THE ROYAL BOROUGH OF KINGSTON UPON THAMES

NHS

Kingston Clinical Commissioning Group

Child and Adolescent Mental Health Services

Transformation Strategy

2015-2020

Updated October 2018

Contents

Foreword

Welcome to Kingston's Child and Adolescent Mental Health Services (CAMHS) Strategy (2015-2020) 2018 update.

Our vision is for every child and young person in Kingston to enjoy good mental health and well-being and to be able to achieve their full potential through being confident and resilient.

We will do this by having a strong focus on prevention and early intervention to help when issues start to emerge whilst also ensuring that we have a range of services in place that make a real difference to children and young people with more complex problems.

In developing the strategy, we have listened to the views of children, young people and their parents and carers, as well as professionals who work so hard to provide high quality services. The strategy has also been informed by a range of national guidance and local information such as the Joint Strategic Needs Assessment (JSNA) and sets out our approach to delivering the Five Year Forward View.

We recognise that to achieve this vision we have to work in partnership with children, families and a range of partners across health, education, social care and the wider community. This strategy marks the first step and commitment of all partners in transforming services by setting out the actions we will take collaboratively over the next five years.

However, the publication of the strategy does not mark the end of the conversation and we will continue to listen to what you tell us about services and the challenges you face.

We will continue to review the strategy and the work with partners to ensure children, young people and their families can access the right service at the right time and benefit from the support and information available.

Robert Henderson
Director of Children's Services

Dr Naz Jivani
Co - Chair of the Health and Wellbeing Board

Summary

Our Commitments

We will increase the range of support available

We will reduce the time you have to wait to access support

We will make sure going into hospital is a last resort

What are some of the things we done so far? We have…

- Provided training to schools
- Introduced online counselling, support and advice
- Increased the support for eating disorders
- Increased the support available in Accident and Emergency Departments
- Recruited more people
- Enabled more children/ young people to access support
- Developed accessible formats of this plan

What are some of the Challenges?

- Waiting times have not reduced as planned
- Recruiting more people
- Demand for all services is increasing
- More young people are going into hospital
- Developing the right help for children and young people with Learning Disabilities and challenging behaviour

What are we going to do in 2018/19?

- Continue to focus on prevention, early intervention and early resolution of behaviour, emotional and/or mental health problems
- Offer more telephone triage calls to signpost to the right help first time
- Develop a local pathway for ASD and/or ADHD assessments
- Review mental health support for children with LD and agree priorities
- Introduce better planning and support in crisis care to enable children and young people to stay at home and not go into hospital
- Review CEDS and agree actions to meet increasing demand
- Try new ways of delivering services (new models of care)

1. Introduction

1.1 Introduction

The purpose of this transformation strategy is to provide the framework for the delivery and ongoing development of local Child and Adolescent Mental Health Services (CAMHS). The aim is to deliver a *whole system* change through partnerships, joint commissioning and co-production in order to improve access and responsiveness and to promote recovery and resilience.

This can only be achieved through partnership working and collaboration. Building upon the strong relationships between partners that already exists in Kingston between statutory partners, the local community as well as those in receipt of support (now or in the future) and wider partners across South West London.

This strategy describes how a systematic transformation of the care provided to those with emotional wellbeing and mental health issues will be achieved in line with the ambitions of the Five Year Forward View (FYFV).
This strategy has been updated every year since 2016 to reflect the progress made to date and to describe the priorities for the forthcoming years.

1.2 Vision

Our overarching vision for all children and young people is that they thrive and achieve their full potential. Through the delivery of this strategy we are aiming to ensure:

- **Access to the right service in the right place at the right time**
- **Delivery of evidence based and outcome focused interventions**
- **Participation in all decisions about available help, including self-help**
- **Empower children, young people, families and communities to participate in all decisions**
- **Value for Money is delivered across all services**
- **Effective joint commissioning arrangements are in place for all services**

1.3 Objectives

The success of the strategy will be measured through the following key deliverables:

- An increase in the range of evidenced based interventions and choice available
- Greater skills and confidence amongst the wider workforce in managing emotional well- being and mental health issues
- Achievement of waiting times in line with standards set out in the FYFV.
- An increase in the well-being of children and young people and their experience of receiving support from CAMHS
- A long-term reduction in the number of children and young people admitted with acute issues to Tier 4 services and/ or requiring long term residential placements.
- An overall reduction in the number of children and young people requiring specialist treatment

2015-2017

The principle changes delivered through the Transformation funding were:

Promoting resilience, prevention and early intervention by:

- Commissioning a bespoke training package for schools and post 16 provision to in order to expand the skills and capability of universal services.
- The CCG and Local Authority will jointly commission a counselling service with the Local Authority to prevent issues from escalating and to reduce the number of inappropriate referrals to structured treatment.
- Working with the local Youth Council to identify and purchase effective online resources so that they and their families are better informed,

Improving access to effective support by:

- Expanding the capacity within the Single Point of Access to offer telephone triage
- Ensuring the standards for waiting times are consistently met
- Developing a new access model known as ‘Choice Clinic’s’ that offer a prompt assessment, consultation and brief intervention to children and young people.

- Developing accessible formats of this plan which are easy to read for children, young people with disabilities and their carers

Ensuring care for the most vulnerable by:
- Expanding the Eating Disorder Service in collaboration with other South West London CCGs, so that additional therapeutic interventions, such as multiple family group programme, online resources and intensive community help and children and young people are seen within the expected waiting times.
- Expanding the existing 'Safe Space' project for children and young people who have experienced domestic violence
- Purchasing specialist therapeutic support for children and young people who have been sexually assaulted (in collaboration with other South West London CCGs)
- Re-designing the Psychiatric Liaison delivery model to ensure all children and young people presenting in crisis within the South West London region receive a consistent offer.
- Spot purchasing Multi Systemic Therapy for vulnerable young people on the edge of care of Youth Justice System

Developing the workforce by:
- Increasing the capacity of the workforce to intervene earlier and prevent issues from escalating
- Building the commissioning capacity to deliver the transformation programme

Increasing Accountability and Transparency by:
- Publishing a five year strategy
- Developing the partnership and participation of children and young people
- Building systems intelligence for running and efficient and effective CAMHS SPA and improving the data quality on goals and outcomes achieved.

2018-2020
The principle changes that will be made in the next phase through Transformation funding are:

Promoting resilience, prevention and early intervention by:
- Continuing to promote the use of digital technology and engaging children and young people in identifying what support is effective
- Re-commission the bespoke training for schools and post 16 to ensure all schools have the opportunity to take up the training
- Commission a bespoke training programme for the local Police teams

Improving access to effective support by:
- Reviewing the Neuro Developmental pathway with the aim to establish a local ADHD and ASD assessment pathway in addition to current specialist pathway, thus increasing capacity and reducing waiting times for all NDT referrals to below 12 weeks.
- Offering more telephone triage calls from the expanded CAMHS SPA team in order to sign post referrals to the right help/crisis support first time.
- Improving access to perinatal care, which is offered by Adult Peri-natal Service
- Continuing to work with young people to improve the access to support of under- represented groups
- Implementing Care Education Treatment Reviews (CETRs) for those children and young people with LD and/or ASD at risk of being admitted to hospital.
- Enhancing the experience for young people and families during the transition period, if ongoing mental health support is required in adulthood.

Ensuring care for the most vulnerable by:
- Strengthening the crisis care response, management of self-harm and early intervention in psychosis locally
- Supporting new models of care to be introduced that reduce the use of inpatient care
- Embedding the Transforming Care principles with NHS England to reduce the use of long inpatient stays and use of long term residential placements
- Reviewing the Section 136 pathway in light of new published guidance

- Enhancing the support to young people involved in the Youth Justice system with unmet mental health needs.

Developing the workforce by:

- Increasing the capacity of the workforce to intervene earlier and prevent issues from escalating
- Building the commissioning capacity to deliver the transformation programme

Increasing Accountability and Transparency by:

- Publishing an annual refresh of the five year strategy
- Further development of the partnership with participation of children and young people
- Building systems intelligence for running and efficient and effective CAMHS SPA and improving the data quality on goals and outcomes achieved.

By 2020

Children, young people and their families will receive a rapid response to their needs, have access to information and advice that is high quality and evidenced based. The support they receive will be flexible, person centred, convenient and recovery focused.

We will know we have made a difference when:

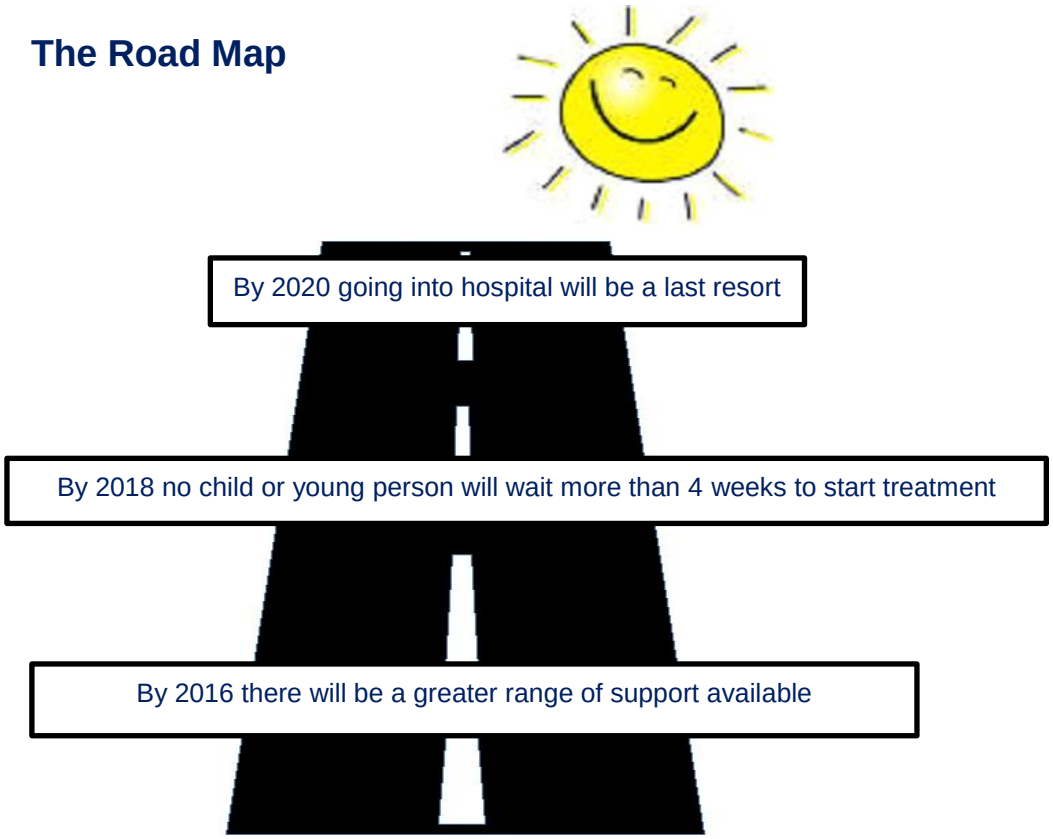
- More children and young people are able to access emotional well-being and mental health support and have more choice in the type of support they access
- All vulnerable children and young people will access treatment within four weeks of being assessed if routine or one week if assessed as urgent.
- Inpatient stays for children and young people will be a last resort and will be as close to home as possible and will have the minimum possible length of

2021 and beyond

From the outset of the transformation programme we wanted to prevent children and young people experiencing poor mental health and intervene earlier to stop issues from escalating.

Our aim is that over the five years we have done enough to reduce the demand for high cost and specialist interventions so that the current levels of funding can be reduced in these areas and re-diverted into sustaining the preventative and early intervention services that have been introduced. So, that we continue to maximise the potential of children and young people.

The Road Map



2. National Context

2.1 National Policy

There are a number key policies and recent reviews commissioned by the Government which are shaping the future of CAMH services at a national level and underpin the strategic direction at a local level. These include:

- The National Service Framework (2004)
- The National CAMHS Review (2008)
- The Marmot Review (2010)
- No Health without Mental Health (2011)

National policy and the expanding knowledge base consistently highlight the importance of:

- Early Intervention and children and young people being able to access services easily
- Interventions being evidenced based, outcome and recovery focused
- An integrated and multi-disciplinary approach
- Targeting distinct groups of vulnerable children and young people who are more likely to experience poor mental health
- Adopting a "continuum approach" that offers a proportionate response to need
- Patients and their families being listened to and involved in decisions

2.2 National Policy Update (2015)

NHS Five Year Forward View (2014)

In October 2014, the NHS Five Year Forward View was published. The paper outlines the vision for the future of the NHS and more broadly articulates a case to develop a new relationship with patients and the community and new models of care in order improve the mental and physical health outcomes for the population.

Future in Mind (2015)

In March 2015, a parliamentary taskforce published its findings and recommendations following a review Child and Adolescent Mental Health Services (CAMHS). The 'Future **in Mind' report made a total of 59 recommendations in order to:**

- **Promote resilience, prevention and early intervention**
- **Improve access to effective support (a system without tiers)**
- **Improve care for the most vulnerable**
- **Create greater accountability and transparency**
- **Develop the workforce**

This was swiftly followed by a Government pledge and later a commitment to invest more funding in emotional well-being and mental health services for children and young people.

In August 2015 NHS England published guidance, 'Local Transformation Plans for Children and Young People's Mental Health and Wellbeing' for local areas on meeting the 'Future in Mind' recommendations and details of the funding allocation for each area. The key objectives for the additional funding are to:

- Build capacity and capability across the system
- Roll-out the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT)
- Develop evidence based community Eating Disorder services for children and young people
- Improve perinatal care
- Bring education and local children and young people's mental health services together around the needs of the individual child through joint mental health training
- Deliver Parity of Esteem between mental and physical health
- Support the most vulnerable and,
- Close the treatment gap so that more children and young people can have access to timely, high quality, coordinated support

2.3 National Policy Update (2016)

Five Year Forward View for Mental Health Implementation Plan. (2016)

In February 2016, the Five Year Forward View for Mental Health was published by NHS England followed in July 2016 an Implementation Plan to set out the actions required to deliver the Five Year Forward View for Mental Health. Whilst the Five Year Forward View for Mental Health is a single programme, it contains different and related elements across the health system for all ages. A core strand within this programme are children and young people

The key features of the implementation plan are:

- Greater collaborative commissioning between the NHS and partner organisations
- Improved access to 24/7 crisis resolution and liaison mental health services that prevent the need for inpatient beds and inappropriate out of borough placements
- All areas having eating disorder services for children and young people in place that ensure 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases.
- Increasing the capacity and skill set of the local workforce.

2.4 National Policy Update (2017)

In March 2017 NHS England published updated guidance on Care Treatment Reviews (Care and Treatment Reviews (CTRs): Policy and Guidance Including policy and guidance on Care, Education and Treatment Reviews (CETRs) for children and young people. March 2017.) that sets out the requirements placed on both commissioners and providers to improving the care of people with learning disabilities and/or autism and minimising the use of inpatient settings to manage their needs.

The key aims are:

- Empower and support people and their families to be listened to and to be equal partners in their own care and treatment pathway
- Prevent people being admitted unnecessarily into learning disability and mental health inpatient beds through identifying alternatives where appropriate
- Promptly review the proposed care and treatment and discharge plans of people who have been urgently admitted to hospital
- Ensure that any admission is supported by a clear rationale of planned assessment and treatment together with defined and measurable intended outcomes
- Ensure that all parties work together with the person and their family to support discharge into the community (or if the only option, to a less restrictive setting) at the earliest opportunity, ensuring the involvement of the local authority including, where appropriate, children's social care, adult's social care, the Special Educational Needs (SEN) team, or school or college so that all relevant issues can be fully addressed and solutions explored for the discharge of people into community based settings, or back home to their families
- Support a constructive and person-centred process of challenge to current and future intended care and treatment plans where necessary
- Identify barriers to progress and make clear and constructive recommendations for how these could be overcome by delivering a SMART action plan.

A key change in the updated guidance is the introduction of Care, Education and Treatment Reviews (CETRs) and tailored guidance for children and young people.

There has been a growing awareness of mental health over the past year, and the Schools (Mental Health and Wellbeing) Bill [HL] 2017-19 is designed to make provision for state maintained schools to promote the mental health and wellbeing of their pupils alongside academic attainment, amending the Education Act, 2002. This Bill is currently in the House of Lords. We will also take into account the findings of the recently published CQC support 'Getting it right for children & young people' that sets out current issues with CYP services (https://www.cqc.org.uk/sites/default/files/20140331%20Dr%20Sheila%20Shribman%20report%20to%20CIOH%20re%20inspection%20of%20CYP%20services....pdf)

2.5 National Policy Update (2018)

- Following a January 2017 speech by the Prime Minister on transforming mental health support, a Green Paper on children and young people's mental health was published in December 2017
- It proposed improving mental health support in schools and colleges, and trialling four weeks waiting time standard for access to mental health treatment.
- Every school and college will be incentivised to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. In addition, all children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting. This link is provided in Kingston and Richmond by the expanded CAMHS SPA Team since April 2018.
- New Mental Health Support Teams will be funded, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and on-going help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
- Government announced the introduction of statutory health education in July 2018 to include physical health and mental wellbeing, and makes clear that the two are interlinked.
- This included changes to Relationships and Sex Education
- A Draft statutory guidance on RSE and health education was published, with a consultation on the guidance open until 7 November 2018.
- The statutory guidance is intended to come into force in September 2020, with schools able to implement the changes from September 2019 if they wish

Green Paper - Trailblazer bid

South West London Health and Care Partnership agreed in November 2017 that its key health prevention and promotion focus would be on children and young people's emotional wellbeing; partners committed to ensure that the whole health and care system across South West London would work together to deliver significant change in this area.

SWL has developed an expression of interest to be a Wave 1 Trailblazer site, covering Wandsworth, Sutton and Merton CCGs. This combined bid reflects the collaborative work that all three boroughs have been involved in as part of this overall South West London priority to champion emotional wellbeing for children and young people. All boroughs in South West London have been actively involved in this programme and as a result Croydon, Kingston and Richmond CCGs will be well placed to be fast followers following this pilot.

The bid has two key elements to it; the development of mental health support teams (MHSTs) in schools to provide additional support to children with mild to moderate mental health issues, and a four week wait pilot for Tier 3 services.

a. MHST summary*:* Our MHSTs will be based on a hub and spoke model where the MHST will be based in hub schools or co-located with education or social care teams and will support the delivery of a whole school approach. The MHST will deliver consultation for teachers and assessments and treatment of pupils in primary schools and students in secondary schools. Treatments will comprise:
   - 1:1 interventions,
   - group treatment programmes

   Our proposal is to have a total of 13 MHST in our trailblazer site; with each borough grouping their schools based on current strong working practices.

b. 4 week wait summary: *t*o achieve a 4 week wait in specialist CAMHS services, the system needs to work together with young people and their families and carers at the centre. Our bid proposes investing in several areas of the system, to deliver a whole system transformation:
   - Investing in our single points of access to ensure that all children and young people will receive a high quality first assessment (on the phone or face to face) to ensure they are directed to the right part of the system first time
   - Building on our existing tier 2 services to increase the range of therapeutic support available, ensuring support is delivered in places that work for young people. This aligns

with our bid for the Mental Health Support Teams, which will increase the support available within schools and, together, should decrease the number of referrals to tier 3 services

- Increasing the capacity of our tier 3 services, so that children and young people with more complex needs who need more specialist support, receive timely intervention within four weeks of referral

SWL have agreed a system ambition that no child or young person should attend A&E in mental health crisis and the scope of the trailblazer is one critical pillar of this ambition. This will build upon the strong work undertaken by the south London new models of care programme to ensure that services we develop dovetails with the work they are doing in reinvesting in community services.

We have developed strong partnerships with our stakeholders, including independent schools and Further Education colleges, and we believe that these relationships and the preparatory work we have been doing for the trailblazer will enable us to accelerate delivery of our service model if our expression of interest is successful.

2.6 Responding to the new national priorities

These national recommendations and objectives will be responded specifically by:

- We will further develop our integrated package of targeted and specialised provision in their local area, including early intervention services.
- We will work with the voluntary sector to ensure easy to access to face to face counselling or digital drop-in and counselling support by Kooth.
- We will ensure that the additional funding received for improving children's mental health is not going to be offset by cuts elsewhere combined with effective local transformation plans.
- We will increase the proportion of NHS funding spent on children's mental health utilising new funding in line with this level of need and based on the proportion of young people with an identified mental health problem who are accessing treatment.
- Bringing Education and Health together to appoint a lead for each educational establishment and to ensure monitoring of outcomes and improvements.

2.7 We will continue to:

- Expand the Eating Disorder Service in collaboration with other South West London CCGs, so that additional therapeutic interventions, online resources and a day service are available and children and young people are seen within the expected waiting times.
- Re-design the Psychiatric Liaison delivery model to ensure all children and young people presenting in crisis within the South West London region receive a consistent offer.
- Support the voluntary sector providers to access the IAPT training programme.
- Reviewing the Neuro Developmental pathway in order to reduce waiting times and embedding the Transforming Care principles to reduce the use of residential placements
- Work collaboratively with NHS England to implement CETRS and strengthen the crisis care response locally by supporting the introduction of new community based models of care to minimise the use of inpatient stays

3. Local Context

3.1 Local Recommendations

The strategy is informed by the work of a number of broader partnerships, including the Health and Wellbeing Board, Local Safeguarding Children's Board, the Youth Offending Management Board, the (adults) Mental Health Planning Board and the South West London Mental Health network as well as ongoing consultation and engagement with service users, wider population and other professional networks.

The Joint Annual Public Health Report (2012) on the health of children and young people in Kingston made the following recommendations to improve the mental and emotional wellbeing of children and young people locally:

- Produce a targeted training plan to support the early identification of mental health problems
- Develop CAMHs user involvement
- Complete and implement modernised care pathways and ensure they are understood by all relevant professionals, users and parents and take into account the physical health needs of users
- Improve the monitoring of ethnicity and consult with BME young people to improve their engagement

The 2013 CAMHS review of Tier 2 services sponsored by the Kingston Clinical Commissioning Group and Local Authority made a wide number of recommendations designed to:

- Align the commissioning arrangements between commissioning organisations
- Re-design of the business process and infrastructure of local services
- Understand better, identified areas of unmet need

The follow up Joint Annual Public Health Report (2014) on mental health and wellbeing on Kingston made the additional recommendations:

- Promote and raise awareness of developing and maintaining healthy emotional wellbeing within the community.
- Understand better identified areas of unmet need and areas of low performance
- The need for transition services should be reviewed and in line with findings from this appropriate services established if required to meet the need of vulnerable young adults.
- Evaluate the implementation of the 'Friends for Life' training programme

3.2. 2015

A wide range of participation activities were undertaken to develop the initial CAMHS Transformation Plan:

Children and Young People	Youth Council events and children and young people's survey Focus groups in schools
Parents and Carers	Parent/carer survey
The professional network	Focus groups with education, social care and health partners Focus group with the voluntary sector network

3.3. 2016

In 2016 Kingston Health watch in conjunction with the local **Youth Council** undertook a borough wide survey of young people's emotional wellbeing and experiences of CAMHS services. This exercise reached out to 1580 Kingston and Richmond children and young people and made the following recommendations:

- **Address stigma** - ensure that people know that they will be treated confidentially and that they can ask for help- all young people in Richmond and Kingston to have access to free online counselling (eg Kooth)
- **Promote services currently available so that people know who to ask for help and how to get help-** raise awareness by increasing the use of social media.
- **Make future services young person centred**. Locate services in the community, accessible outside of school hours with a non-threatening, non-medical environment- review CAMHS threshold and waiting lists
- **Change the mode of delivery to be more young person centred**- Young people using services should have a mental health passport summarising their condition and experience so they don't have to endlessly repeat their story.
- **Focus care and promotion on people whose sexuality, gender or ethnicity make them least likely to access care**
- **Create a positive School environment in relation to emotional wellbeing by raising awareness and opening discussion around mental health within schools-** teachers, social workers and youth workers to have compulsory training on mental health awareness

- **Acknowledge academic pressures and limit mental distress caused by** it- School tutors to have a monthly 'check in' with their students on a one to one basis assessing their wellbeing
- **Clinical Commissioning Groups should organise regular head teacher mental health forums** so services can better work with schools. School councils should be involved in this process.

In addition, there were the following participation activities that discussed children and young people's emotional well-being and mental health issues:

Date	Activity	Participants
April – May 2016	Mental health in schools	Surveys and interviews with representatives from 21 primary schools and 6 secondary schools
July 2016	Member led 'Kingston Conversations'	Ward based focus groups for residents to discuss and highlight local issues.
Aug- Sept 2016	Health watch Richmond and Kingston consultation and series of listening events	1580 Kingston and Richmond children and young people
Sept 2016	Youth Council workshop	Youth Council members and peer led consultation exercise
Oct 2016	Children and Young People's Plan consultation	Voluntary sector workshop (25 representatives) Parent responses (50)

The local recommendations will be responded to by:
- Continuing to promote the use of digital technology and engaging children and young people in identifying what support is effective
- Re-commissioning the bespoke training for schools and post 16 to ensure all schools have the opportunity to take up the training
- Ensuring there is more choice in the range of support and information available

3.4. 2017

Building on the continuous conversation with all key stakeholders and service users, throughout 2017 the following participation activities have been undertaken and have informed this updated plan:

SEND Family Voices

Is a parent led organisation that has representation from some 500+ parents/carers across Kingston and Richmond with a particular focus on special educational needs and disabilities. They have been a key partner in developing a wide range of strategies and use a wide and varied range of methods to capture the views of local families on how services and delivery of help can be improved. Key activities have includes:
- Co-producing and facilitating the Health watch survey
- Focus groups in schools
- Listening events focused on particular issues such as mental health and emotional well-being.

SVF with other key parent/ carer support groups such as Richmond ADHD, Express CiC, Me Too and Co have led a series of engagement exercises with local families focusing specifically on the ASD and ADHD pathways for children and young people.

The first round of conversations that took place during July 2017 engaged over 60 families. A wider consultation exercise is planned during October and November to consider the investment priorities.

The most predominant message from our local families is that they want services to be local. They also identified the need for practical support both prior to and following a diagnosis and that the multiple pathways currently in place need to be simplified.

Other targeted participation activities that have informed strategic planning have included:

Date	Activity	Participants
Dec 2016	Children and Young People's Plan consultation	Online public consultation on the strategic education, health and social priorities for children and young responded to by 111 children, young people, families and residents.
Feb 2017	Improving mental health support in Youth Justice Services consultation	Workshop with Metropolitan Police Local Neighbourhood, School and Custody Teams representatives
June 2017	SFV Engagement workshop	4 focus groups attended by 60 participants
July 2017	THRIVE Mental Health Strategy workshop	Borough wide workshop attended by 80 education, health, social care professionals, mental health service users
Aug 2017	Online counselling evaluation	Online questionnaire responded to by 150 unique users
Sept 2017	Transitions workshop	Borough wide workshop attended by 57 education, health, social care professionals and service users with learning disabilities
Oct 2017	SVF Engagement workshops	In progress
Nov 2017	Mental Health Trust (IAPT) participation event	Young people and parents
Dec 2017	SWL TCP Lived Experience Engagement exercise	Young people and parents

3.5 2018 Update

Consultation/engagement activity
Kingston and Richmond Healthwatch set up a process enabling young people to play an active role in discussing young people's local health issues and informing local health priorities to address these issues.

The Youth Health Task Force was set up in June 2018 and brings together young people from the various youth voice vehicles across Kingston and Richmond, such as Kingston and Richmond Youth Council, Kingston and Richmond Children in Care Council, Kingston schools' Mental Health Champions as well as a range of health professionals from both Boroughs to improve the health and wellbeing of their local youth population and reduce health inequalities.

The aim is that young people and Kingston and Richmond Healthwatch will collaborate to make recommendations to the health officials and agree actions aimed at achieving better health and wellbeing outcomes for children and young people

Events
World Mental Health Day: Twelve Kingston Schools were involved in World Mental Health Day. This included self-esteem training to over 1000 students, resilience training to over 200 students and Mental Health awareness training to staff. Academies and Free schools were involved.

Time to Talk Day: All schools and colleges were involved. Posters were put up around school, assemblies focussed on Mental Health, needs were assessed via a Time to talk box full of questions. Presentations and tutorial sessions sent around for all year groups to see and discuss and school staff well-being sessions were run at lunchtime.

Mental Health Awareness Week: Five schools undertook activities including the launch of a mental health video that was created by MH Ambassadors, assemblies, and Mental Health Awareness training.

Kingston and Richmond Youth Council and Children in Care Council
Richmond and Kingston Youth Council (KRYC) undertook a brief consultation with health nurses in 15 schools to ascertain the top issue young people were presenting with. Exam stress was identified as the key issue.

Twenty-five Kingston and Richmond Youth Council members undertook mental health training, focusing on exam stress. The outcome of the training informed the development of a resource for schools and young people.

A seven-week Youth Champions Training - RSPH Level 2 Award for Young Health Champions was attended by 10 members of the Richmond and Kingston Youth Council. This qualification is for young people who want to take on the role of a health champion helping young people to improve their health.

They also planned and facilitated two Stakeholder sessions for AFC staff to consult with them on issues affecting the lives of young people looked after. 58 staff members attended the stakeholder sessions.

Co-ordinated prevention services in Health, Social Care and Education.
Kingston Public Health commissioned Your Healthcare to provide Health link workers employed directly by schools to support emotional wellbeing and MH. They provide support on all health issues including mental health. This includes small group work, sessions of mental health issues, guidance on policies. They have developed a resilience package called “Snap Back” which is in the process of review. They also arrange the annual student mental health conference whereby each school has ten mental health ambassadors who develop mental health action plans for their schools.

Mental Health Link to Liaison Psychiatry
SWL are working together as an STP footprint in looking at the requirements for and commissioning for expanding psychiatric liaison services. Richmond and Kingston have been successful in a joint bid to extend current psychiatric liaison service to provide a Core 24 compliant service at Kingston Hospital. As part of the implementation and mobilisation Richmond Adults Mental Health and Children and Young People commissioners have a project group in place to consider how this can support better provision and outcomes for children and young people who present at A&E. The group will continue to consider the links with wider crisis support as part of the Crisis Care Concordat work and the service development themes identified in the SWL community demand and capacity review. The expanded service aims to deliver the right care in the best place, reducing A&E attendances and emergency admissions and increasing timely discharge from hospital. The service will seek to ensure that all patients admitted in an emergency have a clinical assessment by a suitable consultant as soon as possible and at the latest within 14 hours of arrival at hospital. The increased service is currently being mobilised and will be fully operational by Christmas 2018.

3.6 Responding to local priorities

Locally, there is a clear focus and desire for earlier intervention and prevention.
The local recommendations will be responded to by:

- Redesign the ASD and ADHD care and treatment pathways to improve the experience of children, young people and their families in receiving treatment and support.
- Continue to invest in new online services such as Kooth. Based on that based on the initial evaluation, 86% of users felt what they talked about was important to them and 84% said they would recommend Kooth to a friend.
- Improve the service planning between children and adult services to ensure young adults continue to access the right support
- Investing in training for local Police teams and more support to mental health support for young people who come into contact with the youth justice system in order to address health inequalities for this vulnerable group.
- Recommissioning parent and family engagement services to continue the good outcomes delivered by SENDspeak (formally SEND Family Voices)
- Engaging with parents and families to inform evidence based planning.

3.7 Our plans to address service gaps

Service Gaps	Service Implications	Evidenced Based Plans
Integrated service offer for children and young people with Learning Disabilities	Local services need to be developed to offer functional analysis of challenging behaviour followed by development of positive behaviour support (PBS) interventions including medium term case management	To commission PBS support as identified in 2019/20 CCG Commissioning intentions Rollout PBS training funded by the TCP programme to professionals and parents working in the wider children's network Develop local capacity within Emotional Health Service (tier 2 children with disabilities psychology service) with consultative support from the SWL specialist Learning Disability CAMHS team
Shortage of appropriate in-borough school placements for children and young people with SEND	Increase the numbers of in-borough school places in order that children and young people with SEND can be educated in borough.	Proposals were developed to increase school places by almost 200 by creating new and expanding existing specialist resource provisions in mainstream schools in Richmond and Kingston. Work was undertaken with the Auriga Academy Trust to establish a new free school which will open in September 2019.
A lack of pre and post diagnostic support for children and young people with ASD and ADHD	The need to identify additional funding and staffing capacity to undertake ASD and ADHD assessments. Develop and commission pre and post ASD and ADHD services to reduce the demand for neuro developmental assessments.	Commence review of the 0-5 years neurodevelopment pathway to address high numbers on the waiting list and streamline assessment pathway Develop pre and post service specification to meet NICE guidance and inform CCG service commissioning intentions for 2019/20
Addressing high levels of self harming behaviours in children and young people	Develop a whole system approach both locally and across SWL boroughs Provide an online directory (list) of services that support young people's wellbeing Provide more support in schools	The rollout of the SWL Emotional wellbeing programme  CYP Emotional Wellbeing Schools Up Public Health guidance on Whole school approaches
Addressing the high numbers of young people engaging in risky behaviours	Increase capacity in universal and prevention services including outreach work to promote awareness	A risky behaviour service review has been completed and due to report to the Richmond Scrutiny Committee in December 2018. Public Health Guidance
An under 5s CAMH service to respond to issues resulting from a lack of insecure parent and infant attachment	Increase staffing capacity and expertise in local CAMHS to provide frequent, long-term therapeutic input. Provision of access/referral to expensive specialist services or/and to out of borough residential placements	Complete the under 5's needs assessment to inform the future commissioning strategy and plan for this service area. Future in Mind 2014

3.8. Communicating the local priorities

The following partners listed below were consulted about the proposed LTP key priorities for 2018/19 as defined by NHSE.

- Local Transforming Care Partnerships: October 2018
- The Chair of the Health and Wellbeing Board and their nominated lead members: November 2018
- Local authorities including Directors of Children's Services: November 2018
- Kingston Schools Forums: January 2019
- Local Safeguarding Board: January 2019
- Specialised Commissioning: ongoing involvement via the SWL CAMHS Commissioning Group

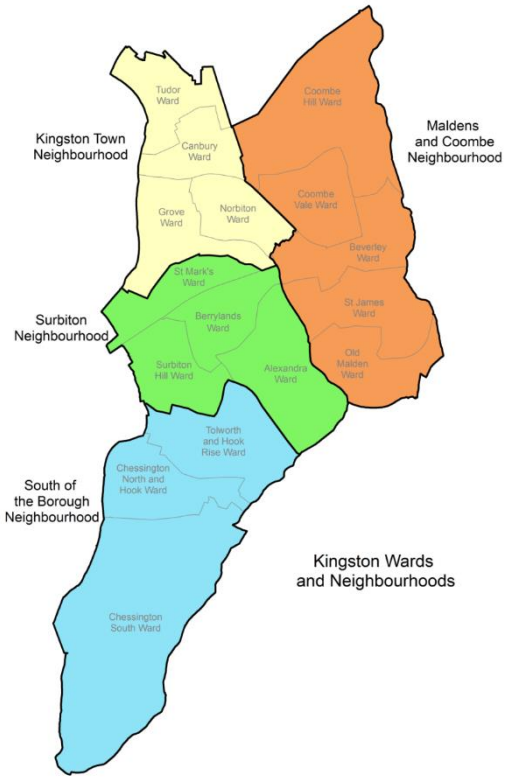
4. Local Profile

4.1 Kingston upon Thames

Kingston upon Thames is located in South West is the second smallest borough in London.

There are 42,144 children and young people in Kingston according to the latest population estimates from the Office for National Statistics (2016 Mid-Year Estimates). In comparison to 2015/16, we have seen an increase of 1.5% in the total population for Kingston. The age group where we saw the highest increase was 5-9 (3.5%).
Over approximately the past decade there has been a general trend of increasing numbers of births in Kingston Borough. While there was a drop in 2014, it has increased again in 2015 and 2016.

It is estimated that 13.9% of children and young people who live within families where their income and resources do not meet their needs can be defined as living in poverty. This has increased slightly on the previous year.



There are 65 schools in Kingston, 33 of which are local authority maintained, 17 are academies (five primary, nine secondary and three special schools) and two free schools (as at August 2017). All schools are judged as good or outstanding.

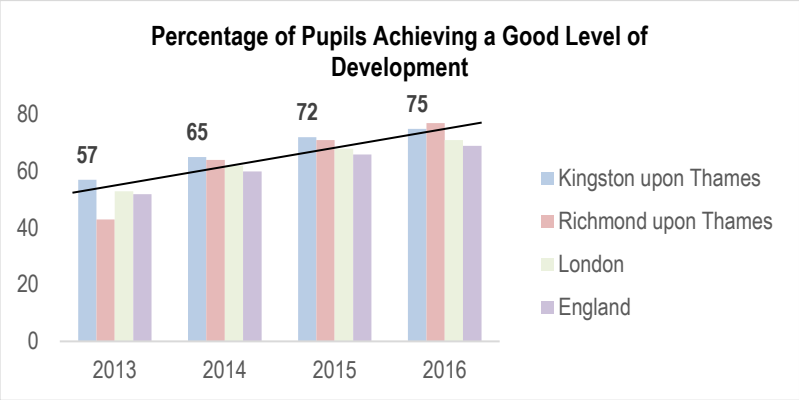
There were 25,045 (including nursery and 6th form) pupils studying at schools in Kingston at the time of the Spring 2017 Census. 18% live outside of the borough.
36% of pupils are pupils are of Black, Asian or Minority Ethnic background.
34% of pupils speak English as an additional language.

The reasons why a child or young person experiences mental health problems are often complex. However, certain factors are known to influence the likelihood of someone experiencing problems.

4.2 Protective Factors

When pupils are in Reception (aged 5 years), their development is assessed by the Early Years Foundation Stage Profile (EYFSP). The EYFSP looks at pupils development in 17 Early Learning

Goals focusing on 3 prime areas of learning — Communication and Language, Physical Development and Personal, Social and Emotional Development. Kingston is ranked 15th nationally.



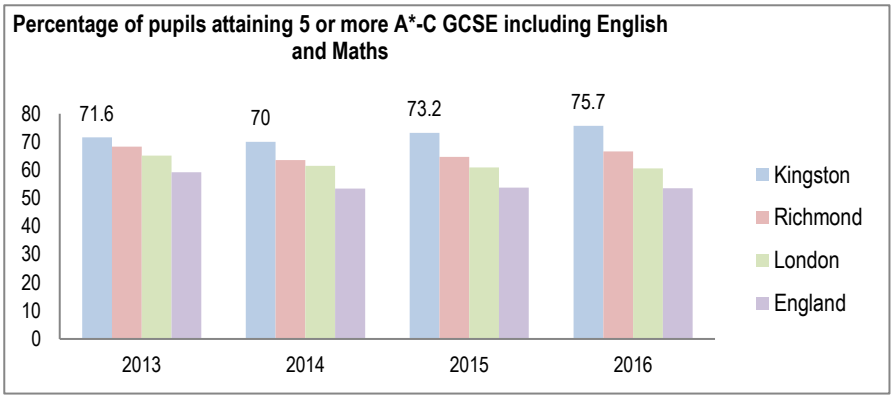
The trajectory of improvement continues in 2018. In Kingston 76.8% of children achieved a good level of attainment, compared to 80.5% for Richmond and 71.5% Nationally. (Source: EYFSP 2018). https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2017-to-2018

Before leaving Secondary school for further education or employment, pupils in Year 11 (aged 16 years) have their Key Stage 4 (KS4) assessments which consist of GCSEs or related qualifications.

In 2016 Kingston performed well with 77% of pupils achieving 5 or more A*-C GCSEs including English and Maths – this is an increase from 59% in 2006. This is significantly higher than the London (61%) and England (54%) averages.

In 2018, GCSE data showed improvement in Kingston with 78.2% of children achieving 5 or more A*-C Grade GCSEs including English and Maths. This compares to 76.1% in Richmond and 59.1% nationally in 2018. (source: GSCE Results in England published 2018).
https://www.gov.uk/government/statistics/revised-gcse-and-equivalent-results-in-england-2016-to-2017

Area	% of pupils attaining 5 or more A*-C grade GSCEs including English and Maths										
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Kingston	58.6	61.7	62.5	68.2	68.7	71.1	70.1	71.6	70.0	73.2	75.7
Richmond	49.7	48.5	54.0	55.7	61.4	63.2	62.6	68.3	63.5	64.7	66.6
London	45.8	48.0	50.7	54.0	58.0	61.9	62.4	65.1	61.5	60.9	60.6
England	45.6	46.3	47.6	49.8	53.5	59.0	59.4	59.2	53.4	53.8	53.5



Not in Education, Employment or Training (NEET)
Young people are classified as Not in Education, Employment, or Training (NEET) if they are not in employment, education or training between 16 and 17 years of age.

As of June 2017, 2.2% of 16-17 year olds in Kingston were NEET (71 young people), this is slightly lower than the national average of 3.1% and the same higher than the London average (2%). The percentage of young people whose education, employment or training status was not known was 3.0% (95), this is lower than the national figure of 3.2%.

The NEET Group is 53.5% male and 73.2% white. 4,2% are looked after in care and 7% are teenage mothers.

% NEET			
Area	**2014**	**2015**	**2016**
Kingston	3.4	2.7	2.2
Richmond	4.3	3.1	

In 2018 the most recently published national data from 2016 showed that 3.3% of young people in Kingston aged 16-17 were NEET (of which 1.7% are known to be NEET and 1.6% activity unknown). This equates to 100 young people in Kingston and compares to 4.1% in Richmond and 6% nationally. (Source: https://www.gov.uk/government/publications/neet-data-by-local-authority-2012-16-to-18-year-olds-not-in-education-employment-or-training.)

4.3 Vulnerability Factors

The rate of referrals to social care in Kingston fell from 388.5 during 2014/15 to 381.8 during 2015/16 – though the number of referrals increased very slightly (by 0.4%). There had also been a fall reported between 2013/14 and 2014/15. London experienced an increase in the number and rate during 2015/16, while England saw falls in both. As with Children in Need, the rate in Kingston is below that of both London and England, but higher than in Richmond.

In 2017-18 there were 1,044 child referrals to Social Care compared to 1,075 in Richmond. The national total referrals for this period (753,840 children) demonstrates an increase from 2016. Kingston therefore has experienced a slight reduction in referrals compared to nationally increasing needs. The 2018 rate of referrals to Social Services per 10,000 in Kingston was 344 and in Richmond this was 326. (Source: https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2017-to-2018).

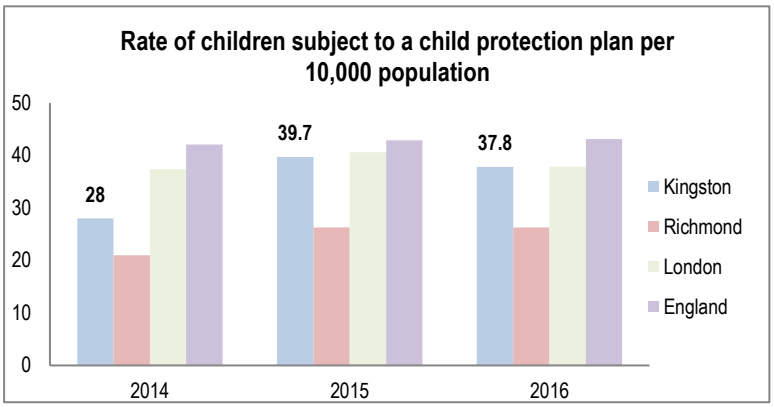
	Number of referrals to social care			**Rate of referrals to social care per 10,000 children**		
Area	**2014**	**2015**	**2016**	**2014**	**2015**	**2016**
Kingston	943	1,428	1,434	397.2	388.5	381.8
Richmond	1417	1,256	1,177	300.0	287.4	265.0
London	88,200	91,800	95,950		477.9	491.3
England	657,800	635,600	621,470		548.3	532.2

Child Protection

In order to ensure their individual protection, some children and young people may become subject to a Child Protection Plan (CPP). As shown in the table, the number of children subject to CPPs within Kingston fell slightly between 2014/15 and 2015/16 (by 2.7%). The rate also fell from 39.7 per 10,000 children to 37.8 and was closely aligned with the all London rate of 37.9, but below the England rate of 43.1. The total of 142 CPPs on 31 March 2016 was still considerably higher than the total of 100 two years prior.

In 2018 at 31st March there were 138 children subject to a CCP in Kingston, a rate of 35.7 per 10,000. Nationally there was an increase; a total of 53,790 CPPs, an average rate of 45.3 per 10,000 in England. (Source: https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2017-to-2018.)

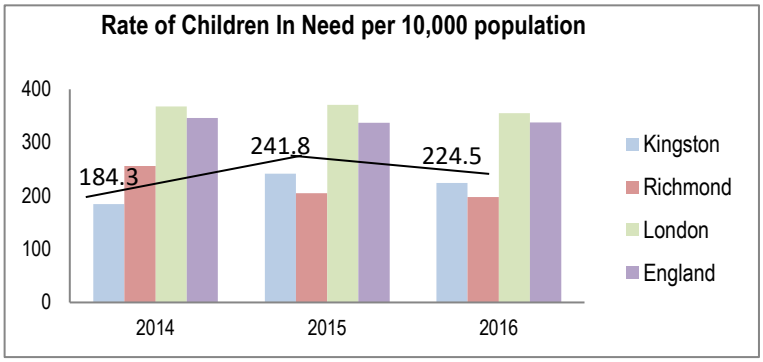
	Children who were the subject of a Child Protection Plan at 31 March			**Rate of children who were the subject of a Child Protection Plan at 31 March per 10,000 children**		
Area	**2014**	**2015**	**2016**	**2014**	**2015**	**2016**
Kingston	100	146	142	28.0	39.7	37.8
Richmond	90	115	117	21.0	26.3	26.3
London	7,000	7,800	7,410	37.4	40.6	37.9
England	48,300	49,700	50,310	42.1	42.9	43.1



Children in Need

In Kingston, there was a 5.2% reduction in CiN from 889 during 2014/15, to 843 during 2015/16 – the lowest total in London (not including City of London). Correspondingly, the rate of referrals per 10,000 children fell from 241.8 to 224.5. Similarly, there was a reduction across London (by 2.6%) but a rise in England (by 0.9%). The rate of CiN remains lower in Kingston than in London and England, but is higher than in Richmond. Data for 2016/2017 indicates a sharper decline, with a total of 844 Children in Need (221 per 10,000). The same data also shows a fall within Richmond, though to a less obvious degree – 828 Children in Need (184 per 10,000).

	Children in Need at 31 March			Rate of children in Need at 31 March per 10,000 children		
Area	**2014**	**2015**	**2016**	**2014**	**2015**	**2016**
Kingston	916	889	843	184.3	241.8	224.5
Richmond	788	895	880	256.3	204.8	198.1
London	69,100	71,200	69,380	367.8	370.6	355.3
England	397,600	391,000	394,400	346.4	337.3	337.7



In 2016, 57 of the 843 CiN were recorded as having a disability, the lowest total in London (not including City of London). This equated to 6.8%, which was lower than in Richmond (12.7%), London (11.9%) and England (12.7%).

The data shows that Autism/Asperger Syndrome affected 42.1% of the 57 children – higher than the London (37.2%), England (31.7%) and Richmond (31.3%) proportions. Learning disabilities were less common among Kingston Children in Need, affecting 26.3% compared to 40.9% in London, 44.8% in England

In 2018 there was a small reduction to 785 Children in Need in Kingston, compared to 793 in Richmond, 72,810 in London and 404,710 Nationally.

In 2018 there were 62 children in need recorded with a disability in Kingston as of March 31st, and this forms 7.9% of the CiN cohort. This compares to 77 children in Need with a disability in Richmond forming 9.7% of the CiN cohort. In Kingston 48.4% of this group were on the Autistic Spectrum and in Richmond this figure was 32.5%.

Children in Need generally, and the percentage with disabilities (particularly ASD) are therefore increasing slightly in number year on year in Kingston. (Source: https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2017-to-2018.)

4.4 Health Inequalities

Special Educational Needs

In general, Kingston has an equal proportion of pupils with Special Education Needs (SEN) 11% compared to pupils living outside of the borough. Numbers of children with Statements and EHCPs have increased by an average of 36% across Kingston and Richmond between 2011 and 2016, significantly in excess of the growth of the total school population.

The table below produced in 2016 shows combined figures for Statements and Education and Health Care Plans in the Royal Borough of Kingston and the London Borough of Richmond from 2011 to 2016, with estimated projections for 2017-2021

Area	Number of EHCPs									
	2010	2011	2012	2013	2014	2015	2016	2017*	2019*	2021*
RBK	640	655	680	730	770	805	900	980	1070	1170
LBR	800	820	820	860	940	1040	1105	1195	1300	1436
Total	1440	1475	1500	1590	1710	1845	2005	2175	2370	2606

In both Royal Borough of Kingston and the London Borough of Richmond upon Thames, the largest proportion of SENs and EHCPs is a primary need of Autism Spectrum Disorder (ASD).

Across RBK and LBR, ASD accounts for 29% of SSENs and EHCPs. The second largest categorisation in both Boroughs is Speech Language and Communication Needs (SLCN) (19%).

Both areas also have a significant proportion of SSENS and EHCPs for the primary need of Moderate Learning Difficulties (MLD) (13%) and Social, Emotional and Mental Health (SEMH) (12%).

In 2018, there were 323 children in Kingston with a statement and 719 with an EHC plan; therefore, a total of 1,024 children in Kingston. This compares to 421 statemented children in Richmond with 818 who have an EHC plan, making a Richmond total of 1,239 children.

The projection estimates for SEND in Kingston and its neighbour Richmond in the table above are very accurate indeed when assessed with actual data in 2018. Planning for the future needs of children with statements and EHC plans based on this projection to 2021 is therefore prudent, taking account of any changes in published data year on year.

In 2018, 222 children in Kingston were referred to Social Services with a Learning Disability and 106 with a physical disability. (Source: https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2018 https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2018)

At March 31 2016, there were a total of 55 Kingston children who had been looked after for at least 12 months who were matched to the school census data. Of these, 40 (73.6%) had a Special Educational Need (SEND). This proportion was higher than Richmond (64.4%), London (57.7%) and England (57.3%).

In total, 24.5% of the group had a SEND without an accompanying statement or education, health and care plan – lower than the percentage in London (28.8%) and England (30.4%) but higher than in Richmond (22.2%). Those with a statement/Education, health or care plan stands at 49.1% in Kingston, slightly higher than 42.2% in Richmond and well above the rates in London (28.9%) and England (27.0%).

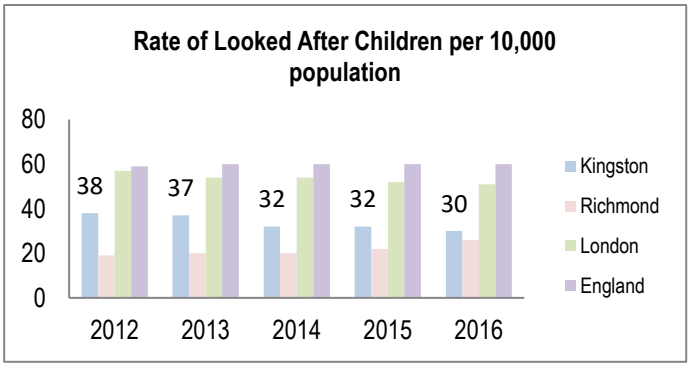
Area	Total	LAC by SEND status (Aged 0 to 18)			
		LAC with SEND but without a statement/ Education, Health or Care Plan		LAC with a SEND statement or Education Health or Care Plan	
		Count	%	Count	%
Kingston	55	15	24.5	25	49.1
Richmond	45	10	22.2	20	42.2
London	4,320	1,240	28.8	1,250	28.9
England	35,260	10,720	30.4	9,510	27.0

Looked After Children

On 31 March 2016, there were 115 looked after children in Kingston, the same number as on 31 March 2015. The rate per 10,000 population has changed however, from 32 to 30 and remains below both the London (51) and England (60) rates. Data for 31 March 2017 indicates 115 LAC in Kingston. The chart below shows that the total of 115 has been stable for the last three years and remains below previous figures in 2012 and 2013, while the rate has shown a downward trend since 2012, from 38 children per 10,000 to 30. The London rate has also been on a downward trend over that period, though has remained consistently higher than the Kingston rate.

In 2018, The numbers and rate of Looked After Children remains unchanged at 115 and a rate of 30 per 10,000 children. This compares to 105 LAC in Richmond at a rate of 24* and further compares to a national rate of 62* and a London rate of 50*.
(Source: https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017)

Area	Rate (per 10,000 children) of Looked After Children aged under 18				
	2012	2013	2014	2015	2016
Kingston	38	37	32	32	30
Richmond	19	20	20	22	26
London	57	54	54	52	51
England	59	60	60	60	60



65.2% of Looked After Children were male and 34.8% female. As in previous years, this disparity is wider in Kingston than it is in Richmond, London and England.
that the largest proportion is aged 10-15 (43%), followed by 16+ (26%). The 10 to 15 age group accounts for a slightly higher percentage in Kingston than in London and England, whereas the 16+ age group accounts for a lower percentage in Kingston than it does London (but slightly higher than England.

LAC may live in a variety of settings with local and stable placements preferred so that children and young people can gain a sense of permanence and remain in contact with their community.

As of 31 March 2016, 18% of LAC in Kingston were placed 20 miles or more away from their home and outside the boundaries of the local authority. This was a slight increase from 16% the year prior. This was equal to the overall London proportion, higher than across England (14%) but lower than the comparable Richmond figure of 23%. Data for 2017 suggests that the number of LAC placed 20 miles or more away from their home is 21%. Richmond has remained the same at 23%.

The Strengths and Difficulties Questionnaire) is a standardised measure used to assess the emotional needs of Looked After Children. A score of 0-13 is considered within normal range of emotional need whereas a higher score of 17+ indicates a cause for concern. Since 2013/15 the average score of children looked after in Kingston has improved year on year and is below the England average.

	2013/14	2014/15	2015/16	England
Average Emotional Well Being Score of Looked After Children aged 5-16 years	15.1	12.4	13.3	14.0

In the latest 2018 published data, (from March 31st 2017) disability accounted for 45 Care leavers in Kingston aged 19,20 and 21 on 31st March 2017 not being in education or employment. This compares to 30 Care Leavers aged 19-21 in 2017 in Richmond.
(Source: https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017).

Young Offenders
The total number of FTEs for Kingston was 31, the same total as during 2014/15 – though this follows 6 consecutive years of reduction and is both the lowest total in London (City of London omitted) and among the lowest in the country. At 218 per 100,000, the rate is the second lowest in London (behind Richmond) and well below the England and Wales rate of 354.

The England and Wales proven re-offending rate (proportion of young people known to the youth offending service who go on to re-offend within 18 months) for the year to September 2015 was 37.8%. Generally, this rate has been increasing over the past 6 years (rate of 32.6% in 2009), but the current year has seen a stabilisation. The re-offending rate in Kingston has reduced to 28.2% for 2015, lower than any outturn between 2006 and present and a reduction from 41.6% in the year to September 2014.

During 2015-16 the rate of custody use was 0.41 per 1000 nationally and 0.68 per 1000 in London. The comparable Richmond and Kingston rate for the same period was considerably lower at 0.06 per 1,000 (2 custodial sentences in total) indicating that children and young people are being effectively diverted from the custodial system, where appropriate.

During 2015-16 there were a total of 75 young people cautioned or sentenced in Kingston and Richmond (combined) – approximately 19 per quarter. The outcomes for children and young people accessing the service are good, with a high percentage of children living in suitable accommodation at the end of their intervention and the majority in a suitable level of education, training and education.

	2013	2014	2015	2016	England
Number of First Time Entry (FTEs) to YOS	26	32	31	40	
Rate of FTEs per 100,000	417.8	180.0	218.3	275.5	354
Rate of re-offending per 100,000	40.2 %	41.6%	28.2%	Published in 2018	37.8
Rate of custody per 1000			0.16	0.06	0.41

The 2018 government data year for review is 2016/17.

In Richmond and Kingston there is a single Youth Offending Team and therefore data is at Local Authority level for both London Boroughs combined. For the year ending March 2017 there were 34 children aged 14-17 and 97 aged 15-17 who received a caution or conviction, a total of 131 children receiving a caution or conviction.

Of the 131 children who were cautioned or offended in Richmond and Kingston 49 (37%) were from BAME cohorts. This closely matches the overall Kingston BAME demographic. This compares to 61.5% of youth offenders in London who are from BAME cohorts, and 24% nationally.

Of the 131 in Richmond and Kingston, 109 (83%) were male. This matches the national picture; 83% of youth offenders nationally were male, and 86% in London. (Source: https://www.gov.uk/government/statistics/youth-justice-annual-statistics-2016-to-2017)

In summary, children and young people achieve good outcomes in Kingston. The vast majority perform well at school and go onto to employment, further education or training. Compared to the England averages, very few come into contact with social services or the youth justice system. This is a consistent picture seen across many vulnerable categories.

However, Kingston does have a higher than average cohort of children and young people who have special educational needs and/or who are living with ASD. Whilst this equates to only 3% of the total school's population, this cohort draws on a majority of the resources and support available locally.

Further information about the profile of children and young people can be found on the JSNA website. https://data.kingston.gov.uk/jsna/

4.5 Responding to local priorities

Based on the data about the local population we will:

- Focus on ensuring there is a whole system response to supporting children and young people with ASD and/or ADHD
- Continue to support young people in contact with the Youth Justice system to access earlier mental health support to prevent re-offending behaviour
- Ensure all Looked After Children have their mental health needs met regardless of where they live or go to school.
- Continue to consult young people and their families on priority areas for additional help
- Jointly commission across Health and Social Care
- Deliver Mental Health Awareness training in partnership across Health, Social Care and Education in schools, academies and colleges.

4.6 South West London

Across London, the CCGs are grouped into partnership areas known as Sustainability and Transformation Partnerships (STPS).

Kingston upon Thames is located within the South West London partnership area along with:
Richmond
Sutton
Merton
Wandsworth and Croydon.

The STP groupings provide an opportunity to respond to the needs of whole areas particularly where there are similar populations and needs.

The following section on the STP profile and needs assessment was removed from LTP update as it mainly reiterated the local profile reported on the previous pages.

4.9 Local Activity

Preventative mental health provision in Kingston Schools

General Overview	Examples of good practice	Key Challenges & opportunities
Many emotional health leads identified.	Individual schools prioritizing and committing funding to mental health.	Improve equity of access for all; identify finance, leadership or other barriers.
Health Link Workers in Kingston secondary schools;	Low level mental health support, signposting, resilience lessons.	Improve equity of access for all; identify finance, leadership or other barriers.
Mental Health Leads trained	Shared School/ AFC workforce development training on mental health topics. Run by EHS. Also, available to NQTs.	Work to improve take up
Many schools commission their own counsellors or therapists	Some independent practitioners, some VCS e.g. Off the Record and Relate.	Improve guidance for schools around commissioning of mental health professionals to ensure high quality.

RBC and RBK pilot sites for CWPs. Hosted by SWLStG mental health trust and operating in schools.	Careful work is taking place to align them with other services.	Further thought needed around their role and integration into the whole system in the future.
Kooth (online counselling provider) is commissioned by the CCG	Assemblies to schools on mental health and to promote their service	Work to promote further take up
Saying Goodbye Project (childhood bereavement)	AFC commission training to school staff	Work to promote further take up
SEN early intervention pilot for schools with mental health component	Support, consultation and advice to school staff when they face emerging difficulties around SEN. Inc. Mental Health	Early stages, further work to embed and develop
Majority of school's commission Ed Psychs (EPs) from AFC EPS	Some focuses on mental health training for staff. Consultation on complex cases and providing advice to school staff and to support the mental health of students	Development of individual, group and systemic interventions, such as CBT.
Some Schools commissioned EPS to specifically support parents	Parent training and consultation, supporting parental resilience.	Work to promote further take up
Integration of Tier 2 CAMHS	Unique, effective integration within the local authority joins up services such as social care, early help, and education	Increase focus on schools rather than very specialist CAMHS. Ensure all services are co-ordinating to prevent duplication
EHS	"Beating Anxiety" Conference support for school staff raising awareness on anxiety.	Development of conferencing function, improving take up and setting outcome measures.
EPS	Training and ongoing supervision, for Emotional Literacy LSAs	Quality and impact well thought of. Outcome measures for children to be developed.

Tier 1: Kooth – our digital advice, help and counselling provider 7 days per week
In 2017/18, a total of 924 unique young people were logging in to Kooth, on average 77 unique young people per month. On average 60 per month registered with Kooth and used the service multiple times. The table below ranks the top 10 reasons why young people accessed the service in 2017/18:

Anxiety/ Stress	77	Depression	33
Friendships	51	Loneliness	18
Self worth	50	Bullying	12
Confidence	39	Anger	8
Family Relationships	36	Exam stress	8

Those accessing the service were predominantly between the ages of 14-17 years and female.

2018/19 data (Q2) shows similar prevailing expressed needs for young people accessing the Kooth service as in 2017**.**

Suicidal Thoughts and Self Harm are notably present in 2018 data.
(data shown for Q1&2 2018/9 below as a comparator for 2 quarter data above presented in 2017. Overall annual data estimates extrapolated from Q2 data report)

Anxiety/ Stress	47	Suicidal Thoughts	10
Friendships	30	Confidence	23
Self worth	16	Exam Stress	11
Family Relationships	23	Self Harm	7
Depression	21	Loneliness	13

Suicidal Thoughts and Self Harm are notably present in 2018 data.

Tier 1: Relate

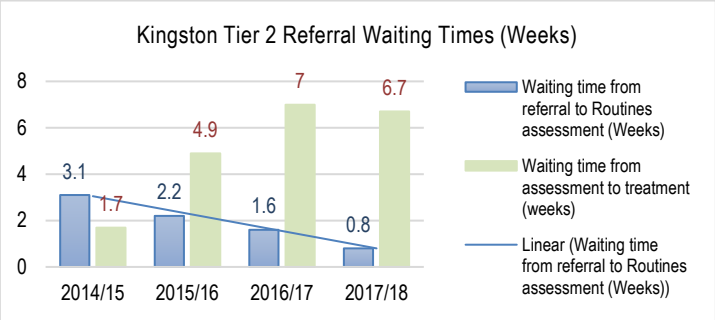
Referral Data	April 2016 – March 2017	March 2017 to April -2018
Number of referrals	n/a	120
Number of referrals accepted		120
Waiting time to first appointment		137 days
Numbers in treatment		145

The counselling service from Relate was commissioned to operate 1st September 2016 however due to recruitment difficulties it commissioned fully in offering it services from March 2017.

Emotional Health Service (Tier 2)

Referrals to the Emotional Health Service have increased year on year, waiting times for an initial assessment and for treatment have fluctuated in response.

	2014/15	2015/16	2016/17	2017/18
No of Tier 2 Referrals	30	447	544	514
Waiting time from referral to Routines assessment (Weeks)	3.1	2.2	1.6	0.8
Waiting time from assessment to treatment (weeks)	1.7	4.9	7	6.7
Number of CYP in treatment	1	15	20	8
Number of contacts	44	164	157	100
No of DNAs (Clinical Sessions)	2	16	15	9



In 2017/18 the waiting time for 'initial' appointment continued to go down whilst waiting times for commencing treatment has increased to 7 weeks.

Age	2014/15	2014/15	2015/16	2016/17
0-4 years	3	9	8	12
5-10 years	16	166	213	165
11-15 years	8	200	248	263
16+	3	72	75	74

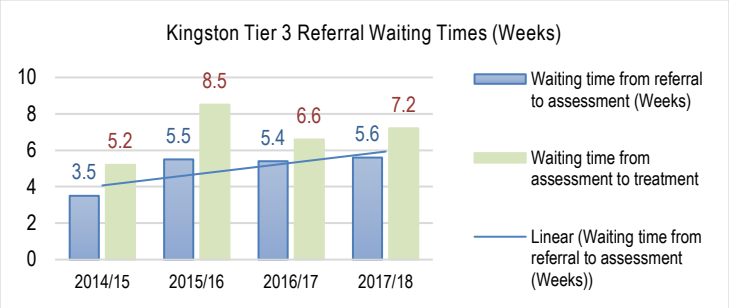
Gender	2014/15	2014/15	2015/16	2016/17
Male	10	237	286	237
Female	20	210	258	277

Ethnicity	2014/15	2015/16	2016/17	2017/18
White	13	244	320	293
Mixed	1	32	44	35
Asian or Asian British	0	25	29	33
Black or British Black	0	12	6	10
Other Ethnic Groups	0	6	13	9
Not Stated	3	23	30	9
Not Known	13	105	102	125

South West London St. George's Mental Health Trust (Tier 3)

There was decrease in referrals to the Tier 3 CAMHS provider in 2016/17 however referrals increased again in 2017/18 close to the levels seen in 2015/16. Waiting times to an initial assessment has remained stable between 5 to 6 weeks. Waiting times for treatment has slightly increased within the reporting period.

	2014/15	2015/16	2016/17	2017/18
No of Tier 3 Referrals	24	587	447	550
Waiting time from referral to assessment (Weeks)	3.5	5.5	5.4	5.6
Waiting time from assessment to treatment	5.2	8.5	6.6	7.2
Number of CYP in treatment	57	206	189	177
Number of contacts	1845	2807	2661	2413
No of DNAs	156	228	237	229



Age	2014/15	2015/16	2016/17	2017/18
0-4 years	0	10	1	1
5-10 years	6	176	95	154
11-15 years	12	236	207	273
16+	6	165	144	122

Gender	2014/15	2015/16	2016/17	2017/18
Male	12	313	235	281
Female	12	274	209	268

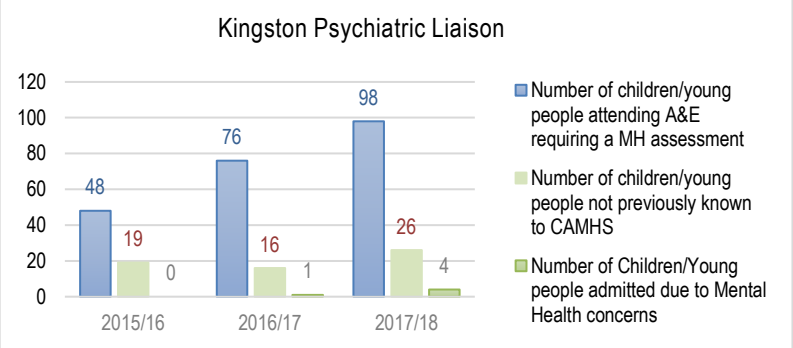
Ethnicity	2014/15	2015/16	2016/17	2017/18
White	14	380	309	382
Mixed	3	52	41	58
Asian or Asian British	0	45	38	32
Black or British Black	0	12	8	14
Other Ethnic Groups	1	13	9	17
Not Stated	3	7	10	3
Not Known	3	78	32	44

Specialist Services (Tier 3)

Psychiatric Liaison

The number of children and young people presenting to Accident and emergency requiring a mental health assessment has increased. A high proportion of those attending A&E are known or have been previously known to CAMHS. This suggests there is further work to be undertaken in the community to ensure there are robust crisis plans in place for those already receiving support from CAMHS.

	2015/16	2016/17	2017/18
Number of children/young people attending A&E requiring a MH assessment	48	76	98
Number of children/young people not previously known to CAMHS	19	16	26
Number of Children/Young people admitted due to Mental Health concerns	0	1	4



Age	2015/16	2016/17	2017/18
0-4 years	0	0	0
5-10 years	2	3	3
11-15 years	31	55	91
16+	46	58	60

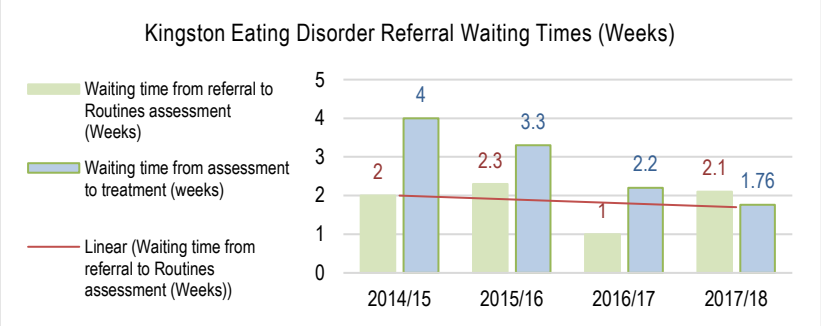
Gender	2015/16	2016/17	2017/18
Male	19	29	35
Female	60	86	118

Ethnicity	2015/16	2016/17	2017/18
White	47	84	97
Mixed	3	8	20
Asian or Asian British	5	10	16
Black or British Black	2	3	4
Other Ethnic Groups	1	3	1
Not Stated	3	4	4
Not Known	18	4	15

Eating Disorders

The number of referral to the community Eating disorder service has remained relatively static since 2014, however the number of children and young people in treatment has increased. This could suggest that those receiving treatment are receiving treatment for longer. Pleasingly the waiting time for a routine appointment has reduced to less than a week and the waiting time for treatment has significantly reduced.

	2014/15	2015/16	2016/17	2017/18
Eating Disorder Referrals accepted by dedicated ED Team	26	28	26	31
Waiting time from referral to Urgent assessment (Weeks)				0.1
Waiting time from referral to Routines assessment (Weeks)	2	2.3	1	2.1
Waiting time from assessment to treatment (weeks)	4	3.3	2.2	1.76
Number of CYP in treatment	13	25	37	31
Number of contacts	184	502	858	786
No of DNA's data quality issues for 14/15	4	26	22	12



Those accessing the service were predominantly between the ages of 11 to 15.

Age	2014/15	2015/16	2016/17	2017/18
0-4 years	0	0	0	0
5-10 years	3	0	1	2
11-15 years	13	17	10	19
16+	10	11	15	10

Gender	2014/15	2015/16	2016/17	2017/18
Male	2	2	0	5
Female	24	26	26	26

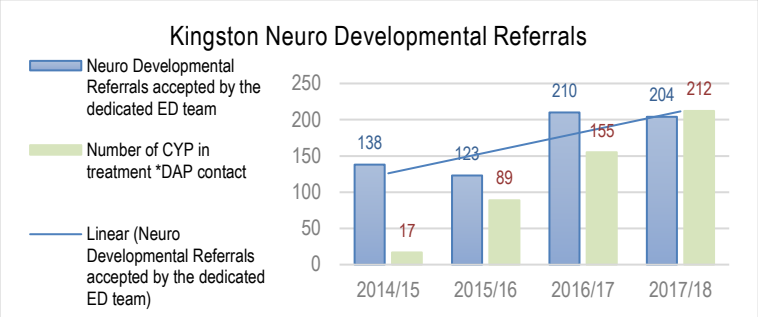
Ethnicity	2014/15	2015/16	2016/17	2017/18
White	16	19	16	24
Mixed	0	4	2	2
Asian or Asian British	1	0	1	1
Black or British Black	0	0	2	0
Other Ethnic Groups	0	0	1	1
Not Stated	4	1	3	2
Not Known	5	4	1	1

ASD/ADHD

The number of referrals to the specialist neuro developmental services has increased overall with a significant jump in 2016/17. The variations in waiting times to assessment do not necessarily reflect this. In 2015/16 there was a slight reduction in the number of referrals but the greatest

increase in waiting times for assessment by 10 weeks upon the previous year. In 2017/18 waiting times are beginning to see a reduction.

	2014/15	2015/16	2016/17	2017/18
Neuro Developmental Referrals accepted by the dedicated ED team	138	123	210	204
Waiting time from referrals to assessment (weeks)	6.1	15.6	22.6	16.8
Number of CYP in treatment *DAP contact	17	89	155	212
Number of contacts	131	208	326	433
No of DNAs * data quality issues for 14/15	4	11	11	17



Age	2014/15	2015/16	2016/17	2017/18
0-4 years	1	1	2	0
5-10 years	91	82	145	131
11-15 years	34	29	51	62
16+	12	11	12	11

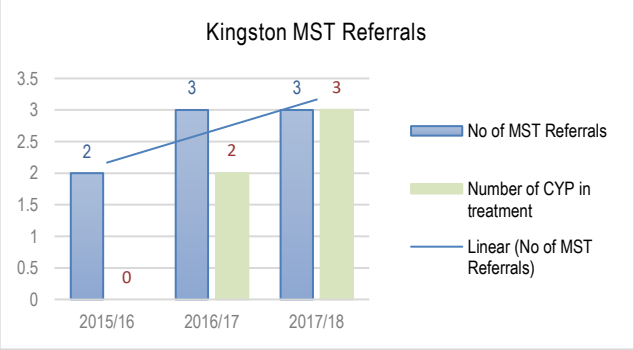
Gender	2014/15	2015/16	2016/17	2017/18
Male	102	85	136	140
Female	36	38	74	64

Ethnicity	2014/15	2015/16	2016/17	2017/18
White	51	80	149	145
Mixed	14	14	30	19
Asian or Asian British	4	5	10	17
Black or British Black	0	9	9	4
Other Ethnic Groups	6	6	6	5
Not Stated	34	0	2	4
Not Known	29	9	4	6

Multi Systematic Therapy (MST)

The number of referrals to the MST programme and the number of young people who go onto to receive treatment has remained relatively static over the past three years

Richmond MST (information not available for 2014/15)	2015/16	2016/17	2017/18
No of MST Referrals	2	3	3
Waiting Time from assessment to Treatment (Weeks)		9.6	11.5
Number of CYP in treatment	0	2	3
Number of contacts	0	76	39



Age	2015/16	2016/17	2017/18
0-4 years	0	0	0
5-10 years	0	0	0
11-15 years	1	2	3
16+	1	1	0

Gender	2015/16	2016/17	2017/18
Male	0	2	2
Female	2	1	1

Ethnicity	2015/16	2016/17	2017/18
White	1	0	2
Mixed	1	2	1
Asian or Asian British	0	0	0
Black or British Black	0	1	0
Other Ethnic Groups	0	0	0
Not Stated	0	0	0
Not Known	0	0	0

Specialised Inpatient Services (Tier 4)

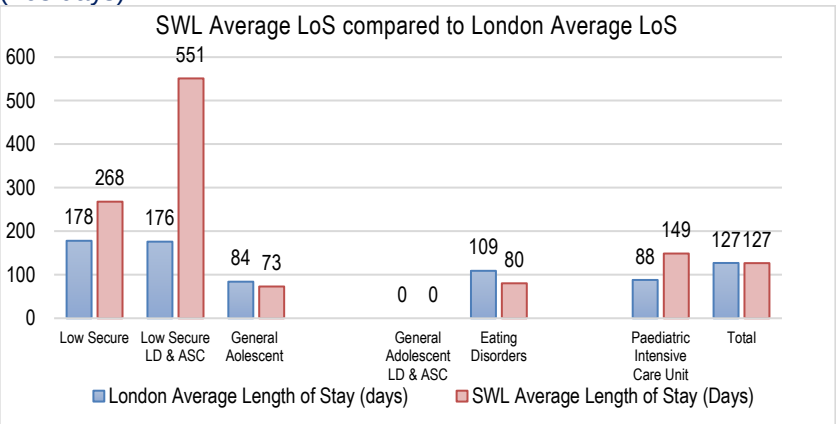
Kingston upon Thames has one of the lowest rates and numbers of people aged 10-24 years admitted to hospital for self-harm and is below the London and England average. In 2015/16 Richmond, Sutton and Merton's rates of admission were higher than the London average.

Rate per 100,000 of hospital admissions as a result of self-harm (Aged 10-24)	2013/14	2014/15	2015/16	London	England
Kingston	**212.3 (67)**	**189.8 (61)**	**203.3 (66)**	**209.5**	**403.3**
Richmond	416.6	268.5	335.4		
Sutton	407.1	425.9	407.9		
Merton	224.9	255.8	241.7		
Wandsworth	247.3	193.3	209.0		

The table below summaries the inpatient facilities commissioned across London and those specifically located within South West London

Service Type	Current London Provision	London Average Length of Stay (days)	London Patients	SWL Services	SWL Current Provision	SWL Average Length of Stay (days)	SWL Patients
Low Secure	12	178	42		0	268	8
Low Secure LD & ASC	0	176	8		0	551	2
General Adolescent	122	84	701	SWLstGMHT Priory	12 12	73	89
General Adolescent LD& ASC	0	0	0		0	0	0
Eating Disorders	49	109	84	SWLstGMHT Priory	12 13	80	23
PICU (Paediatric Intensive Care Unit)	4	88	89		0	149	20
Total	187	127	924		49	127	142

Of the 142 children/ young people admitted from SWL most required a general adolescent bed. Only 2 required an LD/ASC specific low secure bed but had the longest average length of stay (268 days).



Analysis of the average lengths of stay (LoS) across the different types of inpatient services shows that where this specific provision is not located in SWL the child or young person's LoS is likely to be far greater than the London average. Where the provision is available in SWL the LoS is less than the London average.

However, further analysis by NHS England showed that in all types of provision less than half of the children and young people living in South West London and requiring inpatient services accessed these services locally:

- 63 % of SWL patients requiring a Low secure bed were placed outside of London
- 100% of SWL patients requiring Low Secure LD/ASC- 100% placed outside of London compared to 25% of all London patients
- 44% of SWL patients accessed a General Adolescent bed in SWL
- 65% of SWL patients accessed an Eating Disorder bed SWL
- 100% of SWL patients requiring PICU were placed outside of London

10 Kingston patients were admitted during 2016/17 of which approximately half had LD and/or ASD.

There was one young person admitted to a low secure setting whose average length of stay far exceeded both the London and SWL averages. Those admitted from Kingston to a general adolescent ward or eating disorders unit were admitted for a slightly longer period than the average SWL length of stays but is greatly reduced on previous years.

Service Type	2014/15 Kingston patients	London Average Length of Stay (days)	2015/16 Kingston patients	London Average Length of Stay (days)	2016/17 Kingston patients	SWL Average Length of Stay (days)
Low Secure	0	0	1	365	1	732
General Adolescent	8	102	7	133	12	85
Eating Disorders	1	119	1	365	1	95

Transitions

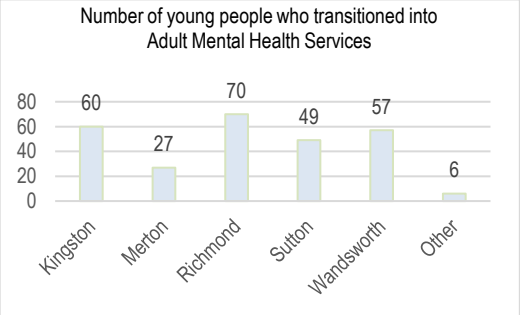
Young people with ongoing or long-term health or social care needs may need to receive ongoing support into adulthood.

The table below shows the number of young people who transitioned between CAMHs and AMHS in 2016/17. Kingston had the second highest number of young people transition across SWL, after Richmond CCG.

35% of those who transitioned in 2016/17 did so within one month or less of being 'discharged' from CAMHS. The majority were 'referred' to adults up to two months after being 'discharged. This would suggest that most young people experienced a break in their care as they moved from children's services to adult services.

SWL CCG's – Numbers transitioning to Adult Services

CCG Transitions	Clients
Kingston	60
Merton	27
Richmond	70
Sutton	49
Wandsworth	57
Other	6
Total	269



NHS Kingston CCG - Numbers Transitioning to Adult Services

NHS Kingston CCG	Number
2016/17	60
2017/18	17
20118/19	5 (April to Oct)

Data – access and outcomes

A national objective has been set by government to increase access to evidenced based treatments by 2020/21 for at least 70,000 additional children and young people for common diagnosable mental health conditions, such as developmental disorders - ASD, ADHD, emotional disorders - anxiety and depression with or without self-harm and eating disorders, behavioural disorders, oppositional defiant disorders and conduct disorders.

National targets have been set for the following years in line with the government's objective of increasing access by 10% over the next 5 years from an access baseline of 25% in 2015/16 to 35% in 2020/21. Below is a table that outlines the 5 year targets for Richmond CCG.

Increasing Access to Evidence Based Treatment - Kingston

Objective	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service	25%	28%	30%	32%	34%	35%
Target number of children	482	535	964	1028	1092	1124
Actual	482	535	899	*318		

* Data is April - August 2018

The outturn should achieve target as additional counselling capacity will be commissioned.

SWLStGs is the only provider currently flowing data to the MHSDS. The extent and completeness of this data from the August 2018 MHSDS report is showing that there are 16 data items, of which SWLStGs are reporting on 13 of these with a validity % of 90%.

Kooth and AfC will be flowing data to the MHSDS from the end of October 2018. The voluntary sector organisations NSPCC are yet to flow data. The Kingston CCG action plan describes how each provider will flow data to the MHSDS including how data quality will be improved. The action plan requires further assurance by NHSE in order to confirm the commissioning of RELATE will be completed by December and the CWP will deliver more intervention s into schools.

Data - Access and Outcomes.docx

Evidence of implementation of routine outcome monitoring is provided in section 7 -CYP IAPT. Our ambition with ROMs is that by 2020 two out of three CYP accessing IAPT treatment should have an outcome recorded to include ESQ and repeat RCADS and that this is flowed to the MHSDS. Our plan to achieve this is detailed below:

Actions	Outcomes	Provider	Timescale
Agenda as standing item on team meetings	Regular review of paired measure scores	SWLStGs EHS	Monthly
Appoint ROM champions in team and/or cluster	Staff experts can support other members of staff	SWLStGs EHS	November 2018
Provide access to staff training	Improve understanding of ROMs and implement process	SWLStGs EHS	December 2018
Provider to review system for collection of paired measures to improve collection rate	Protocol or operational developed	SWLStGs EHS	January 2019
Paired measures to be included as a regular agenda item at the quarterly CAMHS Commissioners/provider performance meeting	Include in CAMHS performance dash board	SWLStGs EHS	January 2019

Flow paired measures data to MHSDS	Paired measure fields completed in the MHSDS 40% 70% 100%	SWLStGs EHS	 Jan 19 Mar 19 May 19

Routine monitoring of data has informed the of key ambitions in the LTP and it is evidenced is as follows:

- SWLStG is producing quarterly reports on CAMHS SPA activity that include information on referral numbers, access times, presenting problems and a number of other factors. These reports were used to inform the redesign of the CAMHS SPA. The activity and signposting outcome report forms the basis of a quarterly meeting with providers and commissioners (see access chapter)
- The SWL contract monitoring governance framework includes a monthly performance meeting where the tier 3 CAMHS dashboard is monitored and exception reports are produced, where performance achieve the required target. The data on neuro development assessments, considered by the performance board, demonstrated that capacity to meet the 18 week target was not being achieved.
- The Eating Disorder data is also part of the tier CAMHS dataset. This is used to monitor performance of CEDS against national access and waiting times targets (see access chapter and section 8- Eating Disorders)

Kingston Richmond LSCB
There are a number of local CYPMH dashboards that are used to regularly monitor service delivery and plan service improvements. Mental health and emotional wellbeing continues to be a priority for the Kingston and Richmond LSCB, which routinely considers CYPMH data at board meetings.

SWL Mental Health Contract & Performance Meeting
A monthly CYPMH dashboard is produced by SWLStGs, our tier 3 CAMHS provider, for the SWL contract and performance meeting with SWL Commissioners. Performance data relating to the long waiting times for a neuro developmental assessment was used as the basis for approving additional SWL Commissioning funding to reduce the waiting times.

Transforming Care Partnership
The local Transforming Care Partnership performance dashboard informs the monthly surgery meetings between CCGs and NHSE Specialised Commissioning. The data is used to both understand and drive discharges for in-patient beds

There are a range of for a, where the clinical network and Commissioners have discussions about improving data and reporting.

- The SWL Commissioners group regularly discusses data quality and reporting and recently produced individual CCG access recovery plans to improve the data quality of the MHSDS. Commissioners also held a workshop with all providers on 6th April 2018 to agree a strategy for flowing data to the MHSDS.
- A quarterly CAHMS SPA report is produced by our Tier 3 CAMHS provider. This report is used to inform a regular meeting between the specialist CAMHS provider and CCG Commissioner, to discuss performance and address issues of data quality and performance.
- The Clinical Quality Review group meets bi-monthly and considers quality and performance report
- The SWL Mental Health Contract & Performance meeting receives a monthly CAMHS tier 3 performance report and issues regarding data quality is addressed by exception reporting

4.10 Ethnicity

The under representation of children and young people from black and minority ethnic groups accessing support from a range of services including CAMHS is well documented increasing their risk of vulnerability to poorer outcomes and conversely their over representation in other systems such as the Youth Justice System.

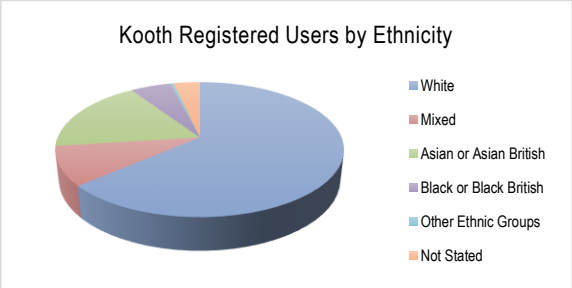
An analysis of the ethnic groups accessing CAMHS services locally shows that BME groups continue to remain disproportionality under- represented in local services.
Locally, 39% of Kingston's resident population and 36% of Kingston pupils are estimated to be from BME backgrounds.

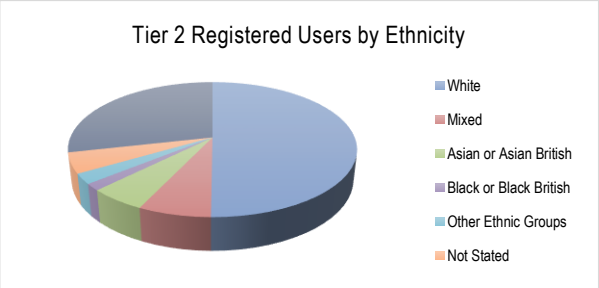
Since 2014, on average only 24% of those accessing Tier 2 or Tier 3 services were from BME backgrounds. A slightly higher proportion of BMEs access the neuro development services (29%) but only 11% of BMEs accessed psychiatric liaison services during this period.
Interestingly, 36% of the users accessing the online counselling since April were from BME groups.

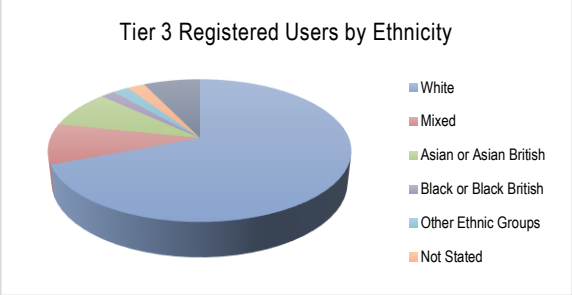
Kooth 2017/18	2017/18
White	273
Mixed	40
Asian or Asian British	76
Black or Black British	23
Other Ethnic Groups	2
Not Stated	15

Tier 2	2014/15	15/16	16/17
White	179	277	348
Mixed	15	38	48
Asian or Asian British	15	21	38
Black or Black British	4	18	11
Other Ethnic Groups	11	15	17
Not Stated	117	36	34
Not Known	64	169	198

Tier 3	2014/15	15/16	16/17
White	14	380	309
Mixed	3	52	41
Asian or Asian British	0	45	38
Black or Black British	0	12	8
Other Ethnic Groups	1	13	9
Not Stated	3	7	10
Not Known	3	78	32







4.11 Responding to local priorities

Based on the available data we will:

- Maintain a continued focus on reducing waiting times
- Focus on minimising the number of children and young people admitted to hospital by embedding the CETR process locally
- Focus on minimising the length of stay in hospital for children and young people by introducing new models of care
- Improve the transition pathway for those requiring ongoing support in to adulthood through the CQUIN programme.
- Maintain a focus on improving the access of under-represented groups.

5. Governance

5.1 Local Accountability and Transparency

When the CAMHS Transformation Strategy was developed in 2015 the monitoring and implementation of the plan was consumed within the existing local governance structures.

As the transformation plan, has progressed it has been identified that the governance structures need to evolve and expand to reflect the wider partner and stakeholder engagement and ownership required to deliver our local aspirations.

The Health and Wellbeing Board shall continue to oversee the local vision and priorities for Kingston and has identified Children and Young People's Mental Health as a key priority and regular updates are provided to the Board.

The CYP Mental Health Planning Board was established in November 2016 and have representation from:

- Kingston CCG
- Local Authority – Children's Services
- Local Authority- Public Health
- A representative from schools
- South West London St. George's Mental Health Trust (provider)
- Achieving for Children (provider)
- Relate (provider)
- Victim Support (provider)
- Health watch
- Kingston Youth Council
- A local parent forum

The primary role of this board will be to:

- monitor progress and evaluate the impact of the Transformation Plan,
- identify and mitigate against any risks to delivery
- promote greater collaboration amongst partners
- identify any unmet need and
- develop a local workforce develop strategy

The Board have identified the following work priorities for 2016/2017:

- Workforce Development
- ASD/ADHD
- Communication
- Transition
- Access and Equity

5.2 Integration

In April 2017, Kingston and Richmond CCGs formed an integrated Local Delivery Unit to undertake its statutory functions and to create the opportunity for co-commissioning and alignment of service provision across the two areas.
A key ambition over the next year will be to align the activities in the Kingston and Richmond LTPs as far as possible making best use of resources and innovation, whilst continuing to recognise local variations between the populations whilst continuing to recognise local variations between the populations.

This will build on the work that has already taken place within the wider children's services sector to integrate education and social care services across Kingston and Richmond that are delivered through Achieving for Children, a joint Local Authority owned Community Interest Company.

Good progress has been made align and integrate the strategic objectives and delivery models across health, education and social care provision in Kingston as is set out in the Local Children and Young People's Plan, which for the first time has a sharp focus on improving mental health outcomes.
https://www.kingston.gov.uk/info/200268/coordinating_childrens_services/669/our_vision_for_children_and_young_people

Key to delivering these shared objectives is joint commissioning, shared governance arrangements and designing integrated delivery models. An innovative example of this is the Single Point of Access.

In Kingston and Richmond, we are proud to have a single point of referral (SPA) for both social care and CAMHS referrals hosted by Achieving for Children.

Located within the SPA are social workers, police officers, education specialists, health visitors and mental health clinicians.

There is one online referral form for all emerging concerns / needs and telephone advice and guidance is also available. The team have daily multi-disciplinary meetings to triage the referrals where there are interrelated needs.
https://www.kingston.gov.uk/info/200235/supporting_and_safeguarding_children/473/concerned_about_a_child/2

This integrated approach is designed to ensure that mental health concerns are not responded to in isolation from the wider social and environmental influences in a child or young person's life.

5.3 Health and Youth Justice Commissioning

The local Kingston and Richmond Youth Offending Board will provide the local strategic direction with regard to commissioning of services for young people who are at risk of, are currently in, or who are due to come out of the youth justice system.
The YOS Board will be responsible working with the Youth Justice Team to monitor the agreed deliverables and ensure best use is made of the additional funding in reducing re-offending rates and first time entrants to the Youth Justice System.
The YOS Board has representation from:

- The Youth Offending Service
- Children's Social Care
- Children's Youth and Resilience services
- Education Support Services
- Kingston and Richmond CCGs
- The Metropolitan Police
- Youth Magistrate Services
- Youth Justice Services
- Probation

A joint plan between Kington and Richmond CCGs to reflect the shared Youth Offending Service arrangements across the two boroughs has now been agreed with the Health in Youth Justice Team. Further information on the Youth Justice Plan can be found in Appendix 1 (Page 92).

5.4 Special Educational Needs and Disabilities

A key priority area locally is meeting the needs of children and young people on the Autistic spectrum and/or living with ADHD (Attention Deficit Hyperactivity Disorder). Alongside health services there is a key role for education and social care departments in ensuring children and young people with these conditions reach their full potential.

Locally, the SEND Partnership Board made up of representatives across health, education, social care, the voluntary sector and parent partnerships across Kingston and Richmond take collective responsibility for ensuring there is a system response.
The focus of the Boards work is to ensure there is:

- Early identification of need
- Needs are assessed and appropriately met
- Improved outcomes

Further information on the actions planned to address waiting times for assessment, expand the support available locally following a diagnosis of ASD and ADHD can be found in Appendix 1 (Page 82).

5.5 Sustainability and Transformation Partnership (STP) Accountability and Transparency

Kingston CCG will play an active role within the South West London Alliance in order to deliver a whole systems approach to transformation via the collective Sustainability and Transformation Plan.

The South West London STP focuses on:

- Reduce the number of people requiring specialised services by developing a whole system, pathway led approach to provision and commissioning of services, maximising primary and secondary prevention;

- Eliminate unwarranted variation to ensure equity of access, outcomes and experience for all;
- Build on our knowledge of patient flows and the relationship between services to determine new and innovative ways of commissioning and providing services to improving quality, safety and cost effectiveness
- We are working to improve the quality and effectiveness of services for patients and ensure resilient provision

In addition, The STP region has agreed that workforce needs to be addressed at a regional and STP level and take forward the 'Stepping Forward to 2020/2021: The mental health workforce plan for England'. Regionally, South West London will develop a formula to determine what the national drive for recruiting 1700 whole time equivalent CAMHS practitioners for the area, this formula will be used to ensure there is a consistent and joint approach across the region.

A review of local demand and capacity will be undertaken that can then be compared regionally in order to ensure that the workforce across the region meets the needs of the local population. A joint action plan can then be developed across the STP region to deliver the increment in staffing across South West London.

The design and delivery of mental health services including those for children and young people play a key role in achieving the aims of the STP.

Mental Health Network
The South West London Mental Health Network shall provide the formal mechanism through which STP initiatives will be agreed and delivered. The South West London Mental Health Network has representation from all five CCGs in the local area and the two main NHS mental health trusts are also represented.

The Transformation Board
The Transformation Board as a super task and finish group and remains within overall SWLStG contract governance. The Transformation Board is supported by Task and Finish Groups who are required to recommend and drive agendas; programme plans; action plans and actions appropriate to the subject area. Key areas of focus for the Transformation Board are as follows:

- Perinatal :
- CAMHS/CYP
- Community
- Urgent Care
- CIP/QIPP
- Tariff Development

5.6 Transforming Care Partnership (TCP) Board

The South West London TCP Board has an explicit focus on transforming care for people with learning disabilities and/or autism with the aim of reducing admissions and unnecessarily lengthy stays in learning disability or mental health inpatient settings and reducing health inequalities.

In addition, the TCP Board will oversee the implementation and learning from the LD Mortality Reviews across the STP.

The TCP Board has representation from all five CCGs, Local Authorities and NHS England Specialised Commissioning and patient representatives.
The TCP are making good progress with its ambitious plan and trajectory to repatriate those who have been in hospital a long time back to their local communities and prevent admissions of those with a learning disability and/or autism

The TCP has:

- Established monthly surgeries with NHSE Specialised Commissioning to discuss and progress safe discharges which are proving effective in improving communication and addressing barriers to discharge.
- Supported local areas to develop a standardised dynamic register and CTR/ CETR policy.
- Progressed the development of a workforce development plan
- Progressed the development of a housing strategy

But further work is required to embed the CTR/CETR processes locally and develop a community based response to crisis. The TCP are currently working to make best use of external funding opportunities and are in the process of submitting a bid to establish a Positive Behaviour Support Service (PBSS) across SWL and step down/ respite facilities as an alternative to admission. NHS England recently rated the partnerships progress against the elements in its plan relating to children and young people as amber.

Further information on the local initiatives to deliver the transforming care agenda can be found in Section 9 (Pages 65-68).

5.7 SWL Collaborative and Place Based Commissioning

South London Mental and Health and Community Partnership (SLP) is a collaboration of the three south London Trusts. It is delivering a system-wide approach, initially for CAMHS Tier 4 services across south east and south west London.

This is particularly enabled through 'devolved' NHS England New Care Models funding, which allows the SLP to forward-invest ('invest to save') in local mental health services.

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

SLP CAMHS Tier 4 NCM aims include:

- To minimise the disruption to the lives of young people and their families through maintaining social networks and improving their resilience, aiding their recovery.
- To provide the majority of specialist services in South London, prioritising community based support, and ensuring high quality and responsive services are available.
- To develop and deliver a range of new and enhanced best practice CAMHS Tier 4 services, targeting investment where most needed and ensuring equality of access to services (not currently consistent) across the area
- To realise best Use of Resources for Mental Health spending through reducing use of independent sector beds/inpatient facilities and overall out of partnership area placements; and to reinvest savings upstream in Tier 4 services to help prevent emergency admissions.

The SLP Tier 4 Programme enhances UEC at system-wide level. This includes:

- New and expanded Crisis Care Teams operating at local level until 10pm (investment and implementation plan agreed over 2018-19)
- 24 hour Bed Management Service launches 2018-19 covering all south London CYPMH bed capacity and ensuring referrals (including from ED) are dealt with promptly and necessary admissions are places within the SLP partnership areas wherever possible
- 24 Inpatient services continue to be provided by two south London Trusts (SLAM, SWLSTG) the SLP partnership continues to enable south East London young people to access these series more easily and to avoid out of area placements
-

The Partnership's Tier 4 CAMHS work encompasses all relevant partners in planning and delivering transformation including NHSE, Local Authorities, the CCGs, Youth Justice (e.g. new Forensic Community CAMHS service) and the Acute Provider sector (e.g. for Crisis Care services working with Emergency Departments to prevent/stream admissions).

Primary care, the education sector and the VCSE typically refer into and co-deliver services with existing Tier 1, 2 and sometimes Tier 3 services. These services then refer into Tier 4 services as required, and are represented on all working and development forum in order to ensure joined-up commissioning and pathways. The CCGs have developed a shared collaborative commissioning plan and established a formal steering group to oversee this work. This steering group feeds into the STP Mental Health Network.

The key areas of focus in the collaborative commissioning plan are:

- Ensuring there is sufficient inpatient capacity regionally so that the use of inpatients beds out of area are the exception
- Reducing the variation in access and waiting times across the STP

- Adopting consistent models of care that reflect best practice
- Delivering seamless transitions between age related services
- Supporting new models of care to be piloted within SWL

The work of the collaborative shall be focused around the following thematic areas:

- Eating Disorders
- Out of hours and crisis care
- Youth Justice
- ASD / ADHD (including Transforming Care)
- Transitions

As an STP we have implemented the national transition CQUIN with the main provider of CAMHS and AMHS across the STP. The key objectives are to:

- Develop and implement a safe transition and discharge protocol between CAMHS and AMHS
- Develop measures to routinely report on the users experience during transition
- Complete an audit to measure the compliance of practitioners with the transition and discharge protocol and respond accordingly to the findings

This CQUIN is intended to improve the outcomes for young people who transition out of CYPMHS; to improve young people's experience of transition; to improve young people, parent and carer involvement; and to incentivise the safe transfer of care for young people.
The point of transition from Child and Adolescent Mental Health Services is recognised as a point of potential upheaval for young people who may find it difficult to navigate new service settings, or to manage their mental health following discharge from CYPMHS, especially as the availability and offer of support can change dramatically from CYPMHS to AMHS or voluntary sector services.

It is estimated that more than 25,000 young people transition each year. It is reported that this process is often handled poorly, which can result in repeat assessments and emergency admissions for this large cohort of service users at a critical stage in life. Recent research has highlighted how few people make the transition across to adult services, which have a different culture to CYPMHS services and focus more on clear diagnostic categories with the result that AMHS often exclude young people at the point of transition who may go on to develop more severe problems.

Moreover, even when adult services do accept a referral, there is no guarantee that the young person's transfer will be handled properly, and they may go on to disengage from services all together. The TRACK study shows that transitions for young people at the age of 18 are poorly managed resulting in only 4% of young people receiving an 'ideal transition'. Transitions for vulnerable groups, such as those within the criminal justice system can be particularly problematic.

The following actions will take place in 18/19

- A review of the local CAMHS Transition protocol and transition checklist will be completed to ensure national standards are met, and will be implemented across SWLStG. This review will seek to involve children and young people and their families, both those who are about to transition and those who have already transitioned.
- An audit will be completed to demonstrate the use of transition planning, which will include the use of the transition checklist across CAMHS community services for children and young people who are transitioning to adult mental health services, developing and implementing recording standards for transition planning across all CAMHS Community services
- A case register will be established to capture all children and young people who transitioned to adult mental health, as well as those who did not transition to adult mental health. For those who did not transition to adult mental health, their destination will be recorded on their case notes and audit completed as to the reason they did not transition to adult mental health.
- Questionnaires will be developed to ascertain the experience of children and young people pre-transition and post-transition. The questionnaires will include the extent of multi-agency collaboration between both stages

5.8 Specialised Commissioning

CAMHS services are provided across the spectrum of care settings with some of the most complex and/or high risk cases requiring admission to specialised (Tier 4) inpatient care. Local Transformation Plans are expected to result in a significant reduction in demand for Specialised CAMHS services within the next 5 years. Community crisis care pathways that can provide robust and sustainable alternatives to inpatient care are under-developed particularly for children and young people with complex needs and behaviours related to learning disability (LD) and/or Autism and emerging personality disorders. The overall distribution of CAMHS inpatient capacity does not match Regional population needs and young people are being admitted far from their home, or to paediatric or adult beds; the NHS England National CAMHS Service Review aims to redress service deficits by redistributing/realigning beds to meet local needs, the clear expectation is that by 2020 there will be no inappropriate admissions to adult or paediatric beds and patients will be treated in local care pathways.

Kingston CCG through the SWL Collaborative will work closely with Specialised Commissioning to determine how we will implement these:

- Access to appropriate beds locally thus not having to travel long distances, face long waiting times, or disconnect from family and their local community
- Availability of services out of hours
- Develop more quality measures by service units
- Support for young people when they return home after Specialised CAMHS admission
- Children's services to map neatly onto adult services affecting transition
- Consistent commissioning arrangements between community and Specialised CAMHS
- Consistency in care and discharge plans
- More multiagency support to help children and young people with mental health problems to stay in community and prevent hospital admission
- Depict accurate picture of specialised care as not a "solve all"
- Better utilise funding available for services

Locally the five CCGs has agreed with the provider that there are 2 areas which would relieve pressure in the system on Tier 4 services; this includes building the assertive outreach and the community outreach service. With the data received from Specialised Commissioning the STP region will identify areas which need to be worked on across the region and will continue to work together to jointly manage the service that provides local mental health services and will work with specialised commissioning in order to understand the patients currently in the system and improve the pathway locally.

NHS England Specialised Commissioning Team will continue to work local commissioners to develop place based plans across the STP footprint to:

- ensure Regional inpatient capacity meets requirements so out of region admissions become the exception
- to reduce variation by introducing standardised access and waiting times
- adopt consistent models of care based on best practice that reduce the reliance on inpatient care
- deliver seamless age-related service transitions
- to support the pilots within the New Care Models programme

South London New Models of Care 2018 update

South London Mental and Health and Community Partnership (SLP) is a collaboration of the three south London Trusts. It is delivering a system-wide approach, initially for CAMHS Tier 4 services across south east and south west London. This is particularly enabled through 'devolved' NHS England New Care Models funding, which allows the SLP to forward-invest ('invest to save') in local mental health services.

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

SLP CAMHS Tier 4 NCM aims include:

- To minimise the disruption to the lives of young people and their families through maintaining social networks and improving their resilience, aiding their recovery.
- To provide the majority of specialist services in South London, prioritising community based support, and ensuring high quality and responsive services are available.
- To develop and deliver a range of new and enhanced best practice CAMHS Tier 4 services, targeting investment where most needed and ensuring equality of access to services (not currently consistent) across the area
- To realise best Use of Resources for Mental Health spending through reducing use of independent sector beds/inpatient facilities and overall out of partnership area placements; and to reinvest savings upstream in Tier 4 services to help prevent emergency admissions.

The SLP Tier 4 Programme enhances UEC at system-wide level. This includes:

- New and expanded Crisis Care Teams operating at local level until 10pm (investment and implementation plan agreed over 2018-19)
- 24 hour Bed Management Service launches 2018-19 covering all south London CYPMH bed capacity and ensuring referrals (including from ED) are dealt with promptly and necessary admissions are places within the SLP partnership areas wherever possible
- 24 Inpatient services continue to be provided by two south London Trusts (SLAM, SWLSTG) – the SLP partnership continues to enable south East London young people to access these series more easily and to avoid out of area placements

The Partnership's Tier 4 CAMHS work encompasses all relevant partners in planning and delivering transformation including NHSE, Local Authorities, the CCGs, Youth Justice (e.g. new Forensic Community CAMHS service) and the Acute Provider sector (e.g. for Crisis Care services working with Emergency Departments to prevent/stream admissions).

Primary care, the education sector and the VCSE typically refer into and co-deliver services with existing Tier 1, 2 and sometimes Tier 3 services. These services then refer into Tier 4 services as required, and are represented on all working and development forum in order to ensure joined-up commissioning and pathways.

5.9 New Models of Care

Crisis Care

The three South London Mental Health Trusts, South West London St. George's Mental Health Trust, South London and Maudsley and Oxleas have formed the Mental Health and Community Partnership to develop and implement new models of care.

Working collaboratively with NHS Specialised Commissioning and local CCG commissioners the partnership will assume the commissioning function for forensic and tier 4 services across the region with the overarching aim of reducing the use of inpatient admissions.

The key deliverables include:

- A single crisis line and crisis teams to provide an immediate response to emerging crisis
- Enhancing the availability of evidence based interventions such as Dialectical Behaviour therapy and forensic services
- Improved case management and use of local inpatient provision
- Expanding the local psychiatric intensive care provision
- Strengthening the Eating Disorders pathways
- Developing support packages for those with autism and LD and behaviour that challenges.

The Mental Health and Community Partnership report that:

"NHS England have accepted the submission for the South London Mental Health and Community Partnership for CAMHS Wave 2. The partnership is made up of three provider organisations, South West London and St. George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust. Operation of the New Models of Care began on 1st October 2017, with the partnership taking responsibility for a ~£20m Tier 4 CAMHS commissioning budget and working closely with NHS England.

As part of the New Models of Care process, the lead Trust, South London and Maudsley NHS Foundation Trust have signed a contract variation that devolves appropriate commissioning responsibility from NHS England for the CAMHS Tier 4 budget. The partnership has also agreed a

management agreement with NHS England region team that sets out how we will work together to ensure effective management for the delegated budget and monitor quality and performance of Tier 4 services that support South London patients.

The scope of the budget is all Tier 4 services commissioned by NHS England specialised commissioning for residents of the 12 south London CCGs, except for children's inpatient services, deaf services, medium and low secure inpatients and specialized services for Transforming Care patients.

Tier 4 services are characterised by a number of challenges with the key ones being; availability of alternatives to inpatient facilities due to capacity and accessibility of community based services, access to inpatient facilities within South London, rising need for Tier 4 inpatient facilities creating budgetary pressures, and that inpatient facilities can sometimes exacerbate situations leading to poor outcomes and contributes to rising costs. During 16/17, roughly 65% of adolescent inpatient bed days for South London CAMHS patients were provided outside South London, with the average distance from home being 73 miles. Our aim is to reduce the total number of adolescent and eating disorder bed days by 25% and half the average distance from home by 2019/20.

Acceptance for Wave 2 was based on a business case, which seeks to build upon the core CCG Tier 3 commissioned contracts by extending hours and increasing community service capacity in services that will impact upon reducing referrals and shortening inpatient stays, reducing need for inpatients. The community services the partnership has identified for investment are; Crisis Care, Dialectic Behaviour Therapy and Eating Disorders. We will also integrate NHS England Case Management and operational Bed Management to better manage all south London patients in inpatient facilities and seek opportunities to repatriate patients from outside South London.

The key timescales for the work are to establish integrated case and bed management by December 2017 and that the investment to strengthen the offer from existing community services will be in place between January – March 2018.

A key priority is also to reiterate the criteria for admission to Tier 4 psychiatric inpatient provision, which are qualitatively different to those for a children's social care or educational residential placement.

At this developmental stage, the partnership wishes to engage with and work with CCG and Local Authority commissioners to develop a consistent service approach and expand evidence based community services for the benefit of patients and their families. To support this, we will be undertaking a baseline exercise across South London, including Tier 3 services as well as validating Tier 4 baseline data from NHS England."

Forensic Services

A new community forensic mental health service for children and adolescents will be commissioned for London by NHS England in 2018 (Community Forensic CAMHS (including Secure Outreach)). The service is a tertiary service and will be accessible to community teams in contact with young people exhibiting risky behaviours and/or those in contact with the youth justice system, including CAMHS, youth offending teams and children's social care. The referral criteria will cover 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.

The service will work to a national service specification, * and will provide advice and consultation, specialist assessments and evidence-based treatments for complex high risk cases. The service is intended to support the national ambition to reduce the numbers of inpatient admissions and lengths of stay; reduce variations in service availability and access and improve the experience of patients, families and carers using mental health services. https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-c/c03/

South West London Commissioners attended the Forensic CAMHS stakeholder event on the 16/9 and are members of the project team that will oversee the procurement of the London service between now and February 2018.

In 2018 an agreement with 'Criminal Justice together' has been established who provide a forensic mental health practitioner within custody who will undertake an assessment of the young person mental health needs. This information is passed to the YOS to assist in the planning of intervention for the young person.

Victims of Sexual Assault
We will ensure the therapeutic support for victims of sexual assault is embedded as part of the South West London development of a multi-agency 'Child Abuse Hub' that is being progressed as part of the South West Sustainability and Transformation Plan (STP) and the 'Child House' programme sponsored by the Home Office.

The Havens Clinics in Whitechapel and Camberwell are the local SARCS clinics. These are supported by the local NHS Trust in referrals and signposting on the South West London Information on Sexual Health website, SWISH. As well as direct referral through health channels, anyone searching online for sexual health advice locally will find the SARCS services amongst more generalised sexual health support clinics. http://www.swish.nhs.uk/kingston/sexual-assault-services

5.10 Healthy London Partnership

Stigma reduction
Stigma reduction is a key theme in the Future in Mind document, as an LTP we will work alongside the other Pan-London initiatives to address this across London. In order to deliver a consistent message to our young people, we will support the delivery of the pan London stigma reduction project and make sure our local partners are aware of the project and will promote it with the young people they work with. Our good relationship with the Healthy London Partnership and the pan London programme will ensure that the message being delivered is consistent and that the campaign suits the needs of our young people locally. Although this programme has yet to be fully defined we will continue to work with Healthy London Partnership and the pan London programme to support this.

Crisis Care
Following the publication of the Healthy London Partnership Children and Young People's Mental Health Crisis guidance CCG's across South West London (SWL) have undertaken a self-assessment survey against the recommendations contained within the guidance and the national Urgent and Emergency Mental Health for CYP Intensive Intervention and High Risk survey. Both of these initiatives have allowed the CCGs to understand further where provision could be improved and develop an action plan, included within the SWL CAMHS Collaborative Commissioning Plan that includes the following initiatives to address these gaps:

- Review SWL psychiatric crisis services/outreach and home intensive services to include:
- Implementation of crisis care guidance
- Development and implementation of quality standards
- Evidenced based treatments and pathways
- Commissioning of consistent out of hours services for young people SWL
- Review Health Based Place of Safety at Springfield Hospital
- Develop a model for community services to support safe discharge that include management support packages
- Identify key workforce issues and work with the SWL Local Workforce Action Board to ensure plans address key requirements

The Healthy London Partnership Children's and Young People's (CYP) Programme are undertaking a peer review process of CYP mental health crisis pathways across London. The SWL pathway will be reviewed, following a desktop review of service provision and a visit during November. Upon conclusion of this process mental health system partners will receive a summary feedback report, and upon receipt of this, the action plan above will be reviewed and updated to reflect the feedback received.
https://www.healthylondon.org/sites/default/files/Improving%20care%20for%20children%20and%20young%20people%20with%20mental%20health%20crisis%20in%20London.pdf

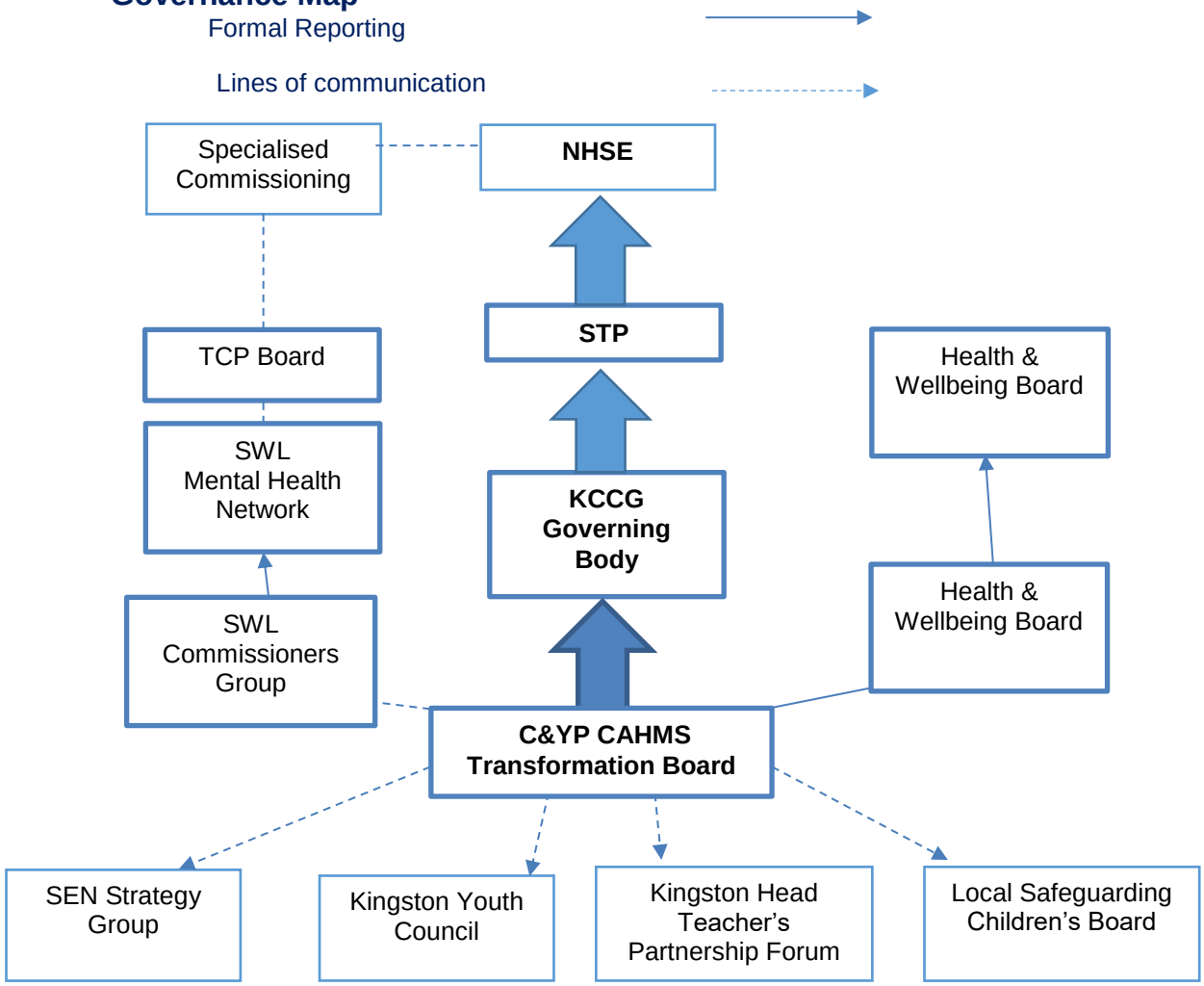
Informatics and Outcomes

To ensure consistency across the capital we will use the commissioner guide developed by Healthy London Partnership to define the outcomes which we will commission. Working closely with Healthy London Partnership, we will use their emerging best practice to inform our commissioning plans and data collection and will, once designed, feed into the NHS Benchmarking all ages mental health dashboard across London so that we can share our success, identify areas for improvement and help to ensure equality of access and service across London.

Suicide Prevention

Via the local Suicide Prevention Board and work streams we will implement the tools and guidance that were recently published by the HLP to promote the best possible practice locally.

Governance Map



6. The Transformation Programme

This section describes in detail the case for change and the strategic outcomes of the transformation programme that are designed to deliver the identified priorities over the next five years.

6.1 Promoting resilience, prevention and early intervention

The importance of raising awareness and providing local communities with the right tools and knowledge to make informed choices is essential in preventing poor emotional well-being and mental health. Ensuring there is a resilient community who has a positive perception and experience of the help available and the skills to promote and sustain recovery from poor mental health is a priority. By 2020, we aim to ensure more children and young people are able to access emotional well-being and mental health support and have more choice in the type of support they access.

6.2 Improving access to effective support

Our overarching ambition is to ensure more children and young people are prevented from experiencing poor emotional well-being and mental health by ensuring they grow, learn and are cared for within resilient and supportive environments. Where concerns about children and young people are emerging, we aim to ensure they are able to access support and help early to prevent problems from worsening and that they access responsive services as close to home as possible. By 2020 we aim to ensure there is a greater range of early support available and more children get the right support at the right time.

6.3 Care for the most vulnerable

We recognise that some children and young people who, though circumstance, are more vulnerable to experiencing poor mental health and some that may find it more difficult to access the right help locally. Some may also require ongoing support beyond their adolescent years to manage any long term mental health conditions that impact detrimentally on their daily functioning. By 2020, we aim to ensure all vulnerable children and young people will access treatment within four weeks of being assessed if routine or one week if assessed as urgent and we reduce the need for children and young people to be hospitalised.

6.4 Workforce Development

We are committed to developing a sustainable workforce with the appropriate skills mix to deliver a comprehensive and NICE compliant range of services. Increasing the capacity of the workforce is at the heart of delivering the transformation plan but equally that the workforce has the right skills to make a positive impact. By 2020 we aim to ensure that the local workforce has increased by at least 10%.

A more detailed workforce development information, including plans to recruit and train new staff and existing staff, is outlined on pages 70-76.

6.5 Accountability and transparency

We believe the voice of children and young people should be at the centre of all activity. We are also passionate about ensuring children, young people and their families are able to make informed choices about their treatment and care this is reflected in the support they receive. By 2020, we aim to ensure that more children and young people report that they know who to ask for help and how to get help.

Strategic Outcome Dashboard

6.6 How will we know if we have been successful?

		Direction of Travel	Baseline 2014/15	15/16	16/17	17/18	18/19 (Q1/Q2)	2020 Target	RAG against baseline
Promoting resilience, prevention and early intervention	Reduction in the average SDQ score of Looked After children to below 11	Decrease is better	15.1	12.4	13.3			11	Improved/ on track
	50% Reduction in the Rate of Re-offending per 100,000	Decrease is better	41.6	28.2				20.2	Improved/ on track
Improving access to effective support	Reduction in the waiting times for a neurodevelopmental assessment	Decrease is better	6.1	15.6	22.6	19	15	12	
	Reduction in the waiting time for a routine Eating Disorder assessment	Decrease is better	2	2.3	1	0.9	2	2	Exceeding target
Increasing care for the most vulnerable	Increase in the number of community CETRs completed	Increase is better	0	0	0	1	2	10	
	Reduction in the number of children and young people admitted (General Adolescent Ward)	Decrease is better	8	7	12			<5	
Developing the workforce	Cumulative increase in the number of IAPT trained clinicians	Cumulative increase	8 (2013) 4 (14/15)	1	1	1		15	On target
	35% Increase in the CAMHS workforce	Increase is better	36.21	38.21	46.43	46.98		50.49	Improved/ on track

Key Performance Indicators
Updated October 2018

Future In Mind Priority	Activity Indicators	Direction of Travel	Baseline 14/15	Actual 15/16	16/17	17/18	Q2 18/19	2020 Target
Promoting resilience, prevention and early intervention	**% secondary schools /%primary schools have a named point of contact**	Increase is better	0%	12		6 (50%)		50%
	/%primary schools have a named point of contact	Increase is better	0%	35	-	21 (60%)		50%
	The number of young people accessing online counselling	Increase is better	0%	0	25	432	286	
	Reduction in the number of referrals into structured treatment services	Decease is better	est 400	24	587	447	252	<400
Improving access to effective support	**Referrals the NSPCC and commence treatment within four weeks**	Increase is better	2	0	2			10
	Average waiting times for assessment by the Emotional Health Service	Decease is better	8 weeks	9 weeks	16 weeks	11 weeks	7.5 weeks	8 weeks
	Average waiting times for assessment by the Tier 3 CAMHS team	Decease is better	3.5	5.5	5.4	4.9	4.8	4 weeks

	Average Waiting times for a neuro developmental assessment	Decease is better	6.1 weeks	15.6 weeks	22.6 weeks	19 weeks	15	12 weeks
	100% of urgent ED referrals start treatment within 1 week	Decease is better	0	0	0	0.3	0.4	1
	100% of routine ED referrals start treatment within 4 weeks	Decease is better	2	2.3	1	0.9	3	4
	The number of referrals to MST	Increase is better	5	2	3	2		10

Care for the most vulnerable	Average SDQ of Looked After Children	Decease is better	15.1	12.4	13.3			11
	Number of First Time Entrants into the Youth Justice System	Decease is better	32	32	31	40	-	<30
	Rate of re- offending per 100,000 population	Decease is better	41.6	28.2				20.2
	Number of U18s seen by Psychiatric Liaison	Increase is better			39	68	41	
	Number of CETRs completed on time	Decease is better	0	0	0	1		
	Rate per 100,000 of hospital admissions as a result of self harm (10-24 years)	Decease is better	212.3	189.8	203.3			<200.0
	Reduction in the average length of stay of a Tier 4 admission (General Adolescent ward)	Decease is better	102	102	133	73		<50
	No of admissions to a General Adolescent ward	Decease is better	8	7	12			<5
	Reduction in the average length of stay (General Adolescent)	Decease is better	102	133	85			<73
	No of admissions Eating Disorders	Decease is better	1	1	1			<1
	Reduction in the average length of stay (Eating Disorders)	Decease is better	119	365	95			<80
	Number of referrals to AMHS within 30 working days	Decease is better	No baseline	Not recorded	60			

Developing the workforce	35% Increase in the CAMHS workforce	Increase is better	36.21	38.21	46.43	46.98		50.49
	SWL Wide Eating Disorder Services Total WTEs	Increase is better	6.22	6.77	9.54	10.49		
	SWL Wide Psychiatric Liaison Service Total WTEs	Increase is better	2.89	3.5	5.51	6.33		
	SWL Wide Neuro Developmental Service	Increase is better	5.63	4.7	7.83	8.46		
	Kingston and Richmond Single Point of Access Total WTEs	Increase is better	2	2.5	2	4		
	Tier 3 Locality Team Total WTEs	Increase is better	10.17	11.24	9.15	9.5		
	Tier 2 Locality Team Total WTEs	Increase is better	9.3	9.5	12.4	8.2		
	Cumulative Increase in the number of IAPT trained clinicians	Increase is better	12	1	1	1		11

7. Promoting resilience, prevention and early intervention

7.1 Overview –Why is this important?

The importance of raising awareness and providing local communities with the right tools and knowledge to make informed choices is essential in preventing poor emotional well-being and mental health. Ensuring there is a resilient community who has a positive perception and experience of the help available and the skills to promote and sustain recovery from poor mental health is a priority. By 2020, we aim to ensure more than double the number of children and young people are able to access emotional well-being and mental health support and have more choice in the type of support they access.

A consistent theme in the feedback from children and young people, families and schools was that more training and support was required in schools. Students consistently cite exams as a key cause of stress for them. Schools expressed concern about the noticeable increase in the number and range of mental health issues they were having to deal with on a daily basis. The extent to which people knew how to access services was variable.

In line with the Future in Mind recommendations we plan to invest into commissioning early help support to expand the range of support available and self-help and self- referral options to children and young people. It is anticipated that the voluntary sector will have a pivotal role to be play by building the capacity and resilience of local communities by establishing named points of contacts in schools, expanding the range of types of support available and developing tools for young people, families and the wider workforce that promote early self-help and provide information and guidance on a range of emotional well-being issues and mental health.

7.2. Progress – what have we achieved in the last three years?

2016

We published on the Local Offer information on local CAMHS services and refreshed the information available on the Single Point of access web page, including a link to the 'NHS Go' app recently launched by the Healthy London Partnership (HLP). The information can be found at the links below:
www.afclocaloffer.org.uk
https://www.kingston.gov.uk/info/200241/supporting_young_people/512/information_advice_and_support

We commissioned a bespoke training programme for local schools which commenced in the new academic term September 2016. 27 schools in total were participating and this represents 60% of local primary schools and 50% of local secondary schools. A second phase of training will be rolled out from 2017.

A procurement exercise was undertaken jointly with the Local Authority to commission a counselling service. A local community and voluntary sector organisation Relate was identified as the preferred provider. The counselling services was due to commence in September 2016 however due to recruitment difficulties it became fully operational in 2017/18.

The Youth Council undertook a comprehensive consultation exercise with young people to identify their preferences in the design and delivery of services.
a film with young people's recommendations on how to improve mental health provision for young people

The Youth Council also a preferred online mental health provider who offers online digital tools and online counselling.

2017

We commissioned the online Counselling Service Kooth based on the recommendations by the local Youth Council and online help is offered to young people/ young adults up to their 23rd birthday. Kooth was launched in February 2017. https://kooth.com/

The bespoke training programme for schools finished in March 2017 and received positive feedback from those that attended.

Feedback from the schools that participated in the training said:

- They better understanding of mental health including origins and the support that can be offered within the schools ability they feel more equipped to identify existing resource to

support those pupils who are more vulnerable for example pastoral support, teaching assistant, and school therapy service.

- A number of schools have informed us that they will develop a mental health strategy on the back of the training to ensure that the whole school are aware/supportive to those suffering mental health including both staff and pupils.
- A number of schools have begun cascading the training to all their staff. Promoting good emotional well-being amongst the school community is being described as essential.
- Some schools are discussing improved information for parents as part of their approach.
- In some areas schools are leading the way by identifying a governor, senior leadership member and or named person to be the lead on mental health. Secondary schools have been active in identifying how their year groups can have mental health champions and thus support pupils in schools.

On the back of the success of this training programme we submitted an expression of interest to participate in the 2017-18 Mental Health and Schools Link Programme sponsored by the Department for Education (DfE) and delivered through the Anna Freud Centre however we were unsuccessful with this application.
http://www.annafreud.org/what-we-do/improving-help/improving-help-in-schools/mental-health-services-and-schools-link-programme/

2018
The CCG has continued to invest in counselling services from Relate for children and young people and as well as digital counselling provider Kooth.

We also continued to work with schools via the emotional health service and school link worker to build their capacity and confidence in supporting children and young people with mental health issues.

We have continued to work with children and young people to raise awareness of the increased range of services available and to promote positive awareness of emotional wellbeing and mental health issues. We asked the Youth Council to produce more 'You Tube' type videos about common themes and issues facing local children and young people such as, exam stress, hidden harm and disordered eating.

Youth Justice
We co-produced a bespoke training programme for custody and front line police officers so that when young people come into contact with the Youth Justice System, there is greater awareness and identification of underlying mental health issues.

Transition
The online counselling is available to users up to the age of 23. We will review the use by the older age groups and its impact in reducing barriers to access for young adults.

7.3 Impact of Investment

The number of referrals signposted to other services or discharged at the point of triage has increased and suggests that problems are being identified earlier. CAMHS SPA has been successfully directing children and young people to alternate and more effective forms of support. The number of children and young people referred for structured treatment showed a slight decrease in 2016/17 but increased again in 2017/18.

	2014/15	2015/16	2016/17	2017/18 YTD
% secondary schools /%primary schools have a named point of contact	12 35	-	6 (50%) 21 (60%)	-
The number of young people accessing online counselling	0	0	25	432
Reduction in the number of referrals into structured treatment services	Est 400	587	447	550

7.4 Challenges

Recruitment of counsellors to the face to face counselling service initially limited their capacity to respond to the demand effectively.

Competing priorities has resulted in funding being redirected to other CAMHS to address the growing demand for ASD/ADHD assessment.

8. Improving access to effective support

8.1 Overview –why is this important?

Our overarching ambition is to ensure more children and young people are prevented from experiencing poor emotional well-being and mental health by ensuring they grow, learn and are cared for within resilient and supportive environments. Where concerns about children and young people are emerging, we aim to ensure they have timely access to support and help to prevent problems from worsening and access responsive services that are evidenced based and outcome focused.

The ambition is to ensure the length of time children and young people have to wait for assessment and treatment is dramatically reduced by the end of the CAMHS transformation programme.
We plan to build capacity within the existing community services to reduce the length of time children and young people wait for treatment, which in some services exceeded 20 weeks and reduce the length of time children and young people wait for an initial appointment to 4 weeks.

The capacity of the multi-disciplinary CAMHS Single Point of Access was increased in April 2018 to additionally provide telephone triage, initial consultation and advice to families whilst waiting for an appointment.

The co-location of the CAMHS referral function with the wider children's service referral function has ensured that there is an integrated response to the needs of the family and that the mental health needs of the child or young person are not responded to in isolation from the wider social and environmental influences.

The aim will be to prevent problems from escalating in a holistic manner, but at the same time ensuring prompt access to structured assessment and treatment services should this be required.

In addition, we undertook a needs assessment of the emotional and mental health needs of young people offending, involved in anti-social behaviour or regularly coming to the attention of the Police in partnership with the local YOS to better understand the barriers preventing young offenders from accessing emotional and mental health support.

8.2 Key Deliverables- what did we plan to do?

Action	Objective	KPI	Investment	Outcome
Increase the capacity of the Single Point of Access to provide initial consultation and advice to families upon receipt of a referral	An overall reduction in access waiting times	50% of families referred received a telephone consultation within 72 hours	£50,000 Recurrent	More children, young people and their families receive telephone triage and are signposted to the right support
Build the capacity within the Emotional Health Tier 2 Service to enable those identified as waiting longer than 8 weeks commence treatment and ensure all referrals are seen within 4 weeks		100% of children and young people commence treatment within 8 weeks	£95,000 Non-recurrent	Fewer children and young people wait to receive support
Address the waiting time and access to neuro developmental assessments		100% of children and young people commence and assessment within 12 weeks of referral	£95,000 Non-recurrent	All children and young people with ASD or ADHD are supported appropriately in their communities
Build the capacity within the local Youth Justice System to enable young offenders to access early help and support		Rate of re-offending per 100,000 population	£45,000 Recurrent	Fewer young offenders go on to re-offend.

8.3 Progress - what have we achieved to date?

2017/18
The negotiations with SWLStGMHT in relation to the expanded CAMHS SPA were concluded in the summer of 2017. There were delays in recruitment and the additional expanded CAMHS SPA service went live in April 2018.

ASD/ADHD
Additional funding was agreed for 2017/18 to reduce the waiting times to under 12 weeks for an ASD and/or ADHD from the specialist neuro developmental team provided by SWLStG NHS Mental Health Trust. We also commissioned a parenting programme to support the parents of children and young people recently diagnosed with ADHD. An engagement exercised commenced in June 2017 with parents and carers of children and young people with ASD/ADHD to review the current pathway and identify what support would make the most difference to families. This informed a draft service specification for a Pre-diagnostic and Post-diagnostic Support for young people and families. We are in the process of identifying funds for this.

Youth Justice
A comprehensive needs assessment was completed. The youth offending team are in the process of recruiting a liaison and diversion post that is co-located with the YOS team. A key part of their role will be to ensure all children and young people in custody have a mental health assessment before being released. In addition, the youth offending team are working with Peer Power and using the additional funding to recruit mentors into the YOS team to provide ongoing emotional well-being support to those involved or on the edge of offending activity to reduce their potential of re-offending.

8.4 Impact of Investment

The targeted investment into the Emotional Health Service has gradually reduced the waiting times to assessment.

The impact of investment into the neuro developmental team took longer than planned. Waiting times increased in 2016/17 compounded by a sharp rise in referrals but reduced again in 2017/18.

	2014/15	2015/16	2016/17	2017/18 YTD
Average waiting times for assessment by the Emotional Health Service	9 weeks	16 weeks	11 weeks	-
Average Waiting times for a neuro developmental assessment	6.1 weeks	15.6 weeks	22.6 weeks	19 weeks
Rate of re-offending per 100,000 population	40.2	41.6	28.2	-

In addition, additional investment into the Youth Offending team enabled a comprehensive needs assessment to be commissioned to identify the particular needs and barriers to young offenders accessing support.

Overall, we have seen an increase in access to support as demonstrated by the activity data below. The numbers accessing treatment increased from 2014/15. The greatest increase has been in the numbers accessing Tier 2 services suggesting that children/young people are accessing support earlier.

	Referrals Accepted			
Service Type	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Tier 1 (Kooth)	0	0	25	300 (estimate)
Tier 2 (EHS)	405	574	694	514
Tier 3 (SWLStGMHT)	132	575	447	550
Total	537	1149	1166	1364

2018 onwards – what next?

ASD/ADHD

There will continue to be a heavy focus on redesigning the pathways for ASD and ADHD assessments and ensuring the wider system including education and social care is working together effectively. Early feedback from local families has highlighted the need for investment in support both pre and post diagnosis, ensuring services are accessible locally and a separation of the ASD and ADHD pathways to ensure both are given equal focus. As an STP we will work collectively to ensure there is a consistent set of standards that all pathways across the region meet.

Youth Justice

The area of focus will be ensuring the newly recruited post are fully embedded and effective. This will be reviewed on a regular basis by the YOS Board. We will review the impact and address any other areas of unmet need by undertaking a self-assessment against the recently published Health and Youth Justice Toolkit.

Transition

As an STP we will review and respond to the findings and recommendations of the transition audit (part of the national 17/18 CQUIN) and consider how services may be redesigned to develop a model of excellence.

8.5 Challenges

Recruitment across all areas remains a challenge and linked closely to that is the capacity of services to transform current working practices and cultures is delaying the implementation of these initiatives.

There has been limited progress on reducing the waiting times in the EHS and the neuro-developmental team. This is partly due to increased demand year on year.

The increased demand, particularly for ASD/ ADHD assessments, and the need for further investment to meet the growing demand may impact on other deliverables across the LTP being achieved as money might be diverted away from these initiatives.

9. Care for the most vulnerable

9.1 Overview –why is this important?

The reasons why a child or young person experiences mental health problems are often complex. However, certain factors are known to influence the likelihood of someone experiencing problems

We recognise that some children and young people who, though circumstance, are more vulnerable to experiencing poor mental health and some that may find it more difficult to access the right help locally. There is a substantial evidence base that demonstrates that if these issues are not addressed early on the impact can be devastating and can continue into adulthood.

Key at risk group in Kingston includes:

- Looked After children
- Children and young people with special educational needs and disabilities
- Young Offenders
- Black and ethnic minority (BME) children and young people
- Teenage Parents
- Lesbian, Gay, Bisexual and Transgender (LGBT) young people
- Children and young people with chronic long term health conditions
- Young Carers

In light of recent publications such as the review of the London Paediatric Sexual Assault Pathways and the growth at a national level of the concerns relating to domestic violence and child sexual exploitation it is evident that more needs to be done to ensure there is appropriate care for the most vulnerable.

We will focus particularly on the support available to children and young people who experience acute distress such as self-harm, sexual assault and domestic violence in order to prevent where possible, admission and that supports children and young people to in their local communities.

We will ensure the therapeutic support for victims of sexual assault is embedded as part of the South West London development of a multi-agency 'Child Abuse Hub' that is being progressed as part of the South West Sustainability and Transformation Plan (STP).
The Local Authority and partners plan review and integrate the multi-agency Single Point of Access with Richmond upon Thames. This will provide an ideal opportunity to review the existing CAHMS function within this model to ensure the triaging of both referrals to CAHMS and other services and the risk assessment processes such as the MASH (Multi Agency Safeguarding Hub) are far more holistic and dynamic.

Eating Disorders

Eating disorders are serious mental health problems. They can have severe psychological, physical and social consequences. Eating Disorders has one of the highest mortality rates compared to other mental health disorders. Children and young people with eating disorders often have other mental health problems (for example, anxiety or depression), which also need to be treated in order to get the best outcomes We will prioritise investing in the pathway for Eating Disorders to ensure that the most vulnerable receive NICE approved care packages within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent case

Looked After Children

At a local level, we will implement a multi-agency process for identifying across mental health services, social care and youth justice services those at most risk of being admitted to hospital. Ensuring all those identified have a crisis care or 'safety and coping plan' that is shared and accessible. Kingston's Social Care services have already successfully introduced the 'Signs of Safety' scheme. A key focus will be ensuring that all looked after children at risk of admission and placed outside of the borough are clearly identified and have appropriate plans in place.

SEND

Linked to the wider 'at risk' of admission initiatives, we will ensure the Care, Education and Treatment Review process is implemented, beginning with the development of a dynamic register and providing joint training sessions for CAHMS, children's social care and adult services to promote the widest possible participation in this process and consistency in its application.

In addition, we will explore through the new models of care and the STP Transforming Care Programme alternative options to admission both at a local and STP footprint level including intensive home treatment support such as the development of a Positive Behaviour Support Services, multi- agency crisis hubs, out of hours services and access to websites and helplines to ensure in partnership with NHSE both admissions and out of borough placements are reduced.

Youth Justice

To support fewer young people re-offending we will ring fence funding for persistent young offenders to access Multi Systemic Therapy (MST). An evidenced based programme targeted at working with the young person's wider network (family, school, friends) to address some of the wider social determinants and influences on offending by reducing anti-social behaviour, family breakdown and disengagement from education.

In addition, we will recruit a dedicated CAMHS posts in the YOS to ensure young people in custody have their mental needs assessed prior to release and continued to be supported as they move through the Youth Justice System.

In anticipation of new guidance being published on the Section 136 pathway we will review the current arrangements against the guidance in partnership with the Police and as part of the workforce development audit identify and address any skills gaps in the local custody suite.

Crisis Care

Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men.
There were 67 hospital admissions as a result of self-harm (10-24 years) in Kingston during 2013/14. This is a notable increase from 2012/13 when there were 35 hospital admissions but follows the national trend of increasing admissions and it is our intention to expand the

psychiatric liaison service for children and young people in collaboration with the other South West London CCGs. Supporting children in mental health crisis is an integral aspect of our transformation plan. There are a number of programmes that feed into the transformation of providing effective services for children in crisis.

Early Intervention in Psychosis
Across south west London, Clinical Commissioning Groups commission Early Intervention in Psychosis (EIP) services from South West London and St George's Mental Health Trust (SWLStG). EIP services across south west London remain adult services, but the Trust has implemented systems changes to ensure the EIP standard is adhered to for children and young people receiving treatment in child and adolescent mental health services (CAMHS).

Transition
Transitioning into adulthood can be a particularly vulnerable time for young people, especially for those with additional needs. Consistently, young adults and their families report that they have a poor experience of transitioning between services, especially between children's and adult services where different thresholds can apply. Transition is defined as a purposeful and planned process of supporting young people to move from children's to adults' services (Transition: getting it right for young people, DfES & DH).

There is evidence that transition services in health and social care are inconsistent, patchy and varied depending on the condition. A loss of continuity in care can be a disruptive experience, particularly during adolescence, when young people are at an enhanced risk of psychosocial problems (Patten and Viner 2007). Poorly managed transitions can result in disengagement with services and deteriorating health (Watson 2005, Singh 2 2009)

The Department of Health commissioned NICE to develop an evidence based guidelines to improve practice and outcomes for young people using health and social care services and their families and carers. NHS England has also implemented a national initiative to improve transition between CAMHS and AMHS

To promote continuity of care and minimise the disruption to a young adults life we will improve the pathway between CAMHS and adult mental health services (AMHS). The role of the STP will be essential in ensuring there is consistent response to South West London.

Building on the design and lessons learnt from establishing an all Age Learning Disability Service we will explore with young people and young adults how mental health and emotional well-being services can be re-designed and/or expanded particularly for vulnerable young adults between the ages of 18-25 years who do not meet the thresholds for adult services and/or do not identify with the adult model of delivery.

9.2 Key Deliverables- what did we plan to do?

Action	Objective	KPI	Investment	Outcome
Commissioning a therapeutic programme for children and young who experience domestic violence	A reduction in the number of children and young people admitted to	No of children/yp on the waiting list for Safe Space	£10,000 Non-recurrent	All vulnerable children and young people will access treatment within four weeks of being assessed if routine or one week if assessed as urgent.
Co- commission with other SWL CCGs a therapeutic programme for children and young people who experience sexual assault.		10% reduction in the number of referrals into structured treatment services	£14,000 Re-current	All vulnerable children and young people will access treatment within four weeks of being assessed if routine or one week if assessed as urgent.
Enhance the existing Psychiatric Liaison provision in South West London in collaboration with other SWL CCGs		50% reduction in the number of Tier 4 admissions and average length of stay	£45,000 Re-current	Inpatient stays for children and young people will be a last resort and will be as close to home as possible and will have the minimum possible length of stay.
Enhancing the existing Eating Disorders provision in collaboration with other SWL CCGs		100% of routine referrals start treatment within 4 weeks/ 100% of urgent referrals start treatment within 1 week	£95,000 Re-current	Inpatient stays for children and young people will be a last resort and will be as close to home as possible and will have the minimum possible length of stay.

	Tier 4 services			
Increase the capacity with the YOT by increasing the mentoring capacity and recruitment of a Liaison and Diversion post		Number of young people accessing MST	£50,000 Re-current	Fewer young offenders go on to reoffend
Local implementation of the CTRE process: increased psychiatry.		No of CTREs completed within timescale	£30,000 Non – recurrent	Inpatient stays for children and young people will be a last resort and will be as close to home as possible and will have the minimum possible length of stay.
Review all Crisis Care Services in partnership with other CCGs.		50% reduction in the number of Tier 4 admissions and average length of stay	TBC	Inpatient stays for children and young people will be a last resort and will be as close to home as possible and will have the minimum possible length of stay.

9.3 Progress- what have we achieved to date?

2016

A waiting list pressure was identified within the existing project for victims of domestic violence and funding allocated to address this pressure and meet demand. Challenges around recruitment have led to a delay in the additional capacity being implemented. It is anticipated that the additional capacity will be in place by November 2016.

There has been some delay to the introduction of a therapeutic support service for victims of sexual assault. The CCGs have been working with the provider to ensure it is able to comply with information governance requirements. The new service became operational in December 2016.

Crisis Care

The existing Psychiatric Liaison service has been redesigned collectively across the STP and now offers a seven day service in partnership with AMHS to all four local A&E departments in the area. The extended operating hours came into effect in June 2016.

Eating Disorders

Progress on implementation of the NHSE Commissioning Guidance

Access and Wait times to the required standard

The service has continued to improve access and is likely to meet the 95% national trajectory.

Access Waits (Unify2)	Routine - Complete		Urgent - Complete	
	16/17	17/18	16/17	17/18
Kingston	100.0%	83.3%	100.0%	100%
Merton	16.7%	33.3%	33.3%	100%
Richmond	68.4%	100.0%	100.0%	100%
Sutton	83.3%	75.0%	0.0%	100%
Wandsworth	73.7%	83.3%	0.0%	100%
Total	71.9%	78.6%	60.0%	100%

Whilst the service prioritises access, occasionally access targets are missed due to patient holidays, cancellations/DNAs, data entry errors etc.

CEDS Data Summary

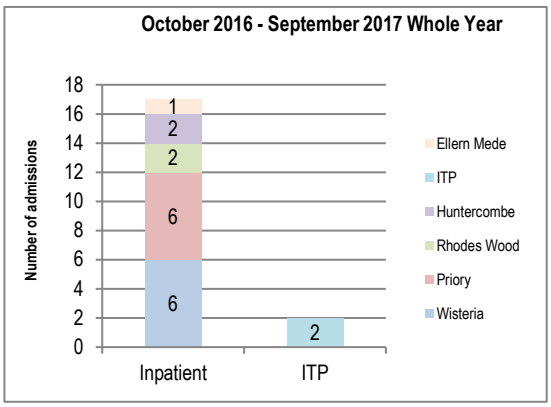
Referral Numbers

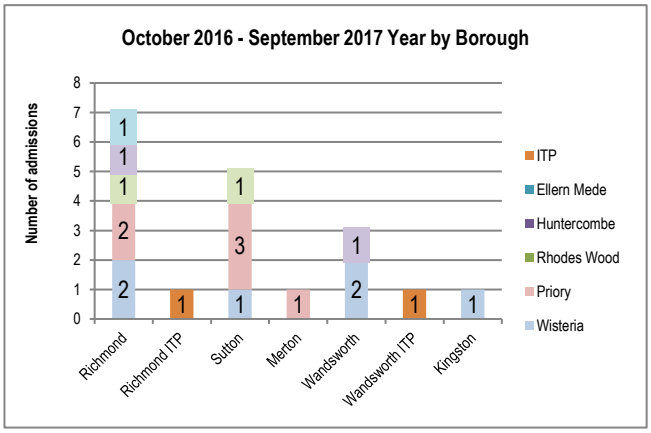
Referrals by CCG	16/17 Q1-Q4	17/18 Q1-Q4
Kingston	26	31
Merton	34	29
Richmond	40	41
Sutton	40	41
Wandsworth	37	51
Total	177	193

17/18 (Q1-Q2) – 1 client on ED caseload admitted to CAMHS ED bed

Tier 4 Admissions Graph for Year 3: October 2016 - September 2017

Tier 4 Inpatient admission rates for SWL in 2016/17 were approximately 10%





Caseload

Caseload by CCG	16/17 Q1-Q4 Monthly Avg.	17/18 Q1-Q2 Monthly Avg.
Kingston	21.8	20.3
Merton	16.8	15.7
Richmond	29.5	29.0
Sutton	17.7	16.5
Wandsworth	25.6	20.0
Other	0.3	0.0
Total	111.6	101.5

16/17 (Q1-Q4) – 2 clients on ED caseload admitted to CAMHS ED bed
17/18 (Q1-Q2) – 1 client on ED caseload admitted to CAMHS ED bed

Kingston CCG, Merton CCG, Richmond CCG, Sutton CCG and Wandsworth CCG are jointly commissioning the CEDS from SWLStG

Progress against the NHSE Commissioning guidance is detailed below:
The introduction of the new service saw a change of referral criteria; previously, cases were accepted only at ICD-10 diagnostic threshold. ICD-10 and DSM V thresholds did not have a good validity. This change in criteria has resulted in children and young people with sub threshold eating disorders being identified and treated early with eating disorders. Access to CYP CEDS is via the Single point of access, which accepts self-referrals and offers a telephone triage assessment within 5-10 working days. Following the triage referrals are either signposted to the generic CAMHS (tier 3) for an initial assessment of the (self-)reported problems or directly signposted to the CEDS for an urgent or routine ED assessment.

Like other community eating disorders services the service have sub contracted sessional Consultant Paediatrician input to offer an integrated physical and mental health pathway for those children and young people, who require re-feeding or other physical health investigations/treatment and those, who come through the acute route.

Range and depth of work with all eating and ARFID diagnoses
The CEDS service delivers evidence based treatments in line with the recommended service model covering early intervention without thresholds, the ability to work intensively with patients, measuring referral to treatment, outturns and outcomes. Young people and families are involved in service development and there is joint working with SWL commissioners.

ARFID (Avoidant Restrictive Food Intake Disorder), which covers a range of presentations for which weight and shape concerns are not a key symptom. Young People with ARFID often present as significantly underweight, nutritionally deficient, and their eating difficulties have a significant impact in their ability to engage with their normal developmental trajectories, including growth, social, and emotional development. ARFID requires a different treatment pathway from other eating disorders, and specialist knowledge and skills that are not widely possessed even in skilled CAMHS professionals. The SWL team have the skill set to also care for this group of children

Full evidence-based treatments for the whole range of eating disorders

The service currently treats Anorexia Nervosa and Bulimia (the latter without the severity threshold), ARFID and Binge Eating Disorder.

Full range of treatment for all co-morbidities within the team with evidence-based treatments
Common co-morbid conditions, such as OCD, depression, anxiety disorders and ASD are integrated into the current service model, but there is not the capacity to treat all co-morbid conditions.

Fully integrated physical health management
This is only partly achieved. Currently, GPs are undertaking the physical health checks.

Ongoing training and development to the required standard
The service have attended The HEE national training events for CEDS, this has enhanced their knowledge and skills in community eating disorders, improving access as well as providing a networking forum to share ideas and best practice with other community eating disorders services.

The workforce has individuals trained in the following areas:

- Family Based Therapy
- Family Therapy for Anorexia Nervosa
- Multi-family therapy group programme (length: 6 months, twice per year)
- Cognitive Behaviour Therapy

Intensive treatment to the required standard to ensure 7% overall admission rate
There is some ability within the service to provide intensive treatment. However, due to the increasing number of referrals this will require more capacity, for example, the initial business case included two days of a day programme for those children, who required intensive support. This was reduced to one day in 2017/18 and stopped in 2018/19 and substituted with bespoke intensive community care packages, to enable the service to meet the access and waiting time targets.

However, there is liaison with paediatric admissions, intensive groups are run for young people and families. The service also delivers a range of creative therapies and provides bespoke community packages that are (slightly) more intensive.

Outcomes measured and meeting the required standard
The service collects ARCAD, patient reported goals, ESQ and EDQ. EDE-Q is a reliable outcome measures for community eating disorders services that is collected by the Trust. The data below for clients discharged from CEDS since April 2016 with EDE-Q measures paired. There were low number of paired measures, which limits quality of data in 17/18. There is a plan to review more outcome data at a workshop scheduled for November 2018. There was no clinical cut-off scores for EDE-Q scales so data presented is an arbitrary pass/fail, this isn't necessarily clinically meaningful due to the way the sub-scales interact throughout treatment.

EDE-Q Data Summary shows

EDE-Q Data (First -> Last Global Score)	16/17 Q1-Q4	17/18 Q1-Q2
Improved	30	6
Deteriorated	6	4
No change	1	0
% Improved	81.1%	60.0%

Please note:

- this is for clients discharged from CEDS since April 2016 with EDE-Q measures paired
- low number of paired measures (below service expectations) limits quality of data in 17/18, this will be reviewed for potential data entry errors
- no clinical cut-off scores for EDE-Q scales so data presented is an arbitrary pass/fail, this isn't necessarily clinically meaningful due to the way the sub-scales interact throughout treatment
- Further analysis is required and the Trust will be sharing its findings at a workshop re-scheduled for November 2018.

Co-production between local CYP-CEDS and local commissioners, accountable to NHSE every year until 2020

The service is closely linked with local paediatric services across SWL and local Commissioners. Further development is needed in relation to co-working with tier 1 and tier 2 services offering advice, training and initial help in schools and colleges as well as at GP consortia and other educational events.

Tier 4 Admissions

The numbers of children admitted into tier 4 has reduced since the introduction of the services; this is demonstrated by the reduction in expenditure on eating disorders in patient settings. The data from the service shows that for 16/17 (Q1-Q4) only 2 clients on ED caseload admitted to CAMHS ED bed out of a caseload total of 111.6 and for 17/18 (Q1-Q2) 1 client on ED caseload (total caseload (101.5) admitted to CAMHS ED bed

Caseload by CCG	16/17 Q1-Q4 Monthly Avg.	17/18 Q1-Q2 Monthly Avg.
Kingston	21.8	20.3
Merton	16.8	15.7
Richmond	29.5	29.0
Sutton	17.7	16.5
Wandsworth	25.6	20.0
Other	0.3	0.0
Total	111.6	101.5

The transformation plan 2018 to 2021 for community eating disorders services needs to focus on the following areas:

- promoting of self-referrals to CAMHS SPA offering an initial triage of Eating Problems prior to signposting to specialist CEDS, to bring the service in line with access and treatment waiting time standards.
- Refining the threshold criteria for this service in close co-operation with CAMHS SPA and Commissioners. This needs to be linked to the development of an outcome based service specification
- The current delivery model focuses on the transactional element of achieving NHS access targets for community eating disorders; however, there are missed opportunities in imbedding the service provision with the local authority strategies that would enable a holistic service offer for children with eating disorders across all tiers of help
- The Transformation plan needs to link in with primary care programme to improve the physical health monitoring of children with eating disorders using the Children's Clinical leads to champion this work within the localities
- Refine the service offer so that it continues to meet the access and waiting times target, but also expands the service offer for young people to include intensive community treatment as part of the strategy to prevent hospital admissions whenever possible, supporting the development of the crisis care concordant to include children and young people with eating disorders, improving the interface for children and young people with self-harm with locality based services, working with the voluntary sector and the local authority services to ensure families have broader community support within their localities and working with the locality CAMHS services to develop joint protocols for those with complex mental health comorbidity

Service Specification

The SWL Commissioners have jointly developed a draft service specification for the Eating Disorder service which focuses on redesigning the service to incorporate day provision and early intervention support. This specification will be finalised in the next few months in collaboration with the SWLStG service, ensuring that it meets the 2015 commissioning standards.

Quality Improvement programme

The CEDS from SWLStG has signed up to a national quality improvement programme in 2018. The SWL CCG cluster have agreed to fund the membership fees for the Quality Improvement Network peer review process via the Royal College of Psychiatry (QNCC-ED standard 2016) in 2018/19; the outcome of the peer review process will inform future service developments

Youth Offending
We have worked with the local Youth Offending team and youth justice partners to agree an action plan and best use of the additional funding made available, including the increasing access to MST and other specialist forensic services.

2017
Victims of Sexual Assault and Abuse
The service was officially launched on 7 December 2016. The service is made up of 4 NSPCC Children's Services Practitioners (working to capacity of 2 FTE) and offers practical support and advice, case management, and up to six sessions of assessment, emotional support, and onward referral to appropriate services where needed. Since March 2017, the service had received 11 referrals in total.

Eating Disorders
As an STP we have agreed to review the enhanced Eating Disorders Services to ensure it is line with the models recommended by NHS England and that the good progress that has been made is sustained. This has begun with a refresh of the local data collected across the STP monitoring progress and a review workshop with the provider to identify gaps in provision against the NHSE waiting time and access standards and recommended models. A self-assessment completed by SWLStGMHT and submitted to the HLP rated their progress towards the standards as Amber and working towards standards.

Youth Offending
There is a strong relationship between offending behaviour and poor mental health. Research suggests that the prevalence of mental health problems for young people in contact with the criminal justice system range from 25% to 81%, highest for those in custody.

Kingston CCG has always recognised the importance of supporting those in society most vulnerable to experiencing poor mental health. We have actively participated in the local Youth Offending Board since many years and invested via a pooled budget arrangement into a CAMHS provision, which is embedded within the multi- disciplinary Youth Offending Service.

The YOS Mental Health Pathway (see below) ensures that:

- all young people open to the YOS are screened for mental /emotional health difficulties through Asset / Asset+ and additional screening measures and receive the right mental health intervention either as part of the YOS intervention or via EHS specialist CAMHS.

YOS mental Health Pathway
Royal Borough of Kingston and London Borough of Richmond

All children and young people that are signposted to YOS by police or courts are screened for developmental, emotional, behaviour, mental health and learning problems through the Asset and Asset Plus screening interview process carried out by the allocated YOS officer

Consultation with Mental Health clinician aimed at enhancing assessments and interventions via sharing a range of systemic and psychological theories and understanding, emphasising systemic thinking about families and the organisation.

Triage Team meet weekly to discuss arising cases in consultations. As a consequence, the clinical team will engage in decision-making as to which clinician's skill set best matches a case. Records will be kept as to the content of discussion and rationale around the outcomes of Triage meetings.

Interventions – joint work or specific commissioned work, FT's will also be part of a family therapy clinic in collaboration with other EHS Family Therapists. Counselling Psychologist will consider group work, possibly co-working with a member of Resilience to further develop skills. The EP is able to support in contexts when psychological issues arise around school attendance, attainment and emotional well-being.

Mental Health Specialist refers/steps up young person to specialist CAMHS (tier 3) for further assessment and mental health intervention in addition to continued work at the YOS.

If a young person is transitioning back from a Young People's Secure Estate on both welfare and/or youth justice grounds, any specialist assessment findings and treatment needs are communicated to the local YOS and CAMHS, to ensure continuity of care/treatment and prevention of re-offending.

If young person is sent into a secure setting, i.e. custody/remand, the findings and recommendations of mental health assessment(s) are communicated to Youth Justice Board (YJB) and Key Worker in secure setting to inform the placement and specialist help offered depending on the need of the young person.

The new Health and Justice Forensic CAMHS, commissioned by NHSE Specialised Commissioning, will provide advice and consultation, specialist assessments and evidenced based treatments for complex high risk cases.

Locally there is an agreement with 'Criminal Justice together', who provide a forensic mental health service for young people within custody suites and who will undertake an assessment of the young person mental health needs. This assessment findings will be passed on to the YOS to assist in the planning of an intervention for the young person.

Kingston and Richmond CCGs spot purchases Multi-Systemic Therapy (MST) interventions. MST is a licensed intensive multi-modal family and community based intervention for children and young people aged 11-17 at risk of out of home placement in either care or custody, due to anti-social behaviour/conduct disorder and where families have not engaged in other services The Youth Offending Service is a multi-agency partnership between the two councils, (Kingston and Richmond) the Police, Probation and Health Services, each of whom holds a statutory responsibility for resourcing and supporting the multi-agency YOS.

The Youth Justice Plan highlights the following key priorities;

- Embedding the new service delivery model of Youth resilience team
- Reducing the number of young people who offend in the first place (First time entrants)
- Ensuring that the health and well-being of young offenders is maximised
- Maintaining effective safeguarding arrangements for young offenders, their victims and the public
- Focusing on reducing re-offending and harmful behaviour
- Engaging and enable young people who offend to achieve better outcomes
- Driving continuous improvement and future proof service

Equally there are processes in place through the new Youth Resilience Service that brings together The Youth Offending Service, Adolescent Response Team and Young People Substance Misuse Services, who work with highly vulnerable adolescents, including children and young people in need, post court and pre-court cases of young offenders and tier 2 treatment cases for substance misuse.

The focus of this integrated service is on young people who are:

- Aged 13+ with multiple vulnerabilities and engaged in risky behaviour(s), whose needs cannot be met by Family and Youth Support cluster teams;
- Aged 10+, who may enter into the criminal justice system and require youth justice intervention and those under 13 who require substance misuse support;

- Engaged with offending and or substance misuse, risky behaviour or at risk of Child Sexual Exploitation (CSE);
- At risk of homelessness with a focus on 16/17 year olds;
- At risk of becoming children looked after.

This means that those young people on the edge of the youth justice services will receive appropriate assessments in relation to their mental health and emotional wellbeing.

The local YOS strategic governance board sets a local key performance indicators framework against which the effectiveness of the service delivery is measured and monitored by the board. The YOS governance board operates under agreed Terms of Reference that have been developed in line with the YJB guidance on modern partnerships best practice. The board meets four times a year and is chaired by the Deputy Chief Executive for Achieving for Children. There is a high-level partnership representation on the board from both Richmond and Kingston boroughs.

The board is responsible for ensuring that there are effective multi-agency working arrangements, and sufficient and proportional resources deployed to deliver high quality youth offending services that meet local needs and statutory requirements.

Examples of partner contributions include:

Achieving for Children (Local authority)
Developed and implemented clear pathways for young offenders and their families to access additional support from the Strengthening Families multi-agency team (i.e. Family Coaches, DV perpetrator, DV practitioner, FGC workers and employment advisors).

Health
The health offer includes regular opportunity for specialist mental health case consultation, the option for direct short-term interventions and training to YOS staff on a range of mental health related topics

Police and Probation
They are active in local engagement work e.g. The Richmond Youth Crime Conference, schools

Needs Analysis Findings
The main mental health issue affecting those participating in offending behaviour are depression, anxiety and self-esteem issues. This is consistent with the main presenting issues for the wider children and young people population. There was no evidence found to suggest that there were unmet speech and language or neurodevelopmental disorders within this group disproportionate to the wider population.

A high degree of young offenders were however, participating in unhealthy lifestyle choices, such as smoking, substance misuse, poor sleeping patterns and unhealthy diets. All factors known to contribute poor emotional wellbeing and mental health. There is also a particularly strong link between substance misuse and offending activity locally.

Young people working with the service have told us that they were aware of the mental health support available, but that they did not want to engage due to the stigma attached with these service and that they preferred to confide and engage with their YOS workers, people ‘they trust’.

Conversely, front line Police officers and other youth justice professionals told us that they did not have the confidence, knowledge or skills to manage or support mental health issues effectively.

Key Deliverables – what did we plan to do?
Kingston and Richmond have the lowest rates of first time entrants and re-offending across London. It is our aim to consolidate this lead position with the following actions:

Action	By When	Investment	2017/18 Progress Update	Outcome
Commission bespoke training for front line Police officers within the neighbourhood teams and custody who are one of the first points of contact with the YJS for young people	April 2017	£10,000 Non Re-current	Training delivered.	• Increased knowledge, confidence and resilience amongst the youth justice workforce. • Increased identification of unmet mental health needs • Improved experience/ interaction for young people with the youth justice system • Reduction in first time entrants to the youth justice system
Commission a liaison and diversion officer to be co-located within the YOS to improve early intervention at the first point of contact with the YJS and reduce the opportunities to disengage with CAMHs.	June 2017	£20,000 Re- current	Difficulty recruiting to post. Review to be undertaken of this post.	• Increased early intervention • Reduced avoidance/ disengagement by young people with mental health services This has yet to be filled, problems with the grade of the post needs re-evaluating
Develop the mentoring capacity within the youth offending team to promote engagement and early intervention	June 2017	£10,000 Re-current	Youth worker has engaged 35 young people since April. Young people encouraged to participate in activities to support their emotional wellbeing	• Increased self- esteem • Reduction in risky behaviour and unhealthy lifestyle choices • Reduction in stigma
Spot purchase MST and neuro- developmental assessments for young offenders to improve their access to specialist interventions and to avoid long waiting times for assessment	April 2017	£15,000 Re-current	Richmond 4 Kingston 3	• Increased access to specialist evidenced based interventions • Reduction in re-offending rates

Progress- what have we achieved to date?

We have completed a needs assessment to inform the associated action plan and through co – production identified the key areas for investment. The recruitment process for the additional posts has been slower than anticipated. However, both roles have now been appointed to. The number of young offenders accessing MST has increased.

Performance Indicators- how will we know, if we have been successful?

The following KPIs will be used to measure the impact of investment

Activity Indicators	Direction of Travel	Baseline 14/15	Actual 15/16	16/17	17/18	18/19	2020 Target
Number of First Time Entrants into Youth Justice System	Decrease is better	32	32 Kingston 32 Richmond	48 Kingston 46 Richmond	43 Kingston 37 Richmond	-	<30
Rate of re-offending per 100,000 population Note published YJB data only goes to 15.16 as always 2 years behind	Decrease is better	41.6	46.0% (both RbK & LbR)				20.2
No of Referrals to MST	Increase is better	-	1	2	4		

Average waiting times for neuro developmental assessment	Decrease is better	6.1 wks	15.6wks	22.6 wks	19 wks	*	12 wks

* As part of the current NDT review, we aim to give vulnerable groups 'fast track'access to an NDT assessment from April 2019.

2018/19 onwards – what next?
A key focus will be on increasing the pace of embedding the newly appointed posts, ensuring the profile of the posts is visible and utilised and that their activity is recorded and measured against the agreed KPIs. We will also undertake a self-assessment against the recently published Health and Youth Justice Toolkit.

Challenges
The capacity across the youth justice workforce to prioritise their engagement in training and recruitment exercises against other competing priorities is a challenge.

Kingston and Richmond have been very successful with reducing the number of first time entrants, re-offending rates and those sentenced or remanded to custody. As the total number of children and young people from Kingston and Richmond in contact with the integrated YOS is relatively low, even small increases or decreases can dramatically affect key performance indicators. Consequently, it will be an ongoing challenge to maintain the excellent performance level.

SEND) ASD/ADHD
We have increased the psychiatric capacity within the local CAMHS team to ensure that all young people at risk of admission have a robust coping/crisis plan in place, to coordinate a dynamic register of at risk patients and enable greater participation in CETRs.

In line with the updated TCP guidance (https://www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf) published by NHS England in March 2017, Kingston CCG has:
- Established a dynamic register for patients at risk of admission
- Developed a local CETR/ CTR Policy that awaits ratification by the Information Governance Committee.
- Engaged regularly in monthly surgeries with NHSE Specialised Commissioning to improve the discharge planning of patients

As an STP we are preparing a bid to develop a PBSS service and exploring the development of other crisis support solutions as an alternative to hospital.

Crisis Care
We have reviewed effectiveness of the expanded Psychiatric Liaison service
In January 2017, Kingston Hospital and its partners participated in a Peer Review of Paediatric Acute Care Services organised by the HLP and received positive feedback on their compliance with the London Acute Care Standards.

The positive impact of the Psychiatric Liaison Services was particularly highlighted as an area of good practice.

The Assertive Outreach Team serves our local 5 boroughs and is funded by NHS England. It provides local intensive home treatment to support young people to prevent admissions and provide early discharges, working closely with families. The team is a multidisciplinary team and works closely with the inpatient unit (Aquarius ward) to deliver a seamless service to support young people and their families in managing the different stages of treatment and intervention. The team has this year received additional investment to extend their services to evenings and weekends. This will enable a great integration of care across the pathway

EIP
The audit found that that across the Trust, there were very few cases of first onset psychosis in child and adolescent mental health services (CAMHS). In general, most children and young people received NICE concordant treatment within two weeks, in line with the standard. However, there was some evidence that psychological therapies (family therapies) were not commenced in a timely way.

In summary, in the protocol to underpin the EIP standards in CAMHS, 'Proposed Clinical Pathway for First Episode Psychosis in under 18s' the trust identified three broad actions: - CAMHS to manage young people with emerging symptoms of psychosis that do not warrant treatment

Once first onset is identified, consultant leads for the respective CAMHS and Early Intervention in Psychosis (EIP) teams to

- Co-operate in the child's ongoing treatment
- agree roles
- provide treatment in line with NICE guidance
- manage care according to the Care Programme Approach

If no specialist care is required, CAMHS will remain solely responsible for the patient's care. In October 2017, the Trust reported

- the protocol discussed in April 2017 is being adhered to
- there continue to be few cases of children and young people with first onset psychosis in CAMHS
- there are no longer any concerns that the full suite of NICE concordant interventions are not being made available in a timely manner.

Transition

The national CQUIN has been introduced collectively across the STP with the main provider of CAMHS and AMHS. The key objectives are to:

- Develop and implement a safe transition and discharge protocol between CAMHS and AMHS
- Develop measures to routinely report on the users experience during transition
- Complete an audit to measure the compliance of practitioners with the transition and discharge protocol and respond accordingly to the findings.

9.4 Impact of Investment

The figures below show the number of referrals made to the NSPCC sexual assault support service is based on data collected between December 2016 and September 2017. Based on this data, the service report it is on track to reach its yearly target.

Borough	Referrals received	Medicals	Declined service	Work completed	Referred internally	Referred externally	On-going cases
Croydon	19	17	4	6	1	0	9
Kingston	2	2	0	2	0	1	0
Merton	3	2	0	2	0	1	1
Richmond	6	6	0	5	1	1	1
Sutton	2	2	0	1	0	0	1
Wandsworth	10	8	3	5	1	1	2
Totals	**42**	**37**	**7**	**21**	**3**	**4**	**14**

But, 7 families declined a service for the below reasons:

- Service offered by Anna Freud Centre.
- Young person did not want a service.
- Too many professionals involved/too scrutinised by Child Protection procedures.
- There was no evidence of CSA from the examining doctors.
- Parents made the decision that support was not needed.

There has been a positive increase in the percentage of children/ young people receiving an assessment within 4 hours by the enhanced psychiatric liaison service from 73% in 2015/16 to 84%.

There has also been a marked increase in the number of children and young people requiring an assessment who were not previously known to CAMHS.

The average length of stay for a child/ young person admitted to a General Adolescent ward has reduced significantly but remains longer than the SWL average length of stay.

Waiting times for a routine eating disorder assessment have reduced further from 2.3 weeks in 2015/16 to 1 week in 2016/17.

However, the waiting time to treatment, whilst below target does appear to fluctuate. There has been a significant reduction in the average length of stay of an admission for an Eating Disorder.

EDE-Q is a reliable outcome measures for community eating disorders services that is collected by the Trust. The data below for clients discharged from CEDS since April 2016 with EDE-Q measures paired. There were low number of paired measures which limits quality of data in 17/18, this will be reviewed for potential data entry errors. There was no clinical cut-off scores for EDE-Q scales so data presented is an arbitrary pass/fail, this isn't necessarily clinically meaningful due to the way the sub-scales interact throughout treatment.

EDE-Q Data Summary shows:

EDE-Q Data (First -> Last Global Score)	16/17 Q1-Q4	17/18 Q1-Q2
Improved	30	6
Deteriorated	6	4
No change	1	0
% Improved	**81.1%**	**60.0%**

The numbers of children admitted into tier 4 has reduced since the introduction of the services; this is demonstrated by the reduction in expenditure on eating disorders in patient settings. The data from the service shows that for 16/17 (Q1-Q4) only 2 clients on ED caseload admitted to CAMHS ED bed out of a caseload total of 111.6 and for 17/18 (Q1-Q2) 1 client on ED caseload (total caseload 101.5) admitted to CAMHS ED bed

Caseload by CCG	16/17Q1-Q4 Monthly Avg.	17/18 Q1-Q2 Monthly Avg.
Kingston	21.8	20.3
Merton	16.8	15.7
Richmond	29.5	29.0
Sutton	17.7	16.5
Wandsworth	25.6	20.0
Other	0.3	0.0
Total	**111.6**	**101.5**

More young people have been identified as benefitting from Multi Systemic Therapy (MST). By September 2016, 4 young people had been assessed with two young people now accessing therapy. The overall number of families referred to MST since 2014/15 against the baseline has remained static but re-offending rates have shown a reduction in 2016/17

	2014/15	2015/16	2016/17	2017/18
Referral to the NSPCC service	-	0	1	1
10% reduction in the number of referrals into structured treatment services	24	587	447	
100% of urgent ED referrals start treatment within 1 week	0	0	0	
100% of routine ED referrals start treatment within 4 weeks	2	2.3	1	
Number of FTE into the Youth Justice System	32	31	40	
Rate of reoffending	40.2	41.6	28.2	
No of CTREs completed within timescale	-	-	1	
No of admissions to a General Adolescent ward	8	7	12	
Reduction in the average length of stay (General Adolescent)	102	133	85	
No of admissions Eating Disorders	1	1	1	
Reduction in the average length of stay (Eating Disorders)	119	365	95	

2018 Update

A peer review led by the Healthy London Children's Partnership of the children and young people (CYP) mental health crisis pathway in South West London was conducted at South West London and St George's Mental Health NHS Trust (SWLStG) on 17 November 2017. The Peer review made the following overall recommendations:

That a gap analysis is undertaken across the whole mental health crisis pathway to understand where improvements could be made and to initiate the planning process. A crisis steering group, with representatives from across the pathway to oversee could be established, which aligns to the governance structure.

Hospital care:

- Undertake a review of the pathway to reduce the amount of times CYP could be assessed prior to commencing treatment, and increase efficiency.
- Treatment to commence at the first assessment and continue throughout the pathway.
- Standardisation of protocols across the pathway in emergency departments (e.g. triage tool) and ward settings.
- Implement a consistent age cut off for paediatrics (emergency department and wards) across all hospitals.

CAMHS Single Point of Access (SPA) and crisis line:

- Undertake formal evaluation of the Sutton SPA pilot and share learning across SWL. If the pilot is successful it would allow business cases for extending SPA in other boroughs to be developed promptly.
- Undertake a demand and capacity review for the each SPA to understand need.
- Implement a single SPA telephone number which directs to the correct borough team. This would make it clearer to stakeholders which number they need to call.
- Develop and implement a standard SPA referral form.
- Ensure that the 24/7 crisis line is functioning adequately for CYP

Health Based Place of Safety (HBPoS):

- Undertake a gap analysis against the 'HLP Mental Health Crisis Care for Londoners – London's section 136 pathway and Health Based Place of Safety Specification'.
- Improve engagement with the Police and to invite Police representatives to relevant meetings.
- Undertake formal planning for the legislation changes and reviewing and update the s136 policy, with pathway partners, as a matter of urgency.

Voluntary sector and schools:

- Commission mental health workers in schools across all SWL boroughs.

Workforce and training:

- Develop and roll out a CAMHS recruitment and retention strategy.
- Align the training initiatives in place across the pathway.
- Facilitate paediatric staff to attend CAMHS study days.

Safety and Coping Plans:

- Review the interoperability of systems to allow at least CAMHS and acute hospitals to share notes and the SCP.
- Communicate to partners that the SCP can be requested if required.

Governance:

- Creation of a mental health crisis network forum which could be used to share learning and train staff.
- Establish a formal engagement forum for parents and families.
- Develop an overview of all the information that is shared with CYP and families so they have a better understanding of the information they have.

The findings of the Peer review report should be shared with the SWLStGsTrust's Board and other relevant groups within the pathway governance structure.

2019 onwards- what next?

Eating Disorders

The transformation plan 2017 to 2021 for community eating disorders services will focus on the following areas:

- Introduction of self- referrals to bring the service in line with access and treatment waiting time standards.
- Investing in the membership for the National Quality Improvement Programme
- peer review process in 2018/19; the outcome of the review process would inform future service development
- The current delivery model focuses on the transactional element of achieving access targets for community eating disorders; however, there are missed opportunities in

imbedding the service provision with the local authority strategies that would enable a holistic service offer for children with eating disorders

- Linking with primary care programme to improve the physical health monitoring of children with eating disorders using the Children's Clinical leads to champion this work within the localities
- Refine the service offer so that it continues to meet the access and waiting times target but also expands the service offer for young people to include intensive community treatment as part of the hospital avoidance, supporting the development of the crisis care concordant to include children with eating disorders, improving the interface for children with self-harm with locality based services, working with the voluntary sector to ensure families have broader community support within their localities and working with the locality CAMHS services to develop joint protocols for those with complex mental health co-morbidity.

LAC
In partnership with the Local Authority we will review the dedicated CAMHS provision co-located within the LAC team to ensure all Looked After Children have a safety and coping plan in place and that those placed outside of the borough are prioritised.

As the Local Authority develops its own in borough residential facilities we will advise on how to develop these facilities so that they nurture and maximise the emotional and mental health well-being of children/ young people.

Youth Justice
As we continue to implement the Health and Youth Justice action-plan we will ensure those sentenced / remanded or returning from custody or secure settings are prioritised by the additional CAMHS capacity within the team. In year data indicates that those sentenced or remanded to custody has increased.

(SEND) ASD/ADHD
A key focus will be improving the information shared by Specialist Commissioning about recent admissions and embedding the community CETR process and ensuring all children and young people with a learning disability and/or autism at risk of admission have had a timely review.

In partnership with the Local Authority we will review the dedicated LD CAMHS provision within the Integrated Service for Disabled Children to ensure there is sufficient support to families living with a child/young person who has complex health needs.

Crisis Care
Following the publication of the Healthy London Partnership Children and Young People's Mental Health Crisis guidance CCG's across South West London (SWL) have undertaken a self-assessment survey against the recommendations contained within the guidance and the national Urgent and Emergency Mental Health for CYP Intensive Intervention and High Risk survey. Both of these initiatives have allowed the CCGs to understand further where provision could be improved and develop an action plan, included within the SWL CAMHS Collaborative Commissioning Plan that includes the following initiatives to address these gaps:

- Review SWL psychiatric crisis services/outreach and home intensive services to include:
- Implementation of crisis care guidance
- Development and implementation of quality standards
- Evidenced based treatments and pathways
- Commissioning of consistent out of hours services for young people SWL
- Review Health Based Place of Safety at Springfield Hospital
- Develop a model for community services to support safe discharge that include management support packages
- Identify key workforce issues and work with the SWL Local Workforce Action Board to ensure plans address key requirements.

We are still in the process of taking forward the findings of a peer review of crisis care services coordinated by the HLP that took place in November 2017 and as an STP develop an action plan to ensure the standards set out in the HLP CYP Crisis Care Guidance are fully met and the average length of an admission is reduced and avoided where possible.

We will also review the psychiatric liaison services to ensure the service is effective. Whilst the services is Core 24 complaint there is further work to be undertaken to ensure the out of hours elements offer a consistent approach to the service operating during 'normal working' hours.

EIP

The Trust will continue to ensure there is adherence with the protocol and will modify its case management system, IAPTUS, to generate an automatic flag, to identify children and young people with first onset psychosis, which will aid monitoring of adherence to the EIP standard. A further audit of adherence to the EIP standards in CAMHS is planned for February/March 2018.

Transition

As an STP we will continue to implement and build on the learning from the CQUIN and planned audit work with the main provider to baseline and project the expected numbers requiring ongoing support from AMHS, those seeking support from early intervention services such as the online counselling service, available up to 23 years (please refer to page 53) and the local icope service http://kingston.icope.nhs.uk/ and well-being service http://www.kingstonwellbeingservice.org/.

Locally, we will explore between adult and children's services how the 'health passport' can be introduced to support transitions between services particularly for those who do not meet the criteria for AMHS.

9.5 Challenges

Timely communication and information sharing between NHSE Specialist Commissioning and the local area about children and young people admitted and/or those on the verge of admission has delayed at times opportunities to respond and consider community based alternatives to admission. The introduction of monthly TCP surgeries has begun to improve this.

10. Developing the workforce

10.1 Overview - why is this important?

The Five Year Forward View outlined that 3,400 existing staff and 1,700 new staff will need to be trained in evidenced based practices in order to meet the national target of increasing access to mental health care for at least 70,000 children and young people by 2020 and to increase the CAMHS workforce by 10%.

Locally, our ambition is to have the right capacity of therapist, supervisors, psychiatrists and mental health nurses to deliver the full range of CYP IAPT evidence based interventions that are NICE compliant. By 2020 our aim is to have increased the local workforce by 10%.

A majority of the initiatives delivered through this strategy have been designed to increase and develop the workforce in line with the Future in Mind recommendations. We will focus on ensuring funding is directed towards increasing staffing levels across a range of existing services and introducing new services to increase the workforce.

We are committed to developing a sustainable workforce with the appropriate skills mix to deliver a comprehensive and NICE compliant range of services. This will include developing both informal and formal opportunities for the local children's workforce.

A key focus will be developing a bespoke training programme for schools and other partners, ensuring the IAPT principles are embedded across all services within the local spectrum of CAMH services.

Kingston has been a member of the London and South East IAPT Collaborative since 2013 (Wave 2). Existing CAMHS providers have made considerable use of the IAPT curriculum despite the relatively small workforce Kingston. We have also invested in a dedicated participation officer provided by SWLStGMHT to support the participation principles of IAPT.

There is an expectation that those organisations commissioned to deliver specific activities within the Transformation Plan who are not already a member of the IAPT partnership will join and introduce as a minimum session by session routine outcome measures to ensure their interventions are goal focused. We will also support services to access the IAPT curriculum and

hold regular learning events and networks to enable staff to come together and share good practice.

We have identified the need to increase the commissioning capacity in order to deliver the Transformation Plan and ensure commissioners have the appropriate skills and are supported to lead the delivery of the CAMHS strategy. This will be achieved via the Healthy London Partnership Leadership and Development programme for commissioners.

There will also be a need to revisit collectively the training needs of the increased workforce once the increased range of services have been embedded to ensure any skills gaps are identified and addressed.

The focus from 2017 onwards will be on improving the skill set and evidenced based practice across the workforce that has been expended over the previous two years.

We will begin by supporting all CAMHS providers to participate in undertaking a skills and training audit, to identify any skills gaps across the network using the CHIMAT workforce planning toolkit and publish a local multi-agency workforce development plan by April 2018 that is developed in collaboration with the South West London Workforce Action Board. The aim will be to ensure that any gaps are addressed by accessing the IAPT curriculum and that, across the network there is a collective range of evidenced based practice available.

The South West London Workforce Action board brings together all health and social care providers across the STP footprint to form a collaborative that will plan the workforce over the next five years. Planning will be required at a strategic level in order to ensure that South West London meets the required national target for increasing access to mental health services and ensure there is a collaborative response to recruitment particularly in areas where there are known national shortages. Further information can found on pages 75-77.

To encourage better integrated working across both existing providers and new providers we will facilitate a range of informal learning opportunities and establish a learning network. The aim will be for all providers to understand their role and that of others within a child/ young person's treatment pathway and to move away from service specific treatment pathways in line with the THRIVE model.

Key to achieving an integrated care pathway approach will be the use and exchange of routine outcome measures to reduce the children and young people repeating their story improve transitions between services. All contracted providers will be expected to introduce session by session routine outcome monitoring tools and report their activity using the Mental Health Service dataset.

In addition, we will re-commission the bespoke training programmes for schools and youth justice partners to increase awareness of mental health issues and their capacity to respond.

10.2 Key Deliverables- what did we plan to do?

Action	Objective	KPI	Investment	Outcome
Increase the commissioning capacity to ensure the Transformation Plan is delivered as planned.		100 % of the planned actions action and investment are RAG'd as green	£48,000 Re-current	
Support providers to access the IAPT curriculum and address any identified skills gaps.	All sectors within the wider children's workforce benefit from accessing mental health training relevant to their sector	Year on year uptake of the IAPT curriculum	£45,000 Non-recurrent	There are greater skills and confidence amongst the wider workforce in managing emotional well- being and mental health issues

Support the VCO sector to access continuous professional development opportunities		Increased uptake of training opportunities	£20,000 Non- recurrent
Commission bespoke training programme for schools		50% of primary schools/ 100% of secondary schools attend	£30,000 Non-recurrent
Commission a bespoke training programme for the local Youth Justice teams		Reduction in First Time Entrants to the YJS	£10,000 Non-recurrent
Establish a partnership learning network and host a series of integrated working and relationship building workshops between providers and commissioners		4x sessions per year	

10.3 Progress- what did we achieve?
2016/17 and 2017/18

A project manager was introduced to build the capacity to implement the funding initiatives and support transformation projects across CAMHS.

A number of the initiatives within the Transformation Plan have introduced new services or increased the capacity within existing services. These include:

- Commissioning a counselling service
- Increasing the capacity of the Single Point of Access
- Increasing the capacity of the Emotional Health Service
- Increasing the capacity of the Safe Space project for victims of domestic violence
- Commissioning therapeutic support from the NSPCC for sexual assault victims
- Increasing the capacity of the Eating Disorder Service
- Increasing the capacity of the Psychiatric Liaison Service
- Increasing the psychiatry capacity to support CETRs.

The Kingston CAMHS Delivery Group identified 'workforce' has a first priority to address in 2017/18. At its last meeting, the group identified several areas of focus for the wider workforce including:

- Resilience training
- Sensory processing
- Anxiety Management
- ELSA (Emotional, literacy support assistant) training for TAs in school
- Management of challenging behaviour for Family Support Workers.

We co-produced a bespoke training package for frontline custody and community neighbourhood teams in the Police.

10.4 Impact of Investment

The projected target for Kingston is by 2020 to have a CAHMS workforce of 50.49 WTEs. Solid progress has been made to date to increase the WTEs from the 2014/15 baseline by an additional 10.77 WTEs.

Workforce

	2014/15	2015/16	2016/17	2017/18 YTD
SWL Wide Eating Disorder Services Total WTEs	6.22	6.77	9.54	10.49
SWL Wide Psychiatric Liaison Service Total WTEs	2.89	3.50	5.51	6.33
SWL Wide Neuro Developmental Service Total WTEs	5.63	4.70	7.83	8.46
Kingston and Richmond Single Point of Access Total WTEs	2	2.5	2	4
Tier 3 Locality Team Total WTEs	10.17	11.24	9.15	9.50
Tier 2 Locality Team Total WTEs	9.3	9.5	12.4	8.2
Total	**36.21**	**38.21**	**46.43**	**46.98**

Since 2014 the psychiatric liaison, eating disorders and neuro developmental service has seen an increase in capacity consistent with the investment plan. The Tier 3 community team has appeared to see a reduction in staffing. This has since increased slightly in 2017/18 with additional funding. The following table breaks down the increase in workforce of the NHS trust provider by team and skills mix.

Tier 3 Services (WTE)	2014/15	2015/16	2016/17	2017/18
Medics	1.40	1.41	1.40	1.60
Rotational	1.00	2.13	1.00	1.62
P&P	3.00	1.40	2.85	2.20
Family Therapists	1.71	2.70	0.50	0.58
PMHWs				
Nurses			0.40	0.50
Office Managers				
Admin	2.06	2.60	2.00	1.00
Management	1.00	1.00	1.00	1.00

Eating Disorder Team Workforce (WTE)	2014/15	2015/16	2016/17	2017/18
Medics				
Rotational				
P&P				
Family Therapists	0.89	1.50		
PMHWs				
Nurses	2.00	2.00	5.51	6.33
Office Managers				
Admin				
Management				

Psychiatric Liaison Team Workforce (WTE)	2014/15	2015/16	2016/17	2017/18
Medics	1.8	1.8	1.8	1.3
Rotational			0.5	
P&P	3.00	1.90	3.89	6.10
Family Therapists		1.00	0.89	
PMHWs				
Nurses				
Office Managers				
Admin	0.83		0.75	1.06
Management				

Neuro Developmental Team Workforce (WTE)	2014/15	2015/16	2016/17	2017/18
Medics	1.58	1.20	2.09	2.00
Rotational			0.8	0.8
P&P	3.01	2.82	3.65	3.35
Family Therapists	0.65	1.75		1.6
PMHWs				0.24
Nurses			3	2.5
Office Managers		1.00		
Admin	1.00			
Management				

Recording of Outcomes

A key feature of CYP IAPT is to ensure all NHS funded providers are using routine outcome measurement (ROMs) tools with children and young people throughout their support and routinely submit information to the National Mental Health Services Data Set.

All three main providers, SWLStG MHT, Achieving for Children and Kooth routinely use ROMs.

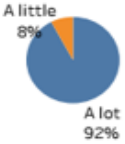
NHS Funded Service Provider	ROMS	Reporting to the NHS MHSDS
Kooth	√	X
Achieving for Children	√	X
SWLstGMHT	√	√

Kooth use a methodology by where the minimum value of a goal is 0 and the maximum 10. All goals start with a score of 0 and the higher the score the more the young person feels they are achieving their goal. In Q2 the number of goal scores that moved were 14 with average goal movement was 4.

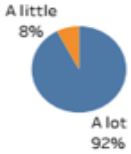
Most important was that a high proportion of users reported that they felt listened and that they were talking about issues important to them. There is a high vast range of research that shows that young people are more likely to achieve a positive outcome where they rate the intervention highly.

1) I felt heard, understood and respected

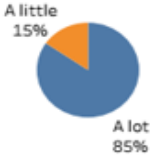
3) The person helping me was a good fit for me



2) What we talked about was important to me



4) Overall, the session was right for me



The date below shows the percentage of ROMs completed by the Tier 3 community team and specialist services provided by SWLStGMHT compared to the total number of referrals accepted by these teams. It indicates that further work is required locally to ensure ROMs are embedded within therapeutic practice and build on the current completion rates achieved within the specialist services.

Service	Total referrals accepted since 2015 to date	Total number of CHI-ESQ ROMs completed since 2015	% completion rate
Kingston Tier 3 locality team	1286	301	23%
SWL Neuro Developmental Team	1377	2744	50%
SWL Eating Disorder Service	392	368	94%

2018/19 Update

At a SWL footprint the South London Workforce action board has been established and brings together health and social care professionals as part of place based commissioning to collaborate on workforce planning for the next five years. The groups has established a number of work programmes at SWL level which will support development of the CAMHS workforce. These include:

- Recruitment campaigns; work in schools to highlight range of careers available, targeted recruitment campaigns working with HEE and PR/comms support, project resource sourced for international recruitment process work and project expert sourced for hard to fill and new roles recruitment campaigns
- Apprenticeships; Identifying key contacts with apprenticeship circles and collating various guidance and best practice and working with HEE and SWL providers to identify value added at a system wide level
- SWL induction and benefits package; looking at consistency across induction and benefits packages to make SWL an attractive place to work
- SWL Flexible working; agile working and self rostering to promote nurses taking control of work shifts, improved motivation, less sick days, and removal of shift patterns to deliver a fairer way of working. Self rostering has been established on a number of acute hospital wards and now exploring interest with SWLStG
- SWL Nurse and AHP progression course; Oxleas, SLAM, SWLStG have launched a progression course for MH nurses B2-B7 including new roles. A programme based on this is going to be rolled out to other parts of the SWL, incorporating the “mental health passport” which allows staff to move more seamlessly between providers in the patch
-

The SWL Workforce Action Board and the SWL Mental Health Network have established a SWL Mental Health Workforce task and finish group, which reports to both forums. This group is responsible for driving delivery of the SWL MH workforce plan, ensuring we have detailed plans in place and are monitoring progress against the workforce trajectories. The workforce task and finish group is supported by an expert workforce modeller, who is developing a model which will quantify the impact of existing plans and help the group to understand any gap between what will be delivered through current initiatives and the overall workforce targets. A CAMHS specific meeting has been scheduled for November 2018.

The SWL Transforming Care Programme has secured non-recurrent funding to provide some general positive behaviour support training to support upskilling the workforce to meet the needs of people with learning disabilities and / or autism with challenging behaviour in the community. The programme will adopt a train the trainer approach to promote sustainability and ensure the programme helps to upskill the workforce and promote and change in culture over a longer period of time. The training programme will also include delivering training to families and carers to help develop their skills. This is something that families and carers have told us that they would benefit from, through our engagement work. As part of the Transforming Care Programme we have also secured transformation funding to look at how we deliver intensive support service in the community, and will be using this to explore how we enhance specialist skills within our workforce to work with children with challenging behaviour and develop positive behaviour support plans.

2018/19 onwards- what next?

Existing CAMHS providers have made considerable use of the IAPT curriculum despite the relatively small Kingston workforce. The CYP IAPT programme continues to expand its wide range of evidenced based training programmes.

Service	2013/14	2014/15	2015/16	2017/18
Leadership	1			
Supervisor	2		1	1
Trainee	5			1
EEBP		4		

We will increase funding available to support services to continue to access the IAPT curriculum including salary support in acknowledgment that this has been withdrawn from central funding.

We will also ring fence funding for the VCO sector to enable them to access local Continuous Professional Development curriculum provided by Achieving for Children.
https://www.afccpdonline.co.uk/cpd/portal.asp

10.5 South West London

The mental health workforce plan for England (Stepping forward to 2020/21) was published in July 2017 to address the current vacancies and to deliver the transformation set out in the Five Year Forward View for Mental Health.
IAPT Workforce Development

To address the current vacancies and meet nationally proposed expansion of the pathway the national mental health workforce plan recommends that at least 1,700 therapists and supervisors need to be employed to meet the additional demand by 2020/21. The illustrative trajectory for the necessary growth in therapists was published at the national level (England region).

In order to meet nationally proposed expansion of the pathway and to deliver the 2021 commitments from a starting position SWL has produced the trajectory up to 2020/21 of SWL population based share as well as CCG level contribution to 1,700 additional therapists which are presented in the Table1.

Table 1: SWL contribution to employment of 1700 additional therapists

Area/ YEAR			2016/17	2017/18	2018/19	2019/20	2020/21	TOTAL by level of training	TOTAL
CYP	**National**	Therapist	200	428	428	228	52	1336	
		Supervisors	50	107	107	57	13	334	**1670**
	SWL share (2.7% of England general population)	Therapist	5.4	11.56	11.56	6.16	1.404	36.07	
		Supervisors	1.35	2.89	2.89	1.54	0.35	9.02	**45.09**
Merton (based on general population)	Therapist	0.0038	1	2	2	1	0	5	**6**
	Supervisors	0.0038	0	0	0	0	0	1	
Merton CCG local CYP IAPT training information	Therapist		**1**	**2**	**2**	**1**	**0**	**6**	**7**
	Supervisors		**0**	**0**	**0**	**0**	**0**	**1**	
Richmond (based on general population)	Therapist	0.0036	1	2	2	1	0	5	**6**
	Supervisors	0.0036	0	0	0	0	0	1	
Richmond CCG local CYP IAPT training information	Therapist		**0**	**2**	**2**	**2**	**1**	**7**	**8**
	Supervisors		**0**	**0**	**0**	**0**	**0**	**1**	
	Therapist	0.0069	1	3	3	2	0	9	

Croydon (based on general population)	Supervisors	0.0069	0	1	1	0	0	2	**11**
Croydon CCG local CYP IAPT training information	Therapist		**3**	**3**	**4**	**0**	**0**	**10**	**14**
	Supervisors		**2**	**2**	**1**	**0**	**0**	**4**	
Kingston (based on general population)	Therapist	0.0032	1	1	1	1	0	4	**5**
	Supervisors	0.0032	0	0	0	0	0	1	
Kingston CCG local CYP IAPT training information	Therapist		**5**	**1**	**0**	**0**	**0**	**6**	**9**
	Supervisors		**3**	**0**	**0**	**0**	**0**	**3**	
Wandsworth (based on general population)	Therapist	0.0058	1	2	2	1	0	8	**10**
	Supervisors	0.0058	0	1	1	0	0	2	
Wandsworth CCG local CYP IAPT training information	Therapist		**1**	**0**	**2**	**2**	**1**	**1**	**10**
	Supervisors		**1**	**0**	**0**	**0**	**1**	**1**	
Sutton (based on general population)	Therapist	0.0037	1	2	2	1	0	6	
	Supervisors	0.0037	0	0	0	0	0	0	**6**
Sutton CCG local CYP IAPT training information	Therapist		**2**	**1**	**2**	**2**	**0**	**7**	**8**
	Supervisors		**1**	**0**	**0**	**0**	**0**	**1**	

Evidenced Based Practice and Supervision

SWL is exceeding the target for additional 1,700 therapists and supervisors to be employed to meet the additional demand by 2020/21 based on SWL population based share (additional 45WTEs of therapist and supervisors needed based on population). Total number of additional therapist and supervisors planned for SWL is 56WTEs.Additionally to that, the Five Year Forward View for Mental Health Implementation Plan as well as Stepping forward to 2020/21 recommends that at least 3,400 existing CAMHS staff be upskilled in CYP IAPT therapies. This work is being developed in collaboration between partners at a local level via implementation of revised Local Transformation Plans.

To implement local plans to transform children and young people's mental health, SWL STP has produced the trajectory to meet the national target of 3,400 current staff being trained by 2020/21 based on SWL population and CCG contribution to ensure the sustainability of psychological therapies workforce. Total number of existing staff to be trained during by 2020/21 is 56WTEs. There is currently ongoing Mental Health Workforce planning with deadline in December 2017 when all workforce projections will be verified and aligned with national projections. That could provide an explanation to the number of existing staff to be trained in each borough.
In order to meet nationally proposed expansion of the pathway and to deliver the 2021 commitments from a starting position SWL has produced the trajectory up to 2020/21 of SWL population based share as well as CCG. This is located in Table 2 below.

Table 2: SWL population based projection of 3,400 current staff being trained.

Area/YEAR			2016/17	2017/18	2018/19	2019/20	2020/21	TOTAL
CYP	**National**	Upskilling existing staff (WTEs)	680	680	680	680	680	3400
	SWL share (2.7% of England general population)	Upskilling existing staff (WTEs)	18.36	18.36	18.36	18.36	18.36	91.8
		Proportion of population out of total England population						
Merton (based on general population)	Upskilling existing staff	**0.0038**	**3**	**3**	**3**	**3**	**3**	**13**

CCG local CYP IAPT training information	**Upskilling existing staff**		**1**	**1**	**3**	**1**	**1**	**7**
Croydon (based on general population)	Upskilling existing staff	0.0069	5	5	5	5	5	23
CCG local CYP IAPT training information	**Upskilling existing staff**		**3**	**4**	**1**	**0**	**0**	**8**
Kingston (based on general population)	Upskilling existing staff	0.0032	2	2	2	2	2	11
CCG local CYP IAPT training information	**Upskilling existing staff**		**13**	**0**	**0**	**0**	**0**	**13**
Wandsworth (based on general population)	Upskilling existing staff	0.0058	4	4	4	4	4	20
CCG local CYP IAPT training information	**Upskilling existing staff**		**3**	**2**	**3**	**3**	**5**	**16**
Richmond (based on general population)	Upskilling existing staff	0.0036	2	2	2	2	2	12
CCG local CYP IAPT training information	**Upskilling existing staff**		**2**	**2**	**2**	**2**	**2**	**12**
Sutton (based on general population)	Upskilling existing staff	0.0037	2	2	2	2	2	10
CCG local CYP IAPT training information	**Upskilling existing staff**		**1**	**2**	**2**	**2**	**1**	**8**

10.6 Challenges

The capacity within local teams to release staff for long periods of time to attend training remains a challenge. Flowing data to the National Mental Health Services Data Set remains a challenge for our commissioned voluntary sector providers. The provider of Kooth report they are in discussions with the national team about how to address the barriers for non NHS providers. A proposal has been made to introduce a unique ID number to enable the submission of data based on anonymous clients accessing the online service.

Kingston & Richmond Multi-Agency Workforce Plan					
Increase staffing capacity across CAMH services in Richmond and Kingston to deliver LTP ambitions					
National Target – Recruit 1,700 therapists and supervisors **Local Targets**: • SWL - 45WTEs of therapist and supervisors by 2020/21 • Richmond - 6 (5 therapists and 1 Supervisor) by 2020/21 • Kingston – 5 (4 therapists and 1 Supervisor) by 2020/21					
LTP Ambition	**LTP Priority**	**Action**	**Resource**	**Timescale**	**Lead Agency**
is to ensure that all schools and Colleges adopt a whole school approach to building resilience and promoting good mental health so that children and young people can access the support they need in a timely manner	Support schools and colleges to adopt whole school approaches to build resilience and promote good mental health	Recruit MHST staff to deliver evidenced based support in schools **Progress Update** Kingston & Richmond not included in SWL trailblazer application for 2019/20. Plan to apply in second wave	NHSE	2020/21	CCG
	Provide psychological wellbeing support to schools through delivery of the Children Wellbeing Practitioners service	Fund 4 X band 5 Child Wellbeing Practitioners (CWP) to deliver evidenced based interventions Recruit 3 x band 5 CWP service in Kingston schools **Progress Update** Richmond CWP posts trained and delivering service to 8 schools funded by Kingston CWP appointed and just completed CYP IAPT training. Commenced service in school from Sept 18	AfC, CCG, SWLSTGs schools South London Collaborative CYP IAPT funding	Jan 17 Jan 18	SWLStGs/ CCG
To deliver a transformed	Ensure the increased	Recruited 0.5 Band 8B, 1.5 Band 7 and 1 Band 4 Admin staff to		April 18	SWLStGs MH Trust

system of mental health help for children and young people where services can be accessed within four weeks of assessment	capacity in the SPA results in the provision of telephone advice and triage to timely sign posting to the right service and support	deliver the expanded K&R CAMHS SPA service **Progress Update** Staff recruited and expanded SPA operational			
	Continue to develop the local neuro development pathway to: Reduce waiting times for ASD and ADHD assessments	Recruit 1 FTE clinical post, 0.8FTE Assistant Psychologist, 0.6FTE Admin support for Richmond neuro development pilot Recruit 1 FTE clinical post, 0.8FTE Assistant Psychologist, 0.6FTE Admin support for Kingston neuro development pilot **Progress Update** Richmond Staff recruited and service operational	£81,500 £81,500	April 18 April 19	AfC AfC
	Enhance the existing Eating Disorder Service in collaboration with other SWL CCGs to ensure national waiting times and access targets are met and the number of inpatient admissions are reduced	ED service to review staffing capacity requirements with SWL Commissioners to identify/agree additional staff to meet 2015 commissioning guidance Additional staff if approved to be in post	TBC	Nov 2018 2019/20	SWLStGs MH Trust
	Continue to promote the use of digital tools and information to support resilience, prevention and early intervention	Appoint digital Counsellors through commissioning an on-line digital counselling service for Richmond Appoint digital Counsellors through commissioning an on-line digital counselling service for Kingston **Progress Update** Digital online service operational in Kingston. Access to x digital counsellors	TBC £56k	2019/20 Feb 2016	RCCG KCCG
Ensure fewer vulnerable children and young people escalate into crisis resulting in reduced need for inpatient care which should be the last resort	Enhance the existing Psychiatric Liaison provision across South West London in collaboration with other SWL CCGs	Crisis care service to review staffing capacity requirements with SWL Commissioners to identify/agree additional staff to address outcomes form the Nov 17 HLP Peer Review	TBC	TBC	SWLStGs/ SWL CCGs
	Focus on improving services for vulnerable children and young people including those with ASD/ADHD, learning	Recruit 2 RTT Band 5 ASD/LD staff **Progress Update** Staff in post and delivering a service	HEE Funding £14k	Jan 18	SWLStGs/ SWL RCCG

	disabilities as part of the Transforming Care Programme				
Develop capability of the local CAMHS workforce to deliver CYP IAPT evidenced based interventions **National Target** - 3,400 existing CAMHS staff be upskilled in CYP IAPT therapies **Local Targets** • SWL – 91.8 staff upskilled by 2020/21 • Richmond – 8 staff upskilled by 2020/21 • Kingston – 13 staff upskilled by 2020/21					
To ensure that the local workforce has increased by at least 10% and has the capability to deliver evidenced based treatments.	Support providers to access the CYP IAPT curriculum and address any identified skills gaps	Staff to access CYP IAPT under 5s training (Richmond and Kingston) **Progress Update** AfC staff member attending Training	£13k	Jan 18	
		Promote/publicise CYP IAPT curriculum with all CAMHS Providers through: • Inclusion in learning & Development programme • Use CYP IAPT trained supervisors to deliver multi-agency workshop on CYP IAPT principles Special Schools ○ SENCOs ○ Specialist School Units ○ Colleges ○ Social Care ○ Voluntary sector Provide CYP IAPT training funding support open to all CAMHS providers	 £20k £20k £20k	18 Ongoing May – Sept 2019 18/19 19/20 20/21	R & K CCGs R & K CCGs
	Continue to implement local and STP wide workforce development plans to ensure delivery of national requirements set out in the 5 year Forward View	Undertake recruitment campaigns; work in schools to highlight range of careers available, targeted recruitment campaigns working with HEE and PR/comms support, project resource sourced for international recruitment process work and project expert sourced for hard to fill and new roles recruitment campaigns **Progress Update** See SWL workforce section	TBC	TBC	SWL Workforce Board
	Continue to promote access to continuous professional development and training opportunities	Provide access to training: • Signs of safety • CYP IAPT • Learning from serious case reviews workshops • Mental Health First Aid Training **Progress Update** Signs of safety training currently being rolled out Mental First Aid training being delivered across all stakeholders http://kingstonandrichmondlscb.org.uk/training.php		ongoing	R&K CCG AfC R&K CCG LSCB PH, AfC, Schools & colleges
		Ensure access to specific training to meet needs of CYP with • Learning Disabilities		ongoing	

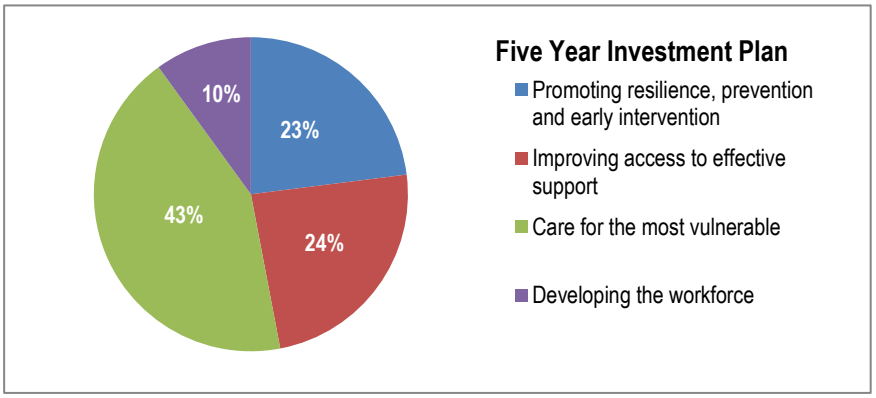
		• Autism • ADHD • Communication Impairments through AfC Website **Progress Update** Training to be accessed to all above through AfC on-line training brochure https://www.afccpdonline.co.uk/cpd/portal.asp TCP funding made available to deliver general PBS training across the SWL boroughs workforce including parents and carers		Oct 2018	SWL
		Develop specialist PBS training for key staff to deliver specialist PBS interventions	TBC	Jan 2019	R&K CCG

11. Investment Plan

11.1 Overview - why is this important?

This section sets out the investment plan for the life of the plan. The intentions is to prioritise those most vulnerable and to stabilise access and waiting times in the first two years so that funding in the later years can be targeted towards prevention and avoid long waiting times in the future.

The chart below sets out in percentage terms how funding will be apportioned in each area. In priority order, nearly 50%of the funding will be targeted on care for the most vulnerable, followed by improving access to effective support and promoting resilience and prevention followed by the workforce.



11.2 Actual Financial Expenditure/Funding Utilisation

The table below sets out the actual financial expenditure to date within NHS Trust provided services on the workforce (this exclude management costs and overheads). It shows how funding has incrementally increased by £1.3 million since 2104/15.

Commissioner: KCCG	2014/15 Baseline	2015/16	2016/17	2017/18
General Community CAMHS	£ 730,675	£ 617,673	£ 598,220	£ 613,834
Psychiatric Liaison	£ 111,219	£ 166,133	£ 347,804	£ 368,998
Eating Disorders	£ 224,904	£ 498,626	£ 846,048	£ 821,748
Neuro Development	£ 400,175	£ 749,247	£ 863,053	£ 972,630
Total	£1,466,973	£2,031,679	£2,655,125	£2,777,210

Despite significant investment in community services the cost of inpatient services funded by NHS England has increased year on year by nearly £250k since 2014/15.

Commissioner: NHSE	2014/15 Baseline	2015/16	2016/17
Inpatient Services	£ 563,000	£ 786,128	£ 811,347

11.3 Challenges

A key challenge will be sustaining the current levels of investment in community services now and post 2020 within the current financial climate.

It will be a continued challenge to ensure that funding targeted on promoting resilience and prevention services, which are predominantly provided by non-NHS providers, is not reduced or re-diverted to address continued waiting time and/or increased demand pressures for targeted and specialist services.

There is currently a lack of incentives in the system to encourage providers from stepping children/young people down into early intervention services due to the activity based funding models.

14. Financial delivery

Does the plan include a financial summary which shows planned spend from 2015/16 to 2020.21 and a brief explanation of how funding is being utilised each year?

Financial Year	Funding utilisation
2015/16	
	Empowering children and young people to develop and implement projects address issues of emotional health and well-being and training school staff to become mental health leads in school
	Increasing staffing capacity in EHS (tier 2 CAMHS) in order to improve access to assessments. The Eating Disorder service also received funding, in order to increase staffing capacity to meet the national access and waiting time standards.
	Recruiting a specialist nurse for paediatric liaison service to improve timely response to self-harm of children and young people at A&E and/or following admission on paediatric ward
2016/17	
	Continued focus on empowering children and young people
	Commissioned Kooth to provide digital access to information and advice as well as digital counselling
	CCG commissioned jointly with Achieving for Children a cyp counselling service from Relate 'Real Talk'
	Maintaining a focus on improving access to tier 2 and 3 assessments and the Eating Disorder service
	Continued investment in the specialist deliberate self-harm nurse post that is now part of the Paediatric Liaison service
2017/18	
	Reducing the waiting time for specialist neuro developmental assessment at tier 3
	Continued investment in voluntary sector counselling service from Relate and in digital counselling service from Kooth
	Continued investment in the Eating Disorder service at the level agreed in 2015/16
	Funding part-time psychiatrist to support implementation of local CETR policy implementation process
	Funding CYP-IAPT training
2018/19	
	Providing salary contributions to 3 Child Wellbeing Practitioner posts
	Continued investment in voluntary sector counselling service from Relate and in digital counselling service from Kooth
	Continued investment in the Eating Disorder service
	Implementation of an expanded CAHMS Single Point of Access service with increased staffing capacity for telephone triage of 40% of referrals
	Continued additional funding to reduce waiting time for specialist neuro developmental assessments at tier 3

Notes;

2015/16 - Transformation budget allocation was £341, 518 with the actual spend £62k lower due to the short time frame for commissioning initial transformation projects. The underspent was utilised in 2016/17.

2016/17 - Transformation budget was £341, 518 but actual expenditure exceeded the budget due underspend of £62k from 2015/16 and additional funding allocation from NHSE of £126k that was used to develop a range of projects focused on ASD and ADHD post diagnostic support, which brought the total spent to £521,043.

2017/18 - Transformation budget was £341,518 but actual expenditure exceeded the budget due to receipt of £95,000 from Health & Justice's commissioning budget devolution to CCGs to improve service for children and young people in the criminal justice system.

2018/19 - Expenditure planned to remain within the budget allocation of £341,518. However, CCG has allocated an additional £91k to continue to reduce waiting times for ASD and ADHD neuro developmental assessments and develop pre and post diagnostic support for this group of CYP

2019/20 and 2020/21 - Expenditure on the CYPMH transformation programme has not been finalised and will be agreed in the context of the CCG's financial savings recovery Plan.

Does the financial plan show that spend is increasing over the years of the plan (in line with increased allocation for CYP Mental Health in CCG baselines)?

2016/17 - Additional funding of £126k was used to reduce waiting times for assessments

2017/18 - CCG did not achieve the mental health investment standard. Additional expenditure of £91k was allocated to CYPMH to fund the reduction in the waiting times for a neuro development waiting list. However, the following agreed transformation project failed to spend their allocation:

- £69,500 due to the late implementation of the expanded CAMHS SPA

Does the 2017/18 actual spend for CYPMH align with 2017/18 finance year end non IFSE return? If not, is there an explanation for the difference?

The 2018/19 non-ISFE was completed as follows:

Spend by Category	2018/19 Plan	YTD Spend
Children & Young People's Mental Health (excluding LD)	1,513	1,135
Children & Young People's Eating Disorders	338	253

Does the planned spend outlined in the plan for FY 2018/19 align with the CCG's financial plan for 2018/19?

The planned spend aligns with the CCGs financial plan for 2018/19.

Does the plan outline how additional funding in CCG baselines for CYPMH has been used to improve outcomes for CYP?

Additional Spend in baseline

Year	Amount	Outcomes achieved
2016/17	£459,000	Cannot reconcile with CCG budget
2017/18	£65,000	No additional funding spent due to CCG budget overspend
2018/19	£93,000	Additional allocation to be agreed subject to CCG financial plan
2019/20	£63,000	Additional allocation to be agreed subject to CCG financial plan
2020/21	£63,000	Additional allocation to be agreed subject to CCG financial plan

Future In Mind Priority	Local Investment Priority	2015/16	2016/17	2017/18	2018/19	2019/20
Promoting resilience, prevention and early intervention	Schools Mental Health Training Programme	£ 29,925				
	Counselling Services		£ 30,000	£ 15,000	£ 15,000	£ 15,000
	Digital Tools and resources	£ 18,750	£ 18,750	£ 56,000	£ 56,000	£ 56,000
	Single Point of Access				£ 72,000	£ 72,000
Improving access to effective support	EHS waiting times	£ 60,000	£35,000			
	Neuro Developmental waiting times/ local neurodevelopmental service in 2019/20	£ 95,000	£95,000	£ 95,000	£ 95,000	£ 50,000
	Spot purchase of specialist treatment		£ 50,000			
	Therapeutic support for victims of domestic violence	£ 10,000				
Care for the most vulnerable	Therapeutic support for victims of sexual assault		£ 4,250	£ 13,724	£ 13,724	£ 13,724
	Eating Disorder Services	£ 60,204	£ 85,522	£ 85,522	£ 85,522	£ 85,522
	Psychiatric Liaison Services	£ 12,998	£ 46,750	£ 46,750	£ 46,750	£ 46,750
	Crisis Care (CETR Psychiatry)			£ 33,000		
	Youth Justice		£ 49,521	£ 44,886	£ 44,886	£ 44,886
Developing the workforce	Commissioning support	£ 40,000	£ 40,000	£ 40,000	£ 20,000	
	Youth Justice Training		£ 10,000			
	IAPT curriculum / Training	£ 5,000		£ 10,000	£ 10,000	£ 10,000

Risk Register -Updated October 2018

	Area of risk	Risks matrix			Mitigating solutions	Owner
		Severity	Likelihood	Rating		
1	Workforce Capacity Failure to adequately recruit and retain staff in key service areas resulting in increased waiting times	4	2	8	• Introduce regular vacancy reporting • Use locum staff to fill vacancies where there are known recruitment issues • Ensure all high-risk services are prioritised	All Providers
2	Workforce Competencies The workforce does not have the necessary competencies, skills and abilities to provide the services required resulting in failure to meet the needs of children and young people	2	2	4	• Providers undertake regular training needs assessments to identify gaps • Development and publication of a SWL wide Workforce Development strategy • Funding to support access to the IAPT training programme / curriculum	All providers
3	Organisational Relationships Working relationships between key partners deteriorate or fail resulting in failure to deliver improved services for children and young people	3	2	6	• Partnership board established with clear links to the wider network of strategic boards across the LA and CCG • Regular communication carried out with key partners • Development sessions planned to strengthen existing and new relationships	CCG
4	Organisational Changes Organisational changes effect the direction of travel / strategic priorities of a key partner resulting in limited cooperation and delivery of the key actions	4	3	12	• Partnership board established with clear links to the wider network of strategic boards across the LA and CCG • Revision of service criteria where necessary • Revision of timescales within the action plan as necessary to accommodate	All providers
5	Information Sharing Failure to share or maintain confidential information securely resulting in a key partner unable to comply with national standards/ statutory duties	4	2	8	• Support providers to ensure they have in place a robust information governance framework and leadership in place • Ensure all providers access regular training • Ensure all providers have technical solutions in place for the secure transmission of information	All providers
6	Information Sharing Failure in all providers signing up and submitting to the NMHDS dataset in a timely manner resulting in lack of evidence to demonstrate outcomes and poor data quality	3	3	9	• Support providers to sign up to the NMHDS • Ensure providers have sufficient capacity and access appropriate training to make timely submissions • Develop of a local system wide CAHMS dashboard to improve tracking/ monitoring of activity and performance across all providers	All providers/ CCG
7	Deliverables				• Partnership board established to ensure information is shared in a timely manner	CCG

	Failure to deliver the key actions in a timely manner resulting in increased waiting times Failure to anticipate future demand resulting in increased waiting times	4	3	12	• Providers share timely reports on staffing vacancies with commissioners • Improvement of the data and quality of information shared between providers and commissioners through the development of a local system wide CAHMS dashboard. • Review and the agree the data sources	
8	Financial The use of locum staff to meet demand increases the costs of services The costs of services are under/ overestimated	4	3	12	• Providers share timely reports on areas of growth with commissioners • Providers share timely reports with commissioners on vacancy rates	All providers
	Sustainability Financial pressures on all partners (Commissioners/ providers) result in services / staff being cut indiscriminately resulting in failure to meet demand. Sustaining the current levels funding beyond 2020.	4	3	12	• Partnership board established to ensure information is shared in a timely manner • Timely reporting and dialogue between partners regarding the financial challenges and system wide strategic priorities. • Increasing waiting times in non-acute pathways to manage demand / increase thresholds • De-commissioning early / intervention and prevention initiatives	CCG/ SPG/ LA/
9	Procurement Failure to comply with legislative requirements resulting in delays / failure to deliver the key actions/ new services starting and achieving value for money	4	1	5	• Legal advice sought to ensure the most relevant procurement route is followed • Co –commissioning opportunities maximised to share the activity/ reduce repetition	CCG/ SPG
10	Communication Failure to communicate the key actions and local priorities effectively resulting in lack of lack of collaboration amongst key partners, a lack of awareness amongst children and young people and their families resulting in a lack of access and take-up new services and poor perceptions of services	3	1	3	• Publication of the LTP on the CCG website • Develop a set of key messages that are used to promote the LTP • Consult with key partners on the strategic priorities for CAHMS to generate buy-in and ownership of the LTP • Provide regular updates on progress to strategic boards , school forums, via parent networks at the Youth Council	CCG

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