



NHS South West London
Integrated Care Board

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

2023

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Foreword

SW London Integrated Care System (ICS) is committed to promoting the mental health and emotional wellbeing of our children and young people and ensuring services provide the best experience and outcomes possible. SW London has a high level of need for children and young people's mental health support and ensuring services are accessible and able to offer early intervention is key to ensuring people can get the support they need.

The updated transformation plan for children and young people's mental health, builds upon the strengths and achievements of the previous plan and refreshes the priorities and workstreams so they align with aspirations and commitments of the SW London all age Mental Health Strategy. The plan acknowledges the legacy of the Covid-19 pandemic on the mental health of children and young people and the new opportunities for collaboration and joint working offered by the integrated care system.

The mental health of children and young people is a key priority across SW London, and we will continue to work together, as a system to support their mental health and emotional wellbeing.

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Executive Summary

This SW London Local Transformation Plan (LTP) refresh describes progress against the NHS Long Term Plan vision, ambitions and targets for Child and Young Person Mental Health Services [CYP MH] across the Integrated Care Board [ICB]. The refresh highlights positive developments and achievements as well as shared challenges across SW London and our plans to address these.

This document should be read alongside borough Health and Care Plans, the SW London All Age Mental Health Strategy and the Joint Forward Plan. This document describes Children's and Young People's progress to date against historic ambitions and sets out our plans for 2023/24. We have engaged with partners, stakeholders and, of course, Children and Young People, and their parents and carers to help us set our vision for the future of children's mental health in SW London.

There are many common themes and challenges across SW London that the plan seeks to address. In conjunction with other strategic documents such as Joint Strategic Needs Assessments, provider transformation plans and written statements of action, the SW London Transformation Plan aims to ensure the transformation of children and young people's mental health services remains a high priority and also seeks to create a whole system approach to access into, and navigating between, services for children young people, and their families across SW London.

The key themes drawn from the SW London Mental Health Strategy for children and young people's mental health include:

- Timely access
- Early intervention and prevention.
- Bio-Psycho-Social to address holistic needs.
- Addressing inequalities.

These strategic aims to better support and equip CYP, from early intervention and prevention of serious mental illness, to manage their health and wellbeing for their future.

1. Context

The NHS Five Year Forward View (FYFV) 2016-2021 noted key ambitions for Children's mental health, including increasing access to NHS-funded community services and expanding timely access to eating disorders services.

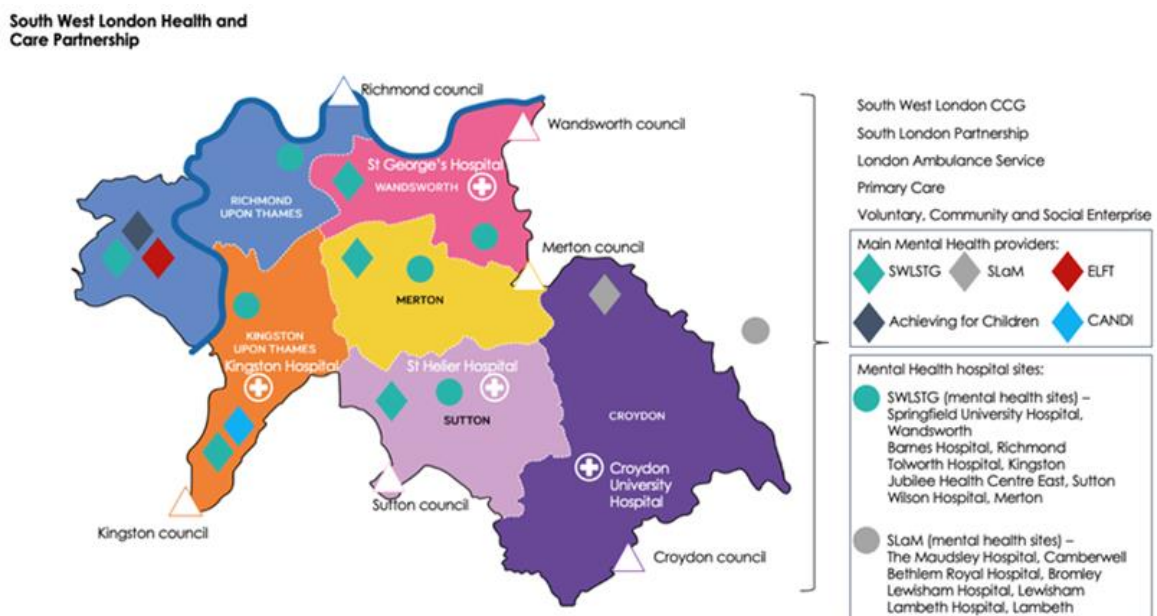
The NHS Long Term Plan (2019-2024) developed the principles of the FYFV, continuing the expansion of community and eating disorders services, and includes additional ambitions to deliver expanded crisis support and improved transition between children and adult mental health services. The full set of Long Tern Plan ambitions include:

- Nationally, 345,000 additional children and young people aged 0-25 accessing NHS funded services by 2023/24 (in addition to the FYFV commitment to have 70,000 additional children and young people accessing NHS Services by 2020/21)
- Achievement of 95% CYP Eating Disorder access and waiting times standard in 2020/21 and maintaining its delivery thereafter

- 100% coverage of 24/7 crisis provision for children and young people which combine crisis assessment, brief response, and intensive home treatment functions by 2023/24
- Comprehensive 0-25 support offer in all areas by 2023/24
- Mental Health Support Teams (MHSTs) to be set up between 20-25% of the country by 2023/24

SW London Integrated Care System (SW London ICS) is made up of the boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. It has a population of 1.5 million people with approximately 483,000 under-25 year olds.

The SW London ICS is comprised of partners from across the health and care sector – six local authorities including schools and youth justice, four acute trusts, community physical healthcare services, social care, public health teams, the London Ambulance Service, voluntary and community sector enterprises (VCSEs), primary care – including general practice, pharmacy, dentistry and optometry – increasingly organised into primary care networks or neighbourhood teams, Healthwatch organisations and individuals with lived experience and residents.



The move to an ICS provides the opportunity for greater collaboration and joint working across health and care, which will only further benefit children’s mental health transformation. The LTP refresh is focused on the whole SW London system, with opportunity for each of our six boroughs to highlight specific best practice or work that has contributed towards transforming children and young people’s mental health services.

2. Accountability, Transparency and Governance

The ICB governance structure for mental health is as follows:

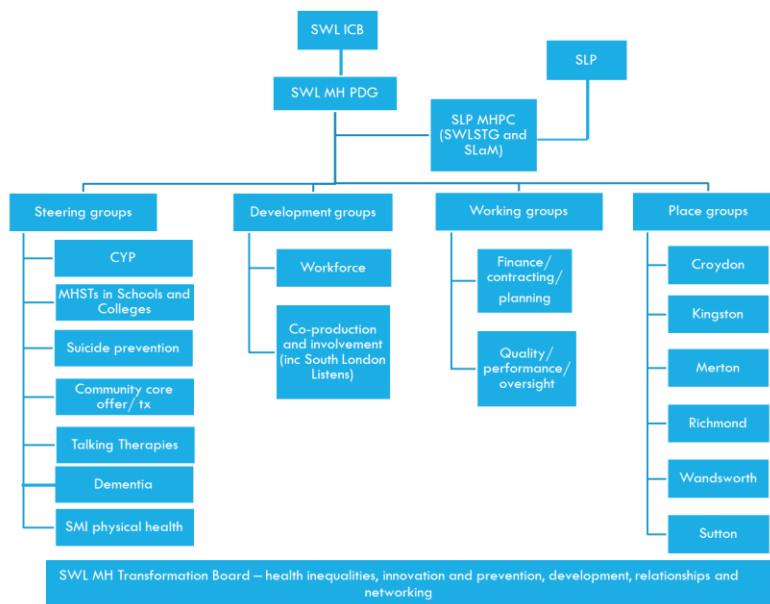
The **Partnership Delivery Group** oversees the implementation of the All-Ages Mental Health Strategy and provide updates to the SW London ICB and ICP. It is made up of partners from across adult and children’s mental health including Mental Health Trusts, Local Authorities and

GP Clinical Leads. It oversees the whole of the SW London Mental Health Programme, including both adult and children’s mental health.

The **Children and Young People’s Mental Health Steering Group** is a collaborative meeting of place-based CYP Transformation Managers, the Mental Health Trusts, Local Authority Leads, SW London Mental Health Programme team, service-user representatives, Public Health, the GP Clinical Leads and VCS representatives. Its aim is to share information and best practice, opportunities for collaboration and share some aspects of wider transformation work. Each borough representative brings their local system perspective, including input from local CYP MH Partnership Boards, made up of relevant local partners, stakeholders, and people with lived experience.

The **Mental Health in Schools Team Steering Group** is a collaborative meeting of education leads from schools with Mental Health Support Teams (MHST), Local Authority Education and Public Health Leads, SW London CYP MH Partnership Boards representatives, CAMHS Managers, MHST Providers, SW London Mental Health Programme team and GP Clinical Leads. Its aim is to define the MHST programme goals and provide strategic oversight; and it is also responsible for ensuring a whole system approach for CYP emotional wellbeing in schools.

Figure 1 SW London ICB Governance Structure



With this refresh of the plan, we are setting out what we have achieved over the last five years and providing an opportunity to start a new conversation on what CYP MH transformation looks like in future. We have included high-level system plans for investment and transformation in 2023/24. SW London will undertake a retrospective financial review of the Long-Term Plan spend to understand what the impact of the overall financial investment has had on our services.

3. SW London Population/Local Need (prevalence) and Health Inequalities (0-25)

3.1 Population & Prevalence

In 2023, SW London has a GP registered population of around 1.5m with approximately 363,000 under-18s and approximately 116,000 18-25 year olds across the six SW London boroughs (see table below). This means that the 0-25 age groups make up around a third of the total SW London population, ranging from around 30% in Merton, Richmond, and Sutton to 33% in Croydon and Kingston.

Table 1 SW London GP registered population (Source: SWL GP practice data, 2023)

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

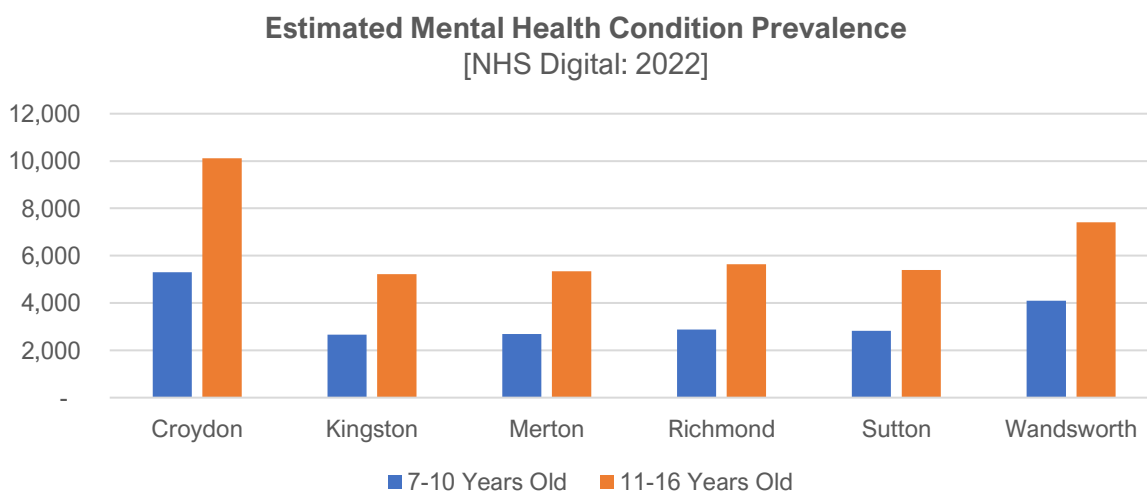
According to a 2021 national update, the mental health of children and young people had deteriorated across the following areas:

- High rates of “probable disorder” among 6 – 16 year olds across both genders
- Higher rates of boys and girls screening positive for eating disorders
- More children feel impacted by social media and spend more time on social media than they intend

In our children and young people population the demand is increasing at a faster rate than population growth. CYP population was projected to grow by 2% from 2018 to 2021 but overall service demand has increased by around 11%.

The prevalence of mental health conditions for children and young people aged 7-16 years in SW London is set out in the table below.

Graph 1 Prevalence of health conditions among children and young people in SW London.

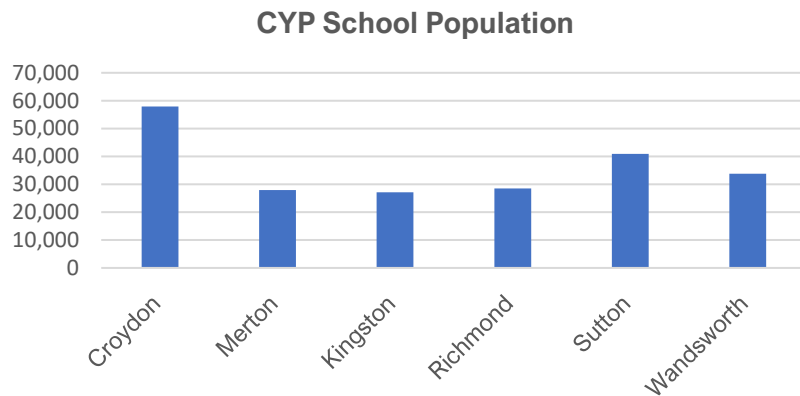


Source: NHS Digital, 2022

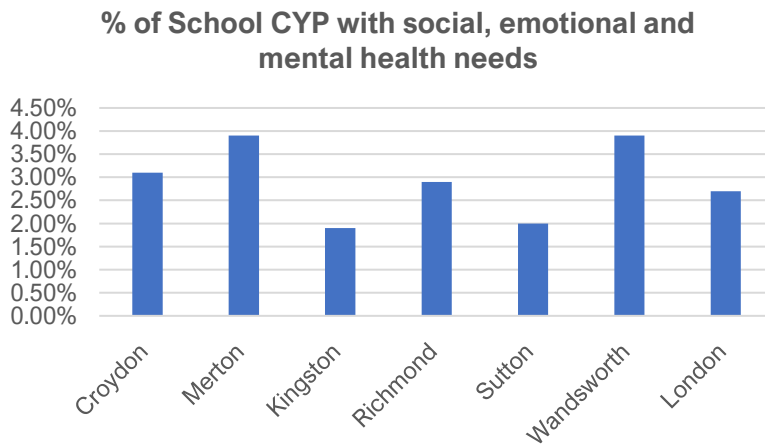
The Graph shows the different number of CYP that are estimated to have a mental health condition in each borough, for the two CAMHS age groups. 11–16-year-olds are consistently higher than the 7-10 years age group, and Croydon has a much higher prevalence than the other boroughs for both age groups.

We have approximately 222,000 school children across SW London as illustrated in Graph 2. A survey on Mental Health in England in 2022 showed a general trend of increasing proportion children and young people with mental health difficulties over the last 7 years. This trend was also seen through SW London.

Graph 2 SW London CYP School Population. (Source: Estimated mental health prevalence (NHS Digital, 2022))



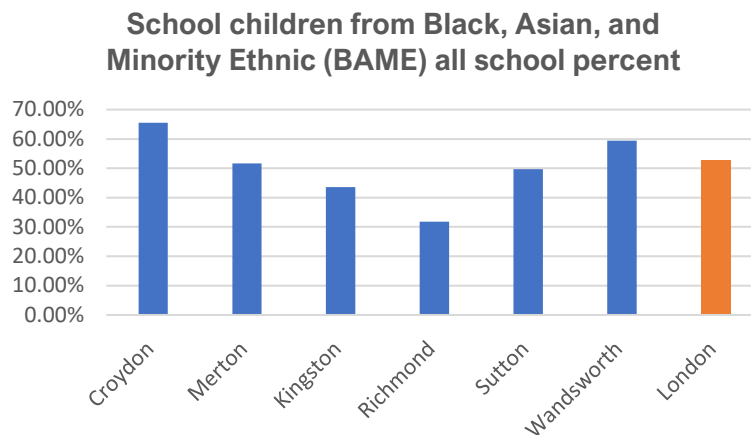
Graph 3 Percentage of children and young people with mental health difficulties in SWL. Source: PHE; 2021/2022



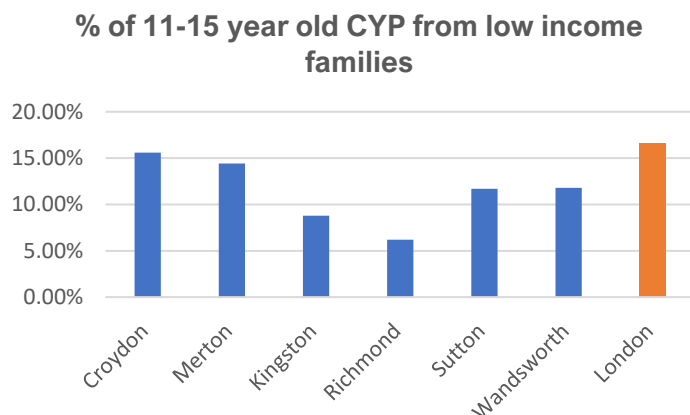
Across London, 2.7% of CYP in schools have social, emotional, and mental health needs. SW London data ranges from a 1.9% need in Kingston to a 3.9% need in Merton and Wandsworth.

London represents a 52.6% black Asian, and minority ethnic population within schools. SW London boroughs range from 31.8% in Richmond to 65.5% in Croydon.

Graph 4 Percentage of school children from Black, Asian, and Minority Ethnic (BAME) Source: PHE; 2021/2022



Graph 5 Percentage of children aged 11 – 15 from low-income families. Source: PHE; 2021/2022



Our boroughs have mixed demographics characterised by some areas of high affluence and poorer communities with high levels of social deprivation.

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

- High numbers of CYP who access support for Learning Difficulties/Disabilities via an Education and Health Care Plan (EHCP).
- Area of high crime and first-time entrants to the criminal justice system, in Croydon (201/100,000) which is higher than the London rate.
- There are higher than London average levels of Children who are Looked After (CLA) in Croydon and Wandsworth.
- In 2021, 45% of children and young people who were looked after in England had emotional and mental health problems. This compares to a rate of 10% among 5- to 15-year-old children in the general population. These statistics are reflective of the population in South West London.
- Children and Young People with social, emotional and mental health needs across London is 2.7%. Croydon, Merton, Richmond and Wandsworth show higher than the London average of children and young people accessing this support.
- Young people admitted to hospital because of self-harmful behaviour is higher than London average in Kingston, Richmond, Sutton, and Wandsworth.

3.2 Addressing Health Inequalities in our Most Vulnerable Children & Young People

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

- Youth Justice system*
- Children Looked After (CLA)*
- Child Sexual Abuse (CSA)*
- Special Educational & Disabilities (SEND)
- Children and young people on the autistic spectrum and or with learning disabilities, including those at risk of being admitted to a mental health hospital because of accompanying mental health conditions and behaviours that challenge.
- Children Protection (CP) and Children in Need (CIN)
- Children and young people with conduct disorders and/or ADHD

* = Vulnerable groups who may access services differently.

Quality and Safeguarding teams assure SWL ICB statutory responsibilities have been discharged, including reference to a variety of law and policy including NHSE Safeguarding Vulnerable People in the NHS – Accountability and Assurance framework (SAAF). SW London ICB ensures the expertise of Designated Professionals are integral to the commissioning cycle from procurement to quality assurance.

Addressing Health Inequalities in CYP from Ethnic Minorities

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

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

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

- Use a Population Health Management (PHM) approach for mental health in SW London. This work will enable data from acute, mental health and primary care to provide population level analysis of health inequalities within mental health care and provide a mechanism to track the impact of service developments on health inequalities.
- Address areas where data is limited and ensure mitigations are put in place to address gaps.
- Deploy an approach that ensures we develop services to respond to current needs, not historic service models, and increasingly focus earlier in the patient pathway to ensure people are supported more in the community. This will further help to support prevention and reduce health inequalities.
- Focus on ensuring there is a whole system response to supporting CYP on the autistic spectrum and/or with ADHD.
- Continue to support young people in contact with the Youth Justice system to access earlier mental health support to prevent re-offending behaviour.
- Ensure all Children Looked After have their mental health needs met.

- Continue to consult young people and their families on priority areas for additional help.
- Jointly commission services across health and social care.
- Deliver Mental Health Awareness training in partnership across health, social care and education in schools, academies and colleges.

SW London is currently supporting the innovative Ethnicity and Mental Health Improvement Project (EMHIP). EMHIP aims to reduce ethnic inequalities in access, experience and outcome of mental health care. Key initiatives include Wellbeing Community Hubs with embedded mental health practitioners, increasing service options for people from ethnic minorities and ensuring services offer culturally appropriate support. Learning from this programme and its various workstreams will likely be applicable across all SW London mental health services, including CYP. The programme will be evaluated and we will look at how we can replicate key elements of this work for CYP as we move forward.

3.3 What Have Children and Young People and their Parents/Carers Told Us?

We started our Place based CYP MH Transformation Programme by working with children and young people and their families in all SW London boroughs. Young people and their parents told us that:

- waiting times are much longer across all mental health services and there is a need for more support for people while they are waiting to be seen.
- they need consistent and effective early intervention to support them.
- they want to be able to access support in a range of ways, outside of medical settings, for example in one-to-one and group sessions in schools and online.
- stigma is still an issue and, confidentiality is important.
- people from black, Asian and minority ethnic backgrounds highlighted that some people have a lack of trust in health and care services and a feeling of not being listened to or understood.
- they want teachers and parents and carers to have support too.
- they want to be involved in developing solutions and services that will work for them.
- they don't want a start and stop approach.
- they want confirmation of when treatment will commence.
- they would like continued CAMHS input up to the age of 19 (up to the time they finish school or college).
- they feel that current transition arrangements are not working, they feel like a cliff edge.
- they don't want to be moved from one service to the next in the middle of treatment.

It is important that young people are involved in discussions about the services across SW London and how we transform them. There are a variety of Young Commissioner, Young Inspector and participation and engagement groups through the ICB which form the backbone of co-production activities involving service users throughout SW London. Alongside ICB run groups, our providers also run service level groups to consult people with lived experience. An example of collaboration with young people is the recent Merton Hub Project. They were consulted on with the Young Inspectors who produced a report of their findings to partners which is changing how the project will be delivered.

3.4 Moving Forwards

A key strategic aim of the Joint forward Plan, SWL Mental Health Strategy and the CYP MH programme will continue to embed the voice of children, young people and their families from

SW London into CYP MH transformation through 2023/24. To do so, we have invested in a partnership with Croydon Drop In to deliver a coherent and cohesive participation and engagement group across CYP MH services. Whilst we link with other participation groups, we aspire to bring together the various Placed-based participation groups (such as CAMHS young inspectors, SWL&StG's and Local Authority lead projects) across SW London to one united CYP mental health voice. This will feed into the governance structures of the ICB, further emphasizing the voice of children, young people, and their families of the transformation of CYP mental health services through the ICB.

4. SW London Response to Needs

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

This model will move SW London CYP MH services towards a needs-led model rather than a tiered model with a set of defined criteria and thresholds. It will also be expanded to include 18–25-year-olds, as we aim to improve current transition challenges between young people and young adult mental health services by implementing an integrated 0-25 mental health service model aided by transition workers.

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



Figure 2 THRIVE framework

Type of Input Needed



Figure 3 THRIVE quadrants

Croydon CAMHS, which is provided by SLAM, have adopted the above framework in the names of core teams.

4.1 Promoting Resilience, Prevention & Early Intervention



Figure 4 Getting Advice & Support

This section focuses on 'thriving', promoting resilience, getting advice and early help. The Thrive model is very much a systems and partnership approach to nurturing emotional wellbeing by offering self-help advice as well as timely access to early help.

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

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

Expanding access

In addition to seeing more women, services will need to adapt to delivering care for up to two years as part of a new commitment to extend the period of postnatal support, and assessing and signposting fathers/partners for support.

To help develop the work around perinatal trauma and loss, a mapping exercise took place in 2021/22, across SW London, to identify the needs and gaps. Based on the findings, an agreement was made to offer specialist assessment and intervention for women with moderate, severe or complex mental health needs directly related to their maternity experience. There will be psychological therapies integrated with maternity care and tailored peer support in both an individual and group setting. In early 2023 there was an initial launch of the perinatal trauma and loss team in Kingston to trial the pathway, followed by St George's Hospital, St Helier and primary care (including GP'S, local talking therapies, health visitors and non-statutory).

The ICB is also working with the South London Partnership in relation to a case for change for specialist community perinatal services.

Promoting Resilience, Prevention and Early Intervention in Schools and Colleges (5-18): Progress with Setting up New Mental Health Support Teams (MHSTs) for Clusters of Primary and Secondary Schools and Further Education Colleges (FE)

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

The approach in SW London had two main elements:

- A Designated Senior Lead (DSL) for Mental Health in each participating school/college to oversee the approach to mental health and wellbeing.
- To establish Mental Health Support Teams (MHSTs), providing specific extra capacity for early intervention for mild to moderate mental health challenges and supporting the promotion of resilience and good mental health and wellbeing in an education setting

Local health and care partnerships across England were invited to bid for funding to set up MHSTs for clusters of Primary and Secondary School or clusters of FE Colleges. Each proposed cluster of schools should consist of around 8,000 pupils/students.

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

- Each participating Primary and Secondary School to have a named senior mental health lead and one Head Teacher to take on the overall Cluster Lead role
- Ongoing collaborative work with teachers, parents/carers and CYP to embed the whole school approach (see Whole School Approach depiction below)
- Each participating school developed an action plan at the beginning of the pilot project.
- Each cluster of schools have one MHST consisting of clinical staff (specialist practitioners and emotional wellbeing practitioners plus administrative support).
- The Empowering Parents Empowering Communities (EPEC) peer parenting programme and aims to develop 'parental resilience.' The delivery of EPEC parenting groups is part of the core offer for MHST Schools.
- Each cluster of schools will have access to online and/or digital counselling.

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

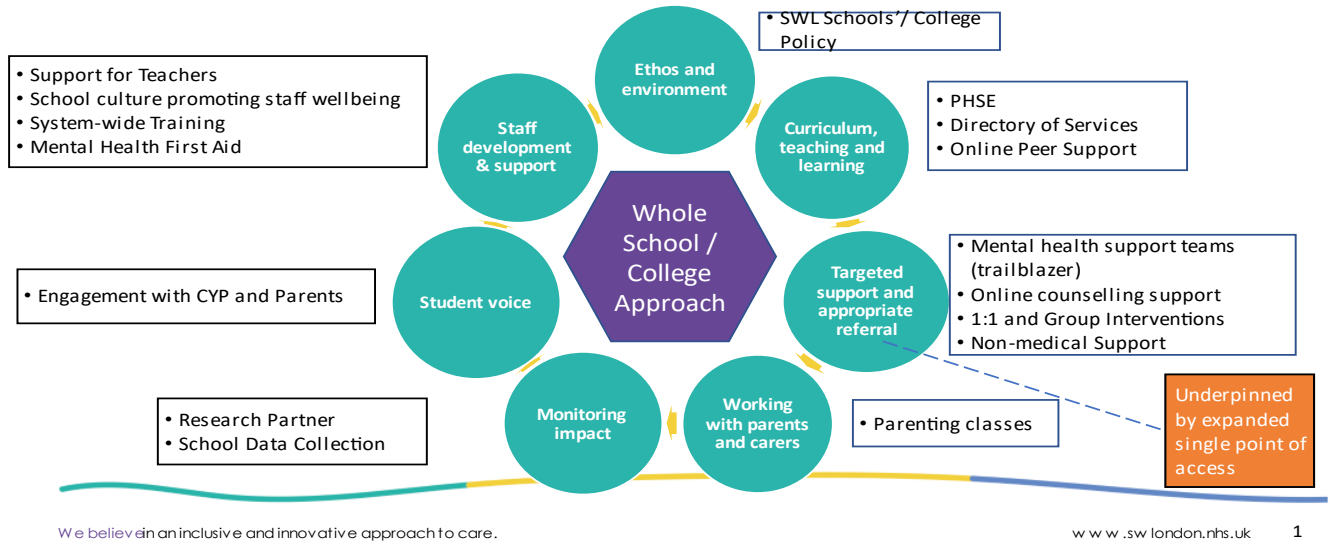


Figure 5 Whole School Approach

A total of 16 MHSTs have been established, supporting clusters of schools and colleges and consisting of a total population of around 128,000 students aged between 5-18 years. Kingston, Merton and Richmond have full MHST coverage in state schools. Further work is underway for the remaining boroughs. The diagram below sets out distribution.

MHST Clusters in SWL ICS footprint

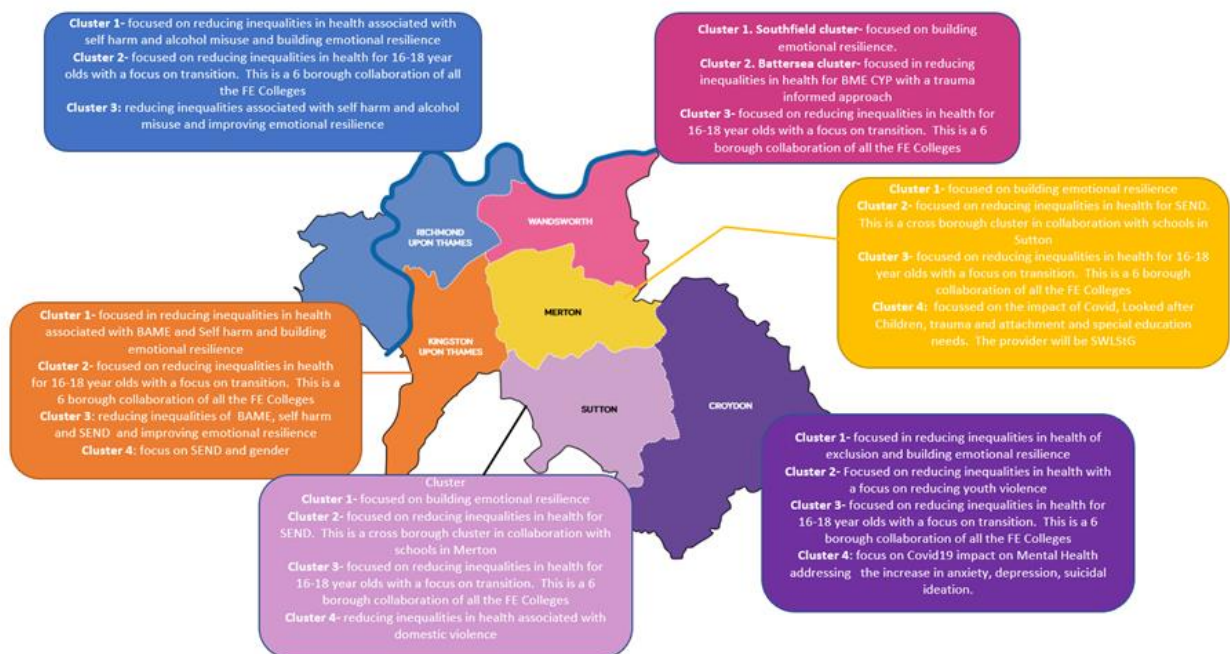


Figure 6 MHST coverage across SWL

Around 58% of pupils/students have access to the whole school approach to promoting emotional resilience as well as direct access to group and individual interventions for mild to moderate mental health problems. The Government's ambition is for 44% coverage, meaning SW London has exceeded the target.

All SW London cluster schools and MHSTs participated in the national evaluation of the MHST Programme. In addition to the national evaluation, SW London commissioned a local evaluation of the work of the MHSTs. The findings were published in April 2023. The aim of the evaluation was to determine the ideal whole school approach, assess the extent to which this has been achieved, and identify how to further improve.

The evaluation found considerable qualitative evidence that the SW London Children and Young People Emotional Wellbeing Programme has supported improved provision for the mental health and wellbeing of children and young people across SW London. The Programme was perceived to provide additional resources to improve emotional wellbeing in schools/colleges. Several recommendations were made by the evaluation report to focus further development of the MHSTs. An action plan has been developed to take this forward.

SW London ICB has also contributed funding to the Children Wellbeing Practitioner (CWP) Programme, which is a Department of Health initiative to train a new workforce for CAMHS. It was established in response to the FYFV for Mental Health Plan to provide evidence-based interventions with a focus on prevention and early intervention and to increase accessibility to help for children and young people who might not meet the threshold of current CAMHS provision. SW London is committed to expanding this workforce through the primary care offer in 2023/24.

There are currently five Children's Wellbeing Practitioner [CWP] Teams in SW London offering evidence-based interventions in primary and secondary schools. Additional CWP teams have the agility in approach to complement the specialist CAMHS teams in their core offer. Each of the teams is supervised by an experienced clinical psychologist, who ensures that children and young people requiring more help will be supported to access this in a timely way.

Given that demand for mental health help is rising faster than the increase in service capacity, we are keen to explore innovative ways of making timely access to mental health help easier. To achieve this, we have established local Emotional Wellbeing Hubs in Sutton, Wandsworth, Kingston and Richmond which are run by a voluntary sector provider that children and young people can access seven days per week without an appointment or prior referral. The Hubs have strong links to local and national voluntary sector services and encourages children and young people to also access digital mental health support from Kooth. The Hub interfaces with CAMHS single point of access if access to specialist help is needed. Merton is developing a proposal based on Croydon's talk bus model to pilot a CYP emotional wellbeing hub in the borough. This proposal is being developed in partnership with CAMHS, SWLStGs and other organisations that work with young people, and is a core part of the Local Health and Care Plan.

A second initiative has been to expand the primary care workforce through the roll out of Additional Roles Reimbursement Scheme [ARRS]. We have established 3 posts across Croydon, Wandsworth and Richmond which are placed within GP surgeries. These posts offer additional access to CYP with concerns regarding their mental health, a consultation within a community setting and encourage personalised care.

Positive Behaviour Support training (person-centred approach to identifying and meeting a person's support needs that enhances the quality of life outcomes for the person) has been delivered to some school staff to increase the knowledge and awareness of this approach. . PBS is most commonly used to support people with learning disabilities, some of whom may also be autistic. The training has been commissioned by SW London ICB and delivered by BILD (British Institute of Learning Disabilities).

Expansion

By embedding CYP Mental Health Practitioners within primary care settings, we are expanding capacity within community setting to target CYP who might not otherwise have been seen through traditional pathways, or who are nearing transition ages who cannot wait for a referral through specialist services.

4.2 Improving Access to Help and More (Specialist) Help Locally, and across SW London:



Figure 7 Getting Help and Getting More Help

The Local System of Care

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

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

The Assessment Process

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

These include:

- The child's development
- Family issues that maybe affecting the child or young person

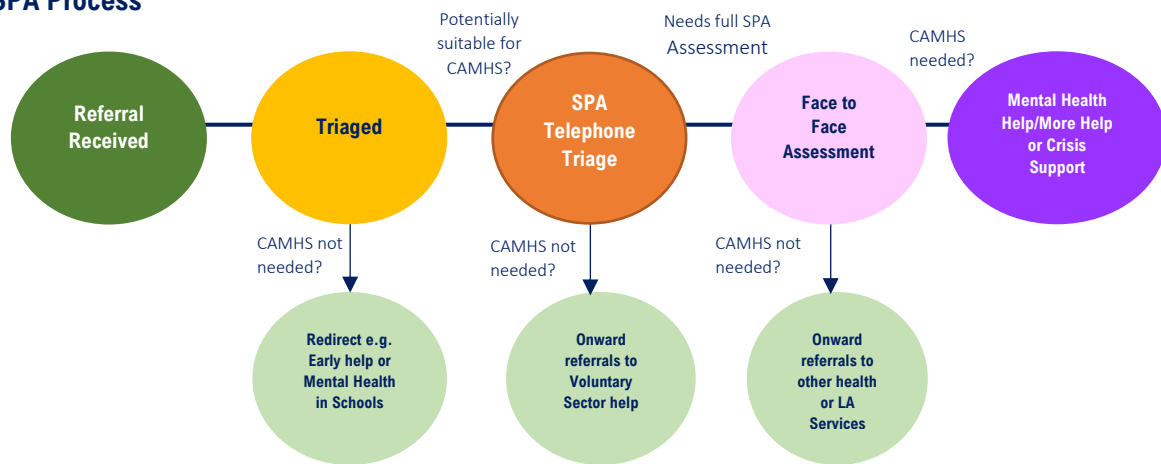
- A child or young person who is suspected of being neglected or subject to physical, sexual or emotional abuse

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

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

Figure 8 SWL Single Point of Assessment (SPA) and care process

SPA Process



The SPA encourages prompt referral and access to services through the promotion of an online referral form, but also welcomes self-referrals from CYP or parents by phone. Around 40-45% of referrals come from GPs/primary care for common mental health challenges, such as anxiety and/or low mood problems, mixed emotional and/or behaviour problems as well as querying neurodevelopmental problems. Between 15% and 20% of referrals are received from education staff, i.e., Head Teachers, teachers, special educational needs coordinators (SENCo), school nurses or educational psychologists, and 5-10% come from specialist child health professionals such as paediatricians, speech and language therapists, occupational therapists or physiotherapists. Self-referrals from young people and parents/families are welcome but make up only a relatively small proportion of referrals (below 10%).

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

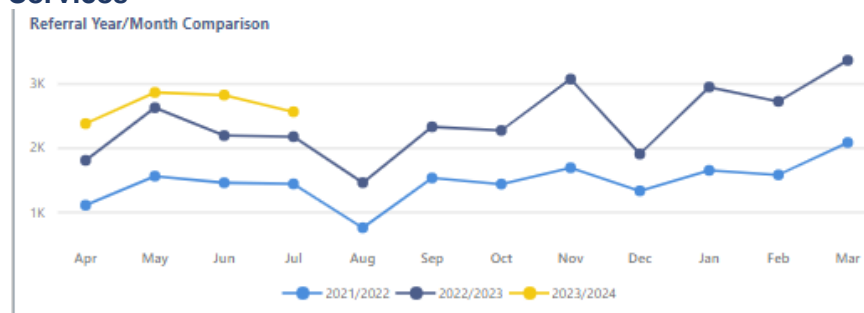
Work is continuing but outputs thus far have included:

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

- Additional Assistant Psychologists have been recruited to support the screening of neurodevelopmental referrals.

Additionally, SPA processes in Merton are being reviewed and monitored by the CAMHS partnership board and iTHRIVE steering group. Through a similar review process, Wandsworth identified that having referral forms embedded directly onto the patient management system could help to increase efficiency.

Increase Access to NHS-funded Community Children and Young People Mental Health Services



Graph 6 Referrals into SWL Mental Health services

Historically, for children and young people (CYP) access was measured based on the number of children and young people receiving at least **two** contacts, where their first contact occurs before their 18th birthday. During 2022/23 NHS England revised the definition to report the number of children and young people aged under 18 with at least **one** contact in a 12-month rolling period.

Consultation Type

During the pandemic years, up to 75% of contacts were virtual. As services returned to business as usual, they adapted to the needs of children and young people, and their families as dynamically as possible. Currently, SLAM and SWLStG's demonstrate around a 30% virtual/telephone consultation rate with around 70% of service-users opting for face-to-face contacts.

Achievements and challenges

SW London expanded the delivery of Kooth, which is an online counselling platform for children and young people aged 11-21. Qualified counsellors, therapists and support workers provide guided and outcome-focused support for each individual. Kooth is accessible through any online device: young people can log on wherever they are, to access counselling from 12.00pm to 10.00pm, 365 days a year [Appendix 1].

The ICB are also working closely with partners, such as the Local Authority and schools, to consider how we can further improve health promotion and preventative services to increase the resilience of SW London children and young people. Kooth are exploring opportunities to increase access from boys and the LGBTQ+ population. All local digital offers across SW London have been updated and expanded to include more online self-help information and tools as well as advice on how to access help including support in a crisis.

Supporting children and young people with special educational needs (SEN) and disabilities remains a priority for SW London, within the wider strategic aim of increasing access for

children and young people. Increasing access involves the contribution of non-NHS funded services, such as school nurses, teachers, and social workers. To support children and young people with SEN, we are working with partners to provide the help and specific interventions summarised in Education, Health and Care (EHC) Plans. There is further work to be done with partners to ensure CAMHS services are fully involved in multi-agency care planning processes and that mental health care plans are integrated with EHC plans.

4.3 Specialist Pathways for Children and Young People Eating Disorders

SW London children and young people are served by two mental health trusts providing Eating Disorders services.

- Kingston, Merton, Richmond, Sutton and Wandsworth: SWLStG's CYP Eating Disorders Service
- Croydon: SLAM Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED)

Both teams operate with a similar service model in line with NICE guidance, offering assessment and treatment through a multi-disciplinary approach.

SWLStG's CYP eating disorders service comprises: CYP Community Eating Disorders Service (CYP-CEDS), the Wisteria Ward inpatient adolescent eating disorder service. The ICB is making an investment in 2023/24 to Avoidant Restrictive Food Intake Disorder (ARFID) and has the intention to scale up in subsequent years. The SWLStG's CYP eating disorders service treats children and adolescents from the five boroughs and nationally. Referrals are accepted directly to the service, or via any of the borough SPAs, and can be from GPs, professionals. The service also accepts self-referrals.

The SWLStG's eating disorder service is a centre of excellence in integration of physical and mental health care, jointly provided with St George's University Hospitals NHS Foundation Trust paediatric service. In 2022, SWLStG's eating disorder service was the first service in London to identify the issue of disordered eating presentations of young people to acute hospitals, developing joint physical and mental health protocols for the acute hospital setting, and led on the disordered eating working group in the Healthy London Partnership.

The Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED) comprises of:

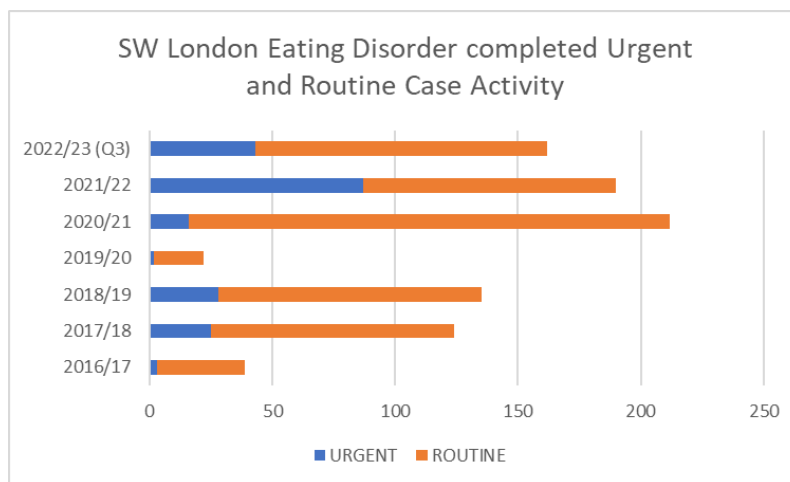
- The Eating Disorder Clinic (EDC), formerly known as the outpatient service, which provides a service to South East London boroughs including Croydon
- A new Avoidant restrictive food intake disorder (ARFID) service, that treats children and adolescents both locally in these seven boroughs and nationally.

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

Self-referrals are available to local patients that are served by the EDC. They are also available for patients who wish to access the ARFID service. Self-referrals comprise about 30-35% of referrals to the EDC.

Capacity and Demand

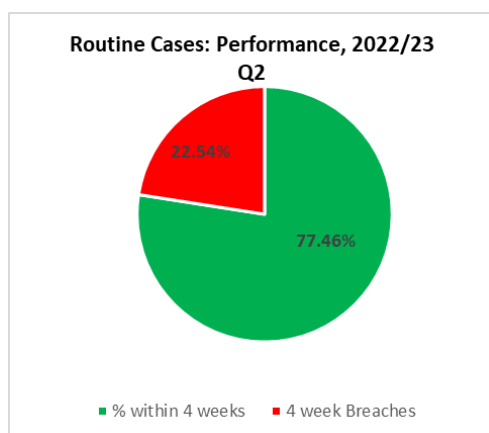
The demand for Eating Disorder Services has increased. Up to 2018/19, services did not exceed 150 referrals per year, however, from 2020 onwards, the demand for the services have regularly exceeded this volume within the first three quarters of the year. Services are expected to meet the national waiting times standards or urgent referrals seen within one week and routine within four weeks. Since 2019, team/service capacity has significantly reduced owing to staffing and resourcing challenges and rising demand. Core treatments to individuals with anorexia, bulimia, and binge eating disorders are still in place. In addition to the core treatments, Avoidant Restrictive Food Intake Disorder (ARFID) referrals are expected to be accepted by all SW London eating disorder services imminently.



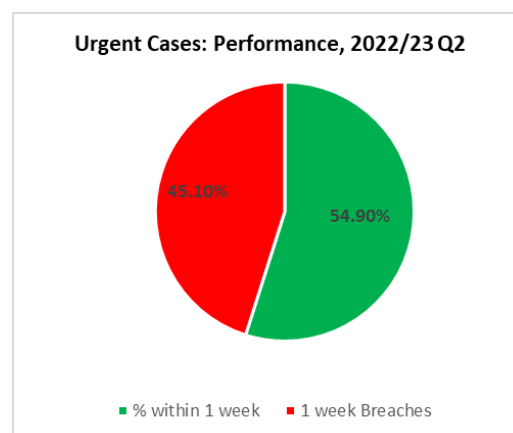
Graph 7 South West London Eating Disorder service data

Source: NHSE; Statistical work area dataset. Eating Disorders.

Due to increase in demand and limited capacity, eating disorder services have struggled to meet the national waiting time assessment targets for both urgent and routine cases.



Graph 8 Eating Disorder Routine Performance 22/23 (Q2)



Graph 9 Eating Disorder Urgent Performance 22/23 (Q2)

In 2022/23 performance shows 77.46% of routine appointments were seen within 4 weeks of referral, and 54.9% of urgent referrals were seen within 1 week of referral.

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

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

4.4 Specialist Pathways for Neurodevelopmental Conditions

Requests for neurodevelopmental assessments of children and young people aged 6–17-year-old, received by local CAMHS Single point of Access (SPAs) for the relevant borough continue to increase across SW London. Once all necessary information is received, it is screened by an experienced CAMHS clinician.

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

Neurodevelopmental referrals received by Croydon Single point of Contact are signposted to the neurodevelopmental teams in SLAM.

4.4.1 South West London and St Georges Mental Health Trust Neurodevelopmental assessment Pathway

Referrals from SW London have continued to increase and have averaged at 92 referrals per month in 2022 – 2023, as of May 2023 the 2023/2024 average is 110 referrals per month.

When the team is at full capacity it is expected that around 63 assessments are completed per month. Due to difficulties in recruitment to this team and several vacancies the capacity was limited. Since March 2023, following successful recruitment, the team is now achieving expected levels of assessments and in May there were 64 assessments completed.

As of May 2023, the average waiting time for an autism assessment was 20.8 weeks.

Ongoing performance continues to be monitored monthly and there is ongoing internal work to improve processes and pathways.

Graph 10 SWLStG Referrals, Assessment and waiting times

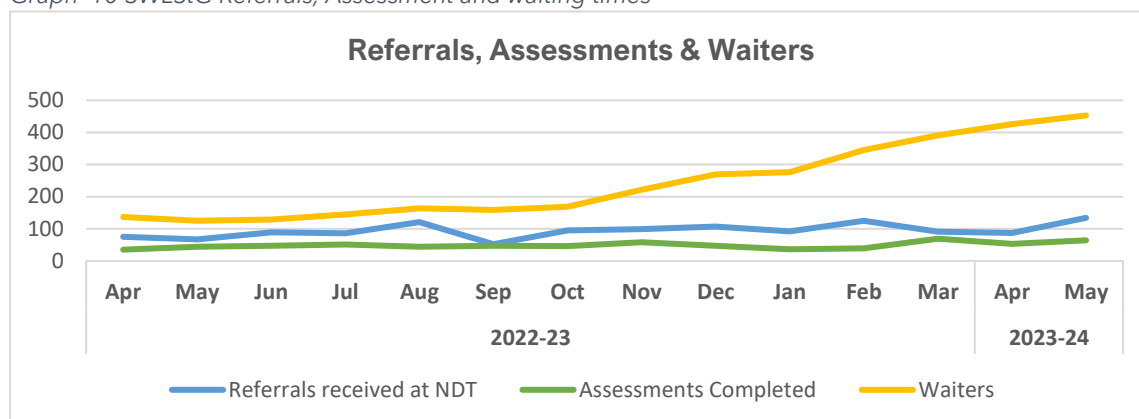


Table 2 Breakdown of numbers waiting by diagnosis and type of assessment

Diagnosis	2022-23												2023-24	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
ADHD	57	50	49	51	59	54	55	50	33	18	5	2	13	3
ADHD / ASD Assessment	4	4	4	5	5	6	10	37	63	79	116	127	128	142
ADHD Assessment	11	13	14	11	10	9	14	36	63	80	99	118	115	130
ASD	44	43	48	64	76	75	68	55	37	15	5		14	1
ASD Assessment	20	13	12	14	13	14	22	42	70	78	112	132	144	157
No diagnosis	1	2	2		1	1		2	3	6	8	12	12	20
Total	137	125	129	145	164	159	169	222	269	276	345	391	426	453

Current Borough-Based Providers/Other Services

Sutton

Cognus provides Autism-only assessments

As of May 2023, the average waiting time for autism assessment was 26 weeks and there were 87 CYP waiting for assessment.

The Neurodevelopmental Care Pathway for Sutton was set up as a pilot initiative in 2018 to provide a high quality, local and timely assessment service for Autism for the children and young people of Sutton. Referrals are triaged by the CAMHS Single Point of Access (SPA) to ensure they are appropriate for the service. The high conversion rate (80%) from assessment to diagnosis is evidence of the positive impact of the triage process. The Covid pandemic had a significant impact on demand for autism assessment services and an additional psychologist has been employed to reduce the waiting time from 1 year to 6 months.

Cognus also provides post autism diagnostic support for CYP and their families. This initiative, known as the A Plan, is a pilot funded for 3 years (from April 2021) to provide information, education and interventions to young people with a new autism diagnosis. The service offer includes:

- follow-up discussion within two weeks post diagnosis with parents
- Understanding diagnosis session
- Up to 5 intervention sessions on anxiety, depression, trauma and self confidence
- Parenting advice and support
- Liaising with schools, Senco and other professionals

In May 2023 there were 18 CYP waiting for post diagnostic support.

Kingston & Richmond

The emotional health service at Achieving for Children provides assessments for autism.

Achieving for Children also provide post autism diagnostic support for CYP and their families. This initiative is a pilot funded for 3 years (from April 2021) to provide information, education and interventions to young people with a new autism diagnosis. The Post diagnostic support delivered by AfC as part of the pilot. Offers year-long practical and emotional support to parents and carers of children and young people who have received a diagnosis of autism. Support includes:

- 1:1 Check-ins, Parent Psychoeducational Groups, Workshops, Signposting, ASC Anxiety Group for children aged 9-12 and Teen group – “This is me” in the pipeline

As of June 2023, 147 families are involved in the pilot. A total of 81 parents and carers of children and young people with autism have attended a parent psychoeducational group.

Croydon

Current Arrangements for Croydon Autism &/or ADHD Assessments and Diagnoses

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

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

For under 5s there are currently 609 children on the waiting list and the average wait is 8-10 months. There has been a 50% increase in referrals from 2021 to 2022.

In Croydon all CYP ADHD referrals and Autism assessment referrals for CYP over 5 are received through a Single point of access (SPA), and assigned to the same neurodevelopmental pathway, diagnosis is not identified until assessment is complete and there is a frequent comorbidity between neurodevelopment conditions as well as with other mental health conditions.

In 2022 - 2023 a Croydon transformation programme was established with cross stakeholder involvement to work on the development of a clinically led new integrated pathway for CYP on the autism spectrum within Croydon.

This led to an increased number of assessments taking place in 2022/2023, and a reduction in wait time, to an average of 8-10 months, in the autism clinic for under 5s.

The service also experienced a significant increase in demand through increased referrals across all CYP ages throughout the 2022/2023, and this has continued in 2023/2-24.

- The plan for 2023/2024 is to continue the collaborative work in Croydon to improve the local offer, leading to a reduction in wait times and an improved experience for CYP and their families and carers.

The table below shows

- the number of referrals accepted as needing Tier 3 Croydon CAMHS input distributed into the Neurodevelopmental and Mental Health pathway respectively.
- The numbers of referrals waiting for assessments into the Neurodevelopmental and Mental Health pathway respectively.
- Due to need presentation some referrals will be in both pathways

Table 3 Number of referrals waiting for an assessment within Croydon CAMHS (SLAM) into ND-MH pathway

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Neuro Referrals	40	24	15	45	16	63	34	33	24	36	33	22	42	23
Neuro Waiters	434	454	478	457	408	434	429	427	427	430	400	353	362	360
MH Referrals	168	239	208	379	171	332	280	327	199	302	274	289	259	166
MH Waiters	253	269	274	354	375	432	434	487	475	512	531	532	581	585

Table 4 Number of weeks waiting for assessment in Croydon CAMHS (SLAM) ND pathway

Number Of Weeks	0-4	05-26	27-38	39-44	45-51	52+	Total
Total	90	362	170	45	62	213	942
Neuro	18	94	28	7	19	194	360
MH	74	280	144	38	43	19	598

SLAM National Specialist service

In addition, specialist assessments (often second opinions and specialist comorbidity assessments) are offered by SCAAND (The Service for Complex Autism and Associated Neurodevelopmental Disorders, including Intellectual Disability). SCAAND is a Specialist CAMHS (Tier 4 Child and Adolescent Mental Health Service) provided by SLAM NHS Foundation Trust and recognised as a leading UK centre in mental health care for children and young people with neurodevelopmental needs. Referrals are accepted from community clinicians only.

Plans for the next 12 to 18 months:

Continued focus on improvements to the autism assessment offer across SW London including waiting times and pre assessment and post diagnostic support.

Summary of Transformation Highlights include:

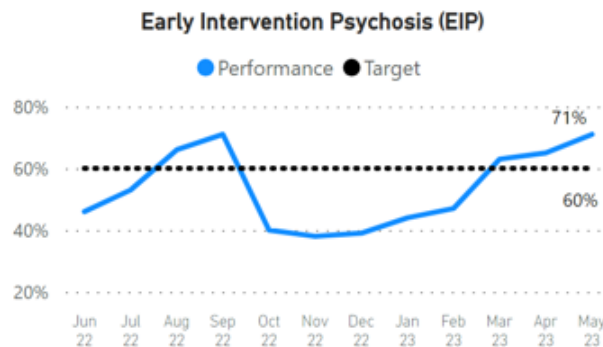
- Croydon carried out a detailed review of its local neurodevelopmental assessment provision.
- Richmond, Kingston and Sutton are part way through delivery of a 3-year pilot of post-diagnostic support “A-Plan” offering support and adapted mental health interventions including 1 to 1 and group sessions post diagnosis. Feedback to date has been positive.
- A Place based all age neurodevelopmental pathway review is being led by Kingston and Richmond. The anticipated outcome will be a system re-design with the implementation of transformative service developments from 2023/24.

4.5 Specialist Pathway for Young People with Early Psychosis

The evidence based Early Intervention Service (EIS) model for treatment of first onset of psychosis was developed more than 20 years ago. It recommends an integrated multi-disciplinary assessment and treatment approach for young people and young adults aged 14-35 years and their families.

Numbers of children and young people diagnosed with first onset of psychosis are low, with five of the six boroughs reporting single figures. Local CAMHS carry out timely initial assessments and also initiate multi-modal treatment without delay for under 18-year-old young people. There are preparations for transitioning to one of the Early Intervention Psychosis (EIP) Teams from SWLStG (EIP Merton and Sutton, EIP Kingston and Richmond, EIP Wandsworth).

Table 5 Early Intervention in Psychosis performance statistics. Source: NEL Central Performance Analytics using the NHSE published dataset



Where do we want to be?

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

- focuses on the first three years of the psychotic illness
- aims to reduce the duration of untreated psychosis to less than 3 months and
- does not require the young person to transition at the age of 18 from CAMHS to Adult Mental Health services or Early Intervention Services.

The SW London Strategy identifies the Bio-Psycho-Social model to drive forward transformative physical healthcare for people with Serious Mental Illness and mental health support for people with physical health care conditions. It is expected that this will improve outcomes for people with Serious Mental Illness.

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

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

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

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

The SW London DBT service launched July 2021. The DBT programme consists of a 4 – 6week pre-treatment phase (engagement and commitment phase), followed by 8 – 12 months of specialist treatment, if the young person and the DBT team agree to start therapy. Treatment consists of weekly individual therapy and weekly skills training groups (for young people and parents/carers) plus telephone skills coaching, crisis management, medication management, family sessions and care co-ordination.

The pilot was successful and has subsequently been re-commissioned and provision has been increased in line with the previous Transformation Plan (2021).

It was observed that local CAMHS Transition Workers were well-placed in ensuring parity in offer for this cohort. For example, Merton have commissioned a specialist counselling service for 14-25 year olds to target self-harmful behaviours and work with children and young people with BPD/EUPD.

Planning for the future

In line with the NHS Long-Term Plan ambitions to provide a comprehensive mental health service for young people up to age 25 years, SLP and SW London have already extended DBT service models across children and young people and adult services to better meet the complex and challenging needs of young people/young adults (14-25 years) with emerging borderline personality disorder without the disruption of transitioning from young people to adult services. More work will be done to determine coverage and integration of the services in 2023/24.

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

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

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

1. Development of Specialist Child and Adolescent Mental Health Services for High-Risk Young People with Complex Needs.
2. Development of a framework for integrated care for Children and Young People's Secure Estate
3. Development of Collaborative Commissioning Networks between Health & Justice regional teams and health care.

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

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

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

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

A Trauma informed Emotional Wellbeing Support service pilot for children and young people in Croydon and Sutton going through the Youth Justice System was launched in April 2023. 'The Croydon Suite' aims to improve pathways and reduce unwarranted inequality of access for children and young people going through the justice system by offering them emotional support alongside the judicial process. The workforce includes local community members. They have been recruited to help de-stigmatise and enable the project to reach more children and young people in emotional distress, using both an in-reach, and out-reach model of engagement. These workers link in with the Liaison and Diversion workforce.

This delivery of this pilot aligns with our priorities to tackle inequalities in outcomes, experience and access for the most vulnerable populations. It is also in line with the Long-Term Plan commitment to improve pathways for children and young people who are high risk, high harm and high vulnerability.

Richmond, Merton and Sutton have increased provisions within their YOS CAMHS teams and will continue to review impact of support over the pilot year in 2023/24.

Crisis Care Related to Police Custody

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

The number of mentally unwell children and young people being taken to police custody suites is very small and the Liaison and Diversion (L&D) service also provides some support for them there. These types of referrals are rare; however, it is important that we maintain the pathway for these very vulnerable children and young people and provide the additional support to reduce the likelihood of them being placed in police custody suites.

Liaison and Diversion (L&D) Services

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

- A custody suite
- Magistrates Court
- Transforming Families Team (multiagency team with representation from Youth Justice and Anti-social Behaviour teams, and the Police).
- Liaison & Diversion worker
- Forensic CAMHS service
- Speech and Language input

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

All children and young people in contact with the L&D service have a screening of mental health and emotional wellbeing assessment, utilising a trauma informed approach. If a mental health need is identified the young person is referred on to CAMHS with their consent, for a full mental health assessment and network meeting. The current L&D pathway across the SW London is illustrated in figure 9.

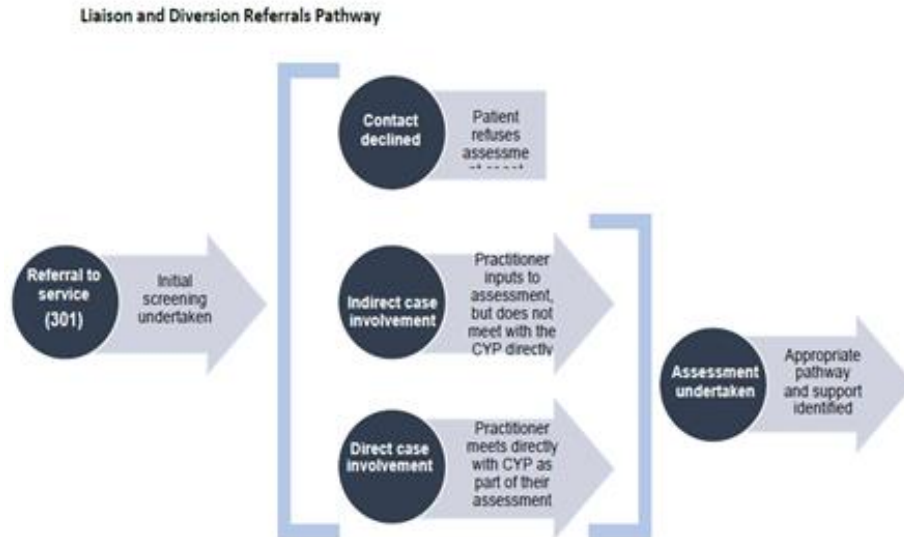


Figure 9 SWL Liaison and Diversion referrals pathway

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

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

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

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

Our Ambitions at SW London

The evidence in relation to addressing serious youth violence supports a multisystemic approach. There is a high rate of non-engagement with mental health services or inconsistent engagement, due to several factors, including fear of reprisals for discussing crimes.

We have started working with partners on projects such as the ‘Skilling Up’ project run through Achieving for Children and other teams tackling exploitation, gang workers, Redthread (Youth Charity) who can identify and work with victims of serious youth violence when identified at Emergency Departments.

We will work as a system to address challenges of engagement of young people with time invested in forming therapeutic relationships to make young people feel safe enough that the topic of trauma and its impact on functioning can be introduced. Specifically, we are working with our Local Authority partners in Merton to provide CAMHS clinical input into Single Point of Access utilising a Trauma Informed Approach to ensure that trauma is considered in working with CYPs.

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

4.7.2 Access to Help for Children Looked After (CLA)

Specialist emotional wellbeing and mental health help is embedded within all social care teams for CLA across SW London boroughs. This includes the CLA Team, Leaving Care Team and Adoption and Fostering teams for children and young people looked after by the LA from birth to age 25 years.

The service aims to improve the stability of placements by supporting the identification and care planning for those whose functioning is negatively impacted upon by their emotional and/or mental health. The service acknowledges the prevalence of mental health difficulties within this vulnerable population and thereby the importance of fostering children's emotional growth as an integral component to ensuring positive life outcomes.

They are supported by the Getting Help (Tier 2), Emotional Health Service, thereby maintaining essential links with evidence-based practice, continuing professional development, and securing access for children and young people looked after to all available psychological resources on offer within the wider EHS service, Getting More Help (Tier 3) services, adult mental health services and services offered by partner organisations.

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

- Systemic Family Therapist
- Art Psychotherapist
- Clinical Psychologist

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

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

- Consultation to all professionals within the team to Leaving Care, Unaccompanied Asylum-Seeking Children, Family Coaches, Virtual School, LAC Health, and Independent Reviewing Officer teams.
- Specialist assessment that includes mental health and emotional wellbeing (this includes the wishes and capacity of the children/young people to make use of therapeutic help), functioning, impact of adverse negative events on development and relationships with

carers and peers, the behaviour they present, any issues of risk (e.g., sexual exploitation, absconding, self-harm, substance misuse, physically/sexually/emotionally harming or being harmed by others).

- Liaison and support regarding children and young people in care to the wider network (e.g., birth family, partners, schools/colleges, other agencies, adult mental health services) to support emotional wellbeing, care planning and placement.

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

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

How SW London is improving services for out of area children and young people in care:

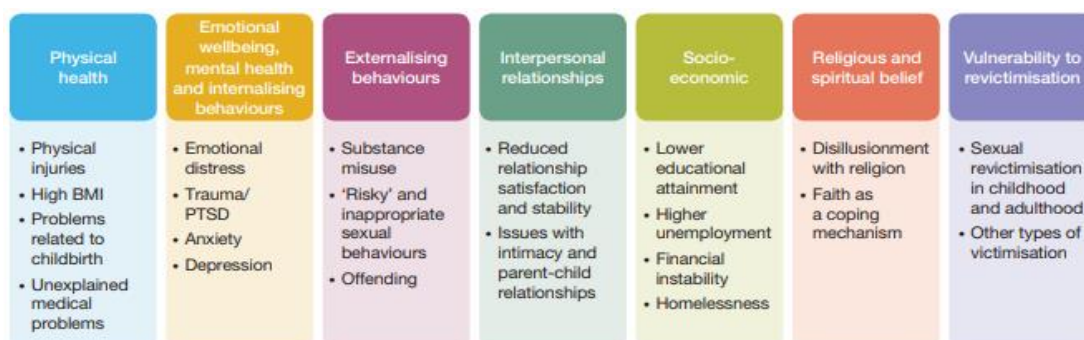
- Kingston and Richmond Place have invested additional monies through Achieving for Children into Care Leavers posts to ensure smooth transitions across Children and Adult Mental Health services.
- Merton have developed a robust system for specific cases to be discussed and appropriately funded for CLA who are leaving care. The processes will be further refined to ensure that all CLA can access the care required.

4.7.3 Access to help for children and young people who have experienced sexual abuse

The prevalence of child sexual abuse is challenging and difficult to accurately measure because of its nature. It is difficult to understand the scale of offending and how many victims and survivors remain unidentified because of under reporting, under-identification of victims and survivors by agencies, and lack of robust data. It is further complicated by the fact that many victims and survivors disclose child sexual abuse as adults many years later.

Sexual abuse can cause serious physical and emotional harm to children and young people both in the short and long term as illustrated in Figure 10.

Figure 10 Outcomes on the impact of child sexual abuse. Source: Fisher et al (2017) *The impacts of child sexual abuse: A rapid evidence assessment*



It has been reported that children and young people face a variety of obstacles in accessing services before and after disclosure. Challenges encountered include:

- Difficulty in navigating a confusing and disjointed array of services at the time they need them most and at times when they are often in crisis
- Difficulty in knowing which services to access to get help and support they need
- Inconsistencies in the quality of care they receive once they access services
- Heightening risk by disclosure and identification of sexual assault and abuse often taking place within a criminal justice setting rather than within a service dedicated to the care and support of victims and survivors.
- Limited emotional and physical support longer term and over the individual's lifetime

Children and young people who decide to come forward about their experience of sexual abuse should expect:

- A safe place to live
- Being listened to and believed
- Ability to tell their story
- Early emotional support e.g., strategies for coping with feelings, emotional resilience and symptoms that impact on returning to normal daily life
- Reduction in risk of further abuse

Service data for 2021/22 in SW London shows that 55 children and young people were seen for emotional wellbeing and support. We are keen to see an improvement on the numbers accessing the service. We acknowledge the challenges that children, young people and their families might be facing in navigating the system to get the support they need and working stakeholders to improve this.

SW London ICB currently commissions the SW London Wellbeing Service to provide emotional and practical support to children and young people who have reported sexual abuse. The service is delivered by the Havens in collaboration with Rape and Sexual Abuse Support Centre (RASASC).

Wellbeing in SW London service works with children and young people aged up to 18 years of age and up to 25 years for those with Special Needs and Learning Disabilities who have been a victim of child sexual abuse, as well their non-offending parents and carers, living in SW London. The service offer includes:

- Assessment of emotional needs and risk
- Brief intervention and family support
- Specialist therapeutic support
- Referral for holistic medical assessment and/or sexual health follow-up
- Specialist support through the criminal justice process

The ICB has received funding between 2022-2024 from NHS England and the Mayor's Office for Policing and Crime (MOPAC) of London aimed at further improving the child sexual abuse pathways. The project aims to improve disclosure levels, increase support for survivors, improve pathways into and between services and ensure advocacy and is being delivered through The Havens.

Where do we want to be?

SW London ICB and SE London ICB wish to collaborate to bring together and enhance existing networks of specialist and local services thus creating a single sexual abuse pathways across South London. This partnership would aim to deliver services in line with the Child House Guidance.

A needs assessment and mapping has been undertaken and discussions on progressing the recommendations is currently being undertaken at the programme steering and task and finish groups whose stakeholders have been drawn from South London.

The SW London CSA programme links in and works closely with the South London CSA programme to ensure harmonisation of areas of work and common evidence underpinning future proposed models.

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

All SW London boroughs have a clinical psychologist or behaviour specialist(s) that offer help and behaviour support for children and young people with moderate to severe learning disabilities and behaviour that challenges. Frequently, this support and help for parents and their children with complex needs is undertaken in close collaboration with other therapists and clinicians already involved in the care of these children as well as colleagues from Social Care and Education to ensure a multi-agency approach which aims to promote better mental health and improve future outcomes for children and young people.

Wandsworth and Croydon have established specialist learning disability CAMHS teams offering consultations to parents and professionals as well as assessment and treatment of mental health problems / or behaviours that challenge. Sutton CAMHS learning disability service will be increasing their psychiatry offer in 2023/24.

Provision in Merton, Kingston, and Richmond has increased to now be able to offer assessment and consultation. SWLStG has recruited additional Learning disability CAMHS practitioners who offer specialist consultation and advice for children and young people and their families open to local SW London CAMHS team.

Where do we want to be?

Our ambition is to review and develop a consistent learning disability CAMHS offer (mental health and positive behaviour support) for children and young people with learning disabilities and their families across all SW London boroughs.

4.8 Transforming Care for children and young people with a Learning Disability, Autism, or both

There has been an increase in the number of children with a diagnosis of autism in SW London and rising number of referrals of children and young people with suspected autism year on year.

There has been an increase in Specialist School places for children and young people with Special Educational Needs and Disability (SEND) and a commitment to the development of the graduated response within mainstream schools to support inclusive education.

In line with the increase in the number of Child or Young Person with SEND there has been an increase in child or young person on the autism spectrum who have emerging 'behaviours that challenge,' which can escalate into emotional and mental health needs. Although numbers remain small, we have also seen an increase in SW London in the number of children and young people on the autism spectrum presenting with mental health conditions, behaviours that challenge and risks being admitted to a mental health hospital setting in 2022-2023.

To effectively respond to the emotional and mental health needs, SW London ICB works closely with Local Authorities partners, mental health Trusts and voluntary sector organisations to commission a range of services locally as well as SW London wide.

4.8.1 Dynamic Support Register (DSR) and Care (Education) and Treatment Review (C(E)TR)

We are working to strengthen our Dynamic Support Registers and Care Education, Treatment Reviews in line with the with the new NHS England policy and guidance published in January 2023. We continue to strengthen joined up working with Special Educational Needs and Disabilities teams at our six local authorities.

This policy and guidance aims to prevent unnecessary hospital admissions and detention under the mental health act for people with a learning disability and autistic people.

The Dynamic Support Register is a local database and process to identify, provide early intervention and oversight of adults, children and young people with a diagnosis of learning disability, autism or both with the most complex needs who are at risk of being admitted into mental health inpatient hospital, so individuals can receive access to timely interventions in the community. It is a key vehicle for joint agency working and proactive enhanced support for people at risk of an inpatient admission.

Each borough operates a local DSR with key partners across health, education and social care. The new SEND inspection requirements outline that local DSRs will be reviewed as part of these inspections.

C(E)TRs seek to ensure system partners are working with people and families to provide the right care, education and treatment to avoid the need for an admission to a mental health hospital (community C(E)TR) and ensure good care for all is in place. In the event of an admission, the (inpatient) C(E)TR will also check that their care and treatment are effective and that they are supported to leave hospital as soon as possible.

4.8.2 SW London Key Worker team

A key priority in SW London is to reduce reliance on mental health inpatient care so that people can lead the lives they choose in their local community.

In March 2023, we launched the new SW London Key Worker Service. The key workers work with children and young people with autism and/or learning disabilities with the most complex needs. These children are often experiencing substantial difficulties with escalating behaviours of concern and are at risk of being admitted to a mental health hospital. The role of the key worker is to work alongside local teams of professionals in health, education and social care and the young person and their family to ensure the child and family get the supports they need to live well in the community. Support from a key worker is for a temporary, time limited period. Access to a keyworker is via the Dynamic Support Register.

A Key Worker is offered to children and young people up to 18 years of age and, by March 2024, extending to 18 -25-year-olds who have learning disabilities and / or are autistic, with the most complex needs, who are either at risk of admission or at inpatient and on the dynamic support register.

We have invested in behaviour specialist posts in Wandsworth in 2022-2023 supporting children with learning disability, autism or both and the outcomes from the new roles will inform future service developments.

4.8.3 Personalised Supports

SW London works with a range of partners to ensure appropriate support is available as early as possible. In most boroughs this support begins with an Autism Advisory Service, often within the Children with Disabilities (CWD) Team.

Multi-faceted packages of community support are often needed to meet the nuanced needs of this group. This usually includes a mixture of carer provision in the home, functional behavioural analysis, Positive Behaviour Support (PBS) training and ongoing monitoring of the package, medication, aids and adaptations to the family home, respite care, special education provision, benefits, and carer support for family members. These packages are funded jointly by health, education, and social care.

To support increased understanding and awareness across our workforce, we have funded Positive Behaviour Support Training for practitioners and coaches. The training, which is delivered by the British Institute of Learning Disability (BILD), has been delivered to 168 professionals across the SW London. Staff to have received the training come from health and care providers, social care and schools. We are delivering sessions for families 2023/24.

4.8.4 Next Steps in Transforming Mental Health Services for children and young people with learning disability or autism or both

We aim to reduce the reliance on in-patient care and improve community provision by;

- Strengthening our DSR and CETR's in line with new NHSE policy and guidance across the SW London system and strengthen multi agency working

- Improving intensive support for autistic CYP – develop and pilot to test and learn and inform SW London model and future developments
- ‘Embed first’ phase of the new Key working service for children and young people with autism, learning disability or both up to 18 years with the most complex needs and extend the service to 18–25-year-olds by March 2024
- Reviewing and developing model for a consistent service offer for SW London CAMHS Learning disability support offer
- Working with NHS providers across SW London to roll out the Oliver McGowan training for learning disability and autism to improve understanding, communicating with and treating people with a learning disability and autism
- Continuing to strengthen joined up working between SEND and the SW London learning disability and autism programme

To drive further improvement in services for children and young people with Learning disabilities and/or autism, SW London will prioritise the following:

- Ensuring all Child or Young Person Mental Health services are compliant with responsibilities for providing advice as part of the Education, Health and Care needs assessment process as part of the Children and Families Act.
- Ensuring all Child or Young Person Mental Health services understand the Local Offer for children and young people with Special Educational Needs and Disabilities.
- Development of a SEND data dashboard for SW London ICB
- Create opportunities in the ICB for a more integrated approach to swiftly agreeing comprehensive packages of care and treatment across a spectrum of need

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



Figure 11 Getting More Help & Getting Risk Support

The NHS Long Term Plan has set out a clear ambition for all ICSs to put in place 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions by 2023/24.”

The components which consist of a combination of local and SW London-wide crisis provision for children and young people were already in place when we last reported on the crisis provision. These include:

- A nurse led CAMHS Emergency Care Service (CECS) providing mental health and risk assessments for children and young people that are presenting in a mental health crisis, including deliberate self-harm, at A&Es in Kingston Hospital, St George’s Hospital, St Helier Hospital or West Middlesex University Hospital, currently operating seven days per week 9.00am to 8.00pm. This service will also carry out initial mental health and risk assessments if young people need to be admitted to a Paediatric Ward following an overdose or other

self-harm attempt requiring clinical observation and medical intervention. To improve access time for A&E attendances, there are plans to add Psychiatry resource to CECS to provide multidisciplinary team input and reduce delays for senior review

- Crisis telephone numbers depending on where the caller lives and from time of the day, i.e., during office hours, after office hours between 5.00pm and 11.00pm and an all age 24/7 crisis telephone number
- An Adolescent Outreach Team (AOT) for young people with more severe and complex mental health challenges, who are already known to local CAMHS and present with risks to themselves and/or others. The AOT is providing short to medium term interventions in addition to the specialist help provided by local CAMHS.
- Children and young people from Croydon can access a CAMHS Crisis Team, which also offers short to medium-term more intensive help including home visits and more regular access to telephone advice and help, when needed, for young people already known to local CAMHS.

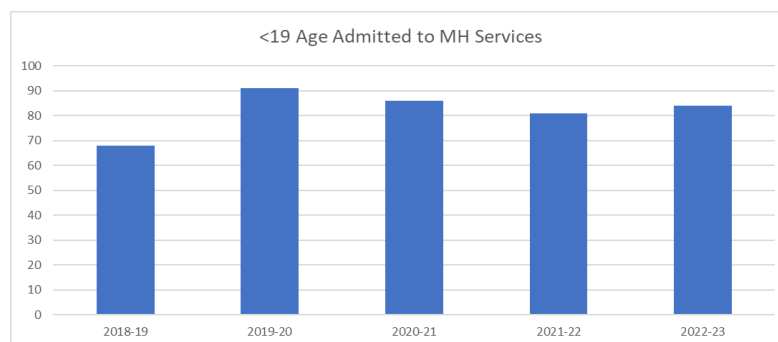
4.9.1 Access

There has been work undertaken to coalesce all crisis help into one offer across children and young people and adult mental health services, resulting in the SLAM and SWLStG all-age 24/7 crisis lines.

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

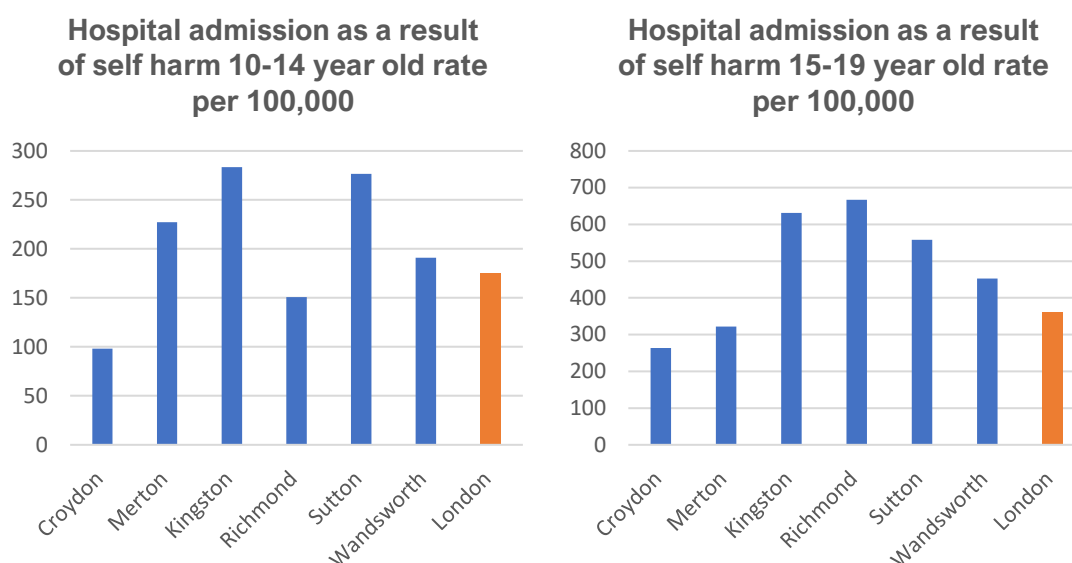
Where are we now?

Inpatient admissions for Children and Young People throughout SW London increased in 2022-23 compared to the previous year, which follows national prevalence trends.



Graph 11 Under 19 admissions to Mental Health Services Source: MHSDS 2023

Each year around 16,000 under 18s receive community NHS funded mental health treatment in South West London. This is 4.5% of the children and young people population, which is above the London average of 4.1%.



Graph 12 Hospital admission rates for 10 - 14 year olds Graph 13 Hospital Admission rates for 15-19 year olds Source: PHE; 2021/2022

We are developing a plan for delivering the Children and Young People’s suicide prevention programme across SW London for 2023/24. The Suicide Prevention Programme and CYP MH programme will jointly undertake a mapping of CYP suicide prevention services to better understand and articulate the offer to our communities. We will communicate this offer via the CYP MH Directory as well as through schools, primary care and CAMHS. In addition to this, GPs will be receiving additional training delivered via Safe Tool in order to better support them to offer people from all age groups the most rigorous support in times of crisis.

We are currently offering suicide prevention awareness sessions in children and young people settings across the six boroughs in collaboration with Mind. Going forward, the vision is to develop initiatives that support neurodiverse children and young people while also exploring post intervention support. In addition, the vision is to have eliminated racial inequality around overrepresentation of black people in detention, inpatient and crisis care by 2032/33.

4.9.2 Where do we want to be?

Most of the crisis service developments have focused on improving consistency and timeliness of CAMHS and adult mental health crisis provision across SW London. However, we are planning to jointly review, with partner agencies and service users, how we can further improve intensive home treatment functions, particularly for those children and young people/young adults who may need specialist crisis interventions for longer rather than the brief responses or short-term support already in place. Other options include a more flexible model of support providing drop-in and out-of-hours contacts with children and young people through hubs. There are various models which could benefit our children and young people such as The Circle [Appendix 2] provided by Hammersmith and Fulham Mind which provides children and young people aged 5-18 support whilst in active distress.

South London Partnership [SLP] are strengthening mental health and learning disability expertise and providing additional clinical support by embedding senior CAMHS-experienced nurses within acute paediatric settings. SLP have appointed practice development nurses across south London’s three mental health trusts. Case Manager provision has been increased with an additional post specifically for LDA which will identify and support young people at risk of admission.

SW London is reviewing best practice intensive support and crisis support service models. There will be engagement with children and young people and their families will help shape decisions about the intensive and crisis support models.

5. NHS Long Term Plan

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

Fixed

- Nationally, 345,000 additional children and young people aged 0-25 accessing NHS funded services [by 2023/24] (in addition to the FYFVMH commitment to have 70,000 additional children and young people accessing NHS Services by 2020/21)
- Achievement of 95% children and young people eating disorder standard in 2020/21 and maintaining its delivery thereafter
- 100% coverage of 24/7 crisis provision for children and young people which combine crisis assessment, brief response and intensive home treatment functions by 2023/24

Flexible

Comprehensive 0-25 support offer in all STPs/ICS’ by 2023/24 [drawing from a menu of evidence-based approaches to be made available in 2020]

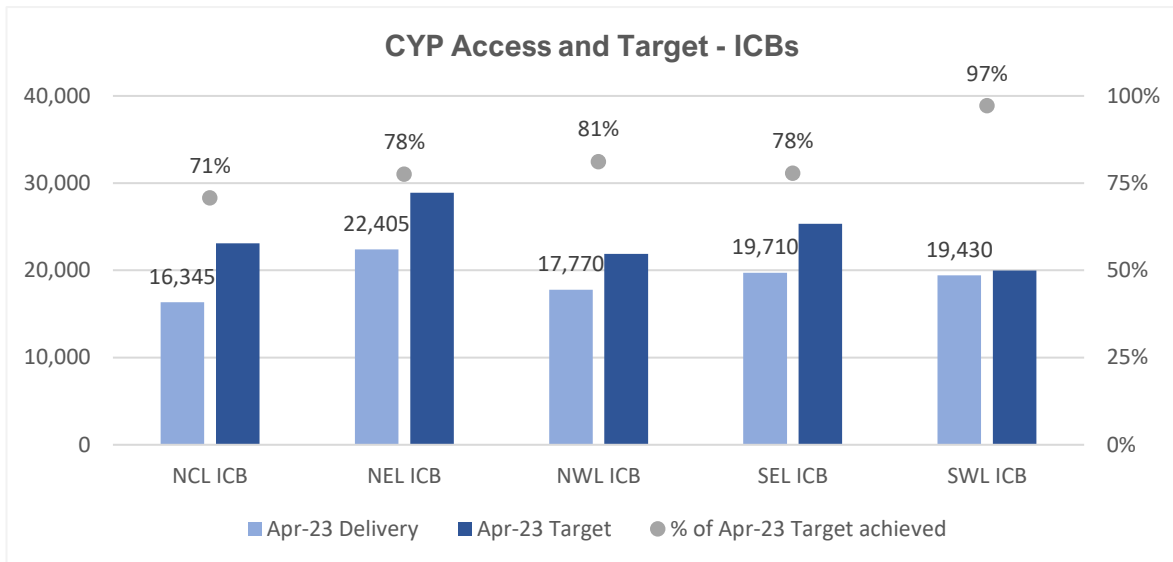
Targeted

Mental Health Support Teams (MHSTs) to between a quarter and a fifth of the country by 2023/24

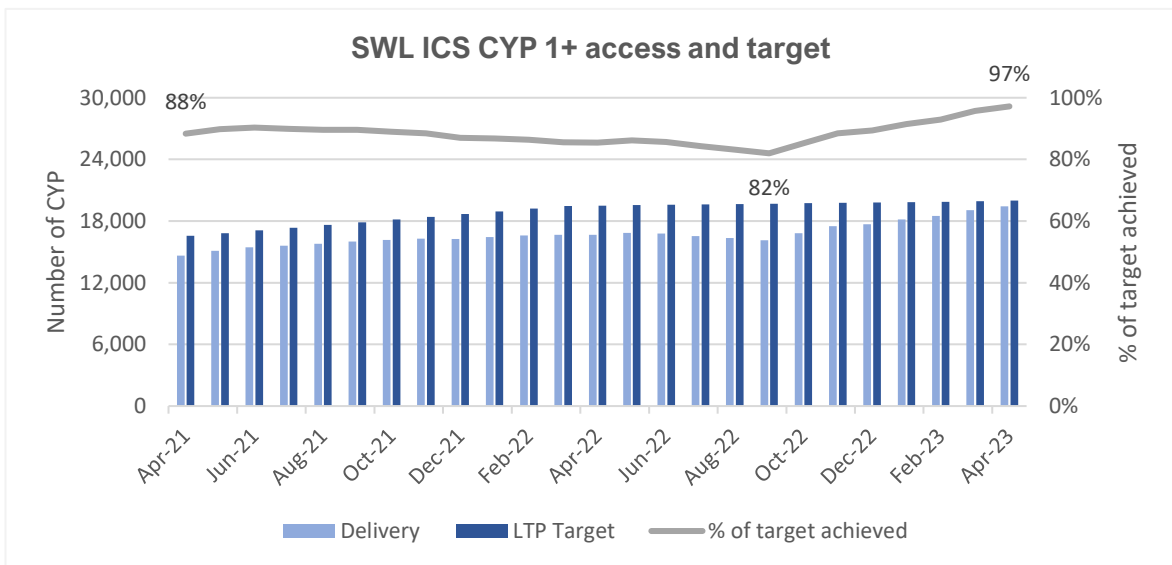
Where are we now?

SW London are working towards achieving 35% access target across SW London.

- SWL delivered services to 19,430 CYP in the year leading up to Apr-23, achieving 97% of its 19,990 target.

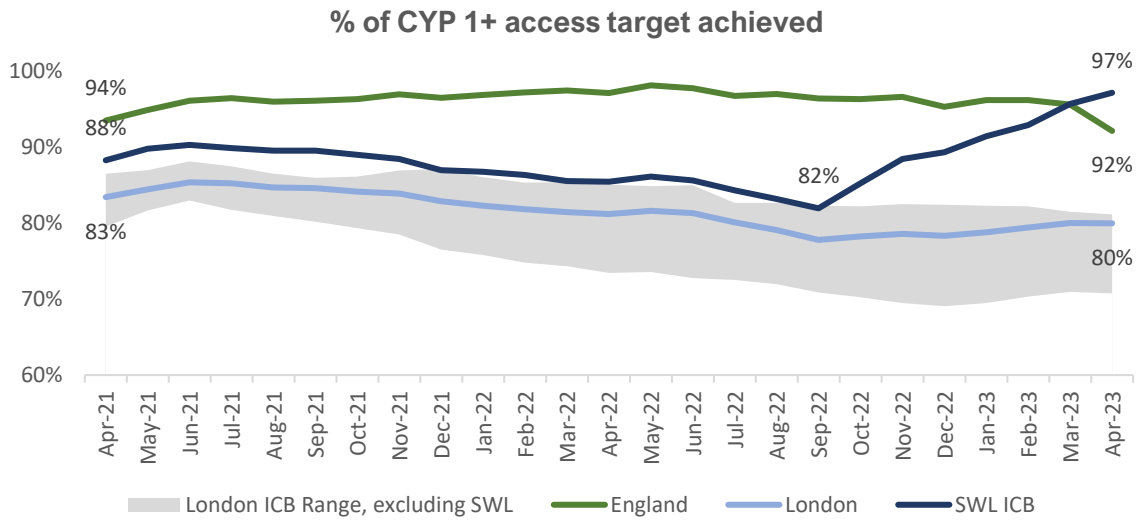


- Access, and therefore the % of the LTP target achieved has steadily increased from 82% in Sep-22 to 97% in Apr-23



The chart above shows the number of children and young people accessing services (bar chart) and the percentage of the target delivered (line)

- Although London achieves lower against their access target than the national average (80% and 92% respectively in Apr-23), SWL has exceeded the national average



SWL are undertaking a deep dive to further understand Access Target performance in Autumn 2023.

- The eating disorders service has consistently met the national waiting time standards for urgent and routine referral up to March 2020, but the increases in demand has highlighted the need for additional investment in this specialist pathway. 2022/23 performance: 77.46% for routine appointments and 54.9% for urgent referrals Against a target of 95% for the standard.
- MHSTs cover 58% of school’s throughout SW London which exceeds the government targets of 44% coverage by 2024.

Where do we want to be?

We need to use the additional CAMHS investment to sustain Long Term Plan commitments, including a more integrated 0-25 mental service delivery model that works in close collaboration with partners in children and young adult services. As a part of the SW London Strategy a commitment has been made to increase to CYP MH investment by 2025.

We need to transform access to services, including a digital offer and early help in schools and colleges to continue meeting national targets. As a part of the SW London Strategy a commitment has been made to ensure the best range of digital support options are available to our CYP.

We need to integrate pathways to move away from tiers to offer children, young people and families more choice when individuals transition to adult services in line with the THRIVE framework.

We need to re-establish the intensive treatment options for children and young people with eating disorders to prevent the need for inpatient treatment. As a part of the SW London Strategy a commitment has been made to increase CYP access to eating disorder services.

We need to establish a fully integrated children and young people crisis service across SW London that includes timely self-harm assessments and urgent crisis assessments as well as the capacity to deliver outreach and home treatment for children and young people and their families when they need it. As a part of the SW London Strategy a commitment has been made to offering tailored and specific care packages through the development of partnership working.

6. Data Access and Outcomes

Where are we now?

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

Where Do We Want To Be?

- We need a more meaningful and consistent data collection across the whole age range 0-25 .
- Data needs to show the whole patient journey from access to assessment, start of treatment and outcomes after so many weeks or months.
- This data needs to inform patient choices as well as supporting planning under the CAMHS transformation programme.
- Data needs to reflect CYP referral patterns, which are termly rather than quarterly.
- To meet the new clinically led waiting times standards (2022) [Appendix 3], to receive help and support 4 weeks after their referral into CYP mental health services.

A Deep Dive into CYP data is being performed by both NHSE at a national level, as well as SW London at a local level to focus on access targets and waiting times to increase understanding and improve transformation for CYP mental health services across SW London.

7. Investment Plan 2023/24

Below is the breakdown of transformational spending by allocations and investments.

Allocations

Table 6 Investments 2022/23 and 2023/24 into CYP MH system across SW London ICB

Scheme Detail	2022/23 total CYP allocations £000s	2023/24 total CYP allocations £000s
Perinatal	82	82
CYP Community, Crisis and Eating Disorders	1,961	4,235
CYP ED	138	717
Young Adults (18-25)	912	
Supporting CYP with MH needs in acute environments	220	
CYP ARRS/Primary Care	138	

Investments

Table 7 Place based investment 2022/23 SW London ICB

Service/Borough	Transformation Funding
Croydon	Children and Young People in Emergency Department Crisis pilot Single Point Of Access CAMHS Lead Transformation Lead
Kingston	Learning Disability Positive Behaviour Support Support Fund QB-tech pilot (online ADHD assessment) Production of Autism Spectrum Disorder referral video for GPs and schools
Merton	Expand Getting Help service capacity and extend to 25
Richmond	Learning Disability - Positive Behaviour Support programme Fund QB-tech pilot (online ADHD assessment) Production of Autism Spectrum Disorder referral video for GPs and schools
Sutton	A-Plan via Cognus for provision of post diagnostic support for Autism Spectrum Disorder diagnoses. Autism Spectrum Disorder waiting list support for assessment and diagnosis. Improving access to Tier 2 services
Wandsworth	Increased Voluntary Sector provision by investing in: - Family Consultancy - The Well Centre

8. Workforce Development

We are committed to developing a sustainable workforce with the appropriate skills mix to deliver a comprehensive and NICE compliant range of services. Increasing the capacity of the workforce is at the heart of delivering the transformation plan but equally the workforce has the right skills to make a positive impact. This is in support of the recently published NHS Long Term Workforce Plan [Appendix 4].

The SW London Mental Health Strategy identified workforce challenges as one of the biggest pressures the NHS are currently facing.

Where are we now?

- The CYP mental health workforce has grown over the last five years but requires additional investment to meet increasing demand.
- Transformation funding has prioritised NHS services. We need to work with Local Authorities and the VCSE to see how they can further help to improve efficiencies and reduce waiting times.
- LD psychology and functional behaviour assessment skills are in short supply and have been spot purchased across SW London previously.
- We are utilising non-traditional workforces through our teams, such as occupational therapist in MHSTs and expanding the workforce using Recruit-to-Train posts through NHS and voluntary sector providers.
- The SW London Strategy has made a commitment to improving workforce retention, satisfaction, wellbeing and morale by 2032/33.

Where do we want to be?

- We need to explore more variety in the support offer: digital/online, crisis, etc. These will be an integral part of better-coordinated and THRIVE like integrated place-based services with more specialist pathways operating at a SW London level.
- Joining up of conversations with partners across the system informed by the SW London ICB Workforce Strategy, Provider Workforce strategies, Healthy London Partnership Children and Young People's Mental Health Workforce Strategy, NHS People Plan and other key literature to inform conversations on staff retention and recruitment across the system.
- The future CYP MH workforce will need to combine different models including working flexibly or as part of two or more teams; help will need to be offered according to client needs and choices on accessing support.
- We will include workforce elements into a core part of the SW London Mental Health Strategy annual delivery plan.

9. Digitally Enabled Care Pathways for 0-25 years

Where are we now?

We commission Kooth to offer online and text messaging support. Other organisations offer similar support (e.g., Off the Record and Croydon Drop-In

Services increased their online/digital support which continues to be developed and evolve to need. Benefits for CYP and their families have been seen by services when offering optional methods of contact, particularly for parents and carers who show good uptake in opting into digital sessions. Data is being gathered at regular intervals from Providers in respect of contact type, with additional data points being requested to attest to user type to determine next steps in the further evolution of the pathway.

Richmond Mind [Appendix 1]. alongside the Brandon centre are running virtual workshops for parents and carers with children on the CAMHS waiting list and have been achieving good outcomes.

Digitalisation of CAMHS waiting lists have been published on Provider websites through the South London Listens [SLL] partnership [Appendix 1]. This programme was developed in 2021 when each of the Trusts pledged their commitment to creating a virtual waiting room for children and young people on their waiting lists.

- **SWLStG** published their CAMHS awaiting list times on their website in 2022
- **SLAM** have moved to develop their 'virtual waiting room' utilising a new version of 'MyHealthE' was launched in Lambeth and has now been deployed across SLAM CAMHS service - with 80% patient usage at present.

SLAM, Oxleas and SWLStG are now working together to determine whether a joint Personal Health Care Record system could help meet patient expectation and improve efficiency.

Where do we want to be?

We recognise that we have a broad opportunity across SW London to develop digital care and support solutions to CYP and their families by;

- Map digital pathways into services to scope out user journey into digital services
- Obtain data in order to determine users and needs of the digital system

- Consult with service users through working groups on their motivation to utilise digitally enabled pathways in accordance with data obtained

We are aware that some people do not have consistent or reliable access to digital resources or prefer not to access services in this way. We will address digital exclusion as we continue to develop access to digital care and support.

10. Dependencies with other programmes

The CYP mental health programme links with a wide range of programmes:

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

Appendices

1. CYP MH Directory:

[Children and young people's mental health and wellbeing - NHS South West London Integrated Care Board \(icb.nhs.uk\)](https://www.icb.nhs.uk)

The Directory can be used to access all CYP MH services through the SW London Boroughs.

2. Crisis Hub model:

[Circle - Hammersmith, Fulham, Ealing and Hounslow Mind \(hfehmind.org.uk\)](https://www.hfehmind.org.uk).

3. Clinically Led Waiting time standards:

[Achieving Better Access to Mental Health Services by 2020 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

4. NHS Long Term Workforce Plan

<https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>