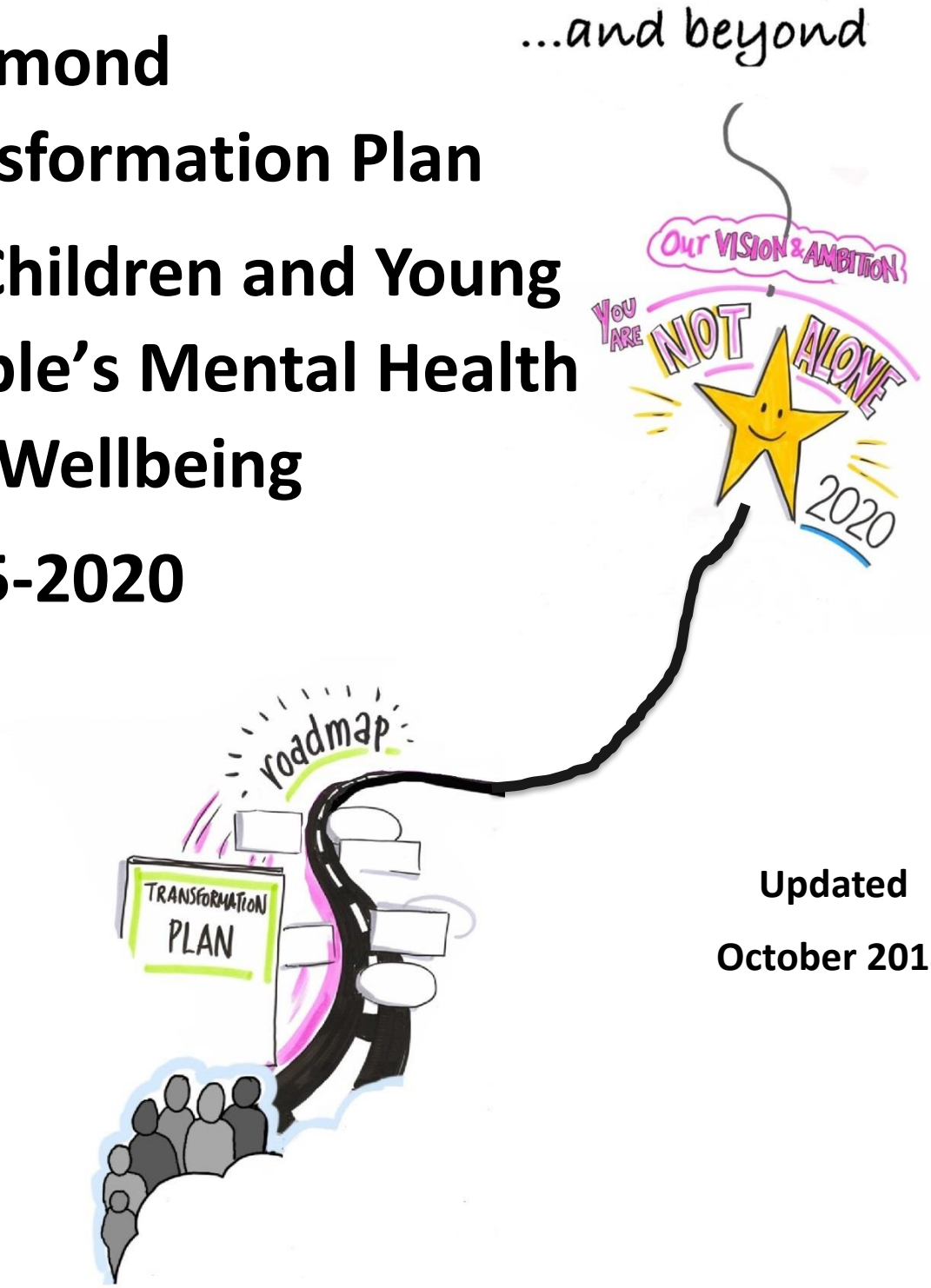
LONDON BOROUGH OF RICHMOND UPON THAMES

NHS Richmond Clinical Commissioning Group

Richmond Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020



Updated

October 2018

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Foreword

This is Richmond's fourth transformation plan for children and young people's mental health and wellbeing. It builds on our previous plans and refreshes our ambitions and key proposals for bringing about the transformational change required across the whole children's mental health system by 2020 and beyond. It has been developed in line with the government policy *Future in Mind* and *Implementing The Five Year Forward View* including other NHS England policy guidance.

For Richmond, 'Future in Mind' has been a real catalyst for transformational change. Since Future in Mind in 2014, in Richmond we have achieved real change with our transformation programme. Children and young people, families, parents and carers have been pivotal in co designing our transformation journey so far.

Our third year of transformation has seen continual delivery of real improvements covering increased service access to evidenced based treatments; access to crisis counselling in child and adolescent mental health services in Richmond. We have also been rewarded with strengthened partnerships both between agencies and with young people, parents and carers. However, there are still many challenges ahead given the stringent financial climate faced by Richmond CCG, local partners and the health economy across South West London. This will not derail our five-year journey of ambitious transformational change that will result in developing more preventative approaches and providing easy access to help when needed. We will continue to develop joined up pathways of care that leaves no child or young person and their family to **feel left alone** to face mental health issues.

Our plan is a living document and will continue to be regularly reviewed and updated. We will ensure that the transformation of child and adolescent mental health services remains a high priority beyond 2020 to meet the aspirations, ambitions and needs of all our children, young people, families and carers in Richmond.

Richmond Local Transformation Plan 2018 Refresh Executive Summary

Our Commitments

You are not alone

Emotionally Resilient

Co-Production approaches

What did we deliver in 2017/18?

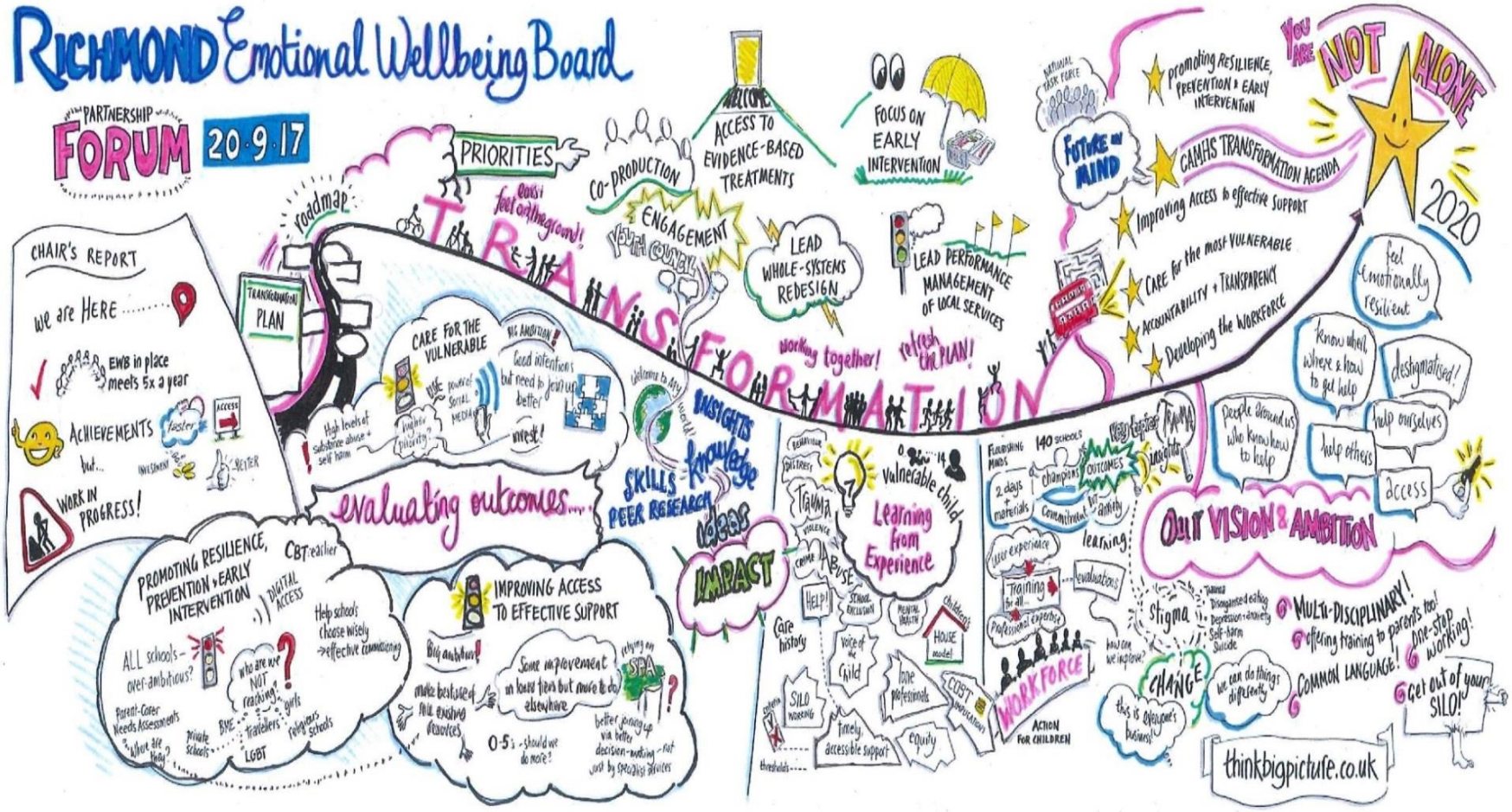
- Child Wellbeing Practitioner Service in schools delivering evidenced based treatments
- Continue to provide access to community based counselling for children and young people
- The Eating Disorder Service continued to meet national access and waiting time standards
- Provided access to support for those children and young people experiencing emotional abuse and/or trauma
- Continued to enable parents/carers with children and young people with ADHD to access parental support services
- Our paediatric psychiatric liaison service provided assessments and support for those children and young people turning up at A&E in crisis
- Trained a number of parent peer support workers to run ASD parent support groups
- Young people at risk of offending accessed activities to support their emotional wellbeing
- Provided access to CYP IAPT training on delivering evidenced based treatments for the under 5's
- We continued to empower children and young people to develop projects that aim to destigmatise mental health, access help quickly, help themselves and help others

What are some of the challenges?

- Support schools to address issues of resilience, emotional wellbeing and mental health
- Ensure waiting times for neuro developmental assessments remain within 12 weeks.
- Ensure that national targets for increasing access to evidenced based treatments are met.
- Meet the needs of vulnerable children and young people and those with challenging behaviour
- Crisis care services need to be community based but also prevent inpatient admissions

What will we deliver in 2018/19?

- Support schools and colleges to adopt whole school approaches to build resilience and promote good mental health
- Continue to provide the Children Wellbeing Practitioners service to schools
- Increase access to evidenced based treatments to meet national targets
- Provide access to digital counselling tools and information, Deliver the Emotional wellbeing and mental health support programme to nine Richmond schools
- The increased capacity in the CAMHS SPA will enable the provision of more timely telephone advice and triage including sign posting to the right service and support
- A local neuro development ASD and ADHD assessment service
- Continue to improve service access to meet national targets including building capacity in voluntary sector community counselling
- Continue to ensure the Eating Disorder Service meets national waiting time and access standards
- Continue to provide access to support for those children and young people experiencing emotional abuse and/or trauma
- Focus on improving services for vulnerable children and young people including: those in the youth justice system, Looked After Children, those with ASD/ADHD learning disabilities
- Improve our crisis care services in response to the recent peer review
- Children and young people, families, parents and carers will continue to co-produce, co-design, engage and be involved in service improvement and design
- Ensure all NHS commissioned services flow data to the mental health services data set
- Implement the recommendations from the February 2018 Richmond CAMHS Scrutiny Commission
- Communicate the work of the local transformation plan in accessible formats to all our stakeholders
- Support providers to access the children and young people's improving access to psychological therapies curriculum and address any identified skills gaps
- Continue to implement local and STP wide workforce development plans to ensure delivery of national requirements set out in the 5 year Forward View
- PATHS Programme


RICHMOND Emotional Wellbeing Board
PARTNERSHIP FORUM 20.9.17
PRIORITIES
roadmap
TRANSFORMATION
CHAIR'S REPORT
we are HERE
EWB in place meets 5x a year
ACHIEVEMENTS
but...
WORK IN PROGRESS!
TRANSFORMATIONAL PLAN
CARE FOR THE VULNERABLE
High levels of substance abuse + self harm
Higher poverty
Use of social media
We ambitious! Good intentions but need to join up better
invest!
evaluating outcomes...
PROMOTING RESILIENCE, PREVENTION + EARLY INTERVENTION
ALL schools - over-ambitious?
Parent-Carer Needs Assessments
Who are we NOT reaching?
Bme
Travellers
Private schools
LGBT
Girls
Refugees
Schools
DIGITAL ACCESS
CBT earlier
Help schools choose wisely -effective commissioning
IMPROVING ACCESS TO EFFECTIVE SUPPORT
Big ambition!
make best use of all existing resources
Some improvement in many tiers but more to do elsewhere
relying on SPA
0-5's - should we do more?
better joining up via better decision-making - not just by specialist services
CO-PRODUCTION
ACCESS TO EVIDENCE-BASED TREATMENTS
ENGAGEMENT
YOUTH COUNCIL
LEAD WHOLE-SYSTEMS REDESIGN
FOCUS ON EARLY INTERVENTION
LEAD PERFORMANCE MANAGEMENT OF LOCAL SERVICES
working together!
refresh the PLAN!
INSIGHTS
SKILLS
knowledge
PEER RESEARCH
views
IMPACT
Vulnerable child
Learning from Experience
Care history
Voice of the Child
Trauma
Abuse
Crime
Violence
Help!
Sexual exploitation
Mental health
Children's
HOUSE model
SILO working
Timely accessible support
Tone
Professionals
Equity
COST implications
WORKFORCE
ACTION FOR CHILDREN
Flourishing Minds
140 schools
2 days + materials
champions
Committed
Activity
OUTCOMES
Training for all
Professional experts
User experience
learning
evaluations
How can we improve?
OUR VISION & AMBITION
People around us who know how to help
Know what, where & how to get help
help ourselves
help others
access
feel emotionally resilient
destigmatised!
Stigma
Trauma
Disorganised eating
Depression - anxiety
Self-harm
Suicide
CHANGE
This is everyone's business!
We can do things differently
MULTI-DISCIPLINARY!
offering training to parents too!
COMMON LANGUAGE!
one-stop working!
Get out of your SILO!
thinkbigpicture.co.uk
NATIONAL TASK FORCE
FUTURE IN MIND
promoting RESILIENCE, PREVENTION + EARLY INTERVENTION
CAMHS TRANSFORMATION AGENDA
Improving Access to effective support
Care for the most VULNERABLE
Accountability + Transparency
Developing the WORKFORCE
YOU ARE NOT ALONE
2020

1 Transparency & Governance

1.1 Setting the context

The Richmond Emotional Wellbeing Board continues to lead the ongoing development of locally addressing issues of emotional health, resilience and wellbeing. Our 'big picture[1]' tells the story of our transformation in pictures so that children, young people, parent/carers and professionals can understand our journey, successes and the road ahead. Our ambitious journey is from a fragmented child and adolescent mental health system, with issues such as long waiting lists for services, to where we want to get to in 2021 where no child, young person, parent, carer or family in Richmond will feel alone when dealing with mental health issues.

The ongoing messages from the Emotional Wellbeing Forum and from a range of stakeholders are;

- Whilst there has been progress made in the LTP delivery, there is still some way to go.
- The start was inspiring and set out a clear plan for addressing many long-standing issues.
- Whilst the context continues to be challenging since 2015 with many cuts to local services, the commitment to delivering this much needed plan remains incredibly high amongst all the partners and stakeholders involved.

The voice and involvement of children, young people, and parents has been enabled and they have participated in numerous projects and improvements as part of the LTP programme. This is an area where we must sustain our effort to establish systematic participation and include an even more diverse range of young people. This element of the work is about culture change in organisations and schools which takes time to embed.

The focus must be to increase access to treatment within 4 weeks so that children and young people can get the help they need quickly. Continuing collaborative working with partners to deliver early intervention and prevention services to prevent children and young people needing specialist in-patient care and ensuring the voice of children and young people is at the heart of everything we do.

Our South West London Health and Care Partnership provides the strategic framework with which to deliver system wide change and transformation particularly where specialist services that have a national footprint are involved. Children and young people's mental health is now a priority and an ambitious programme has been designed with implementation at an early stage of delivery.

The transformation of Richmond services sits within a local context of the integration of services with Kingston both within Children services and across both Clinical Commissioning Groups. The impact of the shared staffing arrangements with Wandsworth Council adds further complexity and challenge to the local landscape.

The South West London Health and Care Partnership plan sets out a strong focus on keeping people well acknowledging that a local approach works best. Our broader multi-year plans are also include addressing the mental health of children and young people in Richmond. The SWL Health and Care Partnership will help drive a sustainable transformation in health and care outcomes between 2016 and 2021 for Richmond. Our work on children's mental health improvements is supported by the strengthening of local relationships and the development of priorities and action plans.

Since the first transformation plan was written in 2015, we have successfully delivered a range of projects (detailed later) including a major transformational change project focused

[1] All illustrations by Think Big Picture www.thinkbigpicture.co.uk

on increasing access to mental health services. This was directly in response to the very clear messages coming from our engagement work last year with children, young people and parents about what they needed. The project resulted in a range of new provision in 2016 including;

Achievements

- An enhanced CAMHS Single Point of Access (CAMHS SPA).
- Increased access to evidenced based treatments
- Reduced waiting times for Neuro developmental assessments
- Continue to meet national waiting times from assessment to treatment for eating disorders.
- SEND Family Voices received a National Award from Children and Young People's Mental Health Awards for the co-production work on the CAMHS Transformation Programme with Richmond Clinical Commissioning in January 2018.
- More referrals signposted to community counselling services provided by RELATE and 'Off the Record'.

Over the last year work has been ongoing with all stakeholders through regular events, groups, digital and other engagement activity bringing together professionals from health, social care and education, the voluntary sector and children, young people and parent/carers. Our plan is to continue to develop and embed our participatory approach throughout the life of this strategy as part of our ongoing commitment to place children and young people at the heart of guiding our developments.

This refreshed transformation plan continues to chart the journey of co- designing, developing and implementing transformational change towards an integrated system of help for the whole range of mental health needs of children and young people that will be fit to meet the challenges beyond 2020.

1.2 Update on national policy and legislative context

In 2014 the Department of Health and NHS England established the Children and Young People's Mental Health and Wellbeing Taskforce to consider ways to make it easier for children, young people, parents and carers, to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

The taskforce published its findings in March 2015. The report, 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing', sets out a clear and powerful direction and key principles for whole system transformation. The key themes are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

'Future in Mind' describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes. This requires the NHS, Public Health, voluntary and community services, local authority children's services, education and youth justice to work together.

There continues to be ongoing national debate and policy developments that will inform our local response as follows:

- The new 10-year long-term plan for the NHS
- Transforming children and young people's mental health provision (Government Response to the consultation on Transforming Children and Young People's Mental Health Provision: A Green paper and Next Steps July 2018)

- Next Steps on the NHS Five Year Forward View (NHSE March 2017)
- Five Year Forward View for Mental Health – One Year on Report (NHSE March 2017)
- Mental Health Five Year Forward View Dashboard (NHSE January 2017)
- The Five Year Forward View for Mental Health – report from the independent Mental Health Taskforce to the NHS in England in February 2016
- Implementing the Five Year Forward View for Mental Health (NHSE 2016)
- NHS ENGLAND specialised commissioning Children & Adolescent Mental Health Services (CAMHS) case for change (NHSE August 2016)
- Transforming Care (2015)
- The Children and Families Act 2014

Key national strategies arising from the above policy have been included within this plan for local implementation are:

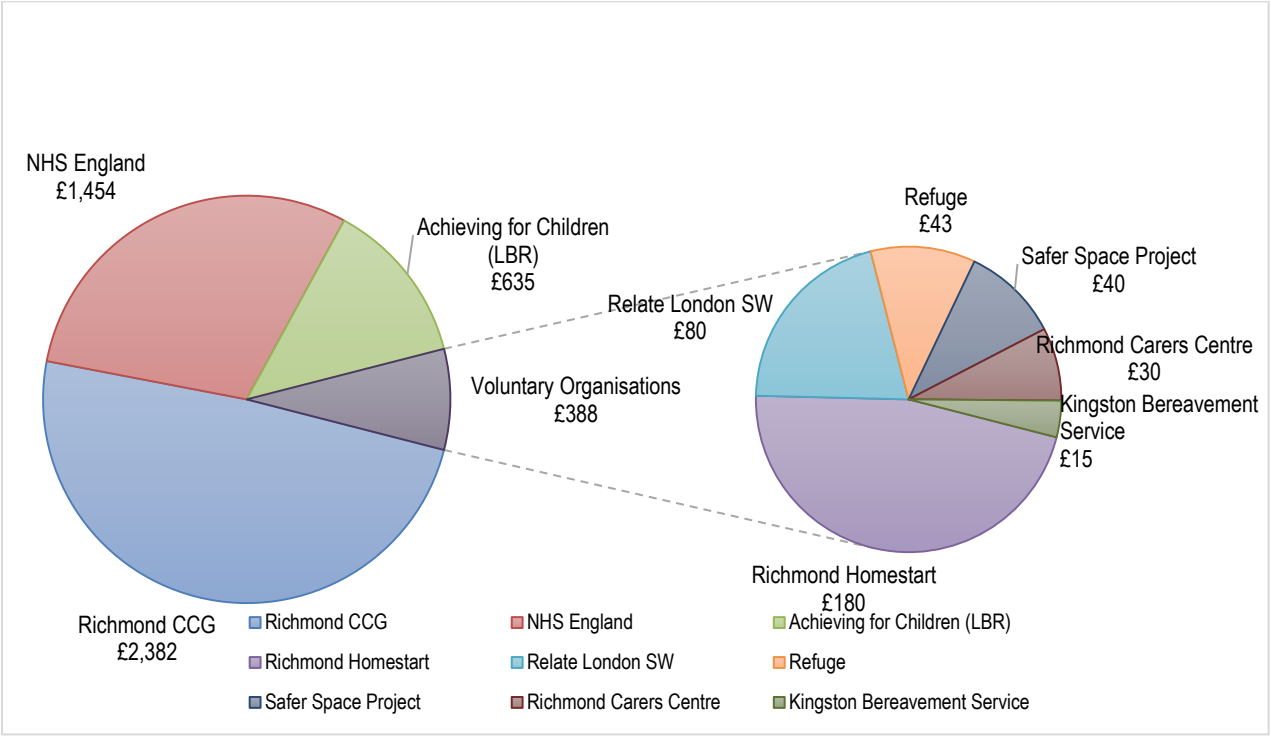
- Greater collaborative commissioning between the NHS and partner organisations
- Improved access to 24/7 crisis resolution and liaison mental health services that prevent the need for inpatient beds and inappropriate out of borough placements
- Ensuring all areas have eating disorder services for children and young people in place that ensure 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
- Achieving 35% target of children and young people with a diagnostic mental health condition accessing evidenced based treatment by 2020/21.

Recommendations and objectives from the above will be responded to specifically by:

- Reviewing the neuro developmental pathway to reduce waiting times and embedding the transforming care principles to reduce the use of residential placements
- Strengthening the crisis care response locally and working with NHS England to reduce the use of inpatient care
- Supporting all sectors providers to access the Improving Access to Psychological Therapy (IAPT) training programme.
- Achieving national targets for increasing access to mental health evidenced based treatment

1.3 Finance

The following section provides information about financial allocations and spend across all partners delivering CAMHS in Richmond. It also outlines information about the Richmond Local Transformation plan. Given the current financial climate, maintaining the levels of investment in CAMHS has been increasingly difficult for all partners across the Children's Partnership. In particular, Richmond CCG is required to identify savings of £16.1m in 2018/19 with further savings required in future years. However, there continues to be a strong commitment locally to maintain investments in CAMHS services. However, where possible, service priorities will be aligned with Kingston CCG to achieve financial efficiencies and improved value for money.



The total identifiable budget across the CAMHS partnership is:

Organisation	Service	Expenditure in year, £k				Budget Allocation
		2014/15	2015/16	2016/17	2017/18	2018/19
Richmond CCG	Specialist Tier 3 – SWLSTGs	1,587	1,639	1,798	1,816	1834
	CAMHS SPA Tier 3	34	34	34	34	34
	Specialist Health Post Tier 2 – SWLSTGs	0	32	33	0	0
	Specialist Health Post Tier 2 - EHS	0	127	98	100	100
	Primary Mental Health Team - EHS	170	0	0	0	0
	Specialist CAMHS Assessments	120	120	92	85	109
	CAMHS Transformation Plan - recurrent	0	244	244	244	244
	CAMHS Transformation – Eating Disorders - Recurrent	0	97	97	97	97
	Eating Disorder – Non-recurrent	0	0	95	0	0
	Improving Access to Psychological Therapies programme (IAPT)	0	71	0	6	6
Subtotal		**1,911**	**2,364**	**2,335**	**2,382**	**2,424**
Achieving for Children - London Borough of Richmond	EHS	549	666	690	591	**773**
	CAMHS SPA Tier 3 – SWLSTGs	34	34	34	44	**33**
Subtotal		**583**	**700**	**724**	**635**	**806**
Voluntary organisations	Barnardo's	50	60	60	0	0
	Catholic Children's Society	58	14	0	0	0
	Domestic Violence Intervention Project	29	29	29	0	0
	Off the Record Counselling	50	60	60	0	0
	Refuge	40	43	43	43	43
	Richmond Carers Centre	30	30	30	30	60
	Richmond Homestart	160	160	160	180	180
	Relate London SW (new contract start 03 /10/16 - £80kpa)			40	80	80
	Safer Space Project				40	40
	Kingston Bereavement Service			8	15	15
Subtotal		**417**	**396**	**422**	**373**	**418**
NHS England						
In-patient beds	SW London & St George's Mental Health NHS Trust	280	119	541	370	Not available
	South London & Maudsley NHS FT	83	581	104	0	Not available
	Central & NW London NHS FT	0	47	101	88	Not available
	East London NHS FT	0	12	35	33	Not available
	Barnet, Enfield & Haringey			85	0	Not available
	Ellen Meade			18	0	Not available
	Great Ormond Street Hospital			12	0	Not available
	The Huntercombe Group				473	Not available
	The Priory Group				258	Not available
	Elysium Healthcare				178	Not available
	Southern Health Foundation Trust				45	Not available
	Partnerships in Care Limited				9	Not available
Subtotal		**363**	**759**	**896**	**1454**	
Total CAMHS service		**3,274**	**4,219**	**4,377**	**4,844**	***3,648***

Future in Mind Priority	Local Investment Priority	2015/16	2016/17	2017/18	2018/19
Promoting resilience, prevention and early intervention	Empower children and young people to de-stigmatise mental health, access help quickly, help themselves and help others	£20,000	£11,000	5,000	5,000
	Schools & Colleges Mental Health Training Programme	£20,000			
	Schools Academic Resilience Project	£10,000	4,500		
	Digital Tools and resources			£11,000	20,000
	Child Wellbeing Practitioners				27,000
Improving access to effective support	Increase staffing capacity in the CAMHS tier 3 Single Point of Access	£68,000	£68,000		
	Implement an integrated and expanded CAMHS SPA			69500	£72,500
	Increase staffing capacity in the CAMHS tier 2 Single Point of Access to clear waiting lists and expand service offer	£64,028	£64,360		
	Expand voluntary sector counselling for children and young people	£12,000	£45,700	£29,000	£29,000
	Clear access to treatment waiting list		£4,000		
	Reduce waiting time for ASD and ADHD neuro developmental assessment				
	Eating Disorder Services	£84,766	£84,766	£84,766	£84,766
	Schools Eating Disorder project		£5,000		
Care for the most vulnerable	Improve hospital paediatric service by recruiting a Richmond Deliberate self-harm nurse	£20,000	£32,000	£32,000	£32,000
	Child sexual abuse worker	£10,000	£13,724	£13,724	£13,724
	ADHD and ASD Post Diagnosis Support		£4,000	£5,000	£5,000
	Youth Justice (* new funding)		£14,672	£45,000	£45,000
	Youth Justice (Non-recurrent)				
	ASD/ADHD Neuro development Project		£51,000		
	Neuro-developmental project			£60,000	£40,000
	Peer Support Workers			£2,000	£2,000
	ASD/LD Service			£14,054	£14,054

Future in Mind Priority	Local Investment Priority	2015/16	2016/17	2017/18	2018/19
Developing the workforce	Commission a workforce audit and develop a workforce strategy	£10,000			
	Commission 'WhyTry ADHD training programme	£10,000			
	Increase capacity of workforce to provide CYP IAPT evidence based help			£6,621	£10,000
Programme Support	Change management support	£12,724	£8,476	£10,000	
Total Expenditure		**£341,518**	**£411,198**	**£387,665**	**£400,044**

1.3.1 Funding Allocation for Transformation Programme 2015/16 – 2018/19

Details are provided below of the funding allocation for the Transformation Programme until 2018/19.

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Transformation plan priority areas	Richmond transformation priorities	2015/16	2016/17	2017/18	2018/19
Promoting resilience, prevention and early intervention	Empower children and young people to de-stigmatise mental health, access help quickly, help themselves and help others **(PR1)**	£20,000	£11,000	£5,000	£5,000
	SWL mental health training for school leads **(PR2)**	£20,000			
	Schools Pilot Academic Resilience Project **(PR3)**	£10,000	£4,500		
	Digital Resources and Tools			£11,000	£20,000
	Child Wellbeing Practitioners				£27,000
Improving access to effective support	Increase staffing capacity in the CAMHS Tier 2 Single Point of Access to clear waiting lists and expand service offer **(IA1)**	£64,028	£64,360		
	Increase staffing capacity in the CAMHS Tier 3 Single Point of Access to improve triage, initial risk assessment and joint working **(IA2)**	£68,000	£68,000	£69,500	£72,500
	Expand voluntary sector counselling for children and young people **(IA3)**	£12,000	£45,700	£29,000	£29,000
	Increase the capacity of the South West London (SWL) designated eating disorder service to meet new access and waiting times guidance **(IA4)**	£84,766	£84,766	£84,766	£84,766
	Clearing Tier 2 CBT waiting list **(IA5)**		£4,000		
	Schools Eating Disorder Project **(IA6)**		£5,000		
Care for the vulnerable	Improve hospital paediatric service by recruiting a Richmond deliberate self-harm nurse **(CV1)**	£20,000	£32,000	£32,000	£32,000
	Contribute to funding a SWL Child Sexual Abuse worker **(CV2)**	£10,000	£13,724	£13,724	£13,724
	ADHD and ASD Post Diagnosis Support **(CV3)**		£4,000	£5,000	£5,000
	ASD and ADHD Post Diagnostic Support (non- recurrent) **(CV3)**		£51,000		
	Neuro-developmental project (**CV4)**			£60,000	£40,000
	Peer Support Workers **(CV5)**			£2,000	£2,000
	ASD/LD service			£14,054	£14,054
	YOS Liaison and Diversion (Recurrent) **(CV6)**			£45,000	£45,000
	YOS (non-recurrent)		£14,672		
Developing the workforce	Commission a workforce audit and develop a workforce strategy **(DW1)**	£10,000			
	Commission 'Why Try' an ADHD training programme **(DW2)**	£10,000			
	IAPT Training **(DW3)**			£6,621	£10,000
	Change management support	£12,724	£8,476	£10,000	
Total		**£341,518**	**£411,198**	**£387,665**	**£400,044**

1.4 Managing risk

The table below summarises the top four key risks to delivering the transformation programme and outlines key actions in order to manage these risks

No	Risk Description	Likelihood	Impact Score	Net Score	Controls What can we do	RAG
1	**Neuro Developmental Project** • The Emotional Health Service will not achieve the required target of ASD and ADHD neuro development assessments • This project will not impact on reducing waiting times for a neuro development assessment	3	4	12	• Monitor CAMHS SPA triage to ensure required amount of referrals are directed to the EHS • Re-direct additional funding allocated for reducing the SWLStGs pathway waiting times to EHS	
2.	**Finance** • Transformation funding may be reduced due to Richmond CCGs adverse financial position • Increased funding for CAMHS transformation programme may not be available due to Richmond CCG's financial position	5	5	25	• Develop sustainability plans that include identifying where projects can be aligned with Kingston CCG to reduce overall costs • Seek approval for additional CCG funding on a case by case basis	
3	**Children Wellbeing Practitioners (CWPs) & Recruit to Train (RTT)** No funding will be identified to cover the full costs of these posts once funding comes to an end from Health Education England	3	3	9	• 4 CWPs - seek agreement with partners (SWLStGS, Richmond CCG, Schools and AFC) to fund 25% of the costs of posts • 2 RTTs – seek agreement from partners identified above to fund a proportion of the costs of the posts	
4	**Increasing Access to evidenced based treatment Target** • The 32% access target may not be achieved • NHS Providers may not flow data to the MHSDS	2	5	10	• Review service model of Off the Record and CWP service to ensure an increase in the numbers of CYP accessing treatment • Develop action plan to improve data quality	

1.5 Workforce

Detailed below is the workforce data for CAMHS delivered in Richmond upon Thames.

Tier 1- Off the Record	2014/15	2015/16	2016/17	2017/18
Counsellor/Psychotherapists	1.9	2.0	2.0	2.4
Management Staff x2	1.16	1.55	1.55	1.5
Admin Staff	0	0.41	0.41	0.44

Tier 1 – Relate	2016/17	2017/18
Young People's Counsellors	0.2	1.14
Clinical Supervisor	0.1	0.25
Service Manager	0.14	0.15
Appointments Administrators	0.2	0.35

Tier 2 Emotional Health Service

Tier 2 CAMHS provision is provided by Achieving for Children primarily through the Emotional Health Service. This is an integrated service with an integrated clinical leadership and management structure operating across Kingston and Richmond boroughs. The staff numbers (number of whole time equivalent posts) refer to the whole service establishment.

	2014/15	2015/16	2016/17	2017/18
Medics			0	0
Rotational			0	0
P&P	14.2*	13.8*	3.8	14.4
Family Therapists			1.7	8
PMHWs			0	0
Nurses			0	0
Office Managers			0	0
Admin	1	0	1.5	3.5
Management	1.5	2.0	0.8	0.8

* Combined staffing between Richmond/Kingston

	2014/15	2015/16	2016/17	2017/18
SWL Wide Eating Disorder Services Total (WTE)	6.22	6.77	9.54	10.49
SWL Wide Psychiatric Liaison Service Total WTE	2.89	3.5	5.51	6.33
SWL Wide Neurodevelopmental Service Total WTE	5.63	4.7	7.83	8.46
Kingston and Richmond Single Point of Access Total WTE	2	2.5	2	4
Tier 3 Locally Team Total WTE	10.17	11.24	9.15	9.5
Tier 2 Locality Team Total WTE	9.3	9.5	12.4	8.2
Total	36.21	38.21	46.43	46.98

Since 2014 the psychiatric liaison, eating disorders and neuro developmental service has seen an increase in capacity consistent with the investment plan. The Tier 3 community team has appeared to see a reduction in staffing. This has since increased slightly in 2017/18 with additional funding.

The following tables break down the increase in workforce of the NHS trust provider by team and skills mix.

Tier 3 Services (WTE)	2014/15	2015/16	2016/17	2017/18
Medics	1	1.6	1.6	1.6
Rotational	2	0.93	2.09	1.12
P&P	1.2	1.2	1.6	2.37
Family Therapists	1	2	0.5	0.5
PMHWs				3.4
Nurses			1	1
Office Managers	1			
Admin	1.5	1	2.66	1.95
Management				
Tier 2 Psychologists & Psychotherapists	1.4	1	0.9	0.5

Eating Disorder Team Workforce (WTE)	2014/15	2015/16	2016/17	2017/18
Medics	1.56	1.2	2.09	2
Rotational			0.8	0.8
P&P	3.01	2.82	3.65	3.35
Family Therapists	0.65	1.75		1.6
PMHWs				0.24
Nurses			3	2.5
Office Managers		1		
Admin	1			
Management				

Psychiatric Liaison Team Workforce (WTE)	2014/15	2015/16	2016/17	2017/18
Medics				
Rotational				
P&P				
Family Therapists	0.89	1.5		
PMHWs				
Nurses	2	2	5.51	6.33
Office Managers				
Admin				
Management				

Neuro Developmental Team Workforce (WTE)	2014/15	2015/16	2016/17	2017/18
Medics	1.8	1.8	1.8	1.3
Rotational			0.5	
P&P	3	1.9	3.89	6.1
Family Therapists		1	0.89	
PMHWs				
Nurses				
Office Managers				
Admin	0.83		0.75	1.06
Management				

1.6 Activity Data

The data below shows the most common presenting needs across the range of services in Richmond.

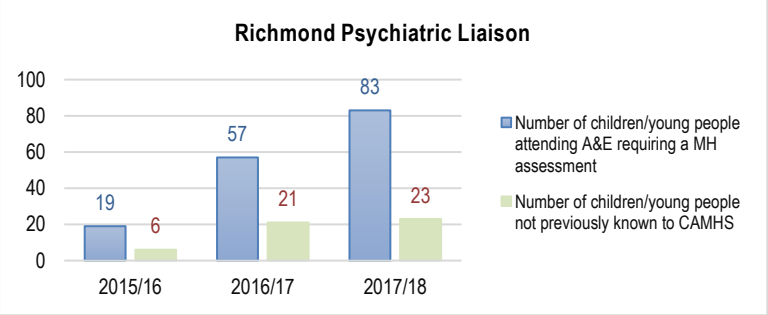
Tier 1 – Off the Record	2014/15	2015/16	2016/17	2017/18
Number of Referrals	220	240	299	380
Number of Referrals Accepted	164	174	299	380
Waiting time to first appointment (Weeks)	3-5	1-3	3-6	1-3
Numbers in Treatment	164	164	310	347

Tier 1- Relate	2014/15	2015/16	2016/17	2017/18
Number of Referrals	n/a	n/a	116	136
Number of Referrals Accepted	n/a	n/a	116	136
Waiting time to first appointment (Weeks)	n/a	n/a	147	145
Numbers in Treatment	n/a	n/a	116	147

Psychiatric Liaison

The number of children and young people presenting to Accident and Emergency requiring a mental health assessment has increased. A high proportion of those attending A&E are known or have been previously known to CAMHS. This suggests there is further work to be undertaken in the community to ensure there are robust crisis plans in place for those already receiving support from CAMHS.

	2015/16	2016/17	2017/18
Number of children/young people attending A&E requiring a MH assessment	19	57	83
Number of children/young people not previously known to CAMHS	6	21	23
Number of Children/Young people admitted due to Mental Health concerns	2	3	2



This information is broken down by age, gender and ethnicity

Age	2015/16	2016/17	2017/18
0-4 years	1	0	0
5-10 years	2	1	7
11-15 years	11	41	71
16+	13	63	47

Gender	2015/16	2016/17	2017/18
Male	4	26	37
Female	23	79	88

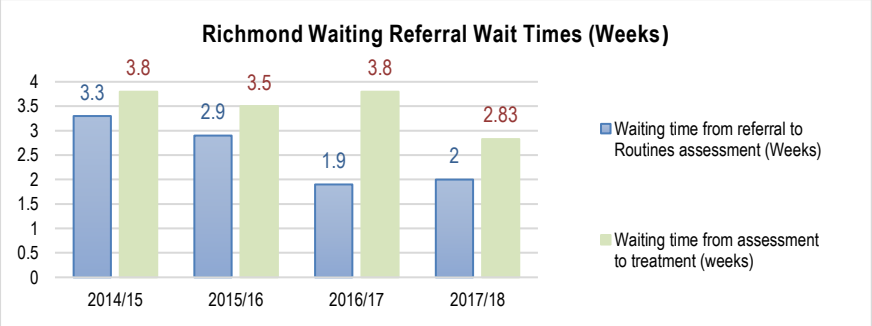
Ethnicity	2015/16	2016/17	2017/18
White	12	44	63
Mixed	3	13	12

Asian or Asian British	1	0	4
Black or British Black	0	0	0
Other Ethnic Groups	0	1	1
Not Stated	3	9	19
Not Known	8	38	26

Eating Disorders

The number of referral to the community Eating Disorder service has remained relatively static since 2014, however the number of children and young people in treatment has increased. This could suggest that those receiving treatment are receiving treatment for longer.

	2014/15	2015/16	2016/17	2017/18
Eating Disorder Referrals accepted by dedicated ED Team	37	35	40	41
Waiting time from referral to Urgent assessment (Weeks)	n/a	n/a	n/a	0.1
Waiting time from referral to Routines assessment (Weeks)	3.3	2.9	1.9	2
Waiting time from assessment to treatment (weeks)	3.8	3.5	3.8	2.83
Number of CYP in treatment	20	38	45	44
Number of contacts	247	474	1216	1100
No of DNA's data quality issues for 14/15	8	18	25	11



Those accessing the service were predominantly between the ages of 14-17 years and female

Age	2014/15	2015/16	2016/17	2017/18
0-4 years	0	0	0	0
5-10 years	1	0	3	0
11-15 years	24	26	22	29
16+	12	9	15	12

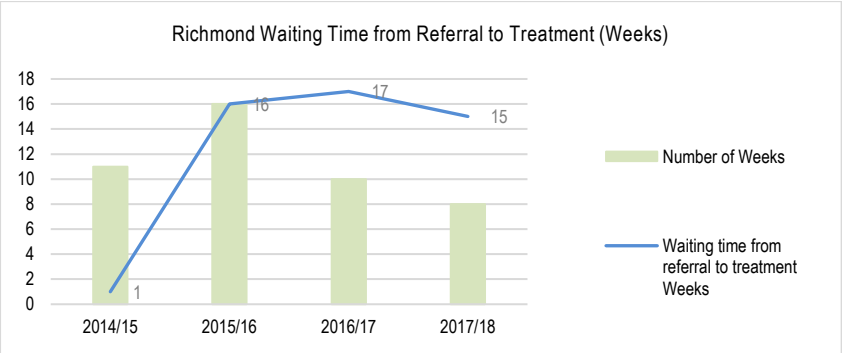
Gender	2014/15	2015/16	2016/17	2017/18
Male	2	1	5	2
Female	35	34	35	39

Ethnicity	2014/15	2015/16	2016/17	2017/18
White	18	24	21	23
Mixed	0	2	1	3
Asian or Asian British	0	0	3	1
Black or British Black	0	0	1	2
Other Ethnic Groups	0	1	0	0
Not Stated	3	4	8	10
Not Known	16	4	6	2

Emotional Health Service (Tier 2)

Referrals to the Emotional Health service have increased year on year, waiting times for an initial assessment and for treatment has begun to reduce since 2016/17

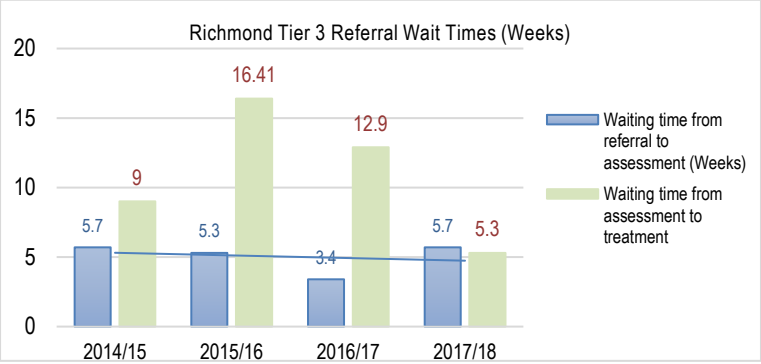
	2014/15	2015/16	2016/17	2017/18
No of Tier 2 Referrals	459	541	502	649
No of Tier 2 Referrals accepted	459	541	502	649
Waiting time from referral to Routines assessment (Weeks)	11 Weeks (77 Choice Assessments)	16 Weeks (289 Choice Assessments)	10 Weeks (333 Choice Assessments)	8 Weeks (337 Choice Assessments)
Waiting time from assessment to treatment (weeks)	1 Week (25 Starts)	16 Weeks (116 Starts)	17 Weeks (169 Starts)	15 Weeks (86 starts)
No of DNAs (Clinical Sessions)		121	172	253



South West London St. George's Mental Health Trust (Tier 3)

There has been an increase in referrals to the main treatment provider.

	2014/15	2015/16	2016/17	2017/18
No of Tier 3 Referrals	10	445	426	532
Waiting time from referral to assessment (Weeks)	5.7	5.3	3.4	5.7
Waiting time from assessment to treatment	9	16.41	12.9	5.3
Number of CYP in treatment	6	207	258	241
Number of contacts	1286	2854	2875	3076
No of DNAs	137	297	230	276



Referral information broken down by age, gender and ethnicity

Age	2014/15	2015/16	2016/17	2017/18
0-4 years	0	2	1	2
5-10 years	5	89	115	131
11-15 years	4	223	191	265
16+	1	131	119	134

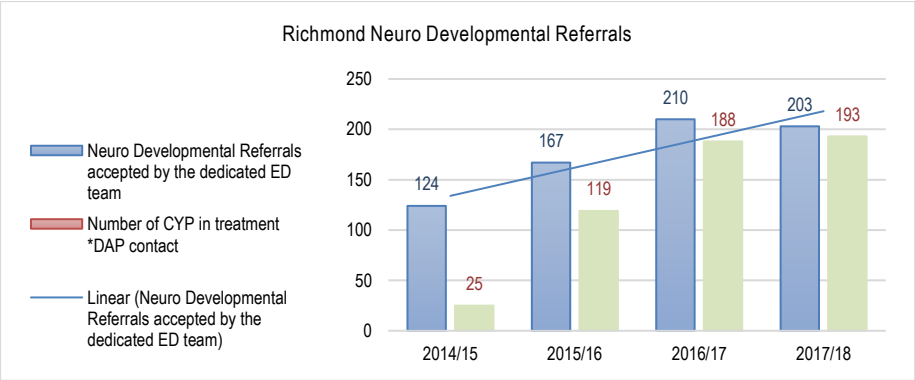
Gender	2014/15	2015/16	2016/17	2017/18
Male	4	234	225	259
Female	6	210	201	273

Ethnicity	2014/15	2015/16	2016/17	2017/18
White	5	207	257	265
Mixed	0	26	30	28
Asian or Asian British	0	8	8	15
Black or British Black	0	8	5	7
Other Ethnic Groups	0	7	6	3
Not Stated	1	83	22	74
Not Known	4	106	98	140

ASD/ADHD

The number of referrals to the specialised neuro developmental services has increased overall with a significant jump in 2016/17. The variations in waiting times to assessment do not necessarily reflect this.

	2014/15	2015/16	2016/17	2017/18
Neuro Developmental Referrals accepted	124	167	210	203
Waiting time from referrals to assessment (weeks)	7.9	16.7	17.9	16
Number of CYP in treatment *DAP contact	25	119	188	193
Number of contacts	146	298	391	417
No of DNAs * data quality issues for 14/15	3	22	24	18



Referral information broken down by age, gender and ethnicity

Age	2014/15	2015/16	2016/17	2017/18
0-4 years	3	2	1	0
5-10 years	73	104	133	143
11-15 years	38	49	59	52
16+	10	12	17	8

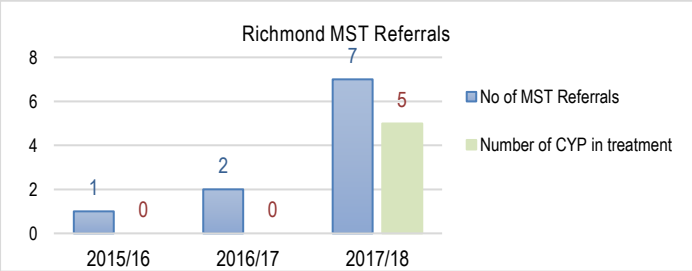
Gender	2014/15	2015/16	2016/17	2017/18
Male	94	122	147	143
Female	30	45	63	60

Ethnicity	2014/15	2015/16	2016/17	2017/18
White	52	68	156	134
Mixed	4	15	23	19
Asian or Asian British	0	2	2	8
Black or British Black	2	1	1	2
Other Ethnic Groups	0	0	5	3
Not Stated	8	22	7	16
Not Known	57	59	16	21

Multi Systematic Therapy

The number of referrals to the MST programme and the number of young people who go onto receive treatment has remained relatively static over the past three years.

Richmond MST (information not available for 2014/15)	2015/16	2016/17	2017/18
No of MST Referrals	1	2	7
Waiting Time from assessment to Treatment (Weeks)			12.4
Number of CYP in treatment	0	0	5
Number of contacts	0	2	103



Referral information broken down by age, gender and ethnicity

Age	2015/16	2016/17	2017/18
0-4 years	0	0	0
5-10 years	0	0	0
11-15 years	1	1	7
16+	0	1	0

Gender	2015/16	2016/17	2017/18
Male	1	2	5
Female	0	0	2

Ethnicity	2015/16	2016/17	2017/18
White	0	2	5
Mixed	0	0	0
Asian or Asian British	0	0	0
Black or British Black	0	0	0
Other Ethnic Groups	0	0	0
Not Stated	0	0	0
Not Known	1	0	2

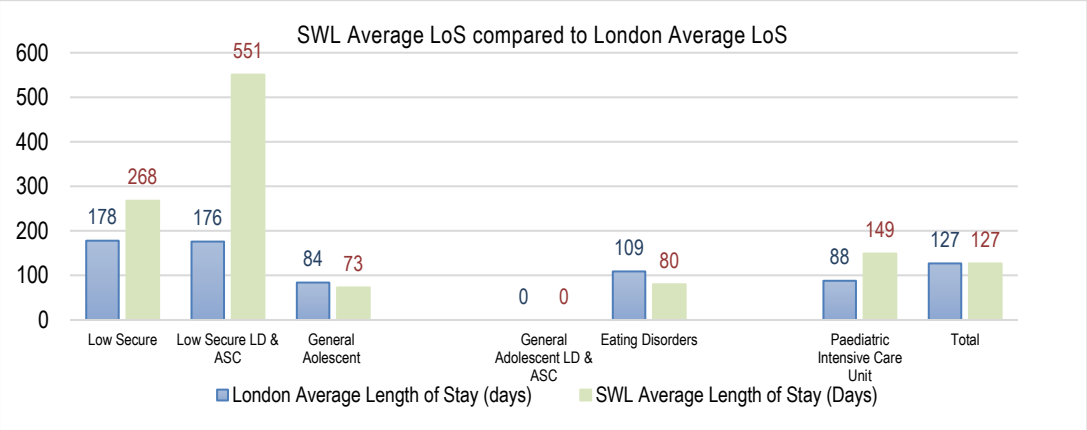
Specialised Inpatient Services (Tier 4)

Specialised Inpatient Services Tier 4	2013/14	2014/15	2015/16	London	England
Kingston	212.3 (67)	189.8 (61)	203.3 (66)	209.5	403.3
Richmond	416.6	268.5	335.4		
Sutton	407.1	425.9	407.9		
Merton	224.9	255.8	241.7		
Wandworth	247.3	193.3	209		

Inpatient services are commissioned by NHS England on a regional scale. The table below summaries the inpatient facilities commissioned across London and those specifically located within South West London.

Service Type	Current London Provision	London Average Length of Stay (days)	London Patients	SWL Services	SWL Current Provision	SWL Average Length of Stay (Days)	SWL Patients
Low Secure	12	178	42		0	268	8
Low Secure LD & ASC	0	176	8		0	551	2
General Adolescent	122	84	701	SWLstGMHT Priory	12 12	73	89
General Adolescent LD & ASC	0	0	0		0	0	0
Eating Disorders	49	109	84	SWLstGMHT Priory	12 13	80	23
Paediatric Intensive Care Unit	4	88	89		0	149	20
Total	187	127	924		49	127	142

Of the 142 children/young people admitted from South West London most required a general adolescent bed. Only 2 required an LD/ASC specific low secure bed but had the longest average length of stay (268 days).



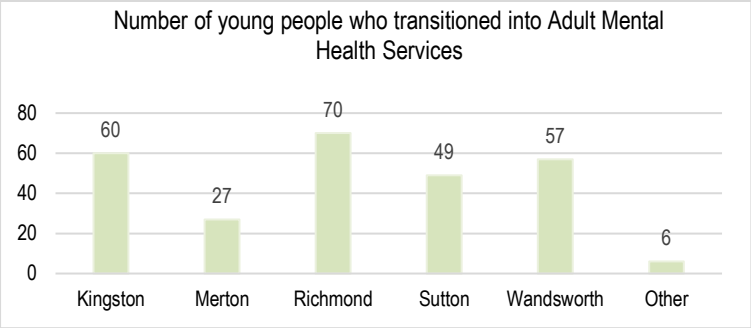
Analysis of the average lengths of stay (LoS) across the different types of inpatient services shows that where this specific provision is not located in SWL the child or young person's LoS is likely to be far greater than the London average. Where the provision is available in SWL the LoS is less than the London average.

Transitions

Young people with ongoing or long term health or social care needs may need to receive ongoing support into adulthood.

The table below shows the number of young people who have transitioned between CAMHS and AMHS in 2016/17. Richmond has the highest number of young people transition across SWL.

CCG Transitions	Clients 2016/17
Kingston	60
Merton	27
Richmond	70
Sutton	49
Wandsworth	57
Other	6
Total	269



1.7 Service Improvement Plans 2018 Refresh

The ongoing delivery of the Transformation Programme has identified a range of challenges. Service improvement and future commissioning plans have been developed in order to respond to these challenges and these are listed below.

Promoting Resilience, Prevention and Early Intervention challenges:

- The need for continued investment in the provision of training and support programmes for all schools in Richmond to enable the development and implementation of strategies, skills and knowledge to build resilience, address emotional wellbeing and mental health issues.
- The need to provide psychological support for under 5's as evidenced by serious case reviews
- The need to understand and make better use of local non-commissioned services, many of which are in the VCS to offer early intervention and longer term local support for children and families.

Priorities for Service improvement and current service delivery in 2018/19

- Support schools and colleges to adopt whole school approaches to build resilience and promote good mental health
- Provide psychological wellbeing support to schools through delivery of the Children Wellbeing Practitioners service
- Continue to promote the use of digital tools and information to support resilience, prevention and early intervention
- Deliver the Emotional wellbeing and mental health support programme to nine Richmond schools

Future Commissioning Focus/Developments

- To provide increased access to emotional wellbeing training and support for schools and colleges to develop the whole school approach
- To continue to work with key partners to complete the needs analysis to scope out the development of an under-fives CAMH service

Improving Access to Effective Support challenges:

- Ensuring that the newly enhanced CAMHS SPA delivers the agreed benefits

Priorities for Service Improvement and current service delivery in 2018/19

- Ensure the increased capacity in the SPA results in the provision of telephone advice and triage to timely sign posting to the right service and support
- Continue to develop the local neuro development pathway to:
- Reduce waiting times for ASD and ADHD assessments
- Provide pre-and post-diagnostic support
- Continue to improve service access to meet national targets including building capacity in voluntary sector community counselling
- Enhance the existing Eating Disorder Service in collaboration with other SWL CCGs to ensure national waiting times and access targets are met and the number of inpatient admissions are reduced

Future Commissioning Focus/Developments

- Introduce digital capability into the expanded and integrated CAMHS SPA to deliver additional evidenced based treatments.
- Ensuring the collaborative commissioning with Specialised Commissioning and our tier 3 provider reduce inpatient admissions across all vulnerable groups.
- Increase access to evidence based treatments in line with national requirements within the context of tight financial constraint

Care for the most vulnerable challenges:

- Reducing the demand for ASD and ADHD neuro developmental assessments
- Responding to the needs of Richmond young people who engage in some of the riskiest behaviour as evidenced by the 'What About YOUth (WAY) survey.
- Meeting the needs of children and young people with challenging behaviour within the community setting

Priorities for Service improvement and current service delivery in 2018/9

- Co-commission with other SWL CCG a therapeutic programme for children and young people who experience sexual assault
- Enhance the existing Psychiatric Liaison provision across South West London in collaboration with other SWL CCGs
- Focus on improving services for vulnerable children and young people including:
    a) Those in the youth justice system
    b) Those with ASD/ADHD learning disabilities as part of the Transforming Care Programme
    c) Looked After Children
- Continue to review all crisis care services in partnership with other SWL CCGs

Future Commissioning Focus/Developments

- Continued development of the locally based neuro development assessment service
- Commissioning pre-and post-diagnostic support services
- Commissioning positive behaviour support interventions to address the needs of children and young people with challenging behaviour
- Working with Specialised Commissioning on the TCP to develop locally based services to prevent in-patient admissions

Accountability & Transparency

Priorities for Service Improvement and current service delivery in 2018/19

- Continue co-production, co-design, engagement, involvement with children and young people, families, parents and carers
- Continue to improve performance management of CAMHS through flowing data to the mental health services data set, improving data quality, service monitoring and evaluation
- Implement the recommendations from the February 2018 Richmond CAMHS Scrutiny Commission

- Communicate the work of the local transformation plan in accessible formats to all our stakeholders

Workforce challenges:

- Voluntary sector participation in CYP IAPT training
- Implementation of CYP IAPT ROMs across all CAMHS providers
- Identifying adequate financial resources to fund CYP IAPT programme due to the challenging financial position of Richmond CCG

Priorities for Service Improvement in 2018/19:

- Continue to ensure there is commissioning capacity to deliver the local transformation plan
- Support providers to access the children and young people's improving access to psychological therapies curriculum and address any identified skills gaps
- Continue to implement local and STP wide workforce development plans to ensure delivery of national requirements set out in the 5 year Forward View
- Continue to promote access to continuous professional development and training opportunities for;
  a) The Voluntary sector
  b) Schools and Colleges
- Parents and young people so that they can become peer support workers

Future Commissioning Focus/Developments

Continue to increase the capacity and capability of the workforce to meet the national workforce targets for increased numbers of therapists and supervisors and trained staff to deliver CYP IAPT evidenced based treatments.

1.8 Engagement and involvement

Engagement and involvement of children and young people, parents and carers in needs assessment, planning, co-designing and commissioning is at the at the heart of "how we do things" in Richmond. The engagement and involvement activity is particularly reflective of the population characteristics in Richmond population i.e.

- 71% of the population of Richmond are White British, 15% are White Other and 14% are from Black, Asian and other non-white minority ethnic backgrounds[2] (BME).
- The 2018 School census identifies that 40.2% of Richmond school children are from a minority ethnic groups. This is due to children and young people travelling into the borough to attend Richmond schools
- Parent and Carer groups – represent ASD, learning disabilities, ADHD, language impairment, communication difficulties, isolated communities

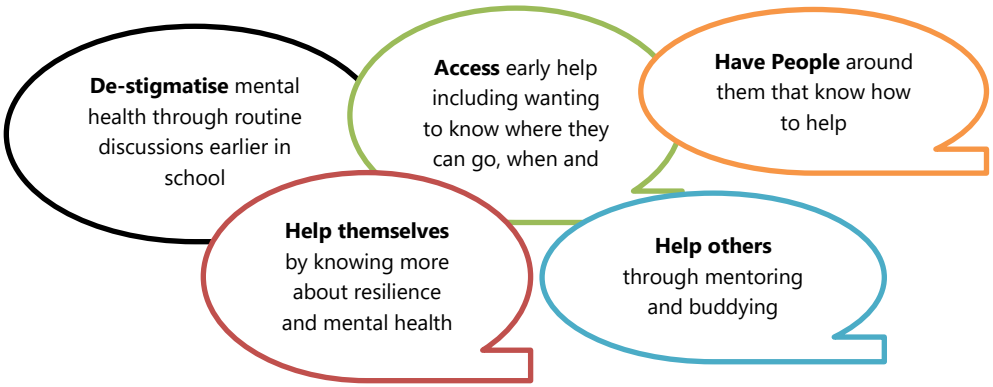
In 2015, we undertook the following extensive engagement with professionals, system leaders and children and young people, parents and carers to identify our local transformation priorities.

Date	Activity	Participants
May – June 2015	Healthwatch and SEND Family Voice survey of carers and schools about services they received from the CAMHS in Richmond	Responses received from 49 carers and 11 schools
Sept 2015	A CAMHS Transformation Planning workshop to understand the Richmond context, collectively develop the baseline assessment, identify gaps, issues, challenges, solutions, to identify and prioritise key actions and scope key actions.	28 attendees from statutory agencies, schools, parents/carers and community organisations
Sept 2015	A Health and Wellbeing Board listening event to hear feedback from the local community and professionals about issues affecting children and young people.	65 participants from statutory agencies, schools, parents/carers, community organisations and young people

[2] Children and Young People Needs Assessment 2017 – London Borough of Richmond upon Thames

Specific conversations		
Sept 2015	Obtain parent/carer feedback about their experience and views of local services	The National Autistic Society - Richmond
Sept 2015	Obtain young people's views about their support needs, how to improve access to mental health services and their top 3 service improvement priorities	58 young people participated in focus groups carried out in five secondary schools.
Oct 2015	Youth Council Young people's workshop	Youth council members plus children and young people from Richmond schools

The messages from this engagement activity identified the following five priority areas for children and young people.



In 2016 we used these five priorities to refresh our second transformation plan that was equally informed directly by engagement activity as follows:

Date	Activity	Participants
Jan to Sept 2016	Mental health in schools project	Focus groups in 11 Richmond primary and secondary schools involving 96 Children and Young People
Aug to Sept 2016	Healthwatch Richmond and Kingston consultation	1580 Richmond and Kingston young people
Sept 2016	A Health and Wellbeing Board listening event with schools	70 participants including young people, professionals and HWB members
Sept 2016	'Off the Record' Young people's Advisory group	12 young people aged 14-18 years old attending Richmond schools and Esher College
Oct 2016	Youth Enquiry Service Young People's Conference aim to identify how to de-stigmatise Mental Health, how to help yourself and how to help others maintain positive mental health and finally how and where to access further help.	75 Children and young people from 8 schools
Dec 2016	Children and Young People's Plan consultation • Local survey • On-line conversations • Local stakeholder groups • Local system leaders	59 local residents responded 56 people engaged

The key messages arising from the Richmond and Kingston Healthwatch joint survey with young people. The survey received responses from 1580 young people (1000 Richmond, 580 Kingston). This was most extensive consultation undertaken with children and young people across Richmond and Kingston.

The survey identified the following key messages:

- Address stigma

- Promote services currently available so that people know who to ask for help and how to get help
- Make future services young person centred
- Change the mode of delivery to be more young person centred
- Focus care and promotion on people whose sexuality, gender or ethnicity make them least likely to access care
- Create a positive school environment in relation to emotional wellbeing by raising awareness and opening discussion around mental health within schools
- Acknowledge academic pressures and limit mental distress caused by it
- Clinical Commissioning Groups should organise regular head teacher mental health forums

The survey can be found at: Health Watch Video

Our response to the survey included the following:

- Funded additional counselling capacity through Off the Record to improve access to services
- Promoted the Time to Change resources through the Youth Service Bus that visited 5 Richmond schools
- Funded a year 6 mental health conference took place in October 2016
- Explored commissioning digital counselling

Our third transformation plan refresh in 2017 continues our story and draws together information from further engagement activities covering:

Date	Activity	Participants
Jan 2017	Discuss mental health issues that affect young people and their support needs.	30 young people from Richmond College including Off the Record Advisory group members meeting with the local MP
Feb 2017	Improving mental health support in Youth Justice Services consultation	Workshop with Metropolitan Police Local Neighbourhood, School and Custody Teams representatives
April – Oct 2017	• To identify Youth Council mental health priorities • Report back on the work of the Emotional Wellbeing Board • Co-produce approach to evaluation of transformation activities based around the 5 big themes	4 Youth Council meetings (up to 30 children and young people) with the Children's Health Commissioner
May 2017	Meet the Commissioner conversations to discuss improvements in the neurodevelopmental pathway.	60 Parents and carers from stakeholder groups representing SEND and ADHD, National Autistic Society attending 4 meetings
June 2017	A conference on Fostering good mental health in schools supported by the CCG	Head teachers and 36 young people
Sept 2017	Neuro developmental service workshop to commence co-designing pathway	Professionals, stakeholder groups, parents and carers
Sept 2017	Emotional Wellbeing Forum	40 stakeholders including parents and carers

Our fourth transformation plan refresh in 2018 continues to be informed by a wide range of strategic engagement activity and local conversations.

Date	Activity	Participants
April 2017 - onwards	**Grassroots engagement programme** - Aimed at reaching out to seldom heard communities link	12 events including 200+ parents, carers, children & young people
Nov 2017	Neuro developmental service follow-up workshop planned	30 participants representing key stakeholder groups including parents and carers
July 2018	**SEND Futures conference** To share the vision and priorities for SEND services https://www.afcinfo.org.uk/pages/local-offer/information-and-advice/send-consultation-hub-and-resource-bank/send-futures	300 people from over 120 organisations, parents and carers

Oct 2018	**Richmond Partnership Conference** – Bring new thinking to the services we offer to our children and families Click here for Annual Conference Website Link	120 participants representing 46 key stakeholder groups

1.8.1 Participation and engagement activities

Children and Young people in Richmond Schools
A Mental Health in Schools project. The project engaged 11 schools (Christs School; Waldegrave School; Orleans Park School; Hampton Academy; Twickenham Academy; Richmond Park Academy and Grey Court School. Primary schools: Hampton Hill Junior School; Trafalgar Junior School; Orleans Infants; Chase Bridge. The project found that there is significant difference across the borough on how schools are supporting the emotional well-being and mental health of young people.

In total, 96 children and young people were involved in focus groups including staff and the following issues were identified:

- the absence of a holistic approach to emotional wellbeing and mental health
- a shortage of skills and expertise to support pupils and address issues
- the stigma around mental health
- the void between curriculum drive (exam statistics) and attention to pupil wellbeing
- an apparent priority of managing bad behaviour as opposed to addressing the root cause
- the lack of support for all pupils to access help
- the focus on providing information as opposed to developing skills

A Youth Enquiry Service Young People's Conference. 75 students from 8 schools and a number of school staff attended a series of workshops around topics intrinsic to emotional wellbeing. The day started with a commissioned piece of drama performed by Bounce Theatre exploring emotional wellbeing and what that might mean to the students themselves followed by topical workshops in three areas: De-stigmatising Mental Health, how to help yourself and how to help others maintain positive mental health and finally how and where to access further help. The main outcome from the day was the production of a power-point presentation that students would take back to school and share their learning with the entire school, so as to increase the impact of the conference and its content.

The Youth Service in conjunction with Head teachers and young people organised a workshop in June 2017 for the North-East cluster of Kingston and Richmond schools. This was to engage young people, schools and professionals to explore the different types of mental illness, combat mental health stigma and to share good practice. 9 schools and 36 young people attended. Feedback from the conference included:

- Young people immediately agree that mental health is a major issue amongst their age group
- There is a wide range of agencies in and out of school ready to offer support but the challenge is young people feeling ready to access it.
- Some great work going on in and out of schools with mental health ambassadors, school nursing, online platforms, peer mentoring and mindfulness.
- Young people need support to understand the dangers with using social media as it is having an impact on the mental health of many
- The idea of a whole school approach- fostering a positive culture within the school for staff and students
- All Richmond schools sent representatives from year 9 pupils to participate in the annual Youth Crime Conference in March 2017. One of the aims of the conference is to bring young people together with the police and other statutory and voluntary agencies engaged with community safety. This is to build constructive relationships, obtain young people's views and allow meaningful relationships to develop

Young People in Richmond Colleges
In January 2017, 30 young people from Off the Record and Richmond College met with a local MP hosted by Richmond College. The main themes from the event focused on discussing the mental health issues that affect young people and their support needs. As a result, additional funding was identified by the Council to provide support to secondary schools through the Emotional Health Service.

Kingston Richmond Youth Council
Richmond Commissioner ongoing conversations with children and young people

- Ongoing conversations during April – October 2017 with the Kingston Richmond Youth Council has told us that their priorities included:
  - Self-harm
  - How to support peers with mental health issues
  - How to cope/provide tips about how to deal with stress and anxiety
  - Eating disorders and family problems
  - Knowing where to go to get help about mental health issues for peers
  - How to deal with suicidal thoughts
  - Developing a mental health toolkit
  - Anonymous reporting of mental health issues in school. Richmond Kingston Youth Council would like to encourage schools to have anti-bullying boxes
  - The areas of work that they would like to progress:
    - Find out who is responsible in their school for mental health issues in order to identify the top two key issues that young people are experiencing in school
  - How twitter /social media is being used
  - Design computer background page with a message from Richmond Kingston Youth Council for all schools
- Richmond Kingston Youth Council undertook a brief consultation with health nurses in 15 schools to ascertain the top issue young people were presenting with. Exam stress was identified as the key issue.
- 25 Richmond Kingston Youth Council members undertook mental health training that informed a discussion on the development of a resource for schools and young people.
- They also planned and facilitated two Stakeholder sessions for AFC staff to consult with them on issues affecting the lives of young people looked after. 58 AfC staff members attended the stakeholder sessions.

Looked After Children
Looked after children are actively involved in Richmond through:

- The use of an electronic Viewpoint questionnaire where their views are collected. They are also supported by an experienced Participation Officer.
- A well-established Children in Care Council (CICC) prioritised addressing the stigma around mental health for young people in care. The CCG in collaboration with CAMHS practitioners developed a 6-week programme for young people to increase their knowledge of safeguarding, anxiety, depression, self-harm, eating disorders and other topics identified by the group. The aim being to prepare the young people to complete a Royal Society of Public Health (RSPH) Youth Champion Peer Support Programme with a level 1 qualification and become peer mentors. The RSPH Level 2 Award for Young Health Champions was completed during 2018 by 10 members of the youth council.
- The CICC attended the Richmond CCG AGM in September 2018 to discuss the issues faced by children in care
  http://www.richmondccg.nhs.uk/annual-general-meeting-2017-2018-presentation

Children & Young in the Youth Offending Service
Peer Power is a social justice charity that works with vulnerable young people to support them and agencies to develop stronger relationships, improve emotional health and

wellbeing and transform services. In Richmond and Kingston, Peer Power has supported young people known to our Youth Offending Service to produce a video for the NHS about young people's mental health.

Young people from Richmond and Kingston also make their voices heard through attendance at the annual Youth Justice Board Convention to participate in discussion and debate that promotes good practice and shape/provide feedback about service delivery. There has also been participation in consultation with HM Inspectorate of Prisons, about experiences in police custody and attendance at the House of Commons to speak about mental health and well-being.

Service Users – Young People
Six young people from Richmond supported by our Specialist tier 3 CAMHS Provider took part in the London Debating Mental Health initiative that is about empowering young people who have used mental health services to speak out about the mental health issues that matter to them. The programme was developed as a result of conversations with young people about how best to gain their feedback about mental health services.

The young people received debate training delivered as a series of games and discussion-led workshops by mentors. Following the training, young people from other mental health services in London came together at Facebook's UKHQ to debate Mental Health motions that they had voted for: Celebrities have a responsibility to talk about their own mental health; Young people who use mental health services should be able to elect representatives to advise government on mental health policy and; Living in an online world means that there are more pressures than ever on young people's mental health. Young people felt that they would benefit from learning skills to support: public speaking; organisation and research.

Parent Carer groups representing children and young people with learning disabilities, Autism Spectrum Disorders (ASD), ADHD and Special educational needs
Parents & Carers play a vital role in the Richmond local CAMHS transformation agenda through facilitating active engagement, participation, co-design and co-delivery of services. Some examples of activities include:

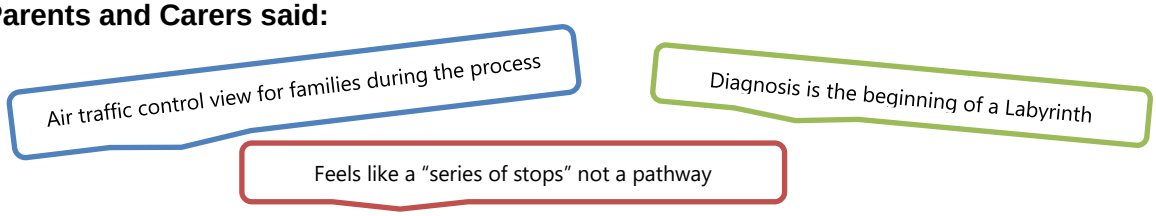
In May 2017, Richmond and Kingston Commissioners sought the views of parent/carers, partners and professionals regarding the impact of the change to the neuro developmental assessment service. A series of four consultation meetings organised and led by Parents and carers from stakeholder groups representing SEND and ADHD, National Autistic Society attended by 60 parents across Richmond and Kingston identified the following issues:

Richmond CCG also co-designed and co-delivered with SEND Family Voices and ADHD Richmond (our parent/carer groups) a neuro development workshop for 40 professionals, parents and carers during September 2017 to review the current ASD and ADHD pathways to understand and scope the issues regarding the need for a neuro developmental assessment.

Overall the key messages arising from both engagement events can be summarised as:

- The importance of diagnosis to accessing services and support
- Families would like help from the point of referral – not at the point of diagnosis
- Professionals and Families would like greater transparency and communications throughout the process
- Families would like a transparent, local service.

Parents and Carers said:



- Parents have been involved in co-designing challenging behaviour workshop and have been jointly delivering pre-and post-diagnostic support with ADHD Richmond.
- In February 2018, a local Councillor facilitated an open discussion session with 20 parents and carers of children with ASD, ADHD, learning disabilities and communication difficulties attending Meadlands Junior School. The main issues identified were as follows:
    - System is confusing
    - System not in the interest of the child
    - Fighting for services falling on the parents
    - Accessing ASD and ADHD assessments
    - Language leads to change
    - Transition – what happens when a young person becomes 18

Isolated Communities

Castlenau is an area of relative deprivation within the borough of Richmond. During September 2018, the CCG visited the community centre specifically to understand this area's concerns regarding their health services. Attendees were all parents of children and young people with SEND and some themselves have vulnerabilities; discussion on CAMHS ensued

Children and Young People with Special Education Needs and disabilities

A SEND Futures conference took place on Tuesday 3 July 2018 at The Stoop in Twickenham. Over 300 people from over 120 organisations and parents and carers attended. The aims of the day were to:

- Celebrate inclusion and diversity in our communities
- Consider progress made on implementing the SEND reforms
- Reflect on and learn from examples of best practice
- Continue the process of shaping and implementing changes

https://www.afcinfo.org.uk/pages/local-offer/information-and-advice/send-consultation-hub-and-resource-bank/send-futures

SWL Conversations

Conversations with children and young people and stakeholders across SWL, have been ongoing since January 2018 to develop and implement a whole systems approach to reducing the number of children self-harming and improve the support provided across all south west London boroughs. Face to face focus group took place in each borough, online surveys aimed at: Children and young people; parents and carers and teachers were also completed. In total, 1252 people responded to the three surveys, with 428 young people responding, 647 parents and carers, and 192 teachers. An additional 42 participants took part in five focus group discussions.

Survey respondents by borough

	Children & Young People	Parents & Carers	Teachers	Total
Croydon	28	32	1	61
Kingston	56	109	19	184
Merton	109	77	70	256
Richmond	128	341	20	485
Sutton	14	21	66	101
Wandsworth	43	21	18	82
Other	41	41	1	83

For the CYP survey, 55% of respondents identified as White British and 45% as other self-reported ethnicities. For the P&C survey, 68% identified as White British and 32% as other self-reported ethnicities. The genders of the children of the respondents to the Parent and carers survey were evenly balanced, but slightly more females responded to the CYP survey than males (56%, 42% respectively).

In total, 31% of CYP respondents had self-harmed and 18% of parent/carer respondents had a child who they were aware had self-harmed. Additionally, 43% of teacher respondents had supported a child who self-harmed.
Examples of some of the key themes to emerge included:

- Ensure any initiatives complement CAMHS rather than acting as a substitute for their services;
- Think carefully about whether initiatives should be targeted at individuals in need or be open to all children;
- Co-design the initiatives with young people and those who have experienced the issues;
- Work to destigmatise mental health problems, without normalising self harm.

Young Carers
An engagement event was organised with 19 Young Carers (Richmond Carers Centre) on 23 August 2018 focussing on the Start well – childhood theme from the Health & Wellbeing strategy. 13 of the 19 children and young people rated giving children young people tools they need to look after their mental health and deal with the stresses of life as the most important priority.

There are a range of regularly accessed established groups that include a broad representation of all communities including diverse groups with heightened vulnerabilities and/or particular needs which may require specific or alternative interventions. These groups include;

Youth Council
This consists of an annual meeting with the Kingston and Richmond Youth Council consisting of 30 children and young people from the diverse school population in Kingston and Richmond. Their remit is to develop plans to support, develop and co design workshops, peer research or carry out focus groups in settings attended by children and young people.

Youth Advisory Group
This group facilitated by 'Off the Record' has been used as reference group to:

- have ongoing smaller local conversations with young people to feed into the CAMHS transformation programme

CAMHS Participation Council

- This group is led by South West London St George's Mental Health Trust Participation officer with a remit to:
- Be an active network of approximately 20 young people, with a further 15 who participate in ad hoc projects. Of these, 8 are from Richmond.

SEND Family Voices
SEND Family Voices are collective of ten parent-led volunteer disability specific support groups in Kingston & Richmond, plus individual parents. Through their professionally organised and governed 'spoke and hub' model, they offer a pan-disability, reflective representation across the SEND community. The ten individual groups cover complex medical, physical and sensory disabilities, including Autism, ADHD, Downs Syndrome, Cerebral Palsy, hearing impairments and dyslexia.

The overall reach of SEND Family Voices is well over 4000 families in the local area. SEND Family Voices are strong volunteer led partner, who share their professional expertise in pursuit of a common goal to "bring people together into a community to improve services, share support and strengthen our common voice.

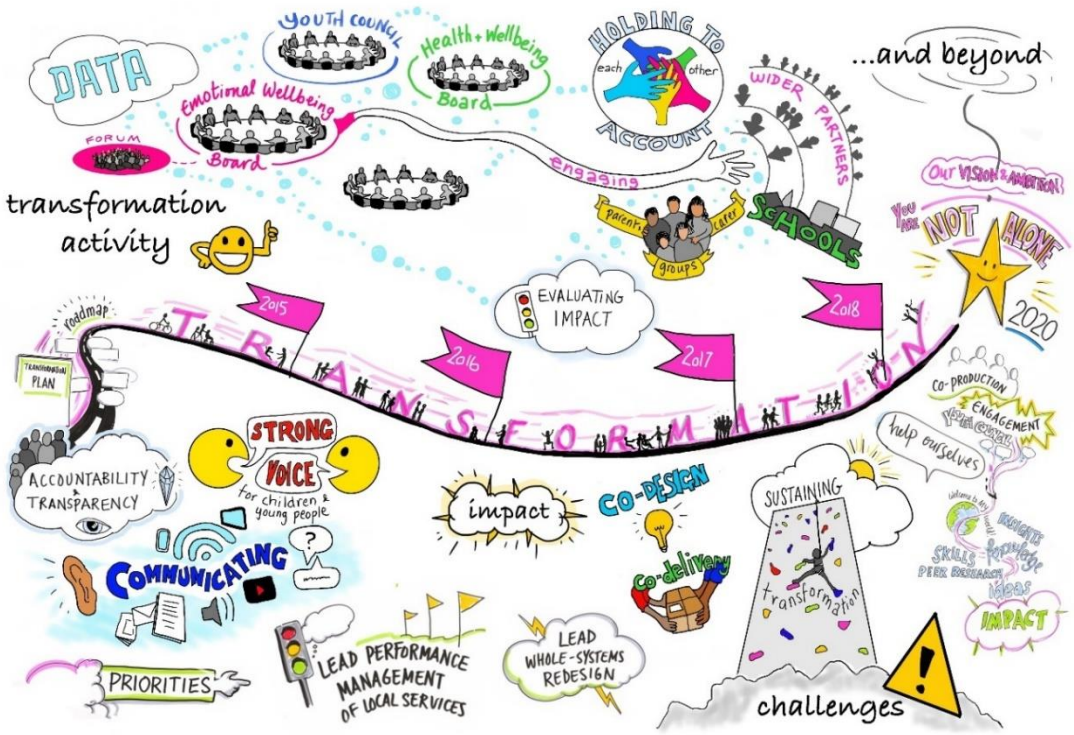
ADHD Richmond
Is a disability specific independent local support group for families and carers of children and young people with ADHD and other co-existing conditions across Kingston and Richmond. The organisation represents the views of over 700 families in the local area and is a keen and active partner, offering parent and expert representation on ADHD as well as representing the views of young people through joint initiatives. ADHD Richmond is an effective partner, sitting on the Emotional Wellbeing Board and actively engaging with the transformation process at each stage, through co production, service delivery, service feedback and development

In the last year, on-going mechanisms for involvement have become better established. We continue to trial new approaches and facilitated conversations focused on particular issues we need help to understand in more detail. We have also used these methods to continue gathering ideas about how things can be done better.

Methods have included:

- Regular bi-monthly conversations with the Richmond and Kingston Youth Council
- Focus groups in schools to enable access for 'harder to reach' young people
- Forum event to bring together representative organisations and parents
- Workshop to co-design services
- Young people reaching out to young people

1.9 Accountability and Transparency



1.9.1 Key Progress

There is strong leadership locally across the whole system to ensure that the commissioning and delivery of CAMHS can deliver better service models of care and

improved evidenced-based outcomes. CAMHS is a priority for the children and young people – it is a priority for our Youth Council and parents/carers through SEND Family Voices, for voluntary and community organisations through the Children and Young People's with Disabilities and Learning Difficulties Partnership Forum, The LSCB and for Commissioners.

SEND Family Voices received a National Award from Children and Young People's Mental Health Awards for the co-production work on the CAMHS Transformation Programme with Richmond Clinical Commissioning in January 2018.

Our Health and Wellbeing Board continues to promote resilience and emotional wellbeing through a whole systems approach as a major transformational priority under the Start Well theme of the Joint Health and Wellbeing Strategy 2016/21.

An Emotional wellbeing forum was held during September 2017 in order bring stakeholders together to evaluate and assess progress of our transformation programme, share learning and facilitate networking across the children's partnership. It was concluded that good progress had been made, that the transformation programme was ambitious and that there still many challenges.

The transformation ambitions and priorities have been aligned across Richmond and Kingston which reflects the local the remit of the local Children service provider Achieving for Children. Further work is planned for 2019 to develop an integrated CAMHS transformation forum to cover Richmond and Kingston boroughs.

The Young People's Panel Also evaluated specific projects focused on one key outcome area – Improving Access to Effective Support and on one project – the Tier 2 and Tier 3 CAMHS SPA. The panel concluded that:

- More use could have been made of social media (providers need to utilise social media that young people use more: websites, online surveys, Skype)
- More time needs to be spent on obtaining feedback from children and young people

The Chair of the Emotional Wellbeing Board attends the Kingston Richmond Youth Council meetings to discuss the agenda and obtain their feedback as the best way to engage them in the work of the Board

Strong links are established with our local parent/carer support groups, that include ADHD Richmond and the National Autistic Society and SEND Family Voices. On 22 September 2018, SEND Family Voices announced that it was ceasing to operate as a charity. Therefore, work is ongoing locally to identify another parent/carer organisation that will take its place. However, another local parent/carer group has emerged called "SENDspeak" who have offered to support the transformation agenda until such time as representative parent/carer group has been selected.

The Local Children Safeguarding Board "plays a strong and focused role in the scrutiny of services in the borough and continues to make mental health a high priority." The LSCB has a robust monitoring framework in place that continues to raise awareness and challenge poor performance of our CAMHS locally. The Emotional Wellbeing Board will need to ensure that it does not duplicate but adds value to our local accountability systems and processes.

A Richmond Partnership Conference - “Bringing new thinking to services for children and young people”, was held during October 2018. The conference was organised by The Richmond upon Thames Partnership that brings together the leaders across the public, private and voluntary and community sectors to work collaboratively to provide the best services to all who live, work and visit our borough. The outcomes will influence how services for children and young people are developed moving forward. Over 120 representatives from the local community attended the conference which included a workshop covering resilience, mental health and risky behaviour.

Following the CAMHS Scrutiny session in February 2018, the panel identified four recommendations to improve the mental health of Children and Young People in Richmond upon Thames as follows;

Recommendation 1 - All schools in the borough are strongly encouraged to take up the Mental Health First Aid training offer available through Mental Health First Aid England

Recommendation 2 - The Council, AfC, CCG and CAMHS raise awareness of CYP mental health issues by promoting patient stories and emphasising the importance of prevention and early intervention.

Recommendation 3- The Council, AfC, CCG and CAMHS work together to develop a communication strategy to provide clear and consistent public mental health messages to children and families. Members also recommend improved signposting of national and borough wide services for children and young people and their parents/carers. This would include use of appropriate websites, ensuring that staff involved with the Single Point of Access are up to date in their knowledge of available resources, and for parents to be informed through existing user groups.

Recommendation 4 - That an audit of the support schools currently offer for mental health and wellbeing takes place based upon NICE and Public health England guidance with a view to sharing best practice between schools in the borough (maintained and independent).

a. Updated key messages from governance and partnership activity

- To consolidate the formal link with the Youth Council. This means that the Chair of the Emotional Wellbeing Board meets to discuss the Board agenda with the Youth Council prior to the next Board meeting. This will ensure that the voices of children and young people directly feed into local transformation implementation plan and other linked strategic plans and the Youth council act as challenging ‘critical friend’, and be accounted to, as part of our Local Transformation Plan governance
- To build on the trial of methods for digital facilitation of better engagement and information sharing involving young people – this means exploring how existing services can better incorporate digital communication methods and finding ways in which to build information in to existing digital platforms with the help and input of young people and service providers
- To use our model of listening events and continue engagement with colleges and vulnerable groups. This means building on our prior successful programme of events where a very broad cross system representation was invited to access a range of opportunities to be heard, learn, challenge and explore together – leading to some of our more innovative ideas and gaining ownership and commitment to our whole vision and plan amongst school and service leaders as well as parent/carers and young people locally.

b. Our refreshed ambition

By 2020 we aim to ensure that a culture of participation, co-production and engagement with children and young people, families and carers is fully embedded in everything we do

Our refreshed priorities are to:

- Continue co-production, co-design, engagement, involvement with children and young people, families, parents and carers
- Continue to improve performance management of CAMHS through flowing data to the mental health services data set, improving data quality, service monitoring and evaluation
- Implement the recommendations from the February 2018 Richmond CAMHS Scrutiny Commission
- Communicate the work of the local transformation plan in accessible formats to all our stakeholders

c. Where we want to get to by 2020

- Regular dissemination and promotion of evidence-based practice, pathways and information across the children's partnership
- Ensured that the needs of vulnerable groups are addressed as an integral part of the work of the Emotional Wellbeing Board
- Developed more effective and sophisticated data collection systems and engagement processes to identify gaps and understand the needs of under-represented children and young people and groups and carers so it is reflected in our monitoring and cycle of improvement
- Developed a whole system intelligence approach through our expanded and integrated CAMHS SPA with live reporting of requests for help (referral/demand), signposting decisions, uptake of referrals and waiting times, flow and blockages of the range of evidence based brief interventions as well as for more intensive and longer packages of help
- Developed collaborative joint commissioning plans and arrangements between all key partners so that we can commission services at all levels of CAMH interventions supported by joint budget arrangements
- Ensure that children and young people, their families/carers, are at the heart of all the work of the Emotional Wellbeing Board and are central to services that are relevant for their identified need
- Actively monitor our CAMH services through the use of robust local and national data so that we can be confident that we know what good looks like and take action when services are of low quality

1.10 Governance

Emotional Wellbeing Board

The Children and Young People's Emotional Wellbeing Board is our local cross sector partnership with responsibility for ensuring that a whole systems approach is taken to meeting the emotional wellbeing and mental health needs of children, young people, families and carers in the borough of Richmond. Our CYP Emotional Wellbeing Board has been in operation for over a year and half over seeing the implementation of our second local transformation plan (LTP).

The Emotional Wellbeing Board has good representation from local partners outlined below.

- Richmond CCG (Chair – Children's GP lead and SWL lead for CAMHS)
- Richmond/Wandsworth Shared Services Council (Public Health)
- Local Authority Children Services provider (Achieving for Children)
- Richmond schools (special schools, primary, secondary) and colleges
- South West London St. Georges Mental Health Trust (Provider)
- Richmond HealthWatch
- Hounslow and Richmond Community Healthcare NHS Trust (Children's Community Health provider)

- Central London Community Healthcare NHS Trust (CLCH) (School Nursing and Health Visiting Provider)
- Parent/carer representation – SEND Family Voices, ADHD Richmond
- NHSE Specialised Commissioning
- Health and Justice
- Richmond Council for Voluntary Services (RCVS)

The role and responsibilities of the Emotional Wellbeing Board is summarised as follows:

- Developing and ensuring delivery of the local transformation plan including resolving issues that block progress against the priorities in the Plan
- Strategic oversight of development of local CAMHS network including monitoring quality and performance
- Ensure the implementation, development and delivery of key local plans and strategies
- Ensure that children and young people their families/carers are at the heart of all the work of the board
- Lead the improvement of collaborative working with national partners to ensure delivery of national policy, directives and guidance

Richmond CCG

- Overall leadership, management and strategic coordination of the CAMHS transformation agenda including leading the development and refresh of the LTP in co-production with all partners.
- Working with all partners to develop and deliver the LTP priorities
- Lead the strategic engagement, consultation and participation of the LTP

Richmond/Wandsworth Shared Services Council (Public Health)

Public Health works collaboratively with Richmond CCG to provide input into the CAMHS transformation agenda through:

- The provision of needs information and data from local Needs assessments e.g. JSNA. Information on local needs of children and young people, including interpretation of recent national research e.g. the Millennium Cohort Study and the Adult Psychiatric Morbidity survey
- Development and evaluation of initiatives that are part of the transformation plan. This includes ongoing work to develop an emotional wellbeing and mental health outcomes framework, looking at the prevention and early intervention agenda, e.g. working with the CCG to develop the role of schools in relation to emotional wellbeing and mental health and leading the work with partners to respond to the outputs from the What About YOUth survey

CAMHS Providers

Local Authority Children Services provider (Achieving for Children)

- Delivered a number of key service improvement projects e.g. Tier 2 single point of access that introduced a new service model resulting in increasing the number of initial appointments, reducing waiting times and clearing waiting lists.
- Redesigned local services to improve early help through the introduction of the cluster model across three localities in Richmond and Kingston; improved integrated service delivery through restructuring a number of services to create a new Youth Resilience service.
- Lead participation, engagement and involvement of CYP including key vulnerable groups YOS, CICC
- A strong focus on the Children Services workforce through developing and delivering a comprehensive bespoke training programme around emotional wellbeing and mental health.

South West London St. Georges Mental Health Trust (provider)

- Delivered key project to improve service access e.g. Tier 3 Single Point of Access that resulted in reducing waiting times for assessment, enabled families to receive telephone triage or face to face assessments within 7 days. Ensured timely Eating Disorder assessments were undertaken and rapid responses to crisis referrals.
- Leading the implementation of New Models of Care as part of the South London Mental Health Community Partnership
- Supporting the re-design of the over 5 neuro developmental pathway

Richmond schools (special schools, primary, secondary) and colleges

Through engagement in and delivery of a range of transformation projects that seek to build the capability and capacity in schools and colleges to develop whole school approaches to improving resilience, addressing issues of emotional wellbeing and mental health e.g.:

- Empower children and young people to de-stigmatise mental health, access to help quickly, help themselves and help others transformation projects e.g. Pupil and staff-led audit of mental health resources in schools, peer mentoring programme, school workshops, assemblies and conferences conjunction with Youth Service on reducing stigma, promoting mental health awareness
- Participating in the school Mental Health leads training programme
- Academic Resilience project that helped schools explore, test/measure the impact of resilience approaches including developing action plans in the school setting

Richmond HealthWatch

HealthWatch has undertaken outreach and engagement work to ensure that children and young people have a say in the mental health agenda. CAMHS has been a priority for HealthWatch Richmond for the last two years, in line with our Health and Wellbeing Board priority. Working across Kingston and Richmond in collaboration with the Youth Council, designed a survey that engaged 1580 children and young people (1000 Richmond CYP) was designed and delivered.

This was followed up in November 2016 through a Joint Richmond and Kingston Stakeholders workshop held on 3/11/2016 to discuss the report and its findings, identify desired outcomes to address these including the production of a short film. In December 2016, an Action Plan was developed in conjunction with the Youth Council. This work and the resulting action plan have been presented to Scrutiny Committee and to the Richmond Health and Wellbeing Board.

Community Children Service Providers: Hounslow and Richmond Community Healthcare (HRCH) NHS Trust (children's community health provider) & Central London Community Healthcare (CLCH) NHS Trust (School nursing provider)

Have developed specific service initiatives or responses to address the local transformation agenda that have included:

- HRCH introducing a fast track process in response to reducing waiting times for the 0-5 neuro development pathway and lead involvement in progressing the integrated service for disabled children in Richmond
- CLCH introduced confidential drop in sessions, group sessions and telephone/on line communications to enable children and young people to access advice from a school nurse about emotional well-being and mental health issues

Parent/carer representation – SEND Family Voices, ADHD Richmond

Both our parent/carer representative groups have actively engaged with the transformation agenda through representing the views of parents/carers at the Emotional Wellbeing Board meetings and through engagement/consultation from their membership, co-production, service delivery, service feedback and development. Specific examples of their work have included:

- leading the parent/carer engagement activity in relation the neuro development service redesign through the “meet the Commissioner meetings” that involved over 60 parents/carers attending at 4 meetings
- Co-designing/co-delivering the neuro-development workshops held in September and October 2017 that involved over 17 of parents/carers
- Delivery of key transformation projects including pre-and post-diagnostic ASD & ADHD support sessions, designing information leaflets and producing ASD booklet ‘You are not alone’
- ADHD girls project that has brought together 12 teenage girls with ADHD to consider issues affecting girls and discuss how best to capture their experiences to feed these to schools.

NHSE Specialised Commissioning & Health and Justice
There has been ongoing collaborative work between Specialised Commissioning (tier 4) and Health & Justice, the CCG and SWLStGs Mental Health Trust through the development and continuing delivery of a Collaborative plan. The Collaborative plan identifies the priorities across a range of areas (Eating Disorder Service; Inpatient and Outpatient Specialised Commissioning (previously Tier 4); Services to support crisis, admission prevention, support for appropriate and safe discharge; Youth Justice; Transforming Care / Learning Disabilities (LD) / Autistic Spectrum Disorder (ASD); Transition). This is work that is being undertaken at a STP level to transform these services.

Richmond Council for Voluntary Services (RCVS)
This role provides support to both the VCS and Children Services to build capacity, provide funding and governance support, input strategically and to act as a broker to the relationship between the sector and public bodies such as the CCG and Public Health. Examples of the RCVS contribution to the transformation agenda include:

- Developing an Emotional Health and Well Being directory developed for schools to help staff understand the landscape of services available to children and their families to support their wellbeing.
- Strategic input to the development of the Richmond and Kingston Children and Young People's 17-20 which includes children and young people’s mental health as a priority
- Ongoing support of AfC Strengthening Families team delivering services to identified families in need with a high prevalence of adult mental health/ domestic abuse issues
- ASD/ADHD Pathways Development of the Local Offer, and support for the establishment and development of SEND Family Voices the local parent participation group who have been instrumental in the development of services to meet the emotional health needs of children with disabilities.
- Extensive needs assessment of young carers services ahead of commissioning by the shared service to ensure the emerging trends and gaps in young carers services which include emotional health

The achievements of the Emotional Wellbeing Board during its second year are:

- Strategic buy-in across the sector
- Delivery of key priorities
- A strong forum to discuss the best use of resources
- Co–production, delivery and design at the heart of how we work together as a partnership
- Good mechanisms for the voice of children and young people to be heard and acted upon
- A group focused on outcomes, impact and service delivery

d. Reporting

The transformation plan is owned by the Emotional Wellbeing Board where regular update reports on the delivery of the transformation programme and action plan are considered.

This includes performance data and engagement activity. The Emotional Wellbeing Board also provides a six-monthly progress report on the implementation and delivery of the transformation plan to the following bodies:

- Strategic Partnership Group (SPG)
- Health and Wellbeing Board (HWB)
- CCG & Council Committees
- Strategic Partnership groups (Children's Strategic Partnership, LSCB annually)

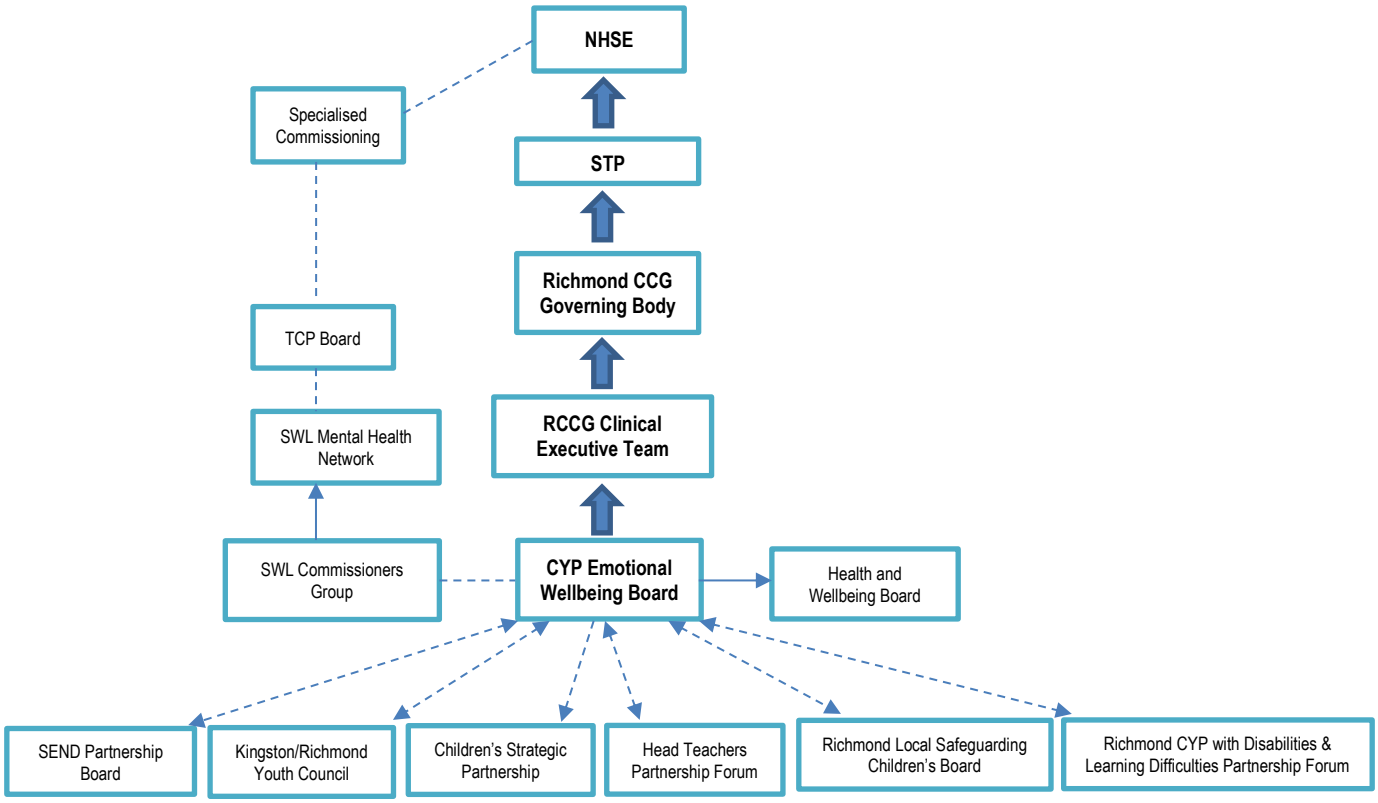
During 2017/18 the Emotional Wellbeing Board meetings has focused on the following areas; Neurodevelopmental pathway, reviewing Local Transformation Plan action plan and performance and transformation plan activities. In October, the focus was on the CAMHS Transformation Plan Refresh priorities 2018.

The Board acknowledges that the ambition for the children and young people's mental health system in Richmond must continue to keep 'stepping up' and deliver year on year service improvements. We need to continue to build on the growing momentum for changes in how services are planned, provided and quality assured and increasingly utilise the capacity and potential in the voluntary and community sector.

During November 2018, the following partners listed below will be consulted about the proposed LTP key priorities for 2018/19 as defined by NHSE.

- The Chair of the Health and Wellbeing Board and their nominated lead members
- Specialised Commissioning
- Local authorities including Directors of Children's Services
- Local Safeguarding Board
- Schools Forums
- Local Transforming Care Partnerships
- Local participation groups of children and young people and parents/carers

Governance Map



KEY PERFORMANCE INDICATORS

Future in Mind Priority	Activity Indicators	Target	Baseline 14/15	Actual 15/16	16/17	17/18	18/19	19/20	Projected 20/21
Promoting Resilience, prevention and early intervention	The total number of referrals into the Single Point of Access	10% reduction	261 (Q4 only)	1214	n/a	2068			1093
	% of SPA referrals from Schools	25% decrease	22% (128 referrals)	19% (101 referrals)		24% (497 referrals)			25%
	The number of CYP accessing online counselling	n/a	n/a	n/a	n/a	n/a	n/a		
	The number of referrals signposted from the CAMHS SPA to face to face counselling	Increase is better	n/a			7% (144.7)			
	The number of referrals for face to face counselling	Increase is better	220	240	299 & 116*				

*Richmond and Kingston combined Figure

Future in Mind Priority	Activity Indicators	Target	Baseline 14/15	Actual 15/16	16/17	17/18	18/19	19/20	Projected 20/21
IMPROVING ACCESS TO EFFECTIVE SUPPORT	Increase access to evidenced based treatments		n/a	482	535	735*			1124
	The total number of referrals into the Single Point of Access receiving a telephone triage within 72	50% increase	261	1214		35			50%
	The total number of referrals to EHS	20% reduction	132 (Q4 only)	541	502	649			482
	EHS waiting time for routine assessment	4 weeks	TBC	16weeks	10 weeks	4 weeks			4 weeks
	EHS waiting time for treatment	4 weeks	TBC	16 weeks	17 weeks	8 weeks			4 weeks
	The total number of referrals to SWLStGMHT	10% increase	167	302	426	532			332
	SWLStGMHT waiting time for routine assessment	4 weeks			3.4	5.7			4 weeks
	SWLStGMHT waiting time for treatment	4 weeks	n/a	8.4	12.9	5.3			4 weeks
	SWLStGMHT waiting time neurodevelopmental assessment	12 weeks	(7.9)	16.7	17.9	16			12 weeks
	The number of SARC referrals accepted by NSPCC	100%	0		6	0 (SARC not listed)			100%
	Length of wait to assessment (NSPCC)	10 working days	n/a	n/a		n/a			10
	The rate of Self Harm related admissions per 100,000population (10-24 years)	10% reduction	71 (268.5)	90 (335.4)	433.6 (fingertips)	n/a until 2019			64 (241.7)
	% of children and young people seen by Psychiatric Liaison Services within 4 hours	100%	n/a	16 %		n/a			100%
	Total number of Eating Disorder referrals	Increase is better	37	35	40	41			
	Eating Disorder Referrals accepted by dedicated ED Team	100%	37	35	40	41			100%

KEY PERFORMANCE INDICATORS

Future in Mind Priority	Activity Indicators	Target	Baseline 14/15	Actual 15/16	16/17	17/18	18/19	19/20	Projected 20/21
CARE FOR THE MOST VULNERABLE	Waiting time to treatment (routine	4 weeks	3.8	3.5	3.8	2.83			4
	Waiting time to treatment (urgent)	1 week	n/a	n/a	n/a	n/a			1
	The number of Tier 4 admissions for Eating	Decrease is better	Baseline to be established	n/a	6	23			0
	Average length of stay	Decrease is better	87	n/a	n/a	80			
	The number of young people assessed via through the 136 suite	Decrease is better	0	3					0
	The number of Tier 4 admissions not for eating disorders	Decrease is better	700	23.5	23	119			
	Average length of stay	Decrease is better	80			127			
	The number of CTRs completed	Increase is better	0			1			
	Reduction in first time entrants into the criminal justice system	Decrease is better	32	32	31	40			<30
	Rate of re-offending	Decrease is better	41.6%	46%		57%			
	The number of Looked After Children	Decrease is better	95	117		105			

*6months only

Future in Mind Priority	Activity Indicators	Target	Baseline 14/15	Actual 15/16	16/17	17/18	18/19	19/20	Projected 20/21
ACCOUNTABILITY AND TRANSPARENCY	Total spend on CAMHS	-	£3274m	£4219m	£4377m				
	No of Risks on register	Decrease is better	n/a	n/a	14	11			
	No of fields completed in the Mental Health Service Data Set (MHSDS)	51	Baseline n/a	n/a	n/a	40			
	No of Quality Assurance Panels	5	Baseline n/a	n/a	n/a	2			

KEY PERFORMANCE INDICATORS

Future in Mind Priority	Activity Indicators	Target	Baseline 14/15	Actual 15/16	16/17	17/18	18/19	19/20	Projected 20/21
DEVELOPING THE WORKFORCE	The number of EHS WTEs	10% Increase	15.7*	15.8*	7.8	26.7			17.3
	The number of SWLStGMHT Locality team WTEs (Tier 2&3)	10% increase	7.7	5.83	8.01	17.7			8.5
	The number of SWLStGMHT Eating Disorders team WTEs	10% increase	6.22	6.77	9.54	10.49			6.8
	The number of SWLStGMHT Psychiatric Liaison team WTEs	10% increase	2.89	3.50	5.51	6.33			3.1
	The number of SWLStGMHT Neuro-developmental team WTEs	No increase	5.63	4.7	7.83	8.46			
	The number of SWLStGMHT LD team WTEs	10% increase	5.5		10.35	12.44			
	The total number of IAPT trainees	100% increase	4	4		n/a			8
	The number of Actions completed in the Action Plan	100% completed							100%
	The number of EHS WTEs	10% Increase	15.7*	15.8*	7.8	26.7			17.3

Understanding Local Need

2 Understanding Local Need

2.1 The Richmond Context – Updated Local Assessment of Need

This transformation plan has been updated using the following local joint strategic needs assessments:

- Children and young people's needs assessment 2017
- The Richmond Story 2017
- Joint Health and Wellbeing strategy 2016-21
- Public Health England Richmond Children Health Profile 2018
- SEND needs assessment 2016

Additional prevalence data has been included from two recent studies;

- Millennium Cohort Study
- Adult Psychiatric Morbidity Study 2014

Key messages from our local joint strategic needs assessments for children and young people in the borough of Richmond are as follows:

KEY MESSAGES

- Most children achieve a 'good level' of developmental progress by the time they are 5 years old, but children living in less well-off families are less likely to achieve this marker of readiness for school.
- Around 3,000 (21%) primary school aged children are obese or overweight.
- The What about YOUth survey showed that 15-year olds in Richmond engage in significantly more risky behaviours (smoking, alcohol and drug use) compared to peers nationally.
- The average mental well-being score for 15 year olds in Richmond is the fourth worst in London.
- The School Health Survey shows that many children and young people experience anxiety and emotional difficulties due to a range of concerns including exams, bullying and relationships.
- The evidence provided through the Millennium Cohort Study and the Adult Psychiatric Morbidity survey highlights that young women have emerged as a high-risk group, with high rates of Common Mental Disorder, self-harm, and positive screens for Post-Traumatic Stress Disorder. The gap between young women and young men has increased across a range of psychiatric disorders over time.
- Young people say they want early access to specialist mental health support to avoid later crisis.
- Evidence indicates that the borough of Richmond has higher rates of young people attending hospital who are self-harming compared to other London boroughs.
- Service improvements for vulnerable young people with special education needs and disabilities, and those leaving care, are needed, especially improved access to training, employment and housing.
- Impact of digital access on children's mental health – grooming, cyber bullying, self-harm, body image

2.2 Context

There are many risk factors that may influence the mental health of children and young people. This profile of need includes information gathered from a number of local sources. It also includes a subset of indicators from a larger dataset collated by Public Health England (PHE). Indicators from the PHE dataset have been selected to highlight where Richmond upon Thames performs less well than the London average.

Richmond upon Thames child population

Richmond is a prosperous, safe and healthy borough with a population of 195,846 according to the 2016 Office for National Statistics Mid-Year Estimates, with 51% of the population female and 49% male. Children and young people aged 0-14 make up 20% of

the total population of the borough, 65% are aged between 15 and 64 and 15% are older people aged 65 and over. In terms of ethnicity, 71% of the population of Richmond are White British, 15% are White Other and 14% are from Black, Asian and other non-white minority ethnic backgrounds[3] (BME).

Age Group	Number	% of total population	% of 0-19 population
0-4	13,500	6.9%	27.9%
5-9	14,100	7.2%	29.2%
10-14	11,200	5.7%	23.2%
15-19	9,600	4.9%	19.8%
Total 0-19	48,400	24.7%	-

Source: Office for National Statistics (2016 Mid-Year Estimates)

There are 48,387 children and young people (CYP) in Richmond according to the latest population estimates from the Office for National Statistics. This group represents almost a quarter of the total population of the Borough (2016 Mid-Year Estimates). The largest age group is 5-9, accounting for 7.2% of the total population and 29.2% of the 0-9 population. This is a change on the previous population estimates which showed a greater proportion of 0-4 (7.5%) than 5-9 (6.7%). The latest mid-year population estimates indicate that 50.7% of the CYP population in Richmond is male (24,531) and 49.3% female (23,856).

As a borough, Richmond's children and young people are predominantly white, with a white population of 79.6%. The Black and Minority Ethnic (BAME) population makes up about 16% of the population. As the table shows, by 2036, this figure is likely to rise to 24%, and this trend is projected to continue for the near future.

% Black & Minority Ethnic Population	2011	2017	2021	2026	2031	2036
Richmond Upon Thames	14%	16%	17%	17%	18%	18%

In the borough of Richmond, the level of child poverty is 9.6% (estimated 3,295 children), which is well below the national average of 20.1%. Although levels of childhood poverty and rates of children in care are lower in the borough of Richmond compared to other local authorities, these children are still at risk of experiencing poor outcomes throughout their lives. For a relatively affluent borough, this also means a higher level of inequality in terms of the gap between the wealthiest and the poorest.

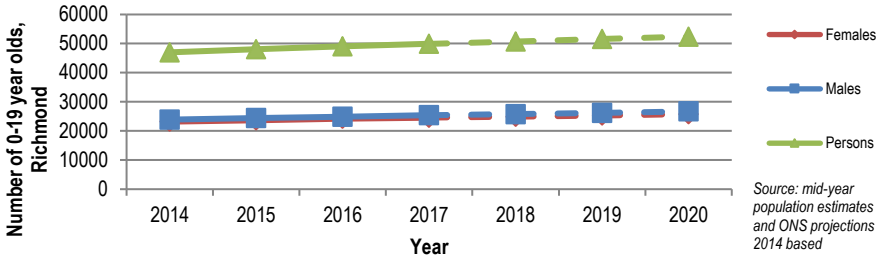
The PHE Richmond upon Thames' child health profile

The Richmond upon Thames Child Population	Richmond	London	England
Children (Aged 0 to 19) 2016	48,400 (24.7%)	2,171,500 (24.7%)	13,107,000 (23.7%)
Children (0-19) in 2026 (Projected)	56,300 (25.0%)	2,456,700 (24.8%)	14,065,900 (23.8%)
School Children from minority ethnic groups 2017	9,028 (40.0%)	777,612 (73.0%)	2,132,802 (31.0%)
Children living in poverty (Aged under 16 years) 2015	8.1%	18.8%	16.8%
Life expectancy at birth 2014-2016 Boys	82.3	80.4	79.5
Life expectancy at birth 2014-2016 Girls	85.9	84.2	83.1

Child Health Profiles, PHE 2018

Figure 1 illustrates the population estimates and projections for 0-19-year olds living in the borough of Richmond from 2014 to 2020. The estimated 0-19-year-old population is projected to increase by 11.5% over the five-year period which will increase the projected demand on CAMHS over time. Population estimates and projections for 0- to 19-year olds living in the borough of Richmond between 2014 and 2020 and Population estimates and projections for 0- to 19-year olds living in the borough of Richmond between 2014 and 2020

[3] Children and Young People Needs Assessment 2017 – London Borough of Richmond upon Thames



The resident population of children and young people is very different to the school population. The 2018 Spring School Census identified that black and ethnic communities make up 40.2% of the school population. This diversity arises from children and young people travelling into the borough to attend Richmond schools.

Risk factors

Table 2 below, illustrates that in 2014/15 children and young people reported significantly higher levels of drug, alcohol and tobacco use, compared to London and England averages. Substance misuse is a key risk factor for poor mental health.

Regular use of cannabis is associated with an increased risk of developing a psychotic illness, such as schizophrenia. In 2015/16, 39 young people in the borough of Richmond were in specialist treatment for cannabis (82%), alcohol (69%), ecstasy (28%) and cocaine (21%) misuse. The rate of hospital admissions due to substance misuse (excluding alcohol) in those aged 15-24 years is showing an increasing trend. It is estimated that there are around 650 opiate and crack users in the borough of Richmond (3rd lowest rate in London).

Risk Factors for mental illness, individuals, Richmond upon Thames - Indicator	Year	Count	RuT	London	England
Smoking among 15-year olds: % currently smoking	**2014/15**	**-**	**14.3%**	**6.1%**	**8.2%**
Cannabis use among 15-year olds: % who have taken cannabis in the last month	**2014/15**	**-**	**8.5%**	**3.1%**	**6.2%**
Alcohol consumption among 15-year olds: % drinking alcohol regularly	**2014/15**	**-**	**8.6%**	**3.1%**	**6.2%**

Source: Children and Young Peoples Mental Health and Well-being, PHE 2018

Richmond has the 10th highest percentage of 15-year olds engaging in 3 or more risky behaviours in the country (21.5%). This is much higher than in London (10.1%). The 'What About YOUth (WAY) survey 2014 looked at health behaviours amongst 15-year olds and concluded the following:

- Prevalence of smoking in 15-year-olds is 14.3% which is more than twice the London average (6.1%) and 36% of 15-year olds in Richmond have tried smoking, which is the highest rate in England
- 15-year olds in Richmond drink more often than in any other London borough
- Almost one in five (19%) 15-year olds in Richmond reported having tried cannabis. This is the highest proportion in London and the third highest in the country (London and England averages 11%).
- In 2015/16, thirty-nine Richmond young people were in specialist treatment for Cannabis (82%), Alcohol (69%), ecstasy (28%) and Cocaine (21%) (PHE 2017)

Substance Misuse Survey

In June 2018, Richmond and Wandsworth Public Health Service commissioned a Young People Substance Misuse Survey as part of a 3-month consultation to inform the Drugs and Alcohol Needs Assessment and the review of the Substance Misuse strategy. 280 people children and young people participated in the survey (56% 11-13 year olds, 27% 14-15 year olds, 10% 16-19 year olds, 2% 20-25 year olds).

Key findings:
The report highlights the importance of providing young people with education about consequences of drug and alcohol misuse through schools as well as the availability of confidential and non-judgemental specialist support services. It also calls for equipping young people with emotional intelligence skillset, where they feel confident in asking for help and coping with peer pressure.

The role of peers is clearly demonstrated, as a significant amount or responders reported obtaining alcohol and drugs through them, as well as using substances at their homes or at school. Over a quarter of respondents expressed being worried about substance misuse amongst friends and young people they knew. Concerns included possible link with mental health (such as going through bereavement).

The survey responses hint the need for interventions targeted at families. Over a third of participants get their alcohol from home without permission. Nearly 10% of young people were worried about substance misuse amongst adult family members. Reasons included witnessing family members regularly consuming alcohol and neglecting siblings. Respondents also expressed worry about becoming alcohol dependent themselves due to family circumstances. Young people listed parents/carers/guardians as people who they obtain information and support related to drug and alcohol following school and specialist services.

Education factors
Most children and young people living in the borough of Richmond are healthy and have a good start in life. Many of the outcomes for the Richmond borough are better than the average for London and England. However, not all children and young people enjoy similar positive outcomes and consequently have the same chances of good health as adults. Markers of school readiness using the Pupil premium grant (PPG) provides funding to schools and local authorities to enable the raising the attainment of disadvantaged pupils of all abilities to reach their potential. The PPG is calculated on the annual school census and can be used for the following purposes:

- For the educational benefit of pupils registered at that school
- for the benefit of pupils registered at other maintained schools or academies
- on community facilities; for example, services whose provision furthers any charitable purpose for the benefit of pupils at the school or their families, or people who live or work in the locality in which the school is situated

The data outlined below shows the marker of readiness gap for Richmond has been significantly reduced over the last four years.

% GLD		2014	2015	2016	2017
Richmond	PPG	36	45	61	61
	Non	66	73	78	80
	Gap	-28	-24	-11	-12
National	PPG	45	51	54	56
	Non	64	69	72	73
	Gap	-19	-18	-18	-17

This includes those with additional educational needs and those with disabilities.

Table 3 also shows that:

- Fixed‐period exclusions in the borough of Richmond were lower (0.6%) than the London (0.7%) and England (1.2%) median values.
- Exclusion from school is a key risk factor for poor mental health.

Education data, Richmond upon Thames Indicator	Year	Count	RuT	London	England
Pupils with special educational needs (SEN): % of all school age pupils with special educational needs (School age)	**2018**	**3,183**	**11.7%**	**14.4%**	**14.3%**
Fixed period exclusion due to persistent disruptive behaviour: rate per 100 school aged pupils	**2015/16**	**166**	**0.6%**	**0.7%**	**7.5%**

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	**2018**	**519**	**1.91%**	**2.41%**	**2.34%**

The School Health Survey in 2014/15 shows that many children and young people experience anxiety and emotional difficulties due to a range of concerns including exams, bullying and relationships.

Children with Special Education Needs and Disabilities

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 end 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

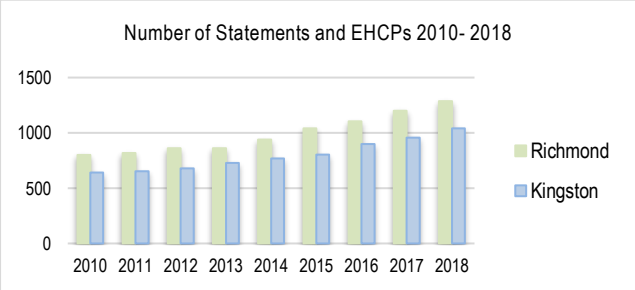
The Department for Education's (2015) SEND Code of Practice provides practical guidance about how this legislation should be implemented.

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.

Disability is defined Under the Equality Act 2010; a disability is defined 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.

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.

The number of children of children and young people with statutory plans continues to increase year on year.



A review was conducted by Achieving for Children between January and May 2017 of the SEN data[4]. The review found that the most prevalent recorded primary needs are autism spectrum disorder (ASD) and speech language and communication needs (SLCN). There is also a significant and growing proportion of children and young people who have a recorded primary need of social, emotional and mental health (SEMH). The proportion of

[4] AFC Review

children and young people with SSENs and EHCPs placed in independent special schools out of the area is significantly higher than local and statistical neighbours. Therapy, including speech and language, occupational, play, music and drama therapy, is a key element of many ECHPs or SSENs.

2018/19 quarter 2 data continues to show that the ASD and speech and language communication needs continue to be the highest level of SEN need in Richmond.

Primary Need	Kingston	Richmond
Autistic Spectrum Disorder	393	380
Speech, Language and Communication Needs	240	239
Moderate Learning Difficulty	116	166
Social, Emotional and Mental Health	154	157
Specific Learning Difficulty	56	137

Children with Disabilities
When compared with peer, disabled children tend to have poorer outcomes including lower educational attainment, poorer access to health services resulting in poorer health outcomes, more difficult transitions to adulthood and poorer employment opportunities. Siblings of disabled children may also be more likely to suffer from emotional and behavioural problems. Children with long-term disabilities are a diverse group, some will have complex needs requiring multiagency support and some will be technological dependent.

Children and young people with Autistic Spectrum Disorders
"Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. A term often used to cover the range of conditions on the autistic spectrum is Autistic Spectrum Conditions (ASC). Other terms sometimes used where children may have a learning disability are "special educational needs", "developmental delay", or "complex needs" (where a child also has physical or health needs)". These are our children A review by Dame Christine Lenehan Director, Council for Disabled Children January 2017. A review carried out by Dame Christine Lenehan in January 2017 makes a number of recommendation to improve the service provision/offer and support for this group of children and young people.

Where a child has a learning disability and autism they sometimes display behaviour that challenges. Children and young people with ASD have a common characteristic that is best described using the Valuing People (DH 2001) definition of:

- A significantly reduced ability to understand new or complex information to learn new skills, with
- A reduced ability to cope independently
- Which started before adulthood with a lasting effect on development and being a lifelong condition

In children services this group of people is likely to be captured by the Special Educational Needs and Disability (SEND) diagnosis of:

- Moderate Learning Difficulties
- Severe Learning Difficulties
- Profound and Multiple Learning Difficulties
- With a link to Autism Spectrum Conditions

The October 2017 CHiMAT report states that a study of 56,946 children in South East London by Baird et al (2006) estimated the prevalence of autism in children aged 9 to 10 years at 38.9 per 10,000 and that of other ASDs at 77.2 per 10,000, making the total prevalence of all ASDs 116.1 per 10,000.

The table below shows the numbers of children with autistic spectrum disorders if the prevalence rates found by Baird et al (2006) and by Baron-Cohen et al (2009) were applied to the population of NHS Richmond.

Estimated number of children with autistic spectrum disorders (2014)

9-10 years	Other ASDs in children 9-10 years	Total ASDs in children 9 – 10 years	ASD conditions disorders in children 5 – 9 years
25	45	70	230

Children and young people with learning disabilities

People with learning disabilities are among the most vulnerable in the community with a wide range of support and access needs. Many people with learning disabilities have additional health problems, physical disabilities and sensory impairments as well as long term health conditions**.** People with Learning Disabilities (PLD) require individualised specialist support to maximise their developmental, social, educational, employment, and health outcomes throughout their life course. Children are now surviving longer with conditions from which they would previously have died from in childhood.

Consequently, support with transition from children to adult services is becoming a more prevalent issue.

Within the UK population it is estimated that at least 2.5% will have a learning disability (Emerson & Hatton, 2008). The Child and Maternal Health Intelligence Network (CHiMat) report (Oct 2017) states that people with learning disabilities are more likely to experience mental health problems (Emerson E. et al 2008). Emerson et al 2004 calculated prevalence in children and young people with learning disabilities for different age groups and when applied to the borough of Richmond, the result is as follows:

5-9 years	10-14 years	15-19 years
135	255	275

Source: Office for National Statistics midyear population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014). Emerson E. at al (2004).

The Foundation for People with Learning Disabilities (2002) estimates an upper estimate of 40% prevalence for mental health problems associated with learning disability. When applied to the borough of Richmond:

5-9 years	10-14 years	15-19 years
55	105	110

Source: Office for National Statistics midyear population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014). The Foundation for People with Learning Disabilities (2002).

Service provision for this group of children and young people needs to be highly individualised so that their particular needs can be met within a community setting to prevent unnecessary hospital admission.

Children and young people with ADHD

ADHD (as defined in DSM-IV-TR) is a common disorder. In the UK, a survey of 10,438 children between the ages of 5 and 15 years found that 3.62% of boys and 0.85% of girls had ADHD. This survey was founded on careful assessment and included impairment in the diagnosis. Up to two thirds of children diagnosed with ADHD will continue to experience symptoms into adulthood (NICE CG72, 2009). This means 2 children in every class.

A new report published by Public Health England in 2016, looked at the mental health of children living in London and highlighted that ADHD is associated with poorer outcomes in later life, including lower educational attainment, teenage pregnancy, criminality, poorer employment with lower earnings, and interpersonal difficulties.

The report lists the following needs that should be included to manage ADHD:

- Access to Parenting programmes to give parents the skills and strategies to help their children
- Access to behaviour therapy with children to replace behaviours that don't work or cause problems

- Advice for teachers about how to teach children with ADHD
- Medication for moderate or severe cases as a first line treatment

Children and young people with ADHD

The Child and Maternal Health Intelligence Network (CHiMat) report (Oct 2017) estimates that there are the following numbers of children with:

Hyperkinetic disorders (ADHD)

Age	5 – 10 years	11-16 years
Number	200	135

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).Green, H. et al (2004).

Conduct disorders

Age	5 – 10 years	11-16 years
Number	585	510

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

In conclusion, the needs of children and young people with SEND, learning disabilities, ASD and ADHD can be summarised as follows:

CYP LD/ASD/ADHD Needs

- Access to short break provision
- Early intervention and help at SEN support level
- Specialist services focused on autism
- Integrated service offers covering health, social care and education
- Specific services to meet their needs
- Access to specialist school provision in borough
- Access to therapy services to meet OT, Physio and speech and language needs
- Early years support
- Access to transport services
- Access to specialist parenting programmes
- A workforce that is aware and trained in understanding and meeting their specialist needs
- Well managed transition to adult services
- Positive behaviour Support programmes that help address challenging behaviour
- Access to crisis care and support within a community setting
- Support for parents

Social Care factors

There is a wealth of research on the emotional wellbeing needs of looked after children and the impact of their experiences in the care system on their mental health. The 2017 ChiMat report states that looked-after children are more likely to experience mental health problems (Ford, T. et al, 2007). It has been found that among children aged 5 to 17 years who are looked after by local authorities in England, 45% had a mental health disorder, 37% had clinically significant conduct disorders, 12% had emotional disorders, such as anxiety or depression and 7% were hyperkinetic (Meltzer, H. et al, 2003).

Variation was shown depending on the type of placement, with two-thirds of children living in residential care found to have a mental health disorder compared with four in ten of those placed with foster-carers or their birth parents. The NSPCC Report, achieving emotional wellbeing for Looked after children 2015 identifies that, “Looked after children are approximately four times more likely to have a mental disorder than children living in their birth families”

Also, children in care are particularly vulnerable and generally do worse than their peers in terms of their physical health, and at school. Over the past five years there has been a significant increase in looked-after children (LAC) in the borough of Richmond. However, provisional data suggests that on March 31st 2018 there were 105 LAC in Richmond, a reduction of 7.8% on the total of 115 during 2015/16. It is estimated that 45% of looked-after children aged 5-15 years old experience mental illness at any one time. This suggests, based upon the 2016 count of 117, there was an estimated 53 LAC with a mental disorder in Richmond upon Thames.

The indicators contained in Table 4 relate to children in need and looked-after children (LAC) by Richmond Council.

The table shows that the percentage of LAC placed in secure units, children's homes and hostels is significantly higher (31.3%) than London (10.9%) and England 9.4% median values.

Social Care data, Richmond upon Thames Indicator	Year	Count	RuT	London	England
Looked after children: rate per 10,000 <18 population	**2015/16**	**115**	**25.9**	**50.5**	**60.3**
Looked-after children in secure units, children's homes and hostels: % of looked-after children	**2015**	**30**	**31.3%**	**10.9%**	**9.4%**
Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	**2015/16**	**-**	**12.8**	**13.3**	**14.0**
Cause for concern: % of children where there is a cause for concern (SDQ>17)	**2015/16**	**9**	**30.0%**	**32.9%**	**37.8%**
Children leaving care: rate per 10,000 <18 population	**2015/16**	**50**	**11.3%**	**30.7%**	**27.2%**

Source: Children and Young Peoples Mental Health and Well-being, PHE 2017

Significantly, there has been an increase in unaccompanied asylum (UASC) seeking young people looked-after by Richmond, due to changes in statutory requirements and local processes. As such, Richmond looked-after 20 unaccompanied children in 2015 however, 2016 data now indicates that this has risen to 30.

Impact of digital access on children's mental health

The Scrutiny Committee commissioned the Youth Scrutiny Panel to undertake a review into Internet Safety in the London Borough of Richmond upon Thames that reported back on October 2016. As a result, a group of students from Year 10 at Grey Court School were recruited to the Panel. Interviews were undertaken with a number of experts and survey of secondary school students and head teachers in the borough was carried out. 64 responses were received from students, 5 from head teachers).

Key findings included:

- Most respondents (95%) used the internet for an hour a day or more than once a day - and parents may not be aware of the dangers they can encounter.
- 78% of respondents to the survey had received internet safety education/training) but there was some inconsistency in delivery across the borough
- 83% of respondents received their internet safety education from school, with social media, youth clubs and other sources being mentioned by a few students.
- In interviews, the Panel had heard that there was a need to educate parents, as some still felt that drugs were more of a problem than internet safety issues.

Estimated prevalence of mental health disorders

The following estimates of mental health disorders in 5-16 year olds (Table 5 below) are calculated by applying prevalence data to population projections. The estimates are only adjusted for age, sex and socio-economic classification (social class) and do not take into account differences in other factors which may influence prevalence. The survey used to derive the estimates was carried out in 2004 and no adjustment has been made for possible change in prevalence over time.

Prevalence of mental health illness, Richmond upon Thames Indicator	Year	Count	RuT	London	England
Estimated prevalence of any mental health disorder: % population aged 5-16	**2015**	**2,008**	**7.0%**	**9.3%**	**9.2%**
Estimated prevalence of emotional disorders: % population aged 5-16	**2015**	**797**	**2.8%**	**3.6%**	**3.6%**
Estimated prevalence of conduct disorders: % population aged 5-16	**2015**	**1,136**	**4.0%**	**5.7%**	**5.6%**
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	**2015**	**305**	**1.1%**	**1.5%**	**1.5%**
Prevalence of potential eating disorders among young people: estimated number of 16-24 year olds	**2013**	**2,048**	**2,048**	**-**	**-**
Prevalence of Attention Deficit Hyperactivity Disorder among young people: estimated number of 16-24 year olds	**2013**	**2,111**	**2,111**	**-**	**-**

The estimated number of children/young people taken from the Richmond October 2017 CHiMat report who may experience mental health problems appropriate to a response from CAMHS.

Tier 1 (2014)	Tier 2 (2014)	Tier 3 (2014)	Tier 4 (2014)
6,775	**3,165**	**840**	**35**

Source: Office for National Statistics mid year population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014). Kurtz, Z. (1996).

Healthcare factors

One in ten children aged 5-16 years have a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with 10% of 15-16 year olds having self-harmed.

Table 6 below, shows rates of hospital admissions as a result of:

- Self-harm
- Alcohol specific conditions
- Unintentional and deliberate injuries (15-24)

The indicators for self-harm and unintentional and deliberate injuries are significantly higher than the London mean value. Admission episodes for alcohol-specific conditions is higher in Richmond than London. Each of these indicators can be proxies for increased risk of mental disorder.

Health data, Richmond upon Thames Indicator	Year	Count	RuT	London	England
Hospital admissions as a result of self-harm, DSR per 100,000 (10-24 years)	**2016/17**	**116**	**433.6**	**197.2**	**404.6**
Admissions episodes for alcohol-specific conditions aged under 18	**2014/15-16/17**	**30**	**22.5**	**19.4.**	**34.**
Hospital admissions for unintentional and deliberate injuries: rate per 10,000 young people 15-24 years	**2016/17**	**248**	**139.2**	**96.5**	**129.2**

Source: Children and Young Peoples Mental Health and Well-being, PHE 2018

Other vulnerable groups in Richmond include:

- Young people in the criminal justice system
- Young people leaving care
- Children and young people at risk of sexual exploitation
- Children affected by domestic violence and anti-social behaviour
- Children affected by parental mental health issues, substance misuse
- Young carers
- Children in need
- Children and young people with SEN such as learning disabilities, ASD, ADHD

Young people in the criminal justice system

Mental health problems of young people in contact with young justice system shows that there is a:

- High prevalence of diagnosable mental health difficulties amongst young people in contact with the youth justice system.45% were assessed as having a mental disorder, 37% had clinically significant conduct disorders, 12% were assessed as having anxiety and depression and 7% were rated as being hyperactive
- High prevalence of substance misuse amongst young offenders in the community
- High proportion of young offenders have experienced disruptive childhoods and been in local authority care or are vulnerable e.g. Looked-after children

The Youth Justice Board report (Jan 2017) stated that during 2015/16, there had been a continued reduction in the number of people entering the youth justice system for the first time (known as First Time Entrants / FTEs), as well as reductions in those young people receiving court disposals and being sentenced to time in custody. The national reduction in FTEs between 2014/15 and 2015/16 was 12% (the 9th consecutive year of reduction). The total number of FTEs for Richmond was 33, a reduction from 37 in 2014/15 and not including City of London, the second lowest number in London, behind only Kingston. It was also among the lowest in the country.

During 2015-16 the rate of custody use was 0.41 per 1000 nationally and 0.68 per 1000 in London. The comparable Richmond and Kingston rate for the same period was considerably lower at 0.06 per 1,000, which represents two custodial sentences. This indicates that children and young people are being effectively diverted from the custodial system, where appropriate.

During 2015-16 there were a total of 75 young people cautioned or sentenced in Kingston and Richmond (combined). The outcomes for children and young people in these boroughs accessing the service are good, with a high percentage of children living in suitable accommodation at the end of their intervention, and the majority in a suitable level of education, training and employment.

	2013	2014	2015	2016	England
Number of FTEs	26	32	31	40	
Rate of FTEs per 100,000	417.8	180.0	218.3	275.5	354
Rate of re-offending per 100,000	40.2 %	41.6%	28.2%	Published in 2018	37.8
Rate of custody per 1000			0.16	0.06	0.41

Young people leaving care

In 2016, 50 Richmond children and young people ceased to be looked after compared to 55 in 2015. Outcomes for those young people leaving care, is measured in relation to whether they are in suitable accommodation and education, training or employment.

Outcomes for young people (aged 19, 20, 21) leaving care						
	% Care Leavers (19, 20, 21) in education, employment or training			% Care Leavers (19, 20, 21) in suitable accommodation		
Area	2015	2016	2017 (provisional)	2015	2016	2017 (provisional)
Richmond	57	52	52	95	91	98
Kingston	49	51	58	75	73	77
London	53	54	n/a	83	82	n/a
England	48	49	n/a	81	83	n/a

DfE Statistics – Looked After Children (2017) Provisional 2017 data taken from AfC quarterly reporting Q1 2017/18

In Richmond 95% of care leavers (2015) and 94% (provisional 2016) were in suitable accommodation, significantly higher than the London and England averages. Provisional figures for 2017 suggest that over half of young people leaving care were in education, training and employment. This data suggests that care leavers within the borough remain in touch, are suitably accommodated and are given opportunities to achieve and participate after they have left care.

Children and young people at risk of sexual exploitation

During 2015/16 a review was undertaken of the borough's response to Child Sexual Exploitation (CSE) using police data. Key findings included:

- Between April and December 2016, there were 28 cases of alleged CSE investigated and classified
- 87% of alleged victims were female and three quarters were recorded as white British. 53% of victims were aged 15-17 years, 40% were aged 14 and under. The youngest victim of alleged CSE was 11
- 40% of cases discussed involved situations such as improper relations with older men, periods of going missing overnight and sharing images

CSE primarily affects girls and young women and it is primarily a risk to young people aged between 14 and 17. The majority of young people identified at risk of CSE are White British (64%) with 33% from mixed heritage groups. 7% of young people were from Black African and Caribbean backgrounds.

Children affected by domestic violence and anti-social behaviour
Over the last four years there has been a slight fluctuation in the number of cases referred and the number of children identified to the Multi-Agency Risk Assessment Conferences (MARAC). However, since 2014/15 there has been an increase in the numbers of children affected by domestic violence. In 2014/15 there were 199 cases involving 206 children, in 2015/16 where there were 228 cases and 214 children and in 2016/17 this has now increased with 249 cases involving 255 children. More recent 2016/17 data from the Richmond MARAC indicated that in 27% of the most serious cases of domestic violence, victims had mental health support needs (a total of 68) and in 26.5% the perpetrators had mental health support needs (a total of 66)

Children affected by parental mental health issues, substance misuse
Children and young people most at risk of poor outcomes include those affected by parental mental health problems, parental misuse of alcohol and drugs, domestic violence and financial stress. During 2016/17, there were a total of 314 'new' presentations in Richmond for treatment relating to drug and/or alcohol misuse.

Of the 314, 52 (16.6%) were a parent living with children, fewer than 5 were a parent in contact with other children (i.e. living with child, but not the parent) and 55 (17.5%) were a parent who did not live with their children. Comparable 2015/16 data showed 377 new presentations, 56 (14.9%) parents living with children, fewer than 5 parents living with other children and 75 (19.9%) parents not living with children.52

Young Carers
Based on census figures there are estimated to be at least 376,000 young adult carers in the UK aged 16-25. The Lives of Young Carers in England Report (DfE 2017) identified that of 118 young carers surveyed aged 5-17 caring for someone inside the home. Caring responsibilities increased with age. 1 in 4 were providing nursing care such as helping to wash or dress, giving medication or helping them to move. Parents considered over half provided emotional support which included sitting with them, trying to cheer them up and talking to them about their problems
The Carers JSNA 2014 which used the 2011 Census population (187,000) as its benchmark recorded that 15,802 (8.5%) of all residents identified themselves as carers. 5% of those were younger than 25.

LSCB data from March 2016 indicates that 379 children and young people registered with the young carers service provided by Richmond Carers Centre, which is around 7% of the total children and young people's population. From previous information, this would suggest that young carers are underrepresented in our figures and should be circa 9% of the total CYP population.

Children in Need (CIN)

In Richmond, there was a 1.7% reduction in CIN during 2015/16, broadly in line with the London (-2.6%) and England (-0.9%) reductions. Locally however, the reduction follows a considerable increase the year beforehand and the total of 880 CIN at 31 March 2016 was 11.7% higher than two years prior. Data for 2016 shows that 112 of the 880 CIN in Richmond were recorded as having a disability (12.7%). CIN with learning disabilities appear to be more common in Richmond (50%) than Kingston (26.3%), London (40.9%) and England (44.8%)

Pregnancy and Maternity

The number of teenage conceptions and abortions in Richmond has remained low since 1998 when there was a rate of 23.1 teenage conceptions per 1,000 women aged under-18.

Teenage conceptions and abortions 2012-2016 – rates per 1,000 women aged under 18										
Richmond	2012		2013		2014		2015		2016	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Conceptions	53	19.9	32	11.7	36	12.6	39	12.9	32	10.4
Abortions		11.6		8.6		7.3		9.1		7.9

Office of National Statistics, Conception and Fertility Rates

The rate of teenage conceptions in Richmond rose slightly for the second consecutive year, from 12.6 to 12.9 per 1,000 – although this equates to 39 teenage conceptions vs. 36 the year before. it should be noted that the current rate and number remains some way below that of 19.9 per 1,000 and 53 conceptions in 2012 and continues to be one of the lowest rates in London.

Perinatal Mental Health

There are projected to be 21,954 births in SWL in 2017, which is expected to rise marginally to 22,013 by 2019 (0.2% increase). It is estimated that up to 20% of women develop a mental illness during pregnancy or within the first year after having a baby. Based on national prevalence patterns in 2013/14, in Richmond we would expect there to be:

- between 260 and 385 women with mild-moderate depressive illness and anxiety in the perinatal period
- between 385 and 770 women with adjustment disorders and distress in the perinatal period
- around 80 women with post-traumatic stress disorder in the perinatal period
- around 80 women with severe depressive illness in the perinatal period
- around 10 women with chronic serious mental illness in the perinatal period and
- around 10 women with postpartum psychosis

(Source: PHE Perinatal Mental Health Profile – Richmond CCG)

The Millennium Cohort Study.

This research provides robust and up-to-date data on the prevalence of mental ill-health amongst today's children and adolescents. In recent years, there has been a lack of nationally representative prevalence estimates of mental ill-health in children. The last national study by the Office for National Statistics was 2004. A follow-up study is currently underway but results will not be available until 2018.

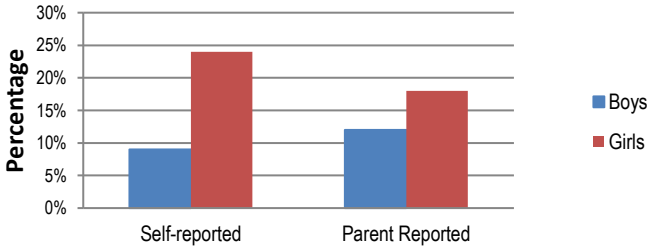
The Millennium Cohort Study (MCS) is following the lives of 19,517 children born across England, Scotland, Wales and Northern Ireland in 2000-01. The MCS provides multiple measures of the cohort members' physical, socio-emotional, cognitive and behavioural development over time, alongside detailed information on their daily life, behaviour and experiences. There have been six sweeps of MCS to date. The next sweep will take place in 2018 when the cohort members are aged 17.

In the most recent sweep of the study, at age 14, young people answered questions about their mental health difficulties for the first time enabling a comparison between symptoms and difficulties the children and young people report and those that their parents report. The

children and young people in the study completed the Short Moods and Feelings Questionnaire which assesses symptoms of depression. This measure assesses feelings or behaviours in the previous fortnight (e.g. I felt miserable or unhappy). Scoring higher than the established threshold is indicative of suffering from depression.

Figure 2 below shows that compared to 14-year-olds' own reports, parents are over identifying boys with depressive symptoms and under identifying girls with these symptoms. The fact that such a high proportion of girls (24%) suffer from depressive symptoms suggests that some parents may not be aware of the extent their children are experiencing symptoms.

Figure 2: High Depressive Symptoms at age 14: Parent and self-reported Prevalences



Source: MCS 2017, GLA Interim- 2015- based Population Projections

The GLA Interim 2015-based population projections identify an estimated 1,100 14-year-old girls living in the borough of Richmond upon Thames. Applying the MCS prevalence to this survey we can estimate that there are approximately 270 girls (1in 4) experiencing high depressive symptoms. This estimate has not been adjusted to take into consideration sampling bias and differences between the Richmond upon Thames population and the MCS sample

Adult Psychiatric Morbidity Survey 2014

The Adult Psychiatric Morbidity Survey (APMS) series provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over). This survey is the fourth in a series and was conducted by NatCen Social Research, in collaboration with the University of Leicester, for NHS Digital.

The previous surveys were conducted in 1993 (16-64 year olds) and 2000 (16-74 year olds) by the Office for National Statistics, which covered England, Scotland and Wales. The 2007 Survey included people aged over 16 and covered England only. The survey used a robust stratified, multi-stage probability sample of households and assesses psychiatric disorder to actual diagnostic criteria for several disorders.

The following information provides an overview of Common Mental Health Disorders, Self-Harm and Post Traumatic Stress Disorder in the 16-24-year-old category. The 16-24-year-old age group is relevant to CAMHS not only because 16 and 17 year olds are part of the child and adolescent cohort but also because of the proximity of young adults to this life stage. However, it is important to caveat that the data is not disaggregated to enable closer examination of prevalence by individual years, but it does provide a proxy of mental health in the transition years from adolescence to young adulthood.

Common Mental Disorders (16-24 year olds)

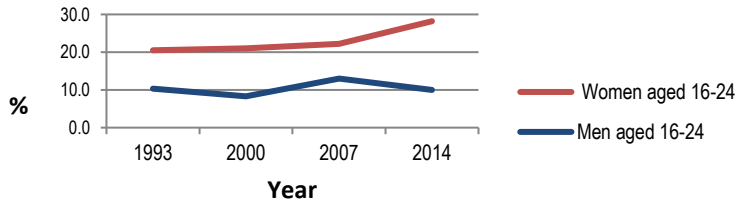
Among women, the likelihood of experiencing Common Mental Disorders (CMD) is greater than men. In the 16-24-year age group, disorders have increased consistently over time from 1 in 5 in 1993 to more than 1 in 4 in 2014. In contrast CMD in men has remained stable over time with 1 in 10 experiencing symptoms of CMD.

The gap in rates of CMD symptoms between young men and women appears to have grown. In 1993, 16 to 24-year-old women (19.2%) were twice as likely as 16 to 24-year-old

men (8.4%) to have symptoms of CMD. In 2014, CMD symptoms were about three times more common in women of that age (26.0%) than men (9.1%).

According to the ONS 2016 Mid-year estimates there are 15,819,16-24 year olds living in Richmond upon Thames, applying the APMS 2014 CMD prevalence to this population we can estimate that there are 2270 young women and 777 young men who have experienced symptoms of common mental disorders in the last week. Applying national estimated prevalence to smaller areas can be problematic as local factors are not accounted for, this can reduce the reliability of the data.

Figure 4: Any Common Mental Disorder in the Last Week by Age and Sex

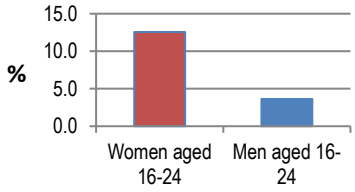


Post Traumatic Stress Disorder

Individuals who experience trauma may go on to develop Post Traumatic Stress Disorder (PTSD). PTSD is a severe and disabling condition, characterised by flashbacks, nightmares, avoidance, numbing and hypervigilance. While effective treatments exist, many with the condition delay seeking help or are not identified by health services.

Among women, the likelihood of screening positive for PTSD was particularly high among 16–24 year olds (12.6%) compared to the rest of the adult population. Figure 5 illustrates that young women in this age group are 3 times more likely to screen positive for PTSD than young men in the 16-24-year age group. The survey also identified that people screening positive for PTSD were about six times more likely to have recently used health care for a mental or emotional problem, than those who did not screen positive (60.5% compared with 10.4%).

Figure 5: Screen Positive for PTSD by Age and Sex

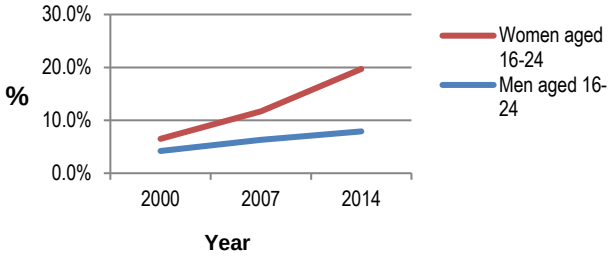


Applying the APMS 2014 PTSD prevalence to the to the ONS 2016 Mid-year estimates we can estimate that there are 1014 young women and 280 young men who would screen positive for PTSD in the 16-24-year-old population. It must be noted that applying national estimated prevalence to smaller areas can be problematic as local factors are not accounted for, this can reduce the reliability of the data.

Self-Harm (16-24 year olds)

Among women aged 16 to 24 years in 2000, one in fifteen reported having ever self-harmed (6.5%); this increased to one in nine in 2007 (11.7%) and to one in five in 2014 (19.7%). In 2000, rates of self-harm were similar in young men and women. By 2014, young women were more than twice as likely to report it as their male counterparts (19.7%, compared with 7.9% of 16 to 24-year-old men).

Figure 6: Self-Harm Ever (reported face to face) by Age and Sex



Applying the APMS 2014 self-harm prevalence to the ONS 2016 Mid-year estimates we can estimate that there are 1586 young women and 614 young men who would report ever having self-harmed in the 16-24-year-old population. It must be noted that applying national estimated prevalence to smaller areas can be problematic as local factors are not accounted for, this can reduce the reliability of the data.

The most recent APMS survey highlights that young women have emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens PTSD. The gap between young women and young men has increased across a range of psychiatric disorders.

Key service gaps are outlined below including the service implications and evidenced based plans to address them.

Key Service Gaps

Service Gaps	Service Implications	Evidenced Based Plans
Integrated service offer for children and young people with Learning Disabilities	Local services need to be developed to offer functional analysis of challenging behaviour followed by development of positive behaviour support (PBS) interventions including medium term case management	To commission PBS support as identified in 2019/20 CCG Commissioning intentions Rollout PBS training funded by the TCP programme to professionals and parents working in the wider children's network Develop local capacity within Emotional Health Service (tier 2 children with disabilities psychology service) with consultative support from the SWL specialist Learning Disability CAMHS team
Shortage of appropriate in-borough school placements for children and young people with SEND	Increase the numbers of in-borough school places in order that children and young people with SEND can be educated in borough.	Proposals were developed to increase school places by almost 200 by creating new and expanding existing specialist resource provisions in mainstream schools in Richmond and Kingston. Work was undertaken with the Auriga Academy Trust to establish a new free school which will open in September 2019.

A lack of pre-and post-diagnostic support for children and young people with ASD and ADHD	The need to identify additional funding and staffing capacity to undertake ASD and ADHD assessments. Develop and commission pre-and post ASD and ADHD services to reduce the demand for neuro developmental assessments.	Commence review of the 0-5 years' neurodevelopment pathway to address high numbers on the waiting list and streamline assessment pathway Develop pre-and post-service specification to meet NICE guidance and inform CCG service commissioning intentions for 2019/20
Addressing high levels of self harming behaviours in children and young people	Develop a whole system approach both locally and across SWL boroughs Provide an online directory (list) of services that support young people's wellbeing Provide more support in schools	The rollout of the SWL Emotional wellbeing programme  CYP Emotional Wellbeing Schools Up Public Health guidance on Whole school approaches
Addressing the high numbers of young people engaging in risky behaviours	Increase capacity in universal and prevention services including outreach work to promote awareness	A risky behaviour service review has been completed and due to report to the Richmond Scrutiny Committee in October 2018. Public Health Guidance
An under 5s CAMH service to respond to issues resulting from a lack of insecure parent and infant attachment	Increase staffing capacity and expertise in local CAMHS to provide frequent, long-term therapeutic input. Provision of access/referral to expensive specialist services or/and to out of borough residential placements	Complete the under 5's needs assessment to inform the future commissioning strategy and plan for this service area. Future in Mind 2014

Health Inequalities

The overall high levels of affluence in Richmond tend to mask the inequalities within the borough. This overall affluence means that for those children and families within the borough who are living in deprivation, the inequalities can be stark. There are however key vulnerable groups that are nationally recognised as being at risk of the effects of health inequalities and these are children and young people:

- In the justice system
- With autistic spectrum disorders and or learning disabilities
- Looked after children
- With conduct disorders and/or ADHD

The transformation plan seeks to address these issues in the Care of the Vulnerable chapter.

Health and Wellbeing

The Richmond Health and Wellbeing Board continue to champion Children and young people's mental health. The Board will oversee the 2019/21 Health and Care Plan with

partners seeking to agree a few priority ambitions/actions in each of the areas of under the Start Well, Live Well and Age Well priorities.

A number of transformational initiatives continue to be a priority for the Health and Wellbeing Board under the Start Well theme of our joint health and wellbeing strategy 2016-21. The Start Well theme encompasses a number of significant developments that seek to increase focus and resources towards prevention and early intervention, and demands strong partnership working to make best use of resources.

The Start Well theme encompasses four key areas of activity that are as follows:

I. Ensure the best start in life for all children – the focus is on joint working in areas of high impact:
   - Transition to parenthood
   - Maternal mental health
   - Breast feeding and managing healthy weight
   - Parent-led integrated 2½ year review (health and early education)
   - Managing minor illness

   Richmond Health and Wellbeing Board have developed a strategy that is delivered by key partners e.g. Richmond Clinical Commissioning Group, Achieving for Children (AfC) to enable people to 'start well' as follows;

   - Enable children, young people and families to be resilient, connected and able to look after themselves and each other.
   - Promote positive conditions and places for children, young people and families to grow, learn, work and play and be safe.
   - Ensure all children and young people feel included and not stigmatised and empowered to meet their aspirations regardless of social and cultural background, caring responsibilities or disability and mental health difficulties.
   - Ensure services and professionals work sensitively and in partnership with children, young people and families and ensure better understanding and transparency about issues of sharing of information, confidentiality and safety.
   - Integrate and coordinate services around the family better as a borough.
   - Make prevention and early help central to universal/mainstream services.

II. Champion the strengthening families programme – this is a nationally-led strategy for supporting families with a range of complex needs. Achieving for Children is taking forward phase 2 – a five-year programme starting in 2015/16. This involves a multi-agency approach to ensure families are identified as early as possible and that there is a comprehensive response to their needs. Revised team includes Domestic Violence (DV) Perpetrator Worker, DV Worker focused on children's needs, Adult Mental Health Worker. Holistic approach to family's mental health needs.

III. Promote resilience and emotional wellbeing – through a whole systems approach in the development and delivery of our transformation of emotional wellbeing and mental health in the borough. This includes building on the relationships we have developed through our engagement work and pilot projects this year with schools, colleges and the voluntary sector.

Champion the development of an outcomes framework – The council has now agreed an outcomes framework for all its services for 0 to 5 year olds. This framework will enable strategic partners to work together and commission services that are focused on achieving the outcomes that matter to children and young people. At the May 2017 HWB development seminar, it was agreed that emotional wellbeing and mental health will be the next outcomes framework to be developed

3 Local Transformation Plan Ambition 2018/2020

3.1 The refreshed vision

Building on the findings from engagement with children, young people, parents and professionals and our updated needs assessment this year, we have refreshed Richmond's vision, commitments, ambitions and priorities as outlined below:

Our vision

"By 2021, all children, young people, parents, carers and families in the borough of Richmond will not **feel alone** when dealing with mental health issues.

We will have provided every child and young person and their parents or carer(s) with the knowledge and tools on how to be **emotionally resilient**. If they feel that they need advice or support they will know when, where and how to get help.

We continue to work using **co-production approaches** with children, young people and their families so that they are at the centre of designing services fit for purpose in a digital age.**"**

Our commitments to children and young people, parents/carers and professionals

Children and young people

We will:

- Combat the stigma, when children and young people either ask for or need help
- Provide easy access to help and support to children and young people at the place and at the time that is right for them
- Enable Children and young people to help themselves through providing information, support and raising awareness
- Give children and young people the tools to help others through involvement in service design and delivery
- Ensure that people who know how to provide help and support are around children and young people

Parents and carers

We will:

- Offer a welcoming, friendly and local environment for timely appointments
- Provide flexible, non-judgemental support to, and for, parents and carers
- Provide information, support and guidance to parents and carers from perinatal right through the school years
- Empower parents and carers to support their children and young people at whatever point mental health problems may surface, and however they manifest

Professionals

We will:

- Support the workforce to develop the knowledge, skills and confidence to know, when, where and how children, young people, parents/carers and families need help to address issues of emotional wellbeing and mental health
- Enable the whole workforce across the children's partnership to access Children and Young People's Improving Access to Psychological Therapies (CYYP IAPT) evidenced based training
- Provide opportunities for learning in multi-agency settings

Ambitions and Priorities

Promoting resilience, prevention and early intervention
Our ambition is to ensure that all schools and Colleges adopt a whole school approach to building resilience and promoting good mental health so that children and young people can access the support they need in a timely manner.

Our priorities are:
- Support schools and colleges to adopt whole school approaches to build resilience and promote good mental health
- Provide psychological wellbeing support to schools through delivery of the Children Wellbeing Practitioners service
- Continue to promote the use of digital tools and information to support resilience, prevention and early intervention
- Deliver the Emotional wellbeing and mental health support programme to nine Richmond schools

Improving access to effective support
Our ambition is to deliver a transformed system of mental health help for children and young people where services can be accessed within four weeks of assessment

Our priorities are
- Ensure the increased capacity in the SPA results in the provision of telephone advice and triage to timely sign posting to the right service and support
- Continue to develop the local neuro development pathway to:
- Reduce waiting times for ASD and ADHD assessments
- Provide pre-and post-diagnostic support
- Continue to improve service access to meet national targets including building capacity in voluntary sector community counselling
- Enhance the existing Eating Disorder Service in collaboration with other SWL CCGs to ensure national waiting times and access targets are met and the number of inpatient admissions are reduced

Ensuring care for the most vulnerable
Our ambition is to ensure fewer vulnerable children and young people escalate into crisis resulting in reduced need for inpatient care which should be the last resort.

Our priorities are:
- Co-commission with other SWL CCG a therapeutic programme for children and young people who experience sexual assault
- Enhance the existing Psychiatric Liaison provision across South West London in collaboration with other SWL CCGs
- Focus on improving services for vulnerable children and young people including:
    d) Those in the youth justice system
    e) Those with ASD/ADHD learning disabilities as part of the Transforming Care Programme
    f) Looked After Children
    - Continue to review all crisis care services in partnership with other SWL CCGs

Accountability and transparency
Our ambition is to ensure that a culture of participation, co-production and engagement with children and young people, families and carers is fully embedded in everything we do.

Our priorities are:

- Continue co-production, co-design, engagement, involvement with children and young people, families, parents and carers
- Continue to improve performance management of CAMHS through flowing data to the mental health services data set, improving data quality, service monitoring and evaluation
- Implement the recommendations from the February 2018 Richmond CAMHS Scrutiny Commission
- Communicate the work of the local transformation plan in accessible formats to all our stakeholders

Developing the workforce

Our ambition is to ensure that the local workforce has increased by at least 10% and has the capability to deliver evidenced based treatments.

Our priorities are:

- Continue to ensure there is commissioning capacity to deliver the local transformation plan
- Support providers to access the children and young people's improving access to psychological therapies curriculum and address any identified skills gaps
- Continue to implement local and STP wide workforce development plans to ensure delivery of national requirements set out in the 5 year Forward View
- Continue to promote access to continuous professional development and training opportunities for;
  c) The Voluntary sector
  d) Schools and Colleges
- Parents and young people so that they can become peer support workers

By 2021

We will know we have made a difference when:

- Most children and young people report that services are non-stigmatizing, that they can be accessed through multiple points through different digital channels and feel empowered to make choices about their care
- Most parents/carers tell us that they feel supported to manage their child and young person's condition
- All vulnerable children and young people will access treatment within four weeks of being assessed if routine or one week if assessed as urgent
- Inpatient stays for children and young people will be a last resort and will be as close to home as possible and will have the minimum possible length of stay

Therefore, our key transformative projects for 2018 - 2020 listed below will evidence innovatory approaches and be key enablers for service transformation.

- The continued development of our new expanded CAMHS SPA model operating as an integral part of the integrated SPA and MASH for Kingston and Richmond including digital access to online counselling for children and young people and evidence based treatments
- Embedding the local neuro-developmental pathway pilot focusing on assessment for children and young people aged 6-18 years old utilising the learning to inform the redesign of the 0-5 pathway.
- Continued development of the whole school approach within the context of the SWL emotional resilience strategy school cluster model incorporating:
  - Directory of services available through a digital app

- A care navigator role located in the CAMHS SPA
- Mental Health Support Worker per school clusters who will support:
    - Curriculum, teaching and learning to promote resilience and support social and emotional learning
    - Targeted support and appropriate referral
    - Working with parents and carers
    - Identifying need and monitoring impact of interventions
    - Enabling student voice to influence decisions
    - Staff development to support their own wellbeing and that of students
- Digital innovation led by the Kingston Richmond Youth Council Task force focused on reducing stigma and increasing accessibility to information and help through:
    - Delivery of 4 workshops to review existing digital health and wellbeing resources and complete short video films, online blogs, webcasts and social media
    - Establish an online, shared digital resource library
- Through the TCP providing nursing support at meal times in the home and in school to facilitate discharge of eating disorder long stay patients.

The Children and Young People's Plan for Richmond 2017-20

This plan fits within the Children and Young People's Plan for Richmond 2017-20. The vision for this overarching plan is that," all children and young people achieve their full potential, free from disadvantage and enjoy life as active, participating citizens". Wellbeing and resilience are identified as key outcomes for children and young people. The plan also identifies five values that all partners should follow to provide the best outcomes for the children and young people in Richmond: check updated plan

- Keeping children and young people safe and supported at home and school
- Helping Children and young people to be healthy and make good choices about their health
- Ensuring children and young people enjoy life, do well in school and get involved in activities
- Prevention: Providing help to families when they need it
  Making sure services are right for families and work well

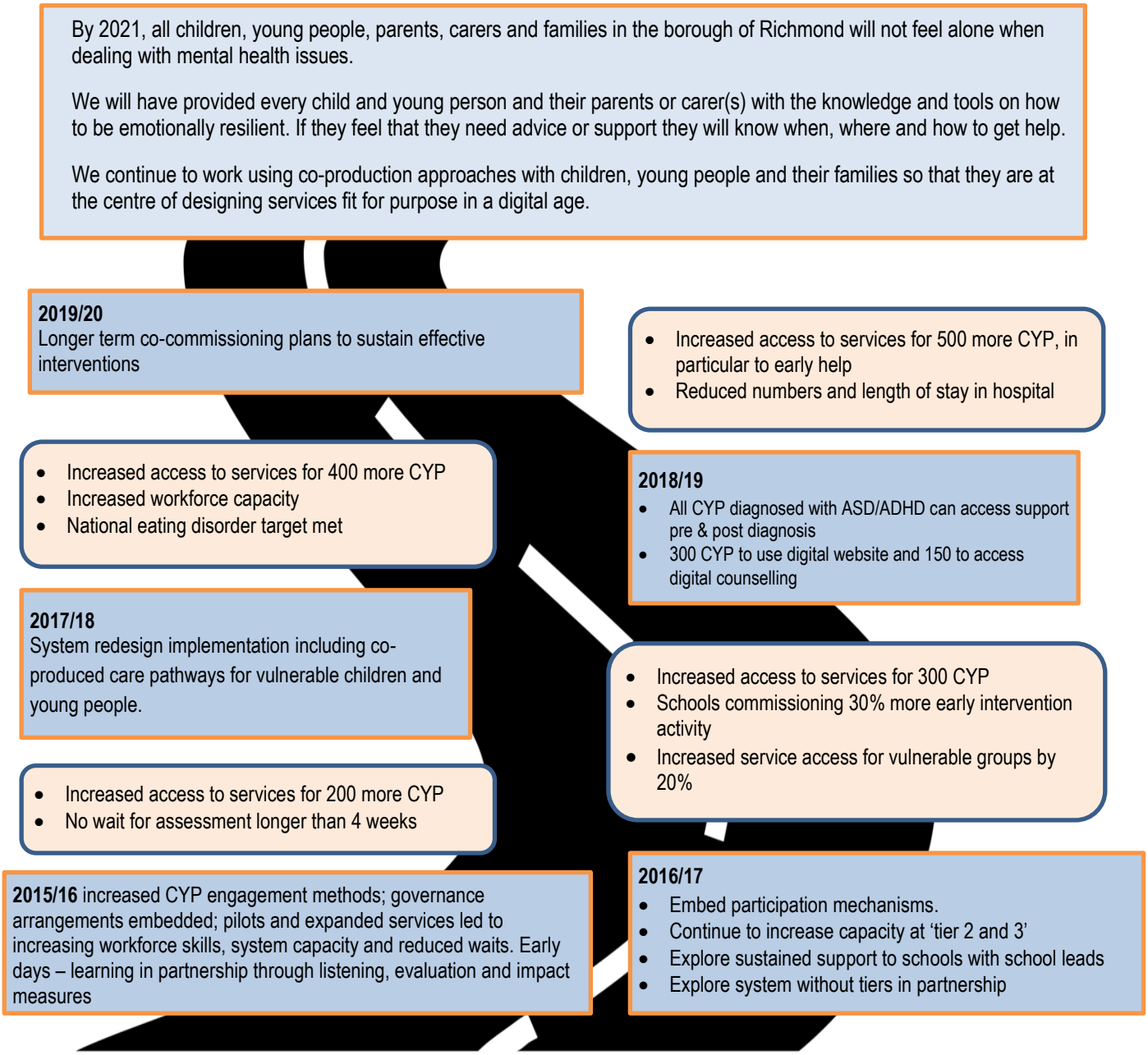
A health and care plan for Richmond and Kingston

Health and care organisations in Richmond / Kingston are working together to develop a joined-up plan to deliver improvements in the health and well-being of people living in the borough.

The Richmond health and care plan for 2019-21 will focus on areas of work across health and care that will have the biggest impact on health outcomes for all whilst supporting our local health and care into the future.

The plan is currently developing through discussions with local health and care organisations; informed by public health information, current health and care strategies and feedback from local people. The health and care plan will be published in March 2019.

3.1.1 Road map to transformation for Richmond



Local Transformation Plan

The Richmond Local Transformation plan is focused on addressing key strategic areas of service delivery that require partnership working and collaboration of all system partners to achieve the transformational change designed to resolve the areas of concern. The LTP priorities, vision and actions are identified in the following chapters.

3.2 Strategic Transformation Programme

This section provides information and evidence to support our approach to transforming services through the local transformation programme. It further outlines the case for change, current progress, key priorities and actions that will deliver improvements over the next two years.

3.2.1 Promoting resilience, prevention and early intervention

Building resilience from childhood through to adulthood and supporting self-care, reduces the burden of mental and physical health over the whole life-course and reduces the cost of future interventions. Whole school approaches that combine universal and targeted elements are shown to be effective in building resilience and improving mental health of children and young people.

3.2.2. Improving Access to effective support

Access to early intervention services is effective in helping children, young people and their parents/carers, to overcome the problem for which were referred. Timely access to the right help, at the right time and place can prevent short-term problems turning into longer-term ones. A 'collaborative approach' (between children, young people and their parents and professionals offering help) achieves better outcomes than a service or professionally led approach.

3.2.2 Care for the most vulnerable

Children and young people are often vulnerable for a range of reasons including poverty, disability, substance misuse, physical or mental illness, or because of other problems within the family home. To ensure that this group of children and young people feel safe and are resilient, services need to be coordinated, flexible, multi-agency focused and integrated. Some children and young people have extra vulnerabilities due to long term mental health conditions that substantially impact on their life chances.

3.2.3 Accountability and Transparency

We passionately believe that the voices of children and young people, parents/carers and their communities should lead the design, development, delivery and review of services to support their mental health and wellbeing.

3.2.4 Developing the Workforce

Developing the capacity and capability of the children's workforce in terms of skills, knowledge and other competencies to deliver NICE compliant interventions is a key requirement to delivering the government's national children's workforce agenda.

3.2.5 The Local System of Care

In Richmond access to our local system of care is primarily through the Children's Single Point of Access (SPA) that is managed by Achieving for Children**.** The Single Point of Access is a multi-agency team, who work closely with a wide range of teams and partner agencies and facilitates different levels of support depending on the needs of the child, young person and their family.

This support includes:

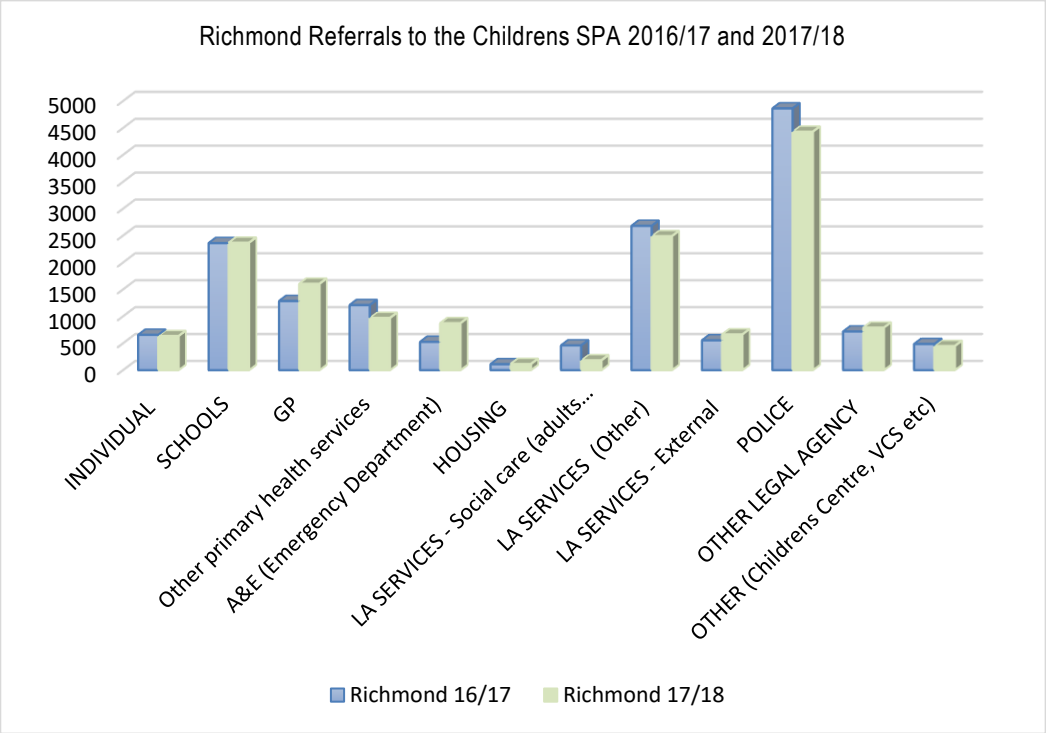
- Providing professional with consultation and support
- Making referrals to partner agencies
- Access to Early Help Services within AfC
- Making referrals to Children's Social Care Services.

The multiagency SPA team consists of Contact and Information Officers, Social Workers, CAMHS clinician(s) triage referrals made to the CAMHS SPA, Health Teams, Police Officers, Adult Social Workers, Health Visitor
When the Single Point of Access is contacted about a child or young person they will decide within 24 hours about what action should be taken next.

The SPA encourages prompt referral and access to services through the promotion of the SPA referral form as follows:
https://www.kingston.gov.uk/info/200235/supporting_and_safeguarding_children/473/concerned_about_a_child

- Referral to SPA is made via an online form that is located on the Richmond and Kingston Council websites including the LSCB website
- The SPA referral form is embedded in all LSCB training material and literature
- The referral form is embedded in all service protocols
- The SPA manager meets with Head teachers annually and school safeguarding leads quarterly
- SPA referrals are reviewed with organisations e.g. SPA Manager attends annual GP training event, quarterly meeting with MASH takes place, a maternity concerns meeting is organised with the local hospitals
- The SPA referral process is embedded in the organisations represented in the multi-agency team

The total number of referrals received by the Children's SPA in 2016/17 was 17,269 and for 2017/18 was 16,412. The table below highlights the top 10 referral sources.



Local System of Care

The Thrive Model

GETTING ADVICE

GETTING HELP

GETTING MORE HELP

GETTING RISK SUPPORT

UNIVERSAL SERVICES

TARGETED SERVICES

SPECIALIST SERVICES

Tier 1

Tier 2

Tier 3

Tier 3.5

Schools

Health

Voluntary Sector

Primary Care

RICHMOND AND KINGSTON CHILDREN'S SINGLE POINT OF ACCESS (SPA)

MULTI AGENCY SAFEGUARDING HUB (MASH)

MISPA

CAMHS SPA

Early Help

Social Care

Advice & Support

Voluntary and Community Independent Sector Kooth Relate

Health

Supporting Families

Education (SEND)

Parenting Support

Youth Resilience (YOS)

Referral & Assessment Service

Children in Need

Disabled Children's Service

EHS

Neuro Developmental Service

Eating Disorder Service

Community CAMHS

Children Looked After

Children in Need of Protection

Assertive Outreach Adolescent Team

Emergency Liaison

Health Based Place of Safety Section 136 Suite

First Call SPA

Dialectical Behaviour Therapy Service

Autism/LD Support Package

Home Assessments

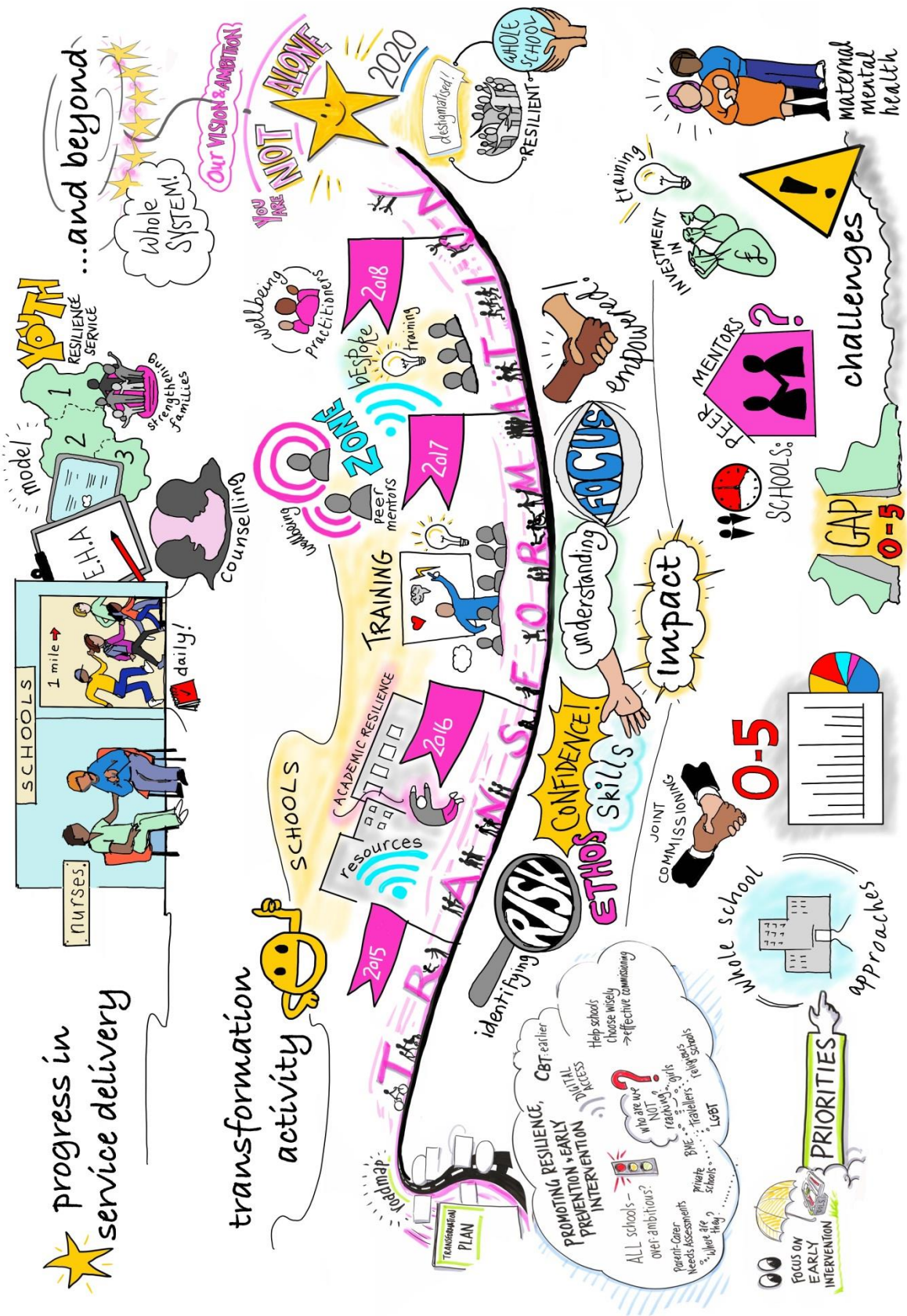
Specialist Intensive Inpatient Eating Disorder Service (Wisteria)

General Inpatient Unit (Aquarius)

Adolescent Psychiatric Intensive Care Unit

National Deaf Service

Promoting resilience, prevention and early intervention



3.2 Promoting resilience, prevention and early intervention

Implementing the Five Year Forward View continues to remind us of the importance and effectiveness of intervening early through whole school approaches supported by joint agency working to build resilience and improve the mental health of children and young people.

Key messages from our updated joint strategic needs assessment and engagement activity since the last transformation plan are:

KEY MESSAGES

Joint strategic needs assessment

- Most children achieve a 'good level' of developmental progress by the time they are 5 years old, but children living in less well-off families are less likely to achieve this marker of readiness for school.
- Around 3,000 (21%) primary school aged children are obese or overweight.
- The What about YOUth survey showed that 15-year olds in Richmond engage in significantly more risky behaviours (smoking, alcohol and drug use) compared to peers nationally.
- The School Health Survey shows that many children and young people experience anxiety and emotional difficulties due to a range of concerns including exams, bullying and relationships.

FEEDBACK FROM:

Children and young people

"I learnt a lot about the way people treat people with mental health problems, it doesn't help to be mean" (Schools mental health awareness workshop)

Peer support can help you feel more confident and peer supporters to help you if you have nowhere else to go (Waldegrave School Peer Support Programme)

Parents

My world would have been very different without an early diagnosis

Would like to be signposted to relevant information, especially from the transition from Children to Adult Services (ASD)

3.2.1 Key progress

Early Intervention/Prevention and Early Help

South West London (SWL) wants to improve its perinatal mental health services to ensure that there is increased access to specialist support, reduce waiting times for initial assessments and provide evidence based treatment and support to women with the most severe cases of mental ill health. There is also access to help and emotional support through the Richmond Wellbeing Service.

The local approach to early intervention, prevention and early help is underpinned by the following ambition:

- For every child and young person to have the best possible start in life and build their community for the future
- To help early
- To all work really well together - build relationships
- To maximise our collective resources
- To build resilience, independence and promote inclusion within the local community

Also, locally, we want to promote and support a culture of self-help by facilitating access to advice and information through a range of channels including digital access.

- As part of the statutory requirements of the SEND Reforms, our Local Offer https://www.afcinfo.org.uk/local_offer website that is managed and maintained by Achieving for Children, has recently been expanded to include more information about universal services. Richmond Council for Voluntary Services has developed a draft list for schools of support for students and parents that is available locally, regionally and nationally from the voluntary sector. This was as a result of recommendations from the Local Safeguarding Board (LSCB) learning review of Child M. Information is child specific and includes support for the wider family impacted by a range of issues including substance misuse, domestic violence, debt management and bereavement

- Access to digital tools is an important innovation to help children and young people with prevention and self-care. NHS Go is a health app which has been designed for young people aged 16-24 years across London, developed by the Healthy London Partnership children and young people's programme. The app enables access to free, confidential advice; stay notified on relevant topics and events; find local services and understand your rights under the NHS. Locally, the use of social media and apps is seen as the solution to enabling CYP to access health advice. Work is ongoing in conjunction with the Youth Council to both promote the use of social media and apps but also to develop apps to meet the local needs of CYP in Richmond.

- Homestart support families in the boroughs of Richmond with at least one child under the age of five, through a dedicated home-visiting volunteers. Home-Start volunteers, are parents themselves. The volunteers visit the families at home for a few hours per week on an ongoing basis. The support varies according to the needs of each individual family, but volunteers are there to listen, offer friendship in times of need, and practical help.

- Kingston Bereavement service provide support for children and young people who live in Kingston or Richmond who are suffering from bereavement or significant loss. Young people are offered support through a traumatic and turbulent period of their lives and provided with ways of coping with the loss they feel.

- The Universal Services provided by Health Visitors and School Nurses offer health advice and support from the ages of 0-19 to the whole child population and their families. The Services, which are commissioned by Public Health, are based on the Healthy Child Programme which ensures that all families are met by a health professional at key points in a child's development to offer preventative interventions, health management and to help to identify more significant health and social care needs. The Universal element of the healthy child programme has a strong focus on prevention and early intervention. These services are critical to supporting families before individual child needs become too great, by helping siblings and carers of children with CAMHS needs and by referring children in to the CAMHS service as early as possible as needs are identified.

- A Health Visitor will meet families and their children at 5 key points in development between pregnancy and starting school. Once at school, School Nurses meet all children in Reception year and in Year 6. As a nursing service, which is holistic, these universal interventions provide an opportunity to for nurses to meet children they might not ordinarily see, because they may not yet have an identified need, and to respond to any further health needs which become apparent. School Nurses also

offer training and support in schools and are available for children in school if they feel they have a need which they should discuss with a professional.

- The Healthy Child Programme Universal Offer has a major emphasis on parenting support, an emphasis on integrated services; and an increased focus on vulnerable children and families, underpinned by a model of progressive universalism.

- Access to Parenting programmes at various children's centres, children's schools and in community settings that are Group based, Programmes for parents of 0-4 year olds, parents of primary school age children and teenagers

- Reducing the marker of readiness gap for children living in less well-off families has been achieved through Richmond Education services facilitating projects across schools with large percentages of PPG pupils as well as delivering projects for schools that consistently have small percentages of PPG pupils. Schools in Richmond have also provided support to each other including sharing and pooling funding to meet similar needs. Training has been provided on what it means to be disadvantaged, and how to overcome these barriers. Schools have also undertaken learning through experiences and organised lunchtime clubs to engage parents with children's learning. To ensure this continued improvement, this area will remain a focus at Early Years Foundation Stage Networks across Schools, Settings and Children's Centres for 2017/18.

- An Early Intervention panel covering Early Years, Primary and Secondary schools has been established to focus on identifying children and young people's needs earlier within the education system. The panels will be able to assign a range of additional interventions to support the school and young person, without the need to request or wait for Statutory Assessment or EHCP. This will enable education providers across all stages to feel competent and confident to identify and meet the needs of children with special educational needs.

- The School Nursing service has a strong focus on building resilience and emotional wellbeing. The service provides confidential drop in sessions, group sessions and telephone/online communications. The common reasons for seeking advice from a school nurse is reported to be for self-harm, relationships (friendships and family), anxiety, anger and sexual health

- The school health service has developed a PSHE programme to support young people in the development of emotional wellbeing and resilience. 100% secondary schools and 1 special school have a school nurse confidential drop in. The school nurse service has identified that 80% of reasons given for reduced school attendance relates to emotional health and wellbeing with self-harming, relationships (friendships and family), anxiety, and anger issues being the four most common reasons and 20% for sexual health. The results of the health questionnaires given to reception and year 7 children identify concerns in relation to emotional health, bullying, cyber bullying, violence, relationships, bed wetting, soiling, smoking, alcohol consumption).

- A team of 3 Child Wellbeing Practitioners have been operational in Richmond schools since September 2017 delivering evidence-based interventions to children and young experiencing who have mild to moderate mental health difficulties. This early targeted support is to prevent the development of serious mental health difficulties

- In February 2018, the South West London Health and Care Partnership commenced the development of its strategy to champion children and young people's mental health and well-being as a shared health promotion and prevention activity. The aim is to take a whole-systems approach to achieve a 20% reduction in the prevalence

of self-harm in South West London over the next three years. The early intervention and prevention strands of this approach is to build resilience in all children and young people is via a whole school approach and the development of an on-line directory of services.

- The Family Start Programme is a pilot programme that is being rolled out in Richmond by the School Health service. The programme is targeted at Year 6 children initially in the autumn term and reception children in the spring term who have been identified through the National Child Measurement Programme. It is a 12-week programme of monthly contacts, which includes nutritional education for the children and families, change management and setting practical food and exercise SMART goals which are reviewed regularly as well as the child's height and weight. At the end of intervention there is opportunity for the family to rate their goal attainment and discussion on onward referral or discharge as appropriate. This is still in the process of being rolled out so once embedded, more data will be available regarding outcomes.

- The Family Nurse Partnership (FNP) is a preventive programme for vulnerable first time mothers aged 19 and under and can achieve significant benefits for vulnerable young families across a wide range of outcomes. The relatively low rates of live births among under 19-year olds in the borough and the socio-economic status as evidence in the assessment of needs resulted in Richmond being ineligible for FNP funding.

- Richmond has a range of services available to young people to support substance misuse including a young people's substance misuse service. The Substance Misuse Service was also nationally recognised by the NHS for the effectiveness of its smoking cessation work in schools

- Improving access at primary care is a major government priority. Within Richmond there is additional access to same day primary care through the creation of four extended access hubs open 8am-8pm, seven days a week at in Barnes, Hampton Wick, Twickenham and East Twickenham. Patients contact their GP in the usual way and are offered a daytime, evening or weekend appointment in the nearest location to their home. Access has also been enhanced through the introduction of a community based children's acute nursing service to reduce unnecessary A&E attendances.

- GPs are also taking an "active signposting" role to help, through the introduction of a six-month pilot Social Prescribing pilot in Barnes. Social prescribing aims to help improve patients' wellbeing by prescribing social and leisure activities and volunteering opportunities for adults, as well as dealing with medical needs. This pilot will impact on children and young people by enabling adults (parents/carers) to access for example, information, support and services and help with emotional and family issues.

Early Help

The Early Help Assessment (EHA) was introduced in May 2016, to replace the Common Assessment Framework. From May 2017, Early Help services (early help strategy) are now delivered in a cluster model divided into three localities across Richmond and Kingston supported by multi-disciplinary teams. Each Cluster team functions as a resource to support prevention and early intervention as required, acting as the Team around the child / family; Team around the school / GP surgery and Team around the local area

The Early help services include The Family Support Team (FST) as part of the Children with Disabilities team, The Education Welfare Service, Substance Misuse team, Parenting Support, Youth Services, Special Education Needs and children's centres and

The Strengthening Families Programme (Troubled Families agenda) is evidencing real impact on the lives of families across Richmond and Kingston. This new service delivery model ensures better service integration between Early Help services and Children Social Care including improved support to schools within the cluster area.

- In relation to working with complex families that may meet Social Care thresholds, the signs of safety which is an evidenced strength-based model, safety-organised approach to child protection casework has been introduced across the children's partnership. A multi-disciplinary team comprising Family Therapist, Domestic Violence Perpetrator Worker, Domestic Violence Victim Worker, Adult Substance Misuse Worker, Family Group Conference Coordinator, Job Centre Plus Worker, Adult Mental Health Worker, Intensive Family Support Worker

- To achieve better integrated service delivery, Achieving for Children has restructured the Adolescent Response Team (ART), Youth Offending Service (YOS) and the Young People's Substance Misuse Service (YPSM) to create a new Youth Resilience service. From October 2017, this new service will include a focus on providing specialist health and well- being support and Child Sexual Exploitation prevention/early intervention support.

3.2.2 Where we want to get to by 2020

Our aim for this theme of promoting resilience, prevention and early intervention is whole system[5] transformation through partnership activity and joint commissioning. We want to drive investment in prevention across the system, including our schools in the process, through promoting resilience and demonstrating impact on a wide range of positive life outcomes for children and families.

Over the next four years we will continue to facilitate professionals to act earlier to prevent poor mental health, by investing in early years, and building resilience from childhood through to adulthood. We will coordinate, support and better advertise existing services whilst building new approaches and provision in partnership where gaps have been identified.

Universal services: In early years and parenting our priority aim is to support parents and carers to parent effectively.

This will be led by the Health Visiting Service, and achieved through:

- Early identification of maternal depression perinatally and postnatally with effective implementation of a robust pathway, compliant with NICE clinical guidance (CG192) and quality standard QS115.
- Early identification of need for parenting support, and implementation of a robust evidence-based pathway compliant with NICE guideline PH40 and including parenting support and group work programmes;
- Increase understanding for Key Stage 1 parents, carers and schools on Autistic Spectrum Disorder (ASD)/ Attention Deficit Hyperactivity Disorder (ADHD) that manifest in educational settings
- Continue embedding the team around the child model and the early health assessment
- Improving our triage for emotional and mental health issues through the single point of access (SPA) and the new expanded integrated CAMHS SPA team

For schools & Colleges our strategic priorities are to support consistent, high quality approaches to building resilience and promoting emotional wellbeing based on whole school approach**.**

This will be achieved through:

- Providing comprehensive evidence-based training

[5] Transformation of services across all CAMHS tiers (1-4)

- Testing approaches to building resilience in schools
- Support to address stigma
- Focusing on disadvantaged families; and those where pressure to attain is an issue
- Better links between schools and external resources including mental health services and the voluntary sector

For universal services including local authority and primary care our strategic priorities are to build the capacity of professionals wherever they are in the system. We will also promote resilience and offer support earlier when it is needed.

This will be achieved through:
- Support pre-and post-diagnosis that is community based.
- More multi-agency staff training and forums
- Access to earlier advice and consultation from the SPA/expanded and integrated CAMHS SPA prior to referral
- Providing easier access to information and advice, including online
- Continuing to increase access to advice and guidance from mental health professionals through integration with other services and increasing named links for schools, Youth Offending services and other settings where earlier intervention can be increased.

For Voluntary sector & Community groups our strategic priorities are to build capacity and capability in this sector through:
- Providing access to training and support that upskills parents, carers and volunteers, and professionals
- Working collaboratively to co-design and deliver key strategies
- Making better use of local Voluntary and Community services, seeing them as a key part of the team around the family, extending beyond direct mental health support and include debt management, housing etc.

3.2.3 Transformation so far

The Case for change

Our transformation programme since 2015 has been about supporting whole school approaches to building resilience and good mental health in CYP, ensuring earlier intervention and developing the links between CAMHS, schools and colleges. This was also supported by staff in schools repeatedly telling us through forums and workshops that they are increasingly concerned about stress, anxiety and self-harm and are unsure how to help pupils and staff.

During 2015/16 we delivered a pilot around anti- stigma and an audit of access to digital resources in eleven schools. Areas of good practice were identified including the promotion of sharing knowledge and resources. Significant differences were found in how schools are supporting the emotional health and well-being of both staff and pupils.

We also piloted approaches to building resilience in four schools through the academic resilience project which involved a whole school approach to self-auditing and developing improvement plans. This enabled participating schools to develop an evidence base with which to transform their approach to supporting vulnerable pupils.

Transformation Activity in 2016/17

- A school's mental health awareness workshop was delivered including the Youth service bus visiting secondary schools to promote the 'time to change' resources
- An audit of mental health resources in schools was undertaken and peer mentoring programme piloted
- The Academic Resilience Project was delivered in one school where a whole school audit was undertaken where the findings were incorporated into the school development plan
- Mental health training for 18 Richmond schools commenced in September 2017 based on the DfE Mental Health Services and Schools Link Programme covering topics such as

Neuro Development Disorders; Anxiety; Depression; Self-Harm; Disorganised Eating; Suicide and Trauma. A mentoring programme has been developed following the training workshops to provide some ongoing support to schools. The training programme finished in July 2017.

Transformation Activity in 2017/18

- To address issues in relation to de-stigmatizing mental health, the Richmond and Kingston Youth Council (KRYC) undertook a brief consultation with health nurses in 15 schools to ascertain the top issue young people were presenting with. Exam stress was identified as the key issue. The Children in Care Council undertook a 7 week - Youth Champions Training - RSPH Level 2 Award for Young Health Champions. This qualification is for young people who want to take on the role of a health champion helping young people to improve their health
- From September 2017 four Children Wellbeing Practitioners commenced offering evidence based interventions in 4 primary schools covering low intensity support and guided self-help to young people who demonstrate mild/moderate anxiety, Low mood and common behavioural difficulties.
- An emotional wellbeing and mental health support programme was delivered to nine Richmond secondary schools provided by the Emotional Health Service.

Transformation Progress Update in 2018/19

- 8 Richmond schools agreed to buy the Child Wellbeing Practitioners service.
- Barnardo's commenced delivery of the PATHS programme in 6 Richmond Primary Schools. The programme is designed to facilitate the development of self-control, emotional awareness and interpersonal problem-solving skills.

Impact

The impact so far of our transformation activity is measured asking the following questions:

- What outputs have we delivered?
- Did the user/patient/carer experience improve?
- What key outcomes were achieved?
- How will we know we have made a difference?

What Outputs have we delivered?

Projects	Outputs
Empower children and young people	Destigmatise mental health • 44 schools and 75 pupils participated in mental health awareness workshop • Youth service bus visited 5 secondary schools Audit of mental health resources • 11 schools participated • Engaged 138 children and young people • 53 staff involved CYP Help others • A peer mentoring programme designed and piloted
Academic Resilience project	• 5 schools participated • 300+ staff trained • 100+ children involved in school audit and planning • 5 whole school audits completed • 1 vulnerable pupil index developed • 3 schools listed Resilience as one of the top 3 priorities in the School Development Plan
Mental Health Schools Training Project	• 18 schools participated • 28 school leads trained
Did the Users/patient/carer experience improve?	**Academic Resilience Project** *'Our Vulnerability Index is now up and running and working well. I ran a session for some of the pastoral leads from other Richmond schools on the VI last October. I explained that it came from our work [on the Resilience Project] with you and have been singing the praises of Hove Park School as the pioneers of the program – Orleans School*

What key outcomes were achieved?	• Better understanding of mental health and what support could be offered within schools • Insight into the impact of children's mental health and risk factors on the whole school community • Increased identification of pupils at risk of poorer outcomes including mental health in participating schools • Reported improvements in attendance and attainment in vulnerable pupils at participating schools • Improved capacity, understanding, confidence, skills in staff • All staff including non –teaching staff have greater awareness of mental health and how to promote resilience
How will we know we have made a difference?	When every school implements a whole school approach to addressing issues of emotional wellbeing and mental health by 2020

3.2.4 Where we want to get to by 2020

Our aim for this theme of promoting resilience, prevention and early intervention is whole system[6] transformation through partnership activity and joint commissioning. We want to drive investment in prevention across the system, including our schools in the process, through promoting resilience and demonstrating impact on a wide range of positive life outcomes for children and families.

Over the next four years we will continue to facilitate professionals to act earlier to prevent poor mental health, by investing in early years, and building resilience from childhood through to adulthood. We will coordinate, support and better advertise existing services whilst building new approaches and provision in partnership where gaps have been identified.

Universal services: In early years and parenting our priority aim is to support parents and carers to parent effectively.

This will be led by the Health Visiting Service, and achieved through:

- Early identification of maternal depression perinatally and postnatally with effective implementation of a robust pathway, compliant with NICE clinical guidance (CG192) and quality standard QS115.
- Early identification of need for parenting support, and implementation of a robust evidence-based pathway compliant with NICE guideline PH40 and including parenting support and group work programmes;
- Increase understanding for Key Stage 1 parents, carers and schools on Autistic Spectrum Disorder (ASD)/ Attention Deficit Hyperactivity Disorder (ADHD) that manifest in educational settings
- Continue embedding the team around the child model and the early health assessment
- Improving our triage for emotional and mental health issues through the single point of access (SPA) and the new expanded integrated CAMHS SPA team

For schools & Colleges our strategic priorities are to support consistent, high quality approaches to building resilience and promoting emotional wellbeing based on whole school approach**.**

This will be achieved through:

- Providing comprehensive evidence-based training
- Testing approaches to building resilience in schools
- Support to address stigma
- Focusing on disadvantaged families; and those where pressure to attain is an issue
- Better links between schools and external resources including mental health services and the voluntary sector

[6] Transformation of services across all CAMHS tiers (1-4)

For universal services including local authority and primary care our strategic priorities are to build the capacity of professionals wherever they are in the system. We will also promote resilience and offer support earlier when it is needed.

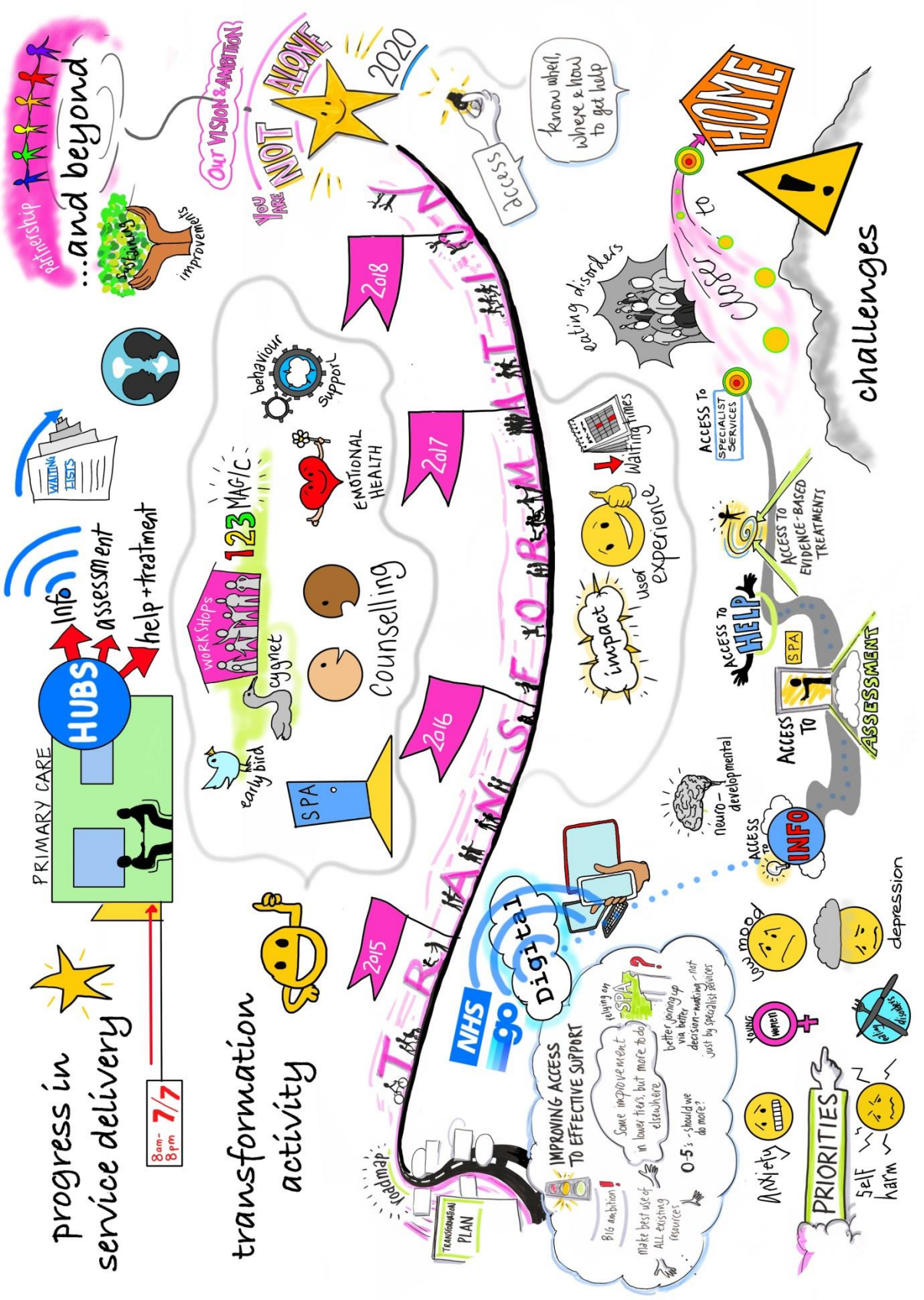
This will be achieved through:

- Support pre-and post-diagnosis that is community based.
- More multi-agency staff training and forums
- Access to earlier advice and consultation from the SPA/expanded and integrated CAMHS SPA prior to referral
- Providing easier access to information and advice, including online
- Continuing to increase access to advice and guidance from mental health professionals through integration with other services and increasing named links for schools, Youth Offending services and other settings where earlier intervention can be increased.

For Voluntary sector & Community groups our strategic priorities are to build capacity and capability in this sector through:

- Providing access to training and support that upskills parents, carers and volunteers, and professionals
- Working collaboratively to co-design and deliver key strategies
- Making better use of local Voluntary and Community services, seeing them as a key part of the team around the family, extending beyond direct mental health support and include debt management, housing etc.

Improving access to effective support



3.3 Improving access to effective support

One in ten children needs support or treatment for mental health problems. Evidence shows that in an average class of 30 school children, three will suffer from a diagnosable mental health disorder. Single Points of Access (SPA) can provide timely access to the right help, at the right time and place. This timely access to help can be key to preventing short-term problems turning into longer-term ones.

The last UK epidemiological study[7] in 2004 suggested that, at that time, less than 25% – 35% of those with a diagnosable mental health condition – accessed support identifying that there existed a treatment gap of between 65-75%.

Implementing the Five Year Forward View for Mental Health outlines a number of key national strategies:

- Increasing access to evidenced based treatments for the most common diagnosable mental health conditions for children and young people such as developmental disorders, ASD, ADHD, emotional disorders -anxiety and depression with or without self-harm and eating disorders, behavioural disorders, oppositional defiant disorders and conduct disorders. This is a key objective nationally and locally. Targets have been set for the following years in line with the government's objective of increasing access by 10% over the next 5 years from a baseline of 25% in 2015/16 to 35% in 2020/21.

Key messages from our updated joint strategic needs assessment and engagement activity since the last transformation plan are**:**

Joint Strategic Needs Assessment

- Young people say they want early access to specialist mental health support to avoid later crisis.
- Impact of digital access on children's mental health – grooming, cyber bullying, self-harm, body image

Feedback from:
Children and young people about access and treatment:

There is a wide range of agencies in and out of school ready to offer support but the challenge is young people feeling ready to access it

Parents about access and treatment:

Parenting and child support including academic pressure, peer pressure, social media and drugs

Support needs to be available when families need it 24/7 – not after an 18 week wait. (Problems don't go away or 'stand still')

3.3.1 Key progress

Access to the local system for evidenced based routine care is primarily through the Children's Single Point of Access (SPA) that is managed by Achieving for Children. The Single Point of Access is a multi-agency team, who work closely with a wide range of

[7] Green H, McGinnity A, Meltzer H, et al (2005). Mental health of children and young people in Great Britain, 2004. London: Office of National Statistics.

teams and partner agencies and facilitates different levels of support depending on the needs of the child, young person and their family. This support includes:

- Providing professional with consultation and support
- Making referrals to partner agencies
- Access to Early Help Services within AfC
- Making referrals to Children's Social Care Services.

- The multiagency SPA team was expanded in 2017 and now consists of Contact and Information Officers, Social Workers, CAMHS clinician(s) triage referrals made to the CAMHS SPA, Health Teams, Police Officers, Adult Social Workers, Health Visitor. When the Single Point of Access is contacted about a child or young person they will decide within 24 hours about what action should be taken next

- The CAMHS SPA team is collocated with the Children's Single Point of Access (SPA) for Kingston and Richmond. The Children's SPA triage all CAMHS referrals to CAMHS SPA where they are:
  - screened for risk(s) to self and others as well as presence of one or more mental health symptoms within 24 hours of receipt of referral.
  - Following the initial screening process referred children and their parent(s)/families are either immediately signposted to the right service within (another) 24 hours based on the written information or contacted to arrange a suitable date and time for a telephone triage call in the next 5 working days where the referred problem(s) will be further explored further and the right level of help be decided on.
  - The CAMHS SPA team consist of a total of 3.00wte highly experienced clinical child psychologist and specialist CAMHS nurse practitioners supported by 2.00wte administrative staff.
  - Access to evidenced based targeted or specialist care is screened and triaged by the CAMHS SPA Team into five different (diagnostic) pathways covering:
    - Care pathway for children - general information
    - Diagnostic pathway for children - ADHD
    - Diagnostic pathway for children 0-5 years - Autistic Spectrum Disorder (ASD)
    - Diagnostic pathway for children 5-18 years - Autistic Spectrum Disorder (ASD)
    - Care pathway for children - Eating disorders
    - Care pathway for children - Depression
    - Care pathway for children - Self harm
- The CAMHS SPA is a jointly commissioned service between Kingston and Richmond CCGs and AfC. The location of the CAMHS SPA was moved to Kingston in line with the integration of children services across Richmond and Kingston by Achieving for Children during 2016. During 2017, Kingston and Richmond CCGs and AfC increased their funding of SPA. To implement a new model of service delivery and increase staffing capacity to ensure that at least 40% of referred CYP and their families receive a telephone triage within 5 days of receipt of referral, thus receiving initial help and advice within days rather than months. Mobilisation of the new service was planned to take place in December 2017. However, implementation of new model did not take place due to recruitment delays. Currently the service has only been operational since April 2018.

Tier 1 services

VCS/CAMHS

In Richmond Tier 1 CAMHS is provided by two Voluntary and Community Sector (VCS) providers: 'Off the Record' (OTR) and 'Real Talk' from (RELATE).

Tier 1 practitioners are able to offer general advice and treatment for less severe emotional and behaviour problems. They contribute towards mental health promotion, identify problems early in the child or young person's development and refer to more specialist services, if problems don't improve following an early intervention. Off the

Record provides information, counselling and sexual health services in Richmond aimed at 11- 24 year olds. RELATE (Real Talk) provide counselling for children and young people aged between the ages of 5 to 21 across Richmond and Kingston

Tier 2 services

Hounslow and Richmond Community Health Care (HRCH NHS Trust)
HRCH NHS Trust is Richmond's Community Children's service provider. HRCH provides the under-5s Autistic Spectrum Disorder (ASD) pathway through the Children's Community Paediatric team (Consultant Paediatrician and allied health professionals.

Achieving for Children – Emotional Health Service (EHS)
In Richmond and Kingston, Tier 2 CAMHS is provided by the Emotional Heath Service from Achieving for Children. EHS works with children and young people up to the age of 19 who have a Richmond or Kingston home address or GP surgery. The focus of the service is early intervention and prevention, including consultation, training and short-term direct therapeutic intervention.

The Emotional Health Service provides a range of Tier 2 services covering:

- assessment and evidence based individual or group psychological treatment of mild to moderate emotional wellbeing concerns
- Consultation, advice, assessment and intervention for children with complex disabilities, includes functional analysis and positive behaviour programmes, behavioural approaches, art psychotherapy, parent advice, advice to schools,
- work with young people where appropriate, incorporating behavioural or cognitive behavioural theory.
- Workshops for parents on sleep, eating and behaviour issues are also available. The 'beyond fussy eating programme' for parents of primary school aged children with ASD and ADHD or awaiting diagnosis and restricted and avoidance behaviours around food currently run jointly with speech and language therapists.
- Screening and assessment for ASD and ADHD if suspected and onward referral to SWLStGs for a neuro developmental assessment if ASD and ADHD is deemed to be a complex case.
- A range of support for children and young people with ASD and ADHD including systemic family therapy to manage behaviour or family difficulties (not dependent on diagnosis); art psychotherapy; Cognitive Behaviour Therapy for anxiety or low mood; psycho-education work with individual or families; behavioural advice for parents and schools.
- EHS provides a range of evidence based intervention for anxiety and depression, IPT-A, family therapy, art psychotherapy and CBT.

Over the last year EHS has enhanced its provision:

- To vulnerable groups adding an extra post to the Permanency Service, 3 systemic psychotherapists embedded in Safeguarding teams and 3 mental health clinicians embedded in the Resilience Service for Adolescents.
- By providing a local ASD/ADHD neuro development assessment service for CYP over 5 years old

EHS are working hard to engage schools and enhance the skills and knowledge of education and social care staff on mental health. EHS hosted its first ever mental health conference "Beating Anxiety", which was attended by over 100 delegates.

Tier 3 services
South West London St George's Mental Health NHS Trust
Richmond CAMHS Tier 3 is a multi-disciplinary team/service working in a community setting providing a specialised service for children and young people with more severe, complex and persistent disorders. The service offers assessment and treatment to children and young people up to the age 18 including making referrals to the two

specialist pathways covering Eating Disorders and neuro developmental assessments, and Tier 4 national and specialist services that include in-patient and out-patient services.

3.3.2 Where we want to get to by 2020

Our three year aim for this theme is whole system transformation achieving a system without tiers – based on the Mayor of London Thrive model. We will be able to offer digital access to evidenced based treatment for those children and young people and families that choose it. Our network of local service provision will be community based and enable more children and young people to remain close to home and their family network.

Universal Services

We want schools, colleges and primary care to feel confident to provide help and support that will enable children and young people to help themselves with assistance from parents and peers. This will be achieved through;

- Providing easy access to evidenced based self-help.
- More help to be provided by the voluntary sector and the Emotional health service through CYPIAPT.
- Parents to be able to access parenting courses that are both generic and non-stigmatizing and to offer:
- Offering a range of options including improving digital access for young people and families so that they can access information and advice on self-help whilst waiting for assessment or commencement of treatment
- Ensuring that children and young people and their parents/carers have timely and digital access to the right help when they are in need of it 24/7. This includes improved capacity and functioning of the SPA

Targeted Services

- We routinely offer additional brief assessment/intervention appointments in community-based settings staffed by tiers 2 and 3 (EHS/CAMHS) clinicians
- Our targeted and specialised community-based provision, particularly for self- harm and eating disorders including Youth Justice is effective at preventing the need for specialist inpatient admissions

Specialist Services

- A south west London Designated Eating Disorder service that continues to meet the Access and Waiting time national standards.

Voluntary Sector and Community groups

- We will improve the availability of information about our local offer and provide better and more sustainable support based on utilising parents/carers and the voluntary/community sector

3.3.3 Transformation so far

The Case for change

A key focus of our transformation programme has been about improving and reducing waiting times to access services. In particular, in 2015 we recognised that our CAMHS Single Point of Access was not functioning efficiently.

The service provided at:

- The CAMHS Tier 3 single point access (SPA) provided a limited service due to inadequate staffing capacity to triage referrals
- Tier 2, there had been increased levels of referrals resulting in increased waiting times for initial choice meetings (from 2 weeks to 3-4 months) and for partnership interventions (from 4-6 weeks to 4-6 months).

This was coupled with inadequate community counselling capacity so that CYP could access treatment quickly and in a variety of locations across the borough.

Our SWL Eating Disorder service operated on a much narrower acceptance criteria than the current guidance coupled with a staffing establishment that was a (1/4 to 1/6) of the staff identified in the 2015 commissioning guidance. Therefore, the service focused on the delivery of a single main intervention, i.e. Eating Disorder-based family therapy for Anorexia Nervosa and CBT for Bulimia Nervosa. Transformation funds were used to create a dedicated service that has expanded the service offer, improved access and wait times and delivered evidenced based treatments,

The specialist Neuro Developmental Team provides an assessment only service for 6 - 18-year-old children and young people for South West London CCGs has historically had high levels of referrals resulting in long service waits. Annual demand has increased by more than 20% since 2014/15 with a current backlog of 390 across SWL. This has resulted in waiting times of more than 18 weeks that have now been reduced to 12 weeks with additional funding provided by SWL CCGs.

Children and young people present at both Kingston and West Middlesex hospitals when in crisis as Richmond does not have an hospital within its borough boundaries. Richmond also has a significantly higher rate of admissions for self-harm than the London average. In 2015 improvement was needed in the hospital paediatric psychiatric liaison service arrangements at both Kingston and West Middlesex hospitals. There was no dedicated Richmond psychiatric liaison service. When children and young people presented at Kingston Hospital they are seen by the onsite psychiatric liaison nurse. There was no on-site provision at West Middlesex University Hospital, so Richmond children and young people had to be seen by our tier 3 CAMHS service.

During 2015/16 we delivered the first phase of the service transformation of our CAMHS Single Point of Access (SPA) 6-month pilot project. It involved voluntary sector counsellors from Off the Record attending the CAMHS SPA for one morning per week, the Emotional Health Service (EHS) clearing its waiting lists, offering telephone consultations and undertaking shorter face to face assessments and Tier 3 CAMHS SPA team screening all referrals for mental health risks, offering telephone or face to face triage assessments. The expanded CAMHS SPA team also developed more joined up working practice with EHS and Off the Record

Increased funding was provided to the SWL designated Eating Disorder Service to begin development to meet the new national waiting times access targets and nice concordant guidance. The initial focus of the service was to build capacity and capability within the team to deliver a range of interventions. In 2017/18 the service needs to focus on introducing self-referrals and refining the threshold criteria. More detailed information about eating disorders is located in section 8.

Transformation Activity in 2016/17

- Continued delivery of the CAMHS SPA Pilot until June 2016. A new expanded and integrated CAMHS SPA will become operational in December 2017.
- We also increased access to community counselling through Off the Record (OTR) by providing more weekly counselling sessions at three additional youth centres across Richmond. OTR also introduced a weekly early evening counselling slot for young people in crisis, providing access to early help when needed without waiting for any length of time. Thirdly, OTR reached out to a number of Richmond Schools offering training and early (counselling) help within schools. This service will continue to be delivered during 2017/18.
- Continued delivery of the Emotional Health Service project enabled clearance of waiting lists; offered telephone consultations, provided advice and support for parents/families waiting for an initial 'choice meeting' and piloted shorter face-to-face assessments in a community clinic (GP practice). Overall, the telephone consultation appointments contributed to reducing waiting times for a service to less than 4 weeks from referral. Received very positive feedback as the waiting time was around 6 months at that time.

However, in the last 12 months, waiting time for initial choice appointments have increased due to staff shortages and maternity leave.
- The Emotional Health Service cleared its Cognitive Behaviour Therapy (CBT) waiting list by March 2017.

Transformation Activity in 2017/18

- Off the Record, our community counselling service for children and young people established a new crisis counselling service and created a new satellite service in Hampton Hill. Workshops were also provided in schools covering stress, anxiety, mental health, transitions and resilience building.
- The SWL Community Eating Disorder Service continued to meet national waiting times and access targets
- The Youth Council digital youth project was established to improve access to services, support and information through the use of digital channels and apps. The project includes promoting the use of NHS GO www.nhsgo.uk which provides online advice for young people in London
- We also increased the capacity of the SWL Neurodevelopmental Pathway to shorten waiting times for ADHD and ASD assessments to below 12 weeks
- On the back of the success of the school's training programme delivered in 2016/17, we submitted an expression of interest to participate in the 2017-18 Mental Health and Schools Link Programme sponsored by the Department for Education (DfE) and delivered through the Anna Freud Centre. However, we found out in December 2017 that our application had unfortunately not been successful due to the high number of applications and limited places on the programme.

Transformation Progress Update 2018/19

- The expanded CAMHS SPA service became operational from April 2018 following significant investment. The CAMHS SPA is part of the integrated Single Point of Access for Kingston and Richmond offering:
  - advice and support and screening for mental health risks followed by signposting to the right service (care pathway) within 48 hours or
  - a telephone triage to around 40% of referred children and young people and their parent(s)/carer(s) within 5 days prior to signposting to the right level of help
  - The integrated CAMHS SPA team for Kingston and Richmond consists now of a total of 3.00wte highly experienced clinical child psychologists and specialist CAMHS nurse practitioners supported by 2.00wte administrative staff.
- We continue to commission Off the Record, our community counselling service for children and young people and the SWL Community Eating Disorder Service to ensure delivery of national access and waiting time standards

Impact

The impact so far of our transformation activity is measured asking the following questions:

- What outputs have we delivered?
- Has there been clinical recovery?
- Did the user/patient/carer experience improve?
- What key outcomes were achieved?
- How will we know we have made a difference?

What Outputs have we delivered?

Projects	Outputs
CAMHS SPA Pilot	• Improved waiting times from 8 weeks from referral to first appointment along with reduction in average wait to first appointment. • About 30% of referred CYP and their families received a telephone triage or face to face assessment within 7 working days

Access to Community counselling	• A reduction in waiting times from 8 weeks to 5 weeks
Emotional Health Service	• A reduction in waiting times from 12 weeks to 4 weeks for initial appointments • Increased numbers of initial appointments from 25 to 32 per month for EHS team based in Richmond plus 16 consultation choice appointments for more in depth advice for other professionals/referrers
SWL Designated Community Eating Disorder Service	• 40 timely assessments of young people presenting with symptoms of an ED in 2016/17 • Nearly all assessed young people commencing treatment within one week since April 2017
Has there been clinical recovery	• Off the Record at June 2016, 75% (48) clients receiving counselling showed a drop-in score of 8 points from start to end of therapy and therefore showed a clinically significant improvement • At April 2017, Off the Record have reported that 75% of counselling clients showed an average drop in score of 7-8 points from start to end of therapy. • Emotional Health Service baseline 7% paired measures increased to 15% (IAPT Routine Outcome Measures ROM): Paired measures confirmed improvement or significant improvement for majority of children and young people receiving evidence based psychological interventions, systemic family therapy or art psychotherapy. • Experience of Service Questionnaire (ESQ) results confirmed that nearly all clients and their families were listened to and felt involved in setting and regularly reviewing goals. • CBT - 80% reported decrease in anxiety as measured by RCADS (revised children's anxiety and depression score)
Did the User/patient/carer experience improve?	**CAMHS SPA** Feedback from young people attending the new community clinics that offered brief face to face assessment in a GP practice and lighter paperwork was; "……*it was definitely quick; I am not complaining about how long it took"* *"if it was say, up to two hours, I think that would be quite long and if you were to have that talk for that long, one, you might just lose interest in it and two, you might, like if you had anxiety, it might get a bit too much."* Parents reported a reduction in stress levels as there was no need to take time off work and remove their child from school.
What key outcomes were achieved?	• Reduced waiting list and waiting times to access services • More referrals accurately signposted to the right level of help • Improved waiting time between initial assessment and commencement of treatment • Rapid response to crisis referrals • Increased access to information, advice and counselling for both patients and their families • Reduction in severity of symptoms • Parents/Carers of children and young people were offered more choices through access to telephone advice, brief face to face assessment or more in-depth consultation • Patients received appropriate eating disorder evidence-based treatment to aid recovery
How will we know if we have made a difference?	• When we see a reduction in referrals and type of need to the CAMHS SPA from schools indicating that low level mood and anxiety is being dealt within school settings by 2020 • When parents/carers feedback that appropriate help and support is consistently being provided within schools • When monitoring data evidences consistent clinical recovery and progress against outcome measures including those developed directly with the service user as part of shared decision making in practice. • Our numbers that access inpatient beds especially for eating disorders reduce and services are provided within a community setting by 2020

3.3.4 Where we want to get to by 2020

Our three year aim for this theme is whole system transformation achieving a system without tiers – based on the Mayor of London Thrive model. We will be able to offer digital access to evidenced based treatment for those children and young people and families that choose it. Our network of local service provision will be community based and enable more children and young people to remain close to home and their family network.

Universal Services

We want schools, colleges and primary care to feel confident to provide help and support that will enable children and young people to help themselves with assistance from parents and peers. This will be achieved through;

- Providing easy access to evidenced based self-help.
- More help to be provided by the voluntary sector and the Emotional health service through CYPIAPT.
- Parents to be able to access parenting courses that are both generic and non-stigmatizing and to offer:
- Offering a range of options including improving digital access for young people and families so that they can access information and advice on self-help whilst waiting for assessment or commencement of treatment
- Ensuring that children and young people and their parents/carers have timely and digital access to the right help when they are in need of it 24/7. This includes improved capacity and functioning of the SPA

Targeted Services

- We routinely offer additional brief assessment/intervention appointments in community-based settings staffed by tiers 2 and 3 (EHS/CAMHS) clinicians
- Our targeted and specialised community-based provision, particularly for self- harm and eating disorders including Youth Justice is effective at preventing the need for inpatient admissions

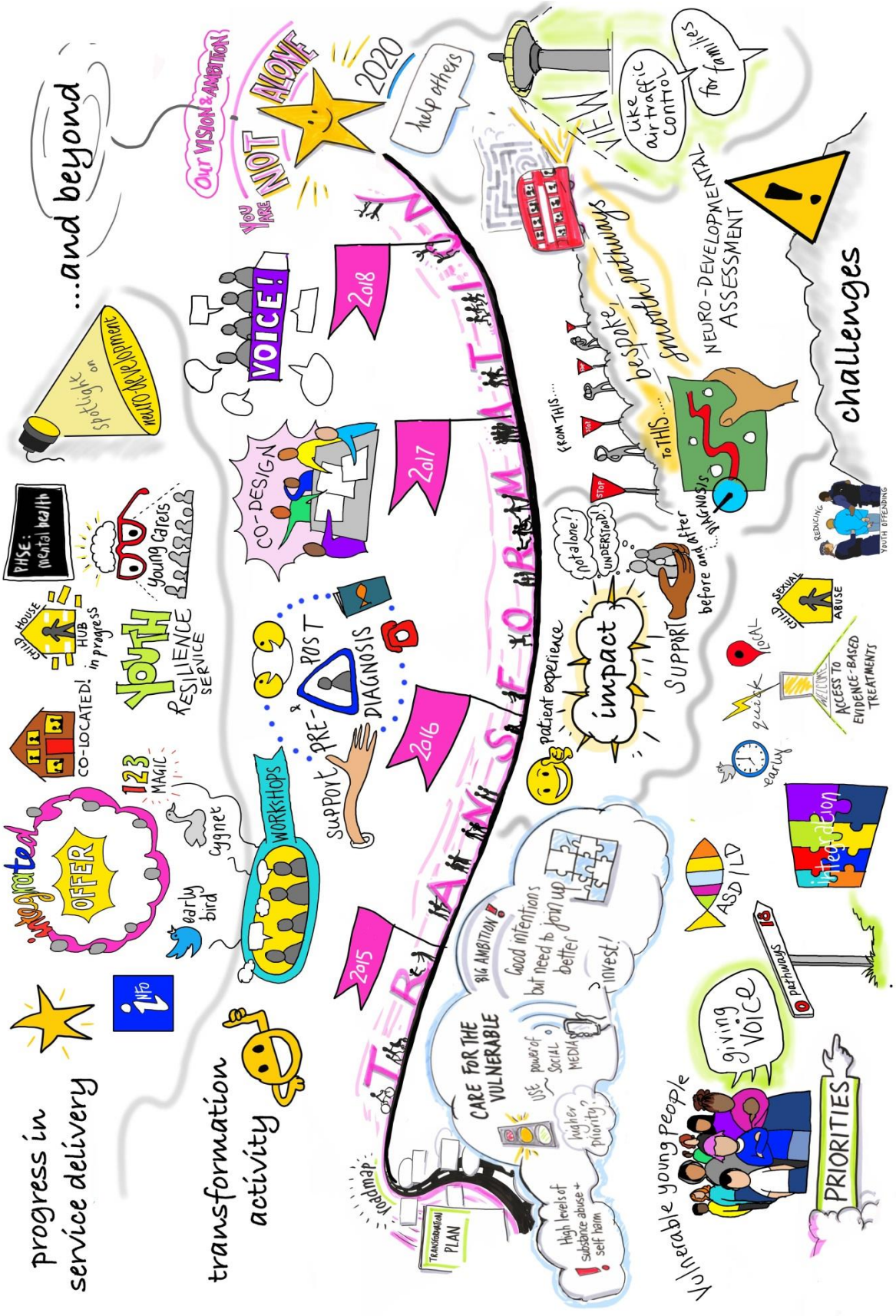
Specialist Services

- Children and young people in crisis will avoid being admitted to in-patient care but will be supported in the community through access to appropriate and timely care by professionals
- A south west London Designated Eating Disorder service meets the new NICE clinical guidelines for eating disorder management and treatment in young people, published in summer 2015
- Achieve an overall reduction in inpatient admissions for children and young people living in the borough of Richmond

Voluntary Sector and Community groups

- We will improve the availability of information about our local offer and provide better and more sustainable support based on utilising parents/carers and the voluntary/community sector

Care for the most vulnerable



3.4 Care for the most vulnerable

Evidence indicates that children and young people are often vulnerable for a range of reasons including poverty, disability, substance misuse, physical or mental illness, or, a neurological condition such as ASD or ADHD because of other problems within the family home.

Implementing the Five Year Forward View on mental health identifies that localities will be able to take part in additional national programmes that will be developed for a range of vulnerable groups of children to include:

- Developing specialist services for children with complex needs in the justice system;
- Testing integrated personal budgets for looked after children, care leavers and adopted children
- Transforming care for those with a learning disability and/ or autism
- Testing and evaluating models of crisis resolution for children and young people.
- To avoid inappropriate in-patient admissions, ensuring admissions are closer to home; eliminate the admission of young people on adult wards and commission beds at a STP footprint. This should also include a substantial reduction in the use of specialist in-patient beds for children and young people with eating disorders.

Key messages from our updated joint strategic needs assessment and engagement activity since the last transformation plan are;

KEY MESSAGES
Joint strategic needs assessment

- Service improvements for vulnerable young people with special education needs and disabilities, and those leaving care, are needed
- The What about YOUth survey showed that 15 year olds in Richmond engage in significantly more risky behaviours (smoking, alcohol and drug use) compared to peers nationally
- Evidence indicates that the borough of Richmond has higher rates of young people attending hospital who are self-harming compared to other London boroughs
- The evidence provided through the Millennium Cohort Study and the Adult Psychiatric Morbidity survey highlights that young women have emerged as a high-risk group, with high rates of Common Mental Disorder, self-harm, and positive screens for Post-Traumatic Stress Disorder. The gap between young women and young men has increased across a range of psychiatric disorders over time

Feedback from:

Children and Young people:

Young people need support to understand the dangers with using social media as it is having an impact on the mental health

I'm not stupid or thick but I was made to feel that way, I just process information more slowly and I need time (ADHD Girls Group)

Children in Care Council members want to attend the Community Youth Panel (YOS) and also get the views of young people involved in the Youth offending service who are care leavers

Parents and carers:

Without a diagnosis, I couldn't tell if my child needed help with mental health or their neurological condition. (ASD Parent)

We found the session with you most informative, supportive and reassuring (ADHD)

3.4.1 Key progress

A local information, advice and support service (SENDIASS) is commissioned from national charity KIDS to offer impartial advice and support on all matters relating to special educational needs and or disability to help families to make informed decisions.

The service offers support with Education, Health and Care Plans, personal budgets, person centred planning and how to use the Local Offer, as well as;

- Support with understanding reports and letters, attending meetings and preparing assessments and reviews
- Information and signposting to support services in the area
- Support with transitions and preparing for adulthood
- Support with and signposting to a specialist mediation team
- Advice and support on benefits

The service is available to parents and carers of children with special educational needs and/or disability who are resident in Kingston or Richmond and to young people over the age of 16. Portage is a home teaching service for pre-school children whose learning and development is significantly delayed. The Portage home visitors work jointly with other professionals involved in the child's care, health and education to ensure that everyone working together to plan activities that are best suited to the child and their whole family. In 2017/18, 34 children accessed Portage services. In 2018/19, 27 children are currently accessing Portage.

The Portage Service also offers a Stay and Play Group on Mondays, attended by five to six children on a weekly basis; and a Communication Group with a focus on social communication on Fridays, attended by six children on a weekly basis.

The ongoing development of the integrated service for disabled children to provide an integrated health and social care offer will be informed by the therapies review mentioned below.

In Kingston and Richmond, it is estimated that 100 parents die each year with about 80 children aged 5-16 bereaved. In youth offenders, nationally the incidence of childhood bereavement is 41% compared to the national average of 4% (Winstons Wish). AfC commissions the Kingston Bereavement Service " Saying Goodbye Project" to provide bereavement support for children in Kingston and Richmond

The LSCB is working to a joint assessment by CAMHS and CSC prior to discharge from West Middlesex Hospital as recommended by NICE guidance on self-harm

The Family Nurse Partnership (FNP) is a preventive programme for vulnerable first time mothers aged 19 and under and can achieve significant benefits for vulnerable young families across a wide range of outcomes. The relatively low rates of live births among under 19-year olds in the borough and the socio-economic status as evidence in the assessment of needs resulted in Richmond being ineligible for FNP funding.

A strategic review of the Special Educational Needs (SEN) Education provision across both Richmond and Kingston was published in May 2017. The review led to the establishment of six work streams to investigate specific areas covering, support, places, therapy, process, post 16 and finance. Some of the initiatives arising from the work streams include:

- Established an early intervention panel
- Improved the decision-making process for agreeing SEND placements through better engagement with Health, adult social care, SEND, preparing for adulthood team
- Identified the shortfall in the provision of local specialist school places

- Initiated a review of therapy provision across Richmond and Kingston to map current commissioning investment, arrangements for physical therapies including the delivery models to identify the service gaps and make recommendations for future service development.

Transition to Adult Services is recognised as a particularly difficult process for vulnerable children and young people. In Richmond, the transition lead in adult services (social care) tracks young people coming through transition from school year 9 (the year in which they turn 14) to identify those who are likely to needs support from adult services. This information is collated on a Transition Tracking List. One aspect of this tracking process is to highlight those who will need support from specialist health services.

Your Healthcare, commissioned by the CCG to support those with a learning disability; CMHT and Early Intervention and Psychosis teams for those with mental health needs. Young people with complex health needs are also referred to the Adult Continuing Healthcare Team, part of Hounslow & Richmond Community Healthcare NHS Trust (again commissioned by the Richmond CCG). Young people are duly highlighted to the relevant team. One area of concern remains young people who could reasonably be described "potentially vulnerable adults" (PVA) or just "vulnerable adults" (PV) depending on their age.

Many of these young people do not or are unlikely to meet the criteria from support from adult social care (based on the Care Act 2014) or from the specialist healthcare teams highlighted above ether because they do not have the requisite diagnosis or their needs are not deemed to be significant enough. A number of these young people have had input from CAMHS up to the point at which they reach adulthood.

The 14-19 team tracks and supports young people aged 16-18 who are not in education, employment and training with a particular focus on young people with SEND. A post 16 Transitions Officer has recently been appointed to work with the SEND Opportunities Co0ordinator to ensure post KS4 planning, liaison with colleges, employers and mentoring support.

Locally, our SWL CAMHS CQUIN implementation plan (see section 5.8) is being used to improve the transition pathway between CAMHS and the Adult Mental Health Service.

Specialist CAMHS also provides two specialist pathways, one for Eating Disorders and the other for Neuro-developmental referrals.

- Referrals to the Eating Disorder Team
- The specialist Neuro Developmental Team provides an assessment only service for 6 -18-year-old children and young people from the five South West London boroughs.

Crisis Care and Intensive interventions

SWL Psychiatric Liaison Service

The CAMHS Emergency Care Service (CECS) is a team of specialist nurses who provide assessments and management plans for young people up to age 18 presenting with a mental health crisis to A&E's and paediatric wards. The team work from community bases in Wandsworth, Sutton, Merton, Kingston, Richmond and provide the CAMHS Emergency Care Service to 4 local hospitals: St Georges Hospital, St Helier's Hospital, Kingston Hospital and West Middlesex hospital. The CECS also provide urgent 5 working day follow ups for young people who are registered with a GP in one of the trusts 5 boroughs and who have presented to local and non-local hospitals.

- The LSCB is working to a joint assessment by CAMHS and CSC prior to discharge from West Middlesex Hospital as recommended by NICE guidance on self-harm

- The Psychiatric liaison service in both Kingston hospital and Chelsea and Westminster Hospital NHS Foundation Trust have been reviewed in January 2017 and October 2016 respectively as part of the Peer Review programme of Acute Care services organised by Healthy London Partnership. Kingston's Paediatric Liaison service received positive feedback on their compliance with the London Acute Care Standards. The positive impact of the psychiatric liaison services was particularly highlighted as an area of good practice. In relation to ChelWest, it was noted that a 24/7 Psychiatric Liaison service is being provided but that there was the aim to provide seven-day CAMHS follow up in the community.

- A sufficiency strategy for young people leaving care has been developed that includes a proposal to develop a children's home in Teddington. The new house will provide a specialist space, providing supported living opportunities locally for five local children

- The issue of paediatric training, competency and workforce planning has been raised as key issues in relation to the child house hub. A review of the CSA is being proposed to cover:
    - Review and redesign of local CSA paediatric services
    - Development of a local multi-agency, multi professional network and centre of excellence to respond to allegations of CSA/CSE
    - Development of co-ordinated workforce plan to meet future demand
    - Services are adequately resourced and time is protected in paediatrician's job plans
    - Recommissioning of the emotional support service element of the CSA Hub
    - The voice of child/young person and their family is at the centre of service design

- During 2017/18, 52 children and young people were referred into the CSA early emotional support service via local paediatric services across the six boroughs of South West London. The number of sessions provided to children and young people and families combined ranged from 1 to 10 sessions, with the CSA team dividing sessions between child and carer according to the needs of the family. The service received positive feedback from the children and young people using the service.

- The new Youth Resilience service provides a co-ordinated approach through one assessment and one care plan facilitating access to specialist social work support, family therapy; educational psychology, emotional mental health services and substance misuse work

- The risky behaviour multi-agency steering group was established to review risky behaviours for children affected by parental mental health issues and substance misuse. A report has been completed that makes a number of recommendations.

- Funding for the Young Carers Service has been extended for a further year to coincide with the recommissioning of the Adults Carers Service.

- Health are developing a training programme to provide training for social workers and foster carers to include understanding about how mental health might impact on the support needs of Looked after Children

Health Based Place of Safety (HBPoS)

SWL has one **Health Based Place of Safety (HBPoS) site** with the total capacity of two beds. The HBPoS is provided by South West London and St George's Mental Health NHS Trust (SWLSTG at Springfield hospital. These suites are all ages and can be used by CYP brought to the hospital under Section 136 (s136). CYP under s136 can be taken to any

of the emergency departments in South West London and to West Middlesex Hospital. Further work is being done to determine the future model for CYP HBPOS.

The crisis pathway at Tier 4 CAMHS provided SWLStG comprises the Adolescent outreach service (AOT) and an acute general inpatient unit (Aquarius ward):

The Adolescent Assertive Outreach Team (AOT)
The Adolescent Assertive Outreach Team (AOT) provides intensive community treatment to young people in South West London presenting with a mental health crisis, and in many cases, provides an effective alternative to hospital admission. Commissioned and funded by NHS England the team operates as part of SWLStG's. The team works with young people aged between 12 and 18 years old, and referrals are made to the service by the tier 3 CAMHS Team. The team provides community visits (i.e. at home, hospital, schools) to young people and their families within the SWL boroughs The AAOT operating hours has recently been extended to cover 9am-8pm operating Monday – Friday and weekends. This will enable the integration of care across the community and specialist inpatient pathway.

Aquarius Ward
Is a Specialist CAMHS inpatient facility for CYP aged 12-17 (up to 18th birthday) and provides day patient services.

3.4.2 Alternative Interventions

In the borough of Richmond our vulnerable children and young people are defined as:

- Young people leaving care
- Children and young people at risk of sexual exploitation
- Children affected by domestic violence and anti-social behaviour
- Children affected by parental mental health issues, substance misuse
- Young carers
- Children in need
- Children subject to child protection plans (CPP)
- Young people in the criminal justice system
- Children and young people with SEN such as learning disabilities, ASD, ADHD
- Looked after children (LAC)

Young people leaving care
In 2016, provisional data indicated that 94% of care leavers were in suitable accommodation. Our local data indicates that care leavers have good outcomes using the measure of whether they are in suitable accommodation, education, training and employment. However, work is being undertaken to improve range and quality of placement provision for 16+ and options for supported and semi-supported accommodation.

2018/19 Plans
▪ Train Care Leavers in Mental Health First Aid by March 2019 ▪ Develop exit appointments for young people leaving care to ensure they are able to access adult service by March 2019.

Children and young people at risk of sexual exploitation
Child sexual exploitation continues to be a major concern nationally and locally. This is supported by the findings from the "Review of Child Sexual Assault Pathway for London" that mapped the pathway for children and young people following sexual abuse, pan-London and both in acute and historic cases. The findings included variation and significant gaps in medical aftercare and long-term emotional support (especially for those under 13 years), as well as issues with the prosecution process.

The child house hub provides one safe place where children can access all the medical, investigative and long-term emotional support they need after telling or showing the signs of sexual abuse/exploitation. Further funding has been agreed for a final year by NHSE (London) Safeguarding order to continue to support the development of the local service and create CSAs in other sectors in London.

The SWL NSPCC Child Abuse hub that provides medical and emotional support services through providing practical support and advice, case management, and up to six sessions of assessment, emotional support, and onward referral to appropriate services where needed

2018/19 Plans
▪ Continue to commission the SWL NSPCC Child Abuse Service ▪ Undertake a review of the CSA service

Children affected by domestic violence and anti-social behaviour
The Safeguarding Children's Board and AfC in the London Borough of Richmond upon Thames commissioned Standing Together against Domestic Violence to undertake a partnership review from March – June 2016 with a particular focus of looking at the impact of domestic violence on children in Richmond. This report covered the key element of an effective domestic violence partnership. Overall, it was found that Richmond is successful in relation to addressing Domestic Abuse but that the strategic and operational engagement of partners in Richmond needed to be clarified and strengthened.

2018/19 Plans
▪ Continue to deliver the action plan that has been developed and incorporated into the violence against women and girls section of the 2017- 20 Community Safety Partnership Plan 2017-20.

Children affected by parental mental health issues and substance misuse
Following the What about Youth survey that showed that Richmond young people engage in some of the riskiest behaviour in London, Public Health is undertaking a review of risky behaviour that aims to assess whether current provision is fit for purpose, establish how organisations are working together and accessing training and recognise any gaps in provision.

The review of risky behaviours has been completed supported by a multi-agency steering group. An Action Plan is being developed by LSCB based on recommendations of Risky Behaviour Review report

2018/19 Plans
▪ Implement the findings of the risky behaviour review

Young carers
Time to be Heard – a call for recognition and support for young adult carers in England (Nottingham University research for The Carers Trust 2014) identified that Young Adult Carers are disadvantaged in respect to their education, employment and well-being. In particular, it was identified that had higher rates of poor mental and physical ill health than an average young person – anxiety, depression, eating disorders. In Richmond, we are very aware of the vulnerabilities of young carers but increasingly we are seeing a trend in the emotional needs of young adult carers (14+) not being met and the affect that this has on their life choices.

2018/19 Plans
▪ AfC and the Shared Staffing Arrangement (SSA) Wandsworth and Richmond councils to commission a more specific service to meet the needs of young carers from mid 2019

Children in Need (CiN)
Our Needs data tells us that CIN with learning disabilities appear to be more common in Richmond, with half of CIN facing learning disabilities, compared to Kingston at 26.3%, London at 40.9%, or England at 44.8%. The CCG in conjunction with AfC continues to develop its integrated local service offer for children with disabilities living in the borough of Richmond across health and social care. This will result in the integration of care planning underpinned by integrated pathways and clear destinations to improve outcomes for this group of vulnerable children. The suitability of a potential local site for the integrated service is currently being assessed

Children subject to child protection plans (CPP)
Since 2014/15 there has been a rise in the category of emotional abuse recorded for child protection plans from 57 in 2014/15, 76 in 2015/16 and 76 in 2016/17. The Quality Assurance sub group continues to monitor this area of concern.

The LSCB undertook a learning review of Child M and Serious Case Review of Child H. Both reviews highlighted the lack of support for children sexually abused under the age of 5 years old. The reviews further highlighted the need to bring into the safeguarding arena all professionals who work individually with children with regards to their emotional wellbeing e.g. play therapists.

2018/19 Plans
▪ Review the referral pathway including tracking the initial referral for LAC to access CAMHS by March 2019

Other key vulnerable groups that are nationally recognised as being at risk of the effects of health inequalities are children and young people:

- In the criminal justice system
- Looked after children
- learning disabilities and/or autistic spectrum disorder
- With conduct disorders and or ADHD

Children and Young People Looked After
There is a strong focus on the emotional health and wellbeing of looked-after children in Richmond. The health offer for responding to the emotional & mental health needs of looked after children is provided by the Tier 2 Emotional Health Service and a Tier 3 CAMHS clinician will provide a Tier 2 level intervention and consultation oversight for social workers. There is also the ability to fast track LAC into Tier 3 CAMHS. The specialists also works with foster carers offering consultation and strategies to support carers and LAC in placements which is essential for placement stability and wider permanency planning. The Specialists also provides group work such as the foster carer forum and 'think space' to support social workers to ensure a consistent and coordinated multi-agency support to an individual child.

A pathway to ensure timely referral has been jointly developed with AfC for those children placed out of borough. This has resulted in health assessments being undertaken by local providers thus ensuring continuity of care and access to services in close proximity to their placement.

There has also been a rea l improvement in the numbers of Initial health assessments completed within 20 working days of the child becoming looked after year. Performance has increased from 53% in 2016/17 to 100% for the period May to August 2017. Timely assessment has led to prompt intervention for identified health needs including mental health needs

2018/19 Plans
▪ Run a workshop by December 2018 to map what assessment criteria are in use and range of services available to CLA and care leavers.
▪ Provide training for provider services staff, social workers, foster carers and GPs on the health needs of CLA including e-learning from MindEd e-learning for health. March 2019
▪ Introduce the Impact of Events scale for Children and young people who may have experienced a traumatic event. December 2018

Young People in the Criminal Justice System

Richmond prioritises supporting children and young people in (or at risk of entering) the youth justice system. The Health and Wellbeing Strategy 2016 -20 outlines: "A continuing commitment to 'maximising prevention support' including highlights the need for joint working to drive forward preventative approaches at all levels: through targeted services for those who are ill or groups that are most at risk; through community approaches which promote social connectivity and an underpinning community resilience"

The Children and Young People Plan 2017 – 20 refresh prioritise support for: All young people to stay out of crime and anti-social behaviour. Priorities for this group of children and young people are also reflected in other local strategic plans and partnerships including:

- Richmond Community Safety Partnership Plan
- Community plans
- Protection and Early Help Strategy
- Joint strategic needs assessments.
- Youth justice is a key focus for the Local Safeguarding Children Board

Further details about Youth Justice can be found in Section 6.

Inpatient Specialised CAMHS

A key priority, nationally and locally is to substantially reduce in-patient admissions, ensure admissions are closer to home and reduce the use of inpatients beds for children and young people with eating disorders.

Across SWL we know that:

- Less than 50% of SWL patients are in SWL beds
- Only about a quarter of the SWL bed capacity is used by SWL patients
- SWL average length of stay is slightly more than 70 days compared to the London average of 84 days
- Findings for CAMHS Low Secure LD/ASD in 2016/17 identified that SWL LD patient's average length of stay is about three times longer compared to London average of 176 days

To respond to the above issues, the South London Mental Health and Community Partnership for CAMHS has taken responsibility for the Tier 4 CAMHS commissioning budget working closely with NHS England as part of the new the New Models of Care. The scope of this responsibility will not include children's inpatient services, deaf services, medium and low secure inpatients, and specialized services for Transforming Care patients.

In Richmond, our inpatient data on Specialised Commissioning Tier 4 admissions tells us the following:

- A total of 13 patients are placed outside London, 7 of whom are placed in acute settings, 1 in a Paediatric Intensive Care Unit, 1 placed in a specialist, secure mental health in-patient unit
- Within London, a total of 8 patients are placed in a variety of inpatients settings and there is range of activity relating to out-patient services.

- In total, of the 21 patients, there are six with Eating Disorders placed in in-patient settings.

The position with Eating Disorders is reflected in our local service where referral, caseload and in-patient data presented in Section 7.2e that eating disorders are a significant issue for Richmond. This is borne out in feedback from professionals, parents/carers and children and young people.

Therefore, the importance of implementing the following strategies is crucial to reducing in-patient admissions.
- Embedding service provision for eating disorders in our local strategies
- Implementing primary care programmes to improve physical health monitoring
- The provision of intensive treatment to avoid hospital admission
- Using digital resources to improve access to information and support

Specialist Care

Children and Young People with learning disabilities

Children and Young People with SEN such as Learning Disabilities and/or Autistic Spectrum Disorder
As outlined in the Needs chapter, there are an estimated 665 children and young people with a learning disability and 370 with Autistic Spectrum Disorders in Richmond.

Transforming Care
- The South West London Transforming Care Partnership (SWL TCP) was established in January 2016 with the SWL TCP plan receiving successful assurance by NHSE and ADASS in May 2016. The South West London TCP 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. In addition, the TCP Board will oversee the implementation and learning from the LD Mortality Reviews across the STP.
- The TCP Board has representation from all five CCGs, Local Authorities and NHS England Specialised Commissioning and patient representatives.
- 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

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.
- Progressed the development of a workforce development plan
- Progressed the development of a housing strategy
- 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.
- NHS England recently rated the partnerships progress against the elements in its plan relating to children and young people as amber.

During 2017/18, there have been 2 Richmond patients in an inpatient bed as part of the TCP. Richmond has undertaken 1 CETR and as at October 2018, will see the last young

person discharged from an in-patient setting. An innovative programme of nursing support was provided by the in-patient ward to enable the young person and their family to receive nursing care help at meal times whilst at school and on family leave. This model of support will continue to be provided through the CCG once this patient is discharged back to the community.

2018/19 Plans
▪ Continue to manage the dynamic risk register of those CYP who may be at risk of an inpatient admission
▪ Continue to meet the requirements of the TCP programme to undertake Care and Education Treatment reviews (CETR) for pre-admission and discharge meetings involving all partners and users/carers to design and commission individualised packages of care and support.
▪ Implement the actions outlined in the SWL Collaborative Plan with Specialised Commissioning to ensure successful implementation of the CYP element of the TCP.
▪ Deliver low intensity CYPIAPT evidenced based interventions by the Recruit to Train team for those Children and young people that have been given a diagnosis of ASD or learning disabilities
▪ Improve access for families to pre-and post-diagnostic support and neurodevelopment assessments
▪ Commission positive behaviour support programmes for CYP: ○ With challenging behaviour to deliver intensive support ○ To deliver training to the children's workforce, parents and carers.

Children and young people with Conduct disorders and/or ADHD

As outlined in chapter 1, there are an estimated 1095 children and young people with conduct disorders and 335 with ADHD in Richmond.

- AfC is offering a range of parenting courses, such as 123 Magic or Why Try for parents of children with challenging behaviours/conduct disorders and/or ADHD. AfC will also commence monthly 'challenging behaviour workshops' from January 2018 to provide help and advice to parents.
- AfC is also providing regular training courses for professionals from social care, education and health on identifying ADHD early and on how best to provide educational and social/relational support.
- Specialist CAMHS provides drug treatment as the main intervention for children and young people with ADHD.
- ADHD Richmond, a parent led support group (2xmonthly), provides a handbook, a web site including video links for those new to a diagnosis.

Whilst the support and help outlined above is effective for the majority of children and young people with conduct disorders and/or ADHD, there is a smaller cohort who will require more intensive and bespoke interventions.

2018/19 Plans
▪ Improve access for families to pre-and post-diagnostic support and neurodevelopment assessments
▪ Finalise the ADHD strategy

3.5 Forensic CAMHS - Health and Justice

A new community forensic mental health service for children and adolescents 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. 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.

The service will work to a national service specification, 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.

South West London Commissioners attended the Forensic CAMHS stakeholder event on the 16/9 and are members of the project team that will oversee the procurement of the London service between now and February 2018.

3.6 CAMHS New Models of Care

NHS England have 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 1st October 2017, with the partnership taking responsibility for a ~£20m Tier 4 CAMHS commissioning budget and working closely with NHS England.

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.

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.

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.

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.

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 to March 2018.

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.

At this developmental stage, the partnership wishes to engage with and work with CCGs 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.

Feedback in 2018 on the SLP CAMHS Tier 4 Programme across South London is focussed on admission prevention and a core function of the SLP is to take a place-based approach to developing and commissioning effective, locally-focussed services, reflecting local population need. New care pathways and Tier 4 services are increasing integrated and aligned to Tier 1-3 pathways.

SLP CAMHS Tier 4 NCM aims include:

- To minimise the disruption to the lives of young people and their families through maintaining social networks and improving their resilience, aiding their recovery.
- To provide the majority of specialist services in South London, prioritising community based support, and ensuring high quality and responsive services are available.
- To develop and deliver a range of new and enhanced best practice CAMHS Tier 4 services, targeting investment where most needed and ensuring equality of access to services (not currently consistent) across the area
- To realise best Use of Resources for Mental Health spending through reducing use of independent sector beds/inpatient facilities and overall out of partnership area placements; and to reinvest savings upstream in Tier 4 services to help prevent emergency admissions.

The SLP Tier 4 Programme enhances UEC at system-wide level. This includes:

- New and expanded Crisis Care Teams operating at local level until 10pm (investment and implementation plan agreed over 2018-19)
- 24-hour Bed Management Service launches 2018-19 covering all south London CYPMH bed capacity and ensuring referrals (including from ED) are dealt with promptly and necessary admissions are places within the SLP partnership areas wherever possible
- 24 Inpatient services continue to be provided by two south London Trusts (SLAM, SWLSTG) – the SLP partnership continues to enable south East London young people to access these series more easily and to avoid out of area placements

The Partnership's Tier 4 CAMHS work encompasses all relevant partners in planning and delivering transformation including NHSE, Local Authorities, the CCGs, Youth Justice (e.g. new Forensic Community CAMHS service) and the Acute Provider sector (e.g. for Crisis Care services working with Emergency Departments to prevent/stream admissions).

Primary care, the education sector and the VCSE typically refer into and co-deliver services with existing Tier 1, 2 and sometimes Tier 3 services. These services then refer into Tier 4 services as required, and are represented on all working and development forum to ensure joined-up commissioning and pathways.

There is ongoing commitment by SWL CCGs to continue to invest LTP monies beyond the local pilot.

The HLP schools mapping exercise was undertaken by the Emotional Health service (EHS) for Richmond and Kingston councils. The full report is embedded in this document. The EHS provides mental health support in schools commissioned by schools with a variable take-up. Some school invest significantly i.e. 1/2 day/week and some do not invest at all. The range of options available to schools on how they might use the EHS in school includes staff training and consultation, engagement with families and young people, coffee mornings, group work (art therapy or cognitive e behaviour therapy, parent events and workshops. One special school commissioned a mental health audit of the school.

The EHS provides mental health support in all Richmond secondary schools, this is commissioned by the local council. This support is tailor made to each school, they select from options such as staff training and consultation, staff supervision, parent workshops, groups for young people, mental health ambassador training and support. This has been rolled out from Sept 2017 and has funding to April 2019.

The mapping report identifies the following:

- Healthwatch, Kingston CCG and Richmond CCG commissioned survey of children and young people
- Many schools have emotional health leads identified
- Kingston public health fund Health Link Workers in Kingston secondary schools
- Kingston & Richmond CCG have funded training for school staff (mental health leads) on mental health as part of the transformation fund in 2016/17
- School staff often access AFC workforce development training on mental health
- Many schools commission their own counsellors or therapists, some independent practitioners, some from voluntary sector such as Off the Record and Relate
- Richmond and Kingston are pilot sites for Child Wellbeing Practitioners who provide a service in schools
- AFC commission Saying Goodbye Project (childhood bereavement), they deliver training to school staff
- AFC are planning an SEN early intervention pilot for schools
- The majority of Kingston and Richmond schools commission Educational Psychologists (EPs) from AFC EPS to provide general psychological input
- A number of schools have commissioned work from the EPS to specifically support parents

Examples of good practice

- The integration of Tier 2 CAMHS with other local authority services such as social care, early help, education welfare and educational psychology is unique and effective in promoting positive relationships and awareness of mental health
- EHS are delivering a conference in the autumn "Beating Anxiety" which will support school staff in considering various aspects of anxiety. Conference aims to raise profile of mental health locally and bring together those working in this area. This is a unique event and good practice example.
- The EPS provides training, and ongoing supervision, for Emotional Literacy Support Assistants (ELSAs)

Mapping Exercise Regarding Mental H

The key findings from the mapping exercise were:

a) Improve guidance for schools around commissioning of mental health professionals to ensure high quality, evidence based practitioners are commissioned.

Action so far:
Following the LSCB learning review a recommendation was made:

- A task and finish group is set to review and provide guidance for peripatetic teachers, therapist, mental health workers employed by schools to ensure that guidance, supervision and appropriate information sharing. a check for schools employing therapist was developed

b) Local CAMHS Transformation plans; increase focus on schools rather than very specialist CAMHS. Ensure all services are co-ordinating to prevent schools being offered very similar support under different names as this is not a good use of resources.

Action so far:

- Supporting schools continues to be a major priority for Kingston and Richmond transformation programmes. The SWL project provides a major focus on supporting schools in relation to building resilience, addressing issues of mental health and emotional wellbeing

c) Improve equity of access for all. Some of the above provision is based on individual schools prioritizing and committing funding to mental health. It is likely that other schools would benefit but they have not been in a position financially, in terms of leadership or for other reasons.

Action so far

- Due to limited financial resources the CCGs will offer support based on expressions of interest e.g. the Mental Health training in schools was based on this approach. However, the Anna Freud application for establishing mental health in all schools was unsuccessful

Next Steps

- To undertake a more detailed audit of services commissioned by schools
- Identify how many schools are using the LSCB guidance on commissioning therapy services
- Systematically collect evidence of good practice

Schools do not generally coordinate their services with those commissioned by the CCG and Achieving for Children (Local Authority)

3.6.1 Where we want to get to by 2020

Our three year aim for this theme is that we have a whole system transformation through partnership activity and collaboration amongst service providers to enable vulnerable children to receive flexible, timely, appropriate and accessible services that meet their needs within a community setting that is close to home. We want to drive investment in developing community based provision and alternatives that prevent in-patient admissions and enables smooth transitions between different levels of service when needed.

We want a system wide awareness of risk factors and vulnerabilities to poor mental health; and professionals, parent/carers, and young people enabled to know how to identify risk earlier and respond sooner through access integrated, targeted support.

Universal Services
For universal services including schools & Colleges, our strategic priorities are to have systems in place to identify and support vulnerable pupils at risk of mental illness and have tried and tested responses to meeting their needs. All staff in schools and colleges will feel confident in identifying the different types of vulnerable students and know how and where to access appropriate advice and support.

This will be achieved through

- Ensuring that families of children/young people with Social Communication Language Difficulties (SCLD), ASD and ADHD are identified within the school setting (KS1-4), supported and enabled to access services promptly
- Schools and colleges to be provided with a directory of local services, both universal and voluntary for vulnerable young people and families
- Clear pathways to specialist health services, interventions and support for all vulnerable young people and families including the voluntary sector

Targeted Services

- We want to further develop our Emotional Health Service to undertake non–complex neuro development assessments. Also, to continue to support staff working with vulnerable groups including those in specialist provision for children with disabilities. This includes a particular focus on challenging behaviour in the home and family breakdown as well as the mental health needs of non-verbal children
- We will continue to create opportunities for placing mental health expertise in targeted settings such as the foster care support service and the YOS.

Specialist Services

- We will ensure that vulnerable young people accessing the system in crisis through turning up in A&E having self-harmed, are appropriately assessed and enabled to access relevant services.
- We want to ensure we have clear pathways into specialist health services to ensure effective interventions are provided to all vulnerable young people
- We want to improve joint working between tier 3 CAMHS and social care so that staff receive expert advice and support. This will include access to early trauma assessments for those who have experience of supporting children and young people who have been sexually abused
- We want the continued development of the south west London service around the child house model for those children and young people experiencing child sexual abuse and trauma
- We want to ensure that all staff working within the youth offending service have a thorough understanding of the impact of trauma, abuse and neglect on mental health, so that these individuals can be identified and supported early to prevent them developing chronic long-term mental health problems. This inadvertently impacts on offending/reoffending behaviour
- We want to ensure that children and young people with ASD/ Learning disability at risk of in-patient care are appropriately supported to prevent admission to an in-patient bed. For those CYP that are admitted to in-patient beds that their stay is as short as possible and close home
- Children and young people in crisis will avoid being admitted to in-patient care but will be supported in the community through access to appropriate and timely care by professionals
- A south west London Designated Eating Disorder service meets the new NICE clinical guidelines for eating disorder management and treatment in young people, published in summer 2015
- Achieve an overall reduction in inpatient admissions for children and young people living in the borough of Richmond

Voluntary sector and Community groups

We will better support the voluntary sector as an appropriate and accessible doorway to the system for many vulnerable young people by integrating access through a clearer local offer and increased access through the SPA

2020 and beyond
Our expectation is that over the five years we have done enough to reduce the demand for high cost and specialist interventions so that the current levels of funding can be reduced in these areas and re-diverted into sustaining the preventative and early intervention services that have been introduced. So, that we continue to maximise the potential of children and young people.

We are at an early stage of triangulating SEN, health, social care and early help data to assess whether the impact of local prevention services/initiatives. However, the data that we do have is indicating the following direction of travel:

- Early Help services data is showing a trajectory of providing increasing family support. In 2017/18 in Kingston 236 and in Richmond 219 cases were open compared to the first 6 months (April – Sept 18) where in Kingston 209 families and in Richmond 232 families are open to the team.
- Referrals to the Strengthening families team is also showing an increasing trajectory.

Borough	2017/18	Apr- Sept 2018
Kingston	144	101
Richmond	161	78

- More young people are having their Early Help Assessments closed with one or more of their outcomes achieved. This was at a rate of 85% in 2017/18, a good result that should deliver future reductions in need

CAMHS SPA quarterly reports since 2015/16 indicate that between 15 – 24% signposted to CAMHS SPA can be resolved with telephone consultation, advice and/or written support info at the referral stage without requiring signposting to a specialist service.

The expanded CAMHS SPA team offering telephone triage to around 40% of referred children, young people and families by the end of 2018/19 became operational in April 2018. We will continue to monitor the proportion of referrals that can be resolved at the screening and triage stage and collate evidence on the impact of local prevention and early help services.

We will also continue to review the outcomes of Early Help Services offered by Achieving for Children (the children services provider for Kingston and Richmond) and their impact on referral rates to CAMHS SPA. Thirdly we will collate regular performance data from our digital provider Kooth on numbers of new users and outcomes achieved by their service offer of info, self-help advice and/or digital counselling as well as signposting recommendations to specialist help.

3.6.2 Transformation so far

The Case for Change
Since 2015, a number of services have been transformed covering:
The SWL CAMHS liaison nursing provision provided a borough specific, variable service across the five boroughs due to inadequate and variable staffing capacity and also only covered the hours of 9am to 5pm, Monday to Friday. In particular, Richmond did not fund any liaison nurses so tier 3 staff cancelled pre-booked clinics to attend West Middlesex Hospital. The service was re-designed in 2016 to create a SWL CAMHS liaison nursing sector wide hospital based service covering seven days a week. The on-call CAMHS consultant rota provides resource for managing A&E presentations in the evenings. This

was further corroborated by the high numbers of Richmond presentations at both Kingston and West Middlesex hospitals due to self-harm.

The findings from the "Review of Child Sexual Assault Pathway for London" 2015 that mapped the pathway for children and young people following sexual abuse, pan-London and both in acute and historic cases identified variation and significant gaps in medical aftercare and long-term emotional support (especially for those under 13 years), as well as issues with the prosecution process. This was reflected locally, so NSPCC was funded to provide child sexual abuse workers to work across SWL to deal child sexual abuse referrals, undertake assessments, carry out a brief intervention and onward referral into appropriate services.

During 2015/16 additional money was provided to fund a part time paediatric self-harm nurse to provide a service at West Middlesex Hospital. SWL also created a CAMHS Emergency Care Service (CECS) who are a team of specialist nurses who provide assessments and management plans for young people up to age 18 presenting with a mental health crisis to A&E's and paediatric wards. The team provides the CAMHS Emergency Care Service to four local hospitals: St Georges Hospital, St Helier's Hospital, Kingston Hospital and West Middlesex hospital.

Transformation Activity for 2016/17

- The SWLSTG NHS Trust CAMHS Emergency Care Service has been operating in West Middlesex Hospital for young people with a Richmond GP since July 2016. This service enables a smooth transition of care from the initial assessment in A&E/ ward to a follow up appointment within 5 working days at Richmond CAMHS, this is a key link to ensure young people get the appropriate care and the CAMHS Liaison Nurse works closely with Richmond CAMHS, the Emotional Health Service, Counselling Services and schools.
- In December 2016, we launched a new NSPCC SWL child sexual abuse service to work on child sexual abuse referrals, undertake assessments, and carry out a brief intervention and onward referral into appropriate services.
- In recognition of the lack of pre-and post-diagnostic support services for children and young people, parents/carers with ASD or ADHD, in February 2017 we funded:
  - Increased access to the current ASD advice helpline and designed/updated leaflets/information (You are not Alone booklet)
  - Post diagnosis support groups for parents/carers/families of children and young people who have been assessed or received a diagnosis of ADHD and a number of videos introducing ADHD and local support services
  - Education Psychologists provided consultations to enable a number of families with CYP that received a neuro development assessment to discuss the diagnostic report and consider next steps;
  - An audit of neuro developmental referrals to inform a redesign of the local pathway in response to the increased demand for assessments

Transformation Activity in 2017/18

- We continued to commission the Deliberate self harm Nurse as part of the CAMHS Psychiatric liaison service
- The ASD and ADHD neuro development pathway 5+ to 18 was re-designed following a series of co-production workshops with parents, carers and professionals. A local service pathway was developed to be delivered by the Emotional Health Service that would result in many children and young people not needing to travel to Springfield hospital to receive an assessment

- An ASD/LD service through the employment of 2 Recruit to Train posts was established in January 2018. The service is designed to provide low intensity intervention for children and young people who have been given a diagnosis of ASD or learning disabilities and do not meet the criteria for specialist CAMHS
- The NSPCC continue to prove a service for children experiencing sexual abuse
- Our Peer support workers training provided by Express CIC commenced operation in January 2018 and trained 2 parents
- An ADHD post diagnostic support group meetings continues to be provided by ADHD Richmond so that parents and carers can access peer support and information
- YOS
  - Bespoke training for front line Police Officers was delivered.
  - The YOS service provided mentoring support to enable young people to participate in activities to support their emotional wellbeing.

Transformation Activity in 2018/19

- The new local neuro development ASD and ADHD assessment service provided by the Emotional health service starting receiving referrals in May 2018. The service is currently receiving 8-10 referrals a month with the more complex cases still being referred to the tier 3 assessment service. The average wait time for an ASD or ADHD assessment is now between 32 – 40 days. Feedback from families has been extremely positive due to the shorter waiting times, the ease of the assessment and the addition of a feedback session with the assessment team to discuss next steps.

Impact

The impact so far of our transformation activity is measured asking the following questions:

(i) What outputs have we delivered?
(ii) Did the user/patient/carer experience improve?
(iii) What key outcomes were achieved?
(iv) How will we know we have made a difference?

What Outputs have we delivered?

Projects	Outputs
SWL CAMHS Paediatric Liaison Service	83 mental health assessments of children/young people attending A&E following an episode of self-harm
NSPCC SWL Child Sexual Abuse Service	Received 6 referrals with work completed on 5
Pre-and Post Diagnostic Support for ASD and ADHD	• 3 diagnosis' support groups for ASD • 4 Short film "ASD Soundbites" • 1 co-produced booklet on normalising ASD • 8 (2 hour sessions) ADHD parental support sessions • Filmed a series of short bite size videos introducing ADHD and local support services • 18 parental consultation sessions provided by Educational Psychologists • Audited 10 neuro developmental referrals
Did the user/patient/carer experience improve?	Improved patient experience by providing access to CAMHS clinical expertise "The consultation was insightful and perceptive from someone who is understanding and compassionate"

	"The EP was absolutely amazing. He listened to my problems and allowed me to discuss anything that was connected to my daughter that was an issue" **Post diagnostic ADHD sessions** "Positive views on a very stressful often negatively viewed diagnosis. Great short videos, very informative. Small groups are a must for discussing personal issues of raising an ADHD child. A must for all" "Very informative especially with regard to schools expectation and of course it was good to know were not alone, thank you"
What key outcomes were achieved?	• Access to 24/7 crisis care service at West Middlesex University Hospital A&E department • Provided access to pre-and post-diagnosis support for families with CYP with either ASD or ADHD • Increased awareness and understanding of autism and ADHD • Empowerment of parents/carers to access appropriate help and support
How will we know if we made a difference?	• Reduction in self-harm presentations at A&E by 2021 as community based services are in place to prevent crisis • Parents/carers provide consistent feedback that they feel supported and able to manage their child's ASD or ADHD throughout their journey through the neuro developmental pathway by 2020 • When available evidence is triangulated that demonstrates that the emotional, social and mental health needs of children with extra vulnerabilities are being met resulting in improved resilience in the community in 2021

3.6.3 Where we want to get to by 2020

Our three year aim for this theme is that we have a whole system transformation through partnership activity and collaboration amongst service providers to enable vulnerable children to receive flexible, timely, appropriate and accessible services that meet their needs within a community setting that is close to home. We want to drive investment in developing community based provision and alternatives that prevent in-patient admissions and enables smooth transitions between different levels of service when needed.

We want a system wide awareness of risk factors and vulnerabilities to poor mental health; and professionals, parent/carers, and young people enabled to know how to identify risk earlier and respond sooner through access integrated, targeted support.

Universal Services

For universal services including schools & Colleges, our strategic priorities are to have systems in place to identify and support vulnerable pupils at risk of mental illness and have tried and tested responses to meeting their needs. All staff in schools and colleges will feel confident in identifying the different types of vulnerable students and know how and where to access appropriate advice and support.

This will be achieved through

- Ensuring that families of children/young people with Social Communication Language Difficulties (SCLD), ASD and ADHD are identified within the school setting (KS1-4), supported and enabled to access services promptly
- Schools and colleges to be provided with a directory of local services, both universal and voluntary for vulnerable young people and families

- Clear pathways to specialist health services, interventions and support for all vulnerable young people and families including the voluntary sector

Targeted Services

- We want to further develop our Emotional Health Service to undertake non–complex neuro development assessments. Also, to continue to support staff working with vulnerable groups including those in specialist provision for children with disabilities. This includes a particular focus on challenging behaviour in the home and family breakdown as well as the mental health needs of non-verbal children
- We will continue to create opportunities for placing mental health expertise in targeted settings such as the foster care support service and the YOS.

Specialist Services

- We will ensure that vulnerable young people accessing the system in crisis through turning up in A&E having self-harmed, are appropriately assessed and enabled to access relevant services.
- We want to ensure we have clear pathways into specialist health services to ensure effective interventions are provided to all vulnerable young people
- We want to improve joint working between tier 3 CAMHS and social care so that staff receive expert advice and support. This will include access to early trauma assessments for those who have experience of supporting children and young people who have been sexually abused
- We want the continued development of the south west London service around the child house model for those children and young people experiencing child sexual abuse and trauma
- We want to ensure that all staff working within the youth offending service have a thorough understanding of the impact of trauma, abuse and neglect on mental health, so that these individuals can be identified and supported early to prevent them developing chronic long-term mental health problems. This inadvertently impacts on offending/reoffending behaviour
- We want to ensure that children and young people with ASD/ Learning disability at risk of in-patient care are appropriately supported to prevent admission to an in-patient bed. For those CYP that are admitted to in-patient beds that their stay is as short as possible and close home

Voluntary sector and Community groups

We will better support the voluntary sector as an appropriate and accessible doorway to the system for many vulnerable young people by integrating access through a clearer local offer and increased access through the SPA

3.7 Adult Mental Health Link to Liaison Psychiatry

SWL are working together as an STP footprint in looking at the requirements for and commissioning of psychiatric liaison services. Richmond and Kingston have been successful in a joint bid to extend current psychiatric liaison service to provide a Core 24 compliant service at Kingston Hospital. The expanded service aims to deliver the right care in the best place, reducing A&E attendances and emergency admissions and increasing timely discharge from hospital. The service will seek to ensure that all patients admitted in an emergency have a clinical assessment by a suitable consultant as soon as possible and at the latest within 14 hours of arrival at hospital. The increased service is currently being mobilised and will be fully operational by Christmas 2018.

As part of the implementation and mobilisation Richmond Adults MH & CYP commissioners have a project group in place to consider how this can support better provision and outcomes for children and young people who present at A&E. The group will continue to consider the links with wider crisis support as part of the Crisis Care Concordat work and

the service development themes identified in the SWL community demand and capacity review.

3.8 Beyond 2020/21 – Sustaining our transformation

Sustaining the local transformation programme will be achieved through delivery of the following joint agency plans.

3.8.1.1 Promoting resilience, prevention and early intervention

Working jointly with our local Council for Voluntary Services (CVS) to identify and establish partnerships across both the V&CS and private sector during 2018 to lever in resources and support

3.8.1.2 Improving access to effective support

Developing parents/carers and the Voluntary sector to provide/act as volunteers who are up-skilled through training and experience to support our SPA to become 24 hours, through digital access, pre & post diagnostic support for ASD/ADHD

Delivering the proposed transformation of services through delivery of the new models of care.

3.8.1.3 Care for the Vulnerable

Implementing collaborative plans developed with NHSE Specialised commissioning to develop the local footprint so that children and young people can remain closer to home if they require in-patient care.

Continuing to undertake collaborative commissioning and developing plans with Health & Justice to deliver diversion and liaison services for those children and young people at risk of entering the youth justice system.

3.8.1.4 Developing the Workforce

Working together across the STP foot print to co-ordinate workforce planning, achieve efficiencies and ensure we are not competing for the same staff.

Testing new models through our plans for more sustainable, lower cost interventions such as the involvement of volunteers and parents; more peer support approaches and better self-care enabled through digital and school based access to information and support.

Skilling up professionals in a variety of settings to offer broader CYP IAPT evidence based treatments by providing core funding to contribute to salary costs in the context of a challenging financial climate

We will continue our model of joint funding with partners and off buy-back services to schools to sustain posts such as Child Wellbeing practitioners thus utilising CYP IAPT evidenced based training

3.8.1.5 Finance

Aligning the transformation service priorities between the Richmond and Kingston transformation programme so that service efficiencies and value for money can be achieved.

Improving crisis care to reduce inpatient admissions in collaboration with SWL CCGs and NHSE Specialised Commissioning in the TCP has enabled the release of funding into the system with the potential to commission local services.

Using national performance datasets including the MHSDS to better understand the quality and reach of services to enable local funding to be better targeted at areas of need and meet national service priorities.

4 Developing the workforce

Implementing the Five Year Forward View outlined that 3,400 existing staff and 1,700 new staff will need to be trained in an evidence-based intervention as this amount of therapists and supervisors will need to be employed to meet the national target of increasing access to mental health care for at least 70,000 children and young people by 2020/21. The experienced workforce will need to support new staff through the provision of training and supervision and local areas will need to develop return to practice schemes and undertake local recruitment.

Therefore, our local strategic approach to workforce transformation has been two-fold;

- Develop the capacity of the existing children's workforce in terms of skills, knowledge and other competencies to deliver NICE compliant CYP IAPT evidenced based interventions.
- Increase the numbers of professionals available to support mental health both in terms of new professional posts and involvement of more parents and volunteers

4.1 Key Progress

- A survey of professionals was undertaken as part of the developing our local workforce strategy in 2016. There were 111 responses, the majority (75%) from primary schools. Of the 100 staff providing recognisable job titles, the majority were teachers (39%), teaching assistants (12%), head teachers (7%) or deputy head teachers (8%). Another 4% were key stage leaders or heads of year who may or may not also teach. Other respondents included learning support assistants, SENCOs, inclusion support and a small number of pastoral or support staff.

- We have also been assessing the training needs of parent/carers including developing a training programme from existing providers. The key themes to emerge from our survey of 43 parents/carers in October 2017 told us that:
    - Most parent/carers (who responded) would welcome more help and learning
    - Especially co-learning with other parents and professionals
    - This cannot replace direct specially trained professional help
    - Most important was helping our young people to:
        - ✓ Develop self-confidence and self esteem

- ✓ Be more resilient
- ✓ Manage anxiety

- The LSCB has provided all Richmond schools with training on the importance of developing resilience in schools. The LSCB offers mental health first aid training to all Richmond staff and volunteers. Training and skills development has been identified as a priority for teaching and support staff within Schools

- Express CIC have been delivering a pilot project aimed at training parents and young people to become peer support workers able to support the delivery of complex recovery plans.

- Two posts have been funded by the Recruit to Train Programme for the ASD/LD pathway. Training commenced on CYPIAPT therapy in January 2018.

- Four Children Wellbeing Practitioners (CWP) have been employed by South West London & St George's Mental Health Trust following. The CWPs completed CYP IAPT training in August 2017 on low-intensity self-help interventions in relation to low mood, self-harm, anxiety and behavioural issues. The CWPs have been delivering a service in a number of Richmond schools since September 2017

- Staffing capacity has been increased in the Neuro development specialist and local pathway to reduce waiting times for assessments. The new local pathway has resulted in the employment of an additional 1 FTE clinical post and 0.8FTE Assistant Psychologist

- Our multi-agency workforce plan below has been aligned with the STP level workforce planning. The STP workforce plan provides further detail about the numbers of additional therapists that will need to be employed and the numbers of current staff that will access evidenced based training in response to the government targets.

Kingston & Richmond Multi-Agency Workforce Plan

Increase staffing capacity across CAMH services in Richmond and Kingston to deliver LTP ambitions

National Target – Recruit 1,700 therapists and supervisors

Local Targets:

- SWL - 45WTEs of therapist and supervisors by 2020/21
- Richmond - 6 (5 therapists and 1 Supervisor) by 2020/21
- Kingston – 5 (4 therapists and 1 Supervisor) by 2020/21

LTP Ambition	LTP Priority	Action	Resource	Timescale	Lead Agency
is to ensure that all schools and Colleges adopt a whole school approach to building resilience and promoting good mental health so that children and young people can access the support they need in a timely manner	Support schools and colleges to adopt whole school approaches to build resilience and promote good mental health	Recruit MHST staff to deliver evidenced based support in schools **Progress Update** Kingston & Richmond not included in SWL trailblazer application for 2019/20. Plan to apply in second wave	NHSE	2020/21	CCG
	Provide psychological wellbeing support to schools through delivery of the Children Wellbeing Practitioners service	Fund 4 X band 5 Child Wellbeing Practitioners (CWP) to deliver evidenced based interventions Recruit 3 x band 5 CWP service in Kingston schools **Progress Update** Richmond CWP posts trained and delivering service to 8 schools funded by Kingston CWP appointed and just completed CYP IAPT training. Commenced service in school from Sept 18	AfC, CCG, SWLSTGs schools South London Collaborative CYP IAPT funding	Jan 17 Jan 18	SWLStGs/ CCG

To deliver a transformed system of mental health help for children and young people where services can be accessed within four weeks of assessment	Ensure the increased capacity in the SPA results in the provision of telephone advice and triage to timely sign posting to the right service and support	Recruited 0.5 Band 8B, 1.5 Band 7 and 1 Band 4 Admin staff to deliver the expanded K&R CAMHS SPA service **Progress Update** Staff recruited and expanded SPA operational		April 18	SWLStGs MH Trust
	Continue to develop the local neuro development pathway to: Reduce waiting times for ASD and ADHD assessments	Recruit 1 FTE clinical post, 0.8FTE Assistant Psychologist, 0.6FTE Admin support for Richmond neuro development pilot Recruit 1 FTE clinical post, 0.8FTE Assistant Psychologist, 0.6FTE Admin support for Kingston neuro development pilot **Progress Update** Richmond Staff recruited and service operational	£81,500 £81,500	April 18 April 19	AfC AfC
	Enhance the existing Eating Disorder Service in collaboration with other SWL CCGs to ensure national waiting times and access targets are met and the number of inpatient admissions are reduced	ED service to review staffing capacity requirements with SWL Commissioners to identify/agree additional staff to meet 2015 commissioning guidance Additional staff if approved to be in post	TBC	Nov 2018 2019/20	SWLStGs MH Trust
	Continue to promote the use of digital tools and information to support resilience, prevention and early intervention	Appoint digital Counsellors through commissioning an on-line digital counselling service for Richmond Appoint digital Counsellors through commissioning an on-line digital counselling service for Kingston **Progress Update** Digital online service operational in Kingston. Access to x digital counsellors	TBC £56k	2019/20 Feb 2016	RCCG KCCG
Ensure fewer vulnerable children and young people escalate into crisis resulting in reduced need for inpatient care which should be the last resort	Enhance the existing Psychiatric Liaison provision across South West London in collaboration with other SWL CCGs	Crisis care service to review staffing capacity requirements with SWL Commissioners to identify/agree additional staff to address outcomes form the Nov 17 HLP Peer Review	TBC	TBC	SWLStGs/ SWL CCGs
	Focus on improving services for vulnerable children and young people including those with	Recruit 2 RTT Band 5 ASD/LD staff **Progress Update** Staff in post and delivering a service	HEE Funding £14k	Jan 18	SWLStGs/ SWL RCCG

	ASD/ADHD, learning disabilities as part of the Transforming Care Programme				
Develop capability of the local CAMHS workforce to deliver CYP IAPT evidenced based interventions **National Target** - 3,400 existing CAMHS staff be upskilled in CYP IAPT therapies **Local Targets** • SWL – 91.8 staff upskilled by 2020/21 • Richmond – 8 staff upskilled by 2020/21 • Kingston – 13 staff upskilled by 2020/21					
To ensure that the local workforce has increased by at least 10% and has the capability to deliver evidenced based treatments.	Support providers to access the CYP IAPT curriculum and address any identified skills gaps	Staff to access CYP IAPT under 5s training (Richmond and Kingston) **Progress Update** AfC staff member attending Training	£13k	Jan 18	
		Promote/publicise CYP IAPT curriculum with all CAMHS Providers through: • Inclusion in learning & Development programme • Use CYP IAPT trained supervisors to deliver multi-agency workshop on CYP IAPT principles Special Schools ○ SENCOs ○ Specialist School Units ○ Colleges ○ Social Care ○ Voluntary sector Provide CYP IAPT training funding support open to all CAMHS providers	 £20k £20k £20k	18 Ongoing May – Sept 2019 18/19 19/20 20/21	R & K CCGs R & K CCGs
	Continue to implement local and STP wide workforce development plans to ensure delivery of national requirements set out in the 5 year Forward View	Undertake recruitment campaigns; work in schools to highlight range of careers available, targeted recruitment campaigns working with HEE and PR/comms support, project resource sourced for international recruitment process work and project expert sourced for hard to fill and new roles recruitment campaigns **Progress Update** See SWL workforce section	TBC	TBC	SWL Workforce Board
	Continue to promote access to continuous professional development and training opportunities	Provide access to training: • Signs of safety • CYP IAPT • Learning from serious case reviews workshops • Mental Health First Aid Training **Progress Update** Signs of safety training currently being rolled out Mental First Aid training being delivered across all stakeholders http://kingstonandrichmondlscb.org.uk/training.php		ongoing	R&K CCG AfC R&K CCG LSCB PH, AfC, Schools & colleges

		Ensure access to specific training to meet needs of CYP with • Learning Disabilities • Autism • ADHD • Communication Impairments through AfC Website **Progress Update** Training to be accessed to all above through AfC on-line training brochure https://www.afccpdonline.co.uk/cpd/portal.asp TCP funding made available to deliver general PBS training across the SWL boroughs workforce including parents and carers		ongoing Oct 2018	SWL
		Develop specialist PBS training for key staff to deliver specialist PBS interventions	TBC	Jan 2019	R&K CCG

4.2 Our refreshed ambition

- Increase capacity and capability of the workforce by 30% to provide evidence-based help through enabling the workforce across the partnership to deliver CYPIAPT evidenced-based treatments by 2020
- Develop a shared outcome measurement framework across the boroughs' services and potentially the larger SWL footprint, providing a suite of measures suitable for a range of settings (building on CYP IAPT)
- Train parents and young people to become peer support workers able to support the delivery of complex recovery plans 2018

4.3 Where we want to get to by 2020

Our aim for this theme is to develop the workforce so that:

- A local workforce that has the right capability, skills and capacity of therapists, supervisors, psychiatrists and mental health nurses etc. to deliver the full range of CYPIAPT evidenced-based interventions
- CYP IAPT principles to be embedded across our CAMH continuum to improve participation by children and young people and their families in service delivery and design, and to carry out session-by-session routine outcome measures (ROM) ensuring goal focused outcomes
- Children and young people, parents and carers to have confidence that our workforce will respond appropriately and sensitively to their needs
- Ensure the South West London national target for increasing access to mental health services to expand the local workforce of therapists, supervisors and other staff such as psychiatrists and mental health nurses and exceeded where necessary in response to service demand
- Exceed our 10% target for increasing the capacity in the CAMHS workforce to 30%

South West London

The mental health workforce plan for England (Stepping forward to 2020/21) was published in July 2017 to address the current vacancies and to deliver the transformation set out in the Five Year Forward View for Mental Health.

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).

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 which are presented in the table below.

The mental health workforce plan for England (Stepping forward to 2020/21) was published in July 2017 to address the current vacancies and to deliver the transformation set out in the Five Year Forward View for Mental Health.

Table 1: SWL contribution to employment of 1700 additional therapists

Area/ YEAR			2016/ 17	2017/ 18	2018/ 19	2019/ 20	2020/ 21	TOTAL by level of training	TOTAL
CYP	National	Therapist	200	428	428	228	52	1336	
		Supervisors	50	107	107	57	13	334	1670
	SWL share (2.7% of England general population)	Therapist	5.4	11.56	11.56	6.16	1.404	36.07	
		Supervisors	1.35	2.89	2.89	1.54	0.35	9.02	45.09
Merton (based on general population)	Therapist	0.0038	1	2	2	1	0	5	6
	Supervisors	0.0038	0	0	0	0	0	1	
Merton CCG local CYP IAPT training information	Therapist		**1**	**2**	**2**	**1**	**0**	**6**	7
	Supervisors		**0**	**0**	**0**	**0**	**0**	**1**	
Richmond (based on general population)	Therapist	0.0036	1	2	2	1	0	5	6
	Supervisors	0.0036	0	0	0	0	0	1	
Richmond CCG local CYP IAPT training information	Therapist		**0**	**2**	**2**	**2**	**1**	**7**	8
	Supervisors		**0**	**0**	**0**	**0**	**0**	**1**	
Croydon (based on general population)	Therapist	0.0069	1	3	3	2	0	9	11
	Supervisors	0.0069	0	1	1	0	0	2	
Croydon CCG local CYP IAPT training information	Therapist		**3**	**3**	**4**	**0**	**0**	**10**	14
	Supervisors		**2**	**2**	**1**	**0**	**0**	**4**	
Kingston (based on general population)	Therapist	0.0032	1	1	1	1	0	4	5
	Supervisors	0.0032	0	0	0	0	0	1	
Kingston CCG local CYP IAPT training information	Therapist		**5**	**1**	**0**	**0**	**0**	**6**	9
	Supervisors		**3**	**0**	**0**	**0**	**0**	**3**	
Wandsworth (based on general population)	Therapist	0.0058	1	2	2	1	0	8	10
	Supervisors	0.0058	0	1	1	0	0	2	
Wandsworth CCG local CYP IAPT training information	Therapist		**1**	**0**	**2**	**2**	**1**	**1**	10
	Supervisors		**1**	**0**	**0**	**0**	**1**	**1**	
Sutton (based on general population)	Therapist	0.0037	1	2	2	1	0	6	6
	Supervisors	0.0037	0	0	0	0	0	0	
Sutton CCG local CYP IAPT training information	Therapist		**2**	**1**	**2**	**2**	**0**	**7**	8
	Supervisors		**1**	**0**	**0**	**0**	**0**	**1**	

Total: additional WTEs of therapist and supervisors

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.

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 upskilled in CYP IAPT therapies. This work is being developed in collaboration between partners at a local level via implementation of revised Local Transformation Plans.

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 during by 2020/21 is 56WTEs.

There is currently ongoing Mental Health Workforce planning with deadline in December 2017 when all workforce projections will be verified and aligned with national projections. That could provide an explanation to the number of existing staff to be trained in each borough.

Table 2: SWL population based projection of 3,400 current staff being trained

Area/YEAR			2016/17	2017/18	2018/19	2019/20	2020/21	TOTAL
CYP	**National**	Upskilling existing staff (WTEs)	680	680	680	680	680	3400
	SWL share (2.7% of England general population)	Upskilling existing staff (WTEs)	18.36	18.36	18.36	18.36	18.36	91.8
Proportion of population out of total England population								
Merton (based on general population)	Upskilling existing staff	**0.0038**	**3**	**3**	**3**	**3**	**3**	**13**
CCG local CYP IAPT training information	**Upskilling existing staff**		**1**	**1**	**3**	**1**	**1**	**7**
Croydon (based on general population)	Upskilling existing staff	0.0069	5	5	5	5	5	23
CCG local CYP IAPT training information	**Upskilling existing staff**		**3**	**4**	**1**	**0**	**0**	**8**
Kingston (based on general population)	Upskilling existing staff	0.0032	2	2	2	2	2	11
CCG local CYP IAPT training information	**Upskilling existing staff**		**13**	**0**	**0**	**0**	**0**	**13**
Wandsworth (based on general population)	Upskilling existing staff	0.0058	4	4	4	4	4	20
CCG local CYP IAPT training information	**Upskilling existing staff**		**3**	**2**	**3**	**3**	**5**	**16**
Richmond (based on general population)	Upskilling existing staff	0.0036	2	2	2	2	2	12
CCG local CYP IAPT training information	**Upskilling existing staff**		**2**	**2**	**2**	**2**	**2**	**12**
Sutton (based on general population)	Upskilling existing staff	0.0037	2	2	2	2	2	10
CCG local CYP IAPT training information	**Upskilling existing staff**		**1**	**2**	**2**	**2**	**1**	**8**
Total: additional WTEs of therapist and supervisors								

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:

- Recruitment campaigns; work in schools to highlight range of careers available, targeted recruitment campaigns working with HEE and PR/comms support, project resource

sourced for international recruitment process work and project expert sourced for hard to fill and new roles recruitment campaigns

- 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

- SWL induction and benefits package; looking at consistency across induction and benefits packages to make SWL an attractive place to work

- 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

- 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

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.

The SWL Transforming Care Programme has secured non-recurrent funding to provide some general positive behaviour support training to support upskilling the workforce to meet the needs of people with learning disabilities and / or autism with challenging behaviour in the community. The programme will adopt a train the trainer approach to promote sustainability and ensure the programme helps to upskill the workforce and promote and change in culture over a longer period of time. The training programme will also include delivering training to families and carers to help develop their skills. This is something that families and carers have told us that they would benefit from, through our engagement work. As part of the Transforming Care Programme we have also secured transformation funding to look at how we deliver intensive support service in the community, and will be using this to explore how we enhance specialist skills within our workforce to work with children with challenging behaviour and develop positive behaviour support plans.

SWL has identified children and young people’s mental health as our prevention priority for cross system working. We have submitted an application for Wandsworth, Sutton and Merton to be Trailblazers for the Green Paper roll out, but are also progressing with rolling out the “Whole School Approach” that we have developed to meet the needs of children and young people. Progress to date includes:

- Cluster leads have been identified for school clusters in each of our boroughs – now working with these leads to ensure everything is in place to start a pilot by 1 January
- Developing a common MH policy across all SWL schools
- Support for children through having additional mental health support workers across the borough (one per cluster) and drawing on resources such as Zumos which provides online resources/activities for children around emotional wellbeing and resilience
- Support and training for parents
- Support for teachers through rolling out MH First Aid

- Engagement with CYP in the cluster schools critical to the development

2018 Update
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- Recruitment campaigns; work in schools to highlight range of careers available, targeted recruitment campaigns working with HEE and PR/comms support, project resource sourced for international recruitment process work and project expert sourced for hard to fill and new roles recruitment campaigns
- 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
- SWL induction and benefits package; looking at consistency across induction and benefits packages to make SWL an attractive place to work
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4.4 Transformation so far

In 2016 we completed an audit and developed a workforce strategy that provided a broad overview and profile of our local workforce including making recommendations for change that continue to be implemented.

We provided access to training in the WhyTry programme for 11 staff. The WhyTry Programme aims to help young people overcome their challenges and improve outcomes in the areas of truancy, behaviour, and academics. Delivery of the programme has now been incorporated into the ADHD programme as part of the youth engagement programme.

Transformation activity in 2016/17

- Increase in capacity of staff
- Voluntary sector counselling services
- CAMHS Single point of access
- Emotional Health Service (2 projects)
- NSPCC
- Eating Disorder service
- Psychiatric Liaison service

Transformation Activity in 2017/18

- A number of work programmes at SWL level which will support development of the CAMHS workforce have been developed by the South West London Workforce Action board in response to implementing the Five Year Forward View workforce recommendations
- 4 Child Wellbeing Practitioners attended CYPIAPT training prior to commencing the schools service in September 2017
- 2 Recruit to train staff were employed by Specialist CAMHS
- An Emotional Health Service Psychologist commenced the under 5s CYP IAPT training
- The new ASD and ADHD neuro development assessment service enabled the recruitment of a number of new staff and access to training in the EHS tier 2 service. In total, 1 FTE clinical post, a 0.8FTE Assistant Psychologist and a 0.6FTE Admin support

Transformation Progress Update 2018/19

- Permanent funding for 3 Child Wellbeing Practitioner posts has been agreed between the CCG, AfC, SWLStGs and schools through the buy-in service.
- Funding provision for attendance at CYP IAPT training continues to be identified as a priority with funding set aside to meet this need.
- One off funding for the roll out of general Positive Behaviour Support (PBS) training has been secured from the TCP to meet the needs of people with learning disabilities and / or autism with challenging behaviour in the community

Impact

The impact so far of our transformation activity is measured asking the following questions:

- What outputs have we delivered?
- What key outcomes were achieved?
- How will we know we have made a difference?

What Outputs have we delivered?

Projects	Outputs
Workforce Audit and Strategy	Strategy and audit completed and workforce development requirements identified the results of planned activity
The WhyTry Programme	• 11 professionals trained • 11 students accepted on the WhyTry Programme
Increased the capacity of our CYP Workforce	• An established annual training programme for universal services and schools • LSCB offers Mental Health First Aid Training to schools • CAMHS provider secured funding for Health Education England's Recruit to Train Programme for two posts for the ASD/LD pathway and has recruited four new Wellbeing Practitioners following a successful bid for funding from London & SE CYP IAPT Learning Collaborative • Stabilised children's services workforce locally with decreased turnover of staff • Increased capacity in CAMHS through range of staff and total numbers Increased workforce across a number of transformation projects covering the Designated Eating Disorders Service, psychiatric liaison service, single point of access, Emotional Health Service, NSPCC therapeutic support for sexual assault and voluntary sector counselling service –total staff

What key outcomes were achieved?	• A significant reduction in the number of reported behaviour incidents for the Whytry cohort of young people in school. • An increase in the local CAMHS workforce (and subsequent reduction in waiting times) • Participation in CYP IAPT has led to an increase in staff qualified in a range of evidence based practices in a range of settings from Early Years, the Emotional Health Service and Specialist CAMHS
How will we know if we have made a difference?	• When children, young people and parents/carers give consistent positive feedback about the choice and quality of help and support from professionals trained in mental health • When monitoring data evidences consistent progress in clinical and other services outcome measures including individual goals developed directly with the service user as part of shared decision making in practice. • When children and young people with additional vulnerabilities with poor mental health are able to access services tailored appropriately to their specific needs by suitably trained and qualified staff • Capacity of the staff to deliver evidenced based interventions

Implement our multi-agency workforce plan that includes the following developing our workforce plan in collaboration with the SWL Workforce Action Board:

- Collecting and collating data on the local workforce (NHS funded, voluntary sector, school based staff and local authority) during Jan – March
- Undertake a skills and training audit of existing providers using the CHIMAT tool workforce planning tool to identify skill gaps during Jan – March
- Analyse response and produce report to be disseminated and discussed in sector group (NHS funded, voluntary sector, colleges and school based staff and local authority) meetings during May - July
- Update existing workforce strategy – September

4.5 Our refreshed ambition

- Increase capacity and capability of the workforce by 30% to provide evidence-based help through enabling the workforce across the partnership to deliver CYPIAPT evidenced-based treatments by 2020
- Develop a shared outcome measurement framework across the boroughs' services and potentially the larger SWL footprint, providing a suite of measures suitable for a range of settings (building on CYP IAPT)
- Train parents and young people to become peer support workers able to support the delivery of complex recovery plans 2018

4.6 Where we want to get to by 2020

Our aim for this theme is to develop the workforce so that:

- A local workforce that has the right capability, skills and capacity of therapists, supervisors, psychiatrists and mental health nurses etc. to deliver the full range of CYPIAPT evidenced-based interventions
- CYP IAPT principles to be embedded across our CAMH continuum to improve participation by children and young people and their families in service delivery and design, and to carry out session-by-session routine outcome measures (ROM) ensuring goal focused outcomes
- Children and young people, parents and carers to have confidence that our workforce will respond appropriately and sensitively to their needs
- Ensure the South West London national target for increasing access to mental health services to expand the local workforce of therapists, supervisors and other staff such as psychiatrists and mental health nurses and exceeded where necessary in response to service demand
- Exceed our 10% target for increasing the capacity in the CAMHS workforce to 30%

5 Collaborative Commissioning

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. Richmond CCG is working at STP level with Specialised Commissioning and Richmond CCG Service Users to develop and implement transformation plans. These priorities are also outlined in the SWL CAMHS collaborative plan, which SWL have developed as part of our work to implement the Five Year Forward View for Mental Health (DOH 2016).

5.1 STP and Local CAMHS Transformation Plan Priorities

- 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
- Implement changes to the SWL Eating Disorder Service to ensure it meets the new Access Waiting Time Standards
- 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%
- 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 IAPT, by 2021.

To meet the workforce requirements, SWL Commissioners are working 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.

Governance and assurance for Local Transformation Plan alignment to the STP is provided by the SWL Mental Health Network. The SWL Mental Health Network is chaired by the SRO for mental health in SWL and provides strategic oversight of the transformation of mental health services and delivery of the Five Year Forward View for mental health in South West London 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. Moving forwards, the Mental Health Network will review what has successfully delivered and monitor benefits and

outcomes, against the key performance indicators below. The Network will also identify the issues that are potentially impeding progress to enable escalation and action.

5.2 Collaborative and Place Based Commissioning

The NHS England National CAMHS review aims to achieve regional self-sufficiency for mainstream CAMHS inpatient care i.e. acute, PICU, eating disorders. The aim being that by 2020 no inappropriate admissions to adult or paediatric beds and patients treated in local care pathways. Achieving this ambition will require CCGs and Specialised Commissioning to undertake collaborative and placed based commissioning of CAMH services underpinned by a robust collaborative plan setting out key actions, milestones, timescales and outcomes.

To deliver the ambition a number of initiatives will be best delivered through a collaborative approach with other South West London CCGs (Merton, Sutton, Kingston, Wandsworth) and NHS England Specialised Commissioning.

The key areas of focus in the collaborative commissioning plan are:

- Ensuring there is sufficient inpatient capacity regionally so that the use of inpatients beds out of area are the exception
- Reducing the variation in access and waiting times across the STP
- Adopting consistent models of care that reflect best practice and deliver step –down alongside inpatient provision
- Delivering seamless transitions between age related services
- Supporting new models of care to be piloted within SWL

The work of the Collaborative Commissioning Plan is focused around the following pathways with the aim of developing the seamless services that are co-commissioned by CCGs and Specialised Commissioning covering:

- Eating Disorders
- Out of hours and crisis care
- Youth Justice
- ASD/ADHD (including Transforming Care)
- Transitions

As part of the delivery of the SWL Collaborative Plan with Specialised Commissioning Richmond CCG will ensure:

- Access to appropriate beds locally thus not having to travel long distances, face long waiting times, or disconnect from family and their local community
- Availability of services out of hours
- Develop more quality measures by service units
- Support for young people when they return home after specialised CAMHS admission
- Children's services to map neatly onto adult services affecting transition
- Consistent commissioning arrangements between community and specialised CAMHS
- Consistency in care and discharge plans
- More multi-agency support to help children and young people with mental health problems to stay in community and prevent hospital admission
- Depict accurate picture of specialised care as not a "solve all"
- Better utilise funding available for services

Looking across the full CYPMH pathway, transformation is being progressed on different footprints relevant to each area:

- Plans at borough level around MH support in schools and VCS commissioning
- Work at SWL level around eating disorders, workforce and other areas
- Work at south London level around the south London partnership and Tier 4 services

There is a local governance framework in place to ensure leadership, implementation and progress monitoring of the Collaborative Commissioning Plan. The governance consists of the following:

Mental Health Network
The Mental Health Network is responsible for developing the Mental Health Vision and Strategy for South West London and for supporting the delivery of the Five Year Forward View for Mental Health. In its pursuit of this objective the Mental Health Network will provide Oversight; Facilitation and Sharing at an STP level in relation to Mental Health Transformation.

The Transformation Board
The Transformation Board as a super task and finish group and remains within overall SWLStG contract governance. The Transformation Board is supported by Task and Finish Groups who are required to recommend and drive agendas; programme plans; action plans and actions appropriate to the subject area.

Key areas of focus for the Transformation Board are as follows:

- Perinatal
- CAMHS/CYP
- Community
- Urgent Care
- CIP/QIPP
- Tariff Development

The full governance map including terms of references and membership for both groups is attached.


ToR SWLStG Transformation Boarc


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It is recognised by both CCGs and Specialised Commissioning that new models of Care will be required to be deliver the national ambition. Across SWL, the three Mental Health Trusts of South London have been successful in securing Wave 2 New Models of Care for CAMHS Tier 4 (see section 5.3). This is enabling the development of clear pathways between community and inpatient services that builds on existing progress to strengthen support for children, young people and their families. Strengthening crisis support is a key objective of the SLP by developing the out of hours offer and improving responsiveness, particularly when a young person attends in crisis at A&E. Importantly the development of resourcing in this area is dovetailing with existing provision, particularly in the area of CAMHS self-harm nurses working across the A&Es of south west London.

Another example of improving seamless care between community and inpatient care is the development of the existing Adolescent Outreach Team that is being led as a programme of the SLP across south west London (including Richmond). The service provides an alternative to inpatient care and is expanding its hours of operation, widening the skills mix of the team, and improving its ability to support young people to resume life in the community after an episode on the ward. In respect to pathways for eating disorder patients, strong commissioner-provider engagement has led to a dedicated CAMHS eating disorder service with responsive referral routes and robust relationships with the Tier 4 inpatient eating disorder service. Work is also underway as part of the SLP to develop pathways into the Intensive Treatment Programmes (ITP) delivered by SLaM Foundation Trust.

Across the range of Tier 4 services, a gap in south London is the provision of a dedicated CAMHS PICU and the SLP has identified a vacant ward within its estate that is currently being developed to provide CAMHS high dependency and PICU beds from March 2018. This new service will be integrated into existing care pathways and provide this

specialist care closer to home than the existing CAMHS PICUs which are often several miles away from south London.

5.3 Urgent & Emergency (Crisis) Mental Health Care for CYP

Following the publication of the Healthy London Partnership Children and Young People's Mental Health Crisis Guidance CCG's across South West London (SWL) have undertaken a self-assessment survey against the recommendations contained within the guidance and the national Urgent and Emergency Mental Health for CYP Intensive Intervention and High Risk survey. Both of these initiatives have allowed the CCGs to understand further where provision could be improved and develop an action plan, included within the SWL CAMHS Collaborative Commissioning Plan that includes the following initiatives to address these gaps:

Review the SWL psychiatric crisis services/outreach and home intensive services to include

- Implementation of crisis care guidance
- Development and implementation of quality standards
- Evidenced based treatments and pathways
- Commissioning of consistent out of hours' services for young people SWL
- Review Health Based Place of Safety at Springfield Hospital
- Develop a model for community services to support safe discharge that include management support packages
- Identify key workforce issues and work with the SWL Local Workforce Action Board to ensure plans address key requirements

The Healthy London Partnership Children's and Young People's (CYP) Programme are undertaking a peer review process of CYP mental health crisis pathways across London. The SWL pathway will be reviewed, following a desktop review of service provision and a visit during November. Upon conclusion of this process mental health system partners will receive a summary feedback report, and upon receipt of this, the action plan above will be reviewed and updated to reflect the feedback received.

5.4 SWL CYP Psychiatric Liaison Service

Services are compliant with the 24-hour core requirements and crisis care concordat. Further work will be undertaken in 2018/17 to effectively measure the impact of the SWL model that was introduced in June 2016 and as part of the SWL crisis care work stream.

What are the locally agreed KPIs, access and waiting time ambitions:
Specialist CAMHS assessment and follow up/Liaison service is delivered at West Middlesex Hospital which is the local hospital nearest to Richmond. In addition, this service is also available in all three other A&Es in the surrounding boroughs hospitals i.e. St Georges (Wandsworth), Kingston and St Helier's (Sutton)

The locally agreed KPIs are as follows:

- All young people have a specialist CAMHS service within 24 hours who present at A&E between 9 -5 pm Monday to Sunday
- Number of children/young people not previously known to CAMHS
- Number of children/young people admitted due to Mental Health concerns

How are CYP and families involved in the service and how do you monitor their experience and outcomes.

- All care planning is agreed with parents/families
- Discharge and on ward referrals from the service is agreed with parents/families
- General feedback from young people is routinely gathered from the young people council which is coordinated by the Trust Participation lead

- Implementation of evidence based model of assessment i.e. Therapeutic assessment model will gather feedback and further involvement with young people and parents/families

The planned development of the single point of assessment in Richmond will promote more robust interface with the Emergency Liaison service. Any onward referral and assessments can be forwarded to this service. An agreed set of revised outcomes of this new service will include this interface

The SWL CYP Psychiatric Liaison Service costs for 2017/18 is £368,998

6 Health and Justice

6.1 Overview – why is it important?

There is a strong relationship between offending behaviour and poor mental health. Research suggests that the prevalence of mental health problems for young people in contact with the criminal justice system range from 25% to 81%, highest for those in custody.

Three main reasons for this are that

- the original risk factors that led to the offending are also predictors of mental health problems
- various aspects of offending itself and
- interactions with the criminal justice system may in itself cause mental health problems.

The most common disorders experienced by young offenders are

- conduct disorder
- emotional disorders, such as anxiety and depression
- attention deficit hyperactivity disorders and
- substance misuse
  (The Mental Health Foundation. The Mental Health Needs of Young Offenders, 2002).

Kingston and Richmond CCGs have always recognised the importance of supporting those in society most vulnerable to experiencing poor mental health. We have actively participated in the local Youth Offending Board since many years and invested via a pooled budget arrangement into a CAMHS provision, which is embedded within the multi- disciplinary Youth Offending Service.

The YOS Mental Health Pathway (see below) ensures that:

- all young people open to the YOS are screened for mental /emotional health difficulties through Asset / Asset+ and additional screening measures and receive the right mental health intervention either as part of the YOS intervention or via EHS specialist CAMHS.

YOS Mental Health Pathway
Royal Borough of Kingston and London Borough of Richmond

All children and young people that are signposted to YOS by police or courts are screened for developmental, emotional, behaviour, mental health and learning problems through the Asset and Asset Plus screening interview process carried out by the allocated YOS officer

Consultation with Mental Health clinician aimed at enhancing assessments and interventions via sharing a range of systemic and psychological theories and understanding, emphasising systemic thinking about families and the organisation.

Triage Team meet weekly to discuss arising cases in consultations. As a consequence, the clinical team will engage in decision-making as to which clinician's skill set best matches a case. Records will be kept as to the content of discussion and rationale around the outcomes of Triage meetings.

Interventions – joint work or specific commissioned work, FT's will also be part of a family therapy clinic in collaboration with other EHS Family Therapists. Counselling Psychologist will consider group work, possibly co-working with a member of Resilience to further develop skills. The EP is able to support in contexts when psychological issues arise around school attendance, attainment and emotional well-being.

Mental Health Specialist refers/steps up young person to specialist CAMHS (tier 3) for further assessment and mental health intervention in addition to continued work at the YOS.

If a young person is transitioning back from a Young People's Secure Estate on both welfare and/or youth justice grounds, any specialist assessment findings and treatment needs are communicated to the local YOS and CAMHS, to ensure continuity of care/treatment and prevention of re-offending.

If young person is sent into a secure setting, i.e. custody/remand, the findings and recommendations of mental health assessment(s) are communicated to Youth Justice Board (YJB) and Key Worker in secure setting to inform the placement and specialist help offered depending on the need of the young person.

The new Health and Justice Forensic CAMHS, commissioned by NHSE Specialised Commissioning, will provide advice and consultation, specialist assessments and evidenced based treatments for complex high risk cases.

Locally there is an agreement with 'Criminal Justice together', who provide a forensic mental health service for young people within custody suites and who will undertake an assessment of the young person mental health needs. This assessment findings will be passed on to the YOS to assist in the planning of an intervention for the young person.

Kingston and Richmond CCGs spot purchases Multi-systemic Therapy (MST) interventions. MST is a licensed intensive multi-modal family and community based intervention for children and young people aged 11-17 at risk of out of home placement in either care or custody, due to anti-social behaviour/conduct disorder and where families have not engaged in other services

The Youth Offending Service is a multi-agency partnership between the two councils, (Kingston and Richmond) the Police, Probation and Health Services, each of whom holds a statutory responsibility for resourcing and supporting the multi-agency YOS.

The Youth Justice Plan highlights the following key priorities;

- Embedding the new service delivery model of Youth resilience team
- Reducing the number of young people who offend in the first place (First time entrants)
- Ensuring that the health and well-being of young offenders is maximised
- Maintaining effective safeguarding arrangements for young offenders, their victims and the public
- Focusing on reducing re-offending and harmful behaviour
- Engaging and enable young people who offend to achieve better outcomes
- Driving continuous improvement and future proof service

Equally there are processes in place through the new Youth Resilience Service that brings together The Youth Offending Service, Adolescent Response Team and Young People Substance Misuse Services, who work with highly vulnerable adolescents, including children and young people in need, post court and pre-court cases of young offenders and tier 2 treatment cases for substance misuse.

The focus of this integrated service is on young people who are:

- Aged 13+ with multiple vulnerabilities and engaged in risky behaviour(s), whose needs cannot be met by Family and Youth Support cluster teams;
- Aged 10+, who may enter into the criminal justice system and require youth justice intervention and those under 13 who require substance misuse support;
- Engaged with offending and or substance misuse, risky behaviour or at risk of Child Sexual Exploitation (CSE);
- At risk of homelessness with a focus on 16/17 year olds;
- At risk of becoming children looked after.

This means that those young people on the edge of the youth justice services will receive appropriate assessments in relation to their mental health and emotional wellbeing.

The local YOS strategic governance board sets a local key performance indicators framework against which the effectiveness of the service delivery is measured and monitored by the board. The YOS governance board operates under agreed Terms of Reference that have been developed in line with the YJB guidance on modern partnerships best practice. The board meets four times a year and is chaired by the Deputy Chief Executive for Achieving for Children. There is a high-level partnership representation on the board from both Richmond and Kingston boroughs.

The board is responsible for ensuring that there are effective multi-agency working arrangements, and sufficient and proportional resources deployed to deliver high quality youth offending services that meet local needs and statutory requirements.

Examples of partner contributions include:

Achieving for Children (Local authority)
Developed and implemented clear pathways for young offenders and their families to access additional support from the Strengthening Families multi-agency team (i.e. Family Coaches, DV perpetrator, DV practitioner, FGC workers and employment advisors).

Health
The health offer includes regular opportunity for specialist mental health case consultation, the option for direct short-term interventions and training to YOS staff on a range of mental health related topics

Police and Probation
They are active in local engagement work e.g. The Richmond Youth Crime Conference, schools

Needs Analysis Findings
The main mental health issue affecting those participating in offending behaviour are depression, anxiety and self-esteem issues. This is consistent with the main presenting issues for the wider children and young people population. There was no evidence found to suggest that there were unmet speech and language or neurodevelopmental disorders within this group disproportionate to the wider population.

A high degree of young offenders were however, participating in unhealthy lifestyle choices, such as smoking, substance misuse, poor sleeping patterns and unhealthy diets. All factors known to contribute poor emotional wellbeing and mental health. There is also a particularly strong link between substance misuse and offending activity locally.

Young people working with the service have told us that they were aware of the mental health support available, but that they did not want to engage due to the stigma attached with these service and that they preferred to confide and engage with their YOS workers, people 'they trust'.

Conversely, front line Police officers and other youth justice professionals told us that they did not have the confidence, knowledge or skills to manage or support mental health issues effectively.

Key Deliverables – what are we going to do?
Kingston and Richmond have the lowest rates of first time entrants and re-offending across London. It is our aim to consolidate this lead position with the following actions:

Action	By When	Investment	2017/18 Progress Update	Outcome
Commission bespoke training for front line Police officers within the neighbourhood teams and custody who are one of the first points of contact with the YJS for young people	April 2017	£10,000 Non Re-current	Training delivered.	• Increased knowledge, confidence and resilience amongst the youth justice workforce. • Increased identification of unmet mental health needs • Improved experience/ interaction for young people with the youth justice system • Reduction in first time entrants to the youth justice system
Commission a liaison and diversion officer to be co-located within the YOS to improve early intervention at the first point of contact with the YJS and reduce the opportunities to disengage with CAMHs.	June 2017	£20,000 Re- current	Difficulty recruiting to post. Review to be undertaken of this post.	• Increased early intervention • Reduced avoidance/ disengagement by young people with mental health services This has yet to be filled, problems with the grade of the post needs re-evaluating

Develop the mentoring capacity within the youth offending team to promote engagement and early intervention	June 2017	£10,000 Re-current	Youth worker has engaged 35 young people since April. Young people encouraged to participate in activities to support their emotional wellbeing	• Increased self- esteem • Reduction in risky behaviour and unhealthy lifestyle choices • Reduction in stigma
Spot purchase MST and neuro- developmental assessments for young offenders to improve their access to specialist interventions and to avoid long waiting times for assessment	April 2017	£15,000 Re-current	Richmond 4 Kingston 3	• Increased access to specialist evidenced based interventions • Reduction in re-offending rates

Progress- what have we achieved to date?

We have completed a needs assessment to inform the associated action plan and through co –production identified the key areas for investment.

The recruitment process for the additional posts has been slower than anticipated. However, both roles have now been appointed to.

The number of young offenders accessing MST has increased.

Performance Indicators- how will we know, if we have been successful?

The following KPIs will be used to measure the impact of investment

Activity Indicators	Direction of Travel	Baseline 14/15	Actual 15/16	16/17	17/18	18/19	2020 Target
Number of First Time Entrants into Youth Justice System	Decrease is better	32	32 Kingston 32 Richmond	48 Kingston 46 Richmond	43 Kingston 37 Richmond	-	<30
Rate of re-offending per 100,000 population Note published YJB data only goes to 15.16 as always 2 years behind	Decrease is better	41.6	46.0% (both RbK & LBR)				20.2
No of Referrals to MST	Increase is better	-	1	2	4		
Average waiting times for neuro developmental assessment	Decrease is better	6.1 wks	15.6wks	22.6 wks	19 wks	*	12 wks

* As part of the current NDT review, we aim to give vulnerable groups 'fast track'access to an NDT assessment from April 2019.

2018 onwards – what next?

A key focus will be on increasing the pace of embedding the newly appointed posts, ensuring the profile of the posts is visible and utilised and that their activity is recorded and measured against the agreed KPIs.

We will also undertake a self-assessment against the recently published Health and Youth Justice Toolkit.

Challenges
The capacity across the youth justice workforce to prioritise their engagement in training and recruitment exercises against other competing priorities is a challenge.

Kingston and Richmond have been very successful with reducing the number of first time entrants, re-offending rates and those sentenced or remanded to custody. As the total number of children and young people from Kingston and Richmond in contact with the integrated YOS is relatively low, even small increases or decreases can dramatically affect key performance indicators. Consequently, it will be an ongoing challenge to maintain the excellent performance level.

7 Children and Young People's Improving Access to Psychological Therapies (CYPIAPT)

Our ambition is to have the right capacity of therapists, supervisors, psychiatrists and mental health nurses to deliver the full range of CYPIAPT evidenced based interventions that are NICE compliant. This also includes ensuring that IAPT principles are embedded across all services within the spectrum of CAMH services. Therefore facilitating access to training for all sectors of the local workforce in the principles of Improving Access to Psychological Therapies (IAPT) is crucial. Richmond is a member of the London and South East IAPT Collaborative and has been using IAPT measures since January 2014 previously as part of the UCL and Kings London Collaborative.

Richmond has been a member of the London and South East IAPT Collaborative since 2013 (Wave 2). Existing CAMHS providers have made considerable use of the IAPT curriculum despite the relatively small workforce in Richmond.

There is an expectation that those organisations commissioned to deliver specific activities within the Transformation Plan who are not already a member of the IAPT partnership will join and introduce as a minimum session by session routine outcome measures to ensure their interventions are goal focused.

We will also support services to access the IAPT curriculum and hold regular learning events and networks to enable staff to come together and share good practice.

a) Collaboration and Participation

SWLStGs (Richmond & Kingston)
SWL CCGs have invested in a dedicated Participation Officer employed by our Specialist CAMHS provider SWLStGs who provides support in participation principles of IAPT across the SWL. The Participation Officer co-ordinates a large number of service user groups and activities and supports an active network of approximately 20 young people who are working on a number of projects. The Participation Officer has also provided training for young people who are often included in interview panels when hiring new staff and invited to Trust events to share their experiences of the service or provide input into shaping new services.

AfC (Richmond & Kingston)
AfC has invested in a dedicated team of 4 Participation Officers covering:

- Children and Young People with Special Educational Needs and / or Disability. Two Participation officers undertake work ranging from support to individual children and young people around specific issues, through regular focused groups with small, fixed memberships (such as the Online Media Group), to consultations with children and young people across a wide range of schools and settings.
- Two Youth Engagement leads who support the Kingston Richmond Youth council comprising 30 CYP from Kingston and Richmond schools, the Children in Care Council comprise a group of nine young people who have experience of being looked

after. They find out the views of young people to establish a clear picture of their issues, aspirations and concerns and undertake a wide range of borough wide consultations including Mental Health and Young People peer research

Off The record
Young People's Advisory Group organise ongoing conversations with young people.

b) Evidenced Based Practice

The CCG continues to support participation by providers in the CYPIAPT evidence-based training programme as part of delivering its local workforce strategy and meeting the national workforce development objectives. Richmond CCG will continue to support providers to attend CYPIAPT evidenced based training through use of transformation funds.

Existing CAMHS providers have made considerable use of the IAPT curriculum despite the relatively small workforce in Richmond. The IAPT programme continues to expand its wide range of evidenced based training programmes.

The Emotional Health Service and specialist CAMHS tier 3 have made good use of CYPIAPT training. To date the following IAPT training has been undertaken or planned:

Year	Number of staff trained	Course	Service	Sector
2014/15	4	Postgraduate Certificate in Enhanced Evidence Based Practice (EEBP) at Reading University	Early Help and Protection service	Local Authority
2015/16	1	IPT-A Therapist	Emotional Health Service	Local Authority
2015/16	3	CBT Therapist SFP Supervisor IPT-A Therapist	CAMHS Tier 3	NHS
2017/18	5	Recruit to train Wellbeing counsellors Under 5's	CAMHS Tier 3 Emotional Health Service	NHS Local Authority

During 2017/18, CYP IAPT training places have provided a new IPT intervention to offer CYP within the Emotional Health Service. There is also increased access to evidence based early intervention services via four new Children Wellbeing Practitioners (CWPs) and two new Recruit to Train staff. Staff who have completed CYP IAPT training in previous years have been retained and continue to practise the evidence based interventions that they were trained in.

c) Routine Outcome Measures

A key feature of IAPT is to ensure all NHS funded providers are using routine outcome measurement (ROMs) tools with children and young people throughout their support and routinely submit information to the National Mental Health Services Data Set.

All three main providers, SWLStGMHT, Achieving for Children and Off the Record routinely use ROMs. However, not all providers are submitting this data to the mental health service data set (MHSDS). In the case of Off the Record, whist supporting the principles of CYPIAPT they use CORE as their ROMs.

NHS Funded Service Provider	ROMS	Reporting to the NHS MHSDS
Achieving for Children	√	X
SWLstGMHT	√	√
Off the Record	Core outcome measure	X

Achieving for Children

Service	Total referrals accepted	otal number of CHI-ESQ ROMs	% completion rate
Emotional Health Service	1151	59	19.5%

SWLstGMHT

Service	Total referrals accepted	Total number of CHI-ESQ ROMs completed	% completion rate
Richmond Tier 3 locality Team	**1413**	**415**	**29%**
SWL Neuro Developmental Team	**3987**	**2277**	**57%**
SWL Eating Disorder Service	**643**	**516**	**80%**

Off the Record

Service	Total referrals accepted since	% completion rate
Community Counselling	**380**	

d) Improved Supervision

Improved supervision is recognised as a core component of CYPIAPT and Richmond will continue to support providers who wish to attend this training. Currently, the professional lead in our specialist CAMHS tier 3 providers has completed UPROMIS training and another senior supervisor has completed CYP-IAPT supervisor training.

e) Participation

All local providers have been made aware of the CG's commitment and invited to apply for CYPIAPT training. During 2017/18 AfC was supported by the CCG for one member of staff to attend Discussions held with Off the Record, our voluntary sector provider to identify a member of staff to attend CYPIAPT training. However, it was not possible to pursue CYPIAPT training even with the availability of backfill funding, as staff are part time and employed elsewhere, so are unable to dedicate the time required to attend the training.

f) Salary support

The CCG will continue to make an annual financial allocation within its CAMHS transformation programme to provide for backfill salary costs for those organisations undertaking IAPT training

Our sustainability plan for CYP IAPT funding was successful during 2017/18 and is based on the following approach agreed by all key partners (CCG, AfC, SWLStGs and schools) where they will contribute a proportion of costs of new HEE or CYP IAPT posts

Action	CWP Posts	RTT Posts
Discussions with Head teachers, AfC and SWLStGs about applicable posts	Oct 2017	Nov 2018
Completion of service Evaluation Reports and finalisation of service offer	Feb 2018	Feb 2019
Schools workshop	Feb 2018	Feb 2019
Expressions of interest from schools	March 2018	March 2019
Finalisation of partner contributions	March 2018	March 2019

This approach was successful for the Child Wellbeing Practitioner posts. The current position is that AfC agreed to fund one CWP. SWLStGs continue to meet the on costs of the CWP posts, 6 schools have bought into the service and the CCG has made up the shortfall in cost. The same approach will be used in relation to the two ASD Recruit to Train posts where HEE funding ends in January 2020.

We will increase funding available to support services to continue to access the IAPT curriculum including salary support in acknowledgment that this has been withdrawn from central funding.

8 Eating Disorders

8.1 Progress on implementation of the NHSE Commissioning Guidance

Access and Wait times to the required standard

The service has continued to improve access and is likely to meet the 95% national trajectory.

Access Waits (Unify2)	Routine - Complete		Urgent - Complete	
	16/17	17/18	16/17	17/18
Kingston	100.0%	83.3%	100.0%	100%
Merton	16.7%	33.3%	33.3%	100%
Richmond	68.4%	100.0%	100.0%	100%
Sutton	83.3%	75.0%	0.0%	100%
Wandsworth	73.7%	83.3%	0.0%	100%
Total	71.9%	78.6%	60.0%	100%

Whilst the service prioritises access, occasionally access targets are missed due to patient holidays, cancellations/DNAs, data entry errors etc.

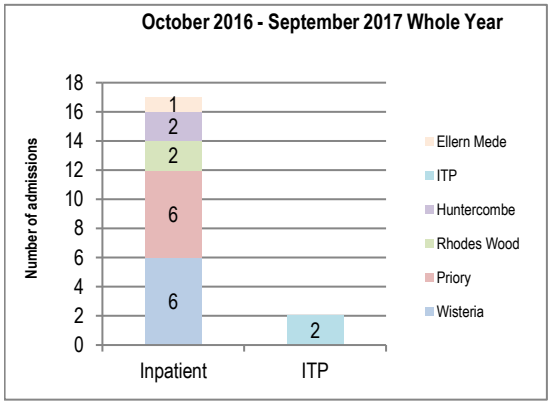
CEDS Data Summary

Referral Numbers

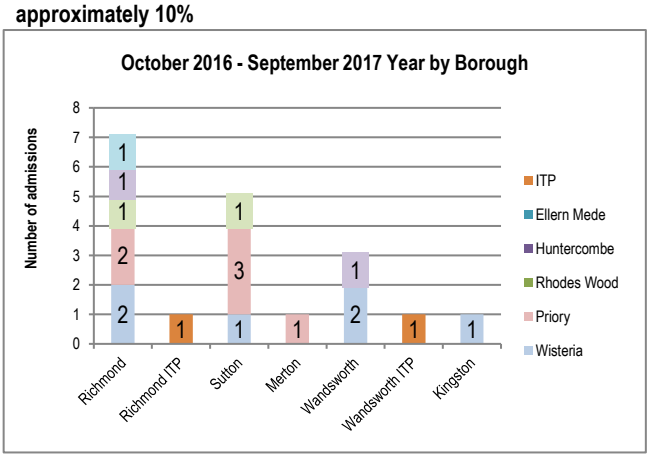
Referrals by CCG	16/17 Q1-Q4	17/18 Q1-Q4
Kingston	26	31
Merton	34	29
Richmond	40	41
Sutton	40	41
Wandsworth	37	51
Total	177	193

17/18 (Q1-Q2) – 1 client on ED caseload admitted to CAMHS ED bed

Tier 4 Admissions Graph for Year 3: October 2016 - September 2017



Tier 4 Inpatient admission rates for SWL in 2016/17 were approximately 10%



Caseload

Caseload by CCG	16/17 Q1-Q4 Monthly Avg.	17/18 Q1-Q2 Monthly Avg.
Kingston	21.8	20.3
Merton	16.8	15.7
Richmond	29.5	29.0
Sutton	17.7	16.5
Wandsworth	25.6	20.0
Other	0.3	0.0
Total	111.6	101.5

16/17 (Q1-Q4) – 2 clients on ED caseload admitted to CAMHS ED bed
17/18 (Q1-Q2) – 1 client on ED caseload admitted to CAMHS ED bed

Kingston CCG, Merton CCG, Richmond CCG, Sutton CCG and Wandsworth CCG are jointly commissioning the CEDS from SWLStG

Progress against the NHSE Commissioning guidance is detailed below:
The introduction of the new service saw a change of referral criteria; previously, cases were accepted only at ICD-10 diagnostic threshold. ICD-10 and DSM V thresholds did not have a good validity. This change in criteria has resulted in children and young people with sub threshold eating disorders being identified and treated early with eating disorders. Access to CYP CEDS is via the Single point of access, which accepts self-referrals and offers a telephone triage assessment within 5-10 working days. Following the triage referrals are either signposted to the generic CAMHS (tier 3) for an initial assessment of the (self-)reported problems or directly signposted to the CEDS for an urgent or routine ED assessment.

Like other community eating disorders services the service have sub contracted sessional Consultant Paediatrician input to offer an integrated physical and mental health pathway for those children and young people, who require re-feeding or other physical health investigations/treatment and those, who come through the acute route.

Range and depth of work with all eating and ARFID diagnoses
The CEDS service delivers evidence based treatments in line with the recommended service model covering early intervention without thresholds, the ability to work intensively with patients, measuring referral to treatment, outturns and outcomes. Young people and families are involved in service development and there is joint working with SWL commissioners.

ARFID (Avoidant Restrictive Food Intake Disorder), which covers a range of presentations for which weight and shape concerns are not a key symptom. Young People with ARFID often present as significantly underweight, nutritionally deficient, and their eating difficulties have a significant impact in their ability to engage with their normal developmental trajectories, including growth, social, and emotional development. ARFID requires a different treatment pathway from other eating disorders, and specialist knowledge and skills that are not widely possessed even in skilled CAMHS professionals. The SWL team have the skill set to also care for this group of children

Full evidence-based treatments for the whole range of eating disorders
The service currently treats Anorexia Nervosa and Bulimia (the latter without the severity threshold), ARFID and Binge Eating Disorder.

Full range of treatment for all co-morbidities within the team with evidence-based treatments
Common co-morbid conditions, such as OCD, depression, anxiety disorders and ASD are integrated into the current service model, but there is not the capacity to treat all co-morbid conditions.

Fully integrated physical health management
This is only partly achieved. Currently, GPs are undertaking the physical health checks.

Ongoing training and development to the required standard
The service have attended The HEE national training events for CEDS, this has enhanced their knowledge and skills in community eating disorders, improving access as well as providing a networking forum to share ideas and best practice with other community eating disorders services.

The workforce has individuals trained in the following areas:
- Family Based Therapy
- Family Therapy for Anorexia Nervosa
- Multi-family therapy group programme (length: 6 months, twice per year)

- Cognitive Behaviour Therapy

Intensive treatment to the required standard to ensure 7% overall admission rate
There is some ability within the service to provide intensive treatment. However, due to the increasing number of referrals this will require more capacity, for example, the initial business case included two days of a day programme for those children, who required intensive support. This was reduced to one day in 2017/18 and stopped in 2018/19 and substituted with bespoke intensive community care packages, to enable the service to meet the access and waiting time targets.

However, there is liaison with paediatric admissions, intensive groups are run for young people and families. The service also delivers a range of creative therapies and provides bespoke community packages that are (slightly) more intensive.

Outcomes measured and meeting the required standard
The service collects ARCAD, patient reported goals, ESQ and EDQ. EDE-Q is a reliable outcome measures for community eating disorders services that is collected by the Trust. The data below for clients discharged from CEDS since April 2016 with EDE-Q measures paired. There were low number of paired measures, which limits quality of data in 17/18. There is a plan to review more outcome data at a workshop scheduled for November 2018. There was no clinical cut-off scores for EDE-Q scales so data presented is an arbitrary pass/fail, this isn't necessarily clinically meaningful due to the way the sub-scales interact throughout treatment.

EDE-Q Data Summary shows

EDE-Q Data (First -> Last Global Score)	16/17 Q1-Q4	17/18 Q1-Q2
Improved	30	6
Deteriorated	6	4
No change	1	0
% Improved	81.1%	60.0%

Please note:
- this is for clients discharged from CEDS since April 2016 with EDE-Q measures paired
- low number of paired measures (below service expectations) limits quality of data in 17/18, this will be reviewed for potential data entry errors
- no clinical cut-off scores for EDE-Q scales so data presented is an arbitrary pass/fail, this isn't necessarily clinically meaningful due to the way the sub-scales interact throughout treatment
- Further analysis is required and the Trust will be sharing its findings at a workshop re-scheduled for November 2018.

Co-production between local CYP-CEDS and local commissioners, accountable to NHSE every year until 2020
The service is closely linked with local paediatric services across SWL and local Commissioners. Further development is needed in relation to co-working with tier 1 and tier 2 services offering advice, training and initial help in schools and colleges as well as at GP consortia and other educational events.

Tier 4 Admissions
The numbers of children admitted into Tier 4 has reduced since the introduction of the services; this is demonstrated by the reduction in expenditure on eating disorders in patient settings. The data from the service shows that for 16/17 (Q1-Q4) only 2 clients on ED caseload admitted to CAMHS ED bed out of a caseload total of 111.6 and for 17/18 (Q1-Q2) 1 client on ED caseload (total caseload (101.5) admitted to CAMHS ED bed

Caseload by CCG	16/17 Q1-Q4 Monthly Avg.	17/18 Q1-Q2 Monthly Avg.
Kingston	21.8	20.3
Merton	16.8	15.7
Richmond	29.5	29.0
Sutton	17.7	16.5
Wandsworth	25.6	20.0
Other	0.3	0.0
Total	111.6	101.5

The transformation plan 2018 to 2021 for community eating disorders services needs to focus on the following areas:

- promoting of self-referrals to CAMHS SPA offering an initial triage of Eating Problems prior to signposting to specialist CEDS, to bring the service in line with access and treatment waiting time standards.
- Refining the threshold criteria for this service in close co-operation with CAMHS SPA and Commissioners. This needs to be linked to the development of an outcome based service specification
- The current delivery model focuses on the transactional element of achieving NHS access targets for community eating disorders; however, there are missed opportunities in imbedding the service provision with the local authority strategies that would enable a holistic service offer for children with eating disorders across all tiers of help
- The Transformation plan needs to link in with primary care programme to improve the physical health monitoring of children with eating disorders using the Children's Clinical leads to champion this work within the localities
- Refine the service offer so that it continues to meet the access and waiting times target, but also expands the service offer for young people to include intensive community treatment as part of the strategy to prevent hospital admissions whenever possible, supporting the development of the crisis care concordant to include children and young people with eating disorders, improving the interface for children and young people with self-harm with locality based services, working with the voluntary sector and the local authority services to ensure families have broader community support within their localities and working with the locality CAMHS services to develop joint protocols for those with complex mental health comorbidity

Service Specification

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.

Quality Improvement programme

The CEDS from SWLStG has signed up to a national quality improvement programme in 2018. The SWL CCG cluster have agreed to fund the membership fees for the Quality Improvement Network peer review process via the Royal College of Psychiatry (QNCC-ED standard 2016) in 2018/19; the outcome of the peer review process will inform future service developments

9 Data – Access and Outcomes

A national objective has been set by government to increase access to evidenced based treatments by 2020/21 for at least 70,000 additional children and young people for common diagnosable mental health conditions, such as developmental disorders - ASD, ADHD, emotional disorders - anxiety and depression with or without self-harm and eating disorders, behavioural disorders, oppositional defiant disorders and conduct disorders.

National targets have been set for the following years in line with the government's objective of increasing access by 10% over the next 5 years from an access baseline of 25% in 2015/16 to 35% in 2020/21. Below is a table that outlines the 5 year targets for Richmond CCG.

Increasing Access to Evidence Based Treatment - Richmond

Objective	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service	25%	28%	30%	32%	34%	35%
Target number of children	482	535	964	1028	1092	1124
Actual	482	535	1,196	550*		

* Data is April - August 2018

The predicted FOT for 2018/19 is 1,320 which is a variance of 292.

SWLStGs is the only provider currently flowing data to the MHSDS. The extent and completeness of this data from the August 2018 MHSDS report is showing that there are 16 data items, of which SWLStGs are reporting on 13 of these with a validity % of 90%.

HRCH and AfC will be flowing data to the MHSDS from the end of October 2018. The voluntary sector organisations Off the Record and NSPCC are yet to flow data. The Richmond CCG action plan describes how each provider will flow data to the MHSDS including how data quality will be improved.

Evidence of implementation of routine outcome monitoring is provided in section 7 -CYP IAPT. Our ambition with ROMs is that by 2020 two out of three CYP accessing IAPT treatment should have an outcome recorded to include ESQ and repeat RCADS and that this is flowed to the MHSDS. Our plan to achieve this is detailed below:

Actions	Outcomes	Provider	Timescale
Agenda as standing item on team meetings	Regular review of paired measure scores	SWLStGs EHS	Monthly
Appoint ROM champions in team and/or cluster	Staff experts can support other members of staff	SWLStGs EHS	November 2018
Provide access to staff training	Improve understanding of ROMs and implement process	SWLStGs EHS	December 2018
Provider to review system for collection of paired measures to improve collection rate	Protocol or operational developed	SWLStGs EHS	January 2019
Paired measures to be included as a regular agenda item at the quarterly CAMHS Commissioners/provider performance meeting	Include in CAMHS performance dash board	SWLStGs EHS	January 2019
Flow paired measures data to MHSDS	Paired measure fields completed in the MHSDS 40% 70% 100%	SWLStGs EHS	 Jan 19 Mar 19 May 19

Routine monitoring of data has informed the of key ambitions in the LTP and it is evidenced is as follows:

- SWLStG is producing quarterly reports on CAMHS SPA activity that include information on referral numbers, access times, presenting problems and a number of other factors. These reports were used to inform the redesign of the CAMHS SPA. The activity and

signposting outcome report forms the basis of a quarterly meeting with providers and commissioners (see access chapter)

- The SWL contract monitoring governance framework includes a monthly performance meeting where the tier 3 CAMHS dashboard is monitored and exception reports are produced, where performance achieve the required target. The data on neuro development assessments, considered by the performance board, demonstrated that capacity to meet the 18 week target was not being achieved.
- The Eating Disorder data is also part of the tier CAMHS dataset. This is used to monitor performance of CEDS against national access and waiting times targets (see access chapter and section 8- Eating Disorders)

Kingston Richmond LSCB
There are a number of local CYPMH dashboards that are used to regularly monitor service delivery and plan service improvements. Mental health and emotional wellbeing continues to be a priority for the Kingston and Richmond LSCB, which routinely considers CYPMH data at board meetings.

Emotional Wellbeing Board
The Emotional Wellbeing board has developed its own dashboard, which is used to support the identification of priority areas for the local transformation plan. For example, the performance data received by the Emotional Wellbeing Board was used to drive the prioritisation for the service improvement/transformation of the CAMHS SPA team.

SWL Mental Health Contract & Performance Meeting
A monthly CYPMH dashboard is produced by SWLStGs, our tier 3 CAMHS provider, for the SWL contract and performance meeting with SWL Commissioners. Performance data relating to the long waiting times for a neuro developmental assessment was used as the basis for approving additional SWL Commissioning funding to reduce the waiting times.

Transforming Care Partnership
The local Transforming Care Partnership performance dashboard informs the monthly surgery meetings between CCGs and NHSE Specialised Commissioning. The data is used to both understand and drive discharges for in-patient beds

There are a range of for a, where the clinical network and Commissioners have discussions about improving data and reporting.

- The SWL Commissioners group regularly discusses data quality and reporting and recently produced individual CCG access recovery plans to improve the data quality of the MHSDS. Commissioners also held a workshop with all providers on 6th April 2018 to agree a strategy for flowing data to the MHSDS.
- A quarterly CAHMS SPA report is produced by our Tier 3 CAMHS provider. This report is used to inform a regular meeting between the specialist CAMHS provider and CCG Commissioner, to discuss performance and address issues of data quality and performance.
- The Clinical Quality Review group meets bi-monthly and considers quality and performance report
- The SWL Mental Health Contract & Performance meeting receives a monthly CAMHS tier 3 performance report and issues regarding data quality is addressed by exception reporting

10 Urgent and Emergency (Crisis) Mental Health Care for CYP

10.1 Urgent & Emergency (Crisis) Mental Health Care for CYP

Following the publication of the Healthy London Partnership Children and Young People's Mental Health Crisis Guidance CCG's across South West London (SWL) have undertaken a self-assessment survey against the recommendations contained within the

guidance and the national Urgent and Emergency Mental Health for CYP Intensive Intervention and High Risk survey. Both of these initiatives have allowed the CCGs to understand further where provision could be improved and develop an action plan, included within the SWL CAMHS Collaborative Commissioning Plan that includes the following initiatives to address these gaps:

Review the SWL psychiatric crisis services/outreach and home intensive services to include

- Implementation of crisis care guidance
- Development and implementation of quality standards
- Evidenced based treatments and pathways
- Commissioning of consistent out of hours' services for young people SWL
- Review Health Based Place of Safety at Springfield Hospital
- Develop a model for community services to support safe discharge that include management support packages
- Identify key workforce issues and work with the SWL Local Workforce Action Board to ensure plans address key requirements

The Healthy London Partnership Children's and Young People's (CYP) Programme are undertaking a peer review process of CYP mental health crisis pathways across London. The SWL pathway was reviewed on 17 November 2017. Upon conclusion of this process mental health system partners will receive a summary feedback report, and upon receipt of this, the action plan above will be reviewed and updated to reflect the feedback received.

The Peer review made the following overall recommendations:

- That a gap analysis is undertaken across the whole mental health crisis pathway to understand where improvements could be made and to initiate the planning process. A crisis steering group, with representatives from across the pathway to oversee could be established, which aligns to the governance structure.

Hospital care:

- Undertake a review of the pathway to reduce the amount of times CYP could be assessed prior to commencing treatment, and increase efficiency.
- Treatment to commence at the first assessment and continue throughout the pathway.
- Standardisation of protocols across the pathway in emergency departments (e.g. triage tool) and ward settings.
- Implement a consistent age cut off for paediatrics (emergency department and wards) across all hospitals.

CAMHS Single Point of Access (SPA) and crisis line:

- Undertake formal evaluation of the Sutton SPA pilot and share learning across SWL. If the pilot is successful it would allow business cases for extending SPA in other boroughs to be developed promptly.
- Undertake a demand and capacity review for the each SPA to understand need.
- Implement a single SPA telephone number which directs to the correct borough team. This would make it clearer to stakeholders which number they need to call.
- Develop and implement a standard SPA referral form.
- Ensure that the 24/7 crisis line is functioning adequately for CYP

Health Based Place of Safety (HBPoS):

- Undertake a gap analysis against the 'HLP Mental Health Crisis Care for Londoners – London's section 136 pathway and Health Based Place of Safety Specification'.
- Improve engagement with the Police and to invite Police representatives to relevant meetings.

- Undertake formal planning for the legislation changes and reviewing and update the s136 policy, with pathway partners, as a matter of urgency.

Voluntary sector and schools:
- Commission mental health workers in schools across all SWL boroughs.

Workforce and training:
- Develop and roll out a CAMHS recruitment and retention strategy.
- Align the training initiatives in place across the pathway.
- Facilitate paediatric staff to attend CAMHS study days.

Safety and Coping Plans:
- Review the interoperability of systems to allow at least CAMHS and acute hospitals to share notes and the SCP.
- Communicate to partners that the SCP can be requested if required.

Governance:
- Creation of a mental health crisis network forum which could be used to share learning and train staff.
- Establish a formal engagement forum for parents and families.
- Develop an overview of all the information that is shared with CYP and families so they have a better understanding of the information they have.

The findings of the Peer review report should have shared with the SWLStGsTrust's Board and other relevant groups within the pathway governance structure.

The actions identified in the peer review report are in the process of implementation.

HLP - CYP mental health crisis peer rev

10.2 SWL CYP Psychiatric Liaison Service

Services are compliant with the 24-hour core requirements and crisis care concordat. Further work will be undertaken in 2018/17 to effectively measure the impact of the SWL model that was introduced in June 2016 and as part of the SWL crisis care work stream.

What are the locally agreed KPIs, access and waiting time ambitions:
Specialist CAMHS assessment and follow up/Liaison service is delivered at West Middlesex Hospital which is the local hospital nearest to Richmond. In addition, this service is also available in all three other A&Es in the surrounding boroughs hospitals i.e. St Georges (Wandsworth), Kingston and St Helier's (Sutton)

The locally agreed KPIs are as follows:
- All young people have a specialist CAMHS service within 24 hours who present at A&E between 9 -5 pm Monday to Sunday
- Number of children/young people not previously known to CAMHS
- Number of children/young people admitted due to Mental Health concerns

How are CYP and families involved in the service and how do you monitor their experience and outcomes.
- All care planning is agreed with parents/families
- Discharge and on ward referrals from the service is agreed with parents/families
- General feedback from young people is routinely gathered from the young people council which is coordinated by the Trust Participation lead
- Implementation of evidence based model of assessment i.e. Therapeutic assessment model will gather feedback and further involvement with young people and parents/families

Our CETR process and risk register enables the provision of Crisis Care for Children and young people with learning disabilities. The proposed South West London TCP funding will enable further service developments in this area in 2018/19.

The planned development of the single point of assessment in Richmond will promote more robust interface with the Emergency Liaison service. Any onward referral and assessments can be forwarded to this service. An agreed set of revised outcomes of this new service will include this interface

The SWL CYP Psychiatric Liaison Service costs for 2017/18 is £368,998

11 Integration

11.1 Local CAMHS Transition CQUIN

Transition to Adult Services is recognised as a particularly difficult process for vulnerable children and young people. In Richmond, the transition lead in adult services (social care) tracks young people coming through transition from school year 9 (the year in which they turn 14) to identify those who are likely to needs support from adult services. This information is collated on a Transition Tracking List. One aspect of this tracking process is to highlight those who will need support from specialist health services.

- Your Healthcare, commissioned by the CCG to support those with a learning disability; CMHT and Early Intervention and Psychosis teams for those with mental health needs. Young people with complex health needs are also referred to the Adult Continuing Healthcare Team, part of Hounslow & Richmond Community Healthcare NHS Trust (again commissioned by the Richmond CCG). Young people are duly highlighted to the relevant team. One area of concern remains young people who could reasonably be described “potentially vulnerable adults” (PVA) or just “vulnerable adults” (PV) depending on their age.
- Many of these young people do not or are unlikely to meet the criteria from support from adult social care (based on the Care Act 2014) or from the specialist healthcare teams highlighted above ether because they do not have the requisite diagnosis or their needs are not deemed to be significant enough. A number of these young people have had input from CAMHS up to the point at which they reach adulthood. (see section 7.2l)
- Locally, our SWL CAMHS CQUIN implementation plan (see section 5.8) is being used to improve the transition pathway between CAMHS and the Adult Mental Health Service

11.2 National CAMHS Transition CQUIN

This CQUIN is intended to improve the outcomes for young people who transition out of CYPMHS; to improve young people’s experience of transition; to improve young people, parent and carer involvement; and to incentivise the safe transfer of care for young people.

The point of transition from Child and Adolescent Mental Health Services is recognised as a point of potential upheaval for young people who may find it difficult to navigate new service settings, or to manage their mental health following discharge from CYPMHS, especially as the availability and offer of support can change dramatically from CYPMHS to AMHS or voluntary sector services.

It is estimated that more than 25,000 young people transition each year. It is reported that this process is often handled poorly, which can result in repeat assessments and emergency admissions for this large cohort of service users at a critical stage in life. Recent research has highlighted how few people make the transition across to adult services, which have a different culture to CYPMHS services and focus more on clear diagnostic categories with the result that AMHS often exclude young people at the point of transition who may go on to develop more severe problems.

Moreover, even when adult services do accept a referral, there is no guarantee that the young person’s transfer will be handled properly, and they may go on to disengage from services all together. The TRACK study shows that transitions for young people at the

age of 18 are poorly managed resulting in only 4% of young people receiving an 'ideal transition'. Transitions for vulnerable groups, such as those within the criminal justice system can be particularly problematic.

South West London Commissioners have requested the information in Table 1 below from South West London & St Georges Mental Health Trust which outlines the rate of transition by CCG across South West London and how long the transition to Adult Mental Health Services takes.

The transition data is inclusive and incorporates those children with Autistic Spectrum Disorders/Severe and challenging behaviour that Transition to Adult Services.

2017/18

CCG	Number
NHS Kingston	60
NHS Merton	27
NHS Richmond	70
NHS Sutton	49
NHS Wandsworth	57
Other	6
Total	**269**

Above clients with adult (RiO or IAPT) referral within (31 and 61) days before or after CAMHS discharge

CCG Local	<31 Days	>61 Days
NHS Kingston CCG -60	7	15
NHS Merton CCG - 27	5	6
NHS Richmond CCG- 70	5	16
NHS Sutton CCG-49	13	19
NHS Wandsworth CCG- 57	2	4
Other	1	2
Total	**33**	**62**

This baseline information will be developed and form the basis of the implementation plan for improvement agreed with Adult Mental Health Services and key Stakeholders to ensure that there is year on year metric improvement alongside the milestones in table two overleaf.

Key Milestones for Improvement – Table 2			
Date/period milestone relates to	**Rules for achievement of milestones (including evidence to be supplied to commissioner)**	**Date milestone to be reported**	**Milestone weighting (% of CQUIN scheme available)**
Q1 2017/18	Sending and receiving providers to jointly develop engagement plan across all local providers. Sending and receiving providers to map the current state of transition planning/level of need and to submit joint report on findings to commissioners. Sending and receiving providers to develop implementation plan to address identified needs and agree approach with commissioners.	July 2017	**10%15%** **15%**
Q2 2017/18	Sending and receiving providers to update and assure commissioners as to implementation of joint plan to support better transition planning	October 2017	**10%**
Q3 2017/18	Update Report.	January 2018	**0%**
Q4 2017/18	Sending provider to undertake case note Audit assessing those who transitioned out of CYPMHS from Q4. Performance rewarded as per rules for partial achievement of the indicator; reward to be applied to all providers subject to this CQUIN. Sending provider to undertake assessment of discharge questionnaires for those who transitioned out of CYPMHS in Q4. Performance rewarded as per rules for partial achievement of the indicator. Reward to be applied to all providers subject to this CQUIN. Receiving provider to undertake assessment of post-transition questionnaires of those who transitioned to AMHS from CYPMHS through Q4. Performance rewarded as per rule for partial achievement of the indicator; reward to be applied to all providers subject to this CQUIN. Sending and receiving providers to present to commissioners a joint report outlining overall CQUIN progress to date. Results to be submitted to NHSE via UNIFY2 collection.	April 2018	**25%** **10%** **10%** **5%**
		Total	**100%**

(Targets in the CQUIN are an estimation subject to ongoing review and agreement with South West London & St Georges Mental Health Trust)

Transition CQUIN

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.

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 18th birthday. The CQUIN aims to improve the experience of young people and their carers in the transition to adult services.

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

12 Early Intervention in Psychosis and CAMHS Clients

Across south west London, Clinical Commissioning Groups Commission Early Intervention in Psychosis (EIP) services from South West London and St George's Mental Health Trust (SWLStG). EIP services across south west London remain adult services, but the Trust has implemented systems changes to ensure the EIP standard is adhered to for children and young people receiving treatment in child and adolescent mental health services (CAMHS).

In April 2017, SWLStG presented the results of an audit of the Early Intervention in Psychosis (EIP) service, 'CAMHS-EIS Stocktake', to a meeting with commissioners. The meeting also considered a draft protocol the Trust proposed to underpin adherence to the waiting time and treatment standards in EIP services, in so far as they affect children and young people.

The audit found that that across the Trust, there were very few cases of first onset psychosis in child and adolescent mental health services (CAMHS). In general, most children and young people received NICE concordant treatment within two weeks, in line with the standard. However, there was some evidence that psychological therapies (family therapies) were not commenced in a timely way.

In summary, in the protocol to underpin the EIP standards in CAMHS, 'Proposed Clinical Pathway for First Episode Psychosis in under 18s' the trust identified three broad actions:

1. CAMHS to manage young people with emerging symptoms of psychosis that do not warrant treatment
2. Once first onset is identified, consultant leads for the respective CAMHS and Early Intervention in Psychosis (EIP) teams to
   - Co-operate in the child's ongoing treatment
   - agree roles
   - provide treatment in line with NICE guidance
   - manage care according to the Care Programme Approach (CPA)
3. If no specialist care is required, CAMHS will remain solely responsible for the patient's care

In October 2017, the Trust reported

a) The protocol discussed in April 2017 is being adhered to
b) There continue to be few cases of children and young people with first onset psychosis in CAMHS
c) There are no longer any concerns that the full suite of NICE concordant interventions are not being made available in a timely manner.

In addition to adherence to the protocol, the Trust will modify its case management system, IAPTUS, to generate an automatic flag, to identify children and young people with first

onset psychosis, which will aid monitoring of adherence to the EIP standard. A further audit of adherence to the EIP standards in CAMHS is planned for February / March 2018.

12.1 CAMHS-EIS Stocktake

During 2016 the Borough CAMHS teams were instructed to start flagging and recording First Episode Psychosis in line with procedures used in Early Intervention Services, there are no separately funded EIS for under 18s. The numbers are small, since psychotic disorders become more prevalent in older adolescents and adults.

The CAMHS service has sought different solutions to ensure specialist therapists skills are available, but due to the low numbers it has been to identify how the staff time to undertake this training could be justified and how the clinicians would gain enough clinical experience to support the training and keep skills up to date once trained. No funding is available to develop this within CAMHS, the FEP monies are all directed to adult services.

An audit was undertaken looking at the extent of NICE compliance for under18s receiving care for psychosis within the services, this showed they all received medication well within the two weeks requirement, many also had CBT and family therapy provided by qualified clinicians, but not those with CBTp or Family Intervention Psychosis training. Some of these staff were accessing supervision from specialist therapists and so up skilling to meet NICE guidance.

This has highlighted the need to identify an action plan to address the issue and ensure that under 18s receive NICE compliant treatment; this is to refine the care pathway for FEP in under 18s. Additionally, the flags and recording systems are not being used consistently- all CAMHS psychiatrists to have update training on the requirements. The audit will be repeated in one year's time (February 2018).

12.2 Proposed Clinical Pathway for First Episode Psychosis in under 18s:

- CAMHS teams / Child psychiatrists to manage young people with emerging symptoms, at risk mental states or brief psychotic symptoms which do not require treatment
- Once First Episode Psychosis is identified and confirmed, the CAMHS psychiatrist will be responsible to ensure medication is started in a timely fashion and to negotiate ongoing roles with the EIS psychiatrist. The CAMHS team is to co-work with the EIS in the respective Borough with CAMHS providing case management, work around school liaison, safeguarding concerns whilst EIS will provide specialist CBT or family intervention therapy. Which doctor is the RMO and which team is to prescribe will be decided on a case by case basis, taking age and need for access to other services into account. All cases will be managed under Care Programme Approach; similarly, which team provides Care co-ordination will be decided on a case-by-case basis thinking of the young person's age and range of needs.
- If no further specialist intervention is required, the young person's care can be fully provided by the CAMHS team
- 14-year-old with high levels of distress, very acute presentation so need AAOT involvement and may end up admitted to Aquarius: CAMHS to care co-ordinate and provide RMO
- 17-year-old with psychosis, addressing cannabis use: EIPS to care co-ordinate and provide RMO.

13 Green Paper

13.1 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.

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

a. 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.

b. 4 week wait summary: *t*o 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:
   - 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
   - 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
   - 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

   SWL 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.