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Partner Logo’s

1. koosh
2. Triple P
3. Community Links
4. XenZone
Acknowledgements and thanks

We would like to thank all our partners, London Borough Barking and Dagenham – Education and Inclusion (in particular for your outstanding support throughout the life of this plan); Social Care; Public Health; Children’s Commissioning – Care and Support; All Age Disability Service, BAD Youth Forum. Thanks to our wider partners – our local North East London Foundation Trust (NELFT) Barking and Dagenham team for your ongoing commitment and support.

Thanks also to our other provider partners; More Than Mentors; Xenzone (Kooth); Triple P. To all our schools in Barking and Dagenham (B&D) your participation and support has been magnificent and the role you all play in this plan is central to its success.

And of course, you, the children and young people of Barking and Dagenham who keep us honest and humble; you are at the centre of what we do in B&D.

I hope that you can see all of your work throughout this local transformation plan and I am grateful for all your help, challenge and support over the past year.

Ronan Fox
Joint Children’s Commissioner Barking and Dagenham, December 2017.
Executive summary

This document is the 2017 update of Barking and Dagenham’s Children and Young People’s Mental Health Transformation Plan.

This local transformation plan (LTP) was first produced in December 2015, and has been refreshed annually since then. It was developed in partnership between the CCG and the London Borough of Barking and Dagenham and our local providers and stakeholders, and set out aspirations for how we would achieve whole system change for children and young people’s emotional and mental health in Barking and Dagenham. The plan provided a response to Future in Mind, the national report produced by the Children and Young People’s (CYP) Mental Health and Wellbeing Taskforce in early 2015.

During 2016/17 we have seen considerable progress in developing innovative approaches to building resilience through training in schools, a new mentoring programme, and trying out new ways of proving support online.

We have developed an innovative approach across Barking and Dagenham, Havering and Redbridge to providing an integrated crisis and home treatment response, which reduces the need for inpatient admission.

We still face a number of challenges in transforming services to deliver our new model, in an increasingly constrained environment. However we are developing a much more detailed understanding of our position and the scale of the challenge in Barking and Dagenham, and have the necessary partnerships in place to progress our plans.

We always welcome comments and discussion on our plan and would be happy to hear from you. You can contact the CCG via barkdag.bdccg2@nhs.net.
1. Introduction

1.1 Purpose of document
This document is the 2017 update of Barking and Dagenham’s Children and Young People’s Mental Health Transformation Plan.

The local transformation plan (LTP) was first produced in December 2015 (the original plan can be found here) and has been refreshed annually since then. It was developed in partnership between the CCG and the London Borough of Barking and Dagenham and our local providers and stakeholders, and set out aspirations for how to achieve whole system change for children and young people’s emotional and mental health in Barking and Dagenham. The plan provided a response to Future in Mind, the national report produced by the Children and Young People’s (CYP) Mental Health and Wellbeing Taskforce in early 2015.

The purpose of this document is to:

- Provide the annual update to the Barking and Dagenham LTP
- Remind stakeholders of our shared vision
- Provide an update on progress and challenges in 2017
- Set out our priorities for 2018/19.

1.2 Our starting point
The case for change that underpins this plan was made in the first LTP which provided our 2015/16 baseline in terms of staffing, finance and activity. An update on health expenditure on CYP Mental Health in 2016/17 is provided in table 1 below.

Table 1

<table>
<thead>
<tr>
<th>Spend by Category</th>
<th>B&amp;D CCG 2017/18 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &amp; Young People’s Mental Health (Excluding LD)</td>
<td>3,318</td>
</tr>
<tr>
<td>Children &amp; Young People’s Eating Disorders</td>
<td>156</td>
</tr>
<tr>
<td>Perinatal Mental Health (Community)</td>
<td>228</td>
</tr>
<tr>
<td>Early Intervention in Psychosis ‘EIP’ Team (14 - 65)</td>
<td>686</td>
</tr>
</tbody>
</table>

It has been confirmed by London Borough of Barking and Dagenham (LBBD) Director of Commissioning for Children and Social Care “... the finance information equates to zero. CAMHS is commissioned by the CCG and, where in the past we have been in a position to fund some activity to meet the shortfall in provision, this has not been viable for some time...”

There has been investment by LBBD which does complement the resilience element of the CAMHS (Child and Adolescent Mental Health Services) LTP.

LBBD / CCG Resilience funded work streams:

1. Thrive training cost £60,000 with a health contribution of £20,000
2. Boxall Training £2,000
3. Young Minds £15,000
4. 4 primary ARP provision and 1 secondary provision 48 places total cost £1.2m
5. 1 senior adviser and 1 senior manager plus 4 officers and 0.4 adviser cost approx. £500,000
6. CCG funded £40,000 for Mental Health Advisor for LBBD Schools and LBBD funding £10,000  
7. In addition a number of conferences on Social emotional mental health (SEMH) have been planned cost of £20,000

We have used our baseline data, along with our population data, to develop a working model to plan demand through the new, quadrant-based model, described in Section 3 below. We have modelled the demand that we expect to see through each quadrant and have ascertained the additional activity that will be expected to deliver the target of 35% of children and young people with diagnosable conditions accessing evidence-based treatment by 2020/21.

In 2016/17, we commissioned our provider, North East London Foundation Trust (NELFT), to conduct a Fundamental Service Review (FSR) to ascertain capacity and demand in order to develop more detailed plans to implement the new model and meet new access targets. The FSR provides details of current activity and workforce (taking the period Q2 and Q3 of 2016/17 as the baseline), and a gap analysis for each of the Barking and Dagenham, Havering and Redbridge (BHR) boroughs served by NELFT. According to the FSR the gap in terms of workforce for Barking and Dagenham is relatively small (1.34 medical WTE and 0.1 WTE other clinical staff). We are currently working through ways in which local transformation plans can address this gap, in Barking and Dagenham this will require considerable productivity improvements and potentially streamlining of pathways in order to provide access to more CYP to achieve the Five Year Forward View target.

A detailed staffing breakdown in included in the appendices.

The triage team have introduced a pilot programme in schools to bridge this gap and this capacity will be extended further through the wellbeing hub development. The STAR workers (STAR stands for Support, Talk And Recovery) which has been funded through the Barking and Dagenham CAMHS Transformation Plan investment will offer more outreach work and invest in collaborative working with schools and the partner agencies to raise awareness and accessibility to services as well as offering brief interventions and lower intensity interventions

Worker and four Wellbeing hub workers (job description is a STAR worker) that have been recruited to support the emotional wellbeing hub element of the transformation of local services.

The Emotional Wellbeing hub has been created to ensure that the service offer is as accessible as possible and available to a wider population, has the ability to provide focused engagement work to support vulnerable children and young people and their families and also to develop a system leader approach to supporting those staff who are already working with children and young people, embedding mental health skills and knowledge within a wider workforce and reducing the need for children and young people to have multiple workers. This latter aspect is again in direction reflection of feedback from partners who have requested support with strategies and supervision when working with children and also from parents and carers/service users who have expressed frustration previously at having multiple staff working with them and having to repeat their stories.

The Barking and Dagenham structure also includes the Youth Offending Services (YOS) staffing as previously mentioned which is different to the other two borough areas and reflects the more deprived area needs.

The graph below shows the access rate for Barking and Dagenham CAMHS taken from the CYP dashboard subset. It shows that Barking and Dagenham services are delivering
treatment to 22% of those children and young people who have a diagnosable mental health condition in 16/17.

**Access in Barking and Dagenham**

![Graph showing access rates in B&D CCG](image)

**Ref: CYP subset CCG operating plan submission**

The overall cost to currently deliver 22% is circa £3m. In keeping with the transformation plan, if we are moving towards achieving a target of 35% of the children and young people seen the investment in the services would need to be calculated according to the Epidemiological data and gap analysis that already exist.

**Gap Analysis B&D**

- Barking and Dagenham had a very well established primary mental health team which was funded by the local authority and formed a vital part in the interface between the quadrants (i-Thrive). This service was decommissioned. This has perhaps led to a decrease in the number of referrals received. The service has tried to be innovative and started offering consultations and assessments in schools. The STAR workers will further develop this aspect and invest in more outreach work with partner agencies to support access.

- There is a need in Barking and Dagenham for greater levels of support around children and families where children are presenting with challenging behaviours as the primary need. Increased provision would ideally include greater provision of support to parents and around their management of challenging behaviour as a first line intervention. The CAMHS LTP investment has been directed to these cohorts in B&D.

- Barking and Dagenham would further benefit from patient and carer involvement groups (beyond that of the monthly 5x5 service user survey) so that that patients and carers views are routinely sought and they are involved with service development.
1.3 Progress to date

Progress on implementation of the LTP is summarised below.

The Positive Parenting Programme (Triple P) – this programme aims to build resilience and support children and young people with emotional and mental health challenges, lead to increased parental confidence, skill and knowledge in supporting child and family emotional resilience and ultimately result in fewer problems being experienced, better outcomes and less need for specialist support. Building on the work completed in 2016, we are piloting the use of online parenting support to reach parents as part of our overall resilience work, and testing two models:

- Wellbeing hub – via the four Children’s Wellbeing Practitioners (CWPs) – to reach families in need but not meeting children and adolescent mental health services (CAMHS) threshold
- Schools – via Schools Mental Health Advisor – to reach families in need not accessing other support via a universal approach. Between 3-6 primary schools to be identified to pilot the TPOL (Triple P Online Offer) 0-12 offer from January 2018.

Pre and post outcome measures will be collected and form a basis for the evaluation of the pilot e.g. Strengths and Difficulties Questionnaire (SDQ).

Targeted online counselling piloted by Kooth
This pilot project is targeting four specific schools in Barking and Dagenham; Barking Abbey School, Robert Clack School, Warren School, and Jo Richardson Community School. The service is aimed at children who attend those schools and a full report of the pilot is available on request which includes details of referral sources (schools, teachers, friends, CAMHS, and internet searches), key presenting issues (anxiety /stress; family relationships; self-worth and self-harm) and details of activity and user views. There has been a significant increase during 2016/17 of new registrations, and reports that 96% of young people would recommend Kooth to a friend. Young black and minority ethnic (BME) people continue to engage with Kooth representing 45% of young people in the first part of 2016/17 (Quarter 3 or Q3).

In addition to this targeted work in Barking and Dagenham, the service is being piloted across BHR:

B&D specific highlights include:
- We have witnessed a significant increase from Q4 of 2016-17 in new registrations, from 53 to 187 in Q1 2017-18
- Q1 has seen 766 Logins from 345 in Q4
- 97 unique young people compared to 60 in Q4, with 76% returning
- Therapeutic alliance reports that 96% of young people would recommend Kooth to a friend
- Young BME people continue to engage with Kooth representing 45% of young people in Q1
- Activity has increased throughout this quarter, which would reflect the increased engagement with young people

BHR Update for Quarter 2 2017/18:
- We have witnessed a significant increase in new registrations with 252 for Q2, compared to 187 in Q1
- Q2 has seen 1,183 Logins compared to 766 in Q1
- 269 unique young people in Q2 compared to 197 in Q1, with 79% returning in Q2 compared to 76% returning in Q1
- Therapeutic alliance reports that 89% of young people would recommend Kooth to a friend.
- Young BME people continue to engage with Kooth representing 43% of young people
- Activity has stabilised and increased through this quarter, which would reflect the increased engagement with young people.

**Vanguard pilot of crisis care**
BHR were successful in establishing a crisis pilot as part of the Urgent and Emergency Care Vanguard in 2016/17. This new model of care, an extension of the home treatment team model is being tested as part of a national evaluation. The Vanguard builds on learning locally about how best to provide care for CYP integrates with the wider urgent and emergency care offer including mental health liaison. Further details are in Section 9 below.

**Thrive training**
The Thrive approach is a developmental model and framework that can be used to understand and identify social and emotional wellbeing needs of children and adolescents. Thrive practitioners are trained to communicate with children and young people (CYP) therapeutically and deliver interventions to support those with identified emotional wellbeing needs. Thrive was jointly commissioned by B&D CCG and LBBD, for staff within schools to improve the wellbeing outcomes for CYP as part of delivery of the B&D Local Transformation Plan. A full report is available at Appendix B. To date there are 21 Thrive practitioners trained in B&D, with a further 2 cohorts of training planned for primary schools (14 delegates) and adolescents (8 delegates). By December 2017 there will be a total of 43 Thrive practitioners across 28 schools (see attached report for list of schools). Overall participating schools have reported that the Thrive training has raised staff awareness about children’s behaviour and as a school they feel more equipped to manage behaviour and the ability to support more vulnerable children.

**More than mentors**
More than Mentors is a new and creative model of peer mentoring, co-designed and co-delivered as a pilot study in east London. Through the Department of Health’s ‘health and social care volunteer fund’, Community Links has delivered this programme with Jo Richardson Community School and Eastbury Community School. More than Mentors draws on the best evidence from across the field, exploring peer mentoring as a way of preventing significant mental health conditions in young people. Peer mentoring – where older adolescents support their younger peers – has been shown to prevent the development of mental health problems in research studies. However, in practice, often little attention is given to the evidence around recruitment, training and support of these volunteer mentors. Community Links, with a wider partnership team (including East London Foundation Trust and the Anna Freud Centre) are working with adolescent volunteers to further co-develop, test, evaluate and subsequently disseminate an approach which sustainably delivers an effective voluntary peer mentoring workforce across London.

A full report of the work of the More than Mentors team, who started working with the borough in March 2017, is available at Appendix C. The team have been working alongside the Barking and Dagenham CCG, LBBD Service Development and Integration Department – Education and Inclusion, and NELFT to ensure that this programme adds value to the wider preventative agenda – recognising the need for building resilience as one of the key objectives when looking to support young people earlier, and prevent the development and emergence of significant mental health needs. The evaluation of the More than Mentors is being conducted independently by the Anna Freud Centre - Evidence Based Practice Unit.

This evaluation is an iterative process, combining both quantitative and qualitative components. From our initial data we have the following findings from the 2 secondary schools we have worked with so far, as summarised in table 2 below.
### Table 2: More than Mentors data

<table>
<thead>
<tr>
<th></th>
<th>Mentors</th>
<th>Mentees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>10% male, 90% female</td>
<td>40% male, 60% female</td>
</tr>
<tr>
<td>Mean age</td>
<td>16.4 years</td>
<td>13.2 years</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>27.3% White British</td>
<td>34.8% White British</td>
</tr>
<tr>
<td></td>
<td>18.2% Any other white background</td>
<td>21.7% Any other white background</td>
</tr>
<tr>
<td></td>
<td>13.6% Black African</td>
<td>8.7% Black African</td>
</tr>
<tr>
<td></td>
<td>13.6% Bangladeshi</td>
<td>8.7% Other</td>
</tr>
<tr>
<td></td>
<td>9.1% Pakistani</td>
<td>4.3% Bangladeshi</td>
</tr>
<tr>
<td></td>
<td>4.5% White and Black African</td>
<td>4.3% Any other black background</td>
</tr>
<tr>
<td></td>
<td>4.5% Other</td>
<td>4.3% Chinese</td>
</tr>
<tr>
<td>FSM eligible</td>
<td>27.3%</td>
<td>52.2%</td>
</tr>
<tr>
<td>SEN support</td>
<td>0.0%</td>
<td>21.7%</td>
</tr>
</tbody>
</table>

Once completed there will be 120 mentees within the borough by the end of the Spring Term 2018, and the aspiration is to offer More than Mentors in every secondary school across the borough, by the completion of the project in March 2019, including through the delivery of a Training the Trainers package. There are two significant developments that are emerging from this work –

**Supporting vulnerable students during transition** – Following conversations with some of the primary schools within the borough, we have are looking to explore how these More than Mentors peer mentors could support students who are anticipated to experience a difficult transition from primary to secondary school. Being aware that problems around transition can significantly contribute to disengagement from education and learning, and subsequently lead to students being excluded and disenfranchised, this is very much a preventative approach to emotional wellbeing

**Launching a student-led, schools-based mental health conference** – With such a considerable number of students being trained within the borough as More than Mentors peer mentors we are keen to ensure that they support the wider student population and help articulate a voice about young people’s mental health across the borough. In the next Mental Health Awareness Week (May 2018) we will be looking to co-design and co-produce a mental health conference with young people from across the borough to raise awareness about mental health and emotional wellbeing, to challenge mental health stigma and to ensure that children and young people within the borough are at the heart of taking our services forward – Nothing About Us Without Us.

**CAMHS School Links** – The Mental Health Adviser (MHA) commissioned by the B&D CCG in cooperation with LBBD Service, Development and Integration works with all schools within the borough and alongside B&D CAMHS to improve mental health outcomes for our children and young people (CYP). This programme is a ground-breaking initiative to help CCGs and Local Authorities work together with schools and colleges to provide timely mental health support to children and young people. It works to empower staff by brokering contact, sharing expertise and developing a joint vision for CYP mental health and wellbeing in each locality. In B&D it will lead to a school based MH Conference outlined above. Our ambition is for up to 60 schools to be involved in the programme in B&D.

**Developing a Wellbeing Hub** – recruitment of 3 additional clinical staff in Barking and Dagenham

**Provision of additional 1 WTE MH Advisor** post to work on provision of Social, Emotional and Mental Health
A further 1.0 WTE new **Mental Health Social Worker** post has been created within NELFT to provide dedicated Senior Triage and Social Work support to Looked After Children from Barking and Dagenham with mental health needs as part of the single point of access/wellbeing hub development.

**B&D’s Circle of Resilience**

The Circle of Resilience is to represent the future upstream work as part of the B&D CAMHS LTP

1. Technology
   - **Triple P Online (TPOL)** pilot targeted at 0-12 age range
   - **Kooth** – four targeted secondary schools; Pupil Referral Units (PRU’s); Virtual School and Children and Young People (CYP) in the Justice System
   - **Big White Wall (BWW)** – 16+ commissioned by Public Health
   - **Chat Health** – universal service for all B&D secondary schools; also commissioned by Public Health
   - **My Health London and NHS GO** in partnership with Healthy London Partnership and NHS

Thus we can see that our technology and innovation offer covers all age ranges in B&D
2. The development of a SEMH guidance as part of the LTP and close working with LBBD Education and Inclusion Team setting out key principles; a graduated and inclusive approach
3. CAMHS Schools Links work with Anna Freud National Centre for Children and families – Expression of Interest submitted for 2 workshops and a CYP led MH conference in May 2018
4. More than Mentors – aspiration to be in all secondary schools by May 2019
5. Mini Mentors and Transition schemes in B&D
6. Thrive Training in schools – 28 schools on programme, with 43 practitioners in total on training
7. LAC Mental Health Social Worker employed through B&D LTP and linking in with LBBD Social care and NELFT
8. CYP Health and Justice – BHR one team (LD/SLT/Psychotherapist) to be developed with a range of targeted training – Trauma; Schools based work; sports and lifestyle activities
9. The development of the Wellbeing Hub
10. The Children Wellbeing Practitioners (CWP’s in B&D) funded secured separately through NELFT and linking in with our Mental Health Advisor
11. The Mental Health Advisor - a key link between B&D Schools and NELFT CAMHS in B&D

1.4 Expenditure plans

Total planned health expenditure on CYP Mental health is summarised in table 2 below:

Table 2: Planned CCG spend in 2017/18

<table>
<thead>
<tr>
<th>Spend by Category £ 000</th>
<th>2017/18 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &amp; Young People’s Mental Health (Excluding LD)</td>
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</tr>
<tr>
<td>Early Intervention in Psychosis ‘EIP’ Team (14 - 65)</td>
<td>686</td>
</tr>
</tbody>
</table>

Summary expenditure plans for the delivery of the Local Transformation Plans in 2017/18 are summarised in table 3 below:

Table 4: Local Transformation Plans expenditure 2017/18

<table>
<thead>
<tr>
<th>LTP priority area</th>
<th>Planned spend £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS training</td>
<td>9</td>
</tr>
<tr>
<td>Wellbeing hub</td>
<td>145</td>
</tr>
<tr>
<td>Crisis response</td>
<td>104</td>
</tr>
<tr>
<td>LAC post</td>
<td>58</td>
</tr>
<tr>
<td>Behaviour support</td>
<td>40</td>
</tr>
<tr>
<td>Digital support</td>
<td>39</td>
</tr>
<tr>
<td>Schools training</td>
<td>21</td>
</tr>
<tr>
<td>Engagement</td>
<td>2</td>
</tr>
<tr>
<td>Commissioning support</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total CAMHS</strong></td>
<td><strong>422</strong></td>
</tr>
<tr>
<td>Health and Justice</td>
<td>53</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>475</strong></td>
</tr>
</tbody>
</table>
NOTE: The financial plan for 18/19 will be similar 17/18, we can only make assumptions up to 2020/21

1.5 Engagement

As part of B&D’s approach to our LTP we worked closely with our Public Health team to complete a CAMHS Integrated MH Needs Assessment to:

- Understand the mental health needs of the child and young person’s living in Barking and Dagenham
- Understand the services that respond to these needs currently
- Understand the gaps in current provision
- Build a model of response to the identified needs based on robust evidence


This MHNA informed our implementation of our LTP it suggested the following areas of development and options for the future including: a blended model of the Thrive Model, incorporating resilience-building, has been recommended as the operating model for Barking and Dagenham; Resilience Building; Age 5-12 and school years; adolescents; GPs; Specialist Services; Transition; Partnership Working; Participation and Active Involvement; Workforce Development and Capacity Building; Cultural Competence.

We continue to engage widely with all our stakeholders on refining and implementing our transformation plans. The Barking and Dagenham CCG Patient Engagement Forum has been involved throughout the transformation plan development, and we have held a series of specific LTP engagement events across BHR since 2015.

The Barking and Dagenham Youth Forum has also been engaged with the transformation work around children and young people’s emotional wellbeing and mental health and were inspired to make their own short film – Breaking the Stigma – to encourage more young people to speak out about mental health and break down some of the negative perceptions that they found about the issue. You can see the film on Youtube. Also B&D YF have developed our KOOTH offer and are part of the annual evaluation of the service.

Barking and Dagenham led one of the first Thrive London community conversations in July 2017 about how to improve the mental health and wellbeing of Londoners – the need to maximise the potential of children and young people was one of the major themes discussed. See the full report in Appendix D for further details.

These activities have led to the development of the Circle of Resilience in section 1.2

The Mental Health Sub-Group of the Barking and Dagenham Health and Wellbeing Board met in October 2017 to discuss the CYP MH Transformation Plans, their comments, and an initial response from our joint Children’s Commissioner, are summarised below.

<table>
<thead>
<tr>
<th>Section</th>
<th>Sub-group comments</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>The concept of family appears to be missing. Consider roles of trusted adults &amp; need for specialist support. Standard model for counselling and pastoral services in schools?</td>
<td>LTP focuses on CYP accessing services but in B&amp;D we have engaged Triple P to provide support to parents as well as CYP</td>
</tr>
<tr>
<td>Population needs</td>
<td>Public health input requested – Crisis Services for CHP with MHP, like MHD. SHEU &amp; Finger tips</td>
<td>PH and B&amp;D CCG produced a MH JSNA which underpins the B&amp;D LTP. Prevalence statistics for CYP are from 2004 (New data due in 2018).</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Strategic Alignment</td>
<td>Linking in to effective transformation from child to adult services and Health &amp; Social care standards for this. Mayor’s ambition Thrive. Transition health &amp; local authority Inc. carers.</td>
<td>CQUIN on Transition included in this plan. B&amp;D CAMHS have gone through a systemic i-Thrive transformation and schools are implementing the Thrive programme local in B&amp;D schools (report included in this plan)</td>
</tr>
<tr>
<td>Engagement</td>
<td>Needs parents endorsing too. Consider loneliness and missing children CYP carers &amp; social development.</td>
<td>CSE (Children Sexually Exploited) plans; are included and are part of a wider piece of work across the BHR CCG’s and other NE partners</td>
</tr>
<tr>
<td>Achievements and Challenges 2016/17</td>
<td>Children need to be ok to talk about whatever. Support for missing children &amp; runaways. Link with carers and young children. Giving Children a future to look forward too. Promoting Mental Health, 111, getting into the system. Engaging with boys &amp; young men. Crisis vanguard - no longer in place. Crisis services and support out of hours.</td>
<td>KOOTH online service in B&amp;D and Big White wall (commissioned by PH); plans for CYP MH day in B&amp;D with Community Links in place; CAMHS School Links initiative starting in B&amp;D; ThriveLDN have held a workshop in B&amp;D (report attached) and will be involved in CAMHS School Links work B&amp;D Carers are part of our More Than Mentors programme (see attached report) NHS 111 new pilot with Local Pharmacies to be piloted in November 2017; this will be reviewed in January 2018 Crisis vanguard – waiting on submission of business case but investment part of the overall plan</td>
</tr>
</tbody>
</table>
| Priorities for 2017/18 | - Family intervention  
- Social prescribing  
- Peer Support  
- Work with boys/young men | B&D have a range of resilience programmes with B&D Schools outlined in the plan; parenting programmes and pilots with Triple P and a wide range of CYP Youth |
| Implementation | Look at criteria for Personal, Social, Health and Economic (PHSE), we need to know children are having continuous time on these subjects and perhaps Parents/Guardians need training on these skills. | A recent Government response to CYP MH on the role of education stated: - All young people should have access to a curriculum that ensures they are prepared for adult life in modern Britain. PSHE, Relationships Education, and Relationships and Sex Education (RSE) help to provide pupils with the key knowledge and skills to ensure that they can keep themselves safe, develop healthy and positive relationships, maintain good mental health, build resilience and successfully navigate the changing world in which they are growing up. |

**COMMENT:** Director of Commissioning Children Care and Support (Barking and Dagenham (B&D)) “In addition, we have had specific feedback from services users, telling us that counselling is not always provided by a female worker where a young woman or girl has been subjected to CSE or rape, or the young person should be given a choice prior to counselling on the gender of the worker. Is a basic facts review undertaken prior to the allocation of a CAMHS worker?”

**RESPONSE:** This point will be picked up with NELFT directly as an operational issue rather and will be raised in the MH Service Improvement Group (Commissioner/Provider contract monitoring meeting across BHR – Children’ Commissioners sit on the group)

**COMMENT:** Director of Commissioning B&D “… due to the high levels of domestic abuse within the borough there needs to be a strong focus on ‘healthy relationships’ within PHSE offering at schools, especially around gender equality, due to the disparity within the PHSE delivery at schools, we would like to see a central point of review and sharing of best practice.”

**RESPONSE:** This will be part of next year’s work with Public Health colleagues.

**COMMENT:** Dr Nick Barnes - Specialty Doctor in Child and Adolescent Psychiatry: “Thanks so much for sending this through - it is great to read about all the fantastic work that is going on, despite all the restraints that we need to face on a daily basis. I think your report really captures many of the strengths that have been evident to the More than Mentors team, when working within Barking and Dagenham. It is wonderful to see More than Mentors so embraced by the borough and the CCG, and to have this embedded within the LTP is exactly where the Department of Health would want to see this type of intervention.”

**COMMENT:** Jason Turner – Programme Manager Community Links: “Thank you for sharing this on Friday, it was some really exciting news to finish the week with and this has really excited the delivery team as well as the SLT hear at Community Links. It is really pleasing to
know that the More than Mentors programme is seen as a valued intervention and to have this placed into the LTP is fantastic.”

**COMMENT:** Public Health Team B&D: “There is a lot of useful information in there. From my quick look a couple of comments:
- A 2-3 page summary would be helpful.
- Prevention via addressing wider determinants e.g. debt advice, welfare support, housing support
- Links with exercise/smoking/alcohol consumption – maybe this is there and I missed it.
- No mention of childhood obesity, bullying in school – actions
- Workforce – support healthy workplace charter for these staff/institutions and mental health of the workforce as well as the clients”

**RESPONSE:** There will be an Easy Read Version as part of this refresh. Also your comments are consistent with the Prevention Concordant for Better Mental Health, and the issues that have been highlighted. This will be part of next year’s work with Public Health colleagues

**1.6 Governance and partnership working**

Across BHR we have a Mental Health Delivery Board that provides strategic oversight of the BHR CCG mental health transformation programme including the CYP MH Programme. The Board is chaired by the BHR CCGs Executive Lead for mental health and has representation from the three local authorities, NHS England specialised commissioning and NELFT. Reporting to this Board there is the BHR CCG wide CAMHS Transformation Group which oversees the delivery of the CYP MH Transformation Plan.

The BHR Integrated Care Partnership provides us with a mechanism to work collaboratively across health and social care in the BHR footprint, for example on the proposal around Health and Justice, referred to below. We also work with partners across the East London Health and Care Partnership through those emerging governance processes.

The CCG provide updates on children’s mental health via the Health and Wellbeing Board. Barking and Dagenham also has a Mental Health Partnership Board which brings together children and adult services and provides oversight on the overall mental health agenda across Barking and Dagenham. The CCG/LBBD joint children’s commissioner and the CCG mental health clinical lead are both members of this board.

As part of the local engagement in Barking and Dagenham around the resilience programme we have instigated a number of Task and Finish Groups on the following areas: More than Mentors, Kooth Online Counselling, Triple P, CAMHS School Links, Children and Young People (CYP) Health in Justice. These groups drive forward the implementation of the CAMHS LTP with the purpose to:

- Establish and implement CAMHS LTP on a local level in B&D
- Involve key partners in B&D
- Ensure programmes has an operational fit with existing policies, procedures and governance
- On-going review of pilots and programmes
- Review and report back to relevant local and BHR governance structures.
These groups support engagement and communication across the whole system and provide a way of accounting across the partners for delivery of the LTP.

This plan has been developed by the CCG in partnership with London Borough of Barking and Dagenham, informed by discussions with the Mental Health Sub-Group of the Health and Wellbeing Board, and by information made available by NELFT. We will be discussing this plan with the BHR CAMHS Transformation Group on 30 October to achieve alignment across the area, and will be taking the plan to the Barking and Dagenham Health and Wellbeing Board.

**Governance**

The Governance structure means that local Implementation Groups plans based on local priorities and feedback into our BHR Transformation Groups and up to our MH Transformation Board.
2. Understanding local need

2.1 Barking and Dagenham’s population needs

The Children and Young People’s Joint Strategic Needs Assessment¹ was used to inform the 2015 CYP MH Transformation Plan. This section covers both children of primary school age and adolescents, and provides an update on our understanding of population need from a public health/epidemiological perspective.

Promoting mental wellbeing and resilience and addressing mental disorders at any age is important. Understanding the mental health needs of children and young people may also allow for early intervention and management; mental health disorders usually appear for the first time in childhood and adolescence, with one study finding that half of those who had a psychiatric disorder at age 26 had had a diagnosis of a mental illness when tested at age 15 and around three-quarters by age 18.² It may also help to mitigate against the disadvantage children may face if they cannot fully participate in the educational and social opportunities of school.

Our data:

- Modelled data suggest that 10.3% of Barking and Dagenham children aged 5–16 may have a mental health disorder.³
- This is higher than London and England (9.3% and 9.2%), which is likely to be due to the model accounting for the distribution of socio-economic classifications within areas. In general, children in a household whose family reference person⁴ is of lower socio-economic status have a higher prevalence of mental health disorders, while there is also a relationship with household income.⁵ As Barking and Dagenham is a deprived area, we would expect more children to be affected.
- No trend data is available as this is based on prevalence rates from the last national survey, which was carried out in 2004. A new national survey is being undertaken in 2017, which will cover ages 2–19.
- Table 2 presents the modelled prevalence estimates and approximate number of children thought to be affected by a mental health disorder by age and sex:

¹ https://www.lbld.gov.uk/council/statistics-and-data/jsna/overview/
³ PHE. Children and Young People’s Mental Health and Wellbeing [https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh].
⁴ The person who owns the home or is responsible for rent; if multiple people do this, the highest earner is chosen. If two people earn the same income, the oldest is chosen [http://webarchive.nationalarchives.gov.uk/20160106042025/http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/soc2010-volume-3-rs-sec-rebased-on-soc2010--user-manual/index.html].
Table 5: Modelled prevalence of mental health disorders in 5–16-year olds in Barking and Dagenham

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male</th>
<th>Female</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>5–10</td>
<td>11.4%</td>
<td>1,300</td>
<td>5.7%</td>
</tr>
<tr>
<td>11–16</td>
<td>14.0%</td>
<td>1,200</td>
<td>11.2%</td>
</tr>
<tr>
<td>5–16</td>
<td>12.5%</td>
<td>2,500</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

Source: Calculated using methodology outlined in Children and Young People's Mental Health and Wellbeing, Fingertips profile, from: Mental health survey 2004, ONS mid-year population estimates 2016; Census 2011

- The most common disorders experienced are emotional disorders (encompassing anxiety and depression disorders) and conduct disorders.
- There are large differences by sex nationally, especially in younger children. In 5–10s, this is largely due to higher rates of conduct disorders in boys (6.9% of males versus 2.8% of females), although boys also have higher rates of hyperkinetic disorders (also known as attention-deficit hyperactivity disorder or ADHD) and less common disorders. Girls, conversely, have higher rates of emotional disorders, although at ages 5–10, this difference is not large. At ages 11–16, the conditions noted above are still more common in boys, but the gaps are diminished, whereas the gap between boys and girls suffering from emotional disorders increases.⁶
- From January to March 2017, an average of 790 young people (0–18) from Barking and Dagenham were in contact with mental health services at the end of each month, of whom an average of 575 were in contact with children and young people’s mental health services.⁷
- From January to March 2017, an average of 490 individuals each month attended at least one contact, with an average of 1320 total contacts per month.

Further work needs to be done to align the findings of this review with the outcome of the FSR.

2.2 B&D public health schools survey 2017

LBBD commissioned and worked closely with the Schools Health Education Unit (SHEU) to design & deliver a new survey on the health of young people in Barking & Dagenham. The borough has undergone rapid change over recent years and this is the first secondary school health survey since 1995.

The key health priorities we wanted to address through the survey were:

- Diet and exercise
- Sexual health
- Smoking, alcohol and drugs
- Emotional wealth and wellbeing

Under emotional health and wellbeing
- The emotional wellbeing of many students noted in the report as being ‘poor’ and every indicator of emotional well-being showing females worse-off. This reflects a national trend which is also born out in other recent national and London (comparator boroughs) survey’s conducted by SHEU
- The focus group conducted as part of the survey highlighted ‘reservation about the provision of counselling services in schools, around availability during the week,

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⁷ Mental Health Services Monthly Statistics, NHS Digital; Barking and Dagenham refers to GP-registered population; those for whom NHS Barking and Dagenham CCG is responsible.
suspicions about lack of confidentiality, unfamiliarity, being identified with authority, and low expectations about outcomes.’

- It is also worth noting that during the course of the survey a high number of students (13) reported active suicidal thoughts in the freetext box related to emotional wellbeing.
- Nationally 1 in 5 young adults have a diagnosable mental health disorder however only a quarter of these get access to the support that they need.
- 29% of pupils had a low / med-low score on the Warwick-Edinburgh Mental Wellbeing Scale & 27% of pupils had a low measure of resilience (extrapolated that’s almost 3000 of our 14-18 year olds)
- Only 37% said they talk to someone about a problem that worries them or when they are feeling stressed (the equivalent figure in 2016 in the in the Y8/Y10 aggregate SHEU data set = 61%) & 9% of students responded that there are no adults they can really trust.
- 30% said they have been feeling optimistic about the future ‘rarely’ or ‘none of the time’.

Our response:
This report will enable us to better focus and target current services and develop better collaborative approaches, particularly in the areas of nutrition and exercise and mental health:

- Informing the development of good emotional wellbeing support and finding better ways of listening to young people and connecting with the most vulnerable. This is most acute and cuts across the whole range of services and school approaches, encompassing physical health, cultural inclusion, achievement, connection and personal identity and ambition. See section 1.2 and 1.3 and B&D’s Circle of Resilience
- As a springboard for schools to establish clear health policies and information exchange processes in collaboration with Public Health/B&D CCG and other colleagues to ensure that teachers across all disciplines are kept informed on health issues, trends and best practice. Also note the joint working on the MH Needs Assessment; the Thrive LDN event; the appointment of the Mental Health Advisor for schools as part of the LTP.
- As an opportunity for support providers such as the School Nursing Service, CAMHS and Healthy Lifestyles Services to actively engage with schools around the health messages in the report.
- As the start of a conversation with parents, young people and wider organisations in the borough.

2.3 Health inequalities

This plan is intended to help mitigate against the impact of health inequalities by building resilience to deal with the risk factors that are experienced by our local population, by promoting protective factors, by facilitating better access to help when needed through the Thrive model and by improving pathways for the most vulnerable children.

The Kings Fund (December 2017) reported that health inequalities are currently estimated to cost the NHS a total of at least £20 billion each year so it is imperative to harness the influence of each CCG/LA to challenge where health inequalities can be reduced and greater equality established.

Thus through the LTP each CCG/LA must have regard to the need to
1. Reduce inequalities between vulnerable cohorts of CYP with respect to their ability to access mental health services, and
2. Reduce inequalities between vulnerable cohorts of CYP with respect to the outcomes achieved for them by the provision of mental health services.

Please see section 1.2 for how practical support has been put in place to deal with health inequalities; but this will require a whole system approach and increase co-operation with our key partners i.e. social care; education; public health; providers for example.

3. Vision and ambition

Our vision and ambition for children and young people in Barking and Dagenham for 2020 remains constant since 2015. It remains that our vision is for all children and young people to enjoy good emotional wellbeing and mental health.

3.1 Barking and Dagenham vision

Our vision is that children and young people in Barking and Dagenham are empowered to be resilient and able to cope with the challenges of everyday life. We envisage mental health being seen as ‘everyone’s business’ and that people within a child’s sphere of influence understand their role in promoting good mental health.

We want children, young people, their parents, and all professionals who work with them to be aware of local services and of how to access extra support where there are identified additional needs. Further, where those needs are indicative of underlying mental health conditions, support must be easily accessed and interventions be timely, evidence-based, and delivered by friendly, caring professionals.

We envisage services that are flexible and integrated, responding to varying levels of need including the additional needs of vulnerable children and young people, including looked-after children, children needing post-traumatic recovery support, and children and young people with special educational needs and disabilities.

Our intention is to deliver seamless, integrated services that are flexible and graduated in their response to need. The support of CYP MH transformation funds will enable us to accelerate improvements, building capacity and capability and exploring new ways of working.

Barking and Dagenham Children and Young People’s Mental Health Transformation Plan 2015

The NHS Five Year Forward View (Forward View) set out a shared vision and view on new models of care (NMOC) and how services should be delivered. Some of the key points were on prevention; increased collaboration with Public Health; barriers broken down and great patient i.e. CYP involvement in how their care is provided.

The key underlying thread in the Forward View (FV) is that one size fits all does not apply anymore; the diverse nature of the population and the complexity of needs means that different approaches need to be taken. The FV emphasises ‘diverse solutions and local leadership’ in how services are thought of and delivered. Please see FV principles and B&D’s response
3.2 Barking and Dagenham ambition 2017-2020

The Transformation Plan published in 2015 set out our aspirations to develop a sustainable whole system approach to building resilience and better emotional wellbeing and mental health in children and young people. This approach aspires to draw on and enhance the assets found in our local community and services, in particular in health services, the council, schools, the third sector and youth justice. We are currently evolving from the traditional tiered approach to a seamless pathway into and out of four quadrants of service delivery, based on the Thrive model. Our ambition is to achieve the target of 35% of children and young people with diagnosable conditions accessing evidence-based treatment by 2020/21; to ensure that all children and young people with diagnosable conditions are encompassed within this approach and; to build resilience and promote prevention universally.

To ensure that the targets are met we have carried out a:

1. MH Needs Assessment in B&D
2. PH School Survey in B&D
3. A Full Service Review of our CAMHS Services across BHR
4. Implemented the Thrive Approach across BHR
5. Commissioned CORC to outline key outcomes and service priorities

The model is described briefly below and in diagrammatic form in Figure 1.
Figure 1: Thrive/Quadrant approach

**Quadrant 1:** Building resilience; preventing ill health and promoting wellbeing by working with parents, children and young people, schools, early help provision and other universal services to support emotional needs, provide early help and practical support.

**Quadrant 2:** Helping children, young people and families to cope; to practically build resilience, highlighting risk and protective factors and providing access to digital support, parental learning, online counselling and direct and timely access for routine assessment and treatment if needed.

**Quadrant 3:** More intensive support and specialist treatment; readily available from a single point of access for all needs, with integrated pathways into and out of specialist services including eating disorders, and with specific pathways in place for vulnerable children including looked after children and those in contact with the justice system.

**Quadrant 4:** Support and intensive interventions in a crisis; available when needed, fully integrated into other pathways, working towards a 24/7 offer and seeking to outreach and reduce need for higher levels of intervention.

As part of the implementation of the CAMHS LTP some systemic changes have taken place across BHR:

1. The setting up of a Children’s Clinical Oversight Group (CCOG) which meets bi-monthly and have GP; Clinicians, commissioners and provider representation to deal with key CYP health issues on a themed approach
2. The BHR (Barking & Dagenham; Havering & Redbridge) Children and Maternity Steering Group which has GP Lead for CYP as a member.
3. A BHR CAMHS Strategic Partnership Board.

**3.3 Barking and Dagenham Primary Care Transformation**

The Five Year Forward View sets out a transformational change agenda for the NHS that involves:
• Reducing variation in care quality and patient outcomes
• Increasing the emphasis on preventative care
• A shift towards more care being delivered in primary care
• Breaking down the barriers in how care is provided through the introduction of new models of care spanning current organisational boundaries
• Action on demand, efficiency and funding mechanisms to improve financial sustainability.

In response to this, the General Practice Forward View offers funding opportunities and practical steps to stabilise and transform general practice through addressing workforce, workload, infrastructure and care design issues.

Barking and Dagenham, along with the wider Barking and Dagenham, Havering and Redbridge (BHR) system, has a greater commissioning challenge than the national average in the form of a system-wide budget.

The BHR system needs to be transformed to:
• Meet the health needs of the diverse, growing young population in one of the most deprived areas in England where an increasing number of people are living with one or more long-term conditions in its local communities
• Improve health outcomes for these populations and reduce health inequalities overall
• Meet national and regional quality standards for care
• Close the budget gap.

The CCG’s vision is to combine primary care with other community-based health and social care into a place-based care model with productive general practice at its foundation and GPs overseeing care for their patients. Each of the three existing localities in Barking and Dagenham where neighbouring GP practices work together will be a ‘place’, and the vision is therefore to establish locality-based care across all health and social care services for the populations within those geographical localities.

Locality-based care will be proactive, with a focus on prevention, support for self-care, active management of long-term conditions and the avoidance of unnecessary hospital admissions. Patients will have a more joined-up care experience, be enabled to take more control of their care, and more of their treatment will be closer to home.

General Practice has a key role in the identification, treatment and management of long-term conditions and mental health. These trends impact on the demand on GPs and the primary care team.

Sustainability of services
The BHR CCGs have agreed an annual recurrent investment of £434,673 for the 24/7 children and Young People “Out of Hours” Referral Assessment Hub

Coupled with this the current financial environment means that planning medium term can prove difficult there are opportunities that can be identified:

1. The strategic movement to Accountable Care Organisation (ACO) and the development of the East London Health Partnership; the Joint Commissioning Board across BHR, Integrated 0-19 services in B&D means that there is a shared awareness of health and social integration across key partners
2. The deficit; while debilitating for services; can drive opportunities for change in how services are commissioned and delivered i.e. in B&D – Mental Health Advisor; MH Social Worker for LAC; school based resilience etc.
3. The development of the STP and the opportunity to ensure that CYP has a voice
4. Ensuring that non-cost services are accessed i.e. community pharmacists; focused use of A&E
5. Ensuring that Investing to Save approaches are made to key boards and partners

4. Workforce

Developing our workforce remains the single most important enabler, and biggest challenge to the delivery of CYP mental health transformation. A significant amount of work has been completed in 2016/17 to gain a full picture of our current workforce and to compare this with the workforce that we will need to deliver the full transformation that is expected. An overview of the work done to date and next steps follows. (Please see section 1.3 – Progress to Date).

4.1 Thrive in BHR

The THRIVE framework, jointly developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust, has provided a systematic and population focused approach to improving outcomes for children, young people and their families. The i-THRIVE Partnership has been committed to putting the principles of the THRIVE framework into practice and is working with a range of sites across the country, including with NELFT in BHR. The programme of work in BHR includes a workforce review including surveys, capacity building and quality improvement. The first phase of work, including a survey of the ‘THRIVE-like’ working practices (shared decision making, use of the THRIVE quadrants, when to stop treatment, enabling self-management, skills for assessment and signposting and enabling self-care and management), is now complete and is informing the quality improvement programme, and training and development provided by the I-THRIVE academy – linking in with the developments required in CYP IAPT. The second phase is underway and focuses on building capacity and competency to work in and deliver a THRIVE like system. The final evaluation report is due in September 2018.

NELFT also has a Community of Practice (CoP) for Children and Young People Services and includes a sub group focused to CAMHS provision. The CYP CoP has a primary focus around sharing of good practice, developing consistent policies and standard operating procedures for service delivery and leading quality improvement approaches. The CYP CoP reports to the Clinical Executive within the NELFT governance framework and is led both clinically and managerially. The work of Thrive is also embedded within this group.

4.2 Demand and capacity planning

Further to demand and capacity planning undertaken by the CCG in 2016 to map need against the service model, NELFT have now completed a Fundamental Service Review (FSR) which provides detailed baseline information on workforce, caseload, activity and waiting times and is being used to inform the development of demand and capacity models to be incorporated into the contract for the wellbeing hub and crisis services across BHR.

4.3 Workforce planning across East London Health and Care Partnership

Initial discussions have taken place about the possibility of developing North East London wide workforce plans, further discussion about the benefits of this approach need to be taken forward at STP level.
As part of the *Mental Health Five Year Forward View* a workforce strategy sets out plans to create 21,000 new posts across all major specialties sector, including:

- 2,000 additional nurse, consultant and therapist posts in child and adolescent mental health services;
- 2,900 additional therapists and other allied health professionals in adult talking therapies;
- 4,800 additional posts for nurses and therapists working in crisis care settings, with 4,600 of these being nursing positions; and
- Perinatal mental health support, liaison and diversion teams and early intervention teams working with people at risk of psychosis should also see significant increases.

### 4.4 Next steps on workforce

While the details of the HEE (Health Education England) workforce strategy consultation has just been published, based on our clear picture of local challenges and workforce profile, and in terms of capacity to deliver the Thrive approach, the three key next steps are:

- To agree the capacity and cost of the services provided by NELFT, as part of the contracting process.
- Continue to work across the whole system to develop and embed the Thrive approach will continue with the support of the BHR CAMHS partnership.
- Develop a multi-agency workforce plan in line with the findings of the JSNA.

### 5. Collaborative and place-based commissioning

#### 5.1 Strategic alignment

Barking and Dagenham, Havering and Redbridge (BHR) have a single Chief Officer and shared management structure. A common vision for the Barking and Dagenham, Barking and Dagenham and Redbridge (BHR) footprint was shared in the previous plans, though with local variation to meet the different specific needs and priorities in each borough. BHR CCGs also work closely with Waltham Forest CCG to commission specialist services, including for example community eating disorders and early intervention in psychosis services, across a wider geographic footprint, allowing for greater economies of scale as well as consistency of offer.

The 2016 transformation plan ensured alignment with the north east London sustainability and transformation plan (STP). There are four service areas where collaborative and place-based commissioning has been taken forward in 2016/17 in north east London; specialist inpatient services/integrated pathway, Child Sexual Abuse (CSA) hub, Health and Justice, specialist Forensic CAMHS (FCAMHS) and perinatal mental health. An overview of the current status of this work is provided below, with further details on the Health and Justice work available in Section 12 below.

#### 5.2 Integrated pathways across community, inpatient and crisis care

Following the temporary closure, repurposing and reopening of the Brookside CAMHS inpatient unit in 2016, NHS England, working closely with BHR CCGs, have commissioned a CYP Home Treatment Team (CYPHTT). This is the first of its nature for children and young people and is subject to ongoing evaluation. The CYPHTT maintains very close working relationships with the respective locality CAMHS teams in terms of shared care and step down planning back to the locality CAMHS provision once CYPHTT intervention is no longer required. There is also the well-established Interact team that provides crisis intervention and outreach (including A&E assessments) which has been extended in 2016/17 as part of the
Vanguard programme. These developments are aimed at providing a local integrated pathway for children and young people that includes admission avoidance, and appropriate and safe discharge, and that joins up with health and justice commissioners where relevant to ensure appropriate transitions between secure settings and liaison and diversion.

The integrated pathway is found in Section 9 below.

5.3 Forensic community services

A new specialist child and adolescent mental health service for high risk young people with complex needs will be commissioned for London (forensic community CAMHS). This is a national initiative and forms part of the national Health in Justice and Specialised Commissioning workstream and Children and Young People’s Mental Health Transformation Programme. Funding and the service specification is being led nationally, but the service will be commissioned and managed locally by Specialised Commissioning in partnership with Health in Justice.

The service is intended to supplement existing local and other cross-agency provision. It will provide consultation and advice, and in some cases, specialist assessment and help to work out the best way to support individuals. Any agency can make a referral, including CAMHS teams, children’s social services, and youth offending teams. The service will also play an important strategic role by forming strong links with local services, providing teaching and training, and identifying gaps in local provision. BHR have engaged with the NHSE specialist commissioning project team and intend to continue with this engagement, ensuring that local issues, such as the development of pathways into the new service and the needs of CYP with substance use issues are also considered.

5.4 Child sexual abuse transformation

The London Child Sexual Abuse (CSA) Transformation Team and the NEL STP CCG Commissioning Executive have supported, subject to evidence of benefit, provision of an emotional support pathway following community paediatric examination for CSA. The CCGs aim, in line with the partnership model with the third sector piloted elsewhere in London, to work in partnership with providers in North East London to secure the hub model in NEL. This model has been approved by the NEL Clinical Senate, 7 CCG Commissioning Executive, and SCBs. It proposes moving to an NEL approach by local community paediatricians working together within existing resources. Consideration of options for commissioning emotional support pathway are due at the CSA Steering Group on 1 November.

The key features of the proposed hub are:
- Weekly clinics in inner London (52 per year) and fortnightly clinics in outer London to provide capacity for 76 new referrals and from 114 to 152 follow ups
- One NE London CSA team, made up of existing specialist paediatricians, to work across the whole area (with chaperone infrastructure for paediatricians)
- One NE London caseload
- Collective ownership regardless of geography
- Doctors travel to clinics
- Clinic appointments as close as possible to families’ homes
- A ‘PLAN DO SEE ACT’ approach to implementation
- Interfaces with emotional support pathway led by CAMHS
- Functioning colposcopies at two sites in NEL.
5.5 Perinatal mental health

NEL STP commissioners and providers have worked together, supported by the perinatal clinical network, to develop proposals to enhance specialist community perinatal mental health services across the area, based on developing an understanding of the projected population needs, current service models and workforce and capacity gaps. This work has informed the development of an STP application for transformation funds.

6. CYP improving access to psychological therapies (IAPT)

We are seeking to be fully IAPT compliant by 2018 and to ensure full membership and participation in CYP IAPT and its principles including routine outcome monitoring and improvement. An update from NEFLT on progress to date follows:

NELFT continued engagement:
We continue to support the use of the outcome measures and are exploring how we can make this process more streamlined i.e. the use of digitalised questionnaire at the point of IA to support the adoption of the principles of IAPT and the use of outcome measures. We are certainly planning to remain engaged in ensuring that we have CYP IAPT trained professionals within the services. There are three members of staff who are planning to begin training the beginning of 2018, one for Cognitive Behavioural Therapy (CBT), one for Learning Disability and Autistic Spectrum Disorder (ASD), and one for CBT supervision.

2016/17 update on staff currently released CYP-IAPT training:
Barking and Dagenham: One member of staff currently on CYP training. This is a CAMHS nurse and they are being trained in the CYP IAPT CBT intervention for children with anxiety and depression.

Trust plans to mitigate withdrawal of salary support funding rates from CYP-IAPT central funding budgets:
NELFT is currently exploring options within the NELFT wide training budgets. A lack of back fill, at a time of transformation and expected increased activity poses considerable operational difficulties.

A B&D Annual Stocktake Report on CYP-IAPT is attached in the appendices (Appendix G)
1. Eating disorders

Barking and Dagenham CCG partners with Barking and Dagenham, Redbridge and Waltham Forest CCGs to commission the community eating disorders service from NELFT which covers this four neighbouring boroughs. BHR and Waltham Forest CCGs invested their additional recurring allocation in child and adolescent community eating disorders services in 2015/16. This enabled the service to increase their capacity significantly by 6.6 WTE clinical staff (and 1 WTE non-clinical) equating to an additional 158 cases per annum, and to extend the range of interventions required by the new access and waiting time standards for community eating disorders services.

NELFT and the CCG has been monitoring performance against the access and waiting times standards since 2016. Requirements to comply with data reporting and national quality improvement were delivered through the 2016/17 Service Development and Improvement Plan as part of the contract between commissioner and provider.

Performance in 2017/18 to date against the 95% target (this is the national target by 2020) is summarised in table 6 below – note, the numbers of people using this service are low, the 0% performance relates to 1 referral being referred that during the reporting period seen after 1 week.

Table 6: Community eating disorder service performance on waiting times Q1 2017/18

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Barking &amp; Dagenham</th>
<th>% Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP Eating disorder - Urgent cases - 1 week wait 95% (National target by 2020)</td>
<td>Barking &amp; Dagenham</td>
<td>0.00%</td>
</tr>
<tr>
<td>CYP Eating disorder - Routine cases - 4 week wait-95% (National target by 2020)</td>
<td>Barking &amp; Dagenham</td>
<td>66.67%</td>
</tr>
</tbody>
</table>

2. Data

A key enabler in the delivery of our LTP is availability of data that allows us to understand current and project demand for services, progress on Five Year Forward View targets, and monitoring of progress towards delivering outcomes.

8.1 Development of CAMHS dashboard

BHR CCGs have including in contractual requirements with NELFT the submission of full, accurate data returns for all routine collections in the Mental Health Service Data Set (MHSDS) and IAPT data set, and have extended the number of data items that the provider is required to report to enable commissioners and providers to have a shared understanding of the capacity, performance and development needs of the service. We now have a shared CAMHS dashboard (see Fig 2 below) which enables commissioners and providers to jointly review the following indicators:

- Operating Plan target to increase access (increase number of new CYP aged 0-18 with diagnosable mental health condition receiving treatment from NHS funded community services in the reporting period)
- CAMHS waiting times (routine, urgent and LAC referrals)
- Eating disorders waiting times performance (routine and urgent)
- Early Intervention Psychosis access and waiting times standards.
This dashboard is also available for discussion across the BHR CAMHS partnership.

**Figure 2 –BHR CCG CAMHS Dashboard (for illustration only)**

8.2 Fundamental service review

As noted in Section 1 above, NELFT completed a Fundamental Service Review to ascertain capacity and demand in order to develop more detailed plans to implement the new model and meet new access targets. The FSR provides details of current activity and workforce, and a gap analysis for each of the three BHR CAMHS teams. The FSR provides the basis for further discussion about investment in CAMHS by the CCGs, and the implementation plans that support the delivery of the LTPs.

8.3 Outcomes framework

Work to develop and embed an outcomes framework is described in Section 13 below.

3. Urgent and emergency (crisis) mental health care for CYP

BHR were successful in establishing a crisis pilot as part of the Urgent and Emergency Care Vanguard in 2016/17. This new model of care, an extension of the home treatment team model is being tested as part of a national evaluation. The Vanguard builds on learning locally about how best to provide care for CYP integrates with the wider urgent and emergency care offer including mental health liaison services.

Interact was introduced by NELFT Child and Adolescent Mental Health Service in 2008, at the time it provided a new type of Outreach Service that focused on the needs of teenagers and their family, and A&E liaison for three general hospitals, Paediatric Ward liaison, Crisis prevention and resolution. Interact now also facilitates the gatekeeping function for the
Adolescent Inpatient beds and the CYPHTT as well as offering a range of post-discharge support including higher intensity visits to maintain stability in the period immediately after discharge from the ward environment.

For the development of the CYPHTT, there was recognition that the optimal place to treat children and young people was in their home environment. The CYPHTT has a good multi-disciplinary team mix which consists of Nurses, Occupational Therapists, Psychologists and Consultant Psychiatrists. This provides intensive support in the community and this prevents admissions to hospital and speeds the process of recovery in the community. There is also the opportunity to prevent a cycle of admission after admission and the potential move from becoming adolescents with frequent admissions to adult with continued admissions, as it normalises treatment and support in the home environment.

As a part of the Vanguard pilot (NHSE Crisis support programme), the Interact Team extended their age range from 12-18 years to 0-18 years and developed an emergency duty system. Interact works in partnership rather than care co-ordinating patient care and works in collaboration with various departments and teams. Examples of these partners are Brookside Adolescent Unit, Young Persons Home Treatment Team, Child and Family Consultation Services, Social Care departments and Early Intervention Services.

Stephen Mylchreest, Team Leader, Interact, has recently published a blog on this work - Spotlight on INTERACT – a children & young people prevention/resolution team

The pathway for referrals and discharge can be seen in Figure 3 below. For the Quadrant 4 (i-THRIVE model) from spending time in the services and looking closely at the interface between Quadrant 3 and Quadrant 4, this process works very efficiently and there is very good communication and a very good partnership working between the Quadrant providers. This has been found to be extremely helpful by patients and both the Teams (Interact and CYPHTT) have received positive feedback about the same. Any young person discharged from Interact who later requires outreach services, within a three month period of discharge, can have their case reopened without being subject to the normal referrals process and assessment.
Figure 3: Interact pathway

Referral/treatment pathway

- EIP
- A&E/Paediatric Unit
- GP's
- Social Services
- Schools

INTERACT (CYP Crisis prevention/resolution team)

CYP assessed for Inpatient/YPHTT or community support (for age 0-11 inpatient facility accessed by CFCS)

Has needs best supported by Brookside/YPHTT

Inpatient/YPHTT at Brookside

Possible co-working with INTERACT for interim care

Following discharge INTERACT may provide post discharge support

Has needs best supported in Community

INTERACT Co-working with CFCS, EIP and EDS

INTERACT plan a staged withdrawal of support

INTERACT withdraw support and the young person is cared for by CFCS/EIP/EDS

CFCS/CAMHS
EIP
EDS
Universal Services
4. Integration

10.1 Transitions

A CQUIN\textsuperscript{8} is in place with NELFT, the provider of child and adolescent and adult mental health service, to improve transition planning and experience of young people from Children’s and Young Peoples Mental Health services to adult mental health services. Providers have mapped the current state of transition planning, the main findings of this mapping were:

- NELFT’s transition standard and pathway for young people transferring into adult mental health services is known to all localities and there is evidence that most elements of the standard are adhered to. Transition joint planning is clear at 17.5 years, however, there needs to be greater focus to earlier planning and discussion with young people at 16 years as per standard across the three localities.
- Transition is articulated into the care plan at 17.5 years, however, there needs to be greater emphasis of early discussions within the care plan regarding transition.
- Information from RIO (the electronic health care record system) in respect of numbers of young people who transition is not currently reliable. We are currently working with our informatics team to review the data quality and develop a robust reporting of RIO data for transition.
- There are a number of different clinical meetings that operate within each Borough where transition cases are discussed. These operate under various structures and the plan is to move to a consistent approach within clinical services across the boroughs to support stronger governance.
- Young people’s contribution and voice within transition is variable across the three localities. Barking and Dagenham’s participation group has ceased currently and needs to be re-implemented as a priority.
- A scoping of 3rd and voluntary sector services for young people to be sign posted to needs to be completed and a service directory within each locality developed.

An implementation plan to address these identified needs, and to achieve greater consistency, has been developed.

As part of the practicable application of this across BHR we have actively developed a Transitions from Children’s to Adults Services Policy across BHR. The policy has as Overarching Principles:

1. co-producing transition policies and strategies with them
2. planning, co-producing and piloting materials and tools
3. asking them if the services helped them achieve agreed outcomes
4. feeding back to CYP about the effect their involvement has had.

Ensure transition support is developmentally appropriate, taking into account the person’s:

- maturity
- cognitive abilities
- psychological status
- needs in respect of long-term conditions
- social and personal circumstances
- caring responsibilities

\textsuperscript{8} Commissioning for Quality and Innovation (CQUIN) national goals. The system was introduced in 2009 to make a proportion of healthcare providers’ income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.
• communication needs.

**Ensure transition support:**

- is strengths-based and focuses on what is positive and possible for the young person rather than on a pre-determined set of transition options
- identifies the support available to the young person, which includes but is not limited to their family or carers.

**Use person-centred approaches to ensure that transition support:**

- treats the young person as an equal partner in the process and takes full account of their views and needs
- involves the young person and their family or carers, primary care practitioners and colleagues in education, as appropriate
- supports the young person to make decisions and builds their confidence to direct their own care and support over time
- fully involves the young person in terms of the way it is planned, implemented and reviewed

and addresses all relevant outcomes, including those related to:

- education and employment
- community inclusion
- health and wellbeing, including emotional health
- independent living and housing options
- involves agreeing goals with the young person
- includes a review of the transition plan with the young person at least annually or more often if their needs change.

**Health and social care service managers in children’s and adults’ services should work together in an integrated way to ensure a smooth and gradual transition for young people.** This work could involve, for example, developing:

- a joint mission statement or vision for transition
- jointly agreed and shared transition protocols, information-sharing protocols and approaches to practice.

Service managers in both adults’ and children’s services, across health, social care and education, should proactively identify and plan for young people in their locality with transition support needs.

Every service involved in supporting a young person should take responsibility for sharing safeguarding information with other organisations, in line with local information-sharing and confidentiality policies, and check that the young person is registered with a GP and/or ensure the young person has a named GP.
10.2 Extended provision

As part of the resilience elements of the LTP extensive work has taken place with schools CCG, Inclusion, Social Care and Education Department within respective local authority areas to ensure that this programme adds value to the wider preventative agenda of the Local Transformation Plan (LTP) while recognising the need for building resilience as one of the key objectives when looking to support young people earlier, and prevent the development and emergence of significant mental health needs.

The LTP also aims to examine the pathways for vulnerable children and young people to mitigate the effect of any barriers to achieving good access and positive outcomes from services. Vulnerable cohorts identified are victims of Child Sexual Abuse (CSA); neglect and abuse, Looked After Children (LAC), children with learning difficulties/ASC; SEND and those in contact with the criminal justice system.

10.3 Transforming care partnership (TCP)

As part of our work to develop services and support children and young people with learning disability, autism or both, we have undertaken benchmarking of transforming care. This showed that we are making good progress with:

- Development of ‘At Risk of Admission Registers’ across agencies, and monthly joint meetings with CCG/LA TCP leads to discuss all children at risk of being admitted or those requiring a community care and treatment review (CTR)
- Identified Children’s Leads within the local authority and CCG who feed into the TCP Board
- Methods to ensure that local areas have mechanisms for tracking CTRs and following up the people who have them, to put robust quality measures in place.
- Provision of an Autism/LD multi-sensory room on paediatric ward at Queen’s Hospital.

We have further work to do on

- Links to Education within the TCP board
- Continued workforce training to multi agency staff on CTR and SEND reforms
- Continued development of the At Risk Register, including children in 52/38 week placements and 0-5yrs, with a view of early intervention.

10.4 Liaison psychiatry

Mental health liaison for CYP is carried out in BHR by Interact, please see section 9 above for more details.

5. Early intervention in psychosis (EIP)

BHR CCGs, with Waltham Forest CCG, commission an EIP service from NELFT that covers these four neighbouring boroughs. BHR CCGs made significant additional investment into the service in 2015/16 to meet expected prevalence and waiting time standards for EIP. The service works with people of all ages experiencing a first episode of psychosis from age 14, offering all referrals NICE–recommended treatment. The service is contracted to meet the waiting time target to ensure that 50% of people referred start a NICE-recommended care package within 2 weeks of referral and are on a trajectory to achieving the 2020/21 target. Performance is reported regularly to commissioners, and a review process is in place for each breach of the target to understand reasons for the breach and to address these.
There is a CYP pathway in place, people aged between 14 and 18 years remain under the care of a CAMHS consultant psychiatrist but are care managed by the EIP service.

Performance against the 2 week target in Barking and Dagenham for the first four months of 2017/18 has been above target, as summarised in table 7 below:

**Table 7: EIP access and waiting time standards performance for Barking and Dagenham**

<table>
<thead>
<tr>
<th>2017/18</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention in Psychosis (EIP)-50% seen within 2 weeks</td>
<td>0.00%</td>
<td>83.33%</td>
<td>100.00%</td>
<td>83.33%</td>
</tr>
</tbody>
</table>

Mechanisms are in place to review all breaches of the 2 week target.

BHR CCGs have also developed a primary care psychosis pathway which has been disseminated to GPs to facilitate rapid recognition of first episode psychosis and rapid access to EIP.
6. Health and justice

12.1 Developing additional capacity

The 3 BHR CCGs have developed a joint approach to commissioning additional capacity to the existing Youth Offending Services across the area, utilising the additional Health and Justice funding made available to CCGs. This approach builds on the existing Youth Justice services across BHR which are part of the Local Authority statutory duties under the Crime and Disorder Act 1998, requiring the co-operation of the named statutory partners (local authorities, police, probation service and NHS). An additional three clinicians will work with the existing YOS (Youth Offending Services) across BHR: one additional Speech and Language professional and one additional Learning Disability Mental Health professional and one Psychotherapist (focused on Trauma). The proposal has been presented to the CAMHS Strategic Partnership Board and the Youth Offending Service Chief Operating Group (YOS-COG) B&D.

12.2 Recording of data from youth justice services

The YOS Management receives and approves quarterly performance reports against three National Indicators, for submission to the Youth Justice Board. These are

1. Reducing the number of young people entering the Youth Justice System as First Time Entrants (FTE)
2. Reducing re-offending
3. Reducing the use of Custody for young people

The key tasks of the service are:
- Assessing and delivering interventions to the out-of-court-disposal cohort
- Management and delivery of community sentences
- Management and delivery of secure estate sentences and resettlement
- Servicing the Youth Court and Crown Courts (in terms of provision of a court team, bail and health assessments, provision of pre-sentence reports and stand down reports)
- Victim services
- Parenting services and management of Parenting Orders

There are clear processes in place across the BHR YOS teams to identify those young people of most concern at the very early stages of contact with the YOS and give more targeted support to reduce the potential for these young people to move further into the criminal justice system. The YOS completes a more extensive report on those young people entering the youth justice system within the last year and identified that there were potentially opportunities at an earlier stage with these young people where a positive intervention would have been useful. B&D for example are currently working to develop a youth ‘at risk’ matrix that will begin to put together data from a range of sources that will identify those young people that are at greatest risk of becoming engaged in criminal activity and most likely to come in to the system. This work will be shared across BHR. There will be a concerted focus on those young people in years 6 and 7 at school that will cross both primary and secondary schools – as these cohorts have been identified for targeted work through our Health in Justice workstream.

Baselines rates are set by the YOS teams across BHR. As part of the development of the MHSDS there will be data collected i.e. Number of mental health and emotional wellbeing assessments conducted (based on a broad and agreed definition); number of new
intervention plans set up (or existing ones that are reviewed); number of children and young people who successfully engage with their intervention plan (based on a broad and agreed definition e.g. three or more sessions attended) for example. There are high level plans in place to that those identified at risk of becoming engaged in criminal activity are targeted for assessment and support.

Teams are co-located from CAMHS into our YOS teams across BHR; in Redbridge, recruitment is currently taking place for a member of staff to be co-located at the YOS three days a week.

Involving CYP in service development is part of BHR’s high level plan through our service mapping which will include the journey of the CYP in the justice system which has been commissioned with Community Links across BHR.

12.3 Developing pathways for CYP in the justice system

We are currently mapping the current offer for addressing the Mental Health Needs and Support for Children, Young People and their Families across the Boroughs of Barking & Dagenham, Havering and Redbridge.

This will involve Individualising how processes of screening, assessment and delivery of integrated services are implemented within the following systems:

- The Youth Justice Liaison and Diversion (YJLD) pathway assessing the CYP needs when accessing the justice system.
- The YJLD pathway working in collaboration with the CCGS - intended as - forming part of a comprehensive health and vulnerability services-offer for young people accessing the justice system and explicitly set out in LTP’s.

Assessing the implementation of an integrated pathway embedded within the comprehensive health and vulnerability services-offer for CYP who are:

- In Secure Children’s Homes on either justice or welfare grounds to assist them with their resettlement
- In YOIs in order to assist them within the resettlement pathway
- Subjects to community supervision within youth offending services
- Looked After (‘LAC’s’) – due to the often higher representation of LACs within the YJS and well known vulnerabilities of this group

Analyses of specific data and plans in local areas in order to inform the mapping process as following:

- Arrest rates for CYP in the borough
- Conviction rates for CYP in the borough and type of offence
- Number of CYP in YOIs and SCH’s from the home borough
- PHE Child Health Profiles and CYP Health Benchmarking Tool
- Local Youth Justice Plan
- Local JSNA’s
- CAMHS Transformation Plans
Key issues to be reported on during mapping exercise:

Exploring the YP’s access to mental health services, including CAMHS (Thrive Quadrants), at various stages of Youth Justice Pathways, we have chosen to think about this in separate sections;

1. **Prevention and Early help** – Exploring the risks for involvement in the Youth Justice system, such as schools exclusion, or gang involvement, and what support is currently available for children, young people and parents, when seeking to address mental health need at an earlier stage

2. **At the Point of Arrest** – Thinking particularly about Liaison and Diversion work, involvement of the police in managing mental health needs (such as Section 136 experiences), screening and assessment in the custody suites and contact through the Youth Courts

3. **Community Provision (post sentencing)** – Reviewing the support available for children, young people and parents who have been placed on community based supervision orders.

4. **Liaison with the Secure estate** – Looking at contact points for young people going into secure estate, accessing support and assessments within, and then receiving care plans and support at the point of discharge. Attention will be particularly drawn to transitions in care.

This unique mapping exercise will provide a comprehensive BHR Health in Justice support for the recruitment of our BHR One Team:

- Psychotherapist focused on Trauma
- Learning Disability Specialist
- Speech and Language Specialist

7. **Impact and outcomes**

BHR CCGs and NELFT have worked closely together since the production of the first LTPs in 2015 to consider how to best develop an outcomes-based approach to the delivery of transformation of children and young people’s mental health.

A short update on the work done to date, and plans for next steps, follows.

13.1 **A wellbeing hub development framework**

As part of the development work undertaken to design, commission and operationalise a wellbeing hub approach to children and young people’s emotional health and wellbeing, which will enable the shift away from the ‘tiered model’ of CAMHS provision to the Thrive model, a development framework was produced to set out the deliverables for the hub, and an outline of ways to measure progress against these deliverables. The measures developed including process and input measures, in lieu of a set of agreed outcome measures. This framework was incorporated into the 2016/17 contract with NELFT as part of the Service Development and Improvement Plan.
13.2 Whole systems outcome framework

During 2017, work to scope and develop a whole systems outcome framework was completed by CORC (Child Outcomes Research Consortium). The overall aim of this work was to find a way of identifying and tracking the outcomes of the Local Transformation Plans across BHR, to develop an outcomes framework that could be embedded across the whole system.

The proposed framework has three levels:

1. **Outcome measures** – these will focus on the over-arching outcomes that the LTPs seek to achieve namely: that children and young people with mental health difficulties are supported in the community; parents, carers and professionals are confident in responding to needs; children, young people, their families and carers are resilient, equipped to handle life's up and downs; vulnerable children and young people are prioritised, and their care supports their specific needs; children and young people are able to access support in a timely manner; and that children, young people, their families and carers have a positive experience of support.

2. **Output measures** – the progress of interventions or activity that contribute to achievement of the outcome: underpinned by a theory about the way they impact on the outcome, and with what populations.

3. **Process measures** – measures of whether ways of working are in place that enable THRIVE-like delivery: these are intended to move BHR towards achievement of its vision, but may not be directly tied to activity.

The full report from CORC is available at Appendix E.

A suite of outcome measures has been identified, and work is underway, through the CAMHS Transformation Partnership Group, to implement and embed these measures, including work to consider and potentially align these measures with public health population outcome measures, schools surveys and other mechanisms for measuring and monitoring impact. BH CCGs will work with NELFT during the contract round for 2018/19 to embed this framework, where possible, in the provider contract, updating and refreshing the wellbeing hub development framework referred to above.
14. Implementation

We are still travelling along the CAMHS Transformation Roadmap, produced in 2016, see Fig 4 below:

*Figure 4: CAMHS Transformation Road Map*

Detailed implementation plans are now in place at BHR level (developed by the CCG and shared at the CAMHS transformation partnership group), provider level (developed by NELFT as required in the contract) and each borough/CCG at their local implementation groups. We have identified the following priorities for 2018/19 in terms of implementation.
14.1 BHR priorities for implementation 2018/19

- Full implementation of the Wellbeing hub in each borough incorporating additional staff including crisis response
- Building on the outcome of the FSR to develop robust workforce plans
- Developing integrated pathways across NEL and further collaborative commissioning arrangements
- Developing and embedding an outcomes-based approach to our main contract

14.2 Barking and Dagenham priorities for 2018/19

Within B&D, the priorities for the coming year are:

- Continuing to build on partnership links with B&D Local Authority in particular Education and Inclusion; Public Health; Social Care; LAC/Children in Care Teams; All Age Disability Service on key service areas
- Develop and build on links with NELFT
- Improve our co-production with B&D CYP (Children and Young People)
- Continuing to take forward Thrive training
- Continued engagement of Youth Forum
- Evaluating Kooth online counselling
- Rolling out More than Mentors
- Triple P parenting pilots
- Health in Justice Workstream
- Continued development of the resilience work in schools.

14.3 Expenditure plans

Our LTP expenditure plans for 2018/19 will be based on the full year effect of our expenditure in 2017/18, as set out in Section 1.4 above.
14.4 Risks
The main risks to delivery of the LTP, and mitigating actions, are summarised below.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| **Securing resources for CYP MH Transformation** | • LTP Plans jointly developed with key partners  
• Robust business cases for investment agreed between commissioners and providers  
• Partnership working with local authorities to mitigate against impact of resource constraints |
| **Workforce**                      | • Ensuring that workforce planning tools are used to meet future demand  
• Ensure that investment is upstream with schools and LTP is focused on resilience up skilling of key early intervention staff  
• Focus on the universal offer and ensure that adequate training is provided  
• Increase CYP-IAPT programme and ensure that trained staff remain in the service |
| **Commissioning of MH services**   | • Engage key partners in programme delivery  
• Establish clear governance structures for all programmes to existing health/social care pathways  
• Ensure Task & Finish Groups have correct representation i.e. NELFT; Education; Inclusion; SC; CCG; VCS; PH  
• Develop clear outcomes for the service i.e. CORC has been commissioned across BHR  
• New Models of Delivery include School Links; I-Thrive; Online Counselling; Mentoring – ensure that resilience is strengthened upstream |
| **Data**                           | • Ensure MH Service data Set is updated and reviewed  
• Ensure that local programme providers can update data on MHSDS  
• Ensure data on prevalence is treated appropriately (dates back to Millennium Core Set from 2004)  
• Close working with PH colleagues i.e. MH JSNA in B&D |
| **Stakeholder engagement**         | • CAMHS Strategic Partnership Board is in place across BHR  
• Engagement in LTP refresh |
| **CAMHS Complexity – highly complex service** | • Ensure outcomes cover variety of conditions  
• Mature commissioning arrangements in place  
• Key links between Community CAMHS and Specialised CAMHS |
Appendix A: list of commonly used abbreviations in this report

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASD</td>
<td>Autistic Spectrum Disorder</td>
</tr>
<tr>
<td>B&amp;D</td>
<td>Barking and Dagenham</td>
</tr>
<tr>
<td>BHR</td>
<td>Barking and Dagenham, Havering and Redbridge</td>
</tr>
<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive Behavioural Therapy</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>CQUIN</td>
<td>Commissioning for quality and innovation.</td>
</tr>
<tr>
<td>CSA</td>
<td>Child Sexual Abuse</td>
</tr>
<tr>
<td>CTR</td>
<td>Care and Treatment Review</td>
</tr>
<tr>
<td>CYP</td>
<td>Children and Young People</td>
</tr>
<tr>
<td>ED</td>
<td>Eating Disorders</td>
</tr>
<tr>
<td>EIP</td>
<td>Early Intervention in Psychosis</td>
</tr>
<tr>
<td>FSR</td>
<td>Fundamental Service Review</td>
</tr>
<tr>
<td>IAPT</td>
<td>Improving Access to Psychological Therapies</td>
</tr>
<tr>
<td>JSNA</td>
<td>Joint Strategic Needs Assessment</td>
</tr>
<tr>
<td>LAC</td>
<td>Looked After Child</td>
</tr>
<tr>
<td>LBBD</td>
<td>London Borough Barking and Dagenham</td>
</tr>
<tr>
<td>LBR</td>
<td>London Borough Redbridge</td>
</tr>
<tr>
<td>LBH</td>
<td>London Borough Havering</td>
</tr>
<tr>
<td>LD</td>
<td>Learning Disabilities</td>
</tr>
<tr>
<td>LTP</td>
<td>Local Transformation Plan</td>
</tr>
<tr>
<td>MH</td>
<td>Mental Health</td>
</tr>
<tr>
<td>NEL</td>
<td>North East London</td>
</tr>
<tr>
<td>NELFT</td>
<td>North East London Foundation Trust</td>
</tr>
<tr>
<td>SEND</td>
<td>Special Educational Needs and Disability</td>
</tr>
<tr>
<td>STP</td>
<td>Sustainability and Transformation Plan</td>
</tr>
<tr>
<td>TCP</td>
<td>Transforming Care Partnership</td>
</tr>
<tr>
<td>WTE</td>
<td>Whole Time Equivalent</td>
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<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
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Appendix B: Thrive Evaluation and Impact Report

Appendix C: More than Mentors progress report

Appendix D: Thrive LDN Barking and Dagenham Community Conversation Report

Appendix E: CORC report: Developing a Children and Young People’s Mental Health and Wellbeing Outcomes Framework for BHR CCGs

Appendix F: BD CAMHS Staffing Matrix

Appendix G: BD CYP-IAPT Annual Stocktake Report