Transformation Plan for
Children and Young Peoples’
Mental Health and Emotional Wellbeing
Refresh, October 2018

Bexley Clinical Commissioning Group
And
London Borough of Bexley
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1.1 Purpose of document

This refreshed Local Transformation Plan sets out Bexley’s approach to improving outcomes for children and young people’s mental health and wellbeing, as outlined in the Bexley Joint Mental Health and Wellbeing Strategy 2017-2021. The plan describes how we are using transformation funding from NHS England to achieve this. There are several nationally prescribed priorities which sit alongside locally determined priorities which plans must address and refresh on an annual basis.

NHS Bexley CCG and Bexley council published the Bexley Five Year Forward View for Health and Social Care in 2016 this plan closely works alongside the Joint Needs Strategic Needs Assessment (JNSA) and Our Healthier South East London (OHSEL)

The CCG has worked alongside the GP practice community, its clinical leads, patients and patient/community groups, voluntary sector organisations, providers, local authority partners and others to produce this document and will throughout the year, keep these key groups updated on the progress being made against it.

Much of work over the next few years will be building locally on the OHSEL programme, which brings together the six CCGs in south-east London, working alongside partners and patients, to focus on priority health issues that are best addressed collectively.

Bexley plans will also be underpinned by the NHS Five year Forward View, which sets out what the NHS needs to do to improve the population’s health and the health services that they receive.

Our vision remains as: -

“Our children and young people will be emotionally resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. Those that require mental health support are able to access this, where and when they need it.

Our parents/carers and young people’s workforce will be equipped to identify and respond to low levels of emotional well-being amongst our young people.”

NHS England first asked local areas to produce Local Transformation Plans for the mental health and wellbeing of children and young people in August 2015, following the publication of Future in Mind (1) in March 2015. Future in Mind sets out an ambition for improved public awareness and understanding of mental health issues, timely access to mental health support for those who need it and improved access and support for the most vulnerable groups. Since then the Transforming children and young people’s mental provision: a Green Paper (December 2017), identified ambitions in the form of three key changes to support children and young people’s mental health as follows:

1. To incentivise and support all schools to identify and train a Designated Senior Lead for Mental Health with a new offer of training to help leads
and staff to deliver whole school approaches to promoting better mental health;

2. To fund new Mental Health Support Teams (MHSTs), supervised by NHS CYP mental health staff, to provide specific extra capacity for early intervention and on-going help within a school and college setting; and

3. As the new Support Teams are rolled out, NHS England will trial a four-week waiting time for access to specialist NHS CYP mental health services. This builds on the expansion of specialist NHS services already underway.

Our local plan also considers Implementing the Five Year Forward View for Mental Health (FYFV) with the ambition that by 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people.

The link between childhood mental health disorders and development of mental health problems in adulthood is well established. Poor mental health in children is associated with poorer educational attainment, poorer physical health, anti-social behaviour, offending, poorer lifetime mental health and social exclusion. This Local Transformation Plan, along with broader mental health developments across Southwark aims to reduce inequalities in health and wellbeing.

The core purpose of this plan is therefore to help us meet challenging targets to increase children and young people’s access to the right care at the right time, in the right place.

Our approach to transforming our children and young people’s mental health offer is to:

- increase capacity in early action and prevention
- build up the offer in the community to reduce the need for children and young people to be admitted to hospital
- work in partnership across the South East London sub-region to collaborate on new models of care and effective pathways that improve outcomes for children and young people.

We have put this approach into action in several work streams locally, including:

- Enhancing the Early Help children’s mental health offer and Functional Family Therapy which provides intensive therapy for families who need it;
- Funding emotional wellbeing and mental health pilots in schools to develop whole-school approaches to emotional resilience and wellbeing;
- Development of crisis services across the South London area to prevent the need for in-patient beds;
- Enhancing services where we know there is unmet need, including trauma, self-harm and youth offending.
- Improving access to evidence-based treatment and self-referral for eating disorders.

1.2 Summary of what has been delivered locally since 2017-18

We have achieved a lot over the last year, some areas to note are:
The ‘South London Partnership (SLP)’ provider alliance formed in 2017 across three mental health trusts (Oxleas, South West London and St Georges and South London and Maudsley (SLaM) NHS Trusts, and following its inception, successfully secured additional resources to deliver the New Care Models (NCM) for CAMHS and the Forensic CAMHS Service across South London. Over 2017/18 the SLP has increased CAMHS inpatient bed capacity by 14% and the number of out of partnership bed days has reduced by 25% against the baseline. This means that more young people are placed closer to home, therefore maintaining their social networks prior to discharge.

The CAMHS Virtual School offer to Children Looked After has maintained significant success across the year. By responding quickly to issues raised and building confidence amongst teaching staff and foster carers, it has seen fixed term exclusions drop by 21% by 2017/18. Furthermore specialist CAMHS caseloads for CLA have drop by 20% over the last year, further supporting the call for earlier intervention.

Mobilisation of trauma informed training and supervision across the Youth Offending Service and partners, has influenced the wider development of a trauma informed approach across all services for children and young people in Bexley and continues to be a significant focus for the Local Authority.

Bexley has collaborated closely with the other five boroughs within the SEL STP when responding to national Transforming Care responsibilities and working with providers to improve performance against access targets. This established partnership has resulted in development of a cross cutting CAMHS Transformation Refresh for 2018, which hopefully demonstrates how far we have come.

The ‘Community Health and Well-Being Service’, (CHeWS) is established and was fully recruited to during 2017-18. The team delivers consultation and liaison to schools to improve identification of emerging mental health needs and build the capability and capacity for schools to support young people.

The Tier 3 focus from the LTP provided additional clinical capacity into the overall CAMH service. The Trust HR department is working with the service to develop alternative ways of recruiting into the service to recruit and retain staff, such as over-recruitment and additional training incentives. Options for clinical staff to rotate their role across Bexley CAMHS is expected to result in a highly retention level.

Community children’s services in Bexley now have a single point of access for community services including CAMHS.

Oxleas NHS foundation Trust, has developed a web-based platform, “Headscape Focus”, that brings the ADHD care team, families, schools and other professionals in to a secure, shared online environment. which was developed alongside the “Healthlocker” platform being developed by South London and Maudsley NHS Foundation Trust (SLAM), and builds upon the “Headscape” website previously developed by Oxleas. The significant innovation is that the platform has been developed for children with
ADHD and has the additional functionality that enables schools and other health professionals to communicate with the team about the child’s progress. This platform has been developed with funding from The Health Foundation as part of their Innovation for Improvement programme. (www.health.org.uk/projects?programme=138) The platform launched in December 2017 and we currently have 28 families and five schools using it. The platform has enabled the team to communicate more effectively with families and schools to provide more targeted support. Feedback from families indicates that they have found it a helpful way to communicate with the team. It is intended that the platform will become embedded into routine clinical practice within the team and beyond to other teams across the whole of the new models of care programme. This scheme has been nominated for a Health Service Journal award.

- CAEDS and the Great Ormond Street Hospital eating disorder service were selected by Health Education England to jointly deliver national training for established and developing specialist and adolescent eating disorders services, in partnership with a number of local providers. The training consisted of 8 full days of training for clinicians from 71 child and adolescent community eating disorders teams across the country and was concluded with a national conference in March 2018 to which all teams were invited. Feedback from the program was very positive, and the program is currently being evaluated.

- We have started to explore the potential to redesign assessment and treatment pathways for Bexley CAMHS. This will result in less complicated care pathways and ensure equity across the assessment and treatment pathways as waits in each individual pathway will not be impacted by individual team capacity.

1.3 Summary of what the LTP will deliver locally this year

As a local and STP partnership we remain as committed as ever to the key principles associated with early intervention. Recognising that mental health and emotional wellbeing affects all of us at some point in our lives, the need for further collaboration across services is essential. Over the next twelve months we are seeing this as a further opportunity to embed areas of good practice and to further establish excellent data management systems to ensure that we are getting the best value for money across all of our services.
• There is a partnership commitment to the development of school based mental health provision, which includes mobilisation of a multi-agency outreach service to prevent school exclusions and implementation of the designated mental health role in every school.

• By building on the trauma informed work of the YOS and co-located mental health support, opportunities will be seized to ensure full implementation of the Forensic CAMHS service across South London, which will offer assessment, consultation and short term interventions to some of our most complex young people, to ensure safe and effective management of need within the community.

• We recognise the importance of data intelligence. Over the coming months, we will be working with all providers of children’s mental health services to better understand pathways between universal services such as primary care and schools and more targeted support services via early help and specialist CAMHS. Findings will inform future commissioning developments as part of a larger early help review across children’s services.

• Bexley CCG has recently strengthened its approach to the Commissioning of Children’s services and is committed to working closely with providers of CAMHS and services related to mental health and wellbeing of children and young people now and into the future to deliver improved services and reach more young people who need services within quicker timescales. A way forward has been initiated which will involve closer working between the CCG, its partners including Providers, increased engagement and acknowledgement of the contribution of the voluntary and community sector and effective use of processes such as contract monitoring meetings. The CCG will continue to work with providers to transform services where necessary using evidence based interventions to deliver desired outcomes in the most appropriate and cost effective way.

• Commissioners and providers are committed to the development of a consistent offer of mental health support across the SEL footprint. Plans are in place to further develop crisis care provision across the area, which is likely to be supported by the roll out of a six borough digital mental health offer for all children and young people (10 upwards) across the SEL STP.

• Commissioners continue to develop the ‘evidence based’ early intervention offer through the Children’s Wellbeing Practitioner programme and other services, evidenced through adequate data flow to the MHSDS, with an aim to meet the 32% target by March 2019.

1.4 Risks, issues and mitigations for 2018-19

• During 2017-18, the risk of inequity across care pathways was reviewed and this has resulted in the mitigation described above to streamline the assessment and treatment pathway.

• There is a risk that the service will not meet the required access targets due to complexities in data extraction. The CCG is working with the services and is activity involved in the technical support group to address this during 2018-19.
Recruitment continues to be an area of risk for Bexley, as for all CAMH services – the service has developed workforce plans to reduce the impact of this risk area.

2 South East London STP

2.1 Overview of role and vision of the STP

Our Healthier South East London (OHSEL) is the NHS Sustainability and Transformation Partnership (STP) for South East London.

We aim to address three problems in local healthcare:

- The health and wellbeing gap – people should be helped to lead healthier and longer lives
- The care and quality gap – variation in the accessibility and quality of care should be improved
- The funding and efficiency gap – the NHS must become more efficient and make better use of the money available

A detailed case for change has been developed to understand the health and wellbeing needs of our population.

We have developed a model (below) that segments our population into groups depending on their condition and level of risk, in terms of both physical and mental health. The 50% of our population who are affected by inequalities or are putting their health at risk is too high; ensuring more of our population are enabled to stay well is imperative to prevent our challenges getting worse.
2.2 Mental health

- We want to stop treating the mind and body separately. For this to happen, mental health services need to become more integrated in all our health and care services. We are bringing health and care professionals from all disciplines and organisations to work together across boundaries.
- In south east London we want all women to have access to perinatal (the time, usually a number of weeks, immediately before and after birth) mental health services.
- Most mental health services are treatment rather than prevention focused and there is no systemic approach to early intervention or work with specific groups. This is an area of opportunity to collaborate at SEL level on developing consistent strategic approaches and workforce development.

2.3 Children and young people

- We aim to help keep children physically, mentally and emotionally well – and more joined-up health and care services that are easy for patients and their families to understand and navigate. Another priority is making transition into adult services more straightforward for young people.

2.4 Delivering on Prevention

- Promote prevention, self-care, prevention and self-management by expanding accessible, proactive, preventative and self-management care for mental and physical health problems outside of hospital
- Deliver proactive primary prevention and demand management through secondary prevention, characterized by equitable and timely access and effective coordination
- Building strong and confident communities and involved, informed patients and carers

2.5 Key Priorities include:

- Improving access to children and young people’s mental health services (trajectory to 2020 agreed)
- Taking a preventative approach, incorporating working more closely with other agencies to tackle the wider determinants of mental illness
- Developing emotional literacy and resilience through school-based support, alongside earlier identification and intervention
- Building parenting and peer support in the community

2.6 SEL digital focus areas

- Digitally enabled self-care empowering patients in the management of their care
- Real-time data analytics at the point of care
- Whole systems intelligence to support population health and effective commissioning and research
2.7 Digital Targets

- To have connected the patient and allowed them to exchange information via connected digital apps of their choice.
- To have universally deployed digital alternatives to face to face care in primary care and outpatient settings.
- Reduce our reliance on traditional face to face models of care in primary care and outpatient settings in favour of digital alternatives.
- Streamline referral, access to diagnostic services and the delivery of care in our hospitals by making the processes of care delivery paperless at the point of care.
- Ensure that every interaction with the patient counts by making greater use of algorithmic decision support tools for clinicians working in all care settings.
- Improve our ability to provide co-ordinated, proactive, care delivery to the most vulnerable people by consolidating and connecting up the many electronic record systems that exist today.

2.8 STP investment

SEL STP has carried out financial modelling to estimate the impact of our priorities. In particular this focuses on three main areas:

- Reducing demand through consistent and high quality community based care.
- Improving quality and reducing variation.
- Improving productivity and quality through provider collaboration.

The graph below demonstrates how these changes may potentially address the affordability challenge in 2020/21.

2.9 Initiatives and deliverables

- Consistent sign off processes for plans and strengthened collaborative
commissioning group with a wider membership.

- Sufficient workforce to deliver best practice crisis pathway
- Linking outcomes to investment to identify efficiencies and develop shared models to deliver more care across SEL internal boundaries.
- Collective STP response to address NHSE feedback and further development of Local Transformation Plans to share good practice and deploy a ‘once for STP’ approach to addressing challenges where appropriate.

2.10 STP transformation road map

<table>
<thead>
<tr>
<th>Year</th>
<th>Objective</th>
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<tbody>
<tr>
<td>2018/19</td>
<td>Improvements to access to services and waiting times</td>
</tr>
<tr>
<td>2019/20</td>
<td>Integrated CAMHS services delivered by multi-professional teams</td>
</tr>
<tr>
<td>2020/21</td>
<td>Increase in workforce delivering evidence-based interventions</td>
</tr>
<tr>
<td>2021/22</td>
<td>Seamless and consistent service for those with changing needs; children experience a fully integrated tier-less service</td>
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</table>

2.11 Demographic data

Population

a. The SEL population of 1.8m is 20% of the total London population
b. 22% population (398,000) are under 18 years with around 252,000 in the 5-16 age group

2. Deprivation

a. Associated with prevalence of child poverty, family homelessness, bullying and social problems and substance misuse which are significant risk factors for CAMHS needs

b. SEL STP area has the third highest deprivation levels with NHS Southwark, Lewisham and Lambeth having comparatively higher deprivation levels amongst SEL CCGs

3. Prevalence

a. Around 22,200 children aged 5-16 years are estimated to have some kind of mental health disorder in SEL based on 2014 estimates (9.3% similar to the London average)

b. Proportion of MH disorders including emotional disorders, hyperkinetic disorders and conduct disorders in children are higher in the most deprived communities with around 13,500 children in SEL estimated to have conduct disorders. Conduct disorders in childhood are associated with development of personality disorders in adulthood

4. Hospital admissions

a. SEL areas shows high levels of child hospital admissions (0-17 years) for mental health conditions in 2015-16, compared to the London and England average with highest levels in Southwark, Lewisham, Lambeth and Bexley

b. Modelled estimates show around 300 children <17 years estimated to need CAMHS tier 4 services at some point in their life at a rate of 75.4 higher than the London average

In 2016/17:

• 160 patients; 7,718 bed days used; estimated equivalent of 25 beds
  (current provision 23 beds)
• 23% of total London patients
• 17% of total of total bed days used by London patients
• 33% of SEL patients placed outside London, those patients used 30% of Total bed days used by SEL patients
• 61% of SEL patients in SEL beds
• 46% of SEL bed capacity used by SEL patients
• SEL average length of stay 57
• London average LoS 84
• 14% of SEL capacity used by other London patients
• 10% of SEL capacity used by patients from outside London

2.12 The Bexley Situation

The demographic and socio-economic context for children and young people in Bexley is:

- 25.8% of the Bexley population is aged 0-19
- Approximately 60,000 young people are aged 0-19
- Bexley’s 0-19 population is expected to see a 17.4% increase by 2021
- Most significant increase will be seen in the 10-19 year age bands
- Children aged under 5s makes up 6.2% of the Borough’s population
- Highest unemployment group was for 16-19 year olds (39.3%)
- Increasing numbers of 13-19 year olds in the north of the Borough
- Almost one-quarter of 0-19 year olds are from BME backgrounds
- Highest concentrations of young people from BME backgrounds in Thamesmead East, Belvedere, Erith and Northumberland Heath
- 34.2% of school children are from a minority ethnic group
- 19.7% of children living in poverty
- Children subject to a child protection plan is 201
- Children subject to a Children In Need plan is 1070
- 1,155 children are estimated to be eligible for the Early Learning for 2 year old child care offer.
- 64.1% (higher than average proportion) of children are judged to have achieved a good level of development at the end of the foundation stage
- In 2013 52% of children achieved a GLD (Good Level Development)
- In 2013 the average score achieved on the EYFSP was 32.8 points. (34.0 is the equivalent of scoring the expected level across ALL ELGs
- In 2013 64% of children achieved a GLD (12% above the national outcome)
- In 2013 the average score achieved on the EYFSP was 34.5. (34.0 is the equivalent of scoring the expected level across ALL ELGs)
- Bexley’s 64% GLD outcomes ranks the LA joint fifth highest attaining LA in England out of 152 local authorities nationally and joint third highest attaining of all London boroughs.
- At national level the achievement gap between the lowest attaining 20% of children and the mean is 36.6. The achievement gap in Bexley is 27.6. This represents a very positive 9% lower gap than the national and is one of the LOWEST achievement gaps nationally
- 12.6% of 4-5 year old obese children and 26.8% of 4-5 year old with excess weight
- 24.3% of 10-11 year old obese children and 36.9% of 10-11 year old with excess weight
- 64.1% of children are considered at school readiness at end of Year R
- 47.4% of children on free school meals
We have reviewed the prevalence data for Bexley on the CHIMAT website. Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and sex in Bexley. This shows us that there are potentially 1290 5-10 year olds and 1845 11-16 year olds with a mental health disorder in the CCG area.

![Estimated number of children with mental health disorders by age group and sex 2014](chart1.png)

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014)


- In total therefore from the above we would anticipate 2840 2-5 year olds
- 1290 5-10 year olds
- 1845 11-16 year olds
• Total **5975** 2-16 year olds
Also from CHIMAT estimates of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 have been provided. The following table shows these estimates for the population aged 17 and under in Bexley.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>7880</td>
<td>3680</td>
<td>975</td>
<td>40</td>
</tr>
</tbody>
</table>


In Bexley we know that **1300** children and young people accessed the Specialist CAMHS during the year April 2015-March 2016. Until the commencement of the Transformation Plan, this service was commissioned to provide what is traditionally known as Tier 3 and Tier 3.5, with a very limited targeted tier 2 service. Approximately 39% of children referred were not accepted as they did not meet the referral criteria for the service. It was the indication that there are at least 3680 children in Bexley who would be eligible for an intervention at Tier 2 and that around 675 were referred but not accepted that led us to concentrate quite significantly in our plan on developing a service at tier 2 for children with the full range of needs and offering interventions as set out in section 3. Please see appendix 3 for guidance disseminated to schools for children with social, emotional and mental health issues produced by the Early Intervention team.

**Vulnerable Groups**

It is known that some groups of children are at greater risk to and from mental health conditions. The following outlines an overview of our local understanding of the mental health needs of this group.

- There is continued work with Bexley Voluntary Service Council and other voluntary sector partners in line with the Building Healthy Partnerships Programme to implement co-production around: Early help for vulnerable children. Our plans for patient engagement in the service redesigns for the next 2 years include Children & Young People’s services
- **Children who suffer from child abuse and neglect**
  
  There are different forms of abuse and neglect, often occurring together in ne family and affecting one or more children. They include:
  
  (a) neglect
(b) physical abuse and non-accidental injury
(c) emotional abuse
(d) sexual abuse
(e) fabricated or induced illness.

- Emotional abuse, as well as occurring alone, almost invariably accompanies other forms of child maltreatment. Some forms of abuse occur as discrete events, which may be repeated: these include physical abuse and non-accidental injury, sexual abuse and some forms of fabricated or induced illness. Bexley Safeguarding Children’s Board (BSCB) provides an overview of the local understanding of children who have suffered from abuse and neglect within Bexley.

- The table below provides information on the category of abuse of children with a child protection plan as at 31 March 2017. There are some differences between Bexley and the national average with the proportion of children with a child protection plan due to physical abuse being much higher than the national average with lower proportions in other categories.

<table>
<thead>
<tr>
<th>Latest category of Abuse</th>
<th>Number</th>
<th>Percentage</th>
<th>National average 2015/16 (latest figures available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>70</td>
<td>39.8%</td>
<td>43.8%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>37</td>
<td>21.0%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>9</td>
<td>5.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>62</td>
<td>35.2%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Multiple (not recommended to use this category)</td>
<td>1</td>
<td>0.6%</td>
<td>5.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>179</strong></td>
<td><strong>100%</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

- The number of section 47 assessments started has reduced over the last 3 years. The 2016/17 rate is below the latest statistical neighbour average.
- The number of initial child protection conferences reduced significantly from 2014/5 to 2015/16. There was an increase from 2015/16. The 2016/17 rate of initial conferences which is below latest statistical neighbours

During 2017/18 BSCB has facilitated follow up discussions on the following:

- What are the expected child protection activity numbers and rates for each part of the process? Would Bexley expect to be similar to statistical neighbour averages?
- The percentage of children becoming subject of CPP for a second or subsequent time rose slightly in 2016/17. What was the reason for this?
- What information is available on children and young people with a child protection plan seen by the lead social worker within the timescale specified in the plan?
- The mental health needs for these children are commissioned by Bexley Clinical Commissioning Group (CCG), some of which are provided within the transformation plan. e.g. Oxleas NHS Foundation Trust:: CAMHS, Community Health and Emotional Well-Being Service (CHeWS).
- In addition Bexley CCG commission through Oxleas NHS Foundation Trust Specialist children’s services:—Therapy and Learning Disability services, Health of Children who are looked after, Community Paediatrics.
- Lewisham & Greenwich NHS Trust– acute hospital and maternity services
- Kings Healthcare – acute hospital and maternity services
- Dartford & Gravesham NHS Trust – acute hospital and maternity services
- Hurley Group – Urgent care and out of hours services
- The new NICE guidance ‘Child abuse and neglect guideline (NG76 October 2017)’ is being implemented where appropriate.

The main department with responsibility for safeguarding children is Children’s Social Care and Education. The key service areas are:

- Other Council departments with a key safeguarding role include Public Health Community Safety, Housing, Adult Social Care and Leisure and Cultural Services.
- Bexley Council’s Public Health department commissions a range of children’s services including: 0-19 years universal services (health visiting and school nursing) and Sexual health services.
- Voluntary organisations who provide commissioned services for CYP include

Charlton Athletic Community, Trust
Bexley Snap
Ellenor Children’s Hospice
Demelza Children’s Hospice
Bexley Women’s Aid
Bexley Moorings

Family Lives
Imago
Porchlight
Bexley Open Doors
Bexley Voice.
**Looked after and adopted children**

Bexley has lower than the national number of looked after children at 46.6 per 10,000 under 18 years old (2015/16) compared to the national figure of 60 per 10,000 (2015/16). The number has decreased in recent years from 275 at end March 2015, to 259 at end March 2016, to our figure at the end of September 2016 of 230. The number of LAC whose primary residence was Bexley who are currently living out of borough is 129. Earlier intervention to prevent escalation is a key priority in Bexley.

**Specialist CAMHS in Bexley** provides a small dedicated service for adopted and looked after children. During the year 2015/16 146 adopted and looked after children and young people received a mental health service. Of these, 99 were looked after by LBB, 21 were looked after by local authorities other than Bexley and 26 were adopted.

The primary difficulties of LAC and adopted children and young people accessing specialist CAMHS are shown in the table below.

![Primary Difficulties/Formulation](image)

Attachment difficulties were a major factor in the child or young person’s presentation and underlie the mental health difficulties for most of these young people. A key role of mental health interventions from Specialist CAMHS in relation to attachment is to help children and young people to develop and maintain attachments with their carers. Therefore we included additional clinical interventions for children aged under 5’s in our plan in order
to try to prevent some of the attachment issues which lead to children needing to be looked after.

- Trauma was also a common area of difficulty. Other difficulties described were: confusion about identity, desire to run away, difficulties expressing wishes and emotions, difficulties with reflection and anticipation, emotional and cognitive impairment, engaging in abusive relationships, eating difficulties, poor understanding of his/her own and others physical and emotional responses, school difficulties (cognitive and behavioural), enuresis, adjustment difficulties, and sleep difficulties.

- In addition to the difficulties with mental health and emotional well-being, 13% of children also had neurodevelopmental disabilities (e.g. ADHD and ASD), 6% had a Learning Disability and 3% had both. The investment in our Tier 3 service in our plan is intended to build capacity and ensure we can offer evidence based interventions to support LAC, maintaining placements and preventing escalation to higher tier services.

- Young people involved with the Youth Justice System

A recent Health and Well Being Needs Assessment of the Youth Offending Population identified a significant link with mental health issues, with 60% of the population having significant mental health issues and 76% having medium or high risk of self-harm. Similarly capacity building in Tier 3 will enable the needs of young people in the youth justice system to continue to be prioritised. 31% of young offenders are estimated to have a mental health disorder this equates to 23 young people in Bexley. Bexley has a targeted Youth service team who work closely with this cohort of young people.

Further funding was made available to the Bexley CCG from NHSE during 2016/17 to support the transformation programme for children and young people in contact with the justice system. Bexley will be allocated the non-recurrent £20,000 in year funding allocation for training key professionals including youth workers; social workers and YOS practitioners. This portfolio will include the following:

- Autism awareness
- Working with young people who have a learning disability
- AIM training (for the YOT Nurse and TYS deputy team manager).
- Sexual health
- Mental health / substance misuse.

It is proposed that future recurrent funds of £61,371 will be used for the Liaison and Diversion (L & D) service to support part cost of the Youth Offending Team (YOT) Health Nurse and the Prevention Co-ordinator and for speech and language therapy to ensure improved and sustained outcomes for this cohort of young people. Bexley has received funds for this service for the
past 3 years from the youth justice board therefore this is already in place in Bexley.

The infrastructure to support the liaison and diversion service is a communications and joint working framework. This is implemented through the following structure of meetings.

1) YOT Management Board – oversees the prevention strategy and mapping, health input, data and outcomes alongside operational demands to ensure the effective allocation of resources. Through this strategic group the health needs of young offenders and those at risk of offending (e.g. Liaison and Diversion cohort), have been evidenced and cases met to increase provision during a challenging financial climate.

2) Out of Court Disposals monthly meeting – chaired by Prevention Coordinator and attended by family wellbeing service, YOT nurse, YOT education worker, SALT, YOT police, CAMHS substance misuse nurse, targeted youth support and relevant commissioned services, School Inclusion officer, SEBD and alternative education school representatives, This is a meeting which reviews all previous months and new referrals via L & D. Here the voluntary offer/CJS disposal is agreed.

3) Twice weekly YOT and Police meetings – attended by YOT police and YOT prevention co-ordinator to discuss police referrals.

4) L & D YOT and adult team – 6 weekly liaison meetings to review information flow and referrals.

5) Substance misuse referrals meeting – 2 weekly to review and agree referrals. Attended by YOT nurse, CAMHS and prevention co-ordinator

6) Substance misuse operational steering group – meets 6 weekly. Chaired by Head of Service for Youth and Inclusion. Attended by CAMHS, targeted youth support, public health and the YOT.

7) Youth Review Implementation Steering Group attended by senior officers in the CCG, education, police (the safer schools Sgt attends and reports to the Partnership Chief Inspector), YOT, children’s social care, family wellbeing service and Bexley Voluntary Services Council. Mapping has been undertaken and for most services pathways are clear.

The liaison and diversion pathway below is overseen by the Prevention Coordinator and demonstrates the offer for children and young people in contact with the youth justice system in Bexley: At point of arrest: All young people are screened with a liaison and diversion screening tool by a jointly commissioned YOT Health Nurse. If needs are identified a telephone consultation to CAMHS senior clinical psychologist the same or next working day and a decision as to the most appropriate service is required to address emotional or mental health concerns.

Prior to liaison and diversion funding Bexley had one of the highest rates of first time entrants nationally. Since receiving the funding, year on year Bexley YOT has been able to successfully achieve and sustain one of the lowest rates of first time entrants in London as demonstrated within the attached Youth Justice Board data summary report
• **Young people at risk of sexual exploitation**

Recently, there has been greater focus on child sexual exploitation. Bexley’s Child Sexual Exploitation Strategy is currently being finalised with the Children’s and Young People’s Improvement Partnership which includes partners from Children’s Social Care, Education, Police and Health. Between April 2014 and March 2015 there were 20 notifications to a Multi-Agency Sexual Exploitation Conference and child sexual exploitation was considered a factor in Children’s Social Care assessment in 76 cases in the last year. In addition Bexley’s Voluntary sector providers reported that they are working with 21 children where CSE is a concern. The investment in services at Tier 2 and 3 enables CAMHS to respond appropriately to the mental health needs of young people at risk of sexual exploitation.

• **Homelessness and rough sleeping**

Mental illness is estimated to affect 67% of young people sleeping rough, however in Bexley the number of young people in this situation are minimal. It is more recognised within social care and youth services for young people within Bexley who are ‘sofa surfing’.

• **Parental Mental Health disorders**

Children of parent with mental health disorders are at higher risk of mental health problems, there has been a focus within social care and Bexley Safeguarding Children’s board of identifying this group of CYP which is an ongoing challenge.

• **Parental substance misuse and domestic violence**

Children whose parent misuse drugs or alcohol, or who suffer domestic violence are at higher risk of mental health problems. Local substance misuse services routinely ask clients about their family and provide services for CYP who are identified at risk. Bexley has implemented the new models of care approach to social care which is continuing in its development.

• **Young carers**

It is acknowledged within Bexley that there are a number of young carers and the implications of this on their emotional mental health and well-being. Bexley works closely with Bexley Voluntary Sector for this group on CYP commissioning services from Imago and Bexley Moorings. This is an ongoing challenge identifying CYP who are young carers. Work with schools, GP’s and other HCP is ongoing.

• **Special Education Needs and Disability (SEND)**

There is a lack of an agreed definition that supports the accurate identification of disabled children. Estimates vary significantly depending on the severity of the disability that is included in the estimate. However in the Bexley JSNA
2010/11 the estimated the number of children and young people with disabilities was 3,766.

Children with learning disabilities are more likely to experience mental health problems. According to our JSNA there are at least 477 moderately, severely or profoundly learning disabled children with at least 70 profoundly disabled. CHIMAT however estimates the number of children in our population with a learning disability to be 845 and those with a learning disability and a mental health problem to be 340.

<table>
<thead>
<tr>
<th>Learning Disability with Mental Health Problems</th>
<th>5-9 Yrs</th>
<th>10-14 Yrs</th>
<th>15-19 Yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60</td>
<td>125</td>
<td>155</td>
</tr>
</tbody>
</table>

- The number of children in Bexley diagnosed with ASD is as follows:
  - Pre-school – 60
  - Primary – 362
  - Secondary – 423
  - Bexley Special Schools – 139
  - Out of borough - 52 children at school in Bexley but who reside outside of the borough is 52
  - The number of children accessing Bexley schools, including those who reside out of borough is 1036

The CHIMAT data estimates that the number of children with ASD’s aged 9-10 in 2014 was 75 and aged 5-9 was 250. This would appear to be an underestimate and experience in Bexley and feedback from stakeholders would suggest this too. Therefore in our plan we have directed some resource to increasing capacity in the CAMHS neuro-disability team to offer a higher level of support to special schools in particular.
Our local context of SEND children and young people in 2016

- **43,668 students** attending Bexley schools of whom **14% (6,074)** are identified as having a **special educational need**
- **(47% 2900) primary 45% secondary 2700, 8% special school, 500)**
- **Ethnicity in line with general school population**
- **11.4% (4,978) receive SEN support and 2.6% (1,137) receive extra help through an education health and care plan (EHCP) – (both marginally lower than national)**
- **Children in need are more likely** to have an EHC plan in Bexley (6% higher than London average)
- **1416 children with statements or EHC plans** – in year (and predicted) **growth of 3.2%**

The highest proportions of children with disability live in Erith, Welling and Barnehurst; approximately 20% are from black and ethnic minority backgrounds. There are twice as many boys as girls identified with disabilities (Source: JSNA 2010/11). There is a higher than average rate of diagnosis of autism especially in the black African populations. There is a high incidence of children in SEBD settings with autism diagnoses. There is a higher level of children excluded from primary schools with autism.

In October 2016 Ofsted and the Care Quality Commission (CQC) carried out a five day joint local area inspection in the London Borough of Bexley. This inspection assessed how effectively Bexley is implementing the special educational needs and disabilities reforms and associated legislation set out the in the Children and Families Action 2014 and SEND code of practice.

The subsequent report from the Ofsted inspection provided examples of good practice within Bexley in addition to highlighting areas of improvement. Our shared approach to addressing the needs of the SEND cohort includes the current joint recruitment of a designated clinical officer who will work across the Council and the
CCG. The shared agenda has provided the opportunity to explore the ways in which a more holistic approach to assessing and supporting these children and young people through more joined up and integrated working between teams and departments can be developed.

The aims are to achieve the following:

- ensure children, young people and families get the support they need at the right time and in the right place
- ensure children, young people and families do not have to repeat their story to numerous professionals
- facilitate a phased approach to integration with health services
- reduce duplication and identify efficiencies

- **Transforming Care**

  Bexley CCG is working with South East London (SEL) CCGs, Local Authorities and NHS England Specialised Commissioning as part of the SEL Transforming Care Partnership (TCP). The vision of the Partnership is for people with learning disabilities and/or autism to achieve equality of life chances, live as independently as possible and have the right support from mainstream health and care services. Bexley is keyed into the Transforming Care developments and participates in STP wide activity in this area. Our numbers of young people on the risk register who fit the Transforming Care criteria have been very low and we do not currently have any young people in this situation.
To date, the TCP has supported a reduction in the number of children and young people (CYP) with a learning disability and/or autism in hospital from 10 to 8 between April 2016 and October 2018. The TCP has established a CYP workstream to accelerate further improvements in 2018/19. The workstream has identified the following priorities:

1. **Prevention:** Ensuring that all commissioners and service providers working with CYP are aware of the Transforming Care agenda and are feeding into the management of Dynamic Risk Registers. This intelligence will in turn support preventative measures such as community CETRs.

2. **Community services:** Engage with on-going Transforming Care market management and housing workstreams to support the development of community services for CYP in SEL. Engage with voluntary sector organisations to raise the profile of the Transforming Care programme and share their service offer with care co-ordinators. In parallel, raise awareness of existing services via websites.

3. **Transformation plan alignment:** Work with SEL CAMHS and SEND leads to ensure that Transforming Care is at the fore-front of transformation planning, and that a consistent approach to transformation is taken across the STP footprint.

Partners in the planning and delivery of services for children and young people in Bexley recognise their responsibilities in relation to the very small but important number of young people who are subject to the Transforming Care arrangements generally and the CETR process in particular. We welcome the updated guidance on the CETR process and partners are working to ensure that we have robust processes in place to implement the CETR process when necessary. We intend to review the guidance to ensure that we have all relevant processes in place and that there is a shared understanding of respective roles within the process and how parents and the young people themselves will be supported when a CETR becomes necessary.

The TCP has begun to make good progress on these priorities, with a workshop in September 2018 enabling partners to develop clear action plans for the improvement of local Dynamic Risk Register processes. These actions include a campaign to improve awareness of the TCP amongst local commissioners and service providers to ensure that information is shared more effectively across organisations.

The TCP CYP team will continue to meet regularly to share best practice and ensure that the agreed workstream priorities are progressed.
Local Governance

- A multi-agency Transformation Board is responsible for oversight of the Transformation of CAMHS and services to address the mental health and wellbeing of children and young people. We will review the Board’s terms of reference and membership following the appointment of a number of staff with responsibilities in this area across a range of agencies.

### 3 System-wide transformation

**VISION**

- For Bexley’s residents to stay in better health for longer, with the support of good-quality integrated care, available as close to home as possible - backed up by accessible, safe and expert hospital services, when they are needed.

**VALUES – WE ASPIRE**

- We are accountable to our members, stakeholders, partners and ourselves.
- We support our staff to be the best they can be, so we can deliver the best for our population.
- We commission for quality to deliver improved outcomes for our patients.
- We encourage new ideas and innovation.
- We respect the diverse needs of our population and the expertise of our delivery partners.
- We aim for excellence, working to high standards and increasing transparency.

### PRIORITY SCHEMES 2016 AND BEYOND

<table>
<thead>
<tr>
<th>Primary care</th>
<th>Planned care services</th>
<th>Urgent and emergency services</th>
<th>Maternity care services</th>
<th>Children and young people’s services</th>
<th>Queen Mary’s and Erith hospitals</th>
<th>Cancer and end-of-life care</th>
<th>Underpinning our plans</th>
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<tbody>
<tr>
<td>Care is wrapped around the individual using Local Care Networks and community-based care</td>
<td>Care is accessible, co-ordinated and proactive</td>
<td>Care is accessible, co-ordinated and proactive</td>
<td>Care is accessible, co-ordinated and proactive</td>
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<td>Care is accessible, co-ordinated and proactive</td>
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<tr>
<td>* Co-commissioning, Infrastructure, estates, workforce and linked systems to meet population and patient needs</td>
<td>* Community pathways</td>
<td>* Improved interface to drug and alcohol services and under 16’s mental health services</td>
<td>* Improved interface to drug and alcohol services and under 16’s mental health services</td>
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<td>* Provision of services reviews (alcohol, obesity and smoking)</td>
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<td>* Early identification of mental health cases in emergency departments</td>
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</tbody>
</table>

### 4 Finance

#### The table below shows baseline investment and transformation funding for Bexley CAMHS

<table>
<thead>
<tr>
<th>CAMHS</th>
<th>Funding Source</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>20/21</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Source</td>
<td>£k</td>
<td>£k</td>
<td>£k</td>
<td>£k</td>
<td>£k</td>
<td>£k</td>
<td></td>
</tr>
</tbody>
</table>

reference and membership following the appointment of a number of staff with responsibilities in this area across a range of agencies.
<table>
<thead>
<tr>
<th>Bexley CCG Baseline</th>
<th>2,102</th>
<th>2,449</th>
<th>2,792</th>
<th>2,961</th>
<th>2,961</th>
<th>2,961</th>
</tr>
</thead>
</table>

In 2015/16 CAMHS was part of the main MH contract and so this is an estimated number. Assume same level of funding for 19/20 and 20/21.

<table>
<thead>
<tr>
<th>Potential value for therapies</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>167</th>
<th>167</th>
<th>167</th>
</tr>
</thead>
</table>

This has been set aside awaiting a business case but nothing has yet been received or approved -

<table>
<thead>
<tr>
<th>NCA out of borough LAC CAMHS</th>
<th>0</th>
<th>374</th>
<th>433</th>
<th>446</th>
<th>446</th>
<th>446</th>
</tr>
</thead>
</table>

Work on going to validate this value - assume same as 18/19 for future years.

<table>
<thead>
<tr>
<th>CAMHS Transformation Funding</th>
<th>316</th>
<th>316</th>
<th>316</th>
<th>316</th>
<th>316</th>
<th>316</th>
</tr>
</thead>
</table>

These 3 rows total the transformation funding received.

<table>
<thead>
<tr>
<th>CAMHS - Eating disorders - to SLAM (part of transformation funding)</th>
<th>99</th>
<th>103</th>
<th>103</th>
<th>103</th>
<th>103</th>
<th>103</th>
</tr>
</thead>
</table>

These 3 rows total the transformation funding received.

<table>
<thead>
<tr>
<th>CAMHS self harm to Oxleas (part of transformation funding)</th>
<th>27</th>
<th>27</th>
<th>27</th>
<th>27</th>
<th>27</th>
<th>27</th>
</tr>
</thead>
</table>

These 3 rows total the transformation funding received.

<table>
<thead>
<tr>
<th>NHSE non-recurrent waiting list initiatives</th>
<th>0</th>
<th>74</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
</table>

N/a
<table>
<thead>
<tr>
<th>NHSE non-recurrent CYP IAPT income</th>
<th>0</th>
<th>23</th>
<th>50</th>
<th>11</th>
<th>0</th>
<th>0</th>
<th>No longer being funded going forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSE / Health and Justice Liaison and Diversion</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>63</td>
<td>63</td>
<td>63</td>
<td>Assume same level of funding for 19/20 and 20/21</td>
</tr>
</tbody>
</table>

Cost centre

<table>
<thead>
<tr>
<th>Cost centre</th>
<th>130506</th>
<th>2445</th>
<th>3166</th>
<th>3568</th>
<th>3917</th>
<th>3917</th>
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</thead>
<tbody>
<tr>
<td>CYP IAPT</td>
<td>0</td>
<td>23</td>
<td>50</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Justice</td>
<td>0</td>
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<td>0</td>
<td>63</td>
<td>63</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>NHSE non-recurrent waiting list initiatives</td>
<td>0</td>
<td>74</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>99</td>
<td>103</td>
<td>103</td>
<td>103</td>
<td>103</td>
<td>103</td>
<td></td>
</tr>
</tbody>
</table>

| Total       | 2544 | 3366 | 3721 | 4094 | 4083 | 4083 |

Difference | 0 | 0 | 0 | 0 | 0 | 0 |

All funding has been allocated as per the original LTP

<table>
<thead>
<tr>
<th>Scheme</th>
<th>1516 spend</th>
<th>1617 spend</th>
<th>1718 spend</th>
<th>1819 planned</th>
<th>1920 planned</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHeWs</td>
<td>£375,781</td>
<td>£375,781</td>
<td>£375,781</td>
<td>£375,781</td>
<td>£375,781</td>
<td>MA to add how many contacts/YP seen Positive feedback received from schools and parents who have benefitted from the service</td>
</tr>
<tr>
<td>Tier 3 increase</td>
<td>£234,903</td>
<td>£234,903</td>
<td>£234,903</td>
<td>£234,903</td>
<td>£234,903</td>
<td>Improved outcomes from service –</td>
</tr>
<tr>
<td>Service</td>
<td>Funding 2017</td>
<td>Funding 2018</td>
<td>Funding 2019</td>
<td>Funding 2020</td>
<td>Funding 2021</td>
<td></td>
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<td>------------------</td>
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<td></td>
</tr>
<tr>
<td>Perinatal</td>
<td>£50,000</td>
<td>£50,000</td>
<td>£50,000</td>
<td>£50,000</td>
<td>£50,000</td>
<td></td>
</tr>
<tr>
<td>Crisis OOH</td>
<td>£54,319</td>
<td>£54,319</td>
<td>£54,319</td>
<td>£54,319</td>
<td>£54,319</td>
<td></td>
</tr>
<tr>
<td>Neurodevelopmental</td>
<td>£59,906</td>
<td>£59,906</td>
<td>£59,906</td>
<td>£59,906</td>
<td>£59,906</td>
<td></td>
</tr>
</tbody>
</table>

1718 data shows 88% positive response to experience of service survey.

The service have developed a new pathway – working on the relationship between the infant and their parents. Working collaboratively with partner organisations supporting the family.

The funding has been allocated to duty response up until 2018 when it will form part of the funding for the new 3 borough crisis and liaison team.

Additional resource into LD/ND team to support capacity and increase access.
During 2017 NHS England accepted the submission of the SLaM Mental Health and Community Partnership for New Models of Care CAMHS Wave 2 programme and set up a partnership of South West London and St. George’s Mental Health NHS Trust, Oxleas NHS Foundation Trust, and SLaM. Operation of 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, SLaM, signed a contract on behalf of the Partnership that devolves appropriate commissioning responsibility from NHS England for the CAMHS Tier 4 budget. The Partnership has also signed a management agreement with NHS England regional team that sets out how it 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, services for deaf children, medium and low secure inpatients and specialist services for Transforming Care (i.e. Learning Disability) patients.

Tier 4 services are characterised by a number of challenges with the key ones being:

i. availability of alternatives to inpatient facilities due to capacity and accessibility of community-based services;

ii. access to inpatient facilities within South London as there are insufficient beds;

### 5 Collaboration

#### 5.1 South London Partnership

During 2017 NHS England accepted the submission of the SLaM Mental Health and Community Partnership for New Models of Care CAMHS Wave 2 programme and set up a partnership of South West London and St. George’s Mental Health NHS Trust, Oxleas NHS Foundation Trust, and SLaM. Operation of 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, SLaM, signed a contract on behalf of the Partnership that devolves appropriate commissioning responsibility from NHS England for the CAMHS Tier 4 budget. The Partnership has also signed a management agreement with NHS England regional team that sets out how it 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, services for deaf children, medium and low secure inpatients and specialist services for Transforming Care (i.e. Learning Disability) patients.

Tier 4 services are characterised by a number of challenges with the key ones being:

i. availability of alternatives to inpatient facilities due to capacity and accessibility of community-based services;

ii. access to inpatient facilities within South London as there are insufficient beds;
iii. rising need for Tier 4 inpatient facilities creating budgetary pressures.

- 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 halve the average distance from home by 2019/20.
- Acceptance for New Models of Care Wave 2 was based on a business case to build upon the core CCG Tier 3 locally-commissioned contracts by extending hours and increasing community service capacity in services that will impact upon reducing referrals and shortening inpatient stays, thereby reducing the need for inpatients. The community services the Partnership identified for investment are; Crisis Care, Dialectical Behaviour Therapy (DBT) and Eating Disorders.
- NHS England Case Management and operational Bed Management will be integrated with each other to better manage all south London patients in inpatient facilities and seek opportunities to repatriate patients from outside South London.

The ambition of the South London Partnership CAMHS Programme is to:

‘Minimise the disruption to the lives of young people and their families through maintaining social networks and improving their resilience, aiding their recovery. The Partnership will do this through providing the majority of specialist services in South London, prioritising community-based support, and ensuring high quality and responsive services are available’.

The Partnership works with CCG and Local Authority commissioners to align plans, develop a consistent service model and expand evidence-based community services for the benefit of patients and their families. To support this, a baseline exercise was undertaken across South London, including Tier 3 services as well as validating Tier 4 baseline data from NHS England.
Commissioners aligned to each of the three providers attend the Programme Board to shape the plans and service models further.

**Crisis Care**

Crisis care is a focus of the work being undertaken by the South London Partnership (SLP). A systemic approach to crisis care is being led by SLP. To this end the focus is on improving access, the quality of care and service experience for the local CYP and their families.

The flow map below shows Crisis Care (along with the Crisis Line) as a bridge between community and inpatient CAMHS services.

The SLP ambition outlines the need to integrate and where possible co-locate services (bed management and crisis line) to gate-keep robustly and manage the demand for CAMHS beds and reduce out of area/partnership admissions for CYP. Another highlight of the proposed crisis care system is that it would be informed by dialectical behaviour therapy (DBT). This is based on evidence obtained from other crisis care sites (e.g. Oxford) leading to a better skilled and more resilient workforce that is able to offer high quality service to CYP in crisis.

The SLP crisis care model comprises individual models for each of the three Trusts, ensuring that local services are tailored to local needs. Earlier in the year the current service flows and patient pathways across the SLP were mapped.
The implementation will see an approach which will reduce the need for inpatient services through the deployment of intensive treatment and support services operating 7 days a week at extended hours (9am to 10pm) to ensure that adequate support is available for young people and families when most needed. This service will need to be supported by the commissioned community CAMHs (Tier3) service. This means this interface /pathway is critical to success of the model.

Crisis Line

As part of the crisis care system across South London a ‘crisis telephone line’ will be introduced. This will offer telephone support and guidance to families to de-escalate a crisis and where a need for immediate assessment or intervention is identified, the Crisis line will make contact with the local Crisis team. In other situations, they will provide immediate guidance and then signpost to services for further help.

This proposal outlines a joint function that provides both an SLP CAMHS Bed Management function integrated with a Crisis Care Line. The cost across the SLP is £580,000.

In the first phase of implementation the SLP crisis line will be introduced across two South London boroughs (Greenwich and Lewisham) and will initially be available for CYP that are already known to the service. The line will be operational between 5pm – 10pm, Monday to Friday and 9am – 10pm on weekends and bank holidays. This is due to be rolled out to Bexley in December 2018.

The in hours’ arrangements for crisis line during the week will be with the local CAMHS teams. A review three months after ‘Go-Live’ (above) is planned to inform the decision to expand further. Assessments will be conducted as a ‘triage assessment’ to review the mental health of the young person within their family context and identify what immediate support is needed, and whether admission is the next most appropriate step.

When admission is required the team will identify the most appropriate resource and will work with the family on goals for admission and expected date for transfer back to community services.

Consistent with the approach of the SLP Crisis Care service offer, Crisis Line clinicians will use a variety of therapeutic interventions such as problem solving, listening and relaxation techniques etc. to ensure that a package of care is put in place whenever possible within the community setting. If the level of risk presented is not manageable within the community setting, then the most appropriate course of action will be admission to an inpatient unit.

The new Crisis Response Team will provide short term intensive crisis response and assessment leading to the following outcomes:
- De-escalation of crisis
- Book within 1 working day an urgent clinic appointment in CAMHS Community team e.g. specialist CAMHS could follow up patients or the crisis team, as an alternative to A&E presentations.
- Refer to Intensive Treatment Team or Maudsley Intensive Community Care Service for longer term intensive crisis treatment
- Inpatient admission.

Assessments will either take place in separate room in A&E or in the community team. If CYP presents to S136 suite, SpR (Specialist Registrar) will assess them with the following outcome:

- Discharge home (can the Crisis Team go with them/ meet them at home?)
- Transfer to A&E bed
- Transfer to mental health bed

A series of key success metrics have been identified and KPIs will be developed to evidence these. Success metrics are:

Joint Bed Management Service: Tier 4 Length of Stay, Out of Area bed days, placement distance from Home

- New DBT service in Bexley, Bromley, Greenwich: Increased DBT caseload across South London, reduced admissions for EPD and shorter lengths of stay for EPD patients.
- Crisis Care Services: Improved access, reduced admissions, reduced Length of Stay,
- improved patient experience

Enhanced Eating Disorders services: Equality of access and increased service capacity for South London patients for ITP (Intensive Treatment Programme), reduced admissions for young people with eating disorders, reduced bed days for patients with eating disorders

The model identified through the SLP’s NCM programme enables on-going investment, funded by commissioning savings delivered by the programme. Delivering the best possible care for young people and their families, closer to their homes, becomes the easiest and most efficient thing for the Trusts to do. This aligns best practice care and focus on patient outcomes with efficiency.

By August 2018, some £3.5m had been committed by the three Trusts on an ‘invest to save’ basis in new services.

Further opportunities will arise for enhanced local, community-based, more cost-effective mental health services through savings to Local Authority and CCG commissioning budgets. This includes specific mental health commissioning budgets and wider ‘system savings’ such as reduced ED admissions and improved ED
performance against four hour target. This therefore creates a sustainable strategy of on-going reinvestments including via:

- Reduced use of the independent sector (inpatient facilities) – local and national
- Reduced use of out-of-partnership area beds – outside London
- Reduced overall admissions to Mental Health inpatient facilities
- Reduced attendance and admission to Acute Trust Emergency Departments
- Reduced Acute Trust Paediatrics Ward admissions
- Reduced Length of Stay in Mental Health inpatient facilities

On-going funding is subject to evaluation through the pilot periods for each programme and further discussions between the network of commissioners in south London alongside the providers is continuing through a series of workshops with oversight by a CAMHS Board with commissioner and provider involvement.

The SLP CAMHS Tier 4 programme is focussed on admission prevention – ED; Acute Paediatric Wards; Mental Health inpatient wards through introducing enhanced and new community-based services. These include crisis care (including presence in A&E departments, targeted community/family therapeutic interventions including intensive support, crisis line service, supported discharge). Detailed strands of SLP CAMHS Tier 4 programmes are included in section 3. This includes the on-going alignment of community and inpatient services to deliver an integrated care pathway.

CCGs, Local Authorities and other partners are involved in strategic and issue/system-based commissioning.

A core function of the SLP is to take a place-based approach to developing and commissioning effective, locally-focussed services, reflecting local population need. New care pathways and Tier 4 services are increasing integrated and aligned to Tier 1-3 pathways.

A south London-wide approach to CYP inpatient mental health beds management forms part of the approach.

The SLP CAMHS NMC Programme incorporates an Eating Disorders workstream. There is consistent access across south east London to SLAM’s recognised good practice IPT service. Further enhancements may include provision of a satellite outpatient facility/service, and a review and continuous improvement approach to ensure the Tier 3 and Tier 4 Eating Disorder pathways are fully aligned.

The SLP-led Crisis Care service – which forms part of the overall UEC MH landscape - incorporates clear targets for reduced Occupied Bed Days; reduced CAMHS admissions; reduced A&E admissions and follow-up appointments; and associated cost savings. These also support system savings (eg A&E admissions/attendances).
Governance and implementation

The SLP CAMHS Tier 4 Programme Board includes nominated representatives from STPs (senior CCG commissioners). Each workstream has clinically-led governance arrangements with system-wide representation from mental health clinicians and senior managers. There are implementation groups, operational and oversight governance arrangements. The focus is on delivery.

Senior Local Authority and CCG representatives meet with SLP leadership regularly including through issues-based events such as Complex Case workshops to ensure integrated and system-wide solutions are developed.

The SLP CAMHS Programme incorporates strong accountable and transparent governance including the Mental Health Trusts, STP/CCGs, NHS England.

Pathway Consideration

Justice System: The new SLP Community Forensic CAMHS service represents a significant addition to the referral pathway. It is a community-based service aiming to provide a better experience, care and support and outcomes for young people in and their families. It will provide better support and advice for clinicians and referral agencies to help them manage the needs of your young peoples who are presenting risk-taking behaviours. FCAMHS assessments can potentially enable earlier interventions and improved risk management. This is a small, specialist service, mainly undertaking assessment and consultation, with some limited short term interventions.

Youth and Justice

The new south East London-wide Community Forensic CAMHS service developed and launched via the SLP CAMHS Programme is designed to tackle a historic gap in this local provision for children and young people.

It is a community-based service aims to provide a better experience, care and support and outcomes for young people in and their families.

It will provide better support and advice for clinicians and referral agencies to help them manage the needs of your young peoples who are presenting risk-taking behaviours. As such is also represents a significant addition to the referral pathway.

FCAMHS assessments can potentially enable earlier interventions and improved risk management. This is a small, specialist service, mainly undertaking assessment and consultation, with some limited short term interventions.

5.2 The Child And Adolescent Eating Disorder Service

Over the last year, the child and adolescent eating disorders service at South London and The Maudsley (CAEDS) has been continuing to work hard and delivering against its ambitious targets and plans for innovation. This report provides an update against waiting time standards, outcomes of projects undertaken, and outlines plans for future service related activity for the year ahead.
WAITING TIMES

Waiting times targets for 2017/2018 for referrals for the service as a whole were as follows:

<table>
<thead>
<tr>
<th>Referral Type</th>
<th>Q4 Jan-Mar</th>
<th>Q1 Apr-Jun</th>
<th>Q2 Jun-Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency &lt; 1 day</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Urgent &lt; 7 days</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Routine &lt; 28 days</td>
<td>93.5%</td>
<td>100%</td>
<td>97.8%</td>
</tr>
<tr>
<td>Total Referrals</td>
<td>87</td>
<td>73</td>
<td>70</td>
</tr>
<tr>
<td>% Accepted</td>
<td>79.3%</td>
<td>86.0%</td>
<td>92.9%</td>
</tr>
</tbody>
</table>

The Access and Waiting Time Standard for Child and Adolescents with an Eating Disorder Commissioning guide (2015) recommends that eating disorder services achieve a 95% tolerance for waiting time targets by 2020. The service is therefore well on target to meet this aim.

Waiting Times specifically for Bexley in the last quarter were as followed:

<table>
<thead>
<tr>
<th>Period: 1 July to 30 September 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEXLEY</strong></td>
</tr>
<tr>
<td><strong>report covers:</strong></td>
</tr>
<tr>
<td>1 July to 30 September 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. patients referred:</th>
<th>7</th>
<th>NOT accepted</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-referrals YP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-referrals parent/guardian</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>No contact from family and unable to contact</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>First appointment offered outside waiting time target</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>DNAs or cancelled first appointment but still seen subsequently within waiting time target</td>
<td>0</td>
</tr>
</tbody>
</table>
The service currently has an active caseload of 243 patients as of 2 October 2018

ACCESSIBILITY

CAEDS is one of the most accessible child and adolescent eating disorders services in the country. Since February 2016 has been open to self-referrals by young people and parents, in addition to any professionals working with a young person, including non-medical professionals e.g. teachers, school nurses and social workers.

Following a series of focus groups with young people last year the service improved its accessibility further by creating the capacity to refer online through its website.

Young people told us that whilst they liked the capacity to self-referral by telephone, and receive immediate specialist support from a senior clinician, they would prefer to self-referral online, and then be contacted a clinician. The self-form went live in October 2017. Referral figures, including self-referral use can be found in Appendix 1.

Two further projects that have increased accessibility that began last year and have now been completed were the Bulimia Schools Outreach Project and the Happy Being Me project.

BULIMIA SCHOOLS OUTREACH PROJECT

CAEDS secured funding from the Guys and St Thomas’ charity to trial an outreach programme for Bulimia Nervosa in schools. The aim was to raise awareness of the symptoms of Bulimia and the availability of treatment. The project was undertaken because we were aware that over the years referrals to the service for bulimia and related disorders associated with bingeing and purging had not reflected the expected incidence rate in the community.
With the funding, the service recruited a Band 6 CAMHS practitioner to work across schools and community groups and a part time Band 4 research assistant to evaluate the impact of the programme.

The program was completed in May 2018 and was successful in leading to more young people seeking treatment earlier in the course of the illness.

Comparing to ‘before’ outreach (May 2016-April 2017) with ‘during’ (May 2017-April 2018) when outreach had begun there was:

- An increase in referrals with bulimia symptoms from 19 before the project to 50 during outreach.
- An unchanged proportion of young people attending assessment (73% before vs 76% during) and then engaging in treatment (73% before vs 70% during) remained stable despite the increase in referrals. This indicates that increases in referral rates were not driven by inappropriate referrals, which was a possible undesirable side effect of the outreach work.

Following the project we anticipate treating 35-45 young people and their families per year with symptoms of BN, to reflect expected incidence rates in the community, provided awareness levels remain high.

We received excellent feedback from schools and other services and are aware that there are groups of professionals (including pharmacists and dentists) who are keen to collaborate on awareness raising within professional groups, and schools who would like the material to be delivered to the next cohort of young people in schools and the community.

Since funding for this project has now ended we do not have anyone currently working actively in the community. If the project were to restart we would need funding for a full-time Band 6 CAMHS practitioner.

‘HAPPY BEING ME’ SCHOOLS PROJECT

The service has now completed its ‘Happy Being Me’ project which was also highly successful.

Happy Being me is a 6 week primary prevention programme based on clear cause model to address the socioenvironmental factors that have been shown to contribute to the development of poor body satisfaction. Socioenvironmental factors were chosen as a target as it is thought that school based programmes utilising the peer environment can promote change.

This was provided to schools as part of a project looking at whether the program positively impacts on body satisfaction, and whether delivery by teachers provides equitable outcomes.

In the first part of the project we compared young people in Year 7 (first year of secondary school) who received the program (n = 161) with young people who did
not receive the program (n = 191). Young people who received the program reported improvements in body satisfaction that were maintained at three month follow up, and were not reported in the control group.

The second part of the project aimed to demonstrate that delivery by school staff resulted in equivalent gains. The analysis of this is preliminary as we are currently processing data from the final school’s three month follow up. However preliminary data indicates broadly equitable outcomes between school and clinical staff delivery. If this finding is confirmed in final analysis this would indicate that school staff could be trained to deliver this program.

**Primary School programme**

Experience from the Happy Being Me project, referrals to our service, the national need, concern about the unwanted negative impact of ‘healthy eating’ education in schools currently and communication from schools, has led us to consider developing a parallel program for primary school aged children. This would bring together concerns about weight loss and obesity via the shared mechanisms of body satisfaction, self-esteem and self-worth. We are currently in early discussions with colleagues and contacts in physical health, public health and education about a bit for funding to develop evidence based program for Year 5 children.

**STAFFING AND RECRUITMENT**

The service has recruited 3 new staff members (2.0WTE): one clinical psychologist (Band 8a) and two new family therapists (Band 8a and 7).

Three existing members of staff have been given additional management responsibilities with a corresponding increase in banding. This provides a new outpatient management team to oversee the clinical, training and governance activities of the out-patient team and better reflects the needs of a team that has grown in size over the years.

The administrative team has likewise expanded with recent recruitment to the vacated full-time Band 5 Office Manager post. She will be joined by 2 full-time Band 4 Assistant Psychologists who will have an 85% administrative/15% psychology assistant split in their roles. The latter has been an effective means of recruiting to administrative roles within the team, attracting high calibre psychology graduates interested in developing their clinical skills and work experience.

**CAMHS QUALITY NETWORK MEMBERSHIP**

Plans for accreditation of CAEDS with the Quality Network for Community CAMHS have resulted in a first planned peer review in early December 2018, with proposed application for full QNCC accreditation in 2019. As part of the peer review process, a number of CAEDS staff will join the peer review process of other generic CAMHS and Eating Disorder services nationally.

**RESEARCH**
The team continue to be actively involved in a wide range of clinical research projects, from neuroimaging studies in collaboration with colleagues in the adult eating disorder service, to evaluation of the national training for CAMHS eating disorders services, and a grant to the NIHR Health Service Delivery Research stream to lead a national evaluation of services in England with the aim of demonstrating which models of service delivery result in the most effective and cost effective treatment of young people with eating disorders.

**New Website**

The service is working on creating a new website to provide more information to young people, parents and professionals. We hope the new site will be visually more attractive, easier to navigate, and contain further information about all aspects of our service especially the treatments that we offer, and also including what to expect from assessment, eating disorders, research, training and links to useful resources.

All art work on the site is being created by young people. Content and appearance will be informed by feedback from young people, parents and professionals through online questionnaires and focus groups. It is planned for the site to go live in January 2019. The site will also retain an online referral form

**5.3 Children and Young People Engagement**

- Of particular importance to Bexley CGG, **is the involvement of children and young people in all areas of the Local CAMHS Transformation Programme commissioning cycle**. An example of this is demonstrated through the very successful participation project in Oxleas which enables a group of young people to work closely with providers and commissioners in order to inform service design and improvements. In addition, commissioners routinely work with a broader range of service users including those accessing services from health, voluntary sector and the local authority as well as the local parent carer groups. **Bexley Voluntary Service Council have** also competed a mapping exercise of the children, young people and parent participation forums and meetings are arranged to consult with them at each stage of the process.

- Young people are actively involved in the design of new aspects of the service particularly the new CAMHS Tier 2 community team confirming the name as the Community Health and Emotional Wellbeing Service (CHeWs). They have been proactively involved in the waiting room area within the service including creating a questionnaire for children, young people and their parents / carers to complete before and after their appointment. Following analysis of the completed questionnaires they have provided displays reflecting their experience of CAMHS. They have also worked as a group with an artist to create a large mural leading to the waiting room which describes the journey
into and through CAMHS. The participation group suggested publicising HeadScape via social media rather than a face to face event.

- Young people have been involved in the recruitment of staff, participating in the interviews, designing questions and selecting the most appropriate clinician. When they are unable to join the interviews they are supported to put together the interview questions. The service developments are communicated with the network as required. The children and young people are currently designing a leaflet for partner agencies about the CHeWS service.

5.4 Transition from children’s to adults’ services

- Interface between different services and organisations are a potential source of clinical risk and unmet need, post transfer. Transition between children’s and adults services is a specific focus in Bexley at the present time, with a particular emphasis on the needs of children with complex SEND, some of whom may have mental health needs. Children with complex needs may need to transition between various services and we recognise the need to streamline and integrate processes more effectively to ensure that the experience of children and families is positive and supportive.

- A transition protocol is in place between CAMHS and adult mental health services, but we recognise that it may not always appear to families as part of a fully integrated single transition process. Also eligibility for adult mental health services can be different from that for CAMHS and the need to prepare young people for greater independence from services is recognised. For this reason CAMHS representatives are fully engaged in the work which, led by Adult Social Care, is progressing at pace and recognises the need to ensure the various transition points are joined up. This is particularly key for young people who are in-patient at the time of transition.

- The National CQUIN (Commissioning for Quality, and Innovation) for 2107-19 is part of the CAMHs contract with Oxleas NHS Foundation Trust (NHSFT) who are also providers of Adult Mental Health services.

- BCCG Quality team jointly worked with the Integrated Commissioner for CYP to ensure monitoring and compliance of the National CQUIN. Initial reporting was received from Oxleas (Nov 17) which required further assurance, this was received on 6th December with, BCCG sending out a letter of achievement. The CQUIN is reported by Oxleas within the monthly suite of reports. Please see attachment of Oxleas reporting for the National CQUIN:-

- Oxleas NHSFT are working with Bexley CCG and Bexley Council to further develop transition protocols with the aim of automating an embedded reporting process for transitions as part of the national CQUIN. This reporting is aimed to be live for Q1 2018/19.

- Transitioning to adult services is challenging for complex cases and or diagnoses. Work is being developed across the Bexley, Bromley and
Greenwich CCG partnership on transitions out of Children and Young People Mental Health Services Commissioners are working together across the Sustainability and Transformation Plan (STP) area in South East London to achieve effective transitions from CAMHS to Adult Mental Health Services, Primary Care and Social Care with a key focus on children and young people with complex or challenging circumstances with for example a learning disability, autism and children looked after.

6 Workforce

Health Education England (HEE) have requested a refreshed workforce plan to be submitted by March 16th to collate a regional workforce plan with final submissions by the end of March 2017. The HEE ‘Waterfall’ model has provided us with an indicative expansion of the mental health workforce by STP.

In SEL this model indicates that an additional 688 posts on top of the 1,045 estimated staff establishments at March 2016 would be required to deliver the SEL portion of the 5YFV on by 2021. The estimated MH staff at 2021 would be 1,733. SEL have estimated the cost of 688 additional staff to be in the region of £29.5 million, at 2017/18 prices.

The workforce provider splits of the 688 additional staff, or total 1733 staff, needed by 2021 are allocated along the lines of the market share of 52% SLaM, 29% Oxleas and 19% other providers.

This expenditure split has been applied to the workforce numbers using Provider NHSI 2019 trajectories and STP calculations from 2019 - 2021. This tells us we are on course to deliver a total increasing workforce trajectory that will meet, and be in excess of the 1733 HEE anticipated posted needed by 2021.

The table below shows the trajectory in full time equivalents until 2021.

<table>
<thead>
<tr>
<th>Year</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
<th>2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total planned workforce expansion by full time equivalent</td>
<td>5,973</td>
<td>6,093</td>
<td>6,576</td>
<td>6,543</td>
<td>6,711</td>
</tr>
</tbody>
</table>

The next two diagrams show the unadjusted and adjusted SEL waterfall models.
Expansion and Funding Requirements

The breakdown of staff required by 5YFV area and staff group is shown in the table below.

The analysis of staff groups and service areas indicate both under and over establishments against the 1,733 threshold, which in turn indicates that there are interventions required to bring these outlier areas closer to requirement.
Existing Staff – National target 1
Existing staff within services, trained in evidence-based practice, count towards the national target of training 3400 existing staff in an evidence base intervention. The table indicates both current position against the target, and the position once all staff currently training have completed. This doesn’t account for whether trained staff are still employed by the same provider, which is explored in the next table.

Local Bexley Plan
The table below shows the Bexley workforce plans aligned to the STP plans

<table>
<thead>
<tr>
<th>Issue</th>
<th>STP plan</th>
<th>Bexley CAMHS plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retention</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expansion</th>
<th>Medical</th>
<th>N&amp;M</th>
<th>AHP (STT)</th>
<th>Total Clinical</th>
<th>Support</th>
<th>Admin</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP</td>
<td>-2</td>
<td>8</td>
<td>30</td>
<td>36</td>
<td>56</td>
<td>13</td>
<td>106</td>
</tr>
<tr>
<td>Adult IAPT</td>
<td>0.7</td>
<td>63.7</td>
<td>-6.9</td>
<td>57.4</td>
<td>64.5</td>
<td>14.8</td>
<td>136.7</td>
</tr>
<tr>
<td>Perinatal</td>
<td>-0.7</td>
<td>5.3</td>
<td>0.2</td>
<td>4.8</td>
<td>-0.5</td>
<td>1.5</td>
<td>5.8</td>
</tr>
<tr>
<td>Crisis</td>
<td>3.3</td>
<td>57.6</td>
<td>2.1</td>
<td>63.0</td>
<td>5.0</td>
<td>2.4</td>
<td>70.4</td>
</tr>
<tr>
<td>EIP</td>
<td>-0.4</td>
<td>21.9</td>
<td>1.3</td>
<td>22.9</td>
<td>3.8</td>
<td>1.0</td>
<td>27.7</td>
</tr>
<tr>
<td>Liaison</td>
<td>5.2</td>
<td>15.8</td>
<td>9.2</td>
<td>30.3</td>
<td>2.2</td>
<td>0.1</td>
<td>32.6</td>
</tr>
<tr>
<td>Core Acute</td>
<td>81</td>
<td>101</td>
<td>-14</td>
<td>168</td>
<td>186</td>
<td>-19</td>
<td>335</td>
</tr>
<tr>
<td>Core Community</td>
<td>-1</td>
<td>24</td>
<td>1</td>
<td>24</td>
<td>24</td>
<td>-25</td>
<td>23</td>
</tr>
<tr>
<td>TOTAL</td>
<td>86</td>
<td>297</td>
<td>23</td>
<td>406</td>
<td>341</td>
<td>-10</td>
<td>737</td>
</tr>
</tbody>
</table>
• 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.

• Review of easily accessible NHS MH providers “reason for leaving” data will enable STP-wide and joint priority actions to be taken forward.

• Research best practice with regards to workforce recruitment, retention and development, including opportunities for reskilling and developing existing staff

• 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.

• Bexley CAMHS has started discussions to increase flexibility in working hours in order to increase retention of staff in key roles.

• Oxleas is part of the South London Partnership (SLP) and has a recruitment campaign underway. SLP have introduced a “passport system” which improves...

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**Recruitment**

• 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.

• 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.

• 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.

• Bexley CAMHS continues to broaden its marketing channels with the launch of various recruitment campaigns, including advertising within targeted universities.

• Oxleas is part of the South London Partnership (SLP) and has a recruitment campaign underway. SLP have introduced a “passport system” which improves flexibility in recruitment across 3 trusts

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**Absences & Productivity**
• High rates of sickness and absence within mental health providers; admin and other non-clinical functions often constitute a significant proportion of overall staffing capacity.

• Analysis of sickness and absence data to develop actions to reduce absence. Shared discussion on current absence rates between NHS 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.

• Creating resilience within the existing workforce remains a priority for Bexley CAMHS whilst also increasing the flexibility in working hours for staff in key and highly pressured roles.

• Oxleas continues to review administrative workloads and how best to reduce the administrative burden for clinical staff where possible. Oxleas are working on the development of productivity standards and reporting to support efficiency of resources and reduce burdens on clinical staff where possible.

7. Data

7.1 Access to CYP mental health services

The Five Year Forward View sets out an indicative trajectory to achieve the ambition that by 2020/21, 70,000 additional children and young people will access community mental health services each year. This means that the number of children and young people in treatment will go from 25% of estimated prevalence to 35% by 2021, in line with national targets.

Each borough within the SEL STP has put forward recovery plans demonstrating how we will move towards these ambitious access targets. These recovery plans cover both improvements in data and reporting, and access to services.

There are known issues with the data flowing from service providers to the Mental Health Services Data Set (MHSDS) and it is acknowledged that, for the majority of areas, locally held data shows that access to services is greater than reported via the MHSDS.

The following table sets out whether providers across the STP are currently flowing data to the MHSDS. The majority of providers, including all NHS providers, are flowing data.
<table>
<thead>
<tr>
<th>CCG</th>
<th>NHS Providers</th>
<th>Non-NHS Providers</th>
<th>Flowing data?</th>
<th>Data flow recovery target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewisham</td>
<td>SLaM</td>
<td>Compass</td>
<td>Yes</td>
<td>1st Dec 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kooth (Xenzone)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PSLA</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Core Assets</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Lambeth</td>
<td>SLaM</td>
<td>The Well Centre</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Streatham Young</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Persons Centre</td>
<td>Yes - via SLaM</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>St Georges</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CNWL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southwark</td>
<td>SLaM</td>
<td></td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Tavistock &amp; Portman</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Streatham Young</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Persons Centre</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Bexley</td>
<td>SLaM &amp; Tavistock &amp; Portman</td>
<td></td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Oxleas</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Bromley</td>
<td>SLaM &amp; Tavi and GOSH</td>
<td></td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Oxleas FT</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bromley Y</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Greenwich</td>
<td>Oxleas</td>
<td></td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>SLaM &amp; Tavistock &amp; Portman</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

- **Non-NHS providers** –

CCG commissioners are actively working with providers to ensure that they have all of the data management, information governance and technical requirements in place to be able to start flowing data by December 2018. This has included reviewing 'access' definitions with providers to ensure information is being collected accurately and securing connectivity to the Health and Social Care Network on behalf of three of the four VCS providers. The fourth provider, Kooth are making their own arrangements regarding
dataflow, directly with NHSE.

- **NHS providers**
  Work is on-going to ensure that the data flowed by the two local NHS Trusts – SLaM and Oxleas – accurately reflects the level of support they are providing to local children and young people, by ensuring that they are correctly applying the definition of ‘access’. A series of workshops and technical groups have been organised across the STP to support this process. NHS Trusts will be attending along with commissioners and NHS England.

- Commissioners and providers across the SEL STP are committed to the national agenda and are working together to understand the current issues in relation to access. Commissioners are seeking every opportunity to develop good quality, evidence based provision in community settings. This will not only increase access but will prevent escalation by intervening earlier. Children’s mental health is one of three key workstreams within the SEL STP. Children’s work programme, as part of this work co-commissioning of new services is an element that will be explored further.

### 7.2 Local Issues

*The table below shows the Bexley specific issues that we are working collaboratively to resolve*

<table>
<thead>
<tr>
<th>Issue</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment</td>
<td>The Trust (Oxleas) have indicated that they have significant staffing shortages which will not be resolved until quarter three 18/19. They have also signalled significant sickness levels having an impact on delivery of the trajectory. During 1819 the position has fluctuated and improved during June and July. However further resignations in the service and new long term sickness means that the position during Qtr 3 is likely to deteriorate. Robust workforce plans are in place as described under workforce section</td>
</tr>
<tr>
<td>Systemic service function and pathway issues that preclude appropriate capture of the data required</td>
<td>The Mental Health Minimum Data Set (MHMDS) definition of treatment linking contacts to the same referral means that a large number of individuals will not be counted in the data extract when they have indeed received 2 contacts in the service - albeit within different teams. We are seeking appropriate methods to capture appropriate information</td>
</tr>
<tr>
<td>Non-submission/recording of data</td>
<td>South London and Maudsley NHS foundation Trust (SL&amp;M) eating disorders data was not included and we anticipate that we will recover approximately one to two percent of the</td>
</tr>
</tbody>
</table>
target when we have more consistent submissions from SL&M. Operationally Oxleas have reported that some services have not been completing the outcome of contacts due to staff shortages. They did assure commissioners that patient needs and care had been completed.

Data flow from local authority and voluntary care commissioned services
Limited access to local authority data relating to young people with assessed needs that fall within scope of the criteria whose healthcare needs are met within SEND and other service functions.

Lack of responsive crisis and emergency service functions
The current operating model relies on frontline staff being roistered into a duty system which responds to crises. The provider has indicate that this occasionally has an impact on access delivery as resources are occasionally diverted to deal with emergencies when more than one person is required to respond.

CCG continuity and oversight
The CCG have faced some challenges in maintaining oversight of the CYP commissioner functions due to staffing shortfall. A permanent Senior Commissioner of Children’s Health Services has been recruited and recruitment processes are in place for further staff in the children’s commissioning team.

The baseline for Bexley in 15/16 showed that the service was reaching 820 children per year for 2 contacts (15.9%) and 1021 for 1 contact – the trajectory for 2018-19 shows that the service has increased access by 11.1%.

The table below shows the trajectory that we are meant to meet vs. where the CCG currently is for 17/18 and 18/19

<table>
<thead>
<tr>
<th>Year</th>
<th>CYP with Assessed need</th>
<th>Trajectory %</th>
<th>No Action</th>
<th>Recovery outturn</th>
<th>Variance from trajectory</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-2018</td>
<td>5183</td>
<td>30%</td>
<td>15.9%</td>
<td>20.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td>2018-2019</td>
<td>5183</td>
<td>32%</td>
<td>17.9%*</td>
<td>27%**</td>
<td>5%</td>
</tr>
<tr>
<td>2019-2020</td>
<td>5183</td>
<td>34%</td>
<td>***</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td>2020-2021</td>
<td>5183</td>
<td>35%</td>
<td>***</td>
<td>***</td>
<td>***</td>
</tr>
</tbody>
</table>

* Current position based on NHSE forecast
** based on Oxleas recovery plan. Bexley will check the fidelity of their 15 Oct 18

7.3 Local Actions and Recovery Plan
Following the deep dive and issues highlighted at the STP escalation meeting, it
became apparent at STP and CCG level that a significantly more joined up approach between agencies to address some of these thematic issues is required. We are developing a shared action plan with the main provider and STP leads to ensure that we build a sustainable solution to populating the data set and enabling more young people to be seen.

*The following action reflects an amalgamation of the STP, provider and Bexley CCG action plan which will be subject to further development and alignment at future meetings*

<table>
<thead>
<tr>
<th>Date action raised</th>
<th>Action</th>
<th>Comments and Updates</th>
<th>Owner</th>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 04/10/18</td>
<td><strong>Workforce</strong> - CCG to establish from the provider (Oxleas) what their workforce delivery plan is, their current vacancy running rate and where they are in the recruitment process and against their optimum staffing levels</td>
<td></td>
<td>CCG</td>
<td>01/11/18</td>
<td>Open</td>
</tr>
<tr>
<td>2 10/18</td>
<td><strong>Data Flow</strong> - Oxleas to implement new process to ensure all indirect support contacts are recorded moving forward</td>
<td>Reviewed guidance of recording of clinical contacts</td>
<td>Oxleas</td>
<td>01/11/18</td>
<td>Open</td>
</tr>
<tr>
<td>3 04/10/18</td>
<td><strong>Data Flow</strong> - Oxleas to ensure that ADHD and ASD activity is included as the service is delivered within an integrated</td>
<td>ADHD has been included</td>
<td>Oxleas</td>
<td>05/10/18</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td>Task Description</td>
<td>Responsible Party</td>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>04/10/18</td>
<td><strong>Data Flow</strong> - Oxleas to review data flow and ensure that data flows between their voluntary services functions providing CYP mental health contacts</td>
<td>Oxleas</td>
<td>01/11/18</td>
<td>Open</td>
</tr>
<tr>
<td>5</td>
<td>10/18</td>
<td><strong>Data Quality</strong> - Oxleas to review recording practice and ensure that clinicians are recording contacts so a full set of data is reflected on MHMDS</td>
<td>Oxleas</td>
<td>01/10/18</td>
<td>Open</td>
</tr>
<tr>
<td>6</td>
<td>04/10/18</td>
<td><strong>Data Flow</strong>- CCG to set up tracker to ensure that access data from SL&amp;M and the voluntary sector is received in a timely manner-<em>this data was previously submitted by the provider</em></td>
<td>CCG</td>
<td>20/10/18</td>
<td>Open</td>
</tr>
<tr>
<td>7</td>
<td>04/10/18</td>
<td><strong>Continuity and Oversight</strong>- CCG to increase frequency of monitoring with providers to review progress against trajectory</td>
<td>CCG</td>
<td>05/10/11</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td>Task Description</td>
<td>Details</td>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>04/10/18</td>
<td><strong>Continuity and Oversight - CCG</strong> to have access targets as a standing agenda item at the contract monitoring meetings</td>
<td>Access data added as standing agenda item</td>
<td>CCG</td>
<td></td>
</tr>
<tr>
<td></td>
<td>04/10/18</td>
<td>Complete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>04/10/18</td>
<td><strong>Strategic - STP</strong> lead to establish when New Models of Care (NMoC) Crisis and Duty is to be mobilised and when it will have an impact on access targets – 31&lt;sup&gt;st&lt;/sup&gt; Oct go live date</td>
<td>On-going working with SLP as it does not sit within the STP critical path</td>
<td>SLP/STP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01/11/18</td>
<td>Open</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>