it remains that only slightly more than 10% of Hackney's 329 current Care Leavers' are accessing direct support for their mental health, and it is clear further work is needed to earlier identify and support these young people into local services.

7.9 Families (previously Parenting)

There is as a significant opportunity in City and Hackney after detailed consultation with local user groups. Links are required between health, Local Authority, The Learning Trust and schools with a pressing need identified in local orthodox Jewish schools for more emotional well-being interventions. The Solihull approach is widely used in City and Hackney and has also been tailored especially for orthodox Jewish participation through consultation with Rabbis. We want to increase the amount of evidence based parenting groups and use of the Solihull approach in particular within this community in locally accessible locations. Through First Steps we have trained orthodox Jewish practitioners to co-run these groups. All health visitors have been trained in Solihull and in doing mental health screening for attachment issues, anxiety and depression. We hope to link parenting groups with our PIP offer.

Local mapping work in phase 2, identified further development to cover gaps in the current provision. These include:

- Ensuring use of evidence base
- System oversight to a range of interventions
- Quality assurance (training, supervision and outcomes)
- Inequalities in access due to language and cultural barriers
- Pre-existing stigma in relation to “parenting programmes”
- Financial sustainability
- Links with community groups and schools

7.10 Responding effectively to child sexual abuse

A review conducted by NHS England (March 2015): *Pathway following sexual assault for children and young people in London*, stated that approximately 12,540 children aged 11 to 17 years of age in London experienced contact sexual abuse during the past year. It identified many aspects of poor service for those who do come to the notice of the police (perhaps 1 in 4), and poor follow up in local paediatric services and CAMHS. As a result, pilot funding has been secured from the Home Office for two Child Houses (based on the approach in Iceland and replicated in other countries) in London. In addition, a dedicated Children’s Haven has been set up in Camberwell in April 2016, as the review found that the existing Havens (Whitechapel, Camberwell and Paddington) were not suitable for children.

In NEL, all specialist CAMHS services, and a range of other children and young people’s mental health services, as well as the Clinical Service within children’s social care, provide treatment for children who have been sexually abused. A steering group mapped existing local community paediatric services against Royal College guidelines. These standards require doctors to see a minimum of 20 cases per year, dual examination and a colposcope (plus certain other requirements). At that time, only the Royal London and Newham University Hospitals ran services which were compliant in NEL. The others did not see enough new cases per year for paediatricians to maintain their skills to the required standard, and also have other deficits. This finding in itself presents a compelling argument for change and for the general proposal to pool current service provision. This has now been developed at an STP level – see section 9.10 for details.

7.11 Perinatal Mental Health (Parent and Infant)

Perinatal mental health is an important factor in determining a child’s mental health. Better parental mental health is associated with better outcomes for the child, including better relationships, improved learning and academic achievement, and improved physical health.

Maternal postnatal depression is associated with a five-fold increased risk of later mental health problems for the child (Meltzer, 2003; Parry-Langdon, 2008). Anxiety and post-natal depression affect 13% of mothers shortly after birth and 22% of mothers one year after the birth (Gavin, 2005).This impact is greatest when the mother is the sole carer.

Maternal mental health problems during pregnancy increase the risk of adverse pregnancy outcomes as well as neuro developmental problems for the child both before and after birth.

Maternal depression is associated with increased rates of birth complications, still births and low birth-weight babies (Henshaw, 2009).

Depression affects 3-6% of men in the postnatal period, about half its prevalence in women. Paternal depression in the postnatal period is also associated with an increased chance of subsequent behavioural and emotional problems in children. (Ramchadani, 2009)

Over the NEL STP footprint, not all women referred to local specialist perinatal services are accepted onto the caseload. If they are accepted, they are not all offered the proactive case management and the full range of interventions required. This is due to a lack of capacity, particularly to deal with women who are in "moderate" region of need. When capacity is stretched thinly, as happens with many such services, those people with the most severe needs are prioritised, leaving a significant gap in services for women who have less severe, but equally important needs. Filling this gap is one of our key priorities locally. Local analysis suggests that some women face specific barriers in accessing services, for example due to the transient and insecure nature of their living circumstances. Recommendations from the analysis suggests that we need to increase the capacity of our perinatal services, and to integrate with and outreach into services that can access these women, including maternity services, health visiting and other community organisations. Currently services seem to be able to meet between 47% and 75% of the expected need this means that NEL is likely to contribute around 2000 women to the national target of 30,000 additional women accessing specialist perinatal mental health services by 2020/21.

There are three groups of people who will benefit from increase in access:

- Those women and families who don't currently access services who we expect to, based on prevalence of perinatal mental health problems– unmet mental health need
- Those women/families who are referred but who have to be signposted elsewhere due to lack of capacity – unmet need in terms of specialist perinatal care
- Those women/families who do access the service but due to capacity constraints are not able to access the full range of interventions in a timely way – unmet need in terms of provision of evidence-based care.

7.12 Schools and Education

(The IPPR (2016) report made key recommendations about what was needed if schools were to be able to build capacity to work with mental health need and to undertake this role effectively):

- **Funding:** Schools largely lack the funding required to provide pupils with targeted mental health support. They have long been unable to access funding, or services paid for by health providers, that would allow early intervention services to be provided on-site.
- **Commissioning and Representation:** In an increasingly academised school system, schools often lack the internal expertise they need to commission mental health support effectively. Schools also lack established mechanisms through which to influence commissioning decisions at a CCG level.
- **Quality:** The quality of mental health support (particularly school counselling) available to schools is inconsistent, and schools do not receive sufficient guarantees that the specialists they commission or purchase have suitable levels of training and experience.

- **Accountability:** Ofsted inspectors are not routinely assessing schools' mental health provision, despite recent changes to that end. This means there are insufficient external checks on the appropriateness and quality of the particular 'professional mix' that individual schools bring together to meet their pupils' mental health needs. Just one third of a sample of Ofsted reports published since the changes were introduced make explicit reference to pupils' mental health and/or emotional wellbeing.
- Within a school there is only so much that staff can do with their limited mental health training and very high workloads. To develop schools into environments that can support the psychological wellbeing of children and young people; they need to be able to access and incorporate more specialist knowledge into their organisations.

The CAMHS Alliance schools Workstream conducted a schools questionnaire which identified a number of issues / challenges:

- Primaries are currently leading on wellbeing strategies with secondary schools at much earlier stages and facing challenges.
- Schools appear reactive (i.e. to challenging behaviour in pupils) than pro-active (i.e. to put wellbeing in place)
- Schools highly welcoming to clinical support and services in to their settings.
- CAMHS service/appointments in schools have been identified as a key need.
- Better partnership between schools, parents and services (thinking about relationships and improving them/approaches to parents) identified as a key need.
- Gaps in skills and training in relation to children and young people emotional health and wellbeing exist.
- Teachers and other school staff are currently expected to manage vulnerable young people with complex needs and have little time, training or supervision to do so safely.
- Flexible location model for seeing CYP and families i.e. those who won't attend clinic appointments for a range of reasons might access appointments in school. Those who want to keep separate from school could come to clinic.
- CYP with conduct disorder or other SEMH 'held' at primary school and supported by Re-engagement Unit, then transition to secondary school and with less support are at higher risk of exclusion. YBM over-represented within this cohort.
- CYP with anxiety, depression, and neurodevelopmental challenges struggle with transition to much larger setting, with up to 15 teachers accessed in a week, multitude of subjects and equipment needed, homework and reduced parental contact with school and need to develop new peer relationships
- CYP with SEND as above, fitting into both categories, plus learning disability. Where Learning Needs are the key challenge, schools lack of understanding about these can lead to low rates of progress, low self-esteem and therefore deteriorating behaviour or mood.
- CYP with ASD transitioning from primary to secondary, and into puberty (Learning Disability and/or 'High Functioning') experience a range of difficulties in adapting to new challenges

With the right training, school staff are ideally placed to spot mental health difficulties at an early stage and work collaboratively with both educational psychological and mental health staff to facilitate specialist interventions that can be delivered in school. Given the influence of school on children and young people's lives, and considerable practice based evidence that applied psychology is effective in schools, there is a great opportunity for high-quality mental health

services to promote resilience and wellbeing, intervene early and minimize adversity in the school environment. This increased focus on psychological health and wellbeing in schools is consistent with their primary function as places of learning, because health and education outcomes are closely related. However, few school staff have had specific and detailed training on emotional wellbeing and mental health (University of Nottingham Centre for Special Needs Education and Research, 2007). Where support has been given to school staff and systems, positive results are reported. This is a key area for development and building of services to support early intervention and the right help being given at the right time in the right place (Department of Health 2014). To provide lasting change it is imperative that there is evolution in both schools and mental health service provision. There is huge emphasis on supporting schools to develop whole school approaches, build inclusive and supportive policy and strategy, support for staff and engage in training and consultation. Models such as the CASCADE model piloted by the Anna Freud Centre focus on whole system change between schools and CAMHS to make the most of scarce resources.

8 Phase Two Engagement

CAMHS Transformation Phase 3 is derived from detailed consultation with young people through a wide range of settings. Young Hackney and partners from the voluntary and community sector have conducted an in-depth consultation with young people over a period of three months from August 18 through to October 2018, creating opportunities for young people across the Borough, through youth provision, schools, clinics and in community settings. The aim has been to create dynamic, lively and interactive events for young people in Hackney to feed into the discussion. The consultation aimed to explore young people's experience, perception of services, accessibility, flexibility, gaps and solutions in City and Hackney. In total approximately 200 young people from a range of cultural background and ethnicities took part in this consultation along with youth workers and six voluntary and community sector (VCS) organisations. The consultation created a safe, open and honest opportunities for young people to express their views on young people's mental health and mental health services and see what they say.

Young Hackney also conducted a series of broad consultations entitled 'Critical Conversations' and a mental health focused participation project called '#I'm Cool' with a range of partners. Both projects, Critical Conversations and #ImCool were designed with and to engage young people in sharing their views on issues that they feel impact on their everyday lives, with the specific focus of mental health through the #Imcool project.

8.1 Consultation

The formal consultation was split into three parts:

1. Individual feedback from children and young people
2. Group feedback from children and young people and
3. Professional feedback from Young Hackney staff working in a range of universal, targeted support and specialist early help and prevention settings.

8.2 Critical Conversations

During March and April 2018 Young Hackney delivered a series of consultation sessions with young people. A session was held at five different universal youth provisions. These sessions were titled 'Critical Conversations' - they focused on issues that are critical in importance and sought critical perspectives from young people.

The sessions were set up to gain young people's views about key issues through inviting them to lead conversations. The sessions focused on five themes:

1. Racism
2. Safety
3. Crime and Policing
4. Education; Young people's Services
5. Any other subject young people want to discuss

Young people were provided with these themes and invited to speak to any theme which they felt was important. Youth workers known to the young people and the Service Manager for Young Hackney were present in the room. The conversations were structured by young people, with very few or no prompts provided by staff. 77 young people were involved in these conversations in total. Most of these young people were between the ages of 13-19, with a group of 7 aged 6-12.

8.3 #I'm Cool Project

This project was delivered in collaboration with the Science Gallery Kings College London to develop a means of encouraging young people from a range of ethnicity backgrounds to talk about mental health in platforms that are useful and meaningful for them. It aimed to develop a sustainable project within Young Hackney, which allowed young people to engage in discussions around stress and mental health for the event and beyond. The overall aim was to provide a variety of platforms for young people to creatively engage, discuss and share coping strategies to dealing with 'daily stressors' impacting on their mental health wellbeing.

Young people from a range of BAME backgrounds were the focus, as they are often absent in discussions around mental health wellbeing and prevention.

There were 3 key objectives for this project:

1. Awareness raising
2. Sharing coping strategies
3. Re-writing an empowering narrative around current issues impacting young people from BAME backgrounds and their coping strategies.

In addition to the consultation, the CAMHS service user reference group is engaged on an ongoing basis. The group is well established with members having received training in interviewing and promotional film making. This group has been included in the governance structure (see Governance section) and will continue to be consulted throughout the programme. Local young people are actively involved via the service user group in a range of different service areas including training parents in the community to deliver evidence based parenting, tailoring CAMHS promotional materials, designing the website / CAMHS Transformation Plan document and active members of interview panels recruiting Specialist CAMHS staff. This work shows the level of positive impact that can be made with dedicated involvement and participation resource. By establishing clear priority areas and systems to generate feedback, young people are starting to feel they are increasingly more involved in local service design, as well as at the same time becoming more knowledgeable on services and able to advocate on part of themselves and / or peers.

9 Phase Three Objectives and Implementation

In phase 3, we aim to deliver an ambitious transformation programme delivered through 18 workstreams (table 9.1).Through the workstreams, we aim to significantly improve outcomes for CYP through seamless working across a wide spectrum of agencies and settings and achieve our increase access target of treating 35% of our prevalence of diagnosable mental health conditions by 2020/21.

Table 9.1 Transformation Project Workstreams

WS ID	Workstream (WS)		Lead Org	Strand
1	Schools, Education, Training and Employment	1.1	HLT	Designated Senior School MH Lead
		1.2	HLT	School Wellbeing Framework Partners
		1.3	ELFT HUH LBH	School based CAHMS Clinician
		1.4	ELFT	MHSTs (Phase 2 Trailblazer)
		1.5	HUH	Independent Charedi Schools - Solihull
		1.6	HLT	Attachment & Trauma Informed Schools
2	Transition	2.1	HUH	ASD Transition Supp't; Passports, CYGNET, Parents Forum
		2.2	HUH	18-25 IAPT (plus enhanced ASD support)
		2.3	Off Centre	16-25 VSO service for moderate to severe
		3.4	LBH	Care Leavers
3	Crisis and Health Base Place of Safety (HBPOS S136)	3.1	ELFT	Paediatric Psychiatric Liaison
		3.2	CCG	Implementing Crisis Compact
		3.3	ELFT	Extended hours A&E
		3.4	ELFT / HUH	Community CYP crisis hub / Community Outreach
		3.5	CCG	Home Treatment Team (NHSE / STP Collaboration)
		3.6	STP	CYP Health Base Place of Safety (HBPOS Section136)
		3.8	Alliance ALL	Critical Event Protocol (part of crisis)
		3.9	Public Health	Suicide prevention
4	Families (parenting)	4.1	HUH	Community Parenting
		4.2	HLT	Multi-Family Groups
		4.3	LBH	Parent Family Engagement
5	Core CAMHS Pathways (CYP)	5.1	HUH	ASD SCAC and LD Increase Capacity
		5.2	Alliance ALL	Neurodevelopmental Pathway review
		5.3	TBC	Other core pathway review (TBC - CAMHS Clinical leads)
6	Communities (Reach and Resilience)	6.1	Young Hackney	Service user engagement / participation / Co-design
		6.2	ELFT / Hackney CVS	African and Caribbean communities
		6.3	HUH	Turkish speaking communities
		6.4	HUH	Orthodox Jewish communities
		6.5	Family Action	LGBT 0.5
		6.6	Hackney CVS / FA	Growing Minds

City & Hackney CAMHS Alliance

NHS City and Hackney Clinical Commissioning Group

WS ID	Workstream (WS)		Lead Org	Strand
7	Youth Offending	7.1	LBH	Youth Offending - Early help
		7.2	ELFT	Youth Offending - Liaison and Diversion
		7.3	LBH / Public Health	Gangs (COACH)
		7.4	LBH - Young Hackney	Youth Offending - Peer mentoring
8	Eating Disorders	8.1	ELFT	Hub and spoke core service
9	0 to 5 MH Strategy (Perinatal & Best Start)	9.1	HUH	NICU Trauma and Attachment
		9.2	ELFT	Parent Infant Psychotherapy (Perinatal Mental Health)
		9.3	HUH	First year and you (previously Babylove)
		9.4	STP / ELFT	STP Perinatal Mental Health Bid
10	Safeguarding	10.1	LBH / STP	Child Sexual Abuse / Exploitation
11	Early Intervention in Psychosis (EIS)	11.1	ELFT	CYP Early Intervention in Psychosis Service
12	Primary Care	12.1	ELFT	ADHD Primary Care Step Down
		12.2	CCG / ELFT	CYP MH in Neighbourhoods (Place based Commissioning)
		12.3	Family Action	16-25 Self Harm Follow-up
		12.4	GP Confed	GP Confed representation on CAMHS Alliance Board
13	Wellbeing and Prevention	13.1	Alliance ALL	Wellbeing and Five to Thrive
		13.2	Public Health	LBH Wellbeing initiatives - PH
14	Health and Wider Determinants	14.1	Peabody Trust / LBH	Cool Down Cafe
		14.2	LBH / Public Health	Substance Misuse
		14.3	LBH / Public Health	Sexual Health
		14.4	LBH	Physical Health, Long Term Conditions and Disabilities
15	Quality and Outcomes	15.1	HUH (All)	Outcome measures systems 0.5 WTE B4 Assistant Psych
		15.2	Alliance ALL	Outcome measure reporting and analysis
16	Digital and Tech	16.1	LBH (All)	Seamless patient flow (Tech solution)
		16.2	Alliance ALL	MHSDS (Access and Outcome data submission)
		16.3	CCG	Digital Marketing / channels
		16.4	LBH / CCG	Digital 1:1 face to face interventions / counselling
		16.5	N/A	Mobile apps and social media solutions
17	Workforce Development & Sustainability	17.1	HUH / ELFT	Training and Development (2 year programme)
		17.2	CCG	Diversity and Skill mix
		17.3	CCG	Workforce sustainability
18	Demand management & Flow /	18.1	Alliance Clinical Leads	Pathway Optimisation (as per workstream 5)
		18.2	Alliance All	Demand Capacity management - system sustainability
		18.3	Alliance All	4 week average wait to enter treatment (Core pathways)
		18.4	Alliance All	Tier 4 Bed Use - New Models of Care

9.1 Workstream 1: Schools, Education, Training and Employment

Linking specialist mental health services more closely with schools and colleges is also a valuable way to increase young people's choice about where they are seen. Locating applied psychological services in schools means that help can be provided in a familiar setting (Children and Young People's Mental Health and Wellbeing Task Force, 2015). For some young people, however, school may not be an environment where they feel safe to be open about their mental health concerns (Department of Health, 2015). It is therefore crucial to give the child, young person and family choice in where they are seen. Locally we aim to improve our offer in to schools through the schools workstream which has 3 strands:

9.1.1 Strand 1: Deployment of Anna Freud Schools / CAMHS link programme

City and Hackney successfully won a bid for support from the Anna Freud CAMHS Schools link programme funded by the Department of Education. Bringing together Mental Health leads in Schools and Child and Adolescent Mental Health Services (CAMHS) to embed long term collaboration and integrated working, the programme comprises of two workshops delivered at least 6 weeks apart. The workshops are for Education and Mental Health professionals and aim to bring together representatives from schools and their local CAMHS service, building stronger links and communication between these professionals. We recruited 60% of local schools to take part in the programme. The Majority of this cohort of schools (representing 50% of local schools) were automatically taken forward in the CAMHS deployment in to Schools (Strand 2) described in section 10.7.2 below.

The Link Programme workshops used case studies and covered content around depression, anxiety, school approaches to fostering resilience and the use of outcome measures. The aim was to embed long term, sustainable and locally-owned collaboration between schools and CAMHS. To support this work the Anna Freud CASCADE framework was used. This focused on the following key elements of partnership working:

- Clarity on remit, roles and responsibilities of partner organisations
- Agreed best use of key points of contact in schools and CAMHS
- Structures to support shared planning and collaborative working
- Common approach to outcome measures for children and young people
- Ability to continue to learn and draw on best practice
- Development of integrated working to promote rapid and better access to support
- Evidence based approach to intervention

City & Hackney has now been invited to participate in the national roll-out of the CASCADE workshops. Two additional cohorts in April and June 2020 with engage the remainder of state-funded schools in the programme. This will act as the Launchpad for the roll-out of WAMHS to those schools not already participating.

9.1.2 Strand 2: Deployment of CAMHS workers in Schools

Based on participation of the Anna Freud Programme (Strand 1), we deployed additional clinical capacity within local CAMHS to facilitate transfer of existing models to an integrated schools model (based on a 2 year pilot – currently midway). On successful completion of the pilot, the new model

will result in CAMHS workers being based in each of the dedicated schools for a proportion of their time; most likely 1 day per week for a secondary schools; primary schools depending on size. This can be extended to the remaining schools in City and Hackney in 2020. A core offer of provision of an allocated link mental health professional will be available to all state funded schools in City and Hackney to support equity of access regardless of area and funds of school. This will be made available to all schools who have opted to take part in the Anna Freud CAMHS link programme (Strand 1).

A higher level of service can be commissioned by schools as they wish in addition to the core offer. Developments in the schools work stream will be sustainable through building capacity in schools and seeking on-going funding routes. Full use of the links between alliance partners will be utilized to provide as supportive, seamless and accessible a service for schools as is possible.

Specialist CAMHS workers in schools half a day a week per school will provide:

- Consultation, training, liaison and evidence based outcomes focused direct clinical work.
- Support schools with HLT partners to develop enhanced approach to addressing wellbeing needs (e.g. Headstart Model)
- Support and advice for schools on commissioning services
- Support and advice for schools on PHSE provision and recommended resources.
- On-going consultation and feedback from all service users will be collected regularly and used to inform on-going practice and initiative. At its best this will be a co-produced initiative
- The workstream will not only implicate change for schools but also flexibility and evolution from CAMH services to meet extensive local need.
- Coordinating with Public Health and Mental Health First Aid England to offer 1 and 2 day courses to schools. Mapping those courses which have already taken place.

9.1.3 Strand 3: Wellbeing Framework Support in Schools

This part of the transformation programme aims to change the focus in schools to a positive mental / emotional health and wellbeing agenda. Through targeted and tailored package, each school's processes, policies, procedures including underlying cultures are reviewed and transformed in partnership to ensure system are optimised to promote positive mental health and eliminate systemic issues that have unnecessary impact on young people attending the school, particularly those who are excluded or at risk of exclusion. It will ensure schools can perform a supportive role in dealing with behavioural issues that are linked to poor mental health and the wider determinants of poor mental health in pupils. In conjunction with the additional CAMHS support embedded in the schools (strand 2) this shift in culture and the underlying policies and procedures will help education systems identify behaviour / mental health problems early and manage them quickly and effectively preventing escalation / complexity.

9.1.4 Extension of Strands 1-3

Strands 1-3 (outlined above) were piloted across 40 schools in City and Hackney, including Primary, Secondary, Pupil Referral Units and Special Schools. Public Health evaluated the impact of the pilot between September 2018 and May 2019 (first 8 months of the pilot) producing comprehensive quantitative and qualitative findings. Key recommendations were made including highlighting the need to continue with plans to extend and expand the WAMHS project across City and Hackney state-funded schools. As a result, it has been confirmed that WAMHS will be extended to all state maintained schools in the borough from September 2020. This will mean that

a core offer of provision of a CAMHS worker in school will be available to all state funded schools in City and Hackney to support equity of access regardless of area and funds of school. This will be made available to all schools that have opted to take part in the Anna Freud CAMHS link programme (Strand 1).

9.1.5 Strand 4: Trailblazer Mental Health in Schools Teams (MHSTs)

City and Hackney, partly on the strength of our work in strands 1 – 3 above, have been awarded funding to extend the schools based mental health offer locally, within the new Trailblazer initiative.

We have appointed 8 trainee Education Mental Health Practitioners (EMHPs) who will spend part of their week at university being trained, and part of their week working with first wave WAMHS schools to develop, with the WAMHS partnership in each school, additional services to improve the wellbeing of pupils at school, through improved Prevention, Early Identification and Intervention practice.

In all schools this will include the possibility of educational and interventional groups with the pupils and / or parents around issues relevant to behaviours and emotions. In secondary schools there will be the additional possibility of a small direct service to individual young people. The training the EMHP's will receive will focus on the delivery of evidence based best practice treatments. We would also expect that schools may wish to negotiate some of the EMHP time to support whole school and targeted work as part of the school plan for emotional wellbeing under the leadership of the Designated Mental Health Lead (DMHL) within the school.
We will also have four more senior trainees, under the Recruit to Train project, with existing professional qualifications, who will be trained to work within this model, and who will deliver services of more sophistication both to groups and individuals, particularly to the special schools within the WAMHS partnership. They will attend training for one day per week and offer a service for one day per week whilst training.

Finally, the team will have three experienced CAMHS professionals to provide supervision and leadership, and to liaise with schools and the WAMHS clinician working in the school (CWIS) to help plan the best way to use the resource within the school. These staff will also provide a small clinical service to schools. All the staff will have, as part of their role, responsibility for supporting young people to access alternative CAMHS services where appropriate. We will work with a small number of schools in the first term, and then extend the service to the remaining school in the WAMHS project later in the school year.

The resourcing remains limited at this pilot stage, so we do not expect that we will have the capacity to offer a service to all who may benefit from it. We aim to work alongside existing counselling and therapeutic services offered currently within the school. It is a condition of participation, because the national plan is to increase provision, that schools do not reduce their current provision when they are part of this project.

9.1.6 WAMHS in Cheredi Schools

The WAMHS project has been piloted and now recurrently funded following successful evaluation. Given the percentage of the Cheredi population in City & Hackney not in state-maintained schools, we will be piloting a project in 6 independent schools in Hackney: three girls' schools and three boys' schools. Each school will be allocated a link CAMHS worker and Wellbeing Framework Partner. There will also be funding for adaptation of materials and approaches to meet the needs of the community. The pilot will run for 2 years, to be evaluated with a view to future funding.

9.1.7 Table 9.2 Schools Workstream KPIs

KPI	Current	2019	2021
Access	27%	30%	35%
Exclusion Rate	3.2%	3%	2.5%
Waiting times <5 weeks RTT	85%	85%	85%
Schools Evaluation Measure – Anna Freud	TBC	TBC	TBC
Parenting Evaluation Measure	TBC	TBC	TBC
% of CYP at risk of exclusion having Mental Health screen	TBC	TBC	TBC
% of CYP at risk of exclusion having CAMHS intervention	TBC	TBC	TBC

9.2 Workstream 2: Transitions

In phase 3, developing pathways that provide a smooth transition to adulthood will be an increase priority. The national transition CQUIN identified a number of service gaps (see 7.4).

9.2.1 16-25 Moderate to Severe Off-Centre Transition Service

For young people / adults who meet secondary care thresholds but not suitable to be seen in an adult setting, we have established an alternative offer through Off-Centre. Based at Off-Centre's young person friendly site right in the centre of Hackney, we aim to ensure those with moderate and complex needs have an opportunity to remain under the CAMHS Alliance umbrella. The service is available for CYP aged between 16 and 25.

Off Centre at Family Action has specialised for many years locally in working with children, young people up to the age of 25, providing therapy as well as some targeted psychosocial services. It is accredited with BACP and clinical staff are experienced counsellors, psychotherapists or art psychotherapists. Off Centre is valued by young people because it is an alternative to statutory provision, i.e. it is perceived as young person-centred and a safe space. The service is open access and professionals will refer young people to Off Centre when a referral to a CAMHS or adult service is felt to be inappropriate or where the Off Centre offer better suits the young person's needs

9.2.2 Growing Minds - African and Caribbean Heritage CYP Wellbeing Transitions Service

The CAMHS Alliance partners, as well as Reach and Resilience and Transitions Work streams identified that whilst many African and Caribbean heritage children, young people and families are succeeding in Hackney, young people from ethnic minority communities are over-represented in

terms of child protection plans, looked after children, school exclusions and have a higher than London experience of social, emotional and mental health needs. Inequalities in health and wider determinants were further highlighted during consultation with local young black people who reported experiencing inequality, racism and discrimination on a routine basis.

Studies regularly associate the transition from primary to secondary school with an increased risk of poorer attendance, lower grades, school disengagement, reduced confidence and self-esteem, and increased symptoms of depression and anxiety (Mentally Healthy Schools). The transition from childhood to adulthood incorporates multiple transitions which young people may be experiencing simultaneously, including education to employment, child mental health services to adult mental health services, and dependent to independent living. Vulnerable young adults are at particular risk of mental health problems and may fall into service gaps or fail to engage with services without appropriate support.

Provision that addressed these inequalities utilising a Community InReach model designed to increase the capacity of ACH communities to harness potential, identify and support children and young people's mental health needs and to establish a clear pathway into direct support for children, young people and their families was created.

Following a successful application to the Department of Health and Social Care (DoH) by Family Action in partnership with Hackney CVS, City & Hackney CCG and Hackney Council, this service will provide emotional and mental health wellbeing support to children and young people aged 9 – 25, and their families, focussing on two key transition points in their lives (primary to secondary school and childhood to adulthood), bringing together Off Centre and CAMHS with frontline ACH organisations and schools, through Hackney CVS, to deliver collaborative, effective and culturally appropriate services for ACH children, young people and their parent/carers. Growing Minds will co-deliver:

- Therapeutic/clinical services in trusted settings via Off Centre at Family Action Lead Therapist and CYP Well Family Practitioner;
- Non-Violent Resistance Training for parents
- Mental Health First Aid 'Train the Trainer'
- Contextual Safeguarding training
- Wellbeing/resilience programmes for young people
- Parent engagement in schools.

Over the course of the project we expect to benefit 806 additional children and young people across City and Hackney, including:

- 330 children and young people through therapeutic services in trusted settings
- 200 through Mental Health First Aid 'Train the Trainer'
- 276 through wellbeing and resilience programmes.

The project will also benefit 471 parents across City and Hackney as the first educators of their children, who have insight into how services might better meet the needs of their children and families, including:

9.2.3 KPIs and Measures

The reporting template below will be broken down between the 3 core functions:

1. One to One therapy
2. Group therapy
3. Key working

Table 9.3 18-25 Service KPs

KPI No	KPI Description	Threshold
KPI 1	% assessed within 6 weeks	75%
KPI 2	% assessed within 18 weeks	95%
KPI 3	% of patient entering treatment (second appointment) within 18 weeks	85%
KPI 4	% of patients completing treatment having a pre and post intervention having completed PROM and PREM	98% / 50%
KPI 5	% of patients completing treatment showing significant improvement in agreed service PROM	80%
KPI 6	% of patients completing treatment identifying they are satisfied with the service or above	75%
KPI7	% of patients who are NEET referred to IAPT Employment Advisers	95%

Table 9.4 18-25 Service Measures

Measure No	Measure Description	Measure (threshold)
M1	No. of referrals accepted for assessment / entering 1:1 treatment	>42 unique YP per year
M2	No. of referrals accepted for assessment / entering group treatment	>30 unique YP per year
M3	No. of referrals accepted for assessment / entering Key work support	>20 per year
M4	Breakdown of clients based on Core Score at Assessment	-
M5	Breakdown of clients by referral source	-
M6	Number of clients referred to Young Hackney substance misuse service	-
M7	Number of clients referred to Primary Care / Physical Health service	-
M8	Greater than 10 point improvement in CORE Score	36% of Clients
M9	Greater than 5 point improvement in CORE Score	60% of Clients
M10	No. of patients who have identified substance misuse referred to Young Hackney	
M11	No. of previous A&E users not using A&E in reporting period	

9.2.4 18-25 IAPT service with enhanced IAPT Step 4 provision for young autistic adults who don't meet thresholds for adult secondary care.

Significant work has been conducted in the CAMHS Alliance Transition workstream to improve mental health care pathways for CYP transitioning in to adulthood. During a detailed consultation and as part of our national transition CQUIN, young people at transition age describe difficulties with engaging in adult settings. CYP receiving support through certain CAMHS Disability pathways describe "cliff-edge" effect in terms of services available after transition. Detailed review confirms a gap exists for young people transitioning to adulthood who are above threshold for Step 3 IAPT and below threshold for secondary care. The CCG has commissioned Off-Centre to provide a 16-

25 service (9.2.2) to address this gap (moderate to severe) but for autistic young adults the interventions provided are not suitable (NICE).

This is a crucial time of life for young people as they manage the pressures of becoming adults including attending university or entering the workforce. It is evident that many autistic young people with vast potential are not fulfilling their goals, many of whom drop out or disengage. After consultation with key stakeholders about this gap, we are proposing to establish a core IAPT team that specialises in IAPT interventions for 18-25 year olds delivered in a young person / young adult friendly setting. The service will have an additional enhanced function for young adults coming through the service who are above threshold for Step 3 IAPT but not suitable for adult secondary care or the new 16-25 service ran by off-Centre. In the case of off-Centre's offer, psychotherapeutic interventions are evidenced (in most cases) to be suitable for autistic people.
This will also be closely linked with the IAPT service's Employment Support service commissioned jointly with the Department of Work and Pensions.

Once fully established in the Trust and at full capacity, we anticipate this investment will return:
18-25 IAPT Step 2-3 Interventions:

- 230 high and low intensity treatments completed per year

18-25 IAPT Step 4 Complex Needs Interventions:

- 40 complex needs treatments completed per year

For young adults who would benefit from treatment in a young person setting we will provided an 18-25 IAPT service. The aim will be to improve access and recovery for 18-25 year olds plus offer interventions that are better suited to young people's needs. For young autistic adults who wouldn't meet thresholds for secondary care but not suited to the off-centre model, we will provide and ADS enhanced step 4 service to facilitate smooth transition to adulthood.

9.2.5 Transition Passports

In line with NICE guidelines, we have developed and introduced transition passports to be used by all services around CYP in Health and Education, for transitions at any stage e.g. year 6 to 7; CAMHS to adult service. These have been evaluated by 150 year 6 CYP transitioning to secondary school, and the passport amended to take into consideration their comments and experiences of using it. Passports facilitate smooth transitions for our most vulnerable children and those at higher risk of being negatively impacted by the disruptions of transition e.g. SEND. These are created following the EHCP headings with additional mental health content, remaining generic but adaptable (so as to include individualised and specific information) and available via the CAMHS Alliance and Learning Trust websites. This has been disseminated to CAMHS, WAMHS and SENCOs for mainstreaming into clinical and educational practice.

9.2.6 Parents and CYP forums for secondary transitions

Parenting and CYP collaborative forums for primary to secondary transitions are delivered through a number of workshops offered to children and young people and their parents (separately) in community locations north, central and south of the borough (following success of joint work between Hackney Quest and First Steps) to decrease anxiety and mental health presentations resulting from transition to secondary school.

9.2.7 Cygnet ASD

We will double the number of Cygnet ASD parenting groups to support transition points e.g. puberty. This provision will be added to CAMHS Disability ASD offer at Hackney Ark in conjunction with CAMHS Disability ASD LD and SCAC for post diagnostic support. We will develop and introduce parent ambassadors to run aspects of the group. Six groups per year at 6 half days per group. These have all been run will full attendance and all meeting the goals set to achieve at the beginning of the groups. There is increased demand for these groups as there is increased numbers coming through assessment for ASD.

9.2.8 Mind the Gap

This is a group for CYP post diagnosis, for them to learn about their own ASD within the context of managing mental health using the 'Know Your Normal' toolkit. The 'Know Your Normal' tool allows you to describe what your normal looks like, things such as how much sleep you get, how much time you spend on your interests and hobbies and how this makes you feel, so that if this changes, it's easier to explain to people who may not understand your autism that something feels different and thus stop escalation towards failing mental health

Groups have been completed for 16-18 years CYP; 14-16 CYP and now 12-14 CYP. With regard to evaluation an Assistant Psychologist is developing a database with the relevant measures, including measures from CORC set to supplement data.
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9.2.9 Transition CQUIN

Based on the valuable work in delivering the national transition CQUIN, The CAMHS Alliance has committed to a wider roll-out of developed protocols to include non-NHS providers in CAMHS Alliance.

9.2.10 Table 9.5 Transition Workstream KPIs

	Deliverables/outcomes	Measures
1.	Reduce parent and child anxiety regarding SATS and transition to Year 7	Outcome measures – pre & post questionnaires Follow up at end of term 1 (December) to monitor maintenance for cohort of Year 1 in order to inform actions for Year 2 of pilot.
2.	To increase efficient use of resources by providing targeted intervention for this particular group i.e. transition stress and accompanying mental health presentations	Record data to show speed o
3.	CYP to have reduced anxiety at SATS and transition and be supported by their families to maintain positive wellbeing	Outcome measures – pre & post questionnaires Follow up at end of term 1 (December) to monitor maintenance for cohort of Year 1 in order to inform actions for Year 2 of pilot.
4.	Parents/carers' anxiety to be managed and reduced, allowing them to support their children towards a positive transition	Outcome measures – pre & post questionnaires Follow up at end of term 1 (December) to monitor maintenance for cohort of Year 1 in order to inform actions for Year 2 of pilot.

9.2.11 Care Leavers' Universal Mental Health Screening

Increasing numbers of young people are Leaving Care and in order to support our Care Leavers' experiencing mental health difficulties to access support, it is paramount that identification and access rates for this group of young people is improved.

It is proposed that this is achieved through universal mental health screening of all Care Leavers at the point of Leaving Care and their entry into statutory Leaving Care Services (using standardised screening measures). Through changes to existing pathways and procedures and providing training to Social Workers to support this task, we aim to successfully screen 90% of Care Leavers' in the 2019 – 2021 period. Care Leavers have reported not wanting to retell their stories repeatedly to a number of different professionals (The National Foundation for Educational Research, 2009). It is therefore imperative that initial Mental Health Screening is conducted in such a way that allows Care Leavers the experience of their needs being heard and taken seriously, without becoming intrusive or deterring young people from feeling able to access services. It will therefore be useful to have greater Care Leaver participation in the development of this mental health screening on entering Leaving Care Services. User participation in developing this process will be an important part of it becoming operational.

It is also proposed that a dedicated Outreach Worker/ Assistant Psychologist (NHS Band 5 equivalent) post is created, in order to proactively engage with Care Leavers to provide signposting to mental health support, reduce barriers to access, improve engagement and to provide direct time-limited support to those identified through screening as having possible mental health difficulties.

Many of our current Care Leavers' who are referred to adult mental health services fail to attend even an initial appointment. Those who do manage to access services are often supported to do so, at least for initial/assessment appointments, by keywork staff from their placement or by social worker staff. However, this support is not always available and it would be useful for a dedicated member of clinical staff to be able to support in this capacity.

9.3 Workstream 3: Crisis and Health Based Places of Safety (HBPoS)

Since the publication of Future in Mind (2015), a range of policies and guidance has promoted the necessity of improving the crisis care response for children and young people experiencing a mental health crisis. The Healthy London Partnership 'Improving care for children and young people in mental health crisis in London' (2016) recommends improving access to effective and timely 7 day a week crisis services specific to the needs of children and young people. Currently a significant proportional of children and young people who present with a mental health crisis to A&E do so outside of working hours. There is limited access to specialist CAMHS assessments out of hours and no commissioned young people's liaison service providing support for young people admitted to acute paediatric beds or those awaiting transfer to mental health in-patient beds. This crisis pathway change programme aims to improve the experience and outcomes for young people presenting in crisis.

In phase 3, this new system aims to provide children and young people presenting in crisis with timely access to specialist CAMHS assessments and interventions at times of highest demand. In addition, the duties of these clinicians will be extended to provide training for A&E staff, RMNs and

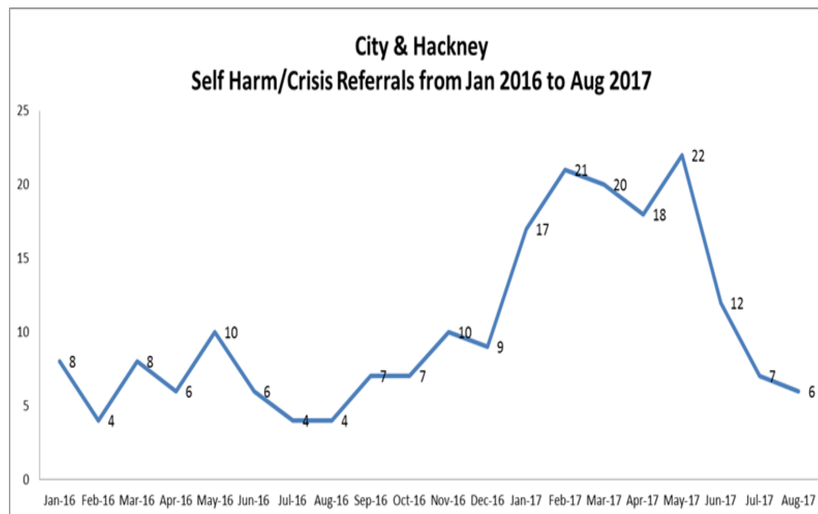
HCAs, crisis telephone support to reduce the need to attend A&E in certain cases and building more positive working relationships between the acute hospitals and CAMHS. Pre-Phase 2 Transformation, in office hours, we had a clinician covering the crisis rota for same day assessments of young people in crisis either in the clinic or at HUH, this is supported by a consultant on call. There is also a triage clinician for other urgent calls and to screen referrals for urgency. Out of hours and weekend cover is provided by Paediatrics and Homerton Psychological Medicine with access to Trust wide on-call CAMHS SpR, with further phone advice from Consultant Psychiatrist on call to manage all psychiatric emergencies in A&E and inpatient wards.

In addition, we have a Paediatric Psychiatric Liaison nurse responsible for managing children and young people presenting with mental health needs at A&E/ Starlight Ward at Homerton Hospital. This member of staff provides point of liaison with the established RAID service for 16-18 year olds and support the team in their understanding of child and adolescent development to help the RAID Team in their assessment and treatment of young people, particularly in establishing the reasons for frequent re-attendance at A&E.

9.3.1 Young People in Crisis

Figure 9.1 shows the number of young people presenting with mental health crisis in a Calendar year to Homerton A/E hospital

Figure 9.1 CYP attendances at Homerton A&E



9.3.2 The New Crisis Service Model

City and Hackney was successful in a bid for Crisis Pathway improvement funding through the East London Health and Care Partnership. The model is based on an intensive outreach and Crisis Response Service which includes extended hours in three boroughs, City and Hackney, Newham and Tower Hamlets. The proposed ELHCP service model will provide intensive support and crisis response to CYP over extended hours, aiming to develop the best balance with existing CAMHS duty. This will extend the existing working hours from 9am-5pm to 9am-9pm plus weekends.

It is necessary to agree interfaces with other crisis and hospitals services (Liaison and Diversion for offenders/alleged offenders, RAID, paediatric services in acute hospitals, CEDS). In the initial

phase, the service will provide training and liaison to upskill partners, including planned training using the new ELFT *Teenage Misadventure* self-harm package and the Barts Health "*We Can Talk*" model.

In addition, the City and Hackney local crisis model funded through CAMHS transformation will supplement the proposed bid by the ELHCP by providing Specialist CAMHs Crisis assessments for children and young people and Families in alternative community based places during the week and weekend 10-2pm Saturday and Sunday. The Hackney and City local model will also support the local Adult Crisis line service which is currently in place by offering CAMHS clinicians to support the line by an offering Specialist CAMHs advice and support; where appropriate directing to CAMHs crisis clinicians to complete risk and psychosocial assessments. The CAMHS clinician via the crisis line can be a direct contact for professionals caring for Children and young people within the acute setting. The Service will work alongside partner agencies across primary care, education social care and the third sector to gather relevant information to aid assessment where required.

9.3.3 Key principles of the Hackney and City Crisis Service

- Aligned to City and Hackney all-age suicide prevention strategy
- To develop a comprehensive Care pathway for children and young people presenting in mental health crisis. Providing direct assessment for children presenting with mental health crisis.
- To develop the interfaces with primary care, education, other NHS providers and third sector providers who hold roles in relation to the full care pathway.
- To enable a rapid face to face mental health crisis assessment for young people presenting in mental health crisis in the community between 09.00-11pm weekdays, 9-3pm weekends.
- To provide swift response for triage and assessment following referral to the service.
- Provision of appropriate sign posting which will consider a range of options including but not exclusively: Hospital admission, therapeutic intervention from local CAMHS, and referrals to local support services and the third sector.
- To provide telephone support via the Crisis line for professionals when a young person is on an acute ward and experiencing a mental health crisis.
- To manage the Crisis-line and offer advice, support and, where appropriate, referral to the Crisis clinicians for young people who are experiencing mental health crisis in the borough of Hackney and City.
- To enable active involvement of the service users and family both in crisis assessments and in the development of the service.
- Minimise disruption to the service user, and their family or carers and promote maintenance of social support.
- Increased access and consistency of provision by Hackney and City CAMHS to local services.
- Reduction in inappropriate crisis presentations at the HUH A/E depts.
- Access to CAMHS mental health crisis assessment for CYP within the community.
- Improved clinical outcomes through offering treatment in community settings
- Reduction of pressure and increased capacity in current Specialist CAMHs services.
- Improved patient satisfaction.
- Reduction in A&E attendance
- Reduction in use of Tier 4 beds
- Reduction in use of inappropriate paediatric and general adult medical ward beds for crisis admissions
- Provision of CAMHS expertise for assessments of high risk young people out of hours leading

to a safer service
- Additional capacity to support partner agencies in out of hospital crisis work without having to seek admission
- Providing a potential community based alternative to admission

9.3.4 Crisis Outreach model

Different models for managing CYP crisis and admissions are being developed regionally. The model currently operational in NELFT (outer north east London) is an assertive outreach team (Interact) supported by intensive home treatment (funded through NHSE specialist commissioning). This model is currently being explore by inner north east London CCGs as a potentially viable option following successful evaluation in relation to cost effectiveness at NELFT. The model would need to be supported by NHSE specialist commissioning. However, at this stage, we would be in a position to start initiating early responsive intervention to CYP that are in the pre-crisis stage as per the interact model which would facilitate a proposal to NHS-England to consider extending CYP Home Treatment Teams to inner London boroughs.

The proposed model is based on the Crisis team currently delivered in Luton and Bedfordshire CAMHS by East London Foundation Trust. This model has been well received locally. It incorporates some principles taken from the Interact model, offering crisis intervention and brief intervention.

The Crisis Outreach team would provide community based clinical contact across the three boroughs (TH, C&H and Newham). The Service would operate seven days a week, providing a Service between the hours of 9:00am- 21:00pm during the week and 12-8 pm on the weekends.

The service will also provide an on-call system after 10pm, which is a cost-effective way to provide cover and could extend to weekends. We propose that this is considered as an option in the full business case.

The Crisis Outreach Service will provide:

- Gate keeping for all Tier 4 referrals by providing crisis resolution based in the home environment, care environment or hospital environment (which includes paediatric wards, assessment units and A&E)
- Contribute to facilitating timely discharge by contributing to a community based intervention – either working in conjunction with Tier 3 colleagues or providing intensive community based appointments
- Psycho-education to young people and their parents / carers which will include individual, group or family work or any other intervention that would meet their needs
- Short term mentalisation based treatments, where appropriate, for young people with emotional difficulties and emerging personality disorder in crisis
- Crisis intervention for up to 4 weeks. Psychiatric support will be provided by existing resources within the AMHT’s in each locality.

9.3.5 Meeting the Long Term Plan Ambition for CYP Mental Health Crisis care roadmap

City and Hackney is committed to delivering the NHS Long Term Plan for comprehensive 24/7 all age crisis care. We will achieve this through a dedicated project team working across Newham, Tower Hamlets and City and Hackney with the following key milestones:

2020/21: Develop and Implement an adequately funded in hour EL crisis service operational from 9.00-21.00 on week days and 12-8pm on weekends. Out of hours provision will continue to be provided by on call CAMHS SPR and Consultant in collaboration with the RAID services across EL.

2021/22- Develop and Implement model of out of hours Crisis service to meet national guidance. We will work in conjunction with Adult Crisis service to facilitate chaperoning or blended approach to service delivery where necessary.

22/23-24 to work collaboratively with the NCEL new care model and to jointly develop a home treatment service for EL

9.3.6 Health Based Places of Safety (HBPoS)

In London, there were over 200 children and young people detained by s136 orders in 2015/16 and London Ambulance data suggest approximately 15% were picky up in north east London- with Hackney one of the London boroughs under most pressures. Hackney, Newham and Tower Hamlets are hot spots for new cases of psychosis in east London

There are four designated HBPoS sites in North East London with a total capacity of five, the sites are provided by our two mental health trusts ELFT and NELFT. For CYP, HBPoS provision at Newham General and Sunflower Court are appropriate. Plans are currently in place to ensure these services meet future requirements for the needs of CYP.

9.3.7 Table 9.6 Crisis Service KPIs

KPI	Frequency
Number of hours for training and supervision	Quarterly
a) Mean / b) Median Staff Satisfaction Score	Yearly
Presentations to each A&E **a) Numbers and breakdown by type e.g. type of self-harm / suicidality / type of other presentation** **b) New or Previous self-harm case** **c) Place seen** **d) Demographics – age / gender** **e) Time of day** **f) Day of week** **g) Known to CAMHS / Open CAMHS Case** **h) In/out of borough** **i) Onward referral made** **j) Attended follow-up** **k) Co-developed a safety and coping plan**	Monthly data reported quarterly
Paediatric Mental Health admission data / LoS	Monthly data reported quarterly
Tier 4 bed admission data / LoS	Monthly data reported quarterly
Emergency service use data / LAS	Monthly data reported quarterly
Frequent A&E attender data	
Outcome data breakdown	
Out of Hours data (22.30 – 09.00 weekdays; 14:30 – 10:00 weekends)	

9.3.8 First Steps SOS – Rapid Response Pre-Crisis Pathway

This new pre crisis intervention service offered to Young people and their families is designed to ensure critical situations that could rapidly escalate in to crisis are seen rapidly in First Steps by avoiding any wait times. The aim is to prevent Young people developing a serious and enduring mental health concerns requiring Child psychiatry input. The service will aim to bring together available resources around the Young person and include them in a CAMHs care that supports the young person in preventing a mental health crisis. These are young people who are already showing vulnerabilities and whom families and professionals are experiencing as hard to contain and support within existing CAMHS pathways. They may be Young people who within existing pathways the concerns still appear to escalate despite interventions being offered.

First Steps will set up a Family Resources Clinic (13 plus) in hubs that young people access services (Chyps Plus ; Young Peoples Heath advisory service /Young Hackney Youth hub)
A Band 8a CAMHS practitioner with systemic experience will offer an early appointment to the family and key individuals to assess the concern, enable the family and relevant resources to support the young person. They will agree a care plan to support the young person. The appointment will be an intervention using systemic skills to develop the resources within the Young person's world to stabilise the young person and their support. As necessary they will liaise with relevant early intervention pathways, education, community services and partners in the CAMHS Alliance

The intended outcome is that families will receive a timely intervention therefore preventing the problem becoming chronic and affecting the whole life of the family. Thus we expect that this will

mean that longer term mental health interventions later on will not be required. This will also help with engagement with services as stepping in to deescalate crisis can often help with effectiveness of CAMHS treatments.

The clinician will provide assessment and treatment for children and young people (13 plus) within the pre-crisis clinics based in Youth friendly settings. The post will work across the CAMHS Alliance and relevant community and education services. Additional to interventions the post holder will provide staff training, consultation, pathway development, and supervision to enhance capacity of the Young person's community to support them in reducing their vulnerabilities and avoid serious and enduring mental health crisis.

9.3.9 Young Person Wellbeing Café (Cool Down Café) – Pembury Community Centre

The Pembury Children's Community is an ambitious, exciting and necessary 10-year programme led by a partnership between residents, Peabody, Hackney Council, local schools, health and the voluntary sector. The programme aims to bring local services, communities and systems leaders together to create and then deliver an ambitious vision for change for local children and families. We aim to achieve this through developing new services and initiatives that address gaps between existing services, building new alliances and partnerships and embedding new cultures and ways of working articulated in a robust theory of change. The programme is one of three Children's Communities in the UK championed by Save the Children and evaluated by the Sheffield Hallam University. Our flagship community centre, opened in October 2015, provides a focal point for delivery of initiatives.

Anecdotal evidence from consulting with residents and participants has told us that young people struggle to navigate the range of mental health services available in the borough, and ethnographic research highlighted the sheer pressure young people growing up on housing estates like Pembury face when considering the pressure to achieve well at school, supporting parents with younger siblings and the desire to 'fit in' to a peer group. Furthermore there is an ambition to reduce the number of young people presenting at A&E at the point of crisis having not sought earlier help.

City and Hackney CAMHS Alliance have developed an enhanced crisis service to provide an urgent response to those in serious mental health crisis requiring psychiatric input, including those in A and E at Homerton Hospital. Clinical experience and reviews of referrals has indicated a group of young people who present as particularly vulnerable/pre crisis with concerns that they will move into crisis requiring psychiatric care. In line with our intention to intervene early we propose a pre-crisis service.

To encourage young people to seek support for their mental health before the point of crisis, we will pilot opening the Pembury Community Centre café one evening per week to provide an open access, free to attend space where young people aged 11-18 can get information and support from peer mentors, youth workers, and mental health professionals. The cafe will provide an informal and non-clinical space where young people can be listened to and supported and get 1:1 support from staff and volunteers. The intention of the space would be to improve accessibility of mental health provision for young people, provide an open access referral route and provide clinical advice and guidance to non-mental health professionals supporting young people.

A psychologist with a good working knowledge of referral routes would be available for advice and guidance on referrals to appropriate mental health provision. A triage tool to assess risk would be devised, taking guidance from the assessment tool at the Well Centre in Lambeth, as well as a clear framework for referrals to ongoing support. The café would act both as early prevention space and a space for supporting people while they wait for ongoing referrals. The set up of the space will see group sessions delivered alongside a drop in café. The café will be staffed by a psychologist, youth workers and peer workers who will meet young people individually and in small informal groups sessions at café tables. We will develop a rotating programme of group work sessions based on the preferences of those accessing the space, but we anticipate topics to include mindfulness, Tree of Life, art therapy, relationships, eating/ nutrition, body image, 5 to thrive etc. We will draw on free to deliver workshops as there are a large range of funded workshops already on offer in the borough that will also introduce young people to referral routes for wider support services.

Alongside all of this, young people would be offered healthy smoothies and snacks from the café, further promoting positive wellbeing strategies.

9.4 Workstream 4: Families (previously "Parenting")

Focusing on a whole-family approach to achieving good mental health and wellbeing in CYP is essential to achieving the best outcomes. The families' workstream aims to capitalise on the wealth and influence of community and educational settings in City and Hackney to achieve good family relationships with extensive reach throughout our population.

9.4.1 Community Parenting Programmes Framework

CAMHS will develop a framework that supports parenting programmes in community settings on a sustained basis. Under the Reach and Resilience programme, First Steps have developed relationships with the Turkish-speaking (Turkish, Kurdish, Cypriot) community, the Orthodox Jewish community and members of the African and Caribbean communities. This has led to successful co-run parenting programmes with Koach Parenting and Minik-Kardes. We aim to extend this function to wider community groups.

We wish to build a sustainable parenting programme framework with broader reach by extending the model we are currently using successfully with the Orthodox Jewish community, Mini Kardes, where programmes are delivered by the partner organisation and facilitated by CAMHS. Here, the partner organisation is closer to families and overcomes culture and language barriers and is able to deliver the programmes on a sustained basis.

Oversight and facilitation by CAMHS ensures knowledge base of child mental health and development is applied, and assures other quality elements such as managing risk, outcome reporting and supervision. The CAMHS framework will also ensure groups are aligned via signposting to wider CAMHS and adult mental health systems. Essentially the framework will ensure more families are reached, and all are receiving a high quality and effective intervention that meets their needs, is culturally aware and self-sustaining. In doing so a self-sustaining, quality assured model is achieved that compliments wider CAMHS / CYP Wellbeing Pathways.

Training will be offered to our key partners in order to run parenting groups. These training places will be available to individuals from community organisations, to parent champions (who have appropriate qualifications for training) and to school staff. An application form would be developed and priority given to applicants who can a) demonstrate readiness and management support to make the time commitment required to run programmes b) have a community language and c) are parent graduates of programmes (the level of prior experience and qualifications required to train varies between programmes).

9.4.2 Multi-Family Groups

The Multi-Family Group in Schools model provides an evidenced approach to addressing underlying factors that influence behaviour by focusing on wellbeing and mental health by addressing issues connected to the family, parenting skills and in school. This intervention will be delivered by a team of Educational Psychologists who have undertaken the 9 day Multi-Family Training at the Anna Freud Centre. When pupils demonstrate challenging behaviour in school it is common for parents/carers to feel isolated. The family can easily feel defeated, embarrassed and anxious about seeking professional support. Multi-Family Groups bring groups of families together to reduce feelings of isolation and stigma associated with receiving professional support

Multi-Family Groups in Schools has the potential to connect these two areas of intervention, but also through operating within the contexts of school and family can work across both in what is a multi-systemic approach. As such children to receive consistent targeted support where there is the biggest impact on their behaviour and development, that is, at home and in school.

In addition to the research described above, a Multi-Family Groups in Schools pilot took place in two Hackney primary schools during the 2015-16 academic year. The pilot was developed, implemented and evaluated by members of the Educational Psychology Service who had undertaken the relevant training at the Anna Freud Centre.

Analysis of data collected during this pilot found that the intervention had the following impact:

- Significant decrease in symptoms of emotional distress and levels of hyperactivity/inattention. Significant decrease in total difficulties.
- (Strengths & Difficulties Questionnaire, SDQ).
- Significant increase in class autonomy, and higher mean scores showing an increase in levels of class support, school support, class autonomy and total sense of school community
- (Sense of School Community Scale).
- Improvement in all teacher ratings of pupil progress towards individual targets linked to presenting needs (learning as well as social and emotional) at time 2 (Targeted Monitoring and Evaluation, TME).

The vision for this project is that Multi-Family Groups in School is implemented and embedded in target schools such that there is an improvement in the mental health and wellbeing of the children targeted, as evidenced by data gathered pre and post intervention and that as a consequence key school staff report they have the skills and competencies to sustain and extend the delivery of the intervention in partnership with key professionals.

The project will deliver the Multi-Family Groups in Schools intervention to 6 schools (2 Secondary and 4 Primary) in Hackney. This will include the following:

- 2 days training for School Based Partner (SBP) and senior management (SMT) lead for all schools in the pilot.
- Whole School training on the principles of Multi-Family Groups in Schools (MFG)
- Access to the Anna Freud online platform which provides videos, guidance and proformas that support the delivery of MFG
- Families recruited through school and selected by the school in conjunction with the educational psychologist (EP)
- MFG Peer Support Group comprising all the EPs delivering the intervention and the 6 SBPs will be supported through the implementation of Video Interaction Guidance (VIG) , as appropriate
- An initial Joint Consultation with each of the families and relevant school staff which will include setting targets with the children, their parents/carers and school staff and also allow collection of pre-intervention data and target setting
- 12 two hour sessions of MFG delivered in each target school with between 6 and 10 families
- Monthly reviews with key school staff (SMT Lead, SBP & Class Teachers)
- Post intervention review meeting with each of the families and relevant school staff which will also allow collection of post-intervention data and target review
- A post intervention review with SBPs and SMT Leads across all schools to consider next steps for embedding the intervention into school practice and what support will be required to do so.
- The EPs carrying out programme will access supervision from a systemic therapist in the Children and Families Clinical Team

9.4.3 Parent Engagement

Parents and carers play a fundamental role in children's emotional, social and behavioural development, and in addressing challenges and issues affecting children and young people's wellbeing and mental health. Purposeful inclusion and engagement of parents in supporting children's mental health and addressing difficulties has a number of potential benefits; including better engagement with support offered and promotion of family resilience.

Parental engagement has been associated with better outcomes when children are being supported by specialist mental health services (Hoagwood, 2005; Haine-Schlagel & Walsh, 2015). However, parents may face a number of barriers to engaging with mental health support services (Gopalan, 2010; Baker-Ericzen et al., 2013). A recent UK national survey found that 41% of parents felt excluded from agencies involved in helping their child (Association for Young People's Health, 2016).

There are currently a number of ways that parents are engaged with CAMHS (child and adolescent mental health service) providers in City and Hackney. These include parents being included in direct clinical work with children and young people (e.g. through family therapy) and the provision of parent group programmes. Parents are also invited to participate in service design and delivery, and to offer feedback on services, through parent forums and via standardised feedback questionnaires. In addition, parents have access to national telephone helplines and webinars,

including the Young Minds Parents Helpline and Parents Lounge, and the Family Action Digital Parent Support Service.

The aim of the Parent Engagement project is to build on existing strengths and to further enhance local parent participation and engagement; both in relation to CAMHS service providers and more universally around the topic of children's mental health and wellbeing issues. A priority will be to access parents' views around issues affecting parenting, related to children's mental health and wellbeing. Further service developments will be evidence-based and learning will be drawn from relevant research (e.g. Walters, 2010; LaPlaca & Corlyon, 2014). In addition, service developments will draw on learning from outside of City and Hackney, where different and more extensive parent participation options have been developed. A co-production and/or participatory approach, involving parents and carers, will be taken in exploring and prioritising options to take forward. These may include involving parents more closely in the planning and delivery of parenting interventions.

On completion, it is intended that the project will have embedded consistently high-quality parent engagement -supporting practices across existing CAMHS providers, including specific practices to support the engagement of under-represented parents and carer cohorts, such as fathers and parents from BAME communities.

In addition, the project will have trialled and embedded durable parent-engagement strategies and practices focused on children's mental health and wellbeing at universal, targeted and cross-agency levels; to ensure that parents and carers feel supported and included in promoting and supporting children's mental health and wellbeing across their engagement with health, education and local authority services. The aim of this aspect of the project is to address stigma and raise awareness, and to bring about a more general shift in practice towards a partnership approach with parents and carers when supporting children's mental health.

9.5 Workstream 5: Neurodevelopmental Pathways and Transforming Care for People with Learning Disabilities and Autism

As a part of meeting the challenge of increasing demand and access targets, the CAMHS Alliance will review existing care pathways to ensure these are working as effectively and efficiently as possible. Many care pathways run across agencies and seamless interagency care pathway work is being facilitated by the CAMHS Alliance and integrated commissioning. This is an ideal opportunity to reflect on the many strengths of the care pathways, as well as identify areas needing improvement. In phase 3, the alliance will be focusing on the local neurodevelopmental pathways which involve all members of the alliance, partner agencies and importantly service users.

9.5.1 Transforming Care for People with Learning Disabilities and Autism / Care Education and Treatment Reviews (CETRs)

Integral to NHS England's Transforming Care Programme is the need to reduce hospital admissions and length of stay for people with challenging behaviour and autism or a learning disability, or both. Where a young person is identified as being at risk of a hospital admission they will be placed on a register (with their consent), facilitating oversight and review of their care so that, if necessary, a Care, Education and Treatment Review (CETR) can be convened. CETRs are

held in conjunction with the young person and their parent or carer, along with representatives from each service, to discuss what can be done to support their care in community and avoid a hospital admission. Involvement from an Expert by Experience provides an independent contribution to recommendations being made, and an Independent Chair may also be involved. An action plan containing a set of recommendations is developed and clearly assigns actions to be followed up at regular intervals, with a review CETR being held after a period of 3 months. CETRs provide a means of representing the young person's perspective and promote a person-centred, individualised approach to their care, with input from health, social and educational components, working towards a joined-up approach across all services.

Where a hospital admission is found to be appropriate, the findings of the CETR can be used to be inform the most appropriate inpatient setting for that young person. CETRs may also take place if a young person has already been admitted to hospital, to determine whether their needs are being met in all areas of care, or to discuss care upon discharge back to the community. All hospital admissions are reported to NHS England on a monthly basis as part of assuring transformation data, which is monitored and published on the NHS Digital website. Partnership with NHS England provides support in situations where a Tier 4 placement may need to be secured through the specialised commissioning route.

The CCG is working to build awareness of the purpose and need for CETRs across all relevant services, such as social care, to ensure that any young person who may require a CETR is made known to the CCG and consent obtained for inclusion on the register. Additionally, there is a focus on embedding robust processes in relation to the monitoring of young people identified as being at risk of an admission via the register and carrying out, follow up and reporting of CETRs, as well as working closely with the adults team to proactively identify those that are approaching transition to adult social care and develop a clear plan for that young person that facilitates a timely and informed transition. The commitment to improving transitions and developing a consistent 0-25 offer across North-East London STP is also outlined as a key priority in the STP response to the Long-Term Plan.

It is recognised that transforming care is an area that offers opportunities for shared learnings across organisations and this is facilitated through the Inner North East London Transforming Care Partnership and at STP level.

Whilst not all young people with autism or a learning disability will require a CETR, the process is represented within the wider autism and learning disability strategies for City and Hackney that aim to design, shape and transform services to meet the needs of people with autism or a learning disability, and their parents or carers. Co-production was an integral part of developing both strategies, to encourage all stakeholders, including service users and service providers, to work together to create services that work for them all.

9.6 Workstream 6: Resilient Communities (previously "Reach and Resilience")

The CAMHS Alliance though its Reach and Resilience workstream (phase one) has been developing strong links with different communities in City and Hackney. The overarching aim is to increase awareness, accessibility and resources in relation to child mental health in identified communities where health inequalities exist. Progress with each community is as different stages

as per a staged objective programme. The key focus is currently the larger community groups namely, The Orthodox Jewish (stage 3), Turkish Speaking (stage 2) and African Heritage Communities (stage 1):

- **Stage 1**: Identify and engage (via CAMHS workers) key community leaders/workers to enable access to children and families in their community. To collaborate with each community to understand what will fit in terms of delivery for their community,
- **Stage 2**: Establish a programme of workshops in relation to children's mental health that is culturally specific and fits the feedback and delivered in the communities' context.
- **Stage 3:** Establish culturally specific evidenced based groups/interventions within the community.
- **Stage 4:** Develop skills within community groups that are self-sustaining.

The benefits of jointly-facilitated programmes between CAMHS and community groups and schools include:

- Greater reach
- Familiar and accessible venues for parents
- The possibility of extended hours access
- Co-facilitation in a community language
- Management of risk and challenging group dynamics
- Appropriate screening at point of referral, with signposting to other services if there are complexities which indicate parenting programme is not appropriate or not highest priority
- Smooth transition/signposting to CAMHS or adult mental health services where required
- Programmes which are run with fidelity to the model, ensuring a high quality evidence-based intervention for vulnerable families
- Collation and analysis of outcomes.

We aim to achieve equity of access through targeted project delivery engaging African and Caribbean Heritage, Turkish speaking and Orthodox Jewish communities. The services will be based in local communities through delivery of appropriate culturally sensitive engagement and development sessions to:

- reduce mental health stigma
- increase personal and community resilience and cohesion
- develop and embed self-sustaining community groups
- support charitable registration; where appropriate; of new community groups
- increase statutory staff knowledge and cultural competency through joint and integrated engagement activities
- Improve pathways to social prescribing

Access and delivery will be addressed through collaborative consultation with parents, carers and young people about current published service pathways, that includes developing new models of delivery (hours and venues) for statutory providers as appropriate to service user needs.

9.6.1 LGBTQ+

The Reach and Resilience programme is designed to improve access for BME communities by adapting to cultural differences, sensitivities and needs. It permeates though the entire transformation programme by ensuring our services are open and meets the needs of our entire population. A significant gap remains in terms of meeting the needs of other minority groups in

particular LGBTQ+. For CYP who will be at different stages in relation to understanding their sexuality and gender identity, assuming a community targeted approach would not work. However, the overarching principles of Reach and Resilience can be applied. In phase 3, we will develop a better understanding of LGBTQ+ CYP from and how we can adapt and improve services to better meet their needs and improve access. From this we propose to develop a framework similar to other community strands with the potential engagement of an appropriate voluntary sector champion to facilitate on a sustainable basis.

9.6.2 Table 9.7 Communities Workstream KPIs

KPI	Indicator	Format & Frequency	Reporting
Number of workshops	Outcome measures (see above) for all interventions	16 workshops across services: - 50% African Heritage - 25% Turkish speaking - 25% Orthodox Jewish	Reported in the Q4 report and End of Year report
Narrowing gap in access rates		% of uptake of contacts Reduction in variance in access of participating culturally appropriate community groups	Reported in the Q4 report and End of Year report
Number of participants	Outcome measures (see above) for all interventions	160 total of participants	Reported in the Q4 report and End of Year report
Individual case referral & review	Consultation per case/ feedback forms	No. of children considered: 45	Reported in the Q4 report and End of Year report
Number of staff trainings delivered	Training outcome forms	1 NVR training 2 Solihull trainings	Reported in the Q4 report and End of Year report
Mapping pathways addressing barriers	Training outcome forms	2 sessions	Reported in the Q4 report and End of Year report
Drop-ins at culturally-appropriate venues – one-stop CAMHS advice	Outcome measures (see above) for all interventions	4 (quarterly)	Reported in the Q4 report and End of Year report
Joint CAMHS Apprentice from African heritage community	Complete Health & Safety Level 2/3 training in 18 months	Work plan to demonstrate support for African heritage community Reach & Resilience work	As above

9.7 Workstream 7: Youth Offending

In the phase one transformation plan, the CCG identified £26,000 of investment to improve mental health provision in the youth justice system. Since then, NHS England specialist commissioners for health in the justice system have joined as partners in the CAMHS Alliance to pool budget (£74,000) with the funding identified in phase one of the plan (£26,000). Collaborative commissioning arrangements are now in place and aligned to meet local needs.

9.71 Early Help and Diversion

The overarching aim of the service is to engage young people and their families within an Early Help and Diversion care pathway by:

- Providing targeted and evidence-based clinical and youth work approaches to young people aged 10-18, who are identified as being at risk of future offending or where a prevention and diversion route has been identified as appropriate within the youth justice system.
- Reduce risk of future offending
- Promote young people's psychological wellbeing
- Enhance young people's social and emotional capabilities and positive social integration

The project is managed within the Young Hackney Prevention and Diversion Team. Using their strong existing links with the YOT Police, safer schools police officers and Hackney's First Access and Screening Team, this project targets those children following NFA arrests, those released after interview, young people arrested outside the LB Hackney bailed or remanded to court, as well as those in police custody in local police stations. The model is based on co-location of services. These cases are tracked and offered the opportunity of assessment, support or signposting to services. The project enables young people, if their needs require it, to access either Social Care or external CAMHS which will include the following:

- Mental and physical health screening (including in custody where needed)
- Detached, community-based Youth Work to support young people within their peer groups, school and family home (including use of restorative justice approaches)
- Therapeutic group work for parents (Non-Violent Resistance)
- Group work for young people (via Young Hackney and including additional group work focused on addressing conduct difficulties)
- Functional Family Therapy
- Access to Psychological and Psychiatric specialist assessment and intervention with individual young people and their families.
- The opportunity, where needs are identified, to access resources currently in place in the YOT to assess/meet health needs.

There are clear processes in place to collect and report key measures including re-offending rates, first time entry into the Youth Justice system, children and young people who are in contact with youth justice services and engagement with their CYPMH intervention plans. Current (2016/17) baseline measures are shown on table 10.8.

Table 9.8 Youth Offending Team Baseline and Targets

	2016/17 Baseline	18/19
Re-offending rate (re-offences per offender):	3.3	2.6
First Time Entrants (per annum)	114	81

9.7.1 First Time entrants to the Youth Justice System aged 10-17

Hackney has witnessed a continued decline in the number of First Time Entrants from 114 in 2016/17 to 81 in 2018/19. The rate of First Time Entrants (FTE) per 100,000 young people remains below the rates seen by comparator London YOTs. Comparative data for Hackney YOT showed a decrease of 2.5% from 2016 to 2017 in the number of First Time Entrants. During the same period the change witnessed within Hackney YOT's comparison group was an increase of 1.9%.

Analysis of the profiles of the young people who went on to become first time entrants show that locally we can see a common picture of complex and traumatic family experiences, particularly domestic violence and/or abuse, SEND needs and experiences of school exclusion. Existing involvement with services is often characterised by engagement barriers and limited ability to affect change. Family history of involvement in offending and parental substance misuse and/or mental health is also a feature in some cases. Whilst this combination of factors and multiple risk and vulnerability indicators are not unusual in contributing to re-offending, they provide a sense of the desistance needs and strategic direction that prevention and diversion services could take.
It is therefore planned to further roll out CAMHS-led Trauma-Informed Practice training for Youth Workers and YOT Practitioners in 2019-21. In addition, mental health screening for all First Time Entrants is a local goal for 2019-21.

The CCG is in the process of procuring a Youth Justice mentoring pilot to evaluate opportunities for peer mentoring schemes to contribute to the objectives of the early help and diversion team. The pilot will be for one year, following which an evaluation process will be conducted to establish a business case for recurrent funding. This investment in total is shown in table 10.9

Table 9.9 Youth Justice Staff and funding breakdown

Post	Cost/Salary Scale	Host Org	Responsibilities
Youth Support and Development Worker (YSDW)	£40,930 PO1 1.0WTE	LBH	Direct work with Young People and Families (including Mental Health Screening) – this will be in local custody suites or at court or at home or at other locations agreed with a family. Inter-professional liaison, Liaison with Children's and Young People's Partnership Panel; Advice and screening for the secure estate pathway
CAMHS clinician	£52,535 Band 7 0.8WTE	ELFT	Direct work with Young People and Families, including psychological assessment and intervention Clinical Supervision of Youth Support Development Worker (YDSW)and Assistant Youth Worker (AYW) Inter-professional Liaison, sign post to YOT nurse (community and sexual health offer)
Consultant Psychiatrist	£6,535 0.01 WTE	ELFT	Clinical oversight
Total	**£100,000**		**Recurrent**
Youth Justice Peer Mentoring pilot	£58,000	TBC	Non-Recurrent (For recurrent investment post-pilot evaluation)

Note: This funding relates to the youth justice work-stream in phase one

Figure 9.2 Youth Offending Team Structure

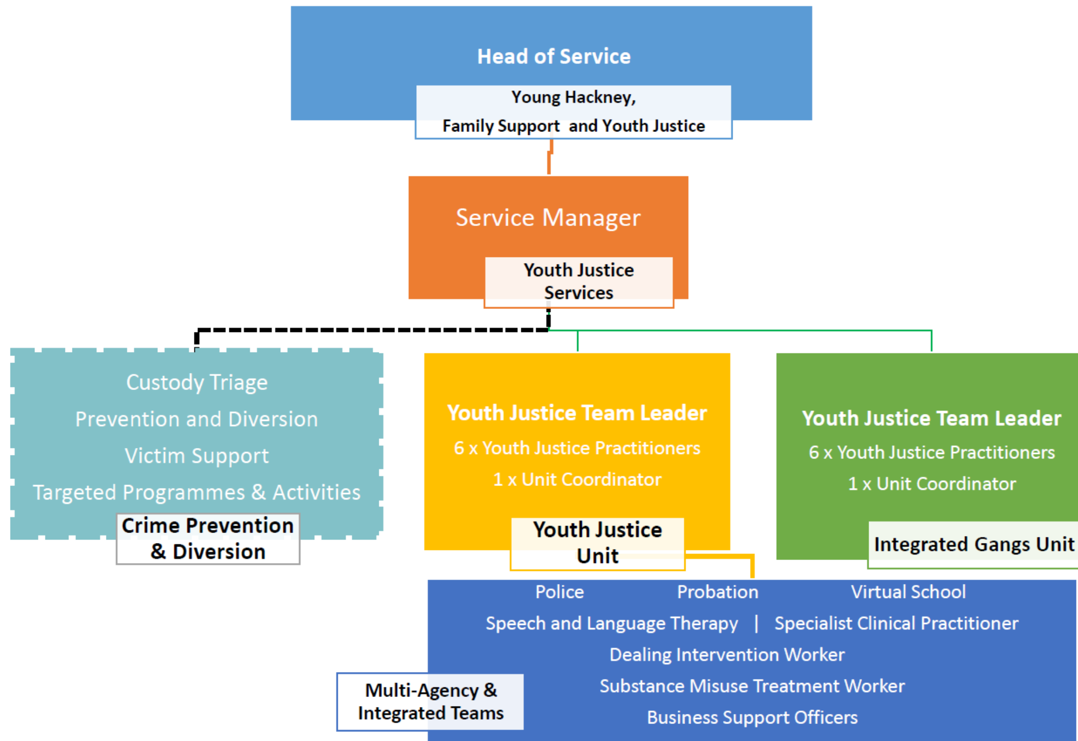
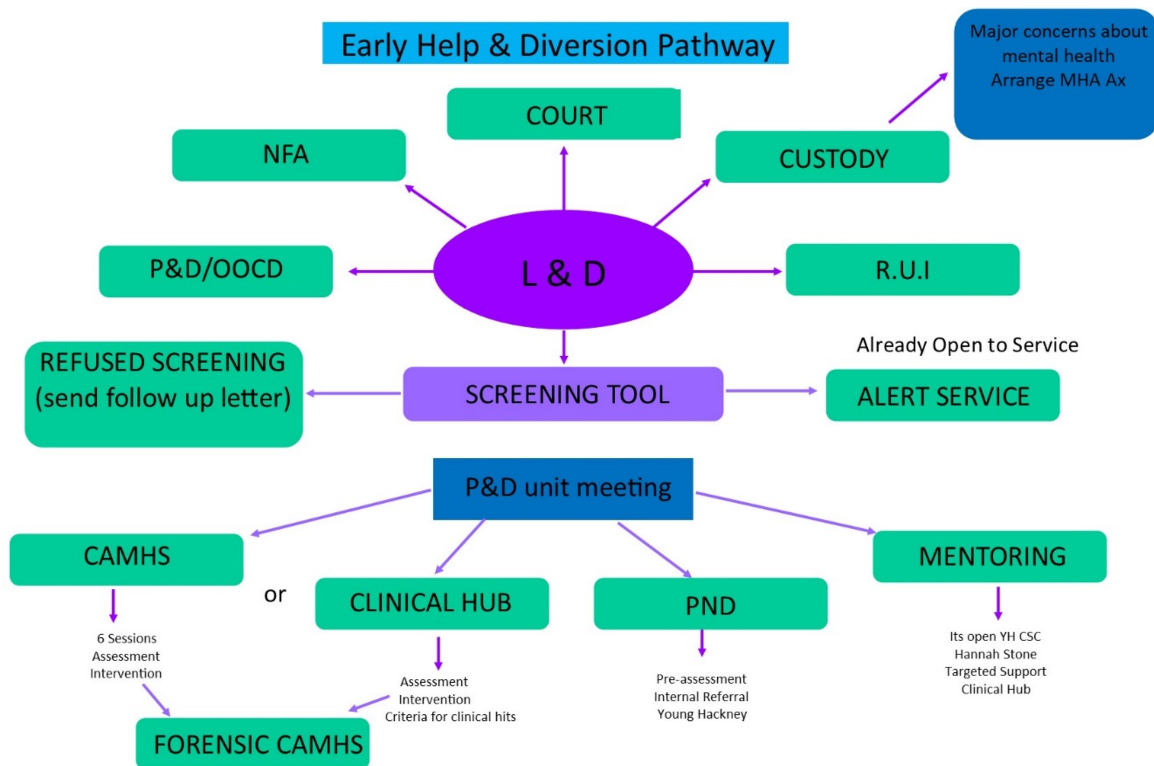


Figure 9.3 Youth Offending Pathway



9.7.2 COACH Gangs Prevention

Following on from a successful pilot funded by MOPAC, the CCG will commission a new clinical, youth work and family support team to work with children aged 7-11 years old at risk of future gang involvement, to support the embedding of a targeted, evidence-based therapeutic programme into 'practice as usual'. A public health approach will be taken, in which identified root causes of serious youth violence and risk factors are targeted through therapeutic and multi-disciplinary interventions.

The Hackney Integrated Gangs Unit (IGU) knows of approximately 1,700 people who are either directly involved in gang activity or on the periphery of a gang (IGU data, 2018). Over the last decade there has been a significant increase in knife crime and knife crime with injury in England, with recorded figures in 2017/18 representing the highest figures recorded in a decade (Metropolitan Police Service, 2018). Whilst there is no national measure of gang related crimes, gang crime and serious youth violence are often considered synonymous with knife crime and therefore gang involvement may be considered to have serious implications across the health economy (House of Commons, 2016). The contagion effects of youth violence and ill health caused by fear, injury and loss experienced at familial and community level make youth violence and gang involvement a public health issue (GLA Health Team, 2018; Mayor of London, 2018).

Research investigating the root causes of youth crime and violence identify social deprivation as a key correlate. Other identified risk factors in children and young people, which cumulatively increase the likelihood of future gang involvement, include childhood adversity, experiencing emotional and/or behavioural difficulties, low school achievement and being a looked after child (Early Intervention Foundation 2015; Greater London Authority Health Team, 2018). Risk factors for youth violence overlap with risk factors for other physical and mental health difficulties and therefore the delivery of an early intervention for children which aims to prevent involvement in violence related activity may be considered to have positive implications across clinical populations (Greater London Authority Health Team, 2018). A system level approach to treating the 'root cause' of youth violence may have positive implications across the health economy, with economic savings being made over time and the benefits of interventions considered to far outweigh the costs of delivery (Khan, Parsonage & Stubbs, 2015).

COACH is a locally developed, evidence-based programme, designed and piloted by Hackney Children and Families Service, to meet the needs of children in the local area who are exposed to adverse experiences and/or present with risk factors known to make them more vulnerable to exploitation and/or criminal activity. The programme uses an outreach approach, through the delivery of group and community based clinical psychology, parent support and youth work interventions. Working in partnership with local voluntary agencies has also been trialled, as appropriate, to increase access to hard to reach families. COACH is based on NICE recommended treatments for children with or at high risk of behavioural difficulties (NICE, 2017), and draws on the 'Coping Power' programme for conduct disorder. Project Outcomes:

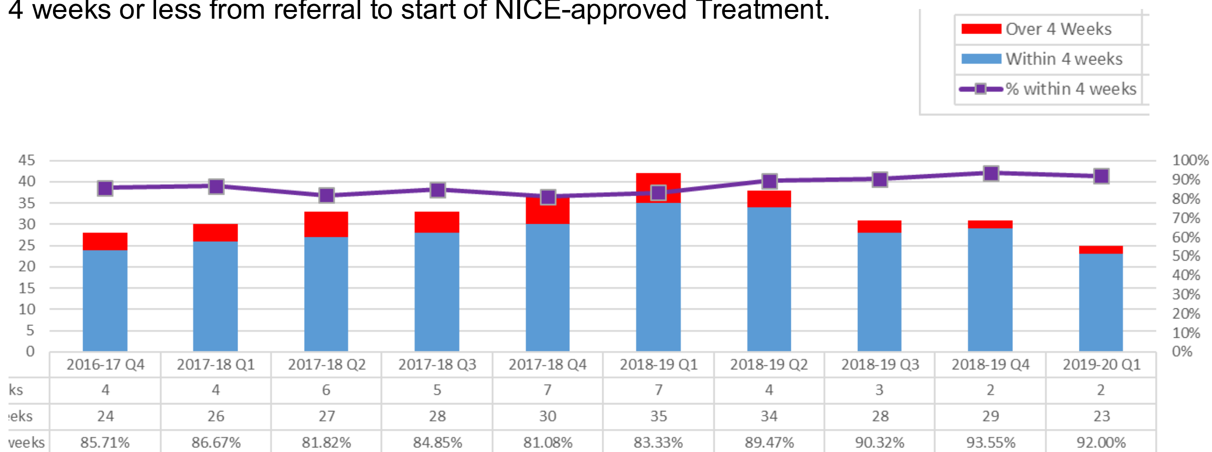
- To improve the social, emotional and behavioural outcomes for children identified as at high risk of antisocial behaviours via the implementation of an evidence based programme.
- To support children to develop skills that will allow them to manage conflict and social situations effectively.
- To improve outcomes for children and families, through direct and indirect consultation based on evidence-based parenting approaches.

- To improve professional and community awareness of risk factors associated with later gang involvement and enhance risk management procedures.

9.8 Workstream 8: CYP Eating Disorders

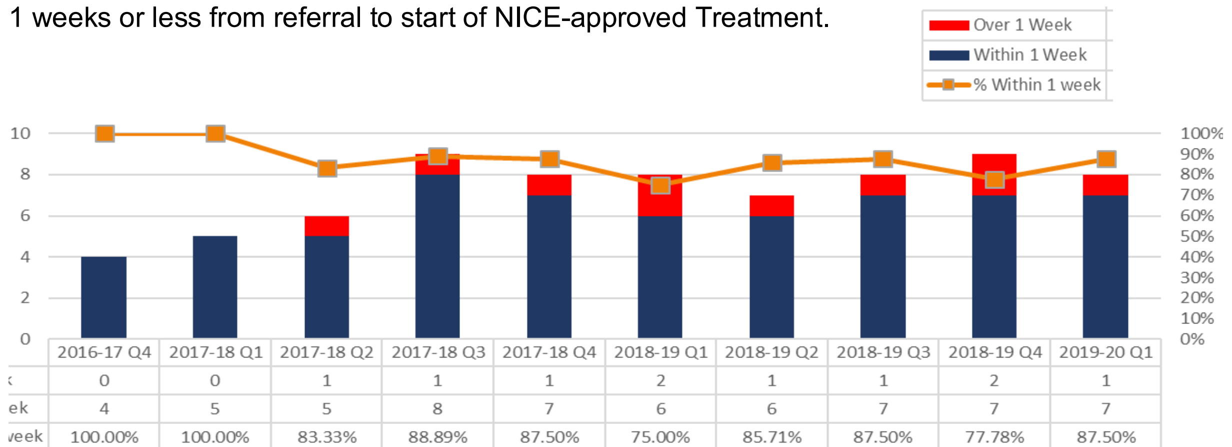
The City and Hackney CAMHS Alliance is fully committed to meeting all eating disorder access and waiting times standards as part of the on-going work commenced in phase one of the Transformation Programme. The work is being conducted in collaboration with Newham and Tower Hamlets CCGs with East London NHS Foundation Trust as the lead organisation in establishing a model that is contracted to deliver in full against these standards and timelines. The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. Performance against these measures is shown in figures 9.1 and 9.2 respectively. Performance against the 4 week target has historically been missed. Further to the work carried out in phase one, and owing to the successful deployment of the service, demand has increased and the current capacity is not sufficient to meet these needs. For this reason, the CCG has a phase 2 workstream for eating disorders to address this, see section 10.15.

Figure 9.4 Proportion of children and young people with eating disorders (routine cases) that wait 4 weeks or less from referral to start of NICE-approved Treatment.



	2016-17 Q4	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	2019-20 Q1
ks	4	4	6	5	7	7	4	3	2	2
eeks	24	26	27	28	30	35	34	28	29	23
veeks	85.71%	86.67%	81.82%	84.85%	81.08%	83.33%	89.47%	90.32%	93.55%	92.00%

Figure 9.5 Proportion of children and young people with eating disorders (urgent cases) that wait 1 weeks or less from referral to start of NICE-approved Treatment.

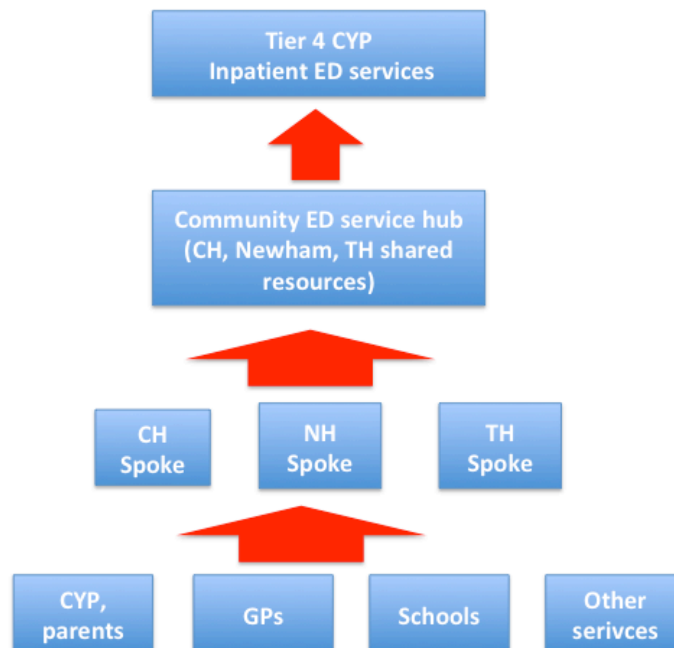


	2016-17 Q4	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	2019-20 Q1
k	0	0	1	1	1	2	1	1	2	1
ek	4	5	5	8	7	6	6	7	7	7
veek	100.00%	100.00%	83.33%	88.89%	87.50%	75.00%	85.71%	87.50%	77.78%	87.50%

In line with national guidance, a community eating disorder was created in 2016-17 as part of CAMHS Transformation Plan Phase One. It consists of a hub spanning the boroughs of City and Hackney, Tower Hamlets and Newham and local spokes or teams for each borough. The teams are now successfully established but need further resources in order to provide Children and Young people with a full range of therapies and interventions that meet the complexity of the work which spans physical health issues, diet and psychological and psychiatric interventions. In 2017/18 to meet increasing demand the CCG has recurrently funded increase capacity in to the team to ensure the access targets are continued to be met.

Eating disorders is the mental health disorder that is linked to the highest physical co-morbidity and death in children and young people. The majority of these are relating to cardiovascular complications. Hence it is important that there are adequate resources within the service to be able to facilitate the necessary investigations, interpretation of the results and appropriately manage these in relation to eating disorders. At present the team is under resourced in relation to this. The care pathway for Eating Disorder (ED) services is shown below. As can be seen the aim of the community eating disorder service is to provide an early community based intervention to reduce the need for hospital based tier 4 services. The service receives referrals and is closely linked to primary care and schools.

Figure 9.6: The Eating Disorder Care pathway



9.8.1 Physical health nursing

To ensure cardiovascular complications are other physical health risks properly addressed we will introduce a Band 7 physical healthcare nurse to work in combination with an eating disorder child and adolescent psychiatrist. Both will provide the necessary investigations and interpretation of the results in a safe and effective way from the young person and their family. The nurse will offer physical monitoring, phlebotomy and ECG tracing. This will allow for the centralisation of these aspects of patient care to be held within the Community Eating Disorder Service team rather than

across three agencies (i.e. CEDS, GPs and general hospital), making the process more streamlined for the patient by avoiding the transfer from one facility to another. Furthermore process will be safer as the post-holder will be trained to understand which specific eating disorder health markers to look for. The nurse can also link with the relevant GPs and paediatricians to update them and ensure adequate communication across services. The post holder will also be skilled to support meals in the general hospitals when young people are admitted for physical stabilisation/when at high risk of re-feeding.

9.8.2 Increased psychiatry time

The current consultant psychiatry post is only for 3 days a week across all the three boroughs and this includes clinical work, liaison with GPs/ paediatricians/ radiologists/ CAMHS, consultation slots to CEDS staff, supervision to CEDS professionals, as well as leadership, service development and management. The only other medical input in this service is four hours of general consultant paediatric time. From a clinical perspective the consultant psychiatrist is getting calls outside of the 3 working days from the CEDS team asking for work in a number of important clinical areas including the following:

- consultation about local urgent assessments (e.g. advice around need for paediatric admission/out of range physical parameters or blood Investigations)
- consultation on follow up appointments (e.g. for physical or psychiatric co-morbid management advice or on the management of cases which are not progressing as expected)
- Requests for clinical advice from the paediatric consultants/wards around the management of young people admitted to the paediatric wards (e.g. re-feeding supplementation, correction of electrolyte imbalance, nasogastric tube feeding or the use of the mental health act).

We will therefore increase the consultant psychiatrist by an additional day per week to meet this demand and ensure the service remains NICE compliant to all standards and access targets.

9.9 Workstream 9: Perinatal and Best Start (0-5)

9.9.1 Solihull Postnatal Plus

Hackney has an effective specialist Tier 4 perinatal team, which also offers outreach to work with more moderate mental health difficulties. It has had additional investment to enhance the CAMHS tier 3 and 4 resources via the 16/19 CAMHS Transformation However, outreach capacity is limited at this time and the clinicians cannot offer specialist help to all women with mild or moderate mental health difficulties in Hackney.

Adult psychological therapy services provide Tier 2 access to psychological therapy in the community. The focus is on the adult's mental health and not on the relationship between the parent and the baby, the baby is not routinely held in mind as a focus of the work. In addition, parents may not be able to bring their baby to sessions due to both the way of working and the physical location of the session.

There is a universal offer to all parents of children 0-5 to attend First Steps-facilitated Solihull Parenting Groups held in Children's Centres. Parents of babies under one can access these

groups, but children are not in the sessions (a crèche is provided), which excludes many parents of young babies. Moreover, this is a universal offer and not appropriate to parents with mild-moderate depression and/or anxiety.

First Steps has trained and offers consultation to all health visitors in the Solihull approach. The Solihull model focuses on the importance of relationships in the early years. The Solihull approach combines the fields of child/brain development, Attachment Theory and Behaviourist Theories.

The aim of the project is to pilot an offer for new parents who are experiencing difficulties in their relationship with their baby, or who are experiencing mild-moderate depression and/or anxiety in the postnatal period. This will take the form of a group parenting programme (the Solihull Postnatal Plus Parenting Group), supplemented with psychology drop-ins at Baby Clinics, link with MAT meetings and consultation/training for MAT staff. We will capitalise on First Steps' well-established relationships with the Children's Centres, Health Visitors and GPs.

At project completion, we will have spent a year offering brief psychology support to parents and babies at Baby Clinics in one Patch area. We will have offered three 8-week Postnatal Plus groups, targeting parents with mild-moderate depression/anxiety. We will have worked closely with health visitors, midwives, GPs and Children's Centre staff to embed Solihull Approach ideas and understanding, and to signpost families to ongoing support including parenting programmes and First Steps intervention.

9.9.2 NEL STP Perinatal Service

As part of the successful NEL STP bid for additional national funding, we will improve our local pathways into the MBU beds in order to facilitate fewer emergency admissions and more planned admissions, and to provide improved step-down care on discharge. We will improve the inpatient pathway so that local women do not have to access MBU beds out of area, or have to be admitted into acute beds and in the process be separated from their babies.

This programme aims to address the current shortfall between the RCPysch recommendations and the existing staffing levels found in services across NEL and to fit with current staff in terms of experience and seniority, with a view to creating sustainable development and capacity building of existing services. In brief, this includes the following key staff groups:

- Psychiatry: increasing psychiatric input in Tower Hamlets, Newham and City and Hackney perinatal services
- Adult perinatal psychologists and perinatal/parent infant psychotherapists: increasing provision across NEL of appropriate therapies
- Specialist perinatal community mental health practitioners: increasing provision of community mental health practitioners (nurses and social workers) with the appropriate skill mix to manage cases in the community, provide liaison, education, training and outreach to other teams and to provide supervision and training
- IAPT – enhancing and integrating delivery in primary care mental health
- Secondary care psychology services: creating more capacity in psychological services
- Occupational Therapists: to provide the holistic support required in the community
- Nursery nurses: with a specialist understanding of perinatal psychiatric illness to support the mother's practical care of her baby

- Maternity services: specialist midwives and psychotherapy and psychology posts
- Administration staff: to ensure clinical staff are deployed effectively by coordinating referrals and managing data including reporting outcomes and activity.

A more positive experience for women and families will result from better access to local care and earlier interventions. An important aspect of the programme in joining-up services are our proposed developments in conjunction with maternity services and CAMHS services. This includes increasing the numbers of specialist midwives, providing more psychology support into maternity services and more psychiatry support and joint working with CAMHS. The programme will improve access and facilitate greater integration between the multiple services that a woman and family might need. Earlier diagnosis and intervention: is prevented at present by restricted capacity. Additional staffing in the perinatal services and in other services including maternity, CAMHS and IAPT services, will provide easier access for women at earlier stages in their pregnancy and quicker access to the full range of interventions, which are in effect restricted due to the current capacity gap.

As well as new posts, this proposal will build capacity by securing resources for providing additional training, including staff, parental and development of peer support training and in developing innovative ways of collaborative working across NEL, including developing integrated pathways that will facilitate greater continuity of care across different providers and sites and testing out models of provision including a hub and spoke approach that allows for flexible deployment of staff across a dispersed geographic area – building on local examples of this approach such as that used by community eating disorders services.

There are three groups of people who will benefit from increase in access:

- Those women and families who don't currently access services who we expect to, based on prevalence of perinatal mental health problems– unmet mental health need
- Those women/families who are referred but who have to be signposted elsewhere due to lack of capacity – unmet need in terms of specialist perinatal care
- Those women/families who do access the service but due to capacity constraints are not able to access the full range of interventions in a timely way – unmet need in terms of provision of evidence-based care.

9.9.3 The First Year and You (Pilot)

The First Year and You' is joint venture between Adult IAPT and CAMHS. It uses a Solihull approach group adapted for parents who are experiencing mood and/or relationship issues following the birth of their baby. This programme is designed to teach parents about parent/baby relationships and bonding and to reflect on the impact of becoming a parent and what they might need. The group covers a number of topics, including: exploring parents feelings about having a baby and becoming a parent; thinking about their own needs as parents, who can be helpful in supporting them, and ways to relax; being in tune with their baby and how their baby may be feeling; babies brain development, physical and emotional development; how to support babies development through play; responding sensitively to babies communications; and being in tune with babies needs such as feeding and sleeping. The programme is highly interactive and collaborative, and the babies are present with parents during the sessions. Each session is run by

two facilitators, lasting two hours each week for eight consecutive weeks (plus a welcome group session). Up to eight parents and their babies are enrolled in each group.

Three group programmes were funded in the initial one-year period. All 3 groups have run; the first (Jan 2019) was co-facilitated by First Steps, as no facilitator from another service was available. The second (completed in July 2019) and the third (to run in autumn 2019) are co-facilitated by a First Steps clinician and a clinician from Talk Changes, the IAPT service. This model brings together the expertise of CAMHS clinicians in considering attachment and the infant-parent relationship, and that of IAPT in promoting recovery in anxious and depressed parents. Working together across these services is new venture, and aligns with wider aims in City & Hackney to create closer links between child and adult services.

This proposal aims to plan for a recurrent extension of the First Year and You project in order to offer 3 recurrent groups per year co-facilitated between Frist Steps and Adult IAPT. The aim of the project is to continue the offer for new parents who are experiencing difficulties in their relationship with their baby, or who are experiencing mild-moderate depression and/or anxiety in the postnatal period. This will take the form of a group parenting programme (the Solihull Postnatal Plus Parenting Group). The First Year and You project aims to engage families with parents with mild-moderate mental health difficulties in the postnatal period in Solihull Postnatal Plus group programme, reaching up to 21 families as evidenced by attendance records

It aims to show improved outcomes for these families, as evidenced by valid and reliable measures around parent-child relationship; parental anxiety/depression, and parent-defined individual goals, as well as to promote an understanding of attachment, child mental health and well-being in new parents, as evidenced in the evaluation of the pilot phase. It sets to engage a wider number of parents in the postnatal period via drop-ins and workshops thus intervening early and potentially avoiding consequent negative outcomes for children and young people. Ultimately, it sets to reduce stigma around accessing support in the postnatal period, as evidenced by increased referral rates to First Steps for babies under one.

Outcome Measures / KPIs

The outcomes and impact of the groups will continue to be measured in the same way as the pilot groups, with clinical outcome measures including: he Patient Health Questionnaire (PHQ-9), the Generalised Anxiety Disorder Questionnaire (GAD-7), the Mother Object Relations Scale (MORS), and the Karitane Parenting Confidence Scale (KPCS).

The groups will also continue to include Goal-based measures, group evaluation measures and Partners' Questionnaire.

9.10 Workstream 10: Safeguarding

Responding effectively to Child Sexual Abuse

City and Hackney CCG is committed to this as a key priority and to working across the broader STP footprint to establish

- A shared standard which complies with Royal Colleges guidelines
- A CSA clinic at the Royal London Hospital
- Plans to reduce waits and provide effective services for children and young people who have experienced sexual abuse
- Appropriate governance structures across the STP put in place to manage this.

Newham CCG led the procurement of an early emotional support service for children and young people following disclosure of sexual abuse on behalf of North East London STP. The funding is from all seven North East London CCGs, split according to their under-19 population. The emotional support service is linked into the CSA paediatric provision in the sector so that a child/young person referred for CSA paediatric assessment is able to access a holistic health review including medical assessment and treatment, STI screen (and pregnancy test where needed), documentation of injuries/evidence of abuse for court proceedings, and early emotional support focused on advocacy, symptom management, signposting and appropriate onward referral.

Previously, each borough had its own provision of CSA paediatric assessments. As each borough only saw a small number of children/young people, paediatricians were not seeing sufficient cases to ensure competency within the royal college guidance. Additionally, many boroughs lacked the equipment or premises to deliver a service within RCPCH standards.

The CSA Hub clinic for City and Hackney children is run at the Royal London Hospital in Whitechapel once a week. The service has been set up in line with the NHS London plans to have more centralised child sexual abuse services. The clinic is the North East London Hub and currently serves Tower Hamlets, Newham and City and Hackney. Children and young people who have been the victim of sexual abuse that is outside of the forensic window can be seen in this clinic and have a full examination and investigation for blood borne viruses and sexually transmitted infections. There is a lead consultant with other consultant paediatricians from the 3 boroughs contributing to the service. The child or young person will be seen by 2 consultant paediatricians and have access to psychology services "Tiger Light" provided by Banardo's and an experienced play therapist if needed during the examination. Additionally, for Hackney children, is the emotional support provided by the Clinical Service within Hackney Children and families Service.

For more information on the model, please visit the CSA Hub Toolkit :

https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2017/04/Child-Sexual-Abuse-Hub-Toolkit-March-2017.pdf

9.11 Workstream 11: Early Intervention in Psychosis

In City and Hackney, the EIP service run by ELFT provides a NICE concordant EIP service to people up to the age of 65 with under 18s being seen by an integrated function from specialist CAMHS. The services also provide specialist assessment and intervention of people identified to be high risk of developing psychosis (At Risk Mental State - ARMS) in line with NICE guidance. Referrals are received from both internal and external sources and CYP access is closely monitored within the CAMHS specialist Adolescent Mental Health Team. The Adolescent Mental Health Team has close liaisons with the adult EIP team with opportunities for shared training between staff and provides a smooth transition when a young person reaches the age of 18 and still in need of the EIS pathway. It also has close liaison with its locality tier 4 Adolescent Mental Health Inpatient Unit, where a significant proportion of referrals come from. The CYP EIS is currently auditing the NICE concordant interventions offered by CAMHS for First Episode Psychosis in Young People (12-17 years old). Future service development will consider the outcomes of the current audit. The CAMHS EIS service is in the process in ensuring that all staff have regular access to Family Intervention Training, as already provided by the Adult EIS and Adult Mental Health Teams.

9.12 Workstream 12: Primary Care

9.12.1 Primary Care Step Down for ADHD

Through this improvement work we aim to improve awareness and understanding of ADHD across services in primary care, moving away from tiered services and encouraging timely access to clinically effective care. Simplifying structures is likely to offer easier access to support for families. Increase in capacity and efficient flow through the service will allow specialist services to offer more assessment, but also to improve the post-diagnosis care offer. We will be introducing the four areas of change outline below to optimise the system for these service users.

9.12.2 Strand 1 Discharge back to GP for stable cases

Discharge those ADHD cases under CAMHS that are already stable on medication for at least one year to Primary Care for physical examination follow-up as per NICE guidance. To support this discharge back to primary care a CAMHS step down primary care service will be established. See 10.16.4

9.12.3 Strand 2: Move to Annual Reviews within CAMHS for more complex cases

For young people whose treatment with ADHD medication is more complex (such as co-occurring with another mental health condition such as Autism Spectrum Condition) the review of medication treatment with a Specialist could be completed annually rather than the current arrangement of every 6 months. Annual review would include review of treatment effectiveness/efficacy as per NICE guidelines, physical checks (height, weight, BP and Pulse) and any other liaison or investigation as is appropriate. Physical reviews should be completed within Primary Care or by School Nursing. Families and stakeholders could ask for an earlier review where necessary.

9.12.4 Strand 3: Parent Support Groups

Where more clinical time is made available by reduction in frequency of reviews or discharge back to GP care then the provision of regular drop-in parent support and psycho-education groups may be possible. A similar format run in City & Hackney CAMHS for ASD Pathway is very successful and provides a containing, safe space for parents to access support and advice. This also usefully serves as contact point to identify families and young people who may need more intensive treatment or brief work. Parents feel that they have direct access to CAMHS as and when needed. GPs have also reported that they can helpfully signpost families to these 'drop-ins' when in need or crisis.

9.12.5 Strand 4: Primary care step down

A Primary Care Liaison Practitioner (PCLP) will provide support and consultation for the transition back to primary care. The PCLP would be working across all GP practices to ensure that patients get the correct monitoring and support, and this step down model will also be applied to other conditions where young people would need follow up in primary care- so for stable patients with eating disorders, ASD, and any other conditions which will need transition support. This will also provide the opportunity to work with "step up" patients for brief treatment where return to secondary care treatment is not needed. In addition, this model could include liaison with school nurses for PRUs and special schools including physical health monitoring as per NICE guidelines. This primary care step down model will be based on the successful Enhanced Primary Care service currently running for stable adult patients.

9.13 Workstream 13: Wellbeing and Prevention

9.13.1 Five to Thrive

In City and Hackney we've taken the 'Five Ways to Wellbeing', a set of five things that people can do to improve and support their mental health and wellbeing, and created 5 to Thrive. Through 5 to Thrive we aim to keep our population mentally well by encouraging people to work on aspects of their lives that promotes mental resilience. In a similar approach to the five fruit and veg a day framework, we aim to have our residents, regardless of age, to know what their current five to thrive is.

9.13.2 The Five Ways of Wellbeing

The Five Ways to Wellbeing were developed by think tank New Economics Foundation (NEF) from evidence gathered by the UK government's Foresight Project on Mental Capital and Wellbeing, which drew on evidence about mental wellbeing throughout life. The Five Ways have been used by health organisations, schools and community projects across the UK and around the world to help people take action to improve their wellbeing.

Five to thrive is an all-age campaign. For children and young people, we are introducing the framework in to lesson plans. Children will be taught the concepts with practical work as part of their PSHE lessons. In addition our parenting programme leads will be introduced to framework. Finding classes and events locally we have the five to thrive website, figure

www.fivetothrive.net

9.14 Workstream 14: Physical Health and Wider Determinants

9.14.1 Adverse childhood Events (ACES)

Across our local system, it's been identified we use different approaches, language and terminology to refer to negative experiences which can impact harmfully on the wellbeing of an individual, both in childhood and adulthood. Each language has its own nuances and specific applications, but we share a recognition that when harsh or damaging things happen in childhood - without support and loving restorative care - people can be affected by them, bodily and emotionally, for life.

We believe there are significant opportunities to use ACE-awareness and training to enhance the already strong offer around trauma-informed practice in Hackney and the City of London. We want to draw on the large body of evidence based research on the subject, and adapt useful models from other areas of the country where ACE-informed practice has been developed. Health and Social Care practitioners in City & Hackney should be able to consider ACEs as a factor when they meet children, young people and adults.

We have established a working group to drive the development of our ACEs approach. The group consists of key partners from NHS City and Hackney CCG, Homerton Hospital, East London Foundation Trust (ELFT), London Borough of Hackney (LBH) (including Hackney Learning Trust, Public Health and Children and Families Service), and City of London Corporation (CoLC), as well as service providers, service users and wider stakeholders. The group has been tasked with mapping current ACEs as well as Trauma-Informed practice across City and Hackney whilst working in close partnership to develop, shape and agree an integrated approach to ACEs for the City of London and Hackney.

We are building a collaborative approach between health and social care organisations, schools, families and communities; to use ACE-aware practices to support better outcomes for children, contribute to the prevention of physical and mental illness in adults and to build a more "trauma-informed society" at large.

We will build on the strong offer of early help, prevention and trauma-informed practice in City & Hackney, by working with partners to develop an integrated approach:

- To embed ACEs awareness into commissioning
- To help build resilience in our diverse communities
- Offer support and training to the workforce to ensure we have a system that is actively supporting children, parents and families and consciously working to reduce harm.

Objectives

- Agree a shared set of definitions and a common intention and set of objectives around ACEs.
- Build a clear understanding of current training and practices (and gaps where they exist) to support evidence based decisions making going forward.
- Raise awareness of what services are available across the whole system and ensure a universal offer.
- Ensure our approaches and interventions align with and build on existing services, partnerships and delivery models (e.g. NHS Make Every Contact Count (MECC), Young Black Men (YBM) programme, Troubled Families programme, Five to Thrive, the early help offer and the LBH in-house clinical service.
- Make all health and social care professionals in City & Hackney aware of what ACEs are, and their potential impact on the individual, on public health and on system sustainability.
- Provide appropriate access to support and training on ACE-informed practices for all health and social care professionals in City & Hackney.
- Develop a ‘resource portal’ containing links to literature, service models, etc. which partners can access to support learning and the development of best practice.
- Deliver services in City & Hackney which are exemplary and incorporate international best practice on ACEs.

9.14.1 Trauma Informed, Attachment Aware Approach in Education Settings

Many of the obstacles traumatized children face in the classroom result from their inability to process information, meaningfully distinguish between threatening and non-threatening situations, form trusting relationships with adults, and modulate their emotions. Traumatic experiences can undermine the development of linguistic and communicative skills and compromise the ability to attend to classroom tasks and instructions, organize and remember new information, and grasp cause-and-effect relationships.

All schools work with children who have experienced trauma, but may not know who the pupils are. Schools have an important role in providing a stable, safe space for children and connecting them to caring adults. In addition to linking to supportive services, schools can adapt curricula and behavioural and mental health interventions to better meet the needs of students who have experienced trauma. An important role schools can play in traumatised children’s lives is helping them to have good relationships with peers and adults. Positive role models and ways of dealing with peers can really help the healing process and lead to strong academic, social, and behavioural outcomes.

Following an extremely well received one day conference led by Kate Cairns Associates and attended by 200 school staff in February 2019, we are working in collaboration with the Virtual School and Hackney Learning Trust to deliver the following:

- Offer of one day training to all staff in 10 schools/federations by Kate Cairns Associates. The training will be followed up by a visit from KCA to support the school to embed attachment-aware, trauma-informed practice in their school development plan. This is a match-funding offer each school and the CCG paying half.
- A five-day 'train the trainer' programme for Local Education Authority & Early Years leaders (40 people); leading to a free programme of Trauma & Attachment training for all educational settings in the borough, including early years settings, schools, colleges, both state-maintained and independent.

The aim is to disperse this approach widely, encouraging and supporting settings to absorb and adjust their practice to support not only the most vulnerable children, but also recognising the benefit to a universal cohort of children, young people, parents and professionals.

9.15 Workstream 15: Quality and Outcomes

From April 2019, all CCG commissioned CYP Mental Health services are required to submit clinical outcome data to the Mental Health Services Data set. The CAMHS Alliance is well placed as front-line transformation for the input and collection of outcome data is already underway as part of the phase 2 programme. However, the phase 2 post ended in Sept 18 and the CCG will commission delivery of outstanding objectives for phase 3 next year:

- Further develop the Goal Based Outcomes Quality Improvement project in Specialist CAMHS. Currently in place in the E&B team but further development is needed to extend this to wider CAMHS teams.. A goal based outcome needs to be made for Specialist CAMHS.
- Further develop reporting to CCG, CORC, and CYPIAPT. In conjunction with increase Informatics capacity (IT enabler bid) to build reports and dashboards that provide accurate, up to date information.
- Further develop and advocate for the Supervision report to ingrain outcomes in clinical supervision. In conjunction with increase Informatics capacity (IT enabler bid)
- Improve outcomes feedback loop to include clients so they are clinically useful. Change systems so that outcomes are immediately put on systems, visuals created and outcomes are used in sessions with clients. This requires both Informatics development help as well as management support to change systems. A system for conisation is POD (Anna Freud).
- Engagement work with service-users to understand what they would benefit them from services' use of outcomes.

9.15.1 Local Performance Dashboard

As part of the Quality and Outcomes Workstream the services have implanted additional fields to the local performance dashboard to reflect outcome data as a measure of performance (See Appendix 2 – Section 14). This is now used to enhance local delivery and demonstrate impact on outcomes for children and young people.

New outcomes data presents Time 1, Time 2 and Change in relation to (See table 9.10):

- Client Rated Outcome measures

- Clinician rated outcome measures
- Goal Based Measures

Table 9.10 Outcomes reporting on Local Performance Dashboard

	CAMHS Treatment Clinical Dashboard - Reporting to CAMHS Alliance and CCG	Q1	Q2	Q 3	Q 4
	Time 1 outcomes				
M45	# clients who completed a time 1 client-rated outcome measure in the quarter				
M46	% clients who completed a time 1 client-rated outcome measure in the quarter				
M47	# clients who have a time 1 clinician-rated pair-able outcome measure from the quarter				
M48	% clients who have a time 1 clinician-rated pair-able outcome measure from the quarter				
M49	# clients who completed a time 1 GBO (set & rated) in the quarter				
M50	% clients who completed a time 1 GBO (set & rated) in the quarter				
	Time 2 outcomes				
M51	# clients discharged within the quarter that completed a paired client-rated outcome measure				
M52	% clients discharged within the quarter that completed a paired client-rated outcome measure				
M53	# clients discharged within the quarter that have a paired clinician-rated outcome measure				
M54	% clients discharged within the quarter that have a paired clinician-rated outcome measure				
M55	# clients discharged within the quarter that completed a paired GBO				
M56	% clients discharged within the quarter that completed a paired GBO				
	Changes in outcomes				
M57	# clients discharged within the quarter that showed an improvement on a client-rated paired outcome measure				
M58	% clients discharged within the quarter that showed an improvement on a client-rated paired outcome measure				
M59	# clients discharged within the quarter that declined on a client-rated paired outcome measure				
M60	% clients discharged within the quarter that declined on a client-rated paired outcome measure				
M61	# clients discharged within the quarter that stayed the same on a client-rated paired outcome measure				
M62	% clients discharged within the quarter that stayed the same on a client-rated paired outcome measure				
M63	# clients discharged within the quarter whose GBO rating improved				
M64	% clients discharged within the quarter whose GBO rating improved				
M65	# clients discharged within the quarter whose GBO rating declined				
M66	% clients discharged within the quarter whose GBO rating declined				
M67	# clients discharged within the quarter whose GBO rating stayed the same				
M68	% clients discharged within the quarter whose GBO rating stayed the same				
M69	# clients discharged within the quarter who improved on a paired clinician-rated measure				
M70	% clients discharged within the quarter who improved on a paired clinician-rated measure				
M71	# clients discharged within the quarter who declined on a paired clinician-rated measure				
M72	% clients discharged within the quarter who declined on a paired clinician-rated measure				
M73	# clients discharged within the quarter who stayed the same on a paired clinician-rated measure				
M74	% clients discharged within the quarter who stayed the same on a paired clinician-rated measure				
	Experience of Service Questionnaires				
M75	# CHI-ESQs collected in the quarter				
M76	Please insert a stacked horizontal bar chart of % responses to each question on the CHI-ESQ				

9.16 Workstream 16: Digital Improvements

Digital Improvement is a means to equip CAMHS providers with tools for effective delivery; to give service users an accessible, collaborative and empowered experience of seeking and receiving support; and to provide commissioners with data and processes to ensure that service capacity and functioning meets local population needs.

The NHS Long-Term Plan (2019) is a key driver for this strand of work. It sets out an aspiration that all NHS services will take a 'digital first' approach within the next ten years. The Long-Term Plan promotes developing digital solutions to data flow and information-sharing; to increasing service user access to choice and self-help resources; and to freeing up clinician time through the use of digital tools and resources. Preceding the Long-Term Plan, the Five Year Forward View (2014) also set out a commitment to faster access to digital "talking" therapies, and support for technology to improve how services operate. Additionally, the Wachter Report (2016) recommends that all services work towards inter-operability of local systems, as well as endorsing service user access to data (including clinical case notes).

Locally, in the City and Hackney CAMHS Alliance context, there are particular issues that the Digital Improvement workstream seeks to address. Providers currently rely on separate, service-based case note systems and separate, paper-based referral pathways. Service-level data is collected and analysed separately, often manually. Service provision is primarily face-to-face, with only limited access to online support for service users. The most up-to-date and comprehensive sources of information about local services are paper-based.

In this context, Digital Improvement work has the potential to deliver better information sharing, more efficient and effective referral pathways; a better shared understanding of service demand and capacity; improved access to support; increased service user choice and involvement; and ultimately better mental health outcomes within a more efficient and integrated overall system.

The Digital Improvement programme has an ambitious vision. By making digital advances, we aim to help create a CAMHS that is:

- More **accessible** for children, young people, parents and carers
- Delivering **better quality** mental health support
- Achieving **measurable improvements** to children and young people's mental health
- **Working well for all** children and young people
- Making **best use of resources** and Clinicians' expertise

Digital Improvement will improve access to CAMHS, will increase the quality of CAMHS, and will improve mental health outcomes for children and young people. It will contribute to the creation of a seamless and efficient CAMHS system.

9.16.1 Digital Improvements - Proposed Objectives

- Service-user facing objectives include the roll-out of digital mental health services. These will include the commissioning of online therapy services, and improving access to online self-help and psycho-education support.
- Service users and potential service users will also be provided with accessible and up-to-date online information about local digital and non-digital CAMHS support. This will involve creating an improved CAMHS website and implementing digital marketing of CAMHS support.
- A new digital single point of access to CAMHS will be created and made accessible to both professionals and service users (for self-referrals).

9.16.2 NHS Digital Submission / MHSDS

The Alliance is committed to ensuring all activity in CAMHS in City and Hackney is submitted via NHS Digital for the Mental Health Service Data Set (MHSDS). We now have an operational N3 connection for Off-Centre who are also currently undergoing application of the Information Governance Toolkit. Off-Centre is now fully compliant in submitting data via NHS. Similar plans are being formulated for Family Action depending on whether they will be joining the CYP IAPT programme and the final governance arrangements. Likewise, following IT Enabler investment, plans are in place for the CFS Clinical Service to submit data by the end of 2019.20. Table 9.11 gives projected delivery timeline for contribution to the MHSDS.

Table 9.11: Projected delivery of data via NHS Digital for MHSDS

Service Name	16/17	17/18	18/19	19/20	20/21
Off-Centre	×	✓	✓	✓	✓
First Steps	✓	✓	✓	✓	✓
CAMHS Disability	✓	✓	✓	✓	✓
First Steps	✓	✓	✓	✓	✓
Family Action	×	×	✓	✓	✓
CFS Clinical Service	×	×	×	✓	✓

9.16.3 MHSDS Outcomes Reporting

All CAMHS Alliance partners are developing systems to ensure they are fully compliant with MHSDS outcomes submissions in line with national requirements. Details in relation to the local reporting of outcome measures can be found in section 9.15.1.

9.17 Workstream 17: Workforce and Sustainability

To deliver the increase treatment numbers, the CAMHS Alliance will increase clinical capacity across the whole system. Table 9.12 details the increase capacity achieved by phase one of the programme from the 2014/15. The Alliance has in place workforce plans to deliver the increase capacity. The plans commit to developing a highly skilled workforce by working with the existing CYP IAPT programme to deliver post-graduate training in specific therapies, leading organisation change, supervision in existing evidence based therapeutic interventions, routine outcome monitoring and whole-team development. By April 2018 all our providers are now working within the CYP IAPT programme, leading to at least 17 staff being trained by 2020/21 in addition to the additional therapists identified in table 9.3. The CCG is committed to support the participation of staff from all agencies in CYP IAPT training, including salary support. The CAMHS Alliance functions as the local CYP IAPT collaborative. This includes membership beyond health sector organisations including local government, voluntary sector organisation and education.

Table 9.12 Baseline Capacity (15/16) vs Capacity Post CAMHS Transformation Phase 2

	15/16 Baseline – Pre CAMHS Transformation		16/17 Post transformation plan phase 1		17/18 Post transformation plan phase 2		18/19 transformation plan phase 3	
Service	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE	Clinical WTE	Non-Clinical WTE
HUH First Steps	17.5	1.5	18	1.5	18	1.5	18	1.5
HUH CAMHS Dis	8.3	1.0	9.9	1.0	12.4	1.2	12.4	2.4
ELFT Sp CAMHS	34.7	10.1	36.0	10.1	38.8	10.9	59.9	11.4
Off-Centre	0	0	0.2	0	0.2	0	4.4	1.5
Family Action	0	0	0	0	3.4	0.8	3.4	0.8
LBH: CFS	10.36	0	16.8	0	22.4	0	22.4	0
Total	70.86	12.6	80.9	12.6	95.2	14.4	120.5	17.6

The CCG is committed to further developing the workforce to deliver the improvements in reach and access. In order to achieve the 35% target the CCG will work with colleagues in the SPT and local authority to develop innovative methods of developing the existing and growing a new skill mix workforce. In order to achieve this 35% target the therapists will require appropriate supervision, training and clinical leadership from their supervisors. The CCG is committed to working with the CYIAPT programme as part of the strategy for overall work force development. This includes a commitment to the principles of CYP IAPT across all partners of the CAMHS Alliance:

- Collaboration and participation
- Evidence-Based practice
- Routine outcome monitoring with improved supervision

Locally our providers use the CAPA calculation for workforce. The caseload numbers are 45 per therapist. The Royal College of Psychiatrists in their November 2013 report 'Building and Sustaining Specialist CAMHS to Improve Outcomes for Children and Young People' suggest a figure of 40 new referrals a year per whole time equivalent for a clinician with an average case mix. The calculation below has used the principles in the implementing the mental health five year forward view example where the ratio of supervisor to therapist is 0.25. the calculation has used a caseload number of 45 cases per therapist.

Table 9.13 Additional Capacity Projections (from 15/16 baseline)

Workforce Type	16/17	17/18	18/19	19/20	20/21	TOTAL
Therapists (WTE)	3.7	3.2	3.7	3.8	2.4	16.8
Supervisors (WTE)	0.925	0.8	0.925	0.95	0.6	4.2
TOTAL (WTE)	4.625	4	4.625	4.75	3	21

City & Hackney was a wave two CYP IAPT site and the City & Hackney CYP IAPT partnership was set up in late 2012. The original partnership consisted of East London NHS Foundation Trust specialist CAMHS, Homerton University Hospital NHS Trust CAMHS and the London Borough of Hackney's Young Hackney service. City & Hackney is part of the London and South East Collaborative linked to University College London and Kings College London. Between 2013 and 2017, staff from ELFT, Homerton and Young Hackney undertook trainings in CBT and systemic family practice at both practitioner and supervisor level. In 2014, a senior clinician from ELFT was part of a cohort of senior staff from across CAMHS in London and the South East who attended a certificate level CYP IAPT leadership and service transformation programme at the Anna Freud Centre. The focus was on transforming and modernising services in line with the three CYP IAPT principles of increasing evidence based practice, the use of routine outcome monitoring and the involvement of service users.

In 2018, is one IPT-A trainee and two supervisor trainees (in CBT and Systemic Family Practice) from ELFT (Homerton to confirm). The CAMHS services in City & Hackney are in the process of rolling out the routine use of outcome measures in all areas of service and have a long history of using the outcome measures introduced as part of CORC. Staff are now adopting other measure introduced as part of CYP IAPT which include RCADS, SCORE and session by session measures. The CYP IAPT programme has also enabled greater participation by children, young people and parents/carers in service design and delivery. CAMHS partners undertook a User Participation project in 2015 and are currently collaborating with Hackney CVS in a Reach and Resilience programme aimed at minority communities.

9.17.1 CYP IAPT and Recruit to Train 2019-21

As part of our five year forward view commitment and the STP workforce development plan, City and Hackney have been a key partner in the CYP IAPT trainee programme. Historically this has involved training and salary costs for trainees covered by NHS-England and HEE. Owing to reduction in educating funding, the salary costs are no-longer being supported. The CAMHS Alliance will continue workforce development and promoting mental health as a career option to member of our local community particularly key minority groups in our Reach and Resilience programme. This will achieve greater diversity in our workforce

The Alliance has successfully bid for two places on the parenting model. This provides funding for two place costing £42,000 per year for two years from HEE. The CCG will match fund the remaining 50% of costs (£84,000 (covers two years))

9.17.2 Child Wellbeing Practitioners (CWPs)

City and Hackney First Steps are hosting three CWP placements locally. CWPs are a national programme established in 2017 as a response to the target for offering an evidence based intervention to 70,000 more children and young people annually by 2020, by training up 1700 new staff in evidence based treatments. These posts will constitute a sub-service, equipped to see young people who wouldn't otherwise reach local thresholds for CAMHS; they will be distinct roles, and not assistants to existing therapists.

CWPs will undertake certificate level training for 1 year, hosted by either University College London (UCL) or Kings College London (KCL), anticipated to begin in early January 2020 and subject to confirmation from HEE. The CWPs will be trained over the course of a year to offer brief, focused evidence- based interventions in the form of low intensity support and guided self-help to young people who demonstrate mild/moderate:

- Anxiety (primary and secondary school age)
- Low mood (adolescents)
- Common behavioural difficulties (working with parents for under 8s)

In order to ensure that CWPs are supported during their first year in post, each partnership will ensure that appropriate supervisory arrangements are in place in time for the start of the programme in January 2020.

When qualified, CWPs will see a high volume of children and young people. This reflects the relatively low level of need that will be addressed and the brief nature of the work that is intended. During their training year the CWPs are expected to increase from a caseload of around 12 CYP at the very beginning of the training (post block-teaching period) to a caseload of 30 towards the end of the course, with the HEI stipulating the number of clinical hours required to for the practitioner to complete the training. Upon completing the first year of training, it is anticipated that CWPs will see approximately 90 cases during their first year as qualified CWPs, with the hope that this will continue to grow as they gain more experience within the role.

9.18 Workstream 18: Demand Management and Flow

Managing increasing demand is a key priority for the CAMHS Alliance through our CAMHS Transformation Programme. Statutory Provider capacity (clinical WTE) has increased by 9 since 2015/16 baseline to end of 2017/18. This represents an increase spend of approximately £600,000 in addition to uplift. However, demand still outstrips capacity. Therefore, all three core statutory providers have active programmes to improve performance and throughput:

9.18.1 First Steps

At the beginning of 2017/18 First Steps had a median wait time to enter treatment of approximately 19 weeks. Since then the service has worked closely with the CCG to reduce this to an agreed median wait time of 6 weeks which is on target to be reached by Q3 2018/19. This has been achieved through extensive service redesign to improve efficiency and throughput.

9.18.2 CAMHS Disability

CAMHS Disability has seen significant increases in demand within its disability pathways including ASD. It has received significant investment though CAMHS Transformation including waiting time reduction investment from NHS England. It has reduced its waits for ASD assessment to NICE recommended thresholds and is managing to sustain this.

9.18.3 ELFT Specialist CAMHS

ELFT have undertaken a programme of work to manage its referral demand increase of 18%. The service model now includes a focused assessment stage and clearly delineated treatment pathways with inbuilt multidisciplinary review processes. A Quality Improvement (QI) approach has been employed to address demand and capacity issues in two specific pathways (Crisis and ADHD). ELFT Specialist CAMHS has had significant investment through CAMHS transformation but most of this relates to addressing pathway gaps rather than improving capacity in core teams.

Table 9.14 Numbers of Children and Young People with Mental Health Need Accessing CAMHS

	14/15	15/16	16/17	17/18	18/19	19/20	20/21
CYP Population	58547	59500	60700	61000	62000	63000	64000
MH Prevalence	5653	5745	5861	5890	5986	6083	6180

9.18.4 Increase access rates from 25% (14/15) to 35% (prevalence of diagnosable mental health conditions) by 2020/21

The City and Hackney CAMHS Alliance is committed to delivering the national target of increasing access rates from 25% in 2014/15 to 35% by 2020/21 (an extra 70,00 children and young people nationally). The Alliance will manage this in addition to the significant population growth it is projected to experience resulting in an additional 711 children and young people seen within the borough by 2020/21(Table 9.15). This represents a 1% contribution to the 70,000 national target.

Table 9.15 Projected Access rates and new assessment numbers required to meet the agreed targets (Diagnosable mental health conditions)

	14/15	15/16	16/17	17/18	18/19	19/20	20/21
CYP Population	58547	59500	60700	61000	62000	63000	64000
MH Prevalence	5653	5745	5861	5890	5986	6083	6180
New Assessments (Target)	-	-	1641	1767	1916	2068	2163
Additional from baseline	-	-	189	315	464	616	711
Access Rate (Target)	-	-	28%	30%	32%	34%	35%
New Assessment (Actual)	1452	1494	1657	-	-	-	-
Access Rate (Actual)	25.7%	26.0%	28.2%	30.9%	41%	-	-
Actual / Projected Achievement	-	-	✓	-	✓	✓	✓

9.18.5 System Dynamic Modelling Tool

(work about to be concluded – section will be added in November 2019 and included in published document)

9.18.6 Elimination of all inappropriate in-patient bed use and Place Based Commissioning
City and Hackney is working collaboratively with partner CCGs (Tower Hamlets, Newham), corresponding Local Authorities and East London NHS Foundation Trust to develop 24/7 Crisis Services across the wider East London Consortium Footprint. Two workshops have now been completed and detailed plans are now in development. Based on the work, the NEL STP footprint won a national bid for non-recurrent investment in the Children's crisis pathway improvement. The amount equates to approximately £150,000 for City and Hackney. Details of investment can be found in section 10.10, phase 2 crisis project.

By 2020/21, we aim to eliminate inappropriate placements to inpatient beds for children and young people in City and Hackney. This will include placements to inappropriate settings and out of area treatments. The Alliance is currently working with NHS England to transform the model of commissioning so that general in-patient units are commissioned locally at STP level on a place basis to align incentives and ensure that efficiencies delivered are reinvested in communities. We aim to have in place a joint commissioning plan with NHS England's specialised commissioning. The plan will cover the NEL STP footprint and cover the following components:

- Vision and aims
- Defined pathways concerned
- Description of partners & footprint signed-up to deliver
- Project plan including planning structures
- Resources
- Time scale
- Expected benefits and outcomes (KPIs)
- Risk assessment and potential barriers
- Support needed to deliver from HLP and others

The plan will include locally agreed trajectories for aligning in-patient beds to meet local need, and where there are reductions releasing resources to be redeployed in community-based services. There will be a strong focus on crisis support, admission prevention and facilitate early discharge. In addition, our plans to transform services such as increasing the number of children receiving evidence based community treatment (section 9.1.1) and the development of new models of care (section 9.1.11), is expected to lead to reduced use of in-patient beds with savings being reinvested in local community mental health services. The primary aim will be to:

- Strengthen local pathways
- Facilitate and plan for future inpatient requirements,
- ensure Regional inpatient capacity meets requirements so out of region admissions become the exception
- reduce variation by introducing standardised access and waiting times
- adopt consistent models of care based on best practice that reduce the reliance on inpatient care
- deliver seamless age-related service transitions

The CCG is committed to developing a sustainable model that enables a step up and step down approach with wrap around community care for children requiring a CAMHS response. Key issues the plan will address are detailed in table 9.16.

Table 9.16 Key issues

What are the key issues?
Out of hours service
Incomplete referral forms which means referrals rejected by Tier 4 providers delaying admissions
Decentralised decision making
Not knowing where available beds are
Lack of communication / data share with commissioning partners - CCGs, LA, Education
Lack of clarity of who is responsible when (incl. Social Care/LA/Education/secure transport)
PICU, LD + ASD beds – lack of local beds in London
Unclear admission outcome
Long distance of where patient is based
CPA/CTR: processes not integrated
Discharge planning not started at point of admission
Long LoS – discharge not incentivised
CYP learn new risk behaviours when surrounded by others
Not involving children voices in care delivery
Support for young people when they go home (community team not at CPA, social care engagement)
Transition: Children's services don't map neatly onto adult services and no smooth transition/overlap
Disjointed commissioning arrangements between community and specialised CAMHS (lack of ownership)
Poor discharge planning from PICU/private providers
Service provision for CYP with atypical presentation

9.19 Project Management / Delivery

To deliver the transformation objectives the CAMHS alliance will be managed by a dedicated transformation programme team. The team allocation is detailed in table 9.17.

Table 9.17 Transformation delivery programme team and costs

WS ID	Workstream (WS)	Strand ID	Strand	Amount
19	Project delivery and management (Year 1)	19.1	Programme Manager (Band 8c 0.6WTE)	£63,848
		19.2	Clinical Lead (Band 8c - 0.5 WTE)	£53,207
		19.3	Project Manager (Band 7 - 1WTE)	£65,456
		19.4	Project Coordinator (Band 5 - 1WTE)	£46,191
20	Project delivery and management (Year 2)	20.1	Programme Manager (Band 8c 0.6WTE)	£63,848
		20.2	Clinical Lead (Band 8c - 0.5 WTE)	£53,207
		20.3	Project Manager (Band 7 - 1WTE)	£65,456
		20.4	Project Coordinator (Band 5 - 1WTE)	£46,191
	TOTAL			**£457,404**

10 STP and NHS Long Term Plan Alignment for City & Hackney Integrated Commissioning

10.1 CYP Mental Health STP Strategy

This refreshed transformation plan is now also aligned with the north east London sustainability and transformation plan (STP). The Mental Health component of the programme is tasked with delivering sustainable mental health services in North and East London as part of a whole system of health and social care. The programme will support the delivery of the Five Year Forward Views for Mental Health and Primary Care.

The programme is organised into five delivery groups with its own accountability framework reporting into the NEL STP Mental Health Steering Group;

- PREVENTION
- ACCESS
- SUSTAINABILITY
- INTEGRATION
- CHILDREN & YOUNG PEOPLE (CYP)

The aim of the CYP subgroup is to improve the lives and life chances of the children and young people in East London Healthcare Partnership (hereafter STP) from birth to adulthood by:

- Ensuring a STP approach to CAMHS
- Acting as expert and critical reviewers of CAMHS transformation across STP and
- Ensuring that there is an integral link to STP joint commissioning structure that places the CYP agenda as an equal amongst STP priorities

The key priorities for 2019/20 are:
Workforce and development

- CAMHS Access
- CAMHS Outcomes
- Digital Platforms
- New Care Models and Crisis Care
- NEL CYP MH Strategy Development
- Long Term Plan Delivery

10.2 NHS Long Term Plan

<Position statement in development - TBC>

10.3 Integrated Care Systems

Hackney's bid to become one of the five areas in London to take part in a health and social care integrated commissioning programme, has been approved by government. Hackney Council, City and Hackney Clinical Commissioning Group and local organisations delivering health, social care and wellbeing services have signed up for the initiative. The integrated commissioning proposal sets out a shared vision of delivering an integrated, effective and financially sustainable system that covers the whole range of wellbeing - from public health initiatives for school children, timely

and appropriate access to GPs and community pharmacists, and top quality hospital treatment, to excellent mental health services and supporting people to remain independent in their community for as long as possible. Examples of how this new model could benefit residents include:

- Giving parents easier access to immunisations for very young children by providing more community-based services
- Tackling obesity through better co-ordinated services and greater local powers to create a healthy environment
- Quicker progress towards parity of mental health and physical healthcare services
- Providing tailored, more integrated support for people at the end of their life

Integrated commissioning is important in ensuring Hackney is able to successfully continue integration and move closer towards becoming recognised as an integrated care system.

We continue to work with our patients to explore how our public sector can support the use of wider community assets and ensure our plans are socially sustainability. We understand the value of local and culturally relevant access points to support for our residents. Our vibrant voluntary sector providers are a key part of our plans for utilising existing community assets to ensure our services are: targeted and effective, culturally appropriate, and they maximise the increased social value of our plans. As an example, our Psychological Therapies Alliance are working with faith groups to co-locate therapists in local places of worship.

11 Managing Risk

By investing the time to work closely with front-line services, the CCG is confident that the implementation plan, including timescales and costs, are accurate and deliverable. All parties have committed to clearly defined deliverables and agreed deadlines. All resources have been identified and are in place at the beginning of Phase 3 (Q1 2019/20). To manage any remaining risk, contingency plans are in place for each work stream. This flexibility and regular reporting and reviews of the budget spend via the the CAMHS Alliance Board will ensure that any underspend kept within acceptable thresholds and reinvested appropriately in areas within the project that need it. The table below summarises the key risks identified in delivering the Transformation Plan investment and the mitigation strategies that will be put in place to reduce the risks.

Table 11.1 Risks

No.	Risk	Impact	Like-lihood	Risk Rating	Mitigation	Residual Risk
1	Stakeholder disagreement causes delay	3	3	9	Extensive stakeholder consultation (already completed)	4
2	Invest to save strategy delivers less savings than anticipated	4	3	12	Developing plans at STP level ensure greater economies of scale.	5
2	Time taken to recruit causes delay	3	4	12	In Q4 a combination of existing staff (with backfill pay) and agency staff are used. Staff have already been identified.	5
3	Poor planning causes delay	3	3	9	1. Sufficient project management capacity has been included. 2. Project planning has already started.3. A PMO will be created.	5
4	Inaccuracies in cost estimates causes underspend or overspend	3	4	12	1. A degree of flexibility has been built into the cost estimates allowing money to be transferred to manage the budget. 2. The Alliance will create a Transformation PMO, which will meet weekly to review costs.	5
5	Investment fails to deliver value for money	3	3	9	1. Investment in regular reporting of clear KPIs. 2. Monthly investment line reviews against VFM. 3. Disinvestment/re-investment considered.	5
6	Planned interventions have a detrimental impact on patient care	4	3	12	1. Pre-Clinical Project Start-up Phase. 2. Clinical sign off before operational 3. Robust clinical governance processes	5

12 Governance

The investment will be delivered through the existing CAMHS Alliance, which already has robust governance arrangements in place to cover joint working between organisations. The Alliance was established in April 2015 and contains mental health providers, who undertake joint work funded by City and Hackney CCG.

The Alliance's governance arrangements are stated in the figure 11.1. The Alliance agreement consists of individual NHS Standard contracts and an overarching alliance agreement, which governs joint working. These together ensure that each organisation is ultimately responsible for the governance of clinical activities it undertakes. At the outset the CCG approves whether an organisation is appropriate to undertake the activity proposed. Where activity is jointly undertaken by two or more providers and a joint investigation is required the CCG will be the final arbiter of who will lead the investigation. The CCG will also determine the extent to which the Alliance Board is involved. The Alliance Board members are:

- East London NHS Foundation Trust (provider)
- Homerton University Hospitals NHS Foundation Trust (provider)
- Off Centre (Provider) – Now ran by Family Action
- Family Action (Provider)
- City and Hackney CCG (Commissioner)
- London Borough of Hackney (Includes CFS Clinical Service, Young Hackney and the Hackney Learning Trust (strategic advisory capacity)

As can be seen the Alliance contains four providers and the commissioner of the services they provide. . The local authority attend board meetings in a strategic advisory capacity and works in close partnership with the Alliance. The only provider in this proposal not listed above is the City and Hackney VCS service. As the organisation is not currently a signatory to the Alliance agreement, their work will be sub-contracted from East London NHS Foundation Trust, which is a signatory. Each Alliance provider organisation works to an agreed budget for project deliverables and the Alliance is experienced at delivering projects to agreed aims, budgets and KPIs. The budgets are signed off by the Alliance Board. In essence an alliance is a partnership of equals and this distinguishes the alliance model from other partnership models such as Consortia or Prime Contractor model. However, a need for leadership is recognised and for this reason East London NHS Foundation Trust has the role of 'Lead Representative'. This means it is responsible for the interface with the CCG and for coordinating the work of the Alliance.

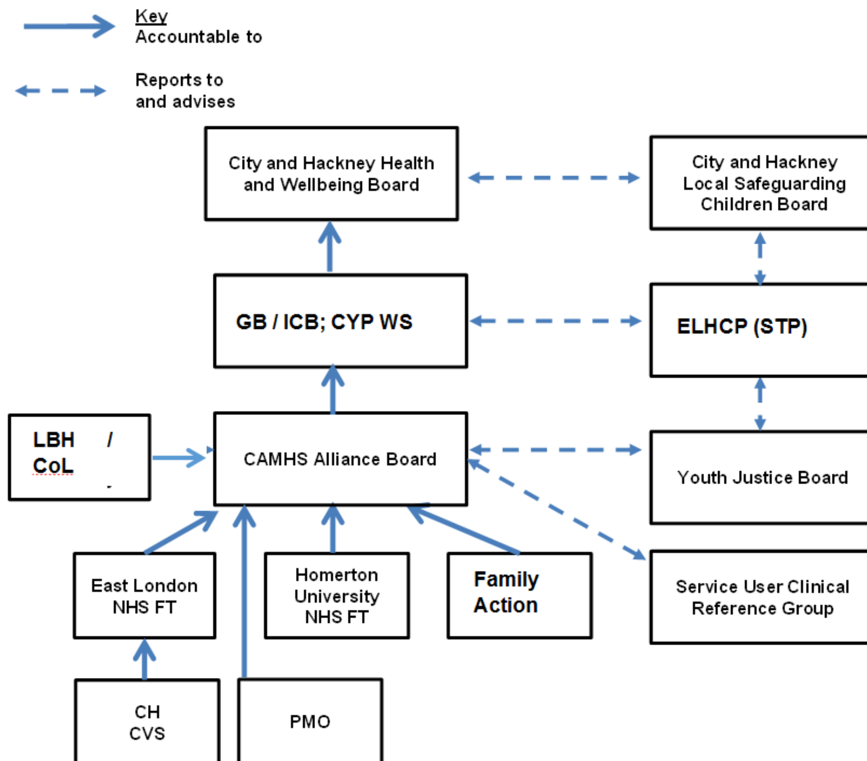
The Alliance Board is responsible for providing the CCG with assurance about the Transformation Programme in terms of: the achievement of objectives and deliverables, KPIs, project risk and expenditure. The Transformation Programme Management Office (TPMO) is responsible coordinating monitoring the programme on a weekly basis in between Board meetings and for supplying the Alliance Board with reports on the programme, risk, spend, quality, SUIs and KPIs. The TPMO will be led by the overall programme manager and also have work steam project managers. The CCG will also be in attendance to provide additional oversight. The Alliance Board reports to the CCG Mental Health Programme Board and the CCG are also members of the Alliance and present at Board meetings. The CCG has the power to reclaim any funding, which is not appropriately utilised by the Providers.

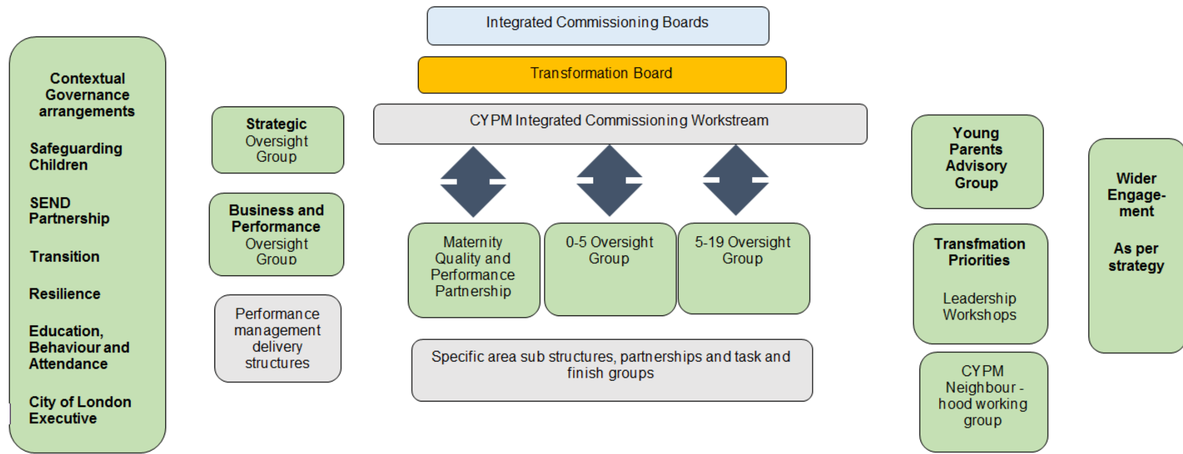
The East London Mental Health Commissioning Consortium co-ordinates strategy and joint projects across the boroughs of City and Hackney, Newham and Tower Hamlets. Whilst the Board's role is advisory it has played and will play an important role in the development of the Eating Disorder CAMHS transformation investment, which is a project across three boroughs and ensuring there is strategic alignment between boroughs over the plans.

For the CAMHS Transformation Plan, the Alliance will also report to the Health and Well Being Board. The Board have approved these plans. There is an established CAMHS service user clinical reference group, which is briefed and advises on all clinical proposals. The Youth Offending Management Board is hosted by the Local Authority. Members of the Alliance Board from East London NHS Foundation sit on the Board and supporting the sharing of information and advice. The CCG Consortium of City and Hackney, Newham and Tower Hamlets are also represented on the Board via the Newham Mental Health CCG Lead.

The governance arrangements are illustrated below. The bold blue single directional arrows show the lines of accountability for the CAMHS transformation project. The smaller dotted blue two way arrows show bodies which receive information on the project and have and advisory capacity but which are not accountable for the programme's delivery. The governance arrangements are set out below.

Figure 12.1: Governance Arrangements




Integrated Commissioning Boards
Transformation Board
CYPM Integrated Commissioning Workstream
Contextual Governance arrangements
Safeguarding Children
SEND Partnership
Transition
Resilience
Education, Behaviour and Attendance
City of London Executive
Strategic Oversight Group
Business and Performance Oversight Group
Performance management delivery structures
Maternity Quality and Performance Partnership
0-5 Oversight Group
5-19 Oversight Group
Specific area sub structures, partnerships and task and finish groups
Young Parents Advisory Group
Transfmation Priorities
Leadership Workshops
CYPM Neighbour - hood working group
Wider Engage- ment
As per strategy

13 Appendix 1: London Commissioning Standards for (Mental Health) Crisis Care

A local mental health crisis helpline should be available 24 hours a day, 7 days a week, 365 days a year with links to out of hour's alternatives and other services including NHS 111

People have access to all the information they need to make decisions regarding crisis management including self-referral

Commissioners should facilitate and foster strong relationships with local mental health services including local authorities and the third sector

Training should be provided for GPs, practice nurses and other community staff regarding mental health crisis assessment and management

Emergency departments should have a dedicated area for mental health assessments which reflects the needs of people experiencing a mental health crisis

People should expect all emergency departments to have access to on-site liaison psychiatry services 24 hours a day, 7 days a week, 365 days a year

Arrangements should be in place to ensure that when Mental Health Act assessments are required they take place promptly and reflect the needs of the individual concerned

Police and mental health providers should follow the London Mental Health Partnership Board section 136 Protocol and adhere to the pan London section 136 standards

All people under the care of secondary mental health services and subject to the Care Programme Approach (CPA) and people who have required crisis support in the past should have a documented crisis plan

People should expect that mental health provider organisations provide crisis and home treatment teams, which are accessible and available 24 hours a day, 7 days a week, 365 days a year

London Acute Care Standards for Children and Young People

Emergency departments have a single point of access for child and adolescent mental health (CAMHS), or adult mental health services with paediatric competencies for children over 12 years old. Referrals are available 24 hours a day, seven days a week, with a maximum response time of 30 minutes.

There are robust arrangements between fully staffed emergency departments and urgent care centres. This includes protocols covering consultation and transfer of cases.

All services offer information and advice to help young people and their families make decisions regarding psychological wellbeing and mental health support needs based on informed consent.

The service makes attempts to provide flexibility about involving other people in the assessment and treatment process.

Appropriate staff receive training and appraisal to ensure they are able to talk to young people about mental health issues; knowledgeable about a range of support and treatment options; clear about who they are able to help; able to recognise and facilitate informed consent; and able to recognise and respond to different therapeutic needs such as those relating to gender, sexual orientation and age

A clear referral path is identified for young people with emotional and mental health concerns. The pathway may include specialised CAMHS input, including psychiatry, psychology, individual and family psychotherapy, social work, and CAMHS-trained and experienced nurses

City & Hackney CAMHS Alliance

NHS City and Hackney Clinical Commissioning Group

14 Appendix 2: Local CAMHS Reporting Dashboard

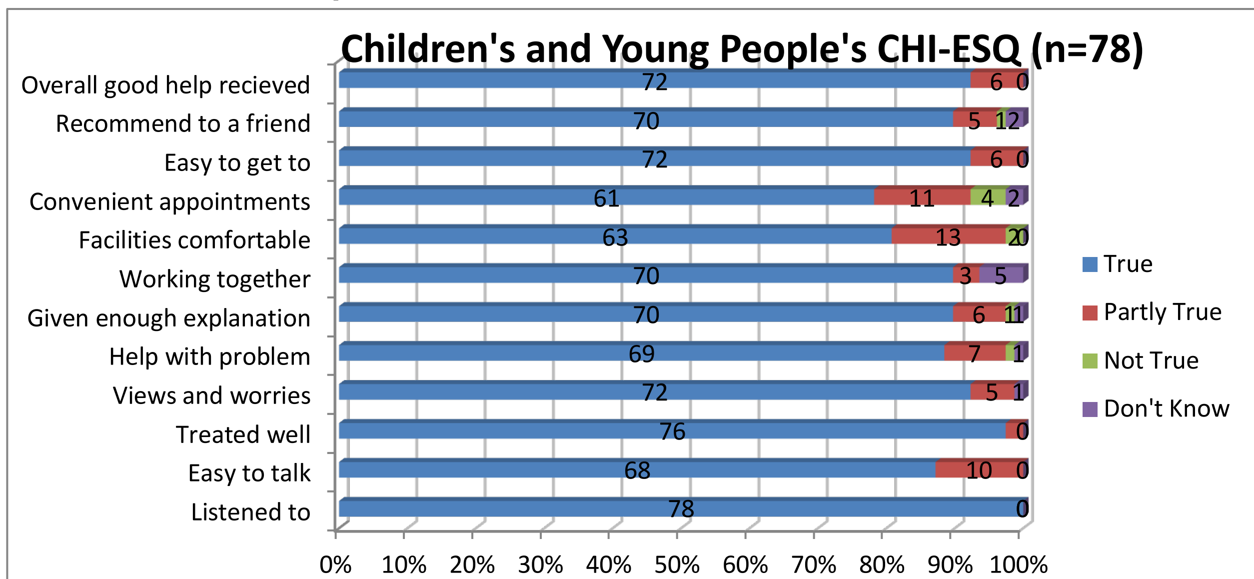
14.1 Core Local Performance Dashboard

	CAMHS Treatment Clinical Dashboard - Reporting to CAMHS Alliance and CCG	Q1	Q2	Q 3	Q 4
M1	No. of referrals received				
M2	No. of referrals accepted for Assessment				
M3	No. of assessments completed				
M4	Coversion rate (% of referrals received entering treatment)				
M5	No. entering treatment				
M6	Numbers waiting under 4 weeks wait from referral to treatment (RTT)				
M7	% waiting under 4 weeks wait from referral to treatment (RTT)				
M8	Numbers waiting 5-6 weeks wait from referral to treatment (RTT)				
M9	% waiting 5-6 weeks wait from referral to treatment (RTT)				
M10	Numbers waiting 7-8 weeks wait from referral to treatment (RTT)				
M11	% waiting 7-8 weeks wait from referral to treatment (RTT)				
M12	Numbers waiting 9-10 weeks wait from referral to treatment (RTT)				
M13	% waiting 9-10 weeks wait from referral to treatment (RTT)				
M14	Numbers waiting 11 weeks wait from referral to treatment (RTT)				
M15	% waiting 11 weeks wait from referral to treatment (RTT)				
M16	Numbers waiting over 12 weeks wait from referral to treatment (RTT)				
M17	% waiting over 12 weeks wait from referral to treatment (RTT)				
M18	Total No. of CYP waiting for treatment (Post assessment / 2nd appointment)				
M19	Median waiting time for referral to treatment (weeks)				
M20	Mean waiting time for referral to treatment (weeks)				
M21	No. of CYP waiting for assessment				
M22	No of cases open				
M23	Total No. of patients seen (Different cases)				
M24	M				
M25	F				
M26	0-4				
M27	5-11				
M28	12-18				
M29	Ethnicity				
M30	No. of Appointments attended by contacts				
M31	No. of Groups				
M32	No. of group attendances by C/YP/parents/carers				
M33	No. of patients who cancelled appointments				
M34	DNA rate (%) New Appointments				
M35	DNA rate Follow up Appointments				
M36	DNA rate Total				
M37	No. of consultations - client related				
M38	No. of C/YP discussed - client related				
M39	Nos of consultation - non client				
M40	Nos. C/YP discussed - non client				
M41	% Feedback showing improved outcomes				
M42	Nos. of hours training held				
M43	Total Nos.of people attending				
M44	% of people trained who achieved their learning outcomes				
M77	Total no. of clients discharged				
M78	No of clients discharged to adult services				
M79	No of clients who have dropped out of services				
M80	No of clients who have completed treatment				
M81	No of clients discharged to other services				
M82	Financial Spend in Quarter				
M83	Variance for Quarter				
M84	WTE in post- Whole Project				
M85	WTE in post (Admin Staff)				
M86	Clinical Post - Total				
M87	Clinical Posts- Actual				

14.2 New Outcomes Metrics on Local Dashboard

	CAMHS Treatment Clinical Dashboard - Reporting to CAMHS Alliance and CCG	Q1	Q2	Q 3	Q 4
	Time 1 outcomes				
M45	# clients who completed a time 1 client-rated outcome measure in the quarter				
M46	% clients who completed a time 1 client-rated outcome measure in the quarter				
M47	# clients who have a time 1 clinician-rated pair-able outcome measure from the quarter				
M48	% clients who have a time 1 clinician-rated pair-able outcome measure from the quarter				
M49	# clients who completed a time 1 GBO (set & rated) in the quarter				
M50	% clients who completed a time 1 GBO (set & rated) in the quarter				
	Time 2 outcomes				
M51	# clients discharged within the quarter that completed a paired client-rated outcome measure				
M52	% clients discharged within the quarter that completed a paired client-rated outcome measure				
M53	# clients discharged within the quarter that have a paired clinician-rated outcome measure				
M54	% clients discharged within the quarter that have a paired clinician-rated outcome measure				
M55	# clients discharged within the quarter that completed a paired GBO				
M56	% clients discharged within the quarter that completed a paired GBO				
	Changes in outcomes				
M57	# clients discharged within the quarter that showed an improvement on a client-rated paired outcome measure				
M58	% clients discharged within the quarter that showed an improvement on a client-rated paired outcome measure				
M59	# clients discharged within the quarter that declined on a client-rated paired outcome measure				
M60	% clients discharged within the quarter that declined on a client-rated paired outcome measure				
M61	# clients discharged within the quarter that stayed the same on a client-rated paired outcome measure				
M62	% clients discharged within the quarter that stayed the same on a client-rated paired outcome measure				
M63	# clients discharged within the quarter whose GBO rating improved				
M64	% clients discharged within the quarter whose GBO rating improved				
M65	# clients discharged within the quarter whose GBO rating declined				
M66	% clients discharged within the quarter whose GBO rating declined				
M67	# clients discharged within the quarter whose GBO rating stayed the same				
M68	% clients discharged within the quarter whose GBO rating stayed the same				
M69	# clients discharged within the quarter who improved on a paired clinician-rated measure				
M70	% clients discharged within the quarter who improved on a paired clinician-rated measure				
M71	# clients discharged within the quarter who declined on a paired clinician-rated measure				
M72	% clients discharged within the quarter who declined on a paired clinician-rated measure				
M73	# clients discharged within the quarter who stayed the same on a paired clinician-rated measure				
M74	% clients discharged within the quarter who stayed the same on a paired clinician-rated measure				
	Experience of Service Questionnaires				
M75	# CHI-ESQs collected in the quarter				
M76	Please insert a stacked horizontal bar chart of % responses to each question on the CHI-ESQ				

14.3 New Patient Experience Performance Local Dashboard



15 Appendix 3: Consutlation and Engagement

'Critical Conversations': Young People's Consultation Report 2018

Background

During March 2018 Young Hackney delivered a series of consultation sessions with young people. A session was held at five different universal youth provisions[1]. These sessions were titled 'Critical Conversations' - they focused on issues that are *critical* in importance and sought *critical* perspectives from young people. The sessions were set up to gain young people's views about key issues through inviting them to lead conversations. The qualitative data gathered at these sessions has been analysed to identify common threads.

Consultation

The sessions focused on five themes:

- Racism
- Safety, Crime and Policing
- Education
- Young People's Services
- Any other subject young people want to discuss

Young people were provided with these themes and invited to speak to any theme which they felt was important. Youth workers known to the young people and the Service Manager for Young Hackney were present in the room. The conversations were structured by young people, with very few or no prompts provided by staff.

77 young people were involved in these conversations in total. Most of these young people were between the ages of 13-19, with a group of 7 aged 6-12. This is a small sample group and the views that they expressed may not represent the views of local young people in general. Nevertheless the discussions provided insight into the experience of some young people in Hackney.

Method

This exercise invited young people to speak to broad themes without further input from youth workers about what should be discussed. This approach allowed young people to hold conversations about key issues on their own terms. It is hoped that allowing young people to focus and structure the conversations provided them with a sense of ownership over the sessions.

Youth worker input was also limited to minimise the extent to which the findings were influenced by adults. It is recognised that the presence of youth workers in the room means that it is likely that young people were partially influenced by staff and may have provided some answers based on their understanding of what they felt expected to say.

Young people spoke openly during these sessions and were empathetic to one another when difficult experiences were shared. The enthusiasm with which young people engaged with the consultation may reflect the need for a non-judgemental space where young people are encouraged to discuss key issues. Following the sessions, youth workers spoke to young people about what they had discussed without challenge. This aimed to show young people that their experiences are seen as legitimate.

[1] Fellows Court Youth Club, Guinness Youth Club, The Edge Youth Hub, Forest Road Youth Hub and The Concorde Youth Hub

The Service Manager for Young Hackney took a written record of the conversations held during each session. These records are not verbatim, however they do reflect the words young people used. Youth workers who were also present during the sessions have confirmed that they are an accurate reflection of the conversations. As input from staff was deliberately limited, there was not opportunity to clarify young people's points when these were unclear. Where a point was not clear from a young person's words, the Service Manager has included a hypothesis in the notes of what they may have meant by this.

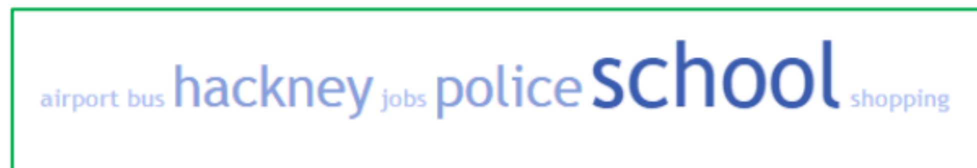
The written records have been analysed to identify themes. This was done by loosely coding the notes then categorising them. The overall categories have been set out below as 'findings'. Young people's comments are included as quotations throughout the report.

Findings

Finding 1: Racism is widespread and young people feel it is unlikely to change.

Young people relayed multiple examples of what they identified to be racism.

Young people in most of the groups articulated instances of racism which either they themselves had been a victim of, or had witnessed. Young people were able to draw on extensive direct experience; an indicator of how common it can be for young people to encounter racism. Two groups spoke particularly strongly about the prevalence of racism, respectively stating *"it goes into everything"* and *"it's still going on, everywhere"*.



The above graphic displays settings where young people mentioned that they have experienced racism. The size of the text is representative of the frequency in which these settings were mentioned.

Young people described multiple settings in which they have experienced racism, referring to racism from members of the public and racism from professionals. Racism was spoken about as an everyday part of young people's lives, experienced in regular, day-to-day interactions. The sharing of experiences was broadly met with empathy and similar stories shared by other members of the group.

There was one group of seven, aged 6-12 years, who said that not many of them had experienced racism. One group had agreed without prompt during their conversation that you experience racism more as you get older - a potential pattern that is reflected in this discrepancy.

Many of the young people thought that the prevalence of racism was not going to change.

> "I don't think racism will change. It's all over the world, it won't die out."

"Nothing is going to change, there is nothing you can do. You have to get used to it."

"Racism is in their upbringing. It's how they perceive things."

Three of the groups expressed the belief that the prevalence of racism would not change. One group discussed an example of a professional footballer who had experienced racism. They cited the fact that nothing changed in this instance as a reason for their belief that racism was unlikely to change. They also mentioned not being believed by their parents when they told them about experiences of racism as a reason for concluding that nothing will change.

There were more optimistic comments in two of the groups. One young person stated that *"change is possible, society can influence people's perspectives and there is some hope."* A young person in another group stated that she felt there was hope for her generation [in relation to reducing racism]. These comments were independently expressed and did not draw broad agreement from the rest of the group.

Representation is a concern for young people.

Some young people expressed concern about the lack of black teachers. One young person said that she believed that a lack of black teachers meant that her teachers tended to share values with their white students, with possible resulting privileges for white students which do not exist for black students. Other groups did not discuss the implication of lack of black teachers although they raised this within the context of racism which suggests that they may have been eluding to treatment or experiences.

"Why is this not just a film?" [in reference to Black Panther being dubbed a 'black film']

Two of the groups had a discussion around the film *Black Panther*, which has been dubbed as a 'black film'. The young people found it frustrating that this film – a successful blockbuster film with a cast of largely black actors - was treated as an exception rather than the norm.

Young people want more education on racism.

Two of the groups mentioned that there should be more education on racism. One group noted that they had not been taught how to respond to racism. The other group stated that young people's services should educate people on racism, although did not specify what they would want this education to look like.

Systemic racism is present within education.

"You get told you are something, put in a box. From young you are told to work harder [because you are black]."

Much of the racism that young people described when discussing education was systemic, although only two of the groups named it as this. There was broad agreement amongst the groups that did identify the racism as systemic.

Three of the groups focused their conversations explicitly on racism displayed by teachers. It may be that the themes of the session guided young people to focus on racism embedded

within institutions. Nevertheless the consistency of comments that connected racism with school shows that this was a priority concern for these young people.

Finding 2: Young people feel negatively about the treatment they receive from the police and teachers.

There are discrepancies in the way different groups of people are treated by professionals.

A common thread in the comments made by young people when discussing policing or education was that they felt some groups receive different treatment to others. The following examples were discussed:

- The best teachers being reserved for the most academically gifted
- Girls being favoured to boys
- Different response times of emergency services depending on whether they were responding to a call in a 'black area' or a 'white area'
- An ambulance not coming to an incident for a long time due to poverty being high in the area
- Police disarming some (white) suspects but not disarming other (black) suspects [resulting in poorer outcomes for black people from these interactions]
- Violent crime not being dealt with in the same way as it would be if it were happening in Mayfair
- The amount of money available to support the victims of Grenfell tower compared with the amount of money being spent elsewhere.

Young people feel professionals from the police and education do not treat them with respect and can be intimidating.

"There needs to be a change in education culture."

"They want to control our lives."

"Good education, bad rules. The rules are unfair."

"Teachers belittle people. How are you meant to feel when this is coming from the people who are meant to support you the most?"

Discussions about teachers eluded to a lack of respect and tended to focus on discipline, rather than support. Young people expressed concerns about the school trying to control their behaviour in potentially intrusive ways, including issuing punishments for incidents that happened outside of school, strict dress codes and comments on hairstyle.

"Stop 'stop and searching' young people – it's rude."

Comments about respect in relation to the police were also made, with one young man stating that a recent interaction with the police changed his opinion of them. Two groups raised concerns about the practice of stopping and searching. One of these groups raised it in the context of respect whilst the other spoke about it within the context of stereotyping, raising

concerns about stopping and searching young people because of *'the way they look'*. The group did not make it explicit what they meant by this; it was said shortly after a conversation about racism but the direct link was not made.

"The police make problems, come around too much."

"Police look for trouble!"

"Why did you run away from the police when you hadn't done anything?" "Because I was scared."

"The police assume young people are trouble."

"A high police presence is frightening."

A common thread was young people indicating that they did not feel reassured by the police, but intimidated. Underpinning many of the comments about the police was a lack of trust and a feeling that the police are not there to help young people, but to make problems for them. One young woman said that her walk to school was made more frightening by a high police presence. One young man said to broad agreement, *"The police use their powers to intimidate people."*

One young person explained that the Safer Schools Police Officer had said that if anti-social behaviour did not stop locally, young people could have their Oyster cards taken away. This was highlighted as an issue, with safe travel becoming a challenge as a consequence of this approach. Two young women shared that they have a long journey getting to and from school which they do not feel is safe, particularly in winter when it's dark.

Finding 3: Young people had mixed levels of concern about the rise in violent crime.

"Police are not dealing with knife crime properly."

"Crime is on the increase."

"News coverage of crime in Hackney makes me feel scared and not want to go to school."

"Friends are at risk of getting involved with gangs."

"Violent crime is getting worse and it isn't getting dealt with properly."

"Young people are just living for now."

"[Crime/violence in the community] won't change. It's going to go mad…. If there was no crime, police wouldn't have a job."

"As you get older you get kind of de-sensitised… the news, generally you have to survive rather than live."

"Lots of harmful stuff seems to happen on buses and

trains. People carrying weapons move on and off easily with little monitoring."

Although young people focused on policing when speaking to the 'Safety, Crime and Policing' theme, four of the groups touched on the rise in violent crime. Young people expressed individual concerns about this although these comments tended not to form the basis of a group discussion. Other young people expressed a feeling of indifference and resignation to the rise in violent crime.

Finding 4: Young people have varied opinions about the value of education.

"Education is important. It gives you a head start in life."

"Education needs to be taken advantage of as it's a free source of support."

"It is important to take education seriously."

"Young people are not encouraged to find their passion at school. Schools should be a place where you find your passion."

"Education is a trap [with reference to the raising of the age for compulsory education]."

Conversations connected to education presented varied views on its value. Young people in one group were all interested in higher education, although they added the caveat *'if we can afford it'*. Other groups focused on the approach of teachers and disciplinary measures. There was disagreement in one group about whether the right things were being taught in school – with some young people stating that more skills for life should be taught e.g. mortgages.

Finding 5: Young people have many suggestions about resources or further provision they would like to have at their youth clubs.

"The youth club's IT facilities need improvement."

"There should be more opportunities for young people to speak to staff one to one if you have problems, like mentors."

"Youth hub to open later."

"Furniture suited for outdoor use would be beneficial."

"The youth club's IT facilities need improvement."

"Young peers need better equipment." "The youth club having appropriate equipment including indoor

games and cooking activities is important."

"More opportunities for work experience."

"More events to keep you off the road."

"I would like the youth club to be bigger."

"Youth club van or transport."

"Better kitchen."

"More trips, including residential and 'exclusive' trips."

"Music studio facilities at Forest Road."

"Not having youth clubs in each neighbourhood or estate [but spread out] encourages people to come together and prevents gangs."

The discussion surrounding young people's services focused on practical things that could be done to improve them. It was likely that this shift in tone was a result of the setting in which the consultation was held; young people were at the youth clubs with youth workers present in the room to hear their suggestions.

Finding 6: Young people raised discrimination as a concern.

Young people raised concerns about discrimination. One young person said to broad agreement that mental health was an important issue for young people but that was still a lot of stigma attached to accessing CAMHS. One woman said that she would like gender noted as another issue to discuss, describing experiences of students in school making jokes about young people *'being lesbian or trans'* which are intended as offensive. One young man wanted the stereotyping and discrimination against young people with disabilities to be recorded as a concern for him. He raised the issue of discriminatory jokes such as using 'disabled' as an insult. Two young people mentioned experiencing Islamophobia – one of these young people said that social media was a space where they had experienced anti-Muslim content.

Next steps

This report has been created to ensure that the experiences young people shared can be heard by key decision makers within the local area.

The next steps that will be taken are as follows:

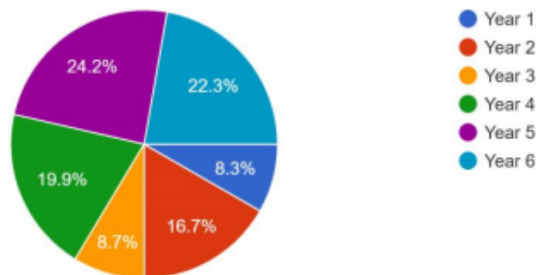
1. The report will be shared in strategic and decision-making forums across children's services and education including the Partnership Board for Improving Outcomes for Young Black Men and with other local agencies.
2. The report will inform the development and delivery of strategies for the local area, including the Knife Crime Strategy, the approach to addressing violence in Hackney, and the application for the Community Investment Levy.
3. Learning from the sessions will directly inform the work undertaken with young people in universal youth provision. Follow-up work will be undertaken with those who expressed an interest in setting up an entity which involves young people in exploring key issues and influencing change.

Happy and Healthy in School

Survey to all Primary Schools part of WAMHS (22 primaries) - May 2018
773 responses from children

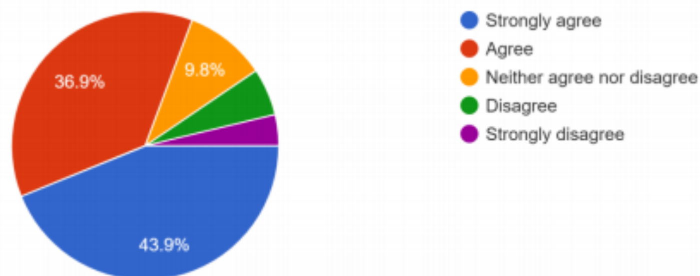
What year group are you in?

773 responses



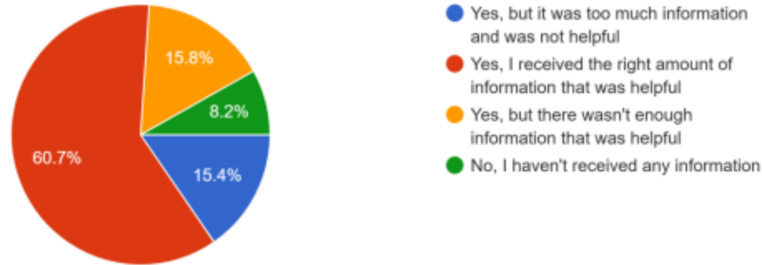
There is an adult at school I can talk to if something is worrying me

773 responses

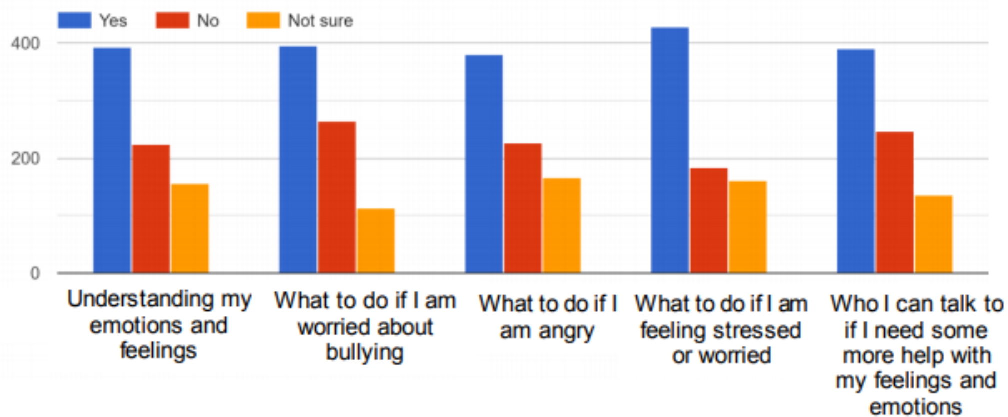


My school provides me with information about what to do if I am worried, or if I need help with my emotions

773 responses



Would you like to get more information about any of these topics?



Use Your Voice: A 'participation strategy' building workshop for parents and carers

Workshop:

20 parents and carers from across City and Hackney met with Professionals from CAMHS and other Hackney Children's Services, for a three-hour Participation Planning workshop with YoungMinds UK at Stoke Newington Library.

City & Hackney CAMHS Alliance

NHS
City and Hackney Clinical Commissioning Group

What does ‘Participation’ mean to you?

Discussion defining ‘Parent/Carer Participation’ in City & Hackney:

Being informed and consulted
Parents and carers value being kept up to date and consulted on their children’s treatment as well as on the services more broadly. There was a feeling that communications about support services could be improved to raise awareness to help the general public know more about what support is available for children, young people and families.

Being listened to and involved
Participation is about the two- way communication between services, parents/carers and their children, and participation needs to be genuine.

Tailoring services based on need
Participation can allow for services to become more personalised.

Reflection and peer sharing
Opportunities for peer sharing were felt to be important to the parents in the room, especially in acknowledgement of some having had difficult experiences around the extent to which services are a ble to maintain communication and/or provide ongoing support.

Harnessing existing skills and knowledge
Utilising the breadth of skills and knowledge within the parent’s network for service improvement.

Working together to implement change
Forging new relationships which allow collaborative working between parents and service professionals.

Worry and frustration
Some parents feel as though they’re battling against a system that is pitted against them and their children’s wellbeing due to the impact of nationwide austerity measures, which some feel has impacted on waiting lists, reduced service provision etc. Some said that they welcome the chance to have their voices heard they can feel at times that it’s another tick box exercise, as opposed to something that can have a meaningful impact.

Concerns about children’s mental health services in City & Hackney:

During the initial discussion parents highlighted some areas of concern, that impact both upon participation and upon children and young people’s ability to access mental health services when they need them. The main concerns raised were:

Help and advice:
Schools have a vital role to play in providing information, support and signposting to services outside of schools.

There is an urgent need for information about services to be more widely available, a recurring theme was parents/carers feeling lost in the system, not knowing where to turn for support and information.

Advertising from children's mental health services needs to be unified and transparent, truly reflecting the service offer.

Newsletters can be effective in keeping people informed.

Involving all communities:
Hackney is a highly diverse area and all communities should have equal access to information and services.

Tensions
Funding cuts have created palpable tensions within service providers and for those accessing treatment, it can feel like a hostile environment at times.

Language
Need for clear language and information in multiple languages.

Further comments about existing provision:

There were feelings that parents who are worried about their children's health and treatment, don't always get the support they need and that more needs to be done to inform families about available services.

It was also raised that a lot of preventative provision has been cut which means children and their families have to be 'in crisis' before they can access treatment.

Information about specific referral pathways and mechanisms was also felt to be lacking.

More joined up, holistic, working between schools, GPs, CAMHS and voluntary sector services was felt to be needed, especially in a time of scarce resources.

Further comments about participation:

Some parents commented that events (participation and general) were held at unsuitable times and that working patterns needed to be considered more.

There was an appetite for increased consultation and service design with parents and families.

Parents said they would benefit from understanding how the existing system works in order for them to be able to pro-actively and effectively engage in consultation and service design activities.

Thoughts on feedback mechanisms:

- Audio-clips could work well
- More opportunities to feedback

- Digital methods to feedback, i.e. through website, surveys
- Accessible language across all printed materials and conversations is needed.

Future participation ideas (using themes generated from previous engagement workshops)

Communication:

Channels:

- ➢ Communicate opportunities/ services need to be provided both digitally and in person
- ➢ Develop a unified CAMHS alliance brand
- ➢ Build an awareness raising campaign inspired by successful examples such as 'Talk to Frank'
- ➢ Put a flyer through every door in Hackney about where to get help and support - similar to the recycling scheme leaflets
- ➢ Advertise in local newspapers, especially the free ones!

- ➢ Co-design and develop an app with information on services and support. Discussions around how this could link with:
  - Existing NHS Go app
  - Wellbeing apps such as Headspace
  - Council digital information services
- ➢ Regular information and follow up with existing families using services.

Content:

- ➢ Promote wellbeing for all children and young people and their families in Hackney
- ➢ Focus on preventative methods as well as available services
- ➢ Make information about community services available to those who have left CAMHS / provide an onward journey.

Considerations:

- ➢ Prior to increasing communications, it is necessary to understand service constraints, capacity, barriers to access – there's no point in marketing services if there are concerns around increasing demand. If this is a concern, can City and Hackney focus on raising awareness of the importance of children's mental wellbeing and any available online support / signposting services; recruit parent volunteers to act as 'buddies' to other parents
- ➢ Parents highlighted that services shouldn't advertise further if they haven't got the capacity to manage increased referrals
- ➢ The service needs to have a clear sense of opportunities for Participation prior to engaging with a wider audience, can any of these opportunities be paid?
- ➢ Any campaign should not be undertaken by CAMHS alone but should adopt a whole systems approach, including services from across sectors who can support wellbeing.

How can we engage more parents/carers in developing children's mental health services?

Different types of engagement:

- ➢ Individual

- Group
- Drop in opportunities
- Outreach to existing services i.e. Hackney Ark parents afternoon.

Methods:

- Creating/ engaging with parents advisory groups
- Increased communication
- Working with schools: exchange of information, what do CAMHS provide? What do schools want? Could be done through WAMHS
- Attending parents' evenings at schools, advertising their work
- Invite parents when they have completed a parents' session/ course
- Phone parents who are on the waiting list to offer support/sign post to any parent support networks they can turn to whilst they wait for their appointments
- Utilise online tools such as SurveyMonkey so working parents are also able to contribute.

- Work with HCVS (comments that they could also help with engaging harder to reach groups)
- Demonstrate impact by letting parents know what difference they have made through previous participation: 'You Said, We Did'
- Advertise Hackney local offer
- Attend events to give out information and meet people
- Produce more visually stimulating resources such as videos and pictures to demonstrate existing work and opportunities
- Signpost better existing resources.

How can we increase parents' knowledge of support available for children and young people?

- School newsletters/ leaflets in schools
- Schools sending out information to parents by email and post
- Having a CAMHS helpline to provide information
- Having parents' representatives to do outreach
- Dedicated, trained, mental health teachers in schools
- Local authority distributes leaflets to homes
- Work with community groups, GPs, special guardian groups to provide information
- Work with/ providing training for parent governors as they have a good communication channel into schools, including head teachers
- Advertise on a Hackney parenting app.

What opportunities would parents' value from CAMHS?

- Open days
- Schools advertising participation events
- More widespread education for children and school staff about positive mental health management
- Easy access through 15-minute drop in appointments

- Telephone follow ups whilst on waiting list/ after appointments, so people feel supported
- Evening appointments
- Opportunities for home visits as part of a holistic assessment offer
- More personalised/ person centred contact, such as a phone call to see why someone missed an appointment as opposed to a DNA letter
- Connecting with the people/ services around a child, for more joined up support, as opposed to working in isolation
- Workshops in community centres
- Adding links to CAMHS and the transformation plan onto school websites.

What opportunities and events can we run to teach parents about mental health?

- Having a presence at existing events such as Hackney Half Marathon and Hackney Carnival (could be done by parents' champions)

- Having a consistent presence within services/ schools
- Linking in with/ emulating events such as City Lit's 'Mental Wealth' festival, which is a week of free mental wellbeing events, with high profile champions such as Grayson Perry, Ruby Wax, that works with representatives from the government and other organisations such as the National Gallery.
- Running wellbeing workshops for parents, children, practitioners, professionals that have a positive focus on wellbeing and highlight that mental health changes… so that if a child does become unwell it is normalised and not seen as something unusual. These could benefit from being co-produced so children can say what they'd like their parents to know about mental health and could also be run by parents or children with experience of mental health issues/ services.
- Link in with the City and Hackney Wellbeing Network to run events on children's mental health alongside the ones for adults
- Have stalls/ leaflets at community centre open days
- Give more information to doctors, handouts with practical tips are always helpful
- Pop-ups/ roadshows.

How can we increase access to parents from 'hard to reach' groups?

- Run fathers' groups
- Attend existing young fathers' group
- Have parenting classes in children's centres/ nurseries
- More accessible mental health and wellbeing lessons in schools, that cover different cultures
- Produce information and adverts in different languages
- Attend events run by different communities
- MHFA for parents of different cultures
- Parent champions from different cultures
- Parenting support groups and training in schools (run in different languages)

➢ Work with other charities such as The Refugee Arts Project.

Young Minds' Observations and Recommendations

This workshop demonstrated that there is a cohort of very pro-active parents within Hackney who care deeply about children and young people's mental health and are passionate about being involved in improving services for children and families. It also demonstrated that parents feel very acutely the impact of austerity upon the services available to them and their children. There were feelings of despair and anxiety expressed that they are being asked to feed into a system that is unable to change due to fundamental resource issues. However, despite these anxieties, parents did offer constructive thoughts and opinions and clear themes emerged over the course of the session.

The objectives for the session were to:

➢ Co-create values for parents' participation within CAMHS
➢ Co-create a shared vision for parents' participation within CAMHS, building from existing priorities and engagement insights
➢ Co-define goals and actions for parents' participation in 2019 for each service within the CAMHS alliance offer

Though we had to adapt the workshop continuously to accommodate some of the organic debate that occurred distinctive themes emerged for each category, outlined below.

Values/ Principles:

➢ For parents to be listened to, informed and included
➢ For participation engagements to be genuine and with the potential to have real impact
➢ For language used in verbal and written communications to be clear and accessible
➢ For information to be available in translation
➢ For service criteria to be clearly outlined in any communication, including referral mechanisms and waiting times
➢ For services across the borough to work in partnership
➢ For mental health to be discussed and supported holistically, without only focusing on negative aspects.

Vision:

''For all families and professionals around children and young people, in Hackney, to feel informed and able to support the mental health of children and young people, including knowing where to access support should it be necessary.''

Goals and Actions:

Work with parents/carers to co-develop a communications strategy that:

A) Encompasses digital and physical resources as well as outreach engagements.

B) Discusses mental health and wellbeing holistically, spanning:

PREVENTION SELF-HELP TREATMENT AFTER-CARE

C) That utilises existing platforms and events such as NHS Go and community activities.

D) That works more closely with schools for information dissemination, training and support of children and young people.

Strategy focus:

The aim of this communications strategy is to inform and educate families, normalise mental health discussions and reduce stigma. Given the discussion, the starting place for a City & Hackney CAMHS alliance participation strategy would be to establish a working group with parents and professionals focussed on the theme of *Communication*. The wider theme of communication can be divided into:

A) digital communication (e.g. service websites, apps)

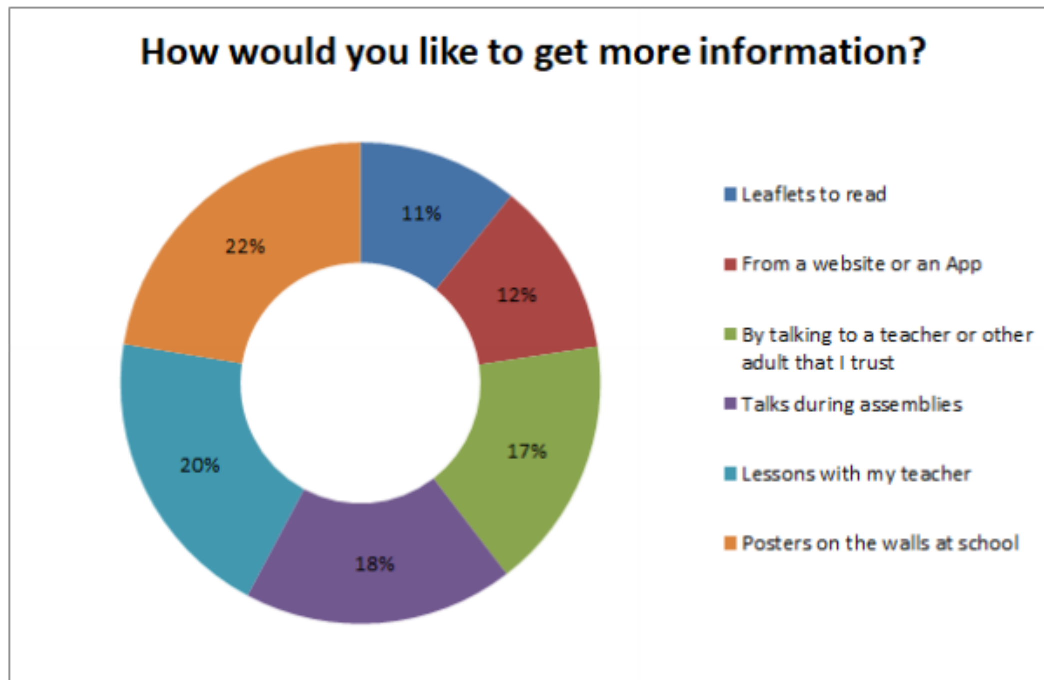
B) print based communication (leaflets and posters)

C) events (e.g. promoting children's mental health at public events like Hackney Carnival).

This workshop has provided many ideas for how to increase opportunities to disseminate a range of information about existing support and services to families across Hackney, utilising different channels and methods and including existing platforms where relevant.

Next steps:

Set up communications working group and develop ideas for improving communication across the three domains identified (digital, print and events).


How would you like to get more information?
11%
12%
17%
18%
20%
22%
Leaflets to read
From a website or an App
By talking to a teacher or other adult that I trust
Talks during assemblies
Lessons with my teacher
Posters on the walls at school

16 Appendix 4: CAMHS Transformation Phase One Achievements

The City and Hackney CAMHS Transformation Programme relates to the work conducted to deliver the specification and objectives set out in the City and Hackney CAMHS Transformation plan (now Phase one) published in November 2015. The delivery programme ran from January 2016 through to April 2016. This chapter details the work-streams in the programme with an overview of each one including current progress. Aligned with NHS England's Future in Mind document, the plan identified a number of local gaps and set about addressing these. As set out in the vision in the Phase One Transformation Plan (Section 4) the priority investment areas to address gaps were:

- Building Reach and Resilience.
- Developing CYP Outcomes
- Early Years: Perinatal
- Early Years: Trauma and Attachment
- ASD in mainstream schools
- Crisis pathway: Paediatric Psychiatric Liaison
- Crisis pathway: Off-Centre YIAC
- Youth Offending
- Integrating Information Systems
- Community Eating Disorders

16.1 Phase One Financial Summary

The financial schedule for the programme is detailed in the table 4.1

Table 4.1: Financial Summary of CAMHS Transformation Phase One (2015-19)

Transformation Work-stream	Investment (£)				
	2015-16	2016-17	2017-18	2018-19	2019-20
Reach and Resilience	82,766	66,355	66,355	66,355	66,355
Developing CYP Outcomes	52,260	-	-	-	-
Early Years: Perinatal	36,472	67,568	67,568	67,568	67,568
Early Years: NICU Trauma & Attachment	39,105	36,978	36,978	36,978	36,978
ASD	77,090	59,141	59,141	59,141	59,141
Crisis: Psych and Paediatric Liaison	30,091	80,548	80,548	80,548	80,548
Crisis: Off-Centre YIAC	10,205	39,316	39,316	39,316	39,316
Crisis: Youth Offending	6,623	26,491	26,491	26,491	26,491
Integrated Information Systems	41,785	-	-	-	-
Eating Disorder Service	150,372	150,372	150,372	150,372	150,372
Total	526,769	526,769	526,769	526,769	526,769

(2015/16 relates to implementation; 2016-19 relates to ongoing service delivery)

16.2 Phase One KPI / Performance Summary

The KPI schedule for the Programme is detailed in the table 4.2 including current progress on each KPI. KPI targets have deadlines for April 2017.

Table 4.2: KPI Summary of CAMHS Transformation Phase One (2015-2019)

Transformation Work-stream	KPI Definition	Objective	RAG
Reach and Resilience	1. % CAMHS access rates to reflect % BME group population sizes. 2.% of open cases with mental health involvement having a support worker who's received accredited mental health training.	1. Equity of access 2. Increase in third sector skills	
Developing CYP Outcomes	% of outcome measures being recorded at 2 points in time (i.e. change can be evidenced)	Timely meaningful standardised reporting of clinical effectiveness.	
Early Years: Perinatal	% services receiving intervention reporting that they are fully supported in meeting the mental health needs of patients	Integrated pathways as perceived by staff and patients from agreed survey.	
Early Years: NICU Trauma & Attachment	% of appropriate patients referred from NICU	Successful delivery of integrated pathway evidenced by cross referral.	
ASD	% of children with ASD diagnosis having SEND plan	All children with ASD supported by effective planning	
Crisis: Psych and Paediatric Liaison	% patients reporting improved Patient well-being and clinical effectiveness outcomes (using ESQ and SDQ and CGAs and DAWBA measurement tools)	Improved clinical outcomes from better liaison services.	
Crisis: Off-Centre YIAC	% of services users reporting that the service is accessible during hours suitable to them	Better access as evidenced by service users.	
Integrated Information Systems	% of IT system implementation plan complete	Successful delivery of new IT system.	
Eating Disorder Service	1. % of cases receiving NICE concordant treatment within the standard's timeframes. 2. Decrease in inpatient admissions.	Evidenced based community treatments which reduce inpatient admissions.	

16.3 Building Resilience and Reach

The Building Resilience and Reach work-stream is helping to embed City and Hackney's Five2Thrive agenda within local communities and CAMHS services. It ensures that service users from all communities are involved in shaping the services they receive by:

- Establishing self-sustaining community led and run services that empower ordinary people and community health workers to deliver mental healthcare with appropriate training and supervision from experts from core services.
- Increasing resilience, normalising, de-stigmatising with the aim of reducing the burden of need across statutory services.
- Developing inclusive services shaped by a full range of communities including young people with complex needs and families of disabled children.

The Reach and Resilience project had three strands:

16.3.1 Mental Health Training for Youth Support Workers

Training was given to 102 youth workers to provide support to young people demonstrating early signs of mental health deterioration. This now facilitates earlier identification of mental health problems in children and young people in Hackney. To ensure sustainability, since the training has taken place these youth workers have been offered group based clinical supervision.

The following organisations identified the appropriate youth workers that took part in the training:

- The Crib, African Community School
- Claudia Jones Organisation
- DERMAN
- Voyager, (based at Hackney Community College)
- Huddleston Centre.

16.3.2 Community in-reach initiatives in to hard to reach communities

We piloted new delivery models to break the cultural stigma about mental health in targeted "difficult to reach" communities. This was achieved via five pilot community In-Reach initiatives led by VCS organisations combined with a series of regular support groups and community conversations sessions delivered in partnership with professionals and community organisations. The initiatives were conducted at a range of accessible community settings including children centres, the youth hubs and other venues in the third sector. The output from this work, is now helping transform service delivery via the work conducted by the City and Hackney CAMHS Alliance including the CAMHS transformation plan (phase 2).

16.3.3 Link worker between statutory mental health providers and communities

Based on previously non-recurrently funded initiative, we established a joint post that spanned statutory and voluntary sector services to eliminate cross-work boundaries and engage grassroots local organisations in service transformation. There has been a strong narrative to develop a meaningful system of active local participation in order to present the views of children, adolescents and parents/ carers at a strategic level that is now significantly guiding current service development and ongoing transformation.

16.4 Developing CYP Outcomes

The CAMHS Data Set has now been incorporated into the Mental Health Services Data Set. We improved systems to ensure that recording, collection and reporting of clinical outcome measures was optimised in the current systems in operation in our core providers. Outcome data collected will be used to develop greater understanding of service performance; identifying areas for improvement and strategic decision making.

16.5 Early Years - Specialist Perinatal Mental Health

Prior to the CAMHS Transformation Programme (Phase one), for this client group there was no dedicated perinatal post in CAMHS in City and Hackney. We addressed this unmet need by introducing a Specialist CAMHS Parent and Infant Psychologist (PIP) to work with colleagues at the Homerton Hospital Special Care Baby Unit, Adult Mental health colleagues in the Mother and Baby Unit, First Steps and from Hackney social workers. The new post has increased our ability to work with those families where there are attachment concerns, risk of trauma or experience of trauma using evidence based interventions. This post links together perinatal services in City & Hackney and ensures a more community orientated approach to perinatal support with links to IAPT and Primary Care. The post-holder has specialist training in parent-infant psychotherapy, expertise in teaching and training and the provision of supervision in this field. They are committed to evidence-based practice and have research experience so that we can develop best evidence based practice for the borough in this relatively new CAMHS specialism.

The new Parent and Infant Psychologist runs evidence-based parenting groups with colleagues and develops groups which involve previous service users supporting those currently in difficulty. This investment aims to develop strategic thinking and closer working links with the existing perinatal services provided by the Homerton Hospital NICU, (SCBU) and Adult mental health including Mother & Baby Unit and Adult First Steps, Children's Social Care and community based services such as those for the Orthodox Jewish community.

16.6 Early Years - NICU Trauma and Attachment Clinic

Prior to CAMHS Transformation (Phase one), direct referrals from NICU to community based mental health services were seldom received. Community based mental health services reported that families were identified much later when a child reached 1 - 2 years of age. This represented a significant delay in mental health conditions being identified early. To solve this issue, we introduced a new Child Psychotherapist who now works in partnership with NICU, Premature baby clinic with Consultant Paediatricians, MDT at Hackney Ark and CAMHS Disability. Now fully established, the post holder links with CAMHS Disability who have set up a Trauma and Attachment Clinic at the Hackney Ark to deal with the attachment and trauma concerns arising from children born early or with known developmental disabilities and/or with traumatic birth histories. The clinic is comprised of experts in EMDR and Narrative Trauma Therapy and has an experienced Child Psychotherapist who specialises in couples therapy, attachment, early infant observation and trauma work.

16.7 ASD Mainstream Schools

Prior to the CAMHS Transformation Programme (Phase one), children with needs that were emotional / behavioural but not requiring complex care input had a limited service. For these families there was limited access to preventative and early intervention as they were referred directly into traditional Tier 3 services because Tier 2 services did not have the expertise. To address this gap we introduced a Link Educational Psychologist to support the multi-agency assessment and subsequent integration with the SEND process. The work built on the partnership arrangements for SCAC (HUH, ELFT and Social Care) and MDT at Hackney Ark in the assessment and treatment of ASD.

With all assessments taking place in one setting, an 'Autism Hub' has been created which follows the wishes of parents (and HiP) and makes the referral process easy. This investment aims to alleviate the behavioural and anxiety effects consistent with an ASD diagnosis. As part of existing Alliance plans, the partnership is increasing the parenting group support offer for all families across the borough with children with ASD 2-19. This will improve family and parental mental health support by

having a single point of entry into the ASD hub with support post diagnostically both within health and education. This intervention is now fully funded by the CCG to provide support across home and school in the borough.

16.8 Crisis Pathway - Psychiatric and Paediatric Liaison

Prior to the CAMHS Transformation Programme (Phase one), dedicated paediatric psychiatric liaison at Homerton Hospital was a band 7 psychiatric nurse working one day per week. Urgent mental health admissions were seen by the CAMHS Team with back up from a consultant psychiatrist with a full-time Community CAMHS commitment. However, lack of continuity of CAMHS staff working on the self-harm rota on the paediatric ward and in A&E, resulted in suboptimal links between CAMHS and hospital staff. Without a dedicated CAMHS Psychiatric/paediatric liaison team there is evidence that children seen in hospital have poorer outcomes and more go on to be diagnosed with emotional and behavioural disorders including conduct disorder. By introducing a full time nurse supported by a paediatric consultant psychiatrist, we have significantly increased Paediatric Liaison capacity to address the unmet psychological needs of children and young people presenting with mental health needs at A&E/ Starlight Ward.

In addition to assessing and treating young people who self-harm, we provide a 24-hour service (out of hours on-call specialist registrar with consultant psychiatric back-up) to manage all psychiatric emergencies in A&E and inpatient wards. This out of hours service is provided by East London Foundation Trust CAMHS who work closely with community-based mental health and substance misuse services, the police, and local statutory (social care in particular) and voluntary agencies to provide mental health care and treatment. This includes crisis care and brief therapy. The new posts provide a point of liaison with the established RAID service for 16-18 year olds and support the team in their understanding of child and adolescent development to help the RAID Team in their assessment and treatment of young people, particularly in establishing the reasons for frequent re-attendance at A&E. This knowledge would improve the access of young people to psychological therapies in CAMHS, First Steps and on the Ward.

16.9 Crisis Pathway - Off Centre YIAC

Prior to CAMHS Transformation Phase One, Off-Centre operated only on weekdays. With additional investment, Off-Centre YIAC now provide a 4 hour Saturday drop-in session which means young people can attend outside of the school week and parents who work can also attend with their children if they wish to. This has allowed greater access to Off-Centre's holistic In-house & outreach counseling, AIG (advice, information & guidance), psychosocial & peer mentoring.

The service provides In-house or outreach 1:1 and group counseling, Art Therapy and Drama-therapy (support for CYP mild- moderate/ severe mental health issues including but not limited to:

- Young women with emotional problems
- Self-harm, suicide & ideation
- Child sexual abuse/exploitation
- Bereavement, loss & separation
- Gang-affiliated/affected
- Gender and Sexuality
- LGBTQ++
- Young Black Men/BME

16.10 Crisis Pathway - Youth Offending

Gang culture is prevalent in City and Hackney and there is a high incidence of young offenders many of whom have mental health problems. In order to ensure these young people have a future it is vital that care pathways between probation services, the police, social care and mental health services are better integrated. We are continuing to work in collaboration with NHS England specialist commissioning to develop a local offer for early help and diversion for children and young people entering or at risk of entering the youth justice system which is now operational.

16.11 Community Eating Disorders

The CCG has commissioned a new CEDS-CYP service with Newham and Tower Hamlets. Operational from April 2016, the service offers a hub and spoke model for children and young people with eating disorders that is NICE. Children with eating disorders have a MDT assessment in the Hub which is based in Tower Hamlets and then offered borough based care including intensive home treatment if required. The service is currently reporting to NHSE via UNIFY on the 1 week urgent wait and the 4 week routine waits targets. All the staff are now in post and fully operational. At the inception of the CEDS team, cases were transferred from generic CAMHS to CEDS when it was considered in the best interest of the young person to receive care from the newly formed specialist team. In collaboration with the leadership in City & Hackney CAMHS, all cases with moderate to severe eating disorders were reviewed, and six cases were transferred to CEDS, predominantly with diagnoses of anorexia nervosa.

The CCG has commissioned The MIX to provide a bespoke digital online peer support app for young people. There are on-line resources that enable young people to identify early onset of eating disorders and to discuss issues in moderated forums. Access to councilors is available if issues of significant concern are flagged. The CCG also commissioned BEAT to provide appropriate training relating to eating disorders in City and Hackney. Beat are doing this by delivering a number of awareness raising training sessions in the boroughs. These sessions are being delivered to: GPs, Health care professionals, Schools staff along with voluntary organisations. The awareness sessions are adapted from Beat’s Understanding Eating Disorders training model and include information about; early identification, signs and symptoms of an eating disorder, how best to respond to these. Additional information covering local information about the new ELFT CYP eating disorders service is included in the bespoke element of the training. Following these initial awareness training days’ delegates have the opportunity to attend one of Beat’s Train the Trainer Workshops. These workshops explore the means of cascading awareness information, whilst also building on the knowledge gained at the awareness session, giving delegates more information about local services and referral pathways.

Report Title:	Children and Families Service: April 2020-March 2021
Meeting for:	Children & Young People Scrutiny Commission
Date:	28th April 2021
Produced by:	Lisa Aldridge, Head of Safeguarding and Learning
Authorised by:	Anne Canning, Group Director Children and Education

Report Summary

This report is an update to the Children and Young People Scrutiny Commission for the 11th May 2021 meeting. The contents of this report should be reviewed by the Commission.
This report is 15 pages long and provides an update on the Children and Families Service over the past year. Key information included in the report:

- The response of the Children and Families Service to Covid-19 and the cyber attack in Hackney.
- The leadership changes that have taken place over the past year.
- Key data about the Children and Families Service.
- An update on the increased pace of change in relation to improvement activity following the 2019 Ofsted inspection of the Children and Families Service. This primarily relates to the Hackney Model Review, which has seven initial workstreams:
    - Assurance of high quality practice
    - Developing a robust edge of care offer
    - CFS practice review
    - Workforce development and retention
    - Effective partnerships
    - Tools and theoretical frameworks
    - Clinical Service

Children and Families Service: April 2020-March 2021
Update to Children and Young People Scrutiny Commission

Introduction

The past year has seen some of the most significant challenges to the Children and Families Service (CFS) in recent years, and indeed to Hackney Council and the wider world. These challenges included the impact of the Covid-19 pandemic and a cyber attack that Hackney Council was subject to in October 2020. For Hackney CFS, this followed the Ofsted inspection in November 2019, which resulted in a judgement of '*requires improvement*' and the submission of the Children's Action Plan in response to this in March 2020. The Action Plan was subsequently published in June 2020. An Anti-Racist Practice action plan was developed in the summer of 2020 in the context of the murder of George Floyd in the USA, protests and the ongoing Black Lives Matter (BLM) movement across the world. This action plan sets out how we will combat racism both within Hackney CFS and in work with families, children and partner agencies.

Covid-19

The impact of the Covid-19 pandemic has meant wide-ranging changes have taken place to systems and processes that affect children, for example with schools closing and reopening, changes to visits and attendance of partners at key meetings. Much of the service had to become 'virtual' overnight in March 2020, with staff, multi-agency colleagues and children and families adapting to a new 'way of working' under national lockdown. Business continuity planning was activated, and staff and leaders responded as Government guidance changed frequently. Support was put into place to ensure that domestic abuse victims were able to access services they needed, that children could continue to access free school meals and those without internet access or devices were able to get these to be able to continue their education remotely. Families were supported through Covid-19 and we reached out to our children and families to make sure they were safe, continuing to visit children face to face where required, in line with statutory guidance and using PPE to keep children, families and staff safe. Education support for looked after children and their foster carers was provided by the Virtual School, and virtual activities for all children were provided by Young Hackney. When we were able, Young Hackney safely introduced in-person activities. The progression of the vaccination programme meant that key workers in Hackney were able to resume all face to face visits in March 2021, and lockdown restrictions introduced in response to the second wave in December 2020 continue to be lifted (as at the end of April 2021).

Cyber attack

Hackney Council was subject to a cyber attack on 12 October 2020, which had a significant impact across all services for residents, and for the Children and Families Service, the attack meant that CFS lost access to Mosaic, the social care database which holds all records about children and families and eDocs, the related document storage system that linked documents to Mosaic and ChildView (our Youth Justice case recording system). All of CFS partner agencies, including statutory regulators and voluntary organisations, were contacted to inform them about the problems and how services might be affected. A range of Google Forms and guidance on how to use them was developed for staff to be able to record data, with key forms issued initially on 13th October 2020 and more developed in the first few weeks after the

attack. An interim alternative recording system which contains all of the information on these forms was created; this was piloted over the December closedown period, and was rolled out across CFS on 26th January 2021. An interim live reporting system was created alongside the interim social care system, and rolled out in early February 2021 that allows managers to track performance in their service areas. All information recorded on this interim system will be transferred to a new case recording system when this is ready. This recording system also allows CFS to track major performance indicators, though not all are available such as those dependent on historical information. On 26th March 2021, historic case notes (from the period pre-cyber attack in October 2020) recovered from our Mosaic system became visible on the Interim Social Care Database. This development marks a major step in the CFS systems recovery journey. The case notes recovered from Mosaic do not represent the entirety of someone's case history; for example, the recovery of eDocs is still a work in progress. These notes do however represent the bulk of the core information found on the Mosaic system. Work continues on the recovery of information stored on eDocs and on plans for a new case recording system.

Leadership changes

There have been a number of changes at leadership level impacting on the Children and Families Service. The Chief Executive and the Group Director of Children and Education leave the Council at the end of May 2021. Interim arrangements to cover both posts are in hand; the new permanent Group Director is due to start in August 2021 and the recruitment for the new Chief Executive has begun. The Director of Children and Families left at the end of October 2020 and an interim Director of Children and Families has been in post since November 2020 with a new permanent Director of Children's Social Care starting in early July 2021. The Head of Corporate Parenting resigned in April 2021 and interim plans are in place to cover this post.

Key data about the children we support

The cyber attack has meant that some key indicators cannot be reported against due to the changes in the recording methodology throughout the year. The following key data is available:

Contacts:

- 11,473 contacts were received in 2020-21, a decline compared to 16,044 in 2019-20
- 26% of contacts progressed to a referral in 2020-21, similar to 27% in 2019-20

Referrals:

- There were 2,930 referrals received in 2020-21, a decline compared to 5,031 in 2019-20

Assessments:

- 3,664 assessments were completed in 2020-21, compared to 4,923 assessments completed in 2019-20
- 77% of assessments were completed within 45 days in 2020-21, an increase compared to 64% in 2019-20

Child Protection Plans:

- 252 children were subject to a Child Protection Plan at the end of March 2021, a slight increase compared to 245 children in March 2020

Looked after children:

- 437 children were looked after at the end of March 2021, a slight increase compared to 432 children in March 2020
- 5 looked after children were adopted in 2020-21, a decrease compared to 11 children in 2019-20

Review of the Hackney Model

Work has been underway in the Children and Families Service (CFS) over the past six months to explore and review the Unit Model approach and its application. he current practice model review will improve case management and clarification of roles and responsibilities in the service, with the aim of achieving more equitable and manageable workloads resulting in improved outcomes for children and families.

Over the last two months work in relation to the review of the Hackney Model has gained significant pace led by the Interim Director and the Children and Families Service (CFS) Leadership Team. This work also links directly to our continued commitment to deliver on our service improvement priorities and our Children's Action Plan developed in response to the 2019 Ofsted inspection. The specific areas of service improvement activity that underpins our service realignment activities include:

- Management oversight
- Promoting the voice of the child
- Timely decision making
- Information sharing with and by partners
- The timeliness and effectiveness of our pre-proceedings and Public Law Outline (PLO) activity
- The welfare of children missing education (CME)

One of the key challenges to emerge for Hackney's Children's Services in its application of the 'traditional' Unit Model over the last few years has been the inability of the model to respond effectively to considerably higher caseloads than was originally intended for the approach. One of the core intended benefits of the unit model was to allow professionals to get to know families well and reclaim the value of relationship based social work to manage risk and reduce risk and manage harm through the lens of need. What has transpired over the last few years however, due to the high intensity of work, reduced bureaucracy and the absence of a modern performance framework, coupled with the additional dispensation afforded by the Government, has been the unintended consequence of work falling behind in terms of pace and timescales.

This steady increase over time in the volume of work has been camouflaged historically by the allocation of cases to a Unit / Consultant Social Worker (CSW). With units (which often varied in terms of size and workloads) typically holding caseloads in the region of c.80 and 100 children per unit, for a model that was originally designed based upon between 25-35 children per unit. This had led to further unintended consequences, such as the failure to develop a responsive performance framework appropriate for a landscape that has changed significantly.

Over the last decade there have been new societal, economic and and environmental factors that have contributed to a significant increase in Children's Social Care referrals including: the direct impact of increased poverty and deprivation on children and families; the increased prevalence and awareness of Extra Familial Risk (CSE, County-lines and Child Criminal Exploitation); and the successful awareness raising of domestic abuse and its impact on children and significant harm caused.

Furthermore, the role of the local partnership has not been utilised effectively to meet the needs of children and families at an early stage, relying on children's social care to be the first point of access, further exacerbated by an '*Open Front Door'*. One of the remedies in this area for us has been the commencement of our Early Help Review.

Given the above, it has become evident that the existing application of the Hackney Model was not sustainable for Children's Social Care to continue to operate as is.

The review also includes a focus on realigning the role of lead practitioners with the aim of improving the overall quality of practice through the consistent application of practice standards across the service. In addition, the roll out of professional case supervision bolsters this approach, increasing accountability and transparency across all Social Work Units (SWUs) including in our Early Help teams.

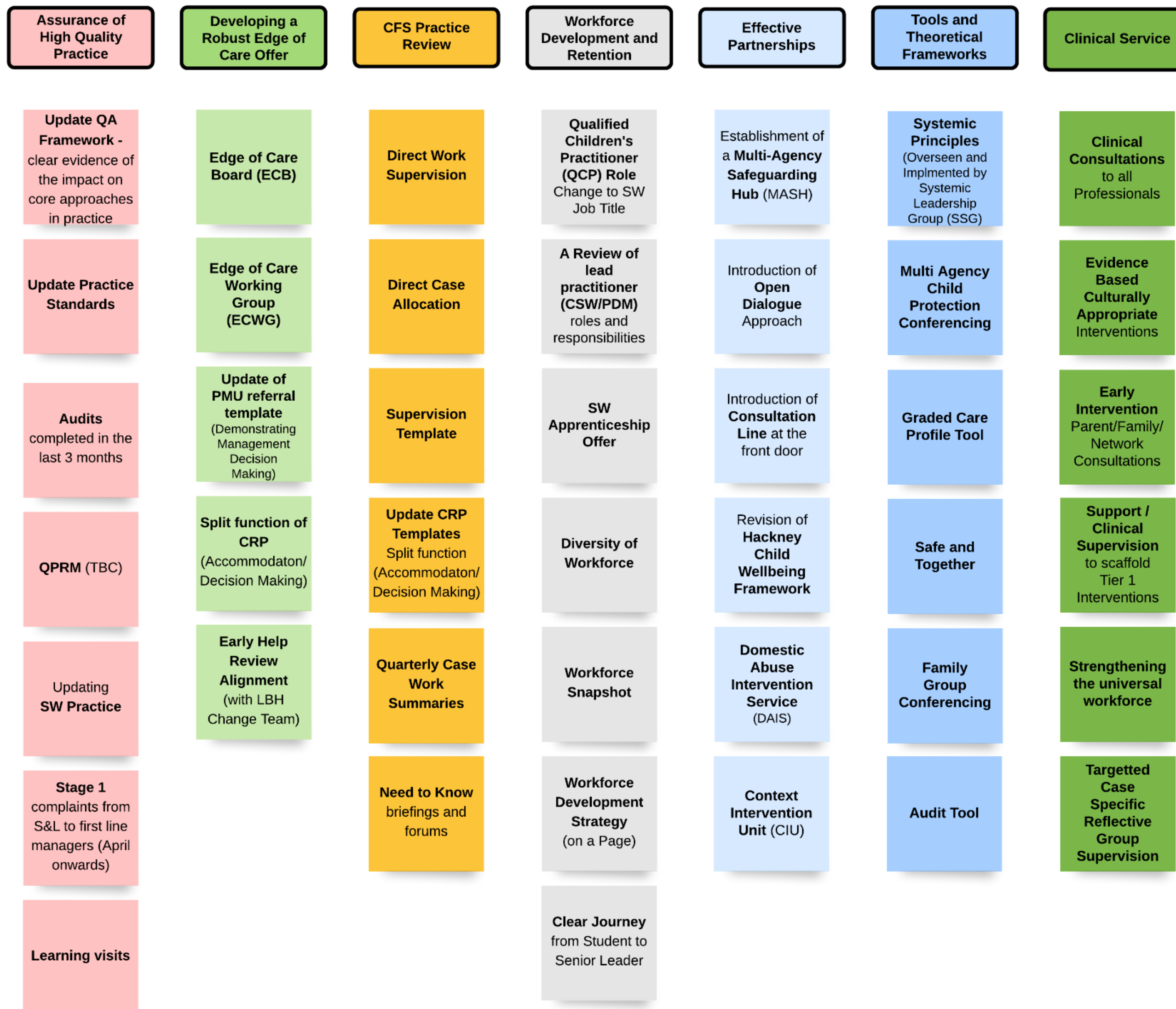
The overall approach to the Hackney Model Review (image below) comprises seven domains / workstreams:

1. Assurance of high quality practice
2. Developing a robust edge of care offer
3. CFS practice review
4. Workforce development and retention
5. Effective partnerships
6. Tools and theoretical frameworks
7. Clinical Service

Additional domains/ workstreams are to be added to incorporate Finance and Legal related activities and ambitions.

Hackney Model Review

v1.2 | April 27, 2021



Priority 1: Assurance of high quality practice		
Why is this a priority for CFS?	What have we done about it so far?	What are we going to do next?
The quality assurance framework for CFS was evaluated in January 2020 by the Safeguarding and Learning Service, working closely with the management teams of each service area in CFS. The evaluation was modelled on an evidence-based approach to quality assurance in Children's Services developed by Research in Practice[1]. While the revised CFS framework has given shape to our approach to quality assurance, it has not yet consistently driven improvement to our frontline practice. A number of changes have taken place or are planned to rectify this at pace - this work sits alongside other changes to the Hackney Model, which will give greater focus on accountability for decision making throughout the child's journey. The CFS Quality Assurance Framework will be updated in the coming months to reflect the breadth of the changes being made in the Service and to emphasise how this will ensure improvements at the frontline of practice.The Safeguarding and Learning Service is currently being restructured into a new Safeguarding and Quality Assurance Service to better support this quality assurance approach.	We have developed an approach to live practice observations through 'Learning Visits' that will provide practitioners with the opportunity to receive coaching on their practice including their use of professional authority and will enable line managers and senior managers to keep in touch with frontline practice experience. Learning visits, where leaders attend a meeting or visit alongside frontline staff, were trialled in late 2020, and are planned for roll out in late spring/early summer 2021 across CFS. Audit work continued despite the cyber attack in October 2020. The lack of access to historical case information until March 2021 meant that different approaches were taken by service areas to quality assure work, including the creation of a 'Live Learning' audit tool which focused on the most recent practice and discussions about cases in more depth with practitioners, rather than analysing historical case decision making - this means that practice leads have a greater opportunity to influence and shape active practice. The Children's Social Care Practice Standards are in the process of being revised to ensure language is child-focused and that they provide clarity where standards have been revised,	CFS will begin rolling out a Quality Performance Review Meeting (QPRM) methodology during the late spring/early summer 2021 across CFS. This will involve all line managers completing a monthly review of their teams, from first line managers to Heads of Service, supported by the feedback and learning gathered by the Safeguarding and Quality Assurance Service (formerly Safeguarding and Learning). This process culminates in a monthly meeting with the Heads of Service and Director that reflects on the strengths and areas for improvement, and focuses on action planning to address any issues. Responsibility for the investigation of Stage 1 complaints will be moving to first line managers from April 2021; these were previously investigated within the Complaints Team. This is part of the Hackney Model Refresh to bring this critical quality assurance process to frontline practice to ensure that we more effectively embed learning from complaints into practice quickly. In the coming months there will be an increased focus on reviewing and developing the metrics associated with monitoring and measuring the impacts of the Children's Action Plan and associated communications - these will be closely

[1] Building a Quality Culture in Child and Families Services: https://www.researchinpractice.org.uk/children/publications/2018/april/building-a-quality-culture-in-child-and-family-services-strategic-briefing-2018/

	including around unit meetings and casework supervision. The Practice Standards will be reviewed every quarter.	linked to the review and implementation of the 'Hackney Model' and finalised visioning work.
Priority 2: Developing a robust edge of care offer		
Why is this a priority for CFS?	What have we done about it so far?	What are we going to do next?
The number of looked after children has consistently increased over recent years, and the profile of looked after children has also changed significantly over the past five years with more adolescents entering the care system and subsequently receiving support as care leavers. The change in profile of looked after children increases the need for more specialised placements and also makes placement stability more difficult to achieve. Young people aged 16+ will have additional needs that correspond to the associated risks for their age group, including exploitation. It is rare for young people of this age to be placed in foster care at the point of crisis, although we always seek to find foster carers in the first instance, so in order to keep them safe, we will place them in semi-independent accommodation. Due to the risk for these young people, we are careful about the quality of care they receive, meaning that the semi-independent placements we use are often more expensive than standard and have higher staffing levels. As work on Edge of Care has progressed over the last year, it has become evident there was a need to broaden our approach to ensure we have	The Edge of Care Working Group was formed in November 2020, chaired by the Head of Corporate Parenting, to oversee the research project, development of an Edge of Care Strategy, and edge of care activity more generally. This group reports to the Edge of Care Board, chaired by the Group Director - Children and Education. The Children's Resource Panel terms of reference have been updated to make it clearer that the panel makes the decision as to whether or not a child is going to come into the care of the local authority. All children who are on the edge of care should be presented to the panel rather than retrospective agreement being given for children who have already come into our care. The panel has now been split into two sections, the first half of panel will focus on children on the edge of care and the second half will focus on PLO (Public Law Outline) and care proceedings i.e. as a legal gateway panel. The Children's Resource Panel continues to meet weekly and is chaired by the Director of Children and Families to ensure senior oversight of decisions for children to come into care.	The Edge of Care Board is chaired by the Group Director, Children's and Education, and oversees all edge of care activity, monitors strategic planning and the implementation of an Edge of Care Strategy. The group meets on a monthly basis and began work in mid-November 2020. An Edge of Care Strategy will focus on expanding the Edge of Care service and 16/17 year old housing options alongside Housing colleagues. From 1st May 2021, all requests for legal advice will take place via the Children's Resource Panel (CRP). Parents/carers and young people will be encouraged to seek legal advice at Child Protection stage; all attempts will be made to undertake robust Child Protection Plans and avoid care proceedings where necessary. A revised Legal Tracker will be in place, enabling the service to track timely decision making for children. April 2021 will see the start of PAMS (Parental Assessment Manual) assessments[2] being undertaken in-house. Previously CFS has sought to find a solution to the provision of PAMS assessments externally, which has been costly to

[2] PAMS is a guide used by social services to work with and assess parents and families when there are child protection concerns. A social worker might undertake the assessment or they may ask another child care professional who is qualified to carry out the assessment.

a comprehensive understanding of all the reasons for the increase in children both coming into care and staying in care. We are conducting a detailed research project that will allow for an informed and evidence-based approach to developing an Edge of Care Strategy.	A Council-wide Early Help Review continues to progress - this will review the pathways to early help support for families such as Multi-Agency Team support, the Family Support Service and Young Hackney targeted intervention. This review will consider how families are best supported to access services that meet their needs early on, and prevent the need for statutory intervention at a later date.	the Council, being reliant on externally commissioned assessments within the court process which have varied in quality..
Priority 3: CFS practice review		
Why is this a priority for CFS?	What have we done about it so far?	What are we going to do next?
The changes to the current Unit Model approach are intended to improve outcomes for children by strengthening the existing model to provide increased focus upon the progress of the plan and outcomes for children. This is through a combination of direct case allocation, the implementation of professional case work supervision as well as the continuation of group supervision sessions, supported by the Clinical Team focussed specifically on the more complex and high-risk children. The Hackney Model Refresh is focused on supporting the right children at the right level by the right team, leading to appropriate caseload levels across the service that means practitioners can focus on effective direct work with children. Internal Communications support in relation to the messaging around the review of the Hackney Model has been a critical area of focus and has included leadership sessions, workshops and the	From February 2021 we have changed the way that cases are allocated within the service, with cases now allocated to individual social workers as opposed to a Social Work Unit - this change will engender increased accountability and transparency in terms of case management. Casework Supervision - we have redefined our approach to supervision within Children's Services. CFS is in the process of rolling out professional case work supervision that is aligned to the child's plan and where practice is both reflective and accountable, this is all in line with the statutory requirements of good social work practice. This means that we will remodel the way that unit meetings have traditionally worked and insert group supervision for specific complex case work and thematic learning. A new case supervision template has been developed and was introduced in April 2021 to support this process as part of the full roll out of the approach.	Our main focus for Spring and into Summer 2021 is embedding the new approach to casework supervision, following the supervision workshops held with over 100 CFS staff with management responsibility in February and March 2021, and the introduction of new case supervision templates in April 2021. This will include carrying out supervision audits to monitor the quality of supervision recording.

development of additional advice and guidance to accompany the revised approach to Case Summary documentation as well as the rollout of the Casework Supervision Workshops. The process has identified line manager communications as an area that could be improved upon, with line managers playing an increasingly critical role in communicating messages with the service and council-wide. A new Director's Coffee Morning (Drop-in) has been established open to practice managers in the service. The sessions have been a useful way to bring leadership closer to practice and solicit live feedback on the current service improvement work. Improved visibility of leadership is an area specifically identified by Ofsted as requiring improvement.	The introduction of a Quarterly Children and Young People Case Summary Form at the end of April 2021 will increase the focus on children's lived experience and help to demonstrate the difference we are making in a child's life at regular intervals, identifying the key changes and developments for that child over the preceding three months. A Need to Know Forum has been established to ensure a clear line of sight on practice where there are matters of high risk that relate directly to a child, young person and/or family or where there are other serious high risk matters that impact significantly on the local authority. The forum reviews the quality, content and service response to high risk detailed in the Need to Know briefing submissions. The aim being to provide high support and constructive challenge to the service's management of high risk. Importantly the forum offers the opportunity to seek support for the response to high-risk management and escalation with partner agencies if necessary. The overall aim is for the statutory Director for Children's Services (the Group Director - Children and Education), and Senior Management Team, to be assured that the management of high risk is safe and outcome focused in relation to children and young people. Need to Know briefings are sent to the senior management team on the same day as the escalation of risk or incident. The forum meets at 6 weekly intervals.	
Priority 4: Workforce development and retention		

Why is this a priority for CFS?	What have we done about it so far?	What are we going to do next?
A skilled, well supported and well trained workforce is essential to deliver services to our most vulnerable children and their families. The supervision of our staff is critical to delivering good, outcome-focused planning and to avoid delay for children. We are making changes to refocus management oversight and drive improvements in practice. This includes changing our approach to supervision and refocusing the work of Consultant Social Workers (CSWs) and Practice Development Managers (PDMs). A series of professional supervision workshops have been rolled out in February and March 2021 to all practice managers in CFS so that they are clear about supervision standards and are able to identify training needs for their staff. This will ensure that plans are progressing for children in timescales that meet their needs. To date 10 Professional Supervision Workshop sessions have taken place (with one more planned) attended by over 100 CFS staff in a management position. A workforce and practice development hub is being established in the Safeguarding and Learning service (which will become the Safeguarding and Quality Assurance Service from May 2021) through the service restructure to ensure that staff training needs are met and prioritised in terms of service need.	The job titles of Qualified Children's Practitioners (QCPs) have changed to 'Social Worker (ASYE)' to reflect their status as fully qualified Social Workers - providing these staff with recognition of their qualification and status. A refocusing of lead practitioner roles and responsibilities specifically in relation to Consultant Social Workers (CSWs) and Practice Development Managers (PDMs) has taken place over recent months. Work has taken place to reduce caseloads held at these levels realigning the focus of the role on supervisory activities particularly in relation to CSWs' supervision of our Assisted and Supported Year in Employment (ASYE) social workers (newly qualified social workers) in line with the current responsibilities of the CSW job role. We are also recognising and refocusing the role of PDMs as a management position with an increased emphasis on leadership and management - developing, rather than delivering practice in line with the PDM job role. Diversity of workforce - Inclusive Recruitment and Aspirational Support for Staff is one of the three key areas of the CFS Anti-Racist Practice Action Plan. The action plan outlines steps to move towards a staff workforce that is representative of child and family population in Hackney at all levels including at senior leadership levels Quarterly reporting takes place for social work and non-social work staff, including demographic breakdowns so that disproportionality in our	We are reviewing and redeveloping our ASYE (Assisted and Supported Year in Employment) programme for newly qualified social workers to provide an effective support and development programme for this cohort. We are continuing to encourage students on social work placements in Hackney and those involved in the Step up to Social Work programme here to apply for the newly renamed 'Social Worker (ASYE)' posts. The Children and Families Service will not be running the Social Work Degree Apprenticeship programme for September 2021 in order to review processes and procedures around the programme and hope to explore this for September 2022. The Workforce Development Strategy has been summarised on one page so that key priorities are clear to staff and the Workforce Development Board are clearly sighted on the path to achieving these. This shows the links between the Recruitment and Retention Strategy, the ASYE (Assisted and Supported Year in Employment) programme for newly qualified social workers, the Management Development Programme and the Clinical Offer, overlaid by our training offer, casework supervision changes, IT systems and tools, development of our organisational structure and quality assurance of practice. Work will begin over the coming months to clearly outline the journey staff can take from student social worker to senior leader, so that they are

	workforce is tracked and addressed, as part of our Anti-Racist Practice Action Plan.	clear about their continued career within Hackney and supported by their manager to achieve their career goals.
Priority 5: Effective partnerships		
Why is this a priority for CFS?	What have we done about it so far?	What are we going to do next?
The November 2019 Ofsted inspection found that *“joint work across the partnership has not... consistently translated into operational improvemen*t”. Better partnership working arrangements particularly in relation to our front door are critical to improving outcomes for children. The First Access and Screening Team (FAST) review, which began in February 2020, has shown that we will strengthen decision-making through the development of a Multi-Agency Safeguarding Hub (MASH) approach in Hackney. In addition to this, in June 2020, the CHSCP shared an updated version of the Strategy Discussion protocol clearly outlining mutually agreed expectations with partners including appropriate levels of participation and information sharing in strategy discussions. This is to ensure that all decisions are attuned to the child’s individual needs and are informed by key information about the child and the circumstances of their family and significant others. The protocol was embedded via virtual training across the partnership by the CHSCP.	In February 2021 we implemented a new Professional Consultation Line for professional advice and guidance to partner agencies. The Consultation Line is intended to better support multi-agency partners to work with families before the need for statutory intervention, and this will reduce the number of families who undergo a statutory social work assessment that results in no further action. The Consultation Line does not detract from immediate referrals and a response to a child at risk of or likely to experience significant harm. Calls are responded to by experienced social work qualified members of staff from the First Access and Screening Team (FAST), who will listen to the caller’s concerns and offer advice and guidance about the most appropriate next steps. A Multi Agency Safeguarding Hub (MASH) approach for Hackney was endorsed at the City and Hackney Safeguarding Children’s Partnership (CHSCP) Senior Leadership Team on 14th April 2021 - it is hoped that this model of operation will improve the timeliness and quality of multi-agency response for contacts that require safeguarding screening. This will go live in June 2021.	Strategic discussions have taken place across the Children and Families Service and Hackney Education to secure permanent Hackney Education representation in FAST and the MASH. The post will be directly managed by Hackney Education with a strong ‘dotted line’ for day to day management and support to FAST and reviewed after a year once the MASH is up and running and the partnership work with schools is further developed. We are working to adopt a whole systems approach to social work assessments using an Open Dialogue model. Initial conversations have been held about this possibility with our early help partners, alongside our clinical colleagues. This links closely to the work of the Early Help Review. The Open Dialogue model promotes openness and transparency with parents/carers by all members of the network (*nothing about you, without you)* and creates a shared responsibility across the network (including the family) for decision-making. It is hoped this will ensure that families get the right level of support at the right time, supported appropriately by the professional network around them. Work is underway to explore Domestic Abuse

	We continue to develop the Early Help Hub in FAST, to respond to requests for support at an early help level, with a Family Support Worker joining the hub at the start of March 2021. The Hackney Child Wellbeing Framework is being updated by and will be relaunched by the City and Hackney Children's Safeguarding Children Partnership (CHSCP). This update will reflect the 'Continuum of Need' outlined in the London Child Protection Procedures and is in use in many local authorities in London. As such this should be familiar to partners, many of which work across local authority boundaries. The update will include an updated referral process and pathways to, as well as contact details for, Early Help provision such as Children's Centres, Young Hackney Schools link practitioners, and the Early Help Hub in the MASH, as well as for Children in Need and Children in Need of Protection and the police.	Intervention Service involvement in front door screening, either through systems integration or staffing resource. Work is also underway to explore how to further embed contextual safeguarding approaches in the MASH following the creation of the Context Intervention Unit in the Children and Families Service in October 2020.
Priority 6: Tools and theoretical frameworks		
Why is this a priority for CFS?	What have we done about it so far?	What are we going to do next?
Work has been underway in the Children and Families Service (CFS) over the past six months to explore and review the Unit Model approach and its application. The CFS Leadership Team is committed to maintaining and refreshing the service's identity as a 'Systemic Organisation', whilst acknowledging the 'Unit Model' is only one of many elements of a 'Systemic Organisation'. The service's Systemic Principles sit within the	An easy to understand set of Systemic Principles was developed in 2020, overseen and implemented by the Systemic Strategy Group. This group is focused on driving forward systemic practice across CFS, with oversight for this process being provided by the Head of Clinical Practice. The systemic leadership programme is one of our primary vehicles for ensuring that middle and senior managers develop and role model a consistent approach to the use of	In order to continually try and improve families' experiences of Child Protection Conferences, we are working alongside colleagues who are leading the 'Childhood Adversity, Trauma and Resilience Programme' (ChATR). We are piloting trauma informed approaches to Child Protection Conferences to enable professionals to understand how parents' past trauma might impact their current behaviour, and how best to support them to break the cycle of trauma by

context of statutory children's social care and underpin the service's practice model, taking account of professional judgement about risk, harm, need and support. In July 2019 we held a Practice Week on Neglect and shared a range of tools and approaches to support assessment and intervention with neglect. Following the Ofsted inspection in November 2019, it became clear that a more evidence-based approach to neglect, in the form of a manualised tool such as the Graded Care Profile, would be beneficial for staff practice and also to provide evidence to courts during care proceedings.	professional authority for first line managers and frontline practitioners and to develop a culture that embraces constructive challenge - this programme was paused in autumn 2020 due to other developments and changes in the service and plans are currently being put in place to restart the systemic leadership programme in summer 2021. CFS will promote and further embed the use of evidence-based tools that are already rolled out across CFS, to ensure that staff are using them appropriately and to the maximum benefit of our children and families. This includes the Safe and Together approach for families where there is domestic abuse and Family Group Conferencing to enable families to create their own plan for support.	supporting their children to build resilience. We aim to make the experience of Child Protection Conferences more engaging for families and for everyone involved, so that we can create the best possible plan for children in collaboration with parents and professionals. This is in addition to an absolute expectation that Child Protection Conference reports are shared with parents in advance of the conference in accordance with minimum statutory timeframes (3 days prior to an Initial Child Protection Conference, 5 days prior to a Review Child Protection Conference). The Children and Families Service and the City and Hackney Safeguarding Children Partnership is purchasing a license to access the Graded Care Profile tool for practitioners to use to evidence neglect and will be setting up train the trainer sessions across the partnership in Spring/Summer 2021 to promote the use of this tool across all partner agencies in relation to neglect. Core training in systemic practice will be made available to all staff, embedding relationship-based practice as the heart of our practice model. With a focus on evidencing practice through the use of direct work and assessment tools.
Priority 7: Clinical Service		

Why is this a priority for CFS?	What have we done about it so far?	What are we going to do next?
The service is currently in the process of resetting our Clinical Service in line with the areas for improvement identified by Ofsted, specifically to: remove avoidable drift and delay; improve the timeliness and effectiveness of pre-proceedings work; inform the assessment of children living in neglectful environments; and support the safeguarding of children who are missing education or who are home educated.	We are resetting our clinical resource to offer targeted, evidence-based relational mental health support to our most vulnerable children and young people in a safeguarding context, at the right time. Focusing directly on children and young people open to the Children and Families Service who are in receipt of a Child in Need Plan, a Child Protection Plan or who are Children in Care. This will include specialist psychological assessments for court as part of the Public Law Outline. The service will continue to support Care Leavers and young people accessing Youth Offending Services as well as supporting them to access local services if preferred. Young people and families not meeting the statutory criteria will now have increased and improved access to the wider CAMHS (Child and Adolescent Mental Health Services) offer in Hackney (which have to date been a reduced option for them) and mainstream CAMHS interventions.	The reset CFS Clinical Service will offer: ● Clinical consultations to all professionals in Hackney CFS. ● Evidence based, culturally appropriate interventions for children and families in a statutory context. ● Delivery of evidence based group work designed and tailored to meet the presenting needs of families. ● Early Intervention parent/family/network consultation sessions to support formulation driven plans for young people and early identification and signposting in respect of specific clinical needs. ● Support/Clinical Supervision to scaffold the delivery of individual and family interventions by Tier 1 practitioners working in universal services, utilising the existing trusted relationships. ● Strengthening the universal workforce, so there is less reliance on clinical support. This will include approximately 880 children and families where the lead CFS practitioner would have access to consultation based clinical support from the Clinical Service. ● This approach will strengthen the early help offer within community settings, minimising escalation of referrals to other services and building bridges to access other services, reducing current silos. ● Targeted case specific reflective group supervision for staff and managers across the Children and Families Service.

Appendix:

- Link to previous CFS 2019-20 Full Year Report - this contains descriptions of our services for children and families and terminology about the services / data described in more detail

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Room 118, 2nd Floor
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April 22nd 2021
martin.bradford@hackney.gov.uk

0208 356 3315

Cllr Caroline Woodley
Cabinet Member for Families, Early Years, Parks and Play

Dear Cllr Woodley,

Post 16 SEND Strategy

At its meeting in March 2020, the Children and Young People Scrutiny Commission discussed the post 16 education and training pathways for young people with special educational needs or disabilities. The agreed purpose of this session was to identify a number of strategic priorities which could inform the planned refresh of the existing Post 16 SEND Strategy.

The Commission was very grateful to local stakeholders who contributed to this process which included the SEND Team at Hackney Learning Trust as well as representatives from other council departments (skills and training, adult and children's social care), local special schools and colleges and other partner agencies. The Commission was particularly thankful to a number of young people with SEND and their parents who also contributed to this process by attending focus groups or who participated directly in the session.

A summary of the key issues which emerged from the session are presented below together with a number of recommendations from the Commission to guide and inform the refresh of the Post 16 SEND strategy. All written submissions from stakeholders as well as a detailed write up of the evidence presented at the session can be found here.

The Commission noted the significant growth in demand for SEND services both nationally and locally, with over 60,000 young people in receipt of care and support detailed within a Education, Health and Care Plan (EHCP) across London. This growth has been mirrored locally in Hackney where there are currently in excess of 2,500 young people being supported by an EHCP. As national funding has failed to keep pace with this increase in demand, this has created acute financial pressures on local authorities which undoubtedly

has impacted on the nature and level of education, training and learning support options for local children and young people with SEND. This is a national issue faced by many local authorities across the country, but particularly so in London.

The rise in the number of young people aged 16+ with an EHCP has been particularly stark, in Hackney alone this increased from 138 in 2015, to 439 in 2020 and now comprise almost 20% of all local EHCPs. Given the diversity and complexity of the needs of this cohort of young people, there is considerable pressure to develop both the range and number of post 16 SEND education and training opportunities, not only to reduce those not in education, employment or training (NEET) but to help young people move away institutional or home support into more meaningful and gainful activities and enable them to live more independent lives.

The Commission understood that the cost of supporting post 16 training and development options for young people with SEND was on average £15,000 per annum per placement, but costs could range up to £150,000 per annum for those young people with particularly complex and acute needs. The Commission understood that cost pressures for post 16 placements were increasing as the supply of placement options were not matching increased demands. These financial pressures will continue to grow as there will be an estimated gap of 8,950 places for young people with SEND in post-16 education across London in 2021.

Parents and children spoke to the Commission about post 16 SEND options via a number of focus groups conducted with the support of Hackney Independent Parent and Carers Forum. Data from these focus groups confirmed that there was not enough capacity nor sufficient choice of options to meet post 16 education and training needs of young people with SEND (particularly those with complex needs). Parents also felt that these problems were exacerbated by EHCPs not being regularly updated or not being adhered to by settings, and many parents struggled to find appropriate support to help them navigate post 16 options for their child.

Although a significant proportion of young people with SEND continue to receive their education through mainstream settings, options for children with an EHCP to continue their education in local 6th Forms at present remain limited. With more young people with SEND moving through mainstream settings it is likely that demand for options within local 6th Forms will increase further, and the Post 16 SEND Strategy will need to address how local schools can be encouraged and supported to extend opportunities to young people with SEND.

Bringing all local stakeholders was very productive and positive as this gave providers an opportunity to reflect on local post 16 provision and to identify key priorities going forward

which may inform the strategy refresh. A consistent theme throughout the evidence session was the need for more robust systems to support collaboration across the sector as this was seen as vital not only in helping identify the totality and breadth of the needs of local young people, but also in helping to fully map out the range of services currently available to support young people and assess of there were any gaps in current and future provision. Improved collaboration was also seen to be also central to better tracking and monitoring of the outcomes of young people and of course to sharing good practice, all of which underpin effective commissioning.

The Commission noted the particular success in developing supported internships with almost 60 local young people with SEND on a supported internship with a local employer. Whilst very favourable feedback was reported on supported internships, both parents and local stakeholders felt local opportunities remained limited. It was felt that with improved collaboration however, there could be considerable scope to improve the breadth and depth of local internships available. In addition with adjustments to eligibility criteria (including to those without an EHCP), confidence building measures with potential local employers and improved signposting it was felt that access to supported internships could be improved further, where a wider cohort of young people with SEND would be able to benefit from this opportunity in the future.

Other issues relating to the SEND post 16 education and training landscape were identified within the consultation with stakeholders, these included:

- The need for earlier and more robust transitional support to help children and parents prepare for post 16 education, training or employment pathways;
- The need to agree and confirm post 16 options with young people and their families much earlier to ensure that appropriate help and support can be put in place ahead of their placement commencement;
- The need for an improved local support offer to parents to help them navigate post 16 education and training pathways and support decision making *with* their child with SEND;
- The need to ensure that the voice of young people is fully reflected in service planning and development, and also fully brought to the fore in their own needs assessments.

Local commissioners and service providers were unified in their belief that improved collaboration and coordination could help develop new opportunities which would enable young people with SEND to move away from institutional or home support into more meaningful and gainful activities and enable them to live more independent lives. It is

hoped that the new Post 16 SEND strategy will create new structures to further support local collaborative efforts

There is clearly much good work being undertaken to support the post 16 training and development options for young people and the Commission noted all the exemplary work undertaken not only in local special schools, but in local colleges, employment & skills and across health and social care settings. It is hoped that the new Post 16 SEND Strategy will invigorate and provide additional focus in helping to deliver improved outcomes for young people.

Yours faithfully

Cllr Sophie Conway
Chair, Children and Young People Scrutiny Commission

Cllr Margaret Gordon
Vice Chair, Children and Young People Scrutiny Commission

Cc Annie Gammon, Director of Education
Nicholas Wilson, Head of SEND

Recommendations for the new strategy

1. A comprehensive needs assessment is needed to underpin the refresh of the Post 16 SEND Strategy as this will help to establish current and future needs. This needs assessment should be undertaken alongside a comprehensive mapping of current service provision to help identify current and future service gaps, and help SEND services identify future service priorities and goals. The Post 16 Strategy should also reflect a cumulative forward assessment of local EHCPs in respect of the volume, nature and range of future options needed for children with SEND.

2. At its core the new Post 16 Send Strategy should seek to both increase the number and range of opportunities for young people and set out how the wider range of council services (Employment Adult & Skills, Children and Adults Social Care, Health Services) are involved in this provision and in supporting young people to transition at age 16 and 18. In addition, it is recommended that the refreshed strategy should seek to embody the following principles:

    - That the voice of young people (and their parents) is at the fore and centre in the planning, design and evaluation of education and training options and pathways;
    - Opportunities to move away from institutional or home support into more meaningful and gainful activities which promote young people's independence are maximised.
    - That early, coordinated transitional support is provided to both children and parents to provide them with advice, information and guidance to plan and prepare for post 16 options and pathways;
    - That commissioning seeks to encourage *local* post 16 education and training options and pathways (to help improve service accessibility, support local coordination and wrap around service care);
    - That mechanisms are created that allow for the effective transfer of information between providers and which both informs best practice and develops an effective base for future commissioning;
    - That improved infrastructure is provided to help improve engagement and involvement of local stakeholders with the SEND team in the planning, delivery and evaluation of local Post 16 opportunities.

3. It also recommended that the refreshed post 16 SEND Strategy also makes additional provisions for:

    - Increasing number, scope and accessibility of supported internships (or other routes into supported employment) available to young people with SEND (both with and without an EHCP)

- Additional information, guidance and support to help parents navigate post 16 options and support decision making with their child;

- An annual Post 16 SEND Fair in which children and parents may assess and discuss possible options in a positive, informative and open environment.

4. Given the pivotal role that they play in supporting the needs of children with SEND, it is recommended that additional investment is made to ensure that the local administration systems, together with those processes which both compile and review of EHCPs are assessed and conform to best practice (particularly in relation to maintaining up to date plans). Practitioners completing EHCPs should also be trained to ensure that outcomes are stated in terms of the Preparing for Adulthood outcome areas, so that commissioners can assess and plan for provision that will allow the learner to achieve appropriate goals (as detailed in Post 16 London Review).

5. The SEND team and Hackney Education Service should continue to work with local secondary schools and Hackney based colleges to help create additional 6th Form capacity and options to enable more young people with SEND to continue their education in mainstream schools. This approach should aim to identify and extend local best practice and seek innovative ways (e.g. cluster provision) to help extend local 6th Form offer.

6. In line the Mayoral reports on Post 16 education, it is recommended that the local authority actively contributes to the process of establishing sub-regional hubs to coordinate training and share resources between specialist and mainstream providers to upskill the mainstream sector to help them support young people with SEND.

7. It is recommended that there is improved public scrutiny and accountability for implementation and monitoring of the Post 16 Send Strategy and that targets and ambitions set out in the strategy are regularly reviewed by CYP Scrutiny Commission.

DRAFT / Outline Work Programme 2021/22 - Children & Young People Scrutiny Commission

Standing Items

~~- City Hackney Safeguarding Children Partnership Board (Jan)~~
~~- School Admissions (June/July)~~
~~- Pupil Attainment (April)~~
~~- Childcare Sufficiency (June/July)~~
~~- Children & Families Bi-Annual Report x2 (April/October)~~
- ~~Pupil Movement (April)~~

Cabine Question Time

~~- Cllr Woodley~~
~~- Cllr Bramble~~

Budget Monitoring

~~- Hackney Education Service~~
~~- Children & Families Service~~

Reviews

~~- Outcome from school exclusions (Report and 1 follow up)~~
~~- Adolescents Entering Care (double item)~~
- Unregistered settings

Agreed Items from 2021

- ~~Ofsted Inspection Action Plan~~
~~- Addressing inequalities & unconscious bias~~
- Helping children catch up/ closing the attainment Gap

Other Substantive items (carry/over)

Youth Offending
Youth Services
SEND
Mental health
~~Contextual Safeguarding~~
Young Futures
HSGB

DRAFT - OUTLINE (suggested)

June 2021		**July 2021**
Outcome from Exclusions - Rep		Adolescents Entering Care - Ev
School Admissions		Ofsted Action Plan
Pupil Attainment		
Childcare Sufficiency		
October 2021		**Nov 2021**
Address inequalities HFS/HES		CFS Annual Report
		CFS Budget
		Adolescents Entering Care Rep
December 2021		**January 2022**
Cllr Woodley Q & A		CHSCP - Safeguarding
Budget Monitoring HES		Contextual Safeguarding
February 2021		**March 2021**
Cllr Bramble Q & A		CFS Annual Report
		Pupil Movement
		Outcome of Exclusions FU

DRAFT / Outline Work Programme 2021/22 - Children & Young People Scrutiny Commission

2020/21 Work Programme

Covid related items:
- Support to vulnerable and in-need cyp
- Impact on CYP mental health and wellbeing
- Impact of school closures on attainment gap
- Return to school and helping children to catch up
- Recovery plan for CFS
- New arrangements for school exams

Policy Discussions (recs to Cab)
- Strategies to close the attainment gap, focus Black Caribbean CYP

Substantive items
- Ofsted Inspection Plan
-SEND recovery plan and finance
- CYP Mental Health Commissioning priorities - KPI
- Addressing inequalities and unconscious bias (HES/CFS)
- Hackney Schools Group Board
- Young Futures Commission
- Child Friendly SPD

Budget Monitoring
- Hackney Education Service
- Children & Families Service

Standing Items
- City Hackney Safeguarding Children Partnership Board
- School Admissions
- Pupil Attainment
- Childcare Sufficiency
- Children & Families Bi-Annual Report x2
- School moves

Cabinet Q & A
Cllr Woodley - Child Poverty
Cllr Bramble - Elective Home Education, Effective Safeguarding

Reviews
Update Unregistered settings
Completion of Exclusions review
Start work on new adolescents entering care

Overview & Scrutiny

Children and Young People Scrutiny Commission
Minutes of 11th May 2021

Attendees
Sophie Conway (Councillor) (Chair)
Margaret Gordon (Councillor) (Vice Chair)
Katie Hansen (Councillor)
James Peters (Councillor)
Humaira Garasia (Councillor)
Richard Brown (Statutory Co-optee)
Jo Macleod (Co-opted member)

In attendance:
- Cllr Anntionette Bramble, Cabinet Member for Children, Education and Children's Social Care
- Cllr Caroline Woodley, Cabinet Member for Families, Early Years, Parks & Play
- Anne Canning, Group Director, Children and Education
- Annie Coyle, Director of Children & Families Service
- Annie Gammon, Head of Hackney Learning Trust and Director of Education
- Fran Cox, Head of High Needs & School Places
- Chris Roberts, Head of Wellbeing & Education Safeguarding
- Maraian Lavelle, Head of School Places
- Amy Wilkinson, Integrated Commissioning Director for CYP & Maternity
- Sophie McElroy, Head of Wellbeing & Mental Health Services in Schools

Scrutiny Officer in the Chair

1. Election of Chair and Vice Chair

1.1 Cllr Margaret Gordon nominated Cllr Sophie Conway for the position of Chair and this was seconded by Cllr James Peters. There being no further nominations, Cllr Conway was elected as Chair.

Cllr Conway in the Chair

1.2 Cllr Katie Hansen nominated Cllr Margaret Gordon for the position of Vice Chair and this was seconded by Cllr James Peters. There being no further nominations, Cllr Gordon was elected as Vice Chair.

2. Terms of Reference

2.1 Members of the Commission noted the terms of reference for the Children and Young People Scrutiny Commission.

3. Apologies for absence

3.1 Apologies for absence were received from the following members of the Commission:
- Cllr Anna Lynch
- Justine McDonald
- Shabnum Hassan
- Michael Lobensten
- Ernell Watson.

4. Urgent Items / Order of Business

4.1 There were no urgent items and the agenda was as published.

5. Declarations of interest

5.1 The following declarations were received by members of the Commission:

- Cllr Gordon was an Advisory Lawyer at Department of Health and would not ask any questions in relation to item 8 (Mental Health) on the agenda;
- Richard Brown as Executive Head of New Regents College declared an interest in item 7 (Pupil Movement);
- Cllr Peters was a governor at a school in Hackney;
- Jo McLeod was a governor at a school in Hackney.

6. SEND Performance & Recovery Plan

6.1 The Commission requested a strategic update on SEND services from Hackney Education Service (HES) in relation to service performance, finance and recovery plans. A short report was provided to the Commision for review.

6.2 The Director of Education and Head of High Needs and School Places introduced the report. It was reiterated that Local Authorities and SEND services were facing acute pressures in relation to increased demand for services against a backdrop of budgetary constraint. Local SEND services had an obligation to deliver high quality services to children and young people and officers were working with young people, their families and local stakeholders to deliver this.

6.3 A detailed review of SEND services was taking place in which a number of active workstreams had been created to support service improvement and to help reduce the financial deficit. A key aim of the review was to develop in-borough provision to ensure that more children could be educated close to home in Hackney. Not only would greater in borough provision reduce travel time for young people and costs to the service, it would support a more integrated model of service support with statutory and other support services.

Questions from the Commission.

6.4 Increased demand for SEND services is currently running at around 16-17% per annum. What strategic analysis has been undertaken around factors underpinning this increase and is demand is set to continue to increase at current levels in future years? Is there any data on the types of SEND needs identified and SEND services required?

- The extension of EHCPs to young people to the age of 25 had contributed to a significant increase in the number of plans in operation. This had resulted in a growth in the size of year cohorts moving into the 18+ age group for a number of years. There had also been an increase in the number of children and young people who were being diagnosed on the Austistic Spectrum which had also contributed to the increase in the number of EHCPs (this increase was seen across all age groups). Increase in demand for SEND services had been experienced across all boroughs, though increase demand in Hackney was at the higher end of the scale.
- A key ambition of the Local SEND Partnership was to develop a more graduated response in which children in mainstream schools could receive a spectrum of SEND service support before it was necessary to apply for an

EHCP. With well trained staff and with reasonable adjustments, children with a range of SEND can be supported in mainstream schools before recourse to an EHCP.

6.5 Just over 40% of EHC Plans are completed in the statutory 20 week time period. What can we learn from higher performing local authorities to ensure more EHCPs are completed within statutory timescales? To what extent is this related to shortage of personnel and in particular Educational Psychologists?

- There has been a marked improvement in the performance of local services in completing assessments within the 20 week time period as this was now running at around 60%. Guidance set out in the Children and Families Act reform of SEND service now means that there is greater involvement of children and families in producing plans, and whilst this inevitably takes longer, better quality plans result. Whilst the service wanted to ensure that EHCPs were produced quickly, it did not want to sacrifice the quality of plans being drawn-up in the process.
- The increase in timescales for completing EHCPs has also been driven by the increase in demand (c17%) which is being supported by no additional increase in officers. It was noted that the assessments of many professionals, including Educational Psychologists, help produce EHCPs and this can be a lengthy process to coordinate. The service focuses on producing quality assessments rather than the timescales, which again means that this can be a lengthy process.

6.6 A key issue for SEND provision is the appropriate identification of young people who may need SEND support. The Education Policy Institute have recently published their national investigation of this issue which found that SEND support is dependent - not on individual needs and personal circumstances, but on what primary school young people attend particularly if this has a good record of SEND support. The same report also found that Academies have ‘depressed rates’ of SEND referral and support. What variations of SEND referral and support exist across schools in Hackney and how can we ensure that all schools are equipped to consistently and effectively refer and support young people with SEND?

- Whilst there was variation in local referrals at primary level the actual differences in number across schools was very small. It was crucial that school staff are skilled and trained to support children with SEND, particularly school SENCOs. Hackney Education Service provides a wide range of centralised support to equip local school staff in this role (e.g. dedicated training, conferences and local forums to share good practice).
- It was acknowledged that whilst many young people may have a high level of need, this may not qualify them for an EHCP, therefore the onus was on outreach support to ensure that schools had the wraparound support to help children with additional needs in mainstream settings.

6.7 Would additional support to schools to assist children with SEND include additional funding?

- The SEND team would review all aspects of provision, including school funding for SEND support,to optimise resources available through the High Needs block. Given that it was unlikely that a substantial increase in SEND funding from the government would materialise, local authorities and local

SEND services would need to find creative ways to fund local services in the future, which could include joint commissioning with Health and Social Care Partners as well as with neighbouring boroughs if this was appropriate.

6.8 The service is forecasting an overspend of £8.7m at the end of financial year 2021. Payments to independent and non-maintained schools have been identified as a significant cost pressure for the service. How is the SEND team managing this financial pressure in the short term, and what longer term structural changes are planned to reduce external commissioning and to reduce this cost pressure in the future?

- The Cabinet Member for Families, Early Years, Parks and Play noted that the cumulative deficit rolled over would be in the region of £13m at the end of this year and there is no guidance from the central government as to what measures can be put in place to mitigate this. The service had looked at areas of high spend which included the commissioning of independent provision and plans had begun to be put in place to address this and some capital spending had already been committed to support this.
- It was noted that whilst some of these independent providers were located in-borough, most were not and that a full scale review of all these providers was taking place. It was noted that the SEND service would be reforming its SEND commissioning strategy as part of this review and ensure that these reflect local priorities and ambitions post pandemic. It was hoped that most children with SEND would be cared for and educated within the community and that only those children with the most complex needs would be placed out of the borough. There is a wider estates strategy to support this which will involve both entirely new provision and new provision attached to mainstream schools. It is been forecast that demand will continue to grow and thus it was important to find a long term solution (5-10 years) and to get best value for the public money spent. More detail will be available once the SEND service consults and agrees a way forward with local partners in this process.

6.9 In the context of 6.8, concerns have been raised about a local independent provider in respect of their poor relationship with the National Education Union and of the quality of education being provided. What oversight does HES have with independent provision commissioned by the SEND team to ensure that a good quality of education is provided, there is harmonious relationship between them and trade unions and staff are treated fairly and well?

- The Cabinet Member for Families, Early Years, Parks and Play was concerned at developments at the individual school in question, particularly as there had been 20 days of strike action there recently which was unusual in these settings. It was noted that the national representatives of the Union were now negotiating with the school to help bring about a resolution. The Cabinet member and Deputy Mayor Bramble had also met with the CEO of the group which operates the school and the headteacher. Whilst there was a belief that this was a good educational setting and that parents in Hackney actively wanted to place their children there, it was not apparent that the setting had good staff relations. Cabinet members had been given assurances that these relationships would be improved.
- The Director of Education noted that there had also been specific concerns around the quality of education and that as a result there had been two

inspections, one by Ofsted and one by the Head of SEND in Hackney. Both inspections found the quality of education to be good. The school continues to be encouraged to resolve the dispute with staff.

6.10 Concerns around the individual school cited above, has highlighted the high annual costs that such provision to the local authority. It has been suggested that the annual cost of a pupil placement in this school was in the region of £60k compared to £30k for placements at The Garden School (maintained specialist school). How does the service plan to unlock funding to support a transition to more localised and maintained settings?

- It was noted that it was unsettling for children with SEND to move schools mid placement and therefore some places would be 'wired-in' for a number of years. In addition, there was no capacity in local specialist settings at present to accommodate any immediate transformation. A strategy is being developed to support this transformation and whilst central government funds would be available to contribute to this, it would not be totally cover such costs. A cost benefit analysis will be undertaken which should demonstrate the benefits of such an investment to the Council in a relatively short space of time.
- The SEND service will consult with both children and parents in developing any capital investment programme.

6.11 It was noted that feedback had been received from some parents which suggested that some children were getting as little as an hour of education a day or just in attendance for part of the day when 25 hours was statutorily required. Could further work be done to assure the Commission that there are adequate monitoring arrangements in place for independent provision to ensure that they were providing educational support for which they have been commissioned to provide to young people?

- Contractual arrangements and monitoring and review processes would also be included within the SEND review process which would develop standards on inclusion, attendance and children's progress. The SEND team would encourage any parent who is experiencing this issue to contact the SEND team to relay their concerns and these would be investigated.

6.12 Given that the Audit Committee had highlighted the issue of falling school rolls across the borough in mainstream schools, does this provide an opportunity to unlock spare capacity for SEND provision within existing school settings?

- This is an issue which HES is considering as it would be beneficial to make use of such space where appropriate.

6.13 In summing up the Chair noted that concerns about an independent setting had highlighted a number of issues which warranted further discussion and scrutiny. In this the Chair indicated that the Commission would look at the Commissioning process for SEND contracts at its meeting in July 2021.

Agreed: SEND Commissioning Process to be added to the July 12th meeting.

7. Pupil Movement

7.1 In response to the Commission's work on off-rolling in schools, Hackney Education Service agreed to provide annual updates on the number of pupil movements. This would be the first update provided which will assist the Commission to maintain oversight of the number and demographics of those children who:

(i) Have been permanently excluded from school;
(ii) Are receiving education in an Alternative Provision setting:
(ii) Have moved from school into Elective Home Education;
iii) Have changed schools through the managed move process.

7.2 The Deputy Mayor introduced this item and reiterated the importance of keeping pupil movement under review particularly in relation to disportionality. The report also highlighted the work of Hackney Education Service in tackling school exclusions, which was a priority for the Council.

7.3 The Director of Education noted some of the work that schools were doing in relation to pupil movement. It was noted that the pandemic and school closures had impacted on many aspects of pupil movements from and between schools. The council continued to prioritise inclusion among local schools. It was noted that whilst the pandemic had brought about a significant fall in permanent school exclusions, it was suggested that the positive work that schools had been undertaking in the past 12 months would have contributed to a fall regardless.

7.4 The Director of Education noted that the percentage of children moving schools in years 9 through to 11 had fallen. There was a small number of schools which had experienced significant in year turbulence which explained the high rates of pupil movement at these schools.

7.5 The Head of Wellbeing and Education Safeguarding made the following points:

- Many of the cases relating to Children Missing Education were those where families moved overseas during the pandemic which explained why figures rose sharply from April to September, but have fallen back since.
- There has been a significant increase in the number of children in Elective Home Education, this was mainly due to Covid and the anxiety and health concerns of a number of families. For some parents this was a more positive choice, where they had enjoyed lockdown schooling and wished to continue to home educate their children. These trends have been mirrored nationally.
- It was noted that a disproportionate number of parents of children from traveller communities and children from Black British ethnic origin had chosen to educate their children from home. HES had continued to support all these families and some children were now returning to mainstream settings.
- An internal audit had been carried out of children missing education in Hackney which provided a positive assessment of the service and there were no recommendations for action.
- The number of exclusions had decreased, partly as a result of school closures and new behaviour management systems introduced by schools. The disportionality in these figures, with higher rates of young boys from Black ethnic groups being permanently excluded, continued to be a concern for HES. This situation was common to managed moves also.

Questions from the Commission

7.6 There has been a significant reduction in the number of exclusions over lockdown. Is there any other learning from lockdown which can contribute to fewer school exclusions in the future? How have the adjustment of school behaviour policies contributed to this decline in exclusions?

- There has been engagement and discussion with all schools during the lockdown period to help understand what new practices have worked and what should be kept, and new approaches to behaviour management was one such area of learning. HES has facilitated the sharing of such learning and good practice across local schools to inform more positive behaviour management strategies for children and young people.

7.7 One of the most striking aspects of all this data was the consistent disproportionate representation of children from traveller communities and Black ethnic groups across all pupil movements categories. This data would suggest that these groups of young people are either opting out, not feeling that they are adequately served or being excluded. Given that these groups of young people are also amongst the poorer performing pupils, this underlines the significant challenge and urgency that the authority faces to address these inequalities. What is the strategic focus for the HES to address these inequalities?

- HES was tackling these inequalities in a number of ways, including through the support of the Young Black Men's Project, local initiatives to tackle unconscious bias, support inclusive leadership and improve cultural competence across educational settings. The Black Curriculum had been developed and was well supported in local schools. There was also a dedicated Traveller Education Officer who was engaging with traveller communities to act as a bridge between families and local schools. All these initiatives are embraced within the ambition to make schools more inclusive, so that all young people are positively engaged and supported in mainstream settings.

7.8 To what extent does tackling disproportionality figure in the actions and activities of officers supporting these groups of pupils (e.g. exclusions, managed moves and Elective Home Education)?

- Tackling inequalities is not an add-on in the work of officers, but very much integral to their work. Officers all have had unconscious bias and equalities training which helps them to identify and address inequalities in their work. Officers work is research based and interrogate local data to identify disproportionalities and target their work accordingly.

7.9 There has been a significant increase in the numbers of parents choosing to EHE their children. What pressures has this placed on the service, and has there been any additional resource provided to help support families choosing to EHE their children?

- Staffing was increased from 0.5 to 1.0 WTE for EHE in the summer of 2020, which was before the substantial increase which took place in Autumn of 2020. At the beginning of the autumn term, schools were requested to refer all parents considering EHE to HES. This allowed HES to have an initial conversation with them to ascertain the reasons behind the move and to 'myth bust' preconceived notions about EHE. An agency teacher has been in place

since the autumn term to help the service keep on top of issues like assessments. In addition, the decline in school exclusions has freed up other officers to support the EHE service, particularly around parental engagement to check on the welfare of children and families and to support young people coming back into the school system. Schools had supported this process by not removing children immediately from school rolls, which allowed HES time to engage parents to help understand their concerns around mainstream schooling and their motivations for EHE.

- HES had also worked with health colleagues to develop clear and consistent advice and support to children and families with anxieties about Covid in mainstream schools, which was positive and helpful to the families concerned.

7.10 Could it be confirmed that the work of New Regents College which had supported a primary partnership placements programme had helped to reduce the number of exclusions of children from primary school?

- The provision of primary partnership placements had a positive impact on reducing primary exclusions, and there had not been an exclusion in this sector since 2018. The Re-Engagement Unit has also helped to support this work.
- The Deputy Mayor commended the work that had been undertaken across local primary schools and believed that there was learning from these interventions which could inform work to reduce exclusions in the secondary school sector. Local secondary schools were also working hard to address permanent exclusion.

7.11 The report notes the Fair Access Panel without any reference to what this body is or who sits on the panel. In this context, what are ‘weighting credits’?

- Each LA is required to have a Fair Access Protocol Panel (FAP) for children not offered a place through the normal admissions route (e.g. new residents, children returning from exclusion, children with SEND). All schools are required to participate and the FAP ensures that children are distributed equally across local schools. Some children come with a different weighting in this process (e.g. children returning from the criminal justice system are given a weight of 6.0) and a school league table of the children is published each year. The FAP is chaired by an independent Chair, and a range of officers from Admissions, SEND, Welfare & Education Safeguarding also attend. Other specialist input (e.g. social work , education psychology) is provided on an adhoc basis where needed.

7.12 Knowing the increased safeguarding risks of school moves (be it EHE, exclusion or managed moves) what additional oversight and support is provided for these groups of young people? Is there any coordinated multi-agency assessment, referral or support systems in place for these young people?

- Young Hackney are present in all schools across the borough and can work with children and families in a preventative way. In terms of managed moves, the exclusions officer engages with and works with children and families and provides additional support and oversight through this process. Locally, managed moves do help prevent permanent exclusion and keep children in mainstream settings. When children move into EHE they will be formally assessed within 12 weeks, but officers will

generally engage with families much sooner to undertake an informal assessment, ensure that parents know what they are taking on and are aware of the risks.
- Schools have integral knowledge of the young person is important, thus if there were concerns about a young person who was moving into EHE, there would be a referral to the FAST team in the Children and Families Service.
- The service is looking to develop a multi-agency support model to identify young people at risk of exclusion and to establish a preventative approach to support these children to maintain their placements in school.

7.12 The report would suggest that the decrease in roll movements from 6% to 5% between years 10 and 11 may be attributed to a significant drop at a very small number of schools. Does this mean that many schools have not recorded a decrease in pupil movement? How is the 5% threshold determined?
- Many of the schools had relatively low numbers of pupil movement which had remained broadly static over this time. Where schools exceeded the 5% threshold of pupil movement, they were challenged on the reasons behind these.

Agreed: Further information on the pupil movement rates for individual schools (anonymised) and school types to be circulated to the panel.

7.13 It is known that children moving out of and between schools have a disrupted education which can lead to significantly poorer educational outcomes and have a longer term impact on CYP. What is Hackney Education doing to improve data tracking and outcome monitoring of these groups of young people (e.g. those who are excluded, school moves, children in EHE)?
- HES is moving from Capita to Synergy to improve data collection and monitoring. HES was also engaging with schools to get them to sign up to Orchestra, a data collection tool which would feed into the local authority. This would help to improve pupil tracking and outcome monitoring.

7.14 Although not a statutory requirement, would HES seek to collate data on internal exclusions that take place in school? Does HES have any oversight of the nature and number of internal exclusions?
- It was acknowledged that such data was limited, and in the most parts confined to the schools and their governing bodies. There is no requirement for schools to report this data to HES, but officers would consider if and how such data could be practically collected and collated. This would depend on the engagement of individual schools.
- This would also be an issue that School Improvement Partners would tackle in their feedback and improvement to schools. Additional guidance had also been provided to school governing bodies as to how such data should be reported locally for their assessment. Getting buy in from schools was critical for wider sharing of this data, and whether such data would be used for monitoring or practice development would likely to be influential in this.

7.15 In summing up, the Chair noted that Pupil Movement is now a fixed item on the

agenda of the Commission and would engage with the Director of Education as to formalise content and timing of the report in forthcoming work programmes. It was suggested that this item may best be taken in late autumn to allow for data consolidation and validation.

7.16 The Chair thanked officers for attending and responding to questions from the Commission.

8. Children & Young People's Mental Health & Emotional Wellbeing

8.1 The Commission has requested an update on the Mental Health & Emotional Wellbeing of children and young people in Hackney in particular:

- Strategic priorities for local services;
- Key strategies to deliver on these priorities;
- Funding for local services.

8.2 Deputy Mayor introduced the item and noted that mental health and wellbeing had been a real focus for schools and children returned in September. The report set out the integrated approach that local providers would take to better support children and young people through to the age of 25. The Integrated Commissioning Workstream Director for CYP & Maternityalso highlighted the following issues from the report:

- The City & Hackney Emotional Health & Wellbeing Strategy was an integrated strategy for children and young people aged 0-25 years. The strategy had been developed in partnership with local stakeholders and was out for formal consultation until the end of May 2021. The focus of the strategy was on prevention and to tackle the disportionalities that are experienced by young people.
- Children and young people had also contributed to the development of the report by helping to identify local priorities and helping to develop the wording for key messages.
- A subsidiary report also highlighted a number of current ‘pinch points’ in children and young people's mental health services where increased demand and activity was being recorded these included:
  - Services for 18-15 year olds;
  - Increase in acute presentations;
  - Increase in eating disorders.

Questions from the Commission

8.3 What are the factors behind the increased demand for acute services? Are similar increases being seen across London?

- Access data at the end of the report noted that there is an estimated prevalence of 10% of children diagnosed with a mental health condition, yet just 30-40% of these are actually accessing services. This indicates that there is a lot of unmet need within the community. Whilst figures in Hackney are better than most boroughs in North East London, these figures are still very high.
- There were a number of reasons which were contributing to higher demand for acute services which included:
  - The impact of the lockdown on young people in general;
  - Lack of work and employment opportunities for 16-25 year olds;
  - Increased levels of depression and anxiety which have been noted

across the country.

8.4 One of the trends highlighted in the report is the increased number of children who are late presentations or who are not known to the CAMHS services. Given that this would suggest that there are issues with the accessibility or acceptability of preventative services - how does the local CAMHS partnership intend to respond?

- The increased incidence of late presentation and more acute presentations has been a driver to reform local CAMHS services, and lays at the heart of the Emotional Health and Wellbeing Strategy which aims to shift the balance of local services and local investment to that of prevention. The investment in Wellbeing and Mental Health in Schools programme which seeks to provide early help to children and young people illustrated this approach. The partnership was also speeding up digital interventions such as Kooth to expand the preventative offer. Partners were also working with the Young Black Men Project to ensure that services were both acceptable and accessible to a diverse range of communities.

8.5 Can an update be provided on WAHMS and how this is being rolled out across all schools. Has the programme been evaluated as yet, and what is the outcome of that? What are the next steps for this programme?

- In terms of evaluation, a formal assessment was undertaken at the pilot stage of the programme. The programme has since expanded and now operates in a further 39 schools in addition to the 40 schools in the original pilot. The evaluation framework is developing as the programme grows and expands its offer.
- The next steps. The programme was running in 69 maintained schools and 5 Charedi schools. Whilst all schools are invited to participate, there were a number of schools, maintained, independent and alternative provision which were not part of the programme. There were a number of universal events and training programmes on offer through WAMHS but the service was aware that it did not have full engagement. WAMHS was therefore putting a proposal together on how to engage and involve these schools. There was not sufficient resource to roll out dedicated CAMHS worker support to these settings at the moment.
- There are ongoing challenges with the programme, most notably a CAMHS worker vacancy rate of around 20%. There is also a high turnover rate of staff in CAMHS services.

8.6 Is WAHMS reaching all children with protected characteristics? Are young people consulted and involved in the development of WAMHS?

- In terms of WAMHS, the programme can be shaped by the needs of individual schools. With the support of a CAMHS worker and School Improvement Partner, schools carry out an audit once a year covering 9 different strands which include both children’s voice and diversity and inclusion. Schools focus on 3 areas within this framework each year. In the best examples, this forms part of the school improvement programme. There was also a WAMHS pilot in a number of Charedi schools.

8.7 Can you provide an overview of waiting lists for access to key CAMHS services at present?

- There have always been waiting lists for CAMHS service and these were slightly longer at the moment. Services were working more flexibly to engage and meet children and young people and their families which was helping to speed up access and make contact more quickly.
- More problematic was access to really acute services - such as beds in Tier 4 settings. There was a shortage of such beds across North East London. Services were working with colleagues in children's social care to help step down children from acute settings more quickly to free up places when it was safe and appropriate to do so. Acute pressures at Tier 4 was of course having a knock on effect for services in Tier 3 (specialist but non-residential). A range of mitigations were being planned across the service.

8.8 In summing up, the Chair highlighted the need to continue to look at this area given the impact that the pandemic has had on young people's mental health. The Commission would work with officers to identify what specific area it would like to bring back to the work programme later in 2021/22.

8.9 The Chair thanked officers for their reports and for responding to members' questions.

9. Children & Families Mid-Year Report (April to September 2020)

9.1 Activity from the Children and Families Service is reported twice yearly to the Commission so that it can maintain oversight and monitor levels of service provision. Usually this report would record activity for the first 6 months of 2020/21 (April to September 2020), however, due to the impact of the cyber attack on the council, full data was not available. The report therefore provided an overview of activity and data together, with a more detailed piece on plans to review and reform the Hackney (Unit) Model of children's social work. Given that the latter related more to Commission's work in relation to the monitoring of the Ofsted Action Plan, the Commission instead focused on:

- The impact of the cyber attack;
- Leadership changes;
- Headline activity data.

9.2 The Commission agreed to defer the reform of the Unit Model to the 12th July agenda when an update on the Ofsted Action Plan would be taken.

9.3 The Group Director for Children and Education introduced the report and highlighted the following:

- The Group Director emphasised how important children's emotional health and wellbeing was as services emerged from the Covid-19 pandemic and that Scrutiny would have an important role to play in ensuring equity of access as services were rebuilt and reshaped.
- As well as Covid-19, the service had to manage a number of critical events including the cyber attack, the urgent need to address racial inequalities in services and reconfigurations of services.
- There was an imminent change of leadership with a new Director of Children and Families commencing in July 2021 and a new Group Director for Children and Education commencing in August 2021.

- Covid-19 had been a significant challenge in the past year, but the service had still maintained face to face contact with those children and families where required, in line with statutory guidance and using PPE to keep children, families and staff safe. Services were beginning to readjust back to normal operations as government restrictions in relation to Covid-19 were eased. New digital contact has had some positive long lasting impacts on the way that services are able to communicate and engage with each other.
- The cyber attack was a malicious attack where access to key information systems that support the Children and Families Service, including youth justice was lost. Although interim systems were developed by IT support, there was a significant period of time when access to children's data was disrupted. Whilst this data has been recovered, it is not fully accessible until due diligence on the data has been completed. The return to a fully functioning database will not be possible until the end of the year.
- It is difficult to compare activity for 2020/21 on previous years because of the pandemic and in particular the closure of schools. Up to the end of March 2021, the number of looked after children and those on a Child Protection Plan remained broadly static in the service. It should be noted that it was difficult to enact interventions with young people at this time due to Covid-19 restrictions, thus their journey through the service may have been somewhat slower than might be expected.
- There was a significant reduction in the number of contacts, referrals and assessments made by the service. The number of children who are assessed within 45 days has increased significantly to about 75%.
- Key data on the nature and number of contacts to the Children and Families Service is reported frequently to the DfE to enable the government to monitor the impact of Covid-19 on services.
- The CFS in Hackney is confident that practice developments taking place over the past year will not mean that activity levels will revert to pre-Covid-19 levels. A systems review will hopefully ensure that interventions are delivered sooner and assessments are more proportionate to families' needs.

<u>Questions from the Commission</u>

9.4 Has the loss of data in respect of the cyber attack affected the ability of the Council to protect children in Hackney and how?

- This is difficult to qualify. It was clear however, that service partners have been a great assistance in accessing historical records or undertaking checks for the CFS. For example, the Metropolitan Police provided additional support so that additional checks could be made as new cases entered the system. Whilst it could not be said that the cyber attack had no impact, officers wanted to reassure the Commission that everything had been done to mitigate the chance of increased risks for children and young people. It was accepted that not all risks could be covered in this area.

9.5 What impact has the cyber attack had on the service response to improvements required set out in the Ofsted Action Plan and any plans for future re-inspection of the service?

- It has become apparent that the practice development required post-Covid-19 and the requirements of the Ofsted Action Plan are aligned. The service has

maintained a commitment to practice development and improvement throughout the pandemic.
- The pandemic situation was unprecedented and a very challenging time to lead the Children and Families Service. The quality of assessments that underpins social work practice has been outstanding in this period and this will continue as the service adapts. The work to prepare for a future Ofsted inspection of the service has not stopped.

9.6 The report highlights a number of significant changes in leadership all of which are occurring at a critical time for Children and Families Service in Hackney - with the service facing the challenges of the cyber attack, the pandemic and of course - responding to the outcome of the Ofsted inspection. What reassurance can be provided to the Commission that there is not only service stability at this critical juncture, but also that the service maintains focus on the delivery of the critical improvements that are necessary for children and their families?
- The critical part of this leadership change is the handover, and the current Group Director was working with the newly appointed Director of Children and Families and the Group Director for Children and Education. The service improvements and practice developments are so entrenched that it is difficult to waiver from these commitments. These two key posts will have a robust induction to take them through these key strategic commitments. The interim Head of Corporate Parenting is an existing manager with a long history of service within the organisation and senior leadership had much confidence in this interim appointment.
- The Director was confident that senior managers across the service had built resilience across the service in the past 6 months which would maintain continuity and direction during this period of leadership change.

9.7 There have been significant declines in contacts (down 29%), referrals (42%) and assessments (down 26%) in the Children and Families Service during 2020/21. As children have returned to school in March 2021 and other agencies that interact with children resume normal operations, is there any change / increase in contacts, referrals and assessments? How is the service supporting expected increased demand for services?
- Part of this reduction in contacts has been brought about through the early consultation and collaboration between local partners to help respond to needs earlier without recourse to statutory childcare assessment or referral. The service would be disappointed if there was a significant increase in the number of referrals to follow, as the necessary practice developments have been put in place to hopefully reduce the need for statutory interventions.
- When schools return however, there will be some increase as children will feel more confident to engage and seek help from adults. There are plans in place to support the expected increase in demand.

9.8 Looking more closely behind the decrease in activity - what analysis has been undertaken as to the demography (or other characteristics) behind the decline in contacts, referrals and assessments? That is, what does the data tell us about the children who are no longer being referred for statutory intervention and support?
- Ideally, the decline in referral numbers would be accounted for by those children who didn't really need to be seen within the statutory process in the

first place, and who can be dealt with more appropriately in their current setting where the school or other provider is confident and able to meet their needs safely. There may be some neglect cases which have not come to the attention of referring agencies - so this analysis will need to consider where fewer referrals are coming from and what type of referrals are not coming through as before.

Action: As part of the Ofsted Action Plan Item for 12th July meeting, further data / analysis of the difference in contacts, referrals, and assessments would be provided to the Commission.

9.9 Are there any legacy benefits from dealing with the pandemic which will be incorporated into day to day operation of the Children and Families Service?

- Closer working across the partnership, including schools, has been a significant benefit from dealing with covid-19.. There has also been improved community engagement and contact with key local groups which has resulted in more trusting relationships being fostered as a result.

9.10 The Chair and Vice Chair thanked the Group Director for her leadership through this difficult period for the Children and Families Services and for the positive and thoughtful way in which she engaged with this Commission throughout all this time. The Deputy Mayor echoed this thanks to the Group Director and for all staff across the service.

9.11 The Chair thanked officers for attending and responding to questions from the Commission.

10. Post 16 SEND Strategy

10.1 Members the recommendations of the Commission in relation to its work on the emerging Post 16 SEND Strategy. The response of the Cabinet Member for Families, Early Years Parks and Play would be published when received.

11. Work Programme

11.1 A new work programme is developed for the CYP Scrutiny Commission each municipal year. An outline programme which includes standing items and items agreed from last year's work programme was included within the agenda and reports pack for members to view and note.

11.2 The Commission will consult with local stakeholders in developing the work programme. As part of this process the Commission will also seek suggestions from members of the public and other community groups and organisations. Publicity to this effect will go out in the next few weeks. Members of the Commission will also be contacted in the coming weeks to seek their suggestions for topics for inclusion within the work programme. Other local stakeholders such as Cabinet members, Senior Officers and statutory partners would also be consulted for suggestions for the work programme.

11.3 All suggestions will be published in the June 14th agenda pack for members to discuss and agree for the new work programme for the year ahead.

11.4 The Chair also noted that there had been media attention on the behaviour policy in place at a local secondary school. The Chair noted that this highlighted ongoing concern with this issue and that the Commission would keep this under the spotlight in its work programme in the coming year.

12. Minutes of the last meeting

12.1 A correction at 4.53 of the minutes was noted, where the minutes should read ‘it would be helpful to have data against all other pupils rather than against White British for a more accurate portrayal….. ‘.

12.2 The minutes were noted and agreed.

13. Any other business

13.1 There was no other business. The date of the next meeting was noted to be 14th June 2021.

The Meeting concluded at 21.30