DRAFT

Barking and Dagenham

Children and Young People’s Mental Health Local Transformation Plan (LTP) 2015-2020

Refresh October 2018
Contents

Acknowledgements and thanks ......................................................................................................................... 4
Executive Summary .................................................................................................................................................. 6
1. Introduction .................................................................................................................................................... 9
  1.1 Purpose of Document ................................................................................................................................. 9
  1.2 Starting Point ............................................................................................................................................... 10
  1.3 Progress to Date and Changes in Year ........................................................................................................ 12
  1.4 NHS GO ....................................................................................................................................................... 32
  1.5 Engagement .............................................................................................................................................. 46
  1.6 Governance and Partnership Working ...................................................................................................... 49
2. Understanding Local Need - Barking and Dagenham’s population needs ......................................................... 50
  2.1 Health Inequalities ...................................................................................................................................... 57
3. Vision and Ambition .......................................................................................................................................... 60
4. Workforce ....................................................................................................................................................... 61
  4.1 Training for STAR workers .......................................................................................................................... 61
  4.2 Demand and Capacity Planning ................................................................................................................ 62
  4.3 Strategic Alignment .................................................................................................................................... 63
5. Collaborative and Place-Based Commissioning and Integrated Pathways across Community, Inpatient and Crisis Care .................................................................................................................. 63
  5.1 Admissions across BHR ............................................................................................................................ 64
  5.2 Forensic Child and Adolescent Mental Health Services for London (FCAMHS) ............................................. 69
  5.3 Perinatal Mental Health ............................................................................................................................. 72
6. CYP Improving Access to Psychological Therapies (CYP IAPT) .................................................................... 72
7. Eating Disorders ............................................................................................................................................... 73
8. Urgent and Emergency (Crisis) Mental Health for CYP ................................................................................... 73
9. Early Intervention in Psychosis (EIP) ................................................................................................................. 77
  9.1 Child Sexual Abuse (CSA) Hub ................................................................................................................... 78
  9.2 Child Sexual Exploitation (CSE) ................................................................................................................ 81
10. DATA ............................................................................................................................................................. 82
  10.1 Development of CAMHS Dashboard ......................................................................................................... 83
  10.2 Impact and Outcomes ............................................................................................................................... 85
  10.3 Whole systems outcome framework ....................................................................................................... 86
11. Transitions ....................................................................................................................................................... 88
  11.1 Extended Provision ................................................................................................................................... 89
  11.2 BHR Priorities for Implementation 2019/20 .............................................................................................. 89
  11.3 Barking and Dagenham priorities for 2018/19 .......................................................................................... 90
11.4 Expenditure Plans (assume going forward and after transformation) .... 90
12 Risks .................................................................................................................. 91
Appendix A: B&D Access targets recovery plan 2018 .............................................. 94
Appendix B: Barking & Dagenham CYP IAPT ......................................................... 94
Appendix C: Barking SEND Forecasting ................................................................. 94
Appendix D: CAMHS Information Requirements .................................................... 94
Appendix E: Children and Young People’s Mental Health and Wellbeing .......... 94
Appendix F: Co-Production Matrix for CYPMH and allied services ....................... 94
Appendix G: CORC report: Developing a Children and Young People’s Mental Health and Wellbeing Outcomes Framework for BHR CCGs ......................... 94
Appendix H: Flyer for Health and Justice ................................................................. 94
Appendix I: NELFT CAMHS presentation ............................................................... 95
Appendix J: Mapping Exercise Report Final ............................................................ 95
Appendix K: More than Mentors – An Outline ....................................................... 95
Appendix L: More than Mentors ........................................................................... 95
Appendix M: CEPN ................................................................................................. 95
Appendix N: CAMHS Staff Structure .................................................................... 95
Appendix O: NELFT Peer Review ......................................................................... 95
Glossary: Commonly used abbreviations in this report ......................................... 96
Acknowledgements and thanks

I would like to once again thank all our partners for their outstanding help; challenge, guidance and assistance with this plan – it is our plan and as such we all need to be involved and ensure that it is implemented in the best interests for (Children & Young People) CYP in B&D.

This year has seen significant developments in terms of recruitment of key wellbeing hub workers; a CYP led Wellbeing summit that involved all our secondary schools and kindly hosted and supported by Joe Richardson School in B&D. A massive thank you to all involved – with a note of support from the Children’s Commissioner in England Anne Longfield.

In the 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 – once again your support has been never ending and truly appreciated.

To our local community health provider North East London Foundation Trust (NELFT) Barking and Dagenham team for your ongoing commitment and support.

Our Youth Offending Service (YOS) who have been superb partners throughout the year.

Thanks also to our provider partners; More Than Mentors; R Squared, Community Links, 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.

The children of Barking and Dagenham are, of course the driver behind all of this activity and they and their families can be assured that their interests are front and centre of everything.

I would also link to mention the Mental Health Advisor, Kelly Rendell, whose ongoing chairing of our CAMHS Partnership Board and work with schools and wider partners has been truly magnificent.

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, October 2018.
Executive Summary

This document is the 2018 update of Barking and Dagenham’s (B&D) Children and Young People’s Mental Health Transformation Plan. This is the fourth year of the B&D CAMHS Transformation programme and the document highlights the successes to date, the challenges that have been encountered and the work still remaining to be done.

The Local Transformation Plan (LTP) was first produced in December 2015, and has been refreshed annually since then. The Plan was developed in partnership between the CCG, the London Borough of Barking and Dagenham (LBBD) and our local providers and stakeholders.

In addition there has been collaborative working with our partners in neighbouring CCGs as part of the wider ‘Transforming Services Together’ programme lead by the East London Health and Care Partnership.

The Plan set out aspirations for how we would achieve whole system change for children and young people’s emotional and mental health in Redbridge. 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.

Over the last year the transformation of services within B&D have resulted in some significant improvements and our key achievements are:

B&D Specific:
1. Appointment of a Mental Health Looked After Children (MH LAC) Social Worker
2. Appointment of a Mental Health Advisor (MHA) to provide a key link between our schools and CAMHS service in B&D
   - Appointment of 4 whole time equivalent (wte) STAR (Support Time and Resilience) workers in B&D providing Emotional Wellbeing and Mental Health liaison services with schools helping both them and the young people to understand the MH options available to them
   - The establishment of the Wellbeing Hub Single Point of Access (SPA) allowing for the use of a single standardised referral form submitted to a single point and facilitating self-referral, launched in B&D in July 2018
   - The embedded online counselling service KOOTH, targeted to four secondary schools with a commitment to increase coverage across all secondary school in the next 12 months
   - The peer to peer mentoring service with 150 mentors trained and over 100 taking the accreditation as part of this service run with Community Links and the Department for Health (DfH) as part of the More than Mentors programme. We have made a further commitment to continue this service in 2019/2020
   - The development of a Transitions Project between Years 6 and 7 at Horizon 360 in B&D
   - The successful children and young people (CYP) led and run #mentalhealthiseveryone’sbusiness event, as part on World Mental Health Day on 10 October 2018, at Jo Richardson Secondary School in B&D attended by 150 plus secondary school students and with a statement of support from the Children’s Commissioner for England Anne Longfield
• The commitment to make the event an annual event in B&D as well as running specific programmes for staff and parents
• The continued support for the Youth Offending Service (YOS) in B&D through the Health in Justice (HiJ) work stream, augmenting our existing co-located and embedded CAMHS Psychologist and CAMHS Nurse with:
  1. Speech Language Therapist (0.8 wte)
  2. Family Systemic Therapist (1 wte)
• Submission to NHSE of a detailed plan showing how we plan to achieve our mental health access targets for B&D youth as part of the transformation plan
• The launch of the online parenting resource Triple P Online (TPOL) in B&D with 500 B&D parents to directly benefit
• The joint commissioned training with our LBBD Education Department across our schools in B&D
• The embedding of B&D’s CAMHS Transformation Partnership board with multi-agency representation from NELFT, LBBD Commissioners, B&DCCG, Education and Inclusion, Public Health, Youth Participation; Virtual School, Community Links, KOOTH, Triple P

System Wide Developments:

• Development of EIP (Early Intervention in Psychosis Service), meeting the national target for referral to treatment time and now commissioned to provide treatment for all ages. The service target is to achieve 60 percent referral to treatment rate by 2021 however the service has achieved 100 percent every quarter
• Better partnership working between CCG, Specialist Commissioning and Provider to develop Crisis services. This includes pathway implementation which has resulted in reducing the number of CYP requiring inpatient services and presenting to ED with self-harm
• Successful development of joint CCG and LA plans for Youth Justice Services with a specific focus on intensive outreach and Liaison and Diversion to improve the pathways for children in custody
• Successful procurement and implementation of Kooth (digital support) for children and young people
• Agreement pan NEL to procure dedicated Emotional Support Workers as part of the Child Sexual Abuse service

The details of these developments can be found within the relevant sections of the plan
Additionnal Priorities and Plans for 2018/19

The priorities for 2018/19 are considered to be

- Final procurement of the dedicated Emotional Support element of the Child Sexual Abuse local service
- Expansion of the local resilience building packages to schools delivered tailored solutions with particular emphasis on Special Schools
- Looked after Children, the focused services for their needs and timely identification of their requirements
- Confirmation of robust mechanisms around assessing outcomes from pilots and localised schemes and how these can inform post Transformation Business as Usual commissioning
- Establishment of firm early and timely transition protocols to support services users into adult services
- Expansion of the data reporting from the Wellbeing Hub to assist in resource being directed to the most effective agencies
- Expansion of staff and parental resilience training with a whole family approach
- Expansion of innovative ‘on-line’ services to young people
- Embedding of the Mental Health Direct Service for carers, schools, primary care through
- Development of links with the VCS
1. Introduction

1.1 Purpose of Document

This document is the 2018 update of B&D’s Children and Young People’s Mental Health Transformation Plan.

The Plan was developed in partnership between the CCG the London Borough of Barking and Dagenham (LBBD) and our local providers and stakeholders. The Plan set out aspirations for how we would achieve whole system change for children and young people’s emotional and mental health in B&D. 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.

Since 2015 the Plans have been updated to include responses and actions from

- Five Year Forward View (FYFV) for Mental Health
- Green Paper: Transforming Children and Young People’s Mental Health Provision

The purpose of this document is to:

- Provide an annual update on the Barking & Dagenham CAMHS LTP to strategic partners, the public and the children and young people of Barking and Dagenham
- Confirm actions to ensure effective and targeted use of Transformation funding and the planning required to meet the national Access Targets for Therapeutic Interventions (see Appendix A Recovery Plan)
- Remind stakeholders of our shared vision
- Provide an update on progress and challenges in 2018
- Set out our priorities for 2019/20 along with the risks and mitigations

This plan builds upon findings from

- Mental Health Local needs assessment (2017)
- Fundamental Service Review (2017)
- Schools Emotional Health and Wellbeing Survey (2017)
- NHS Mandate (2018)
- Five Year Forward View for Mental Health (2015)
- Special Education Needs Disability (SEND) plan (2017)
- OFSTED / CQC Joint Local Area Inspection
- Green Paper: Transforming Children and Young People’s Mental Health Provision
1.2 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 2017/18 is provided in table 1 below.

Table 1

2016/17

<table>
<thead>
<tr>
<th>Spend by Category</th>
<th>B&amp;D CCG Actual Spend</th>
<th>Havering CCG Actual Spend</th>
<th>Redbridge CCG Actual Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people's (CYP) mental health - excluding LD</td>
<td>4,149</td>
<td>2,423</td>
<td>2,177</td>
</tr>
<tr>
<td>Eating Disorders (CYP only)</td>
<td>156</td>
<td>254</td>
<td>232</td>
</tr>
<tr>
<td>Early intervention in psychosis ‘EIP’ team (14 - 65)</td>
<td>865</td>
<td>872</td>
<td>1,704</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,170</strong></td>
<td><strong>3,549</strong></td>
<td><strong>4,112</strong></td>
</tr>
</tbody>
</table>

2017/18

<table>
<thead>
<tr>
<th>Spend by Category</th>
<th>B&amp;D CCG Actual Spend</th>
<th>Havering CCG Actual Spend</th>
<th>Redbridge CCG Actual Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &amp; Young People's Mental Health (Excluding LD)</td>
<td>3,318</td>
<td>2,341</td>
<td>1,607</td>
</tr>
<tr>
<td>Children &amp; Young People's Eating Disorders</td>
<td>156</td>
<td>254</td>
<td>232</td>
</tr>
<tr>
<td>Perinatal Mental Health (Community)</td>
<td>228</td>
<td>228</td>
<td>113</td>
</tr>
<tr>
<td>Early Intervention in Psychosis ‘EIP’ Team (14 - 65)</td>
<td>686</td>
<td>643</td>
<td>967</td>
</tr>
<tr>
<td>Health and Justice</td>
<td>53</td>
<td>71</td>
<td>70</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,441</strong></td>
<td><strong>3,537</strong></td>
<td><strong>2,988</strong></td>
</tr>
</tbody>
</table>

2018/19

<table>
<thead>
<tr>
<th>Spend by Category</th>
<th>FOT</th>
<th>FOT</th>
<th>FOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &amp; Young People's Mental Health (excluding LD)</td>
<td>3,432</td>
<td>2,996</td>
<td>2,403</td>
</tr>
<tr>
<td>Children &amp; Young People's Eating Disorders</td>
<td>156</td>
<td>254</td>
<td>232</td>
</tr>
<tr>
<td>Perinatal Mental Health (Community)</td>
<td>257</td>
<td>228</td>
<td>112</td>
</tr>
<tr>
<td>Early intervention in psychosis ‘EIP’ team (14 - 65)</td>
<td>953</td>
<td>858</td>
<td>1,135</td>
</tr>
<tr>
<td>Health and Justice</td>
<td>53</td>
<td>71</td>
<td>70</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,851</strong></td>
<td><strong>4,407</strong></td>
<td><strong>3,952</strong></td>
</tr>
</tbody>
</table>
**London Borough of Barking and Dagenham Spend Profile: £000’s**

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget</th>
<th>Actual</th>
<th>Budget</th>
<th>Actual</th>
<th>Budget</th>
<th>Actual</th>
<th>Budget</th>
<th>Actual</th>
<th>Budget</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>£390</td>
<td>£309</td>
<td>£311</td>
<td>£309</td>
<td>£211</td>
<td>£155</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2014/15</td>
<td>£309</td>
<td>£309</td>
<td>£311</td>
<td>£311</td>
<td>£211</td>
<td>£155</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2015/16</td>
<td>£311</td>
<td>£309</td>
<td>£211</td>
<td>£155</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2016 - 17</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2017 - 18</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: Young Minds FOI Request 2018/19

There has been investment by LBBD which does complement the resilience element of the child and adolescent mental health services (CAMHS) LTP.

- Anti-knife crime workshop - £2,900
- Thrive training cost this financial year - £404.49 Online subscription plus £640 Thrive Practitioner course catch up day
- Boxall Training within £300k given to BDSIP (B&D Schools Improvement Service)
- Young Minds within £300k given to BDSIP
- 4 primary ARP provision and 1 secondary provision 48 places total cost £1.2m. Plus an additional all through provision 30 places total cost £850k
- 1 senior adviser and 1 senior manager plus 2 officers and 0.4 adviser cost approx. £400,000
- CCG funded £40,000 for Mental Health Advisor for LBBD Schools LBBD funding £10,000

In addition a number of conferences have been planned (speech & language; exclusions incl. medical needs) cost of £20,000
- BDSIP have been given £300k to plan training and deliver

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 below. We have developed a detailed action plan and modelled the demand that we expect to see 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.
1.3 Progress to Date and Changes in Year

**Launch of B&D’s Wellbeing Hub & I-Thrive**
The LTP’s outline the development of 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. The intention is to evolve from the traditional tiered approach to a seamless pathway based on children’s needs.

The Wellbeing Hub will support children and young people with emotional and psychological needs/disorders by providing both assessment, sign posting and referral to the most appropriate type of support from universal and Targeted services, and direct specialist support when required.

The Wellbeing hub is therefore the front door to all Local Emotional Wellbeing and Mental Health Support services.

- The Well Being Hub will provide outreach, advice and consultation for partner agencies, along with Brief Intervention support when appropriate.
- The Wellbeing Hub will also access specialised services such as inpatient services and specialist outpatient services such as Crisis support (Interact), Eating Disorder Services, Early Intervention in Psychosis services etc., as required, with a focus on providing early intervention and minimising the need for inpatient care.
- As children and young people’s emotional wellbeing and mental health affect all aspects of their lives, no one service alone will be able to meet all their needs.
- Therefore a key ingredient of success in implementing this plan will be to fully explore new ways of working and develop collaborative arrangements with partners including schools, and the community voluntary sector to make our vision a reality.
- “Mental Health is Everyone’s Business”

**Workforce:**
B&D have successfully recruited 4 wte STAR (Support Talk and Resilience) wellbeing hub workers

**Referrals**
1. Referrals to the Wellbeing Hub and specialist CAMHS are made via the Single Point of Access (SPA) referral form
2. There is no referral criteria for the Wellbeing Hub
3. All referrals will be triaged and signposted to the appropriate services including specialist community CAMHS
4. Referral criteria will remain to access specialist community CAMHS
5. Self and parental referrals are accepted (no SPA form required here)
What specialist MH services for CYP offer

- Assessment and treatment for CYP experiencing moderate-severe MH difficulties:
  - Emotional and behavioural disorders (moderate to severe)
  - Conduct disorder and oppositional defiant disorder
  - Hyperkinetic disorders
  - Psychosis
  - Obsessive-compulsive disorder
  - Eating disorders
  - Self harm and suicidal ideation
  - Dual diagnosis – including comorbid drug and alcohol use
  - Neuropsychiatric conditions
  - Attachment disorders
  - Post-traumatic stress disorders
  - Development disorders
  - Significant mental health problems where there is comorbidity with mild/moderate learning disabilities or comorbid physical and mental health problems
  - Mood disorders
  - Somatising disorders

The Conceptual Framework

The i-Thrive approach develops a framework for how best to address needs while acknowledging how CAMHS services do not have all the answers and uses a broader lens for mental health services, that incorporates the wider system, aims to move the narrative towards asking how we can support young people wherever they are.

Aim of the website:

- To co-create a website that positions NELFT as a leader in delivering CAMHS services in the London boroughs of Redbridge, Barking and Dagenham, Waltham Forrest and Havering.
- To inform stakeholders of what we do and don’t do.
- To educate young people about mental health and where to obtain support via their network.
- To highlight the change in how CAMHS services will change (e.g. i-Thrive).
- Continually developed with children and young people

Mental Health Direct
There is an out of hours service known as NELFT Mental health direct. If you live in Barking and Dagenham, Havering, Redbridge, Waltham Forest, Essex, Kent & Medway, you can call for mental health help and advice anytime of the day or night.

Mental Health Direct: 0300 555 1000

It can be arranged for you to speak with a mental health professional. Advice can be received about what service to contact to get the support you need.

<table>
<thead>
<tr>
<th>Referral data across BHR&amp;WF</th>
<th>April to June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Low/Moderate risk</td>
<td>1571</td>
</tr>
<tr>
<td>No. High/Urgent risk</td>
<td>268</td>
</tr>
<tr>
<td>No. of Older Adult referrals</td>
<td>352</td>
</tr>
<tr>
<td>No. Adults/Contacts with IAPT</td>
<td>140</td>
</tr>
<tr>
<td>No. CYP Referrals</td>
<td>7</td>
</tr>
</tbody>
</table>
This is just a snapshot of data across BHR and it shows the low level of CYP activity through MH Direct – as part of B&D’s CAMHS LTP priorities for 2018-2020

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>April to June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information/advice only from switchboard</td>
<td>22</td>
</tr>
<tr>
<td>Information/advice only from clinician</td>
<td>1143</td>
</tr>
<tr>
<td>Refer to HTT</td>
<td>20</td>
</tr>
<tr>
<td>Refer to ED, self-presentation</td>
<td>1</td>
</tr>
<tr>
<td>Refer to LAS</td>
<td>20</td>
</tr>
<tr>
<td>Refer to NELFT Care co-ordinator for action/follow-up</td>
<td>435</td>
</tr>
<tr>
<td>CAMHS: Refer to local authority</td>
<td>5</td>
</tr>
<tr>
<td>Refer to Access</td>
<td>191</td>
</tr>
<tr>
<td>No Further Treatment Appropriate</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Health in Justice Workstream**

As part of the national CYP programme a further work stream was established to improve the commissioning of services for young people who are in contact with the justice system or who present with complex, challenging needs that make them more vulnerable than other children or young people. The work stream supported by NHSE through Health in Justice London.

This workstream 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 and requires the co-operation of the named statutory partners to form a YOT (Youth Offending Team) in each Local Authority area. These statutory partners are:

- the local authority
- police
- the probation service
- CCG (including providers)

As part of the embedded co-located CCG funded staff as part of the Youth Offending Service (YOS) we have:

1. CAMHS Psychologist – part of existing YOS team
2. CAMHS Nurse – part of existing YOS Team
3. Speech language therapist (SLT) – 0.8 wte – newly recruited
4. Family Systemic Therapist – 1.0 wte – newly recruited to YOS role (building on the work done under Project Palm)

We have increased our joint working with YOS across BHR (Barking Havering & Redbridge) with B&DCCG the lead commissioner for the Health in Justice workstream across the Outer North East London (ONEL) area as part of the wider East London Health Care Partnership (ELHCP) partnership.
Overall Recruitment across BHR

<table>
<thead>
<tr>
<th>18/19 Financial Year</th>
<th>B&amp;D</th>
<th>Redbridge</th>
<th>Havering</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WTE</td>
<td>WTE</td>
<td>WTE</td>
</tr>
<tr>
<td>SALT</td>
<td>0.8</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td>0.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Systemic Therapist</td>
<td>1.0</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>WTE</td>
<td>1.80</td>
<td>1.00</td>
<td>1.0</td>
</tr>
</tbody>
</table>

The Health and Justice funding will provide a Band 6/7 family Systemic therapist (FST) therapist to work in the Initial Assessment Team alongside Social Workers and Youth Support Workers where they will form a team to target exploitation. This worker has been successfully recruited.

The therapist will support a deeper understanding of the young person to inform the assessment of safeguarding and of risk of harm, and will be available to offer consultancy and to deliver therapeutic interventions for those below the CAMHS threshold. They will refer into CAMHS services where they assess the threshold is met. The model will follow a relationship based approach seeking to build resilience through trust, and self-esteem work and enabling skills.

The intended outcome is a reduction in numbers of young people that enter the criminal justice system as well as the number of young people that escalate very quickly to the care system. The longer-term benefits may also be an increase in engagement in education training and employment as well as a reduction in long term health and wellbeing issues caused by exposure to traumatic experiences.

Commissioning process:
LBBD (London Borough of Barking and Dagenham), Barking and Dagenham CCG will work with North East London Foundation Trust (NELFT) in embedding this role as part of the B&D YOS team working closely with the Children’s Safeguarding Services. Staff will be operationally deployed through Children’s Services but using the Standard Operating Procedures of NELFT for clinical governance. The CCG will have oversight of the service alongside their oversight of CAMHS.

Partnership work across BHR

<table>
<thead>
<tr>
<th>Non Recurrent Allocation</th>
<th>Amount</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBR</td>
<td>12,354</td>
<td>Trauma Training BHR</td>
</tr>
<tr>
<td>BHR</td>
<td>8,000</td>
<td>Across BHR</td>
</tr>
<tr>
<td>Total</td>
<td>20,354</td>
<td></td>
</tr>
<tr>
<td>LBH</td>
<td>1,500</td>
<td>Staff Training</td>
</tr>
<tr>
<td>LBBD</td>
<td>2,000</td>
<td>SLT training</td>
</tr>
<tr>
<td>LBBD</td>
<td>1,500</td>
<td>Anti-Knife Workshop</td>
</tr>
<tr>
<td>Total</td>
<td>22,500</td>
<td></td>
</tr>
</tbody>
</table>
HELP ME, I'M NORMAL!

As part of the collaborative work to improve the well-being of children and young people in contact with the justice system, the Clinical Commissioning Group and the Local Authority Youth Justice Service are delivering a drama workshops on Mental Health well-being in secondary schools across Barking & Dagenham, Havering and Redbridge.

The drama entitled; HELP ME, I'M NORMAL! explores a number of issues around Mental Health including self-harm, anxiety, depression, low self-esteem and eating disorders. The production also explores the effects of social media, exam pressure, body image and relationships on the Mental Health of young people, as well as the stigma and discrimination they can experience as a result.

The production is aimed at Years 9 - 12, using three actors and a very minimal set. The play lasts approximately 40 minutes and is followed by a fifteen-minute discussion.

Health in Justice Mapping
As part of this work stream we commissioned through joint funding a BHR specific piece of work 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.

The report should be considered in 5 core sections;

**Setting the scene** - The report begins by setting the context for the mapping exercise and draws on some of the more generalisable information regarding the mental health need of children and young people within or at risk of involvement with the youth justice system.

**Local overview** - This is followed by an overview of the needs of each of the three boroughs reported on in the report; Barking and Dagenham, Havering and Redbridge. This is then followed by a general account of the mental health services for children and young people in the three boroughs.

**Lived experience** – We then outline the experience of two young people and their families, who have been involved with the youth justice system. The case studies were used to inform the thinking of the stakeholder event on the 5th July (See LTP Appendix J for full Report), but we have also summarised some of the key themes that came out of the discussions at that event.
Interviews across the three boroughs - We have included in the report a section that shares some of the key findings from the interviews we conducted with staff and professionals from across BHR

Key themes and recommendations – From all the information gathered, we have looked to distil this information down into key themes (such as the concerns around disproportionality) and how these are represented within the local area. For each key theme we have also tried to offer recommendations and considerations, based on the information that has been shared with us.

Key Recommendations from the BHR mapping report
Within the report, under “Emerging Themes”, there are specific recommendations with regards to service development, provision and support. The list below offers an overview of key recommendations that have evolved from common and consistent themes that have emerged throughout the duration of the mapping exercise and report writing.

1. Developing a Culture of Co-production

2. Early Intervention and looking more to Prevention – It is clear to all that we need to be working earlier – “further upstream” – if we are to have a genuine impact of the numbers of young people entering the youth justice system.

3. Building resilience and preventing ACEs – Even when difficulties do arise, then we need to ensure that children and young people feel able to know that they are supported, that they will be able to cope, and that they (or others around them) know how to access and navigate support for them if and when needed. Resilience has become a word that is focused on the individual, as something that could be taught, and added to the education curriculum. But work within the youth justice system perhaps best articulates the need to recognise that resilience is as much about someone feeling connected and belonging, as it is about feeling confident and able to cope.

4. Relationally informed working – When working with young people and the families it is key that we keep focused on the relationship to build trust and enable change.

5. Consideration of an adoption of an overarching framework like the AMBIT model as an approach that could encompass many of the developments within the three boroughs.

The AMBIT model is;
- trauma based and attachment informed,
- supports ways of working in a relational way with the young person,
- encourages a team around the keyworker, and less of a “flock of seagulls” effect,
- embraces reflective working within teams,
- enables respectful collaborative working across teams, and
- encourages all to be focused on working within and evidence based approach, and being respectful of the literature.
This approach would also support the development of a common language and dialogue about prevention and early intervention, and even more so, about what might be going on for a young person who is at risk of contact with the youth justice system.

6. Communication and collaboration – Clear and consistent communication from within and across agencies. The stakeholder event and survey highlighted that there can be areas where communication can be difficult across services. By adopting models across services, rather than located just within one service, it will be possible to allow a more collaborative approach to work.

7. Training and shared learning – Staff in all youth offending services have welcomed the training opportunities that have been provided to date, and there is clearly an interest in learning more about attachment, trauma, and brief interventions that could be applied within a youth justice setting. There is a concern that the needs of young people within the youth justice system were less well understood within the more generic CAMHS environment. We would therefore support the development of a co-produced curriculum for all staff, from all agencies across the health and youth justice pathway that would reinforce good joint working, collaborative practice and shared understanding of need.

8. Supervision – All the staff working within the Youth Justice System are working with young people with very traumatic past histories, and have been involved in significant and serious events – either as perpetrator or victim. The toll of engaging with this type of material, and the all too often tragic consequences have a significant impact on staff – and especially on their sense of wellbeing. This can also impact on how services work together and how we work with the young people.

9. Shared data collection, developing a dashboard – It has been noticeable throughout the mapping exercise how hard it has been to access data that translates and migrates across the different service domains. Clearly data collection in each service is driven by KPIs and CQUINs (or equivalent) and so will be determined by commissioning requirements.

10. We would recommend the allocation of joint funds, across health and local authorities, and possibly linked with public health, to ensure the development of a data dashboard that speaks to all fields of the experience of children and young people in the borough. For example, it should be possible to determine whether a child who has been excluded from school has ended up within the youth justice or in CAMHS, or possibly both.

11. Jointly agreed outcome measures – to support the development of data dashboard that allows for information that can describe and articulate the experience of young people, then we would propose that all services and agencies come together to try and agree a core outcome measure (s) that could be used universally across all domains. This would also allow for the development of a more evidence based culture within all services, and
especially bring some of the best practice work of third sector agencies on board with wider evidence based practice.

It is proposed that we develop a BHR response to the details mapping report that that will mean through our B&D CAMHS Partnership Board; YOS COG (Chief Operating Group) and Health and Wellbeing Boards.

**Access in Barking and Dagenham - Actions to recover the access standard (including ensuring accurate data flow to the MHSDS) and associated timescales**

The MHSDS is a patient focused data set and includes children and adolescents receiving specialist CAMH services operating in tiers 2, 3 and 4 of the four-tier strategic framework. It also includes children and adolescents who are thought to have a mental illness, learning disability or autism spectrum disorder in receipt of any other secondary mental health care service such as the new community based eating disorder services for children and young people.

Scope does not include non-specialist CAMHs services, and the provision of CAMHs tier 1 services which are likely to include services provided by: GPs, Health visitors, Schools, Social services departments, Youth justice, Voluntary agencies, Children and Young Persons Improving Access to Psychological Therapies (CYP IAPT) Programme

B&D (as part of a BHR approach) has confirmed that there will be no reappraisal of the Operating Plan Prevalence figure of 6331.

The variance between the SDCS (Strategic Data Collection Survey – this was a one off collection of data) and MHSDS (Mental Health Service Data Set) for B&D is showing as 15.2% for the 2017/18 exercise Fig 1.0. The 17.8% SDCS rate reflects the fact that the majority of submitted data was from NELFT through established data collection and submission processes and hence did not reflect the assumed levels of local delivery being quoted by other CCGs but not yet being returned through the MHSDS

<table>
<thead>
<tr>
<th>Area</th>
<th>SDCS 2017/18 % access rate</th>
<th>MHSDS 2017/18 % access rate</th>
<th>Variance % SDCS – MHSDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>30.5%</td>
<td>22.6%</td>
<td>7.9%</td>
</tr>
<tr>
<td>London Region</td>
<td>27.6%</td>
<td>22.9%</td>
<td>4.7%</td>
</tr>
<tr>
<td>North East London STP</td>
<td>25.5%</td>
<td>21.4%</td>
<td>4.1%</td>
</tr>
<tr>
<td>NHS Barking &amp; Dagenham CCG</td>
<td>17.8%</td>
<td>15.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td>NHS Havering CCG</td>
<td>33.9%</td>
<td>30.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>NHS Redbridge CCG</td>
<td>17.0%</td>
<td>14.7%</td>
<td>2.3%</td>
</tr>
<tr>
<td>NHS Waltham Forest CCG</td>
<td>24.1%</td>
<td>21.4%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
The CYP Mental Health Access rate, MHSDS (April 2018) shows B&D at 17.8%

**Fig 2.0**
Quarter 1 2018/19 published MHSDS Access figures - Using April and May Final figures and June Provisional figures.

<table>
<thead>
<tr>
<th></th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Q1 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS BARKING AND DAGENHAM CCG</td>
<td>230</td>
<td>170</td>
<td>75</td>
<td>475</td>
</tr>
</tbody>
</table>

**Targeted online counselling by Kooth – context**
Kooth (XenZone) is a provider of online mental health services for children, young people and adults. Kooth, from XenZone, is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use aged 11 to 18 (+365 days).

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. Kooth 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.

Kooth have flowed online data directly through the Strategic Data Collection Service (SDCS) one off data collection for a number of commissioned areas.

Kooth is planning to begin to flow data to the MHSDS from this month. NHS England’s national mental health team have been undertaking joint discussions with the provider, national data leads, clinical advisors and NHS Digital to ensure that the data being submitted by Kooth aligns to the CYPMH access metric. These discussions have particularly focussed on what counts as a meaningful therapeutic contact. Below is an agreed definition of a therapeutic contact.

**Therapeutic Message**
This involves a practitioner providing therapeutic content to a message. It is usually much longer and more detailed than an administration message. Crucially it involves a level of therapeutic assessment both in the consideration of response, and the requesting of further information for more assessment to take place. A therapeutic message is: (All three elements have to be present)

1. one informed and consistent with a model of counselling/intervention
2. is directly related to the identified/coded problem, and is
3. intended to change behaviour.

**Kooth Clinical Outcomes Measures**
CYP who attend a counselling session on Kooth will be assessed and supported by our routine use of YP Core as a screening tool. The needs of each young person are reviewed throughout the period of engagement. Risk and complexity are monitored and regularly reviewed by use of our own traffic light system which is embedded within our case note system, available to all counsellors to ensure continuity of care.

A systematic approach to measuring distance travelled though goals setting was developed by XenZone for Kooth. The *Counselling Goals System (CoGS)* measures both immediate life goals, as well as longer-term therapeutic goals. Goals, when set
with the support of the counsellor, have been shown to provide autonomy and agency for CYP, offering the opportunity for the individual to contribute to their emotional and mental well-being.

CYP are supported in articulating and setting their specific goals, allocating them a Time 1 rating score out of 10. This score can subsequently be moved either during a future counselling session or independently at the convenience or choice of the CYP. In addition to our CoGS data, we invite young people to complete an End of Session Questionnaire which has four questions which focus upon the Therapeutic Alliance with the counsellor. A fifth question asks if the young person would recommend Kooth to a friend.

**Flowing Data to Mental Health Service Data Set (MHSDS)**

Kooth will test data flow to the MHSDS through two sites in England. Following this, they are planning to flow data nationally, starting with October data due for submission to the MHSDS on 30 November.

**Fig. 3.0**

<table>
<thead>
<tr>
<th></th>
<th>Q1 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kooth figures for B&amp;DCCG</strong></td>
<td></td>
</tr>
<tr>
<td>New Registrations</td>
<td></td>
</tr>
<tr>
<td>% returning</td>
<td></td>
</tr>
<tr>
<td>Proxy Access figure</td>
<td></td>
</tr>
<tr>
<td>Barking and Dagenham</td>
<td>323</td>
</tr>
<tr>
<td></td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>265</td>
</tr>
</tbody>
</table>

**Note: Kooth B&D Qtr 1 report 2018/19**

Kooth reported activity shows exponential growth as the model expands its reach within schools involved in the pilot programme. The therapeutic contact qualifying activity was taken as a ‘returning’ figure expressed as a % of new registrations - for B&D it was reported as 82% in Q1 2018/19.

Kooth activity was not being directly submitted to the MHSDS until October 2018. As a result activity data and associated therapeutic contacts are being taken from the comprehensive Quarterly reports.

**Fig. 4.0**

| Calculation for the Access Rate including Kooth estimated Access figures |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Q1 Published NHSD data     | Kooth Proxy Access figure  | Total Q1 figures (NHSD + Kooth) | Operating Plan Prevalence | Q1 NHSD data only / prevalence | Total Q1 figures forecast for full year | Percentage forecast access rate |
| B&DCCG                      | 600                        | 265                          | 865                        | 6331                        | n/a                         | 1922                          | 30.4%                        |

**Data Source: MHSDS Monthly published reports and Operating Plan refresh for Prevalence figures**
When the assumptive figures for non MHSDS are applied to the MHSDS Q1 data the end of year projection for 2018/19 is as shown in Fig 4.0. The total full year effect (FYE) based on Q1 is arrived by applied an attainment weighting of 42% to Q1 this is taken from the Operating Plan refresh figures and allows movement towards an end of year target to reflect phased delivery throughout the year.

### NHSE Response to B&D Recovery Plan November 2018

<table>
<thead>
<tr>
<th>North East London STP – Barking and Dagenham CCG Nominal RAG - RED</th>
<th>June 2018 (YTD) CYP MH access rate (plan)</th>
<th>18.2% (57%)</th>
<th>Mitigations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area</strong></td>
<td><strong>Overview/ concerns</strong></td>
<td></td>
<td><strong>B&amp;D Response</strong></td>
</tr>
</tbody>
</table>
| **General** | • Clear diagnosis of issues provided: B&D had a service reduction, in which the primary mental health workers (8.0 WTE) were de-commissioned which has affected the capacity for direct interface between schools and CAMHS services.  
• Five work streams: increasing efficiency and managing demand; reviewing MHSDS data and performance, focus on in reach to schools to increase referrals, improving recording and increasing capacity.  
• Query whether the CCG is still on track to deliver by the end of Quarter 1 2018/19?  
• The CCG has committed to deliver a CYP MH access rate of 57% in 2018/19; query the deliverability of this in the context of current delivery.  
• The Region would be interested to understand the different commissioning models across Barking and Dagenham, Havering and Redbridge CCGs. | | • Is B&D still on track to deliver the end of Q1 2018/19?  
**ANSWER:** Our calculation for Qtr 18/19 were in line with CYP access data published in July 2018 (very minor differences) so the answer is yes  
• Access rates?  
**ANSWER:** I do not recognise those figures from our respective recovery plans so:  
1. B&D Figure 4.0 – 30.4%  
2. Redbridge Figure 4.0 (A) – 30.6%  
3. Havering Figure 4.0 – 33.1% |
| **Non-reporting providers** | • The CCG notes that the variance between SDCS and MHSDS is c.2.6% which signals the CCG has a very small number of non-flowing providers. | | **ANSWER:** Kooth submitting data from October 2018 |
The plan notes that Kooth should flow data by October 2018 and that the CCG are speaking with NHS England who are committed to flowing data and supporting the CCG in their plans.

<table>
<thead>
<tr>
<th>Access to CYP mental health services</th>
<th><strong>Increasing capacity</strong>: provider has recruited to roles for CYP IAPT to increase capacity. The CCG was planning to increase Kooth contact hours.</th>
<th><strong>ANSWER</strong>: CYP IAPT part of BHR priorities with NELFT for 2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data quality</td>
<td><strong>Improving recording</strong>: new CAMHS contracting arrangements to review data and performance as well as recording activity; cross NELFT programme to support clinical and admin staff to ensure activity logging is accurate. CCG is also working with North East London CSU to understand which services submitting data are outside of core CAMHS.</td>
<td><strong>ANSWER</strong>: Establish revised contract monitoring structure to ensure delivery of aims part of CYP Transformation programme across BHR.</td>
</tr>
<tr>
<td>Risks and mitigations</td>
<td><strong>P.14 provides an overview of risks and mitigations but risks are quite vague and the mitigations do not have dates provided.</strong></td>
<td><strong>ANSWER</strong>: Updated &amp; As outlined in plans, investment decision in Kooth (Online service) going to respective CAMHS Partnership Boards this month (October). STAR workers (Wellbeing Hub) all in post across BHR and beginning work and engagement through schools. So timelines and impact outlined</td>
</tr>
</tbody>
</table>

**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.
<table>
<thead>
<tr>
<th>Phase 1.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training</strong></td>
<td></td>
</tr>
<tr>
<td>Practitioners were identified to attend the Triple P training course.</td>
<td>There were 11 places for Groups &amp; Seminars 0-12, of which:</td>
</tr>
<tr>
<td>This involved contacting schools to promote the programme.</td>
<td></td>
</tr>
<tr>
<td>Engagement meetings were set up with Triple P and Implementation Manager to provide additional advice to those schools who were considering being a part of the scheme.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 7 completed the training and are accredited.</td>
</tr>
<tr>
<td></td>
<td>• 2 staff are awaiting accreditation</td>
</tr>
<tr>
<td></td>
<td>2 Places for Triple P Standard 1:1 0-12 years</td>
</tr>
<tr>
<td></td>
<td>• An additional 2 places were funded for the Behaviour Alternatively Resourced Provisions (ARP) Staff to deliver 1:1 Triple P Programme</td>
</tr>
<tr>
<td></td>
<td>• Staff have completed their training and are accredited</td>
</tr>
<tr>
<td></td>
<td>12 places were commissioned to attend the Group Teen programme. 11 CAMHS practitioners (+MHA) have completed the Group Teen programme.</td>
</tr>
<tr>
<td></td>
<td>• 2 CAMHS workers trained, 1 no longer in post and 1 does not have capacity to deliver at present</td>
</tr>
<tr>
<td></td>
<td>• 1 CAMHS worker</td>
</tr>
<tr>
<td></td>
<td>• 5 STAR workers now trained and ready to deliver</td>
</tr>
<tr>
<td></td>
<td>Total training places commissioned: 25</td>
</tr>
<tr>
<td></td>
<td>Total trained practitioners (and in post) to date: 15 (inclusive of 2 staff awaiting accreditation.)</td>
</tr>
</tbody>
</table>

TPOL (Triple P Online) [www.triplep-parenting.net/lbbd](http://www.triplep-parenting.net/lbbd)

MHA & CWPs co-designed the TPOL landing page and promotional material with Triple P and service to be launched in B&D 29 October 2018

Website went live in June 2018

500 B&D families to benefit from this service

Flyers for TPOL and promotional material have been distributed to individual practitioners/schools.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 2.</td>
<td></td>
</tr>
</tbody>
</table>
Trained Practitioners are planning delivery in school and CAMHS settings.  

A network meeting is being held on the 17.9.2018 with all practitioners in the borough to ensure there are confirmed dates for delivery.

Confirmed dates for groups to be promoted on the TPOL website.

At the networking event, practitioners will be shown how to capture data using Asra (Triple P’s recording program).

STaR workers to confirm delivery dates and whether they can deliver in schools.

MHA to deliver seminars for all secondary schools and discussion groups for the 3 LA maintained ARPs in 2018-2019.

Launch Date in the autumn term to promote the Triple program and launch of website.  

Date TBC

---

**Triple P Online (TPOL) - [www.triplep-parenting.net/lbbd](http://www.triplep-parenting.net/lbbd)**

**Triple P Independent Evaluation showing potential impact for B&D**

An independent evaluation of Triple P in Ireland produced the following key findings. The B&D Triple P work will be similarly evaluated.
UNESCO Child and Family Research Centre evaluation of the Triple P – Positive Parenting Program® in Ireland has found that the widespread rollout of Triple P in two Irish communities led to population-wide health benefits.

The evaluation conducted by the National University of Ireland, Galway, determined that Triple P led to significant improvements for both parents and children in families who received the program, while families in the wider community were also shown to benefit.

Key findings
- The number of children with emotional and behavioural problems was significantly reduced in the population as a whole when compared to a similar area where Triple P was not delivered. For children with higher levels of need, these problems were down by 37.5%.
- 30% reduction in rates of self-reported parental depression, anxiety and stress in Longford and Westmeath.
- Parents also showed significant improvement in relation to reporting a good relationship with their child, engaging in positive parenting, and being likely to use appropriate discipline.

Transforming Care Partnership (TCP)

B&DCCG and LBBD Education and Inclusion successfully bid for £50k from our BHR TCP for an autism pilot that will have implications across BHR.

The London Borough of Barking and Dagenham (LBBD)’s Inclusive Framework Strategy for Children and Young People with Special Educational Needs and/or Disabilities for 2015/18 sets out three overarching aims for children and young people in the Borough with SEND and their families:

- The best possible outcomes for children and young people which support inclusion, developing independence and successful preparation for adulthood;
- Local education and training with support: A place in a good or outstanding school or provision, mainstream where appropriate, as close to home as possible with Health and Social Care support for themselves and their families.
- Ensuring local SEND services are inclusive of, and integrated with, high quality NHS and voluntary sector services.

The majority of TCP admissions now have an ASD diagnosis. These are the hardest group to reach in terms of admission avoidance – there are challenges with this cohort on if they are known to services, what support is available for parents etc.

The transition for this cohort to adults and where they would specialist support when they move over to adults.

This proposal (building skills and resilience) will contribute to reducing admissions and crisis in the community, both in childhood and adulthood (looking at the long term). We know that 100% of TCP admissions are ASD diagnosed¹ – so the TCP programme
does have an impact on LD. There needs to be increased understanding and focus into the ASD diagnosed cohort.

In addition to the above local aims, the project will support the following national outcomes from the Transforming Care Programme:
- By working with the most complex or those most in need of support, this should result in less cases reaching amber and red on TCP risk registers in the future, and therefore less hospital admissions.
- There will be BHR project learning across the three boroughs and this will be shared through BHR TCP board and other LA governance structures.
- To improve the quality of care of people with a learning disability and/or autism;
- To improve quality of life for people with a learning disability and/or autism; and
- To enhance community capacity thereby reducing inappropriate hospital admissions and length of stay.

Project aims
The aims of the project are to improve health and education outcomes for children with Autism and their families by:
- Providing specialist, full time provision targeted at nursery-aged children, with traits that indicate that they might have Autism, in order to develop their independence, personal growth, confidence, and life skills to integrate fully into their communities. This would be achieved working in close partnership with statutory and voluntary agencies as appropriate.
- Extending pre- and post-diagnostic support for parents and carers of children with Autism at an early stage through a seamless, personalised 24-hour curriculum (social and educational). This would enable them to cope more easily while supporting their child through their educational and life journey more effectively.
- Boosting the resilience and coping skills of children with Autism and their families, enabling them to face life’s challenges with high quality, effective tools and increased confidence at school and at home.
- Working with families to raise awareness of cultural perceptions that may act as barriers to accessing support for some children and families.
- Working with health professionals in LBB, Havering and Redbridge to share project learning and resources, thereby strengthening skills and understanding around supporting children with Autism and their families.

The initial pilot is aimed at children with high needs that have a:
- a pre-screening interview that indicates whether a child may be autistic i.e. M-CHAT (Modified Checklist for Autism in Toddlers)
- a diagnosis of autism
- and/or are waiting on a diagnosis with high complex needs, can benefit from the programme

Referrals to the programme will come from Portage; Health Visitors; Community Paediatricians; Maternity; School Nursing etc.
Places will be allocated through the Education Health Care (EHC) Panel; which is a multi-agency panel comprising Education; Social Care; CCG; NELFT, Designated Clinical Officer and Head teachers.

The pilot will make a significant contribution to implementing the government’s agenda to encourage take-up of full time educational provision for SEND children and supporting the core of aims of the Transforming Care Programme.

Once the pilot is evaluated the aim is to offer this targeted programme to families and children for a 12 week targeted programme once impact and outcomes are assessed

Targeted online counselling piloted by Kooth
Kooth was acknowledged for best practice in the ‘Future in Mind Report’, 2015: “While digital support can encourage an individual’s autonomy over their treatment, online services should be commissioned in a way that is integrated and complementary to face-to-face support. This supports the principles of some services which are already established in this field such as Kooth, an online service providing counselling and group support to 11 - 25 year olds, which when commissioned can work and cross refer with face-to-face services provided in a local area to promote integrated support

Service Hours:
- The digital platform, which is available on any connected device (including laptop, smart phone, tablet) is available 24/7, 365 days a year. This includes features such as messaging the team, forums and magazine articles.
- Scheduled and ‘drop-in’ counselling sessions take place between midday-10pm, Monday-Friday and 6pm-10pm Saturday and Sunday; counselling also occurs 365 days a year.
- On Monday, Wednesday, and Friday, a live moderated forum will take place in the early evening, safeguarded by our media team.

Rationale for Kooth
Kooth digital is currently contracted in 92 CCGs areas, and is accessible to 41% of 11-18-year olds in England. Kooth has been delivering online counselling and support to children and young people (CYP) for 14 years with XenZone’s five core elements at its foundation:

**Early Intervention and Prevention**
Mental health stigma is a common barrier to mental health services, which prevents many CYP accessing services at an early enough stage for it to be considered early intervention or prevention. Kooth provides a secure, safe, accessible space, where all content is moderated to assure the protection of all service users.

**Outcome Informed, User Led**
At Kooth, collaborates with CYP to understand how the service can meet their needs, and stay current to the generation we are serving. To assure clinical outcomes, and benefit of the service within the wider CYP mental health landscape, online-appropriate outcomes measures are used.
Choice
Support for service users can be accessed through engaging with a counsellor through chat messages, writing and responding to (pre-moderated) forum posts, writing and reading (pre-moderated) magazine articles, messaging the team, and writing a personal online journal.

Autonomy
Anonymous at point of registration, Kooth is viewed by many CYP as an extension of their largely digital lives, where accessibility to a range needs-appropriate features, including counselling are available. Using goals based outcomes, and the premise of logging in for a scheduled or drop-in chat mean that CYP are in control of their therapeutic journey.

Flexibility
Every Kooth user is unique, some will visit once and read an article, another will use the service for two years and engage with other agencies with the support of Kooth; a person-centered approach is used for all service users.

Kooth Barking & Dagenham Service Update
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 available for all students in those schools aged between 11 and 18 +364 days.

A full report of the service 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.

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

Activity for Q2 2018-19, which demonstrates how the service has successfully embedded within the region ensuring growth and stabilising engagement with young people via Kooth.

Significant highlights include:
- Q2 has seen 214 new registrations
- Q2 has seen 1,240 Logins, by 244 unique young people, with 83% returning compared to 82% in Q1
- Engagement with young BME people is represented by 57% of service users in Q2, compared to 55% in Q1
- Therapeutic alliance reports that 100% of y/p in Q2 would recommend Kooth to a friend, compared to 88% in Q1
- Out of office hours log ins represents 70% of user engagement for Q2
- There were no complaints or safeguarding issues raised during this reporting period.

Significant highlights for the combined contract areas include:
• Q2 has seen 329 new registrations
• Q2 has seen 1,867 Logins from 384 unique young people, with 82% returning compared to 81% in Q1
• Therapeutic alliance reports that 100% of young people would recommend Kooth to a friend in Q2, compared to 87% in Q1
• Out of office hours log ins represents 74% of user engagement for Q2 (office hours are defined as weekdays 9am – 5pm), compared to 73% in Q1
  • Young BME people engaging with Kooth represents 49% of service users in Q2
  • Worker hours for Q2 demonstrates a high demand for the service and increasing capacity on the service
  • bookings are being confirmed for the Q3 2018-19 period to promote growth to a full capacity service provision
  • there were no complaints or safeguarding issues raised during this reporting period.

Kooth Business Expansion
For the proposed extension phase in BHR, the aim is for all young people aged 11-19th birthday to have access to Kooth. However, B&D CCG and the B&D Local Transformation Group have identified a further cohort of target schools (in addition to those we currently target) and we will, from 1 April 2019, work collaboratively with partners within B&D to focus our promotion of Kooth to young people attending:
  • To increase counselling hours in B&D to 88 PCM (per calendar month) from 30 pcm

This proposal is currently going through our B&D CAMHS partnership Board but has been approved in principle. Further proposals are going to the respective boards in Havering and Redbridge.
1.4 NHS GO

CCGs across North East London STP contributed to the development of NHS GO. Aimed at 16-24 year olds, NHS Go was first developed in 2016, after young Londoners told us they wanted better and easier access to health and wellbeing information. They can now use it to search local health services and find information on health and wellbeing, including mental health, sex and relationships, healthy eating and puberty.

Top views are those for sexual health and mental health. An innovative social media marketing campaign using YouTube influencers and Facebook has been the basis of the successful marketing campaign.

NHS Go won the Patient Experience Network National Award for ‘Championing the Public’ recognising how well it was co-designed with young people. Young people were involved in all stages of development and it is being promoted via social media by some of London’s best known young YouTube vloggers.

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.

Over the last 18 months, the More than Mentors team, led by Community Links, has trained over 150 peer mentors, who have then been able to offer mentoring to a further 150 young people, in 11 different schools across the borough. Data from the initial evaluation reports suggest that this work is demonstrating a building of resilience in the mentees, as well as recognising that many of the mentors are clearly valuing their voluntary role and newly acquired sense of responsibility within their school.

The More than Mentors programme has further tested its offer as a preventative and early help intervention within the borough of Barking and Dagenham by supporting young people who are anticipated to be vulnerable at the point of transition from primary to secondary school. Working with the Horizon 360 programme at Gascoigne Primary school, we have been able to support 9 highly vulnerable young people in the move up to secondary school, looking to prevent exclusion and help them feel more connected to their new school, through peer mentoring.

A successful training the trainers programme in July 2018 saw the involvement of 5 secondary schools within the borough, all looking to set up their own peer mentoring programmes within their schools, with the support of and supervision from, the More than Mentors team. As a result, moving into the final year of this programme we are now looking to find ways of ensuring the sustainability of this work, seeing peer mentoring as a central component of how we will build resilience in children and young people across the whole of our borough.

**B&D’s CYP Wellbeing Summit 10 October 2018 World Mental Health Day**

On 10th October 2018 students from Jo Richardson and Eastbury Community Schools hosted the first ever, student-led Mental Health and Wellbeing Summit for Young People from across the London Borough of Barking and Dagenham.

This event has been co-produced with young people from both schools and offers an exciting programme of speakers and peer-led workshops, looking to inform and inspire students and staff to engage in discussions about children and young people’s mental health, and to ask “What else can we all do?” With the rising awareness and concerns about Children and Young People’s Mental Health it is becoming increasingly clear that we all need to be involved in finding the answers to these pressing demands. This event seeks to offer some of the solutions; informing young people, enabling young people and empowering young people to find ways of supporting each other to build resilience and promote positive wellbeing, recognising that "Mental Health is Everyone’s Business”

All secondary schools from within the London Borough of Barking and Dagenham were represented at this conference, over 150 students and 20 staff took part. Young people took away ideas, activities, skills as well as their own pledge for how they plan to support children and young people’s mental health and wellbeing within their school.
Workshops on the day will cover a range of topics under the titles of;
- Mental health is everyone’s business
- Everyone is Unique
- What we Don’t See
- Creating Change
- The outside world and its impact
- Peer support

This was part of a wider range of activities with Children’s and Adult Commissioners across LBBD and all activities were joint planned and co-ordinated. Councillor Evelyn Carpenter attended and gave the closing remarks.

The following organisations were represented at the Wellbeing Summit at Jo Richardson.

- Carers of Barking & Dagenham
- Green Shoe Arts
- Spark2Life
- Barnardo’s
- Community Links
- Subwize
- CAMHS - NELFT
- The Vibe Youth Centre- Emotional Wellbeing Peer Support Group

The Twitter traffic for the event was heavy with a statement of support from Anne Longfield Children’s Commissioner for England.
A Staff Wellbeing Workshop was run by Becky Casey Health Schools and PHSE Advisor as part of the event

**Key Quotes (prioritise evidence of impact)**

**Quote 1:** Setting up a staff support service – will need additional assistance with SLT support (Sydney Russell)

**Quote 2:** I will discuss staff wellbeing with the head– further training would be useful (Greatfields)

**Quote 3:** I want to bring this in to my school - wellbeing group– we will need further training (JRCS)

**Quote 4:** Shown me and introduced me to more information on wellbeing (Robert Clack)

**Quote 5:** I have learnt about de-stressing. I will need the resources at the end of the presentation. Excellent Session. (JRCS)

**Quote 6:** More positive reinforcement with staff as well as students. Thanks. (JRCS)

**Outcomes from Summit:**
1. This will become an annual event
2. Specific workshops to support staff and parents have been agreed
3. Direct links to the Cultural Education Partnership Strategy and the New Health and wellbeing priority in the Education Strategy established through this piece of work

Further work with More than Mentors for B&D

As a result, we have been exploring the possibility of a further 2 years of delivery of the More than Mentors programme, commissioned through local transformation plan (LTP) funding, as well as exploring financial support from the local authority, given that this work offers an integrated approach to children and young people’s wellbeing and development.

We are therefore proposing the following programmes of activity:

(i) A “Training the Trainers” offer;
Following the recent delivery of a Training the Trainers package for schools in Barking and Dagenham we will now be looking to supporting these schools in setting up their own More than Mentors programmes, with arm’s length support from the Community Links More than Mentors team. We do not expect this to be an easy process for schools initially, and would expect them to require a considerable amount of support, especially around the supervision of the programme.

Based on the figures for the core module programme we would expect this Training the Trainer package to work with;
- 5 secondary schools
- 10 trained members of staff
- 75 peer mentors
- 75 mentees

To ensure this fits within the CCG’s Local transformation plans for CYP Mental Health services, this work will be ongoing for the final 2 years of the transformation programme. Over 2019 – 2020 we would look to ensure that this work becomes fully embedded within the practice of the local authority and local clinical services, so that this work remains sustainable for the future. These proposals have been agreed in principle by the local partnership board.

Summary of findings from second evaluation report by Anna Freud Centre (EBPU) on the B&D More than Mentors Programme

We have recently received the second evaluation report from the research team at the Anna Freud Centre, which is demonstrating some extremely interesting and encouraging findings. Whilst we are not able to share the whole report at this stage, the key features that are coming out of the report include:

**Data sample** - The report is informed by data from five secondary schools and one community organisation in East London that were recruited by Community Links to take part in More than Mentors in years one and two of the programme. The sample for the evaluation consisted of 294 young people across the 6 sites: 171 mentors and 123 mentees.
In the first year, the number of mentees recruited at each school ranged from 10 to 13 and there were 11 mentors at each school. In the second year, the number of mentees recruited at each site ranged from 6 to 37 and the number of mentors ranged from 11 to 43.

**Demographic data** - It was not possible to collect demographic data for all mentors and mentees across all of the sites. The following description of the demographic data relates only to those mentors and mentees for whom these data were collected.

The ages of the mentors in years one and two of the programme (82 female and 21 male) ranged from 11.08 to 17.67 years (M = 15.53, SD = 1.78).

The ages of the mentees in years one and two of the programme (44 female and 25 male) ranged from 11.00 to 14.70 years (M = 13.45, SD = 1.96).

The mean income deprivation affecting children index (IDACI) score for the mentors was 0.32 (SD = 0.07) and for the mentees was 0.33 (SD = 0.08). This score can be interpreted as the percentage of young people in a given postcode who are income deprived. Additional demographic information about the sample has been presented in Table 3.

**Table 3: Demographic information about the mentors and mentees involved in years one and two of the programme:**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Mentors</th>
<th>%</th>
<th>Mentees</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>48</td>
<td>51.1</td>
<td>37</td>
<td>56.1</td>
</tr>
<tr>
<td>African</td>
<td>18</td>
<td>19.1</td>
<td>3</td>
<td>4.5</td>
</tr>
<tr>
<td>Asian</td>
<td>15</td>
<td>16</td>
<td>9</td>
<td>13.6</td>
</tr>
<tr>
<td>Any other</td>
<td>13</td>
<td>13.8</td>
<td>17</td>
<td>25.8</td>
</tr>
<tr>
<td>Free School Meals</td>
<td>21</td>
<td>20.6</td>
<td>22</td>
<td>31.9</td>
</tr>
<tr>
<td>SEN</td>
<td>13</td>
<td>12.6</td>
<td>14</td>
<td>20.3</td>
</tr>
<tr>
<td>EAL</td>
<td>30</td>
<td>29.4</td>
<td>31</td>
<td>44.9</td>
</tr>
</tbody>
</table>

The mean number of peer mentoring sessions attended by the mentors (n = 171) was 11.09 (SD = 5.64) and by the mentees (n = 121) was 6.21 (SD = 3.43).
Results from child survey (SDQ, SRS, PSS and sWEMWBS);

(i) Strengths and Difficulties Questionnaire (SDQ)

Figure 1 illustrates the change in mean SDQ total difficulties scores (sum of the emotional difficulties, conduct difficulties, hyperactivity/inattention difficulties and difficulties with peers subscales) from Time 1 to Time 2 for mentors and mentees. Figure 1 shows that the mentees’ SDQ total difficulties scores on average decreased from Time 1 (M = 13.79, SD = 5.86) to Time 2 (M = 12.50, SD = 5.79), and the mentors’ SDQ total difficulties scores on average decreased slightly from Time 1 (M = 10.85, SD = 5.51) to Time 2 (M = 10.82, SD = 5.72).

Emotional difficulties scores for those who were part of the intervention (regardless of role) decreased significantly from Time 1 to Time 2 (F(1,192) = 6.31, p = .013). No significant mean differences between the mentors and mentees were identified regarding their emotional difficulties scores.

Difficulties with peers scores for those who were part of the intervention (regardless of role) decreased significantly from Time 1 to Time 2 (F(1,193) = 6.54, p = .011). No significant mean differences between the mentors and mentees were identified regarding their difficulties with peers’ scores.

(ii) Student Resilience Survey;
Family connection scores for those who were part of the intervention (regardless of role) increased significantly ($F(1, 184) = 4.30, \ p = .040$). No significant mean differences between the mentors and mentees were identified regarding their family connection scores.

Self-esteem scores for those who were part of the intervention (regardless of role) increased significantly ($F(1, 180) = 7.56, \ p = .007$). No significant mean differences between the mentors and mentees were identified regarding their self-esteem scores.

Once gender, age, ethnicity, SEN, IDACI score, year of intervention, term of intervention, and number of sessions had been entered into the analysis, the results showed:

A significant association between the number of sessions attended and school connection scores ($F(1, 79) = 13.34, \ p < .001$), showing that participants (regardless of role) who attended more sessions of More than Mentors had higher school connection scores at Time 2, as compared to Time 1.

(iii) **Perceived Stress Scale**;

Figure 2 shows the change in mean PSS scores from Time 1 to Time 2 for the mentors and mentees;

![Graph showing change in PSS scores](image)

The mentees’ PSS scores on average decreased from Time 1 ($M = 7.28, \ SD = 3.22, \ n = 68$) to Time 2 ($M = 6.00, \ SD = 3.22, \ n = 68$), which proved to be statistically significant.

(iv) **Short Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBS)**
Both the mentees’ (Time 1: M = 25.55, SD = 5.46; Time 2: M = 26.09, SD = 5.67, n = 65) and mentors’ (Time 1: M = 25.21, SD = 5.76; Time 2: M = 25.59, SD = 5.77, n = 110) SWEMWBS scores increased over time on average. However, no significant mean differences over time were found for either the mentors or the mentees.

Once gender, age, ethnicity, SEN, IDACI score, year of intervention, term of intervention and number of sessions had been entered into the analysis, the results showed a significant association between the number of sessions attended and SWEMWBS scores $F(1, 76) = 4.20, p = .044$, indicating that participants (regardless of role) who attended more sessions had higher SWEMWBS scores at Time 2 as compared to Time 1.

**Access to formal support for mental health difficulties**

At Time 1, 22 of the mentors and 21 of the mentees (in total 20.6% of the sample with Time 1 data) stated that they had accessed formal support for mental health difficulties in school and/or out of school in the last 12 months.

At Time 2, 17 of the mentors and 13 of the mentees (in total 20.5% of the sample with Time 2 data) stated that they had accessed formal support for mental health difficulties in school and/or out of school in the last 12 months.

Specifically, by Time 2:
- Three of the mentors had stopped and seven had continued having access to formal support for mental health difficulties
- Eight of the mentors had started having access to formal support for mental health difficulties
- Four of the mentees had stopped and five had continued having access to formal support for mental health difficulties
- Two of the mentees had started having access to formal support for mental health difficulties

**Key findings from the child survey;**

(i) **Improving mental health** - In terms of the young people’s mental health scores, a statistically significant difference was found over time in the mentees’ overall mental health difficulties scores, which on average improved from Time 1 (pre-More than Mentors) to Time 2 (post-More than Mentors; approximately 10 weeks after Time 1).

(ii) **Improving emotional difficulties** - In addition, a statistically significant difference was found over time in the young people’s emotional difficulties scores, which, regardless of whether the young people were a mentor or mentee, on average improved from Time 1 to Time 2.

(iii) **Improved peer relationships** - Similarly, a statistically significant difference was found over time in the young people’s difficulties with peers scores, which, regardless of whether the young people were a mentor or mentee, on average improved from Time 1 to Time 2.
(iv) **Impact on hyperactivity/inattention** - A statistically significant association was found between age and the young people’s hyperactivity/inattention difficulties scores, suggesting that regardless of whether the young people were a mentor or mentee, young people who were older showed improvement in their hyperactivity/inattention difficulties scores over time. A statistically significant association was also found between the number of sessions attended and the young people’s hyperactivity/inattention difficulties scores, suggesting that regardless of whether the young people were a mentor or mentee, young people who attended more sessions of More than Mentors showed improvement in their hyperactivity/inattention scores over time.

(v) **Improved family connection** - In terms of comparing a range of protective factors in young people over time, a statistically significant difference was found over time in the young people’s family connection scores, which, regardless of whether the young people were a mentor or mentee, on average improved from Time 1 to Time 2.

(vi) **Building self-esteem** - A statistically significant difference was also found over time in the young people’s self-esteem scores, which, regardless of whether the young people were a mentor or mentee, on average improved from Time 1 to Time 2.

(vii) **Direct link between sense of School connection and engagement with the programme** - A statistically significant association was found between the number of sessions attended and the young people’s school connection scores, suggesting that regardless of whether the young people were a mentor or mentee, young people who attended more sessions of More than Mentors showed improvement in their school connection scores over time.

(viii) **Reducing perceived stress** - In terms of the young people’s scores on the PSS, a measure of perceived stress, a statistically significant difference was found over time in the mentees’ perceived stress scores, which on average improved from Time 1 to Time 2.

(ix) **Direct link between engagement in the programme and improved wellbeing** - In terms of the young people’s scores on the SWEMWBS, a measure of wellbeing, a statistically significant association was found between the number of sessions attended and the young people’s wellbeing scores, suggesting that regardless of whether the young people were a mentor or mentee, young people who attended more sessions of More than Mentors showed improvement in their wellbeing scores over time.
Mental Health Advisor Update

Background
The Mental Health Adviser (MHA) post was jointly commissioned to develop school practice and ethos that effectively develops resilience, promotes positive mental health and supports children at risk of experiencing mental health problems. The role is based within the Education Core Team within the Local Authority to brokerage contact between CAMHS and schools.

Key Work Completed
The role’s success has relied upon making key contacts within schools and other services. Schools have reported that being able to have a key contact to advise and signpost has been useful in supporting their children and young people. (Email correspondence provides more details).

Training
To date training has been delivered for 194 staff members on the topic of Self Harm and Mental Health Awareness for both primary and secondary school staff. Training provided staff with the opportunity to discuss common issues faced and strategies that can be used within a school setting to promote emotional wellbeing.

Evaluation of Impact
Feedback from delegates include:
“Wonderful, professional and informative.”
“Raised awareness of less recognised forms of self-harm”
“Very relevant content, well-paced, confident and extremely knowledgeable in a non-threatening way.”
“Excellent, informative & thought provoking.”
“Very informative & useful.”
“Great handouts and resources.”

Advisory Support
The MHA provided advisory support on 99 CYP from 2017-2018. This included providing advice and signposting and collecting further information from those supporting the CYP to assist with accurate assessments and discussions over the most appropriate way of supporting the CYP and to ensure statutory measures are put in place within schools.

Evaluation of Impact
Providing advisory support to 99 CYP some of which were known to CAMHS and some of which weren’t. This helped to build school staff’s resilience and capacity and supported staff and parents of those who did not meet the threshold of CAMHS support.

Multidisciplinary Team Meeting (MDT)
The weekly multidisciplinary meeting takes place to discuss complex cases and ensure the appropriate strategic planning for the best interests of the CYP is upheld.
The MHA represents Education and other attendees include Paediatrics, Child Development Team, Speech and Language Therapies (SaLT) and Social Care. This task involves liaising with schools to feedback accurate information and responding to any actions arising from agreed actions from the MDT meeting.

### Mental Health Interventions Audit
A mental Health Interventions Audit was completed in 2017 to gain an understanding of what schools currently offer to support the emotional wellbeing of their pupils.

#### Evaluation of Impact
In representing Education at the weekly MDT meeting, the MHA provided key information and updates from schools and presented CYP with complex needs following concerns raised by schools. MHA followed up any actions regarding reasonable adjustments in school, support and signposting for staff and parents, thus ensuring CYP were being supported either by schools or by CAMHS.

To provide schools, Local Authority and Health a better understanding of what current provision is in place to support the emotional wellbeing of CYP. This audit was also used by CAMHS triage team and counselling staff to ascertain which schools had interventions in place to signpost to.

#### Triple P
As part of the CAMHS Local Transformation Plan, the Triple P parenting programme has been commissioned to train staff in schools, in CAMHS and for an online website to be developed to offer parenting support online. The MHA coordinated this offer in selecting the practitioners, to provide information for the website development, provide ongoing support and implementation for Triple P practitioners and arrange a launch for stakeholders involved in the project.

#### Evaluation of Impact
School staff and CAMHS practitioners are now trained to deliver Triple Interventions. A website has been developed to be utilised by Triple P practitioners.

#### The Thrive Approach
The Thrive approach was commissioned to train staff to be able to support the emotional wellbeing needs of CYP in schools and to better equip staff to respond to their needs. The Thrive approach is a whole school approach framework that offers the practitioner’s tools to be able to assess, deliver interventions and be able to evaluate the progress and impact of the interventions.

The MHA coordinated the 2017-2018 cohort of a further 16 staff members who attended the thrive practitioner training.
The MHA completed a Thrive Impact Report to offer an insight into how well it is currently working within schools. Another Impact report will be completed before the end of 2018.

**Evaluation of Impact**
To date an impact report of the Thrive Approach has been completed with an additional impact report to be completed by the end of 2018. The MHA also provides support to practitioners on implementing the approach within a school setting.

**Local CAMHS Transformation Plan (LTP) Partnership Group Meeting**
The MHA chairs the LTP Partnership Group in Barking & Dagenham. The purpose of the meeting is to evaluation the progress of commissioned projects and to consider other areas of need for commissioning. This involves inviting key stakeholders to the meeting and following up any other actions that have been agreed at the meeting.

**Evaluation of Impact**
A 6 weekly meeting held to evaluate the impact of commissioned projects and to inform wider stakeholders of any updates regarding the ongoing work and any other developments. This meeting has brought together key parties to discuss how best to build resilience within services to support the emotional wellbeing of CYP.

**Key Meetings/Communications**
To fully utilise the key function and role of the MHA, various meetings were attended to disseminate information relating to the LTP and provide any other Mental Health topics and advisory support. Key meetings attended include:

- **Healthy Schools Partnership Meeting**
  To provide updates on work being carried out in schools to promote resilience.

- **YARM (Youth at Risk Matrix)**
  To provide advice and signposting for the emotional wellbeing needs for CYP at risk of joining gangs.

- **SEMH Behaviour Workstream Meeting**
  To update the SEMH Workstream party of the work being carried out within schools to promote emotional wellbeing (More Than Mentors, Kooth, Triple P).

- **Education Placement Panel (EPP)**
  To contribute advisory support when discussing the appropriate placement of CYP with SEMH needs.

- **Education Health Care Panel**
  To contribute to the panel’s discussion and decision for applications for Educational Health Care plans.

- **Senco Meetings**
  To provide updates on work being carried out in schools to promote resilience and to disseminate any other updates on the matters of Mental Health (DfE guidance, training, contacts).

- **Nurture Network Meetings**

44
MHA hosted a Nurture network meeting to support staff who work in nurture group settings to promote continued professional development and the sharing of good practice.

- **Thrive Network Meetings**
  MHA to support the delivery of a Thrive network meeting to support staff who deliver Thrive interventions to promote continued professional development and the sharing of good practice and to provide advice on the implementation of Thrive within a whole school setting.

- **Trauma Informed Approach Development Meeting**
  The Local Authority have developed a Trauma Informed pilot offering wrap around training and support for teachers, parents and CYP. The MHA has been involved in key meetings to provide advice on the Thrive Approach and other interventions being used within schools.

- **Education Psychologist Team Meeting**
  To update EPs of the work being carried out within schools to promote emotional wellbeing (More Than Mentors, Kooth, Triple P).

- **Behaviour Provisions Meeting**
  To provide the Behaviour Provisions maintained by the LA a network to identify areas for development and networking opportunities.

- **Professionals Meetings**
  MHA has attended numerous professionals’ meetings to consult and discuss with other key staff members in the best way to support a CYP’s wellbeing needs.

- **TAF Meetings**
  MHA has attended numerous professionals’ meetings to consult and discuss with other key staff members in the best way to support a CYP’s wellbeing needs.

- **Meeting with STaR Workers & CWPs**
  To provide a networking opportunity for staff within CAMHS to build on existing relationships with schools, provide key contacts and provide invites to key events.

### Evaluation of Impact

| To update services of the role of the MHA. |
| To update and disseminate information regarding the LTP and any other relevant information to schools and services. |
| To build key contacts within services. |
| To provide advisory support. |

### Summary

The MHA has been useful in making key partnership links to support school staff in supporting the CYP with their mental health needs, promoting whole school approaches and representing education at the weekly MDT meeting. The strengths of this role include an awareness of both the healthcare services and the education services considering the differences and strengths of both institutions. This knowledge has been crucial in supporting school staff and providing feedback to CAMHS. To develop this role further, it would be useful to consider the capacity of the role and how best the MHA can be used to essentially support CYP’s mental health needs.
The Circle of Resilience is to represent the upstream work as part of the B&D CAMHS LTP and is updated from last years plan:

1.5 Engagement

As part of B&D’s approach we have embedded close work with key partners as part of 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
This is our holding page on the LBBD website:


We continue to engage widely with all our stakeholders on refining and implementing our transformation plans. Thus:

1. CYP led Wellbeing Summit
2. CYP Journey in the Criminal Justice System – mapping across BHR
3. Co-production matrix
4. Session with Mental Health Sub-Group October November
5. B&D Healthwatch Session 15 November 2018
6. Improving the Children’s Mental Health Care pathway Workshop in BHR – run by NELFT and CEPN network – October 2018
7. CYP Transformation workstream across BHR – initial meeting October 2018 with a series of meetings based on 100 day challenge

<table>
<thead>
<tr>
<th>Section</th>
<th>Sub-group comments</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>• Support for primary schools</td>
<td>• Primary schools – support concentrated on staff resilience as we do not was young CYP labelled from an early age.</td>
</tr>
<tr>
<td></td>
<td>• Links to PH resilience</td>
<td>• PH – we work closely with PH and LBBD Commissioners we will need to link CAMHS work under parity of esteem strand</td>
</tr>
<tr>
<td></td>
<td>• LGBT community &amp; building resilience in communities around gender</td>
<td>• Family resilience - As part of ongoing commitment we are running specific sessions for parents and staff</td>
</tr>
<tr>
<td></td>
<td>• Family/staff support</td>
<td>• Gender – this is being picked up as part of online counselling service</td>
</tr>
<tr>
<td></td>
<td>• Transition and links to Adults</td>
<td>• Males and MH – we have excellent young males at Wellbeing summit so we will ensure that these group are targeted – even spread</td>
</tr>
<tr>
<td></td>
<td>• Technology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Building tolerance in communities around gender</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Getting male CYP to engage and discuss mental health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• GP’s social prescribing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CYP-IAPT</td>
<td></td>
</tr>
</tbody>
</table>
with online service between male and female
• GP’s – links with GP’s need to be improved
• CYP-IAPT listed as a priority for next year and working closely with NELFT

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.

**Community Education Provider Network (CEPN) - Improving the Children’s Mental Health Care Pathway Across BHR – October 2018 (See Appendix M)**

- We agreed the following:
  - To share existing mapping activities from Redbridge and Havering so that we can learn from and build on these for the whole of BHR
  - To develop a BHR-wide mapping of services so that service providers can have a greater understanding of the provision available and are better able to refer and signpost
  - To develop a communications approach for those in need of support so they are better able to identify and access provision
  - To utilise the BHR CEPN monthly newsletter to share ideas, experience and knowledge

**Mental Health and Wellbeing Meeting November 2018 – Healthwatch B&D**
We discussed the CAMHS LTP and the key priorities, the following was discussed and debated:
1. This CYP affected by Domestic Violence (DV) and their families
2. Looking at Victim Support for CYP where DV was an issue.
3. The age that CYP can access the CAMHS service
4. Waiting Times
5. The use of group sessions as part of building resilience
6. Parenting Programmes
7. Loneliness and its impact and CYP and families
8. Carers of B&D and linking in with their parenting programmes
9. Social prescribing
10. An update from Lifeline projects and their youth programmes and the peer mentoring programme and clinical outcomes
11. The Children’s Commissioner was invited back in January 2019
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 Sub-Group 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, and 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.
Governance

Mental Health Transformation Board BHR

BHR CAMHS Transformation Group

MH Subgroup B&D

Health and Wellbeing Boards

B&D Local Implementation Group

Havering Local Implementation Group

Redbridge Local Implementation Group

Wider Health Economy and Stakeholders

2. Understanding Local Need - Barking and Dagenham’s population needs

“Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community. Well-being is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society.” World Health Organisation
Data on children and young people’s well-being is often collected for the 5-16-year old age range. Although traditionally there has been less focus, it is now recognised that the 0-5 and 16-25 ages are critical and vulnerable when it comes to mental health and wellbeing. Preventative strategies occur during pregnancy and post 16 is referred to as “the transitional phase” where young people can suffer relapses from unhappiness and anxiety to psychosis.

Often, data referred to in reports on children and young people’s mental health is outdated. Government policies and the Mental Health Organisation continually refer to statistics from a 2004 children and young people’s survey which will not include the impact of accelerated use of social media by under 25s. New prevalence data is due in autumn 2018.

Key themes to emerge for B&D

1. **Physical health:** the links are very clear between physical activity and children and young people’s wellbeing and mental health especially when the UK is compared to Scandinavian countries. Surveys show that children are unhappy with their weight and appearance (particularly girls who have increased emotional wellbeing issues) but this could also impact overall life satisfaction. Getting young people and children in the UK to increase their physical activity will help improve their happiness.

2. **Prioritisation of wellbeing at schools:** a “whole systems approach” is recommended by the UK government. Their idea is that if children can be taught resilience at school this will prevent poor mental health and wellbeing in the future. While prevention is championed by the World Health Organisation, pressure put on children and young people to do well at school is a cause of the poor mental health and wellbeing in the UK. While schools can be vehicles of changing attitudes, society (not just schools) need to recognise the importance of wellbeing as well as academic success.

3. **Early intervention and identifying risks:** there is no doubt among researchers that early intervention is crucial for children and young people’s wellbeing. However, this needs to happen before the age of 5 (preferably during pregnancy) and continue post 16 using the whole systems approach (health visitors, schools, GPs, employers). System providers need to be aware of what the risks are and tailor interventions accordingly.

4. **Accessibility and communication:** reports show that only a small proportion of children and young people are accessing the help they need regarding mental health. While this is largely due to a lack of funding and resources, we need to make sure young people are aware of what help is available and that it is accessible. This is particularly important for the 16-25 age group who are no longer at school or involved with health visitors.

5. **Transition from children to adults’ services:** the differences between genders and mental health become more apparent when children are in secondary school and as they leave at 16. For any risk factors to be properly managed there needs to be a smooth transition from CAMHS to AMHS.

**Barking and Dagenham**
The priorities and strategies from the London Borough of Barking and Dagenham’s Joint Strategic Needs Assessment (2017) include:
• A key local and national policy priority is to ensure the mental health has parity of esteem with physical health, including in the STP.
• Increasing levels of personal wellbeing and happiness to be above the London average is a target in the Borough Manifesto. Although this is to be measured in adults, the experiences of children will also be important.
• A detailed Children and Adolescent Mental Health Services (CAMHS) needs assessment for Barking and Dagenham was published in 2016, with recommendations for improving mental health services and outcomes for children and young people.
• The Barking and Dagenham Children and Young People’s Mental Health Transformation Plan (annual updates) sets out a vision for improving mental health services for children and young people.
• Barking and Dagenham’s Director of Public Health’s annual report for 2016/17 includes mental health in children and young people as a priority area.
• More children are developing coping and rebound skills to manage life stresses (prevention).

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. 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.

A school survey on year 10 students in Barking and Dagenham in 2017 showed:
• 26% had a low-medium well-being score
• 30% had a low resilience score
• 53% had at least 8 hours sleep the night before
• 64% “worry a lot” about something
• 51% satisfied with life
• 70% said they looked at a device screen for at least 3 hours a day on the day before
• 36% said they looked at a device screen for 5 hours or more
• 63% of students responded that they have felt loved “often” or “all of the time”
• 30% rarely feel optimistic about the future or not at all

Girls have far worse emotional well-being than boys

Note: Barking and Dagenham School Health-Related Behaviour Survey 2017

Overall, children and young people are slightly more at risk of poor mental health and well-being due to their increased risk factors of poverty and obesity.

The following snapshot was developed by LBBD’s Children’s Commissioning Care and Support Team
Notes: Indicators 1-7 are provisional data. It has not been feasible to include comparator data for all indicators. 10. State-funded primary, secondary and special schools, overall session absences (authorised and unauthorised). 11. Attainment 8 is an average measure across a student’s GCSE grades, including English and maths (these are double weighted) and up to 8 grades. 16. Partially or totally breastfed as a proportion of those due a 6/8 week check, please note this data does not meet the validation criteria. 20-22 & 24 are not reflective of all adolescents in the borough, only those that took part in the 2017 school survey (years 8, 10 & 12).
As well as this above analysis for LBBD, the Children and Young People’s Joint Strategic Needs Assessment\(^2\) was used to inform the 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.\(^3\) 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.\(^4\)
- 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 person\(^5\) is of lower socio-economic status have a higher prevalence of mental health disorders, while there is also a relationship with household income.\(^6\) 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:

---


\(^4\) PHE, Children and Young People’s Mental Health and Wellbeing [https://fingerips.phe.org.uk/profile-group/child-health/profile/cypmhw].

\(^5\) 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-ns-sec--rebased-on-soc2010--user-manual/index.htm].

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

Schools Data

Table 1: Percentage of pupils with each primary need who are identified as SEN (either on SEN support or with a statement or EHC plan) in state funded primary, secondary and special schools England 2018

It is also important to note in any SEND forecasting that there are high incidence needs and low incidence needs. The table above illustrates this with the low incidence needs such as hearing, visual and multi-sensory impairment being low in number but often requiring highly specialised provision.

A breakdown of LBBD statements/EHC plans in Barking and Dagenham by category of need is shown in Table 2 below. The number of statements/EHC plans has risen by 30% over the past 8 years.
The primary needs on LBBD statements/EHC Plans in 2018, highest to lowest, are as follows:

- Autistic Spectrum Condition (ASC) at 26.1%
- Severe Learning Difficulties (SLD) at 19.4%
- Speech, Language and Communication Difficulties at 16.8%
- Social, Emotional and Mental Health (SEMH) 12.4%
- Moderate Learning Difficulties (MLD) 9.9%
- Medical/Physical 5.51%
- Profound and Multiple Learning Difficulties (PMLD) 3.3%
- Hearing Impairment (HI) 1.7%
- Visual Impairment (VI) 0.6%
- Specific Learning Difficulties (SpLD) 0.6%

Thus we can note that SLCN and SEMH are amongst the most significant needs in B&D

### 2.1 Health Inequalities

The B&D LTP Partnership Board has made addressing the EWMH (Emotional Wellbeing Mental Health) needs of vulnerable cohorts of children (a key underlying principle of the LTPs) as a key element of the Board a priority

This group includes Looked after Children (LAC), Children and Young people within the justice system, Children and Young people attending special schools (and their parents) and those with LD and additional needs including ASD
The actions being taken are as shown

<table>
<thead>
<tr>
<th>Group</th>
<th>Additional Requirements</th>
<th>Actions Taken or Planned</th>
</tr>
</thead>
</table>
| Looked after Children (LAC)   | Robust links between LAC / Safeguarding teams and the CAMHS requirements | 1. Appointment of CAMHS MH LAC SW  
  • Processing LAC referrals, Assessing, LAC patients referred to CAMHS service.  
  • Undertaking pre-admission assessments  
  • Contributing to rehabilitation planning for LAC patients.  
  • Supporting LAC children when going through court and when decisions are made.  
  • Providing support and advice in the respect of the Children Act.  
  • The role also involves integrative and collaborative working with other originations such as schools, GPs and social services.  
  • Working as a link and improving relationship between Health and Social services.  
  • Attending PEP meeting, LAC and placement reviews.  
  • Working closely with foster carers to prevent |
<table>
<thead>
<tr>
<th>Special Schools and Alternative Provision</th>
<th>Build on existing Links with Education and Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appointment of Mental Health Advisor</td>
<td></td>
</tr>
<tr>
<td>2. Joint Children’s Commissioner sits on EHC/Placement Panel</td>
<td></td>
</tr>
<tr>
<td>3. Close links to Special Schools in B&amp;D i.e. additional resources for special school nursing agreed for 18/19</td>
<td></td>
</tr>
<tr>
<td>4. Specific service SLA in place with Trinity Scholl B&amp;D for provision of paediatric therapies</td>
<td></td>
</tr>
<tr>
<td>5. Detailed analysis on this cohort carried out by Education and Inclusion colleagues (Appendix C)</td>
<td></td>
</tr>
</tbody>
</table>
6. Additional Funding £50k secured through Transforming Care Board for B&D

<table>
<thead>
<tr>
<th>Health in Justice</th>
<th>Delivery of tailored services to reflect the disproportionate needs within this group and addressing the multi therapy aspect of effective outcomes</th>
</tr>
</thead>
</table>
|                    | 1. B&D Lead Commissioner for Health in Justice workstream  
2. Additional SLT; Family Systemic therapist recruited for to complement existing CAMHS Psychologist and CAMHS Nurse |

<table>
<thead>
<tr>
<th>Learning Disability</th>
<th>Ensure CYP are a fundamental part of the relevant LD Boards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Joint Children’s Commissioner sits on LD Partnership Board</td>
</tr>
</tbody>
</table>

3. Vision and Ambition

The vision and ambition for children and young people remains constant since 2015.

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
4. Workforce

The current B&D CAMHS resource is shown in Appendix O. As part of our workforce strategy in B&D we have recruited:

1. 4 WTE Wellbeing hub workers (STAR Workers)
2. CAMHS MH LAC Social Worker
3. SLT 0.8 for Youth Offending Service
4. Family Systemic Therapist 1 wte for YOS
5. Mental Health Advisor

This is consistent with Health Education England workforce strategy principles:

<table>
<thead>
<tr>
<th>HEE Principle</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securing the supply of staff the health and care system needs to deliver high quality care in the future</td>
<td>See recruitment above</td>
</tr>
<tr>
<td>Training, educating and investing in the workforce to give new and current staff flexibility and adaptability</td>
<td>See approved STAR work Training proposal approved by B&amp;D CAMHS partnership Board</td>
</tr>
<tr>
<td>Providing broad pathways for staff so they have careers, not just jobs</td>
<td>All workers part of NELFT staff CPD and career development</td>
</tr>
<tr>
<td>Widening participation in NHS jobs</td>
<td>Recruitment of Co-located posts and STAR workers shows innovative response to service needs</td>
</tr>
<tr>
<td>Ensuring that the NHS, and other employers in the system, are model modern employers</td>
<td>Agile working; outcomes focused and embracing technology</td>
</tr>
<tr>
<td>Ensuring that in future service, financial and workforce planning are properly joined up</td>
<td>All recruits’ are part of existing staff structures</td>
</tr>
</tbody>
</table>

4.1 Training for STAR workers

<table>
<thead>
<tr>
<th>Programme</th>
<th>Description</th>
<th>Rational/Evidence</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. The Incredible Years (Webster-Stratton)</td>
<td>Internationally acclaimed parenting course (2-8 years) with a robust evidence base</td>
<td>• Efficacy demonstrated during a randomised control trial (O’Neill et al., 2013) • Cost-effective in reducing behavioural difficulties (Taylor et al., 1998)</td>
<td>Bespoke training course – Accredited for 8 people - £3000 – 3 days training.</td>
</tr>
</tbody>
</table>
### 5. Bespoke 2-3 day mindfulness training with Evolving Minds.

A first-hand experience of mindfulness techniques/practices as well as mindfulness-based tools/activities that can be deployed in working with children and young people.

- Equip STAR workers with a range of strategies that can be used with children and Young people who do not meet the threshold for specialist input with CAMHS.

| Bespoke training course –for 8 people - £2400 – 2 to 3 days training. |

### 5. Non-violent Resistance (NVR)

Non Violent Resistance (NVR) is an innovative form of systemic family therapy, which has been developed for aggressive, violent, controlling and self-destructive behaviour in young people. High efficacy and very low drop-out rates make this a very efficient and cost-saving approach for CAMHS clinicians and professionals in Social Services or the independent sector. Working with NVR can help prevent family breakdown or foster placement breakdown.

- Significant amount of challenging behaviour demonstrated by children and young people locally – it is felt that, as front-line service providers, STAR workers require training to promote competency in this area.
- Local expert opinion suggests that the aggressive behaviour and controlling behaviour of children and young people towards their parents is an increasing concern.

| Bespoke team training course - £8000 – 4 days training. |

### 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 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.
The investment into CAMHS services by the CCG was in support of the demand, capacity and clinical caseload outcomes from the FSR

Additional services relating to Health in Justice, Crisis and Homecare, EiP and Eating Disorders are subject to their own recent and on-going demand and capacity reviews

4.3 Strategic Alignment

Barking and Dagenham, Redbridge 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

5. Collaborative and Place-Based Commissioning and Integrated Pathways across Community, Inpatient and Crisis Care

CAMHS forms part of the BHR wide Children and Young Peoples Transformation Programme which ambitiously seeks to ensure that Local Authorities, Health and Third Sector work collaboratively to deliver fully integrated services for our service users.

Barking and Dagenham has representation into the work of the East London Health and Care Partnership (ELHCP/ STP) and works closely with neighbouring CCGs including Waltham Forest who commission and manage some specialist CAMHS services.

The Transforming Care Partnership has representation from NELFT, Joint Children’s Commissioners at their Board and there are excellent operational relationships to deliver operationally.

The work with NHSE Specialist CAMHS services (Tier 4) is robust around CETRs (Community Education Treatment Reviews) but could be strengthened. This is an ambition going forward and should be addressed on a (ELHCP/ STP)

Following the closure, repurposing and reopening of the Brookside CAMHS inpatient unit in 2016, now rated outstanding. NHS England, working closely with BHR CCGs, commissioned a CYP Home CYP Home Treatment Team (CYPHTT)

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

63
The establishment of a suitable Section 136 place of safety is within the Commissioning Intentions for B&D and is being taken forward on a NEL basis.

There is a well-established Interact team that provides crisis intervention and outreach (including A&E assessments) which has been extended 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 the Transformation Programme will involve working with partners (including the local voluntary sector) to tackle factors that make it difficult for people, especially among B&D’s diverse communities, to maintain good mental wellbeing such as homelessness, substance misuse, domestic violence and social isolation.

5.1 Admissions across BHR

![Age Distribution Chart]

**HIGHLIGHTS**

The majority of service users are aged 15 and 16. There has been a sharp increase in the number of service users aged 14 and 17.
HIGHLIGHTS
There is a shift in the gender of service users as previously the majority were female but in 2017/18 this is now males.
HIGHLIGHTS
Ethnicity groupings differ between the two years and therefore a direct comparison is not possible.

Children and Young People’s Mental Health Crisis Peer Review: North East London (Barking and Dagenham, Havering, Redbridge and Waltham Forest) – Summary of recommendations report August 2018 (Appendix P)

A peer review of the children and young people (CYP) mental health crisis pathway, was conducted at North East London NHS Foundation Trust (NELFT) on Monday, 19 February 2018.

Positive reflections
It is impressive how NELFT have improved following the closure of the Brookside unit the turnaround plan had led to an outstanding rating for the child and adolescent mental health wards. The panel reflected that the facilities now available at Brookside were very good and this was shown with the positive feedback from parents who have used the dedicated family wing at the Brookside unit and other positive feedback received. He quarterly ward rounds by senior management would hopefully maintain these facilities.

The introduction of the INTERACT and YPHTT services had increased the response to CYP in crisis. In relation to INTERACT it was clear that the model had led to shift to more urgent than emergency referrals. In the case of YPHTT it was very positive that the service had reduced inpatient need and this should be considered for roll out in other areas. It was also felt that there was potential for a brand to be created for the service, and should be considered in relation to the communications plan.

Other positives included:
- Improvements across emergency departments and the paediatric response.
- Acute staff having access to up to date mental health assessment info (via RiO)
- Steps taken to improve inappropriately advising CYP to go to emergency departments including emergency department diversion, closer working with schools and easier access for emergency assessments from CFCS.
- CYP Mental Health Street triage with Police planned.
- Schools engagement, CAMHS schools link pilot and different initiatives across boroughs
- Text based service offering in Barking and Dagenham which has lead to positive engagement/interaction with CYP
- Engagement and participation with CYP, via the CYP forum and other routes, allows lots of opportunity to have their say in service development.
- Access for parents and carers to phone in
- NELFT Mental Health Direct is available 24/7 and has dedicated CAMHS staff and there is also soft transfer for NHS111 calls in place.
- Care plan audit findings shared within structures.
- Lots of patient information available and in different languages/formats if required. This includes the safety and coping plans and rights for CYP in professional guidance and version for CYP.
- Agreement to share records with social care on portal.
Induction process for junior doctors.
Nursing rotation across NELFT and Paediatrics
The comprehensive i-THRIVE development and research programme in place for the Community CAMHS teams inclusive of approaches to crisis and the whole service development days.
We Can Talk training has been rolled out to paediatric and emergency department staff at WCUH and there is a plan to roll out to paediatric staff at QH and KGH, which will improve competence and confidence of paediatric staff.
A thorough governance process with SOP creation.
Opportunities to share learning via reflective practice sessions for all staff and post incident debriefs.
Clear escalation policies in NELFT and with social care.

Recommendations
The panel recommended that a task and finish group or steering group is established as part of the NEL STP programme, with representatives from different partner organisations, to develop an action plan to implement recommendations in this report, which can also be found below.

The panel was of the view that it would be helpful if NELFT and partners undertook a self-assessment using the HLP CYP Mental Health guidance recommendations template, and review progress towards achievement of the recommendations every six months.

The panel reflected that the following recommendations should be considered:

Commissioning and STP
- Align commissioning arrangements in place with NELFT across the four CCGs.
- Continue with the joint working across NEL STP to improve crisis care pathway.

Data
- Review data collection and reporting across boroughs to make more consistent (e.g. OBD, admissions, reduction of inpatient admissions, OOH). Develop a quarterly report to provide to commissioners and other partners
- Undertake a data audit across the whole pathway

Crisis care pathway and model
- Develop a roadmap which details the whole pathway for CYP mental health crisis, and would make the pathway clearer for all stakeholders. This could be used to have greater engagement with mental health system partners, and could be adapted for provision differences across the three boroughs. This would also help make the whole pathway more cohesive
- Develop a clear pathway protocol for emergency department staff to use with appropriate phone numbers on it, particularly OOH
- Review the pathway in relation to inappropriate paediatric ward stays to avoid unnecessary admittance
- Engage further with primary care, CFCS, schools and community CAMHS representatives about when CYP should be advised to present at an
emergency department, and when there should be referral to INTERACT/community CAMHS etc.

- Undertake a CAMHS demand and capacity review given the increase in demand
- Review the pathway so all CYP including 16 and 17 year olds receive a consistent CAMHS response
- Continue to plan for a community point whereby CYP can arrange to meet with the OOH team to be seen outside of the emergency department
- Implement a new referral method for INTERACT than via fax
- Although there are similarities in the pathway and service offering in Community CAMHS there could be further alignment and cohesion
- Roll out Barking and Dagenham text based service in other boroughs

**Schools, voluntary sector and primary care**

- Signpost all local voluntary sector organisations and their support offering.
- Commission a standardised mental health support offer to schools across the three boroughs

**CAMHS Tier 4 Services**

- Agree inpatient criteria with all emergency department consultants for those aged under 16 years old. If this does not resolve the disputes escalate with the acute Trusts senior management
- Consider learning from NWL and South London Partnership NMoC (New Models of Care)
- Develop an agency CAMHS protocol for RMN staff

**Health Based Place of Safety (HBPoS)**

- Offer teaching opportunities to the Police and offer across all boroughs.
- Invite police representatives to relevant meetings and share key contact details between CAMHS, emergency departments and the Police
- Learn from mental health street triage for CYP with Police in place in City & Hackney

**Crisis line**

- Agree Mental Health Direct threshold for intervention to reduce variation across geographical boundaries

**Assessment**

- Mandate the use of the assessment protocol
- Mandatory requirement for mental health staff to ensure the mental health observations and care plan are entered into the acute hospital clinical record in a timely manner
- Standardisation of assessment and risk assessment process across all three boroughs
- Roll out the zoning process and risk review tool in all boroughs

**Safety and Coping Plans (SCP)**

- The care plan is generic and needs to be more tailored
• Develop a process to make sure the SCP is up to date with all partners (e.g. messages on RiO to update when accessed)
• Share the SCP with the complex case review meetings within each Local authority, when appropriate

Workforce and training
• Develop and roll out a CAMHS recruitment and retention strategy across all sites
• Create and recruit to CAMHS Ambassador posts to improve collaborative working
• Undertake a training needs analysis relating to mental health and crisis across the pathway
• Review the training available across each site and develop a consistent training programme across all sites
• Improve the training offer to the OOH / all ages (e.g. adult) mental health liaison staff and ward staff to improve their confidence in caring for CYP in mental health crisis and their capacity to appropriately manage risk and make appropriate referrals

Social care
• Develop a social care pathway and implementation plan for CYP with social care representatives using the Social Care Institute for Excellence (SCIE) ‘Improving mental health support for our children and young people’ guidance published in autumn 2017
• Improve social care engagement and/or develop training for staff to understand the social care process, including follow up and what to expect from the emergency duty team and vice training for social care staff in CYP mental health and crisis

Governance
• Development of a corporate identity/brand for mental health crisis service.
• Align the governance process and structure across all organisations within the pathway including acute paediatric sites and commissioners/local authorities
• Standardisation of pathway and protocols across the pathway in emergency departments, ward settings and in community CAMHS
• Develop a regular communication channel with primary care professionals, schools and the Police
• Although there were evidence of escalation policies these are required across all organisations within the pathway
• Continue with the communications plan for all stakeholders/system partners about the pathway for mental health crisis.
• Review the feedback loop to staff of communications and test the current communications channels work

5.2 Forensic Child and Adolescent Mental Health Services for London (FCAMHS)

NHS England Specialised Commissioning, in partnership with Health and Justice, are introducing a specialist community-based Forensic Child and Adolescent Mental
Health Service (FCAMHS). This provides specialist forensic services, treating complex and high risk cases

The new service will treat complex and high risk cases helping young people who may have be involved with the criminal justice system or be at high risk of being so in the future

By October 2018 the service will be operational across London, delivered in three London areas by the following lead NHS providers:

In North Central and North East London it will be Tavistock and Portman NHS Foundation Trust (in collaboration with The Brandon Centre)

By late 2018 services across London will be fully operational and will able to accept referrals for advice, consultation, specialist assessments and interventional work

**Service Model**
The service is a tertiary referral service for:

- CAMHS teams
- CAMHS/Youth Offending Team (YOT) link workers
- Neurodisability services for young people and other agencies

The teams are accessible to all agencies (e.g. social services, YOTs, prisons, courts, solicitors, education, health commissioners etc.) that may have contact with young people exhibiting risky behaviours and/or are in contact with the youth justice system and about whom there are questions regarding mental health and/or neurodevelopmental difficulties (including learning disabilities and autism)

The services provides expert advice and consultation, specialist assessments and interventional work and will offer support as children and young people make transitions into and out of secure services as per diagram below.

Service functions include:

- Smooth transitions for young people between services
- Specialist support for local services
- Specialist mental health assessments (including forensic assessment where appropriate, and access to timely assessment where undiagnosed learning disability or autism is suspected)
- Reduction and management of the potential risks posed by the young person to others and self
- Facilitation of transition into, and out of, secure settings
- Effective strategic partnerships and joint working, particularly with children’s social care, education and the youth justice system (including community learning disability and autism services)

Community intervention to prevent admission to in-patient settings where appropriate alternatives exist

- Liaison and advice to youth offending teams; courts and the legal system
• Links with services providing mental health in-reach into youth justice or welfare secure settings
• Provision of training to practitioners from all agencies in relation to areas within the services’ specialist remit

Referrals
The teams will be active, accessible to and approachable by any professional who wishes to make initial contact or enquiries regarding a young person giving cause for concern and about whom there are questions regarding their mental health. This will reduce risk of referrals not being made, delays in identification of need and potential disengagement by young people from services.

Discussion and formal consultation with referrers will be undertaken by experienced members of the team and not delegated elsewhere

Referral Criteria
Referrals can be made for all young people under 18 about whom there are questions regarding mental health or neurodevelopmental difficulties including learning disability and autism who:

• present high risk of harm towards others and about whom there is major family or professional concern
• and/or are in contact with the youth justice system
• OR about whom advice about the suitability of an appropriate secure setting is being sought because of complexity of presentation and severe, recurrent self-harm and or challenging behaviour which cannot be managed elsewhere

Discharge and Care-Planning
The service will ensure rigorous care planning and risk assessment that meets the needs and wishes of the child, young person, family and carers, and the involvement of other professionals from the point of referral to discharge from the service

Interventions
The teams will collaborate with local services to ensure that treatments are delivered when required in a wide variety of different settings and that professionals in such settings are adequately supported to do this

In addition, the teams will share wide experience of interventions or support packages which are specifically of value in young people with offending or challenging behaviours. As well as specialist knowledge of different types of residential and educational settings or the applicability of different therapeutic interventions (such as Multi-Systemic Therapy, Dialectical Behaviour Therapy, Treatment Foster Care or treatment of sexually harmful behaviours)

In all situations, reasonable adjustments will be made for children and young people with learning disabilities, autism or both and adapted treatment programmes sourced

Secure Outreach Function
The secure outreach service is intended to support and compliment the work already provided by mental health services within all secure settings and seeks to engage
such work beyond those settings. The teams will be multidisciplinary and have specialist mental health and forensic experience in the assessment and identifying treatment needs of complex high-risk young people. In particular, the services will have specialist understanding of statutory mental health, welfare, youth justice and educational processes and understanding of the interfaces between them. The teams will also be familiar with identifying the needs of young people with neurodevelopmental disorders, including learning disability and autism

5.3 Perinatal Mental Health

The provision of high quality Mental Health care for women and their families is a significant aim within B&D

Perinatal mental illnesses are diverse and complex. A range of services is required in order to prevent these illnesses where possible, identify and treat them when they do occur, and mitigate their effects on families

During 2017/18 there was work with our neighbouring CCGs across the STP to develop and submit a bid for additional funding for perinatal services.

The bid was successful and there is now the opportunity to commission stronger services with additional staff to provide a higher level of support across the seven CCG’s in line with the guidance produced by NHS

6. CYP Improving Access to Psychological Therapies (CYP 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.

Since joining the CYP IAPT Collaborative in 2013 a total of 15 staff have signed up for CYP IAPT training at KCL or UCL in various modalities/routes – 9 completed, 1 in progress of completion, 5 withdrawn. No applications and 1 expression of interest have been received for upcoming 2017/19 CYP IAPT trainings. Please see the graphics below for details of specific trainings for more details.
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.

See latest Report in Appendix B

7. 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 below

NB: The numbers of people using this service are low and the 0% performance may not accurately reflect activity

**Community Eating Disorder Service performance on waiting times 2017/18**

<table>
<thead>
<tr>
<th>2017-18</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP Urgent 1 week</td>
<td>0%</td>
<td>100%</td>
<td>67%</td>
<td>50%</td>
</tr>
<tr>
<td>CYP Routine – 4 weeks</td>
<td>67%</td>
<td>50%</td>
<td>77%</td>
<td>79%</td>
</tr>
</tbody>
</table>

8. Urgent and Emergency (Crisis) Mental Health for CYP

BHR were successful in establishing a crisis pilot as part of the Urgent and Emergency Care ‘Vanguard’ in 2016/17

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. B&D is part of the four outer NEL boroughs working with Waltham Forest to commission a CAMHS crisis service called “Interact” providing adolescent crisis care and provided by North East London Foundation Trust (NELFT)
The service established A&E liaison services for all three Emergency Department facilities at Whipps Cross, King George and Queens Hospitals. In addition the service ‘gate-keeps’ highly specialist inpatient and day hospital facilities at Brookside and operates as an intensive support outreach service providing crisis resolution and prevention. The service operates between 9am and 5pm Monday to Friday.

**Interact** is NELFT’s intensive outreach service, working between specialist community CAMHS and the inpatient service provided at Brookside (This is an inpatient unit for young people aged 12-18 years old).

The team is made up of Mental Health Practitioners and all young people who live in Waltham Forest, Redbridge, Barking and Dagenham and Havering and are referred to Brookside are initially seen and assessed by **Interact**.

The service is also able to support young people who have been recently discharged from hospital by providing the extra support they need while adjusting to being back at home. **Interact** also assess and support young people who attend A&E or local paediatric wards and need the support/advice of mental health services. **Interact** works between what was previously described as Tier 3 and Tier 4 as a bridging service to prevent escalation to Tier 4 and step-down back to non-inpatient CAMHS services.

**Interact** has an outreach focus within NELFT CAMHS. Its design of flexible/collaborative working and use of Band 6 Mental Health Practitioners (MHPs) and rapid response has created a recognised service that is supported by all its key partners and is therefore excellently placed in the forefront of CAMHS service transformation.
The models of A&E and Out of Hours Crisis Management pathways are shown below:

9-5 CAMHS 0 to 18 years A&E Crisis management Pathway

Paediatric and adult A&E
Paediatric and medical wards

CYP assessed by Interact.
If social care need will, also receive social worker
(Emergency duty social worker available from all 4 boroughs)

If risks identified may need
Emergency foster placement
Or urgent placement review
CAMHS follow up if indicated. Interact/Tier 3

If High level of MH need/
Significant risk
Admission to Tier 4 followed
By five day review with all Relevant services

If placement or Tier 4 not required and significant MH need remains then follow up support by Tier 3 within five days plus intensive outreach support by Interact.
If includes social care need then Tier 3 liaise.
All support requires co-working with school or college. Family/carer involvement considered for all cases

Following period of intensive outreach support
Interact close case with Tier 3 maintaining support.
may require Tier 3 outreach to ensure engagement or future crisis prevention as needed.

Psychosocial meetings to be reclassified as weekly safeguarding meeting.
Interact and social services Attend all meetings
All meetings attended by Borough Safeguarding Advisor.
Primary purpose of meeting to review all CYP with
Possible safeguarding needs attending A&E in Previous week
Will also provide Rapid Access to
OOH CAMHS 0 to 18 years A&E Crisis management Pathway

Paediatric and adult A&E
Paediatric and medical wards

CYP attends with OD/Self-harm. Mental health need.
Context often includes poor home environment, risk of Exploitation, parents refuse to take child home, care home/foster placement breakdown

CYP assessed by psych liaison. If social care need will also receive social worker (emergency duty social worker available from all 4 boroughs)

If risks identified may need Emergency foster placement Or urgent placement review CAMHS follow up if indicated. Interact/Tier 3

If High level of MH need/Significant risk Admission to Tier 4 followed By 5 day review with all Relevant services

All OOH CAMHS assessments referred to Interact for Further review. Interact replace triage at Tier 3. All triaged referrals received by Interact will be Forwarded to Tier 3 for immediate allocation. Tier 3 provide face-to-face assessment within 5 days. High need CYP will include intensive outreach support from Interact.

Children under age 12 attending OOH for possible MH needs is rare. Children in this Circumstance should be Assessed by a social worker and A&E liaison service jointly With guidance from On Call CAMHS consultant. Admission to paediatric ward if Or emergency foster placement

Psych liaison service will be provided with training in Order to deliver CAMHS assessments OOH
9. 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. The service is on a trajectory to achieve 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.

Children aged between 14 and 18 years remain under the care of a CAMHS consultant psychiatrist but are care managed by the EIP service. The pathway for the EiP service is shown below.

Performance against the 2 week target in B&D for the first 4 months of 2017/18 has been above target, as summarised below:

**EIP access and waiting time standards performance for B&D**

<table>
<thead>
<tr>
<th>2017/18</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention in Psychosis (EIP)- 50% seen within 2 weeks</td>
<td>100%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
9.1 Child Sexual Abuse (CSA) Hub

A business case for establishing a Child Sexual Abuse (CSA) Hub across North East London was developed and agreed across the East London Health Care Partnership.

Also included as part of the business case was the development of an emotional support pathway, for particular consideration by CCG children’s and mental health commissioners (since this is the area requiring specific financial resources of £100,000 per year). This commitment is being shared equally over the 7 CCG’s as a specific budget line in our respective CAMHS LTPs.
A Review of the pathway following sexual assault in London commissioned by MoPAC and NHS England in 2015 estimated there are 12,500 children aged 11 to 17 years who experienced contact sexual abuse in the past year. The review reported poor identification, limited medical support and high thresholds and/or long waits for CAMHS. The latest available figures for CSA referrals to police in North East London were 885 in 2015/16. Additionally, costs of child sexual abuse to the UK were estimated at £3.2 billion per year (approximately £0.4 billion for London) by the NSPCC.

This London review contributed to a high mayoral and ministerial priority for improvements in CSA services. In July 2017, the Children’s Commissioner for England stated that ‘the option to access therapeutic support is critical for children and young people after sexual abuse in the family environment’.

Health and care services in the pathway must work closely with the criminal justice system and require specialised and experienced clinicians and practitioners. A pilot of a fully developed Child House model has been agreed and funded in North Central London from April 2018, NEL needs a service to March 2021).

**Case for change**

The above information supports the case for change, which can be summarised as follows:

- CSA is a ministerial and mayoral priority in London
- There are very significant costs to the economy arising from child sexual abuse
- There is a significant unmet need
- Current services for physical examinations are inconsistent across NE London
- Most NEL clinicians do not see sufficient cases to maintain their skill level according to RCPCH guidance
- There is limited paediatric workforce training and no succession planning in NE London
- Examinations are being done with out of date or inadequate equipment
- There is no guaranteed offer of emotional support from statutory services after a child or young person discloses sexual abuse
- The pathway to emotional support is therefore not equitable and is likely to miss some families
- Local Safeguarding Children’s Boards have endorsed the need for a new CSA service
- Closer working across NEL provides an opportunity to further improve clinical skills and service quality
Proposed new service

The proposed new service has been designed to reflect three principles:

- A place-based North East London solution as the best strategic fit
- The physical examinations will cover the same activity as at present, but in fewer locations, and should be provided within the same financial envelope
- The new model provides earlier emotional support to avoid later NHS and whole system costs

New service for emotional support

The proposed emotional support service will employ two WTE practitioners to support children, young people and their families being seen for CSA medical examination in the seven NE London boroughs. The emotional support practitioners will work as part of the multidisciplinary CSA hub team alongside the community paediatricians, and any social workers or CAMHS clinicians involved in the child’s care. Their professional background will combine advocacy, children’s social work and special mental health training in appropriate interventions. They would be on site at CSA medical examinations.

They will provide 6-8 sessions of support including advocacy, case management, symptom management, or else signposting to a local CYP mental health and wellbeing services for immediate or later support.

Experience from two other CSA hubs in London indicates that between 50% and 80% of children and young people seen for CSA medical examination will take up the offer of emotional support. These services (which are delivered by the third sector) are clear that a consistent, specialised emotional support team working with the family and partner agencies from the outset is essential. Approximately a third of children attending the other CSA hubs in London required referral onto CAMHS or a third sector service for longer term support.

This service is currently out to tender with Newham CCG as the lead commissioner.

Benefit of early intervention by an emotional support service

- CSA is strongly linked to negative psychological outcomes
- There is an emerging evidence base for early emotional support which reduces symptoms and the likelihood of development of post-traumatic stress disorder
- Recent policy studies and NICE guidance call for such interventions for emotional support
- In international studies, there are high lifetime costs associated with CSA
- Early emotional support could reduce the need for long-term CAMHS support
- The costs of CAMHS care exceed the cost of early emotional support
- The costs attributable to even a small number of serious cases associated with later suicide far outstrip the costs of an emotional pathway service
Priorities for 18-19

1. Appoint a provider for the emotional support service
2. Mobilise and embed the new service provider into the NEL health infrastructure.
3. Agreement for community paediatricians to work on a shared rota to deliver the required capacity, access targets, peer review and number of examinations as first or second doctor
4. Managing this rota within existing community services and clinic capacity (where it is currently provided within contract)
5. Upgrading or replacement of colposcopes
6. Agreed responsibilities within administrative roles for booking, data recording, and communication to multidisciplinary teams according to agreed protocols

9.2 Child Sexual Exploitation (CSE)

Within Barking and Dagenham it has become apparent that we are dealing with an increasing number of young people who are vulnerable to or who are experiencing exploitation in one form or another. The exploitation may be sexual, it may be radicalisation or it may be linked to financial gain for adults where young people are engaged in criminal behaviours such as gangs or county lines. The exploitation is frequently co-terminous with serious youth violence with young people experiencing weapons, and violent behaviour both as victims and perpetrators as they seek to keep themselves safe within their own communities.

Barking and Dagenham YOT proposes to use the Health and Justice funding to impact young people at risk, supporting them in a joint initiative with our Children’s safeguarding services to provide therapeutic interventions when young people at risk are first identified. We have seen recent success in this model, where therapists joined the Initial Assessment Team to assist in the work with a group of young people who had been the victims of radicalisation. We would like to expand on this now to reach a wider group of children and young people.

Summary of proposal:

An exploitation team will be set up to address the risky and concerning behaviours of adolescents as they emerge with a view to supporting young people to make positive changes in their lives at an earlier stage before behaviours become entrenched and before the experiences of exploitation develop deep-seated trauma.

Contextualised Safeguarding

An approach to understanding, and responding to, young people’s experiences of significant harm beyond their families is underway in B&D.

As children grow they spend increasing amounts of time socialising with peers, at school and in public environments independently of parental/carer supervision.

In these extra-familial contexts they may encounter harmful norms that are conducive to abusive and exploitative relationships.
Therefore a need to identify, assess, and intervene in all of the social environments where the abuse and exploitation of young people occurs – in essence to take a ‘contextual’ approach to safeguarding

Need to engage with individuals and sectors who do have influence over/within extra familial contexts

**Governance**

A time-limited ‘Contextual Safeguarding and Exploitation Strategic Group’ could be established immediately to co-ordinate the development of the multi-agency exploitation strategy (describing our approach) and oversee the implementation.

The reporting line of MASE would remain directly to the BDSCB – as it must. Ultimately, MASE could be reframed to MACE (Child, rather than Sexual) to reflect the focus on wider contextual risk of exploitation and missing children.

9.3 Liaison Psychiatry – see section above

Mental Health liaison for CYP is carried out in BHR by Interact, please see Crisis section above for more details

**10. DATA**

Work continues with our providers to ensure that the submitted data returns provide data that is:

- Relevant
- Timely and accurate
- Informative
- Of sufficient granularity
- Able to inform future service design
There is a requirement to expand upon the existing data returns within the CAMHS dashboard to reflect activity into and out of the new Wellbeing Hub.

To assist with future (post transformation) commissioning there is a need to have accurate data around where referrals into the SPoA are originating (ie: Primary Care, self-referral or AHP) and what is happening to the referrals once received.

The requirements for this dataset have been notified to the provider as forming part of the DQIP (Data Quality Improvement Plan) for next year and will be managed through a revised contract management structure.

In addition to the expanded SPoA returns there will be joint working around the shortfalls in the CYP IAPT / CWP Programme

10.1 Development of CAMHS Dashboard

NELFT as the CAMHS provider contractually submit full and accurate data returns for all routine collections in the Mental Health Service Data Set (MHSDS) and IAPT data set. We now have a shared CAMHS dashboard (see below) which enables commissioners and providers to jointly review the following indicators:

- Operating Plan target on National Access Targets
- CAMHS waiting times (routine, urgent and LAC referrals)
- Eating Disorder Service (EDS) waiting times performance (routine and urgent)
- Early Intervention Psychosis (EiS) access and waiting times standards

This dashboard is also available for discussion across the BHR CAMHS partnership and provides data as shown:

<table>
<thead>
<tr>
<th>Service Specification</th>
<th>18/19 Target</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>Total to</th>
<th>Target to</th>
<th>Variance</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS-Community</td>
<td>10,995</td>
<td>450</td>
<td>656</td>
<td>587</td>
<td>613</td>
<td>596</td>
<td>543</td>
<td>3,445</td>
<td>5,476</td>
<td>(2,031)</td>
<td>-37.1%</td>
</tr>
<tr>
<td>CAMHS-Outreach Interact</td>
<td>951</td>
<td>54</td>
<td>59</td>
<td>52</td>
<td>61</td>
<td>66</td>
<td>73</td>
<td>365</td>
<td>474</td>
<td>(109)</td>
<td>-23.0%</td>
</tr>
<tr>
<td>Eating disorders - Community</td>
<td>1,944</td>
<td>137</td>
<td>157</td>
<td>121</td>
<td>133</td>
<td>123</td>
<td>82</td>
<td>753</td>
<td>968</td>
<td>(215)</td>
<td>-22.2%</td>
</tr>
</tbody>
</table>
## NELFT CAMHS Discharge Destinations (no 60)

| Discharge reason                                                                 | Sep-18 Redbridge |
|=================================================================================|------------------|
| Admitted to Hospital                                                             | 0                |
| Did Not Attend                                                                  | 1                |
| Did Not Respond to Request                                                       | 11               |
| Discharged against professional advice                                           | 0                |
| Discharged on professional advice                                                | 53               |
| Entered in Error                                                                 | 2                |
| Moved out of Area                                                                | 1                |
| No Further Treatment Appropriate                                                 | 12               |
| PATIENT moved out of the area                                                    | 1                |
| PATIENT non-attendance                                                           | 1                |
| Patient Requested Discharge                                                      | 1                |
| Referred to Other Specialty/Service                                             | 7                |
| Refused to be Seen                                                               | 0                |
| Returned to Referrer (Inappropriate Referral)                                    | 0                |
| Treatment completed                                                             | 2                |
| Patient Died                                                                    | 0                |
| Transferred to other Health Care Provider not Medium/High Secure                 | 0                |
| **Grand Total**                                                                 | **92**           |
10.2 Impact and Outcomes

CAMHS Transformation Road Map

B&D continues to travel along the established Transformation ‘Road Map’ with delivery of the 2017/18 intentions as planned

The establishment of resilience and prevention services has taken place as has the piloting and informed expansion of innovative digital resources

LTP planning for 2019 onwards maps against the Road Map for targeted support for hard to reach cohorts and greater collaborative working via the CYP Pan BHR Transformation Programme
10.3 Whole systems outcome framework

The vision is that children and young people in BHR are empowered to be resilient and able to cope with the challenges of everyday life. The aim being to provide flexible and integrated services which respond to the varying levels of needs of vulnerable children and young people.

The emphasis will be on a comprehensive CAMHS service that contributes to the emotional well-being and mental health care of all children and young people, which
could be provided by health, education, social service, third sector services, voluntary and community sector or other agencies.

As a whole systems approach, we will be developing a whole system performance measure to ensure we are collectively working “across the system” towards improving outcomes for children and young people. It will move us away from commissioning for volume and price (how many contacts, waiting times, hours open etc.) to commissioning for quality and outcomes, with payments linked to results.

**CAMHS Outcomes Framework**

To develop an emotional and mental well-being outcomes framework that covers all aspects of the CAMHS service covering universal, targeted and specialist services. This will ensure all services provided under the emotional and mental well-being hub are outcomes focused, holistic, and accessible and built around the needs of children, young people and their families and informed by their views. They will cover Strategic, Service and Operational outcomes.

**Strategic outcomes:** This will cover the outcomes identified in the Outcomes Framework.

**Service outcomes:** This will cover outcomes in the Implementation work streams:

- Building Resilience
- Extra and Early Help (including focus on Behavioural support)
- Diagnosable Mental Health
- Well-being Hub and Crisis Care
- CYP Participation and Co-production
- Area group for Eating Disorders

**Operational outcomes:** This will cover outcomes set for individual children and young people from care plans etc.

This will shift thinking from how a service operates (what it does) to the good that it accomplishes (what it achieves).

**Evidence based:** The outcomes identified should be based on best evidence and not defined in terms of organisational boundaries. This will ensure shared set of principles, with data, outcome measures, service standards that align across the whole system to cover the following to deliver improvements in child mental health outcomes:

- NHS
- Public Health
- Social Care
- Youth Service
- Education
- Voluntary and Community sector
This will shift thinking from how many people did we provide a service to how many people benefitted and how does that compare with what was projected

**Performance indicators:** The outcomes framework will lead to a set of key performance indicators by which to measure progress towards achieving outcomes across all areas. Needs analysis and ongoing performance monitoring will highlight gaps in service delivery which will inform future commissioning of services.

Providers will provide evidence of changes in behaviour, condition, satisfaction etc. to demonstrate outcomes being achieved.

**A performance management framework** - Performance management comprises the systems, processes, structures and supporting arrangements to identify, assess, monitor and respond to performance issues to cover:

- Who are the service users
- How can we measure if they are better off
- How can we measure if we are delivering the service well?
- How are we doing on the most important of these measures
- What works and what could work better than the baseline

### 11. Transitions

A CQUIN* 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.
A mapping of service provision (statutory and third sector and voluntary sector services) for young people to be sign posted has been completed. A service directory within each locality will be developed to support the implementation of the wellbeing hub.

As a result of this work a standard Transition variation is being inserted into all contracts with the provider to ensure standardisation of transition protocols. The standardisation of Transition protocols ensures that CAMHS transition matches that of other services that will interface and include:

- LD and TCP
- Looked after Children

*Commissioning for Quality and Innovation (CQUIN) national goals. CQUIN stands for commissioning for quality and innovation. The system was introduced in 2009 to make a proportion of healthcare providers’ income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

**11.1 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); Looked After Children, children with learning difficulties/ASC; SEND and those in contact with the criminal justice system.

**11.2 BHR Priorities for Implementation 2019/20**

The Government has published a Green Paper on Transforming Children and Young People’s Mental Health Provision. This green paper builds on Future in Mind and the ongoing expansion of NHS-funded provision, and sets out an ambition to go further to ensure that children and young people showing early signs of distress are always able to access the right help, in the right setting, when they need it.

B&D’s LTP 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.

B&D has not applied to be a Trailblazer site but is contributing to and learning from the North East London Trailblazers via the North East London Health and Care Partnership structures. The future direction of travel in this area will be guided by the pan BHR CYP Transformation Programme and the movement towards operation as an ICS.
11.3 Barking and Dagenham priorities for 2018/19

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

- Continuing to take forward Thrive training
- Continued engagement of Youth Forum
- Expansion of KOOTH and More than Mentors
- Launch of Triple P Online Service
- Development of a co-ordinated approach to CAMHS contract management
- Health in Justice Workstream – embedded service and new recruits
- Continued development of the resilience work in schools with a focus on staff and parents
- Annual CYP led wellbeing summit in B&D

11.4 Expenditure Plans (assume going forward and after transformation)

The Pan BHR move towards an Integrated Commissioning System (ICS) is being worked up via multi agency ‘Transformation Programmes’ of which Children Young People and CAMHS is one

The Transformation Programme brings together Local Authorities, CCGs, Primary Care and Acute and Community CYP services. The intention is to design services that are seamless in delivery whilst reflecting the need to maximise efficiency for all spend. The needs of vulnerable cohorts such as LAC and LD are at the forefront of this planning

The expenditure plans will be informed by a combination of:

- Transformation Programme multi-agency service design
- Outcomes of all LTP pilot schemes reflecting VFM and activity avoidance
- ELHCP commissioning requirements and recommendations
- Health in Justice and Perinatal MH recurrent funding decisions
- Input and shared learning from the CAMHS Strategic Partnership Board
- CCG and LA Finance negotiations and central funding formulas
- Outcomes of the Service Line Reviews being undertaken with providers
## 12 Risks

<table>
<thead>
<tr>
<th>Risk/Issue</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| Demand is greater than the service capacity of the Single Point of Access leading to Triage delays and missed wait times | - Revision of the contract management processes to ensure early notification of pressures allowing joint work up of solutions between partners  
  - Increased resilience models decrease demand on CAMHS services  
  - Primary Care become more comfortable referring to support services prior to referral to CAMHS  
  - STAR workers affect levels of referral from education through increase in knowledge around resilience and MHFA                                                                 |
| CYP IAPT / CWP not delivering the required resource to allow accurate planning for low level interventions | - Work with ELHCP to agree pan NEL approaches to delivering against the CYP IAPT agenda                                                                                                                   |
| Availability of the Wellbeing Hub / SPoA results in Education and Primary Care de-skilling themselves around low level intervention options and MHFA (Mental Health First Aid) begin to emerge in cost and capacity issues within the SPoA | - Ensure accurate reporting around all CYP being referred to the SPoA to ensure early action  
  - Maximise use of the STAR workers to upskill education providers in appropriate referral options  
  - Education roll out to Primary Care around retaining clinical ownership and making stand-alone referral decisions                                                                 |
| LAC and timeliness of referrals and monitoring                            | - MH social worker to link on CAMHS on reach in  
  - Work with LAC / Safeguarding colleagues for them to establish ‘ownership’ of the cohort and ensure effective access and / or transition                                                                 |
| Education; there is a risk of equity of access in schools as schools do not all have a consistent offer for CYP | - Develop a Mental Health Well Being programme for Schools in B&D as part of the Health Schools programme  
  - Utilise the resource within LTP Groups to tailor resources to school requirements  
  - Develop support for parents and staff                                                                                                                          |
<table>
<thead>
<tr>
<th>Communication and capacity issues arise between Specialised CAMHS and step down services especially around highly complex cases</th>
<th>• Utilise ELHCP resource to establish strong joint working arrangements with NHSE and Local Authorities to facilitate efficient multi agency working</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business as Usual commissioning of CAMHS and EWMHS is subject to operating cost pressures within CCGs</td>
<td>• Utilise the Strategic CAMHS Board to agree assessment of outcomes monitoring measures that will inform commissioning decisions post transformation funding</td>
</tr>
<tr>
<td>Partnership working with local authorities to mitigate against impact of resource constraints</td>
<td>• Ensure that CAMHS is a major element of the CYP/CAMHS pan BHR Transformation programme working with LA colleagues to initiate cost effective best practice with multi agency support/funding</td>
</tr>
<tr>
<td>Securing resources for CYP MH Transformation</td>
<td>• 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</td>
</tr>
<tr>
<td>Workforce</td>
<td>• 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</td>
</tr>
<tr>
<td>Commissioning of MH services</td>
<td>• Engage key partners in programme delivery • Establish clear governance structures for all programmes to existing health/social care pathways • Ensure Task &amp; Finish Groups have correct representation i.e. NELFT; Education; Inclusion; SC; CCG; VCS; PH</td>
</tr>
<tr>
<td>Section</td>
<td>Points</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Develop clear outcomes for the</strong></td>
<td>Develop clear outcomes for the service i.e. CORC has been commissioned across BHR</td>
</tr>
<tr>
<td><strong>service i.e. CORC has been</strong></td>
<td>New Models of Delivery include School Links; I-Thrive; Online Counselling; Mentoring – ensure that resilience is strengthened upstream</td>
</tr>
<tr>
<td><strong>commissioned across BHR</strong></td>
<td></td>
</tr>
<tr>
<td><strong>New Models of Delivery include</strong></td>
<td></td>
</tr>
<tr>
<td><strong>School Links; I-Thrive; Online</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Counselling; Mentoring – ensure</strong></td>
<td></td>
</tr>
<tr>
<td><strong>that resilience is strengthened</strong></td>
<td></td>
</tr>
<tr>
<td><strong>upstream</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Data</strong></td>
<td>Ensure MH Service data Set is updated and reviewed</td>
</tr>
<tr>
<td></td>
<td>Ensure that local programme providers can update data on MHSDS</td>
</tr>
<tr>
<td></td>
<td>Ensure data on prevalence is treated appropriately (dates back to Millennium Core Set from 2004)</td>
</tr>
<tr>
<td></td>
<td>Close working with PH colleagues i.e. MH JSNA in B&amp;D</td>
</tr>
<tr>
<td><strong>Stakeholder engagement</strong></td>
<td>CAMHS Strategic Partnership Board is in place across BHR</td>
</tr>
<tr>
<td></td>
<td>Engagement in LTP refresh</td>
</tr>
<tr>
<td><strong>CAMHS Complexity – highly</strong></td>
<td>Ensure outcomes cover variety of conditions</td>
</tr>
<tr>
<td><strong>complex service</strong></td>
<td>Mature commissioning arrangements in place Key links between Community CAMHS and Specialised CAMHS</td>
</tr>
</tbody>
</table>
Appendix A: B&D Access targets recovery plan 2018

Appendix B: Barking & Dagenham CYP IAPT

Appendix C: Barking SEND Forecasting

Appendix D: CAMHS Information Requirements

Appendix E: Children and Young People’s Mental Health and Wellbeing

Appendix F: Co-Production Matrix for CYPMH and allied services

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

Appendix H: Flyer for Health and Justice
Appendix I: NELFT CAMHS presentation

Appendix J: Mapping Exercise Report Final

Appendix K: More than Mentors – An Outline

Appendix L: More than Mentors

Appendix M: CEPN

Appendix N: CAMHs Staff Structure

Appendix O: NELFT Peer Review

Appendix H - NELFT CYP Crisis Pathway P

Appendix D - Young Persons Hom

Appendix D - Completed peer revi
Glossary: Commonly used abbreviations in this report

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