

Longer, healthier lives for  
all the people in Croydon

## Children and Young People's Emotional Wellbeing and Mental Health

Croydon's Local Transformation Plan  
2018 refresh



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## Foreword

It is our pleasure to refresh Croydon's Children and Young People's Local Transformation Plan (LTP), as we pursue our journey of improvement of emotional wellbeing and mental health services for the children and young people of Croydon.

The LTP captures Croydon's response to the government's "Future in Mind" (March 2015) policy document. It sets out how we will meet the challenges and opportunities to enhance the emotional wellbeing and mental health services for children in Croydon.

We are delighted that Croydon's Local Strategic Partnership and the Health and Wellbeing Board have adopted emotional wellbeing and mental health of our children and young people to be one of their top priorities and that they will be monitoring the progress of the delivery of this plan in detail during its lifetime.

In addition, it is great news that Croydon CCG are investing an additional £630,000 next year to focus on the delivery of the top priorities identified and that £50,000 of this will be allocated directly by young people themselves.

We recognise that achieving emotional wellbeing for children and young people is, by its very nature, complex and multi-faceted as a result of the different services, systems and structures that have evolved. To tackle this complexity, we are building on existing partnerships and services and want to develop innovative solutions to meet the challenges ahead.

The refresh of the LTP uses the feedback we have had from the children, young people, families' carers and communities who receive these services. We are committed to further improving the engagement and participation to shape the future pattern of service delivery.

Building resilience from the early years is key to giving every child the best start in life and population based prevention is a key theme in this plan. When problems arise every child that needs help should get the right support at the right time closer to where they live in their locality and community. We will ensure that all staff and groups working with children and young people make emotional wellbeing of equal importance to physical health taking proactive action to make this happen. Working with schools to ensure the emotional wellbeing of pupils is a significant priority in this plan. A key principle underlying this LTP is that young people's emotional health really does need to be everybody's business.

We will continue to shape, develop and co-produce the Local Transformation Plan over its lifetime. This Plan is a "living document" and we will ensure improved quality and reach of services delivered, building on intelligence and evidence base practice, to ensure better emotional wellbeing and mental health for all children and young people, their families and carers, including the most vulnerable children and young people.

CCCG Chief Operating Officer

Andrew Eyres

Clinical Lead - Children's Services

Dr. John French

Chair of Health & Wellbeing Board

Louise Woodley

Director of Children Families and Education

Robert Henderson

## Executive Summary

### Introduction and Context

**1.1** The Local Transformation Plan sets out Croydon's multi-agency approach to improving children and young people's emotional wellbeing and mental health.

**1.2** There is now welcome and widespread recognition of the need to strengthen and transform child and young people mental health services (CYPMHS) both on a national and local basis. Consecutive recent policy reviews by the Health Select Committee (2014), NHS England's CAMHS Tier 4 Report (2014) and the Children and Young People's Mental Health Taskforce (2015) Implementing The Five Year Forward View for Mental Health (2016) and Future In Mind (2015) (section 3), the Green paper Transforming CYP Mental Health 2017 response 2018 have all identified service improvements for the wellbeing of children and young people. Weaknesses include, but are not limited to: significant gaps in data and information; the treatment gap, with a number of people with diagnosable mental health difficulties not receiving timely services; difficulties in accessing; a complex commissioning environment; variable crisis services and specific issues facing highly vulnerable groups.

**1.3** The picture in Croydon reflects some of the same challenges, and these have been systematically identified and addressed in previous refreshed versions of the Local Transformation Plan (LTP). Significant progress in all areas has been achieved since 2015-16 and CYPMH services locally have been recognised as being in rapid improvement. However, more remains to be done, and the 2018 – 20/21 LTP refresh strengthens Croydon's response still further through its focus on children and young people with additional vulnerabilities, whilst embedding the current approach which has strengthened core specialist and community services.

**1.4** This is critical, as services in Croydon face very clear demographic pressures. The Borough has the second largest child population in London at nearly 129,000 children and young people aged 0-25 and this is projected to grow by just under 10% to 141,312 by 2026.

**1.5** Despite the size of its population, Croydon has a comparatively smaller core of specialist mental health services than other London boroughs that share its population features. To date, the LTP has sought to address this deficit by investing in core mental health services, both in terms of specialist and extending community IAPT offer. Additional resource has been ring-fenced for the specialist Neuro team, which has been under significant pressure and whilst the access and waits have improved there is still further work to do.

**1.6** With strong partnership working and investment through the CCG and NHS England, good progress has been achieved in children and young people mental health services across all areas.

## **National context**

**1.7** NHS England has identified a number of key priorities for children and young people's mental health in the Five Year Forward View for Mental Health that must be achieved by 2020/21. This follows and builds on from the Future in Mind Policy for Children's Mental Health in 2015.

**1.8** These priorities include:

- A significant expansion in access to high quality mental health care for children and young people
- Nationally at least 70,000 additional children and young people each year to receive evidence-based treatment, a rate of 35% of those with a diagnosable MH condition.

**1.9** The Government's Green paper Transforming Children and Young People's Mental Health 2017 Outlines changes the government wants to make, which will affect schools and colleges and MH health services.

**1.10** The published response to the Government's Green Paper, Transforming Children and Young People's Mental Health Provision (2017) has been worked up into the implementation stage of regional delivery, with 95 CCG's selected and invited to submit an expression of interest in September 2018 to deliver training to establish mental health support teams in schools and trial the four week waiting period.

<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>.

## **Local policy context**

**1.11** Croydon has been undergoing a transformation process across a number of policy and service areas that contribute to the emotional wellbeing of children and young people living in the borough or registered with a Croydon GP.

**1.12** The Local Strategic Partnership (LSP) and the Health and Wellbeing Board (HWBB) have agreed that children's emotional wellbeing is a top priority for action across the whole system involving stakeholders for all agencies and partners.

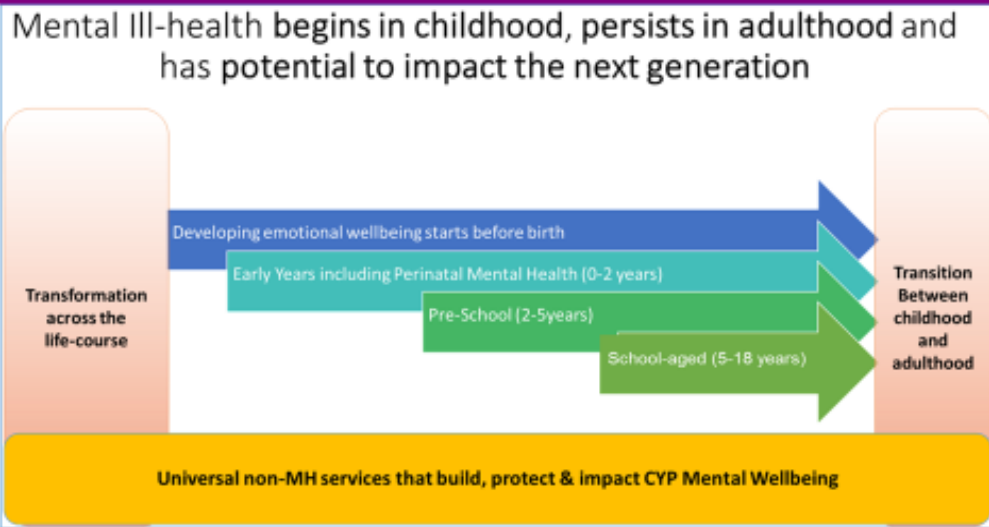
## **Levels of need**

**1.13** Croydon had 128,692 0-25 years in 2016, accounting for 1 in every 3 residents (1 in 4 were aged 0-19). This is the second largest child population in London and it is projected to grow by just under 10% to 141,312 by 2026.

**1.14** An estimated 20,430 children (0-19) were living in poverty in 2014 (HMRC, 2016).

**1.15** There are 785 children in care in Croydon, a rate of 83.1 per 10,000, higher than London (49.9 per 10,000), and England (61.7 per 10,000). These children have a higher prevalence of mental health conditions.

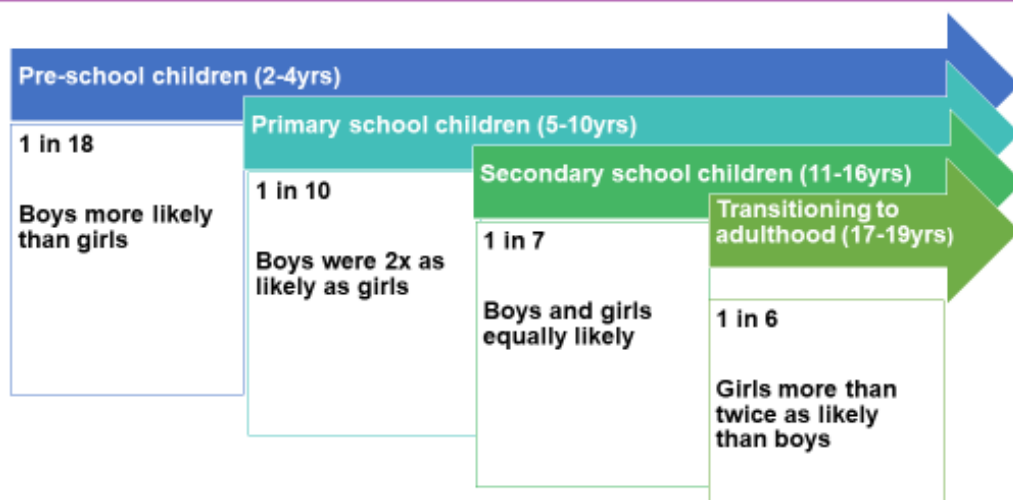
## Why emotional health and wellbeing is important



Croydon Public Health

- 1.16** A recent publication from NHS Digital shows revised estimates of need as follows;  
1 in 10 primary and 1 in 7 secondary school children have at least one mental disorder.  
A quarter of 17-19 year old girls have a mental illness, with half of these self-harming or attempting suicide.

## Prevalence-profile along early years & childhood



Source: NHS Digital: Mental Health of Children and Young People in England, 2017 [PAS]

## Priorities for 2018-21

**1.17** Following the Children and Young Peoples Emotional Wellbeing and Mental Health Partnership Board meeting in November and the Health and Wellbeing Board Workshop in December the following strategic planning framework has been adopted to guide the development of emotional wellbeing services and support for children and young people:

LTP strategic planning framework		
Stay well	Manage well	Greatest need
Non-MH services that build, protect & impact CYP Mental	Early help services and community based emotional wellbeing and MH services	Most vulnerable groups that need specialist treatment and support e.g. LAC, SEND, those with multiple diagnoses, Multiple Adverse Child Experiences those at risk of suicide or serious self-harm, those with eating disorders
<b>Enablers</b> Collaborative commissioning and Partnership work plan, map investment in stay well, identify other strategies to join up with, <u>engagement with YP and families - really involve, support</u> for parents, community awareness in areas of greatest need, all decision makers to understand their role, one underlying and reliable set of data, lived experiences, understanding the role of wider determinants		

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**1.18** There was wide recognition of the complexity of mental health issues, the importance of having CYP at the heart of Croydon's work and the need to understand how CYP and their families and carers can navigate their way through the system. Approximately 75 actions were suggested grouped into 33 areas under four themes. Following the workshop, the comments and votes were reviewed and three overarching actions identified.

- Pathways. Navigating through the system with the right access at the right time in the right place including:
  - a. Neurodevelopmental pathway
  - b. Reaching the NHSE Treatment Access Target
  - c. Emotional disorders
  - d. Early Intervention in Psychosis
  - e. Eating disorder
  - f. Transitions
- Engagement with children, young people, their families, carers and communities
- Strategic join up and Wider work: maximise the resilience of the population through working with non-MH services, providing information, and through improving wider determinants such as housing.
- Working with and supporting schools to ensure their pupils emotional wellbeing

## Strategic planning priorities

Stay well	Manage well	Greatest need
Shift to prevention Universal services Early identification of at risk children Promoting and supporting emotional wellbeing through schools	Early Help Enabling children to move smoothly between services (transition) Supporting perinatal mental health	Targeting support to the most vulnerable e.g. SEND LAC Multiple ACEs  Tackling self harm and suicide
Co-production with children, young people and their families		
Enablers		
Better intelligence	strategic join up	Life course commissioning
Wider determinants and legislative environment: incomes, housing, neighbourhoods, safety, air quality, green spaces, planning, transport		

**1.19** Croydon CCG will be investing an additional £630,000 in 2019 -20 to take forward priorities identified above where additional investment will have the most impact.

**1.20** The LSP and HWBB are setting outcome measures for emotional health and they will monitor progress toward improved outcomes as a result of the delivery of this Transformation Plan as part of their regular business.

**1.21** The One Croydon Transformation Plan references the importance of the best start in life and that healthy minds are a key priority. The One Croydon board are developing an outcomes framework that will include emotional health and wellbeing measures such as hospital admissions as a result of self-harm age 10-24.

**1.22** The Director of Public Health's annual report 2018 recognises the importance of the first 1000 days of a child's life from conception to two years of age, in building emotional wellbeing and resilience and in laying the foundations of lifelong mental and physical health. . It highlights the strong evidence that preparing for pregnancy can help the child have the best mental and physical health outcomes. The report notes the impact that adverse child experiences (ACEs) have on life-long health and wellbeing and the

importance of the wider determinants (such as housing, household income, community) in shaping the early years.

**1.23** The Partnership Early Help strategy sets out how Croydon's strategic partners and wider stakeholders will collectively deliver early help in partnership with children, young people, families and carers in order to improve the life chances of our vulnerable and disadvantaged families, including their mental health.

#### RED RAG Risks to delivery

Area of Risk	Mitigation
<b>Financial</b> <b>The whole health and social care economy is functioning in a financially challenging environment where there are huge efficiency savings which may impact on the delivery of the transformation plan</b>	<ul style="list-style-type: none"> <li>• Work with providers to ensure their Cost Improvement Programme plans do not impact on the delivery of the CAMHS transformation plan</li> <li>• Redesign services where there are lack of efficiencies to make best use of available resources across health and social care. This is linked to the overall review of children's commissioned services</li> <li>• Identify emerging cost pressures that are associated with pilot and national funding ending and submit business cases to executive committees in the CCG and Local authority as appropriate in advance of the end date</li> <li>• Ensure all contracts have clearly defined activity and finance plans and this forms part of the contract monitoring meetings</li> </ul>
<b>Sustainability</b> <b>Financial and service pressure may result in individual organisations making reductions in budgets which may impact on the sustainability of the transformation beyond 2020</b>	<ul style="list-style-type: none"> <li>• All changes in commissioning and provider budgets which may impact on the CAMHS transformation to be communicated and agreed at partnership boards and with system leaders at Place based Commissioning forums</li> <li>• Develop and agree strategic priorities which include CAMHS transformation at Partnership forums</li> <li>• Deliver the CAMHS transformation delivery plan to ensure the change is imbedded in provider organisations</li> <li>• Develop partnership working across the providers, CCG, voluntary sector, parents, children and young people so that all partners participate in co- production.</li> </ul>

#### What we achieved in 2017 -18

**1.24** In 2017/18, a significant amount of work was undertaken to transform mental health services for children and young people. CYPMHS Local Transformation programme achieved the following:

- Further development of the single point of access for all CAMHS referrals including self-referrals. This continues to remove the need for organisational tiers and boundaries. As a result, the **service has further reduced waiting times from 26 weeks to less than 20 weeks (Neuropsychiatric wait times) to ensure children and young people have access to the right service at the right time** and as close to home as possible for optimal outcomes to be delivered for children, young people and their families and carers. However it is recognised that further work is need to improve reach and access.
- **£780,000 funding allocation to transform Child and Adolescent Mental Health Services (CAMHS).** This investment from CCG and NHS England reflects a commitment to deliver improvements as set out in “Future in Mind” and a national five year investment programme to transform the quality of and accessibility to a responsive CYPMHs system.
- We worked with stakeholders to invest additional resources into key services and areas with a focus on capacity and waiting time initiatives during this year and system wide transformation, including new services for vulnerable children in social care and the Youth Offending Team
- A crisis and liaison psychiatry service is operational at SLaM and CYPMHs staff now offers an improved and expanded onsite support in A&E with extended hours

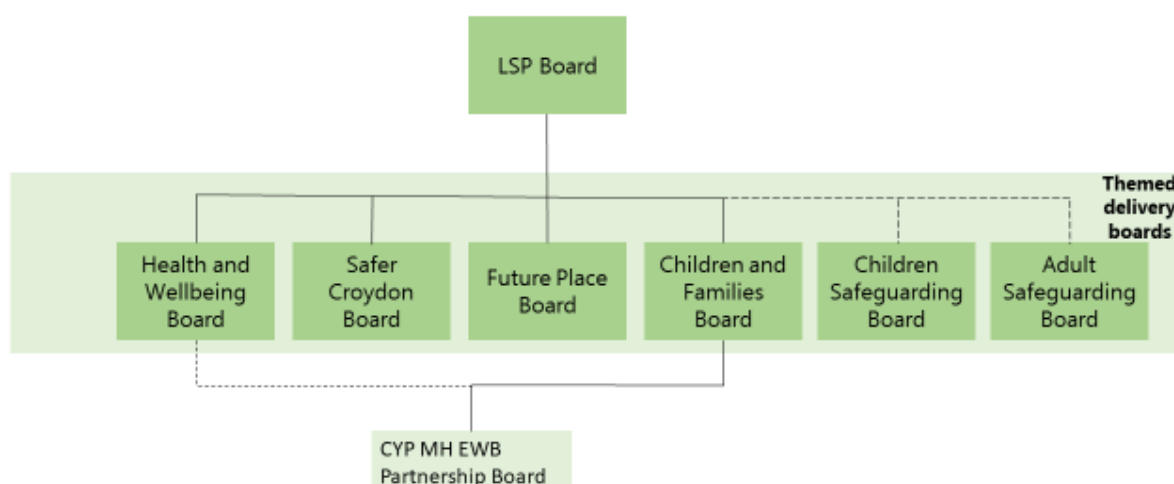
**1.25** LTP has successfully funded extra capacity to meet demands, reduced waiting times and increased access to services.

## **Governance and Transparency**

**1.26** In line with national guidance, Croydon CCG is responsible for overall leadership, management and strategic coordination of the CYPMHs Local Transformation Plan on behalf of the local Children and Families Board, the Health and Wellbeing Board and other partnership groups.

**1.27** In order to take this forward the Children and Young People’s Mental Health and Emotional Wellbeing Board is our cross sector partnership with responsibility for ensuring an all-inclusive multi-agency response is planned and delivered to meet the emotional wellbeing and mental health needs of children, young people and their families and carers. The governance structure for the board is as follows:

## Local Strategic Partnership (LSP) Governance



**1.28** A workshop was held on 5th December with the Health and Wellbeing Board (HWBB) to refine and generate the top priorities for action in relation to emotional wellbeing. As a result of the HWBB agreed the following three priorities for 2018-20:

- The development of joined up pathways across the continuum of need
- The further development of participation and engagement of children and young people to shape the future service provision
- There should be strategic join up across National, CCG, Council, LSP, One Croydon, STP policy frameworks to ensure that duplication of effort is minimised and that there is clarity of vision and strategic direction leading to concerted and coordinated action.

**1.29** The day to day work is overseen by the Children's Integrated Commissioning Team, which plays a key role in helping to join up the local system of commissioning in Croydon on behalf of the CCG and Council.

**1.30** We will continue to work with the national specialist commissioning teams in further developing local commissioning strategies for young people known to the Youth Offending Team, needing specialist inpatient care and other specialist support.

### Engagement of children and young people

**1.31** Croydon is committed to improving participation of children, young people and their families as the agents for change. Plans are underway to strengthen the work to date.

**1.32** Our youth engagement team works in youth settings and in the wider community, with the aim of improving outcomes for all young people in the Borough. They lead on youth consultation through varied forums, and also support youth work for LGBT young people in Croydon. There are also links to work around domestic abuse, exploitation and family justice.

**1.33** In November 2018 the Council hosted a number of young people as part of a takeover challenge and one of the top priorities for discussion was emotional wellbeing and mental health of children and young people.

**1.34** The CCG hosted a Health and Care event in November which included Mental Health as a topic and young people attended to give their views. These recent events have added to the rich picture of views.

**1.35** Plans are underway to strengthen this, by working with the lead officer for Youth engagement to ask children and young people how they wish to participate in the future. This will also involve looking at how best to link in with existing Youth Forums and engaging the leadership of the Young Mayor.

**1.36** A workshop is being planned for 2019 with young people regarding emotional wellbeing to follow on from the Youth Congress, Health and Care event and Takeover Challenge. We will be asking young people what mechanisms we should use to ensure they are able to influence their future plans. To this end the CCG is investing £50,000 for young people to allocate to their top priorities for change.

### **Why supporting good mental health in children and young people is important**

**1.37** Childhood is a crucial time for laying down the foundations of life long mental health and wellbeing as referenced in the Director of Public Health's Annual report 2018

**1.38** Half of all adults with a lifetime mental illness (excluding dementia) will experience symptoms by the age of 14 and 75% will experience symptoms by the age of 24. Making these crucial times for services to engage parents, carers and young children early.

**1.39** For those experiencing mental health problems, early intervention is effective and can improve life chances and outcomes including physical health, educational attainment, work prospects and relationships with friends, family and the community

**1.40** There is overwhelming evidence that early intervention is cost effective with national social return on investment studies showing returns of between £1.37 and £9.20 for every £1 invested.<sup>1</sup>

**1.41** Poor mental health can be both a cause and consequence of health inequalities. Children in low income families tend to have a three-fold increased risk of developing a mental health problem (Future In Mind, 2015). People with a serious mental illness die 16-25 years earlier than the general population.<sup>2</sup>

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<sup>1</sup> Mental Health of Children and Young People in London, Dec 2016, Public Health England. Accessed online at: <https://www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people> on 04/10/18

## **Next steps**

**1.42** The LTP refresh has been to the following governance meetings for scrutiny and sign off:

- Croydon CCG Governing Body – 8th January 2019
- Endorsed by Children and Young People Emotional Wellbeing and Mental Health Partnership Board – 23rd January 2019

The plan is to:

- Submit to NHS England on 4<sup>th</sup> February 2019
- Sign off by the Croydon Health & Wellbeing Board(HWBB) – in February postponed from 29th January 2019
- The Youth Engagement Team will work with young people to support them in producing an easy read version following HWBB sign off.

# Children and Young People's Emotional Wellbeing and Mental Health

## Croydon's Local Transformation Plan

### 1. Background and national and local policy context

#### National context

- 1.1 'Future in Mind' clearly articulates that Local Transformation Plans should cover all mental health for children and young people:

*"Delivering the national ambition will require local leadership and ownership. We therefore propose the development and agreement of Transformation Plans for Children and Young People's Mental Health and Wellbeing which will clearly articulate the local offer. These Plans should cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services".*

- 1.2 The Croydon CYP Local Transformation Plan firmly takes this approach, and has been developed in response to the May 2015 letter from Sir Bruce Keogh and Richard Barker calling for "a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in Future in Mind".

- 1.3 This Local Transformation Plan presents Croydon's multi-agency strategy to transform the system of emotional wellbeing and mental health support for children and young people in the borough. It aims to set a future vision for change, clearly articulate the offer of local services and the steps we are going to take to continue our journey of improvement.

#### Update on national policy and legislative framework

- 1.4 This Local Transformation Plan responds to and builds on the recent work of the Children and Young People's Mental Health Taskforce and the subsequent [Future In Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing](#) report published in March 2015. This has been supplemented in 2016 by Implementing [The Five Year Forward View for Mental Health](#).
- 1.5 The Government's Green paper [Transforming Children and Young People's Mental Health 2017](#) Outlines changes the government wants to make, which will affect schools and colleges and MH health services, including:

- A Mental health lead in every school & college by 2025
- Mental health support teams (trained staff linked to groups of schools and colleges) working with schools and colleges
- Shorter waiting times to access CYP mental health services – testing ways to reduce waiting time to 4 weeks
- A new national partnership to improve provision for 16-25s
- The published response to the Government's Green Paper, [Transforming Children and Young People's Mental Health Provision](https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper) (2017) has been worked up into the implementation stage of regional delivery, with 95 CCG's selected and invited to submit an expression of interest in September 2018 to deliver training to establish mental health support teams in schools and trial the four week waiting period.  
<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

**1.6** The Mental Health Services and Schools Link Pilot, and the learnings from the workshops, are referenced throughout Green Paper. The joint training approach has shown the benefits of building strong relationships between schools and NHS mental health services.

**1.7** The green paper responds to addressing Self Harm and providing preventative onsite support services in schools.

**1.8** The LTP also uses a range of national reports and reviews which provide a framework for Croydon's local strategy for the improvement of emotional wellbeing services:

- [Every Child Matters \(2003\)](#), and the [National Service Framework for Children, Young People and Maternity services \(2004\)](#), using the four Tier strategic framework for child and adolescent mental health services (CAMHS), defines what is required to ensure children and young people receive comprehensive care.
- Crisis Care Concordat 2014 September Government Task Force 2014
- NHS England Review of Inpatient Bed 2013
- The Government's 2011 mental health strategy [No Health without Mental Health](#), which placed considerable weight on early intervention to stop serious mental health issues developing, particularly amongst children.
- [The Children and Families Bill \(2014\)](#), which included reforms to legal provisions for children with SEN and covered a strong emphasis on improving outcomes for children and young people with social, mental and emotional health needs.

- The work of the Children's and Young People's Mental Health and Wellbeing Taskforce, set up in September 2014 and which concluded with the publication of the Future in Mind report in March 2015.
- The planning guidance [Local Transformation Plans for Children and Young People's Mental Health and Wellbeing: Guidance and support for local areas](#) was published in August 2017 and is at the heart of this document.

**1.9** The promotion of mental health through schools is a key national policy focus. In March 2015 the guidance Promoting children and young people's emotional health and wellbeing: A whole school and college approach was published. The aim of this guidance is to raise the profile of emotional wellbeing issues in schools, linking them to success against the Ofsted inspection framework.

**1.10** The development of school clusters, working collaboratively with schools is an essential element of the strategy to improve the local system of emotional wellbeing support, addressed later in this document.

### **Five Year Forward View (2016)**

**1.11** The Five Year Forward View for Mental Health (2016) builds on the direction of travel that by 2020/21 at least 70,000 more children and young people should have access to high quality mental health care when they need it, with a commensurate increase in the workforce. NHS England should continue to work with partners to fund and implement the whole system approach set out in Future in Mind so that outcomes are improved. LTPs should be integrated into Sustainability and Transformation Plans.

**1.12** In addition to the key targets around population access, LTPs are expected to help in a significantly reducing the demand for Specialised CAMHS services within the next 5 years. Crisis care pathways that can provide robust and sustainable alternatives to inpatient care are under-developed particularly for children and young people with complex needs and behaviours related to learning disability (LD) and/or Autism and emerging personality disorders. The overall distribution of CAMHS inpatient capacity does not match Regional population needs and young people are being admitted far from their home, or to paediatric wards; the NHS England National CAMHS Service Review aims to redress service deficits by redistributing/realigning beds to meet local needs, the FYFV IP sets a clear expectation that by 2020 there will be no inappropriate admissions to adult or paediatric beds and patients will be treated in local care pathways.

**1.13** In July 2016, NHS England published an Implementation Plan to set out the actions required to deliver the Five Year Forward View for Mental Health. Whilst the Five Year Forward View for Mental Health is a single programme, it contains different and related

elements across the health system for all ages. A core strand within this programme are children and young people. The key features of the implementation plan are:

- Greater collaborative commissioning between the NHS and partner organisations
- Improved access to crisis resolution and liaison mental health services that prevent the need for inpatient beds and inappropriate out of borough placements
- All areas having eating disorder services for children and young people in place that ensure 100% of children in need of emergency treatment are seen within one day, 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases.
- Increasing the capacity and skill set of the local workforce.

## **Local Policy Context**

**1.14** Croydon has been undergoing a transformation process across a number of policy and service areas that contribute to the emotional wellbeing of children and young people living in the borough or registered with a local GP.

**1.15** The policy framework documents include:

- Council Corporate Plan, 2018 -22
- Children's Improvement plan following Ofsted
- One Croydon Transformation Plan
- CCG Operating Plan and business plans
- Partnership Early Help Strategy
- SEND Strategy
- The Director of Public Health's Annual Report, 2018
- Children and Young Peoples Emotional Wellbeing and Mental Health Local Transformation plan
- South West London Transformation Plan
- Local Strategic Partnership and Health and Wellbeing Board plans

**1.16** In addition as mentioned in the foreword the Local Strategic Partnership (LSP) and the Health and Wellbeing Board (HWBB) have agreed that children's emotional wellbeing is a top priority for action across the whole system involving stakeholders for all agencies and partners.

**1.17** The LSP and HWBB are setting outcomes measure for emotional health and they will monitor progress toward improved outcomes as a result of the delivery of this Transformation Plan as part of their regular business.

## Director of Public Health's Annual Report 2018

**1.18** The Director of Public Health has a statutory responsibility to produce an annual public health report. The 2018 Croydon report presents the evidence about the key role that every child's first 1000 days plays in determining their future health and development. It has five key messages:

- Experiences in the first 1000 days of life from conception to age 2 lay down the foundations of life long physical and mental health and wellbeing.
- A child's health is affected not only by a mother's (and father's) health during and after pregnancy, but also their mental and physical health before pregnancy.
- Issues such as housing, neighbourhoods, education and income influence the first 1000 days by affecting the world of the child's parents and carers.
- ACEs (Adverse Childhood Experiences) such as parental separation, domestic violence and parental mental ill health can affect the rest of a baby's life. The more ACEs a child experiences the more likely they are to experience poor adult health, including poor mental health.
- It's a complex problem that needs a whole systems partnership approach – and we can make a difference.

**1.19** The report proposes three key principles:

**Know your role:** we all have a role to play in helping children thrive during the first 1000 days- however we need to understand what this role is and how best we can contribute through a whole systems approach

**Health in all policies:** we all should shift the focus from managing ill health to creating the right conditions for good health through a health in all policies approach

**Breaking the inequalities cycle:** tackling the socio- economic determinants of health- (such as jobs, homes, social cohesion, education, income) is key in reducing inequalities in early years that, in turn, become inequalities across the life course. We all have a role to play in breaking this cycle

**1.20** Overall there are 34 recommendations, with four key ones:

- Review, revise and join up the maternal mental health pathways from the community, and primary care, through midwifery and health visiting and other partners by 2019.
- All (100%) of midwives and health visitors in Croydon to receive training around recognising and supporting families with risk of multiple Adverse Childhood Experiences by the end of 2019.
- 1000 front line staff in the council, NHS, police and voluntary sector to have training around Adverse Childhood Experiences, their causes and impact, in 2019
- Develop and Implement a plan of action for increasing the levels of awareness about pre pregnancy health and the importance of preparing for pregnancy by the end of 2019

## **One Croydon Transformation Plan**

**1.21** The One Croydon Transformation Plan references the importance of the best start in life and that healthy minds are a key priority. The One Croydon board are developing an outcomes framework that will include emotional health and wellbeing measures such as hospital admissions as a result of self-harm age 10-24.

## **Partnership Early Help Strategy**

**1.22** This strategy sets out how Croydon's strategic partners and wider stakeholders will collectively deliver early help in partnership with children, young people and their families in order to improve the life chances of our vulnerable and disadvantaged families. There are many excellent examples of early help already working in Croydon and this strategy seeks to harness the work already in place and create an effective support system for children and their families which builds on existing good practice and partnership working.

**1.23** Families are best placed to understand, care for and nurture their children, however, nationally it is estimated that around 30% of children and young people will, at some stage, experience difficulties which if addressed early enough, can be prevented from escalating into costly statutory services. If early help is not offered this can, in worst cases, result in children's social, emotional, health and educational development to be impaired and can lead to family breakdown. If effective, early help empowers children and families to regain control of their circumstances and help transform the lives of vulnerable children. Effective support through the Early Help 'right help, right time' framework describes the relationship between four levels of need; universal, additional, intensive and specialist need.

**1.24** Effective understanding and application of these levels will ensure children and their families receive help early in the life of the problem.

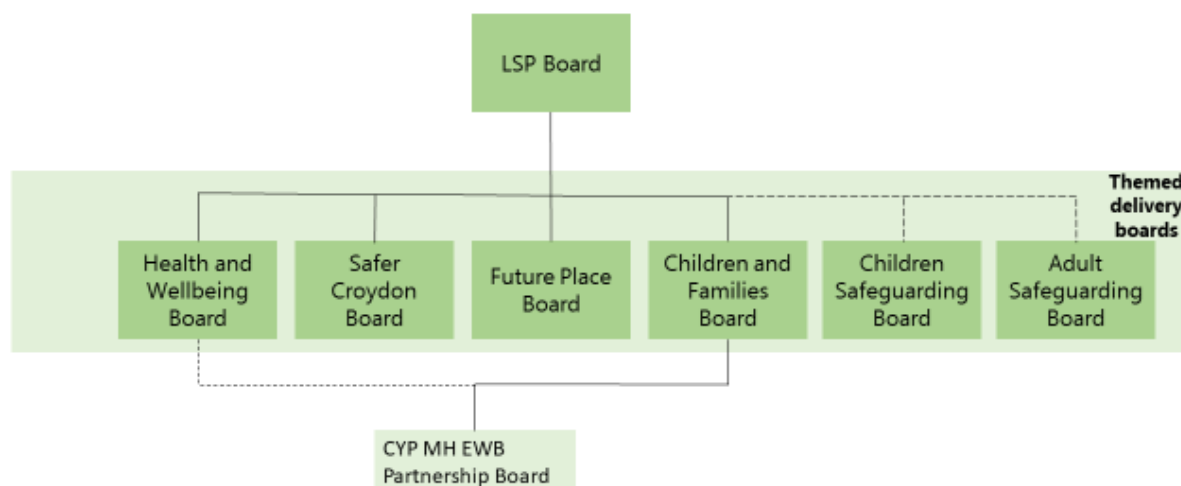
## **Governance and Transparency**

**1.25** In line with national guidance, Croydon CCG is responsible for overall leadership, management and strategic coordination of the CAMHS Local Transformation Plan on behalf of the local partnership.

**1.26** In order to take this forward the Children and Young People's Mental Health and Emotional Wellbeing Board is our cross sector partnership with responsibility for ensuring an all-inclusive multi-agency response is planned and delivered to meet the emotional wellbeing and mental health needs of children, young people and their families and carers.

**1.27** The Board has clear terms of reference and is accountable through senior management teams across health and the local authority to the Council and the CCG. It reports to the Children and Families Board with a dotted line to the Health and Wellbeing Board (HWBB). As shown in the diagram below:

## Local Strategic Partnership (LSP) Governance



**1.28** The CYP Emotional Wellbeing and Mental Health Board is chaired by the clinical lead for children who was appointed by the CCG governing Body. The board has representation from all local partners and stakeholders including Parents in Partnership, the Youth Engagement Team who are leading on how we enable young people to participate and co-produce the plan. The Board also includes representatives from providers of service the voluntary and community sector, the CCG, Croydon Council Public Health, and South West London STP.

**1.29** The Board has led the current refresh of the LTP and having consider the key areas of focus for the future and generated ideas as follows:

## Ideas from the CYP EW Board 28<sup>th</sup> November

Stay well	Manage well	Greatest need
Effective training in schools Understanding barriers to effective MH provision in schools Improve understanding of MH in families – reduce stigma of parenting support Digital self help Building mental health resilience resilience in the general population	Build a cluster / neighbourhood model Can we embed a Thrive model across the partnership Balance between in school and out of school support Support available through different mediums, online, apps, face to face Flexibility of response – in the community <u>Transition to adult services / extend adolescence to 25.</u> Consistency of information about what is available	More trauma informed services and trauma informed training Complex, risky and vulnerable CYP who struggle to engage services CYP with multiple diagnoses inc SEND CYP with four plus ACEs Explore ideas around peer support How to effectively join up CYP MH and adult MH
<b>Enablers</b> Partnership work plan, map investment in stay well, identify other strategies to join up with, <u>engagement with YP and families - really involve</u> , support for parents, community awareness in areas of greatest need, all decision makers to understand their role, one underlying and reliable set of data, lived experiences, understanding the role of wider determinants		

**1.30** A workshop was held on 5th December with the HWBB and to refine and generate the top priorities for action in relation to emotional wellbeing. As a result of the HWBB agreed the following three priorities:

- The development of joined up pathways across the continuum of need
- The further development of participation and engagement of children and young people to shape the future service provision
- There should be strategic join up across the National, Council, CCG LSP, One Croydon, STP policy frameworks to ensure that duplication of effort is minimised and that there is clarity of vision and strategic direction leading to concerted and coordinated action.

**1.31** The day to day work is overseen by the Children's Integrated Commissioning Team, which plays a key role in helping to join up the local system of commissioning in Croydon on behalf of the CCG and Council.

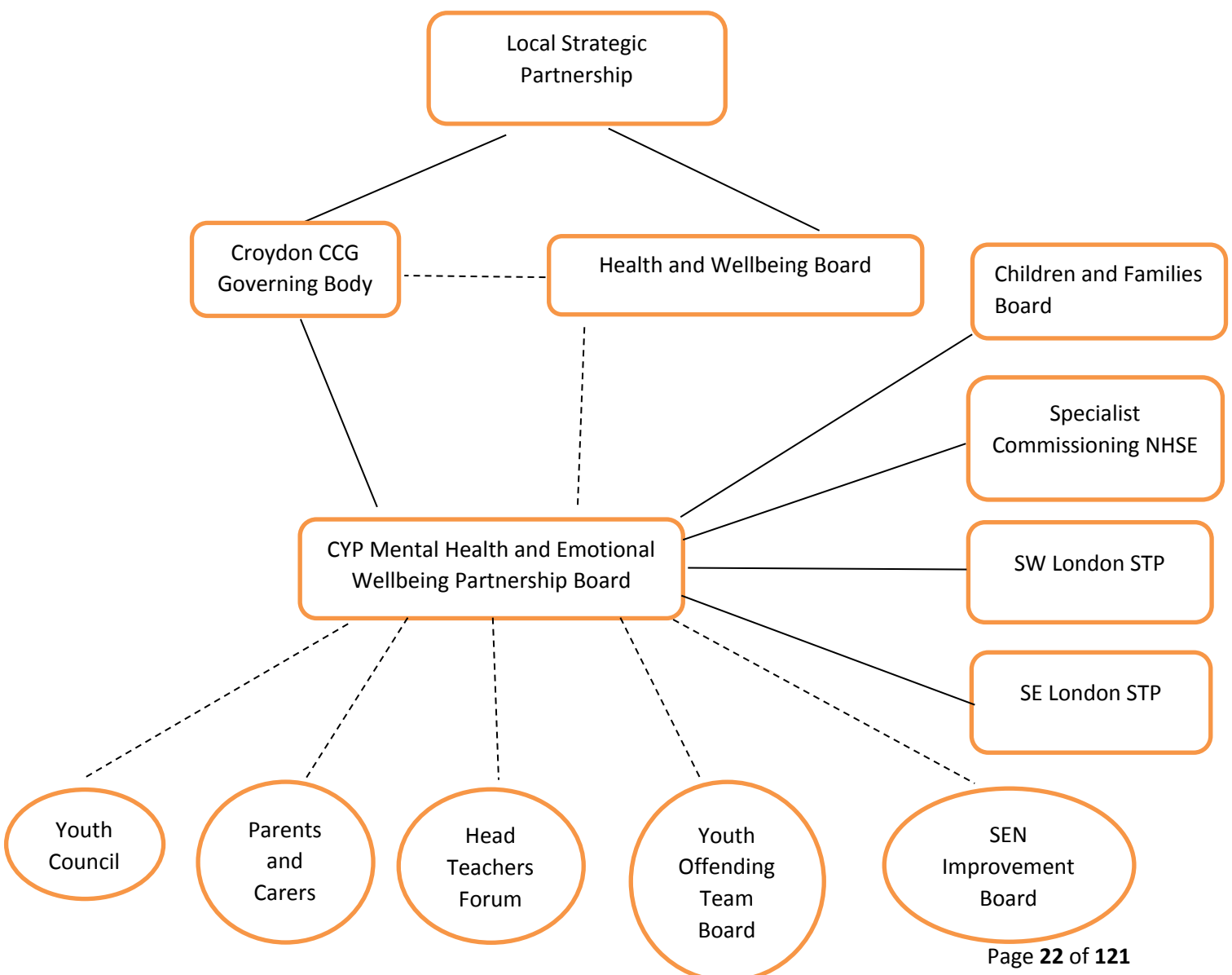
**1.32** We will continue to work with the national specialist commissioning teams in further developing local commissioning strategies for young people known to the Youth Offending Team and that needing specialist inpatient care.

**1.33** The Senior Responsible Officer for the delivery of the LTP is Stephen Warren, Director of Commissioning at CCGG.

**1.34** The LTP refresh will go to the following governance meetings for scrutiny and sign off:

- Croydon CCG Governing Body – 8th January 2019
- Endorsed by Children and Young People Emotional Wellbeing and Mental Health Partnership Board – 23rd January 2019
- Submission to NHSE 4<sup>th</sup> February 2019
- Sign off by the Croydon Health & Wellbeing Board – postponed from 29th January 2019
- The Youth Engagement Team will work with young people to support them in producing an easy read version following HWBB sign off.

### Diagram of the wider Croydon Partnership Governance Structure



## 2. Understanding Local Need

2.1. This chapter has five subsections:

- Why supporting good mental health in children and young people is important
- The context – Croydon’s CYP population
- Risk factors – those who are at greatest risk
- SEND – extract from strategy
- Prevalence– estimated numbers of CYP with MH disorders in Croydon.
- Gaps including feedback from CYP. Waiting times and capacity show that we have insufficient capacity given that we have growing demand.

### Why supporting good mental health in children and young people is important

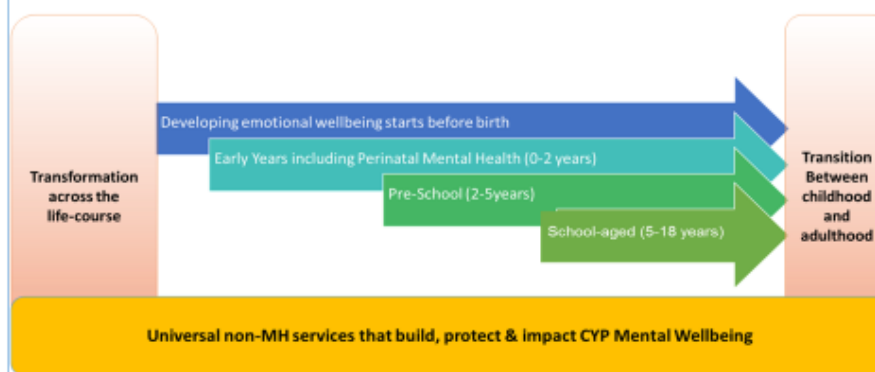
- 2.2. Childhood is a crucial time for laying down the foundations of life long mental health and wellbeing.
- 2.3. Half of all adults with a lifetime mental illness (excluding dementia) will experience symptoms by the age of 14 and 75% will experience symptoms by the age of 18 . It is a crucial time for services to engage parents and young children early.
- 2.4. For those experiencing mental health problems, early intervention is effective and can improve life changes and outcomes including physical health, educational attainment, work prospects and relationships with friends, family and the community
- 2.5. There is overwhelming evidence that early intervention is cost effective with national social return on investment studies showing returns of between £1.37 and £9.20 for every £1 invested.<sup>2</sup>
- 2.6. Poor mental health is both a cause and consequence of health inequalities. Children in low income families having a three-fold increased risk of developing mental health problems (Future In Mind, 2015). People with a serious mental illness die 16-25 years earlier than the general population.<sup>2</sup>

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<sup>2</sup> Mental Health of Children and Young People in London, Dec 2016, Public Health England. Accessed online at: <https://www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people> on 04/10/18

## Why emotional health and wellbeing is important

Mental ill-health begins in childhood, persists in adulthood and has potential to impact the next generation



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- 2.7. A recent publication from NHS Digital shows revised estimates of need as follows. What is most striking is the level of emotional disorders reported for young women 17-19 at a rate of 1:4.

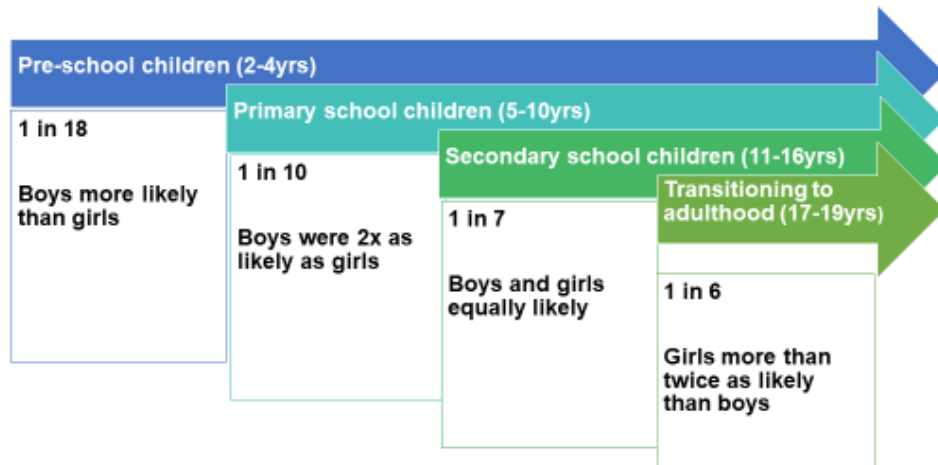
## Levels of need

- 1 in 8 (5-19 year olds) had at least one MH disorder when assessed in 2017. Girls aged 17-19 had highest rates (23.9%)
- Overall increase in the rates, and particularly for emotional disorders

<b>Emotional Disorders</b> 1 in 12 (8.1%) F=10% and M=6.2% Anxiety was more common than depression	<b>Behavioural (or conduct) disorders</b> 1 in 20 (4.6%) M=58% and F=3.4%
<b>Hyperactivity Disorders</b> 1 in 60 (1.6%) M=2.6% and F=0.6%	<b>Other less common disorders</b> 1 in 50 (2.1%) 1.2% with ASD 0.4% with eating disorders 0.8% with tics or other

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## Prevalence-profile along early years & childhood

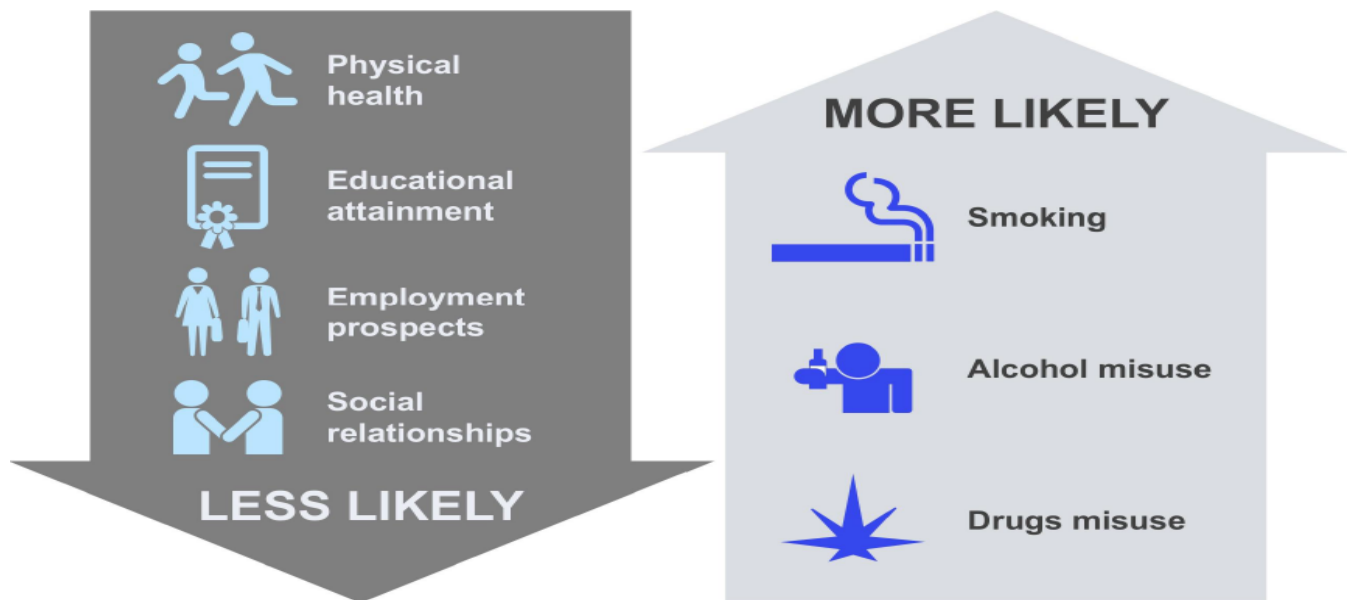


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Source: NHS Digital Mental Health of Children and Young People in England, 2017 [PAS]  
November 2018

Mental health illnesses are a **leading** cause of health-related disabilities in CYP and can have **adverse** and **long-lasting** effects



Source: PHE

**2.8.** Children and young people with mental health problems are more likely to have worse outcomes both as children and in later life as adults.

- 12% of CYP live with a long term condition and people with a long term condition have a 2-6 times greater risk of mental illness.
- Parents of children with mental illness were 3-4 times more likely to report their child's general health was fair or bad.
- Children with mental disorders were much more likely than other children to have had time off school.
- Children with emotional disorders and those with conduct disorders were much more likely than other children to have had unauthorised absences.
- Twice as likely to have special educational needs and tend to be behind with their schooling

### The context – Croydon's CYP population

**2.9.** The size of the 0 to 19 and 0 to 25 populations, and its projected growth sets the context for the level of mental health need.

**2.10.** Croydon had 128,692 0-25 years in 2016, accounting for 1 in every 3 residents (1 in 4 were aged 0-19). This is the (second) largest child population in London and it is projected to grow by just under 10% to 141,312 by 2026. The biggest expected

increase is in the 5-19 population, which is projected to grow by just over 14% from 74,319 to 84,858 by 2026.

- 2.11. There is also a high level of churn within the population, with families moving in and out of the borough; (15.4% of 0-4s, 11% of 5-19s, 15.8% of 0-25s). High churn can make it harder to identify needs and to access services.
- 2.12. Croydon has a diverse population with just under 70% of 0-25s from black and minority ethnic (BAME) backgrounds.

### Children at higher risk of mental health problems in Croydon

- 2.13. There are many risk factors for poor mental health in children and young. The exhibit sets out both these and the protective factors at individual, family and school and community levels.

## Risk and protective factors for CYP's mental health













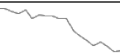
- 2.14. Groups are at higher risk of experiencing mental health problems including:

- who have experienced four or more adverse childhood experiences <sup>3</sup>
- in the care system – i.e. looked after children - 60% of looked after children have some form of emotional or mental illness, unaccompanied asylum seeking children
- with special educational needs, autism and adhd
- children in the youth justice system
- with adverse family circumstances, such as parental mental ill health, parental separation and parents in prison. Around a 1/4 of children with mental disorders had a parent with serious mental illness. Maternal depression is associated with a 5 fold increased risk of mental illness for the child.
- in low income households and areas of higher deprivation

**2.15** The exhibit below sets out the numbers of Croydon children and young people (where data is available for the risk groups listed above) at greater risk of poor mental health.

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<sup>3</sup> Adverse Childhood . There is emerging evidence that Adverse Childhood Experiences (ACEs) which can include exposure to stressful or traumatic experiences in infancy and childhood may have lasting negative impacts on mental health and wellbeing outcomes . Those with 4 or more ACEs by the age of 18 are more likely to experience health harming behaviours as an adult:

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Children in poverty (under 16) % of children aged under 16 living in low income families	16.8%	18.8%	18.7%	14,615	↓		2015
Children in poverty (under 20) % of dependent children aged under 20 living in low income families	16.6%	19.2%	18.4%	16,745	↓		2015
Homeless young people Rate per 1,000 households of applicant households accepted homeless households headed by applicant aged 16-24	0.6	0.8	1.4	218	↓		2016/17
Primary school pupils with SEN % of pupils in primary schools with statements, EHC plans or receiving SEN support	13.5%	13.7%	12.9%	4,401	□	n/a	Jan 17
Secondary school pupils with SEN % of pupils in primary schools with statements, EHC plans or receiving SEN support	12.4%	12.9%	12.8%	2,834	□	n/a	Jan 17
All pupils with SEN % of pupils with statements, EHC plans or receiving SEN support	14.4%	14.3%	14.0%	9,130	□	n/a	Jan 17
Estimated prevalence of ADHD Estimated number of population aged 16-24 with ADHD	n/a	n/a	n/a	5,739	□	n/a	2013
Primary school pupils with statement or EHC plan % of pupils in primary schools with statements or EHC plans	1.3%	1.7%	1.6%	552	□	n/a	Jan 17
Secondary school pupils with statement or EHC plan % of pupils in primary schools with statements or EHC plans	1.7%	2.0%	1.9%	431	□	n/a	Jan 17
All pupils with statement or EHC plan % of pupils with statements or EHC plans	2.8%	2.9%	3.0%	1,956	□	n/a	Jan 17
Emergency admissions for diabetes Rate of finished emergency admissions for diabetes per 100,000 population aged 0-9	29.8	24.2	17.9	10	↔		2015/16
Emergency admissions for diabetes Rate of finished emergency admissions for diabetes per 100,000 population aged 10-18	86.8	76.0	35.5	15	↓		2015/16
Children in care Rate of Looked After Children per 10,000 population aged under 18	61.7	49.9	83.1	785	↓		2017
Unaccompanied Asylum Seeking Children (UASC) Rate of Looked After Children who are UASC per 10,000 population aged under 18	3.9	7.8	41.3	390	□		2017
Children in care (excluding UASC) Rate of Looked After Children excluding UASC per 10,000 population aged under 18	57.8	42.2	41.8	395	□		2017
Child Protection Plans Rate per 10,000 of children under 18 who were the subject of a child protection plan at any point in the year	97.8	86.6	79.4	794	□	n/a	2016/17
Child in Need episodes Rate per 10,000 of children under 18 with an episode of need of at any point during any point in the year	612.4	642.6	732.7	6,919	□	n/a	2016/17
Pupil absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	4.7%	4.4%	4.6%	n/a	↓		2016/17
First time entrants to the youth justice system Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population	327.1	407.3	527.5	197	↓		2016
16-17 year old NEET % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	6.0%	5.3%	10.5%	970	□	n/a	2016
Under 18 conceptions Rate of conceptions per 1,000 population women aged 15-17	18.8	17.1	25.0	175	↓		2016

- 2.16. An estimated 20,430 children (0-19) were living in poverty in 2014 (HMRC, 2016), This equates to 1 in 5 of 0-19s in 2016. Children are a higher proportion of the population in the North and East of the borough where we also see higher levels of deprivation. The rate of family homelessness in Croydon, (5.5 per 1000 households), is significantly worse than London and England, and Croydon has the 4<sup>th</sup> highest rate when compared to statistical neighbours.
- 2.17. BME groups are more likely to be diagnosed with mental health problems and more likely to disengage from mainstream mental health services, leading to social exclusion and to a deterioration in their mental health. Among Croydon's population, BME communities tend to be under represented in Tier 3 and Tier 4 Mental Health services. There is also lack of engagement with services of CYP known to YOT and T4 services in Croydon.
- 2.18. Croydon has a disproportionately high number of unaccompanied asylum seeking children (UASC) as part of it's looked after children (LAC) cohort. (41.3 per 10,000 under 18s in 2017, compared to 3.9 per 10,000 in England and 7.8 per 10,000 in London). This is due to the Home Office being located within the borough. 390 children UASC were looked after in 2017, it is the second highest number of UASC in the country.
- 2.19. There are 785 children in care in Croydon, a rate of 83.1 per 10,000, higher than London (49.9 per 10,000), and England (61.7 per 10,000), however this includes UASC and there is also a downward trend in this overall rate.
- 2.20. 794 children in Croydon under the age of 18 were the subject of a child protection plans in 2016-2017 (79.4 per 10,000, similar to 86.6 in London, and lower than 97.8 in England).
- 2.21. There were 6,919 children in need episodes in 2016-2017, (732.7 per 10,000, higher than London (642.6 per 10,000) and England (612.4 per 10,000).
- 2.22. In January 2018, there were 350 secondary school children with ASD (12.3% of those with SEN) and 357 of primary school children (7.8% of those with SEN)<sup>4</sup>. In January 2018 there were 7407 children with SEN in primary and secondary schools. The draft SEND strategy (2018) particularly addresses the need to support the mental health needs children and young people with SEN.


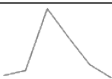

#### **Estimated numbers of CYP with Mental health disorders in Croydon.**

- 2.23. The prevalence of mental health disorders in children and young people (CYP) aged 5-16 has been estimated to be 9.3%, whilst in the adult population aged 18 years and over, this is 23%. This equates to a combined prevalence estimated of roughly 16,677 children CYP aged 0-25 years – 1 in every 8. (see footnote ).

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<sup>4</sup> <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018>

**2.24.** Table shows includes a range of mental health indicators that highlight the needs in Croydon.

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Estimated prevalence of mental health disorders							
Estimated % of population aged 5-16 with a mental health disorder	9.2%	9.3%	9.3%	5,557	▣	n/a	2015
Estimated prevalence of emotional disorders							
Estimated % of population aged 5-16 with an emotional disorder	3.6%	3.6%	3.6%	2,143	▣	n/a	2015
Estimated prevalence of conduct disorders							
Estimated % of population aged 5-16 with a conduct disorder	5.6%	5.7%	5.6%	3,377	▣	n/a	2015
Estimated prevalence of hyperkinetic disorders							
Estimated % of population aged 5-16 with a conduct disorder	1.5%	1.5%	1.5%	919	▣	n/a	2015
Estimated prevalence of eating disorders							
Estimated number of population aged 16-24 with an eating disorder	n/a	n/a	n/a	5,464	▣	n/a	2013
Primary school pupils with social, emotional and mental health needs	2.1%	2.2%	2.1%	711	▣	n/a	Jan 17
% of pupils in primary schools with social, emotional and mental health needs							
Secondary school pupils with social, emotional and mental health needs	2.3%	2.6%	2.3%	509	▣	n/a	Jan 17
% of pupils in secondary schools with social, emotional and mental health needs							
All pupils with social, emotional and mental health needs	2.3%	2.4%	2.4%	1,351	▣	n/a	Jan 17
% of pupils with social, emotional and mental health needs							
Self harm hospital admissions, age 10-14							
Rate of hospital admission as a result of self harm in young people aged 10-14 years per 100,000 resident population	211.6	102.1	164.4	39	↔		2016/17
Self harm hospital admissions, age 15-19							
Rate of hospital admission as a result of self harm in young people aged 15-19 years per 100,000 resident population	619.9	305.2	342.2	78	↔		2016/17
Hospital admissions for mental health							
Rate of hospital admission for mental disorders in young people aged 0-17 years per 100,000 resident population	81.5	76.8	99.5	94	↔		2016/17
In contact with CYP mental health services							
Number of people in contact with learning disability services and/or CAMHS	n/a	n/a	n/a	870	▣	n/a	Dec 17
In contact with mental health services, aged 0-18							
Number of people aged 0-18 in contact with learning disability services, CAMHS and/or adult mental health services	n/a	n/a	n/a	1250	▣	n/a	Dec 17

**2.25.** The table below shows the projected numbers of children and young people with diagnosable mental health issues in Croydon, (See Footnote 4).

## Current and Future Projections, \*Modelled Estimates

Condition	Estimated Prevalence	2017 (0-25yrs)	2021 (0-25yrs)	2023 (0-25yrs)	2025 (0-25yrs)
Emotional Disorders	3.70% in 5-16yr olds	4,726 (1 in 27)	5,016	5,096	5,187
Conduct Disorders	5.80% in 5-16yr olds	7,408 (1 in 17)	7,863	7,988	8,131
Hyperkinetic Disorders	1.50% in 5-16yr olds	1,916 (1 in 67)	2,034	2,066	2,103
Autism Spectrum Conditions	0.90% in 5-16yr olds 1.1% in 18 & older	1,150 (1 in 111)	1,220	1,239	1,262
Eating Disorders	0.30% in 5-16yr olds 13.2% in 16-24yr olds	5,859 (1 in 22)			
Self-Harm	10% in 5-16yr olds	12,773 (1 in 10)	13,557	13,772	14,020

\*Modelled based on research prevalence estimates applied to current population data. In some cases, two different age-specific rates have been applied to relevant population sub-groups to give a total for the 0-25 age group.

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- 2.26.** We recognise that there are many children and young people who may be experiencing problems that are causing difficulties but are not meeting thresholds for diagnosis. Extrapolation from national data would suggest that approximately 21,000 children and young people in Croydon with some form of mental health need.<sup>5</sup>
- 2.27.** There is also significant co-morbidity. Approximately with over 1 in 4 children with a mental disorder, and just under 1 in 3 with autism spectrum disorder, also have another of the main types of clinically recognisable mental health disorder, most commonly conduct disorder.<sup>6</sup>
- 2.28.** About 1 in 10 children and young people will self-harm and girls are more likely to report self-harm than boys. However this increases amongst children and young people with mental health conditions:
- 28% of those with emotional disorders had tried to self-harm or kill themselves.
  - 21% of those with conduct disorders had tried to self-harm or kill themselves.
  - 18% of those with hyperkinetic disorders had tried to self-harm or kill themselves.
  - 25% of those with Autism Spectrum Disorders had tried to self-harm or kill themselves.

<sup>5</sup> Croydon CCG. [Online] <http://www.croydonccg.nhs.uk/about-us/our-plans/Documents/Croydon%20Local%20Transformation%20Plan%202017%20refresh.pdf>.

<sup>6</sup> Review of children and young people's mental health services. CQC. October 2017. Accessed online at: [https://www.cqc.org.uk/sites/default/files/20171103\\_cypmhphase1\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf)

- 2.29.** During 2016/2017 166 of Croydon's CYP aged 10-24 years were admitted to hospital as a result of self-harm. This is a directly standardised rate of 249.2 per 100,000 population aged 10-24 years and is higher than the London rate but lower than the England rate<sup>7</sup>.
- 2.30.** 1,403 school aged children aged in Croydon have social, emotional and mental health needs. This is 2.24% of children in Croydon's primary schools and 2.09% of secondary school children in Croydon, and equates to roughly 763 and 463 children respectively<sup>14</sup>.
- 2.31.** Those with mental disorders were more likely to engage in risky behaviours such as misuse substances – particularly smoking and drug taking.
- 2.32.** In 2016/17 there were 172 young people in treatment (for substance misuse) locally, 74% male, 26% female. The number of young people in treatment was higher for older children and young people, with 59% aged 16 and 17 years. There has been an increase in the number of LAC children and YP seeking treatment with 14% of those in treatment 2014/15 compared to 7% in 2011/12.
- 2.33.** The Office of National Statistics reported suicide as the most leading cause of death amongst children and young people aged 5 – 19 which has seen increases from 2016 to 2017. In girls this has risen to 13.3% and to 16.2%. <sup>8</sup> There were 29 deaths by suicide among 10- to 19-year-olds in 2015-16, compared with 14 in 2013-14 – an increase of 107%. In England and [Wales](#), the number of such deaths rose by 24% from 148 to 184<sup>9</sup>

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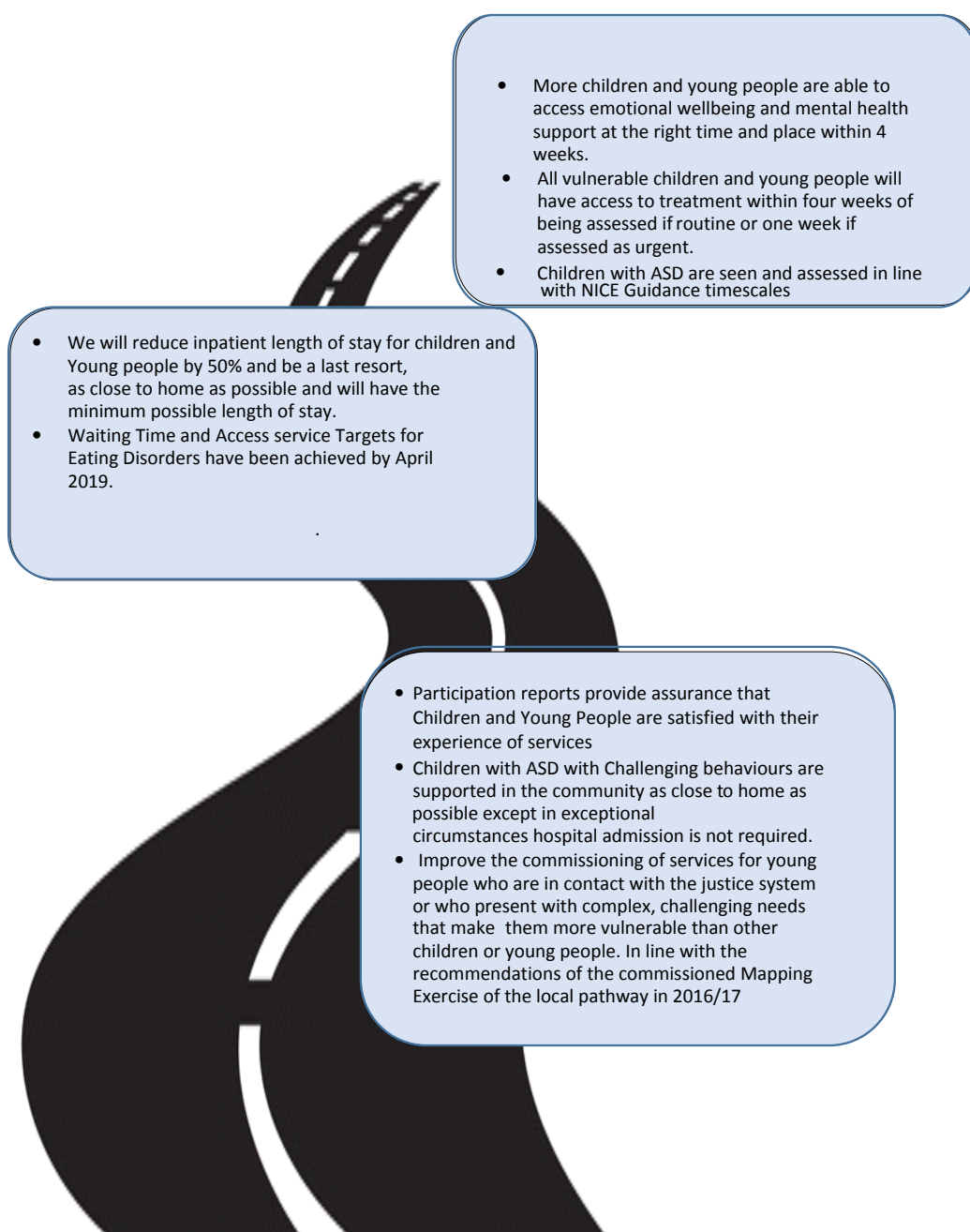
<sup>7</sup> Croydon Borough Profile: Children and Young People's Mental Health and Wellbeing Profiling Tool, September 2018. Accessed online at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh> on 04/10/18

<sup>8</sup> Warning over the rise in London teenager suicides: The Guardian, June 2018

<sup>9</sup> Warning over the rise in London teenager suicides: The Guardian, June 2018

### 3. Local Transformation Plan Ambition 2018 – 2021

#### 3.1. Road Map to 2021



## Strategic Planning Framework

- 3.2** Following the Children and Young Peoples Emotional Wellbeing and Mental Health Partnership Board meeting in November and the Health and Wellbeing Board Workshop in December the following strategic planning framework has been adopted to guide the development of emotional wellbeing services and support for children and young people.

LTP strategic planning framework		
Stay well	Manage well	Greatest need
Non-MH services that build, protect & impact CYP Mental	Early help services and community based emotional wellbeing and MH services	Most vulnerable groups that need specialist treatment and support e.g. LAC, SEND, those with multiple diagnoses, Multiple Adverse Child Experiences those at risk of suicide or serious self-harm, those with eating disorders
<b>Enablers</b> Collaborative commissioning and Partnership work plan, map investment in stay well, identify other strategies to join up with, <u>engagement with YP and families - really involve</u> , support for parents, community awareness in areas of greatest need, all decision makers to understand their role, one underlying and reliable set of data, lived experiences, understanding the role of wider determinants		

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- 3.3** The boards also identified a number of planning priorities that would be used to develop the plan going forward as follows:

## Strategic planning priorities

Stay well	Manage well	Greatest need
Shift to prevention Universal services Early identification of at risk children Promoting and supporting emotional wellbeing through schools	Early Help Enabling children to move smoothly between services (transition) Supporting perinatal mental health	Targeting support to the most vulnerable e.g. SEND LAC Multiple ACEs  Tackling self harm and suicide
Co-production with children, young people and their families		
Enablers		
Better intelligence	strategic join up	Life course commissioning
Wider determinants and legislative environment: incomes, housing, neighbourhoods, safety, air quality, green spaces, planning, transport		

**3.4** These were distilled further at the HWBB workshop where a Pin Point exercise was undertaken with members to crystallise the top ranked priorities for action from 2019 - 21.

**3.5** The HWBB identified the following:

a. Map and improve pathways of care such as:

- Neurodevelopmental pathway including ASD and ADHD
- Reaching the NHSE Treatment Access Target
- Emotional disorders
- Early Intervention in Psychosis (EIP)
- Eating disorder
- Transitions across different key stages and changes

- b. Participation, engagement and partnership working
- c. Strategic join up Including collaborative commissioning e.g. school clusters, STP, Healthy London Partnership.

**3.6** The following is the proposed plan of action which is being presented to the LSP early in 2019.

Action	Specific	Measurable	Completion Date	Partners Involved
Map and improve pathways of care including transition points into Adult MH services	<ul style="list-style-type: none"> <li>Implement the priority actions as developed by the Children and Young People. Mental health and Emotional Well Being Board Partnership Board</li> </ul>	<ul style="list-style-type: none"> <li>Timetabled programme of pathway reviews underway</li> <li>Feedback from service users is used to evaluate changes.</li> </ul>	<p>June 2019</p> <p>June 2020</p>	CYP MH EWB Partnership Board
Engagement with children, young people, their families, carers and communities	<ul style="list-style-type: none"> <li>Develop a plan for engagement and begin implementation building on Croydon wide initiative such as the Youth Congress</li> </ul>	<ul style="list-style-type: none"> <li>Plan for engagement agreed</li> <li>Evidence that engagement is influencing plans</li> </ul>	<p>March 2019</p> <p>June 2019 and ongoing</p>	<p>CYP MH EWB Partnership Board</p> <p>Parents in Partnership</p>
Maximize opportunities to improve population resilience and mental wellbeing with those empowered to influence services and the wider determinants such as housing, community cohesion, etc.	<ul style="list-style-type: none"> <li>Strengthen opportunities to influence wider agendas,</li> </ul>	<ul style="list-style-type: none"> <li>identify and work with MH champions e.g. through LSP and HWBB members</li> </ul>	<p>March 2019</p>	CYP MH EWB Partnership Board

**3.7** Croydon CCG will be investing an additional £630,000 in 2019 -20 to take forward priorities identified above where additional investment will have the most impact.

**3.8** In 2019/20, we will move into a key delivery phase of the transformation programme, ensuring that services are having the desired impact on effective evidence based early intervention. There will be a focus on monitoring performance, addressing under-performance, embedding system-wide transformation and filling gaps, where there is need for further investment and transformation. We will:

- Review and agree approach to sustaining non-recurrently funded initiatives and mainstreaming of the CAMHS Transformation plan funding beyond 2020.
- Achieve the access to treatment targets set in the Five Year Forward View
- Work with Croydon Council and the voluntary sector to review and improve the effectiveness of interventions, ensuring they reach more young people and that they achieve even better outcomes for our most vulnerable young people. Children that achieve some of the poorest outcomes nationally are Looked After Children (LAC) and children on the edge of care. As a result the CSA provision delivered by NSPCC has been jointly commissioned, also a valuable counselling service for unaccompanied young refugees and asylum seekers is also delivered by Off the Record.
- Better map and promote services for children and young people with emotional and mental health needs, particularly the most vulnerable young people. We will review and ensure effectiveness of the clinicians who now work alongside social care and education services, available for children and young people with complex mental health and learning needs in Croydon, which should allow more children and young people to remain living in their local community.
- Review investments in pre and post-diagnosis support for children and families living with complex communication and autism related needs.
- Establish our provider network for disseminating good practice
- Workforce planning to include skill mix review
- Further develop our Neurodevelopment pathway including engagement with community paediatricians

- Consistency of offer of emotional wellbeing service for school aged children by working with school as commissioners of service
- Development of the Perinatal Mental Health service for under 18 year olds. To be considered as part of the SW London enhanced service. The aim being to bridge the gap in services between perinatal adults and young mothers.

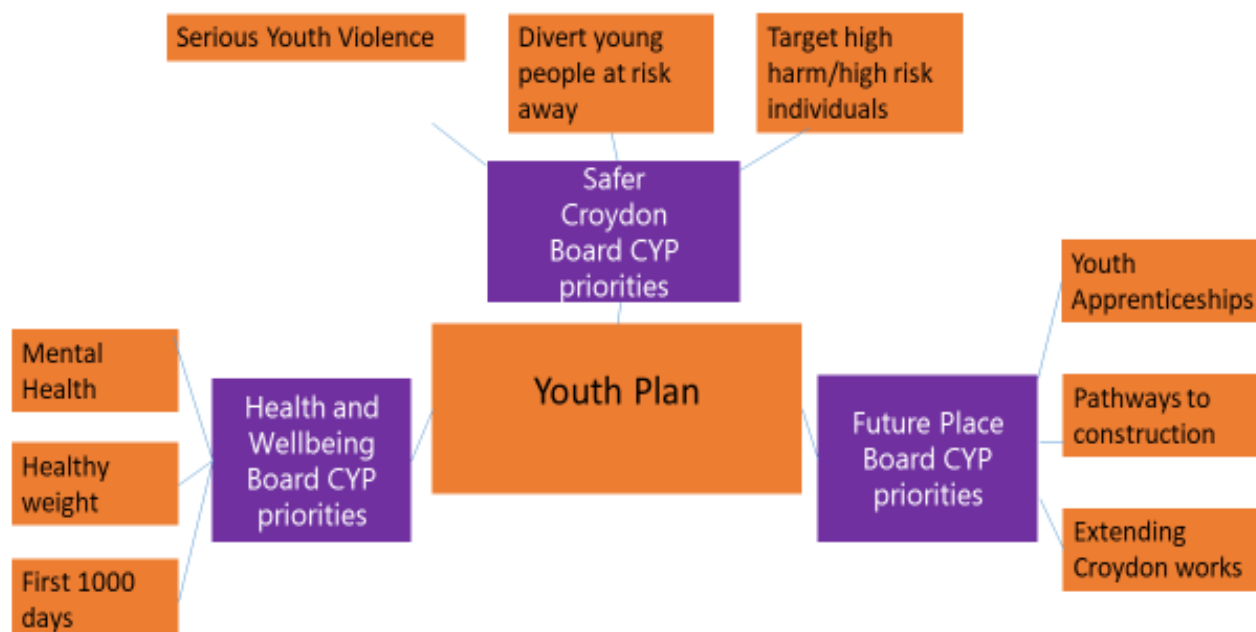
**3.9** By 2020/21, children and young people and their family will see a step change in the intensity and integration of health and social care leading to improved outcomes and wellbeing, via the vulnerable child pathway.

**3.10** The collaboration across South West and South East London will ensure streamlined care pathways, consistent and robust cross boundary commissioning arrangements and collaboration between secondary care providers, South West and South East London CCGs and NHS England.

#### 4. Participation, Engagement and Partnership Working with Children and Young People

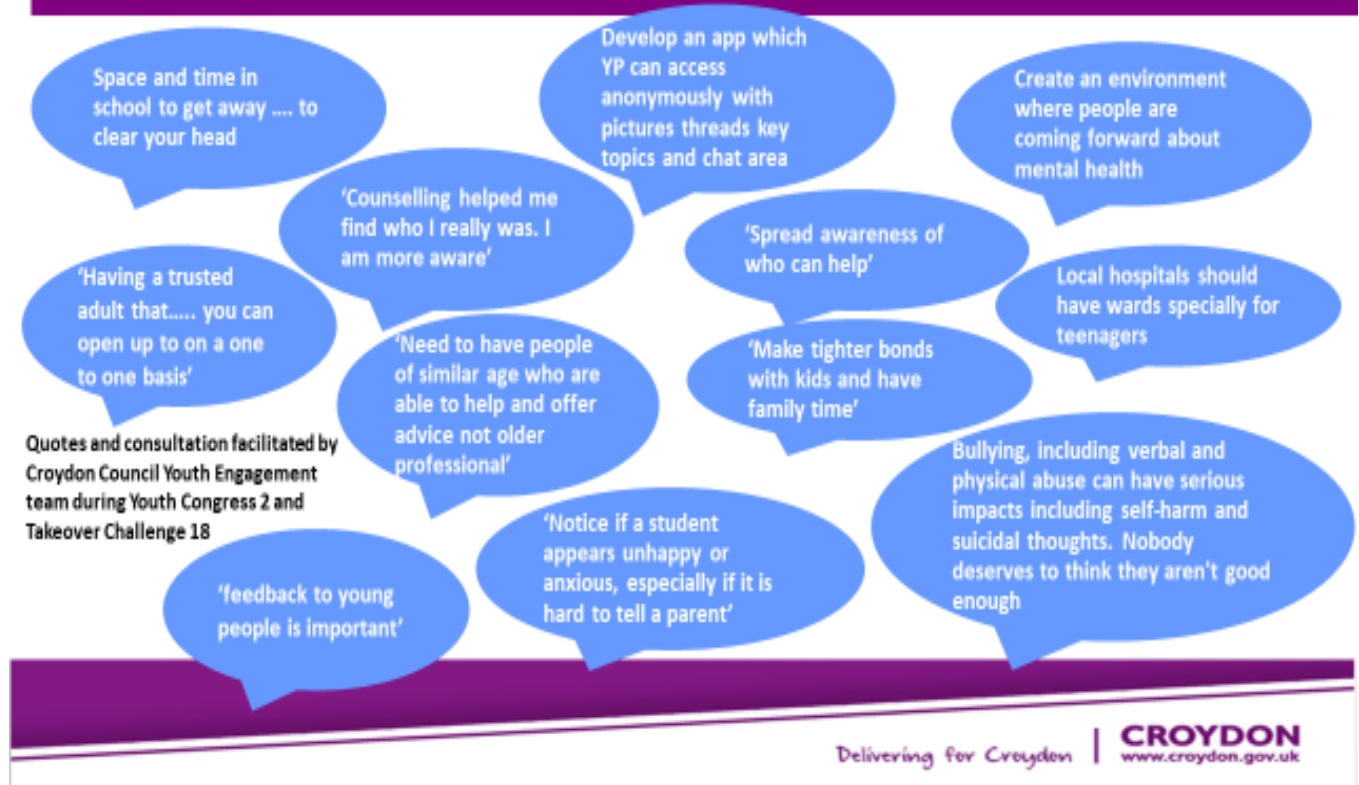
- 4.1. Building on the momentum, this Local Transformation Plan provides the framework to complete this journey of improvement as part of whole systems change by involving all partners and services.
- 4.2. In particular, Croydon is committed to improving participation of children young people and their families as the agents for change. Plans are underway to strengthen the work to date.
- 4.3. Commissioners and organisations delivered a series of feedback events in 2016 into 2017. These include events held in the local churches, mosques, with the youth council and with the youth offending team. This will supplement existing work from providers. Further work took place in 2017-18 with the Croydon Youth Congress.
- 4.4. The Local Strategic Partnership have identified the following approach that supports young people's emotional wellbeing. –

#### LSP identifies young people (CYP) as their key priority over the next two years



- 4.5.** Based on the feedback received as part of this continuous process of engagement, our aim is to:
- Ensure that children and young people, their families and carers, are at the heart of the work of the Emotional Wellbeing Partnership Board and are central to services that are relevant for their identified need
  - Develop a joint commissioning plan and arrangements collaboratively with Croydon Local Authority and Croydon CCG (Clinical Commissioning Group) so that we can commission services at all levels of CYPMHs interventions
  - Actively monitor our CYPMHs services through the use of robust local data so that we can be confident that we know what good looks like and take action when services are of low quality
  - Disseminate and promote evidenced based practice, pathways and information across the children's partnership
  - Ensure that the needs of vulnerable groups are addressed as an integral part of the work of the Emotional Wellbeing Partnership Board
  - Develop more effective data collection systems and engagement processes in order to identify gaps and understand the needs of underrepresented children and young people, groups, parents and carers and reflect this in our monitoring and cycle of improvement
- 4.6.** Our youth engagement team works in youth settings and in the wider community, with the aim of improving outcomes for all young people in the Borough. They lead on youth consultation through varied forums, and also support youth work for LGBT young people in Croydon. There are also links to work around domestic abuse, exploitation and family justice.
- 4.7.** In November the Council hosted a number of young people as part of a takeover challenge one of the top priorities for discussion was emotional wellbeing and mental health.
- 4.8.** The CCG also hosted a Health and Care event in November which included MH as a topic and young people attended to give their views. These recent events have added to the rich picture of views – some of which have been captured in the bubble diagram below:

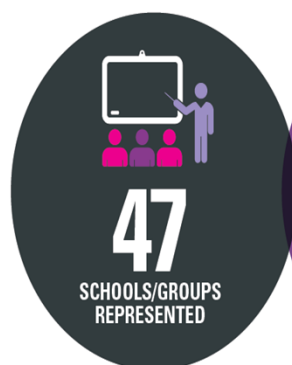
## Children and young people and their families say.....



- 4.9. Croydon is committed to improving the participation of children, young people, their families and carers as the agents for change. Plans are underway to strengthen the work to date, by working with the lead officer for Youth engagement to ask children and young people how they wish to participate in the future. This will also involve looking at how best to link in with existing Youth Forums and engaging the leadership of the Young Mayor.
- 4.10. A workshop is being planned in 2019 with young people regarding emotional wellbeing to follow on from Youth Congress, Health and Care event and Takeover Challenge. We will be asking young people what mechanisms we should use to ensure they have influence on plans for their futures. To this end the CCG is investing £50,000 for young people to allocate to their top priorities for change.
- 4.11. This will ensure there is a robust feedback loop for the views of children and young people in continuing to develop CYPMHS services.

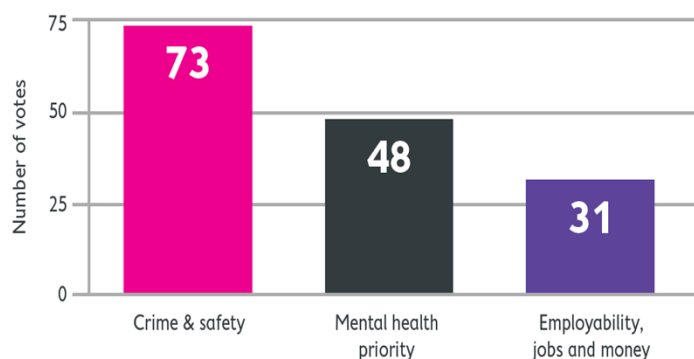
## Feedback from the 2018 Youth Congress

### THIS YEAR



**YOUNG PEOPLE DECIDED THAT CRIME AND SAFETY IS THEIR TOP PRIORITY**

#### VOTES FOR TOP PRIORITY



Youth Congress 2018 is the second annual congress. The young people took part in a series of activities aimed at building upon the top 3 priorities established in 2017 and looking more in depth at how these issues affect young people and what steps should be taken to overcome them.

This year, the invitation was extended to year 6 students from a number of schools to widen the scope of views and ideas to support those students as they transition into secondary education.

## 5. Existing services

### Achievements to date

#### What we achieved in 2017 -18

**5.1** In 2017/18, significant amount of work was undertaken to transform mental health services for children and young people. CAMHS Local Transformation programme achieved the following:

- Further development of the single point of access for all CAMHS referrals including self-referrals. This continues to remove the need for organisational tiers and boundaries. As a result, the service **has further reduced waiting times from 126 weeks to less than 20 weeks (Neuropsychiatric wait times) to ensure children and young people have access to the right service at the right time** and as close to home as possible for optimal outcomes to be delivered for children, young people and their families and carers.
- **£780,000 funding allocation to transform Child and Adolescent Mental Health Services (CAMHS).** This investment from NHS England reflects a commitment to deliver improvements as set out in “Future in Mind” and a national five year investment programme to transform the quality of and accessibility to a responsive CAMHS system.
- We worked with stakeholders to invest additional resources into key services and areas with a focus on capacity and waiting time initiatives during this year and system wide transformation, including new services for vulnerable children in social care and the Youth Offending Team

**5.2.** Croydon’s Youth Council continues to provide a forum and voice for children and young people with experience using mental health services. Croydon Youth Congress provides a voice for young people to be able to articulate their service need. The top three issues Young People in Croydon want to see action on are:

1. Employment bringing Financial Stability
  2. Personal Safety
  3. Mental Health
- Transition: Young people reported positive experience of transition from CAMHS to adult services.
  - Co - location of health and social care funded services such as Youth Justice Liaison and LAC

- Additional funding investment in Neuro development service provided to SLAM. The investment is enabling the neuro development service to respond to need and service demand.
- This year has also seen the consolidation of the new CAMHS referral and care pathways with the new Single Point of Access structure bedding down locally. The CAMHS Transformation Plans investments build on the new single point of access structures.
- Review and agree approach to sustaining non-recurrently funded initiatives and mainstreaming of the CAMHS Transformation plan funding beyond 2020.
- Work with Croydon Council and the voluntary sector to review and improve the effectiveness of these interventions, ensuring that they reach more young people and that they achieve even better outcomes for our most vulnerable young people. Children that achieve some of the poorest outcomes nationally are Looked After Children (CLA/ LAC) and children on the edge of care. As a result, we have jointly commissioned a number of programmes, including Functional Family Therapy, interventions delivered by a clinical team embedded in social care for Vulnerable Young People and the CSA provision delivered by NSPCC. A valuable counselling service for unaccompanied young refugees and asylum seekers is also delivered by Off the Record.
- Better map and promote services for children with emotional and mental health needs, particularly the most vulnerable young people. We will review and ensure effectiveness of the clinicians who now work alongside social care and education services, available for children and young people with complex mental health and learning needs in Croydon, should be allowing more children to remain living in their local community.
- Review investments in pre-diagnosis support for children and families living with complex communication and autism related needs.
- A crisis service and liaison psychiatry service is now operational and CYPMHs staff now offers an improved and expanded onsite support in A&E with extended hours.
- Work with Croydon Council, universal service providers and voluntary sector colleagues to review and improve the effectiveness of these interventions, ensuring that the reach more young people and that they achieve even better outcomes for our most vulnerable young people.

- 5.3.** Having successfully mobilised our resources there are further programmes of work related to service re-design, filling gaps in provision (particularly in tier 2), embedding our new services, improving the effectiveness of our new services, scaling up our new services and mainstreaming our new services.
- 5.4.** The LTP has successfully funded extra capacity to meet demands, reduced waiting times and increased access to services. LTP has also brought some bureaucratic challenges with its implementation which has had some impact on outputs.

#### **What we will achieve in 2018 -19**

- Further development of the Single Point of Access, to ensure young people continue to be assessed as quickly as possible and that young people receive appropriate support/ interventions quickly. This will include ensuring swift access to a range of evidence based interventions. An integrated referral form is being launched in 2018 - 19 for all referrers to streamline access.
- Work with SEL colleagues across to ensure that Eating disorder services continue to meet nationally mandated waiting times targets.
- Further embed supporting children to transition from CAMHS to adults' mental health services. This is particularly important where young people have a higher level of need and where there are multiple agencies involved in their care.
- Development and implementation of a pathway for vulnerable children and young people

## Current Patterns of Service

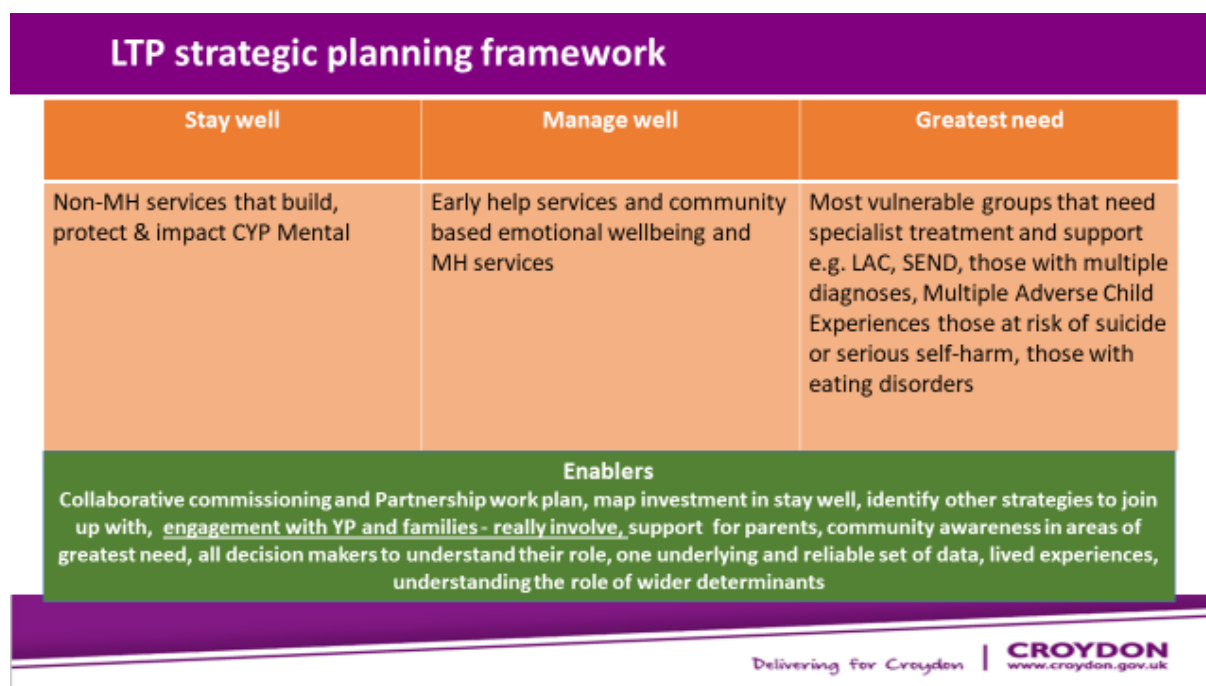
### Key themes of our Transformation Plan

- 5.5.** We are working with all services to better meet the needs of children and young people as whilst not a complete picture this is illustrated in the following diagram.



- 5.6.** We aim to take a whole systems approach to transformation and recognise that each service component is a key element of the pathway of services. Some children will be well supported by universal services that promote wellbeing whilst other children will need intensive support or crisis care.
- 5.7.** Our objective will be for our commissioned services to be preventative to work with children, young people, families and carers earlier to reduce the numbers of our residents that need access to high intensity services or spend the shortest amount of time in such care, enabling them to step down to the most appropriate level of ongoing support as needed.

- 5.8. Our guiding principles are:
- 5.9. A system wide approach, with joint pooled resources and pathways operating across organisational boundaries
- 5.10. An outcome focussed approach delivering long term sustainable solutions for individuals and families to secure resilience and independence:
- A shift from acute provision to an increase in prevention and early help activity
  - Evidence based services that are built around customer need
  - Locality based delivery where appropriate
  - Building resilience within children, young people, families and communities
  - Applying effective support where needed across the continuum of need
- 5.11. As set out above our strategic planning approach is summarised in the following diagram:



- 5.12. We have described the current services using the above classification.

## **Staying well**

- 5.13.** Effective support through the 'right help, right time' framework describes the relationship between four levels of need; universal, additional, intensive and specialist need.
- 5.14.** Effective understanding and application of these levels will ensure children and their families receive help early in the life of the problem. Practitioners should take an open and honest approach to supporting children and families. Professionals should always seek a family's consent to share information to enable them to access the right support, unless to do so a child would be at risk of significant harm.
- 5.15.** Emotional Health is everyone's business

## **Universal services**

- 5.16.** Most children and families will never come into contact with statutory or specialist services. The basic needs of all children can usually be met by their family and community and faith networks and universal services such as maternity services, health visitors, school nurses, GP practices, health care, early years, school and education settings, housing and youth services. Universal services are provided as a right to all children including our most vulnerable children and those with additional, intensive or specialist needs. These services are also well placed to recognise and respond when extra support may be necessary so that support is addressing family vulnerabilities early. This may be because of the child's changing developmental, health and wellbeing needs or because of parental or family circumstances.
- 5.17.** Families and communities have a primary role in ensuring that children and young people are emotionally healthy and that they maintain this throughout their adult lives.
- 5.18.** Similarly the community voluntary and faith sector have an important part to play in supporting children young people and families. They are often add extra social values through the fud raisin and support they offer outside of public sector contracts.

## **Primary Care**

### **Engaging Our GPs**

- 5.19.** We engage regularly with the Clinical Leadership Group and our networks. This follows the successful delivery of our Primary Care Working at Scale Conference held in June which supported wider planning.
- 5.20.** In addition, 3 years ago a significant piece of work was undertaken engaging with GPs

about commissioning intentions. Feedback was provided at the time on what we were doing about the issues raised. Feedback provided at the time is to be reviewed regarding what was said, the actions and whether there are any issues still outstanding for GPs. This will help us think about how we are engaging and listening to our GPs other than through the GP networks. The clinical lead chairs the CYP Emotional Wellbeing Board and links back to the wider governing body.

## **Schools based support**

- 5.21** Schools through the Healthy school programme and new SRE legislation play a major role in supporting children and young people needing support with mental health and emotional wellbeing.

## **Mental health support delivered through schools**

- 5.22.** There are 120 schools in the borough.
- 5.23** Croydon has areas which are generally affluent and prosperous, but these lie in close geographical proximity to others where there are significant levels of deprivation. Schools are catering for pupils who experience many adverse childhood experiences, such as poverty, witnessing domestic violence, and abuse, leading to there being above average numbers who are in Local Authority care or who are subject to special guardianship orders. The Home Office has a base in the borough which means that there are high numbers of unaccompanied asylum seeking children also being placed in public care locally.
- 5.24.** The children and young people of the borough present with a range of mental health disorders which are identified through engagement with medical or psychological services. These include:
- Anxiety
  - Low mood and depression
  - Post- traumatic stress disorder
  - Psychosis
  - Eating disorders
  - Social, mental, emotional disorders
  - Attachment disorders
  - Suicidal ideation
  - Self-harm
  - Neuro-developmental disorders
- 5.25.** There are two organisations that are the principal source of advice and help for young people referred by schools.
- 5.26** Croydon Drop-In (CDI) works with young people aged between 10-18 years, although they may see younger children if necessary). CDI offers immediate drop-in assessment, together with counselling session in schools. Young people can self-refer to this service. Additionally, the service offers outreach support via its mobile unit, the TalkBus, and is able to provide advice and advocacy for parents & families.
- 5.27** Off the Record also offers counselling services, as well as targeted support for young people who are young carers. Their Specialist Compass counselling service is open

to young people who are refugees, unaccompanied minors and migrants. Off the Record also provides online counselling and advice.

- 5.28.** Further sources of support and advice available to schools or other youth settings include:
- The Practitioners' Space
  - The Single Point of Contact, which allows efficient access to the Multi-Agency Safeguarding Hub and early help services;
  - The Croydon Healthy Schools programme, which assists schools in reviewing their support for vulnerable pupils;
  - Mental Health First Aid training;
  - Educational Psychology services; and
  - Support from the South London and Maudsley NHS Trust.
- 5.29.** Schools also offer various types of in-house support for pupils who have emotional or mental health needs. It is not possible to completely map these due to schools' varied levels of engagement with the Local Authority, but known provision includes:
- Nurture groups, either formal or informal
  - Counselling – either bought in or in-house, with various levels of expertise or availability
  - Referral to services such as early help or parenting support
  - Family support/pastoral care roles
  - Commissioned support from CAMHS or other agencies
- 5.30.** The Director of Children Families and Education has commissioned a mapping exercise to take place in 2019 to understand the pattern of services commissioned directly by schools with a view to developing joint commissioning plans in the future.
- 5.31.** At the start of 2018, we had identified that there were some key challenges to overcome if we were to improve schools' responses to mental and emotional health needs amongst their student cohort. Principal amongst these were the fractured educational landscape, which makes it harder to assess the levels of support that are offered in the borough's schools. With some larger schools having over 100 members of staff, it can be difficult to ensure that information reaches the right person, and this can mean that schools can be unaware of available support services and appropriate referral routes. Similarly, it can be hard to challenge misconceptions around waiting times and accessibility, which can deter schools and families from seeking help.
- 5.32.** There are additional challenges in that schools continue to face heavy financial difficulties, which affects their ability to fund support services such as counsellors or non-statutory Educational Psychology. This, together with the pressure to deliver high academic results (often with fewer available staff) can reduce the time and resources being allocated to pastoral care. This is likely to continue to challenge schools, who will be required to expand their offer in order to meet new requirements around

relationships, sex and health education as well as to comply with forthcoming duties around mental health provision.

- 5.33. As an initial step towards improving the coherence of the local offer, we successfully applied for the Anna Freud Centre's Mental Health Services and Schools Link Programme. This programme brought together schools and services, allowing them to assess Croydon's position against their CASCADE framework (**C**larity on roles, remit and responsibilities of all partners involved in supporting CYP mental health; **A**greed point of contact and role in schools/colleges and CYP mental health services; **S**tructures to support shared planning and collaborative working; **C**ommon approach to outcome measures for young people; **A**bility to continue to learn and draw on best practice; **D**evelopment of integrated working to promote rapid and better access to support; and **E**vidence-based approach to intervention).
- 5.34. After the workshops, Croydon's position on all aspects of the framework had improved, and delegates had identified that a key improvement would be the creation of a forum whereby schools and services could come together in order to discuss and review mental health issues. This has now been set up as the new Wellbeing Forum, which will meet termly with a flexible agenda set by members.
- 5.35. We have also introduced training sessions on managing anxiety in the classroom, which explain the physiological causes of anxiety and give schools practical ideas for building resilience in the classroom, for example by the use of positive reinforcement, containment and metallisation techniques. A more detailed, three-part programme of training is currently being developed with the support of a senior therapist from one of our special schools. Colleagues have also been encouraged to join the Anna Freud Centre's "Schools in Mind" network, which provides free resources and guidance on managing mental health issues in school. Mental Health First Aid training will also be available from 2019, which can be offered either to clusters of schools or to larger groups from one setting.
- 5.36. Croydon is a "fast follower" for the pilot programme that is trialling varied approaches to mental health support teams for schools. As part of this work stream, we will help schools to use accredited mental health audit processes such as the Islington Mental Health and Resilience in Schools tool, so they can accurately evaluate their current position; this can also support schools wishing to achieve silver and gold healthy schools awards as it allows them to then create bespoke improvement programmes. Schemes of work for Relationships and Sex Education will be revised, to ensure that they meet the new curriculum requirements that place a higher emphasis on resilience, awareness and the links between physical and emotional wellbeing.
- 5.37. In addition, the Healthy London Partnership (HLP) as part of a Mental Health in Schools Project, has developed a toolkit to support schools and undertaken a mapping exercise as part of the to find out more about the extent of services available within schools to support children and young people with their emotional wellbeing and mental health. The project is a joint enterprise between the Greater London Authority and HLP.

has also worked with Young Minds Amplified Programme to engage with young Londoners to see what support they would like to see in schools in the future.

## **Manage Well**

### **Early Help and Early intervention**

- 5.38.** A local guidance document has been produced setting out Croydon's Partnership approach to Early Help. It is for everyone who works with children, young people, their families and carers in Croydon. It is about the way we all work together, share information and make sure that children and families are always are main focus and concern when we are providing effective support to them.
- 5.39.** This advice is to help us to help children and their families to become stronger and more resilient, so that they can identify what is difficult and find solutions before the problems become so complex that specialist statutory social work help is required. It describes the relationship between levels of need – universal, additional, intensive and specialist.
- 5.40.** Early help is provided to reduce the need for statutory interventions whenever it is possible and safe to do so and is as much about emotional, as physical, wellbeing.

### **Open access counselling services**

- 5.41.** Croydon Drop-In: delivers tier 1, 2 & 3 services by providing information advice, life navigation, counselling and outreach support, offering drop-in assessment and short-term interventions to support children and young people from 0-25 years and their families/carers. The service also offers training and informal health education/health promotion to primary, Special and Secondary Schools, Colleges and the local workforce. The service consists of 45 staff with a small core team of highly qualified therapists and clinical supervisors, managers, administrators, youth workers, 15 volunteer counsellors and an active participation group of young people aged 13 to 21 years old. CDI deliver from bases in the centre and north of Croydon and across the borough on school and community sites, estates, parks, shopping centres via the Talk Bus outreach service. CDI is an organisational member of British Association of Counselling & Psychotherapy, an accredited member of Advice Quality Standard and a CYP IAPT Beacon Site.
- 5.42.** Croydon Drop-In also delivers a school based counselling service in primary, secondary, special schools and colleges as well as an outreach service delivered on these sites. Through enhanced LTP funding, CDI has increased the number of referrals accepted by 58%, increased the number of assessments completed by 27% and increased the number of therapeutic sessions offered by 29%. The average waiting time from assessment to commencement of counselling is 26 days. LTP funding for 18/19 will increase the number of therapeutic interventions by 35 hours per week and increase the level of communication and information management support by 30 hours.

- 5.43.** Off the Record: provide counselling support through walk-in and appointment based assessments and interventions to support young people from 14-18, with funding through Adult Mental Health (CCG) supporting counselling support for young adults to 25 years. The service has a team of core paid staff and unpaid volunteer counsellors (35% of the staff team), and through CAMHS LTP funding have recently increased their counselling staff capacity and established Online Counselling and (Online Platform providing psycho-education workshops and information). Off the Record also are delivering a Black & Ethnic Minorities Mental Health Community Workers Project, working towards increasing access and engagement of BME children and young people within counselling and mental health services. These Tier 2 services have operated within the CYP IAPT framework since the second wave of recruitment in 2012, and they are members of the London and South East CYP IAPT Collaborative, along with SLAM CAMHS and Place to Be. Both organisations work to the National Standard and Values framework “Delivering With and Delivering Well”.
- 5.44.** In keeping with the principles laid down by NHS England these Tier 2 services are described as ‘open access’ as young people and their families are able to self-refer, while more complex cases are seen by services that are provided in the NHS at Tier 3 (although many complex cases are seen at Tier 2). The services are offered from their own premises in the borough and are regularly available outside normal office hours including at weekends.
- 5.45.** Across the two organisations, support is available to young people aged 11-25. Both services see young people from anywhere in the borough, and offer a range of evidence based modalities of interventions which fall within the remit of CYP IAPT.

#### **The Digital offer**

- 5.46.** Croydon is increasing its digital offer to children and young people, by further investing in Off the Record’s on line counselling service.

#### **The target group:**

- 5.47.** CYP with emotional wellbeing and/or emerging mental health problems, many of whom will require a low level/targeted/short-term intervention
- 5.48.** CYP who are hard to reach and do not engage with services through traditional routes

#### **Service Hours:**

- 5.49.** The digital platform, which is available on any web-enabled, internet connected device (including laptop, smart phone, tablet) is available 24/7, 365 days a year. This includes features such as messaging the team, static forums and magazine articles.
- 5.50.** Scheduled and ‘drop-in’ counselling sessions take place between midday-10pm, Monday-Friday and 6pm-10pm Saturday and Sunday; counselling also occurs 365 days a year.

- 5.51.** On Monday, Wednesday, and Friday, a live moderated forum will take place in the early evening, safeguarded by our media team.
- 5.52.** In addition there is the national programme as follows:
- NHSGo - **free to download** on iTunes and Google play you can also visit [www.nhsgo.uk](http://www.nhsgo.uk) to see all the content online. Available to all CYP in London.
  - Provides advice to CYP, using NHS Choices content on conditions, rolling content on topical matter, a service finder and information about rights for CYP.
  - 75,000 + downloads.
  - Over 800,000 in app page views (most popular topics are mental health and sexual health)

#### **Award winning:**

- Patient Experience Network - Championing the Public 2016.
- Patient Experience Network - Access to information 2017.
- Shortlisted for National Positive Practice in Mental Health awards 2018.



#### **Children and Young People Improving Access to Psychological Therapies provision at SLaM**

- 5.53.** Services at Tier 3 and Tier 4 in Croydon are delivered by SLaM in line with national standard for practice and access. From April 2016, the local target for people to access talking therapy treatment has been six weeks, with a maximum national target of 18 weeks. For individuals experiencing a first episode of psychosis, access to early intervention treatment will be available within two weeks. An access time target for eating disorders is in development; we anticipate this will be 14 days from referral to treatment, in line with the psychosis target.
- 5.54.** Currently 34.6 WTE clinical staff work in CYP IAPT services at SLaM and the service is meeting the access target for access time for children and young people that have a lower level mental health need via open access counselling and children's Improving Access to Psychological Therapies (IAPT).

- 5.55.** The service is supporting about 200 new cases each quarter with about 800 people seen at least once in the quarter.
- 5.56.** Internally, SLaM have conducted a range of activity to support the improvement in DNAs:
- Care pathways have been revised based on NICE Guidelines and are now more detailed giving clearer advice about onward referral.
  - Activity expectations are continuing to be scrutinised at individual clinician level for new assessments.
  - The service is increasingly involving young people in development and change of the service. Work is being carried out with young people to have them sit on the CAMHS Executive Group.
  - SLaM is going at risk and recruiting additional clinical staff in the expectation that a central team will be developed to respond promptly to peaks in service demand or vacancies
  - The service is developing new initiatives to respond to the needs of schools. This includes CUES-Ed, a CBT based, resilience building, whole class approach.
  - Delivery of Schools Engagement and Delivery Service (SEaDS) – a CAMHS service provided in schools, that offers, consultation, direct work, training etc.
  - Delivery of Discover – a workshop based initiative for young people identified by teaching staff, showing signs of stress.
  - The further development of EPEC (Empowering Parents, Empowering Communities) for the teenage population.
- 5.57.** In addition, to help ensure posts recruited in Croydon are attractive to applicants, the SLaM service has a number of initiatives:
- Development posts for nurse prescribers
  - Rotational posts
  - SLaM will be recruiting permanently to fixed term posts
- 5.58.** Commissioners monitor activity against the available resource. Benchmarking reports indicate that Croydon CAMHS is now the most productive of the SLaM boroughs in offering new appointments: a strong indicator in the drive to re-establish flow at Tier 3.
- 5.59.** Once young people are able to access SLaM CAMHS services, feedback delivered through user engagement is generally positive, with a good record on outcomes delivery. Internal care pathways have recently been revised based on NICE guidelines and help ensure young people's needs are met in a timely fashion. Activity expectations are now scrutinised at the individual clinician level and it is anticipated that the current trajectory of improvement will be maintained through robust collaborative work and the Local Transformation Plan process.

- 5.60.** During 2017-19, we continue to work with partners in education and social care to ensure that escalation and discharge planning are symbiotic and work in unison. This work links to the Ofsted Improvement Plan for Croydon Children's Social Care.
- 5.61.** In addition, we will work locally with partners in Adult Mental Health and Social Care to ensure that young people in residential care transition either back to the community or to adult residential care in a timely and seamless manner.

## Greatest need

### National Target to increase access to children and young people's mental health services

**5.62.** Population access rates for the numbers of children and young people that will access a mental health service from 2016 to 2021.

**Table: percentage of Children and Young People with Diagnosable Mental Health Condition seen in Croydon**

	16/17	17/18	18/19	19/20	20/21
Estimated total number of individual children and young people aged 0-18 with a diagnosable mental health condition. Based on a prevalence rate of 1:10 having significant MH need in the population	8,855	8,855	8,855	8,855	8,855
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who were / are receiving treatment	30%	30.5%	32%	34%	35%
Total number of individual children and young people aged 0-18 that actually received treatment funded community services in the reporting period.	2,700 (Actual)	2,400 (Actual)	2,833 (Predicted Target )	3,011 (Predicted Target)	3,100 (Predicted Target)
Number of individual children and young people aged 0-18 targeted to receive treatment funded community services.	2,656	2,700	2,833	3,011	3,100
Difference in target and actual number of children and young people that accessed services.	+44	-300			

**5.63.** In 2017-18 Croydon CCG did not achieve the baseline target. The CCG fell 300 short of the 2700 target.

**5.64.** The main reason for the shortfall was:

A combination of data recording and data cleansing to make sure that all the contacts were being counted accurately by our three main local contracted providers delivering commissioned services.

**5.65.** Since the end of year report 2017-18 a recovery plan was written and submitted to the STP programme office in September 2018. Regular contract monitoring meetings have also been held with commissioned providers. The position reported to NHSE at the end of September 2018 on the monthly submissions is as follows:

2018/19	April	May	June	Jul	Aug	Sept	Total for Q1 & Q2	Projected out turn at the end of March 2019
Total no. of CYP receiving two or more contacts in the period	315	292	224	196	127	175	1,133	2,266
No. of individual CYP targeted to receive treatment funded community services	236	236	236	236	236	236	1,417	(Baseline Target 2833)
Difference -	+100	+56	-12	-40	-109	-61	-284	

NB – If access rates continue at the current level, a shortfall of 567 against the baseline target is projected for this year.

**5.66.** The key components of the remedial action plan are:

1. Urgent meetings were held between the senior commissioning manager and the individual contracted providers to determine the action to be taken to improve the outturn for this financial year. Actions were agreed with each provider in writing
2. To quality assure the provider will cleanse and review the data recorded so every contact including indirect contacts are counted accurately.
3. Review specific access targets with each provider that reflect the National and local expectations to ensure providers can be held to account.
4. Additional investment to increase access including developing a digital on line offer in partnership with SE London CCGs.
5. Promotion of services to children, young people, parents, carers, GP's and in general to the community to increase awareness of services and how to access.

**5.67.** A further review of our current recovery plan has been carried out in discussion with our commissioned providers and SWL STP, which was submitted in November 2018.

### **Transforming Care Partnership (TCP) Board**

**5.68.** The South West London Transforming Care Partnership Board has an explicit focus on transforming care for people with learning disabilities and/or autism with the aim of reducing admissions and unnecessarily lengthy stays in learning disability or mental health inpatient settings and reducing health inequalities.

**5.69.** In addition the TCP Board will oversee the implementation and learning from the Learning Disabilities Mortality Reviews across the STP.

**5.70.** The TCP Board has representation from all five CCGs, Local Authorities and NHS England Specialised Commissioning and patient representatives.

**5.71.** The TCP are making good progress with its ambitious plan and trajectory to repatriate those who have been in hospital a long time back to their local communities and prevent admissions of those with a learning disability and/or autism

**5.72.** The TCP has:

- Established monthly surgeries with NHSE Specialised Commissioning to discuss and progress safe discharges which are proving effective in improving communication and addressing barriers to discharge.
- Supported local areas to develop a standardised dynamic register and CTR/ CETR policy.
- Provided training, support and advice
- Progressed the development of a workforce development plan

- Progressed the development of a housing strategy

**5.73** The CCG attends and where appropriate chairs CETR, Care Program Approach and multi-disciplinary team meetings for children in inpatient settings and in the community for children prior to admission to inpatient settings. As part of this process parents, children and young people are asked about their views, wishes and feelings. The emerging themes from these discussions included children requiring more support from schools for children with emotional wellbeing; there were gaps in children and young people having crisis and safety plans, they needed more support in the community on self-harm, autism and ADHD. This was identified as an inequality in care for children with disability and those who are vulnerable.

**5.74** Further work is required to embed the CTR/CETR processes locally and develop a community based response to crisis. The TCP are currently working to make best use of external funding opportunities and are in the process of submitting a bid to establish a Positive Behaviour Support Service (PBSS) across SWL and step down/respite facilities as an alternative to admission.

## Transition CQUIN

**5.74.** CQUIN stands for commissioning for quality and innovation. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. The key aim of CQUINs is to secure improvements in the quality of services and better outcomes.

**5.75.** This CQUIN focuses on improving the experience and outcomes for young people as they transition out of child and adolescent mental health services (CAMHS) on reaching their 18<sup>th</sup> birthday. The CQUIN aims to improve the experience of young people and their carers in the transition to adult services.

**5.76.** The CAMHS Transition CQUIN is spread over a two-year period, and is now in its second year. The following actions will take place in 18/19

- A review of the local CAMHS Transition protocol and transition checklist will be completed to ensure national standards are met, and will be implemented across SWLStG. This review will seek to involve children and young people and their families, both those who are about to transition and those who have already transitioned.
- An audit will be completed to demonstrate the use of transition planning, which will include the use of the transition checklist across CAMHS community services for children and young people who are transitioning to adult mental health services, developing and implementing recording standards for transition planning across all CAMHS Community services

- A case register will be established to capture all children and young people who transitioned to adult mental health, as well as those who did not transition to adult mental health. For those who did not transition to adult mental health, their destination will be recorded on their case notes and audit completed as to the reason they did not transition to adult mental health.
  - Questionnaires will be developed to ascertain the experience of children and young people pre-transition and post-transition. The questionnaires will include the extent of multi-agency collaboration between both stages
- 5.79.** Transitioning to adult services is challenging for complex cases. The Mental Health Trust provider (South London and Maudsley NHS Foundation Trust) deliver both Children and Adolescent Mental Health Services (CAMHS) and Adult Mental Health services and are working with the CCG and Croydon Council to ensure transition protocols are fully embedded and this will continue to be a focus of development for joint commissioning arrangements.
- 5.80.** Within the 2017-19 contract with our provider, a national CQUIN (Commissioning for Quality, and Innovation) – called Transitions out of Children and Young People Mental Health Services is being implemented across the boroughs serviced by the two main mental health Trusts delivering services to children and young people. Commissioners are working together across the Sustainability and Transformation Plan (STP) area in South East London to achieve effective transitions from CAMHS to adult mental health services, primary care and social care with a key focus on children and young people with complex or challenging circumstances with for example a learning disability, autism and children looked after.
- 5.81.** Croydon plans to pilot two Band 7 MH practitioners to support YP transition to AMH service and support them to remain within services. The CCG already commissions a specialist psychosis practitioner to manage the 14 – 25 pathways, which has had clinically good outcomes for CYP.
- 5.82.** SLAM adult services are also going to be running young people's clinics as it is clear that mixed aged clinics are off putting for YP and one of the reasons that they disengage with AMH within a year of transition.
- 5.83.** As part the CQUIN, we have been working with parents of young adults, who talked about their frustrations when their child disengages with services, becoming unwell and yet parents are unable to talk to clinicians due to patient confidentiality. We will be trailing 'consent protocols' as part of the transition, so that CYP can actively say which aspects of their care they are happy to be shared with their next of kin i.e. appointment reminders, medication pickups from pharmacies, in this way we hope to support the network to keep the young person well.

## **New Models of Care**

- 5.84.** This section outlines the key components of the approach being taken by the partnership to its New Models of Care Wave 2 programme. The narrative is intended to inform CCG LTP submissions, ensuring consistency regarding this work.
- 5.85.** NHS England has accepted the submission for the South London Mental Health and Community Partnership for CAMHS Wave 2. The partnership is made up of three provider organisations, South West London and St. George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust. Operation of the New Models of Care began on 1<sup>st</sup> October 2017, with the partnership taking responsibility for a £20m Tier 4 CAMHS commissioning budget, working closely with NHS England.
- 5.86.** As part of the New Models of Care process, the lead Trust, South London and Maudsley NHS Foundation Trust have signed a contract variation that devolves appropriate commissioning responsibility from NHS England for the CAMHS Tier 4 budget. The partnership has also agreed a management agreement with NHS England region team that sets out how we will work together to ensure effective management for the delegated budget and monitor quality and performance of Tier 4 services that support South London patients.
- 5.87.** The scope of the budget is all Tier 4 services commissioned by NHS England specialised commissioning for residents of the 12 South London CCGs, except for children's inpatient services, deaf services, medium and low secure inpatients and specialized services for Transforming Care patients.
- 5.88.** Tier 4 services are characterised by a number of challenges with the key ones being; availability of alternatives to inpatient facilities due to capacity and accessibility of community based services, access to inpatient facilities within South London, rising need for Tier 4 inpatient facilities creating budgetary pressures, and that inpatient facilities can sometimes exacerbate situations leading to poor outcomes and contributes to rising costs. During 16/17, roughly 65% of adolescent inpatient bed days for South London CAMHS patients were provided outside South London, with the average distance from home being 73 miles. Our aim is to reduce the total number of adolescent and eating disorder bed days by 25% and half the average distance from home by 2019/20.
- 5.89.** Acceptance for Wave 2 was based on a business case, which seeks to build upon the core CCG Tier 3 commissioned contracts by extending hours and increasing community service capacity in services that will impact upon reducing referrals and shortening inpatient stays, reducing need for inpatients. The community services the partnership has identified for investment are; Crisis Care, Dialectic Behaviour Therapy and Eating Disorders. We will also integrate NHS England Case Management and operational Bed Management to better manage all south London patients in inpatient facilities and seek opportunities to repatriate patients from outside South London.

- 5.90.** The key timescales for the work are to establish integrated case and bed management by December 2017 and that the investment to strengthen the offer from existing community services will be in place between January – March 2018.
- 5.91.** A key priority is also to reiterate the criteria for admission to Tier 4 psychiatric inpatient provision, which are qualitatively different to those for a children's social care or educational residential placement.
- 5.92.** At this developmental stage, the partnership wishes to engage with and work with CCG and Local Authority commissioners to develop a consistent service approach and expand evidence based community services for the benefit of patients and their families. To support this, we will be undertaking a baseline exercise across South London, including Tier 3 services as well as validating Tier 4 baseline data from NHS England.
- 5.93.** Providers have indicated to CCG's that the developments of the New Models of Care will be cost neutral and as such no additional resource has been allocated. The 14 Borough will develop a collaborative plan that will embed the NMC in to practice beyond the pilot.

#### In patient care and collaboration with NHS England at Tier 4

- 5.94.** In April 2018 SLaM opened a new eight-bed adolescent PICU (Psychiatric Intensive Care Unit) for patients from across the partnership, increasing our local capacity.
- 5.95.** The SLP has also won a new contract from NHS England to develop and run a community forensic CAMHS service. This will allow specialist local assessment, advice and consultation for high-risk young people with complex needs. Local pathways are being developed so more young people can access specialist assessment and care closer to home.
- 5.96.** We acknowledge that the latest research establishes and confirms that young people and children in crisis are often better served by integrated, holistic care in the community than by inpatient care. To that end, a key objective that runs throughout the Local Transformation Plan is to prevent escalation of need in young people such that they should require Tier 4 services commissioned through NHS England.
- 5.97.** Tier 4 – Providers that manage the care of children and young people from Croydon

#### **CAMHS Inpatient Admissions Profile for quarter one**

Ward Type	Adolescents		Children		Total	
	No. of Admissions	No. of OBD's	No. of Admissions	No. of OBD's	No. of Admissions	No. of OBD's
SLAM Wards	2	42	0	0	2	42
Other in-patient providers	1	28	0	0	1	28

- 5.98.** At the end of Q1, Croydon had 10 CYP in T4 provision. 9 CYP were discharged during this period, all were seen within 7day of discharge.
- 5.99.** We will continue to actively work with NHS England to reduce the number of avoidable admissions though a balanced approach to early intervention, ensuring that escalation pathways are vigorously securitised by a multi-disciplinary team to ensure that treatment plans are in the best interest of the child or young person.

#### **Eating Disorder Service**

- 5.100.** Future in Mind recognised that at least one in four of the population experience mental health problems at some point in their lives. It is therefore imperative that children and young people get the help that they need as quickly as they should. Swift attention is required as mental health difficulties, such as eating disorders, can stop some young people from achieving their potential in life. Future in Mind therefore set out to establish access and waiting time standards for Eating Disorders.

- 5.101.** The South West London Commissioners have jointly developed a draft service specification for the Eating Disorder service which focuses on redesigning the service to incorporate day provision and early intervention support. This specification will be finalised in the next few months in collaboration with the SWLStG service, ensuring that it meets the 2015 commissioning standards. SWLStG are in the process of registering to be part of the Quality Improvement Network and funding arrangements for this have been agreed. As a member of the Quality Improvement Network the service will have to do annual peer reviews on other services, as well as have their own annual review by peers from other Trusts.
- 5.102.** SLaM Children and Adolescent Eating Disorder Service (CAEDS) provides a community based eating disorder assessment, treatment and care for children and young people with severe physical and psychological problems relating to eating disorders. The service also provides an intensive day treatment service for children and young people with anorexia nervosa. The service covers a population of approximately 1.8 million people, which encompasses 7 boroughs in South London. It provides outpatient and day patient care, with the day programme additionally accessed by children and young people from boroughs in Kent and Surrey. The service received 160 new referrals in 2015 and had an active case load of approximately 250 children and young people. In 2017, 316 referrals were received of which 275 were accepted, an active caseload increase 25.
- 5.103.** In 2014, SLaM began a 15 month pilot study in south east London, to facilitate rapid assessment and flexible tailored treatment for young adults in the early stages of their illness. The impact of this community – based service was audited in 2015; data showed that 80% of children and young people receiving this treatment were discharged having recovered from their eating disorder after an average of one year of treatment.

#### **Performance against the Eating Disorder Access and Waiting Time standards**

- 5.104.** Over the last year, the Children and Adolescent Eating Disorders service for Children and Young People at South London and The Maudsley (CAEDS) has been continuing to work hard in delivering against its ambitious targets and plans for innovation.
- 5.105.** The service has shown a considerable improvement in waiting since the baseline was established. In 2016 Q1 waiting time targets met for urgent and routine referrals were 40% and 38% respectively. In 2018 Q2 waiting time targets met were 100% and 97.8% respectively. In the previous quarter the service achieved 100% for both urgent and routine referrals.
- 5.106.** For current Croydon performance - see Appendix 2

### **CCGs partnering in the eating disorder cluster**

- 5.107.** The service has had a longstanding and highly successful arrangement where 7 CCGs have been partnered: Bexley, Bromley, Croydon, Greenwich, Lambeth, Lewisham and Southwark. This partnership is ongoing.

### **Model compliance with NHS England's commissioning guidance**

- 5.108.** The Children and Adolescent Eating Disorder Service (CAEDS) was cited as a national example of best practice in the commissioning guidance: Access and Waiting Time Standard for Children and Young People with an Eating Disorder.
- 5.109.** CAEDS is one of the most accessible child and adolescent eating disorders services in the country. Since February 2016, it has been open to self-referrals by young people and parents, in addition to any professionals working with a young person, including non-medical professionals e.g. teachers, school nurses and social workers.
- 5.110.** Self-referrals were initially made by telephone. A dedicated phone line, staffed by senior clinicians, was open from 9am - 6pm. Parents or professionals worried that a young person may have an eating disorder can phone up, and immediately receive guidance and support. This line continues to operate in this way and has been very popular with parents, young people and professionals.
- 5.111.** Following a series of focus groups with young people last year the service improved its accessibility further by creating the capacity to refer online through its website. Young people told us that whilst they liked the capacity to self-refer by telephone, and receive immediate specialist support from a senior clinician, they would prefer to self-refer online, and then be contacted a clinician. Therefore the self-form went live in October 2017.
- 5.112.** Two additional projects, Bulimia Schools Outreach Project and the Happy Being Me project, came on line and increased access at the beginning of 2018.

### **National quality improvement programme**

- 5.113.** Plans for accreditation of CAEDS with the Quality Network for Community CAMHS have resulted in a first planned peer review on 4 December 2018, with proposed application for full QNCC accreditation in 2019. As part of the peer review process, a number of CAEDS staff will join the peer review process of other generic CAMHS and Eating Disorder services nationally.
- 5.114.** Between 2000 and 2009 there was an increased incidence of eating disorders according to a review of the general practice research database. Rates of eating disorders are different for males and females (Table 2). Eating disorder not otherwise specified was the most frequently recorded eating disorder, followed by anorexia and bulimia.

**Table 2: Estimated incidence of new cases per year) of eating disorders for children and young people in Croydon**

Age group (years)	Gender	Incidence per 100,000	Estimated number of new cases per year
10–14	female	63.5	5.5
	male	17.5	1.5
15–19	female	164.5	18
	male	17.4	2
Total			24

### Self-harm and Suicide

- 5.115.** Self-harm is an issue which local schools have become more concerned in recent years, including some incidences at Primary School. Statistics show that 94 young people from Croydon aged 10-24 years old were admitted to hospital due to self-harm in 2013-14. This is equivalent to 172 per 100,000 - significantly lower than the England average rate of 412 per 100,000. Self-harming not severe enough to require hospital admission has not been captured. Preventative work in schools is being implemented through the work of the school clusters. This recognises Croydon as a fast follower.
- 5.116.** Young people who complete suicide are less likely to have been in contact with mental health services in the year prior to their death, compared with adults (14% vs 26%). Young men are more likely to commit suicide than young women. Young Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ) young people are also at higher risk of suicide. If Croydon had the same rate as England (6.6 per 100,000 population aged 15-24 years), then this would account for 2-3 suicides per year.
- 5.117.** The Office of National Statistics has reported suicide as the most leading cause of death amongst children and young people aged 5 – 19 which has seen increases in from 2016 to 2017 recent years. In girls this has risen to is 13.3% and in boys this is higher at 16.2%

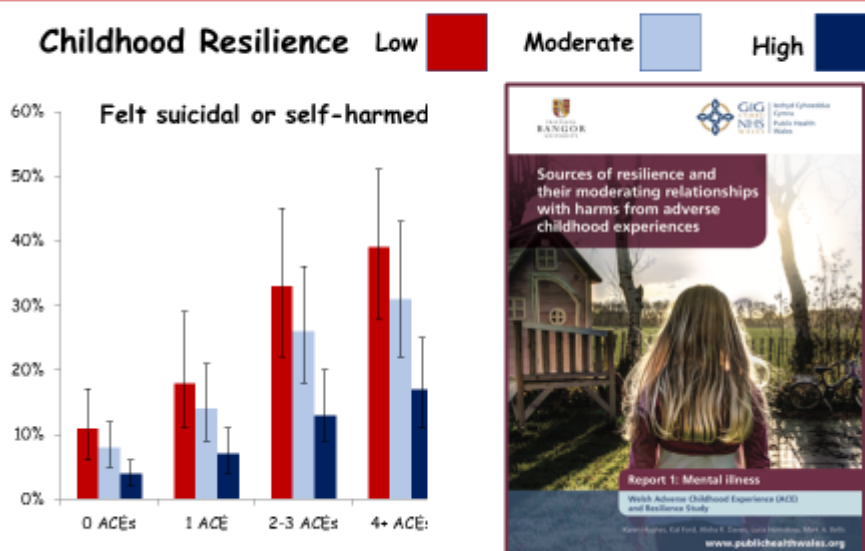
### Adverse Childhood Experiences

- 5.118.** Some groups of children and young people are much more vulnerable to mental health disorders and services need to particularly address the needs of this group who often suffer multiple disadvantages.
- 5.119.** Adverse Childhood Experiences (ACE) are experiences that children have, that impact negatively on later childhood and adulthood. Although not all Adverse Childhood

Experiences will occur within the first 1000 days, evidence shows that children who experience four or more of what is known as Adverse Childhood Experiences have been found to be:

- 8 times more likely to have committed acts of violence between the ages of 18 and 69
- 30 times more likely to have made a suicide attempt
- 41% more likely to experience low mental well-being”

## Childhood Resilience and Mental Health (Child and Youth Resilience Measure)



5.120. The chronic toxic stress from ACEs can impact on both brain and physiological development. (Bellis, et al., 2018)



## Health and Justice

### Young Offenders

- 5.121.** YOT deal with around 600 young people each year - highest volume YOS in London – 900 plus offences a year- 84% male 16% female was 80/20.
- 5.122.** Croydon has seen high Levels of Serious Youth Violence since January linked with increase in knife crime, with one YP being murdered in Thornton Heath. He was the youngest victim of knife crime in London. The high rates of knife crime has led to a safeguarding review which revealed nearly all CYP involved in this type of crime have been identified as vulnerable.
- 5.123.** LAC offending rate is 5.8% - Outer London rate 7.7% and national rate is 5% - schedule report to YC Board
- 5.124.** There has been a significant increase in workload across the criminal justice system which has had an impact on mental health pathways, particularly driving cost pressures in T4 outpatients.
- 5.125.** The YOS re-offending performance has remained steady at 44% but we have seen deterioration in the most recent 2 quarters increasing to 47% albeit the date is 18 months behind. County lines are the other significant pressure that has now fully emerged in the last 12 months.
- 5.126.** We acknowledge the YJB research (2005), which suggests that 31% of young people in contact with the YOS have a mental health need. It is also important to recognise that this group of young people are difficult to engage and generally non-compliant to traditional treatment/support approaches.
- 5.127.** Croydon has the second highest number of children accommodated due to criminal activity in London, with 11 children in Youth Offending Institution. For this reason, it is part of the Resettlement Consortium that is being led by Lewisham.

### Serious Youth Violence

- 5.128.** In Croydon, there were a total of 415 reported serious youth violent crimes by ages 10-19yrs in 2014/15, with robbery (290) the highest crime type. Most crimes of this type were committed by 18 and 17-year olds, totally 63 and 54 respectively.
- 5.129.** The most robberies were committed by 13 year olds, 33 in total. The most violence against the persons were committed by 18-year olds, closely followed by 16-year olds.
- 5.130.** Croydon has seen an 80% increase in knife crime and robberies compared to the London average of around 25%. This is a risk to KPI performance and the use of custody for both sentenced and remanded young people. The Mayors new knife crime strategy reminds courts of the “2 strikes” legislation and greater targeted use of police enforcement powers. This highlights the need for increased prevention work in schools and community which will be part of the boroughs partnership response.

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

#### Domestic Violence

- 5.132.** Domestic violence and abuse are complex issues that require a partnership response from a range of agencies.
- 5.133.** Metropolitan Police data showed that in 2014/15 Croydon saw the highest volume of domestic violence offences of any London borough, with a total of 3,613 offences, well above the London average. Three victims of domestic abuse have been murdered in the borough in recent years.
- 5.134.** Within Croydon over 2013/14 and 2014/15, Fieldway, Selhurst, New Addington, Woodside, Fairfield and Thornton Heath have the highest rate per 1,000 population for allegations of domestic violence and special investigation call outs (where police are called out to attend an alleged domestic violence incident but find no evidence of a crime). These wards are also amongst the most deprived in the borough and have the highest referral rates for children and young people accessing mental health services..

#### Forensic CAMHS (National)

- 5.135.** A further key Youth Justice and Health Intervention is a new community forensic mental health service for children and adolescents which will be commissioned for London by NHS England in 2018 (Community Forensic CAMHS (including Secure Outreach). The service is a tertiary service and will be accessible to community teams in contact with young people exhibiting risky behaviours and/or those in contact with the youth justice system, including CAMHS, youth offending teams and children's social care. Include statement that demonstrates link between L&D workers and worker in custody suite. Ensure links
- 5.136.** The referral criteria will cover all young people under 18 about whom there are questions regarding mental health or neurodevelopmental difficulties including learning disability and autism who:
- present high risk of harm towards others and about whom there is major family or professional concern, and/or
  - are in contact with the youth justice system, or
  - about whom advice about the suitability of an appropriate secure setting is being sought because of complexity of presentation and severe, recurrent self-harm and or challenging behaviour which cannot be managed elsewhere.

**5.137.** The service will work to a national service specification<sup>i</sup> and will provide advice and consultation, specialist assessments and evidence-based treatments for complex high risk cases. The service is intended to support the national ambition to reduce the numbers of inpatient admissions and lengths of stay; reduce variations in service availability and access and improve the experience of patients, families and carers using mental health services.

### **Children with Special Education Needs and Disabilities**

**5.138.** The Children and Families Act 2014 introduced the following changes:

- A Single Assessment Process –that is co-ordinated across education, health and care, and involves children and young people and their families throughout.
- A new 0-25 Education, Health and Care Plan (EHCP), replacing the current system of Statements that ended at age 19 and Learning Difficulty Assessments.
- The publication of a clear, transparent ‘local offer’ of services that has been developed with parents and young people so that they can understand what services are available in the local area.
- The option of a personal budget for families and young people eligible for an EHC plan; and Learning Difficulty assessments (LDAs) are now replaced by EHC Plans with a focus on outcomes and preparation for adulthood

**5.139.** The Department for Education’s (2015) SEND Code of Practice provides practical guidance about how this legislation should be implemented.

**5.140.** Special educational needs (SEN) is defined in children and Families Act 2014 as;

- A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them.

**5.141.** Disability is defined Under the Equality Act 2010 as;

- A physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities.

**5.142.** Children and young people with disabilities do not necessarily have SEN, but many will. Children with SEN will be protected as disabled where their difficulties are substantial and long term, however in practice their needs are met through SEN support mechanisms. Where a disabled child or young person requires special educational provision, they will also be covered by the SEN definition.

**5.143.** The January 2018 Census indicates that 15% (9750) of the 65,029 Croydon school age population had a special educational need, compared to an outer London average of 13.6%. Of these, between 12-13% had been identified as needing SEN Support, additional support to address a learning need for varying periods of time.

- 5.144.** Croydon Council maintains an Education, Health and Care Plan (EHCP) for approximately 3% of school age children, these are young people with long-term complex special needs such that additional and different provision is needed.
- 5.145.** The number of children of children and young people with statutory plans continues to increase year on year.
- 5.146.** The numbers of EHCPs for children in Croydon has increased significantly over recent years. Croydon maintains 2900 EHCPs (September 2018) and has seen an increase in demand. More than 300 new EHCPs have been issued and less than 50 ceased during the period Jan-October 2018.
- 5.147.** We will be working with the service providers to better record the number of children with SEND who have mental health and emotional wellbeing needs and how services are contributing to EHCP and improved outcomes for these children

### **Looked After Children**

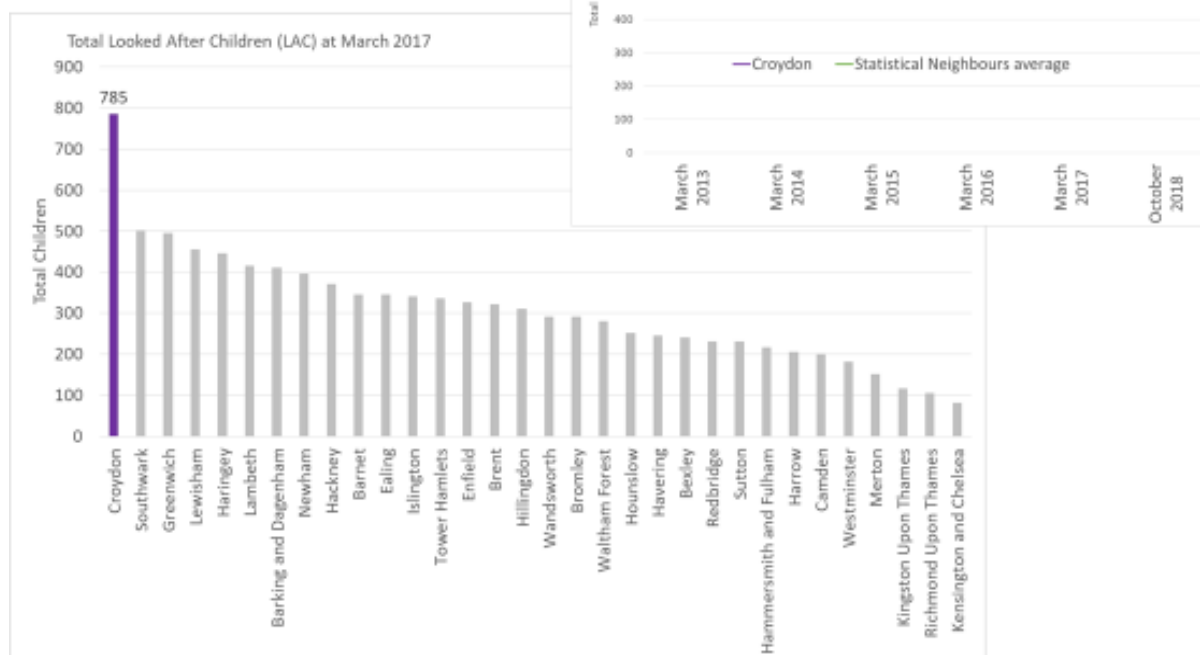
- 5.148** The prevalence of mental health difficulties in looked after children is much higher than the general population (42% compared with 8% among 5 to 10 year olds and 49% compared with 11% among 11 to 15 year olds). Looked after children in the UK have a higher prevalence of psychosocial adversity, mental health disorders, and generally poorer outcomes, compared to the most socio-economically disadvantaged children living in private households. (Ford et al, 2007)
- 5.149.** Research suggests that 45% of Children and Young People aged between 5 and 17 years looked after by local authorities in England will have a mental health need, with 37% presenting with conduct and challenging behaviour disorders, 12 % presenting with anxiety and low mood and 7 % with hyper-kinetic disorders.
- 5.150.** Looked-after CYP in Croydon present with a wide range of emotional and mental health difficulties:
- Attachment difficulties\* (anxious, ambivalent, disorganised attachment)
  - Experiences of loss and or trauma, Post-Traumatic Stress Disorder
  - Emotional difficulties
  - Anxiety and Mood Disorders
  - Deliberate Self harm
  - Challenging Behaviour / Behaviour disorder
  - Difficulties with stability of placement
- 5.151.** The primary reason for CYP being placed on a CP plan is due to neglect, second to neglect with emotional abuse and physical with emotional abuse.
- 5.152.** Often emotional and mental health needs are viewed and understood as being the 'responsibility of specialist mental health services'. The recent NSPCC report, Achieving Emotional Well-being for Looked-After Children (2015), highlights that the

responsibility of looked-after Children and Young Peoples emotional wellbeing and mental health requires a whole system approach, across all services providing support and in contact with looked-after children and young people, to be able to ensure better life experiences and outcomes throughout the life course of vulnerable looked-after children and young people.

- 5.153.** Local authorities are required to assess the emotional and behavioural health of all Children Looked After between the ages of 4 and 16. This is done through the strengths and difficulties questionnaire (SDQ).
- 5.154.** A score under 14 is considered normal, scores between 14 and 16 are a borderline cause for concern and scores of 17 or over are considered a cause for concern. In 2013 59% of Children Looked After in Croydon had a normal score compared to 50% of Children Looked After nationally. Only 30% of Children Looked After in Croydon had a score that was a cause for concern compared to 38% nationally. However, in 2017 65% of Croydon Children Looked After had a normal score and only 21% had a score that was a cause for concern (LB Croydon Social Care September 2017).
- 5.155.** The Home Office's main immigration centre is based within Croydon, which means that Croydon has an unusually high number of unaccompanied asylum seekers, many with high levels of mental health needs. These are addressed both within the statutory and voluntary sector.
- 5.156.** Unaccompanied refugee and asylum seeking minors (UASC) are an often-neglected group that have a complex set of needs. They are at great risk of mental health problems and exploitation without adequate support. Although the number of Children Looked After in Croydon has dropped over recent years, Croydon has one of the highest unaccompanied minor populations in the country and as a consequence, specific consideration is needed to ensure that sufficient provision of appropriate mental health services is provided for this vulnerable group of young people.
- 5.157.** Croydon has the largest population of looked-after children and young people (CYP) in London, represented by local (native to Croydon) children and young people, children and young people placed from other neighbouring boroughs, refugees, migrants and unaccompanied asylum seeking minors (UASC). Due to the Home Office's main immigration centre being based in Croydon, there is currently an unusually high number of unaccompanied asylum seekers in Croydon, (Approx. numbers shown in table below) many with high levels of emotional and mental health needs which causes pressure within social care, health, crisis teams and YOT:

In October 2018 Croydon has **777** Looked after Children (LAC)

In March 2017 Croydon had 785 children in need. This was the highest number in London (285 more than Southwark in 2<sup>nd</sup> place)



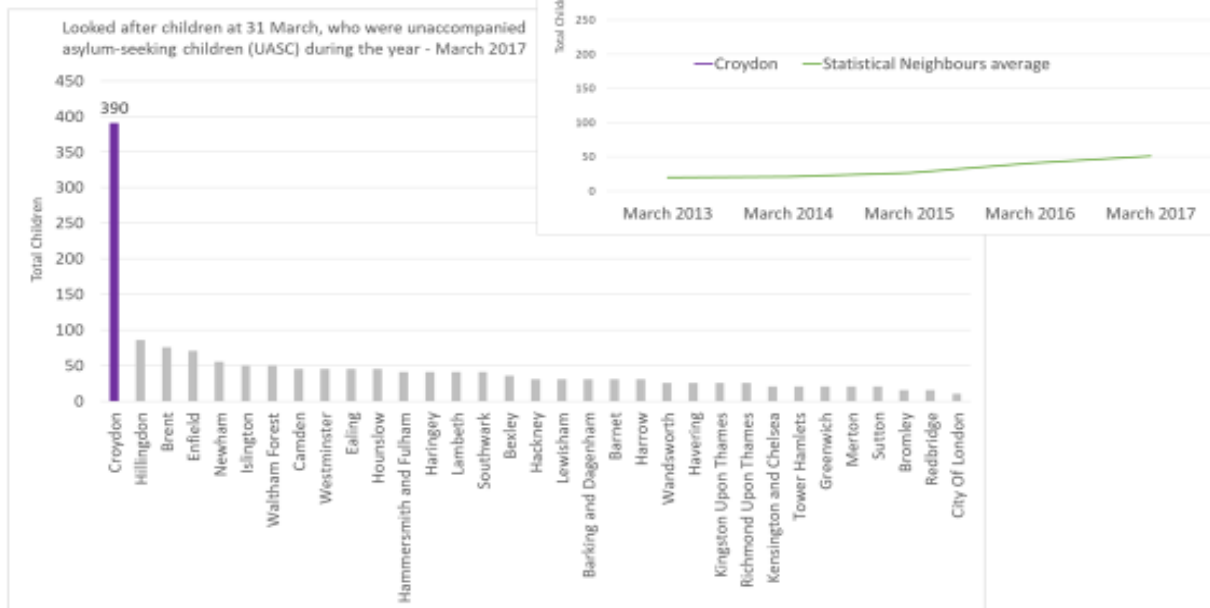
**5.158.** Within Croydon's Looked-After CYP Population it has been identified that:

- 11% of Looked-After CYP have a type of Learning Disability.
- 5.7% of YP currently known to the Youth Offending Service are Looked- After CYP.

**5.159.** Looked-After CYP are highly represented in cases that reach threshold for Forensic (Tier 4) mental health services, presenting with extremely challenging behaviour, often posing risk to themselves and others, in addition to possible aggression, harmful sexual behaviour and persistent self-harm, risking accidental death.

**5.160.** There is a high representation of Looked-After CYP coming to the attention of the CAMHS Crisis Care Team based at the Accident and Emergency Department at Croydon University Hospital, from CYP known to Croydon and also Looked-After CYP who are currently placed out of borough or known to neighbouring / other boroughs.

## Nearly 1 in 4 of all London's unaccompanied asylum-seeking children are in Croydon



**5.161.** Experiences from working with refugees and UASC CYP suggest that many of this cohort of CYP have experiences of supportive, secure early attachments with parents / primary care givers despite many living and experiencing difficulties related to war, trauma, loss and difficult immigration processes. In most cases, this presentation differs from local looked-after CYP, who due to their early difficult experiences and family situations tend to have disrupted attachment within relationships with primary care givers.

### Harmful Sexual Behaviours

**5.162.** Children and Young People are reported to account for approximately a quarter of all convictions of harmful sexual behaviour against victims of all ages (Vizard, 2004) and a third of all sexual abuse coming to the attention of the professional system in the UK (Erooga and Masson, 2006). National research suggests that one third of all convicted sex offenders carry out a first assault prior to reaching the age of 18 years and that between one fifth and one third of all child sexual abuse in the UK involves other children and adolescents as perpetrators. (Hackett, 2004).

- 5.163.** Across services, identifying the scope of young people who present with harmful sexual behaviour, to understand the extent of the problem has been difficult. The NSPCC (2014) highlighted this issue aware there are 'no official statistics highlighting the actual number of young people that present with harmful sexual behaviour, and recognise 'the numbers estimated are thought to be an under representation of the actual number of offences committed due to being under recognised and under reported'.
- 5.164** Between 2015-2016, Croydon Youth Offending Service (YOS) reported of 946 offences within YOT, 1.5% (approx. 14) were sexual offences. This was noted as being a small number, as Youth Offending Team (YOT) were aware and reporting incidents of young people, particularly young men who were involved in / presenting with harmful and inappropriate sexual behaviours currently known to YOT due to being subject to other offences.
- 5.165** From a sample of 23 YOT CAMHS cases in June 2016, 5 cases were known to be presenting with harmful sexual behaviour (HSB), with only 1 noted with HSB as the main referral reason. 2 cases were currently being offered AIMS assessment, and a further 2 cases were being escalated into CAMHS forensic services (Tier 4), due to presenting with high levels of violent behaviour and complexity of presentation.
- 5.166. In reviewing more complex cases with Harmful Sexual Behaviours presentations, there is key learning within the background history where YP have presented with inappropriate sexual behaviour often in education environment or have been known to services throughout / during their childhood.
- 5.167. Many professionals across services, acknowledge being aware of inappropriate and problematic sexual behaviour, being raised within their contact with young people. Concerns raised how HSB is understood and reported across services, describing difficulty in 'having a shared understanding and language about children and young people and sexualised behaviour' as well as concern about gaps in service provision, and support available for CYP to be referred to.
- 5.168. Service managers and leads identified need for professionals within services being supported through supervision and management structures to reflect on their own experiences, biases and feelings in response to working with CYP presenting with HSB. Identified presenting issues across services:
- children using sexualised language,
  - inappropriate touching,
  - consent for sexual contact /relationships,
  - sending naked / indecent photographs through social media,
  - sexting
  - how this relates to physical relationships
  - regular use of different categories of pornography.

- 5.169. The YOT CAMHS team conduct is required to regularly provide consultation from professionals (across education, social care and voluntary agencies) who have concerns about young people presenting with problematic and harmful sexual behaviour) with concern about how to respond, and seeking a service to refer young people to. These young people are reported to often not reach the remit of CAMHS (Tier 3) and not yet known to the YOS, or the Criminal Justice System.
- 5.170. Further to developments in CSA and CSE work in Croydon, the Children's Safeguarding Board has commissioned Research in Practice and National Children's Bureau to enable Croydon to be part of Local Authority Research Consortium (LARC) exploring Harmful Sexual Behaviour.
- 5.171. The research involves scoping the knowledge, experiences and needs of the workforce across education and children and young peoples' services.
- 5.172. From 113 referrals to Multi-Agency Sexual Exploitation Panel (MASE) from Jan 2015-April 2016, 41 YP were reported as having a looked-after status.
- 5.173. Through external funding, Safer London have established a Harmful Sexual Behaviour (HSB) programme across Croydon. The programme provides 1:1 intensive support for young men aged 11-18 years who display inappropriate attitudes towards sex and relationships and engage in sexual behaviour unsuitable in context to their stage of development.
- 5.174. Referrals into the programme come from a range of services including schools, youth clubs, youth offending, social care as well as self-referral. The intervention is set out over a 6 month period; tailored depending on need of young person.
- 5.175. The young men referred demonstrate a variety of behaviours that fit across the spectrum of Harmful Sexual Behaviours. This ranges from accessing and addiction to hard-core pornography to accusations of sexual assault and rape.
- 5.176. The service has been active in Croydon since April 2017, with a support worker co-located in the safeguarding team to support multi-agency working. To date 15 referrals have been accepted with 11 engaged in intervention and 1 disengaging due to parent. 3 currently on wait list. Young men are aged between 12-17, with the majority referred being 14-15 years. Further breakdown of data is currently underway to ensure trends can be captured and reflected in training and information provided to workforce.
- 5.177. Croydon currently commissions Croydon University Hospital to provide medical care for children and young people that have either been or suspected of being sexually exploited. Over the last five years the numbers have grown gradually, with good pathways from both the police and social care into the service.

### **Child Sexual Assault**

- 5.178. The Child Sexual Abuse Hub in South West London was set up to bring together medical and emotional support services for survivors of Child Sexual Abuse or Child

Sexual Exploitation in the boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. The six CCGs funded a two-year pilot to establish an early intervention emotional support service linked to the existing Child Sexual Abuse medical services at Croydon University Hospital and St George's Hospital.

- 5.179 CCG commissioners across SWL participate in the NHSE Review of Sexual Abuse Services for Child and Young People in London and have agreed to jointly develop the pathway for child sexual assault including mental health provision to achieve a consistent, high quality collaborative approach across the sector.

The service is made up of 4 NSPCC Children's Services Practitioners (working to capacity of 2 FTE) and offers practical support and advice, case management, and up to six sessions of assessment, emotional support, and onward referral to appropriate services where needed. For those children and young people seen for medical examination at other Child Sexual Abuse clinics, a tailored referral route into the NSPCC service has been established via the relevant Designated Doctor.

The figures below are based on data collected from 7 December 2016 to 8 September 2017. Based on this data, the service is on track to reach its yearly target. The data collected for Croydon is high reflecting a high level of referrals by social care colleagues in comparison to other boroughs. The transformation plan will aim to improve the pathway and communication between social workers and the service to ensure that children continue to benefit from this local provision.

Borough	Referrals received	Medicals	Declined service	Work completed	Referred internally	Referred externally	On-going cases
<b>Croydon</b>	19	17	4	6	1	0	9
<b>Kingston</b>	2	2	0	2	0	1	0
<b>Merton</b>	3	2	0	2	0	1	1
<b>Richmond</b>	6	6	0	5	1	1	1
<b>Sutton</b>	2	2	0	1	0	0	1
<b>Wandsworth</b>	10	8	3	5	1	1	2
<b>Totals</b>	42	37	7	21	3	4	14

### Preconception and Perinatal Mental Health for Families

- 5.180. The aim of the local project is to ensure that in Croydon, all women, their partners and their families get the right treatment, from the right services, at the right time and place to support positive mental health before, during and after pregnancy.
- 5.181. Perinatal mental health is a current national priority and is included in both the Five Year Forward View for Mental Health and Better Births programmes. In December 2018, it was announced that new and expectant fathers will also be offered comprehensive mental health checks and treatment.
- 5.182. This has attracted increasing funding with £365m nationally allocated between 2015-2021 to improve the proportion of women that receive evidence based care at the right time and place. South West London Sustainability and Transformation program

successfully bid for funding in 2017/18 to expand their programme of work in perinatal mental health.

- 5.183. In 2017, there were nearly 6000 deliveries in Croydon, therefore as many as 2000 babies may be impacted by their parent's mental health during the first year of life.
- 5.184. Some women are at greater risk of poor mental health in pregnancy. Social and environmental factors such as low social support, negative life events, domestic violence, low socio-economic status and migrants are all at greater risk. Additionally, women with a history or family history of psychiatric illness and women that experience pregnancy complications, are also at greater risk.
- 5.185. Poor mental health during the perinatal period can impact on many aspects of life including relationships, employment and education. Perinatal mental illness also remains a leading cause of maternal death in the UK, where over half of women that die during pregnancy have a previous history of severe mental illness. The following objectives have been identified:
- To define and understand the existing perinatal mental health pathways in Croydon.
  - To identify challenges and gaps in service provision to inform strategies and commissioning in order to develop an integrated care pathway that will improve the outcomes for this group.

#### **Key Milestones**

- Scope sign off in December 2018 by Public Health Director, Rachel Flowers, the APHR implementation group and the CCG.
- Interim report for presentation to Health and Wellbeing Board January 2019: Data gathering, analysis, reviewing evidence.
- Update to inform CCG allocation by April 2019
- Make evidence based commissioning intentions by September 2019.

#### **Specialist SRE delivery - Young People's Sexual Health Service – Croydon Health Services NHS Trust**

- 5.186. This team, commissioned by Public Health Department, to deliver four six week Sex and Relationships Education Programme in Croydon Secondary schools. The programme was also adapted for all settings including PRUs and other non-school settings. It is an interactive, lively course in which a range of issues including personal boundaries, exploitation, healthy relationships and staying safe when sexually active. As well as contraception and STIs the team ensures important questions such as what do healthy relationships look and feel like, and how do you say no if you aren't ready? This is done in a safe, anti-discriminatory way that is inclusive of everyone.
- 5.187 To compliment this, the team offers a free programme of training for teaching and other professionals on a variety of topics including pornography, substance misuse/sexual health risk taking, being sex positive, self-esteem, consent and sex talk: it's easy.

## **Victim Support**

- 5.188. This national charity is actively working in Croydon secondary schools to reduce the risk of young people becoming victims of crime through improving their resilience and protective behaviours, helping them to recognise abusive behaviours, and to raise their self-esteem. We are also working with a London University to evaluate this work and to lead on further research into this aspect of young people's lives. Croydon Drop In has been successful in engaging with nine schools to provide counselling interventions.
- 5.189. During 2016/17 Croydon Drop-in provided counselling for 200 young people in ten schools. This is in addition to the children that have been seen through core services 'open access' services. Croydon Drop In provided significant mental health interventions (NHSE criteria based) to over 480 children and young people.
- 5.190. Croydon CCG is also working in partnership with the Serious Youth Violence Partnership to put into place the referral pathway for the Police and Victim Support to ensure victims of knife crime access services to support them.
- 5.191. Off the Record works closely with the Gangs Operational Manager, from Croydon's Youth Offending Service and have developed a pilot project that aims to support young people who have lost someone close to them through youth violence or sudden death. Over the past two and a half months the team have received 6 referrals into the project, engaging with 4 of them to provide a combination of therapeutic and developmental support. Some of the issues experienced by these young people include:
- Losing someone close to them through suicide and understanding the links to depression.
  - Witnessing a friend being brutally murdered by a machete wielding gang.
  - Kidnapping and torture as a result of an older sibling's involvement in county lines.
  - Suffering trauma as a result of being stabbed.
  - Losing a close friend in a road accident as a result of trying to escape a knife attack from a gang.
- 5.192. In a departure from the agencies usual proceedings, interactions with young people requiring support in these areas tend to take place in community based locations away from Off the Record's offices.

## **Crisis including emergency and urgent care**

- 5.193. SLaM provide a crisis service and information about the crisis line is prominently situated on the SLaM website  
<http://www.slam.nhs.uk/>
- 5.194. SLaM crisis line is open 24/7. This is actively promoted through primary care and other agencies.

- 5.195. There are monthly 12 borough meetings where commissioners give updates about pathways and regular mailshots to relevant commissioners for dissemination across their patch.
- 5.196. Communication via CCG commissioners e.g. as happened when Southwark GPs requested direct telephone access to CAMHS consultants and the latter's mobile numbers were shared via the commissioner's primary care group
- 5.197. Communication at a site level e.g. as happens in the hospital settings using meetings, inductions, teaching sessions, information on intranet
- 5.198. On a case by case basis with front line workers calling in to the crisis line or CAMHS about crisis presentations they have encountered. Same goes for individual CYP/families when care planning in outpatients or discharge planning after Eating Disorder presentations. In these cases, the information is contained in the coping and safety plan via GP and schools training days.
- 5.199. CYP/families can access help in a variety of different settings, in schools, general practice, the Well Centre, via CAMHS crisis teams, Eating Disorder, police stations, and on the streets if police pick them up.
- 5.200. They can access non-face-to-face advice via the SLaM crisis line. All settings have same day access, appointments or walk in. We are including in this answer our colleagues, non-SLaM, who work as school counsellors and school nurses, our GP colleagues who deal with lots of crises not requiring full CAMHS level input
- 5.201. CYP/families are told or can find out about where they can go by/from ringing 111, SLaM crisis line or Child Line, by talking with teachers, school counsellors, nurses, peers, SWs, GPs, police or LAS staff, or looking at third sector websites, such as MIND, Samaritans, Young Minds
- 5.202. The South London Partnership are funding a pilot for community crisis services. In December 2018 the Healthy London Partnership (HLP) published their [Summary Findings Report](#) following the HLP CYP Mental Health Crisis Pathway Peer Review. This report summarises the findings from peer reviews of London's nine mental health crisis pathways for CYP conducted between November 2017 and May 2018, including an overview of next steps. Both of the main South East London mental health providers, Oxleas and SLaM, took part in this process. The STP is engaging with the HLP to develop a South East London STP wide action plan to take this work forward
- 5.203. The specialist Dialectical Behaviour Therapy (DBT) and Supported Discharge Services (SDS) interface well with the crisis teams and ED work, and also offer extended hours of involvement to reduce the chances of a crisis resulting in an OD or DSH attempt that necessitates ED involvement.

## Early Intervention in Psychosis – (EIP)

5.204. Another important element of local young people's mental health services is Early Intervention in Psychosis (EIP) because good evidence shows that early detection, diagnosis and treatment of psychosis improves lifetime health outcomes. The Croydon Outreach and Assertive Support Team (COAST) service which provides the EIP service including an integrated community team offer it has achieved of the Early Intervention Waiting time standard. The data for the whole service shows that waiting time standards in COAST continues to do well. Post-split across CAMHS and adult services ensures smooth transition for young people and offers early intervention.

CAMHS provides CBT for psychosis, Behavioural Family Therapy and psychiatry

5.205. The CAMHS transition worker role in TEIP is effective in achieving good transitions. This worker uses evidence-based therapies which supports wellness and recovery and is an example of best practice. A flow chart of the process in Croydon can be seen below.

5.206. The Adult EIP service is one of the busiest in South East London. EI function integrated into community mental health team who sees under 18's. The transition worker provides an outreach service. The table below shows the provider performance across the four boroughs services by SLAM.

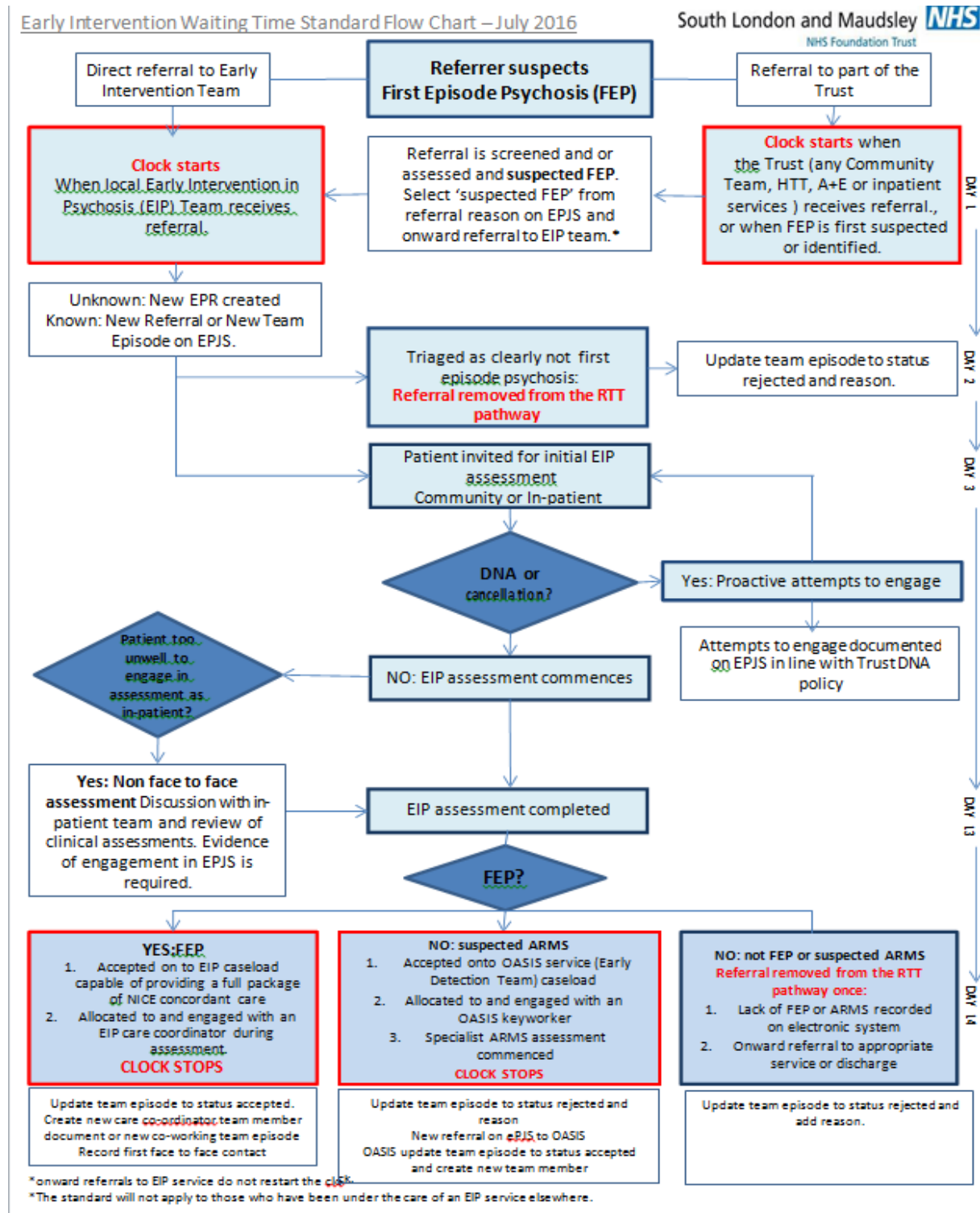
### Referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package

**2017/18 Target: 50%**

**2018/19 Target: 55%**

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

The national flow chart below sets out the pathway for EIP services:



<b>6. Workforce Development</b>
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- 6.1** At a SWL footprint the South London Workforce action board has been established and brings together health and social care professionals as part of place based commissioning to collaborate on workforce planning for the next five years. The groups have established a number of work programmes at SWL level which will support development of the CAMHS workforce. These include:
- 6.2** Recruitment campaigns; work in schools to highlight range of careers available, targeted recruitment campaigns working with HEE and PR/communications support, project resource sourced for international recruitment process work and project expert sourced for hard to fill and new roles recruitment campaigns.
- 6.3** Apprenticeships; Identifying key contacts with apprenticeship circles and collating various guidance and best practice and working with HEE and SWL providers to identify value added at a system wide level
- 6.4** SWL induction and benefits package; looking at consistency across induction and benefits packages to make SWL an attractive place to work
- 6.5** SWL Flexible working; agile working and self-rostering to promote nurses taking control of work shifts, improved motivation, less sick days, and removal of shift patterns to deliver a fairer way of working. Self-rostering has been established on a number of acute hospital wards and now exploring interest with SWLStG
- 6.6** SWL Nurse and AHP progression course; Oxleas, SLAM, SWLStG have launched a progression course for MH nurses B2-B7 including new roles. A programme based on this is going to be rolled out to other parts of the SWL, incorporating the “mental health passport” which allows staff to move more seamlessly between providers in the patch
- 6.7** The SWL Workforce Action Board and the SWL Mental Health Network have established a SWL Mental Health Workforce task and finish group, which reports to both forums. This group is responsible for driving delivery of the SWL MH workforce plan, ensuring we have detailed plans in place and are monitoring progress against the workforce trajectories. The workforce task and finish group is supported by an expert workforce modeller, who is developing a model which will quantify the impact of existing plans and help the group to understand any gap between what will be delivered through current initiatives and the overall workforce targets. A CAMHS specific meeting has been scheduled for November 2018.
- 6.8** The SWL Mental Health Workforce task and finish group has developed a number of bids as part of the HEE mental health bidding round 18/19. These bids are all designed to support delivery of the MH workforce plan.

- 6.9** To address the current vacancies and meet nationally proposed expansion of the pathway the national mental health workforce plan recommends that at least 1,700 therapists and supervisors need to be employed to meet the additional demand by 2020/21. The illustrative trajectory for the necessary growth in therapists was published at the national level (England region). In order to meet nationally proposed expansion of the pathway and to deliver the 2021 commitments from a starting position SWL has produced the trajectory up to 2020/21 of SWL population based share as well as CCG level contribution to 1,700 additional therapists
- 6.10** SWL is exceeding the target for additional 1,700 therapists and supervisors to be employed to meet the additional demand by 2020/21 based on SWL population based share (additional 45WTEs of therapist and supervisors needed based on population). Total number of additional therapist and supervisors planned for SWL is 56WTEs.
- 6.11** Additionally to that, the Five Year Forward View for Mental Health Implementation Plan as well as Stepping forward to 2020/21 recommends that at least 3,400 existing CAMHS staff be up skilled in CYP IAPT therapies. This work is being developed in collaboration between partners at a local level via implementation of revised Local Transformation Plans.
- 6.12** To implement local plans to transform children and young people's mental health, SWL STP has produced the trajectory to meet the national target of 3,400 current staff being trained by 2020/21 based on SWL population and CCG contribution to ensure the sustainability of psychological therapies workforce

Total number of existing staff to be trained by 2020/21 is 56WTEs.

In addition to this, locally work on developing the School Clusters will see the recruitment of a band 7 Mental Health worker to develop the school cluster model in the Croydon Cluster. Schools will also be invited to access Mental Health first aid training, which is to be delivered by the Health and Well Being Schools Improvement Lead.

### **Child Well Being Practitioners (CWP)**

- 6.13** The national Child Wellbeing Practitioner programme was established in 2017 as a response to the target for offering an evidence based intervention to 70,000 more children and young people annually by 2020, by training up 1700 new staff in evidence based treatments, outlined in Implementing the Five Year Forward View for Mental Health. During 2017, 15 CYP IAPT Partnerships were involved in the pilot; employing and training (in conjunction with UCL and KCL) 4 CWPs per Partnership, with a total of 60 CWPs across the London and the South East collaborative.
- 6.14** Providers and CCGs applied in partnership for funding to create 4 CWP training posts

at band 4, which will come with resource to provide supervision and support. These posts constitute a sub-service, equipped to see young people who wouldn't otherwise reach local thresholds for CAMHS; they are distinct roles, and not assistants to existing therapists.

## Training & Supervision

- 6.15** All staff who engage with children and young people receive the necessary education and training to provide safe and effective clinical and emotional care, including training for mental health staff in increasing physical health skills and for physical health staff in responding to mental health need. Training includes how to support vulnerable children and young people, such as those with learning disabilities, as well as those who are looked after children. Relevant statutory and mandatory training as well as professional competencies are built into current educational provision and personal development.
- 6.16** CWPs undertake certificate level training for 1 year, hosted by either University College London (UCL) or Kings College London (KCL), anticipated to begin in April 2018.
- 6.17** The CWPs will be trained over the course of a year to offer brief, focused evidence-based interventions in the form of low intensity support and guided self-help to young people who demonstrate mild/moderate:
  - A.** Anxiety (primary and secondary school age)
  - B.** Low mood (adolescents)
  - C.** Common behavioural difficulties (working with parents for under 8s)
- 6.18** During the pilot year, CWPs receive an initial three days a week of University led training, with a further two days a week allocated to work within their service under close supervision supported by local supervisors and service development leads. During the second term, this will reduce to two days a week University training, with three days for CWPs to put their skills into practice within their service. Although the 2018 curriculum is still being finalised, it is anticipated that the second cohort will receive the same level of training and service-based learning.
- 6.19** In order to ensure that CWPs are supported during their first year in post, each partnership needs to ensure that appropriate supervisory arrangements are in place in time for the start of the programme in April 2018.
- 6.20** A bid for additional Child Well-Being Practitioners for Croydon was successful in securing funding for 3 positions. These additional Child Well-Being Practitioners will help in increasing access and referral work in schools as well as with declined referrals based on the Single Point of Access.

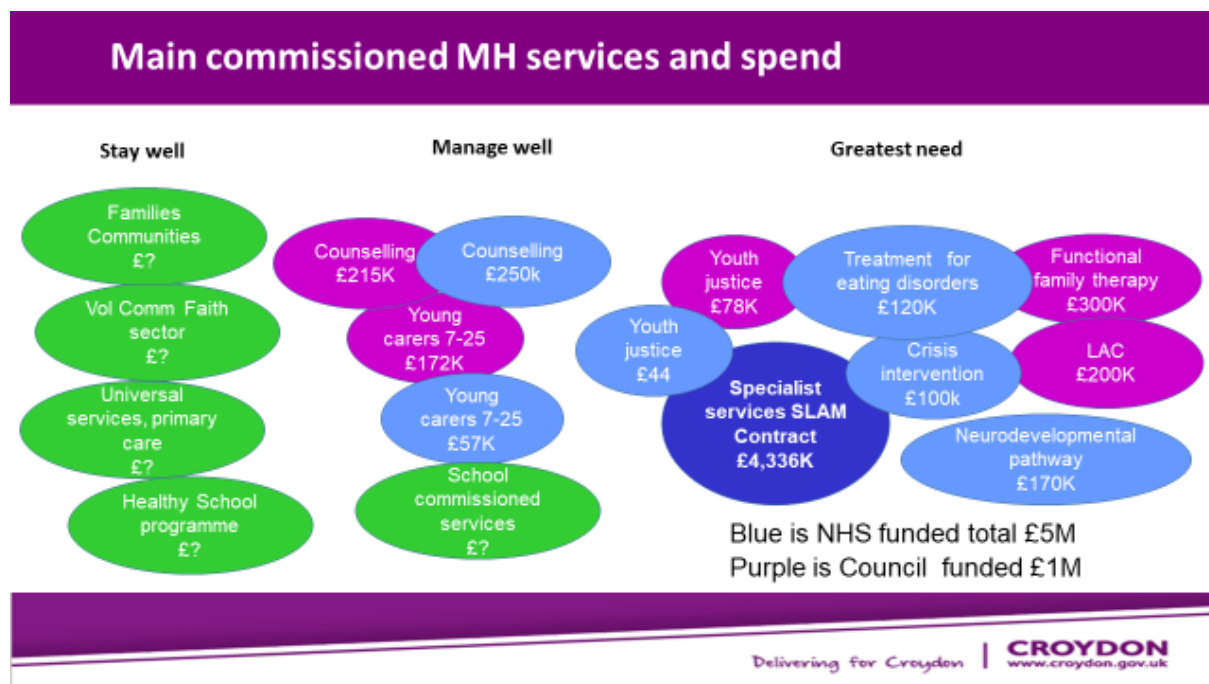
### **Recruit to Train initiative – SDIP**

- 6.21** We will work with all providers of service so that by summer 2019 there is a detailed workforce delivery plan including with our local schools. This will include a skill mix review and action plan
- 6.22** Provision will be made for continued training for existing staff from 2019 at two a year.

## 7. Finance

### Financial delivery LTP Funding 2018 to 2021

The following represents the current spend 2018-19.



- 7.1.** Croydon Clinical Commissioning Group received an additional recurrent 16% uplift to the specialist CAMHS services, which equates to £785,000 for 2018/19. The table below shows the total budget allocation and levels of investment from 2015/16 to 2018/19.
- 7.2** Following the publication of the Future in Mind and the development of the Local Transformation Plan, additional funding has been made available each year to enhance mental health and emotional well-being services for children and young people. In line with national allocations, Croydon Clinical Commissioning Group received an additional £201,000 in 2018/19. The table below shows the total level of investment from 2015/16 to 2020/21.

## Total LTP budget across Children and Young People's Mental Health Services partnership for 2018/19

### Figures to be confirmed\*

LTP Funding Period	2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s	2019/20 £000s	2020/21 £000s
LTP	733	760	771	784	1416	1,500
CYP MH additional allocations	Figure to be confirmed	986*	140*	201*	135*	136*

**7.3** The following sets out the investment plan for 2019 -20

### Investment plan 2018-20

Proposal	Provider	cost 2018-19 Q4 £s	FYE £s	impact	comments
Access to treatment Target					
Offer of paid hours to some of Off the Record current volunteer counsellors would increase service capacity and lower waiting times. Additional half day p.w. from 4 counsellors would create capacity for additional 12 clinical sessions p.w.	Off The Record	4,000	16,000	40 new cases treated per year	stretch target of 50 cases treated per year
2 days p.w. of data administration time would allow us to cross check across all services to ensure that all work that is already being delivered is being counted.	Off The Record	4,000	16,000	To be confirmed	target not set by provider

8 more children per week at 132 church road	CDI	6240	24,960	32 per annum	
one extra evening per week at upper Norwood	CDI	4748.75	18,995	24 per annum	
Increase access for CYP, a pathway particularly focusing on emotional disorders, by an additional 250 cases per year by April 2020	SLAM	43176.25	172,705	Treatment target to be negotiated at 90% of access target or 2800 children will have received treatment in 2019-20	
Waiting list initiatives	SLAM	60,000	0	TBC	non recurrent projects
On line counselling	TBC	0	60,000	TBC	Details to be finalised
sub total		122,165	308,660		
HWBB Priorities					
Engagement of YP. A fund for them to allocate			50,000	TBC	
Emotional wellbeing in schools			65,000	TBC	
Multi agency training including ACE training			55,000	TBC	
sub total			170,000		
SLAM SDIP and HWBB pathway priorities					
Neuro developmental pathway Increase assessment capacity by 3 assessments per week Reduce waiting time to <6months in 2019 Target 18 weeks wait by 2020	SLAM	37500	150,000	Additional resource to see increased number of young people for assessment of neuropsychiatric disorders. Additional ASD Diagnostic assessment (ADOS) training for existing staff to expand current	what can be achieved with this will need to be confirmed with SLAM as they requested £263K

				workforce 3 assessments per week	
<b>Sub total</b>		<b>37500</b>	<b>150,000</b>		
<b>Grand total</b>		<b>159,665</b>	<b>628,660</b>		

- 7.3.** Croydon CCG will publish the LTP including its funding envelope once the plan has been assured. This will be set within the LTP which will also be published on the CCG website.
- 7.4.** It is not envisaged that the total funding envelope for CAMHS or the allied professionals will be reduced in 18/19. Due to the way budgets are configured and reported it may seem that CAMHS have underspent, in reality CAMHS has significantly over spent against budget, particularly at T4 outpatients as a means of preventing escalation to in patient care.
- 7.5.** Transformation funds are being used to enhance services and build capacity and capability across the system, enduring high quality mental health care, which is evidence based and delivers improved health outcomes.

#### Total LTP Spend across Children and Young People Mental Health Service

Organisation	Service	Budget table			Budget Allocation
		2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s
<b>Croydon CCG</b>	Core spend - baseline	2,500	2,500	3,400	5,000
<b>NHS England</b>	Local Transformation Plan	733	760	771	784
<b>NHS England</b>	Health & Justice	-	102	102	107
	<b>Sub Total</b>	<b>3,233</b>	<b>3,362</b>	<b>4,273</b>	<b>5,891</b>

<b>LTP funded SLaM/CAMHS provision</b>	Specialist commissioning	700	700	639	640
	SLaM				
	Crisis Team				99
	Additional Neuro Team				169
	Community Eating Disorder Service (CYP)	212	212	00 212* not received	00 120* not received
	CAMHS Transformational Services				1,751
	<b>Sub Total</b>	<b>912</b>	<b>912</b>	<b>851</b>	<b>2.659</b>

**7.6.** Due to Croydon's financial position, we are unable to confirm additional funding for CAMHS beyond 20/21, without a ring-fenced directive from NHSE.

**7.7.** CAMHS budgets continue to be under pressure due in part to the structural changes in the Eating Disorders pathway, but increasingly from the number of forensic cases that require specialist assessment, risk management, DBT and bespoke treatment packages. We are currently projecting a significant overspend at T4 outpatients, which while it prevents inpatient admission, is a challenge for a deficit CCG. Negotiations are on-going with SLaM as part of the Adult Mental Health block contract to set the correct budget for this key area.

#### Voluntary Sector and Local Authority Commissioned Provision

Organisation	Service	Budget table			Budget Allocation
		2015/16	2016/17	2017/18	2018/19
<b>LTP funded Voluntary Sector Providers</b>	Croydon Drop In				
	-Single Point of Access	12,000	12,000	12,000	12,000
	-Open Access Counselling	50,241	50,241	50,241	50,241
	Off the Record				
	– Young Carers Project	57	57	57	57
	-Open Access Counselling				112

	-Online Counselling Service	112	112	112	
	-Compass (unaccompanied asylum seeking children)				30
	-BME Outreach Project	30	30	30	30
		30	30	30	
	NSPCC – Child Sexual Assault	-	-	26,910	36,910
	<b>Sub Total</b>	<b>291,241</b>	<b>291,241</b>	<b>38.151</b>	<b>328.151</b>
<b>Local Authority contribution</b>	Youth Offending Team	-	33	78	78
	Family Justice Service – Speech & Language	-	60	60	60
	Looked After Children	222	222	222	222
	Functional Family Therapy	333	333	333	333
	Off the Record				
	- Young Carers Project				
	-Open Access Counselling	35	35	35	35
	-Online Counselling Service				
	-Compass Service (unaccompanied asylum seeking children)	30	30	30	30
	Croydon Drop In				
	-Open Access Counselling	150	150	150	150
	<b>Total</b>	<b>770</b>	<b>863</b>	<b>941</b>	<b>941</b>

## 8. Performance outcomes and KPIs

8.1. See appendix 2 for a summary of performance and outcomes across the key services

## 9. Strategic join up

### Collaborative Commissioning

#### Healthy London Partnership Children and Young People's Programme

- 9.1 The Healthy London Partnership Children and Young People's Programme brings together the NHS in London (Clinical Commissioning Groups and NHS England), the Mayor of London, Greater London Authority, Public Health England, London Councils and Health Education England to achieve better health and care for all Londoners.
- 9.2 In 2017/18, London CCGs identified the following priority themes for the Healthy London Children and Young People's Mental Health Programme:
- Crisis care - support commissioners/providers to implement the Healthy London Partnership Children and Young People Mental Health Crisis Care guidance.
  - Data and information
  - Learning Disability
  - Eating Disorders
  - Directory of Services
  - Thrive London and Digital Mental Health programme
  - Workforce

### South West London Context

#### South West London Sustainability Transformation Plan

- 9.3 The vision for the South West London Sustainability and Transformation Plan (STP) is for people live longer, healthier lives. They are supported to look after themselves and those they care for. They have access to high quality, joined up health and care services when they need them that deliver better health outcomes at a lower cost of provision to the system.
- 9.4 The South West London Sustainability Transformation Plan (SWL STP) is the key vehicle for transforming Child and Adolescent Mental Health (CAMHS) services in SWL and achieving the targets set out in the Five Year Forward view. SWL CCGs have identified the following priorities aligned to the SWL STP. Croydon CCG is working at STP level with Specialised Commissioning and Croydon CCG service users to develop and implement transformation plans. These priorities are also outlined in the SWL

CAMHS collaborative plan, which South West London have developed as part of our work to implement the Five Year Forward View for Mental Health (DOH 2016).

## **9.5 South West London Sustainability Transformation Plan and Local CAMHS Transformation Plan Priorities**

South West London Sustainability and Transformation Plan align with the Children and Young People's Mental Health in the following ways:

- 9.6** The South West London STP will promote commissioning of consistent out of hours services for young people to manage crisis and prevent escalation with the ambition of managing demand effectively in the community and reducing inpatient admissions.
- 9.7** Oversee consistent delivery of multi-agency pre-admission Care and Treatment Reviews for children and young people with LD, and/or autism to reduce inpatient admissions.
- 9.8** Work with NHS England Specialised Commissioning Team, CCGs and Local Authorities commissioners to design and commission effective community pathways with robust links to local acute inpatient services with ambition to reduce lengths of stay and inappropriate placements.
- 9.9** Access to appropriate beds locally to prevent people having to travel long distances to receive care, which can disconnect them from their family and local community.
- 9.10** Implement changes to the SWL Eating Disorder Service to ensure it meets the new Access Waiting Time Standards
- 9.11** Implement 24/7 Crisis Care model in line with Healthy London Partnership Crisis care standards Increase proportion of children with a diagnosable mental illness receiving evidence based treatment to 35%
- 9.12** The CCG has attended and where appropriate chaired CETR, Care Program Approach and multi-disciplinary team meetings for children in inpatients settings and in the community for children prior to admission to inpatient settings. As part of this process parents, children and young people are asked about their views, wishes and feelings. The emerging themes from these discussions included children requiring more support from schools for children with emotional wellbeing; there were gaps in children and young people having crisis and safety plans, they needed more support in the community on autism and ADHD. This was identified as an inequality in care for children with disabilities and those who are vulnerable.

- 9.13** The SWL Commissioners have jointly developed a draft service specification for the Eating Disorder service which focuses on redesigning the service to incorporate day provision and early intervention support. This specification will be finalised in the next few months in collaboration with the SWLStG service, ensuring that it meets the 2015 commissioning standards.
- 9.14** SWLStG are in the process of registering to be part of the Quality Improvement Network and funding arrangements for this have been agreed. As a member of the Quality Improvement Network the service will have to do annual peer reviews on other services, as well as have their own annual review by peers from other Trusts.
- 9.15** Contribute to the national target for an additional 1,700 clinicians, and to train and upskill 3,400 of the existing staff complement in CYP IA Psychological Therapies, by 2021.
- 9.16** Work with NHS England Specialised Commissioning Team to continue to:
- a. ensure Regional inpatient capacity to ensure out of region admissions become the exception
  - b. reduce variation by introducing standardised access and waiting times
  - c. adopt consistent models of care based on best practice that reduce the reliance on inpatient care
  - d. deliver seamless age-related service transitions
  - e. support the pilots within the New Care Models programme (NWL)
  - f. To meet the workforce requirements, SWL Commissioners continue to work with STP Workforce Leads on the SWL Workforce Development Plan. This joint work will deliver and implement a workforce plan for SWL's contribution to increased workforce capacity, capability and sustainability within CAMHS.
  - g. Governance and assurance for Local Transformation Plan alignment to the STP is provided by the SWL Mental Health Network. The Local Transformation Plans will be led and signed off by individual CCGs, but the SWL Mental Health Network will work with commissioners to understand common themes, share learning and ensure alignment to the STP.
  - h. South London Partnership and New Models of Care
  - i. South London and Maudsley NHS Foundation Trust, Oxleas NHS Foundation Trust and South West London and St. George's Mental Health NHS Trust have recently

formed a partnership to improve mental health services across South London. This partnership is called the South London Mental Health and Community Partnership.

- j. The partnership is the first of its kind in London and is designed to improve patient care through an approach called New Models of Care.
- k. The Child and Adolescent Eating Disorder service is working closely with colleagues across all three trusts to help achieve the aims of the program:

### **Reducing demand for inpatient beds**

- 9.17** Enabling young people to be supported closer to their home and community
- 9.18** Greater integration of community and inpatient services
- 9.19** Improving the consistency of eating disorder care across the 3 trusts in the partnership
- 9.20** Enhance the collective eating disorder service offer across the partnership

### **Green Paper Trailblazer bid**

- South West London Health and Care Partnership agreed in November 2017 that its key health prevention and promotion focus would be on children and young people's emotional wellbeing; partners committed to ensure that the whole health and care system across South West London would work together to deliver significant change in this area.
- South West London developed an expression of interest to be a Wave 1 Trailblazer site, covering Wandsworth, Sutton and Merton CCGs. This combined bid reflects the collaborative work that all three boroughs have been involved in as part of this overall South West London priority to champion emotional wellbeing for children and young people. All boroughs in South West London have been actively involved in this programme and as a result Croydon, Kingston and Richmond CCGs will be well placed to be fast followers following this pilot.

The bid has two key elements to it;

1. the development of mental health support teams (MHSTs) in schools to provide additional support to children with mild to moderate mental health issues,
2. and a four week wait pilot for Tier 3 services.

- 9.21** *MHST summary:* Our MHSTs will be based on a hub and spoke model where the MHST will be based in hub schools or co-located with education or social care teams and will support the delivery of a whole school approach. The MHST will deliver consultation for teachers and assessments and treatment of pupils in primary schools and students in secondary schools. Treatments will comprise:

- 1:1 interventions,
- group treatment programmes
- Our proposal is to have a total of 13 MHST in our trailblazer site; with each borough grouping their schools based on current strong working practices.

- 9.22** *4 week wait summary:* to achieve a 4 week wait in specialist CAMHS services, the system needs to work together with young people and their families and carers at the centre. Our bid proposes investing in several areas of the system, to deliver a whole system transformation:
- 9.23** Investing in our single points of access to ensure that all children and young people will receive a high quality first assessment (on the phone or face to face) to ensure they are directed to the right part of the system first time
- 9.24** Building on our existing tier 2 services to increase the range of therapeutic support available, ensuring support is delivered in places that work for young people. This aligns with our bid for the Mental Health Support Teams, which will increase the support available within schools and, together, should decrease the number of referrals to tier 3 services
- 9.25** Increasing the capacity of our tier 3 services, so that children and young people with more complex needs who need more specialist support, receive timely intervention within four weeks of referral:

South West London have agreed a system ambition that no child or young person should attend A&E in mental health crisis and the scope of the trailblazer is one critical pillar of this ambition. This will build upon the strong work undertaken by the south London new models of care programme to ensure that services we develop dovetails with the work they are doing in reinvesting in community services.

We have developed strong partnerships with our stakeholders, including independent schools and Further Education colleges, and we believe that these relationships and the preparatory work we have been doing for the trailblazer will enable us to accelerate delivery of our service model if our expression of interest is successful.

## **Alignment with the Sustainability and Transformation Plan**

- a. Croydon continues to collaborate closely with NHS England (NHSE) Specialised Commissioning with regard to both sector and borough-specific work. Croydon principally forms part of the South East London STP footprint for CYPMHS due to its commissioning arrangements being SLaM, though commissioners have been directly involved in both the SW London STP in relation to St Georges and the Child Sexual Abuse pathway.

- b.** Croydon has contributed to the review of NHS England Specialised CAMHS (Tier 4) in London as part of the “Transforming Specialised Services in London” (TSSL) programme including consideration of the case for change for improving the model of care in order to provide ‘the right care, at the right time, in the right place’.
- c.** Discussions have started locally within the Sustainability and Transformation Plan (STP) area with NHSE about the arrangements and roadmap for transforming care for CYP in the Justice system.
- d.** CYPMHS services are provided across the spectrum of care settings with some of the most complex and/or high risk cases requiring admission to specialised (T4) inpatient care. Implementing The Five Year Forward View sets the expectation that Local Transformation Plans should deliver a significant reduction in demand for Specialised CAMHS services within the next 5 years. This is identified in section 11 of this plan and also forms part of our collaborative commissioning plan with NHSE.

<b>10. Conclusion</b>
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- 10.1.** The above LTP captures Croydon's response to the government's "Future in Mind" (March 2015) policy document. It sets out how we will meet the challenges and opportunities to enhance the emotional wellbeing and mental health services for children in Croydon.
- 10.2.** Every child that needs help should get the right support at the right time closer to where they live in their localities and community. We will ensure that all staff and groups working with children and young people make emotional wellbeing just as important as physical health taking proactive action to make this happen. Emotional health is everybody's business.
- 10.3.** We will continue to shape, develop and co-produce the Local Transformation Plan over its lifetime. This Plan is a "living document" and we will ensure improved quality and reach of services delivered, building on intelligence and evidence base practice, to ensure better emotional wellbeing and mental health for all children and young people, their families and carers, including the most vulnerable children and young people.

## Appendices

## Risk Register

Dated: December 2018

Key	
25-16	High Risk
15-9	Moderate Risk
8-0	Low risk

No	Area of Risk	Risk Matrix			Mitigation	Risk owner
		Severity	Likelihood	Rating		
1	Financial  The whole health and social care economy is functioning in a financially challenging environment where there are huge efficiency savings which may impact on the delivery of the transformation plan	4	4	16	<ul style="list-style-type: none"> <li>Work with providers to ensure that their Cost Improvement Programme (CIP) plans do not impact on the delivery of the CYP Local Transformation plan</li> <li>Redesign services where there are lack of efficiencies to make best use of available resources across health and social care</li> <li>Identify emerging cost pressures that are associated with pilot and national funding ending and submit business cases to executive committees in the CCG and Local authority as appropriate in advance of the end date</li> <li>Ensure all contracts have clearly defined activity and finance plans and this forms part of the contract monitoring meetings</li> </ul>	CCG/LA/Providers

2	<p>Sustainability</p> <p>Financial and service pressure may result in individual organisations making reductions in budgets which may impact on the sustainability of the transformation beyond 2020</p>	4	4	16	<ul style="list-style-type: none"> <li>• All changes in commissioning and provider budgets which may impact on the CYP Local Transformation plan to be communicated and agreed across partnership boards and with system leaders at Place based Commissioning forums</li> <li>• Develop and agree strategic priorities which include CYP Local Transformation plan at Partnership forums</li> <li>• Deliver the CYP Local Transformation plan to ensure the change is embedded in provider organisations</li> <li>• Develop partnership working across providers, CCG, voluntary sector, parents, children and young people so that all partners participate in co-production</li> </ul>	CCG/Local Authority/ Providers
3	<p>Delivery Plan</p> <p>Failure to deliver key actions in a timely manner will impact on waiting time and outcomes for children</p>	4	3	12	<ul style="list-style-type: none"> <li>• Terms of reference and membership of the CYP Mental Health and Emotional Wellbeing partnership board to be reviewed to ensure key decisions can be made</li> <li>• Adopt project management approach to the delivery of the work plan ensuring there are clear roles and responsibilities, milestones and project status reports at the CYP Mental Health and Emotional Wellbeing partnership board</li> <li>• Local escalation process between local authority and CCG to be drawn up to allow progress on action</li> <li>• Robust contract monitoring of One Croydon Alliance contract and tier 3 contract to ensure all providers are delivering contractual obligations</li> <li>• Produce regular update reports for the CYP Mental Health and Emotional Wellbeing Partnership Board and CCG Governing Body</li> <li>• Revise timescales for delivery where appropriate considering organisational changes that may emerge during the life time of the local transformation</li> </ul>	CCG/Local authority
4	<p>Workforce Capacity</p>	3	3	9	<ul style="list-style-type: none"> <li>• Providers to produce regular workforce reports at contract meetings</li> <li>• Providers to develop and share with commissioners their staff survey action plans and the improvements they are making</li> </ul>	Providers

	Failure to recruit and retain staff in key service areas may result in increased waiting times and poor quality care				<ul style="list-style-type: none"> <li>Providers to develop and share their business continuity plans with commissioners</li> <li>Contracts meetings to address through the quality and contract meetings areas of poor performance where there may be linked to a reduction in workforce in key service lines</li> </ul>	
5	Strengthening our work in schools and responding to the 2018 Green Paper 'Transforming Children and Young People's Mental Health Provision'	3	4	7	<ul style="list-style-type: none"> <li>Map current mental health and emotional wellbeing support in schools e.g. Mental Health First Aid training (School Cluster Lead and Croydon Council)</li> <li>Increase CAMHS presence in school settings</li> <li>Work closely with SLAM NHS foundation trust to deliver 4 week waiting time initiative</li> </ul>	All Providers
6	Workforce Capability  The workforce does not have the required competency and skills resulting in a failure to deliver improvements in services for children and young people	3	3	9	<ul style="list-style-type: none"> <li>Providers to develop regular training needs assessment to identify gaps in skills and knowledge</li> <li>Develop an integrated workforce development strategy between all partners</li> <li>Identify funding to support access to training programmes</li> <li>Develop local bespoke training programmes that promote multi agency working</li> </ul>	CCG/LA/ Providers
7	Maintain or reduce current waiting times	5	4	7	<ul style="list-style-type: none"> <li>Review current pathways (STP)</li> <li>Revisit monitoring framework and KIPs with SLaM (Southwark, Lambeth, Croydon and Lewisham)</li> <li>Implement early help initiatives to promote early intervention and reduce the pressure on specialist services (STP)</li> </ul>	Commissioners and Providers
8	Procurement	3	2	6	<ul style="list-style-type: none"> <li>Review all contracts and ensure that those that are due for procurement there is enough time built into the procurement pipeline to carry out the work</li> </ul>	CCG/LA

	Failure to comply with legislative requirements may result in a delay/ failure to deliver new services which would impact on achieving value for money				<ul style="list-style-type: none"> <li>• Seek expert procurement and legal advice as required to ensure that the most appropriate procurement route is followed</li> <li>• Identify opportunities for joint commissioning to reduce the risk of repetition</li> </ul>	
9	<p>Organisational relationships</p> <p>Failure of the CCG, local authority working in a collaborate way may negatively impact on service delivery and the outcomes for children</p>	3	2	6	<ul style="list-style-type: none"> <li>• Strengthen the partnership boards and network meetings to ensure there is effective working and collaboration between the CCG, LA and providers</li> <li>• Regular communication between CCG and local authority officers on key areas</li> <li>• Develop a Memorandum of understanding between the CCG and Local authority which includes clear escalation process and conflict resolution processes between the two organisations</li> <li>• Develop workshops and opportunities to strengthen existing and new relationships where gaps are identified</li> <li>• Create shadowing opportunities between CCG, Local author and provider staff so that there is an understanding of each other's roles and responsibilities and priorities</li> <li>• Ensure there are clear information sharing protocols between all partnership organisations</li> </ul>	CCG/LA
10	<p>Communication</p> <p>Failure to communicate key actions, local priorities and service changes may result in a lack of collaboration between partners and lack of awareness, engagement and uptake of services from</p>	3	2	6	<ul style="list-style-type: none"> <li>• Publish the LTP on the CCG and local authority website</li> <li>• Revisit the key set of questions that were used to develop the LTP, to ensure the partnership is on track with delivery</li> <li>• Continue to consult and engage key stakeholders, parents and young people on the development and delivery of the LTP</li> <li>• Provide regular feedback and progress to the partnership boards, parent groups, children and young people and school forums</li> </ul>	CCG

	children young people and their families					
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## Performance and outcomes

SLAM performance at Q2 2018

For assessment

### WAITING TIME IN WEEKS

LocationName	0 TO 4 WEEKS	4.1 TO 12 WEEKS	12.1 TO 26 WEEKS	26.1 TO 39 WEEKS	39.1 TO 52 WEEKS	MORE THAN ONE YEAR	Total
Child & Adolescent Neuropsychiatry Service (Croydon)	2	3	9	32	15	1	62
Child and Adolescent Crisis Care Service (Croydon)	29						29
Child and Adolescent CWP Programme Croydon	1	5	2				8
Child and Adolescent Mental Health Service (Croydon)	11	53	10	1			75
Child Early Intervention Service - Incredible Years (Croydon)	6						6
Croydon - Looked after Children's Team	1	14					15
Croydon Camhs Shared Care				1			1
SEaDS	5	6		1			12
<b>Total</b>	<b>55</b>	<b>81</b>	<b>21</b>	<b>35</b>	<b>15</b>	<b>1</b>	<b>208</b>

For treatment

### WAITING TIME IN WEEKS

LocationName	0 TO 4 WEEKS	4.1 TO 12 WEEKS	12.1 TO 26 WEEKS	26.1 TO 39 WEEKS	39.1 TO 52 WEEKS	MORE THAN ONE YEAR	Total
Child & Adolescent Neuropsychiatry Service (Croydon)	2		5	6	33	7	53
Child and Adolescent Crisis Care Service (Croydon)	23	4	1				28
Child and Adolescent CWP Programme Croydon		3	4				7
Child and Adolescent Mental Health Service (Croydon)	4	20	22	8			54
Child Early Intervention Service - Incredible Years (Croydon)	5						5
Croydon - Looked after Children's Team		5	3	1	3		12
Croydon Camhs Shared Care					1		1
Croydon Youth Offending			1				1
SEaDS	2	5	1				8
<b>Total</b>	<b>36</b>	<b>37</b>	<b>37</b>	<b>15</b>	<b>37</b>	<b>7</b>	<b>169</b>

### Caseload

LocationName	NHS Croydon CCG	NHS LAMBETH CCG	NHS LEWISHAM CCG	NHS SOUTHWARK CCG	OTHER CCGs	Total
Child & Adolescent Neuropsychiatry Service (Croydon)	682	3			8	693
Child and Adolescent Crisis Care Service (Croydon)	65				4	69
Child and Adolescent CWP Programme Croydon	14					14
Child and Adolescent Mental Health Service (Croydon)	336	1			6	343
Child Early Intervention Service - Incredible Years (Croydon)	4	1			1	6
Croydon - Looked after Children's Team	45	1			13	59
Croydon Camhs Shared Care	233				3	236
Croydon CAMHS Single Point of Access	1			1	1	3
Croydon Youth Offending	13				3	16
SEaDS	57	1	2		8	68
<b>Total</b>	<b>1450</b>	<b>7</b>	<b>3</b>	<b>8</b>	<b>53</b>	<b>1521</b>

## Transitions

### **Percentage of cases with evidence of transition planning prior to 18<sup>th</sup> birthday**

100% - 14 cases have been transitioned to other teams:

- 3 to MAP Croydon West Treatment
- 1 to MAP Croydon East Treatment
- 1 Croydon Home Treatment Team
- 1 OASIS Croydon
- 3 to Croydon Adult – COAST
- 3 to Croydon Adult ADHD Team
- 1 to Liaison Inpatients Croydon University Hospital
- 1 to Promoting Recovery East Croydon

### **Percentage of cases transitioned to Adult Mental Health with a CPA review 6 months prior to 18<sup>th</sup> birthday**

3 cases were transitioned to Adult Mental Health on CPA and 100% of cases had a CPA review within 6 months of transition.

### **Number of patients still in CAMHS service aged 18 or over**

There are 23 patients over 18 open to Croydon CAMHS.

- 14 transitioning to adult services
- 1 waiting for internal Communication Disorder Assessments and will be discharged after.
- 2 Open to N&S CAMHS with ongoing work
- 1 still having PTSD work
- 2 open to SEaDS as they are still in school
- 3 to discharge , clinicians reminded

## Outcomes

### Friends and Family Test: How likely is it you would recommend the service to your friends or family?

Total Number of FFT responses received in Q2 is:

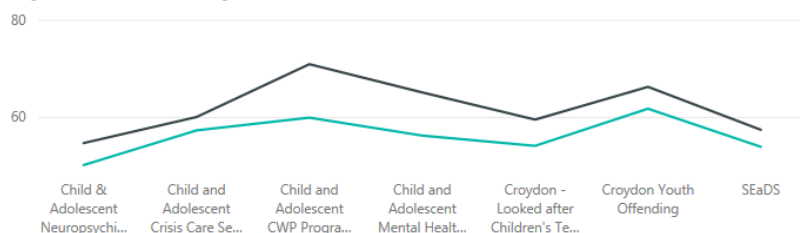
Service Name	Month	Count of ID		Passive		Positive		Total Count of ID
		Negative						
Croydon CAMHS	July 18	5	4.27%	12	10.26%	100	85.47%	117
Croydon CAMHS	Aug 18	6	8.33%	15	20.83%	51	91.18%	72
Croydon CAMHS	Sept 18	8	9.30%	4	4.65%	74	86.05%	86

### Change in CGAS scores over course of treatment for cases closed for a rolling 12 months

LocationName	Count of Discharges	Average on Admission	Average on Discharge
Child & Adolescent Neuropsychiatry Service (Croydon)	69	50.25	54.77
Child and Adolescent Crisis Care Service (Croydon)	8	57.38	60.13
Child and Adolescent CWP Programme Croydon	1	60.00	71.00
Child and Adolescent Mental Health Service (Croydon)	58	56.31	65.19
Croydon - Looked after Children's Team	5	54.20	59.60
Croydon Youth Offending	6	61.83	66.33
SEaDS	4	54.00	57.50
<b>Total</b>	<b>151</b>	<b>53.71</b>	<b>59.85</b>

Average of 1ST CGAS SCORE and Average of last CGAS score by LocationName

● Average of 1ST CGAS SCORE ● Average of last CGAS score



## Participation

### Croydon CAMHS Participation report Q2 18-19

This report provides a summary of the patient and public involvement activities at Croydon CAMHS during the period of July – September 2018.

#### Events in this quarter

##### 1. Improving access for Asian-British and Black-British girls in Croydon

**Background:** Croydon CAMHS service user statistics show girls from Asian-British and Black-British backgrounds do not access CAMHS relative to their number in Croydon.

**Aims:** To understand why Asian-British and Black-British females are not coming to Croydon CAMHS relative to their number in Croydon. We have aimed to hold focus groups/ individual sessions asking girls from this background for their understanding of mental health difficulties/ culture and how these may influence whether they would come to CAMHS.

**Outcomes:** On the 4<sup>th</sup> July 2018 we held our final focus group for this project with Black-British girls who have accessed CAMHS. The data from this group transcribed and analysed along with previously collected data:

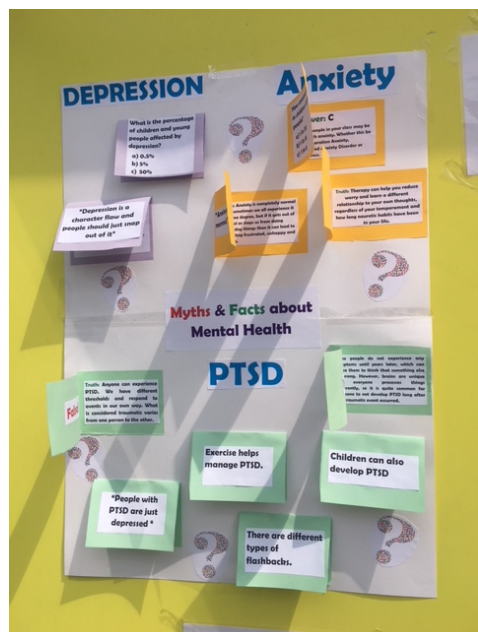
- Focus group with Black-British girls who have *never* accessed CAMHS
- Individual interviews with Asian-British girls who *have* accessed CAMHS.

The final results of the paper are being written and will be shared with the Croydon team and wider CAMHS CAG once reviewed by the Equality and Diversity Lead in early October 2018.

##### 2. Croydon Youth Summit

**Background:** Croydon CAMHS was invited to have a stall and presence at the Croydon Youth summit event on Saturday 21<sup>st</sup> July 2018 held at the Brit School, by the Croydon Black and Minority Ethnic (BME) forum. The aim of the event was to get community organisations (including relevant NHS teams) together to support and engage young people in Croydon to discuss knife crime and how young people can be supported to reduce this in the borough.

**Outcomes:** Four members of the CAMHS team attended the Croydon Youth Summit including the Service manager, PPI lead, Equality and Diversity Lead and Crisis team member. The team had a stall and engaged with young people and community members on the day. There were also panel sessions with young people and professionals including the young mayor, Croydon borough commander (Metropolitan police) and local MP's on how to tackle knife crime. The CAMHS team had an interactive stall with games, free pens and stress balls etc. for young people from the local community.



### 3. CAMHS event working group meeting (CAG Wide)

**Background:** The yearly CAMHS CAG PPI event which celebrates the participation of service users and their families was due to take place. PPI leads and young people interested in helping to plan the event were invited to attend a core group meeting at the Michael Rutter Centre to plan the event.

**Outcome:** PPI leads/young people who have accessed CAMHS across the CAG helped to think about potential themes for the event and who they would like to invite. The October half term in 2018 was decided as the best time for the event. It was also decided that each SLaM CAMHS borough would develop a presentation in collaboration with, and delivered by young people at the event to share the different PPI work taking place across the CAG.

#### 4. Creating PowerPoint in collaboration with young people for October PPI event

**Background:** Preparing a presentation for the CAMHS CAG event in October

**Outcome:** Croydon CAMHS service users met with the Croydon PPI lead at the end of August and in September to develop a presentation which explains the various PPI activities that have taken place at Croydon CAMHS. A first draft presentation was created and shared with the CAMHS PPI Lead for feedback. The Directorate Service PPI Facilitator is due to meet with the young people again to review the slides and help them prepare their notes for presenting at the event on 23<sup>rd</sup> October 2018. Please see example slides from the first draft presentation.



Here is an overview of the hard work our amazing teams have done in 2017/8 which include young people who were or are services users & the public.

#### Young person leaflet: Emotions group

To help explain what the emotions group is a young person helped to create a leaflet which explains the group.



#### Focus groups for Black and Asian British girls

Black and Asian-British girls are the least likely to come to Croydon CAMHS. Staff members held focus groups with girls from these backgrounds from CAMHS and the local community to find out why? The themes found include:



Black-British girls community	Asian-British girls themes
Mental health as an outsider	Importance of community/ influence of stigma in South Asian culture
Cultural stigma	Blending of South-Asian culture
Not knowing where to seek help from.	The differences between generations understanding of Mental health problems.
Barriers/ factors supporting help seeking behaviour i.e. not wanting anyone to find out.	Accessing support privately without family knowing would help
How Black-British girls would like to seek help-through school or online help	Seeking help: educating families from these backgrounds about mental health difficulties.

#### 5. Preparation for Black-History Month

**Background:** To prepare resources to celebrate Black-History month in October at Croydon CAMHS. Due to the sometimes heavy American focus during Black-History month the PPI/ Equality & Diversity and a member of the Crisis team decided to create resources that focused on Black-British figures for this year's celebration.

**Outcomes:** Throughout September the team met to think about which Black-British figures to focus on. The title "Spotlight" was created to highlight shedding light on successful Black-British figures that may be less well known. These figures were also contacted and some responded to the question "how do you look after your mental health?" These were made into Instagram style posters which will be put up in October.

**Liv Little**



Liv Little is a Politics and Sociology graduate from the University of Bristol and the editor-in-chief of gold-diamond magazine.

gold-diamond is a magazine (online and in print) where all of the content is produced by women and non-binary people of colour which launched in September 2018.

Liv has worked for organisations such as Women for Refugee Women, and written about intersectionality, asylum and women's rights.

**Susan Wokoma**



Susan was born in South London to Nigerian parents and is an actress. Susan was a member of the National Youth Theatre of Great Britain. At 18, whilst studying for her A Levels, she landed her first professional acting role in the BAFTA award winning film *Summer Days*. The following year she starred in the actor's training of the Royal Academy of Dramatic Art. Susan made her film debut in *Half of a Yellow Sun* as well as TV appearances in *Bluebird* & *(B&C) Crashing*, and as *Cynthia* in the BA comedy hit *Chewing Gum*. Susan's first leading role was in the BA Netflix co-production *Classyhead*.

**Michaela Coel**



Michaela Coel is a British actress, screenwriter, singer, songwriter, poet, and playwright. In 2016, she won the BAFTA for Best Female Performance in a Comedy Programme and Breakthrough Talent for the television series *Chewing Gum*, which she created and writes while portraying the lead role.



Susan says: "Think of your mental health as a roof that is held up by six pillars. These pillars can be work, socialising, self-care, exercise, hobbies (not related to work) etc... Invest evenly in each pillar. Monitor each pillar so that they are strong enough to hold up the roof. Even if 4 pillars crumble, you still have 45 left standing."

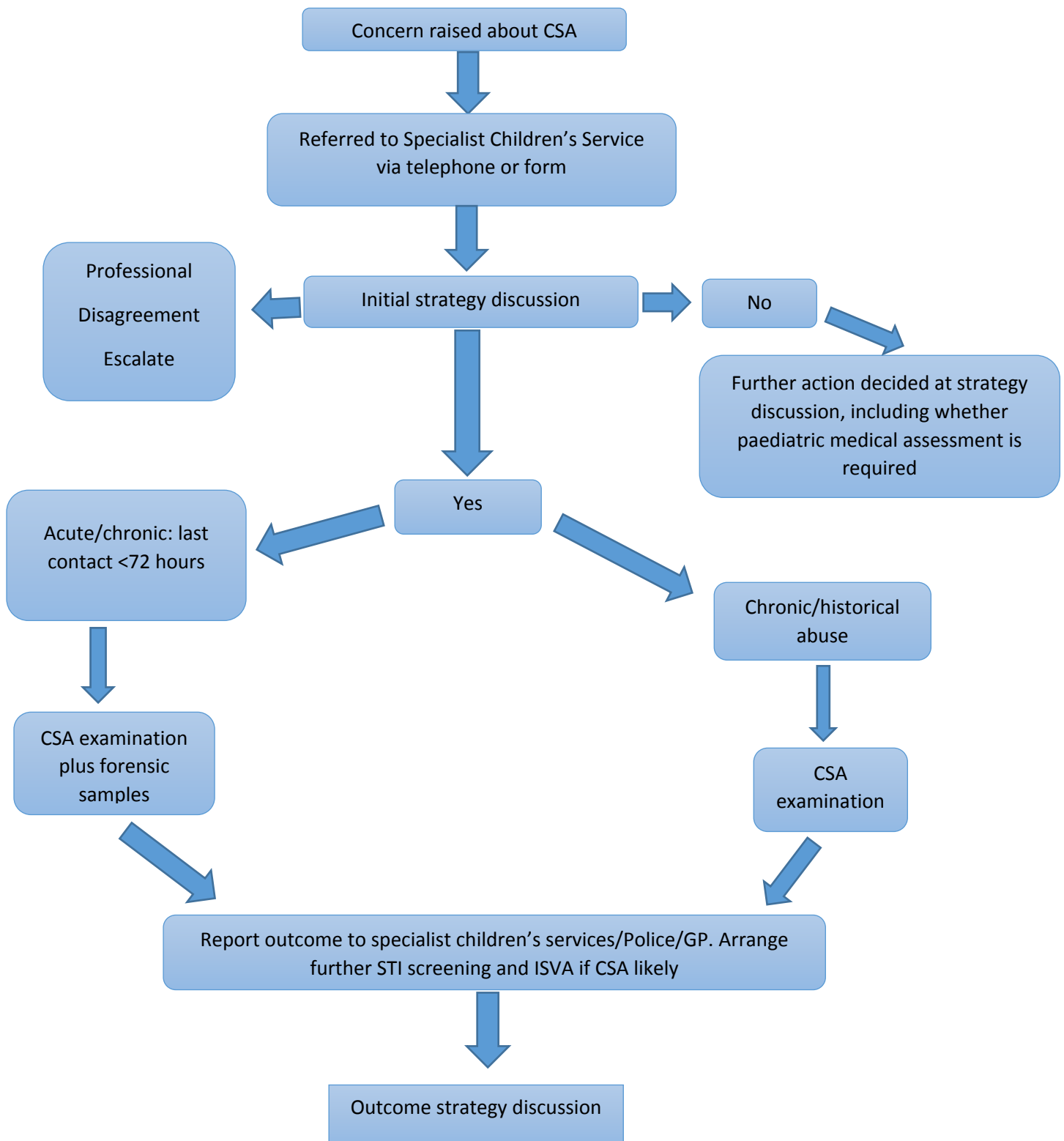


## Open access counselling

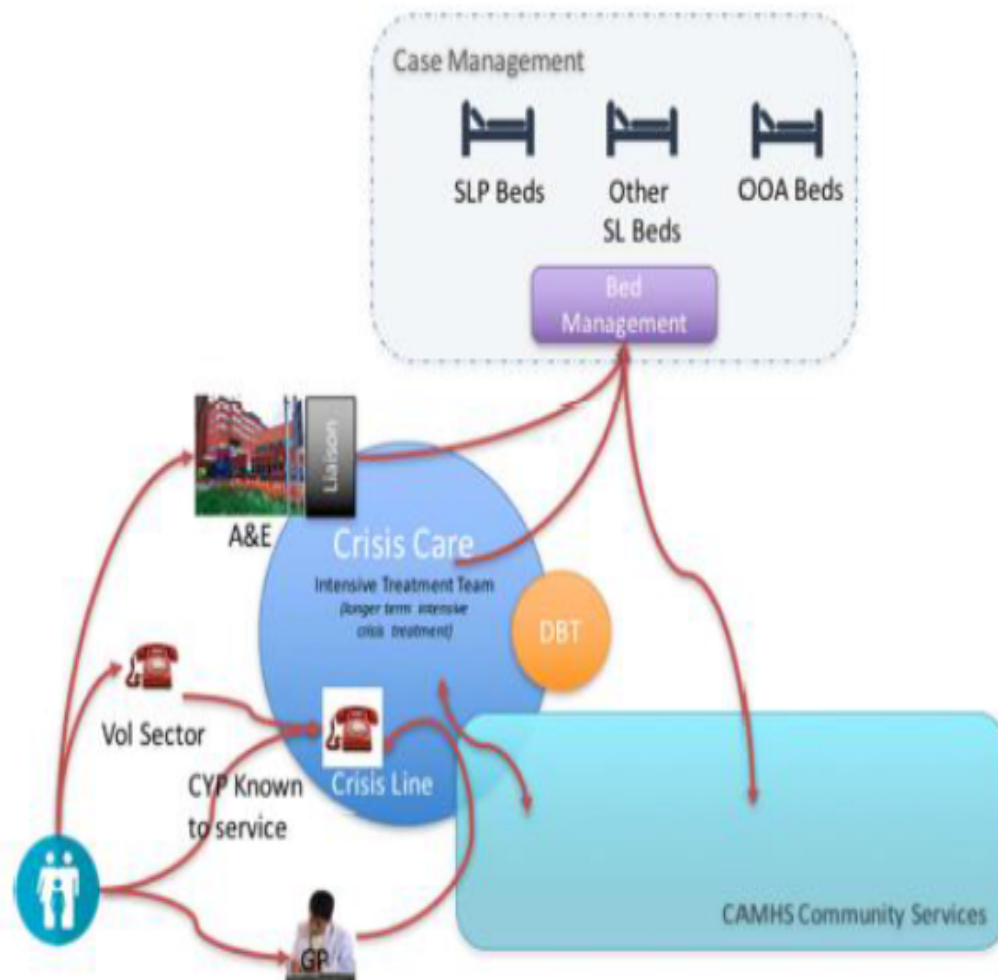
### Off the Record and Croydon Drop In data

Measures	Off The Record		Croydon Drop In	
	2016/17	2017/18	2016/17	2017/18
Clinical Hours per week offered	120		78	101
% delivered by clinicians on training	35%		70%	30%
Young people going to counselling	630		328	499 CDI & Schools
Counselling sessions offered	3,937	3,913	3276	2340 CDI
Counselling in schools sessions offered	NA	NA	581	1849
Counselling in schools participants	NA	NA	93	156
Age 5 - 18				83%
Age 18 +	Approx.55%		Approx. 1/4th	17%
BME YP in counselling	50% +		49%	60%
Participants in online counselling	70		NA	NA
Types of interventions IPT-A, CBT, Solution-Focused, Person Centred, Psychodynamic, Hypnotherapy, Rewind Technique.				

## Child Sexual Abuse Pathway to Examination



## Crisis Care flow map



## Eating Disorder Service

**Table; Access and Waiting Time Targets by CCG: Average over period 1 July to 30 September 2018**

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

1. <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-c/c03/>

The table below shows the commissioned provider's performance, SLAM, across the seven borough service

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

**2017/18 Target: 50%**

**2018/19 Target: 55%**

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