**Croydon’s Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing**

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**1. Executive Summary**

The Local Transformation Plan sets out Croydon’s multi-agency approach to promoting children’s emotional wellbeing and mental health, along with an action plan which sets out clearly what we will do to achieve this. Local Transformation Plans should cover the whole spectrum of support for children and young people’s mental health and wellbeing from health promotion and prevention work, to interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services. The Plan will be held by the Clinical Commissioning Group in collaboration with local partners and monitored through NHS England from the second half of 2015-16.

There is now welcome recognition of the need to strengthen and transform child and adolescent mental health services (CAMHS) both on a national and local basis. Consecutive recent policy reviews by the Health Select Committee (2014), NHS England’s CAMHS Tier 4 Report (2014) and the Children and Young People’s Mental Health Taskforce (2015) have identified consistent weaknesses in arrangements for services across England which must be remedied in order to support the improvement of the emotional wellbeing of children and young people (section 3). These weaknesses include, but are not limited to: significant gaps in data and information; the treatment gap, with a number of people with diagnosable mental health difficulties not receiving services; difficulties in access; a complex commissioning environment; variable crisis services and specific issues facing highly vulnerable groups[[1]](#footnote-1).

The picture in Croydon reflects some of the same challenges, and these are systematically addressed through this Local Transformation Plan. In addition to this, services in Croydon face very clear demographic pressures. The borough has the largest resident population in London, and the largest number of 0-16 and 0-19 year olds. In recent years, Croydon’s population has been growing more deprived at a faster rate than any other South London borough. The recent JSNA deep dive chapter on emotional wellbeing estimated that there were 21,000 children and young people in Croydon, with some form of mental health need, meaning that services require a broad reach and a full multi-agency response is necessary to support children and young people’s wellbeing (section 5).

Despite the size of its population, Croydon has a comparatively smaller core of specialist mental health services than other London boroughs which share its population features. Tier 3 investment in Croydon in 2013-14 amounted to £44 per child compared to £64 in Lewisham, one of the borough’s statistical neighbours. In the face of difficulties in accessing Tier 3 services, it is estimated that children’s services professionals are referring fewer children to the service, with a total of 1,345 referrals in 2014-15. This is a similar number to each of Lambeth, Southwark and Lewisham - despite Croydon’s child population being approximately 50% larger than the population of any of these boroughs. Fewer numbers of referrals were accepted in Croydon in 2014-15, and waiting lists have developed into these services (section 8). Strengthening access into these services is a key priority for this plan.

Whilst services are provided at Tier 3 through the South London and Maudsley (SLaM), Croydon has a range of voluntary sector counselling providers delivering Tier 2 interventions, including Croydon Drop In (CDI), Off the Record (OtR) and Place 2 Be, which have worked in partnership with SLaM as part of the local Improving Access to Psychological Therapies (IAPT) Collaborative. CDI and OtR are commissioned by the Council and the Clinical Commissioning Group (CCG). Together, both organisations delivered counselling to over 800 young people in 2014-15, whilst also offering a range of further support, information and advice (section 8).

These services have played an important role in supporting the system and have also come under strain as demand has increased. The Local transformation Plan will support the widening of access to children and young people’s IAPT through these providers (section 11). All of the mental health providers in Croydon also work directly with schools.

The challenges outlined above have been recognised and are now being systematically tackled through strong and transparent partnership working, with significant progress having been achieved in the past year. A broad programme of work has been delivered under the oversight of the local multi-agency Emotional Wellbeing and Mental Health Board under the Children and Families Partnership. This has been led with the support of the Integrated Commissioning Unit across the Council and CCG. In a time of financial constraint, the CCG has invested permanent funding of £455k into the Tier 3 specialist SLaM service in order to improve access and reduce waiting times.

Following a rigorous weekly focus on performance management, the Croydon SLaM service has made significant productivity and efficiency improvements, including achieving the lowest Did Not Attend (DNA) rate of the SLaM boroughs (section 6). Data reporting has also significantly improved, and a full workforce and budget analysis undertaken. A waiting list exercise is currently being delivered. A wide range of other initiatives have also been delivered to strengthen the local system of services including the development of a Single Point of Access and the redesign of the Autism Spectrum Disorders (ASD) diagnostic pathway (section 10).

Building on this momentum, the Local Transformation Plan provides the framework to complete this journey of improvement. It offers a whole systems approach to strengthening specialist services including Eating Disorders and Crisis Care at Tier 4, reducing waiting times and eliminating waiting lists at Tier 3, whilst building wider system resilience at Tiers 1 and 2. It draws on a broad range of needs analysis, engagement and consultation in order to help ensure it meets the needs of the population (sections 6 and 7).

Include a summary table of transformation proposals here

The Local Transformation Plan will result in long-term systems change by supporting collaboration across the NHS, public health, local authorities, social care, schools and youth justice sectors, and reforming the relationship between commissioners and providers to enable the needs of children and young people to be met in a seamless way. In keeping with Future In Mind, this constitutes a move away from a system defined in terms of the services and/or organisations provided (the ‘Tiered’ model) towards one built around the needs of children, young people and their families (section 10).

Over the period of the Local Transformation Plan, the intent is to achieve a redistribution of resources away from treatment towards prevention and early intervention over the five years. We will ensure that all interventions are evidence-based or are using emerging science-based approaches which will facilitate the development of service design and delivery.

Delivery of the Local Transformation Plan will be overseen by the local Emotional Wellbeing and Mental Health Board and embedded into commissioning intentions and the commissioning cycle. Croydon’s partnership of local agencies is strongly positioned to make the most of this new opportunity to strengthen emotional wellbeing support to the children and families of the borough and deliver lasting change for local residents.

**2. Introduction**

*There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven’t kept up.*

*[…]Fortunately that is now changing. However in taking action there are twin dangers to avoid. One would be to focus too narrowly on targeted clinical care, ignoring the wider influences and causes of rising demand, overmedicalising our children along the way.*

*The opposite risk would be to diffuse effort by aiming so broadly, lacking focus and ducking the hard task of setting clear priorities. This document rightly steers a middle course”*

Simon Stevens, *Future In Mind*,March 2015

This Local Transformation Plan presents Croydon’s multi-agency strategy to transform the system of emotional wellbeing support for children and young people in the borough.

Croydon’s Children and Families Partnership strongly recognises that children’s emotional development is critical to their overall development and significantly affects life chances.

Prevention and early intervention makes sense, both ethically and financially. Intervening as early as possible can help to prevent those early indicators of problems occurring or escalating. Nonetheless, in the context of limited resources, investing further in this end of the spectrum remains challenging and the focus must be on ensuring that all available resources are prioritised appropriately to both meet existing need and prevent need from arising.

In line with the vision set out by Simon Stevens in Future In Mind, this Local Transformation Plan seeks to steer the middle course between investing in strengthening targeted clinical and specialist mental health services and building up the base of early intervention and prevention services delivered across the Children and Families Partnership.

**PART ONE:**

**NATIONAL AND LOCAL CONTEXT**

**3. National context – policy framework**

This Local Transformation Plan responds to and builds on the recent work of the Children and Young People’s Mental Health Taskforce and the subsequent [*Future In Mind: Promoting, protecting and improving our children and young people’s mental health*](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf) *and wellbeing* report published in March 2015.

It also follows a range of national reports and reviews which provide a framework for Croydon’s local strategy for the improvement of emotional wellbeing services:

* [Every Child Matters](https://www.education.gov.uk/consultations/downloadableDocs/EveryChildMatters.pdf) (2003), and the [National Service Framework for Children, Young](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf)

[People and Maternity services](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf) (2004), using the four Tier strategic framework for child and adolescent mental health services (CAMHS), defines what is required to ensure children and young people receive comprehensive care.

* The Government’s 2011 mental health strategy [No Health without Mental Health](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf), which placed considerable weight on early intervention to stop serious mental health issues developing, particularly amongst children.
* The [Children and Families Bill](http://services.parliament.uk/bills/2012-13/childrenandfamilies.html) (2014), which included reforms to legal provisions for children with SEN and covered a strong emphasis on improving outcomes for children and young people with social, mental and emotional health needs.
* Last autumn, the publication of the [NHS Five Year Forward View](https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf) brought statutory organisations together around a vision for the future of health and care in England that emphasises prevention, new models of care and local determination within national frameworks.
* NHS England’s [CAMHS Tier 4 Report](http://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf) (July 2014) presented a range of findings in response to concerns raised about the commissioning and provision of inpatient mental health services for children and young people.
* The Health Select Committee report, [Children's and adolescents' mental health services and CAMHS](http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news/14-11-04-camhs-report-substantive/) (November 2014) which documented a series of serious and deeply ingrained problems with the commissioning and provision of children’s and adolescents’ mental health services.
* The work of the Children’s and Young People’s Mental Health and Wellbeing Taskforce, set up in September 2014 and which concluded with the publication of the Future in Mind report in March 2015.
* Finally, the planning guidance [Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing: Guidance and support for local areas](http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf) was published in August 2015 and is at the heart of this document.

In parallel with the heightened focus on CAMHS led by NHS England, the Department for Education (DfE) is leading a drive to improve the provision of mental health support in schools. In June 2014, the Department for Education published guidance for schools on identifying and supporting pupils who may have mental health problems.

This was followed in March 2015 with the publication of [*Promoting children and young people’s emotional health and wellbeing: A whole school and college approach*](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf). The aim of this guidance is to raise the profile of emotional wellbeing issues in schools, linking them to success against the Ofsted inspection framework.

Delivering collaborative approaches with schools is an essential element of the strategy to improve the local system of emotional wellbeing support, and this is addressed later in this document (section 11).

Evidence base

In addition to the policy documents above, there is a wealth of clinical evidence and good practice to build on in the design and development of services. Key documents that have been used to inform Croydon’s review of Emotional Wellbeing and Mental Health services over 2014-15 and the Local Transformation Plan are:

* Mental health problems in children and young people. Murphy M and Fonagy P (2012) which is in the Annual Report of the Chief Medical Officer 2012.
* The Children and Young People’s Health Outcomes Forum and Chief Medical Officer’s Annual Reports in 2012 and 2013 have maintained the focus on improving children’s mental health outcomes at national level.

**4. Local context – governance**

This Local Transformation Plan has been developed as part of Croydon’s arrangements for its Children and Families Partnership (CFP), in order to ensure it represents a full and complete multi-agency response to the challenge of strengthening the local system of emotional wellbeing services.

In line with national guidance, Croydon CCG is the accountable public body for the Local Transformation Plan, holding it on behalf of the local partnership of services.

Croydon’s CFP brings together all those working in organisations responsible for services for children, young people and families. The partnership works closely with colleagues across the Local Strategic Partnership, particularly the Safer Croydon Partnership and the Health and Well Being Board. The Children and Families Plan 2015-16 sets improving the emotional health and wellbeing of children and young people in Croydon as one of its key priorities.

Reporting to the CFP, the Emotional Wellbeing and Mental Health Board oversees the delivery of the multi-agency action plan for the improvement of emotional wellbeing services in Croydon. It is co-chaired by the council’s Director of Children & Family Intervention and Children’s Social Care Ian Lewis and the CCG’s clinical lead for children, Karthiga Gengatharan.



The programme of work under this Board has delivered against the locally agreed commissioning strategy, Nurturing for Wellbeing (2014) and the Children and Families Plan 2015-16 objective to improve emotional wellbeing for children and young people in the borough.

This Local Transformation Plan encompasses the full breadth of this work and will now become the borough’s multi-agency plan for delivering its objective to improve emotional wellbeing for children and young people, replacing the previous commissioning strategy.

The Integrated Commissioning Unit across the CCG and Council has a key role in coordinating and overseeing the delivery of the work in the Local Transformation Plan, and in recommending commissioning proposals for adoption through the CCG and Council’s governance routes. The ICU is a key enabler in helping to join up the system of commissioning in Croydon on behalf of the CCG and Council.

**5. Local context – Croydon profile**

Croydon’s profile of need offers clear challenges to the local economy of emotional wellbeing services. Data from the 2011 Census shows that Croydon has the largest resident population compared to all other London boroughs. The overall population increased by 8.4% from 335,100 on Census day 2001 to 363,400 on Census day 2011.

Croydon has the largest population of young people aged 0-16 year olds in London (87,339 young people). This age group made up 23.2% of the total population based on the latest ONS population estimates (2014 mid-year population estimates).

According to the 2011 Census 14.6% of the resident population in Croydon had their day-to-day activities limited by a long-term health problem or disability. This equates to 53,113 people in Croydon.

As with other London boroughs Croydon has a higher proportion of residents from black and minority ethnic (BME) backgrounds than the national average. Croydon has one of the largest BME populations making up 52.7% of the total resident population. Croydon also has a larger population of residents born outside the UK than the national average (29.6% compared to 13.8%). There are over 100 different languages spoken in the borough.

Croydon council provides housing and subsistence to an above average number of adult asylum seekers compared to other London boroughs, but is responsible for 38% of unaccompanied asylum seeking children in London (360 in March 2014)

In recent years, Croydon’s population has been growing more deprived at a faster rate than any other South London borough. In 2010, Croydon was the 19th most deprived borough in London. If Croydon continues to grow more deprived at the same rate as in recent years, by 2020 it will be the 12th most deprived borough in London.

Deprivation and poverty

Studies have shown marked health inequalities in relation to children and young people’s mental health, with correlations between poor mental health and disadvantage – for example, children in low income families having a three-fold increased risk of developing mental health problems (Future In Mind, 2015).

The Index of Multiple Deprivation (IMD) 2010 data shows that Croydon has become more deprived between 2004 and 2010, relative to all local authorities. The north of borough is generally more deprived than the south, sharing more of the characteristics of inner London than the south of the borough. Fieldway and New Addington wards in the east of Croydon also have high levels of deprivation, with Fieldway being the most deprived ward in Croydon.

The low-income families local measure from HMRC (formerly the Revised Local Child Poverty Measure) shows the proportion of children living in families in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60 per cent of UK median income. Latest data for Croydon shows that 25.2% of children under 16 years live in low income families. There is a wide variation across all the London Boroughs with 10% of children living in low income families in Richmond upon Thames and 43.6 % in Tower Hamlets.

**Risk factors – mental health**

Half of all mental illness in adults starts before the age of 14, and three quarters of lifetime mental health disorders have their first onset before 18 years of age. The life chances of the individuals concerned are significantly reduced in terms of physical health, educational and work prospects, the chances of contact with the criminal justice system and even life expectancy.

Serious Youth Violence

In Croydon there were a total of 305 reported serious youth violent crimes by ages 10-19yrs in 2012/13, with robbery (190) the highest crime type. Most crimes of this type were committed by 18 and 17 year olds, totally 53 and 52 respectively. The most robberies were committed by 13 year olds, 33 in total. The most violence against the persons were committed by 18 year olds (23), closely followed by 16 year olds (22).

Domestic Violence

Domestic violence and abuse are complex issues that require a partnership response from a range of agencies. Children and young people can experience domestic violence when they are exposed to it within their own families and their own relationships. British Crime survey data showed that 7.3% of all women and 5% of men experienced domestic violence and abuse in 2011/12. In Croydon (between July 2011 – June 2012) there were almost 6,000 allegations of domestic abuse, of which around 1,800 were allegations of serious nature, include grievous and actual bodily hard, rape and harassment.3 However, it has been acknowledged that underreporting is an issue locally, so the actual extent of this issue may be a lot greater.

Teenage pregnancy

Croydon’s teenage conception rate (15-17years) has reduced from an average of 55.4 per 1,000 in 2008 to 28.6 per 1,000 in 2012. The gap between the local rate and regional and national rates has been steadily closing over this period, and the local average is now only slightly higher than the regional (25.9) and national (27.7) rates.

Substance misuse

In 2012/13 there were 140 young people in treatment (for substance misuse) locally, 71% male, 29% female and 39% from a ‘White’ background followed by 24% from a ‘Black’ background. The number of young people in treatment was higher for older children and young people, with 59% aged 16 and 17 years and 12% of those in treatment were Looked After Children in 2012/13 compared to 7% in 2011/12.

**Vulnerable groups**

Children Looked After

Croydon has the largest population of children looked after and unaccompanied minors in London. The estimated CLA and unaccompanied minors population is 1200. Which gives Croydon a high concentration of vulnerable adolescents, numbering 877 in Summer 2015 (including UASC), 54% of whom are from other local authorities.

Children Looked After are more likely to experience mental health problems. It has been found that among children aged 5 to 17 years who are looked after by local authorities in England, 45% had a mental health need, 37% had clinically significant conduct disorders, 12% had emotional issues, such as anxiety or depression, and 7% were hyperkinetic.

Local authorities are required to assess the emotional and behavioural health of all Children Looked After between the ages of 4 and 16. This is done through the strengths and difficulties questionnaire (SDQ).

A score under 14 is considered normal, scores between 14 and 16 are a borderline cause for concern and scores of 17 or over are considered a cause for concern. In 2013 59% of Children Looked After in Croydon had a normal score compared to 50% of Children Looked After nationally. Only 30% of Children Looked After in Croydon had a score that was a cause for concern compared to 38% nationally. However in 2012 in Croydon 65% of Children Looked After had a normal score and only 21% had a score that was a cause for concern.

The Home Office’s main immigration centre is based within Croydon, which means that Croydon has an unusually high number of unaccompanied asylum seekers, many with high levels of mental health needs. These are addressed both within the statutory and voluntary sector.

Unaccompanied refugee and asylum seeking minors (UASC) are an often neglected group that have a complex set of needs. They are at great risk of mental health problems and exploitation without adequate support. Although the number of Children Looked After in Croydon has dropped over recent years, Croydon has one of the highest unaccompanied minor populations in the country and as a consequence, specific consideration is needed to ensure that sufficient provision of appropriate mental health services are provided for this vulnerable group of young people.

Croydon’s BME population

Understanding the ethnic profile of the 0-19 year old population in the borough supports service development and the commissioning of services that need to respond to the growing diversity and complexity of the local population. Croydon has one of the largest BME populations, making up 44.9% of the total resident population. Croydon’s younger population is more diverse than the older population, locally there is a higher proportion of residents aged 0-19 years from BME communities compared to residents classified as ‘white’.

Ethnicity projections published by the GLA show that Croydon will become more ethnically diverse over time, by 2015 the overall percentage of residents from BME communities is projected to increase to 49.5% and by 2021 this will increase to 54.3%. Projections show that for the 0-19yr age group the overall percentage of residents from BME communities will increase to over 60% by 2021.

It is reasonable to assume that this overall change in the demographic profile of the 0-19yr age group will result in an increase in the number of Children in Need and Looked After Children (indigenous) from BME communities, which will add to the complexity of needs for this cohort. A deeper analysis of the profile of this group of children and young people and its access to emotional wellbeing support has been undertaken in order to inform this Local Transformation Plan and can be found in section 13

**6. Local context – mental health need in Croydon**

Croydon published its ‘deep dive’ Joint Strategic Needs Analysis on Emotional Wellbeing and Mental Health in Summer 2013, which offered an in depth assessment of local population need.

The prevalence of mental health problems in children and adolescents was last surveyed in 2004. This national study estimated that 7.7% or nearly 340,000 children aged 5-10 years have a mental disorder. 9.6% or nearly 850,000 children and young people aged between 5-16 years have a mental disorder. 11.5% or about 510,000 young people aged between 11-16 years have a mental disorder[[2]](#footnote-2).

This means in an average class of 30 schoolchildren, 3 will suffer from a diagnosable mental health disorder. In areas of higher deprivation, such as some wards of Croydon, prevalence rates are higher.

The level of emotional need that is experienced in the population is on a continuum. Just as Warnock argued some decades ago that 20% of children have a special educational need at some point in their education, extrapolation from national data would suggest that approximately 21,000 children and young people in Croydon with some form of mental health need.

The child population in Croydon is growing rapidly. The LGA’s analysis of 2012 local authority school places planning returns to the DfE showed that Croydon has the highest percentage growth of school aged population of any authority in the country. Given the growth of the child population it has been estimated that this figure will rise to approximately 24,000 by 2021.

There is relatively little data about prevalence rates for mental health needs in pre-school children. However, applying prevalence rate estimates generated from available research, it has been calculated that currently there are an estimated 4,198 children aged 2-5 years inclusive living in Croydon who may have a significant mental health need. Similarly, research based prevalence estimates applied to school aged children aged 5-16 years of age has suggested are approximately 6400 boys and 4400 girls who have a significant mental health need. Children aged 11-16 years of age are more likely to experience mental health problems than those aged 5-10 years of age.

In relation to specific mental health needs, the most prevalent type relates to conduct disorders, such as aggression and anti-social behaviour. It is estimated that there are currently 3,300 children and young people with these types of disorders in Croydon, with the highest prevalence seen amongst boys aged 11-16. The second most prevalent disorder type relates to emotional disorders, such as depression and anxiety. Approximately 2,100 young people in Croydon have emotional disorders, with the highest prevalence seen in girls aged 11-16 years. Hyperkinetic disorders are 6-7 times more common in boys than girls, with the highest prevalence in boys aged 5-10 years.

Autism spectrum disorders

A key trend in demand for this provision relates to Autism spectrum disorders. The number of children with autistic spectrum disorders (ASD) is set to rise significantly by 2021, with the number of children with autism (diagnosed) amongst 0-18 year olds expected to increase from 881 in 2012 to 1414 in 2021. Currently we expect to see 360 children on the ASD diagnostic pathway a year; this number has increased year on year.

Perinatal mental health

Perinatal mental illnesses affect up to 20% of women and, if untreated, can have a devastating impact on them and their families. This would equate to about 1200 women in Croydon per year with 13 new mothers in Croydon experiencing postpartum psychosis and chronic serious mental illness, about 180 new mothers experiencing severe depressive illness and up to 1800 mothers per year experiencing adjustment disorders and distress.[[3]](#footnote-3)

In 2014-2015, 30 women were referred by midwives, for mental health issues; these are usually the severe illnesses e.g. Bi-polar effective disorders, personality disorders, suicidal ideation and schizophrenia. On average a further 30 women were referred to the perinatal mental health team with depression and low mood.

Data in this area is being strengthened through the development of the 2015 JSNA chapter on maternal health, due to be published this autumn.

**7. Local context – engagement with children, young people and their families**

In developing the Local Transformation Plan, commissioners have actively sought the views of young people that have an increased vulnerability to mental health disorders through a broad programme of consultation activity. We also used the Primary and Secondary Schools Survey, as this captured the views of more than 6000 young people in the borough.

Number of primary school children responses

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 4** | **Year 6** | **All** |
| **Boys** | 1091 | 938 | 2029 |
| **Girls** | 1147 | 992 | 2139 |
| **Total Sample** | 2238 | 1930 | 4168 |

Number of secondary school children responses

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 8** | **Year 10** | **All** |
| **Boys** | 537 | 464 | 1001 |
| **Girls** | 651 | 665 | 1316 |
| **Total Sample** | 1188 | 1129 | 2317 |

Analysis of the data indicated that as children got older worried more about all aspects of their lives. 69% of Year 10 girls indicated that they ‘worried a lot’; more concerning is that there was a marked decrease in the number of young people that said that they had a trusted adult to talk too as they got older.

Similarly the self-esteem of girls decreases from Year 4 to Year 6; whereas the self-esteem of boys makes a marked increase. It is interesting to note that by Year 6, 30% of girls would like to lose weight, with 9% having nothing or a drink before school.

For young people in secondary school, there is a noticeable trend indicating that schools are less able to respond to young people’s emotional needs as they get older, with 44% of girls and 36% of boys in Year 10 saying that schools support positive them deal with their emotions.

Boys are more likely to be victims of violent or aggressive behaviour; this trend within Croydon is mirrored nationally. By Year 10, 10% of boys have been victims of violent behaviours by someone they know.

Commissioners also conducted further research, which has given depth and greater understanding of the schools survey. We used a variety of research methods including surveys, semi structured interviews and group work.

|  |  |
| --- | --- |
| Children eligible for free schools meals | Consultation at 4 primary schools school with Year 4 and Year 6 children2 parents ‘coffee mornings’ at local primary schools |
| Young offenders | 4 outreach sessions with YOT workers consulting with YP at risk of criminal / anti-social behaviour |
| NEET young people | Two consultations at job centre plus premises  |
| Children living in poverty | Consultation with two refugee and asylum parents groups  |
| Children subject to a child protection plan | Consultation with the Child in Need social work team and five families |
| Looked after children | Consultation with both the LAC social workers and CAMHS teamConsultation with Unaccompanied Minors  |
| Children and young people using alcohol and drugs | Consultation with Turning Point and the users forum |
| Pupils with an SEN statement | Consultation with all special schools in the borough and special school nursing |
| Parents with children on the waiting list for Autistic Spectrum Disorders (ASD) diagnosis  | Consultation with Parents In Partnership (PIP) as well as individual meetings with parents that were unable to attend meetings |

It is interesting to note that we have been able to engage with traditionally ‘hard to reach groups’ with relative ease, whilst children in the more affluent areas of the borough, those in private schools and young Asian women are underrepresented in the analysis. Work to ensure that their views and needs are incorporated into the Local Transformation Plan is ongoing.

74% of all children and young people consulted about the local transformation plan come from a BME community. This includes children and young people from emerging communities within the borough.

Five of the GP networks have been consulted and have had the opportunity to set the clinical priorities from their perspective. The views and training needs have been threaded through the Local Transformation Plan and the operational plan that underpins the implementation of the LTP once monies have been released.

Consultation with the clinical leadership team has taken place, with broad agreement on the strategic direction as outlined within this paper. Active recruitment of a GP lead for the CAMHS portfolio is underway so that there will be a seamless continuation of clinical governance, once the current lead goes on maternity leave.

|  |  |  |
| --- | --- | --- |
| **Consultation**  | **You said** | **We did** |
| Mixed group of Year 4 and Year 6 some of whom were eligible for free school meals | I’m worried about going to High School, and getting lost all the timeNot everyone in my school is nice all the timeParents: hard to be there for your kids when your heads full of other stuff | Developing Cues – Ed so that addresses Transition Resilience. This programme will be rolled out across Croydon.Supporting teachers to address bullying in the classroomLinking Empowering Parents, Empowering Communities programmes together with Cues – Ed so it becomes a whole family intervention |
| Young offenders | Not interested in someone in my headWhat’s the point, already too late I’ve already screwed up big timeIt’s not OK to talk to someone about how I feel – what’s the point nothing changes still have to go home. | More conversations about understanding what young offenders want and how it’s acceptable for them to access servicesMore thinking about intervening earlier, thinking with the police, YOT and social care about how to access YP before they escalate to the YOTAllow more flexible access, in a range of settings not just within YOT or T3 services. More thinking with social care and YOT about children’s placements / housing so that they can make choices |
| NEET young people | Hard to make a plan when you know that no one is going to give you a jobI sofa surf as I can’t live at home ‘cos I don’t get on with my step brothers. | Increased access to drop in support / solution focused therapyBetter integration of mental health support and practical support services |
| Looked after children | I don’t want to be told who to see and when.SLaM (T3) had lots of buzzer doors like the Home Office – never went backWant housing advise and help writing letters | More flexible appoints across the voluntary sector so that YP can self referSLaM are ‘revamping’ their offices to be open plan and more inviting. SLaM specialist practitioners (ie for PTSD) will have the capacity to see YP in voluntary sector settings.Integrating advocacy and counselling within the voluntary sector so that it becomes a one stop shop for looked after children |
| Young People using alcohol and drugs | My mum has mental health problems be good if she got help the same time as me | Adult mental health have aligned a post to the CAMHS team that will be able to support agency working |

**8. Local context – services**

CAMHS provision in Croydon is complex. As in other boroughs, it is commissioned at a local and national level and has multiple funding streams including the CCG, Local Authority, schools and NHS England.

In addition to this, there are multiple relationships and interfaces with a large number of public and third sector agencies. These include Off The Record, Croydon Drop In, mainstream school provision via Head Start, Children Looked After and Youth Offending Teams in SLaM, Children’s Centres, Primary Care General Practitioners, secondary and tertiary health care providers including Adult Mental Health Services for children in transition.

A high level map of these services, aligned to the four Tier model of intervention, can be found below.

Mental health support at Tier 1 – schools and universal services

A broad range of services is commissioned at this level, which focuses on improving emotional wellbeing and parent child attachment. This includes Maternity, Health Visiting, Children’s Centres and other primary care support.

Schools commission various initiatives and resources to enable pupils to overcome emotional barriers to their learning. These are in part funded through the Pupil Premium (for children eligible for free school meals) and include restorative approaches, emotional literacy support assistance, social and emotional aspects of learning and Personal, Social and Health Education.

Mental health support at Tier 2 – voluntary sector counselling provision and other targeted services

Alongside the range of more targeted services in Croydon, there are counselling services delivered through the voluntary sector which provide interventions for those children and young people who have Tier 2 needs. They are described as ‘open access’ as young people can self-refer into the service. Tier 3 services often signpost referrals to these organisations.

These services are currently delivered by two well established Croydon voluntary sector providers, Croydon Drop In (Established in 1978) and Off The Record (Established in 1994). The services are offered from their own premises in the Borough and are available outside normal office hours including at weekends.

Mental health support at Tiers 3 and 4 – South London and Maudsley (SLaM)

SLaM are the primary provider of Tier 3 CAMHS services in Croydon and are commissioned by both the CCG and Local Authority to deliver a range of clinical and therapeutic interventions across a number of services. The service is also funded by some schools to provide mental health awareness training, capacity building and some Tier 2 interventions. Referrals to the service are made through GPs and schools.

SLaM’s contract with the CCG for the Tier 3 service has been renegotiated and detailed work has led to a number of improvements, including a new strengthened specification, improved performance reporting, a full breakdown of service costs and activity and service initiatives including a GP phone line, better capacity modelling and the development of early plans for the implementation of a single point of referral/access. These areas of service redesign were discussed with the CCG Clinical Leads Group in September.

It has been acknowledged that there have been significant issues in the local collection of performance data – however, the new reporting arrangements mean better monitoring information on the Tier 3 service is available than ever before.

|  |
| --- |
| **Croydon’s services to support children and young people’s emotional well-being and mental health** |
| **Stage 1: UNIVERSAL****Screening & preventative work in universal services** | **Stage 2: VULNERABLE****Targeted services enhancing the work of universal services** | **Stage 3: COMPLEX****Multi-disciplinary specialist services** | **Stage 4: ACUTE****Specialist services for the highest levels of need**  |
| **Healthy Child Programme*** Ante-natal & post natal services (Midwifery & Health Visiting)
* Maternal mental health (Midwifery & Health visiting)
* Child health & development reviews (Health Visiting)
* Children’s Centres
* Primary care services - GPs
* A&E
* Speech & Language Therapy (early years only)
* School Nursing (Healthy Child Programme 5-19)

**Schools** * Whole school approaches including CUEs Ed
* Healthy Schools Programme
* Restorative Approaches
* Emotional literacy support assistance
* Social and Emotional Aspects of Learning
* Personal, Social and Health Education
* Healthy Schools programme
* Roots of Empathy (Limited) Learning & Behaviour Mentors
* Empowering Parents, Empowering Communities
* School based inclusion teams
 | **Counselling and targeted mental health support*** Off the Record – counselling, information, advice
* Croydon Drop In – counselling, advice & advocacy
* SLAM CAMHS Early Intervention & Schools Service
* School-based counselling including Place2Be
* Off the Record - Young Carers Project
* Health Visiting
* Nurture groups
* School Nursing
* Midwifery
* Community Paediatricians
* Children’s Centres
* Primary Care – GPs
* Speech & Language Therapy (EY)
* Family Engagement Partnerships
* Victoria House – behaviour support
* Special schools outreach
* Primary behaviour team
* Education psychology service
* Youth offer through Early Intervention Service
* 2-5 provision for children with social & communication difficulty
* Alternative education provision
 | **SLAM specialist & targeted CAMHS services (assessment & treatment)** * Child & Adolescent Specialist Service Team
* Neuro-developmental Service Team
* Young Offenders CAMHS
* Children Looked After CAMHS
* Functional Family Therapy
* Family Resilience Service liaison
* Family Justice Centre liaison
* Family Nurse Partnership
* Enhanced Learning Provisions
* Pupil Referral Unit
* Domestic violence services
* Social Care Children in Need
* Youth offending service
 | **SLAM CAMHS Specialist** **services** * Tier 4 in-patient CAMHS services
* Tier 4 outpatient provision
* Tier 4 highly specialist outpatient services.

Special school provision for children with social, emotional and behavioural needsPlacements for CLA with mental health needsSocial Care – Stage 4 Child Protection ServicesContinuing Care (OoB Placements, additional care in community settings)  |

A number of services will work more than one stage, and in some cases all stages, although this is not necessarily reflected in the table above.

**In detail - voluntary sector provision including IAPT**

The counselling and talking therapy services at Tier 2 are delivered through two established voluntary sector providers, Croydon Drop In and Off The Record.

These Tier 2 services have operated within the CYP IAPT framework since the second wave of recruitment in 2012, and they are original members of the London and South East CYP IAPT Collaborative, along with SLAM CAMHS and Place to Be. Both organisations work to the National Standard and Values framework “Delivering With and Delivering Well”.

In keeping with the principles laid down by NHS England these Tier 2 services are described as ‘open access’ as young people and their families are able to self-refer, while more complex cases are seen by services that are provided in the NHS at Tier 3. The services are offered from their own premises in the borough and are available at some times outside normal office hours including at weekends.

Across the two organisations, support is available to young people aged 11-25. Both services see young people from anywhere in the borough, and offer a range of evidence based modalities of interventions which fall within the remit of CYP IAPT.

*Table 1 Annual Counselling Outputs and Outcomes 2014-15*

|  |  |  |
| --- | --- | --- |
| **Measures** | **Off The Record** | **Croydon Drop In** |
| Clinical Hours per week offered | 100 | 78 |
| % delivered by clinicians on training | 35% | 28% |
| Young people going to counselling | 478 | 328 |
| Counselling sessions offered | 3337 | 3276 |
| Counselling in schools sessions offered | Not Applicable | 581 |
| Counselling in schools participants | Not Applicable | 93 |
| Age >19<26 | Approx.55% | Approx. 1/3rd |
| Ethnic minorities | 50% + | 49% |
| Participants in online counselling | 70 | NA |

In addition to the work above, the organisations are funded through a number of other streams such that their joint portfolio also includes information, advice, guidance, direct advocacy and other services.

Off the Record delivers the local Young Carers Project, supporting the council to meet its duties under the new Young Carers Regulations, and receives over 100 referrals a year with more than 500 young and young adult carers registered with the project.

Additionally, Off the Record delivers the COMPASS project, offering counselling to Unaccompanied Asylum Seeking Children (UASC). Over 500 Asylum Seekers engaged with the project in 2014/15, and over 400 professionals were trained by the project workers.

Croydon Drop In delivers an outreach service via their mobile Talk Bus, which also supports in the active outreach of health improvement services.

Croydon Drop In has been successful in engaging with six schools to provide counselling interventions. Since March 2012 The Drop-in has providing counselling for 275 young people in six schools. This is in addition to the 670 children that have been seen through core services.

In 2013 and 2014 Off the Record piloted a new online counselling service called SkyLine offering young people aged 14-25 the opportunity to access mental health support through either message-based (asynchronous) or live chat (synchronous) online counselling. The pilot included the development of a new online counselling platform, (http://skyline.offtherecordcroydon.org), and provided online counselling to 70 young people.

Results from the pilot indicate that online counselling is equally as effective as Off the Record’s face-to-face counselling service whilst also reaching proportionally higher numbers of historically under-represented groups

Both providers actively promote the principles of co-production with active user groups and a range of engagement activities, and some users have gone on to be volunteers. The organisations have been able to attract funding from Children in Need, Comic Relief, the Carers Trust and Youth Access in recent years.

In providing practical support, working in child-centred ways, extending their offer into early adulthood, and actively pursuing external funding opportunities both providers continue to provide a key element of the emotional wellbeing offer for young people in the borough.

**In detail - SLaM CAMHS provision**

Services at Tier 3 and Tier 4 in Croydon are delivered by SLaM in line with national standard for practice and access. In October 2014, the Government announced the first waiting time standards for mental health services, to bring waiting times for mental health in line with those for physical health. From April 2016, the local target for people to access talking therapy treatment will be six weeks, with a maximum national target of 18 weeks. For individuals experiencing a first episode of psychosis, access to early intervention treatment will be available within two weeks. An access time target for eating disorders is in development; we anticipate this will be 14 days from referral to treatment, in line with the psychosis target.

SLaM is currently meeting the access target for eating disorders and psychosis, within the current parameters of the service (a new national specification is now being introduced by NHS England).

Additionally, the SLaM service is currently meeting the talking therapy waiting time for children and young people that have a lower level mental health need via open access counselling and children’s Integrated Access to Psychological Therapies (IAPT).

Where protective factors are in place and the risk associated to the child or young person is assessed to be low, the child or young person is placed on the ‘standard’ CAMHS waiting list and kept under risk review.

Difficulties of access and long waiting times for some children at Tier 3 are the main priority for the improvement of services through Croydon’s Local Transformation Plan.

The area is currently subject to detailed work including a waiting list initiative funded from new investment by the CCG (see further detail below). Further Local Transformation Plan monies will also be prioritised towards this area.

SLaM CAMHS – funding envelope

The CCG has agreed a business case to invest a further £455k in the Tier 3 SLaM service from 2015/16 onwards. This will enable the service to improve access and reduce its waiting list.

The business case illustrated that the funding of the Tier 3 CAMHS service in Croydon had not kept pace with the growth in the 0 – 18 year old population, coupled with the increasingly complex nature of referrals. This has meant that children and young people with a lower risk profile (categorised locally as routine and semi urgent) are subject to significant delays in accessing help in a timely way.

*Table 2: Tier 3 staffing ratios and funding across the four boroughs*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Borough** | **child pop** | **Staff** | **staff per 100,000 child pop** | **13/14 £** | **£ per child** |
| Croydon | 89,529 | 53 | 59 | 3,967,065 | 44 |
| Lambeth | 60,800 | 46 | 68 | 3,131,688 | 46 |
| Lewisham | 66,589 | 61 | 92 | 4,264,272 | 64 |
| Southwark | 60,950 | 58 | 95 | 4,356,251 | 71 |

SLaM Dataset 2014/15

As shown in the table below, Croydon Tier 3 CAMHS received approximately half as many referrals compared to its borough population as other boroughs in 2014-15. Even with this lower referral rate, it also accepted the significantly lowest proportion of referrals.

This is indicative of local services opting not to refer to Tier 3 CAMHS due to the expectation that referrals will not be accepted, and of Tier 3 CAMHS operating higher thresholds than other boroughs. Despite this tightening of access, waiting times from referral to assessment have been generally higher in Croydon than other boroughs over the last two years.

*Table 3: Breakdown of referrals in to Tier 3 by borough*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Croydon** | **Lambeth** | **Lewisham** | **Southwark** |
| Total number of referrals received | 1,345 | 1,285 | 1,485 | 1,461 |
| % Referrals received compared to population | 1.5% | 1.9% | 2.2% | 2.4% |
| Total number of referrals accepted | 725 | 786 | 906 | 1,069 |
| % Referrals accepted compared to referrals received | 54% | 61% | 61% | 73% |

SLaM Dataset 2014/15

The difficulty of accessing Tier 3 services has meant that Tier 2 (voluntary sector) services have seen an increased demand for counselling and advocacy support. Services are now managing waiting lists at Tier 2 of upward of 12 weeks for ‘non – urgent’ cases. Tier 2 services are also managing more complex clinical cases than would be expected – there are potential clinical risks here which should be addressed through a single point of access across Tiers 2 and 3. It is evident that the thresholds in to specialist services are based not just on clinical needs, but in the congruent knowledge that there are long waiting lists for ASD and ADHD diagnosis and pathological mental health disorders that need to be prioritised.

As part of the PPI engagement with schools and GPs delivered through the EWBMH Review, the overwhelming response on this issue was that the thresholds for CAMHS services were too high, so many simply don’t refer. In some cases this has created an increased pressure on inpatient services, as young people escalate to more costly specialist services. Croydon proportionally has more occupied bed days (OBD) than the other three SLaM boroughs. It is anticipated that the planned implementation of a single point of access will be able to influence this disparity more effectively and at an earlier stage.

SLaM CAMHS – new CCG investment

The focus of the £455k uplift into SLaM from 2015-16 is to reduce waiting times and improve access into the service. In order to achieve this, SLaM CAMHS is using the uplift to recruit to 9 new posts (6.4 WTE) split across a range of disciplines to increase the capacity of the service to manage demand.

In addition to recruitment, a waiting list initiative has commenced whereby a significant number of children and families will be offered appointments over the coming months.

 *Table 4: Number of patients currently on the SLaM CAMHS waiting list*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|    | **< 1 month** | **1-3 months** | **3-6 months** | **6-8 months** | **9-12 months** | **12 - 18 months** | **18 months +** | **TOTALS** |
| **Up to****4 weeks** | **5-12 weeks** | **13-24 weeks** | **25-32 weeks** | **33-50 weeks** | **51 - 72 weeks** | **More than 73 weeks** |
| **MH - Semi-Urgent** | 9 | 8 | 29 | 0 | 2 | 0 | 0 | **48** |
| **MH - Standard** | 7 | 20 | 41 | 25 | 58 | 28 | 30 | **209** |
| **Neuro - Semi-Urgent** | 1 | 3 | 4 | 1 | 0 | 0 | 0 | **9** |
| **Neuro - Co-morbid** | 10 | 33 | 30 | 22 | 41 | 53 | 1 | **190** |
| **ASD assessment only** | 4 | 22 | 16 | 13 | 33 | 33 | 34 | **155** |

*Data correct at 11th August 2015*

For specialist or acute mental health services, waiting times vary according to the degree of urgency for each case, which is assessed by senior clinicians in South London and Maudsley and reviewed when new information is forthcoming.

All teams see urgent cases within 7 days. For example, those experiencing early onset psychoses will be assessed within 48 hours. Children and young people with an acute eating disorder (Body Mass Index below 16) will be seen within 7 days. All other children and young people on the eating disorders pathway are assessed and start treatment within 14 days. This meets the national access standards for CAMHS which will be reported against from April 16.

All children and young people attending A&E are seen and assessed within 4 hours of attending. If they are not admitted there is a 7 day follow up, into generic or specialist CAMHS services.

For mental health conditions such as anxiety or depression, the waiting time from referral to assessment for the specialist CAMHS service is 13.1 weeks. Waiting times for the Children Looked After and Youth Offending services provided by South London and Maudsley respectively are 6.3 and 1.6 weeks.

For children requiring Autistic Spectrum Disorder diagnosis, without mental health comorbidities, the wait has been considerably longer, currently between 65 and 80 weeks. We have commissioned the national and specialist team at South London and the Maudsley to commence a waiting list initiative, whilst the pathway is reviewed and redesigned; we expect the waiting time to reduce to between 14 -18 weeks during 15/16. For children with a suspected mental health co-morbidity requiring an ASD diagnosis, senior clinicians review the presenting issues and associated risks offering appointments within 14 days for children and young people requiring urgent assessment. The average waiting time for this cohort of children and young people is 16 weeks.

SLaM CAMHS - trajectory for the improvement of waiting times at Tier 3

The £455k 2015/16 uplift from the CCG will raise the number of initial assessments that the service is offering per month from its current level of 40 to 60. This will mean that by January, the service will be sufficiently resourced to manage the flow of existing demand. Recruitment to the new posts is underway.

In parallel with this, the monies not spent from the uplift while recruitment is taking place are being redirected to a waiting list initiative, where SLaM Tier 4 (National And Specialist) staff are being commissioned to work on the backlog of cases while the capacity of the service is built up.

Currently, a projected 100 cases will be removed from the waiting list through this initiative in 2015-16 and the full elimination of the backlog will be achieved in 18 months if current demand levels remain stable. Commissioners are monitoring the waiting list in detail and on a monthly basis with the SLaM Service Director, whilst also developing a sophisticated model of capacity modelling for the whole service.

Further investment via the Local Transformation Plan will further increase the capacity of the service, enabling it to manage existing levels of demand and to reduce waiting times (see section 11).

SLaM CAMHS - performance management and service efficiencies

As part of a DNA reduction strategy, commissioners and SLaM have led user and carer involvement and engagement through a variety of mechanisms. These have included one to one meetings with service users and their families, secondary / primary school focus groups, engagement event with the youth council and attending parent groups (ASD pathway redesign). SLaM has implemented a number of initiatives as part of the DNA strategy, all of which are directly related to the feedback from young people. Croydon CAMHS now has the lowest total DNA rate of the SLaM boroughs.

*Table 5: SLaM borough DNA rates*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Croydon** | **Lambeth** | **Lewisham** | **Southwark** |
| Overall DNA rate% | 13.1% | 18.6% | 14.6% | 9.9% |
| % rate for cancellation by patient | 7.1% | 5.8% | 9.5% | 11.7% |
| % rate for cancellation by service | 0.7% | 1.8% | 1.4% | 1.8% |
| **Total DNA rate** | **20.9%** | **26.2%** | **25.5%** | **23.4%** |

SLaM Dataset 2015/16

Local data suggests that the main reason for cancellation is that clinicians have to attend A&E to assess a child or young person in crisis. As part of the £455k for 15/16, the CCG has invested in an additional psychiatrist, whose role will be to support the management of crisis care within Croydon. The expectation is that the number of service led cancelations will then reduce during quarter 3 - 4.

Internally, SLaM have conducted a range of activity to support the improvement in DNAs:

* Care pathways have been revised based on NICE Guidelines and are now more detailed giving clearer advice about onward referral.
* Activity expectations are continuing to be scrutinised at individual clinician level for new assessments.
* The service is increasingly involving young people in development and change of the service. Young People now sit on the CAMHS Executive Group.
* SLaM is going at risk and recruiting additional clinical staff in the expectation that a central team will be developed to respond promptly to peaks in service demand or vacancies
* The service is developing new initiatives to respond to the needs of schools. This includes CUES-Ed, a CBT based, resilience building, whole class approach.
* Delivery of SEADS – a CAMHS service provided in schools, that offers, consultation, direct work, training etc.
* Delivery of Discover – a workshop based initiative for young people identified by teaching staff, showing signs of stress.
* The further development of EPEC (Empowering Parents, Empowering Communities) for the teenage population.

In addition, to help ensure posts recruited in Croydon are attractive to applicants, the SLaM service has a number of initiatives:

* Creation of some posts with the National and Specialist CAMHS service at the Michael Rutter Centre
* A national recruitment event in September and any posts not recruited to by then will be promoted during this event
* Development posts for nurse prescribers
* Rotational posts
* SLaM will be recruiting permanently to fixed term posts

Commissioners now monitor activity against the available resource. The most recent reports indicate that Croydon CAMHS is now the most productive of the SLaM boroughs in offering new appointments: a strong indicator in the drive to re-establish flow at Tier 3.

Once young people are able to access SLaM CAMHS services, feedback delivered through user engagement is generally positive, with a good record on outcomes delivery. Internal care pathways have recently been revised based on NICE guidelines and help ensure young people’s needs are met in a timely fashion. Activity expectations are now scrutinised at the individual clinician level and it is anticipated that the current trajectory of improvement will be maintained through robust collaborative work and the Local Transformation Plan process. The new information schedule for 2015-16 presents a greater level of transparency than ever before and provides a firm basis for onwards performance monitoring and improvement.

Collaboration with NHS England at Tier 4

We acknowledge that the latest research indicates that young people and children in crisis, are often better served by integrated, holistic care in the community than by inpatient care. To that end, a key objective that runs throughout the Local Transformation Plan is to prevent escalation of need in young people such that they should require Tier 4 services commissioned through NHS England.

We will continue to actively work with NHS England to reduce the number of avoidable admissions though a balanced approach to early intervention, ensuring that escalation pathways are vigorously scruntised by a multi-disciplinary team to ensure that treatment plans are in the best interest of the child or young person.

During 15/16, we will continue to work with partners in education and social care to ensure that escalation and discharge planning are symbiotic and work in unison.

In addition, we will work locally with partners in Adult Mental Health and Social Care to ensure that young people in residential care transition either back to the community or to adult residential care in a timely and seamless manner.

**8. Progress achieved as part of the Emotional Wellbeing and Mental Health review to date**

Croydon’s Children and Families Partnership agreed the improvement of emotional wellbeing services as a key priority for children and young people, following the publication of the JSNA chapter on emotional wellbeing in Summer 2013. A multi-agency strategy, *Nurturing for Wellbeing*, was developed and adopted by partners in April 2014.

An Emotional Wellbeing and Mental Health Board was constituted and sat for the first time in June 2014 to oversee an action plan for the improvement of services. The approach through the EWBMH review has been to take a system-wide approach to delivering improvements. So far these have included:

* A detailed review of contracts, including the development of a full service map through workshops with professionals across the system.
* The early development of a schools offer, to be trialled with the Selsdon network of schools in autumn 2015.
* Work has been undertaken by the ICU to stabilise the financial position of the voluntary sector with new contracts coming into force from April 2016. In a context where funding for other services is decreasing, the LA will continue to support the development of the voluntary sector to provide early intervention, solution/outcome focused therapy and open access mental health support. This will go some way to ensuring, that children and young people who have lower levels of need are seen in a timely way, with the view that this will prevent escalation to specialist mental health services. Given the fact that the CCG and Local Authority both commission talking therapies through these organisations, consideration will be given to the benefits of pursuing a joint procurement route over the Local Transformation Plan period.
* A review of the local Young Carers service through Off the Record has been undertaken, including a review of the new regulations guiding services to young carers and carer’s assessments through the Care Act. A re-procurement of these services is in train, ensuring the new Young Carers regulations are factored in to the new service model, including requirements around whole family assessments and an integration of the Early Help assessment process.
* Comiissioners have aligned the outcome monitoring across all CAMHS services so that commissioners can benchmark service delivery across the borough in an academic and uniform way. In doing this, it becomes possible to monitor and adapt engagement strategies, thus further reducing the DNA rates of specialist MH services.
* Pathways and routes into treatment are being developed. A single point of access (SPA) will triage all non-urgent cases ensuring that children and young people will be seen by the clinician with the most appropriate expertise to treat / manage the condition. The blended / step model will ensure that training and supervision will be shared across services. SLaM clinicians will be able to support the therapists with in the voluntary sector in ‘holding’ cases that may otherwise be transferred to specialist MH services. This will in the longer term create greater clinical capacity within the voluntary sector, which when coupled with IAPT, can be seen as part of the CCG’s risk management strategy.
* An all-age ASD commissioning group (comprising representatives from children and adult commissioning across the ICU, council and CCG) has completed its work to consider the diagnostic and support pathways for children and their families affected by autism spectrum disorders (ASD). This incorporates a proposal in development to clear the waiting list backlog for these diagnostic assessments for consideration by the CCG.
* Commissioners have also ensured that the waiting list between Tier 3 and Tier 4 are effectively managed. Children and young people with eating disorders and some of those with an emerging personality disorder - requiring DBT are transferred to specialist services within Tier 4 out patients; thus ensures both NICE compliance and that children and young people with specialist disorders can be seen more quickly.
* A new, strengthened specification for the Tier 3 specialist mental health service has been agreed.
* A new information schedule has been which will bring clarity to outcomes and pressures, as well as a number of vignettes on those accepted / declined a service so that we have transparency of threshold and clinical risk.
* As noted earlier in this document, following the development of a business case, a permament uplift of £455k has been agreed by the CCG to improve access and reduce waiting times in 2015-16.

The work of the Emotional Wellbeing and Mental Health Board positions Croydon strongly for the delivery of a further range of improvements to services through this Local Transformation Plan.

Include reference to section on engagement/participation here.

**PART TWO:**

**TRANSFORMING SERVICES**

**9. Strategic vision over the next five years**

Emotional wellbeing services in Croydon will benefit from a whole systems approach to improvement that is broader than a sole focus on access to specialist mental health services.

The new Local Transformation Plan funding will enable a step change in how care is delivered. In keeping with the latest government policy set out in Future In Mind, this constitutes a move away from a system defined in terms of the services and/or organisations provided (the ‘Tiered’ model) towards one built around the needs of children, young people and their families.

Croydon’s approach to improving the mental health of children and young people is underpinned by four strategic principles:

**1. Co-production** – close partnership between services and children / young people will be central to our approach and we will ensure that every service we deliver within this framework is co-designed. In the case of the on line strategy it will be co delivered by young people

**2. Prevention** – part of the approach is focused on prevention of future problems rather than treating existing problems

**3. Evidence** – our activities will be based in the evidence of what works. We will also look at innovative areas of work, contributing to developing their evidence base going forward

**4, Integration** – provision will be integrated and responsive to the needs of children and young people, ensuring that high quality and accessible support is available at the right time, in the right place and provided in the right way, enhancing Croydon’s approach to early intervention

In addition to this, services will be developed to be timely, effective and efficient, maximising the use of resources across the system and simplifying pathways so that the journeys of young people and their families are simple, seamless and clear.

**10. Croydon – service transformation priorities**

The Local Transformation Plan process offers a key opportunity to stabilise and strengthen specialist CAMHS services while also investing into and building up the wider system of emotional wellbeing support in the borough. Croydon’s priorities for the transformation of services are listed below.

**10.1 Schools Engagement and Offer (Tier 1)**

Schools are an essential partner and commissioner of emotional wellbeing support. Ofsted guidance makes it clear that schools need to address and support children’s mental health needs, both at a whole school level but also focused care for the most vulnerable.

In partnership with schools, a three stage offer of support is being developed and piloted. In the first instance, the pilot is being undertaken with the Selsdon network of schools before roll out across the borough.

|  |  |  |
| --- | --- | --- |
| **Level 1:****Workforce development** | **Level 2:****Whole school approaches to resilience** | **Level 3:****School commissioning of individual care packages** |
| An offer of workforce development is currently in development in collaboration with the Croydon Safeguarding Children Board sub-group, to be piloted with the Selsdon network of schools.  | Provision will be made to assist schools networks to purchase and implement evidence-based support packages and/or therapist time to develop whole school approaches to mental health support and early intervention. | Refresh the local commissioning guidance developed for schools to support the commissioning of high quality support packages.Package early intervention support from both the voluntary and statutory sector, supporting schools to purchase directly from providers. |

This will draw further funding in to tier 2 services, to prevent escalation in to tier 3 and ensure that children and young people have access to services in a timely way.

During the Autumn term 2015, SLaM and commissioners are attending all school network meetings in Croydon, starting with Selsdon. The aim of this programme will be to co-design the schools offer, developing whole school approaches to promoting mental health and wellbeing, including building on the Department for Education’s current work on character and resilience, PSHE and counselling services in schools. The proposal is to implement Cues – Ed, an evidence based programme, as the preferred model.

By commissioning a single programme, the aim is to ensure clinical fidelity to the model, which will improve outcomes for children and young people. Additionally, Cues – Ed will align and integrate with the Empowering Parents, Empowering Communities (EPEC) programme already commissioned through SLaM by the Council, ensuring a coordinated approach to early intervention and parenting support.

Proposal:

1. That Croydon implements a three level school offer to emotional wellbeing, including the whole school approach Cues - Ed.
2. That schools wishing to participate in Cues – Ed match fund against the investment from the Local Transformation Plan, which will ensure the sustainability of the programme going forward.

**10.2 Best Start – an integrated service for 0-5s (Tiers 1 and 2)**

Enhance existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence- based programmes of intervention and support.

To be completed

**10.3 Health improvement service for 5-19s (Tiers 1 and 2)**

To be completed

**10.4 Participation and outreach (Tiers 1 and 2)**

To be completed

**10.5 Online Therapeutic Services (Tier 2)**

Online therapeutic services are a key strand of Croydon’s proposed approach to increase the base of services at Tier 2, enabling support to reach traditionally hard to reach groups.

In 2013, Off the Record piloted individual counselling for young people online with support from a one year grant from Pfizer. Working with technology from Beat Bullying, they developed a secure site able to offer synchronous (real-time) and asynchronous (non-real time) counselling with young people.

Four counsellors undertook specialist training in online counselling and offered counselling to 70 young people through a 9 month pilot project. The outcomes were very positive - mental health outcomes for 6 sessions of online counselling were comparable to outcomes from 12 sessions of face-to-face counselling; the service effectively engaged with traditionally ‘hard to reach’ groups with 12% of SkyLine’s clients being young Asian women, 43% from BME communities and 30% identified as LGBT.

100% of the feedback indicated that young people would recommend SkyLine to a friend or family member. The particular advantages of the online nature of the service were highlighted in client feedback… ““The online set up allows you to access counselling even when you have very little free time or are unable to keep to a specific timetabled slot”

Off the Record are currently piloting interactive psycho-educational online groups for young people through its SkyCasts programme (http://skycasts.offtherecord.org). SkyCasts are open to young people aged 14-25 in Croydon offering help and information around mental health issues such as depression, stress, self-harm and anxiety. The ‘groups’ run in the early evenings and each session is facilitated by an Off the Record counsellor using webinar technology to offer practical information, coping strategies and options for further support.

The programme uses mental health outcome measures to assess levels of need and to ensure that we can respond directly to any young people showing high levels of risk and young people are directly involved in the sessions through ‘live chat’, surveys and Q&A.

The service launched in 2015 and is being independently evaluated. Initial findings are very positive with feedback. Young people have been centrally involved in the development of SkyCasts from the initial ideas, to content development, to ‘testing’ out the workshops.

SkyCasts are now in the second phase of delivery which includes expanding the team of facilitators to include more counsellors and to introduce young people as peer facilitators working alongside counsellors to support and moderate the live group ‘chat’.

By investing in on line technologies not only increases CAMHS reach into the borough but also reduces our commitment to estates management. This is part of the sustainability model for the Local Transformation Plan.

Proposal:

1. Support the extension of both services, which ensures that children and young people have a range of options in how they wish to access services.
2. Further develop online support for young people transitioning from primary to secondary schools, young women affected by FGM and support for young people discharged from specialist services to community services.

**10.6 Increasing access to Children and Young People’s Improving Access to Psychological Therapies (Tier 2)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2015**  | **2016**  | **2017**  | **2018**  | **2019**  | **2020**  | **2021**  |
| **Tier 1 (15.0%)**  | 14,031  | 14,235  | 14,428  | 14,612  | 14,779  | 14,945  | 15,115  |
| **Tier 2 (7.0%)**  | 6,548  | 6,643  | 6,733  | 6,819  | 6,897  | 6,975  | 7,054  |
| **Tier 3 (1.85%)**  | 1,731  | 1,756  | 1,779  | 1,802  | 1,823  | 1,843  | 1,864  |
| **Tier 4 (0.075%)**  | 70  | 71  | 72  | 73  | 74  | 75  | 76  |
| **Total Children’s population** | 89,000 |  |  |  |  |  |  |

*Source: Croydon JSNA 2013*

In Croydon, the Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) model is well embedded and has underpinned the delivery of Tier 2 counselling services, meeting the needs of children and young people with common mental disorders and conduct disorders.

The providers offering these services comprise two very well established voluntary sector providers commissioned through the council and CCG (Off the Record and Croydon Drop In), a voluntary organisation working with schools (Place to Be) and the main Tier 3 provider (SLAM CAMHS). All are members of the London and South East CYP IAPT Collaborative and operate locally as a Croydon collaborative.

The commissioned open access CYP IAPT services from OTR and CDi currently see more than 800 young people a year up to the age of 24. This represents 9% of all the CYP population with common mental health disorders requiring interventions from Tier 2 providers.

On this basis, CYP IAPT currently reaches 11% of all those children and young people with emerging common mental health issues in Croydon. We are not currently in a position to identify how many CYP, in any one year, receive interventions as a result of other Tier 2 providers including counselling services locally commissioned by individual schools and general practices, voluntary organisations and statutory services including Speech and Language Therapy, Health Visiting and School Nursing and Educational Psychology.

We want to see our current open access CYP IAPT services increase the reach into the young population with emerging mental health issues to 15%. This will deliver parity with the ambition for adult IAPT services.

These specific local ambitions will enable Croydon to continue to play a leading role in delivering two of the national ambition set out in Future in mind:

* Everywhere children and young people having timely access to clinically effective mental health support when they need it.
* Making mental health support more visible and easily accessible for children and young people.

The ambition is to provide for open access talking therapies to a further 200 children every year through services commissioned by the CCG, using the Local Transformation Pan investment. In order to deliver this we would expect to set aside sufficient funding to increase capacity to meet this additional demand, but also to help to generate awareness of open access services in the borough and to generate interest in the services.

Proposal:

1. Increase the reachevery year of CYP IAPT services, so that interventions are delivered to 15% of the population of young people estimated as experiencing common mental health issues which would benefit from CYP IAPT interventions, including low mood, anxiety and conduct issues.
2. Over the Local Transformation Plan period, increase the provision of CYP IAPT relating to specialist counselling for young people with ASD, conduct disorders and addressing complex parenting issues.

**10.7 Improving pathways into services through a Single Point of Access (Tiers 2 and 3)**

The Single Point of Access (SPA) will offer one point of contact for a wide range of universal services to access a team of children and young people’s mental health professionals for advice, consultation, assessment and onward referral.

By positioning the SPA at Tiers 2 and 3 (while maintaining a self-referral route into Tier 2), services will be better joined up locally across the CCG, Local Authority and other partners, enabling accelerated service transformation.

The aim of the model will be to increase access to services by putting in place a clear, well understood pathway into Tier 3 and between Tiers 2 and 3, redesigning service flows and permitting commissioners to better assess flow and demand pressures in a timely way, so that resources can be realigned to meet needs more effectively.

Proposal:

1. Make a capital investment for the voluntary sector in Year 1 to ensure that the SPA is Caldicott compliant
2. Support the management and clinical commitment to the SPA in Year 1 and 2, by providing additional clinical and management time for the voluntary sector to fully engage with the SPA.

**10.8 Improving support for conduct disorder (Tiers 2 and 3)**

In Croydon, the largest group of children and young people that have been declined a service at Tier 3 relates to conduct or behavioral disorders. Children with ASD / learning disability do not represent a large proportion of these cases.

Conduct disorders are the most common type of mental and behavioural problem in children and young people. They are characterised by repeated and persistent patterns of antisocial, aggressive or defiant behavior, much worse than would normally be expected in a child of that age. Types of behavior include stealing, fighting, vandalism, and harming people or animals.

Younger children often have a type of conduct disorder called “oppositional defiant disorder”. In these children, the antisocial behavior is less severe and often involves arguing (“opposing”) and disobeying (“defying”) the adults who look after them.

In teenagers with conduct disorders, the pattern of behaviour can become more extreme and include:

* Aggression towards people or animals
* Destruction of property
* Persistent lying and theft
* Serious violation of rules

Children with conduct disorders often have other mental health problems, particularly attention deficit hyperactivity disorder (ADHD). It is also worth noting that the majority of young people placed in long term residential placements, relate to parents/ carers being unable to manage behavior.

At all professional and parent consultations, behavior management and conduct disorders has been highlighted as an area of concern.

Proposal:

1. Continue existing streams of work to develop a stepped approach to conduct disorder for children and young people, in line with recent NICE guidance. A small working group is meeting to develop this proposal further to ensure an effective multi-agency strategy to meeting need.

**10.9 Eliminating the waiting list into specialist mental health services (Tier 3)**

Access into Tier 3 is the primary priority for the Local Transformation Plan in the first year of operation. Whilst the £455k uplift for 2015-16 will significantly improve issues relating to access, further non-recurrent investment will be required in addition to this in order to close the existing waiting list and to ensure flow returns to the system.



The funding prioritised towards this area through the Local Transformation Plan will enable the waiting times to reduce to 18 weeks for all children and young people by April 2017.

Include planning assumptions

Improved access to the service and the reduction of waiting times and waiting lists will be monitored on a monthly basis across the Local Transformation Plan period.

Proposal:

1. Invest into Tier 3 specialist services to enable better access, eliminate waiting lists and enable service access for children presenting with mental health needs within 18 weeks by April 2017.
2. As part of this work, clear pathways, access criteria and service expectations will be disseminated to the workforce of professionals interacting with emotional wellbeing services for children and young people in order to clarify and manage ongoing expectations relating to access, and ensure referrals are routed to the right place.

**10.10 Implementing a new diagnostic pathway for Autistic Spectrum Disorders (Tier 3)**

Latest available figures indicate there are 486 children and young people waiting for an ASD diagnosis.

 *Table 7: ASD Diagnostic Waiting List*

|  |  |  |
| --- | --- | --- |
| Children that are under 5 | Children’s Medical Services | 247 |
| Children and young people that are over 5 | SLaM | 239 |

The diagnostic pathway is split between the community paediatrics and South London and the Maudsley. The current waiting time for diagnosis is 19 months for both pathways. To put this in to context, the same number of children and young people enter Croydon’s pathways each month as Richmond, Merton, Sutton, Kingston and Wadsworth combined.

Commissioners are working with both providers (SLaM and CMS) to look at the prevalence rate, as Croydon appears to be an outlier in terms of ASD diagnosis compared to both SW London and the other SLaM boroughs.

Additionally, Croydon is an outlier in asking the CAMHS service to hold the diagnostic pathway for over 5s, where other boroughs employ a multi-agency process sited outside mental health services.

This has put significant pressure on the neuro-disability pathway, with young people and their families looking for long term support; increasingly relating to behaviour/conduct disorders and mental health co-morbidities including to depression and anxiety. We are looking at pathways for different areas of need to help us understand where we need to strengthen our offer. The pathways we are reviewing are: autism and autism with learning disabilities as comorbidity. While many of the children and young people services collectively support have a range of complex needs, there is often a primary need which is significant in determining the type of advice and support offered and the teams which provide it.

It is clear from the consultation undertaken last month with a range of stakeholders that there are a number of issues that we need to explore in more detail:

* Transition arrangements from children’s to adult services for some areas of need
* Differences in eligibility criteria and step up/step down arrangements
* Gaps in provision at universal/targeted/specialist levels
* Information sharing between agencies

The redesign of the pathway is part of our ‘business as usual’ planning but will inform the allocation of resource within specialist services and the development of the IAPT training programme.

Proposal

1. Redesign this pathway, starting in September 2015. The Project Redesign Group will be a multi-disciplinary in nature and involve parents / carers and the voluntary sector. A recommendations report will be submitted to CCG SMT in February 2016.

**10.11 Further increasing productivity in specialist mental health services by continuing to reduce DNAs (Tier 3)**

There has been significant amount of engagement with young people and their families to consider how to continue to reduce DNA rates.

Further opportunities exist to do so. Currently the majority of mental health services are delivered within central Croydon, which despite good transport links young people and parents / carers have said is difficult to always make appointments.

Proposal

1. Work with Adults Mental Health and GP networks to develop an estates strategy that will ensure that ‘hard to reach’ children and young people will have equal access to MH services no matter where in the borough they live.

**10.12 Implementing a shared care protocol for ASD and ADHD (Tier 3)**

Work continues to be required with GPs and psychiatrists to ensure that children and young people have shared care i.e. that they receive specialist mental health services whilst their GP ensures that their physical health is reviewed appropriately, including any necessary access to medication. This is currently patchy in Croydon, and poses a resource requirement on the SLaM CAMHS service.

A GP telephone helpline is being set up that will allow direct access to SLaM services, in order to discuss patients’ physical health and any changes to drug regimes. Managed medicines have reviewed and approved the shared care protocol.

Proposal:

1. Apply the shared care protocol across the GP networks with the support of the children’s clinical lead, and will have the effect of liberating SLaM CAMHS Psychiatry time.

**10.13 Improving support to Children Looked After and Unaccompanied Asylum Seeking Children (Tier 3)**

Croydon has the highest number of Children Looked After in London. As one would expect, these young people typically have highly complex needs, with challenging family and social networks, which has had a significant impact on the delivery of CAMHS services to the wider population. We are now ensuring that SLaM charges for all services and reinvest the monies back into Croydon CAMHS services.

Currently SLaM has a reciprocal agreement with neighbouring SLaM boroughs (Lambeth, Lewisham and Southwark), which ensures that Croydon children are seen by their CAMHS services. As Croydon is a net importer of CLA and unaccompanied minors, we do not have any assurance that there is parity in the terms of the current arrangement, which is why we are exploring options with other commissioners and providers.

Include proposal here (including reference to Compass)

**10.14 Youth Offending Team (Tier 3)**

Croydon is part of the Youth Justice Liaison and Diversion pilot which is funded by the Home Office, which complements the 1.5 dedicated mental health practitioners attached to the Youth Offending Service and funded by the Council. The services can access the specialist CAMHS team for young people with long term complex needs that cannot be met with a brief intervention

Croydon has the second highest number of children accommodated due to criminal activity in London, with 11 children in Youth Offending Institution. For this reason it is part of the Resentment Consortium that is being led by Lewisham. The Joint Head of Integrated Commissioning sits on the Youth Justice Board, which ensures that young people have access to mental health services. We acknowledge the YJB research (2005), which suggests that 31% of young people in contact with the YOS have a mental health need. It is also important to recognise that this group of young people are difficult to engage and generally non-compliant to traditional treatment / support approaches.

It is clear that the current model does not flex to meet the very specific needs of these young people. During 15/16 we will develop a blended model that will offer proportional responses to need. This work will link to the Best Start (Ref \*\*\*) initiatives that will support parents known to the criminal justice system.

Croydon would like to support the co-commissioning vision of the NHSE, in developing the long term model for children / young people known to the criminal justice system.

Proposal:

1. Work with the Resettlement Consortium, to scope the needs of these young people and develop as systemic approach to care across the tiers.
2. Work with the police to ensure that young people with mental health issues are responded to appropriately, including through the provision of joint training and supervision.
3. Undertake a systemic review across partners of the way in which we assess and respond to predatory/sexually violent behaviours. Monies for the implementation of this work have been ring-fenced in year 3 / 4.

**10.15 Blending the tiers of support through an integrated approach to clinical governance (Tiers 2, 3 and 4)**

As CAMHS services become more blended, it is important that we ensure clinical governance across settings, so that children and young people have positive clinical outcomes.

Proposal:

As part of the implementation plan for a single point of access, we will develop shared supervision protocols which will help ensure that children and young people are treated by the right service / clinician, which will help alleviate pressure on Tier 3 / 4.

**10.16 Crisis Care (Tier 4)**

The CCG Planning Guidanceincludes the Mental Health Crisis Care Concordat (CCC) and describes the actions required of commissioners and providers to ensure that those experiencing a mental health crisis are properly supported. This includes the need to ensure that there is enough capacity to prevent children, young people (or vulnerable adults), undergoing mental health assessments in police cells.

Psychiatric Liaison Services in Accident & Emergency

Analysis of the number of children and young people attending Accident & Emergency (A&E) in distress highlights that there is a peak in demand between 4pm – 10 pm Monday to Friday and Saturday mornings.

In response to this, it is proposed we commission a liaison services that covers these times. The telephone line would be available to GPs and families, with access to both telephone advice and face to face appointments.

All CYP with significant mental health problems should have a safety plan in place to enable rapid support if needed and a consultation with a CAMHS clinician to assess need, provide advice and mobilise relevant support. The CAMHS clinician and the CYP need to work together to jointly agree a safety and coping plan to support the CYP in the future and to revisit this plan on a regular basis. These plans should provide information and signposting to support organisations, Out of Hours (OOH) services, websites and helplines where individual and family support available.

If a CYP with a safety plan suffers a mental health crisis and attends A & E, then analysis of why the plan failed needs to be undertaken as soon as possible following the event, to enable the plan to be modified if necessary. Key themes from these analyses should underpin future quality improvement, service development and education. This would be part of the role of the Liaison Team to ensure that plans are robust and implemented.

Proposal:

1. That a service for CAMHS paediatric liaison is commissioned to be available until 10pm Mon – Fri and all day Saturday.
2. That all young people at risk of escalation to A&E have a ‘place of safety plan’ which is held by the young person and the family, and is shared with GPs, hospital liaison teams, CAMHS and school nursing.
3. That further consultation takes place with leads from A&E medical, nursing, SLaM and social care on the needs of children in crisis so that the plans can be adjusted and realigned according to further analysis and local need during 2015/16.

**10.17 Eating Disorders (Tier 4)**

Further investment into the pathway is required in order to meet the one week waiting times, 7 day access to the service and the development or a screening tool. We are consulting with the other SLaM boroughs to develop this proposal further.

This will meet the national guidance requirements for access to Eating Disorder Services.

Add further

**10.18 Adult Services and Transitions**

To cover:

Perinatal guidance

* Where we are (business case – investment)
* Amber to green
* Best Start
* CCentres data (from your email Sam)
* Investment
* Planning
* System ready

ADHD / ASD

* Transitions
* Assessment
* YOT

Adult Mental Health

* Worker within the CAMHS team looking at the impact of adult MH on the child
* Perinatal

**10.19 Commissioning capacity**

Delivery of the Local Transformation Plan will require additional commissioning capacity in the form of a dedicated fixed time post, in order to manage the large number of new work streams. It is envisaged that this post would best sit within the ICU, so that there is synergy between the Local Authority and the CCG in order to help manage resources across the whole system.

**11. Financial Plan**

Include financial plan here

Exit strategy

The Local Transformation Plan funding has been guaranteed by NHS England until April 2020.

There will be a re-distribution of resources away from treatment towards prevention and early intervention over the five years, which we expect to have an impact on the demand for specialist services.

The funding streams for schools will eventually be fully met by schools, which will sustain the Cues Ed programme.

A full exit plan including tapering arrangements for all funding streams will be developed, to oversee any necessary process of disinvestment after the Local Transformation Plan period.

**12. Equalities**

* Protected characteristics
* LAC
* Asylum seekers
* Adopted children
* LD (link to Transforming Care)
* YOT
* ASD
* NEET
* Leaving care
* CSE

**13. Improving access to services for Black Minority and Ethnic (BME) groups**

Understanding the ethnic profile of the 0-19 year old population in the borough supports service development and the commissioning of services that need to respond to the growing diversity and complexity of the local population.

Croydon has one of the largest BME populations, making up 44.9% of the total resident population; approximately 163,167 residents. This compares with 40.2% in London and 14.6% in England. At a local level, Croydon shares characteristics with inner London Boroughs in terms of ethnic diversity, such as Hackney, Lewisham, Lambeth and Barking & Dagenham.

Data from the 2011 Census 3.2 release enables analysis of data by age and ethnicity. Croydon’s younger population is more diverse than the older population locally there is a higher proportion of residents aged 0-19 years from BME communities compared to residents classified as ‘white’, the largest proportion of residents classified as ‘mixed ethnic group’ are also aged between 0-19 years.



**Ward profiles**

Analysis of ethnic composition at a ward level shows that the north of the borough is more ethnically diverse than the south. Nine wards have a greater proportion of residents from BME communities than residents who classified themselves as “white” - West Thornton, Bensham Manor, Broad Green, Thornton Heath, Selhurst, Norbury, Woodside, South Norwood and Upper Norwood.



**Detailed ethnic group profile 0-19 years**

Focusing on the 0-19 year old population by detailed ethnic group, shows the largest number of residents in this age band are self-classified as “White” at 41,658 residents, followed by the “mixed” ethnic group at 13,091 residents. Residents from “African”, “Caribbean” and “Other Black” ethnic groups collectively total 25,547.



Residents aged 0-19 years make up 26.9% of the total resident population in Croydon.

Residents classified as “White” make up the highest percentage within this cohort at 11.5%, followed by residents classified as “Mixed” at 3.6%. Residents from “Black” ethnic groups combined make up 7.0% and residents classified from “Asian” groups combined make up 4.3%



Ethnicity projections published by the GLA show that Croydon will become more ethnically diverse over time, by 2015 the overall percentage of residents from BME communities is projected to increase to 49.5% and by 2021 this will increase to 54.3%. Projections show that for the 0-19yr age group the overall percentage of residents from BME communities will increase to over 60% by 2021.







It is reasonable to assume that this overall change in the demographic profile of the 0-19yr age group will result in an increase in the number of Children in Need and Looked After Children (indigenous) from BME communities, which will add to the complexity of needs for this cohort.

**Mental health need – BME groups**

The evidence on the incidence of mental health problems in BME groups is complex.

The term BME covers many different groups with very different cultural backgrounds, socio-economic status and experiences in wider society. People from BME groups often have different presentations of problems and different relationships with health services.

Some black groups have admission rates around three times higher than average, with some research indicating that this is an illustration of need. Research has highlighted elevated levels of risk of developing psychosis among Black communities due to social factors such as experiences of migration, unemployment, use of certain drugs, trauma, childhood neglect and abuse, urban living, poverty and discrimination. This is reflected in the high proportions of Black service users accessing both crisis and acute wards and teams that support people in the community, such as promoting recovery teams and home treatment teams.

The rates of mental health problems in particular migrant groups, and subsequent generations, are also sometimes higher. For example, migrant groups and their children are two to eight times at greater risk of psychosis. More recent arrivals, such as some asylum seekers and refugees, may also require mental health support following their experiences in their home countries.

Nationally, over-representation in adult mental health inpatient services of patients from some BME groups[[4]](#footnote-4), combined with under-representation in CAMHS suggests a lack of effective intervention at an early age.

**Service access – voluntary sector**

There has been a clear and longstanding focus across Croydon’s main voluntary sector counselling providers, Croydon Drop In and Off the Record to deliver services which are able to reach, engage and retain hard to access groups. Both organisations have been successful in this work, as represented by the fact that BME groups constitute over 50% of service users receiving counselling from either organisation in 2014-15.

*Table A: Croydon Off the Record – service users receiving treatment 2014/15*

|  |  |
| --- | --- |
| **Ethnic Origin** | **Clients** |
| ASIAN - BANGLADESHI | 4 |
| ASIAN - INDIAN | 13 |
| ASIAN - PAKISTANI | 8 |
| ASIAN OTHER | 15 |
| BLACK AFRICAN | 24 |
| BLACK BRITISH | 9 |
| BLACK CARIBBEAN | 68 |
| BLACK OTHER | 9 |
| MIXED OTHER | 6 |
| MIXED W & BA | 8 |
| MIXED W & BC | 28 |
| OTHER - OTHER | 18 |
| WHITE BRITISH | 222 |
| WHITE OTHER | 22 |
| NOT STATED | 10 |
| WHITE IRISH | 4 |
| MIXED W & ASIAN | 10 |
| ASIAN - SRI LANKAN | 0 |
| OTHER - CHINESE | 0 |
| **Total** | **478** |

*Table B: Croydon Drop In – service users receiving treatment 2014/15*

|  |  |
| --- | --- |
| **Ethnic Origin** | **Clients** |
| Black African | 13 |
| Black Caribbean | 19 |
| Black British | 22 |
| Black (Other) | 6 |
| Mixed | 52 |
| Indian | 8 |
| Pakistani | 2 |
| Bangladeshi | 1 |
| Asian (Other) | 7 |
| Chinese | 5 |
| White British | 107 |
| White Irish | 0 |
| White (Other) | 14 |
| Other | 8 |
| Unknown | 6 |
| **Total** | **270** |

Whilst the overall representation of BME clients is high in these services, access is not completely evenly distributed across BME groups in comparison with Croydon’s population overall. The number and proportion of Asian clients remains low compared to the resident population and further work is required to increase the reach of services for this group.

It is to be noted that the Local Transformation Plan investment into online therapeutic services for Croydon should have a positive effect: Off the Record’s Skyline pilot effectively engaged with traditionally ‘hard to reach’ groups with 12% of SkyLine’s clients being young Asian women, 43% from BME communities and 30% identified as LGBT.

As part of the Croydon’s commitment to increasing the reach of services and further improving access for BME groups, Croydon CCG funds four BME Community Development Workers in Off the Record and the Croydon BME Forum. This investment places Croydon favourably in comparison to other local areas.

The Community Development Worker service operates across five elements, Service Developer, Change Agent, Access Facilitator, Capacity Builder and Forecaster.

The CCG is committed to the funding of these posts, who have helped to deliver a range of initiatives over the past 12 months:

* Jointly researched project and conducted meetings with young BME service users to gather young people’s experiences of self-harm. The aim is to make this information widely available to other young people and professionals in Croydon.
* Delivered ‘Mind Body & Soul’ mental health and resilience workshops to the North West collaboration children’s Centre’s. The workshops are designed for parents who have been identified or identified themselves as vulnerable and having complex mental health and wellbeing issues.
* Utilised Mind the Gap (MTG) to support the Clinical Commissioning Group (CCG) and South London and Maudsley (SLaM) with implementation of the 2014 – 2019 mental health strategy. Formulated an action plan and discussed progress against recommendations with both CCG and SLaM, identifying outstanding gaps and issues.
* Delivered mental health awareness training to help improve mental health awareness for BME community organisations and statutory sector services working with BME communities.
* Launched innovative new community engagement photography project “Mind My Hair, Hear My Mind” – This involves visits to local barber shops, having discussions with BME men about their current circumstances and signposting them to services when necessary.
* Facilitated young BME people’s focus groups in order to monitor current trends and emerging issues. Themes and topics explored include employment, education, housing, the rise in sexual offenses and the criminal justice system. Current concerns include BME young people with complex needs that are not being offered adequate or appropriate services and the increase in attempted suicides particularly amongst young black men and refugees and asylum seekers.
* Attended strategic meetings to raise awareness, improve service outcomes and promote mental health wellbeing for the BME community. Meetings included Croydon Mental Health Forum Relaunch, Local Community Funding (Big Local), Croydon Opportunity and Fairness Commission, Engage London Health Network Meeting, Croydon Congress, CAMHS Equality and Diversity, Health and Wellbeing Board and Voluntary Sector Alliance.
* Provided capacity building support to new and existing BME voluntary and community sector organisations in Croydon. Reviewed existing and assisted in developing new governance and operating procedures. Delivered mental health awareness training and encouraged organisations to enhance their profile through contact and affiliation with local forums such as Children Young People & Families Network and Mental Health forum.

**Service access – South London and Maudsley (SLaM)**

SLaM’s organisational data shows there is good access for ethnic minority service users to most of the Trust’s Croydon services that have recorded sufficient ethnicity data to enable meaningful consideration.

However, the Trust recognises that further work is required in the consideration of access to CAMHS, where the proportion of Asian and Black service users is lower than in the overall population, making up approximately 40% of known ethnicities. While the proportion of Black service users has increased significantly in the previous year, the proportion of Asian service users remains low. Nonetheless, representation of BME groups within services continues to increase year-on-year.

*Table C: Chart showing the ethnicity of service users in 2014 and 2015 (from ePJS) in comparison with the ethnicity of 0-19 year olds in Croydon (from Census 2011)*



More widely, the majority of Croydon service users from all ethnicities reported positive experiences to all four questions relating to the Trust’s Equality Objectives. Where ethnicity was disclosed, experience has generally improved in the last three years and is broadly similar (but not identical) for service users of all ethnicities. There is greater variation in relation to safety which may be partially due to a smaller response rate than other questions.

Overall, the SLaM data highlights the importance of continuing work to embed cultural competency across all of its pathways to enable the Trust to deliver effective services to service users of all ethnicities.

In collaboration and with the support of commissioners, SLaM has committed to:

* Continue working to consider and interpret ethnicity data on access and experience in relevant policy reviews; strategy development, service reviews and service changes, and respond accordingly to any potential race equality issues that are identified
* Continue to work to improve our equality performance through delivery of the Trust’s [equality objectives](http://www.slam.nhs.uk/about-us/equality/equality-objectives) and quality priorities.
* Increase recording of ethnicity on its system ePJS, particularly in CAMHS community teams and the IAPT, to help improve our understanding of access to services.
* Continue to work to embed cultural competency in our service delivery through training, guidance, reflective practice and projects such as the Tree of Life.
* Seek to increase the amount of service user feedback collected through surveys conducted by all teams in Croydon. Service users should be encouraged to disclose their ethnicity in surveys and reassured that this will be anonymous and kept confidential. Teams will get monthly reports on the ethnicity of service users completing surveys so they can identify and respond to gaps in feedback.
* Use this evidence alongside feedback through other means (for example from service user advisory groups; local voluntary and community groups etc.) to better understand service users’ experiences and improve our services accordingly.

The Local Transformation Plan as a whole makes improving the access of mental health services to BME groups a key priority, and further work continues for this area.

**PART THREE:**

**ANNEXES**

Annex 1 Summary of LTP including investment

Annex 2 Self-assessment checklist

Annex 3 Monitoring and review process

Annex 4 Financial allocations

**Financial Plan for Local Transformation Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2015 / 16** | **2016 / 17** | **2017 / 18** | **2018 / 19** | **2019 / 20** |
| **Eating Disorders**(Ref 10.17) | 1/8 CAMHS clinicians | 3,**000** | 1/8 CAMHS clinicians | **11,980** | 1/8 CAMHS clinicians | **11,980** | 1/8 CAMHS clinicians | **11,980** | 1/8 CAMHS clinicians | **11,980** |
| **Crisis Care**(Ref 10.16) |  2 CAMHS clinicians | **24,590** | 2 CAMHS clinicians | **98,760** | 2 CAMHS clinicians | **98,760** | 2 CAMHS clinicians | **98,760** | 2 CAMHS clinicians | **98,760** |
| **Specialist CAMHS Services**(Ref 10.9) | 5 CAMHS clinicians | **87,258** | 5 CAMHS clinicians | **249,032** | 5 CAMHS clinicians | **249,032** | 5 CAMHS clinicians | **249,032** | 5 CAMHS clinicians | **249,032** |
| **Youth Offending Services**(Ref 10.14) |  | **0** |  | **0** | 0.8 clinician | **36,000** | 0.8 clinician | **36,000** | 0.8 clinician | **36,000** |
| **IAPT**(Ref 10.6) | IAPT / Tier 2 solution focused therapy | **100,000** | IAPT / Tier 2 solution focused therapy | **200,000** | IAPT / Tier 2 solution focused therapy | **200,000** | IAPT / Tier 2 solution focused therapy | **200,000** | IAPT / Tier 2 solution focused therapy | **200,000** |
| **Single Point of Access**(Ref 10.7, 10.15) | Capital Investment for voluntary sector | **40, 000**(non recurrent) |  |  |  |  |  |  |  |  |
| Admin Support | **6, 096** | Admin Support | **24, 387** | Admin Support | **24, 387** | Admin Support | **24, 387** | Admin Support | **24, 387** |
| Clinician support | **4, 500** | Clinician support | **13,500** | Clinician support | **13,500** | Clinician support | **13,500** | Clinician support | **13,500** |
| **On line Therapies**(Ref 10.5) | On line therapy and group support | **20, 000** | On line therapy and group support | **50,000** | On line therapy and group support | **60,000** | On line therapy and group support | **50, 000** | On line therapy and group support | **40, 000** |
| **Cues Ed**(Ref 10.1) | Whole schools based resilience intervention  | **64**,**000**(to be match funded) | Whole schools based resilience intervention | **36,000** |  |  |  |  |  |  |
| Development of KS1 and Transition packages | **60,000** |  |  |  |  |  |  |  |  |
| **Commissioning Capacity** | Commissioning support | **35, 000** | CAMHS Programme Lead 8A | **49, 856**(including overheads at 17%) | CAMHS Programme Lead 8A | **49, 856**(including overheads at 17%) | CAMHS Programme Lead 8A | **49, 856**(including overheads at 17%) | CAMHS Programme Lead 8A | **49, 856**(including overheads at 17%) |
| **TOTAL** | Awaiting guidance from NHSE | **733,515** | **733,515** | **733,515** | **733,515** |

**Year 2**

|  |  |  |
| --- | --- | --- |
| Specialist Care |  | **110,742** |
| Community specialist |  | **286,919** |
| Community general |  | **286,000** |
| Universal |  | **49,856** |

**Annex 5 Crisis Concordat**

In terms of hospital admissions for mental health conditions (0-17 years), Figure 1 shows clearly that the ‘London Average’ is considerably higher than the ‘England Average’. The reasons for this are currently unclear, though felt to be complex (unmet need, variations in availability of timely outpatient care, patients from outside London accessing its resources, higher numbers of vulnerable/transient families in London are considered to be factors) and therefore further analysis of the figures is required. Clarification of baseline activity levels in CAMHS Transformation plans may supply more information in this area. Although local CAMHS profiles and practices may be a contributing factor improvements could be made to reduce the variation. The Borough of Camden not only has the highest rate across London but also across the country.

The Figures below show that although the ‘London Average’ for hospital admission as a result of self-harm (10-24 years) is considerably lower than the ‘England Average’. Given the variation there is need to understand what drives this, with a primary goal being limiting admissions whilst maintaining the safest and highest quality care. The London borough of Westminster has the lowest admission rate for self-harm in England.

Mental health crisis can be a way of describing the behaviour of a system at a particular point in time rather than a specific type of experience of an individual. One feature of the way a mental health crisis may occur is that it focusses on the predicament of one particular child or young person. The primary helping system for the majority of CYP is the family. Equally they are often supported in a very important way by a school, children’s centre or college. In understanding crises we need to examine the functioning of the systems around the child (Bronfenbrenner). There are four aspects to this:

* At the point of mental health crisis, the helping system around the young person (YP) feels poorly equipped to deal with the problem. There may be a number of reasons for this including the exceptional needs being demonstrated by the YP (suicidality, violence, absconding) and the refusal of the young person to relate to those who are trying to offer help at this point. In such circumstances, it is understandable that there is a search to find others who have the experience to deal with this type of situation.
* The high level of distress or risk, alongside the difficulty in accepting help from usual caregivers leads to high anxiety amongst professionals trying to address the problem.
* There is a view that the situation could get worse unless there is an immediate response.
* The YP appears to be at risk and is showing a high level of either distress/self-harm or anger/violence.

**Annex 6 Cross referencing – Future in Mind**

1. Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing (2015) [↑](#footnote-ref-1)
2. Better Health for London: The report of the London Health Commission, October 2014 [↑](#footnote-ref-2)
3. Hogg, Sally (2013) Prevention in mind: All babies count: spotlight on perinatal mental health. London. NSPCC [↑](#footnote-ref-3)
4. Care Quality Commission (2010) Count Me In: Results of the 2009 National Census of Inpatients and Patients on Supervised Community Treatment Orders in Mental Health and Learning Disability Services in England and Wales. London: Care Quality Commission and National Mental

Health Development Unit. [↑](#footnote-ref-4)