



**South West London**  
Clinical Commissioning Group

# **Transforming Mental Health Services for Children, Young People (0-25) and their families across South West London**

**2021**

**(Refresh of previous six local CAMHS Transformation Plans)**

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## Foreword

This is South West London Clinical Commissioning Group's (SW London CCG) first joint transformation plan for children and young people's (CYP) mental health and wellbeing. It builds upon the strengths of the previous borough-based plans and refreshes our ambitions, priorities, and proposals for the ongoing improvement of mental health services.

The plan acknowledges the significant and ongoing impact of the Covid-19 pandemic on the mental health of children, young people, and their families. Demand for services has increased and the CCG is working closely with providers across the SW London to ensure services continue to meet the needs of children and young people.

We will prioritise several areas over the coming year including early support and prevention to further promote resilience and ensure children and young people can access early intervention services. Also, we will move away from the tiered approach of service delivery and implement the 'I -Thrive' framework to ensure a strong partnership approach and more flexible access to services. New mental health support teams will continue to be rolled out in 2021/22 to help children with mild to moderate mental health needs within schools and colleges.

The CCG will become an integrated care system during the lifespan of this plan. This will further support the approach to collaboration and joint working across health and care within SW London and ensure that the transformation of child and adolescent mental health services remains a top priority.

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## Executive Summary

This SW London Local Transformation Plan (LTP) Refresh describes progress against the Five Year Forward View for Mental Health and NHS Long Term Plan vision, ambitions and targets for Child and Adolescent Mental Health Services (CAMHS). It considers the impact of Covid and recovery to date throughout the report. The refresh highlights positive developments and achievements as well as shared challenges across SW London and our plans to address these.

This document should be read alongside borough Health and Care Plans and the CCG's response to the Long Term Plan. It is not an overarching children's mental health strategy; it describes progress to date against historic ambitions and sets out our investments and plans for 2021/22 only. As we move to an ICS we will be engaging with partners, stakeholders and, of course, children and young people and their parents and carers to help us set our vision for the future of children's mental health in SW London.

There are many common themes and challenges across SW London that the plan seeks to address. These include:

- Demand for CYP mental health services continues to grow and acuity is more complex, particularly post Covid19, and some waits are long
- There are complex and sometimes fragmented commissioning arrangements for CAMHS/CYP provision across the six boroughs in SW London with multiple providers (both NHS and non-NHS), resulting in variability of service provision
- As the ICS develops, the steps to define and develop future CAMHS governance arrangements are still in progress and under consideration

With this SW London refresh we aim to establish a more consistent strategic framework for improving mental health services for CYP and their families across SW London.

The SW London LTP has been written with key audiences in mind:

- Children, young people, young adults (0-25) and their parents/families/carers, who are our current service users as well as those who need help in the future
- Professionals from Health, Education, Social Care and the Voluntary Sector working with CYP and their families
- NHS England requiring assurance on funding provided to SW London and its places

We are keen to increase our engagement and welcome active participation in shaping and implementing the SW London strategy as well as borough-based priority projects.

## 1. Context

March 2021 marked the end of the NHS Five Year Forward View for Mental Health (FYFV) that covered 2016-2021, crossing over with the start of the new NHS Long Term Plan, covering 2019-2024. The FYFV set out key ambitions for Children's Mental Health, including:

- Increasing access to NHS-funded community services
- Expanding timely access to eating disorders services
- Reducing inappropriate out of area placements

The NHS Long Term Plan builds on the work of the FYFV, continuing expansion of community and eating disorders services, and includes additional ambitions to deliver expanded crisis support and improved transition between children's and adult mental health services. The full set of LTP ambitions include:

- Nationally, 345,000 additional children and young people aged 0-25 accessing NHS funded services by 2023/24 (in addition to the FYFV commitment to have 70,000 additional children and young people accessing NHS Services by 2020/21)
- Achievement of 95% CYP Eating Disorder access and waiting times standard in 2020/21 and maintaining its delivery thereafter
- 100% coverage of 24/7 crisis provision for children and young people which combine crisis assessment, brief response, and intensive home treatment functions by 2023/24
- Comprehensive 0-25 support offer in all STPs/ICSs by 2023/24
- Mental Health Support Teams (MHSTs) to between a quarter and a fifth of the country by 2023/24

SW London was a Trailblazer in delivering Green Paper (2018) reforms of increasing access to 'whole school approach' and delivery of Mental Health Support Teams (MHST). We have delivered 13 MHSTs to date, with a further three MHSTs becoming operational in Wave 6 of the Programme in 2022.

SW London's six Clinical Commissioning Groups (CCG) merged into one South West London CCG in April 2020, following the national move towards Integrated Care Systems (ICS). SW London continues to work with partners across health and social care to develop our ICS framework and provider collaborative. The move to an ICS represents an opportunity for true collaboration and joint working across health and care, which will only further benefit children's mental health transformation.

This LTP refresh is focused on the whole SW London system, with opportunity for each of our six boroughs to highlight specific best practice or work that has contributed to transforming children's mental health services.

The Government identified an additional £500m for mental health services in 2021/22, with the aim of supporting post-Covid recovery and bringing forward some Long-Term Plan ambitions. In SW London, this additional funding includes:

- £1.2m for CYP community and crisis services.
- £363k for developing 18-25 services,
- £335k for eating disorder services, and
- £2.4m for supporting discharge from inpatient services across adults and CYP

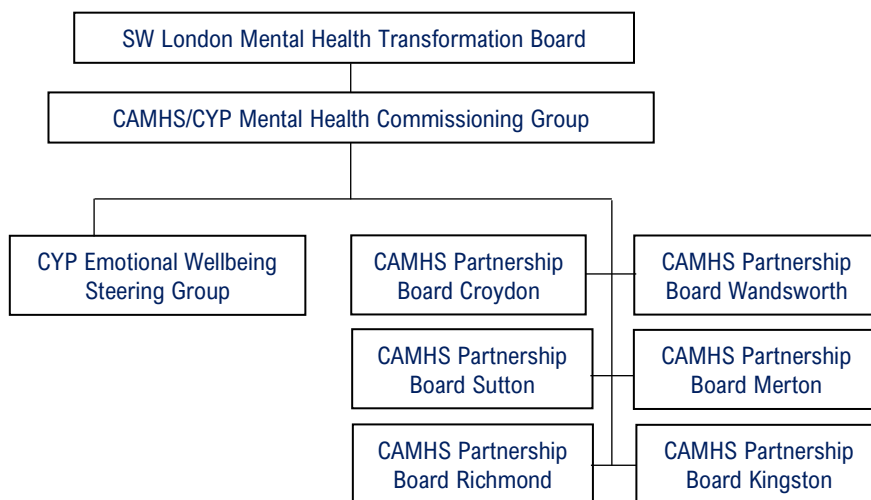
Further information on planned investment is set out in the 2021/22 Investment Plan, section 6.

## 2. Accountability, Transparency and Governance

Up to April 2020, SW London was made up of six Clinical Commissioning Groups (CCGs):

- Croydon
- Kingston
- Merton
- Richmond
- Sutton
- Wandsworth

On 1 April 2020, the six CCGs merged into one South West London CCG. The existing local CAMHS Partnership Boards in each borough have continued to oversee local transformation. As we transition to an ICS, governance arrangements are being reviewed across programmes. Currently, SW London CYP MH governance looks like:



The Mental Health Transformation Board is made up of partners from across adult and children’s mental health including both Mental Health Trusts, GP Clinical Leads, Public Health, Healthwatch and voluntary sector organisations. It has representation from people with lived experience primarily in adult mental health. It oversees the whole of the SW London Mental Health Programme, including both adult and children’s mental health.

The CAMHS Commissioning Group is a collaborative meeting of borough CAMHS Commissioners/Managers, the Mental Health Trusts, SW London Mental Health Programme team and the GP Clinical Lead. Its aim is to share information and best practice, opportunities for collaboration and share some aspects of wider transformation work. Each borough representative brings their local system perspective, including input from local CAMHS Partnership Boards, made up of relevant local partners, stakeholders and people with lived experience.

As we move to an ICS and the provider collaborative develops, we will take the opportunity to refresh our governance and ensure it fits with the new ways of working.

This document marks the last annual refresh in the five-year requirement, thus presenting an opportunity to take a different approach. As such, this year we are combining the refresh into one SW London system document, with borough highlights and appendices.

Furthermore, the 2020 Coronavirus pandemic has significantly impacted upon the refresh process. Whereas it is normally produced in-year, with widespread engagement and consultation with local

partners and assurance provided by NHS England, the 2020/21 refresh has been delayed and will be assured differently.

Delays and the ongoing pandemic have reduced the opportunities to carry out wider engagement on this refresh. The CCG must satisfy itself that this document meets the national NHS England requirements and that it is published for anyone to read.

With this last refresh, we are setting out what we have achieved over the last five years and providing an opportunity to start a new conversation on what CYP MH transformation looks like in future. We have included high-level system plans for investment and transformation in 2021/22.

Below is a table of high-level CYP MH spend from 2020/21:

| Category   | 2020/21 Outturn (£000s) |
|--|-------------------------|
| Children & Young People's Mental Health (excluding LD) | £23,115                 |
| Children & Young People's Eating Disorders             | £1,559                  |
| Early Intervention in Psychosis (14-35)                | £6,298                  |
| Learning Disabilities                                  | £32,310                 |

### 3. SW London Population/Local Need (prevalence) and health inequalities (0-25)

#### Population & Prevalence

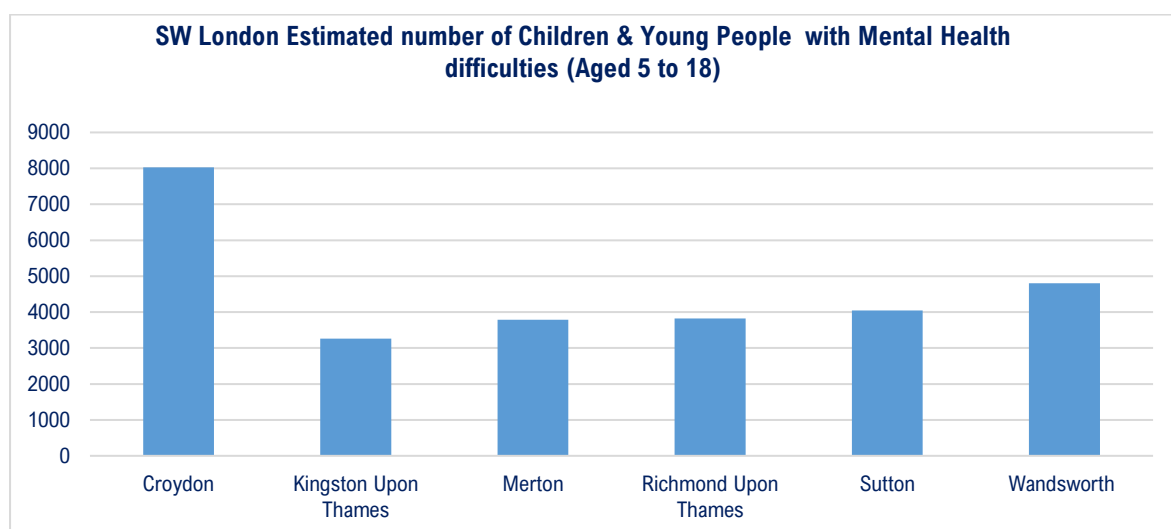
SW London has a population of around 1.5m with approximately 365,000 under-18s and approximately 120,000 18-25 year olds across the six SW London boroughs (see table below). This means that the 0-25 age groups make up around a third of the total SW London population, ranging from around 30% in Merton, Richmond, and Sutton to 33% in Croydon and Kingston.

|                   | Croydon | Kingston | Merton  | Richmond | Sutton  | Wandsworth |
|-------------------|---------|----------|---------|----------|---------|------------|
| <b>Population</b> | 395,866 | 180,839  | 213,048 | 201,177  | 210,360 | 330,813    |
| <b>0-18</b>       | 102,483 | 42,219   | 50,840  | 47,919   | 52,409  | 67,629     |
|                   | (25.8%) | (23.3%)  | (23.8%) | (23.8%)  | (25%)   | (20.4%)    |
| <b>0-25</b>       | 131,582 | 59,598   | 66,252  | 59,860   | 66,048  | 97,005     |
|                   | (33.2%) | (33%)    | (31%)   | (29.7%)  | (31.3%) | (29.3%)    |

In terms of mental health prevalence, findings from the most recent national CYP Prevalence Study 2017 indicate that:

- One in eight (12.8%) 5-to-19-year-olds had at least one mental disorder when assessed in 2017
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5-to-9-year-olds in 2017
- Rates of mental disorders increased with age: 5.5% of 2-4-year-old children experienced a mental disorder, compared to 16.9% of 17-19-year-olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5–16-year-olds.
- Data from this survey series reveals a slight increase over time in the prevalence of mental disorder in 5-15-year-olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017
- Emotional disorders have become more common in 5–15-year-olds increasing from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017.
- All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999.

The prevalence of mental health conditions in SW London CYP is set out below. These figures in the chart below are based on the results of the 2017 Mental Health of Children and Young People Survey.



Across our six boroughs we have approximately 222,000 children and young people in school. Our boroughs have mixed demographics characterised by some areas of high affluence and some areas have some of the poorest communities with high levels of index of multiple deprivation.

**Table 1: Inequalities data for SW London**

|  | <b>CROYDON</b> | <b>MERTON</b> | <b>KINGSTON UPON THAMES</b> | <b>RICHMOND UPON THAMES</b> | <b>SUTTON</b> | <b>WANDSWORTH</b> | <b>LONDON</b> | <b>ENGLAND</b> |
|--|----------------|---------------|-----------------------------|-----------------------------|---------------|-------------------|---------------|----------------|
|  | <b>N</b>       | <b>N</b>      | <b>N</b>                    | <b>D</b>                    | <b>N</b>      | <b>H</b>          | <b>N</b>      | <b>D</b>       |
| CYP School Population  | 57000          | 34000         | 26201                       | 27826                       | 39000         | 38000             | 14.4          | 14.4           |
| % CYP not in education, Training or Employment (NEET) 2017                       | 7.9            | 2.6           | 2.8                         | 3.7                         | 4.3           | 9.1               | 5             | 6              |
| 16-17 CYP accessing support for learning difficulties/disabilities (EHCP)        | 2693           | 1518          | 1042                        | 1239                        | 1588          | 1854              | 53975         | 319819         |
| School children from Black, Asian, and Minority Ethnic (BAME) all school percent | 43.3           | 33.9          | 22.1                        | 10.7                        | 29            | 39.4              | 40.9          | 16.7           |
| First time entrants in criminal justice system 2017 rate per 100,000             | 586.2          | 282.6         | 222.2                       | 184.9                       | 265.6         | 379.3             | 292.5         | 380.3          |
| Reoffending Rate % 2013  | 54%            | 25%           | 100%                        | 0%                          | 100%          | 71%               | 47.5%         | 42.6%          |
| Looked after Children 2018 rates per 10,000                                      | 83             | 33            | 33                          | 23                          | 45            | 49                | 49            | 64             |
| Secondary Fixed Term exclusions per 100 pupils 2016/17                           | 7.6            | 7.8           | 3.3                         | 7.2                         | 4.4           | 5.2               | 7.5           | 9.4            |



|   |       |       |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|-------|-------|
| Permanent Exclusion Rate (all schools 16/17)  | 0.07  | 0.06  | 0.06  | 0.05  | 0.05  | 0.09  | 0.09  | 0.1   |
| Children in Need (all CIN as 31st March 2018 rate of episodes per 10,000)           | 873.4 | 458.9 | 344.2 | 326.4 | 580   | 867.2 | 681.4 | 635.2 |
| Youth Victims of total notifiable offences 2018                                     | 5251  | 2013  | 1996  | 1814  | 2008  | 3819  | 4204  |       |
| Serious Youth Violence victims' rate per 100,000                                    | 440   | 116   | 96    | 96    | 155   | 201   | 252.1 |       |
| % of School CYP with social, emotional and mental health needs 2018                 | 2.46  | 2.82  | 1.45  | 1.91  | 2.06  | 3.62  | 2.41  | 2.39  |
| % Eligible and claiming for free school meals 2018                                  | 19.8  | 14.6  | 7.1   | 7.7   | 10.9  | 15.4  | 13.5  | 6     |
| % of 11-15 year old CYP from low income families 2013                               | 18.9  | 16.2  | 11    | 8.3   | 12.8  | 21.5  | 21.5  | 16    |
| IMB average scores % 2015   | 23.6  | 14.9  | 11.1  | 10    | 14.6  | 18.3  |       | 21.8  |
| Hospital admission as a result of self harm 10-14 year old rate per 100,000 2017-18 | 130.2 | 105.5 | 191.6 | 136.3 | 129   | 83.5  | 100.3 | 210.4 |
| Hospital admission as a result of self harm 15-19 year old rate per 100,000 2017-18 | 431.9 | 364.1 | 470.9 | 500.3 | 539.7 | 485.2 | 341   | 648.6 |
| Hospital admission episodes for alcohol specific conditions U18 per 100,000 2015=18 | 24.1  | 24.3  | 17.5  | 31.3  | 32    | 15    | 18    | 32.9  |

Table 1: Inequalities data for 2017 SW London (sources of data: Fingertips.phe.org.uk – child & maternal health data London, mayor of London – MOPAC, data and statistics. School population number – local authority school admissions data.

These variations within boroughs and across boroughs result in inequalities in health including

- High numbers of CYP have special education needs and disability. The majority of these children have Education and Health Care Plans (EPHCP)
- The population of 16–17-year-olds Not in Education, Training or Employment (NEET) is above the England average in Croydon and Wandsworth
- There are pockets of high crime and first-time entrants to the criminal justice system, in Croydon (586/100,000) and Wandsworth (379/100,000) both of which are higher than the London rate.
- There are high levels of children in need in some areas of SW London, in particular Croydon (873/100,000) and Wandsworth (867/100,000)

- There are high levels of risky behaviour (particularly in areas of high affluence which is linked to poor emotional resilience). For example, in Kingston and Richmond, hospital admissions for under 18s for alcohol-specific conditions are 31 and 32 per 100,000, compared to a London average of 18 per 100,000. Self-harm rates are also high in Richmond and Sutton.

### **Addressing Health Inequalities in our most vulnerable children & young people**

The overall high levels of affluence in parts of SW London are in stark contrast to the pockets of deprivation that highlight significant levels of inequalities within our geography. There are key vulnerable groups that are nationally recognised as being at risk of the effects of health inequalities and how they access services. The key groups include:

- Youth Justice system\*
- Children Looked After (CLA)\*
- Child Sexual Abuse (CSA)\*
- Special Educational & Disabilities (SEND)
- Children and young people with autistic spectrum disorders and or learning disabilities
- Children Protection (CP) and Children in Need (CIN)
- Transforming Care Cohort/Care, Education & Treatment review (CETR)
- Children and young people with conduct disorders and/or ADHD

\* = Vulnerable groups who may access services differently.

### **Addressing Health Inequalities in CYP from ethnic minorities**

The under-representation of CYP from ethnic minorities accessing support from a range of services including CAMHS is well documented, increasing their risk of vulnerability to poorer outcomes and conversely their over representation in other systems such as the Youth Justice System.

On average there are fewer CYP from ethnic minority backgrounds accessing Tier 2 (Getting Help) or Tier 3 services (Getting more help). There are ethnic disparities not only in access but also the experience and outcomes for CYP from ethnic minority backgrounds.

**Our plans to address health inequalities** are based on the data about health inequalities in relation to the local population outlined above; therefore, we will:

- Focus on ensuring there is a whole system response to supporting CYP with ASD and/or ADHD
- Continue to support young people in contact with the Youth Justice system to access earlier mental health support to prevent re-offending behaviour
- Ensure all Children Looked After having their mental health needs met regardless of where they live or go to school.
- Continue to consult young people and their families on priority areas for additional help
- Jointly commission services across Health and Social Care
- Deliver Mental Health Awareness training in partnership across Health, Social Care and Education in schools, academies and colleges.

SW London is currently supporting an innovative project in Wandsworth aimed at improving the outcomes of adults from ethnic minorities accessing adult mental health services, called the Ethnicity in Mental Health Improvement Programme (EMHIP). Key innovations include piloting Wellbeing Community Hubs with embedded mental health practitioners, increasing service options for people from ethnic minorities and ensuring services offer culturally appropriate support. Learning from this project and its various workstreams will likely be applicable across all SW London mental health services, including CYP. We fully expect to look at how we can replicate key elements of this work as we move forward.

In previous local CAMHS transformation plans, we only reported mental health prevalence findings up to the age of 18. However, as we aim to establish better integrated mental health help up to the age of

25, we wish to highlight key findings for young adults from mental health surveys and prevalence studies. There is also ongoing work to address changes in demand due to the pandemic.

1. **Around three quarters of adults with mental illness first experience symptoms before age 25**, with the prevalence and impact of many mental health problems peaking in the 18-25 age category. Young women aged 16-24 experience the highest rates of common mental disorders out of all age categories (Adult Psychiatric Morbidity Survey, 2014).
2. **Mental health issues are on the rise among young adults in the UK.** Common mental health issues like depression and anxiety are on the increase amongst 16-24s: 19% experienced them in 2014, compared to 15% in 1993. (Adult Psychiatric Morbidity Survey, 2014).
3. **The number of students disclosing mental health problems to their university is on the increase.** A recent Institute of Public Policy Research report found a fivefold increase in the number of first year students disclosing a mental health condition to their institution: 2% of first year students (15,395) in 2015/16, up from 0.4% in 2006/7.
4. **Young adults are less likely to receive treatment than other age groups.** 16-24s are less likely than any other age group to receive mental health treatment for common mental disorders, such as anxiety or depression, or following self-harm.

### 3.1. What have children and young people and their parents/carers told us?

We started our local CAMHS transformation programme by working with children and young people and their families in all SW London boroughs. Young people and their parents told us that:

- they need consistent and effective early intervention to support them
- they want to be able to access support in a range of ways, outside of medical settings, for example in one-to-one and group sessions in schools and online
- stigma is still an issue and confidentiality is important
- they want teachers and parents and carers to have support too
- they want to be involved in developing solutions and services that will work for them
- they don't want a start and stop approach
- they want confirmation of when treatment will commence
- they would like continued CAMHS input up to the age of 19 (up to the time they finish school or college)
- they feel that current transition arrangements are not working, they feel like a cliff edge
- they don't want to be moved from one service to the next in the middle of treatment

## 4. SW London Response to Needs

SW London intends to move towards the national iThrive framework as recommended by the NHS Long Term Plan. This model distinguishes between support and treatment, and groups of children, young people and their families by type of input they require. The central group of 'thriving' focusses on broader population need that gets supported by public health interventions. The four outer groups distinguish between the need of individuals, the skill mix needed to meet these needs, the main terminology used to describe this need (e.g., wellbeing, ill health, or support), and resources needed to meet those needs. They do not distinguish between severity or type of problem.

This model will be used by SW London ICS to move CAMHS towards a need led model rather than insisting on a tiered model with a set of professionally defined criteria and thresholds. It will also be expanded to include 18–25-year-olds, as we aim to overcome current transition challenges between young people and young adult mental health services by implementing an integrated 0-25 mental health service model by 2023/24

## Children's, Young People/Young Adult's (0-25) and their Families State of Being



## Type of Input Needed



Croydon CAMHS, which is predominantly provided by SLAM, have already adopted the above framework in the names of core teams (for more info see also [slam.nhs.uk](http://slam.nhs.uk) - Croydon CAMHS)

- Croydon CAMHS Getting Advice Team
- Croydon CAMHS Getting Help Team
- Croydon CAMHS Getting More Help Team
- Croydon CAMHS Getting Support with Risk Team
- Croydon CAMHS Crisis Care Service

Further CAMHS Teams are

- Croydon CAMHS Learning Disabilities Team
- Croydon CAMHS Mental Health Support Team
- Croydon CAMHS Child Wellbeing Practitioner Team
- Support, Engagement and Delivery in Schools (SEaDS)

### 4.1. Promoting Resilience, Prevention & Early Intervention



This section focuses on 'thriving', promoting resilience, getting advice and early help.

The Thrive model is very much a systems and partnership approach to nurturing emotional wellbeing by offering self-help advice as well as timely access to early help

**The Thrive model also applies a life span and 'think families' approach to prevention & early intervention.** Consequently, our prevention and early intervention approach promotes close cooperation with the SW London Perinatal Mental Health Service from Adult Mental Health as well as partnership working with maternity and Health Visiting services, which are all focused on ensuring maternal (and paternal) wellbeing as well as a healthy start to life for all children.

The NHS Long Term Plan set out the national ambition of reaching 66,000 more women by 2023/24, The above target means for SW London that we will need to see at least 1,500 women each year from 20/21, rising to achieve 10% of ONS birth rate by 2023/24. This will require the expansion of our current teams to include more psychiatrists, specialist nurses, psychologists plus other support roles and peer support workers. In 2020/21, SW London perinatal services saw 1,215 women, which equated to a 5.7% access rate against the target of 7.1%.

SW London stated in its first response to the ambitions of the NHS Long Term Plan in 2019 to expand the SW London perinatal service and to establish stronger links between perinatal mental health and early help services for 0–5-year-old children and their parents.

All pregnant women, who have pre-existing mental health conditions or experience new mental health problems during pregnancy or following the birth of their child or children can access this multi-disciplinary service that is working with our Mother Baby Units (MBUs), GPs, Improving Access to Psychological Therapies (IAPT) services, Health Visitors, and voluntary sector to ensure women receive the right level of care for them, in the right place.

### **Expanding access**

In addition to seeing more women, our service will need to adapt to delivering care for up to two years and assessing and signposting fathers/partners for support. Because most of our services are still quite new, we need to review our current staff skill mix and identify the demand and capacity needed to deliver this revised model of care. We will be reviewing our services in 2021/22 as we also develop our Maternal Mental Health Service model, ensuring the two services are appropriately linked to provide a seamless pathway for women who have experienced trauma during their maternity journey and/or have mental health needs appropriate for the perinatal service to support.

### **Promoting Resilience, Prevention and Early Intervention in Schools and Colleges (5-18): Progress with setting up new Mental Health Support Teams (MHSTs) for clusters of Primary and Secondary Schools and Further Education Colleges (FE)**

In 2017, the Department of Health and Social Care (DHSC) and the Department for Education (DfE) published the 'Transforming Children and Young People's Mental Health' Green Paper, which set out proposals for improving the services and help available to CYP with mild to moderate mental health needs within education settings. The aims of these improvements included removing the requirement of a referral into a specialist mental health setting.

The proposals had three main elements:

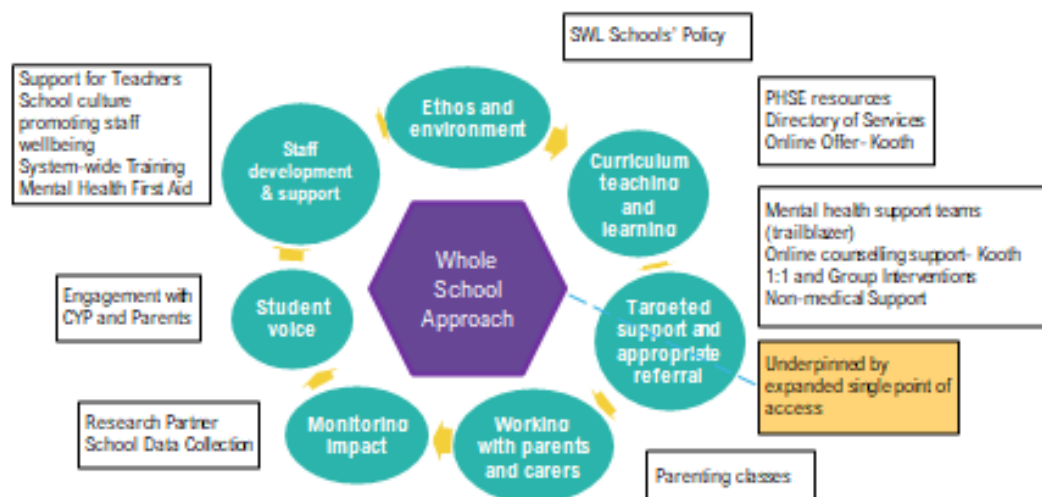
- A Designated Senior Lead (DSL) for Mental Health in each participating school/college to oversee the approach to mental health and wellbeing.
- To establish Mental Health Support Teams (MHSTs), providing specific extra capacity for early intervention for mild to moderate mental health problems and supporting the promotion of resilience and good mental health and wellbeing in an education setting
- To trial a four-week waiting time for access to specialist NHS led child and adolescent mental health services in selected areas (SW London was not a selected site to implement this proposal).

In 2018, the Government invited local health and care partnerships across the nation to bid for Trailblazer funding to set up MHSTs for clusters of Primary and Secondary School or clusters of FE Colleges. Each proposed cluster of schools should consist of around 8000 pupils/students.

The six local SW London CCGs submitted a SW London partnership bid consisting of the following prevention and early intervention pillars to deliver a whole school/college approach:

- Each participating Primary and Secondary School to have a named senior mental health lead and one Head Teacher to take on the overall Cluster Lead role
- Ongoing collaborative work with teachers, parents/carers and CYP to embed the whole school approach (see Whole School Approach depiction below)
- Each participating school develops an action plan at the beginning of the pilot project, which will be reviewed at regular intervals
- Each cluster of schools will have one MHST consisting of 7.5 Whole Time Equivalent (WTE) clinical staff and 0.5WTE administrative support (see below staff mix)
  - 0.5 WTE Senior Clinical Practitioner to provide clinical leadership, consultation, and supervision to the staff team,
  - 1WTE Specialist Practitioner
  - 2WTE talking or creative therapists
  - 4WTE Emotional Wellbeing Practitioners to deliver brief group and individual interventions for mild to moderate mental health problems
  - 0.5WTE Administrative Support.
- The Empowering Parents Empowering Communities (EPEC) peer parenting programme will be offered in each borough and aims to develop 'parental resilience.' The delivery of EPEC parenting groups is part of the core offer for Trailblazer Schools.
- Each cluster of schools will have access to online and/or digital counselling.
- MHST and school staff will participate in the ongoing evaluation of the Trailblazer Programme, i.e. data collection to monitor impact

## Whole School Approach supporting children and young people, their parents/carers and teachers



Funding for Wave 1 of the national Trailblazer Programme was initially awarded for three MHSTs linked to one cluster of schools each in Merton, Sutton and Wandsworth (Southfields).

The Head Teacher Leads for the three school clusters were already appointed in 2018; however, training of the first staff cohort of 12 Emotional Wellbeing Practitioners commenced in January 2019. Further bids followed for Wave 2 and 4 of the Programme in 2019/20, which were also successful and helped to establish 10 additional MHSTs up to Sept 2021:

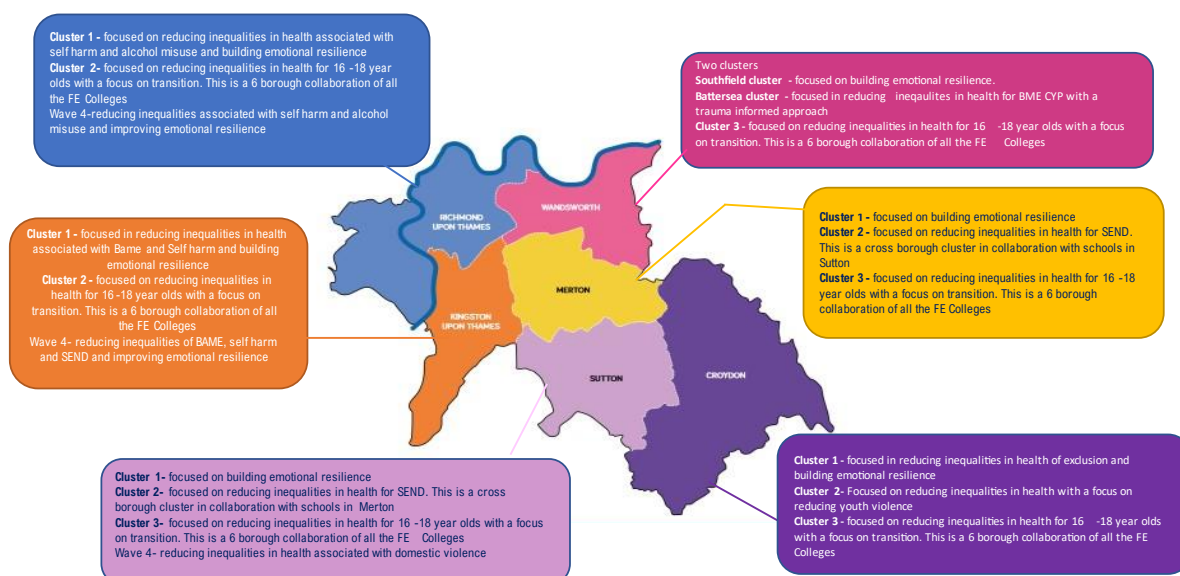
- 2 MHSTs in Croydon
- 2 MHSTs in Kingston

- 2 MHSTs in Richmond
- 1 shared additional MHST for Merton and Sutton with particular focus on SEND
- 1 additional MHST for Sutton
- 1 additional MHST for Wandsworth (Battersea)
- 1 MHST working across all six SW London Further Education Colleges

Over the last three years a total of 13 MHSTs were established, supporting 13 clusters of schools and colleges and consisting of a total population of around 104,000 students aged between 5-18 years. The diagram below sets out full distribution.

Given that we have around 222,000 children and young people in schools, we have achieved around 47% of pupils/students having access to the whole school approach to promoting emotional resilience as well as direct access to group and individual interventions for mild to moderate mental health problems. The Government ambition is for 44% coverage, meaning SW London has exceeded the target.

### Trailblazer clusters in all of our boroughs



Most recently, SW London successfully bid for Wave 6 Trailblazer funding for another three MHSTs in Kingston, Merton and Croydon. Training for the Emotional Wellbeing Practitioners of the three new teams will commence in January 2022 and the MHSTs will become fully operational in September 2022. The additional MHSTs in 2021/22 will increase access to the whole school/college approach for a further 24,000 pupils and bring the total number of CYP with access to 128,000, which is 58% of the total population across SW London.

All cluster schools and MHSTs participate in the national evaluation of the Trailblazer Programme. In addition to the national evaluation, SW London has also commissioned a local evaluation of the work of the MHSTs, to be carried out by the South London Health Innovation Network over the next 12 months.

The aim of the evaluation is to determine the ideal Whole Schools Approach, assess the extent to which this has been achieved, and identify how to improve. Specifically, the evaluation will address the following questions:

1. What does good look like for Whole Schools Approach for CYP, parents/carers and teachers, commissioners, and policy makers (i.e., what are the criteria for assessing effectiveness)?
2. What is the impact of the Whole School Approach for CYP, parents/carers and teachers?
3. How can the Whole School Approach be improved? In terms of:
  - a. What are the features associated with success?
  - b. The 'blueprint' for implementing future clusters (i.e., How can the rollout/operationalisation of the Whole School Approach be improved?)
  - c. Improving the provision within clusters (i.e., Whose needs are (not) being met by the Whole School Approach)?

As already reported in the 2019 Refresh of local CAMHS transformation plans, SW London CCGs also contributed funding to Children Wellbeing Practitioner (CWP) Programme, which is a Department of Health Initiative to train a new workforce for CAMHS. It was established in response to the FYFV for Mental Health plan to provide evidence-based interventions with focus on prevention and early intervention and to increase accessibility to help for children and young people who might not meet the threshold of current CAMHS provision.

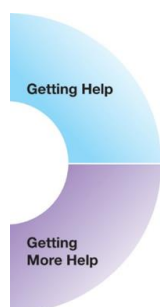
There are currently five CWP Teams in SW London offering evidence-based interventions in Primary and Secondary Schools that are not participating in the Trailblazer Programme, thus complementing the prevention and early intervention in SW London schools that are not part of a Trailblazer school cluster. Each of the teams is supervised by an experienced clinical psychologist, who ensures that children and young people requiring more help will be supported to access this in a timely way. Further information about the CWP Programme can be found in the appendix to this section.

Given that demand for mental health help is rising faster than the increase in service capacity, SW London CCG is keen to explore innovative ways of making timely access to mental health help easier.

One idea, which we want to pilot in Kingston and Richmond, is to establish a local Emotional Wellbeing Hub run by a Voluntary Sector Provider that children and young people can access seven days per week without an appointment or prior referral. The Hub will have strong links to local and national voluntary sector services and will encourage children and young people to also access digital mental health support from Kooth. The Hub will also cooperate with CAMHS SPA, if access to specialist help is needed. Plans for the Hub are in development for delivery in 2021/22.

A second idea which we aim to establish across SW London are combined Paediatric/emotional wellbeing clinics in Primary Care, which means that Consultant Paediatricians, Psychiatrists and/or Psychologists will offer joint clinics with GPs as well as consultation slots for children and young people and their families at regular intervals in Primary Care Centres, thus offering access to specialist advice when this is needed rather than waiting for 8-12 weeks following a referral to a specialist service.

#### 4.2. Improving Access to Help and More (Specialist) Help Locally as well as across SW London:





## The Local System of Care

All CYP that require mental health support can be referred to a Children’s Single Point of Access (SPA). There are three providers that operate local SPAs or Single Point of Contact (SPOC). These providers are:

- **Kingston and Richmond** led by Achieving for Children (AfC) with an integrated CAMHS SPA Team from SW London & St George’s NHS Mental Health Trust (SWLStG)
- **Merton, Sutton and Wandsworth** operated by SWLStG
- **Croydon** led by Croydon Council with integrated mental health staff from SLAM

## The SPA Assessment process

The SPAs/SPOC are integrated multi-agency teams, who work closely with a wide range of teams and partner agencies and facilitate different levels of support depending on the needs of the children and young people and their family. The SPA teams ensure that the triage assessment process captures the holistic needs of the family and child. It enables practitioners to contribute to the assessment based on their specialism. The assessment also takes into consideration additional issues that maybe contributing to the need for a referral. These include:

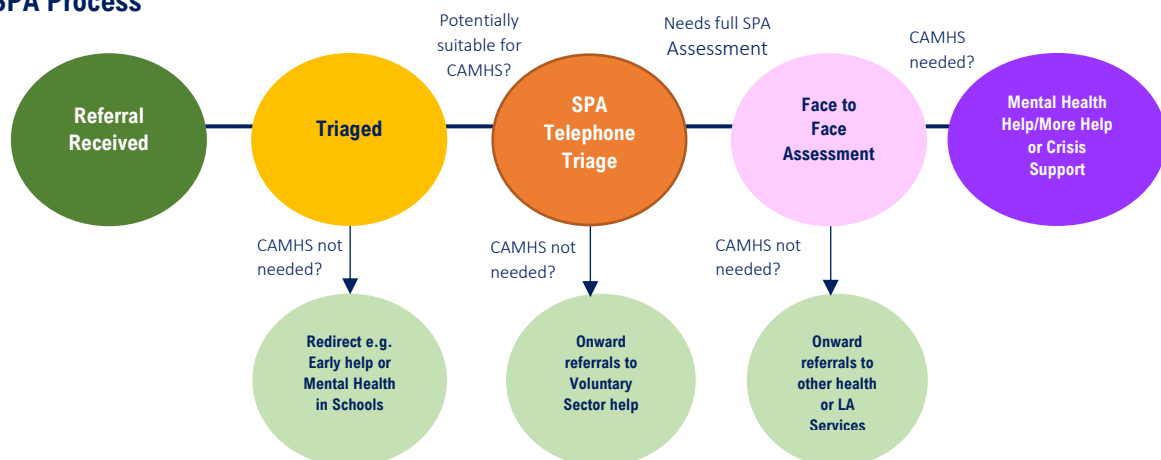
- The child’s development
- Family issues that maybe affecting the child or young person
- A child or young person who is suspected of being neglected or subject to physical, sexual or emotional abuse

The support that may be offered following triage/assessment includes:

- Providing professional advice with consultation and support
- Making referrals to partner agencies
  - Access to Early Help Services
- Providing low level of interventions
- Making referrals to Children’s Social Care Services
  - Making referrals to Mental Health Support Teams in Schools
- Signposting to help/more help or crisis support

The multiagency SPA team consists of Contact and Information Officers, Social Workers, CAMHS clinician(s) Health Teams, Police Officers, Health Visitor.

## SPA Process



The SPA encourages prompt referral and access to services through the promotion of an online referral form, but also welcomes self-referrals from CYP or parents by phone. Around 40-45% of referrals come from GPs/Primary Care for common mental health challenges, such as anxiety and/or

low mood problems, mixed emotional and/or behaviour problems as well as querying neurodevelopmental problems. Between 15 and 20% of referrals are received from education staff, i.e., Head Teachers, Teachers, Special Educational Needs Coordinators (SENCOs), School Nurses or Educational Psychologists, and 5-10% come from specialist child health professionals such as Paediatricians, Speech and Language Therapists, Occupational Therapists or Physiotherapists. Self-referrals from young people and parents/families are welcome but make up only a relatively small proportion of referrals (below 10%)

Following feedback received from parents/families in Kingston and Richmond, SW London recently commenced a joint review of the local system of mental health care for CYP and their families with particular focus on the challenges of accessing mental health help and more specialists help and treatment in a timely way.

Work is continuing but outputs thus far have included:

- Audit and review of the K&R CAMHS SPA, with improvement actions to include developing a simplified referral form and ensuring pathways are appropriately described
- Review of interfaces between providers, including step-up/down processes

Across our SPAs/SPOCs, demand and acuity of referrals is rising. Many CYP now need more specialist psychological or psychiatric input, with waiting lists growing across our more specialist services. As part of work plan in 2021/22, we will review all CAMHS SPA/SPOCs to ensure they are equipped to provide appropriate initial assessment and advice and establish a consistent SPA approach across SW London.

**Increase access to NHS-funded community children and young people mental health services**

SW London achieved its access requirements under the FYFV in 2020/21, when compared to 2019/20, which is a significant achievement considering the decrease in referrals during April and May 2020. With further investment through the Spending Review and the implementation of MHSTs across all boroughs we will be in a strong position to achieve further increases in access as required under the Long Term Plan.

| Year          | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|---------------|---------|---------|---------|---------|---------|
| <b>Target</b> | 9,607   | 9,882   | 10,447  | 10,729  | 11,294  |
| <b>Actual</b> | 8985    | 9955    |         |         |         |

Figure 1 - Source: Mental Health Services Monthly Statistics Final

**How did Covid-19 impact on referral numbers and the way services were delivered?**

COVID affected the delivery of services throughout the year, and though many psychological interventions went online, NHS-commissioned CAMHS still saw 42% of contacts face to face. Meeting at least some referred CYP face to face, especially with schools closed, was important to ensure the safety of some vulnerable young people as well as some interventions being more effective face to face.

COVID 19 had a large impact on the number of referrals. As the largest provider on the patch this can be demonstrated through referrals into SWLSTG CAMHS.

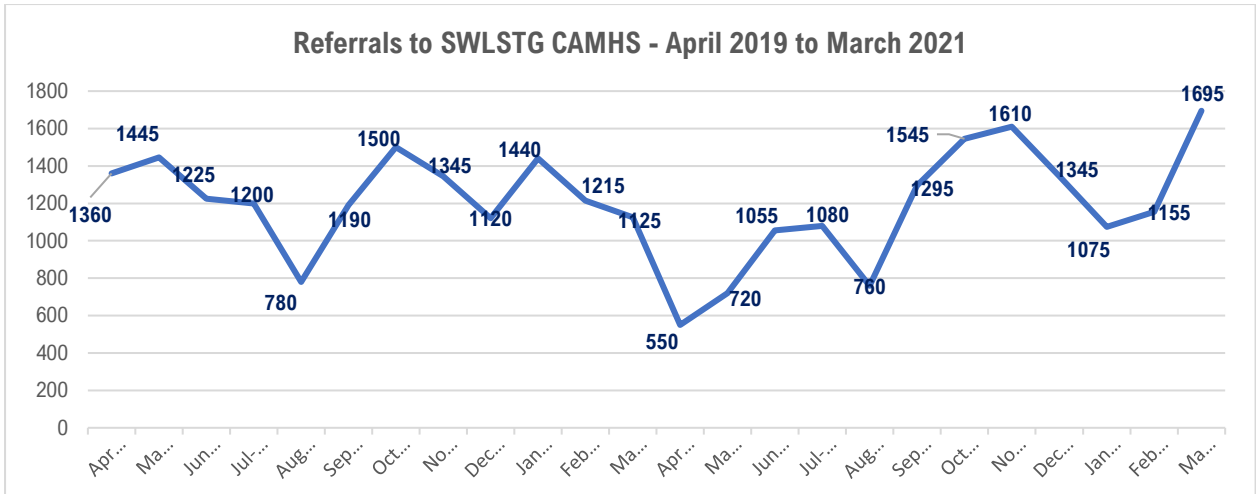


Figure 2 - Source: Mental Health Services Monthly Statistics Final

April 2019 compared to April 2020 demonstrates this the most starkly with referrals at 40% of the level they were the previous year. Referrals either directly or indirectly often involve school members of staff. The referral data over the last year demonstrates this with an out of the ordinary dip in January 2021 when schools were again closed for most pupils. Referrals for all providers across SW London have followed a similar pattern to SWLSTG, the overall figures for which are presented in the table below.

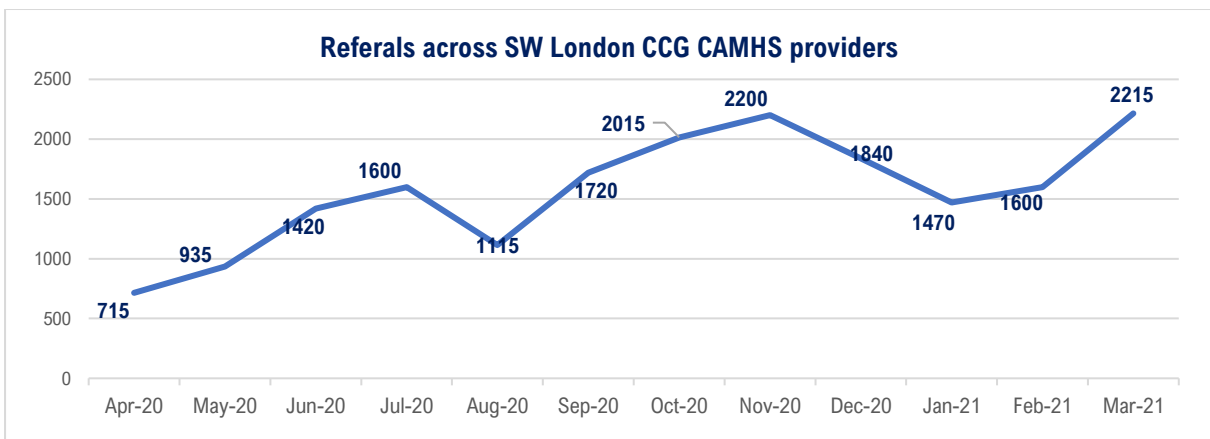


Figure 3 - Source: Mental Health Services Monthly Statistics Final

### Consultation Type

From April 2016 to March 2020 73% of SWLSTG CAMHS contacts were face to face. From the March 2020 to May 2021 56.6% of contacts were face to face demonstrating the change in practice providers had to take during the pandemic. Some voluntary sector providers, such as Off the Record, a counselling provider in Croydon, Merton and Sutton, went to 100% remote working.

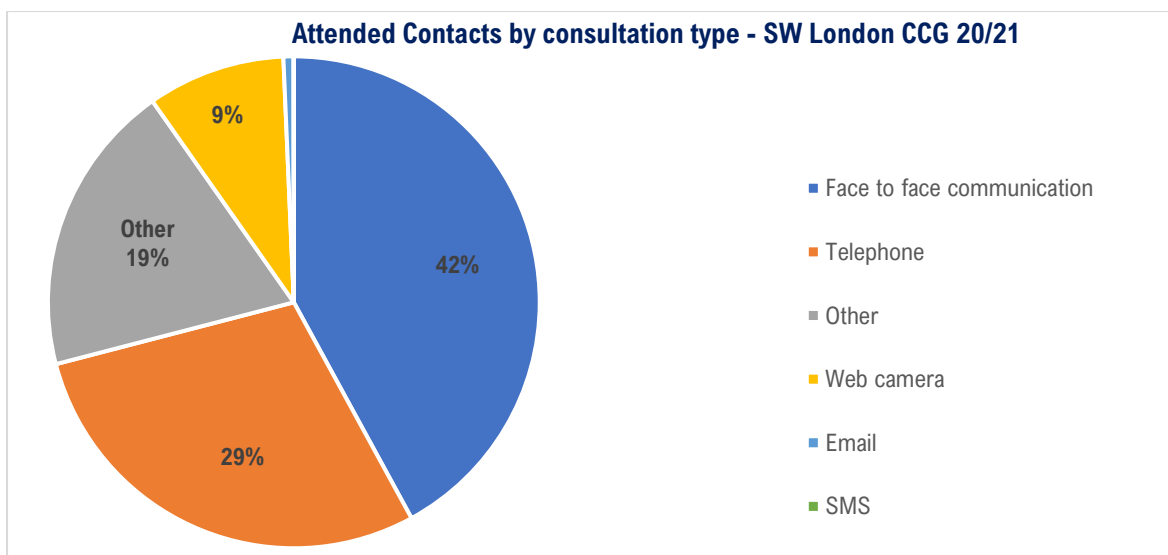


Figure 4 - Source: Mental Health Services Monthly Statistics Final

### Achievements and challenges

COVID 19 has accelerated some of our plans across SW London by increasing access to NHS-funded online services. During the first lockdown we expanded the delivery of Kooth, which is an online counselling platform for CYP aged 11-21, to the whole of SW London. Qualified counsellors, therapists and support workers provide guided and outcome-focused support for each individual. Kooth is accessible through any connected device: young people can log on wherever they are to access professional counselling from 12.00pm to 10.00pm, 365 days a year.

Place-based transformation managers are also working closely with partners, such as the Local Authority and schools, to consider how we can further improve health promotion and preventative services to increase the resilience of SW London CYP. In this context, all local digital offers across SW London were updated and expanded to include more online self-help information and tools as well as advice on how to access help including support in a crisis (for more information on local system of care, local offer and information on local mental health help, more help, crisis help see appendix to section 4.2)

Supporting CYP with Special Educational Needs (SEN) and disabilities remains a priority for SW London, within the wider strategic aim of increasing access for CYP. Increasing access for these CYP involves the contribution of non-NHS funded services, such as School Nurses, teachers, and social workers. To support CYP with SEN, we must work with partners to provide the help and specific interventions summarised in Education, Health and Care (EHC) Plans, which are a statutory responsibility. There is further work to be done with partners to ensure CAMHS services are fully involved in multi-agency care planning processes and that mental health care plans are integrated with EHC plans. Further information on this work can be found in the Transforming Care Section 4.8.

### Increase Capacity of early intervention provision

Several boroughs are looking at addressing the increasing demand for Tier 2 provision. For example, Croydon is looking at expanding their early intervention and support offer across the Croydon Health and Local Authority partnership to ensure more young people get access to the right support at the right time. In previous years, additional funding has gone into new schemes and pilot projects; however, the past four years have seen a substantial increase in demand for core services. Additional investment into core services is vital so that those children and young people who need help/more help or crisis help, can access it in a timely way. Sutton, Merton, and Croydon have all invested in their Counselling provider, Off the Record, due to the increase in demand for support.

### **ASD and ADHD services (additional information on Neurodevelopmental Assessment Pathways in section 4.4, and Investment Plan section 6)**

In 2021/22, additional investment is being made into SW London ASD and ADHD diagnostic pathways to improve waiting times. Merton, for example, is investing in a new local pathway that will have alignment to their educational psychology service. This will deliver more rounded assessments for ASD and ADHD as well reducing waiting times for a diagnosis.

Kingston, Richmond, and Sutton are also looking at the delivery of post-diagnostic support in the form of the 'A plan'. This will look to offer adapted mental health interventions for young people that have often not been served well by the traditional CAMHS model and offer coordination support to the MDT in meeting these CYP's need.

### **Future Plans**

SW London aims to achieve further increases in access to the whole range of children and young people's mental health services. Additional funding has been made available through the Spending Review this year as set out in the Investment Plan in section 6.

### **4.3. Specialist pathways for Children and Young People Eating Disorders**

SW London CYP are served by two mental health trusts providing CYP Eating Disorders services.

- Kingston, Merton, Richmond, Sutton and Wandsworth. SWLSTG CYP Community Eating Disorders Service (CYP CEDS)
- Croydon. SLAM Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED)

Both Teams operate with a similar service model in line with NICE guidance, offering assessment and treatment through a multi-disciplinary approach. Each service operates under the 'Access and Waiting Times Eating Disorder Commissioner Guidance 2015.'

MCCAED comprises: The Eating Disorder Clinic (EDC), formerly known as the outpatient service, which provides a service to seven local boroughs including Croydon and a new Avoidant restrictive food intake disorder (ARFID) service, that treats children and adolescents both locally in these seven boroughs and nationally.

In 2016, MCCAED was one of the first eating disorder services, nationally, to also accept self-referrals. Although other teams have subsequently followed, self-referral provision in eating disorders services across the country remains very limited.

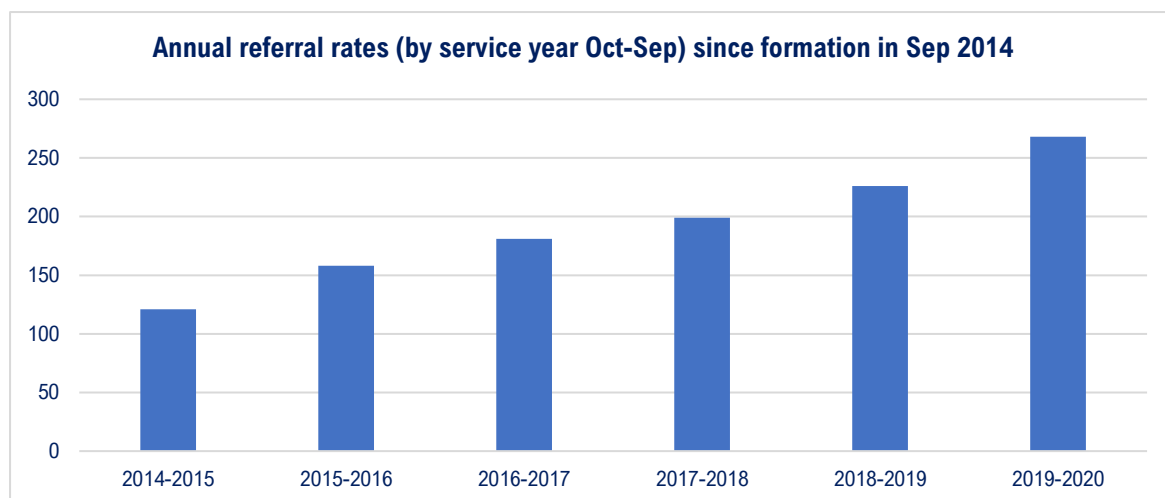
Self-referrals are available to local patients within the seven boroughs that are served by the EDC. They are also available for patients within these boroughs who wish to access our ARFID service. However, all national referrals to the ARFID service need to come from professionals. Self-referrals comprise about 30-35% of referrals to the EDC. Almost all self-referrals to the service are from parents or carers.

### **Capacity and Demand**

The EDC received a total of 350 referrals from 1 March 2019 – 31 March 2020. The Service was able to meet the 95% access target for all of these referrals but was working almost at maximal capacity in that year.

From 1 March 2020 - 31 March 2021, EDC received a total of 550 referrals. From 1 April – 30 June 2021, EDC already received 183 referrals. Without a reduction in referral rate, this projects to 732 referrals by 31 March 2022, which would be more than double the number received in 2019/20. Acceptance rates steadily dropped from around 80% two years ago to now less than 50%.

Referral rates into the SWLSTG CEDS have also increased significantly over previous years. The table below shows the increase from 2014/15 to 2019/20.



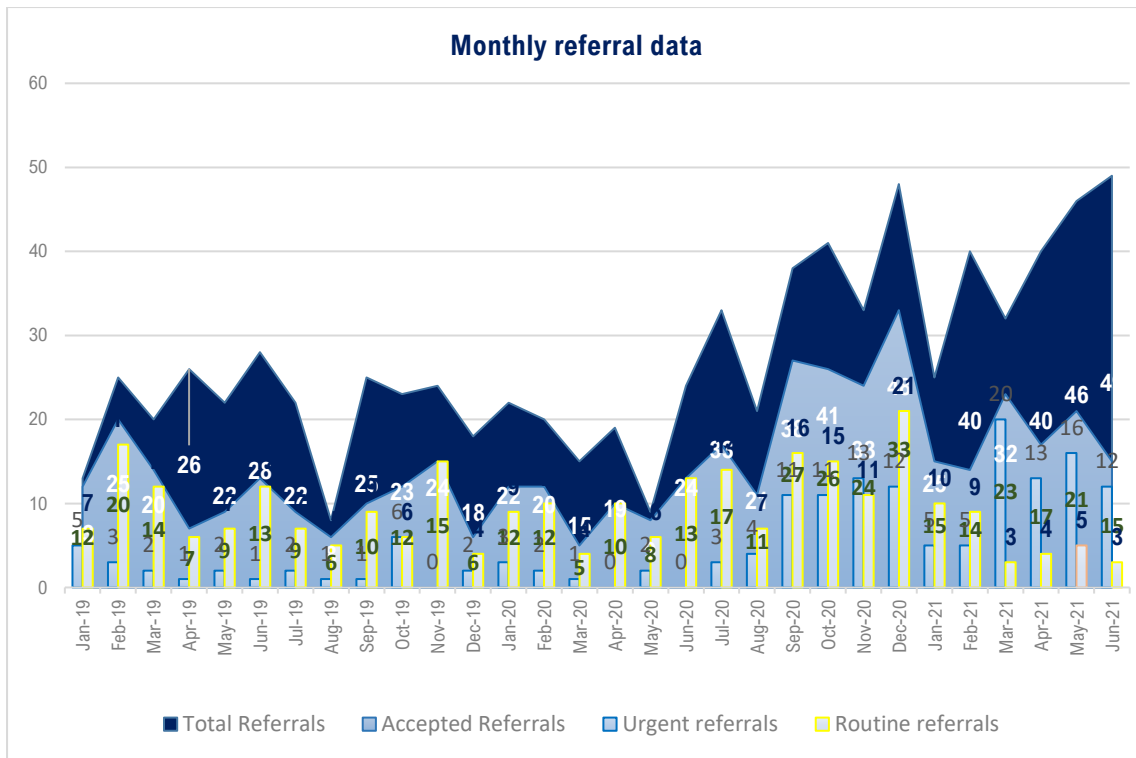
The SWLSTG CYP CEDS multi-disciplinary team delivers evidence-based treatments in line with the national service model while working to meet the national waiting times standards of urgent referrals seen within one week and routine within four weeks. Since 2019, capacity has reduced within the service owing to staffing and resourcing challenges and rising demand. Additional treatment options, such as day treatment or more intensive community treatments have reduced since 2019. Core treatments to individuals with Anorexia, Bulimia and Binge Eating Disorders are still in place but the service has not been able to take referrals for ARFID and thresholds for new referrals resulted in a reduction in referral acceptance rates from 80% in 2016/17 to 53% in 2020/21.

In 2019/20, SW London invested £232k into the service to bring it back in line with national service standards and work commenced to develop a revised service specification, with agreement to provide additional investment as a priority in subsequent annual business planning discussions.

### **What happened during Covid-19 and in what position is the Children and Young People's CEDS now?**

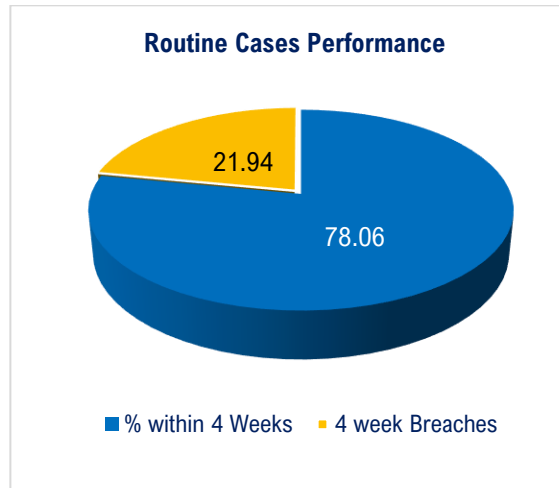
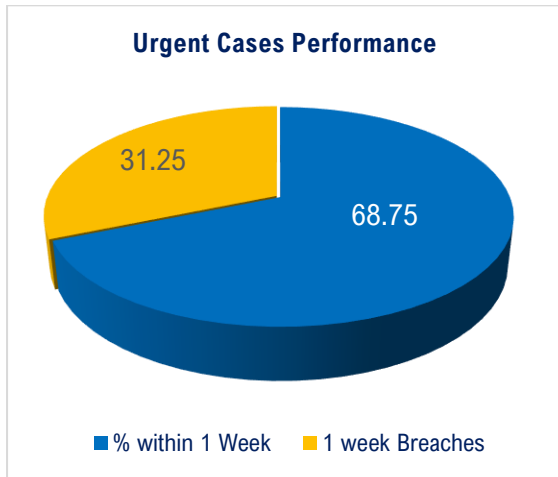
#### **Surge in Demand during Covid-19**

There was a surge in demand during COVID-19 (see below), particularly since Q2 2020/21, with increases in acuity, which was anticipated to continue for some time. This reflects the national picture of eating disorders referral increases.



In 2021/22, the CYP CEDS service has built up a waiting list of more than 50 CYP and is struggling to meet the national waiting time assessment targets. For urgent referrals 31% are having to wait longer than one week and 22% are having to wait longer than four weeks for a routine assessment.

### NHS SW London CCG



In 2021/22, through the Spending Review and allocation of Transformation Funds, SW London CCG invested an additional £640k to provide the service with enhanced capacity and expanded staff skill mix to deliver NICE-compliant, evidence-based community support. A joint eating disorder working group has been established between SWLSTG and SW London CCG and is overseeing the agreed phased service developments. This group is currently also updating the shared care protocol with Primary Care Practitioners (GPs), which will clarify the responsibilities around the initial health checks as well as the monitoring of physical health parameters throughout the treatment with the specialist CEDS.

Specialist services cannot meet the significant increase in referrals by themselves but must be addressed by a whole system effort of better collaboration and communication between local and specialist mental health services. Voluntary sector partners, such as BEAT, offer help for young people and adults with Eating Disorders, if they don't meet the threshold for specialist treatment or when continued support is required following a treatment period with a specialist service.

We also wish to improve the transition arrangements between the children and young people and adult eating disorder services and will explore flexible solutions when a transfer of treatment/care is taking place in consultation with young people and their parents.

#### **4.4. Specialist Pathways for Neurodevelopmental Disorders**

Referrals for neurodevelopmental assessments for under-5s are delivered by Social Communication Teams that are linked to Community Paediatric Services in all six boroughs. The service is provided up to the age of seven in Wandsworth, through the Paediatric Outpatient Service at St George's University Hospitals NHS Foundation Trust. Information on referral numbers and waiting times can be found in the appendix to this report.

Requests for neurodevelopmental assessments of 6–17-year-old CYP make up between 20-25% of all referrals received by local CAMHS SPAs or SPOC. Once all necessary information is received, it will be screened by an experienced CAMHS clinician for severity of symptoms, consistency of reported problems and possible other underlying causes for reported differences when these are compared to age-matched 'range of normal developmental skills and behaviour.'

Following the clinical screening, the referrals from five SW London boroughs (Kingston, Merton, Sutton, Richmond, and Wandsworth) are either signposted to the Neurodevelopmental Team from SWLStG Mental Health Trust or a local neurodevelopmental assessment pathway in Kingston, Richmond or Sutton, if the referred CYP is resident in one of these boroughs and does not present with co-morbid physical and/or mental health conditions.

Neurodevelopmental referrals received by Croydon SPOC will be signposted to the neurodevelopmental Team of SLAM.

In the following section, we will initially report on the waiting times and performance of the NDT of SWLStG as the main provider of neurodevelopmental assessments for five boroughs and then summarise the waiting times development and performance of the three additional local pathways. Finally, we will summarise the information on waiting times and performance with regards to neurodevelopmental assessments for CYP from Croydon that were carried out by SLAM.

#### **Has there been any progress achieved with shortening the Waiting Times for Neurodevelopmental Assessments in the last two years?**

Although the pandemic and the first lockdown resulted in a slight drop in referrals in Q1 and Q2 of 2020 due to closure of schools and restricted access to GP surgeries, waiting times increased during this time as the service had to adjust its assessment practice to maintain safety, resulting in fewer weekly assessments and consequently longer waits.

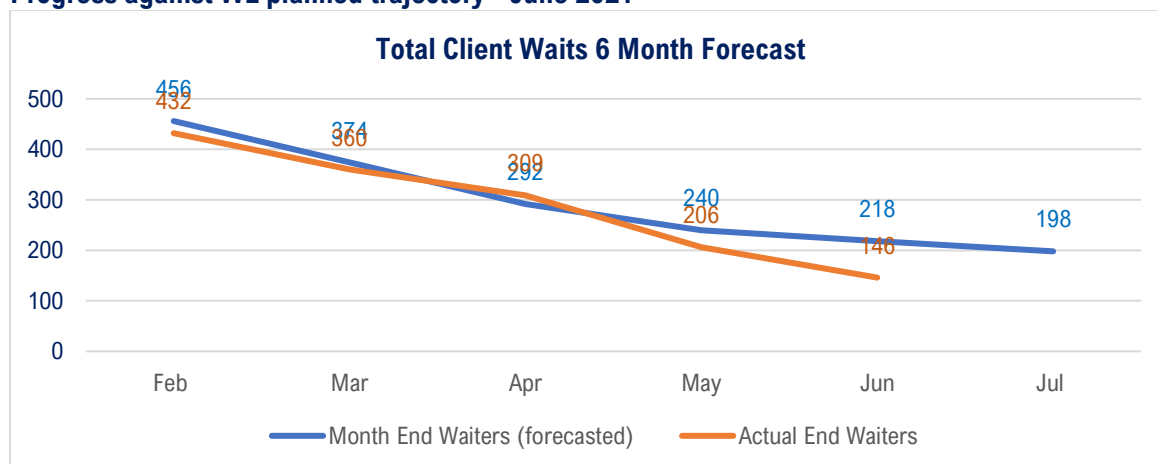
In November 2020, SW London commissioners and SWLSTG collaborated to scope a waiting list initiative, which was agreed in December 2020. The agreed proposal included commissioning additional capacity from another provider for the CYP who had been waiting the longest. The provider Clinical Partners was sub-contracted to undertake work focusing on ASD and combined ASD/ADHD



assessments for those waiting longer than 40 weeks. These assessments take longer than those for only ADHD.

Additional internal resource within SWLStG focused on ADHD long waiters during the same period of time. A trajectory was set out to map progress against waiting list reduction during February and July 2021:

### Progress against WL planned trajectory - June 2021



### Waiting list position – June 2021

|                         | 0-14 | 15-17 | 18-29 | 30-39 | 40-51 | 70+ | 15 Week Plus | 18 Week Plus | 52 Week Plus | Total |
|-------------------------|------|-------|-------|-------|-------|-----|--------------|--------------|--------------|-------|
| Total                   | 81   | 24    | 27    | 3     | 1     | 1   | 56           | 32           | 1            | 137   |
| ADHD                    | 31   | 2     | 5     | 1     | 1     | 0   | 9            | 7            |              | 40    |
| ADHD/ASD Assessment     | 18   | 3     | 5     | 1     | 0     | 1   | 10           | 7            | 1            | 28    |
| ASD                     | 23   | 10    | 9     | 1     | 0     | 0   | 20           | 10           |              | 43    |
| No presenting complaint | 9    | 9     | 8     | 0     | 0     | 0   | 17           | 8            |              | 26    |

The above June 2021 data position shows:

- 137 Total waiters
- Only 5 waiters above 30 weeks (early July data shows no waiters above 30 weeks)
- Only 1 waiter above 52 weeks (now been seen in July 2021)
- Average wait for existing referrals 29.7 weeks (7.5 months)
- Average wait for new referrals 24.9 weeks (6 to 6.5 months)

### July 2021 onwards

- The waiting list initiative completed at the end of July 2021, with a further reduction in waiting times expected, thus having had a positive impact Wait time for SWLStG is around 12 weeks at the beginning of September.
- Additional investment from previous years provided additional capacity for the service to manage current demand and there is ongoing internal work to improve processes and pathways, some of which is based on learning from the use of online work during the pandemic. This includes work to reduce the number of appointments where patients do not attend.

Ongoing performance is continuing to be reviewed monthly and Merton received additional local investment in 2021/22 through the Spending Review to enable a borough-based local service. This is expected to help address higher referral numbers seen in this borough.

Overall, the SWLSTG service achieved significantly reduced waiting times through a waiting list initiative, revised acceptance criteria and local CAMHS SPAs signposting more referrals to local pathways in Kingston, Richmond and Sutton, detail of which follows.

## **Current Borough-Based Providers/Other Services**

### **Sutton**

Cognos provides ASD-only assessments (144 per annum) for less complex cases. Like for all other services, Covid-19 has impacted on waiting times as assessment processes had to be adjusted and changed, utilising an online play-based assessment tool rather than the face-to-face Autism Diagnostic Observation Schedule (ADOS). Waiting times before the pandemic were on average seven to eight weeks and are now at 53 weeks due to an increase in demand/referral numbers. Additional funding has been made available in 2021/22 and a trajectory has been agreed for a reduction of the waiting times.

### **Kingston & Richmond**

Achieving for Children is commissioned to provide 90-100 assessments per borough annually for both ASD and ADHD for less complex cases. Waiting times have significantly increased in the last 12 to 18 months due to the impact of Covid and also due to significantly more referrals being signposted from the CAMHS SPA. Annual referral numbers have risen from 147 in 2019/20 to 270 in 2020/21.

### **Croydon**

#### **Current Arrangements for Croydon ASD &/or ADHD Assessments and Diagnoses**

The current pathway for ASD and/or ADHD assessment is predominantly offered within the community service. Two teams, operating within different organisations, provide assessments:

- **Croydon Health Services:** Children's Medical Services (CMS) provide ASD assessments for children under the age of five years at referral
- **SLAM:** Community CAMHS provides neurodevelopmental assessments for CYP aged 5 - 17 years referred for ASD and/or ADHD assessments

In addition, specialist assessments (often second opinions and specialist comorbidity assessments) are offered by the SLAM Complex Autism and Associated Neurodevelopmental Disorders (SCAAND) Team.

In 2020/21, Croydon carried out a detailed review of its local neurodevelopmental assessment provision with the aim to reduce waiting times for specialist assessments to establish a post-diagnosis help offer too. More information on next steps following the review can be found in the appendix to this section.

#### **Our plans for the next 12 to 18 months:**

We want to establish a more collaborative approach to screening and assessment of ASD and ADHD with shorter waits and more frequent feedback, whilst CYP wait for the assessment, as well as better support and help following diagnosis.

We want to establish a consistent neurodevelopmental assessment approach for children, young people and young adults 0-25 across SW London

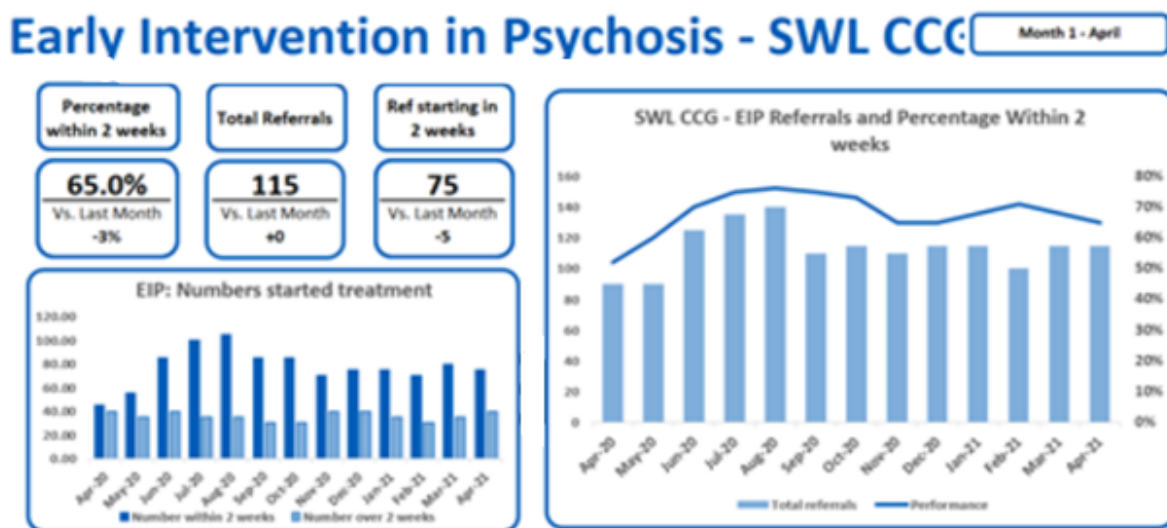
- Joined up reporting and monitoring of referred demand, screening outcomes, flow (signposting) of referrals to various local and SW London pathways as well as outcomes of assessments
- Pilot post-diagnosis support services in Kingston, Richmond and Sutton
- Carry out a whole system review of the various neurodevelopmental pathways in Kingston and Richmond

- implement recommendations of the Croydon review and share the learning with other SW London boroughs

#### 4.5. Specialist Pathway for Young People with Early Psychosis

The evidence based Early Intervention Service (EIS) model for treatment of first onset of psychosis was developed more than 20 years ago. It recommends an integrated multi-disciplinary assessment and treatment approach for young people and young adults aged 14-35 years and their families, ideally without the need for transitioning from CAMHS to Adult Mental Health.

However, as numbers of children and young people diagnosed with first onset of psychosis are low (single figures in five out of six boroughs), local CAMHS carry out timely initial assessments and also initiate multi-modal treatment without delay for under 18-year-old young people. Preparations for transitioning to one of the three EIP Teams from SWLStG (EIP Merton and Sutton, EIP Kingston and Richmond, EIP Wandsworth) or the EIP Croydon from SLAM tend to commence when the young person is 17 ½ years old.



**Commentary:** SWL CCG continues to meet the national threshold of 60% with latest performance (rolling quarter Feb-Apr) showing that 65.0% of clients started their treatment in line with NICE guidance within two weeks. The CCG have maintained compliance against the national standard for this metric since April 2020.

#### Where do we want to be?

Given that the original EIP service model suggested that an integrated youth/young adult mental health multi-disciplinary treatment model would be best to meet the needs of this group of patients, SW London ICS will jointly review options with both Trusts on how to strengthen an integrated 14-25 years EIP approach that

- focuses on the first three years of the psychotic illness
- aims to reduce the duration of untreated psychosis to less than 3 months and
- does not require the young person to transition at the age of 18 from CAMHS to AMH/EIS.

#### 4.6. Specialist pathway for young people with emerging Borderline Personality Disorder piloting a SW London Dialectical Behaviour Therapy (DBT) Service

Dialectical Behaviour Therapy (DBT) is a highly effective, NICE recommended, treatment for CYP with traits of emerging borderline personality disorder/Emotionally Unstable Personality Disorder (BPD/EUPD) and acute self-harm and suicidality.

SLaM and Oxleas CYP DBT services have been established since 2009 and 2018, respectively. These services have evidenced the impact of DBT on CYP to be life changing but also highly effective at reducing high-cost demands on the health and care system through reduced need for inpatient care. The South London Mental Health and Community Partnership (SLP) CAMHS review in 2019 showed that SW London had the highest inpatient admissions for young people across south London with the primary problem as self-harm / suicidality despite having slightly lower demographic risk factors for self-harm. The review indicated that the absence of a locally accessible and effective DBT service in SW London was likely causing harm to over 30 young people a year through increased risk of suicide attempts, inpatient treatment, and referral to adult services at age 18.

The benefits of commissioning a standalone DBT service in SW London included:

- Reduction in adolescent and young adult suicide rate
- Enhancement to Tier 3 offer in SWLStG with good interface and smooth step-up / step-down pathways and better use of Tier 3 resource, i.e., it will free up consultant and care coordinator capacity in community CAMHS
- Reduced demands in terms of mental health assessments following suicide attempts, occupied bed days, A&E presentations, transitions to adult services, and risk management in Tier 3
- A crucial success factor for DBT services is the enabling of a locally accessible standalone service with fully trained DBT clinicians to provide a dedicated, safe and effective service
- SLP will be able to reinvest any savings in continuing to enhance crisis care.

Based on the above needs assessment and evidence, SLP, SWLStG and SW London commissioners agreed at the end of 2020/21 to fund a standalone pilot DBT service in 201/22 to enable the provision of a more cost-effective, equitable offer across SW London.

The SW London DBT service launched July 2021. The DBT programme consists of a 4–6-week pre-treatment phase (engagement and commitment phase), followed by eight to twelve months of specialist treatment, if the young person and the DBT team agree to start therapy. Treatment consists of weekly individual therapy and weekly skills training groups (for young people and parents/carers) plus telephone skills coaching, crisis management, medication management, family sessions and care co-ordination.

The pilot is funded for 18 treatments per year until late 2022 and will be reviewed by partners after the first 14/15 months, once the first cohort of young people have been treated.

### **Planning for the future**

In line with the NHS Long-Term Plan ambitions to provide a comprehensive mental health service for young people up to age 25 years, SLP and SW London will explore extending and integrating DBT service models across CYP and adult services to better meet the complex and challenging needs of young people/young adults (14-25 years) with emerging borderline personality disorder without the disruption of transitioning from young people to adult services.

## **4.7. Help for Groups of Children and Young People, who have Increased Risks of Suffering from Mental Health Challenges**

### **4.7.1. Help for children and young people in contact with Youth Justice service**

Future in Mind outlined the need to transform CYP mental health services to create a system to support and bridge the gaps for the emotional wellbeing and mental health of children and young people. The three priority areas:

1. Development of Specialist Child and Adolescent Mental Health Services for High-Risk Young People with Complex Needs.
2. Development of a framework for integrated care for Children and Young People's Secure Estate

### 3. Development of Collaborative Commissioning Networks between Health & Justice regional teams and CCGs.

An assurance framework was also developed by NHS England to support the ongoing development and implementation of plans to utilise the funding allocated to ensure that we can best support CYP known to the Youth Justice system.

There are fully integrated pathways within the SW London boroughs for children and young people in contact with Health and Justice Services which include the following elements:

- Crisis care related to police custody
- Sexual assault referral centres (SARCs)
- Liaison and diversion (L&D) services
- Youth offending service (YOS) with referral pathway to SW London Forensic CAMHS
- Transitioning to and from Children and Young People's Secure Estate – there are several establishments e.g., at Feltham and Cookham Wood for children and young people to be placed on welfare and youth justice grounds (with dedicated mental health support provided within the facilities)

First time entrants are tracked, including young people who re-offend within 12 months (and whether the re-offending was more/less serious or more/less frequent). These form part of discussions within the Youth Crime and Prevention boards. All local YOS Teams have at least one CAMHS practitioner, who is an integral part of the multi-disciplinary and multi-agency team. This practitioner leads on (initial) mental health risks(s) screening, provides one or more consultations to young people and their families, and ensures that mental health needs are identified, and actions agreed on how to meet the identified needs, either from resources within the team or by organising access to additional specialist help from local (tier 2 or tier 3) CAMHS or by referring the young person to the SW London Forensic CAMHS.

#### **Crisis Care Related to Police Custody**

Urgent mental health assessments in police custody are undertaken by the on-call Mental Health Practitioner or out of hours Emergency Duty Team (EDT).

The number of severely mentally unwell children and young people being taken to police custody suites is very small and the L&D service also provides some support for them there. These types of referrals are rare; however, it is important that we maintain the pathway for these very vulnerable, children and young people as police custody suites are not suitable places.

#### **Liaison and Diversion (L&D) Services**

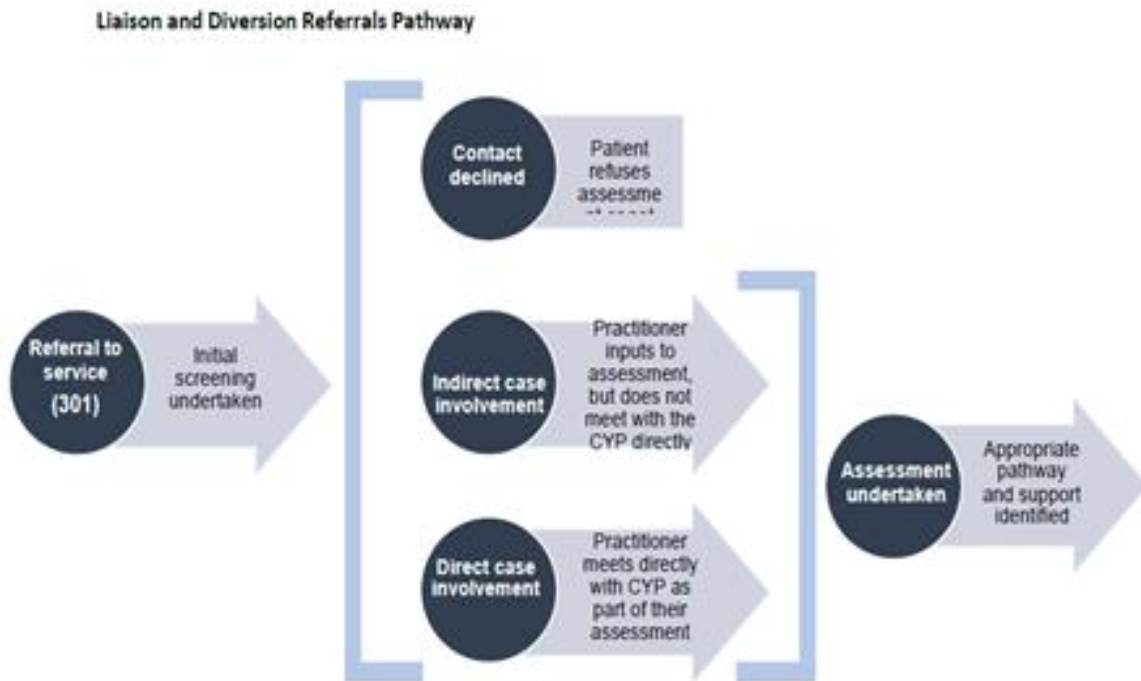
The L&D pathway for SW London includes the following services:

- A custody suite
- Magistrates Court
- Transforming Families Team (Youth Justice Team, Anti-social Behaviour-Team and the Police
- Liaison & Diversion worker
- Forensic CAMHS service
- Speech and Language input

A CAMHS L&D worker is co-located with YOS and the police custody suite and young people on the edge of offending are assessed in custody or at the YOS office at the first opportunity.

All children and young people in contact with the L&D service have a screening of mental health and emotional wellbeing assessment, utilising a trauma informed approach. If a mental health need is identified the young person is referred on to CAMHS with their consent, for a full mental health

assessment and network meeting (if more appropriate). The current L&D pathway across the SW London is as below.



Whilst most young people known to youth justice service will only need to access local mental health help, some require specialist assessment and intervention from a Forensic Child and Adolescent Mental Health Service (FCAMHS):

**South London Community FCAMHS** is a Specialist Forensic Community Child and Adolescent Mental Health Service for young people and their families. It provides advice, consultation, assessment, and some limited short-term interventions. The service can also provide training for local professionals, and it is a multi-disciplinary service including Consultant Adolescent Forensic Psychiatrists and Psychologists.

In South London, FCAMHS is provided in partnership, through South London Mental Health Partnership (SLP), hosted by the South London and Maudsley NHS Foundation Trust (SLaM) on behalf of the three trusts also in the partnership i.e. Oxleas and South West London and St George's NHS Trusts. The service aims to be accessible to community mental health teams as well as other services working with young people and their families (such as Youth Justice Service, Social Care etc.).

Input from FCAMHS depends on a number of factors and degree of need or risk, as well as what services are available locally. It is expected that the child or young person will be open to their local specialist CAMHS team, which will co-ordinate care and provide risk management and emergency care planning.

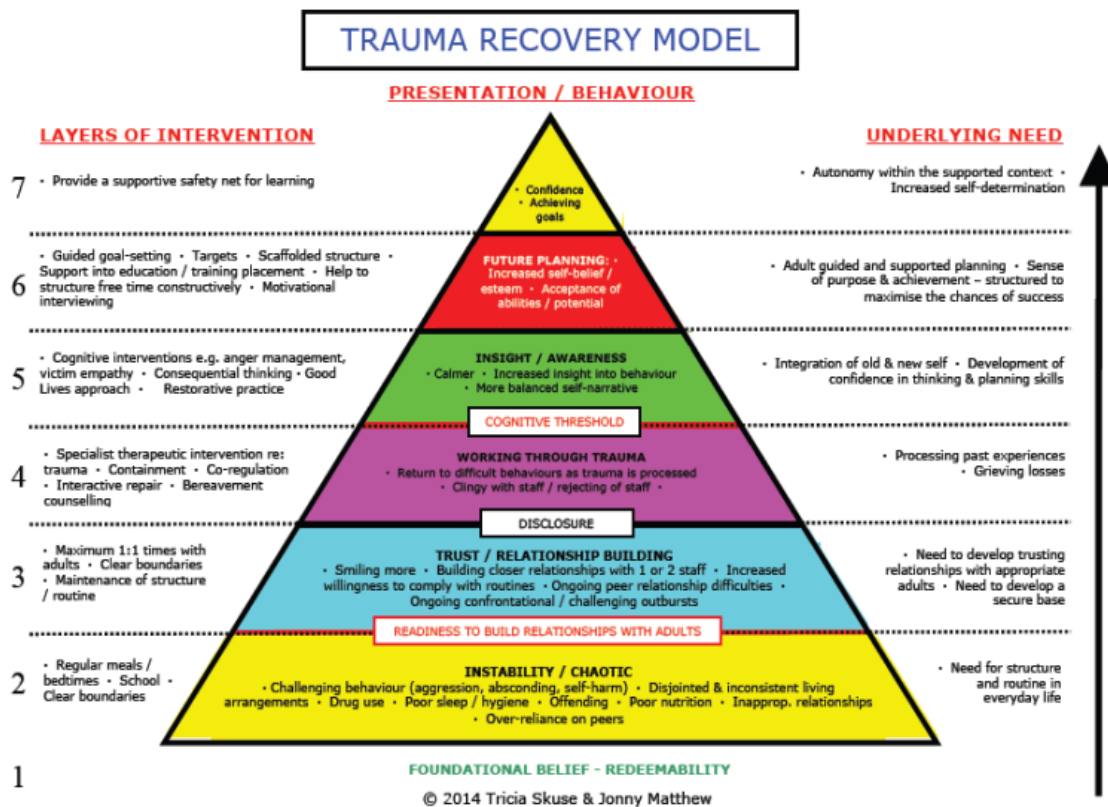
### **Our Ambitions at SW London**

It is worth noting that the evidence base for desistance from serious youth violence supports a multisystemic approach. There is a high rate of non-engagement with mental health services or at the very best, inconsistent engagement, due to several factors, including fear of reprisals for discussing crimes the young person may have been a victim of with a professional.

We want to work more closely with other agencies providing services within the boroughs, e.g. teams tackling exploitation, gang workers, Redthread (Youth Charity) who can identify and work with victims of serious youth violence when identified at A&Es etc.

We will work as a system to address challenges of engagement of young people with time invested in forming therapeutic relationships to make young people feel safe enough that the topic of trauma and its impact on functioning can be introduced.

For our young people with more problematic clinical features of PTSD, a trauma informed way of working could be supported, for example, supporting professionals already working with the young person either directly or indirectly through a phased approach as depicted in the attached image below until they are in such a position that they can undertake formal therapy.



#### 4.7.2. Access to Help for Children Looked After (CLA)

Specialist emotional wellbeing and mental health help is embedded within all social care teams for CLA across SW London boroughs. This includes the CLA Team, Leaving Care Team and Adoption and Fostering teams for children and young people looked after by the LA from birth to age 25 years. The service aims to improve the stability of placements by supporting the identification and care planning for those whose functioning is negatively impacted upon by their emotional and/or mental health. The service acknowledges the prevalence of mental health difficulties within this vulnerable population and thereby the importance of fostering children’s emotional growth as an integral component to ensuring positive life outcomes.

They are supported by the Getting Help (Tier 2), Emotional Health Service, thereby maintaining essential links with evidence-based practice, continuing professional development, and securing access for children and young people looked after to all available psychological resources on offer

within the wider EHS service, Getting More Help (Tier 3) services, adult mental health services and services offered by partner organisations within and out of Borough.

The team consist of qualified Health and Care practitioners. These are:

- Systemic Family Therapist.
- Art Psychotherapist
- Clinical Psychologist

The Team also works closely with health services for CLA, such as Community Paediatricians/Designated Doctors for CLA and CLA Health Nurses, as well as Educational Psychologists and teachers within the Virtual School. This ensures that the emotional health and well-being of children and young people in care is monitored, and effective and timely action is taken to provide appropriate support.

In order to provide a fast response to a growing CLA population, the service has adopted a consultation-led service approach that includes:

- Consultation to all professionals within the team to Leaving Care, Unaccompanied Asylum-Seeking Children, Family Coaches, Virtual School, LAC Health, and Independent Reviewing Officer teams.
- Specialist assessment that includes mental health and emotional wellbeing (this includes the wishes and capacity of the children/young people to make use of therapeutic help), functioning, impact of adverse negative events on development and relationships with carers and peers, the behaviour they present, any issues of risk (e.g., sexual exploitation, absconding, self-harm, substance misuse, physically/sexually/emotionally harming or being harmed by others).
- Liaison and support regarding children and young people in care to the wider network (e.g., birth family, partners, schools/colleges, other agencies, adult mental health services) to support emotional wellbeing, care planning and placement.

Individual therapeutic and group work with children and young people, including art psychotherapy, clinical psychology/Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), family/systemic therapy based on robust assessment and shared formulation of needs and hoped-for outcomes.

- Support and consultation to management and staff in residential homes for young people in care in the Borough, as well as the specialist assessment and formulation of the needs of residents to inform care planning. Supporting the provision of a psychologically informed residential home environment.
- Specialist training and professional development to social workers and network professionals regarding the mental health and emotional wellbeing of children and young people in care, especially regarding trauma and attachment.

#### **4.7.3. Access to help for children and young people who have experienced sexual abuse (Emotional Support Service)**

The SW London Early Emotional Support Service provides support to children and young people who have made a recent allegation of sexual abuse (CSA). The service was delivered by National Society for the Prevention of Cruelty to Children (NSPCC) up to October 2021. The current plan is for another local service in SW London to take over delivery on an interim basis while the service is put out for procurement formally for start in April 2022.

The Early Emotional Support service provides mental health and emotional wellbeing assessment and support to children and young people who have been a victim of child sexual abuse, as well their non-offending families and carers. The service will provide a consistent and timely offer to all children and young people aged up to 18 years of age within the catchment areas SW London boroughs.



Following a re-procurement in 2019/20, the service went live in April 2020. It must be noted that this service was launched within the midst of the pandemic and the resulting lockdown (March 2020) situation that occurred within the UK, whereby due to government restrictions in relation to social distancing, the NSPCC were unable to deliver face to face services as usual with fidelity to the service model and thus services were amended and delivered in a bespoke format.

### **CSA medical examinations**

Due to the pandemic, NSPCC had not been attending CSA medical examinations in hospitals. This will be reviewed as the service transitions to another provider and for future commissioning. Non-attendance at the CSA medical examinations does not appear to have had a negative impact on referral numbers nor the timing of support being offered. This has not caused any obstacles in the referral pathway or in contact with families.

### **Total referrals across SW London**

| <b>Description</b>                                   | <b>Q1<br/>20/21</b> | <b>Q2<br/>20/21</b> | <b>Q3<br/>20/21</b> | <b>Q4<br/>20/21</b> | <b>Total<br/>20/21</b> |
|--|---------------------|---------------------|---------------------|---------------------|------------------------|
| Referrals progressed to NSPCC support and assessment | 9                   | 17                  | 9                   | 11                  | 46                     |

#### **4.7.4. Access to help for children and young people with a Learning Disability**

All SW London boroughs have a clinical psychologist or behaviour specialist(s) that offer help and behaviour support for children and young people with moderate to severe LD and challenging behaviour. Frequently, this support and help for parents and their children with complex special needs is undertaken in close cooperation with other therapists already involved in the care of these children as well as colleagues from Social Care and Education. However, as this group of children and young people suffers from global developmental challenges including significant delay of language development, it takes longer to get to know the child and to observe and determine the underlying triggers and causes of the presenting behavioural, emotional and social communication problems. Local LD psychologists will refer to CAMHS or request a consultation, but colleagues working in generic CAMHS Teams frequently feel that they lack experience or the highly specialist expertise to offer more help than is already provided by various therapists within local services.

Wandsworth and Croydon are the only SW London boroughs with a Specialist LD CAMHS team offering consultations to parents and professionals as well as assessment and treatment of children and young people with a LD and challenging behaviour as well as emerging mental health problems.

SW London has recognised the need to develop a consistent LD CAMHS offer across all six SW London boroughs and invested £200k into the LD CAMHS team this financial year with the aim to gradually transform the Wandsworth LD CAMHS team to a SW London LD CAMHS provision.

SWLStG has commenced recruitment for additional LD CAMHS practitioners and will commence offering specialist consultation and advice for children and young people and their families open to local SW London CAMHS team in the next 3-4 months in line with the interim SOP that was agreed with Kingston and Richmond in 2020/21 (more information on this interim SOP can be found in the appendix to this section).

### **Where do we want to be?**

SW London has identified the need to establish a consistent mental health and positive behaviour support offer for children and young people with LD and their families across all SW London boroughs and will gradually increase funding for this vulnerable group, both place-based, jointly with Local Authorities as well as SW London wide from an NHS perspective and in line with the aims and ambitions of the Transforming Care Programme (see 4.8).

## 4.8. Transforming Care Programme for children and young people with LD and/or ASD

### **Beyond Transforming Care. Our Vision for Mental Health Support for children and young people with LD and/or ASD**

There has been a significant increase in the number of children with a diagnosis for Autism (ASD) and Learning Disabilities (LD) in SW London over the last 10 years. This increase has resulted in a scaling up of education, social care and health provision for these CYP and families. There has been a major expansion of Special Needs schools to cope with the increasing number of young people with Special Educational Needs and Disability (SEND) and the creation of more nurturing provision within mainstream schools, to support inclusive education.

In line with the increase in the number of CYP with SEND there has been an increase in CYP with ASD and/or LD who have emerging 'behaviours that challenge,' which can escalate into emotional and mental health needs. Children with LD and/or ASD who exhibit severe challenging behaviours often have nuanced sensory, social and communication needs, emotional dysregulation, and patterns of obsessive and ritualised behaviour which their family, school and professional network have struggled to understand and effectively respond to. For children with high functioning autism, often diagnosis happens in teenage years (between 12 and 16 years old) and their emotional needs and mental health may have already deteriorated ahead of the diagnostic process and (specialist) help being put in place.

To effectively respond to these emotional and mental health needs SW London CCG works with our Local Authorities Partners, SLP and voluntary sector organisations to commission a range of services locally as well as SW London wide. Our partnership and mental health trusts are also part of a national 'best practice' programme 'MELD' (Mapping Services for Children with Learning Disabilities and Behaviours that Challenge), which is helping us learn about good practice nationally and to improve services locally.

Under the Transforming Care Programme (TCP) children with LD and/or ASD at risk of admission are entitled to go onto (borough based) Enhanced Care Registers, which are held and regularly reviewed by local Transformation Managers of SW London CCG jointly with partner agencies from Health/Mental Health, Social Care and Education/SEND. The local Transformation Manager will call an urgent Care, Education and Treatment Review (CETR), if a children and young people on this register is acutely at risk of being admitted to an inpatient unit. This full day crisis meeting creates a more integrated approach and brings together a range of professionals from health, education, social care and independent experts from NHS England, along with the young person and their family, to identify packages of support that will maintain a young person at home or elsewhere in the community and avoid an admission to hospital. If an admission is necessary, then the CETR recommendations help to keep the admission as brief as possible.

### **Achievement: Low Number of Admissions**

SW London has achieved a good record in maintaining low admissions for CYP with LD and/or ASD over the last two years. As a system we are committed to intervening early and effectively where children and young people with SEND experience emotional difficulties and emerging mental health needs, including 'severe challenging behaviour.' The relatively low rate of admissions has been achieved by our Place Based Teams working in an integrated way with colleagues in schools/special schools, Health/Therapy and Mental Health colleagues as well as colleagues from Local Authorities at a borough level.

The below table shows levels of admission of the TCP cohort of young people over that last three years and the trajectory going forward.

| Year   | 2018/19 | 2019/20 | 2020/21 |
|--|---------|---------|---------|
| Total SWL Region (per 1 million population of 1.5 million) | 25      | 19      | 15      |
| London Regional Average (per 1 million population)         | 28      | 18      | 12      |

### Reduced Length of Admission

In addition to reduced numbers of admissions, we have worked with partners to reduce the length of stay. For admissions that are necessary, we have worked to ensure they happened in a planned way to support de-escalation, assessments, and treatments in specialist inpatient settings and to allow a brief period in which professionals can put in place appropriate community provision to support effective discharge and reduce the risk of re-admission. Due to the relatively low numbers of admissions, average length of admission statistics significantly varies from year to year, with individual cases skewing the figures. The key process that we use to reduce admission and length of admission are Care Education and Treatment Reviews (CETRs). As part of this process Place-Based Transformation Managers organise follow-up professionals' meetings to ensure actions agreed at CETRs are met and that integrated care, education and treatment packages are put in place swiftly. Where delays persist, outstanding actions are quickly escalated to senior leaders within Local Authorities and other partner organisations.

### Covid Support and Response

The SW London Covid response included borough teams working with Local Authority and SWLSTG colleagues (especially in CAMHS LD and CAMHS Tier 3 Teams) to identify the highest priority cases, where expanded monitoring and increased packages of support at home were needed. Covid was particularly difficult for CYP with LD and ASD for whom daily/weekly routine and familiar faces are a crucial part of their wellbeing and crisis avoidance. While some schools stayed open for vulnerable students, others closed because of lack of staff capacity. Additionally, some children's health vulnerabilities (or that of parents) meant that families had to isolate at home, in some cases refusing carer support that would usually be in place. As a result, there was an increase in challenging behaviours and crisis incidents, with emotional wellbeing deteriorating for many in the last 16 months. Consequently, requests for CETRs went up during this time.

Local health/mental health and social care colleagues stepped up monitoring of high risk and/or challenging young people. Local Authority colleagues increased respite and carer support packages for these high priority cases and local SW London CCG colleagues agreed specialist functional behaviour assessments recommended by external experts attending CETRs.

The overall outcome of our joined-up LD/ASD Covid response was to maintain low rates of admissions from our LD cohort on the Enhanced/Dynamic Risk Registers, but we also saw in some instances increased TCP admissions and length of admission for young people with (high functioning) ASD previously unknown to CAMHS, particularly young people in mainstream settings.

### Challenge: High Cost Packages

High cost and multi-faceted packages of community support are needed to meet the nuanced needs of this cohort. This usually includes a mixture of specialist carer provision in the home, functional behavioural analysis, Positive Behaviour Support (PBS) training and ongoing PBS monitoring of the package, medication, aids and adaptations to the family home, respite care, special education provision, benefits, and carer support for family members. The cost of these packages can range from approximately £5,000 (for functional behavioural assessment and plan) to over £700k per year. These packages are funded jointly by health, education and social care (but how costs are divided varies depending on borough). The below table is an estimate of the typical costs of high-cost support for TCP young people when a package is put in place to avoid an admission:

| Type of Package   | Typical cost |
|---|--------------|
| <p><b>Very low cost package:</b> brief assessment and re-focused multi-agency approach: Because of the current focus on 'high priority' cases, these are less likely to have CETR (but this may change with the introduction of the new Key Workers, which will increase capacity). Existing services (particularly education) and CAMHS LD Team are able to do the follow up work required. The CETR provides clarification and fresh impetus to work together to address the issues.</p>  | £1k - 4.5k   |
| <p><b>Low cost package: brief assessment and follow up intervention. 50%</b> of all cases that come to CETR require a full functional analysis, positive behaviour support plan/strategies and a programme of follow up support and monitoring for existing staff and family members. This helps everybody to understand the behaviours and to break cycles of crisis. In these cases, family members have significant capacity and there is a network of support already in place. Sometimes new education provision is required, plus additional family support and crisis planning.</p>  | £16k - £20k  |
| <p><b>Medium cost package: three to six months of support &amp; intervention:</b> These cases arise for an estimated <b>25%</b> of cases that come to CETR. These are more often where a young person has ASD but no LD and so work that might be done by a CAMHS LD Team isn't possible and Tier 3 CAMHS colleagues don't have the specialism to do follow up work with the family. They include initial functional assessment and follow up work, but also require ongoing support for wider professionals to address more nuanced and intransigent issues. Sometimes this can include referral to one of the National Specialist CAMHS services (such as OCD service).</p> | £30k - £45k  |
| <p><b>High cost long term package of support:</b> These packages occur <b>25%</b> of the time for current 'high priority' cases that come for CETR. They include increased and tailored support from a wider range of health, education and social care services, full range of PBS ongoing support and RMNs/skilled carers working in the home at least some of the week and sometimes at weekends and nights.</p>   | £60k - £350k |

### Support for Children with Severe Challenging Behaviour

Some young people with ASD and/or LD experience 'severe challenging behaviours.' SW London works with a range of partners to ensure appropriate support is available as early as possible. In most boroughs this support begins with an Autism Advisory Service, often within the Children with Disabilities (CWD) Team (also called 0-18 or 0-25 Teams).

Additionally, SW London CCG has commissioned a comprehensive program of BILD (British Institute of Learning Disabilities) Training for all SW London boroughs to start in autumn 2021. Over 150 operational managers and front-line staff, including pastoral leaders in schools and autism advisory team staff, will receive training in functional behavioural approaches. Training will be others at three levels:

1. **Awareness training day-** Bespoke training for operational managers & other professionals.
2. **Awareness Training half day-** Bespoke training for service managers and clinical managers
3. **Foundation for families-** Understanding behaviour that is concerning or challenging. Training for families and front-line professionals working with families on a daily basis

The BILD training and new Behaviour Analyst posts are part of a SW London approach to system change, with regards to how children and young people and their families are supported when they experience 'emerging challenging behaviours' or 'severe challenging behaviours'.

'Severe challenging behaviour' is now included in Children's Continuing Care (CCC) as the eight domains under which CYP can be referred for support. Where these are assessed as meeting the 'severe' and 'priority' criteria for packages of support then a full package of nursing and carer support in the home is put in place. A new central CCC Team has been set up in SW London that will ensure 'severe challenging behaviour' referrals are swiftly assessed, so that appropriate care and support can be put in place, where this is needed.

### Key Worker Pilot

To help SW London improve the quality and scale of support for LD and/or ASD young people in crisis we are piloting a new Key Worker approach, funded by NHS England. The Key Worker pilot will initially

focus on Wandsworth and Sutton, where there are functional CAMHS LD Teams and where there are advanced discussions about the role of CAMHS Tier 3 supporting children with ASD who are in crisis and whose needs are deteriorating. Other SW London areas will be fast followers from April 2022, benefitting from the learning that has taken place. The pilot will focus on CYP on the Enhanced Care Register and their families, which will include an expanded number of young people given the additional capacity created by the pilot programme.

### **SW London Part of National Research and Good Practice Sharing Programme**

Both of our Mental Health Trusts are participants in the new Mapping Services for Children with Learning Disabilities and Behaviours that Challenge (MELD) programme, led by Warwick University, SLAM and NHS England. Through SW London providers' active participation in this programme we are exploring models of good practice and comparable outcome measures.

Participation will enable SW London and partners nationally to better describe the current range of service models and options for caring for and treating children with learning disabilities and behaviours that challenge. This will contribute to the evidence base about community-based service provision for these children, which will inform developments in service provision across England.

At the end of the study, a report of the research results will be completed and sent to the National Institute of Health Research who are funding the study. Once the research study is complete, SW London will provide commissioners and staff with a summary of the results and learning will help influence service development.

### **Next Steps in Transforming Mental Health Services for children and young people with LD and/or ASD:**

To drive further improvement in services for children and young people with LD and/or ASD, SW London CCG will prioritise the following:

- Establish step by step a consistent local LD psychology and positive behaviour support offer, which can access local CAMHS as well as specialist SW London LD CAMHS for consultation, assessment and treatment advice and support
- Review intensive support and crisis support service models for children and young people and young adults (0-25) with LD and/or ASD and decide with service users and partner agencies, which model(s) we want to implement in the next 12 to 18 months
- create opportunities in the ICS for a more integrated approach to swiftly agreeing comprehensive packages of care and treatment across a spectrum of need
- mobilise a new system of Key Worker support for children at risk of admission to hospital, ensuring packages are tailored to the individual needs of children

## **4.9. Timely access to Crisis Help (Urgent and Emergency Pathway)**



The NHS Long Term Plan has set out a clear ambition for all ICSs: “There will be 24/7 mental health crisis provision for Children and Young People that combines crisis assessment, brief response and intensive home treatment functions by 2023/24”

Key components consisting of a combination of local and SW London-wide crisis provision for CYP were already in place when we last reported on the crisis provision:

- A nurse led CAMHS Emergency Care Service (ECS) providing mental health and risk assessments for CYP that are presenting in a mental health crisis, including deliberate self-harm, at A&Es in Kingston Hospital, St George's Hospital, St Helier Hospital or West Middlesex University Hospital, currently operating seven days per week 9.00am to 8.00pm. This service will also carry out initial mental health and risk assessments if young people need to be admitted to a Paediatric Ward following an overdose or other self-harm attempt requiring clinical observation and medical intervention
- Various crisis telephone numbers depending on where you live and from time of the day, i.e. during office hours, after office hours between 5.00pm and 11.00pm and an all age 24/7 crisis telephone number
- An Adolescent Outreach Team (AOT) for young people with more severe and complex mental health challenges, who are already known to local CAMHS and present with risks to self and/or others. The AOT is providing short to medium term interventions in addition to the specialist help provided by local CAMHS.
- CYP from Croydon can access a CAMHS Crisis Team, which also offers short to medium-term more intensive help including home visits and more regular access to telephone advice and help, when needed, for young people already known to local CAMHS.

### **What happened in response to the pandemic?**

There has been a lot of work undertaken due to the pandemic to coalesce all crisis help into one offer across children and young people and adult mental health services, resulting in the SLAM and SWLSTG all-age 24/7 crisis lines (see below). Crisis services were also co-located in the Orchid Hub

Dedicated CAMHS support is provided through SLP from 5.00-11.00pm weekdays and 9.00am-10.00pm weekends for children and young people or a parent/carer concerned about their child's mental health. During office hours, children and young people or a parent can either contact their local CAMHS SPA or their care coordinator, if the child or young person has already been assessed by a CAMHS Team but is waiting for treatment to start.

### **Where are we now?**

Both SWLSTG and SLAM offer 24/7 all-age crisis lines, which were set up during the pandemic, with dedicated out of hours CAMHS support weekdays from 5.00-11.00pm and weekends 9.00am-10.00pm through SLP, with further investment into the crisis services in 2021/22. The new investment into the SWLSTG CAMHS Emergency Care Service (CECS) this year will expand hours of operation to 9.00am-10.00pm every day.

### **Where do we want to be?**

Work has begun to introduce the "dial 2" option to NHS 111 for mental health crises calls; however, we need services in place for CYP to be diverted to on these calls. We need to work with SLP, SWLSTG, SLAM and NHS111 colleagues to link together the various lines, ensuring they can provide timely mental health advice, care and initiate follow up help, if indicated.

Most of the crisis service developments have focused on improving consistency and timeliness of CAMHS and Adult Mental Health Crisis Provision across SW London. However, we are planning to jointly review with partner agencies and service users, how we can further improve intensive home treatment functions, particularly for those children and young people/young adults who may need specialist crisis interventions for longer rather than the brief responses or short-term support already in place.

Consequently, SW London will review best practice intensive support and/or crisis support service models for children and young people with LD and/or ASD and engage with partner agencies and

children and young people and their families to decide what intensive and crisis support model would be best for these young people with additional needs and challenges in crisis situations.

## 5. NHS Long Term Plan Ambitions for next three years

The Long Term Plan set out ‘fixed’ and ‘flexible’ deliverables. A ‘fixed’ deliverable is one whereby we must achieve it with little to no flexibility on how we achieve it: e.g. we must deliver waiting times for eating disorders services based on national standards. A ‘flexible’ deliverable is one whereby we must achieve it by the year indicated but the way in which we do so can be locally determined: e.g., developing a SW London model of what 0-25 services look like. ‘Targeted’ deliverables are ones where there will be a specific process for chosen areas to put together proposals to access funding to transform services: e.g., delivering MHSTs, which are in selected waves.

| Fixed  | Flexible  | Targeted   |
|--|---|--|
| <ul style="list-style-type: none"> <li>Nationally, 345,000 additional children and young people aged 0-25 accessing NHS funded services [by 2023/24] (in addition to the FYFVMH commitment to have 70,000 additional children and young people accessing NHS Services by 2020/21)</li> <li>Achievement of 95% children and young people eating disorder standard in 2020/21 and maintaining its delivery thereafter</li> <li>100% coverage of 24/7 crisis provision for children and young people which combine crisis assessment, brief response and intensive home treatment functions by 2023/24 (see also Mental Health Crisis]</li> </ul> | <p>Comprehensive 0-25 support offer in all STPs/ICS' by 2023/24 [drawing from a menu of evidence-based approaches to be made available in 2020]</p> | <p>Mental Health Support Teams (MHSTs) to be between a quarter and a fifth of the country by 2023/24</p> |

### Where are we now?

- CAMHS Transformation Plans have helped to deliver Future in Mind and the Mental Health Five Year Forward View over the last five years
- We have successfully achieved the access target increase from 25% to 35%, however we have the ambition to go further and will continue to invest both into preventive and early help services in schools, colleges and the community as well as expansion of core children and young people help, more help and crisis mental health services.
- The Eating Disorders service has consistently met the national waiting time standards for urgent and routine referral up to March 2020, but the recent surge in demand has clearly highlighted the need for additional investment in this specialist pathway
- The impact of COVID has dramatically changed the way services have been delivered: from face-to-face to digital and online assessments and treatment for the majority of referrals
- In response to COVID, a 24/7 all-age crisis pathway was established in April 2020 offering telephone triage and face-to-face urgent assessments in order to avoid hospital admission, but also provided the possibility for a short admission without delay, if this was necessary for the safety and stabilisation of the children and young people’s mental health condition.
- We have closer working relationships between the CCG and Local Authorities to support CYP with SEND/EHCPs with improved access to specialist LD CAMHS and an integrated therapy offer, including psychology and positive behavioural support

### Where do we want to be?

- We need to use the additional CAMHS investment to deliver Long Term Plan ambitions, including a more integrated 0-25 mental service delivery model that works in close collaboration with partners in children and young adult services.
- We need to transform access to services, including a digital offer and early help in schools and colleges to continue meeting national targets
- We need to join up specialist pathways to move away from tiers and age cut-offs to offer children and young people and families more choice when individuals transition to adult services

- We need to re-establish the intensive treatment option for children and young people with eating disorders to prevent the need for inpatient treatment
- We need to establish a fully integrated children and young people crisis service across SW London that includes timely self-harm assessments and urgent crisis assessments as well as the capacity to deliver outreach and home treatment for children and young people and their families when they need it

## Data Access and Outcomes

### Where are we now?

- The current CAMHS performance reporting on waiting times and other key metrics offers delayed information showing past demand. This data is regularly reviewed by various local groups with accompanying 'demand challenges' narrative that does not fully describe the picture.
- Overall feedback from CYP and their parents/families being seen by one or more CAMHS practitioners is positive and recorded outcome data for around 25% of CYP indicates a positive service experience and improvement of symptoms

### Where do we want to be?

- We need a more meaningful and consistent data collection across the whole age range 0-25.
- The way waiting times are reported needs to be in weeks and months; the current categories are not always helpful to get the full picture.
- Data needs to show the whole patient journey from access to assessment, start of treatment and outcomes after so many weeks or months.
- This data needs to inform patient choices as well as supporting planning under the CAMHS transformation programme.

## 6. Investment Plan 2021/22

The Government announced a Spending Review in 2020/21 as part of its response to the impact of the Coronavirus pandemic on the NHS. Nationally, £500m was identified for mental health services. This funding is linked to either specific pandemic recovery and/or bringing forward Long Term Plan ambitions. Including annual transformation funding allocations, the SW London system received £4.3m to support transformation of CYP MH services.

A high-level breakdown of the use of this funding is below:

### Allocations

| Service/Area                  | Transformation Funding<br>£000s | Spending Review<br>£000s | Total<br>£000s |
|-------------------------------|---------------------------------|--------------------------|----------------|
| CYP Community & Crisis        | £1,872 (**can include ED)       | £1,257                   | £3,129         |
| Development of 18-25 services | £559                            | £363                     | £922           |
| Eating Disorders              | ***                             | £363                     | £363           |

### Investments

| Service/Borough | Transformation Funding  | Spending Review  |
|-----------------|---|--|
| Croydon         | <ul style="list-style-type: none"> <li>• Self-harm outreach</li> <li>• Targeted interventions for frequent, complex A&amp;E attendees</li> <li>• Expand Tier 2 early intervention &amp; support offer</li> <li>• Expand pathways from CAMHS into specialist services</li> <li>• Pilot 18-25 services</li> </ul> | <ul style="list-style-type: none"> <li>• Expand Eating Disorders support</li> <li>• Enhance crisis helpline</li> <li>• Enhance Single Point of Contact</li> <li>• Pilot Shared Lives model for those discharged from hospital</li> </ul> |
| Kingston        | LD PBS Support  | <ul style="list-style-type: none"> <li>• Develop 18-25 options</li> <li>• Transition worker</li> </ul>   |
| Merton          | <ul style="list-style-type: none"> <li>• 16-17 self-referral to CAMHS/MASH</li> <li>• Expand Off the Record capacity and extend to 25</li> <li>• Transition worker</li> </ul>   |  |



|                                 |  |  |
|---------------------------------|--|--|
| <b>Richmond</b>                 | LD PBS Support   | Pilot Emotional Wellbeing Hub                              |
| <b>Sutton</b>                   | <ul style="list-style-type: none"> <li>Enhanced CBT</li> <li>Set up CAMHS 0-5</li> </ul>   | Enhanced Counselling                                       |
| <b>SWLSTG Services</b>          | <ul style="list-style-type: none"> <li>Enhance LD CAMHS</li> <li>Eating Disorders service expansion</li> <li>Expand support for implementing Thrive</li> </ul> | Expand hours of operation for CAMHS Emergency Care Service |
| <b>South London Partnership</b> |  | Extend Crisis Line hours of operation                      |

We have also used some of the all-age £2.4m Discharge funding to support expanded AOT ward in-reach.

## 7. Workforce Development

We are committed to developing a sustainable workforce with the appropriate skills mix to deliver a comprehensive and NICE-compliant range of services. Increasing the capacity of the workforce is at the heart of delivering the transformation plan but equally the workforce has the right skills to make a positive impact.

### Where are we now?

- The CYP Mental Health workforce has grown over the last five years but requires additional investment to meet increasing demand
- Transformation funding has prioritised NHS services with the potential for voluntary sector and Local Authority services left unexplored: we need to look at how they can contribute to efficiencies and reducing waiting times
- LD psychology and functional behaviour assessment skills are in short supply and have been spot purchased across SW London previously
- In response to Covid, the whole CAMHS workforce has undergone a dramatic transformation in the way services are delivered

### Where do we want to be?

- We need to explore more variety in the support offer: digital/online, crisis, etc. These will be an integral part of better-coordinated and integrated place-based services with more specialist pathways operating at a SW London level
- The future CAMHS workforce will need to combine different models including working flexibly or as part of two or more teams; help will need to be offered according to client needs and choices on accessing support.

## 8. Digitally enabled care pathways for 0-25 year old

### Where are we now?

- We commission Kooth to offer online and text messaging support. Other organisations offer similar support (e.g., Off the Record and Croydon Drop-In).
- Some T2 services began offering online/digital support during Covid

### Where do we want to be?

- We need to determine future arrangements for digital provision
- Explore additional digital options.

The impact of Covid on CYP MH services had an arguably positive impact in bringing forward digital technologies and the ability to deliver services remotely. While this is not always the best way of delivering treatment to individuals, it has no less offered the opportunity to review and assess what can be delivered remotely and what must be delivered face to face. SW London has just finalised its Digital Strategy and will be aligning the CYP MH programme to this work, to identify innovative digital

solutions and build upon the good work that has taken place in response to the dramatic shift during the pandemic.

## **9. Dependencies with other programmes**

The CYP MH programme links with a wide range of programmes:

- Adult Mental Health Transformation Programme
- Digital programme
- Primary Care Transformation Programme
- Continuing Health Care services
- Quality and Safeguarding
- Personalised Care Programme
- Learning Disabilities Programme
- Urgent & Emergency Care Programme
- Workforce Programme

## Appendices

### More information relating to Section 4.1 (Prevention and Early Intervention)

#### MHST Coverage and Workforce across 6 SW London Boroughs:

| Schools                                  |                                      |   |                              |                                  |                                   |
|--|--------------------------------------|---|------------------------------|----------------------------------|-----------------------------------|
| Kingston                                 | Richmond                             | Croydon                                   | Merton                       | Sutton                           | Wandsworth                        |
| Tolworth Girls' School & Sixth Form      | Teddington School                    | St Mary's Catholic High School            | Ursuline High                | Greenshaw High School            | Southfields Academy               |
| The Holyfield School & Sixth Form Centre | Waldegrave School                    | Elmwood Infant School                     | Gorring Park                 | School                           | Linden Lodge School               |
| The Tiffin Girls' School                 | Turing House School                  | Winterbourne Junior Girls' School         | Hollymount                   | Green Wrythe Primary School      | Albermarle Primary School         |
| Dysart School                            | Trafalgar Infant School              | Royal Russell School                      | Holy Trinity CoE Links       | Muschamp Primary School          | Allfarthing Primary School        |
| Grand Avenue Primary & Nursery School    | Trafalgar Junior School              | Priory School                             | Sacred Heart RC              | Sherwood                         | Beatrix Potter Primary School     |
| King Athelstan Primary School            | St Elizabeth's Catholic RC           | The Quest Academy                         | SS Peter & Paul RC           | Tweeddale Primary School         | Earlsfield Primary School         |
| Christ Church CE Primary School          | Primary School                       | Norbury Manor                             | St John Fisher RC            | Culvers House Primary School     | Our Lady of Queen Heaven          |
| Ellingham Primary School                 | Hampton Wick Infant & Nursery School | Business and Enterprise College for Girls | St Mary's RC                 | Avenue Primary Academy           | Ronald Ross                       |
| Malden Manor Primary & Nursery School    | Carlisle Infant School               | Applegarth Academy                        | St Thomas of Canterbury RC   | Wallington Primary School        | Riversdale Primary School         |
| Coombe Boys' School                      | Christ's School                      | St Mary's Catholic Infant School          | Raynes Park High             | Overton Grange School            | St Joseph's Primary School        |
| Burlington Infant & Nursery School       | Richmond Park Academy                | The Crescent Primary School               | Wimbledon College            | Cheam High School                | Sherwood Park School              |
| Lovelace Primary School                  | Hampton High                         | Meridian High School                      | Melrose school               | Sherwood Park School             | Sherringdale Primary School       |
| Richard Challoner School                 | Grey Court School                    | Gilbert Scott Primary School              | Canterbury                   | Bandon Hill Primary School       | Southmead Primary School          |
| The Holy Cross School                    | Sheen Mount Primary School           | West Thornton Primary School              | Harris Primary Academy (ARP) | Foresters Primary School         | Swaffield Primary School          |
| Malden Oaks Pupil Referral Unit          | The Russell School                   | Rockmount Primary School                  | Hartfield (ARP)              | Glenthorne High Secondary School | West Hill Primary School          |
| King's Oak Primary School                | East Sheen Primary School            | Norbury Manor Primary School              | West Wimbledon (ARP)         | Oaks Park School                 | Burntwood School                  |
| Coombe Hill Infant School                | Strathmore School                    | All Saints CofE Primary School            | Cricknet Green               | Carew Academy                    | St Anne's Primary School          |
| Coombe Hill Junior School                | Darrell Primary & Nursery School     | The Minster Junior School                 | Perseid upper & lower        | Eagle House School               | Floreat Wandsworth Primary School |
| Robin Hood Primary School                | Lowther Primary School               | Archbishop Tenison's CofE High School     | Ricards Lodge High           | The Link Primary School          | St Faith's Primary School         |
| Lime Tree Primary School                 | Hampton Hill Junior School           | Thomas More Catholic School               | Stanford (ARP)               | The Link Secondary School        | St Michael's Primary School       |
| Christ Church New Malden Primary School  | Orleans Park School                  | Whitehorse Manor Junior School            | Eagle House                  | Wandle Valley School             | John Bosco School                 |
| Green Lane Primary & Nursery School      | Holy Trinity CE Primary School       | Oasis Academy Arena                       |                              |                                  | Ark Bolingbrook Academy           |
| Saint Joseph's Catholic Nursery School   |                                      | Chestnut Park Primary School              |                              |                                  | Harris Academy                    |
|  |                                      | Winterbourne Boys' Academy                |                              |                                  | Battersea                         |
|  |                                      | Broadmead Primary School                  |                              |                                  | Shaftsbury Park Primary School    |
|  |                                      | Woodside Primary School                   |                              |                                  | Ark - John Archer Primary School  |
|  |                                      | Beckmead School                           |                              |                                  | Alderbrooke Primary School        |
|  |                                      |   |                              |                                  | Wix Primary School                |
|  |                                      |   |                              |                                  | Dolphin School                    |
| Colleges                                 |                                      |   |                              |                                  |                                   |
| Kingston College                         | Richmond College                     | Croydon College                           | Merton College               | South Thames Carshalton          | South Thames College              |

#### School Mental Health Programme Website Links:

Mentally Healthy Schools

<https://www.mentallyhealthyschools.org.uk/>

Anna Freud Schools and Colleges

<https://www.annafreud.org/schools-and-colleges/5-steps-to-mental-health-and-wellbeing/>

Anna Freud Transforming the Workforce:

<https://www.annafreud.org/transforming-the-workforce/cyp-mh-workforce-development/childrens-wellbeing-practitioner-programme/>

## Children's Wellbeing Practitioner (CWP) Programme:

The national CWP programme was established 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 1,700 new staff in evidence based treatments, outlined in [Implementing the Five Year Forward View for Mental Health](#)

The CWP Programme is a fantastic opportunity for services to create new trainee roles that:

- **Increase capacity by expanding the workforce** through creating a new sub-service with close links to local providers
- **Focus on prevention and early intervention** – diverting children and young people from specialist services through guided self-help for anxiety, low mood and common behavioural problems
- **Meet the gap in services**– increasing accessibility and seeing children and young people who might not meet the threshold for current services

There have been six cohorts of CWP training in London and the South East to date, with 397 CWPs (including current trainees) based in over 42 different services including NHS, Voluntary Sector and Local Authority. The CWP programme in London and the South East has produced some impressive outcomes for children and young people. You can find a thorough evaluation of the first year of the CWP programme [here](#)

## What do CWPs do?

CWPs are trained to offer guided self-help to children, young people, and families with mild to moderate anxiety, low mood and common behavioural problems.

CWPs work in a variety of different settings including CAMHS, Local Authority and Voluntary Sector organisations. The work of CWPs is very varied as each service will be tailored to local need and provision but can include assessments, face to face sessions, telephone work, workshops, groups, and service user involvement activities.

**Information for Prospective Students** Funding for Cohort 7 of the CWP programme has been confirmed by Health Education England. If you are a prospective student, please [view our Postgraduate Studies](#) page to find the relevant information. Please sign up to our [mailing list](#) to be informed of developments and receive notification of advertised roles.

You can see a variety of different CWP service models here:

- CWP Booklet: Reflections from Year One
- CWP Booklet: Reflections from Year Two
- CWP Booklet: Reflections from Year Three
- CWP Booklet: Reflections from Year Four

More Information relating to section 4.2 (Improving Access to help and more specialist help)  
**LOCAL SYSTEM OF CARE (KINGSTON AND RICHMOND EXAMPLE)**

### The Local System of Care



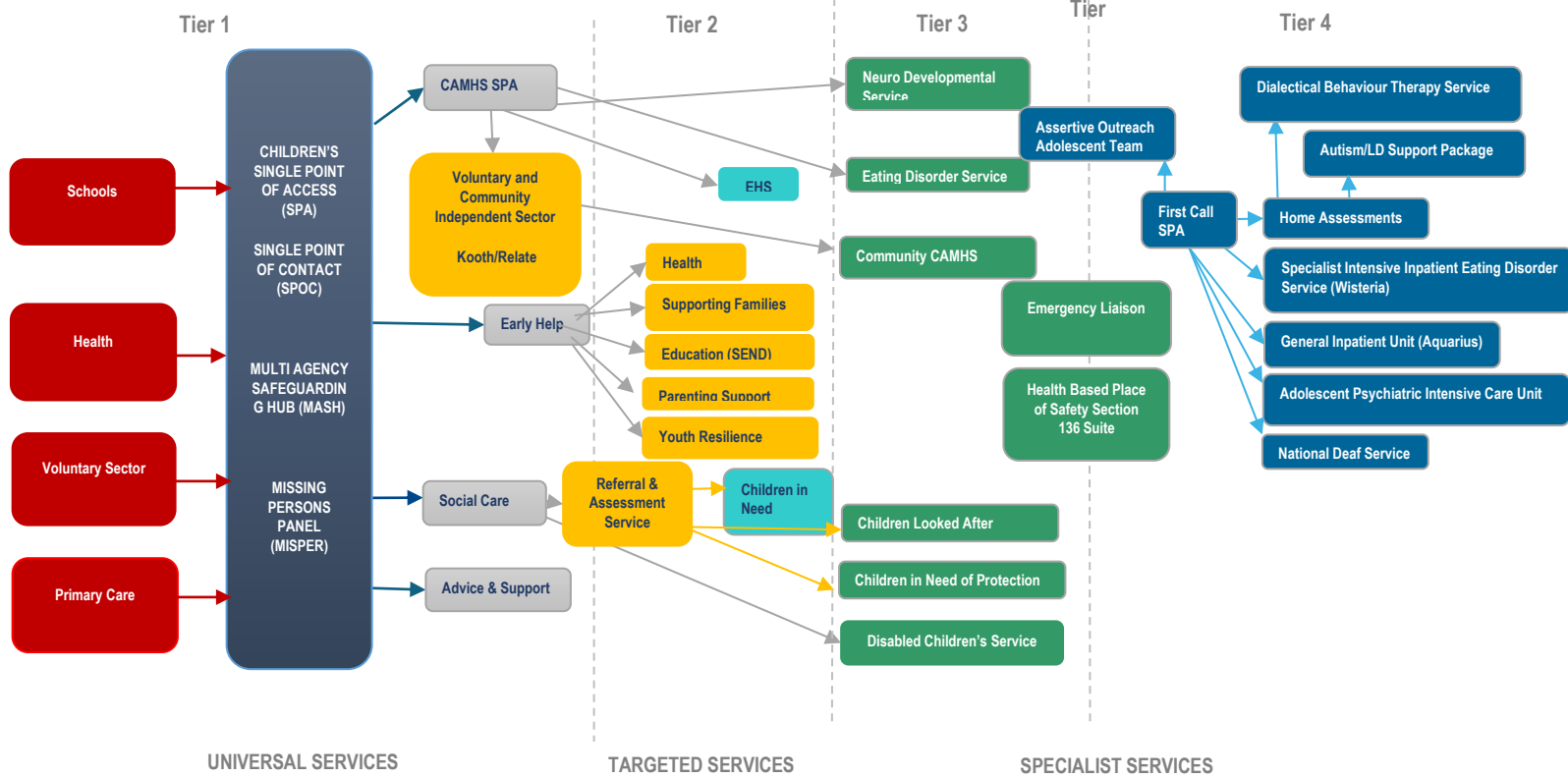
The Thrive Model

**GETTING ADVICE**  
 Promoting MH and Wellbeing in Schools & Community

**GETTING HELP**

**GETTING MORE**

**GETTING RISK**



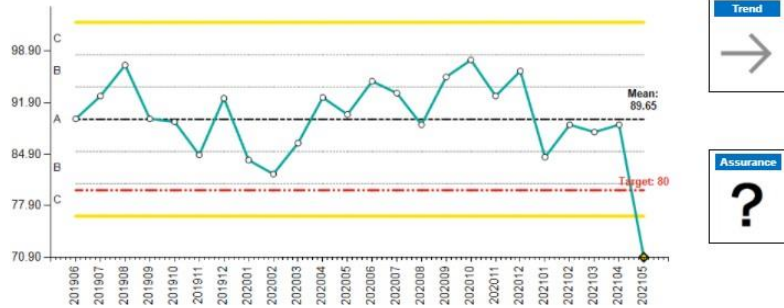
Tiered Model

## Place based CAMHS Access information

### Access To Children's Mental Health

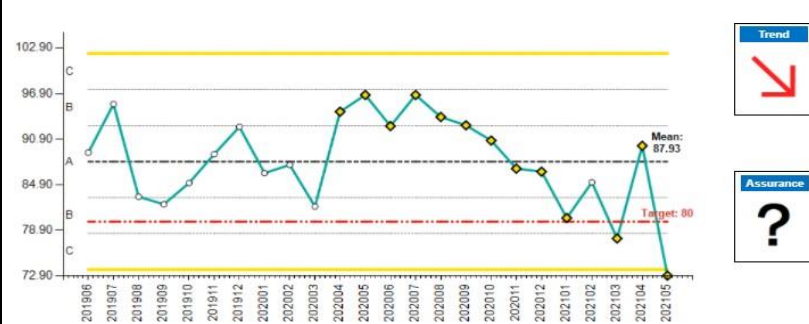
#### Access to CMHT within 28 days (Target >80%)

**NHS Kingston; Access**



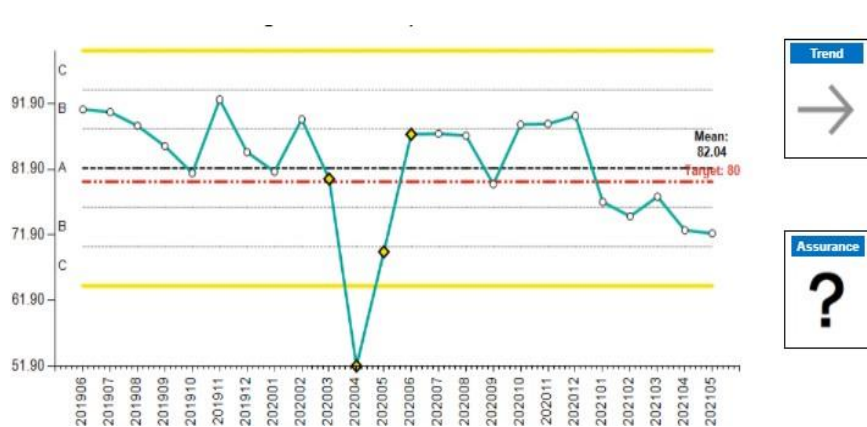
**NHS Kingston:** Mean performance is above target indicating target will consistently be met. May 2021 has seen a significant decrease with performance below lower control limit.

**NHS Richmond; Access**



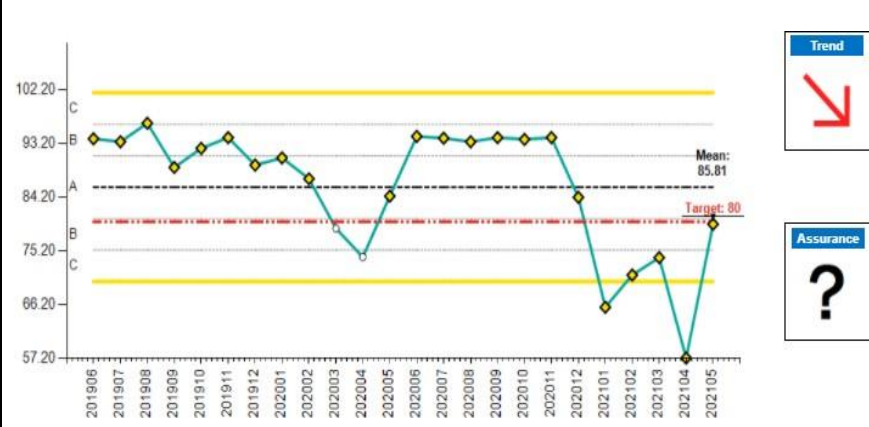
**NHS Richmond:** Mean performance is above target indicating target will consistently be met. Recent months have seen decrease in performance with May 2021 being below the lower control limit.

**NHS Merton: Access**



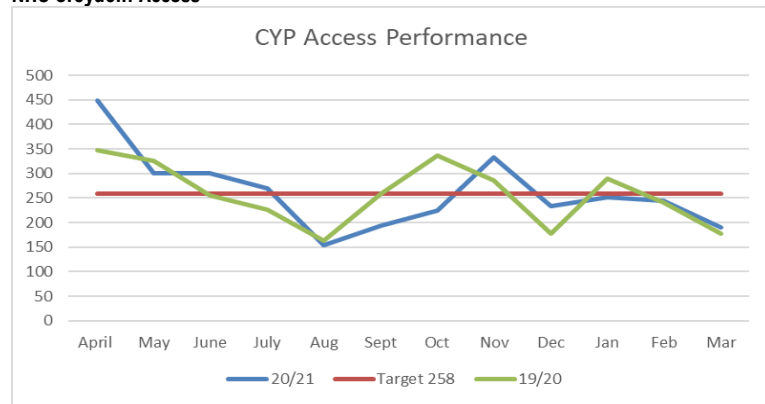
**NHS Merton:** Mean performance is above target indicating target will frequently be met. More recent months have seen decrease in performance.

**NHS Wandsworth: Access**

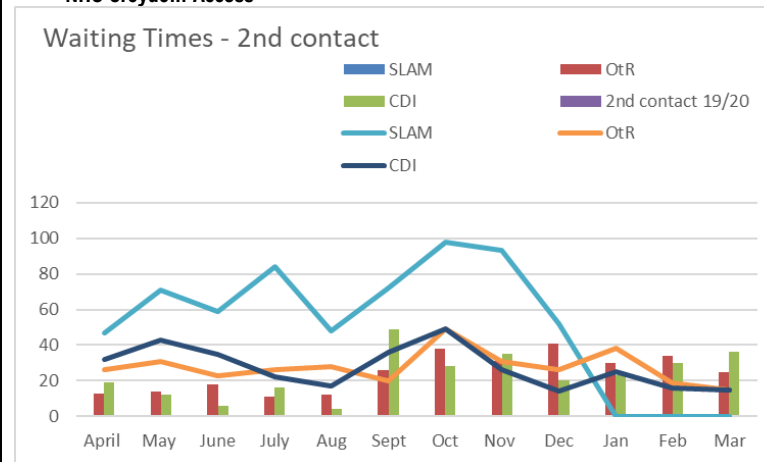


**NHS Wandsworth:** Mean performance is above target indicating target will frequently be met. More recent months have seen decrease in performance but improvement in May 21 is noted.

**NHS Croydon: Access**

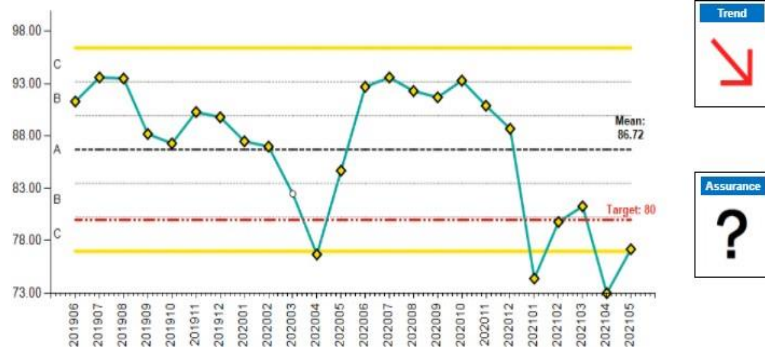


**NHS Croydon: Access**



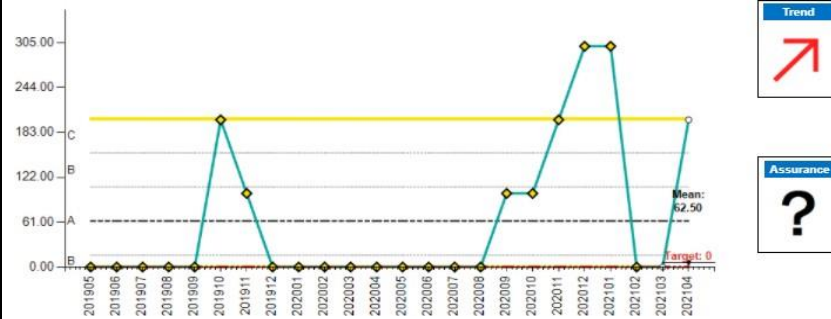
**Waiting Times** 20/21 average waiting time from assessment to first contact increased in Voluntary Sector provision to an average of **7 and 11 weeks** to second contact and access to treatment

**Access**



There has been a downturn in performance over last 5 months preceded by a period where target was consistently met.

**Referral to Treatment (RTT) 52 week breaches (month in arrears) Target >92%**



**What the chart tells us:**

Mean performance is just above target indicating that whilst the service will usually meet target there will be occasional breaches. (Excluding NHS Croydon)

**Underlying issues that prevent us from consistently reaching the target: Merton CAMHS Tier 3:** The breach relates to delay in completion of the diagnostic assessment by the CAMHS Neurodevelopment Team which was moved to Merton CAMHS Tier 3 pathway after 52 weeks. At the time of reporting the young person was still waiting (77 weeks) for their medication commencement appointment due to backlog in ADHD clinic as a result of insufficient medical staff. Under current processes it is inevitable that there will be more breaches.

More information/resources for young people self harming, what it is and what young people can do about it.  
<https://headscape-swLondon.nhs.uk/headscape/>

### **More information relating to section 4.3 (Specialist pathways for CYP Eating Disorders)**

More information/resources for young people with eating challenges and their parents/carers

|                                       |   |
|---------------------------------------|---|
| Resources for Young People and Carers | <a href="https://mccaed.slam.nhs.uk/young-person-and-families/resources">https://mccaed.slam.nhs.uk/young-person-and-families/resources</a> |
| BEAT                                  | <a href="https://www.beateatingdisorders.org.uk/">https://www.beateatingdisorders.org.uk/</a>   |
| For Professional Referrals            | <a href="https://mccaed.slam.nhs.uk/professionals/make-a-referral/">https://mccaed.slam.nhs.uk/professionals/make-a-referral/</a>           |
| Anna Freud Centre                     | <a href="https://www.annafreud.org/">https://www.annafreud.org/</a>   |

### **More information to section 4.4 (Specialist Pathways for Neurodevelopmental Disorders)**

#### **Croydon NDT**

The Croydon NDT review is summarised in the link below as one of the key transformation areas:

<https://democracy.croydon.gov.uk/mgConvert2PDF.aspx?ID=29979>

**Wandsworth ASD early help service** [https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/service.page?id=Al\\_HjBh6JUJ&familychannel=0](https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/service.page?id=Al_HjBh6JUJ&familychannel=0)  
[Wandsworth Autism Advisory Service \(WAAS\)](#)

**ADHD Richmond** [Welcome - home page - ADHD Richmond and Kingston](#)

### **More information relating to section 4.7.4 (Help for Children and Young People with LD)**

#### **Specialist LD CAMHS assessment may include any of the following:**

- Functional assessment of Behaviour that challenges both at school and home
- School observation
- Home observations and relevant visits, where identified
- Mental state assessment (including ADD/Trauma)
- Understanding of SLT and OT input and strategies
- Outcome: A Formulation meeting with family and/ or network as appropriate will occur and recommendations will be discussed.
- The LD team will always summarise in a report a formal consultation and assessment including a formulation and agreed outcome/recommendations

#### **Process of referral allocation, for consultations and full assessments**

- All accepted referrals will remain open to K&R CAMHS T3 for Care Coordination/risk management. It will be K&R CAMHS responsibility to complete risk assessments, relevant KPI's and open and close cases accordingly
- Referrals will be taken to the weekly team meeting every Wednesday for discussion and case allocation. The Wandsworth CAMHS LD team will be responsible for notifying the referrer of the outcome and informing when they would be able to offer the consult/assessment.
- For consultations, it is the Care Coordinators responsibility to record this as a non-clinical note on IAPTUS. The Wandsworth CAMHS LD team will log the time spent doing consultations on dummy files and will refer to patient notes for more detail.
- For referrals accepted for the full assessment and formulation package, they will receive up to 5 days of consultation/assessment.
- The tier 3 service should obtain consent from the young person and family for consultations and assessments, which should be clearly recorded in the notes.
- The Wandsworth CAMHS Learning Disability Service will follow aspects of their established referral pathway with regards to allocation of designated staff member, engaging young person and their family, and information gathering.

### **More information relating to Section 8 (Digitally Enabled Care Pathways information)**

**Kooth** [www.koothplc.com/](http://www.koothplc.com/)

**Data and Insights** <https://explore.kooth.com/wp-content/uploads/2021/05/Kooth-Pulse-2021-Report.pdf>

**Fresh Thinking** [The Thought Report | Fresh Thinking on Mental Health](#)