Greenwich Transformation Plan for Children and Young People’s Mental Health and Wellbeing

[2017/18 Refresh]
Foreword

Our Local Transformation Plan for Greenwich represents the culmination of a period of extensive engagement with children, families and other organisations. It displays our commitment to addressing the gaps and inequalities within the borough’s mental health and wellbeing services for children and young people at a time of urgent need.

The plan outlines our firm commitment to helping children and families to access appropriate support in the right care settings, whilst also supporting services to create and sustain the capacity to manage the rise in demand. Crucially, the plan addresses the need for further integration of care pathways and joint working with other children’s services, so that we can take full advantage of every contact with a child, regardless of the setting.

The value of joint working is therefore reinforced throughout the plan and remains integral in helping us to achieve our shared vision for children and families in Greenwich, as articulated in the recently published Greenwich Children & Young People Plan – to secure strong foundations, to increase resilience in communities, and to intervene early before problems become entrenched.

Neil Kennett-Brown
Managing Director
Greenwich CCG

Louise Mackender de Cari
Assistant Director, Children’s Services
Royal Borough of Greenwich
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Front cover image by Mahrukh Shahid (Royal Borough of Greenwich Young Commissioner)
1. Executive Summary

There is a general consensus both locally and national that mental health and emotional wellbeing services for children and young people require significant improvement in order to meet the rising demand, prevalence and acuity of need, notwithstanding the need to establish parity of esteem for mental health services with physical health equivalents.

Accordingly, the first publication of Greenwich’s Transformation Plan for child and adolescent mental health services (CAMHS) in 2015/16 outlined local priorities and intentions. These focussed on helping children and families to access appropriate support and to build capacity across children’s services, up until 2020/21 and beyond, through the investment of additional transformation funding.

Since then we have made significant progress in Phase One (2015-17) in establishing a wide network of clinical in-reach support services for schools across the borough to great effect, improved the quality of care and outcomes for children with suspected eating disorders within the community, whilst also developing the breadth and volume of available support programmes for parents in Greenwich.

As we enter Phase Two (2017-19) of our Transformation Plan, the focus remains on increasing awareness and improving access, with particular reference to BAME children who are locally underrepresented in mental health services, whilst also prioritising the need to drastically improve urgent and emergency mental health care for children in Greenwich. Moreover, our plan displays our commitment to improving support for children within the Youth Justice System, whilst also focussing on addressing the difficulties and challenges that face children who are transitioning from children to adult services.

The achievement of our priorities remains contingent on establishing a sustainable service model across the children’s system, in collaboration with key partners and local children and families. Greenwich continues to fully support initiatives tasked with instigating wholesale transformation of CAMHS, including the national Tier 4 inpatient bed review in partnership with NHSE, in addition to a commitment to tackling regional challenges at an STP level, such as the development of the CAMHS workforce.
Crucially, Greenwich’s Transformation Plan continues to be guided and informed by the views and experiences of children, families and carers, and has been developed in partnership with a wide range of organisations integral in achieving our shared ambitions.

The 2017/18 annual refresh has been particularly shaped by feedback received at the first Children’s Mental Health Conference in March 2017 and following discussions with the borough’s Young Commissioner Programme, comprised of local children and young people.

As this programme develops we will continue to interact with key stakeholders and service users across children’s services, in recognition of the importance of system-wide joint-working in helping us to address our priority areas and in enabling sustainable transformation for mental health and emotional wellbeing services for children and young people in Greenwich.
2. Background

The NHS Five Year Forward View (5YFV) was published on 23rd October 2014, outlining a vision for the future of the NHS. The 5YFV detailed three key system challenges that must be addressed in order to continue to provide high quality and financially sustainable NHS health care.

- Changes in patients’ health needs and personal preferences

Patients have not been routinely involved in care planning and decision making and therefore have not been encouraged to take responsibility for their own health as part of our models of care. Subsequently, we are experiencing an increase in the acuity of conditions, which could have been mitigated by more effective prevention and early intervention, in addition to the continuation of unhealthy lifestyle choices amongst the wider population, despite a wealth of public health information and campaigns.

- Changes in treatments, technologies and care delivery

Technology is transforming our ability to predict, diagnose and treat disease. As such people are living longer and increasingly living with multiple and long-term conditions. The traditional single condition service structures and pathways no longer meet these multiple needs and we must find better ways of organising care and removing the artificial boundaries between hospitals and primary care, between health and social care, between generalists and specialists—all of which get in the way of care that is genuinely coordinated around what people need and want.

- Changes in health services funding growth

The NHS is facing unprecedented demand in the aftermath of a global recession. This means that to remain sustainable we must explore new ways of funding services that incentivise investment in prevention, early intervention and out-of-hospital care.

Importantly, the 5YFV asks for radical service transformation, including the development of new models of care with a focus on system management, integration and out-of-hospital care that is wrapped around the needs of the patient rather than those of the system. Accordingly, the ‘Children and Young People’s (CYP) Mental Health and Wellbeing Taskforce’ was established in September 2014 to consider ways to make it easier for CYP, parents and
carers to access help and support when needed, and to improve how CYP mental health services are organised, commissioned and provided. The resulting report, ‘Future in Mind’, was launched in March 2015 and articulates how we must proceed in confronting these issues and to create a system that brings together the potential of the web, schools, social care, the NHS, the voluntary sector, parents and CYP themselves. The report identifies five key themes and associated recommendations considered as fundamental in creating a system that appropriately supports the emotional wellbeing and mental health of CYP:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – ‘no more tiers’
- Care for the most vulnerable
- Accountability and transparency
- Workforce development

Local Transformation Plans for CYP Mental Health and Wellbeing have since been driven by NHS England in order to support local areas to develop a phased approach to delivering system wide transformation by 2020 in line with the 5YFV and ‘Future in Mind’, with Greenwich publishing its first Local Transformation Plan in response in 2015/16:

“Anyone who works with or for young people knows that this isn’t just about funding. What is needed is a fundamental shift in culture. A whole system approach is needed, focusing on prevention of mental ill health, early intervention and recovery. We owe this to young people. It is with their future in mind that we must all commit to and invest in this challenge.”

‘Future in Mind’ Norman Lamb MP

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2.1 Our Vision

The Royal Borough of Greenwich (RBG) recently published their local Children and Young People Plan (2017-2020), which clearly defined the vision and priorities for Greenwich, reinforcing a commitment to ensuring that CYP receive the support they need to overcome the various barriers that many encounter on a regular basis. These strategic priorities, as outlined below, are clearly imprinted throughout the plan and continue to guide the transformation of CAMHS within Greenwich.

- **Safe & Secure**
  
  *Some children require more help than others. Children with special educational needs and disabilities, children in care, care leavers and those who are at risk of significant harm will always be a priority for us. It is important that children who face the most challenges in life receive the right educations and support to achieve their full potential.*

- **Prevention**
  
  *We will have a better chance of helping children and their families to make sustained change in their lives if we intervene early to empower them to regain their resilience and overcome challenges. It is important that the right help is provided at the right time for children to get back on the path of achieving their full potential.*

- **Strong Foundations**
  
  *We want all CYP in Greenwich, whatever their background or circumstances, to have the best possible start in life. We want all CYP to have ambition and aspiration and to be supported by effective services, resilient families and good schools. We want them to not only be health and well but to have a sense of belonging, to feel safe, supported and secure in their families and their community.*

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Further strategic context is provided by the **Greenwich Health & Wellbeing Strategy (2015-18)**, which identifies a further four overarching principles for services in Greenwich, refocusing the LTP on local priorities:

- **Good Mental Health**
  
  *Ensuring a strong focus on environments and services that support the development and maintenance of good mental health throughout the life-course, from conception to older age.*

- **Good Physical Health**
  
  *Making the borough a place that provides an environment, services and support to enable people to choose good, healthy food and to be physically active as part of their daily lives.*

- **Healthy Workforce**
  
  *Using the workplace across all our organisations in the borough to promote and support good health and wellbeing of employees. Developing all of our employees as agents of good health and wellbeing amongst the wider Greenwich population.*

- **Health & Care System**
  
  *Overseeing and monitoring the effectiveness of programmes and initiatives to improve all Joint Strategic Needs Assessment priorities, and the changes to the health and care systems in the borough.*

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The engagement and involvement of CYP, families and partner organisations remains a core tenet in the commissioning and development of services in Greenwich.

Much of the work detailed within this document has been directly or partially informed by the views of CYP with a lived experience of our services, whilst the transformation plan itself has been shared and co-produced with a number of partner organisations.

Crucially, the input of Greenwich’s Young Commissioners has helped to shape our priorities and approach to communicating with young people in Greenwich, as we continue to embrace digital solutions to engaging with our local child population.

### 2.2.1 Highlights

In 2016/17 Greenwich continued to engage with local CYP and families through a number of existing forums, including the Greenwich Young People’s Council (GYPC) and the Oxleas CAMHS participation group, Bursting Stigma, in addition to hosting specific engagement events and campaigns. A number of the recent highlights are listed below:

- **Children’s Mental Health Conference, 14\textsuperscript{th} March 2017**

  The first children’s mental health conference was primarily focused on the promotion of ‘good mental health’ in children, in alignment with Greenwich’s Health & Wellbeing Strategy priorities. Market stalls were set up by a range of providers, including Addaction, Family Action, Samaritans and other voluntary sector organisations. The event received positive feedback, with many stating that they found it helpful to understand the range of services available to support children with mental health issues.

  CYP were heavily involved in the planning and running of the event. This included the development of a short film whilst also facilitating discussions and speaking on the day.

- **Young Mental Health Ambassadors & ‘#YouMatter’ Campaign**

  In collaboration with Young Minds, a small team from within the RBG Young Commissioners Programme has recently been recruited as Youth Mental Health Ambassadors. The team has
begun work on a number of initiatives including the development of the ‘#YouMatter’ campaign, involving the establishment of a virtual network for CYP through social media in order to improve methods of communication with CYP and to signpost and provide advice for those who require it.

2.2.2 Future Plans

➢ **Schools Mental Health Network**

In conjunction with the CYP Plan, Greenwich is developing a Schools Mental Health Network, comprised of a number of mental health leads. Greenwich CCG and RBG have also submitted a joint bid to the Department for Education to facilitate a number of workshops bringing together schools and CYP mental health service professionals (Anna Freud Mental Health Services & Schools Link Programme).

➢ **Young Mental Health Ambassadors**

Specific projects have been identified for the recently recruited Young Mental Health Ambassadors; this includes helping to shape future Local Transformation Plans, agreeing an annual programme of universal mental health promotion campaigns and events, and improving inclusion from vulnerable groups through the establishment of a Young Greenwich Mental Health Network.

➢ **Parents Reference Group**

Greenwich are working with Young Minds to support the development of a parent’s network and reference groups to work in parallel with the Young Mental Health Ambassadors detailed above.

➢ **Transformation Plan Workshop**

Greenwich CCG is planning to host its first Transformation Plan workshop in 2017/18. It is hoped that this event will provide a forum for stakeholders, including local CYP and families, to come together as a group and discuss the issues and priorities within Greenwich’s plans.
Second Annual Children’s Mental Health Workshop

In addition to the above Transformation Plan Workshop, Greenwich is also planning to host a second annual Children’s Mental Health Workshop in June 2018 following on from the success of the 2017 event.

Eating Disorder Engagement

As an NHS SYFV priority area, Greenwich has begun drafting an eating disorder engagement plan with the aim of improving local GP and public awareness and understanding of eating disorder services and the related pathways, with a particular focus on SLaM’s Bulimia Nervosa outreach project.
2.3 Local Profile

2.3.1 Joint Strategic Needs Assessment

Greenwich undertook a comprehensive Child and Adolescent Joint Strategic Needs Assessment (JSNA) in 2014 in conjunction with the re-commissioning of the borough’s CAMHS. The JSNA was developed in partnership with a number of stakeholders, including children, parents, families and carers and highlighted the importance of focussing on early intervention and prevention. The JSNA also emphasised the need to build capacity within schools and to develop the capability of the workforce, both within CAMHS and in other children’s services, to manage CYP mental health and wellbeing more effectively.

The local data detailed below has been updated from the 2014 JSNA where possible to reflect the change in the profile of CYP in Greenwich. RBG Public Health is due to undertake a refresh of the local child and adolescent mental health JSNA, expected in spring 2018, to gain a more comprehensive understanding of the mental health landscape for CYP in Greenwich.

2.3.2 CYP Population

The Royal Borough of Greenwich has a 0-17 population of approximately 66,043, constituting 24% of the total population in the area. The Greater London Authority estimates that the child population will rise by 8,700 by 2021, representing a 12% increase on current estimates. Consequently, we must focus on building capacity within service to manage an expected increase in demand and local prevalence.

Fig. 1: Greenwich CYP population projections

<table>
<thead>
<tr>
<th>Age group</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>2011-16</th>
<th>2016-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td>21,100</td>
<td>22,350</td>
<td>24,400</td>
<td>+6%</td>
<td>+9%</td>
</tr>
<tr>
<td>5 to 9</td>
<td>16,450</td>
<td>19,650</td>
<td>21,300</td>
<td>+19%</td>
<td>+8%</td>
</tr>
<tr>
<td>10 to 15</td>
<td>18,000</td>
<td>18,750</td>
<td>22,400</td>
<td>+4%</td>
<td>+19%</td>
</tr>
<tr>
<td>16 to 17</td>
<td>5,900</td>
<td>6,000</td>
<td>6,400</td>
<td>+2%</td>
<td>+7%</td>
</tr>
<tr>
<td>Under 18</td>
<td>61,450</td>
<td>66,800</td>
<td>75,500</td>
<td>+9%</td>
<td>+12%</td>
</tr>
</tbody>
</table>
2.3.3 Demographics

CYP from black and minority ethnic groups account for over half of all children living in Greenwich, with Black African representing the largest minority ethnic group for CYP in the area. Within Greenwich there are established Nigerian and Ghanaian communities as well as emergent communities from Asia, the Middle East and newer EU countries.

CYP from Black and Asian backgrounds remain under-represented in specialist mental health treatment services relative to the general population, as illustrated in Figure 3. This discord is reflected in our transformation priorities, detailed in later sections, in which increasing BAME access to services is identified as a key area requiring improvement.

![Fig. 2: Resident Greenwich child population by age and gender [Source: ONS 2015 mid-year estimate]](image)

### Table: CYP accessing mental health treatment services by ethnicity between Apr and Dec 2016

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>% of total</th>
<th>% of RBG 0-19 popn.</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>1,259</td>
<td>55%</td>
<td>39%</td>
</tr>
<tr>
<td>White other</td>
<td>128</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Black</td>
<td>268</td>
<td>12%</td>
<td>27%</td>
</tr>
<tr>
<td>Asian</td>
<td>57</td>
<td>3%</td>
<td>10%</td>
</tr>
<tr>
<td>Mixed</td>
<td>215</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>59</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>238</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Not stated</td>
<td>48</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Black &amp; Minority Ethnic</strong></td>
<td><strong>727</strong></td>
<td><strong>32%</strong></td>
<td><strong>61%</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,272</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
2.3.4 Education

In 2016, participation rates in education, employment and training were higher than the London average and just below the national average, with 83.1% of 16-17 year olds in full-time education and training (6.0% apprenticeships; 1.9% employment with training).

In 2016, there were 208 pupils in primary age special schools and 248 in secondary age special schools within Greenwich [Source: School Census January 2016].

2.3.5 Deprivation

Greenwich is ranked as the 14th most deprived borough in London and the 78th most deprived area in England based on the Indices of Multiple Deprivation (IMD) 2015. Approximately 26% of the local authority’s children are living in poverty (24% in London), with the least deprived ward at a rate of 11% (Eltham North) and the most deprived ward at a rate of 31% (Woolwich Common & Woolwich Riverside).

The introduction of a number of welfare reforms in 2017 will place increasing pressure on vulnerable households. Many working families with children in the borough who previously claimed working tax credit are likely to be worse off under the new Universal Credit regime, whilst the changes to end automatic entitlement to housing support for 18-21 year olds will have a significant impact on the welfare of CYP in Greenwich.

Fig. 4: CYP living in households receiving benefits by age group and benefit type (2011-15)

[Source: DWP Information Directorate]
2.3.6 CYP Health & Wellbeing

- **Child Obesity**

In Greenwich, over a quarter of children are obese by Year 6, whilst this figure is higher than both the London and national averages it is not significantly different from boroughs with similar levels of deprivation in London. Especially high rates of obesity are found in the wards of Abbey Wood, Thamesmead Moorings, Woolwich Riverside and Plumstead (Reception: 13%; Year 6: 28%).

- **Substance Misuse**

In 2015/16 a total of 83 CYP accessed substance misuse treatment in Greenwich, with the majority aged 15-17yrs. Alcohol and cannabis remain the predominant drug used by CYP accessing treatment, comprising c. 77% of the total [Source: National Treatment Agency].

**Fig. 5: No. CYP accessing treatment services in Greenwich (2011/12-2015/16)**

- **Mental Health**

Local estimates based on deprivation levels suggest that Greenwich has a higher proportion of CYP with clinically diagnosed mental disorders, with the 8th highest estimated prevalence of child and adolescent mental disorder in London (out of 33 boroughs).

It is estimated that 14.5% of CYP in the borough have a clinically diagnosable mental disorder, which, when applied to 2016 populations projections, results in an estimated 6,002 CYP aged 5-16 requiring professional support (Tier 2 services or above). However, it is estimated that only a fifth of this figure are currently in receipt of support – improving awareness and access of these services remains of fundamental importance both locally and
nationally, as reflected in our transformation priorities and in NHS 5YFV ambitions to increase the access rate into specialist CAMHS.

In relation to acute care in Greenwich, the number of inpatient admissions has reduced between 2012 and 2016, underlining the positive impact of intensive outpatient community interventions; however this improvement has largely been offset by a significant increase in CYP presenting in crisis, oftentimes within acute hospital settings.

➢ ‘Children in Need’ & ‘Looked After Children’

The number of Children in Need in Greenwich in 2015/16 was less than in 2014/15, with the rate dropping to 650, whereas there was a rise in both the London and national rates for 2015/16.

The number of Looked After Children (LAC) in Greenwich has remained stable and is now at the lowest level since 2009, in contrast with national trends (518 LAC in Greenwich between 2012 and 2016). Although the number of LAC is reducing, the rate of LAC per 10,000 remains higher than the London and national rates, however this gap is narrowing.

➢ Safeguarding

Fig. 6: Referrals to safeguarding and social care by presenting needs (2016)

Over half of referrals to safeguarding and social care involve domestic violence and/or neglect. Over 200 referrals between 1st April 2015 and 30th September 2016 involved
domestic violence or substance misuse by another person in the household, whilst almost all referrals involving parent or carer substance misuse, mental health and/or domestic violence lead to further assessment.

Fig. 7: Percentage of safeguarding referrals by known parental risk factors (2015-16)

Local analysis shows that a high proportion of CYP coming to police attention and/or referred to children’s social care are living with a combination of domestic violence, parental mental ill health and parental substance misuse (the ‘toxic trio’). In this regard, we are reminded of the need to focus on providing support for parents as well as CYP in Greenwich when developing services.
3. Introduction to Greenwich CAMHS

Greenwich child and adolescent mental health services are commissioned and regularly reviewed against the expectations and experiences of CYP with lived experience of services, and designed to adapt to the fluctuating and ever-changing needs of the local CYP population, as detailed in the previous section.

Greenwich CAMHS, provided by Oxleas NHS Foundation Trust, was re-commissioned in 2014 by Greenwich CCG and RBG and was wholly informed by the Greenwich CYP JSNA and associated findings, with a similar process undertaken in the commissioning of child and adolescent eating disorder services from South London and Maudsley NHS Foundation Trust.

Greenwich CAMHS provides a clinical service for CYP with a broad spectrum of need across a range of settings and intensities, including prevention, early intervention and targeted interventions for vulnerable groups and those who are acutely unwell. Accordingly, the service delivery model has been designed to reflect Greenwich’s strategic priorities – to create safe and secure settings for CYP, with a focus on prevention, and to help CYP to build strong foundations.

All services are delivered in accordance with Children and Young People Improving Access to Psychological Therapies (CYP-IAPT) principles, namely:

- Improved access
- Evidence-based assessment and treatment
- Use of Routine Outcome Measures
- Participation and involvement of children and young people.

Importantly, the service is commissioned to work in close collaboration with partners across the CYP system in order to encourage and embed a network of integrated care pathways facilitating efficient transitions in care, whilst both commissioner and provider continue to regularly contribute at key multi-agency forums and strategic discussions in Greenwich and across the South East London Sustainability and Transformation Plan (STP).
3.1 Current CAMHS Service Model

Greenwich CAMHS is divided into two distinct service levels, with support ranging from resilience building and early intervention through to intensive treatment for an acute mental health need (service level one and two), in accordance with the ‘Thrive Model’ (see appendix). CYP can access four care pathways comprising of multi-disciplinary clinical teams:

- **Generic & Early Intervention**
  
  *The pathway for CYP with a range of mental health difficulties and conditions – this clinical pathway includes the Early Intervention Team who provides clinical in-reach to children’s centres, nurseries, schools and RBG Early Help teams.*

- **Looked After Children/Edge of Care**
  
  *The pathway for CYP with mental health and social care needs who are looked after, adopted, ‘in need’, subject to child protection concerns/plans, on the edge of care or open to RBG permanency/fostering and adoption teams.*

- **Learning & Neuro-developmental Disabilities**
  
  *The pathway for CYP with mental health difficulties/conditions and learning and neurodevelopmental disabilities, in addition to children open to the RBG Children with Disabilities Team.*

- **Adolescent**
  
  *The pathway for CYP aged 12-18 years addressing a range of mental health needs, including those who are vulnerable to mental health conditions and those who require rapid response, intensive or crisis interventions and risk support. The pathway also manages referrals from RBG safeguarding/MASH teams.*
3.1.1 Early Intervention and Prevention

The multi-award winning online tool, ‘Headscape’, has proved an invaluable resource in developing early intervention and prevention within Greenwich, with 1,460 unique hits in 2017/18 alone (Q1 & Q2). Headscape provides online access to a library of mental health information, evidence-based self-help tools and self-referral where required and was developed by clinicians and service users to provide CYP with the tools to build resilience, maintain wellbeing and/or to recover.

In addition to Headscape, Greenwich CAMHS also provides clinical in-reach to a range of services, including state funded schools, nurseries, children’s social care and the Youth Offending Service (co-located). Specifically, Greenwich clinical in-reach includes:

- Specialist mental health support, advice, consultation and training for professionals as programmed activities (or when needed)
- Targeted, outcomes-focussed, evidence-based mental health interventions for vulnerable children and young people with mild to moderate mental health difficulties (e.g. LAC, CIN, Children on the edge of care, young offenders, NEET).

3.1.2 Clinical Interventions

Greenwich CAMHS provides outcome focussed and evidence based clinical interventions for CYP with moderate to severe mental health conditions within the four defined clinical pathways, whilst also providing clinical advice and consultation to professionals. Specific interventions include:

- Rapid response, assertive outreach, intensive and crisis interventions, risk support for young people with acute mental health needs
- In-reach to inpatient settings in order to support transition and discharge
- Care management, risk assessment/management and relapse prevention.

3.1.3 Service Development, CYP IAPT & Outcome Measures

In accordance with CYP IAPT guidelines, Greenwich CAMHS uses a wide range of validated routine clinical outcome measures. These measures are used by clinicians, CYP, parents/carers and professionals to better understand a wide range of mental health
presentations, whilst also providing an accurate assessment of the young person’s functioning and specific symptoms, as well as capturing the degree of improvement.

Clinicians work closely with CYP to identify a number of individual goals at the start of treatment, with reviews scheduled at regular intervals. Clinicians routinely canvas service user experience feedback using a validated tool (CHI-ESQ), which provides both qualitative and quantitative information.

In evaluating and shaping service delivery, feedback is regularly captured from:

- Professionals within the Youth Offending Service, Safeguarding and Social Care Service, Early Help Service, Education and Behavioural Support Services, and Children with Disabilities Team
- Schools through Schools Partnerships meetings and termly SENCO network meetings, including specific feedback from schools and children’s centres relating to CAMHS clinical in-reach
- The Disabled Children Joint Commissioning Group (which has representation from Greenwich Parent Voice, VCS organisations) and Early Help Strong Foundations and Prevention Joint Commissioning Group (with representation from schools, youth provision and children’s centres)
- The Mental Health & Wellbeing Transformation Group and the Mental Health & Wellbeing Joint Commissioning Group.

Consultation provided by CAMHS is also subject to evaluation so that the appropriateness and impact of this work can be measured and improvements made where necessary.

Greenwich is well-represented at pan-London and regional (South East London) CYP IAPT Collaborative meeting groups, with delegates from both specialist CAMHS and the CCG in regular attendance. Greenwich CAMHS are also heavily involved in the development of intervention outcome recording and monitoring at a regional level, with the Greenwich CAMHS CYP IAPT lead acting as the chair of the London Collaborative Data meeting group.

More recently, Oxleas has developed a cross-borough plan tasked with encouraging further service development in accordance with CYP IAPT principles, as detailed in the table below (see appendix for full presentation).
### Oxleas CAMHS Improvement Task Plan

#### Current State

<table>
<thead>
<tr>
<th>1. Data</th>
<th>Future (timelines TBC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collection</strong>&lt;br&gt;• Specific outcome measures agreed for each team&lt;br&gt;• T1 &amp; T2 timings agreed&lt;br&gt;• Process for administering and capturing data&lt;br&gt;• QSIP T1 target being met</td>
<td><strong>Collection</strong>&lt;br&gt;• Data is consistently at target levels for all relevant outcomes per team&lt;br&gt;• QSIP T2 target to be met&lt;br&gt;• 90% national data compliance target being met&lt;br&gt;• Trust paired data collection target being met</td>
</tr>
<tr>
<td><strong>Reporting</strong>&lt;br&gt;• Data is visible for some outcomes in real time via iFox (CHI-ESQ, Goals)&lt;br&gt;• Results &amp; analysis at borough level are available on annual basis for 5 outcomes, quarterly for CHI-ESQ</td>
<td><strong>Reporting</strong>&lt;br&gt;• Data is visible for all outcomes in real time via iFox&lt;br&gt;• Results &amp; analysis are also available at cross-borough level&lt;br&gt;• Further outcome reports on sessional data&lt;br&gt;• New design of outcome reports for recovery/reliable improvement</td>
</tr>
<tr>
<td><strong>Use &amp; Discussion</strong>&lt;br&gt;• Feedback of data at borough level&lt;br&gt;• Feedback of some data to commissioners</td>
<td><strong>Use &amp; Discussion</strong>&lt;br&gt;• Outcomes data discussed in Operational Leads meetings&lt;br&gt;• Feedback of improvement data to commissioners&lt;br&gt;• Commissioners using the dataset alongside CAMHS to inform clinical service design</td>
</tr>
</tbody>
</table>

#### Infrastructure

<table>
<thead>
<tr>
<th>Collection</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collection</strong>&lt;br&gt;• Borough data leads/APs flag up staff struggling to submit outcomes</td>
<td><strong>Collection</strong>&lt;br&gt;• Outcomes are added to the Clinical Tasklist which is monitored in clinical supervision &amp; operational management</td>
</tr>
<tr>
<td><strong>Reporting</strong>&lt;br&gt;• CHI-ESQ data goes to PEG and also to team meetings</td>
<td><strong>Reporting</strong>&lt;br&gt;• CAMHS Senior Management (Operational Leads Group cross borough) will start receiving and discussing data from the Quarterly Monitoring forms and QSIP data to support the Clinical Outcomes Group and manage data collection issues at service level</td>
</tr>
</tbody>
</table>

#### Workforce

<table>
<thead>
<tr>
<th>Collection</th>
<th>Reporting</th>
<th>Use &amp; Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collection</strong>&lt;br&gt;• All clinical teams have an identified AP entering data, attending team meetings and assisting with queries&lt;br&gt;• All new staff have an outcomes induction by an AP&lt;br&gt;• All boroughs have identified data leads&lt;br&gt;• Most teams have an IAPT trained person encouraging use of outcomes</td>
<td><strong>Reporting</strong>&lt;br&gt;• Cross-borough outcomes lead pulls cross-borough quarterly monitoring data &amp; QSIP data for feedback into Operational Leads meeting&lt;br&gt;• Cross borough lead reports to Trust Outcomes Group</td>
<td><strong>Use &amp; Discussion</strong>&lt;br&gt;• APs are supervised by the borough data lead&lt;br&gt;• The cross-borough outcomes lead liaises with a Specialist Services &amp; Universal Services Lead</td>
</tr>
</tbody>
</table>
3.2 Performance & Quality

The Greenwich CAMHS contract and associated KPIs and metrics were developed in accordance with NHS 5YFV ambitions and targets, with a clear emphasis on increasing access to services and to evidence-based treatment. Oxleas’ performance against these agreed KPIs and specific patient outcomes is monitored and evaluated at contract meetings, whilst Oxleas regularly submit data for key national metrics to the central Mental Health Services Data Set – the CCG work closely with Oxleas to validate monthly submitted datasets to prevent inaccuracies in national submissions.

For CCGs, the ambition is to meet the national trajectory for access – 30% in 2017/18; 32% in 2018/19 (CYP aged 0-18 with a diagnosable mental health condition being treated by NHS funded community services) – Figure 9 illustrates Greenwich’s performance against this target as reported in NHS Digital published figures for 2017/18 (YTD):

Fig.9: 5YFV Access Rate Trajectory – Greenwich CAMHS Activity

<table>
<thead>
<tr>
<th>Indicator</th>
<th>April 17</th>
<th>May 17</th>
<th>June 17</th>
<th>July 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1A) Number of new CYP aged under 18 receiving treatment from NHS funded community services in the reporting period</td>
<td>215</td>
<td>250</td>
<td>250</td>
<td>240</td>
</tr>
<tr>
<td>(2A) Total number of individual CYP aged under 18 receiving treatment by NHS funded community services in the reporting period [open referrals]</td>
<td>935</td>
<td>975</td>
<td>970</td>
<td>950</td>
</tr>
<tr>
<td>(2B) Total number of individual CYP aged under 18 with a diagnosable mental health condition (prevalence within Greenwich)</td>
<td>6,364</td>
<td>6,364</td>
<td>6,364</td>
<td>6,364</td>
</tr>
<tr>
<td>Percentage of CYP aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services</td>
<td>14.7%</td>
<td>15.3%</td>
<td>15.2%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

The national access rate indicators used above define treatment as two or more face-to-face or indirect contacts, whilst the CAMHS clinical in-reach provided by Greenwich CAMHS is mostly comprised of a one-off contact or appointment. As such these figures are not wholly reflective of the extensive preventative work undertaken by CAMHS, which ultimately helps to reduce the number of CYP requiring acute and specialist care. The revised table below (Figure 10) illustrates Greenwich CAMHS position against access rate targets when one-off contacts are included, and demonstrates the significant progress made in this area:
Fig.10: SYFV Access Rate Trajectory (inc. 1x appointment contacts) – Greenwich CAMHS Activity

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Apr 2016 – Mar 2017</th>
<th>Apr - Jul 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of individual CYP aged under 18 receiving treatment by NHS funded community services in the reporting period [2+ contacts]</td>
<td>1,138</td>
<td>975</td>
</tr>
<tr>
<td>Total number of individual CYP aged under 18 receiving treatment by NHS funded community services in the reporting period [1 contact]</td>
<td>862</td>
<td>211</td>
</tr>
<tr>
<td><strong>SUBTOTAL [1 &amp; 2+ contacts]</strong></td>
<td>2,000</td>
<td>1,186</td>
</tr>
<tr>
<td>Total number of individual CYP aged under 18 with a diagnosable mental health condition (prevalence within Greenwich)</td>
<td>6,364</td>
<td>6,364</td>
</tr>
<tr>
<td>Percentage of CYP aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services</td>
<td>31.4%</td>
<td>18.6% (YTD)</td>
</tr>
</tbody>
</table>

3.2.1 Activity Reports

The enclosed tables provide an overview of the year to date 2017/18 activity and performance of Oxleas NHS FT as the provider of Greenwich’s specialist CAMHS, benchmarked against 2016-17 performance where applicable:

Fig.11: Greenwich CAMHS Activity [November 2017 report]

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2016-17</th>
<th>YTD (Nov 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new referrals received Total</td>
<td>1,397</td>
<td>1,178</td>
</tr>
<tr>
<td>Number and percentage of accepted referrals Number</td>
<td>931</td>
<td>768</td>
</tr>
<tr>
<td>Number and percentage of accepted referrals Percentage</td>
<td>66.6%</td>
<td>65.2%</td>
</tr>
<tr>
<td>Number of referrals discharged Total</td>
<td>1,319</td>
<td>1,130</td>
</tr>
<tr>
<td>Headscape website hits Total</td>
<td>1,460</td>
<td></td>
</tr>
</tbody>
</table>

Fig.12: Greenwich CAMHS KPI Activity [November 2017 report]

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Threshold</th>
<th>YTD (Nov 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Level 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response times: triage within 48hrs</td>
<td>95.0%</td>
<td>99.3%</td>
</tr>
<tr>
<td>No. support plans sent within 7 days</td>
<td>95.0%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Service Level 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response times: triage within 48hrs</td>
<td>95.0%</td>
<td>98.9%</td>
</tr>
<tr>
<td>Referral to assessment within 8wks</td>
<td>75.0%</td>
<td>71.9%</td>
</tr>
<tr>
<td>Referral to treatment within 12wks</td>
<td>75.0%</td>
<td>67.7%</td>
</tr>
<tr>
<td>Generic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caseload number</td>
<td>393</td>
<td>369</td>
</tr>
<tr>
<td>% children with recorded outcome measures</td>
<td>82.0%</td>
<td>80.0%</td>
</tr>
</tbody>
</table>
reviewed in the quarter showing improvement

<table>
<thead>
<tr>
<th></th>
<th>LAC</th>
<th></th>
<th>LD/ND</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload number</td>
<td>198</td>
<td>215</td>
<td>138</td>
<td>124</td>
</tr>
<tr>
<td>% children with</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>recorded outcome</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>measures reviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in the quarter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>showing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>77.3%</td>
<td>82.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80.0%</td>
<td>87.5%</td>
<td>87.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.2.2 Staffing Establishment

The below tables illustrate the recurrently funded substantive posts contained within Greenwich CAMHS:

Fig.13: Greenwich CAMHS Established Staffing: breakdown by function and team

<table>
<thead>
<tr>
<th>Function</th>
<th>Post</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>Operational Manager</td>
<td>1.0</td>
</tr>
<tr>
<td>Management</td>
<td>Crisis Lead</td>
<td>0.5</td>
</tr>
<tr>
<td>Clinical Leadership</td>
<td>Clinical Leads / Heads of Profession</td>
<td>1.0</td>
</tr>
<tr>
<td>Clinical Support</td>
<td>Clinical Lead for CYP-IAPT &amp; Outcomes</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Psychology Assistants</td>
<td>3.0</td>
</tr>
<tr>
<td>Administrative</td>
<td>Single Point of Access</td>
<td>1.0</td>
</tr>
<tr>
<td>Administrative</td>
<td>Admin. Lead</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Fig.14: Greenwich CAMHS Established Staffing: service wide staffing
The ‘Future in Mind’ report reiterated NHS England’s commitment to developing Eating Disorder services for CYP, with a particular focus on improving access and waiting time standards. Subsequently, Greenwich CCG, in partnership with other South East London CCGs (Bexley, Bromley, Lambeth, Lewisham, Southwark and Croydon), commissioned an enhanced Eating Disorders service from South London and Maudsley NHS Foundation Trust (SLaM), our shared specialist provider across the STP, using allocated NHSE Transformation Funding (see Figure 15 for staffing).

The service has developed over the last few years, culminating in a recent baseline self-assessment of eating disorder services against access and waiting time standards (see appendix), and is cited as a national example of best practice in the NHS England commissioning guidance (p.64)\(^4\), and now offers:

- Self-referral and open access to screening for anyone concerned about a CYP with a suspected eating disorder
- Access to specialist support and advice by telephone for those already in the service
- 7-day working.

Looking to the future, the service plans to become a member of the Quality Network for Community CAMHS – Eating Disorders in 2018, and in line with the Network’s recommendations, will seek accreditation in 2019.

### 3.3.1 Activity

The data listed below (Figure 16) has been provided by SLaM and shows referral activity across the STP boroughs against national waiting time targets, with urgent and routine referrals as distinguishing factors. Commissioners have requested that patient outcome data (both qualitative and quantitative) is recorded and included in future reports (see appendix for further data).

**Fig.16: Access and Waiting Time Targets by CCG [average over period]**

<table>
<thead>
<tr>
<th>Borough</th>
<th>Urgent referrals (7 days) Met Target/Received</th>
<th>Normal referrals (28 days) Met Target/Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS BEXLEY CCG</td>
<td>1/1 100%</td>
<td>25/37 68%</td>
</tr>
<tr>
<td>NHS BROMLEY CCG</td>
<td>8/11 73%</td>
<td>46/75 61%</td>
</tr>
<tr>
<td>NHS CROYDON CCG</td>
<td>5/5 100%</td>
<td>34/58 59%</td>
</tr>
<tr>
<td>NHS GREENWICH CCG</td>
<td>5/6 83%</td>
<td>19/34 56%</td>
</tr>
<tr>
<td>NHS LAMBETH CCG</td>
<td>7/8 88%</td>
<td>39/52 75%</td>
</tr>
<tr>
<td>NHS LEWISHAM CCG</td>
<td>4/4 100%</td>
<td>28/40 70%</td>
</tr>
<tr>
<td>NHS SOUTHWARK CCG</td>
<td>2/3 66%</td>
<td>30/36 83%</td>
</tr>
</tbody>
</table>

#### 3.3.2 2017/18 Developments

The service has continued to make significant change and progress since the conception of Local Transformation Plans. Listed below are some of the most notable developments underway in 2017/18:

- **Online Referrals**

  In 2017-18 SLaM developed an online self-referral form embedded within their website following feedback from CYP within the service and from the specific bulimia outreach project, indicating a preference for online as opposed to telephone contact.

- **‘Happy Being Me’ Project**

  The ‘Happy Being Me’ project is a school based 6-week primary prevention programme addressing the multitudinous factors that contribute to the development of poor body
satisfaction. SLaM aims to assess the effectiveness of the programme in a pragmatic, UK school setting with the view to disseminating the programme further by supporting teachers to deliver ‘Happy Being Me’ as part of the curriculum.

Data collated from a number of South East London schools indicates early benefits for body satisfaction amongst CYP and improvements in topic knowledge which are maintained at the 3 month follow-up. Qualitative feedback from students is largely positive, with some suggestions for improvements such as use of more technology and using more interactive tasks to teach core subject material.

Bulimia Outreach Project

Nationally there is recognition that CYP with symptoms of Bulimia Nervosa are underrepresented in referrals to specialist eating disorder services, despite the psychological distress and physical risks associated with the disorder.

Accordingly, SLaM was successful in bidding for a Guy’s & St. Thomas’ Charity grant award to fund a pilot project with the aim of furthering outreach work to increase awareness in schools, primary care and amongst community groups. The expectation is that the project will help to increase the number of referrals to the service and support for CYP to access treatment before the disorder becomes entrenched, chronic and more difficult to treat.

The first six months of the pilot concentrated on meeting with CYP, teachers, sports groups’ leaders and youth groups to canvas opinion regarding the best method of increasing awareness about the disorder and services.

To date, SLaM has made initial contact with 122 schools, held meetings with 46 schools and visited 22 schools to provide a combination of assemblies, workshops and staff training, with the following Greenwich schools having participated since December 2017:

<table>
<thead>
<tr>
<th>School</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plumstead Manor</td>
<td>Initial Meeting, 1 Staff Training, 1 Assembly</td>
</tr>
<tr>
<td>Shooters Hill (post-16 Campus)</td>
<td>Initial Meeting, 1 Staff Training</td>
</tr>
<tr>
<td>The John Roan</td>
<td>Initial Meeting, 1 Staff Training</td>
</tr>
<tr>
<td>Blackheath High School</td>
<td>Initial Meeting, 1 Staff Training, 1 Assembly, Workshop day</td>
</tr>
<tr>
<td>Eltham High School</td>
<td>Initial Meeting, 1 Assembly</td>
</tr>
<tr>
<td>Corelli College</td>
<td>Initial Meeting, 1 Staff Training</td>
</tr>
<tr>
<td>Thomas Tallis School</td>
<td>Initial Meeting, 3 Assemblies, 1 Staff Training</td>
</tr>
<tr>
<td>Harris Academy Greenwich</td>
<td>Initial Meeting, 1 Workshop (arranged)</td>
</tr>
</tbody>
</table>
Thus far, the programme has received positive feedback from both students and teachers, with additional bookings scheduled for other schools across the 2017-18 academic year, with the ultimate aim of providing outreach services to 66 schools by April 2018.

### National Training

In 2017-18 CAEDS and the Great Ormond Street Hospital eating disorder service were selected to deliver national training for established and developing specialist and adolescent eating disorder services, in partnership with a number of local providers.

The predominant aim of the training is to equip teams with specialist eating disorders knowledge and applicable skills – over 70 teams have signed up for the training across the country, comprising of 8 full days of training with a final conference scheduled for March 2018.

### 3.3.3 2018/19 Plans

In addition to on-going research and training, CAEDS are planning a number of further initiatives for 2018-19:

- **GP Training**

  CAEDS are planning to offer training for GPs to highlight the importance of early recognition and referral of eating disorders amongst CYP. With this in mind, the service has already published a paper in the GP journal, ‘The Practitioner’, titled “Early Referral Key to Better Outcomes in Eating Disorders”, which is circulated to all GPs in the country.

- **Parent Course**

  Multi-family therapy for eating disorders was developed by CAEDS and continues to be a highly popular and effective intervention, to the extent that the service is now limited in its capacity to meet the referral demand.
Consequently, SLaM is considering developing a less resource intensive intervention for parents only, which will be offered early in the treatment cycle. The aim will be to provide a mixture of psychoeducation, skills and techniques for parents to support their child, and a space for peer support and reflection to reduce potential feelings of isolation. It is hoped that this will lead to earlier improvements in parental stress and a development in coping mechanisms.

- **Communications**

In response to feedback from CYP and parents, CAEDS plans to update and expand the service website to provide more information with regards to first appointments, treatments, useful resources/research and other activities that the service participates in.

### 3.4 Urgent & Emergency Care

‘Future in Mind’, in addition to its commitment to developing community eating disorder services, calls for the wholesale transformation of urgent and emergency care for CYP nationally, in light of the wide variation between local areas.

“If you have a crisis, you should get extra help straightaway, whatever time of day or night it is. You should be in a safe place where a team will work with you to figure out what needs to happen next to help you in the best possible way...”

In response, Greenwich has embarked upon a review of the urgent care pathway for CYP, involving representatives from multiple organisations and informed by service user feedback, to improve the outcomes and experiences of CYP who present in mental health crisis across various settings. This has included the allocation of transformation funding to support development in this area, whilst the review has also been undertaken in parallel with other national initiatives including the Tier 4 CAMHS inpatient bed review and CAMHS Forensic pathway review.

The CCG has also recently undertaken a baseline self-assessment against the Healthy London Partnership CYP Mental Health Crisis Guidance (published October 2016, see appendix) in order to benchmark service provision across London.

At present, Greenwich CAMHS provides a specialist urgent and emergency assessment service for CYP who present at acute hospitals in crisis. Same day assessments are provided...
for those CYP presenting between the hours of 8am and 6pm, Monday to Friday, with outreach and intensive interventions also offered during working hours for appropriate referrals. CYP who present outside of working hours are assessed by the Junior Doctor from the adult mental health psychiatric liaison service, whilst telephone consultancy is provided by the on-call CAMHS consultant psychiatrist.

Unfortunately, the current provision dictates that the majority of CYP do not have direct access to a specialist CAMHS assessment at the point of acute mental health crisis presentation, with local data showing that 59% of presentations at Queen Elizabeth Hospital (QEH) occur outside of normal working hours.

Accordingly, Greenwich CCG, in partnership with Bexley and Bromley CCGs, opened discussions with Oxleas NHS FT to develop a robust specialist mental health liaison service for CYP who present at acute hospitals outside of working hours across the three boroughs, with an aspiration to move towards achieving 24/7 access to specialist crisis care for CYP.

Subsequently, a proposal for a tri-borough CYP specific mental health liaison service based at two hospital sites and providing out-of-hours coverage has been agreed. The specialist CAMHS crisis response team outlined above will remain in place from Monday to Friday during normal working hours (see Figure 18 for proposed staffing structure).

The implementation of this service, expected Q4 2017/18, will provide direct access to specialist CAMHS clinical assessments for a greater proportion of CYP, deliver significant
quality improvements with regards to CYP outcomes and experiences, and mark a significant milestone in the delivery of local CAMHS transformation and strategic priorities.

Fig.19: Tri-borough CYP MH liaison service implementation timeline.

<table>
<thead>
<tr>
<th>Task</th>
<th>Expected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Final tri-borough agreement for CYP MH liaison service business case</td>
<td>Q3 2017</td>
</tr>
<tr>
<td>2. Agree KPIs, access/waiting time standards, qualitative/quantitative data requirements and CYP/family outcome monitoring</td>
<td>Q3 2017</td>
</tr>
<tr>
<td>3. Finalise recruitment and operational procedures</td>
<td>Q4 2017</td>
</tr>
<tr>
<td>4. Service “go live”</td>
<td>Q4 2017</td>
</tr>
<tr>
<td>5. Monitor performance against agreed indicators</td>
<td>Q4 2018</td>
</tr>
<tr>
<td>7. Implement service changes following evaluation (where necessary)</td>
<td>Q1 2019</td>
</tr>
<tr>
<td>8. Agree sustainability and funding plan (post-transformation)</td>
<td>2019-2020</td>
</tr>
</tbody>
</table>

Fig.20: CYP MH liaison service financial breakdown

<table>
<thead>
<tr>
<th></th>
<th>2017.18 [Q4 only]</th>
<th>2018.19</th>
<th>2019.20</th>
<th>2020.21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenwich CCG</td>
<td>£ 29,532</td>
<td>£ 118,128</td>
<td>£ 118,128</td>
<td>£ 118,128</td>
</tr>
<tr>
<td>Bexley CCG</td>
<td>£ 19,764</td>
<td>£ 79,056</td>
<td>£ 79,056</td>
<td>£ 79,056</td>
</tr>
<tr>
<td>Bromley CCG</td>
<td>£ 38,388</td>
<td>£ 153,553</td>
<td>£ 153,553</td>
<td>£ 153,553</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>£ 87,684</td>
<td>£ 350,737</td>
<td>£ 350,737</td>
<td>£ 350,737</td>
</tr>
</tbody>
</table>

3.5 Health & Justice

In 2016/17, Greenwich CCG commissioned an in-depth mapping and pathway review to identify the gaps and current provision of support for the mental health and emotional wellbeing of Greenwich CYP in the Criminal Justice System, as a transformation plan phase two priority and following allocation of Greenwich’s transformation funding to supporting the Youth Offending Service.

The review concluded that the CCG and RBG needed to develop a coordinated Liaison and Diversion (L&D) service from early intervention in the community to police station right through to resettlement (see appendix for full review findings and pathway).

Consequently, the CCG and RBG have begun the implementation of a new L&D post, which will be located with the Youth Offending Service and will support in the early identification and screening of:

- CYP in need of support with non-acute mental health needs
- Vulnerable CYP in need of specialist assessments and interventions
• CYP on the edge of youth justice
• CYP at risk of further offending or gang-related activity.

The post will ensure coordination across various systems and will lead in the planning and delivery of training to third sector workers and stakeholders to ensure that the L&D model remains sustainable. The post will also look to promote awareness and understanding of the available services and pathways amongst other professionals and to ensure a consistent approach to managing and assessing the mental health and emotional wellbeing of CYP within or on the edge of youth justice services.

Discussions have also been held with SEL collaborative commissioning partners to identify any opportunities to align service provision and models of delivery across the footprint.

To date, a number of adult L&D workers have received bespoke training targeted at developing their understanding of mental health pathways whilst also providing a basis for working with adolescents with mental health issues within the youth justice system. Data recording and sharing protocols across the various information systems have also been agreed (including the secure estate), whilst KPIs relating to a reduction in reoffending rates, first time entrants into the Youth Justice System and metrics assessing the level of CYP engagement with CAMHS following an intervention are in development as per expected timelines.

3.6 Other Local Services

3.6.1 Early Intervention in Psychosis (EIP)

CYP experiencing a first episode of psychosis within Greenwich are seen by specialist clinicians within the local CAMHS teams. Greenwich CAMHS regularly participate in a tri-borough steering group tasked with clinically supporting this specific cohort of CYP, in conjunction with the Royal College of Psychiatry’s revised standards for the management of EIP.

Moreover, Greenwich, Bexley and Bromley have recently appointed a CAMHS practitioner tasked with coordinating EIP-specific care across child and adult services from the age of 16, whilst the service continues to train the local CYP workforce in NICE concordant therapies.
for psychosis (CBT and Family Intervention), with expected benefits in a reduction in Tier 4 inpatient admissions for locally treated children.

In addition to the above, Greenwich has a dedicated 18-65yrs EIP service, which is compliant with revised NICE guidelines and provides evidence-based treatment and support to people experiencing or at high risk of developing psychosis. CAMHS EIP continues to develop links with the equivalent adult service both strategically and clinically with the aim of improving transitions between services for all age groups, reducing the duration of untreated psychosis and producing effective outcomes in terms of recovery and relapse rates, prompting the development of an ageless EIP pathway – currently a work in progress.

### 3.6.2 Voluntary Sector Services

In addition to the services detailed in this section the voluntary sector also provides a wide variety of support for CYP, families and carers in managing and maintaining good mental health and emotional wellbeing, and forms a vital part of our mental health and wellbeing system as key partners in our transformation planning.

- **Talking Point Plus**
  
  ‘Talking Point Plus’, which is based at The Point – Greenwich’s one-stop-shop providing integrated services for CYP – works very closely with CAMHS to help streamline the referral process and to promote awareness of pathways and available services.

- **Addaction – Substance Misuse**
  
  RBG commissions ‘Addaction’ to provide substance misuse support for CYP aged 10-18 (up to 25yrs for care leavers and individuals with special educational needs and disabilities). The service is delivered through an integrated approach with staff working with the Youth Offending Service, safeguarding, social care, CAMHS, schools and education, and looked after children who are placed out of borough. Based at the Point, Young Addaction encourages young people to have greater ownership of their treatment and to identify ways in which the service can support them.
Figure 21 provides a breakdown of recurrently and non-recurrently funded CYP mental health services in Greenwich from 2016/17 until 2020/21, in conjunction with the CAMHS Transformation Plan timeline (excluding wider local authority commissioned services that do not have an exclusive mental health function).

The finance schedule includes the specific posts and initiatives financed through Greenwich’s transformation funding. Where applicable, allocation and actual figures for these posts have been distinguished (budget and forecast spend) – this variation is often as a result of factors such as delays in recruitment. Any surplus is carried over to the next financial year and reinvested within the Transformation Plan priorities.

The current specialist CAMHS contract held by Oxleas NHS FT expires at the end of the 2017/18 financial year, with discussions to renew the contract currently underway. Final contract figures for the proceeding years are to be agreed in due course. In the table below, the 2018/19 contract figure has been calculated by using the standard 3% uplift (2018/19 figure also used as an estimate for 2019/20 and 2020/21).
### Specialist CAMHS Recurrent Funding [Oxleas]

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Specialist CAMHS CCG Funding</td>
<td>3,107,762</td>
<td>3,107,762</td>
<td>3,174,128</td>
<td>3,174,128</td>
<td>3,307,441</td>
</tr>
<tr>
<td>Specialist CAMHS RBG Funding</td>
<td>1,083,696</td>
<td>1,083,696</td>
<td>1,083,696</td>
<td>1,083,696</td>
<td>1,083,696</td>
</tr>
<tr>
<td><strong>SUBTOTAL [recurrent]</strong></td>
<td>4,191,458</td>
<td>4,191,458</td>
<td>4,257,824</td>
<td>4,257,824</td>
<td>4,391,137</td>
</tr>
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### Transformation Plan Funding

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Schools in-reach, specialist [Oxleas]</td>
<td>104,659</td>
<td>104,659</td>
<td>104,659</td>
<td>104,659</td>
<td>104,659</td>
</tr>
<tr>
<td>Parenting programmes [Oxleas]</td>
<td>71,539</td>
<td>71,539</td>
<td>71,539</td>
<td>71,539</td>
<td>71,539</td>
</tr>
<tr>
<td>MBT [Oxleas]</td>
<td>71,539</td>
<td>71,539</td>
<td>71,539</td>
<td>71,539</td>
<td>71,539</td>
</tr>
<tr>
<td>Crisis Care [Oxleas]</td>
<td>32,933</td>
<td>32,933</td>
<td>32,933</td>
<td>32,933</td>
<td>32,933</td>
</tr>
<tr>
<td>CAEDS [SLaM]</td>
<td>152,835</td>
<td>152,835</td>
<td>152,835</td>
<td>152,835</td>
<td>152,835</td>
</tr>
<tr>
<td>YOS [Oxleas, RBG]</td>
<td>-</td>
<td>77,563</td>
<td>153,818</td>
<td>76,909</td>
<td>76,909</td>
</tr>
<tr>
<td><strong>SUBTOTAL [trans. funding]</strong></td>
<td>538,164</td>
<td>615,727</td>
<td>691,982</td>
<td>615,073</td>
<td>615,073</td>
</tr>
</tbody>
</table>

### Funding by provider

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Oxleas NHS FT</td>
<td>4,576,787</td>
<td>4,654,350</td>
<td>4,796,971</td>
<td>4,720,062</td>
<td>4,853,375</td>
</tr>
<tr>
<td>SLaM NHS FT</td>
<td>152,835</td>
<td>152,835</td>
<td>152,835</td>
<td>152,835</td>
<td>152,835</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4,729,622</td>
<td>4,807,185</td>
<td>4,949,806</td>
<td>4,872,897</td>
<td>5,006,210</td>
</tr>
</tbody>
</table>
4. Workforce

There is a national acceptance of the need to increase and diversify the mental health workforce in order to meet the ambitions and targets outlined within the NHS MH 5YFV. The national mental health workforce plan estimates that an additional 20,900 posts will be required by 2020, approximately 21% of which is apportioned to children’s mental health services.

Regional Workforce Issues & Plan

The implication for the South East London STP is that an additional 430 clinical and 258 non-clinical posts are required across both adult and children services in order to deliver the 5YFV targets (see appendix for STP modelling). This would result in a total workforce of 7,605 (including vacancies), with child and adolescent mental health services increasing their total workforce to 1,597 by 2021. This would provide capacity to support 6,000 patients within mental health services by 2021.

As illustrated in Figure. 22, there is much commonality in a number of the issues facing the various boroughs within the STP with regards to workforce. Moreover, the SEL financial position is exceptionally difficult and the ability to provide further mental health investment is limited, meaning commissioners and providers are increasingly looking to new ways of working. In response, the SEL STP has produced an initial workforce plan and strategy to support local SEL commissioners and providers to develop clear trajectories against national workforce targets. This includes exploring opportunities to pool budgets across health and social care to maximise resources (learning from the successful delivery of SLaM and Oxleas New Model of Care across South London and new alliance contracting models taking shape across the sector).

As part of this plan, a number of thematic sessions are due to be arranged, with the involvement of NHS providers, Third Sector providers and service users, in order to develop a multi-agency workforce plan for south east London.

The plan considers there to be three key points that will need to be addressed:
1. That significant investment will still be required to meet the workforce requirements as set out in the waterfall diagram;

2. That the national model suggests that the future workforce will be funded from savings being realised from other services such as acute care, but there is a still a lack of clarity on how this will be realised and a sense that this will remain insufficient as currently modelled, especially given the acute reductions modelled as part of our community based care programme;

3. That consequently there is likely to be the need for additional central top up funding to support the workforce requirements.

**Fig.22: Workforce Issues & Plans 2017/18**

<table>
<thead>
<tr>
<th>Issue</th>
<th>STP plan</th>
<th>Greenwich CAMHS plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Attrition rates for mental health staff are rising. The number of people leaving Mental Health Trusts rose from 10.5% to 13.6% between 2012/13 and 2015/16; in other words the NHS loses more than 10,000 mental health staff each year.</td>
<td>• Review of easily accessible NHS MH providers “reason for leaving” data will enable STP-wide and joint priority actions to be taken forward.</td>
<td>• Oxleas CAMHS has established a Bexley, Bromley, Greenwich Workforce Task group; this will lead on increasing recruitment and retention through such methods as ‘flexible’ posts that sit across various pathways.</td>
</tr>
<tr>
<td></td>
<td>• Research best practice with regards to workforce recruitment, retention and development, including opportunities for reskilling and developing existing staff</td>
<td>• Greenwich CAMHS has started discussions to increase flexibility in working hours in order to increase retention of staff in key roles.</td>
</tr>
<tr>
<td><strong>Recruitment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• On average, STP trusts operated at a 10% vacancy rate during 2016; with significantly higher vacancy rates possible in rapidly expanding areas such as perinatal services or liaison mental health.</td>
<td>• Exploring NHS provider vacancy data at STP level to understand the scale of nursing, medical and wider workforce gaps, supporting the development of short and long-term cross-STP actions.</td>
<td>• Oxleas CAMHS has established a Bexley, Bromley, Greenwich Workforce Task group; this will lead on increasing recruitment and retention through such methods as ‘flexible’ posts that sit across various pathways.</td>
</tr>
<tr>
<td></td>
<td>• Exploring NHS provider vacancy data at STP level to understand the scale of nursing, medical and wider workforce gaps, supporting the development of short and long-term cross-STP actions.</td>
<td>• Greenwich CAMHS continues to broaden its marketing channels with the launch of various recruitment campaigns, including advertising within targeted universities.</td>
</tr>
<tr>
<td><strong>Absences &amp; Productivity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• High rates of sickness and absence within mental health providers; admin and other non-clinical functions often constitute a significant part of these absences. Analysis of sickness and absence data to develop actions to reduce absence. Shared discussion on current absence rates between NHS providers</td>
<td>• Analysis of sickness and absence data to develop actions to reduce absence. Shared discussion on current absence rates between NHS providers</td>
<td>• Creating resilience within the existing workforce remains a priority for Greenwich CAMHS whilst also increasing the flexibility in working hours for staff in key and highly demanding roles.</td>
</tr>
</tbody>
</table>
significant proportion of overall staffing capacity. Providers will allow identification and implementation of additional strategies.

- Enabling the workforce to optimise time for patient-facing services could be taken forward locally, building on STP discussions. Tested methodologies to track time on activities and share experiences can improve the proportion of time on clinical care.

- Oxleas continues to review administrative workloads and how best to reduce the administrative burden for clinical staff where possible.

### CYP IAPT Training

Greenwich specialist CAMHS is a first wave site for the delivery of CYP IAPT. The service ensures that clinicians are appropriately qualified and supervised to work with a range of clinical presentations. The interventions offered are evidence based and compliant with IAPT training principles and guidelines as detailed in Section 3.1.3.

Figure 23 highlights the staff supported into training within the service between 2015 and 2017; the service and the CCG remain committed to developing the workforce in accordance with CYP IAPT guidance, including through salary support schemes, and in expanding the local CYP IAPT partnership to encompass Third Sector organisations:

**Fig.23: CYP IAPT newly trained staff – Greenwich CAMHS 2015-17**

<table>
<thead>
<tr>
<th>Management</th>
<th>Supervisors</th>
<th>Parenting</th>
<th>CBT</th>
<th>Systemic Family Therapy</th>
<th>Interpersonal Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
5. Transformation Progress

Phase One of Greenwich’s Local Transformation Plan for CYP Mental Health and Wellbeing (2015-17) outlined our intentions to build capacity and address local gaps and weaknesses in partnership with stakeholders across children’s services, building on the full review of services and local need undertaken in conjunction with the re-commissioning of Greenwich CAMHS.

Within the initial Local Transformation Plan guidance, NHS England clearly articulated the need for the document to be living and evolving. Consequently, regular reviews of our progress against our transformation plan priorities now constitutes a significant element of our core business, and provides commissioners and providers with an opportunity and basis to reassess priorities against changes in the local profile and need – which can often be pronounced, as evidenced earlier in the document.

Accordingly, we have recently intervened to draw additional focus to two further areas within our transformation plans – mental health and wellbeing within the Youth Offending Service setting and the provision of urgent and emergency care for CYP presenting at acute hospitals in Greenwich.

We will continue to review the transformation plan priorities and associated funding allocation in partnership with colleagues across the children’s services system to ensure that resources are apportioned to those areas most befitting of additional support.

5.1 Phase One (2015-17)

5.1.1 Priorities & Local Need

Phase One of Greenwich’s transformation plan highlighted the outstanding local issues and needs as identified during the re-commissioning process and as influenced by national policy and drives, including the Future in Mind report.

Fig.24: Phase One Local Issues & Needs

<table>
<thead>
<tr>
<th>Theme</th>
<th>Identified Local Issues/Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting resilience,</td>
<td>- Rising demand due to an increasing school population</td>
</tr>
<tr>
<td>prevention and early</td>
<td>- Supported self-management</td>
</tr>
<tr>
<td>intervention</td>
<td></td>
</tr>
</tbody>
</table>
Intervention

- Upskilling and supporting the non-specialist workforce.

Improving access to effective support – no more tiers

- CYP IAPT rollout and implementation of evidence based and best practice treatment
- Robust integrated working Urgent, emergency and out of hours support
- Increasing in-reach to schools.

Care for the most vulnerable

- BME
- LGBTQ
- YOS
- CIN/CP
- SEND
- CYP who Self Harm
- LAC

Accountability and transparency

- Formalising joint commissioning structures and responsibilities
- KPIs, data analysis and needs assessment
- Shared decision making and patient choice
- CYP & Family participation and involvement.

Developing the workforce

- Understanding future need and developing workforce strategy.

Consequently, four specific areas were identified as transformation priorities within the existing services for CYP in Greenwich, insofar as addressing local needs and in being considered the best use of new investment:

**Fig. 25: Phase One Transformation Priorities**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Expected Outcome</th>
</tr>
</thead>
</table>
| **1. Schools In-Reach Building capacity** | o Increased identification and referrals from mainstream schools with a key focus on BME children and young people  
 o Increased in-school emotional and mental health support for children and young people with complex needs in special schools (LD and neurodevelopmental)  
 o Increased schools capacity to support emotional wellbeing and resilience |
| **2. Parenting Programmes Developing and implementing evidence based parenting strategy** | o Parents feel more able to support and manage their child’s behaviour  
 o Established and communicated CAMHS parenting offer  
 o Increased delivery of local CAMHS led parenting groups  
 o CYP IAPT evidence based parenting approach implemented within CAMHS services |
| **3. MBT Intensive Assertive Outreach Risk management & crisis care response for CYP with acute mental health needs** | o Reduced need for CAMHS hospital admissions  
 o Avoidance of unnecessary CAMHS hospital admissions  
 o Increased out of hours capacity and response for children and young people in crisis |
4. Community Eating Disorder Services

- Reduced need for hospital admissions in relation to eating disorders
- Increased referrals to community support for children and young people with suspected eating disorders
- Improved identification and early intervention
- Improved access to information, advice and support for children, young people and families concerned about eating disorders

5.1.2 Progress Against Priorities & Local Need

Fig.26: Progress Against Transformation Priority Areas

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Expected Outcome</th>
</tr>
</thead>
</table>
| **Schools in-reach** | o Increased identification and referrals from mainstream schools with a key focus on BME children and young people  
     o Increased in-school emotional and mental health support for children and young people with complex needs in special schools  
     o Increased schools capacity to support emotional wellbeing and resilience |

<table>
<thead>
<tr>
<th>Progress</th>
<th>Impact</th>
</tr>
</thead>
</table>
| **Mainstream Schools** | o Additional 207 hours clinical CAMHS in-reach hours provided to schools from Oct 2016 – July 2017  
     o CAMHS input to the Primary and Secondary Fair Access panels and Alternative Education providers (AEPs). |
| 231 additional CYP accessed clinical in-reach between October 2016 and July 2017  
     45% of CYP accessing clinical in-reach were BAME between October 2016 and July 2017. |
| **Special Schools** | o Additional 1 day per week in-reach psychiatry to specialist schools started in September 2016. 8 additional CYP accessed the clinical service in schools up to October 2016  
     o 2 additional clinicians started in August and November 2016. 10 additional CYP had accessed the service at October 2016 and 84 additional children at October 2017. |
| Psychiatry input into specialist schools has been established, creating an integrated health team (SALT, Paediatrics, therapies and CAMHS) that provides joint clinics in specialist schools. |

**Priority 2**

<table>
<thead>
<tr>
<th>Expected Outcome</th>
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</table>
| **Parenting Programmes** | o Parents feel more able to support and manage their child’s behaviour  
     o Established CAMHS parenting offer  
     o Increased delivery of local CAMHS led parenting groups |
<table>
<thead>
<tr>
<th>Activity</th>
<th>Impact</th>
</tr>
</thead>
</table>
| o Incredible years x1  
o Co-ordination and supervision of Non Violent Resistance (NVR) x2/annum | Expected Outcome  
| Ensured co-ordination and delivery of;  
o Incredible Years x 1 (14 wks), 5 families;  
o NVR x 2, 50 families;  
o Positive Parenting x 2 (6 week courses provided in Children's Centres)  
19 families;  
o Parent psycho-education groups x 3 (77 families);  
o Parent group re ADHD and Mental health jointly with Mencap; (10)  
o Training - delivery of multi-agency training to partners (42); training for 3rd sector (Welcare) 16;  
o Parenting newsletter circulated in October 2016 and March 2017.  |

<table>
<thead>
<tr>
<th>Priority 3</th>
<th>Expected Outcome</th>
</tr>
</thead>
</table>
| Intensive Assertive Outreach (MBT) | Reduced need for CAMHS hospital admissions  
Increased out of hours capacity and response for children and young people in crisis  |
| Progress | Impact |
| Additional clinical capacity (1 wte) provided from July 2016.  | 35 YP have received intensive treatment since March 17  |

<table>
<thead>
<tr>
<th>Priority 4</th>
<th>Expected Outcome</th>
</tr>
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</table>
| Community Eating Disorder Services | Reduced need for hospital admissions in relation to eating disorders  
Increased referrals to community support for children and young people with suspected eating disorders  
Improved identification and early intervention  
Improved access to information, advice and support for children, young people and families concerned about eating disorders  |
| Progress |  
A self-referral and telephone support line is now in place. Work is on-going to promote and embed this service in to local pathways and develop the wider community service offer  
40 referrals to CAEDS from April 2016 – September 2017, 34 of which were urgent and 6 routine.  |
5.1.3 Progress: Transformation Posts (see appendix for full report)

- **Learning Disabilities & Neurodevelopmental Post (LDND)**

  The LDND team transformation post offers in-reach into specialist schools. The aim is to identify children and families living with LDND and mental health difficulties and support them to have a better quality of life. This support is provided through consultations and direct clinical work, including parent groups. Between October 2016 and May 2017 59 consultations were held, with a range of issues identified as the primary focus for discussion – the most frequently discussed theme being ‘emotional difficulties’ (44.8%). The post also convened a number of group sessions at various schools in Greenwich, with attendance from family members encouraged.

- **Parenting Lead Post**

  The objective of the Parenting Lead transformation post was to develop and implement an evidence based parenting strategy through facilitating and supervising a variety of parenting courses. From April 2016 to March 2017 a wide variety of groups were held across a variety of settings, including positive parenting, parental psycho-education and non-violent resistance groups.

  Feedback from the sessions has been overwhelmingly positive and parents and staff recounted a significant increase in subject matter knowledge following training (as per the evaluation form):

  “NVR has made me meet my new family. Now I know I am not alone going through behavioural challenges. The support and the tools have made me stronger and I will continue to use them.”

- **Schools In-Reach Post**

  The mainstream schools transformation post offers in-reach to identify and support children and families living with mental health and emotional wellbeing difficulties. This post, within the Early Intervention in Schools Team, discussed in consultation or provided individual interventions to 231 children in 2016/17, the vast majority of which were not open to
CAMHS at the point of contact (93.5%). This figure further validates our decision to prioritise schools in-reach in helping us to access and support CYP and families who are not known to mental health and wellbeing services.

Staff and parents are routinely asked to complete a questionnaire following their consultation, with the vast majority of responses demonstrating a high level of satisfaction with the support received (84.7% would recommend the practice to friends and family if they needed similar care or treatment).

- **Mentalisation Based Therapy (MBT) Post**

The MBT transformation post has been developed to provide an evidenced based therapeutic approach for the treatment of adolescent breakdown and emerging personality disorder. Often these young people are distressed and act out their distress through self-harm and risky behaviours.

The service offers individual MBT to an identified cohort of CYP as part of a year-long programme, whilst also providing MBT parenting groups. 4 parenting sessions were held between February and March 2017, in which each individual parent identified a goal to work towards over the course of the group session, with all parents increasing their goal scores over the course of the group.

### 5.2 Phase Two (2017-19)

Greenwich’s Phase Two transformation priorities will continue to build on the significant improvements of Phase One in building capacity within services, increasing access to support, addressing gaps in service provision and improving outcomes for CYP and families.

In addition, Phase Two will help to further align Greenwich CAMHS with overarching strategic objectives and other regional and national initiatives, including the development of new models of care across South London, so that service developments are sustainable.

Accordingly, the following areas have been identified as additional priorities for transformation in Phase Two of our local plan:
Urgent & Emergency Care

There remains a national commitment to improving urgent and emergency care for CYP in mental health crisis. As detailed in Section 3.4, Greenwich has recently undertaken a thorough review of the CAMHS urgent care pathway to address any issues and gaps in service provision. The findings of this review have highlighted a number of areas requiring improvement, with a particular focus on providing support for those CYP who present outside of working hours at acute hospitals.

A priority for Phase Two of transformation therefore remains the implementation of a CYP liaison service to address out-of-hours coverage, with an ambition to eventually move towards dedicated 24/7 crisis care for CYP. In addition, we are committed to addressing wider issues in Phase Two, with plans to establish a ‘CYP Mental Health Urgent & Emergency Care Network’. It is hoped this forum will lead in enabling sustainable change and the integration of urgent care pathways, with support and engagement from multiple stakeholders, including service users, families and adult services.

Youth Justice

Gang culture and youth offending remains prevalent in Greenwich, with a higher rate of first time entrants to the youth justice system than the national and London averages. Moreover, there is a marked prevalence of mental health issues amongst the youth offending cohort. Our transformation plan highlights our commitment to ensuring that care pathways between police, probation services, social care and mental health services are better integrated and that support is available for CYP and families within the Youth Justice system.

Phase Two will set in motion much greater scrutiny and attention in this area, with the anticipated implementation of a new CAMHS specific Liaison & Diversion post and the delivery of training to third sector workers and other stakeholders, which will help to secure a sustainable model for CYP in Greenwich. The CCG will also look to expand the level of engagement with CYP and families who have been in contact with the Youth Justice System, to ensure that service development remains informed by user experience.
Nationally, the transition of CYP from CAMHS to adult services (and/or other services including primary care) has been identified as an area requiring significant improvement, culminating in the development of a national CYP Transition CQUIN. Oxleas NHS FT are commissioned to deliver both children’s and adult mental health services in Greenwich and are working with the CCG to ensure that transition protocols are fully embedded across age ranges, including pathways back to primary care, and to ascertain the level of expected transitions from children’s services year-on-year.

Work has already begun across Greenwich, Bexley and Bromley to ensure that the individual user and receiving service are prepared and aligned to the needs of the child at an important juncture where CYP can often fall through the gaps between CAMHS and adult services. This includes a shared approach to implementing the national CQUIN, in addition to the establishment of a number of working groups who will lead in drafting and implementing revised processes for managing transitions.

It is widely acknowledged that the national mental health workforce requires development in order to meet the ambitious NHS MH 5YFV targets.

As outlined in Section 4, Greenwich and other boroughs within the south east London STP are facing a number of challenges to staffing and workforce development, namely the recruitment and retention of CYP mental health specialist staff.

Consequently, there is a need to explore alternative solutions to the current issues and to increasing the workforce in conjunction with national targets. Discussions have begun across the STP as to how best to approach this challenge, whilst Greenwich CAMHS has initiated a tri-borough, trust-wide Workforce Task Group to progress this priority area.

In addition, we will continue to build capacity within the wider CYP system in managing and supporting CYP with mental health and emotional wellbeing needs. Accordingly, the CCG and RBG have submitted a joint bid to the Department of Education to facilitate a number of workshops bringing together schools and CYP mental health service professionals through the Anna Freud Schools Link Programme. If successful, the workshops will enable
professionals to improve local knowledge and the identification of mental health issues amongst CYP, develop effective local referral routes to specialist services, improve joint working and build capacity to manage CYP requiring mental health support within schools.

**Perinatal**

There is significant variation in the availability of perinatal mental health services across the STP. Addressing this gap in provision is a key priority both locally and regionally as we enter Phase Two of transformation, with specific focus on increasing access to perinatal specific services and facilitating joint working across maternal/paternal mental health and CYP mental health pathways. This includes examining the effectiveness of other services in providing specialist perinatal mental health posts within CAMHS to prevent CYP from requiring mental health support at a later stage in their life.

Greenwich CCG, in partnership with Bexley and Bromley CCGs, has submitted an application for a specialist perinatal mental health service (subject to NHSE approval) to support all childbearing women who cannot be managed effectively within the community, in accordance with SYFV ambitions – c. 495 women accessing the service per annum across BBG. However, there still remains a need for greater coordination of care across the various services and pathways, especially for those childbearing women and CYP who are not eligible for specialist services.

**Access**

As previously indicated, improving access into CAMHS remains a key priority for Greenwich in order to meet national targets by 2020/21. An aspect of this priority includes the need to improve access into services for BAME groups, who are under-represented in mental health services (see Section 2.3.3) and more likely to experience mental health issues in adulthood.

In Greenwich, work has begun to research and analyse the underlying factors that are contributing to a low referral rate for BAME groups, with an extensive consultation process underway. Findings from this review will help to inform service development in Greenwich as we enter Phase Two and to ensure that BAME CYP and families are aware and able to access mental health and emotional wellbeing support when they require it.
6. STP Alignment & Collaborative Commissioning

The 2017/18 iteration of Greenwich’s Transformation Plan is strategically aligned to the south east London STP, whilst the plan has been shaped by other wider initiatives, including the New Models of Care programme (South London Mental Health & Community Partnership), NHSE National Tier 4 CAMHS inpatient review and the CAMHS Community Forensic review.

Much progress has been made in addressing issues and triggering transformation across the STP and in more localised clusters (Bexley, Bromley and Greenwich), including the collaborative commissioning of our shared community eating disorder service and the expected implementation of a tri-borough out-of-hours acute hospital liaison service, as detailed in Section 3.4. This has been achieved through a longstanding collaborative commissioning meeting group, which is to evolve into an ‘STP CYP MH Steering Group’. This group will provide a forum to explore opportunities for alignment and joint commissioning across the STP and with other organisations, including specialised commissioning.

Accordingly, there is a great focus on cross-borough initiatives such as the Transforming Care Programme and the review of Tier 4 CAMHS inpatient services, with an ambition to reduce admissions and length of stay in acute beds across the STP, in partnership with NHSE. This includes involvement in schemes tasked with redesigning community crisis pathways and the development of sustainable alternatives to inpatient care, in addition to regular CCG involvement in multi-agency pre-admission Care and Treatment Reviews for CYP with LD and/or autism.

Greenwich will continue to explore options to improve services and support for CYP at scale where appropriate, whilst acknowledging the nuance and distinct identity of Greenwich as a local area, with collaborative commissioning a key enabler in ensuring the sustainability of our transformation priorities.

6.1 New Models of Care

NHS England has accepted the submission for the South London Mental Health and Community Partnership for CAMHS Wave 2. The partnership is made up of three provider
organisations, South West London and St. George’s Mental Health NHS Trust, Oxleas NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust. Operation of the New Models of Care began on 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, has 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 they 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
- 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. The 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. Plans are in place to 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 – 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 CCG and Local Authority commissioners to develop a consistent service approach and expand evidence based community services for the benefit of patients and their families. To support this, the partnership will be undertaking a baseline exercise across South London, including Tier 3 services as well as validating Tier 4 baseline data from NHS England.

The STP has since nominated a number of representatives from individual CCGs to sit on the partnership’s monthly programme board to ensure that the initiative is aligned to local and regional priorities for CYP mental health and emotional wellbeing.

### 6.2 Forensic CAMHS

NHSE has committed significant resource to the development of a Community Forensic CAMHS service (to include Secure Estate Outreach). This will operate as a Tier 3.5 service and aims to prevent admission to mental health inpatient units, including medium & secure estate, and psychiatric intensive care units (PICUs). The service will provide clinical consultation, clinical assessments and short term interventions to this highly vulnerable cohort. SEL commissioners continue to input into the development of the service, to ensure it meets the needs of our local communities and links effectively with existing care pathways. The service is expected to start in spring 2018.
7. Governance

The commissioning of Greenwich CAMHS is well developed, following the re-commissioning of the service in 2014, and is underpinned by joint governance arrangements between the CCG and RBG, with Greenwich CCG the lead accountable commissioning body. The additional investment committed through our transformation plan is supported and monitored through existing governance arrangements, comprising of monthly service line and quarterly contract meetings, whereby additional transformation post updates are provided.

Fig.27: Greenwich Transformation Plan Governance Structure
Local Assurance & Accountability

The Greenwich Health & Wellbeing Board has general oversight of the development of the Transformation Plan and is responsible for the official sign-off of the document. This iteration of the plan is to be ratified at the Health & Wellbeing Board of 7th March 2018.

In addition to the Health & Wellbeing Board, the 2017/18 refresh of the transformation plan has been discussed and shared with a number of groups referenced within the governance structure, including the Children’s Mental Health & Wellbeing Transformation Group (see appendix for group workstreams) and Children’s Mental Health & Wellbeing Joint Commissioning Group. These groups have wide attendance from a number of organisations including the Voluntary Sector, Oxleas NHS FT, the Youth Offending Service, Safeguarding and Social Care, Adult Services, Education and Public Health.

Moreover, the 2017/18 annual refresh has been shared within the CCG’s internal governance structure, including the CCG’s Governing Body and Executive Group.

At an STP level it has been agreed that all South East London boroughs would benefit from sharing their internal governance structures in order to ascertain whether more consistency can be achieved in the ratification of local plans. One immediate action is to strengthen the existing South East London CAMHS collaborative commissioning meeting to become the SEL STP CYP MH Steering Group, formalising a reporting line into the SEL MH Steering Group.

The STP has also recognised that there are opportunities for broader engagement at STP PPV programme level and to link in with existing forums. The SEL STP will consider and share examples of best practice drawing from other London CCGs/STPs.
8. Risks To Delivery

Detailed below are a number of potential risks to the delivery of the Greenwich Transformation Plan priorities:

**Fig.28: Greenwich Transformation Plan Risks & Mitigation 2017/18**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| **Workforce** | **Recruitment**  
High average vacancy rates across the STP will challenge services’ ability to meet demand and specific targets – significantly higher rates in rapidly expanding areas such as perinatal services and psychiatric liaison.  |
|            | - Research case studies of successful public sector recruitment strategies and adopt any learning into local recruitment campaigns  |
|            | - Oxleas CAMHS has established a Bexley, Bromley, Greenwich Workforce Task group; this will lead on increasing recruitment and retention through such methods as ‘flexible’ posts that sit across various pathways  |
|            | - Greenwich CAMHS to broaden its marketing channels with the launch of various recruitment campaigns, including advertising within targeted universities  |
|            | - Explore NHS provider vacancy data at STP level to understand the scale of nursing, medical and wider workforce gaps, supporting the development of short and long-term cross-STP actions.  |
|            | **Retention**  
High attrition rates for mental health staff across the STP, challenges services’ ability to meet demand and specific targets.  |
|            | - Review and analyse NHS MH providers “reason for leaving” data across STP  |
|            | - Oxleas CAMHS has established a Bexley, Bromley, Greenwich Workforce Task group; this will lead on increasing recruitment and retention through such methods as ‘flexible’ posts that sit across various pathways  |
|            | - Greenwich CAMHS to start discussions to increase flexibility in working hours in order to increase retention of staff in key roles  |
|            | - Research best practice with regards to workforce retention and development, including opportunities for reskilling and developing existing staff.  |
| **Resources** | **Sustainability**  
A need to begin planning for the financial sustainability of services following the end of the transformation programme  |
|            | - Increase level of collaborative commissioning and joint work with partners  |
|            | - Reskilling and developing staff in existing transformation posts  |
|            | - Review the profile and age of local workforce to ensure staffing is sustainable and develop succession plans to secure continuity of service where applicable  |
|            | - Explore innovative and digital solutions to increase clinical time and reduce administrative burden.  |
### 9. Appendix

#### Fig.29: Greenwich CAMHS Team Descriptions

<table>
<thead>
<tr>
<th>Service Level One</th>
<th>Service Level Two</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Team</strong></td>
<td>Across both service levels</td>
</tr>
<tr>
<td>Children and young people aged from birth to their 18th birthday with difficulties which may be indicative of a mental health condition and present with moderate to severe mental health difficulties such as anxiety, low mood, depression, PTSD.</td>
<td></td>
</tr>
<tr>
<td><strong>LAC/Edge of Care Team</strong></td>
<td>Criteria across both service levels</td>
</tr>
<tr>
<td>Children and young people aged from birth to their 18th birthday who are:</td>
<td></td>
</tr>
<tr>
<td>- LAC, (Sect 20, Sect 31, Sect 37 (via the Court)</td>
<td></td>
</tr>
<tr>
<td>- LAC placed within 60 miles of Greenwich</td>
<td></td>
</tr>
<tr>
<td>- Subject to Special Guardianship Order or Child Arrangements Order</td>
<td></td>
</tr>
<tr>
<td>- In Friends and Family placements</td>
<td></td>
</tr>
<tr>
<td>- On the edge of care i.e. Where a Legal Planning Meeting has occurred</td>
<td></td>
</tr>
<tr>
<td>- Adopted</td>
<td>To work with young people who experience significant / acute mental health conditions including those who may be at risk of inpatient admission, who require a rapid response and / or intensive intervention.</td>
</tr>
<tr>
<td>- Subject to a CP Plan</td>
<td></td>
</tr>
<tr>
<td>- Subject to a Child in Need Plan</td>
<td></td>
</tr>
<tr>
<td>Where there are mental health concerns and the impact of their mental health difficulties is such that it warrants specialist assessment and intervention.</td>
<td></td>
</tr>
<tr>
<td><strong>Adolescent Team</strong></td>
<td></td>
</tr>
<tr>
<td>To work with vulnerable young people who present with symptoms of emerging mental health conditions or early signs of mental health crisis.</td>
<td></td>
</tr>
<tr>
<td><strong>Learning Disabilities and Neurodevelopmental Team</strong></td>
<td>Children and young people with complex neurodevelopmental problems (roughly equivalent to an IQ below 50, and/or ASD/ADHD) and those with severe/high risk behaviour/mental states which may otherwise require specialist placement or inpatient setting.</td>
</tr>
<tr>
<td>Children and young people with mild-moderate mental health problems in the population with LD/ASD/ADHD</td>
<td></td>
</tr>
</tbody>
</table>
**Early Intervention Team**

**Children (0-5yrs)**
Mild to moderate level difficulties with: Attachment, sleep, eating, psycho-somatic, behaviour

**Children & young people (school age)**
Mild to moderate emotional and behavioural difficulties impacting on functioning at school or home and on the development of relationships.

E.g. persistent relationship problems, persistent challenging behaviours, obsessions and compulsions, low mood, self-harm, anxiety, lack of confidence and difficulties in attendance and participation in school life.

**Moderate to significant psychological difficulties that have not responded to the 3 session model**

---

**Fig. 30: The Thrive Mode**

**Fig. 31: Oxleas CAMHS Activity: Location of appointments by team (November 2017)**

<table>
<thead>
<tr>
<th></th>
<th>Client home</th>
<th>Community site</th>
<th>Family/Carer home</th>
<th>GP premises</th>
<th>Oxleas site</th>
<th>Hospital site</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent</td>
<td>17</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>430</td>
<td>14</td>
<td>27</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>143</td>
<td>0</td>
<td>96</td>
</tr>
<tr>
<td>Generic</td>
<td>11</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>716</td>
<td>5</td>
<td>28</td>
</tr>
<tr>
<td>LAC</td>
<td>15</td>
<td>24</td>
<td>2</td>
<td>0</td>
<td>440</td>
<td>3</td>
<td>32</td>
</tr>
<tr>
<td>LD/ND</td>
<td>24</td>
<td>3</td>
<td>21</td>
<td>0</td>
<td>175</td>
<td>0</td>
<td>57</td>
</tr>
</tbody>
</table>
Fig. 32: Oxleas CAMHS Activity: MH related hospital admissions to SLaM & private providers

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SLaM</td>
<td>13</td>
<td>9</td>
<td>23</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Private</td>
<td>19</td>
<td>13</td>
<td>2</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>TOTAL</td>
<td>32</td>
<td>22</td>
<td>25</td>
<td>20</td>
<td>21</td>
</tr>
</tbody>
</table>

Fig. 33: Oxleas CAMHS Activity: 2017/18 hospital admission monthly breakdown

<table>
<thead>
<tr>
<th></th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Q1</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Q2</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLaM</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Private</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

CAEDS Baseline Self-Assessment 2017-18

CYP MH Crisis Self-Assessment Summary Report London

South London Partnership New Models of Care Programme Update
Fig. 35: Youth Justice Liaison & Diversion Process

Liaison and Diversion (LD) screening – serious MH concerns or learning needs representations to Police for NFA. THIS IS A GAP. L&D PROPOSED MODEL WILL MEET THIS GAP

Screening result sent to YOS. Known to the YOS

THIS IS A GAP. L&D PROPOSED MODEL WILL MEET THIS GAP

If concerns evident – HV full assessment refer to community services. THIS IS A GAP. L&D PROPOSED MODEL WILL MEET THIS GAP.

Young person arrested Processed at Police station

No further Action

Low level offence and admission of guilt

Yes

Young person’s details sent to YOS appearance

Triage

Youth Caution

Youth Conditional Caution

Process Stops

Court appearance

Not Guilty

Guilty

Remand

Unconditional Bail

Conditional Bail

YOS assessment & Report to court L&D screening and assessment incorporated

Sentence to Custody – Court Order supervised by the YOS

Sentenced to Fine, Absolute discharge not supervised by YOS

At Risk Children:
- Home
- School
- Community

Referral to Youth Crime Prevention Panel

L & D screening – serious MH concerns representations at court & influence interventions at Youth Crime Prevention Panel THIS IS A GAP. L&D PROPOSED MODEL WILL MEET THIS GAP.

Youth Detention Accommodation Looked After Child

Red squares and arrows indicated L&D process which are current gaps in provision.
Methodology:

- I have been commissioned by Greenwich CCG to undertake a mapping and Pathways exercise regarding the gaps and indeed current provision of the mental health and emotional well-being of Greenwich Young people, in the Criminal Justice System

- The aim of this exercise is to develop a Youth Justice Liaison and Diversion (YJLD) Service, for all young people in the borough, including Looked after Children (LAC) from Pre-Arrest/Community (early identification), and their journey through the Criminal Justice System from point of arrest-Charge/NFA- Court- Community Sentence- Custody- Release into Community/Resettlement

- In order to gain an understanding of the gaps and inform the initial phase of developing this service, I have undertaken detailed consultations with stakeholders, including: YOS Service Manager; Local Authority CYP Commissioning team; CCG CYP Commissioner; Adult Liaison and Diversion Service Manager (Oxleas); Youth Offending Multi Agency Clinical Health team which includes Health, Substance misuse (Addaction- Mental health worker), Parenting worker and Youth Offending Team Manager

- I have had sight of Youth Justice Plan; CAMHS Transformation Plan; Arrest and Conviction rates For CYP in the Borough and Types of offences; I have had sight of feedback from YOS case workers on the effectiveness of the YOS Multi-Agency Clinical Health Team (CHT).

Findings:

[POLICE STATION (POINT OF ARREST AND NFA’S) - Current Practice]

- Currently there is an Adult Liaison and Diversion (L and D) Service, which covers Plumstead and Bromley Police station. The Adult L and team consist of 5 band C Mental Health Nurses, a team manager and part/time Administrator. This service currently runs from Monday to Friday 08:00 – 20:00. *There is a plan to develop this service to cover seven days a week. This could come into effect sometime in August 2017 (currently being developed)

- The Adult L and D workers at the police station see some young people and carry out an ‘assessment’. However, there have not been any assessments undertaken since October 2016 to date. There is no real consistency in this practice and it does not reflect the arrest/charge/NFA figures of which I have had sight. Also the Youth Offending Service staff advises that they have not received any assessments or indeed notification of young people seen or assessed for some time

- The Adult L and D workers are not always told when a young person is at the station, especially if they are busy assessing an adult in custody. Even when they do see the young people they do not feel confident about carrying out the National health for England assessment of Mental Health and facets of Well-being and indeed range of vulnerabilities

- They also felt they do not have the knowledge of the services in to which they should divert young people, unless of course there is an acute diagnosis, in which case it could be hospitalisation. It was felt that in the absence of a Youth Justice Liaison and Diversion worker/service, there is a real lack of consistent co-ordinated service available to CYP appearing at the police station, voluntarily or when arrested either for the first occasion or otherwise
• It was felt that the assessment they have been told to use, is too long, 100+ questions and not fit for purpose in a police station setting

• Clarification regarding recording of the young person seen/assessed on the health RIO database, ‘doesn’t seem right’ especially when no issues are identified. This could result in checks ‘labelling’ Children and young people with mental health concerns

• Police officers need to understand the need to ensure all CYP even those that are NFA’d are referred for a screening of mental health and the range of vulnerabilities. All CYP that attend the police station statistics, including NFA’s should be collated and shared with the YOS.

[COURT (Pre-Sentence report) Referral Order reports, YOS SUPERVISION, CUSTODY, RESETTLEMENT – Current Practice]

• Young people who appear at Bexley Magistrates Court, from police cells, particularly those young people not known to the YOS have not been screened or assessed for mental health and emotional well-being. In the absence of a screen or assessment at the police station, this could be the first time an opportunity arises to carry out a screen or indeed an assessment

• Although currently the Adult Liaison and Diversion workers are in court and they are willing to give advice, there isn’t a formalised arrangement in place

• In the absence of a YULD co-ordinator/worker, there is no real consistent co-ordinated screening and assessment process in place with regards to Mental Health and well-being for all young people who attend court, other than the YOS worker letting the YOS health worker know if any issues arise. YOS case workers are trained in the trauma model and AIM and indeed can access the specialists’ skills and knowledge of the YOS (Clinical Health Team (CHT), who also refer to CAMHS for all tier 3 services

• The YOS workers in court carry out a PCR for young people at risk of custody and again if any concerns or issues arise the specialists’ i.e. health, substance misuse can be called upon. The CHT and indeed the LBG and CCG INREACH service delivery arrangements, which all young people in the borough have access to, including those at risk of offending or indeed that are in the Criminal Justice System. The service pathways in place, on the whole do address the symptoms and risk factors for poor mental health and well-being as identified by National Health for England as set out below, through the universal services available. The area that could be perceived to be needing strengthening is those at risk of Child Sexual Exploitation(CSE). Currently, the pathway for CSE, is triggered via safeguarding however, not all cases meet the safeguarding threshold and this is an area where a clear service pathway needs further development and indeed strengthening.

  o  Conduct Disorder
  o  Acquired brain injury
  o  Neurological development
  o  Attention deficit hyperactivity disorder
  o  Autistic spectrum disorder
  o  Child sexual exploitation
  o  Learning disabilities
  o  Speech, language and communication needs
  o  PTSD through exposure to violence (familial/gang)
  o  Substance misuse
  o  Physical health
Currently all young people are assessed using the ASSET Plus framework, which includes screening for Mental health and well-being and the range of vulnerabilities identified by National Health England. If any issues arise through screening and assessment the case can be taken to the YOS Clinical Health Team (CHT). In addition, all staff are trained in the Trauma model and AIM assessment.

The YOS staff can access services for Young people with regards to the pathways range of needs required by National Health England, through the YOS CHT. A recently appointed physical health nurse also attends the weekly CHT, along with Substance misuse, parenting, Psychologist from CAMHS. The CAMHS worker attached to the YOS that was previously in post has not been replaced and whilst the CHT do provide clinical supervision and support, the loss of the CAMHS worker is felt and the service was described as “sub-standard”.

The loss of the second parenting worker is also felt. When working with young people assessed with mental health concerns, engaging parents to support and access CAMHS wider services is imperative in line with the systemic family model. It was felt that the CHT were able to assist and access the services pathways through the jointly (CCG and RBG) commissioned wider CAMHS services in the borough, however felt at times that the challenge was to get young people to attend CAMHS during the life of their Order. It was felt that the CHT at times act to ‘hold the stress’ of the case workers. Getting young people to access the CAMHS can prove to be quite challenging and could be strengthened by more intense engagement with the Young person and their families during the time limited period of the Order.

With regards to young people in custody and resettlement, it was generally felt that there is a disconnect between Looked after Children plans and secure estate plans, in terms of timescales for review and indeed service. Independent Reviewing officer makes contact with Secure Estate independently and this contributed to the lack of co-ordination in planning on service needs upon release and whilst in custody.

There is an issue with the flow information between community CAMHS and that of the health provision in the secure estate. The South London resettlement Consortia, which is a third sector organisation do currently deliver an enhanced wrap around service in terms Mental Health, Housing and Education etc.

**Strategic Arrangements**

- The current joint commissioning arrangements between RBG childrens’ commissioning and the CCG seems to work well and provides the opportunity to develop universal service provision for all children and young people in the borough based on assessed needs

- Whilst Greenwich Children’s services commissioning is represented on the YOS Management Board, the CCG is not. Also, given OXLEAS is the main provider of all health services for CYP in the borough, there is potential for a conflict of interest when the services being planned and the delivery of service is under review

- On the whole, the services that OXLEAS provide are perceived to be good and there is a quality assurance framework in place to review the provision i.e regular reviews, unannounced visits etc.

**Recommendations:**

1. Greenwich CCG and RBG needs to develop a co-ordinated Liaison and Diversion service from early intervention in the community – police station right through to resettlement. To this end,
in the first instance needs to recruit a Liaison and Diversion co-ordinator/worker, who should be qualified in Child and Adolescent Mental Health.

The role of the L and D work could initially include exploring the various models of delivering/developing this service. I.e. a consideration whether to have third sector workers involved, particularly in terms of Liaison, support and engaging young people and their families through the L and D process and their journey through the criminal Justice system. The YJLD post could adopt a co-ordinating role and could also lead in the planning and delivery of training to third sector workers and stakeholders. This model would allow sustainability and act to co-ordinate service provision and delivery. The model would need to utilise the universal services that are already available in terms of promoting the mental Health and well-being of CYP in the borough.

1a. Considerations:

Whether the YJLD post should be one as a co-ordinator from early intervention in the community – first time (voluntary or arrested), or repeat attendance at the police station, right through a young person’s journey through the criminal Justice System, including resettlement. This could include: responsibility for the co-ordination for all stakeholders including police, Adult L and D, Social Services, education and others, case workers, CAMHS; The co-ordination and delivery of training to all Adult L and D in screening/assessment, and Police to be trained in the model. (Not exhaustive)

- OR

- One as ‘THE YJLD WORKER’, delivering the service, with key tasks to be identified i.e. based at the police station, screens all young people etc. (not exhaustive).

- Whether all Young people should be referred through the YJLD Co-ordinator/worker by the Adult L and D service in police station for a screen at home, before a decision for charge or out of court disposal (OOCD) is made. This could serve to engage with parents, families and careers at the earliest opportunity. This would fit in with the systemic Multi Modal approach that is being adopted in working with children young people and their families in the borough.

Until such time that a local agreement has been reached on the model to be adopted and indeed the role of the YJLD worker/co-ordinator. Also, whilst a model is being developed in consultation with stakeholders, taking into account the considerations outlined in 1a and indeed other factors, such as YOS work load and resources.

Proposal

A proposal for delivery of the L and D service in Greenwich that should be reviewed 6 months from the date a YJLD worker comes into post is as follows:

The Greenwich adult Liaison and Diversion workers (Adult Mental Health Nurses) that work out of Plumstead police station to carry out screening of all young people who attend the police station. Initially, Monday to Friday 8am-8pm and 7 days a week once the service goes seven days a week.

The Adult L and D workers will require training in screening young people for symptoms at risk of mental health and well-being and indeed the range of vulnerabilities that National Health England require. They would send through all screens to the Greenwich YJLD worker, who until a model has been agreed will action all screens and make a decision whether a fuller assessment is needed and divert to the appropriate service, if not already known to a YOS case worker.

YOS police and custody Sergeants will require training in the L and D process, emphasising that all young people that come to the station, need to be seen by the Adult L and D Worker for a screening and some joint training around early identification in identifying triggers and the L and D agenda.
The L and D manager will attend quarterly YOS CHT. The YJLD worker will attend the weekly. The frequency of attendance can be agreed depending on service needs.

The YJLD worker will be the direct link / point of contact for the Adult L and D staff, when dealing with any young person at the police station. All enquiries will hub through this worker.

More robust system in collating and disseminating data with regards to young people attending the police station, including NFA’s needs to be developed and utilised to plan and develop the YJLD service in Greenwich.

Once the practice of screening all young people in the police station is embedded, when young people attend court any mental health or symptoms of well-being and vulnerability should already have been identified and diverted into the appropriate service. The YJLD worker could attend court and or ensure that the appropriate specialist CAMHS worker, nurse or Substance Misuse worker too is available for advice or indeed to carry out specialist assessment.

2. To consider the capacity of a CAMHS worker to be attached to the YOS as it was previously. The service was commended by HMIP and judged as ‘Gold’ standard and indeed my findings have identified this as a gap and decline in service.

3. To review and develop the pathway for those young people assessed at risk of CSE, given that at present, unclear if those young people who may not meet the safeguarding threshold criteria are indeed vulnerable and remain at risk.

4. Currently OXLEAS who are the providers of CAMHS services in the borough sit on the YOS Management board and the CCG are not represented. This needs to be reviewed and consideration give that they attend every quarter, or indeed as and when issues around the planning or reviewing the commissioned health and service provision for YOS young people are on the agenda.

5. SLA’S and protocols to be drawn up with all the stakeholders involved in the delivery of the liaison and diversion scheme i.e. Police, Adult L and D (OXLEAS), court, Addaction, Education and others.

6. The YJLD worker/co-ordinator to facilitate liaison and engagement with the young people and their carers, in cases assessed as needing access to wider CAMHS services at the CHT. Taking into consideration, the principles of systemic multi-modal principles.

7. The YJLD worker/co-ordinator to facilitate the flow of information between the young person and their families, the secure estate staff and the community services i.e. education, health, social care YOS etc. when at risk of entering the secure estate and on entry, whilst in custody and planning for release. The YJLD Worker/co-ordinator to strengthen this through developing the liaison strand of the scheme.

8. The Liaison and Diversion scheme that Greenwich decide to develop, taking into account the considerations and proposed models in 1/1a, needs to build in sustainability. In addition, it should deliver the liaison strand where gaps in engagement with CYP and their families have been identified in this report. This could be delivered in collaboration with a third sector organisation.

9. The priority area is the earliest identification and delivery of YJLD at the police station, as there is currently nothing in place. I have gone into a greater level of detail with regards to this and made a 6 month initial proposal, utilising the Adult Liaison and Diversion workers currently available to commence delivery of the YJLD agenda.
Fig. 36: STP Workforce Interventions 2016-21

Transformation Posts Summary 2017-18

Greenwich Mental Health Transformation Workstreams

Greenwich CAMHS eligibility criteria

CAMHS Planning 2017-18

CAMHS Commissioner Report November 2017

Oxleas CYP IAPT Presentation