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 & Hackney CAMHS Alliance

NHS City and Hackney Clinical Commissioning Group

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

Hackney

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Homerton University Hospital NHS Foundation Trust

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

Table of Contents

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)

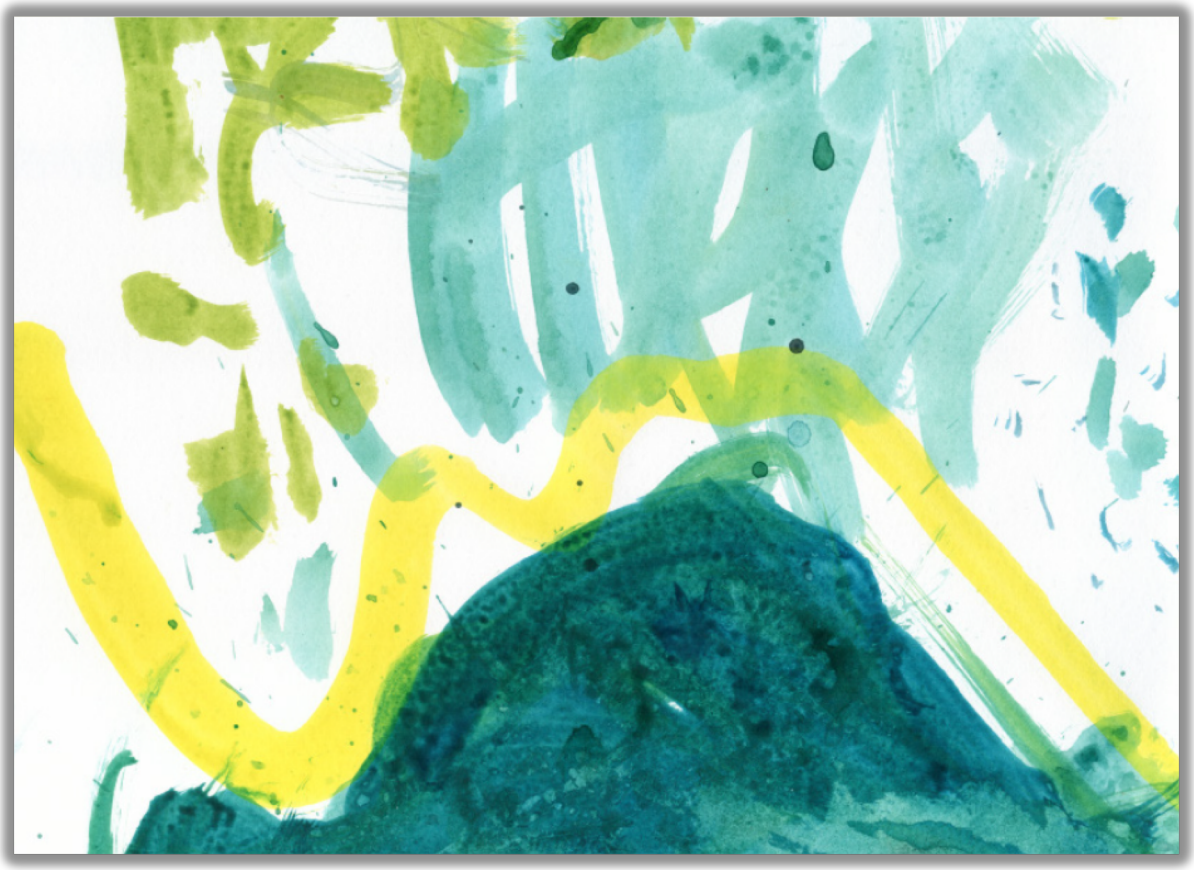
	14/15	15/16	16/17	17/18	18/19
Referrals	1749	1874	2170	2422	2890
Referrals Accepted	1644	1553	1733	1842	2139
New Patients Seen	1452	1494	1657	1782	1811
Contacts	12798	15019	16856	18605	20632

(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)

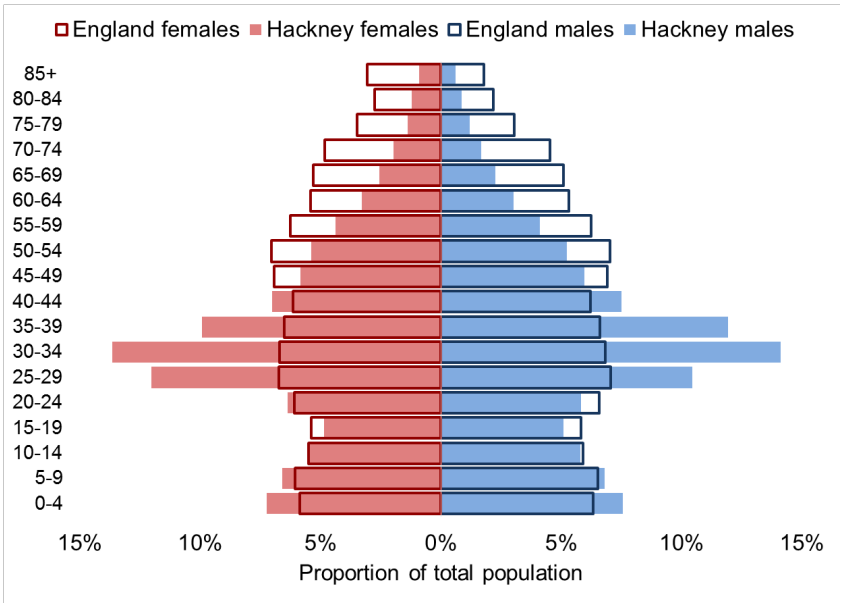
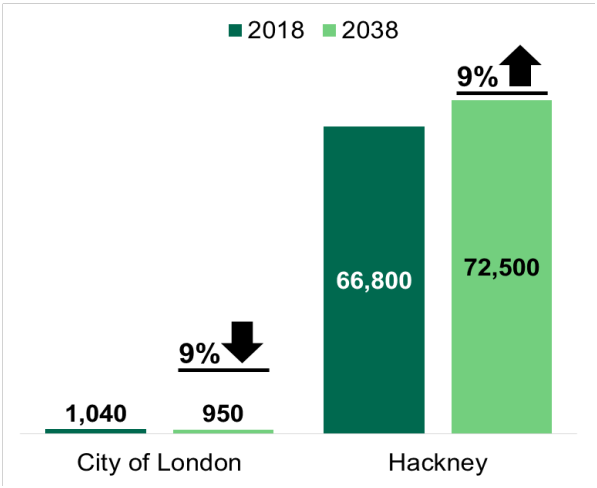


Figure 3.2: City of London age structure, (population projections, 2018)

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).

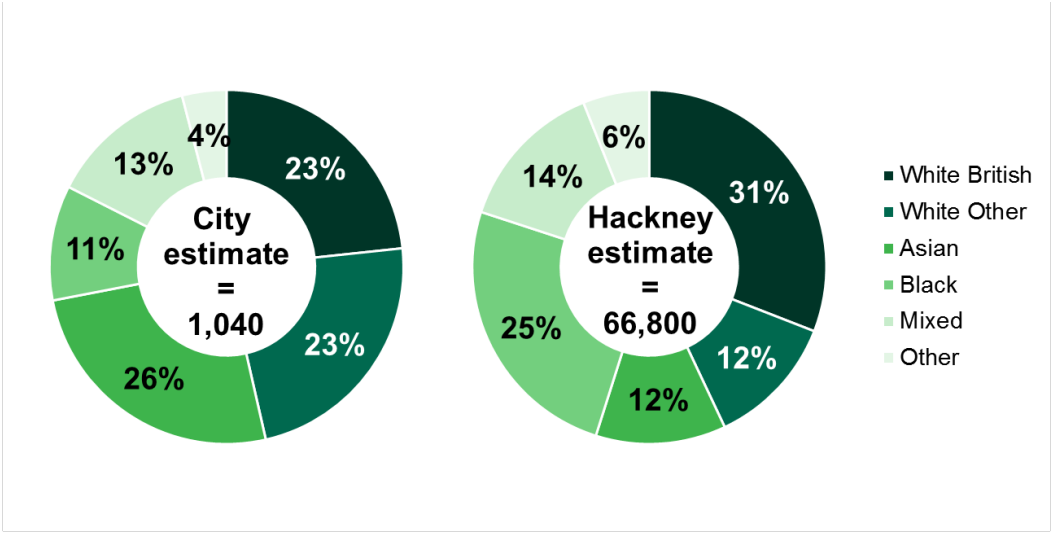
Figure 3.3: Estimated and predicted population in Hackney and the City (age 0-18, population projections, 2018 and 2038)



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)



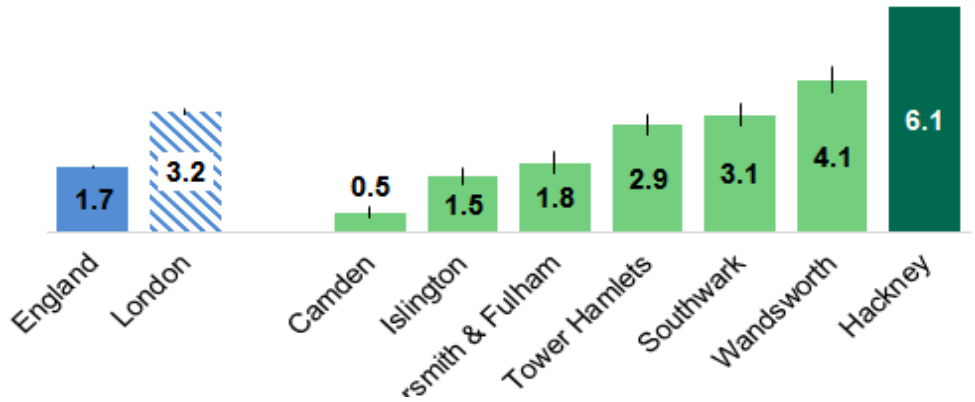
Source: GLA, 2016-based ethic group population projections
Notes: White other includes "Other White" and "White Irish"; Asian includes "Arab", "Bangladeshi", "Chinese", "Indian", "Other Asian", "Pakistani"; Black includes "Black African", "Black Caribbean", "Other Black", Mixed includes "Other Mixed",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

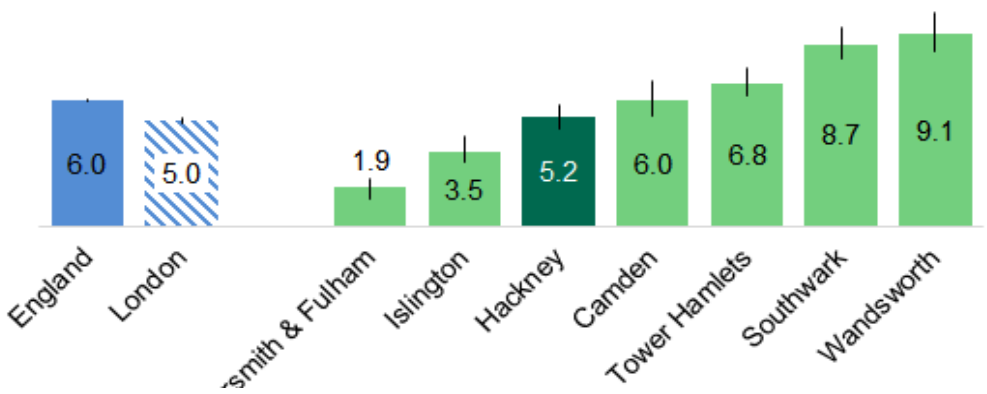
Indicator	Hackney		City of London		London	England
	Number	%	Number	%	%	%
Exclusions (primary school)	235	1.1%	3	1.1%	0.8%	1.2%
Exclusions (secondary school)	1,680	12.7%	0	0%	6.9%	8.8%
Exclusion due to persistent disruptive behaviour	417	1.2%	37	1.1%	0.7%	1.2%
Half days missed due to overall absence	438,704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

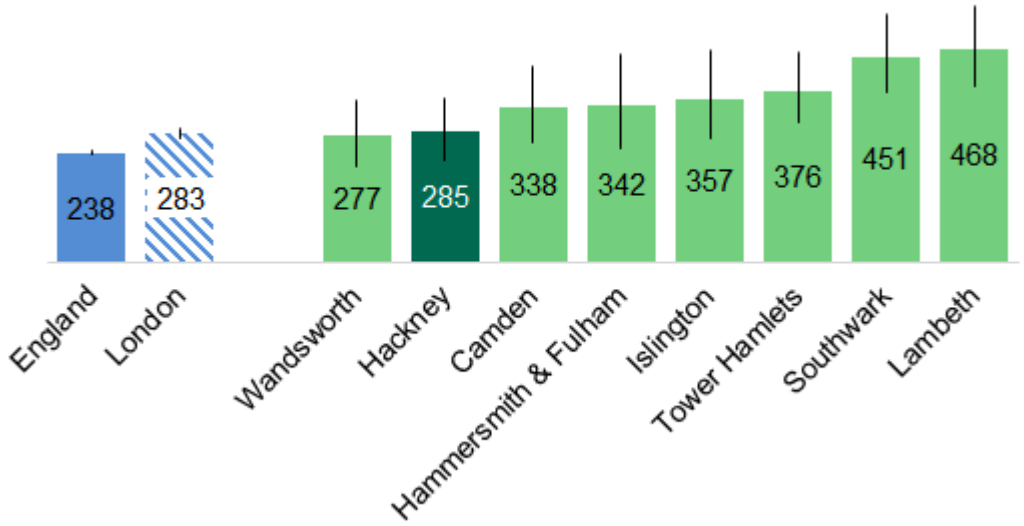
There is strong evidence of correlation between experiencing or witnessing violence and adverse mental health outcomes such as depression, anxiety, conduct disorder, suicidal behaviour, substance abuse, post-traumatic stress disorder, low self-esteem and poor life satisfaction.

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.

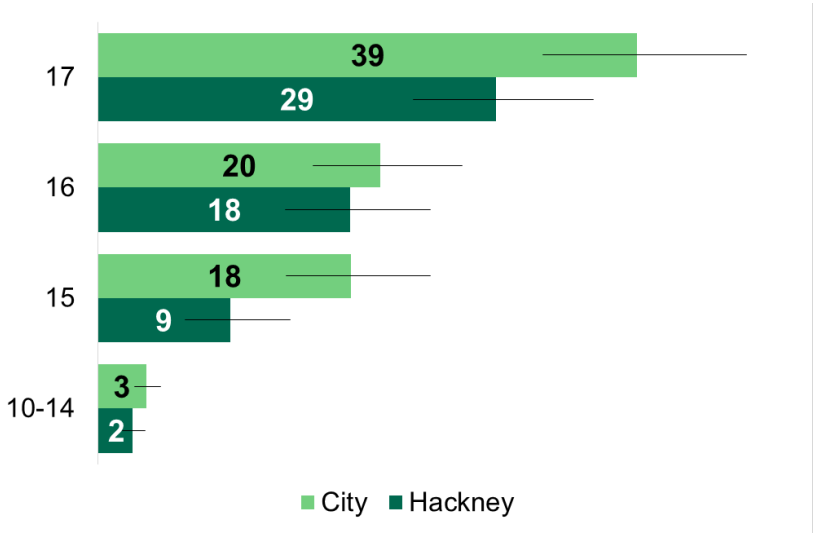
In 2015/16, 193 Hackney children and young people age 10 to 17 were worked with by the youth offending team. The number of sentences in the City cannot be reported due to small values. The rate of being sentenced was the highest among 17 year olds in both Hackney and the City and there was no significant 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

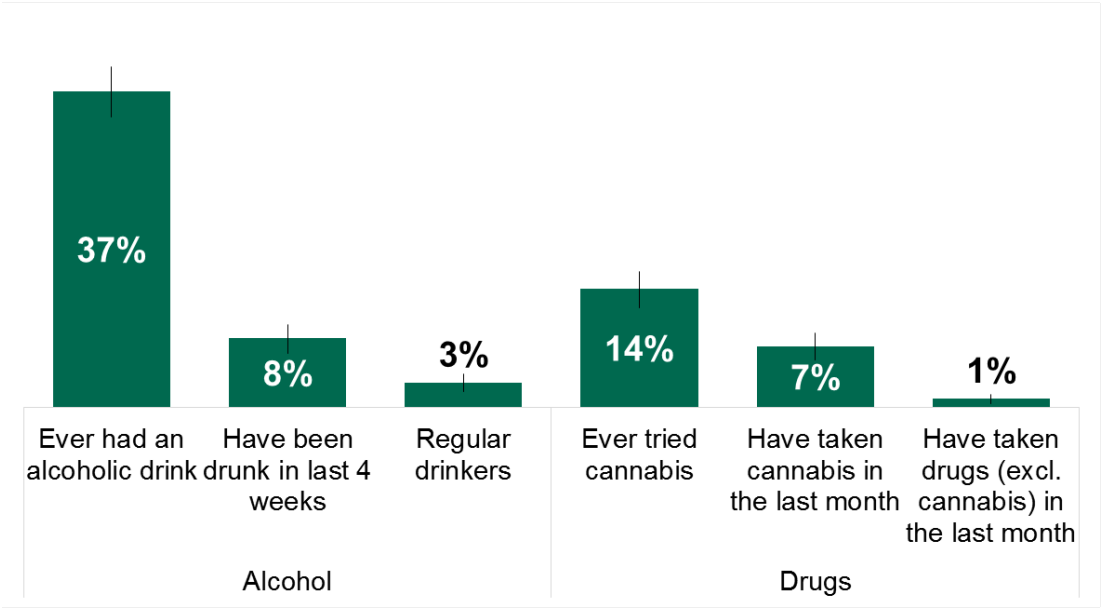
The 'substances' referred to in substance use and misuse cover a range of mood altering consumables, from common and legal substances such as alcohol to illegal and extremely harmful drugs such as heroin. Substance misuse happens when the excessive consumption of and/or dependence on leads to social, 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

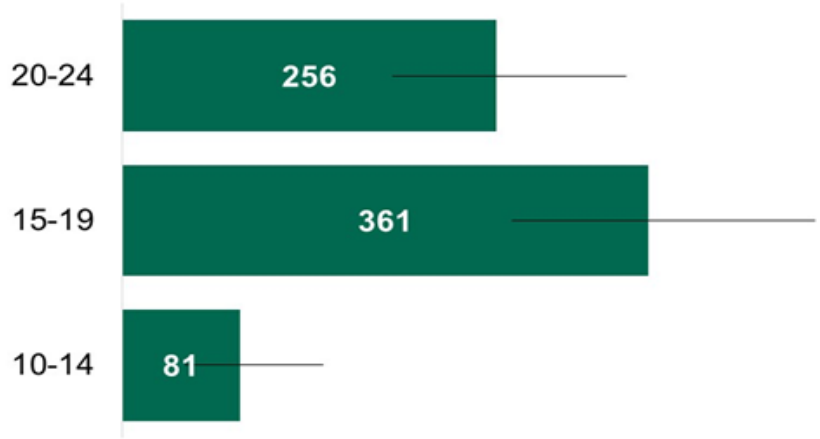
Table 3.5: Looked after children and children on Child Protection Plans in Hackney by ethnicity (number and proportion of total, March 2018)

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.

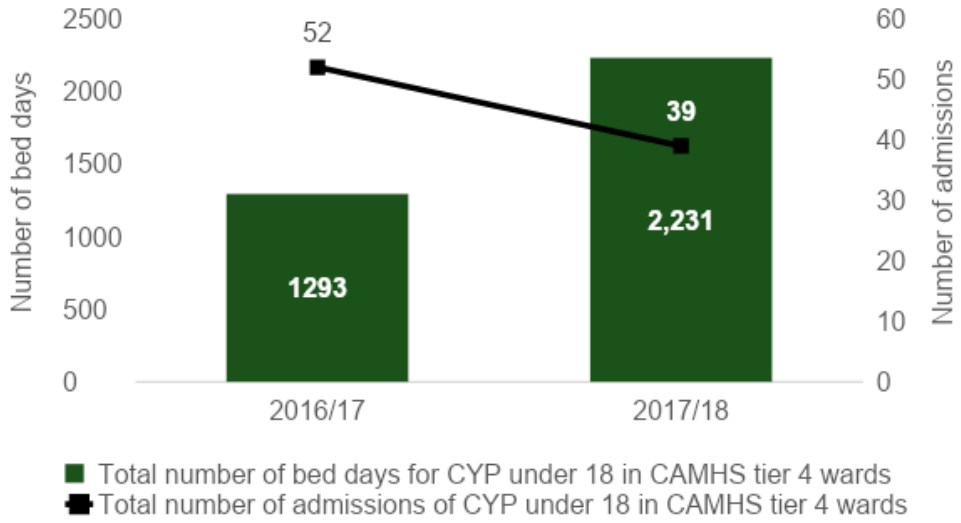
[27] London Borough of Hackney, Local Domestic Violence dataset
[28] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

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

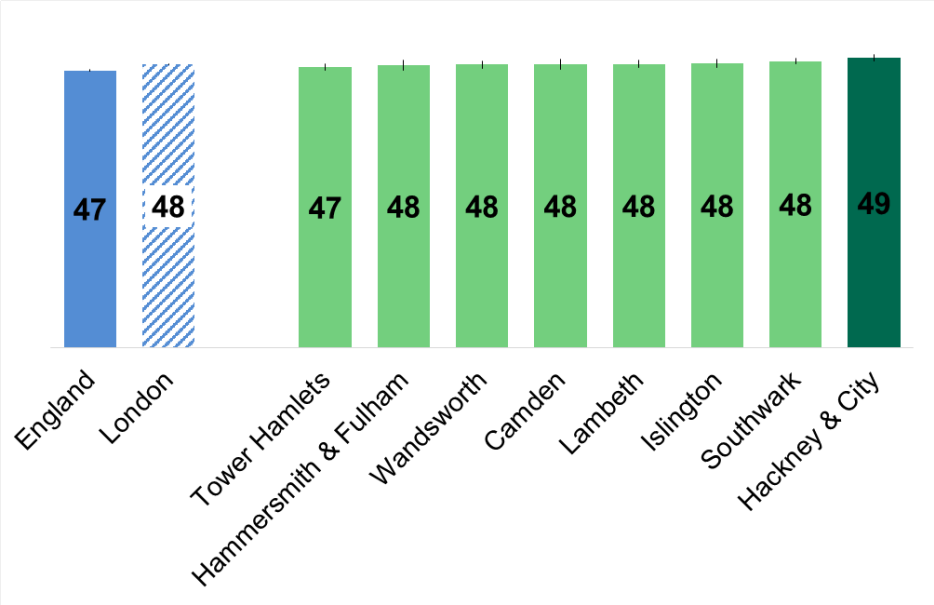
These estimates should be interpreted with caution, as they are only adjusted for age, sex and socio-economic classification and do not take into account differences in other factors which may influence prevalence. The survey used to derive the estimates was carried out in 2004 and no adjustment has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

[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.

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

City & Hackney CAMHS Alliance

NHS City and Hackney Clinical Commissioning Group

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**

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:

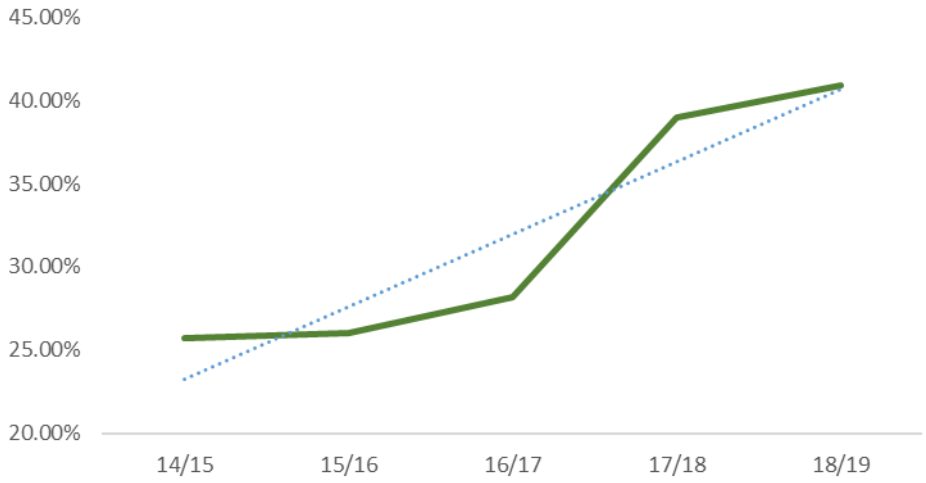
7.1 Access

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

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

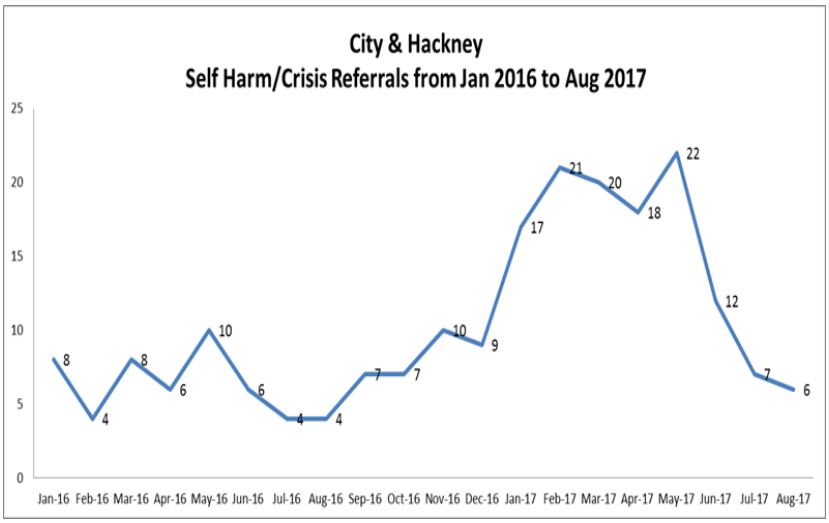
HCAs, crisis telephone support to reduce the need to attend A&E in certain cases and building more positive working relationships between the acute hospitals and CAMHS. Pre-Phase 2 Transformation, in office hours, we had a clinician covering the crisis rota for same day assessments of young people in 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

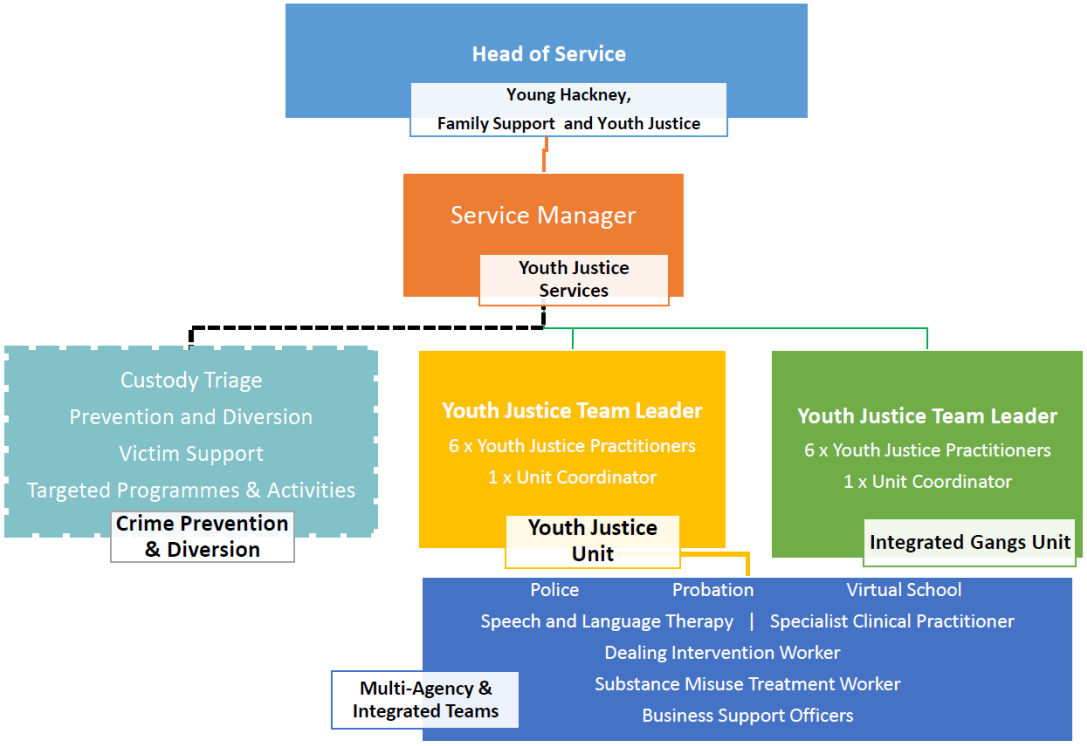
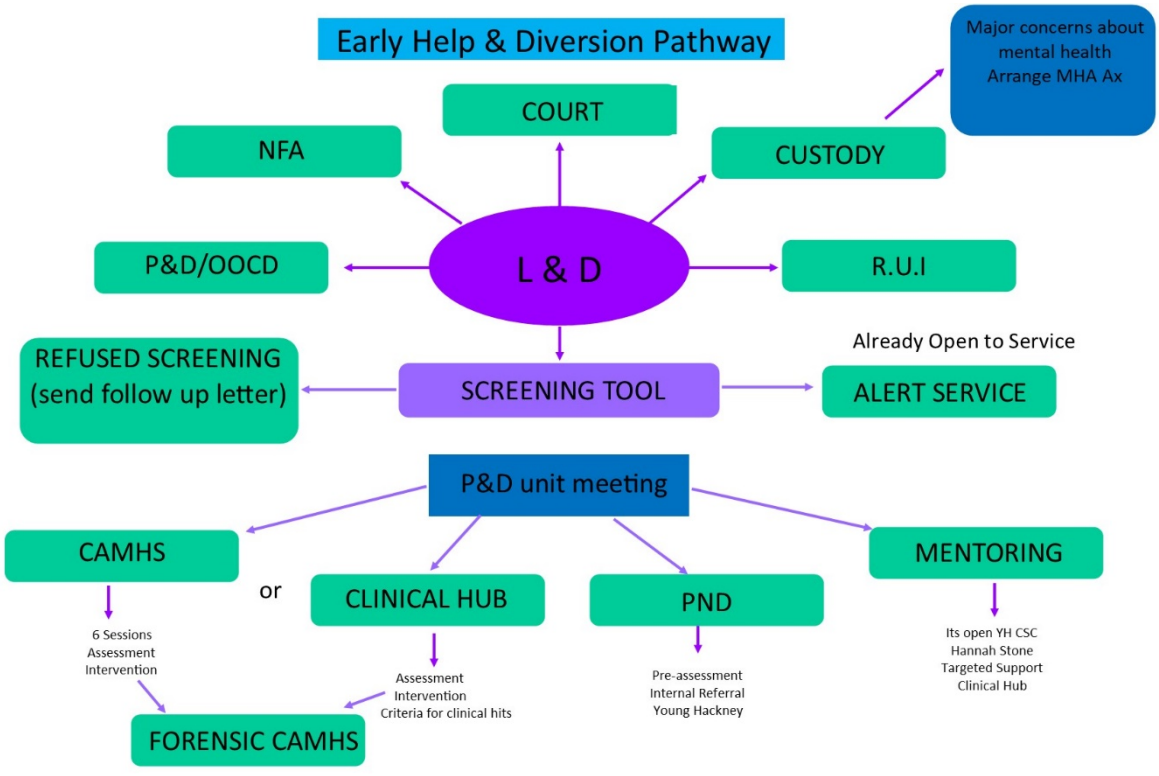


Figure 9.3 Youth Offending Pathway



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:

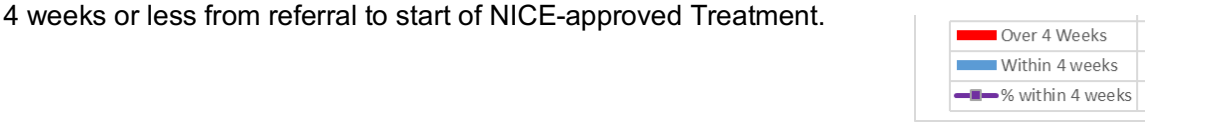
- To improve the social, emotional and behavioural outcomes for children identified as at high risk of antisocial behaviours via the implementation of an evidence based programme.
- To support children to develop skills that will allow them to manage conflict and social situations effectively.
- To improve 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

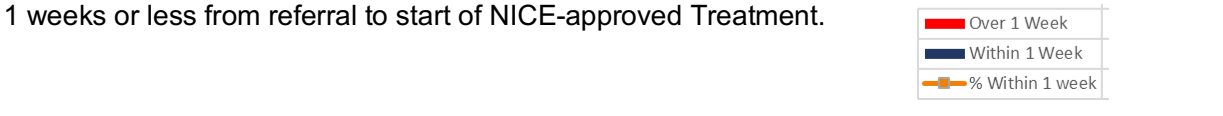
The City and Hackney CAMHS Alliance is fully committed to meeting all eating disorder access and waiting times standards as part of the on-going work commenced in phase one of the Transformation Programme. The work is being conducted in collaboration with Newham and Tower Hamlets CCGs with East London 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
eks	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.

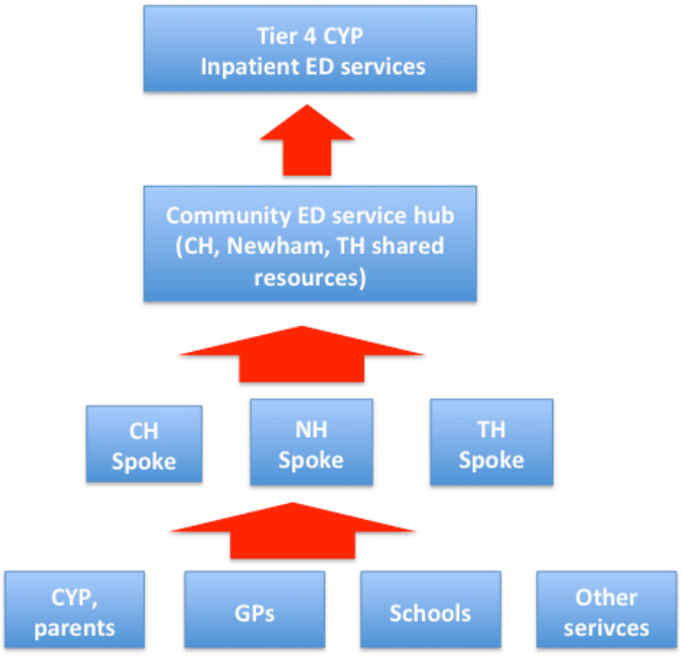


	2016-17 Q4	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	2019-20 Q1
k	0	0	1	1	1	2	1	1	2	1
ek	4	5	5	8	7	6	6	7	7	7
week	100.00%	100.00%	83.33%	88.89%	87.50%	75.00%	85.71%	87.50%	77.78%	87.50%

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	Q3	Q4
	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	Resi dual 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.

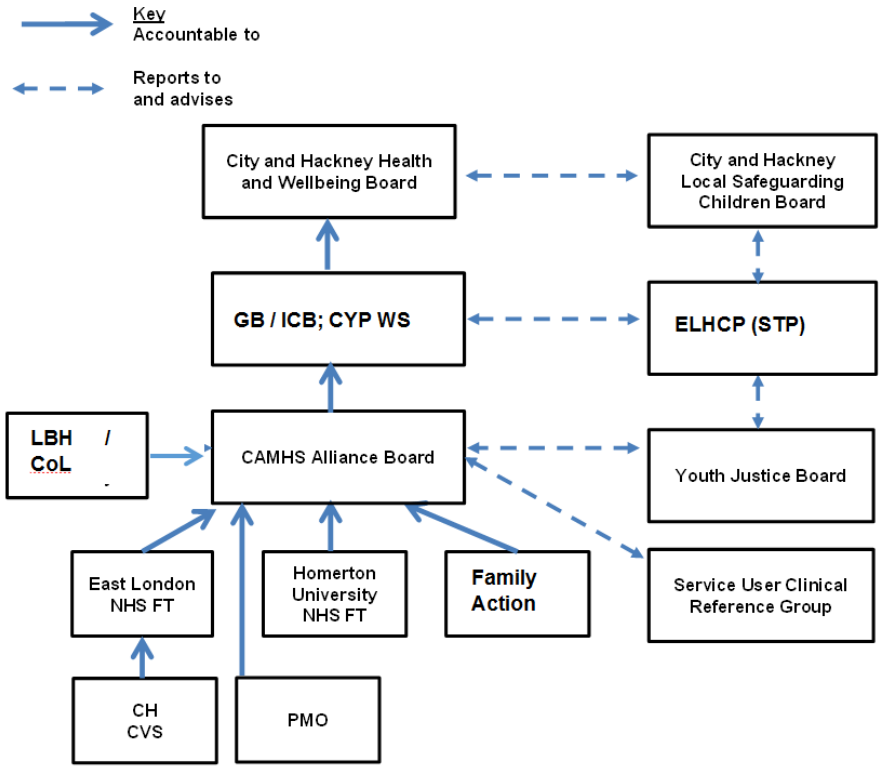
The Alliance Board is responsible for providing the CCG with assurance about the Transformation Programme in terms of: the achievement of objectives and deliverables, KPIs, project risk and expenditure. The Transformation Programme Management Office (TPMO) is responsible coordinating monitoring the programme 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.

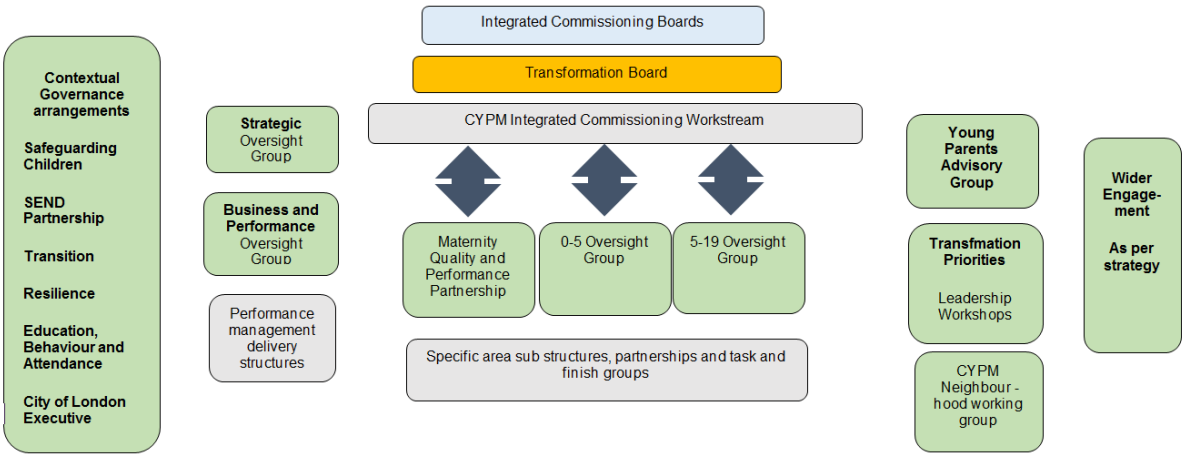
The East London Mental Health Commissioning Consortium co-ordinates strategy and joint projects across the boroughs of City and Hackney, Newham and Tower Hamlets. Whilst the Board's role is advisory it has played and will play an important role in the development of the Eating Disorder CAMHS transformation 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




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
Integrated Commissioning Boards
Transformation Board
CYPM Integrated Commissioning Workstream
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

14 Appendix 2: Local CAMHS Reporting Dashboard

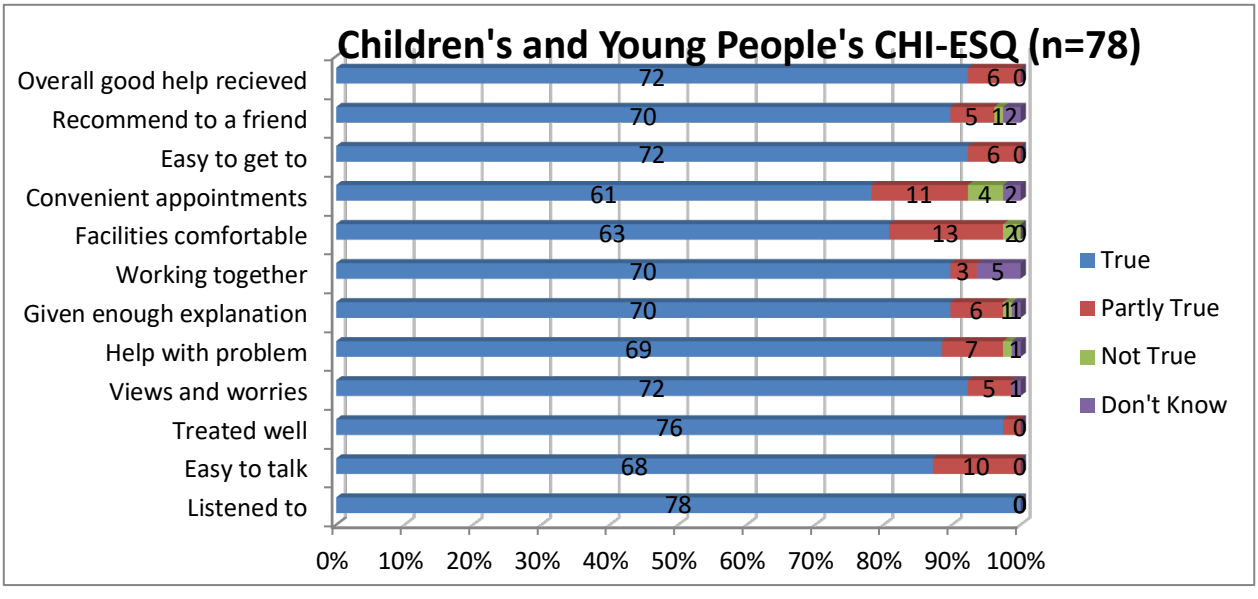
14.1 Core Local Performance Dashboard

	CAMHS Treatment Clinical Dashboard - Reporting to CAMHS Alliance and CCG	Q1	Q2	Q3	Q4
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	Q3	Q4
	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

5

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:

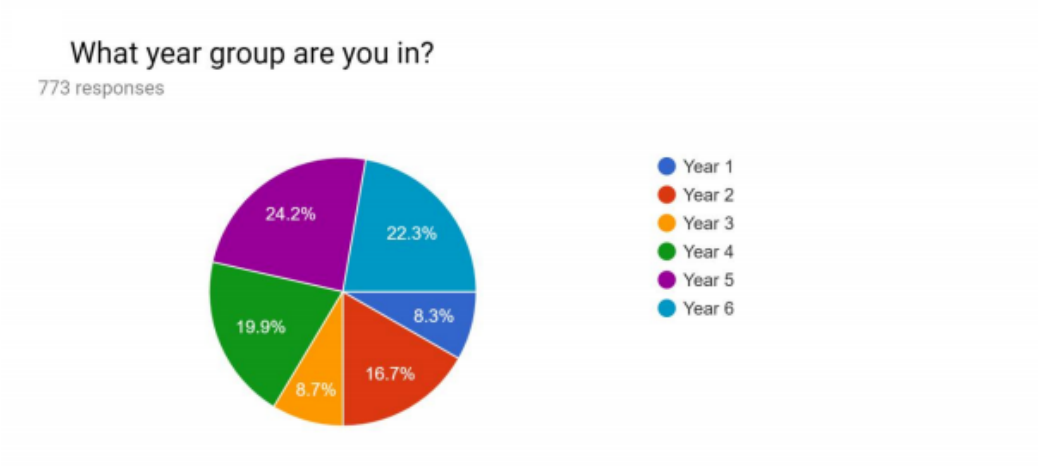
1. The report will be shared in strategic and decision-making forums across children's services and education including the Partnership Board for Improving Outcomes for Young Black Men and with other local agencies.
2. The report will inform the development and delivery of strategies for the local area, 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.

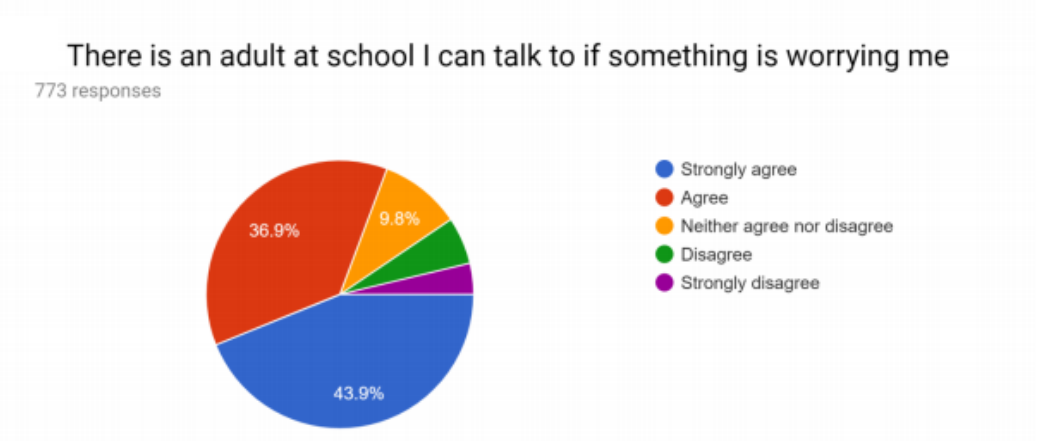
Output from initial WAMHS Engagement with CYP

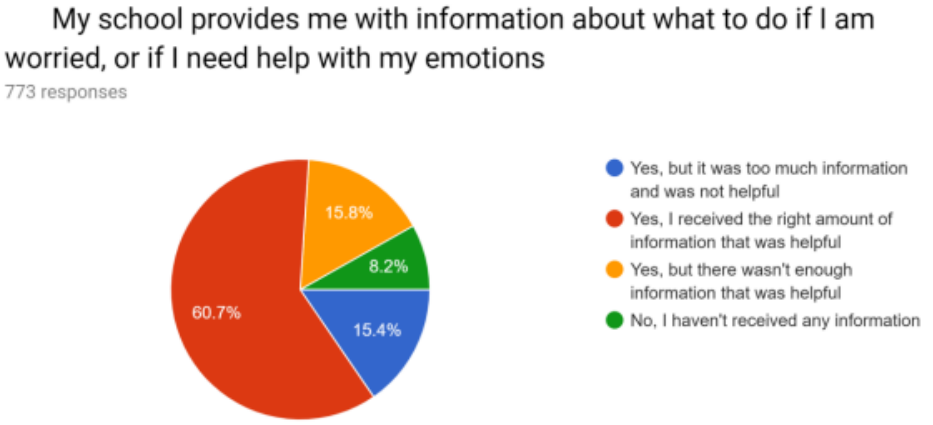
City & Hackney CAMHS Alliance

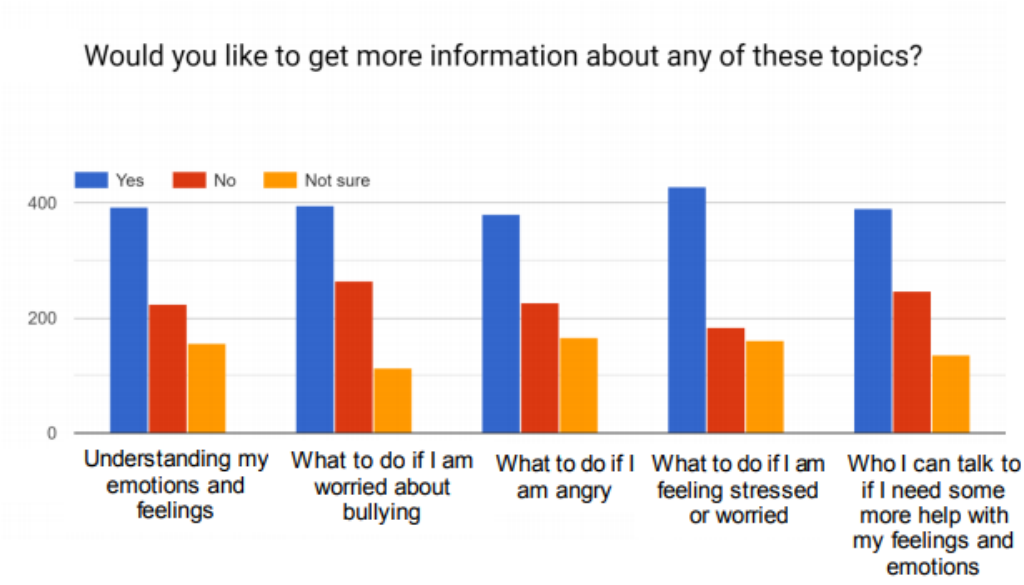
Happy and Healthy in School

Survey to all Primary Schools part of WAMHS (22 primaries) - May 2018
773 responses from children









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.

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)

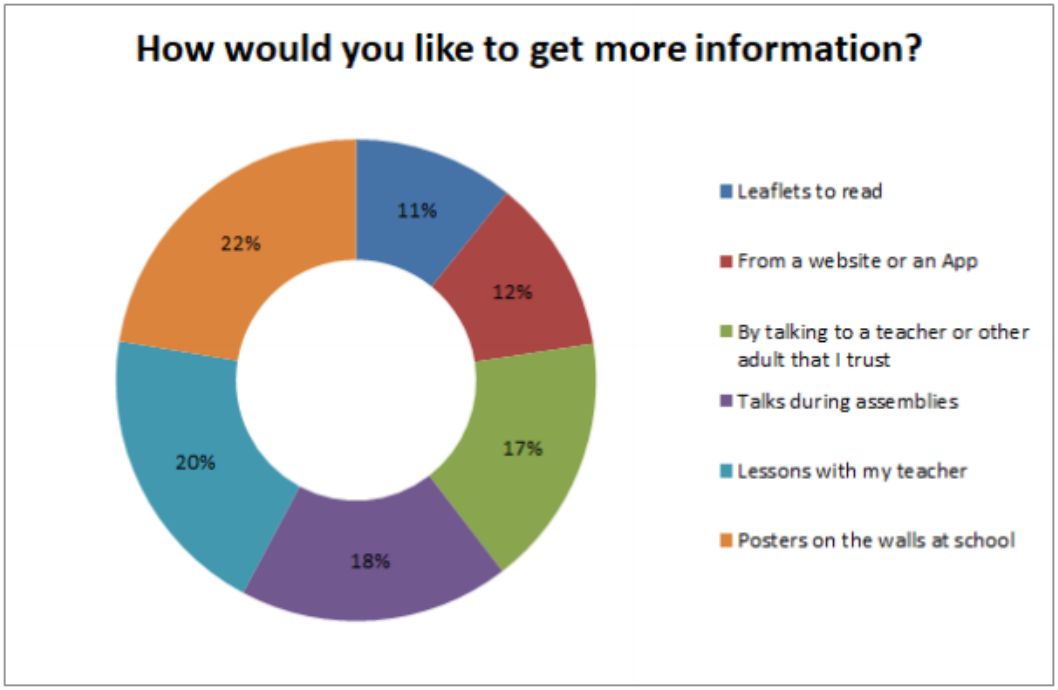
B) print based communication (leaflets and posters)

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.