

Public Document Pack

Children and Young People Select Committee Supplementary Agenda

Monday, 15 December 2014

7.30 pm, Committee Room 3

Civic Suite

Lewisham Town Hall

London SE6 4RU

For more information contact: Andrew Hagger (Tel: 020 8314 9446 Email:
andrew.hagger@lewisham.gov.uk)

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

Item	Pages
1. Minutes of the meeting held on 12 November 2014	45 - 52
5. Young People's Mental Health Review - Draft Report and Recommendations	53 - 82

This page is intentionally left blank

MINUTES OF THE CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE

Wednesday, 12 November 2014 at 7.30 pm

PRESENT: Councillors John Paschoud (Chair), Brenda Dacres (Vice-Chair), Chris Barnham, Liz Johnston-Franklin, Hilary Moore, Jacq Paschoud, Joan Reid, Luke Sorba, Alan Till, Sharon Archibald (Parent Governor Representative), Lisa Palin (Parent Governor Representative) Mark Saunders (Parent Governor Representative) and Nicholas Rothon (Church Representative)

APOLOGIES: Councillor David Britton

ALSO PRESENT: Mick Atkinson (Head of Commissioning, Place2Be), Wendy Geraghty (Lead Clinician, Lewisham CAMHS, South London and Maudsley NHS Foundation Trust), Andrew Hagger (Scrutiny Manager), Caroline Hirst (Commissioner for Children and Young People), Sid Hughes (14-19 Development Officer), Ruth Hutt (Public Health Consultant), Ian Smith (Director Children's Social Care), Frankie Sulke (Executive Director for Children and Young People), Sue Tipler (Head of Standards and Achievement for CYP) and Warwick Tomsett (Head of Targeted Services and Joint Commissioning)

Reasons for lateness: The minutes have been sent late as the officer responsible has been on paternity and was unable to complete them ahead of the despatch date.

1. Minutes of the meeting held on 2 October 2014

Resolved:

The minutes of the meeting held on 2 October 2014 were approved.

2. Declarations of interest

2.1 There were none.

3. Lewisham Safeguarding Children Board Annual Report

- 3.1 Ian Smith (Director for Children's Social Care) introduced the report and highlighted the following key points:
- The Lewisham Safeguarding Children Board (LSCB) is a statutory board with responsibilities that include developing local safeguarding policies and procedures and scrutinising local arrangements.
 - The priorities of the LSCB are set at the start of each year, for 2012/13 these included; Reducing child abuse and neglect, Developing a coherent multi agency strategy to reduce the incidence of sexual exploitation and Reducing road traffic accidents involving children & young people.
 - Three cases were highlighted showing safeguarding weaknesses in Lewisham Healthcare Trust with 2 serious case reviews that are due to be published soon.
 - The LSCB received annual reports on Disclosure and Barring Systems (DBS), the Local Authority Designated Officer (LADO) and Multi-Agency Safeguarding Hub (MASH).

- There were a number of task groups set up, including a Child Sexual Exploitation task group (CSE).
 - Future priorities for the LSCB include; Neglect, Looked After Children (LAC) and Female Genital Mutilation (FGM).
- 3.2 The Chair moved to suspend standing orders to the close of business, which the Committee agreed.
- 3.3 In response to questions from the Committee, Frankie Sulke (Executive Director for Children & Young People) and Ian Smith provided the following information:
- Lewisham is 3rd highest in London for domestic violence; however a lot of work has been done to publicise the issue so it is unclear whether this is because Lewisham has the 3rd highest rate or because Lewisham is the 3rd best at detecting it.
 - Young people being used as couriers for drugs from Lewisham to other places was a priority for the LSCB in 2012/13. Lewisham Youth Offending Service (YOS) identified it and raised the issue with the police, including a Multi-Agency Sexual Exploitation (MASE) meeting with police. A further report on the issue will be going to LSCB and secondary schools are being informed about looking out for warning signs. This is a cross-London problem and the police are taking a hard line with ringleaders by pressing trafficking charges.
 - Senior management are going to all schools to raise some of the issues identified as priorities by the LSCB, including CSE, drugs, FGM and forced marriage. Management are making a time investment in raising issues that are specific to the school.
 - The new virtual head should help improve the educational attainment of LAC and further information about this will be included in the Committee's next report on LAC.
 - Faith groups and other voluntary sector organisations have representation on the LSCB and the relationship with the voluntary sector is good.
 - LAC are recorded as missing if they have been absent for more than 24 hours. There is a distinction drawn between an unauthorised absence and being missing and social workers will try to identify regular absences to see what the issue is.
 - A big challenge is the recruitment of foster carers, especially as a significant amount of savings are tied into providing more in-house fostering. Not only will it save money, but placements such as these are better for the children and can offer more stability. A company called NRS are carrying out the marketing and recruitment, with retention of foster carers a part of the performance monitoring of the contract. Publicising the financial support available about making sure potential carers are aware that they can be compensated for fostering and that they don't have to bear all the extra costs.
 - The annual report shows an increase in Common Assessment Frameworks (CAFs), although these have gone down now. Part of this has been because there has been encouragement for professionals to complete them, with the police now agreeing to do them. A CAF does not necessarily mean that a referral will happen and it is difficult to set a target for the appropriate number of CAFs there should be.
 - The figures for parental attendance at Child Protection Conferences are not entirely accurate as they don't include those with parental responsibility. If they are then the figure is 80-85%.

- Officers deal with colleagues in highways around road traffic safety, including whether crossings need to be put in place at hotspots.
- Council officers will always look at all people who are significant in a child's life when looking at a serious case. Social workers are encouraged to be inquisitive about the backgrounds of those that are involved in a child's life.

4. Young People's Mental Health Review

- 4.1 Caroline Hirst (Commissioner, Children & Young People) introduced the report and highlighted the following key points:
- 1 in 10 children will experience some form of mental health problem before they are 15.
 - The HeadStart project is funded by Big Lottery and is a great opportunity to boost universal and targeted mental health and emotional well-being provision within Lewisham, particularly around resilience. The HeadStart project has a series of priorities and targets with a steering group made up of young people.
 - Risk factors for mental health issues include poverty, being a Looked After Child (LAC), parental mental health, and those exposed to trauma.
 - Mental health provision is divided into a number of tiers. Tiers 3 and 4 are statutory provision dealing with the most serious cases. Tiers 1 and 2 are universal and targeted provision.
 - South London and Maudsley (SLaM) NHS Foundation Trust are commissioned to provide specialist child and adolescent mental health (CAMH) provision at Tiers 3 and 4.
 - Place2Be, a national charity, offer universal and targeted provision in 10 schools within the borough, 2 secondary and 8 primary. They provide a school based counselling service, which incorporates 1:1 appointments, group sessions and open access drop in sessions.
- 4.2 In response to questions from the Committee, Frankie Sulke (Executive Director for Children & Young People), Warwick Tomsett (Head of Targeted Services and Joint Commissioning), Caroline Hirst, Mick Atkinson (Head of Commissioning, Place2Be), Wendy Geraghty (Lead Clinician, Lewisham Children and Adolescent Mental Health Service) and Ruth Hutt (Public Health Consultant) provided the following information:
- Suicide amongst young people is rare in Lewisham and is more common among young men than other groups. Self-harm is increasing and more common than suicide, whilst the suicide rate itself is static. There have been no suicides amongst children and young people in Lewisham since 2001. It is the intention of the HeadStart Programme, to build mechanisms of identification and increase opportunities for support, building resilience amongst the child population to reduce the likelihood of suicide.
 - While waiting times could be shorter for CAMHS, Lewisham is under the 12 week national target for waiting times and do well in this area in comparison to other local authorities.
 - CAMHS services work with young people with high levels of needs. Young people who self-harm cannot be discharged from hospital without being seen by CAMHS.
 - Young people are directed to other family support services, if they don't meet the threshold for CAMHS.

- Nationally and locally there has been some debate regarding the ‘tiered’ approach to CAMH service. The Department of Health is reviewing the current language and there are proposals to change this to a ‘system’ approach to the delivery of CAMHS.
- Part of the HeadStart project is a pilot online counselling service that provides a direct interface to clinical support and this service allows young people to refer themselves.
- Lewisham CAMHS are fully engaged in the ongoing development of universal and targeted provision in the borough, offering strategic support and expertise to the HeadStart Lewisham programme.
- HeadStart Lewisham operates at three levels: universal provision in universal settings, to improve emotional literacy and identify vulnerable children; targeted provision for those identified as needing support; and intensive support for those with low levels of resilience, to prevent escalation of need.
- Within the HeadStart programme there is a focus on domestic violence as a risk factor, which comes under the wider banner of those ‘exposed to trauma’.
- Many schools invest in pastoral care and people across the borough are passionate about the emotional wellbeing of young people. The school nurse expansion programme will support the key principles of HeadStart and Lewisham and Greenwich NHS Trust continue to play an integral role on the HeadStart Steering Group.
- Current provision at tiers 1 and 2 is limited and current resources are deliberately focused at tiers 3 and 4. HeadStart Lewisham will play an important role when building capacity amongst the workforce
- Those involved in HeadStart are aware that this is the first step, and efforts are being made to build on existing good practice, such as schools commissioning services from organisations such as Place2Be.
- As part of the ‘test and learn’ phase of HeadStart, Young Minds, the national charity, have been commissioned to deliver the ‘Transition Curriculum’ across two school collaboratives. This involves parents and carers, as well as those delivering services in schools to identify gaps in provision. Schools were identified in partnership with the School Improvement Team.
- Place2Be focuses on tier 1 and 2 preventative work, with the aim of improving emotional well-being. Place2Be is already operating in a number of schools in the borough and through HeadStart we intend to open this out to more secondary schools.
- We are also working with schools, the youth service and other providers when developing a youth led film, to support resilience in young people of this age group.
- The stage two phase of HeadStart will support the development of expertise and resources, which will be embedded in existing services should we be unsuccessful at stage three.
- There was a wellbeing survey offered out to all schools to provide a baseline of emotional needs for all 8-16 year olds. We intend to conduct a number of controlled trials to enable comparisons between schools not in HeadStart and those that are.
- It is important to get the information and approaches right for mental health issues such as eating disorders and to get it right early. NICE guidance is used as a good practice guide for all services in the community and in specialist units.

- Workforce development is a key focus so that professionals in partner organisations can identify issues earlier.
- The online resource kit is currently under development, we hope to tender in the new year. In the meantime the LBL Communications team have developed a page for Headstart on the Lewisham website.
- The cost/benefit analysis of Place2Be's work is difficult to estimate for Lewisham. Work has been done to produce a national cost-benefit analysis, which is a conservative calculation. Place2Be helps lots of young people that would never reach the specialist CAMHS threshold. The benefit is that it can build resilience into young adulthood. Issues can be identified early, so young people can manage through times of difficulty such as transition, exam pressure and family crises.

4.3 The Committee then discussed the timeframe of the bid for the next round of HeadStart funding, the need for further comparator data on CAMHS waiting times and the need for more detail on a 'Plan B' if the HeadStart bid is unsuccessful.

Resolved:

The Committee asked that the following information be provided for inclusion in the final review report:

- Further comparator data on waiting times for CAMHS.
- Information on what will happen to embed learning from the HeadStart project so far if the bid for further funding does not succeed.

5. Raising the Participation Age

5.1 Sue Tipler (Head of Standards and Achievement) introduced the report:

- There have been significant implications in raising the participation age (RPA) to 18.
- RPA is not only about numbers participating it is about the quality of the engagement in education and training and the impact it has on achievement and progression.
- Officers are talking to primary school heads about those that need support, so that work can be done earlier.
- Officers are also looking at alternative provisions post-16 and the different pathways open to young people.

5.2 Sid Hughes (14-19 lead) then spoke to the Committee, highlighting the following key points:

- There have been a series of curriculum and assessment changes, with RPA as one part of this rapidly changing landscape.
- Nationally there has been a 2-3% rise in young people staying on in education, which means that 81-82% do so nationally. Not in Education, Employment or Training (NEET) levels are at their lowest since 1994. In Lewisham a high number are choosing to continue in education, the 3rd highest in London.
- Increasing RPA to 17 was the easiest part, the increase to 18 will be more challenging. Challenges come partly from issues around continuity and accounting for all young people. The requirement is to monitor all young people resident in the borough, rather than those participating within the borough. Therefore obtaining tracking information on young people who went to or

continue to go to school outside the borough can be difficult. Also UCAS don't comply with data sharing on time, although there is a lot of pressure on them to do this better. There is a small team tasked with tracking young people and there can be seasonal peaks where tracking information comes through which creates pressure for the team. Lewisham is doing well with NEET numbers below the national and East London average.

- The number of unknowns varies throughout the year as information comes in from different sources. It is not possible to make assumptions, if someone is unreported it doesn't necessarily mean they are NEET.
- There could be more work done to reach young people earlier on. If they are vulnerable to becoming NEET at 16, they are probably vulnerable at a younger age too and targeting them here could be effective.
- A survey on advice and guidance providers is being carried out to establish what is available and what young people want. Advice and guidance does need to be stronger and more young person centred. There are examples of good practice throughout the borough and it is generally better where there is a leader with advice and guidance as part of their remit. The leader could either be a staff member or a governor. Sharing this best practice can lead to improvement and events such as the annual Information, Advice and Guidance (IAG) Forum can bring people together to share best practice.
- The student tracker showed a surprisingly high number of young people were still studying for a level 3 qualification after 3 years. While a certain amount of churn and change of course is to be expected, the number is high.

5.3 In response to questions from the Committee, Sue Tipler and Sid Hughes provided the following information:

- Funding for 18 year olds has now been reduced, so there is no advantage in having students staying in college for a 3rd year. Performance will change, as the key performance measurement will be in the success of the student in achieving the qualification they started.
- The new technical baccalaureate will give significance to technical qualifications post-16 and put vocational qualifications on a par with A levels. It will also make this more attractive to providers and LeSoCo is considering providing this.
- There is more to be done to improve choices for post-16 participation for SEN young people. Officers are working on transition plans with LeSoCo and it is possible to commission where there is provision.
- Work is being done with schools and providers to see how the curriculum can help young people stay engaged in learning. Year 10 and 11 learning doesn't encourage all young people and there should be opportunities to do work experience and learning. This should be collaborative and based around young people and what their plan is.
- Traineeships have not been promoted enough and can be seen as having secondary status. This will change with the new curriculum offer and high level apprenticeships.
- Officers are looking at indicators that could show if someone will be successful in completing their course. High quality teaching and learning are key.
- There has been increased pressure on getting a grade A-C at GCSE in English and Maths, with a requirement for 6th form providers to run courses to make sure young people have these qualifications.

- There is no evidence that the removal of the EMA grant has had an impact on young people staying on.

Resolved:

The Committee resolved to refer the following comments to Mayor & Cabinet:

- The Committee highlighted information in the report that showed that raising the participation age has significantly increased the scope of the responsibilities that rest with the local authority, with the expectation that it will be delivered within existing resources. The Committee were concerned that this represents an extra cost pressure for the Council at a time of severely restricted resources.
- The Committee raised concerns about the risks to delivering activities around increasing the participation of young people in education, employment or training that could arise from changes to the youth service, including the restructure of the way the service is delivered and budget reductions. The Committee sought reassurance that these risks had been identified and that proposed changes would not impact on the capability of the Council in delivering its statutory duties around the participation of young people in education, employment or training.

6. Select Committee work programme

6.1 The Committee discussed the work programme.

Resolved:

The Committee agreed the work programme.

7. Referrals to Mayor and Cabinet

Resolved:

The Committee agreed to refer the comments agreed under item 5.

The meeting ended at 10.20 pm

Chair:

Date:

This page is intentionally left blank

Agenda Item 5

Children and Young People Accounts Select Committee			
Title	Young People's Mental Health Review: Draft report and recommendations	Item No.	5
Contributors	Scrutiny Manager		
Class	Part 1	Date	15 December 2014

Reasons for lateness: The report is late as the author of the report has been on paternity leave so unable to complete the report prior to despatch.

1. Purpose of paper

- 1.1 As part of the work programme for 2014/1, the Select Committee agreed to carry out a rapid review of children and young people's emotional well-being and mental health provision in Lewisham. The review was scoped in October 2014 and an evidence session held in November 2014, with an additional meeting with young people involved in the HeadStart Young Person's Steering Group held in October 2014.
- 1.2 The attached report presents the evidence received for the review. Members of the Committee are asked to agree the report and suggest recommendations for submission to Mayor and Cabinet.

2. Recommendations

Members of the Select Committee are asked to:

- Agree the draft review report
- Consider any recommendations the report should make
- Note that the final report, including the recommendations agreed at this meeting, will be presented to Mayor and Cabinet

3. The report and recommendations

The draft report attached at **Appendix 1** presents the written and verbal evidence received by the Committee. The Chair's introduction will be inserted once the draft report has been agreed and the finalised report will be presented to a Mayor and Cabinet at the earliest opportunity. **Appendix 2** contains additional information requested by the Committee at its 12 November meeting.

4. Legal implications

The report will be submitted to Mayor and Cabinet, which holds the decision making powers in respect of this matter.

5. Financial implications

There are no direct financial implications arising out of this report. However, the financial implications of any specific recommendations will need to be considered in due course.

6. Equalities implications

There are no direct equalities implications arising from the implementation of the recommendations set out in this report. The Council works to eliminate unlawful discrimination and harassment, promote equality of opportunity and good relations between different groups in the community and to recognise and to take account of people's differences.

For more information on this report please contact Andrew Hagger, Scrutiny Manager, on 020 8314 9446.

Overview and Scrutiny

Young People's Mental Health Rapid Review

**Children & Young People Select Committee
Select Committee**

December 2014

**Membership of the Children & Young People Select Committee in
2014/15:**

Councillor John Paschoud (Chair)
Councillor Brenda Dacres (Vice-Chair)
Councillor Chris Barnham
Councillor David Britton
Councillor Liz Johnston-Franklin
Councillor Hilary Moore
Councillor Jacq Paschoud
Councillor Joan Reid
Councillor Luke Sorba
Councillor Alan Till
Sharon Archibald (Parent Governor Representative)
Lisa Palin (Parent Governor Representative)
Mark Saunders (Parent Governor Representative)
Gail Exon (Church Representative)
Monsignor Nicholas Rothon (Church Representative)

Contents

Chair's introduction	2
1. Recommendations	3
2. Purpose and structure of review	4
3. Findings	6
4. The need for Mental Health Services within Lewisham	6
5. Provision of Children and Adolescent Mental Health Services (Tier 3 and 4)	9
6. Existing Universal and Targeted Provision (Tier 1 and 2)	13
7. HeadStart Lewisham	15

Chair's Introduction

To be inserted.

Photograph of Chair

Councillor John Paschoud
Chair of the Children & Young People Select Committee

1. Recommendations

1.1 The Committee would like to make the following recommendations:

Recommendations to be decided at the 15 December 2014 meeting



2. Purpose and structure of review

- 2.1. On 1 July 2014, the Committee decided as part of its work programme to undertake a rapid review of children and young people's emotional well-being and mental health provision in Lewisham.
- 2.2. Lewisham's Sustainable Communities Strategy¹ sets out six key priorities for the borough as a whole. The review falls under the 'Safer' priority, which aims to keep our children and young people safe from harm, abuse and criminal activity as well as the 'Healthy, Active and Enjoyable' priority which aims to improve health outcomes and tackle the specific conditions that affect our citizens.
- 2.3. Lewisham's Children and Young People's Plan² for 2012-2015, entitled 'It's Everybody's Business' sets out key areas for impact and priorities surrounding children and young people. This review will fall under the 'Be Healthy' (BH6) priority, which aims to 'Promote Mental and Emotional Well-being'. Furthermore, mental health has been identified as one of nine Health and Well-Being Board priorities.
- 2.4. The Committee considered a scoping report at its meeting on 2 October and agreed the following key lines of inquiry for Young People's Mental Health rapid review:
 - In order to understand mental health service provision for children and young people, the Committee should address the following key questions:
 - What are the emotional wellbeing and mental health needs of the children and young people of Lewisham
 - What services are in place to meet these needs
 - How can examples of current good practice and research be used to meet the gaps in service provision.
- 2.5. The Big Lottery Fund (BLF) HeadStart project takes a universal and strategic approach to mental health in the borough and could have a significant impact on the mental health of young people in Lewisham. Therefore the Committee is recommended to focus on the work being carried out in this area. The Committee should consider the following key lines of inquiry:
 - How is the Big Lottery HeadStart project developing new ideas for providing services or providing new services
 - How are these new ideas and approaches being embedded into local provision
 - How are young people involved in developing and shaping their own services, do young people feel they are actively involved
 - Whether young people are being targeted outside of a school setting

¹ Lewisham's Sustainable Community Strategy 2008-2020
<http://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Sustainable%20Community%20Strategy%202008-2020.pdf>

² Lewisham Children and Young People's Plan 2012-2015
<http://www.lewisham.gov.uk/myservices/socialcare/children/Documents/CYPP2012-15.pdf>

- How digital technology is being used both to reach young people and deliver mental health services to them
 - How will the effectiveness of the universal approach be monitored
 - What is the evidence that this will lead to a reduction in need for tiers 3 and 4 services and how can this be monitored
- 2.6. The Committee carried out evidence gathering at its meeting on 12 November 2014, where the Committee received a report from officers, notes of a meeting held on 23 October 2014 with young people involved in the HeadStart Steering Group and evidence from Frankie Sulke (Executive Director for Children & Young People), Warwick Tomsett (Head of Targeted Services and Joint Commissioning), Caroline Hirst (Commissioner, Children & Young People), Mick Atkinson (Head of Commissioning, Place2Be), Wendy Geraghty (Lead Clinician, Lewisham Children and Adolescent Mental Health Service) and Ruth Hutt (Public Health Consultant). Further written evidence on CAMHS waiting times and performance benchmarking, timescales for stages two and three of the HeadStart programme and plans if Lewisham is unsuccessful in the final stage of the bidding process was provided at the 15 December 2014 meeting.
- 2.7. The Committee concluded its review and agreed its recommendations on 15 December 2014.

3. The need for Mental Health Services within Lewisham

- 3.1. It has been shown that 1 in 10 children and young people aged 5-16 years suffer from a diagnosable mental health disorder³, which equates to around three children in every school class. The most common problems are conduct disorders and emotional disorders (anxiety and depression). The Committee were keen to emphasise that while attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders can increased the vulnerability of people to mental health issues, they are not in themselves mental health disorders.
- 3.2. In Lewisham, 8.4% of young people aged 5-16 have a diagnosed conduct disorder and 5.6% of young people of the same age have a diagnosed emotional disorder⁴. These levels are comparable with other London boroughs with similar Index of Multiple Deprivation scores. Assuming a national prevalence of 7%, Lewisham has 1,302 young people aged 11-16 who self-harm⁵.
- 3.3. According to a public mental health overview conducted by UCL Partners in 2013⁶ the impacts of mental disorder are far reaching and can include:
 - Increasing the risk of suicide and self-harm
 - Engaging in health risk behaviour (such as smoking, alcohol abuse, drug taking)
 - Physical ill health
 - Poor educational outcomes
 - Unemployment
 - Antisocial behaviour and offending
 - Poor social skills.
- 3.4. Research has shown that mental health problems in children and young people can be long-lasting. It is known that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age of 24⁷.
- 3.5. There are recognised risk factors for developing mental health problems, many of which are more prevalent in Lewisham's population than in other areas. This means that in Lewisham there will be greater numbers of children and young people with diagnosable mental health problems and with low levels of wellbeing/resilience putting them at risk of developing problems in the future. These factors include:
 - Living in poverty - 30.5% of under 16s live in poverty compared to 20.6% nationally and 26.5% in London. Similar levels are found in our

³ Green, H., McGinnity, A., Meltzer, H., et al. (2005). [Mental health of children and young people in Great Britain 2004](#). London: Palgrave.

⁴ Campion & Fitch, 2012

⁵ Green et al, 2005

⁶ UCL Partners: Public mental health overview. October 2013

⁷ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE: Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry 2005; 62:593-602

neighbouring boroughs, 31.6% and 30.7% in Lambeth and Southwark respectively.

- Being a child looked after by a local authority - 77 children in every 10,000 are looked after; compared to 60 nationally and 55 in London.
- Living in non-secure accommodation - 4.7 in every 1,000 households are homeless households with dependent children or pregnant women compared to 3.6 in London and 1.7 nationally.
- Being exposed to trauma - 555 children in Lewisham were identified as being exposed to high risk domestic violence in the home in 2013-2014, with up to a third of all children in the borough exposed to any domestic violence. The rates in London are known to be higher than other parts of the country.
- Having parents who experience mental health and/or substance misuse issues. These levels are likely to be higher in Lewisham compared to the average in London and England. For example, 1.24% of people on Lewisham GP registers have a serious mental health disorder compared to 0.84% in England as a whole and 1.03% in London. In every 1,000 people in Lewisham, 12.4 are opiate or crack cocaine users compared to 8.4 nationally and 9.55 in London.
- Being involved in crime – 811.8 per 100,000 10-17 year olds receive a first reprimand, warning or conviction in Lewisham, compared to 458 in London and 511 in England as a whole.

3.6. Other young people at risk include:

- Young carers
- Those from a family affected by learning disability
- Families known to the criminal justice system
- Those with a physical illness/disability or learning disability
- Lesbian, Gay, Bisexual and Trans-sexual young people

3.7. The wide reaching implications of mental health problems and the costs involved highlight the importance of work to improve mental health across the population. Working with young people is an opportunity to focus on the prevention of mental ill health where possible and to develop targeted interventions to limit the negative impacts of mental health disorder.

3.8. During the meeting with young people involved in the HeadStart Steering Group, the young people highlighted that there is a general lack of education about mental health, both amongst young people specifically and people generally. Due to the lack of awareness of mental health, people are unable to properly understand and therefore address issues, as they arise. Previously, members of the group were not as aware of mental health issues as they are now, so did not understand its seriousness. The group acknowledged that they may not have been as compassionate with people due to this lack of understanding, which emphasised the need for more information and knowledge. The young people also highlighted that parents and/or carers may not understand their child's situation and have less knowledge about mental health issues.

- 3.9. The group talked in detail about school stress, including the pressure on young people about exams, grades and the pressure to do well. This is an area identified by the Young Minds charity as part of their "YoungMinds Vs" campaign, which also identifies sexual pressures, bullying, unemployment and lack of access to counselling as top issues affecting young people around mental health. The group observed that sometimes it can feel as if school is all that matters and that grades are the most important thing. However the association with failure if people don't get good grades can have a longer term impact. The group's experiences, for example being involved in the HeadStart project and being involved in running for Young Mayor, showed that achievement is not limited to school and that when young people move on to further education the emphasis changes, and the stress is more about broadening horizons and young people are then told that exam results alone won't get you into a university, you need a good personal statement.

Recommendation:

[insert recommendation here]

4. Provision of Children and Adolescent Mental Health Services (CAMHS) (Tier 3 and 4)

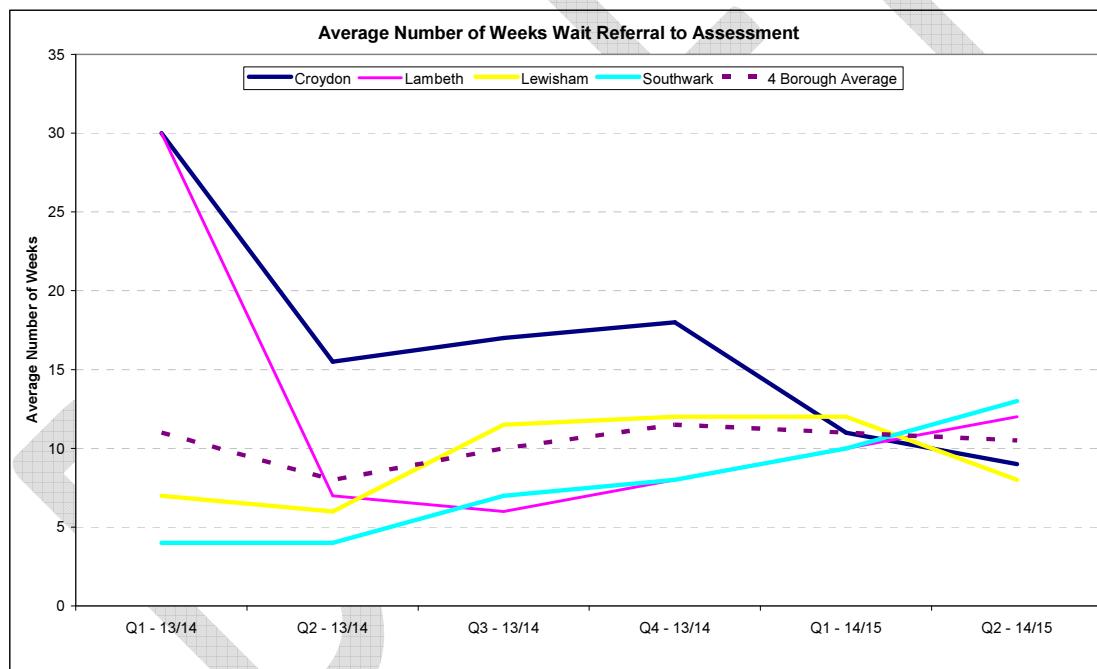
- 4.1. Mental health services in Lewisham are divided into four tiers, reflecting the different levels of need of those receiving services. Historically, most service provision in Lewisham has been focused on highly specialised mental health services with less universal mental health promotion provision (although pockets of good practice do exist across the borough). This has been a deliberate decision based on allocating more resources towards those most in need. Children and Adolescent Mental Health Services (CAMHS) services are limited and young people access services if they go past certain thresholds for risk and need. Young people will be directed to other services if they don't cross the threshold for CAMHS.
- 4.2. CAMHS are commissioned within the context of National CAMHS policy, which include the Children and Young People's Health Outcomes Forum Report (2012); No Health Without Mental Health; An All Age Strategy (2011); Achieving Equity and Excellence for Children (2010); and The National Service Framework for Children, Young People and Maternity: The Mental Health and Psychological Well-being of Children and Young People (2004).
- 4.3. Commissioned services operate in compliance with the legislative frameworks of the Children Act 2004 and the Mental Health Act 1983, as amended by the Mental Health Act 2007. Care should be informed by evidence based practice including National Institute for Health and Care Excellence (NICE) and other best practice guidelines.
- 4.4. Lewisham Community Children's and Adolescent's Mental Health Services are commissioned by both NHS Lewisham Clinical Commissioning Group (CCG) and the London Borough of Lewisham (LBL). Services are provided by South London and Maudsley NHS Foundation Trust (SLaM) who provide support to Lewisham children/young people requiring assessment and treatment/support for emotional needs and mental health conditions, primarily at tiers 3 and 4. The Children and Young People's Joint Commissioning Team is responsible for contract monitoring and service planning arrangements on behalf of the CCG and the Local Authority, for the commissioned CAMHS service and for the non-statutory tier 2 provision outlined in this section.
- 4.5. Tier 4 provision includes highly specialised outpatient and inpatient units. South London and Maudsley (SLaM) NHS Foundation Trust are commissioned through a cost and volume contract to provide Lewisham patients with tier 4 outpatient and inpatient services through the SLaM national and specialist services. A small number of tier 4 outpatient services, all intensive day and inpatient care services are commissioned via NHS England. Non-contracted providers of Psychiatric Intensive Care Units (PICU) can be used where patients require more specialist provision.
- 4.6. In 2013/14 the average number of young people in a SLaM inpatient ward at any one time was 5.5, which resulted in total to 557 occupied bed days over the same timeframe. The most recent data available refers to Quarter 2

2014/15 and reveals that there were 8 CAMHS patients admitted to a SLaM inpatient unit during this three month period.

- 4.7. Performance data indicates that during 2011/12 and 2012/13, 1.01% of all young people from Lewisham were referred for inpatient care. Across other SLaM boroughs i.e. Lambeth, Southwark, Lewisham, Croydon, Bexley, Bromley, Greenwich, Kent and Medway the range over the same period was 1.01% to 3.06%. This indicates that Lewisham CAMHS are ably managing mentally unwell young people in the community and are making relatively low numbers of referrals for inpatient care, especially when compared to other local areas.
- 4.8. Tier 3 provision refers to specialised multi-disciplinary services, set up to respond to more severe, complex or persistent disorders. SLaM provides a range of tier 3 provision through a number of community teams including: SYMBOL (for Looked after Children); Lewisham Young People's Service (for young people with emerging psychosis); Neuro-Development (for learning difficulties); ARTS (for young people with a mental health disorder and a history of criminal offending); and East/West Generic teams. Commissioners have also given agreement for SLaM to expand the OASIS service, an outreach service for people (14-35 yrs old) at risk of developing psychosis, to cover Lewisham.
- 4.9. In total 1,396 children and young people were referred to the Lewisham CAMHS service in the financial year 2013/14, with 1,052 of these referrals being accepted. This equated to a 75.4% acceptance rate of all referrals, with almost one in four referrals to the service not meeting the referral threshold. The average number of patients seen across the four quarters of 2013/14 was 862. The actual number of children and young people accessing services from some of these teams can be relatively small; hence there can be fluctuations between quarters regarding waiting times for these groups. Evidence heard at the meeting on 12 November highlighted that suicide amongst young people is rare in Lewisham. Self-harm is increasing and more common than suicide, whilst the suicide rate itself is static. No children have committed suicide in Lewisham since 2001.
- 4.10. Functional Family Therapy (FFT) is an evidence-based family therapy intervention which is targeted at families who have a young person engaging in persistent anti-social behaviour, youth offending and/or substance misuse. The Lewisham Mayor and Cabinet have given agreement for this provision to be implemented. The FFT programme will be positioned at the 'specialist' level and will work with approximately 40-60 families per annum. The service is due to commence in March 2015.
- 4.11. During the meeting with young people involved in the HeadStart Steering Group, it was highlighted that the priority basis for services can sometimes be unhelpful. Due to current thresholds, help is limited to those with serious conditions and when the situation has reached crisis point, such as suicide attempt or serious illness. This can mean that prevention work to stop mental health issues becoming more serious could be missed. Young people present

at the focus group had mixed experiences with existing services, some good and some bad. They felt that there is a need for lower level support through the school transition period while waiting to access CAMHS services. This could be access to a mentor or an equivalent to help in the meantime.

- 4.12. Evidence from the young people on the HeadStart Steering Group emphasised that mental health issues can flare up and then go away. Long wait times for services can mean that by the time they are seen by CAMHS young people may not still have an acute problem, which can result in removal from the waiting list so do not then access CAMHS. Work will be undertaken by commissioners with CAMHS to review re-referral rates.
- 4.13. Waiting times for CAMHS may vary from quarter to quarter. Lewisham experienced low average referral to assessment waits in the first half of 13/14, similar to that of Southwark. This peaked for Lewisham between December 2013 and March 2014, however waits have remained consistently under 12 weeks and are currently down to an average 8 week wait in September 2014, lower than any of the other SE sector boroughs.



2a) Graph detailing CAMHS referral to assessment waiting times across the four SE sector boroughs

- 4.14. The four South East sector boroughs meet with SLaM quarterly to discuss good practice, areas of concern and development. Performance review processes are in place under the quarterly contract monitoring cycle, commissioners review performance monitoring reports and raise any queries via exception reports.
- 4.15. Lewisham CAMHS have recently implemented a telephone triage system for new referrals, which serves multiple purposes, such as identification of gaps in case history and prioritisation / allocation of cases. Furthermore, formal and informal processes are in place, to support partnership discussions

between CAMHS, Children's Social Care and commissioners, to ensure that issues are addressed in a timely and responsive manner.

- 4.16. Evidence from the young people on the HeadStart Steering Group emphasised that mental health issues can flare up and then go away and is not always a permanent thing. Long wait times for services can mean that by the time they are seen by CAMHS young people may not still have an acute problem or could mean be removed from the waiting list so do not then access CAMHS.

Recommendation:

[insert recommendation here]

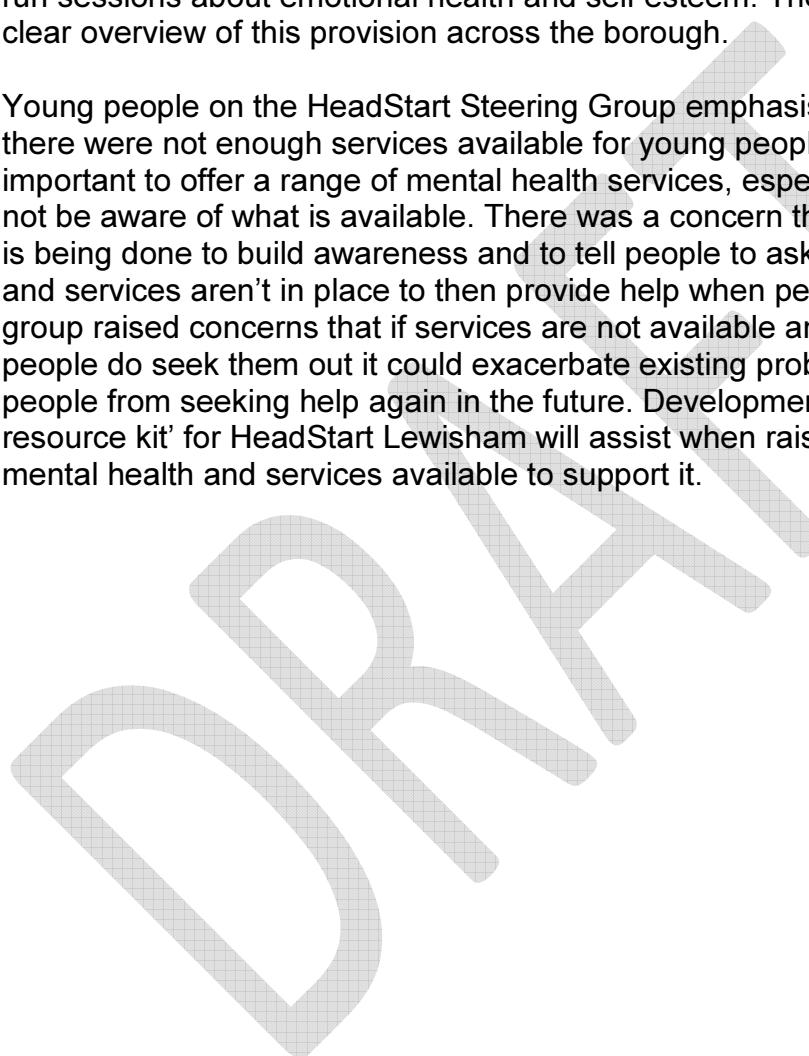


5. Existing Universal and Targeted provision (Tier 1 and 2)

- 5.1. Tier 2 provision is non-statutory provision that can be provided by professional groups which relate to each other through a network rather than a team. This can take place in schools or other community settings such as GP surgeries or youth centres. In Lewisham the majority of mental health provision is commissioned at a specialist or statutory level, but the evidence supplied highlighted examples of good practice operating at a universal or targeted level within the borough.
- 5.2. One example was that of Place2Be (P2B), a national charity who provide a school based counselling service, offering 1:1 appointments, group sessions and open access drop in sessions. This is supported by a comprehensive training and consultative support programme for school staff. This service is currently available in ten schools (2 secondary and 8 primary) across the borough and is commissioned through a tapered funding approach, between the Local Authority and Schools.
- 5.3. Since April 2013, P2B have supported in excess of 800 pupils, with 90 children and young people having accessed 1:1 counselling sessions. Over 300 1:1 counselling sessions and approximately 500 group sessions have been delivered. In addition to this, over 500 Lewisham based professionals have benefited from P2B well-being training. Sessions have included: solution focused techniques; supporting children's emotional well-being; and understanding attachment. P2B has a robust evidence base, as part of their national evaluation, consistent improvements in the children accessing their services have been reported by teachers, parents/carers and children. As part of the evidence session on 12 November, Mick Atkinson of P2B highlighted that they help lots of young people that would never meet the threshold to access CAMHS. The benefit of their approach is that they can build resilience for young people to carry into young adulthood. Issues can be identified early, so young people can get through times of difficulty such as: primary to secondary transition; exam stress; and family crises.
- 5.4. P2B have estimated that for every £1 spent on their counselling support services £6 is saved on other provision included those associated with social care services, welfare benefits and the criminal justice system. Information provided by Mick Atkinson at the evidence session indicated that the cost/benefit analysis is done on a national basis and is a conservative estimate, so it would be very difficult to work out a cost/benefit figure solely for Lewisham.
- 5.5. Another new approach is that of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT), a Department of Health service transformation programme. Lewisham partners include CAMHS, Pre-School Learning Alliance (PSLA) and P2B. As part of this programme, three key principles are being adopted: collaborative working and participation; routine outcome monitoring; and evidence based practice. CYP IAPT includes delivery of psychological therapies and training for people working with children and young people outside of health settings. It focuses on

extending training to staff and service managers in CAMHS, embedding evidence based practice across services. To date over 50 additional young people have received cognitive behaviour therapy for anxiety and depression with parent/carers benefiting from parenting support, where their child has a behaviour/conduct disorder. Early findings have shown that families have welcomed support in these areas.

- 5.6. Tier 1 provision is primary or universal care, offered by professionals working in universal settings, such as teachers, school nurses and GPs. For example, schools may as part of their personal, social and health education curriculum run sessions about emotional health and self esteem. There is currently no clear overview of this provision across the borough.
- 5.7. Young people on the HeadStart Steering Group emphasised that they felt there were not enough services available for young people and that it was important to offer a range of mental health services, especially as they may not be aware of what is available. There was a concern that even though work is being done to build awareness and to tell people to ask for help, the support and services aren't in place to then provide help when people look for it. The group raised concerns that if services are not available and accessible when people do seek them out it could exacerbate existing problems or discourage people from seeking help again in the future. Development of the 'online resource kit' for HeadStart Lewisham will assist when raising awareness of mental health and services available to support it.



Recommendation:

[insert recommendation here]

6. HeadStart Lewisham

Background to the HeadStart Programme

- 6.1. In 2013 Lewisham was approached by the Big Lottery Fund as one of twelve areas in the country to consider how best to improve resilience and wellbeing in young people aged 10 – 14 years through the ‘Fulfilling Lives: HeadStart Programme’. In July 2014, Lewisham was informed of its success when securing £500,000 which would be used to develop universal and targeted mental and emotional well-being provision. Lewisham has the opportunity in 2015, to bid for a further £10 million from the Big Lottery Fund, to further develop this work and create ‘whole-system change’.
- 6.2. The HeadStart programme aims to equip young people to cope better with difficult circumstances in their lives, so as to prevent them experiencing common mental health problems before they become serious issues. This is called emotional resilience, and is an opportunity for young people to negotiate for and navigate their own way to resources that sustain their mental health. Evidence suggests that accessing those with low level symptoms and diagnosable problems through universal or whole group activity delivers better outcomes for the most vulnerable.⁸ The HeadStart programme is aimed at a universal, targeted (those at risk of low levels of resilience) and intensive (those at risk of developing mental health problems) levels. The overall stated aim of HeadStart is:

‘to better equip young people to prevent the initial occurrence of mental health problems, and to build the evidence for service redesign and investment in prevention’

- 6.3. The programme is led by the London Borough of Lewisham on behalf of a wider partnership which includes NHS services, schools, young people, the Metropolitan Police and the voluntary and community sector.
- 6.4. HeadStart provides an opportunity to expand and develop the universal and targeted offer, whilst working with existing provision and aligning with the wider partnership strategy to ensure that services intervene at the earliest point. Work is being undertaken throughout the period of the programme to engage those statutory and voluntary sector providers who are not directly funded by HeadStart to become part of a wider HeadStart community aiming to achieve the same outcomes. This will also ensure that HeadStart provision becomes embedded as part of the local delivery offer.
- 6.5. Extensive consultation has been undertaken with a wide cross section of stakeholders including young people, parents/carers and professionals to develop the HeadStart Lewisham programme. A major area of focus was consultation with young people. This included establishment of a Young People’s Steering Group which worked with the Partnership Steering Group to develop the programme. As part of the evidence gathering for the review,

⁸ <http://www.biglotteryfund.org.uk/headstart>

members of the Committee met with some of the young people involved in the HeadStart Steering Group in order to find out what they thought of the project and to find out about what they thought about mental health issues. Evidence from this meeting is included within the review report.

6.6. The key issues identified include:

- the transition between primary and secondary school as a time of emotional difficulty
- peer support for parents/carers
- training/supporting frontline workers rather than bringing in external agencies
- the varying provision of counselling support
- bullying (including cyber)
- school and peer pressures
- a lack of a good source of local information and resources

6.7. Four local outcomes for HeadStart Lewisham have been developed as a response to these findings:

- improved resilience
- increased school attainment and integration with the community
- improved emotional literacy
- preventing needs escalating for those most at risk

What the HeadStart programme will deliver

6.8. The HeadStart Lewisham programme will deliver provision at universal, targeted and intensive levels in schools, the community, in the home and online, which directly responds to the findings of the consultation. In addition, the Big Lottery Fund have asked that the selected areas take a 'test and learn' approach.

6.9. Over the last three months the HeadStart partnership have been specifying and procuring a range of projects. Contract award and implementation will continue through to the end of the year and will be followed by a robust evaluation process. Services being delivered in Lewisham include some that have been tried in other parts of the country, but will also trial new ideas. HeadStart is aiming to complement existing specialist service provision by providing skills in the community to recognise and refer young people when appropriate and also prevent escalation of needs which would require specialist support.

6.10. The programme over the next twelve months will include the following projects:

- Implementing the 'Transition Curriculum'. This has been developed by local schools across two Lewisham school collaboratives and will focus on improving young people's resilience, well-being and achievement. The schools will receive consultancy support from Young Minds, the UK's

leading charity for children and young people's mental health, who will undertake a needs assessment at each school and develop a bespoke programme of work. This could include training of staff; implementation of support packages to families; delivery of well-being programmes to young people; and wider system change.

- Improving access to counselling support for young people and their families. This includes extending the Place2Be face-to-face counselling provision for young people and parents/carers to an additional five secondary schools. The programme also includes online counselling for four secondary schools and to those out of school, supported by a peer mentoring programme and is the first time that such an online resource will be available in Lewisham.
- developing an online resource kit which will bring together national and local resources to support young people who are facing difficulties regarding their wellbeing or who are concerned about a peer and for parents/carers and professionals who are concerned about a young person.
- developing a varied creative arts programme, which includes youth-led film development. It is anticipated that targeted groups such as looked after children, children with disabilities and young carers will benefit from this provision via a range of community settings.
- administering an innovation fund to fund local organisations to pilot new ideas to achieve the HeadStart outcomes.
- the established 'Young Person' steering group has been provided with a budget to deliver a number of 'youth led events' and have been allocated additional funds to design and commission community projects to build resilience, in partnership with local young people.

- 6.11. The funding allocation from Big Lottery is £500,000, but through the procurement phase we have managed to secure in excess of £200,000 in matchfunding, through schools, public health and the voluntary and community sector.
- 6.12. Over the next six months Lewisham will be developing a number of other approaches, when embedding learning from the phase two stage, this will include: development of a timebank of knowledge and expertise across schools; written documentation of clear delivery models across the voluntary sector; formation of learning resource kits and development of future commissioning strategies.
- 6.13. There are two cross-cutting themes spanning across the stage two delivery phase. The first is the use of digital technology as a means of raising awareness about emotional well-being and resilience and of new and existing services. The 10-14 age group are "digital natives" and using technology is key to meeting the partnership's outcomes. The online resource kit is currently under development and will be tendered in the new year. The Lewisham Council's Corporate Communications team have developed a HeadStart page for the Lewisham website and are providing support ongoing support when raising awareness of this work. Evidence from the Young People's Steering Group highlighted that while online access is useful, it is

important to not rely solely on new technology and the internet to access and deliver services. Face to face interaction is still extremely valuable, especially during initial contact and if an individual is discussing or reopening up about a very sensitive problem. The young people also recognised that there can be extremes in online interaction and that there are good and bad sides to online participation. Education about using online services and accessing information should emphasise selectiveness and being able to recognise the differences in information.

- 6.14. The second crosscutting theme is the engagement of young people in both developing the strategic direction of the programme and the stage 3 bid and in shaping and evaluating the delivery of HeadStart projects. The Young Person's Steering Group will continue to be part of the strategic decision making process and part of the service specification for each of the HeadStart projects is a mandated need for co-production and the involvement of young people in the monitoring and evaluation of the project, at a minimum including satisfaction surveys and focus groups. The 'youth-led' events and the commissioning fund also enable young people to directly commission and shape services. Members of the Young People's Steering Group were positive about the project, highlighting that the make-up of the steering group is reflective of young people in Lewisham and that people are passionate about mental health in the borough. Members of the steering group felt they had been very involved, including talking to other young people about the project at events and at schools as well as formulating ideas on how to spend some of the funding available via the HeadStart programme.
- 6.15. As part of the evidence session officers highlighted that strength of Lewisham's HeadStart bid is the high level of CAMHS integration, which is not present in other places

The role of schools

- 6.16. One of the key concerns for the Young People's Steering Group was the role of schools within the mental health of young people. As mentioned earlier in the report, the group highlighted school stress, such as the pressure on young people about exams, grades and the pressure to do well. The Committee recognised that while schools may not directly or consciously contribute to this pressure, young people are aware of the environment they are in and the pressures that surround them around good performance and academic achievement. The group observed that pupils with the most obvious problems, for example those that are disruptive, get the most attention at school. However those that are struggling, but just about getting by, are then missed. If you need to see a teacher you may be ignored in favour of the ones who are causing trouble. The group felt that improved mental health awareness and training for staff within schools is useful, especially as young people may not always be comfortable going to a parent about some of their problems. However, schools should not be the sole focus for improving mental health as some young people will not be comfortable going to teachers or school staff.

6.17. Members of the Young People's Steering Group raised concerns over a perceived lack of confidentiality in school. For example, a young person could tell a teacher about a mental health issue they have been facing, but then it can be quite obvious that knowledge of their issue has been passed to a number of staff and this has now changed their relationships. The group felt that separating out classroom and personal problems could be useful for teachers. The Committee acknowledges that young people have expectations around confidentiality, but that a balance between privacy and proper safeguarding reporting and sharing of relevant information does need to be struck.

Monitoring of the HeadStart Programme

- 6.18. Evidence from officers indicates that HeadStart Lewisham will be subject to a robust monitoring and evaluation framework. This is to ensure that the impact of interventions can be measured and understood. There will be a local and national HeadStart evaluation with the phase two HeadStart programme nationally evaluated through the Anna Freud Centre, in partnership with UCL. This will include measuring outcomes in schools where interventions have taken place and working with providers to carry out a process evaluation. Learning taken from this phase can then be embedded in phase three.
- 6.19. Locally, Lewisham will be undertaking a validated well-being survey across the 8 – 16 year old population, to be conducted in the autumn 2014 and again the following year, with the aim of identifying any improved outcomes for this age group. Funded providers will be expected to provide monitoring and evaluation information on a monthly basis, including information about the number and demographics of people accessing the services and changes in wellbeing/resilience for those accessing the services using a validated tool.
- 6.20. This information will support the overarching HeadStart Lewisham outcomes., which will be supported by a set of indicators, measuring impact on Lewisham wide objectives. These include increasing educational attainment, attendance at school and engagement with out of school activities. It is expected that intervention at the younger end of the HeadStart age group could prevent the development of mental health disorders in childhood, however, this will be tempered by the impacts of increasing awareness both in young people, parents/carers and professionals of the signs of mental health disorders, which is likely to result in an increase in referrals to CAMHs. The overarching aim of the programme is to prevent the development of mental health problems throughout the life course, and therefore impacts are likely to be seen over the very long term in reductions in the use of adult mental health services.
- 6.21. Both the local and national monitoring and evaluation findings will be used to inform the application for further funding from the Big Lottery, which is due in autumn 2015. Providers will also be expected to engage with service users with regards to access and support.

Next steps for the HeadStart Programme

- 6.22. In January 2015 Big Lottery will be consulting the twelve HeadStart areas with regards to the Stage Three submission. Both the local and national monitoring and evaluation findings will be used to inform the application for further funding from the Big Lottery, which is due in autumn 2015.



This page is intentionally left blank

Children and Young People Select Committee			
Title	Young People's Mental Health Provision	Item No	5
Contributors	Executive Director CYP, Head of Service - Targeted Services and Joint Commissioning, Joint Commissioner CYP, Consultant in Public Health		
Class	Additional Information	Date	December 2014

1. Summary

- 1.1. Following the recent rapid review of 'young people's mental health' provision during autumn 2014, the following queries were raised for follow up: -
 - CAMHS waiting times and performance benchmarking
 - Timescales for stages two and three of the HeadStart programme
 - Our plans if we are unsuccessful in the final stage of the bidding process

2. CAMHS Waiting times and Benchmarking

- 2.1 Lewisham Community Children's and Adolescent's Mental Health Services are commissioned jointly by NHS Lewisham Clinical Commissioning Group (CCG) and the London Borough of Lewisham (LBL). Services are provided by South London and Maudsley NHS Foundation Trust (SLaM) who provide support to Lewisham children/young people requiring assessment and treatment/support for emotional needs and mental health conditions, primarily at tiers 3 and 4. The Children and Young People's Joint Commissioning Team is responsible for contract monitoring and service planning arrangements on behalf of the CCG and the Local Authority, for this service.
- 2.2 At the CYP Select Committee on 12 November 2014, members requested more detailed evidence of current CAMHS referral to assessment waiting times. As a response to this, quarterly datasets have been analysed over the last 18 months, demonstrating how Lewisham waiting times compare to that of Croydon, Lambeth and Southwark. Findings have been presented in table and graph form, see Appendix 1.
- 2.3 Findings illustrate that waiting times may vary from quarter to quarter. Lewisham experienced low average referral to assessment waits in the first half of 13/14, similar to that of Southwark. This peaked for Lewisham between December 2013 and March 2014, however waits have remained consistently under 12 weeks and are currently down to an average 8 week wait in September 2014, lower than any of the other SE sector boroughs.
- 2.4 The four South East sector boroughs meet with SLaM quarterly to discuss good practice, areas of concern and development. At the next meeting in December, we intend to review benchmarking data in detail, to further analyse reasons for fluctuation. Performance review processes are in place under the quarterly contract monitoring cycle, commissioners review performance monitoring reports and raise any queries via exception reports.
- 2.5 We have a number of processes in place to support good communication and general practice. Lewisham CAMHS have recently implemented a telephone triage system for new referrals, which serves multiple purposes, such as identification of gaps in case history and prioritisation / allocation of cases. Furthermore, formal and informal

processes are in place, to support partnership discussions between CAMHS, Children's Social Care and commissioners, to ensure that issues are addressed in a timely and responsive manner.

3. Timescales for Stage Two and Stage Three of the HeadStart Lewisham Programme

- 3.1 In 2013 Lewisham was approached by the Big Lottery Fund as one of twelve areas in the country to consider how best to improve resilience and well-being in young people aged 10 – 14 years through the 'Fulfilling Lives: HeadStart Programme'. In July 2014, Lewisham was informed of its success when securing £500,000 which would be used to develop universal and targeted mental and emotional well-being provision. Lewisham has the opportunity in 2015, to bid for a further £10 million from the Big Lottery Fund, to further develop this work and create 'whole-system change'.
- 3.2 As part of the consultation process four local outcomes for HeadStart Lewisham have been developed as a response to stakeholder consultation:
 - improved resilience
 - increased school attainment and integration with the community
 - improved emotional literacy
 - preventing needs escalating for those most at risk
- 3.3 Over the last three months the HeadStart partnership have been specifying and procuring a range of projects. Contract award and implementation will continue through to the end of the year and will be followed by a robust evaluation process. Over the next twelve months the following interventions will be implemented, as part of stage two 'test and learn' phase: -
 - *implementing the 'Transition Curriculum'*
 - *improving access to counselling support – school based and online*
 - *developing an online resource kit*
 - *developing a varied creative arts programme, including youth-led film*
 - *administering an innovation fund*
 - *delivery of 'youth led events' and allocation of youth-led commissioning*
- 3.4 As part of this tender round measures have been taken to build in better sustainability within each area. Over £200,000 has been secured in match funding. Over the next six months we will be developing: a timebank of knowledge and expertise across schools; clear delivery models; learning resource kits; and funding strategies.
- 3.5 Young people continue to have direct influence over the strategic vision for HeadStart Lewisham. The young person's steering group have a strategic responsibility when consulting with children and young people across the borough regarding matters affecting emotional well-being. Findings will feed into the 'young person's' commissioning budget. Furthermore, alongside digital tools such as the online resource kit, the youth led film and the online counselling service, the 'youth led' events will serve an important role when improving emotional literacy across this target age group.
- 3.6 In January 2015 Big Lottery will be consulting with the twelve HeadStart areas, within regards to the Stage Three submission. Areas have been informed that the revised deadline will be no earlier than September 2015.

4. HeadStart Lewisham Legacy

- 4.1 Through the ‘test and learn’ phase, Lewisham will learn about the key components that would build resilience with 10 – 14 year olds, to better cope with adversity.
- 4.2 A range of individual projects will be developed, implemented and evaluated over an eighteen month period, which will result in the production of a key set of resources and information, which can be shared amongst services across the borough and more widely. More detail has been given regarding the legacy of individual projects in Appendix Two of this report.
- 4.3 Commissioned services through HeadStart Lewisham will be subject to a robust monitoring and evaluation framework during this phase. The well-being survey will also go a long way to support evidence of impact and alongside individual project evaluation will build up a strong evidence base which will inform future commissioning intentions.
- 4.4 HeadStart has given additional capacity and expertise when helping partners build a stronger and more informed tier 2 offer. Knowledge of and access to existing provision will be strengthened, as professionals, parents/carers and young people will feel better able to identify well-being issues as they arise. Young people will have access to a range of tools and approaches to support them.
- 4.5 We will continue to collaborate across the partnership when embedding an approach that focuses on building resilience through the ‘five ways’ to well-being. This will further inform a number of borough-wide strategies including: Health and Well-Being; CAMHS; and the Children and Young People’s Plan.

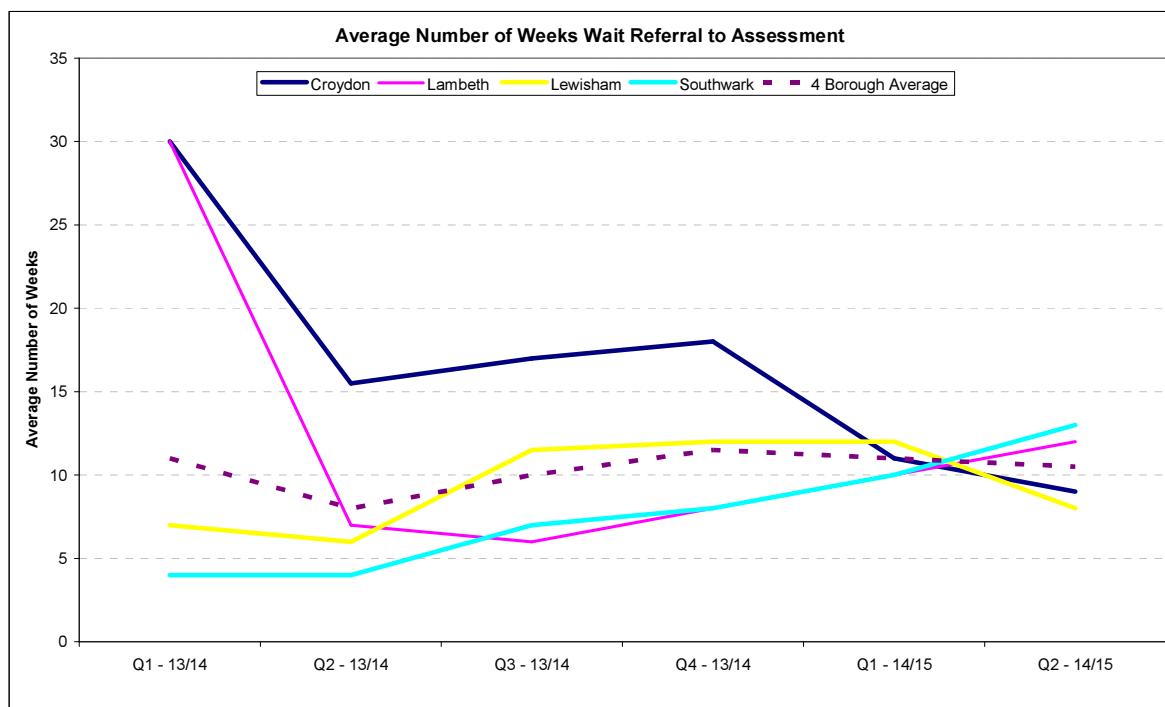
For further information please contact Caroline Hirst, Joint Commissioner, Children and Young People’s Directorate on 020 8314 3368 or email caroline.hirst@lewisham.gov.uk

Appendix One - Child and Adolescent Mental Health Services (CAMHS) Waiting Times

- 1a) Table detailing CAMHS referral to assessment waiting times across the four SE sector boroughs

Boroughs	Q1	Q2	Q3	Q4	Q1	Q2	Average wait across 18 mth period
Croydon	30	15.5	17	18	11	9	17
Lambeth	4	7	6	8	10	12	8
Lewisham	7	6	11.5	12	12	8	9
Southwark	4	4	7	8	10	13	8
4 Borough average	11	8	10	11.5	11	10.5	10

- 2a) Graph detailing CAMHS referral to assessment waiting times across the four SE sector boroughs



Appendix Two

As part of the stage two ‘test and learn’ phase resource has been allocated to:

- further expand our ‘**school-based’ counselling** offer through the national charity Place2Be, this has been enhanced by a parent counsellor service. Over the next twelve months we will be working with P2B to further evaluate the service and evidence long-term impact, stating the case for further investment from schools. In partnership with P2B and schools, the local authority has adopted a tapered funding approach. Wherever possible, schools will mainstream provision beyond HeadStart funding.
- pilot an ‘**on-line’ counselling service** for young people, this is something new to Lewisham, but responds to findings of the consultation in terms of offering a range of counselling provision in the borough. As part of this service, young people in schools will be trained to be peer mentor / ambassadors, another source of advice/support for younger children facing challenges.
- implement the ‘**transition curriculum**’ which will operate with a ‘communities of practice’ model and will test what works and why. Through this process we will offer support to schools when developing a framework for ‘school system’ thinking. Areas of good practice, including knowledge and expertise, will be shared across the borough, as part of a ‘timebank’ approach.
- produce a ‘**youth-led’ film**, which will be developed by local young people, in partnership with parents/carers and professionals. This footage will be used as a tool to support and facilitate discussions regarding issues affecting a young person’s emotional well-being. The film will be complimented by a comprehensive ‘e-learning’ tool, which can be used by professionals working in a range of settings, such as youth centres, schools, parent/carer support groups etc.
- develop an **online resource kit**, which will offer a sustainable resource for all stakeholders in Lewisham promoting positive information and practical tools and resources on building resilience and emotional literacy for parents/carers, children, schools and professionals.
- administer an **Innovation Fund** (currently out to tender), will give a minimum of two local voluntary and community groups, the opportunity to evaluate work associated with HeadStart, which will be used to further evidence the case for system change.
- roll out a varied **creative arts programme**, which will work with a number of targeted groups. Evidence will be gathered over the given timeframe, to demonstrate how individual providers work with the statutory sector when delivering high quality and outcome based provision when improving emotional health and resilience within the target age group.

This page is intentionally left blank