

<b>Children and Young People Select Committee</b>			
<b>Report Title</b>	Child and Adolescent Mental Health (CAMHS) Referral to Treatment Waiting Times		
<b>Ward</b>	All	Item No.	4
<b>Contributors</b>	Executive Director, Children and Young People's Services; Service Manager, CYP Joint Commissioning; Joint Commissioner for CYP Mental Health and Emotional Wellbeing		
<b>Class</b>	Part 1	Date:	24 January 2019

## 1. PURPOSE

- 1.1 This report provides the Children and Young People's CYP Select Committee with an update in the light of concerns about the number of children waiting for 52 weeks or more for a CAMHS service in Lewisham.
- 1.2 The term '52 week wait' refers to children that are eligible for a community CAMHS service but have waited 52 weeks or more for an assessment (referral to assessment).
- 1.3 The report also presents the findings of Councillor Holland's review of children's mental health provision, commissioned by the Lead Cabinet Member for CYP. This covers the area of children's mental health in a broader and more strategic way. This gives CYP Select Committee the opportunity to comment on the review ahead of consideration by the Lead Member and Mayor and Cabinet.

## 2. SUMMARY

- 2.1 This report aims to provide an overview of the current position on waiting times, alongside financial and performance benchmarking. Reasons for the current position have been highlighted, along with an outline of current and future actions to be taken to address this.
- 2.2 In the Summer 2018, Councillor Holland was asked by the Cabinet Member for School Performance and Children's services, to undertake a review of the extent to which the emotional and mental health needs of Lewisham's children and young people are being met and outline options for improvement. The full report can be found in **Appendix 3** and is presented for the Committee's comments.

### 3. RECOMMENDATIONS

- 3.1. The CYP Select Committee is asked to note and comment on this report and to use this as a basis for discussion, in particular with senior officers from SLaM.
- 3.2. The Select Committee is asked to discuss Councillor Holland's review on the mental health needs of children and young people in Lewisham (see **Appendix 3**), note that it has already informed the updated CAMHS Transformation Plan and will feed into other plans and reviews as set out in Paragraph 11 of this report as well as making comments on the report prior to its formal consideration.

### 4. NATIONAL POLICY CONTEXT

- 4.1 In March 2015, NHS England (NHSE) published 'Future In Mind' (FIM)<sup>1</sup> as part of a national drive to improve capacity and capability in the delivery of mental health services for children & young people. This report provides a broad set of recommendations across five key themes:
  - Promoting resilience, prevention and early intervention
  - Improving access to effective support – a system without tiers
  - Care for the most vulnerable (including children looked after, youth offending and SEND)
  - Accountability and transparency
  - Developing the workforce
- 4.2 Since 2015, the children's mental health agenda has continued to be a national area of focus. Additionally, the 2015 government committed to implementing the recommendations made in the 'Five Year Forward View for Mental Health'<sup>2</sup> (February 2016), which includes specific objectives to improve access to 'evidence based' treatment for children and young people by 2020/21. *Five Year Forward View* sets out an indicative trajectory to achieve the ambition that by 2020/21, 70,000 additional children and young people (CYP) will access community mental health services each year (increasing the percentage from 25% to 35%).
- 4.3 'Transforming children and young people's mental health provision: A 'Green Paper'', published in 2018, also focuses on mental health and emotional wellbeing in the context of schools. The provider should be aware of the national agenda and political emphasis on parental mental health, wellbeing and resilience, particularly in schools as that is where they will deliver<sup>3</sup>.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<sup>3</sup> <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

- 4.4 In 2015/16 CCGs were each asked to submit a local CAMHS Transformation Plans, to indicate how local areas would work together when delivering against the national agenda. Since the initial submission, CCGs must submit CAMHS Transformation Refresh documents annually, which detail progress made against key objectives including but not limited to: crisis care; eating disorders; and access to evidence based mental health provision. The latest plan can be found here:  
<https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Lewisham%20CAMHS%20Transformation%20Plan%202018.pdf>
- 4.5 Furthermore CCGs are required to submit quarterly CAMHS access data to NHSE, to demonstrate progress against national and local targets.

### **Local Policy Context**

- 4.6 Lewisham’s Children and Young People’s Mental Health & Emotional Wellbeing Strategy / Lewisham CAMHS Transformation Plan 2015-20<sup>4</sup> sets out our shared vision which has been developed in partnership with key stakeholders including children, young people and their families: -

***“Our children and young people will be emotionally resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. Those that require mental health support are able to access this, where and when they need it.***

***Our parents/carers and young people’s workforce will be equipped to identify and respond to low levels of emotional well-being amongst our young people.”***

- 4.7. The key priorities of our strategy are: -
- Create better, clearer and more responsive care pathways to enable improved access to appropriate services
  - Invest in evidence-based training and practice to ensure earlier identification and improved support
  - Embed resilient practice in community settings, where we will create a young person population that is better able to cope when faced with adversity
  - Increase awareness of mental health and emotional wellbeing and provide guidance regarding where to go for support
- 4.8 The Children and Young People Plan, CYPP, 2015-18 and the coming plan for 2018-21 recognise the value children and young people’s safety, health and resilience<sup>5</sup>.

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<sup>4</sup><https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Mental%20Health%20and%20Emotional%20Wellbeing%20Strategy%20for%20Children%20and%20Young%20People.pdf>

<sup>5</sup> <https://www.lewisham.gov.uk/myservices/socialcare/children/cypp/Pages/default.aspx>

- 4.9 The South-East London Sustainability & Transformation Plan ('Our Healthier South-East London') was developed collaboratively by local authorities, CCGs and providers<sup>6</sup>. It identifies five priorities to make the sub-regional health and care system sustainable in the short, medium and long-term:
- Developing consistent and high-quality community-based care (CBC) and prevention
  - Improving quality and reducing variation across both physical & mental health
  - Reducing cost through provider collaboration
  - Developing sustainable specialised services
  - Changing how we work together to deliver the transformation required
- 4.10 Improved children's mental health is a key priority for the STP, which has an associated work programme in place.

## 5 BACKGROUND

### CAMHS Overview

- 5.1. Lewisham CAMHS (excluding inpatient and some outpatient services) is commissioned by the CYP Joint Commissioning team on behalf of both NHS Lewisham CCG and Lewisham Council. Services are delivered by South London & Maudsley (SLAM) NHS Foundation Trust.
- 5.2. Specialist community CAMHS support is available to all children and young people up to the age of 18 (21 for care leavers) where significant mental health concerns have been identified. It is delivered through five core teams, in addition to the new crisis care team, which was formed in Spring 2016:
- **Horizon** – generic team covering the whole borough which supports young people who have significant mental health problems (providing a 'front door' for the wider CAMHS service)
  - **Adolescent Resource & Therapy Service (ARTS)** – supporting young people who have offended or are at risk of offending and have mental health problems
  - **Symbol** – supporting young people who have been in care or will remain in care for the foreseeable future
  - **Neurodevelopmental Team (NDT)** – supporting young people with a diagnosed moderate to severe learning disability and/or a complex neuro-developmental disorder e.g. autistic spectrum disorders
  - **Lewisham Young People's Service (LYPS)** – supporting young people with severe mental illness or acute problems, including psychosis, repeated self-harm, personality disorder and acute depression

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<sup>6</sup> Local authorities/CCGs (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark); providers (Guys & St Thomas' NHS Foundation Trust, King's College Hospital Foundation Trust, Lewisham & Greenwich NHS Trust, South London & Maudsley NHS Foundation Trust, Oxleas NHS Foundation Trust, Bromley Healthcare CIC and primary care organisations)

- **Crisis Care** – supporting children and young people experiencing crisis, including emotional, behavioral and mental health difficulties requiring urgent support.

## 6. THE CURRENT PERFORMANCE POSITION FOR WAITING TIMES

- 6.1. The Interim CAMHS Service Director, in a report to the SLaM Governing Body (December 2018) highlighted a large disparity between the number of reported '52 week wait' children in Lewisham CAMHS compared with the other SLaM CAMHS services in South East London (Lambeth, Southwark and Croydon)<sup>7</sup>. This data, at **Figure 1**, shows that Lewisham accounted for some 85% (n=96) of the total number of '52 week wait' children across Lambeth, Southwark, Lewisham and Croydon, in September 2018. Commissioners had not previously had access to this comparison data and we are working with SLaM to understand the current position.

**Figure 1: Quarterly data, Q2 2018, position for '52 week wait' in SLaM CAMHS service in South London.**

SLaM Boroughs	Numbers of CYP waiting more than 52 weeks for the first appointment
Croydon	5
Lambeth	11
Lewisham	96
Southwark	1

- 6.2. We believe that this is due to cumulative factors that are worsening month on month.
- 6.3. Variables do exist across the four SLaM boroughs in relation to population, funding levels, levels of prevalence and need, waiting list application, threshold management, and local service configuration. These variables make rigorous comparison of the data challenging.
- 6.4. Please see **Appendix 3** which provides NHSE prevalence data in relation to the number of children and young people with a 'potential' diagnosable mental health issue across borough in the SEL STP. Lewisham has the highest perceived prevalence across all six boroughs of the SEL STP.

## 7. THE CAUSE OF THE '52 WEEK WAIT'

- 7.1. Nationally, CAMHS services are experiencing challenges associated with staff recruitment and retention. Locally, CAMHS have experienced significant **workforce challenges** including a high rate of vacancy and sickness absence. The approximate number of current vacancies across Lewisham

<sup>7</sup> Interim CAMHS Service Director, Report to the SLaM Trust Board, 18 December 2018

CAMHS is 15.2 out of a total of circa 64 full time equivalent posts (including management and admin as well as clinical positions) – which equates to a 24% vacancy rate. A lot of these vacancies have been covered by temporary staff or people acting up into these positions. Vacancy rates in Oxleas NHS Foundation Trust boroughs (Bexley, Bromley and Greenwich) vary somewhat, in Greenwich this is 11% (against approximately 64 WTE posts), Bexley is 20% (against 51 WTE posts) and Bromley is 17% (against 37 WTE posts)<sup>8</sup>.

- 7.2. We anticipate that the Lewisham specific review of the Mental Health Pathway, which NHS England will conduct in January 2019, will help us understand some of the operational challenges within CAMHS. We have questions about management oversight, the lack of clean and reliable data and the processes and systems used by the service.
- 7.3. It does not appear from **Appendix 2** that a lack of investment is the cause for Lewisham's position as outliers in performance since spend through both the CCG and the council benchmarks well.
- 7.4. There are high levels of mental health need within Lewisham as well as a growing young population. 25% of Lewisham's total population comprised of children and young people aged 0-19 in June '18 compared to Lambeth (21%) and Southwark (23%). Lewisham also is one of the 20% most deprived local authorities in England. 4.7 in every 1,000 households in Lewisham, are homeless households with dependent children or pregnant women which compares to 3.6 in London and 1.7 nationally<sup>9</sup>. These factors will create a pressure on CAMHS services, though they do not explain the large disparity between the '52 week wait list' in Lewisham compared to Lambeth, Southwark, Lewisham and Croydon.

## **8. DATA CLEANSING AND SERVICE IMPROVEMENT**

- 8.1. In October 2018 a new Interim Service Manager was appointed in Lewisham CAMHS and she is working closely with colleagues to understand and address this concern.
- 8.2. On 13 December '18, Children Wellbeing Practitioners (CWPs) made contact 38 children on the '52 week wait' list for the generic team, which is a sub set of the broader list (n=139). They successfully made contact with 21 children and families on the list. Of note, 13 of these children required ADHD medication or assessment, 3 went onto the CWP caseload for early intervention and 3 were discharged as service not needed.
- 8.3. This process has highlighted that data is not necessarily accurate, therefore a data cleansing exercise is now underway.
- 8.4. CAMHS have agreed to reduce to zero the number of children on the '52 week wait' list, which is 139 (the latest position as per the Electronic Patient Record

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<sup>8</sup> Information reported by Oxleas CAMHS Service Director (Nov 18)

<sup>9</sup> Joint Strategic Needs Assessment (JSNA): Maternal Mental Health in Lewisham (2018)

System, shared with us by the Deputy Director for SLaM CAMHS, on 17.12.2018).

- 8.5. In order to meet this target, a minimum of nine additional children per week, from the '52 week wait' list, will be engaged in an appropriate form of assessment. Commissioners will receive weekly updates in order to track progress against this trajectory.
- 8.6. It should be noted that more intensive work on the referral to assessment pathway, with the current operational challenges, may mean that assessment to treatment waiting times will increase. Furthermore, an intensive focus on the '52 week wait' list will not address the needs of children and families at other points on the waiting list, whose needs may remain unmet. A separate piece of work is planned which will focus on other stages of the waiting list.
- 8.7. Evidence based group sessions will be reinstated in order to extend clinicians' reach and work across the waiting list spectrum.
- 8.8. As a response to the workforce concerns, measures are in place to recruit to vacant posts and to use locums when necessary but it is recognised that this is a costly and short term solution.
- 8.9. Staff service structures are being reviewed, in relation to demand and capacity management, as a matter of urgency. This is due to be released for staff consultation in early 2019. Alongside this a 'single point of referral' process is being developed to ensure efficiencies. Caseloads are also under review.
- 8.10. Commissioners have triggered a review of the Mental Health Pathway for children and young people, which has seen a positive response from the Clinical Lead and Service Manager. The review will be conducted by NHS England, in January 2019. NHS England will then present their recommendations to executive leaders in early February.
- 8.11. In December 2018, the SEL STP submitted a proposal to NHSE for an in year (2018/19) waiting list initiative, which will support the SEL STP when improving performance against local CAMHS waiting times and national access targets. The outcome of this proposal is yet to be announced.

## **9. NATIONAL CAMHS ACCESS TARGETS**

- 9.1 The Five Year Forward View for Mental Health sets out an indicative trajectory to achieve the ambition that by 2020/21, 70,000 additional children and young people will access community mental health services each year. This means that the number of children and young people in treatment will go from 25% of estimated prevalence to 35% by 2021, in line with national targets.
- 9.2 The CAMHS access definition relates to the number of 'new' children or young people receiving two or more contacts of 'evidence based' mental health provision within a reporting period. Figure 2 shows the Children's

mental health prevalence rates as indicated by NHSE

**Figure 2: Numbers of children and young people who are expected to have a diagnosable mental health problem broken down by South East London borough**

<b>SEL STP Boroughs</b>	<b>Prevalence (based on need and population)</b>
NHS Bexley CCG	5,183
NHS Bromley CCG	6,066
NHS Greenwich CCG	6,364
NHS Lambeth CCG	6,240
NHS Lewisham CCG	6,481
NHS Southwark CCG	6,196

- 9.3 Of the six boroughs within the South East London STP (Lambeth, Southwark, Lewisham, Bexley, Bromley and Greenwich) only one borough (Bromley) is currently meeting the national target of 32% for 18/19.
- 9.4 There are known issues with the data flowing from service providers to the Mental Health Services Data Set (MHSDS) and it is acknowledged that, for the majority of areas, locally held data shows that access to services is greater than reported via the MHSDS.
- 9.5 Joint commissioners have been working with commissioned mental health and wellbeing providers to ensure that they have all of the data management, information governance and technical requirements in place to be able to flow data by December 2018. This has included reviewing 'access' definitions with providers to ensure information is being collected accurately and securing connectivity to the Health and Social Care Network on behalf of three of the four VCS providers. The fourth provider, Kooth, have made their own arrangements regarding dataflow, directly with NHSE. The table in Figure 3 provides a list of commissioned services which are being captured as part of this process.

**Figure 3: Organisations flowing CAMHS Access Data to the Mental**

<b>Borough</b>	<b>NHS Commissioned Providers</b>	<b>Non-NHS Commissioned Providers</b>	<b>Flowing data?</b>
<b>Lewisham</b>	SLaM		Yes
		Compass	Yes
		Kooth	Yes
		PSLA	Yes
		Core Assets	Yes

**Health Services Dataset**



9.6 Following an extensive recovery plan, it is expected that all six boroughs will improve on their access rate and it is predicted that the STP as a whole will achieve an overall expected outturn by March 2019 of 30% against a national target of 32%.

## 10. FUNDING LEVELS

- 10.1. As outlined in **Appendix 1**, commissioners have increased funding to CAMHS year on year between 2015/16 and 2020/21 for clinical staff based in community settings<sup>10</sup>. The table provides a comparison of Lewisham funding contributions i.e. LA / CCG baselines and CAMHS Transformation investment. Lewisham compares well to others in terms of investment, but Southwark and Greenwich are the two areas which invest most into their children's mental health pathway, with Bexley investing least.
- 10.2. A number of new initiatives have been developed to improve access into 'evidence based' mental health services, this includes:
- Annual CAMHS Transformation investment has been directed to the local CAMHS service (SLaM) to the value of **£614K** which covers a range of mental health provision, such as crisis care, support for children with SEND and those with eating disorders and development of the children's wellbeing practitioner programme
  - Annual investment of **£196K** to SLaM through the Pupil Premium Grant to support the LAC Virtual School and the Hospital Outreach Programme to improve educational outcomes for children in the care system and for those not in school due to mental health concerns.
  - Additional funding of **£200K** to offer evidence based mental health support through the voluntary and community sector.
- 10.3. There was also additional investment into a Waiting List Initiative which was supported by the demand and capacity management programme - CAPA, in 2016/17 and 2017/18. Although some benefits were achieved in terms of improved processes and pathway management, improved waiting times were initially achieved but unfortunately were not sustained.
- 10.4. In 2016 a set of CAMHS saving proposals were developed to reconfigure the local CAMHS service. These proposals were agreed in principle by Mayor and Cabinet (and formally agreed in February 2017). However, in February 2018 following a referral from Children and Young People's Select Committee, savings proposed for 2018-19 onwards were halted by Mayor and Cabinet. It has since been decided not to pursue these recommendations, on the grounds that there is a need for a better understanding of the issues raised and clarity about improvements that could be made.

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<sup>10</sup> CAMHS Transformation Plan 2018  
<https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Lewisham%20CAMHS%20Transformation%20Plan%202018.pdf>

- 10.5. Following an extensive recovery plan, it is expected that all six boroughs will improve on their access rate and it is predicted that the STP as a whole will achieve an overall expected outturn by March 2019 of 30% against a national target of 32%. .

## **11. CONCLUSION**

- 11.1 Commissioners have been working closely with members of the CAMHS leadership team, in order to better understand some of the performance concerns raised within this briefing. These issues have been raised continually through the SLAM core contract meetings, which has as an outcome resulted in a change in senior management in October 2018, alongside a commitment from the Interim Director and Deputy Director of CAMHS, SLAM, to improve performance, through a review of KPIs, clarity on definitions and associated recovery plans.
- 11.2 Furthermore, concerns raised by commissioners has triggered the involvement of the NHS Improvement Team, which has resulted in the NHSE led review of the mental health pathway. This review will have a primary focus on CAMHS, SLAM but will also have a significant interface with other services supporting the mental health pathway. The review will take place in January 2019, with key recommendations fed back by NHSE in February 2019.
- 11.3 Commissioners have worked closely with local stakeholders, including providers and STP colleagues to undertake an annual update of the local CAMHS Transformation Plan, which has incorporated changing priorities and demands. Councillor Holland's review of children's mental health needs in Lewisham was running simultaneously to this process and key findings of the review were incorporated into the updated Transformation plan. The refreshed plan was submitted to NHSE on 31st October and feedback has now been received from NHSE. Any changes involving access and waiting times will be included in the revised document which will be submitted to NHSE in February 2019. Oversight of both Councillor Holland's review and the revised CAMHS Transformation Plan 2018 will be undertaken by the CYP Mental Health and Emotional Wellbeing Programme Board.
- 11.4 Commissioners and providers across the SEL STP are committed to the national agenda and are working together to understand and improve performance across children's mental health the current issues in relation to access and waiting times. Opportunities are also being sought to develop opportunities for provider alliances across the geographical footprint.
- 11.5 Commissioners and the two main mental health trusts (Oxleas and SLAM) will work together to deliver the 2018/19 waiting list initiative should submitted proposals be successful. Improvements are expected to impact on both access targets and waiting times by March 2019.
- 11.6 The Lewisham specific Early Help Review has been identified as one of five

priorities in the Children's Social Care Improvement programme. This work will include a review of thresholds, adequacy of step up and step down arrangements, and commissioned provision. Findings from Councillor Holland's review and the Mental Health Pathway review will feed into this process.

## **12. FINANCIAL IMPLICATIONS**

- 12.1 As outlined in section 10, and **Appendix 1**, commissioners have increased funding to CAMHS year on year between 2015/16 and 2020/21 for clinical staff based in community settings<sup>11</sup>.
- 12.2 **Appendix 2** provides an overview of CAMHS budgets across SEL STP boroughs. Lewisham compares well to others in terms of investment, but Southwark and Greenwich are the two areas which invest most into their children's mental health pathway, with Bexley investing least.
- 12.3 Children's mental health in its entirety has a 2018/19 expenditure budget of £1.075m and receives a contribution of £72k from the CCG. The net budget for 2018/19 is £1.003m

## **13. LEGAL IMPLICATIONS**

- 13.1 It is a CCG's statutory responsibility to provide adequate access to children's mental health services.
- 13.2 Decisions about changes in service and any impacts on delivery to service users must be made in accordance with the Council's legal duties. Those duties include those under the Equality Act 2010 (the Act) which introduced a new public sector equality duty (the equality duty or the duty). This covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 13.3 In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
  - advance equality of opportunity between people who share a protected characteristic and those who do not.
  - foster good relations between people who share a protected characteristic and those who do not.
- 13.4 The duty is a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and

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<sup>11</sup> CAMHS Transformation Plan 2018  
<https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Lewisham%20CAMHS%20Transformation%20Plan%202018.pdf>

proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

- 13.5 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:  
<http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>
- 13.6 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:
1. The essential guide to the public sector equality duty
  2. Meeting the equality duty in policy and decision-making
  3. Engagement and the equality duty
  4. Equality objectives and the equality duty
  5. Equality information and the equality duty
- 13.7 The ‘Essential guide’ provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:  
<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

## **14. ENVIRONMENTAL IMPLICATIONS**

- 14.1 There are no specific environmental implications arising from this report.

## **15. CRIME AND DISORDER IMPLICATIONS**

- 15.1 There are no specific crime and disorder implications arising from this report.

If there are any queries about this report, please contact Jessica Juon (Child and Young People’s Mental Health and Emotional Wellbeing Commissioner) contactable by mobile: 07899994948 or email at [jessica.juon@lewisham.gov.uk](mailto:jessica.juon@lewisham.gov.uk)

## Appendix 1 - CAMHS Expenditure Lewisham

The table below sets out our actual and planned expenditure on Lewisham CAMHS between 2015/16 and 2020/21, broken down by funding source.

CAMHS Funding Source	15/16	16/17	17/18	18/19	19/20	20/21
	£	£	£	£	£	£
Lewisham CCG Baseline	2,775,000	2,775,000	2,775,000	2,775,000	2,775,000	2,775,000
CAMHS outpatient	338,000	338,000	414,000	415,000	415,000	415,000
NCA out of borough LAC CAMHS	61,000	61,000	53,000	53,000	53,000	53,000
CAMHS Transformation Funding	635,000	756,000	835,000	864,000	864,000	864,000
NHSE non-recurrent waiting list initiatives	N/A	148,000	N/A	N/A	N/A	N/A
NHSE non-recurrent CYP IAPT income	31,500	52,000	5,000	7,500	N/A	N/A
NHSE / Health and Justice Liaison and Diversion	N/A	85,000	85,000	85,000	85,000	85,000
Additional CCG Investment	72,000	72,000	72,000	72,000	72,000	72,000
<b>CCG subtotal</b>	<b>3,912,500</b>	<b>4,287,000</b>	<b>4,239,000</b>	<b>4,271,500</b>	<b>4,264,000</b>	<b>4,264,000</b>
Council Baseline	934,000	934,000	840,000	840,000	840,000	840,000
Contributions from other Council departments	100,000	100,000	100,000	100,000	100,000	100,000
<b>Council subtotal</b>	<b>1,034,000</b>	<b>1,034,000</b>	<b>940,000</b>	<b>940,000</b>	<b>940,000</b>	<b>940,000</b>
Pupil Premium Grant	N/A	136,000	196,000	196,000	196,000	196,000
<b>Other subtotal</b>	<b>N/A</b>	<b>136,000</b>	<b>196,000</b>	<b>196,000</b>	<b>196,000</b>	<b>196,000</b>
<b>TOTAL</b>	<b>4,946,500</b>	<b>5,457,000</b>	<b>5,375,000</b>	<b>5,407,500</b>	<b>5,400,000</b>	<b>5,400,000</b>

## Appendix 2

### Community CAMHS financial benchmarking (SEL STP only) 2018/19

NB Funding relates to community children's mental health and emotional wellbeing services only and does not include Tier 4 outpatient/inpatient provision

Borough	CYP population (GLA 15/16)	Total CYP with diagnosable mental health condition (prevalence)	LA spend	Provider	CCG spend	Provider	CAMHS Transformation budget	Providers	Overall spend	Estimated Unit Cost per Child (total CYP pop)	Estimated Unit Cost per Child (total prevalence)	Need weighting	Estimated Unit Cost Per Child (with weighting applied)
Bromley	74,300	6,066	448,000[2]	Bromley Y	2,650,000	Oxleas	1,196,000	Various	4,294,000	£57	£708	1.07	£53.27
Southwark	67,800	6,196	1,550,000	SLaM	2,659,000	SLaM	1,010,000	Various	5,219,000	£77	£842	1.55	£49.68
Greenwich	71,900	6,364	1,083,681	Oxleas	3,375,319	Oxleas	644,707	Various	5,103,707	£71	£802	1.53	£46.41
Bexley	62,100	5,138	443,292	Oxleas	1,847,509	Oxleas	446,000	Various	2,736,801	£44	£533	0.99	£44.44
Lewisham	12 72,200	6,481	940,000[1]	SLaM	2,775,000	SLaM	864,000	Various	4,579,000	£63	£707	1.64	£38.41
Lambeth	67,400	6,240	650,000	SLaM	2,500,000	SLaM	711,600	Various	3,861,600	£57	£619	1.72	£33.14

[1] Includes £100k Dedicated Schools Grant (DSG) but does not include £196k Pupil Premium Grant or additional Public Health Contributions to CYP Mental Health

[2] LB Bromley invest significant resource in an Early Intervention Single Point of Access service delivered through a voluntary sector provider, Bromley Y

## **Appendix 3**

### **Member led review of mental health support for children and young people in Lewisham – December 2018**

#### **1. Introduction**

**Purpose:** Councillor Holland was asked by the Cabinet Member for School Performance and Children’s services, to undertake a review of the extent to which the emotional and mental health needs of Lewisham’s children and young people are being met and outline options for improvement. This review was initiated following the proposal to reconfigure Child and Adolescent Mental Health Services (CAMHS) earlier this year. Although it was decided not to pursue these recommendations, it was also believed that we needed to gain a better understanding of the issues and clarity about improvements that could be made.

#### **Background**

In 2016 a set of saving proposals were agreed in principle by Mayor and Cabinet in September 2016 (and were formally agreed in February 2017). However, in February 2018 following a referral from Children and Young People’s (CYP) Select Committee, savings originally proposed for 2018-19 onwards were halted by Mayor and Cabinet. As a response to this the Mayor asked for advice on:

- The impact of the saving already made on levels of service and waiting lists
- Overall changes in funding for CAMHS with particular regard to the delivery of the additional funding referred to in the report in 2017 by both LBL and the CCG
- Demand changes in child and young people’s mental health
- Changes to Government Policy since February 2017
- Potential for reducing back office costs within CAMHS and any scope for making alternative savings within the CYP budget

#### **Scope and methodology**

The review has been undertaken between July and September and has included an assessment of existing reports, strategies and available data and pulled out key themes from national documents, for example the government’s, ‘Transforming Children and Young People’s Mental Health Provision’ (December 2017) and the Five Year Forward View for Mental Health. Findings have also been developed through a range of semi-structured interviews with service providers and managers, alongside focus groups with service users, including children, young people and local parents/ carers.

The resources attached to this review have been limited and as such the review indicates areas for further investigation, where it has not been possible to be conclusive about recommendations for the future. There are also a number of areas in which the data available is limited and therefore recommendations are focused upon future investigation. Officers have provided support and insight during this member-led review and will be able to provide further insights and comment on the analysis and recommendations in this review.

A number of issues drove the previous review of mental health provision including the need to save money, need and demand, performance and the lack of clarity about pathways and these have been explored further during this review.

### **Progress in Lewisham to date**

Much work has been undertaken to improve mental health provision for children and young people within Lewisham and it is important to note that local authority funding for CAMHS compares favourably to other boroughs. Over the last three months key stakeholders have worked together to review and refresh the Local CAMHS Transformation Plan. This work has resulted in a refocus on key priorities.

Recent developments include:

- The development of the Children's Wellbeing Practitioner programme, which enables more junior staff to deliver evidence based interventions, such as CBT approaches, to children and young people who fall below the CAMHS threshold. As part of the programme self-coping strategies are developed in partnership with the child's family.
- Increased opportunity for self-referral access into evidence -based services via the relatively new Young People's Health and Wellbeing Service, the Kooth online counselling service, the 24/7 crisis line and the online self-referral process for eating disorders. We have effectively consulted young people and involved them in the development of some services.
- Multi-disciplinary arrangements in the CAMHS Virtual School, which continues to provide an enhanced 'early intervention' mental health offer to Looked After Children (LAC) which has maintained significant success across the year, by responding quickly to issues raised and building confidence amongst teaching staff and foster carers in relation to poor mental health.
- An embedded trauma informed training and supervision approach within the Youth Service and wider partners, demonstrating that mental health, wellbeing and resilience are at centre. This work has influenced wider development of a 'trauma-informed response' across all services for children and young people in Lewisham.

### **Summary of possible areas for improvement and further investigation**

In the context of the developments set out above, this review found that there are improvements that can be made to the provision for children and young people within Lewisham and areas that require further development.

- The data available and discussions with young people suggest that waiting times and the number of rejected referrals from CAMHS pose a challenge. On some indicators, when compared with other boroughs, it appears that further improvements should be made.
- It would be useful to gain greater clarity about how young people are supported whilst they are waiting for treatment through the CAMHS service, or if their case is not accepted by CAMHS. Greater clarity is needed about alternative support available in these scenarios; some young people reported how important this was.
- GPs and schools have reported that if a referral is rejected, sometimes more clarity is needed about how to support that child or young person. It has been reported that the CCG driven Children's Mental Health Pathway Review will explore this further.



- In accordance with national trends, the threshold for referrals in to CAMHS is reportedly high and services need to continue to be developed to support children and young people who do not (or sometimes do not yet) meet the threshold.
- Data and feedback suggest that further work should be done to ensure that our services meet the needs of excluded young people. National evidence and examples (see paragraph 26 of Charlie Taylor’s review for the Ministry of Justice<sup>13</sup>) suggests that a clinic based approach rarely works for excluded young people. An approach based on co-production (where the support provided to the young person is led by their needs and meets the young person ‘where they are at’) is the most effective means of providing support for excluded young people. This co-produced, community psychology approach has been delivered with success in other parts of London and often starts out in a park, or within an estate and doesn’t rely on young people who may have chaotic home lives turning up to appointments.
- There are some gaps in the data that is available, for example it was not possible to be clear how many CAMHS cases are re-referrals, and a further piece of work is required in order to make specific recommendations about future changes to services.

## 2. Background

### National context

In March 2015, NHS England (NHSE) published ‘Future in Mind’<sup>14</sup> as part of a national drive to improve capacity and capability in the delivery of mental health services for children. This report provides a broad set of recommendations across five key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Since 2015, the children’s mental health agenda has continued to be a national area of focus. The 2015-2017 government announced new funding for mental health, including specific investment in perinatal services and eating disorder services for teenagers. Additionally, the 2015 government committed to implementing the recommendations made in the ‘Five Year Forward View for Mental Health’<sup>15</sup> (February 2016), which includes specific objectives to improve access to evidence based treatment for children and young people by 2020/21.

In 2015/16 every Clinical Commissioning Group (CCG) in the country was asked to submit a local CAMHS Transformation Plan, to indicate how local areas would work together when delivering against the national children’s mental health agenda. Since the initial submission, CCGs are required to submit CAMHS Transformation Refresh documents annually, which

<sup>13</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/577103/youth-justice-review-final-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/577103/youth-justice-review-final-report.pdf)

<sup>14</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<sup>15</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

detail progress made against key objectives including, but not limited to: crisis care; eating disorders; access to evidence based mental health provision; and early intervention to psychosis. In addition to this CCGs are required to submit monthly CAMHS access and waiting time data to NHSE, to demonstrate progress against national and local targets.

Following a January 2017 speech by the Prime Minister on transforming mental health support, a Green Paper 'Transforming Children and Young People's Mental Health Provision'<sup>16</sup> was recently published in December 2017, which proposed improving mental health support in schools and colleges and trialling a four week standard waiting time for access to mental health treatment. Opportunities have emerged as a result of the Green Paper to trial some aspects of these proposals. Officers in Lewisham have made an initial application to NHSE to trial new approaches locally, when delivering mental health support teams in schools and a four week referral to treatment waiting time pilot for CAMHS.

### **Local context**

Lewisham's Children and Young People's Mental Health and Emotional Wellbeing Strategy/ Lewisham CAMHS Transformation Plan 2015-20 sets out the vision and priorities for young people's mental health provision across the borough, aligned to the national policy context:

- Create better, clearer and more responsive care pathways to enable improved access to appropriate pathways
- Invest in evidence-based training and practice to ensure earlier identification and improved support
- Embed resilient practice in community settings, where we will create a young person population that is better able to cope when faced with adversity
- Increase awareness of mental health and emotional wellbeing and provide guidance regarding where to go for support

In addition, Lewisham Children's and Young People Plan (CYPP) 2015-18 sets out how agencies will work together – it identifies four priority areas:

- Build resilience
- Be healthy and active
- Raise achievement and attainment
- Stay safe

Finally the South-East London Sustainability and Transformation Plan ('Our Healthier South-East London) sets out a sustainability plan for our sub-regional health and care and improved children and young people's mental health is a priority within this plan.

In partnership with stakeholders, NHS Lewisham CCG and Lewisham Local Authority have responded to the national requirement to refresh the local strategy/plan for children's mental health and the 'refreshed' Local Transformation Plan for Children and Young People's Mental Health and Wellbeing (CYP MH) was submitted to NHSE on 31 October 2018. This updates last year's plan and forms part of the overall Sustainability and Transformation Programme (STP) for South East London.

The full document is available on the Local Authority and CCG websites and can be reviewed by following the link below:

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<sup>16</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664855/Transforming\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_provision.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf)

<https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Lewisham%20CAMHS%20Transformation%20Plan%202018.pdf>

### **Feedback from service providers and young people**

As set out above, semi-structured interviews were held with staff and the team of young advisors. Although the individuals and groups do not provide representative samples, they provide valuable insights which should be considered further.

#### Key feedback from meetings with CWPs, Youth Offending Service (YOS) and young advisors:

- CWPs provide an efficient service which can be valuable for young people who do not meet the CAMHS threshold, but further investigation is required to explore which parts of our community they are reaching, for example the numbers of BAME young people and more disadvantaged.
- Through our conversations it was reported that all young people referred in to the YOS have an emotional or mental health need and an estimated 20% have an undiagnosed mental health need. Most of the young people have not had any support with their mental health previously.
- There is good access to mental health services via the co-located CAMHS ARTs Team, once young people come under the YOS, but concern about the support they access prior to that. This is consistent with national trends, but there are examples in other parts of London of effective engagement with excluded young people.
- Counselling in schools can be very positive, but for some young people, who are already feeling disengaged from the school environment, it doesn't meet their needs. For young people who are excluded or at risk of exclusion evidence suggests that a different approach is needed and that school based support is rarely effective.
- Young people were positive about the online Kooth service but felt it is limited and one young person indicated that it only provides 15 minutes of support. However, the service provider has indicated that this is not the case and appointments are longer. Online support is valuable and is effective in reaching larger numbers of young people should continue to be augmented with different interventions.
- Several of the young people we spoke with were very positive about developing a robust peer-peer support model which would involve training and supervision for young people, particularly in older age groups, to support each other within secondary schools.

### **3. Current services**

#### CAMHS

Lewisham CAMHS (excluding inpatient and some outpatient services) is commissioned by the Children and Young People's (CYP) Joint Commissioning team on behalf of both NHS Lewisham CCG and Lewisham Council. Services are delivered by South London and Maudsley (SLAM) NHS Foundation Trust.

Specialist community CAMHS support is available to all children and young people up to the age of 18 (21 for care leavers) where significant mental health concerns have been

identified. It is delivered through five core teams, in addition to the new crisis care team, which was formed in the spring of 2016:

- **Horizon** – generic team covering the whole borough which supports young people who have significant mental health problems (providing a ‘front door’ for the wider CAMHS service)
- **Adolescent Resource & Therapy Service (ARTS)** – supporting young people who have offended or are at risk of offending and have mental health problems
- **Symbol** – supporting young people who have been in care or will remain in care for the foreseeable future
- **Neurodevelopmental Team (NDT)** – supporting young people with a diagnosed moderate to severe learning disability and/or a complex neuro-developmental disorder e.g. autistic spectrum disorders
- **Lewisham Young People’s Service (LYPS)** – supporting young people with severe mental illness or acute problems, including psychosis, repeated self-harm, personality disorder and acute depression
- **Crisis Care** – supporting children and young people experiencing crisis, including emotional, behavioural and mental health difficulties requiring urgent support.

CAMHS clinicians have reported that presenting need is significantly stretching the current service further. Data from Quarter 2 18/19 shows that incoming CAMHS referrals have increased over the last 12 months, with approximately 400 referrals being received each quarter. There are increasing concerns that the number of accepted referrals have been reducing over the last 12 months, with only 40% on average being accepted and therefore going onto a full CAMHS assessment. On a more positive note, Did Not Attend (DNA) rates remain relatively low at 12%.

Our CAMHS waiting times, as follows, are a key concern for us:

Based on the Q2 (18/19) CAMHS dataset, this table indicates the number of people waiting for an assessment and length of wait.	0-4wks	35
	4.1-12wks	27
	12.1-26wks	20
	26.1-39wks	6
	39.1-52wks	9
	52.1+wks	11
	Total	108

- Almost half of young people referred to CAMHS are waiting six months or more for their assessment. We need to access clearer information about the support these young people are receiving during period when they are waiting;
- We need to clarify whether referrals are being made to lower tier services initially;
- We have a high number of rejected referrals, usually because the threshold is not met, again we need to investigate further the support these young people receive during this period;
- Children’s Wellbeing Practitioners (CWPs) are providing a positive service as part of the CAMHS early intervention offer. Lewisham has been successful in the delivery of

Phase 3 of the national programme. Funding has been secured for two posts via the CCG, but there is a need to increase long term funding to make this model sustainable;

- Funding for CAMHS compares reasonably with other boroughs (although some for example Camden, are receiving considerably more from the CCG); and
- The ongoing funding commitment (national) for the Pupil Premium Grant and CAMHS transformation is uncertain going forward; and

The SLAM 'Meeting the public sector equality duty' 2017 report shows that BAME young people in Lewisham gain less access to CAHMS services than their peers (approximately 58% of the young population were BAME according to the last census in 2011 but only approximately 46% of CAHMS services were supporting BAME young people in 2017). This is more worrying because exclusions disproportionately affect BAME young people and nationally BAME young people are more likely to suffer from mental health problems.

*Objectives for recommendations:*

- Reduce need through intervening earlier and developing clearer pathways between services.
- As part of the early help review consider developing a community psychology approach, which will be more effectively accessed by BAME and harder to reach groups.

School based provision

Schools within the borough have a range of different offers available to their pupils, which they fund from within their own budgets. Some schools have a designated lead from within their own staff team and others buy-in provision from charities or other providers; Place2Be at Prendergast Vale is an example of an effective school-based provision. As set out in the annex below, young people had quite mixed views on the counselling that is available within schools and some felt that it is inaccessible to children and young people who do not have a positive relationship with the school. A lack of confidence in the confidentiality of provision that is offered is sometimes felt by young people.

Youth Offending Service

Interviews indicated that young people coming into contact with the YOS have not accessed mental health services before, demonstrating that more work should be done to enable earlier access into appropriate support. This is nationally recognised as a key part of any successful public health approach to serious youth violence.

There is a well-established co-located CAMHS service (ARTS) which is based at the Youth Offending Service and provides a responsive mental health resource to this cohort. Furthermore the dedicated Liaison and Diversion worker attends the local Police Custody Suite to screen young people coming into contact with the Criminal Justice System (CJS), for various health inequalities which include: mental health, speech and language and general GP access.

Digital Support - Kooth and Work it Out Lewisham

Kooth is an online service which offers counselling to young people during the day and at the evenings and in the weekends. Young people were involved in the co-production of this site and obviously feel that there are strengths to it. Funded by the CCG, through an integrated offer within the Young Person's Health and Wellbeing Service, it is a valued service because it enables a high volume of young people to be seen. An average of 50 young people register with Kooth each month and these figures have remained consistent over the last two years, demonstrating that there is still demand for this provision. It would be useful to gather more information about the impact of this service and if young people go on to need further support.

Work it Out Lewisham is a site which helps young people, practitioners and parents/carers navigate the provision that is out there. This is helpful because there is a plethora of sometimes, which can be hard to navigate for practitioners and young people and parents/carers.

#### Children's Wellbeing Practitioner (CWP) Programme

The Children's Wellbeing Practitioner Programme, funded through Health Education England (HEE) as part of a wider capacity building programme, with some additional resource from the CCG to support sustainability. Delivered by SLaM, alongside other evidence-based interventions, it uses a Cognitive Behavioural approach which can be very effective for some young people; it is mainly used to treat anxiety, depression and low mood. Referrals in to this service are made via CAMHS for those not meeting a CAMHS threshold. If children and young people (or their parents/carers) are less engaged then this service is not suitable because the service does not have the capacity to undertake the initial engagement work. A minority of children and young people have to be discharged from the service for this reason. There is limited data about the extent to which harder to reach groups are accessing this service and this will be explored further through the Early Help Review.

#### **A range of other services are offered including:**

- The Young People's Health & Wellbeing Service (delivered by Compass and Kooth) is an integrated and accessible service for 10-19 year olds (up to 25 for young people with additional needs). The service is focused on reducing the occurrence and impact of the three main risks for ill-health in teenagers – substance misuse, risky sexual behaviour and emotional wellbeing. This service plays an important role in building young people's social and emotional capabilities through resilience, health & wellbeing, and educational attainment.
- As part of the CYP IAPT partnership, PSLA offer evidence based group and individual family interventions ( PIPT or Incredible Years) specifically where the child is experiencing behaviour and conduct problems and is between the age of 3 – 12 years
- Operating in seven Lewisham schools, P2B is a school based counselling service for children/young people from reception up to Year 11, offering 1:1 appointments, group sessions and drop ins. Support is also offered to teaching staff on a needs led

basis and to parent/carers in a number of listed schools, who can be referred to a parent counselling service.

- The Family Support Service provides intensive, practical support to families within their own home via a 12 week intervention programme (followed by a 10 week step-down period). Support is focused on three evidence-based delivery approaches (Triple P Level 4, Solution Focused Brief Therapy and Team Parenting), which enable children and families to build resilience, set achievable goals and develop positive relationships.
- Youth Mental Health First Aid Training (YMHFA) (provided by This Way Up Wellbeing) is an internationally recognised training approach in Mental Health First Aid, the programme is designed to teach people how to identify the signs and symptoms of mental ill health in children and young people and offers guidance regarding onward support. Courses are tailored for professionals who teach, work and care for school-aged children and young people. Over the coming school year, a combination of 7 training courses (1 day - Youth Mental Health First Aid Champion and 2 day - Qualified Youth Mental Health First Aider) will be delivered, targeting schools staff directly. This will equate to 112 learners over the course of the year

#### **4. Financial Information**

The table in Appendix 1 provides an overview actual and planned expenditure on CAMHS between 2015/16 and 2020/21, broken down by funding source. As indicated in the table the majority of CAMHS funding comes from the CCG with a contribution from the LA and other sources. The specialist CAMHS service (delivered by SLaM) is jointly funded by the CCG and the LA under a block contract to the overall value of £3,715,000.

Funding into CAMHS (SLaM) has risen considerably since 2014/15, as a result of the 'Five Year Forward View for Mental Health'. Additional investment has been used to deliver a range of activity including: development of crisis support and eating disorder services; enhanced provision in the neuro-development team; one off support to the CAMHS CAPA transformation programme and waiting list initiative; liaison and diversion provision in the Youth Offending Service and trauma informed training and supervision; mental health first aid training; and perinatal mental health provision.

The Lewisham Local Authority investment into the CAMHS contract compares well to neighbouring boroughs. In 2017/18 Lewisham CAMHS received an LA allocation of £940k for 17/18, which compares to a LA investment of £650k in Lambeth, £443k in Bexley, £1,084,000 in Greenwich and £1,446,000 in Southwark.

#### **5. Recommendations for improvements**

##### Themes

The themes that come through from this piece of work are that we need a greater focus on earlier intervention and improving universal provision. The offer we have in place does not appear to be going far enough in reaching harder to reach groups, particularly some BAME

young people, and those who are at risk of exclusion and are less likely to access support in a clinical environment. Support for these groups should be a key tenet of the public health approach we are developing to tackle serious youth violence and could be explored further as part of the early intervention review. We should further explore our partnership with Youth First, as they have strong engagement with BAME young people and could have a stronger focus on mental health and early intervention.

CAMHS provision has long waiting lists and it is important to alleviate pressure on the service through increasing support before cases reach CAMHS. The provision we offer, although suitable for some groups, is too focused on CBT and quick-fix mechanisms (for example mental health first aid), which although important need to be augmented with longer term and alternative approaches, particularly if we want to support the harder to reach.

#### Recommendations: Services

1. As part of the early help review consider using LA CAMHS funding to develop an approach to work specifically with young people at risk of exclusion, paying particular attention to the needs of BAME young people. Develop a community psychology approach which is genuinely co-produced with young people and delivered in partnership. Any such approach, at the point of conception, should be developed with young people, and support them to lead their own care.
2. Ensure that the development of a Public Health Approach to serious youth violence has a strong programme for supporting excluded young people with their mental health and draws on what has worked in other London Boroughs. Consider funding sources from the Home Office, GLA and other funders for this work.
3. Consider funding the development of a robust young person peer-peer support model (including training for young people, problem solving booths and supervision for the peers providing support) based within schools, and trialled in a small number first. Explore if there is the potential for diverting funding which is currently used for online support in to this approach.
4. As part of the early help review, consider ring-fencing Youth First funding (in the new funding period) to develop appropriate psychological support for BAME young people within this service. Ensure this provision is professionally led and consider a psychologist led team. Consider the development of a training programme for young people as part of this approach and a young person led (supervised) helpline.
5. Develop stronger support within schools as a response to the Mental Health Green Paper 2017. Consideration should be given to the development of the designated mental health lead in schools and the future development of mental health teams. Implications should be reviewed by the 'Mental Health in Schools' Working Group
6. Weekly service-led meetings are in place with CAMHS and VCS providers, to review referrals that have not been accepted by CAMHS, to ensure referrals are appropriately stepped down to other services. More should be done to understand effectiveness of this process, this action should be undertaken as part of the CCG-led Children's Mental Health Pathway Review.
7. Explore scope for ensuring CWPs have a greater focus on disadvantaged groups and a greater focus on workforce development.



### Pathways and referrals between services

8. Set out more clearly the pathways that young people can take through mental health provision and how they can be referred in to different services.
9. Consider the development of a single point of access (no wrong door principle) and clearer thresholds for access. Continue to limit 'referring on'.
10. Undertake a deep dive in to gaps in the data in relation to the extent to which different demographic groups are accessing mental health support, potentially through a sampling approach. This should include the following:
  - Numbers of excluded children and those from disadvantaged backgrounds (for example measured through FSM) accessing mental health support
  - Re-referrals to CAMHS
  - Pathways in to CAMHS – how many children and young people have already accessed some support
  - Breakdown by ethnicity across services
  - Comparisons with other areas in terms of amount of support provided through CAMHS

### Linked reviews

There is an appetite across the children's workforce for better understanding the challenges and identifying solutions to these issues. This review has started to explore this process, which will dovetail into the Early Help Review (which is currently underway to review services available via Early Help) and the CCG driven Children's Mental Health Pathway Review. The CCG driven review will be carried out by NHSE Mental Health Intensive Support Team (IST), in partnership with local commissioners and providers. The improvement process relies on a cross agency collaboration and has highlighted the collective will to explore performance against targets and reduce fragmentation in commissioning and service delivery. The process commenced in October 2018, when providers and commissioners came together, with the NHSE MH IST Team Manager, to discuss the scope of the review. The review itself will take place in early January 2019 with recommendations and an improvement plan to follow in the same month.

### **3. Financial implications**

There is an ongoing commitment from the CCG and the LA to provide the local CAMHS service. NHSE CAMHS transformation funding provides additional resource to enhance the wider offer, by supporting alternative means of access and extending current provision, however this funding is currently time limited to 2020/21. Ongoing funding via Pupil Premium Fund (for CLA) is also uncertain. The Green Paper for Children's Mental Health will potentially offer additional funding opportunities but details are uncertain at this stage.

### **4. Next steps**

Findings from this review will be considered by Children and Young People's scrutiny committee and Mayor and Cabinet. They will specifically:

- Inform scope and activity of the LA led review of Early Help provision, which will include consideration of a psychological approach in community settings and opportunities for peer to peer support
- Contribute to the CCG led review of Children's Mental Health Pathway which will have a specific focus on care pathways and interface between services
- Feed into subsequent discussions with the CAMHS leadership team regarding data quality and performance, which will tackle the issue of long waiting times for CAMHS
- Influence opportunities for co-production with service users regarding experience and future development of services to support mental health and wellbeing
- Raise specific challenges and opportunities for schools via the newly established Mental Health in Schools working group.

Octavia Holland – 2018

**Annex A - Papers considered:**

Terms of reference and original savings paper to Cabinet.

Response to referral from CYP committee (June 2018) (plus minutes)

CAHMS transformation plan and refresh and Lewisham strategy (quarterly CAMHS access data)

South East London Sustainability and Transformation Plan (Our Healthier South East London)

Lewisham Mental Health and Emotional Wellbeing Strategy

Kooth and Make it Work Lewisham websites.

SLAM website

Bromley information on No Wrong Door

Mental Health Green Paper

## **Annex B – details of services and summary of meetings held.**

### **Children’s Wellbeing Practitioners (CWPs)**

#### *Description of service:*

Children Wellbeing Practitioner programme, is a nationally driven programme, funded initially through Health Education England (HEE). It provides training and clinical supervision, allowing lower banded CAMHS staff (Band 4), to work with children with mild to moderate mental health issues, who would not meet the usual CAMHS thresholds. The team would work with CYP with low mood, anxiety and depression, teaching them and their families how to use evidence based self-help tools.

- The CWPs are recruited to work on a one year basis – they often have a background in psychology, but are not qualified psychologists.
- Following their recruitment they start to see young people almost straightaway and to deliver support based on a Cognitive Behavioural Therapy approach. Interventions involve supporting parents to support children and adopt a self-guided approach. Eight sessions are ordinarily provided and young people and parents/ carers
- The support is below a CAMHS threshold
- All referrals come through CAMHS; when the threshold is unmet. These then count as having received support through CAMHS, although the data does not disaggregate the type of support provided.
- For some young people it is difficult for them to engage in the service
- The service provided increases throughout the year, as the capacity of the team builds and there can be up to around 70 individual children and young people on the caseload at any time.
- The extent to which excluded young people are able to access the service is difficult to ascertain. The staff who we met with did indicate that a proportion of their caseload is drawn from children and young people who have gone to selective schools and are suffering anxiety about their achievements. It is unclear how many of the children and young people are disadvantaged and we do not have breakdown by ethnicity
- Funding from HEE has been secured for phase 3 (January-December 2019), but the service currently runs on an annual funding cycle, which is challenging for planning
- The team have developed the service steadily, as they do not want to create a situation in which there are many young people on the waiting list

### **Youth Offending Service**

- The CAMHS ARTS service is co-located with the YOS, so when young people come in to contact with the YOS they are able to access mental health support through the ARTS team (which is funded through the joint CAMHS budget between the LA and CCG)
- There is a declining number of young people referred in to the YOS, possibly because of a higher tolerance of lower level crimes.
- The YOS undertake a mental health assessment and are all trained to do this. There is a move to taking a trauma-informed approach to mental health and a recognition of what has happened to the family.

- The manager who we spoke with estimated that 20% of young people referred in to the service have an undiagnosed mental health need and almost 100% have an emotional health or wellbeing need.
- The numbers of BAME young people coming in to the YOS broadly reflect our population although the offender population serving 3 or more years is closer to 90%.
- Most of the young people who come under the YOS have not had any mental health support previously. Many of them may not access support from a GP and will have parents or carers who are unlikely to engage with psychological support delivered in the way it is.

### **Young Advisors**

- Overall there was considerable dissatisfaction from the youth advisors about the mental health provision which is available within the borough.
- Several of them had experienced their own mental health problems or had friends or peers who had and they were very articulate in expressing their feelings about their own experiences.
- The young people believed that the waiting times for CAMHS support were too long and that this led to young people feeling let down and unsure about what other support was available in the meantime
- Counselling is available in most schools but for some young people this is not the environment in which they wanted to access support and they felt unable to engage
- For some groups it was believed that support was culturally inaccessible.
- Although the Kooth service is considered to have many positives, the limitations of a 15 minute session were made clear.
- It was considered a positive step when other organisations, for example charities, became involved in delivering mental health support for children and young people
- There was much enthusiasm for developing an effective and well-resourced peer-peer support model. Some of the young people were already at University and has benefitted from a peer-peer support model which included a helpline and training for young people to work in a psychologically informed way.
- Mindfulness workshops are being delivered within some settings and these are highly thought of by the young people who access them.

## Appendix 1 (to Member Led Review Report) - CAMHS Expenditure in Lewisham

The table below sets out our actual and planned expenditure on Lewisham CAMHS between 2015/16 and 2020/21, broken down by funding source.

CAMHS Funding Source	15/16	16/17	17/18	18/19	19/20	20/21
	£	£	£	£	£	£
Lewisham CCG Baseline	2,775,000	2,775,000	2,775,000	2,775,000	2,775,000	2,775,000
CAMHS outpatient	338,000	338,000	414,000	415,000	415,000	415,000
NCA out of borough LAC CAMHS	61,000	61,000	53,000	53,000	53,000	53,000
CAMHS Transformation Funding	635,000	756,000	835,000	864,000	864,000	864,000
NHSE non-recurrent waiting list initiatives	N/A	148,000	N/A	N/A	N/A	N/A
NHSE non-recurrent CYP IAPT income	31,500	52,000	5,000	7,500	N/A	N/A
NHSE / Health and Justice Liaison and Diversion	N/A	85,000	85,000	85,000	85,000	85,000
Additional CCG Investment	72,000	72,000	72,000	72,000	72,000	72,000
<b>CCG subtotal</b>	<b>3,912,500</b>	<b>4,287,000</b>	<b>4,239,000</b>	<b>4,271,500</b>	<b>4,264,000</b>	<b>4,264,000</b>
Council Baseline	934,000	934,000	840,000	840,000	840,000	840,000
Contributions from other Council departments	100,000	100,000	100,000	100,000	100,000	100,000
<b>Council subtotal</b>	<b>1,034,000</b>	<b>1,034,000</b>	<b>940,000</b>	<b>940,000</b>	<b>940,000</b>	<b>940,000</b>
Pupil Premium Grant	N/A	136,000	196,000	196,000	196,000	196,000
<b>Other subtotal</b>	<b>N/A</b>	<b>136,000</b>	<b>196,000</b>	<b>196,000</b>	<b>196,000</b>	<b>196,000</b>
<b>TOTAL</b>	<b>4,946,500</b>	<b>5,457,000</b>	<b>5,375,000</b>	<b>5,407,500</b>	<b>5,400,000</b>	<b>5,400,000</b>