

Barking and Dagenham Children and Young People's Mental Health Transformation Plan (updated)

December 2015



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Foreword

A joint message from the accountable officer of Barking and Dagenham Clinical Commissioning Group (CCG) and chair of the Health and Wellbeing Board.

We want all children in Barking and Dagenham to enjoy good emotional wellbeing and mental health. We want them to have happy and safe childhoods, and to develop the skills and attitudes they need to manage into adulthood. A key part of this is to make sure that they have the emotional resilience we all need to cope with life's challenges.

We are delighted to have this opportunity to work with our partners, stakeholders, children and young people, and their carers and families, to change the way that mental health services are delivered in Barking and Dagenham. We want all children to benefit from stable mental health and psychological wellbeing throughout their development into adulthood.

We are committed that the development and delivery of the children's and adolescents' mental health service (CAMHS) transformation plans will be a whole systems approach and to ensuring that services will be truly accessible and integrated for the children and young people in the borough. Users of CAMHS will, over time, experience a significantly improved service and – most importantly – have positive outcomes.

The support of CAMHS transformation funds will enable us to accelerate these improvements, building capacity and capability across the system while being truly transformative in our approach and exploring new ways of working and new relationships with the community voluntary sector to make our vision a reality.

Promoting emotional and mental health is a key priority for Barking and Dagenham CCG, the London Borough of Barking and Dagenham and our partners in the NHS, schools and voluntary and community sector organisations.

The next five years will almost certainly be characterised by considerable challenges resulting from likely reductions in public expenditure. But these challenges also present opportunities for us to deliver innovative services, achieving the best outcomes for patients while realising the best value for money. Our local Health and Wellbeing Board is well placed to provide strategic oversight to ensure the transformation plans are fit for purpose and delivered to the challenging timescales.

As local partners we look forward to transforming mental health services for children and young people in Barking and Dagenham. More importantly, we look forward to developing and delivering services jointly co-designed by the people who matter: our young people, their carers and families.



Conor Burke
Chief Officer, Barking and Dagenham CCG



Councillor Maureen Worby
Chair, Barking and Dagenham Health and Wellbeing Board

Executive summary

Good emotional and mental wellbeing is crucial for children and young people to ensure a smooth transition into adulthood. It is the duty of the commissioners and providers of health and social care services in Barking and Dagenham to ensure an effective system is in place to support children and young people with their emotional wellbeing, mental health, and any emerging behavioural challenges, as well as their carers and families.

This report sets out in detail the plans for transforming mental health services, to develop capacity and capability across the system for supporting the emotional and mental health of children and young people in Barking and Dagenham, as well as neighbouring boroughs where appropriate. We recognise that the current four-tier system for the provision of Child and Adolescent Mental Health Services (CAMHS) has its limitations and carries a risk that some service users might become lost in the grey area between different tiers. While the dedicated staff working in CAMHS undoubtedly do a good job, the system in which they work can certainly be improved to deliver better results for its patients and service users.

The proposal centres on a new single point of access to the CAMHS system – a “wellbeing hub” – which will enable GPs and other professionals to know precisely where to refer young people to get the help they need. The hub will replace the existing four-tier structure, so that rather than ranking mental health issues and their interventions by severity and slotting young people into a tier, the needs of each child or young person can be addressed individually, tailoring treatment to their specific needs.

Five key themes cut across the whole transformation plan, which will be the core priorities from the outset. These are:

- Building resilience and promoting prevention: this includes work in universal settings such as schools, the community and the home, to give children and young people the coping skills they need to manage adversity and prevent them from needing to enter the mental health system.
- Developing a wellbeing hub: consolidating expertise and ensuring a single point of access, whether the intervention needed is low-level or acute, meaning all patients can easily access the right service at the right time.
- Maximising use of digital resources and guided self-support: one in every seven young people experiences emotional difficulties but not all of them will require medical intervention. The most effective way to provide wide-reaching help for children and young people at the first signs of needing support is to do so digitally.
- Better support for children, young people and families with mild or emerging behaviour difficulties: approximately six per cent of children and young people have behavioural difficulties and this provides a challenge for schools, families and other agencies involved in their care. A new pre-specialist behaviour management pathway will allow issues to be tackled before they escalate and require more intensive help.
- Better supporting looked after children and those leaving care: looked after children and care leavers are significantly more likely to experience mental ill health (45% have a diagnosable mental health condition – rising to 70% within residential care), so it is vital that more resource is invested in a dedicated clinician-led service for these young people, as well as better integration between health and social care. There will also be enhanced support for other vulnerable children and young people including young carers.

Across all five themes, there will be significant focus on early help, with specific investment in training and assisting parents, carers, and professionals such as teachers and social workers, to support children and young people as well as to know where to access extra help if needed. There will also be investment in counselling, particularly through the IAPT

(Improving Access to Psychological Therapies) programme and CBT (cognitive behavioural therapy), and improvements to the digital platforms through which people can access help, advice and support without needing a medical referral.

In addition to the five key themes, an additional action plan to improve access to eating disorders services is proposed. Current resource levels mean that priority has to be given to higher risk patients, meaning waiting times for treatment in children and young people who are not in immediate danger are longer than we would want them to be. Specific additional investment in eating disorders services will address this discrepancy and introduce new maximum waiting times for patients according to their level of need.

This report includes a full analysis of the existing CAMHS system, including the elements that currently work well and which we would wish to retain under the new structure, as well as setting out clearly its limitations and the reasons why change is necessary. The proposed quadrant structure and its benefits is examined in detail, along with an in-depth analysis of its planned components and how these will interact to create a more integrated system with improved communication between professionals and across disciplines, and better links to the community and other sectors. A detailed financial analysis explains the additional resource that will be necessary to implement this plan successfully.

Children and young people's mental health is an outcome-focused service, so the main aim of this plan is to improve outcomes for those children and young people who access CAMHS services. It is of course vital to measure the success of any service change, and this report further details the planned results of each element of the transformation plan, as well as setting out a timetable for the development of measures to track improvements to service users' outcomes, which will take place alongside the implementation of the transformation plan.

1. Vision

We want all children in Barking and Dagenham to enjoy good emotional wellbeing and mental health.

Our vision is that children and young people in Barking and Dagenham are empowered to be resilient and able to cope with the challenges of everyday life. We envisage mental health being seen as 'everyone's business' and that people within a child's sphere of influence understand their role in promoting good mental health.

We want children, young people, their parents, and all professionals who work with them to be aware of local services and of how to access extra support where there are identified additional needs. Further, where those needs are indicative of underlying mental health conditions, support must be easily accessed and interventions be timely, evidence based, and delivered by friendly, caring professionals.

We envisage services that are flexible and integrated, responding to varying levels of need including the additional needs of vulnerable children and young people, including looked-after children, children needing post traumatic recovery support, and children and young people with special educational needs and disabilities.

Our intention is to deliver seamless, integrated services that are flexible and graduated in their response to need. The support of CAMHS transformation funds will enable us to accelerate improvements, building capacity and capability and exploring new ways of working.

1.1 Principles of a comprehensive service

A comprehensive child and adolescent mental health service (CAMHS) incorporates all services that contribute to the emotional wellbeing and mental health care of all children and young people, which could be provided by health, education, social care or other agencies. A good CAMHS service should be able to provide care that:

- covers all ages (pre-birth to 18 years) as a minimum, aspiring to provide both flexibility around age boundaries (as recommended in Future in Mind¹, in which transition is based on individual circumstances rather than absolute age, with joint working and shared practice to ensure continuity of care) and alignment of care for young people with Education and Health Care (EHC) plans up to the age of 25 where required
- addresses all emotional, behavioural and mental health needs
- provides services for children and young people with intellectual disabilities
- works across all interfaces: education, social care, youth justice, paediatrics and child health (including acute care, community child health, primary care, substance misuse, and adult mental health)
- addresses all levels of severity from prevention and early intervention through to intervention for children and young people with severe and complex problems
- supports other agencies and professionals working with children and young people

¹ [Future in Mind: Promoting protecting and improving our children and young people's mental health and wellbeing](#). Department of Health and NHS England

- focuses on the relationships and systems surrounding the child or young person, rather than simply taking an individual-based approach
- works through networks, collaboration and pathways with other agencies
- is based on identified need, taking into account the prevalence of mental health difficulties in childhood and adolescence on a recognised diagnostic model
- prioritises NICE clinical guidelines where these exist.

It is proposed that the principles will form the basis of an indicator set and this will be further developed by the governance for the transformation.

1.2 Outcomes of a comprehensive service

The following high level outcomes are proposed, which we will develop more fully over the next six months:

- more people within a child or young person's sphere of influence are equipped and have the confidence to promote positive emotional wellbeing and mental health, and play their part in building resilience amongst our young people
- children, young people and their families acquire, develop and sustain resilience skills which help them deal with challenges and adversity
- children, young people, their families and professionals know where and how to ask for help
- children and young people with early identified needs are supported in community settings, particularly schools, reducing the need for access to more specialist mental health services
- children and young people with additional needs, requiring additional targeted support, are able to access the right support at the right time
- vulnerable children and young people are supported and prioritised, and care is provided which recognises and supports their specific needs
- local services meet the needs of children, young people and their families in terms of service quality and experience and meeting personal outcomes
- children and young people receive high quality specialist services which are outcome focused and evidence based.

2. Emotional and mental health needs of children and young people in Barking and Dagenham

2.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) for Barking and Dagenham provides information about the health and social care needs of residents and underpins local strategies including the Joint Health and Wellbeing Strategy, the Children and Young People's Plan and this transformation plan. The JSNA in Barking and Dagenham has evolved based on population needs and changes in demographics. It is structured using the 'life course' approach used in the borough's joint health and wellbeing strategy 2012-2015²

² <https://www.lbdd.gov.uk/wp-content/uploads/2014/11/Health-and-Wellbeing-Strategy.pdf>

starting with 'giving every child the best start in life'³ and following through the ages and needs of the population including the health and sustainability of individuals and communities. The JSNA summarises the main population changes and health challenges, using this evidence to devise recommendations for commissioners. The main areas of relevance for this plan are summarised below. The full JSNA can be read at:

<https://www.lbbd.gov.uk/council/statistics-and-data/jsna/overview/>

2.2 The Barking and Dagenham population and health challenges

The main changes in population from 2011 to 2013⁴ in relation to children and young people were:

- the population of the borough increased by 8,441 between the 2011 Census and 2013 Greater London Authority mid-year estimates. This is a 4.5% increase
- the borough has the highest population percentage in England and Wales of children and young people aged 0 to 19, at 32.2%
- the 2011 Census found that the population of children aged 0 to four years had grown by 49% in the previous ten years. This was the highest growth for this age group of any local authority in England and Wales
- In 2013 children under five years made up 10% of the population and those aged 0 to 19 making up 32%
- The growth in the numbers of children aged 0 to five has slowed down and the population bulge has now moved to the five to 19 age groups
- In the year to January 2015 the school population rose by 2.5%, nationally the school population increased by 1% and across London by 2%, but in the borough's comparable statistical neighbours it rose 3%. Our growth in school population is lower than our statistical neighbours.

Other key facts about Barking and Dagenham's population relate to changes in ethnicity, education and employment, housing issues and deprivation, as described in brief below.

Ethnicity:

- There has been a decrease in the proportion of the white population from 80.86% in 2001 to 49.46% in 2011.
- The Black African population has risen from 4.44% to 15.43%. This is the second highest proportion of this population group within a local authority across England and Wales.
- There has been a significant rise in the Bangladeshi population from 673 in 2001 to 7,701 in 2011.
- In 2016 it is estimated the BME population will make up 51% of the borough's population. This is projected to keep on rising: by 2020, the BME population is estimated to increase to 58%.

Education and employment:

- There are now significantly fewer people with no qualifications, representing a 14.4% drop in numbers between 2001 and 2011. In 2011 49% of the working age population (16 to 65) were employed (38%), self-employed (9%) or full time students (2%).

³ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>

⁴ Most recently-available data at time of writing.

Housing:

- Lone parent households with dependent children have seen a large increase with Barking and Dagenham now having the highest percentage in England and Wales at 14.3%. This is much higher than in other parts of London and in England as a whole.

Deprivation:

- Barking and Dagenham still experiences higher than average levels of deprivation, ranking as the seventh most deprived London borough and 22nd most deprived area nationally.

2.3 Priority areas from the JSNA for child and adolescent mental health

The priorities generated by the JSNA that are most relevant to the transformation plan are around pre-birth and early years, primary school children, and adolescents. More detailed information on child and adolescent mental health in the JSNA shows that the factors of deprivation, being a looked after child and having learning disabilities affect the likelihood of children and young people having mental health problems. Children from the poorest fifth of areas in England (which includes Barking and Dagenham) are three times more likely to suffer from mental health problems than those in the most affluent areas. A mental health needs assessment was carried out in Barking and Dagenham in 2015; this estimated that 4,500 children and adolescents in the borough had diagnosable mental health problems with the highest prevalence of emotional disorders, conduct disorders and hyperkinetic disorders. This needs assessment generated six recommendations to improve mental health in children and young people relating to promoting positive mental health and wellbeing, developing peer support, improving transition processes, developing dual diagnosis (mental health and substance use) services, and providing better information about services via web-based and other channels.

Looked after children and care leavers:

In 2013/14 the number of looked-after children in the borough was increasing. This number has now stabilised at 457 (JSNA September 2015). In 2013/14 significant progress was made in improving health checks for looked after children and this has been sustained during 2014/15. The percentage of looked after children with an up to date health check at the end of the period increased to 92% (provisional) compared to 76% in the third quarter and 73% in the second. Compared to the end of 2013/14, there has been a slight drop from 94%, but performance remains above both national and London averages. Dental, eye and health checks for all children in care remain areas for improvement. There are currently gaps in addressing the health needs of care leavers and of youth offenders including mental health, drug and alcohol and other physical needs.

Pre-school children:

There is relatively little data about prevalence of mental health disorders in pre-school aged children. A literature review of four studies looking at 1,021 children aged two to five years inclusive, found that the average prevalence rate of any mental health disorder was 19.6%⁵. According to the Child and Maternal Health Intelligence Network, in 2013 there were 3,105

⁵ Egger, H. L. and Angold, A. (2006) Common emotional and behavioural disorders in preschool children: presentation, nosology, and epidemiology. *Journal of Child Psychology and Psychiatry*, 47 (3-4), 313–37.

children aged two to five years inclusive living in Barking and Dagenham who had a mental health disorder⁶.

School-age children:

CAMHS services in Barking and Dagenham are heavily skewed toward secondary school aged children, with the 11 to 17 age group accounting for 69% of service users. We also know that demand for CAMHS is rising as numbers and complexity increase locally. Current and projected numbers of children with mental health issues are based on prevalence rates using national predictive models. The following data estimates are likely to be an underestimation of local prevalence⁷:

- 10.4% of children aged five to 16 years (3,880 children) have a mental health disorder compared to 9.6% nationally.

This figure can be partially broken down as follows:

- four per cent (1,480) have emotional disorders such as phobias, anxiety, OCD
- 6.5% (2,430) have conduct disorders such as aggression and vandalism
- 1.8% (680) have hyperkinetic disorders including hyperactivity and ADHD.

Schools:

Between 2001 and 2011 the number of young people aged 16 to 17 in education increased substantially, as did the number of young people with educational qualifications. In May 2014 there were 526 young people (16 to 18 years) not in employment, education or training (NEET) in the borough, and the situation of some young people was unknown. There were fewer NEET young people in the borough in 2015 than in 2013 but we know that there is a strong link between young people who are NEET and those who have poorer health outcomes, as well as with teenage conceptions and new entrants to the youth justice system. It is important that we continue to support our most vulnerable children and challenge them to have positive aspirations.

Hospital Admissions:

214 per 100,000 (82) young people aged 10 to 24 years were admitted to hospital as a result of self-harm in 2013/14. This is lower than the England average.⁸

Risk factors for mental ill health in Barking and Dagenham:

- 30.8% of children aged under 16 are living in poverty (significantly higher than England average)
- 14.2% of children in reception class are obese (significantly higher than England average)
- one per cent of children aged under 15 are providing unpaid care
- 1.4% of young people aged 16 to 24 are carers
- domestic abuse is a significant issue in Barking and Dagenham, with the highest reported rate of domestic abuse offences in London for 2014/15 – an increase of 627 incidents compared to the previous year. Domestic abuse features in a significant majority (more than 70%) of the borough's open social care cases.

⁶ CHIMAT [Accessed 1 November 2013]

⁷ Public Health Profiles, PHE, [Accessed July 2015]

⁸ DSR per 100,000 (age 10-24 yrs) for hospital admissions for self-harm, 2013/14, Barking and Dagenham Child Health Profile, PHE, 2015

Child and adolescent mental health needs assessment:

In order to provide a greater level of detail about the specific mental health needs of children and young people in Barking and Dagenham, a CAMHS needs assessment has been commissioned by the council from an independent organisation. This will provide a more detailed understanding of the emotional wellbeing and mental health needs of children, young people and their families in Barking and Dagenham. This work has started and will be completed by spring 2016.

2.4 Consultation with young people

A consultation session was held with the Barking and Dagenham Youth Forum when developing the transformation plan, which highlighted the following key messages and concerns:

- desire for more self-directed support, including better use of the internet
- waiting times for specialist CAMHS and for The Listening Zone (counselling service for young people) were too long
- limited out of hours support (after 5pm and at weekends)
- lack of crisis support for families
- unclear pathways and patient journeys
- staff culture – a desire for better and more positive contact between staff and service users, especially when delivering bad news, offering support, or signposting to extra help
- being referred in and out of different services
- more support needed for parents dealing with behavioural difficulties.

3. Current mental health service provision for children and young people

3.1 Current model – tiered approach

Nationally, CAMHS operates within a four-tiered model. Although services are organised into tiers, these are not hierarchical. The four tier model has been used for over a decade to conceptualise the planning and delivery of mental health services. We recognise that this model is well embedded within the culture and systems of health services.

Although the four tier model provides a useful framework for understanding comprehensive CAMHS, it is important to recognise that children and services rarely fall neatly into one tier. Children and young people may enter the system at any point and do not necessarily move up the tiers. Services and interventions may also span multiple tiers.

CAMHS four tier structure:

CAMHS professionals and associated partners are organised into a structure comprising the following four tiers:

Tier 1 -	This tier comprises contact with professionals who are not necessarily employed for the primary purpose of promoting or working in mental health,
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Universal	but who directly and indirectly influence the mental health of children through their work with them, for example health visitors, school teachers, school nurses, social workers, the voluntary sector and GPs.
Tier 2 - Targeted	Services at this tier are known as targeted services and are commissioned by the local authority, public health and the clinical commissioning group (CCG). Services are provided for children and young people who are at increased risk of developing mental health problems and for young people with moderate mental health needs.
Tier 3 - Specialist	Services at this tier are more specialised and deal with complex problems. Members of multi-disciplinary mental health services, often working in therapeutic teams, ensure that coordinated interventions from several professionals can be used to help children with moderate to severe problems.
Tier 4 – Acute	This tier provides for highly specific and complex problems that require considerable resources, such as psychiatric provision, secure provision and very specialised services. Highly specialist Tier 4 CAMHS are commissioned by NHS England specialised commissioning. This also includes inpatient hospital placements.

3.2 Service provision by tiered support

3.2.1 Tier 1 breakdown

Tier 1 services consist of non-specialist primary care workers such as school nurses and health visitors working with, for instance, common problems of childhood such as sleeping difficulties, feeding problems and supporting children with medical conditions in schools. It also includes GPs, practice nurses, children's centres and early years settings.

The Early Help service

Early Help ensures that problems for children and families are identified early and responded to effectively as soon as possible. The aim is to ensure problems do not escalate to become more acute, and more costly, to the detriment of children and families, by investing in effective community services and multi-agency coordination.

Early Help follows a collaborative approach from all agencies, including education, health, and voluntary community services, with the active involvement of children, young people, families and carers. There is a seamless pathway from universal to acute services, with step-down arrangements to help service users to transition from acute services to mainstream or universal services.

Family support and intervention workers complete Early Help assessments and action plans, with focused outcomes for children and families. It is vital that children, young people and families take an active part in the Early Help process to achieve the most positive outcomes.

Children and young people under 10 years

The offer from CAMHS in children's centres for children under 10 involves early intervention workers (EIW) referring children to CAMHS. To facilitate this process the Mental Health RIO (clinical records system) was installed in all centres to enable EIWs to work and run clinics from the centres so parents and children are seen in a familiar environment.

Staff from CAMHS are also part of the multi-agency locality teams, known as the multi-agency panel (MAP). There are three MAP meetings a week with a designated member of staff attending each meeting to contribute to the discussion or confirm that the case is already known to CAMHS. The support CAMHS staff have given the MAPs has proved to be invaluable. EIWs have, however, reported that because the threshold for accessing CAMHS is so high, making referrals is problematic.

Core services offered to under 10s include:

- Attachment disorders: parent infant bonding difficulties causing significant emotional or behavioural difficulties.
This service focuses on the parent/child relationship, factors affecting capacity to parent, developmental concerns or illness, and traumatic experiences.
- Behavioural problems in the home.
Professionals only refer to CAMHS if there has already been a significant advice and intervention from other named professionals (health visitors, social workers, education support services, family intervention team). Referral to a parenting skills group should be offered, as well as referral to the nearest children's centre.

3.2.2 Tier 2 breakdown

Eating disorders

Barking and Dagenham CCG commissions the Children and Young People's Community Eating Disorders Service (CYP-CEDS) with its neighbouring CCGs of Havering, Redbridge and Waltham Forest. The provider is NELFT NHS Foundation Trust (NELFT).

NELFT's child eating disorder service is an integrated lifespan service providing support to children from eight years of age, easing the transition to adult services where necessary. This service delivery model helps avoid well documented issues of transition that are both damaging and costly.

Given the severe medical risks and associated mortality rates for eating disorders, resources are targeted at those most at risk, such as low weight or 'at risk' patients. In most cases the provider's triage system will review the referral the same day. Children and young people are offered an assessment within one week and start treatment immediately after their assessment. As a consequence of this, for patients less at risk there is a delay in accessing treatment. However, all clients will receive specialist nurse monitoring immediately following their assessment and be invited to the pre-therapy group.

Activity/performance 2014/15 for eating disorders service for Barking and Dagenham and partner CCGs:

	Havering	BD	Redbridge	Waltham Forest	Total
New referrals	62	28	40	46	176
Face to face contacts	601	421	1135	810	2967
Telephone contacts	45	99	178	156	478
Average waiting time	12-16 weeks non urgent	12-16 weeks non urgent			

	cases (individual therapy)	cases (individual therapy)	cases (individual therapy)	cases (individual therapy)	cases (individual therapy)
Number on waiting list	2	1	1	1	5

Children and young people's Improving Access to Psychological Therapies (IAPT)

Barking and Dagenham received funding for an IAPT service for children and young people in 2014. IAPT seeks to improve services to children, young people and their families through the following core principles:

- better evidence based practice – increasing the availability and knowledge of best evidence based interventions
- better collaborative practice – goal focused and client-centred interventions, using feedback tools to enable better working between mental health professionals and families and young people, leading to more personalised care
- better service user participation – children, young people and their families having a voice and influence at all levels of the organisation
- better cross-agency working – encouraging and supporting collaboration between health, social care, voluntary and independent sectors
- more accountable services – through the rigorous monitoring of clinical outcomes to be able to share outcomes with young people and families and demonstrate effectiveness to commissioners
- increased awareness – working in partnership with organisations delivering mental health services, and those in other sectors working with young people and families, to increase understanding of the importance of emotional well-being and decrease stigma.

NEFLT Perinatal Parent Infant Mental Health Service (PPIMHS)

This is a specialist psychiatric and psychological service which is currently commissioned by both NHS England (NHSE) and the CCG. NEFLT delivers these services across Barking and Dagenham, Havering and Redbridge and resources are calculated on birth rates. The team is made up of three groups of clinicians:

- perinatal psychiatrists
- perinatal community mental health practitioners
- psychotherapists/psychologists.

The NEFLT service is unique as it is an integrated perinatal and parent/infant service and is able to offer psychotherapeutic, psychological and psychiatric treatment. Some areas have CCG-based services, while providers such as NEFLT offer services across CCGs. This makes it much easier when patients move boroughs and is more economical as it allows for cross-borough cover and sharing of administration and managerial resources. This is particularly important for NEFLT, as the maternity boundary configuration means there are women who deliver outside their catchment area.

The psychiatric component of the service works with women with mental health problems during pregnancy and up to a year post-natally. The psychological component of the service works with parents and children up until the age of three. They aim to address attachment difficulties to prevent complex mental health problems when the babies and toddlers become older.

Perinatal psychiatrists can offer assessment and treatment, including advice on medication during pregnancy and while breastfeeding, and they work closely with maternity services by holding joint obstetric/psychiatric clinics.

Perinatal community mental health practitioners can provide intensive support and offer home visits to assist in getting help from other services such as children's centres. Psychotherapists and psychologists work with the service user, their partner and baby together to help adjust to the changes that can come with pregnancy and caring for a new baby. If the service user already has a care coordinator, this person will remain involved in their care.

Perinatal services

This is a service that is commissioned across four CCGs – Barking and Dagenham, Havering, Redbridge and Waltham Forest. It works closely with the Primary Infant Mental Health Service and aims to reduce the impact of maternal mental health upon children, by ensuring early diagnosis and better intervention and support. The service does not operate a waiting list, but has allocated emergency clinic space for priority patients.

Barking and Dagenham perinatal service usage 2014/15:

New referrals	270
Face to face contacts	720
Telephone contacts	246
Average caseload for team	94
Average waiting time (days)	0

The Listening Zone

This is a young people's counselling service, offering face to face counselling to young people between 14 and 21 years of age. The service supports self-referral.

Sycamore Trust

This service works at educating the community and empowering individuals affected by autistic spectrum disorders and/or learning difficulties. It offers a range of services designed for young people including youth clubs, football and multi sports projects and under-eights' activities. All staff and volunteers receive up-to-date training to allow them to support young people in the appropriate manner.

Health and Justice

Youth Offending Service

Barking and Dagenham has one post in the Youth Offending Team (YOT) jointly funded by the local authority and CCG, and a youth offending mental health nurse. A dedicated CAMHS worker based within the team provides assessments to the whole cohort, delivers interventions and signposts to other services. In Barking and Dagenham there is ambition to improve the mental and physical health offer to youth offenders, which includes joint assessments as well as a more coordinated approach when referring to services. All staff deliver assessments to children and young people.

In relation to section 136 of the Mental Health Act 1983, the local policy is that police cells are not used to detain people. NELFT has confirmed that for the last five years no NELFT patient has been detained in police cells under s136 in the whole of the BHR area.

3.2.3 Tier 3 breakdown

CAMHS Tier 3 specialist provision (NELFT)

Barking and Dagenham CAMHS offers help to children and young people who are experiencing emotional, behavioural or mental health difficulties. The services are available to families with children and young people from birth to their 18th birthday (some counselling services work with people to age 21). Support is offered in a variety of settings such as specialist community clinics, home visits, schools, and in hospital paediatric wards and A&E departments.

Community CAMHS support is offered in a variety of ways. In the main this takes the form of face to face talking therapies such as family therapy or counselling. Group work and various specialist assessments are also offered, and it may also involve psychiatric input or medication.

The providers of Tier 3 services for Barking and Dagenham are based in Pettit's Lane, Romford. All CAMHS professionals are trained and experienced in working with children and young people with mental health problems. Some staff have targeted specialist skills, which they may use for specific conditions or treatments. In Barking and Dagenham the Tier 3 CAMHS team comprises:

- child and adolescent psychiatrists
- clinical psychologists
- child psychotherapists
- family therapists
- social workers
- mental health practitioners
- mental health clinical nurse specialists.

Primary Mental Health Team

Barking and Dagenham's primary mental health team (PMHT) works with young people up to age 18, and their families, who are experiencing social, emotional, behavioural or mental health difficulties. In addition they offer a community-based initial assessment and can offer six to 12 sessions with regular reviews. PMHT workers in the borough can also offer therapeutic approaches including:

- behavioural management
- solution focused therapy
- psychodynamic therapy
- cognitive behavioural therapy
- anger and anxiety management
- parenting programmes
- family work/groups
- assertiveness training.

Current Tier 3 staffing:

Grade/role	Actual cost (£)	WTE
Admin and clerical Band 2	227	0.00
Admin and clerical Band 3	61,701	2.64
Admin and clerical Band 4	103,452	4.31
Admin and clerical Band 5	33,068	0.85
Admin and clerical Bank	3,091	0.00
Arts/music therapist Band 7	37,655	1.08
Consultants	196,844	2.00
Non NHS: clinical psychology	38,417	1.00
Non NHS: nursing	29,104	1.52
Non NHS: other	32,531	0.00
Non NHS: physiotherapy	2,892	0.00
Non NHS: admin and clerical	69,689	1.63
Non NHS: SHO	61,401	0.00
Non NHS: specialty doctor	3,074	0.00
Nursing Band 4	0	0.00
Nursing Band 6	98,904	2.00
Nursing Band 7	181,496	3.00
Occupational therapist Band 6	0	0.00
Occupational therapist Band 7	19,202	0.00
Psychologist Band 7	278,054	5.40
Psychologist Band 8a	192,229	3.20
Psychologist Band 8b	55,464	1.00
Psychotherapist Band 6	46,163	1.00
Psychotherapist Band 7	30,071	0.41
Psychotherapist Band 8a	144,121	3.11
Psychotherapist Band 8b	76,230	1.00
Psychotherapist Band 8c	156,386	1.60
Speciality registrar ST1 – 3	62,703	1.00
Speciality doctor	53,447	1.00
Support time and recovery worker Band 3	1,079	0.00
Therapist Band 8a	40,690	0.64
	2,109,383	39.39

IAPT activity 2014/15:

Referrals to IAPT	Discharged	Open	Total caseload
Barking and Dagenham	873	724	1,597
Havering	987	1,009	1,996
Redbridge	836	996	1,832
All	2,693	2,729	5,422

Total appointments	Total did not
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		attend
Barking and Dagenham	12,320	704
Havering	10,547	957
Redbridge	13,113	989
All	35,980	2650

3.2.4 Tier 4 breakdown

Since April 2013 NHSE has been responsible for commissioning CAMHS Tier 4 services, while CCGs are responsible for ensuring a robust infrastructure is in place at Tiers 2 and 3, including provision of effective early help services to prevent problems escalating to a point where hospital admission becomes necessary. Tier 4 services are shared across BHR and we are keen to commission appropriately to ensure residents can access their treatment in their local borough. The services currently comprising Tier 4 are:

INTERACT

This is NELFT's outreach service based at Brookside Tier 4 unit in Ilford. All young people who live in Barking and Dagenham, Havering and Redbridge, as well as Waltham Forest, and are referred to Brookside are initially seen and assessed by mental health practitioners via INTERACT. The service is also able to support young people recently discharged from hospital, helping them to adjust to being back at home. INTERACT also assesses and supports young people who attend A&E or local paediatric wards and need the support or advice of mental health services. Essentially, INTERACT works between Tiers 3 and 4 as a bridging service, to prevent escalation to Tier 4.

In addition to the core funding from NHSE, a number of Barking and Dagenham schools contribute to funding some of these NEFLT services from their Dedicated Schools Grant (DSG). Some schools also have their own commissioning arrangements in place to support their pupils' emotional health and wellbeing needs.

Brookside Child and Adolescent Inpatient Unit

This specialist mental health inpatient unit for children and young people provides a 24 hours a day, 365 days a year service. It provides assessment, care and treatment for young people aged 12 to 18 with severe psychological, behavioural and emotional difficulties. Brookside cares for young people primarily from Barking and Dagenham, Havering, Redbridge and Waltham Forest, although where appropriate may also accept referrals from parts of Essex and elsewhere.

Young people with mild to moderate learning disabilities can be referred to the service as long as there is a co-morbid mental health difficulty. Among a wide range of other services, Brookside supports young people and their families to return to the community, with signposting to the appropriate community support after an acute episode of mental ill health. Brookside has an in-house school in order to reduce the need for patients' education to be disrupted during their period of acute need. This is individually tailored to the young person's needs and aims to enable them to continue their education on discharge. Brookside also supports families, carers and guardians of patients with support and advice during admission, and recommendations post discharge.

3.3 Children and young people cared for out of borough

There is a clear support system in place to ensure care is co-ordinated for children who are cared for out of borough. An Independent Reviewing Officer (IRO) is responsible for organising review meetings, ensuring the social worker and local authority are doing what they should and that the placement is appropriate. IROs have effective oversight of the whole approach to care and planning, bringing together where appropriate the child and their family, carers and professionals to ensure quality and effectiveness of care.

The school environment also plays a significant role in promoting wellbeing and professionals including special educational needs coordinators and teachers are an important part of the support system, as well as school counsellors, school nurses and those involved in pastoral care,

4. Case for change

4.1 Summary

The case for change rests on the changing population needs of Barking and Dagenham, the feedback gained from children and young people, limitations of the current model, and future aspirations including those of Future in Mind. Of particular importance is the need to improve outcomes and the reporting and measurement of outcomes.

4.2 Population needs

The high proportion of young people in the borough is described in the JSNA, the increasing complexity of their needs means that services need to develop more responsive and preventative approaches as well as to increase capacity in particular areas.

4.3 Current services

Current demand levels and service capacity clearly indicate that there are unmet emotional wellbeing and mental health needs in the borough. This is further evidenced by information we have about current waiting times for assessment and treatment for lower level needs and the treatment gap where current service provision cannot keep pace with demand. We have heard from our providers about a high threshold for referrals to CAMHS and delays in non-urgent treatment for eating disorders services.

4.4 Future aspirations

4.4.1 Transforming Care

There is a need to respond to the new national framework designed to improve the care of people with learning disabilities, which will shift services away from hospital care and toward community settings. This will require multi-agency working throughout the implementation of this transformation plan. The Transforming Care service model sets out nine overarching principles, which are consistent with this plan, and define 'good' services for people with learning disabilities and/or autism:

1. Providing more proactive, preventative care, with better identification of people at risk and early intervention.
2. Empowering people with a learning disability and/or autism, for instance through the expansion of personal budgets and personal health budgets and independent advocacy.
3. Supporting families to care for their children at home, and the provision of high-quality social care with appropriate skills.
4. Providing greater choice and security in housing.
5. Ensuring access to activities and services that enable people with a learning disability and/or autism to lead a fulfilling, purposeful life (such as education, leisure).
6. Ensuring access to mainstream health services, including mainstream mental health services in the community.
7. Providing specialist multi-disciplinary support in the community, including intensively when necessary to avoid admission to hospital.
8. Ensuring that services aimed at keeping people out of trouble with the criminal justice system are able to address the needs of people with learning disabilities and/or autism, and that the right specialist services are in place in the community to support people with a learning disability and/or autism who pose a risk to others.
9. Providing hospital services that are high-quality and assess, treat and discharge people with a learning disability as quickly as possible.

These principles will underpin how local services are redesigned over the coming months and years, allowing for local innovation and differing local needs and circumstances, while ensuring consistency in terms of what patients and their families should be able to expect from local decision-makers.

4.4.2 Transition to adult services

Future in Mind notes that transitions need to be flexible, and there will be the need to align transitions up to age 25 for young people with education and healthcare plans. Further work needs to be done to make this flexibility possible. As part of transition planning, the needs of children and young people, and their carers, should also be assessed or reviewed to explore the impact on them of changing circumstances. Young people with special educational needs and disabled young people turning 18, or their carers, may become eligible for adult care services, regardless of whether they have an EHC plan or have been receiving children's social care services.

Under the Care Act 2014, the local authority must carry out an adult care transition assessment where there is significant benefit to a young person or their carer in doing so and they are likely to need care or support after turning 18.

4.4.3 The Care Act 2014

Section 10 of the Care Act 2014 introduces key changes to the existing rights of carers for young people over 18 to assessments:

- carers no longer have to request an assessment to obtain one and they must be completed by the local authority on appearance of need
- the carer no longer has to establish that they are providing substantial care on a regular basis to qualify

- the only requirement is that the carer 'may have needs for support – whether currently or in the future'.

The assessment must consider:

- whether the carer is able/willing to provide and continue to provide the care
- the impact of their caring role on the carer's wellbeing
- the outcomes the carer wishes in day-to-day life
- whether the carer works or wishes to work, and/or participate in education, training or recreation.

This plan proposes a future model that will enable the aspirations above to be delivered for our changing population. This model and the plans to implement this model are described in section five.

5. Future model and proposed plan

5.1 Improving access to an effective system without tiers

This CAMHS Transformation Plan is underpinned by a local model (appendix A) which reflects the requirements for change as outlined in Future in Mind and builds in local knowledge of need, the baseline service delivery position and the current outcomes of commissioned services.

The local model sets out the high level priorities for local transformation. It describes an approach that encompasses the whole system of support available to meet the needs of all children and young people across the borough. It has been developed in collaboration with a range of partners and stakeholders and attempts to articulate a shared vision.

We will review how well we deliver on our priorities as part of the governance and accountability framework.

5.2 No gaps

Reviews and published papers including the health select committee report on child and adolescent mental health 2014⁹ highlight growing concerns around gaps in children's mental health provision. Findings from this and subsequent publications highlighted the tiered approach as being an ineffective model to deliver such services as it often unintentionally creates barriers between internal and external services and gaps in provision.

In addition, it has been identified that there can be a lack of consistent links between CAMHS and adult services which creates further gaps and an increased risk of disengagement from services altogether.

The model that is being proposed not only moves away from the tiered approach but operates on a quadrant model in which children and young people are supported to build resilience skills through universal services including schools and community settings.

⁹ <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/cmh-2014/>

Quadrants 2, 3 and 4 will operate via a wellbeing hub which will act as a single point of access to services with direct links to all quadrants. Children and young people are able to move around the quadrants depending on the level of need. In principle, children and young people will be able to move down the trajectory as interventions are delivered and outcomes are produced. The wellbeing hub allows less opportunity for gaps to develop and provides a seamless pathway of care for those who need it.

5.3 A whole system approach

We aim to develop a sustainable whole system approach to building resilience and better emotional wellbeing and mental health in children and young people, building on the existing work in response to the London Borough of Barking and Dagenham's EmPWR strategy¹⁰.

It is recognised that the emotional wellbeing of children and young people is everyone's responsibility and partners in health, social care, education, youth justice, the community, voluntary sector, and parents, peers and professionals, should to work together toward this vision.

Our transformation themes are based on meeting the emotional wellbeing and mental health needs of all children and young people across a spectrum or continuum of need, from the very lowest level of need – where support can be delivered universally by parents, young people themselves or non-specialist professionals, to the highest level of need – where care is delivered by specialist mental health workers providing intensive crisis support.

We need to break down any service or organisational barriers to ensure the system works for the benefit of children and young people and avoids categorising and allocating needs and responsibilities to different organisations. This includes the strategic responsibility of all partners across the system to ensure financial challenges are mitigated, where possible, and that commitment to a whole-system approach can be delivered.

The whole-system approach requires both collaborative and joint commissioning approaches to ensure there is one overall system outcome which is the responsibility of all partners. We will need to design integrated pathways between services with a single route to support to achieve this.

5.4 Reducing inequalities

All local commissioning partners are committed to ensuring that services are accessible, appropriate and sensitive to the needs of individuals, and that we reduce inequalities in access and outcomes in the way we plan, procure and deliver services. We have planned a dedicated work schedule with our equality leads to review and further strengthen how our plan will promote equality and address inequality.

In addition to the existing organisational strategies, plans and activities to address and reduce inequalities, as part of the development and delivery of our transformation plan we will:

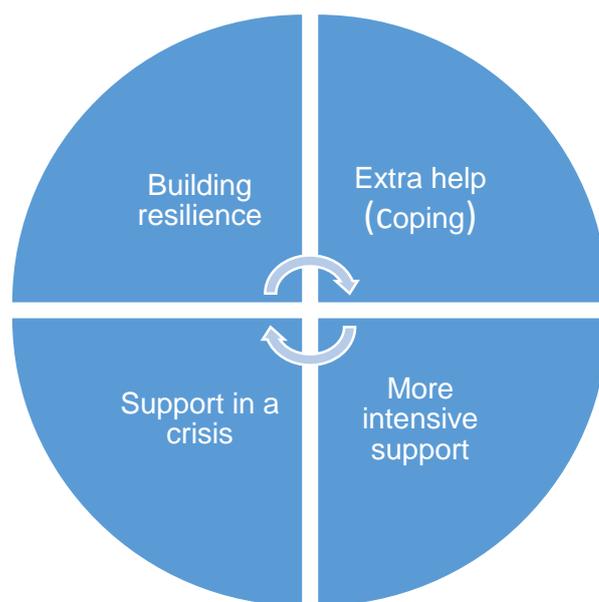
- ensure all providers who are commissioned to deliver services are committed to, and evidence, their approach to reduce inequalities

¹⁰ Barking and Dagenham Community Engagement and Empowerment Strategy 2011-14 ([EmPWR](#))

- ensure our engagement and co-production work with children and young people with protected characteristics to ensure our services reflect their needs and preferences
- implement robust data quality strategies to enable us to effectively monitor the access to and outcomes of services received by protected groups
- introduce new pathways for vulnerable children and young people to mitigate the effect of any barriers to achieving good access and positive outcomes from services
- undertake a comprehensive Equality Impact Assessment (EIA), both of the plan and prior to recommissioning and/or procurement of services
- undertake further work to better understand the needs of the local population and identify those experiencing the poorest health outcomes, including the CAMHS needs assessment which is underway and due to report in Spring 2016
- promote the plan and its content across all groups and in a range of formats and languages, and ensure that all commissioned digital resources are accessible.

5.5 New model – Quadrant approach

Our proposed model, as illustrated in the figure below, demonstrates a step change in service delivery, moving from a tiered approach to a seamless pathway into and out of four quadrants of service provision.



5.5.1 Quadrant 1

Our model is based on key principles of preventing ill health and promoting wellbeing from antenatal to 18 years (or flexibly according to need).

As part of our work around promotion and prevention we aim to build on our existing offer of support for those with emotional needs (distinct from mental health). We will do this by targeting investment at lower level and earlier help interventions including counselling, cognitive behavioural therapy and other targeted therapies.

Schools

We will collaboratively commission with local schools to support whole school approaches to mental health, to build both emotional and academic resilience.

Training

We are committed to investing in upskilling parents, children themselves, school workers and staff in other universal service settings, to enable them to identify and support children and young people earlier:

- **Professionals**

It is our aim that all non-mental health professionals are trained to identify vulnerable children and those at risk of developing emotional or mental health needs or those requiring early help. Ensuring staff are fully trained, qualified and competent and are continuing to develop professionally is the responsibility of all services working with children and young people. As part of this plan, universal services will be working with their staff to ensure their staff are able to understand what mental health and wellbeing is, know what they can do to support its improvement, and know what support is available for parents and carers or where they can find out.

- **Parents and carers**

Parents will have access to effective and up to date emotional and mental health service provision for children and young people via the local offer. When we consulted with parents, they told us they would like to receive training on how to offer practical and effective support to their children at difficult times and cited conflict resolution as one of the main issues.

- **Mental health champions**

The introduction of mental health champions will help us to reinforce the key message of mental health being everyone's business, as will coordinating local campaigns to raise awareness.

5.5.2 Quadrant 2

This quadrant will focus mainly on coping. Aimed at both children and young people and their families, it also provides guidance on parenting resilient young children and young people, highlighting both risk and protective factors and what parents can do practically to build resilience in their children. Our new model will promote a self-referral approach for young people to access targeted digital learning resources such as Big White Wall – a 24-hour online counselling offer. We will also provide parents with the ability refer themselves to access parental learning modules, as this has been identified as a gap in current service delivery as well as a model of good practice.

This quadrant will also provide direct access to the proposed single point of access (wellbeing hub), which will enable those with higher level needs to receive assessment, referral and onward treatment in a timely manner.

5.5.3 Quadrant 3

The third quadrant will provide treatment from specialist services where a child or young person may present with mental health needs that could be diagnosable. The specialist staff working in this quadrant help to build capacity within the system by providing training, support and advice to staff in lower areas of need (e.g. universal services) to increase their capacity to support a child effectively.

As part of this plan, we will work with providers to develop and produce clear pathways for children requiring specialist mental health assessment or intervention. The new service model will be clearly communicated to service users and the wider public. Robust structures for delivering services at this level will also be created as well as clear boundaries regarding the contributions of individuals to providing those services.

5.5.4 Quadrant 4

This quadrant has a focus on children in need of crisis support and higher level interventions from specialist services. Waiting times and access to this level of care have been highlighted as areas for improvement and we know that care pathways can often be unclear. Our aim for transformation of this quadrant will include ensuring all children and young people who need more specialist support and their parents and carers, will have clear information on what to do if things do not go according to plan.

6. Transformation themes and investment for 2015/16

6.1 Local Priority 1 and 2: Building resilience and promoting prevention, children and young people's IAPT compliance, and additional IAPT training for staff in universal services

Overview:

To develop the capacity of our children and young people to be resilient and to maintain their emotional wellbeing.

Rationale:

This theme builds on the existing EmPWR strategy in Barking and Dagenham and recognises that more children, young people, parents and teachers are seeking help to deal with emerging emotional needs. All people within a child's sphere of influence have the potential to support them including peers, parents and teachers, who may be well placed to listen and understand how they can provide support. There are also a range of services accessible via universal settings where early support for a child or family's mental health needs can be provided, for example the Troubled Families Programme, Early Help and Parenting Provision.

A whole system solution to resilience building is proposed, to be accessible to all, including support for parents. We will explore options for activities and training to educate and empower children and young people, and those who know and work with them, to begin building resilience early.

The overarching aim for the local system's approach to behaviour is for all young people to be able to learn and behave positively within local mainstream schools as far as possible, supported by a range of interventions.

Schools have signed up to the following aims:

- meet the needs of pupils who have identified needs with a combined therapeutic and supported learning approach
- Improve the quality and range of home school support packages

- enable young people to be supported locally by developing skills of empathy, self-awareness, motivation, and managing emotions and feelings
- helping to build social relationships.

School staff will need skills and resilience training in order to achieve good outcomes for this group of children. Thus the focus of the resilience training is to ensure frontline staff have the necessary skills to enable them to intervene proactively and early when issues present in children and young people.

Proposed deliverables:

- Make mental health everyone's business. For example by running an 'If you care, you can' campaign to raise the profile of emotional health and wellbeing and awareness of how everyone within a child's sphere of influence can be ready to support.
- Deliver resilience training for professionals working with children in universal settings, including schools, GP practices and those within children's centres and nurseries, with support to identify children and young people who are at risk of developing emotional and mental health needs.
- Explore the development of a peer support programme in schools, building on existing models in the borough, including making use of national initiatives such as Wolfpack¹¹.
- Develop a local online resilience information resource/toolkit for parents and children, for example 'kids can cope'.
- Better support schools to deliver PSHE Association resilience guidance¹² and lesson plans, working with the children and young people's IAPT collaborative to enhance work with schools.
- Improve local information about mental health support, including better integration with the local offer and clear publication of services, pathways and access details.

Proposed Investment 15/16:

The proposed investment for the building resilience and promoting prevention stream would be £50,000 – invested into resilience training and children and young people's IAPT compliance and training.

6.2 Local priority 3: Developing a wellbeing hub

Overview:

To develop a single route to support, creating a seamless pathway of care and support from the point of referral.

Rationale

The current tiered CAMHS model creates barriers between services which can be compounded by complex commissioning arrangements. Care can become fragmented, and the barriers and varying thresholds for treatment can result in children moving in and out of different services with no overall responsibility for ensuring that the child receives the care they need. Locally we are aware that children can start a referral to one service where they may not meet the criteria and then have to start again with a new referral to another service.

¹¹ <http://www.time-to-change.org.uk/wolfpack>

¹² [Personal Social Health and Economic Education Association](#)

We also know that there is uncertainty among many professionals, including teachers and GPs, about how to refer for support and to which service.

Proposed Deliverables:

The new wellbeing hub will:

- build on the existing single point of access to receive professional referrals for children with additional emotional or mental health needs including those who would not currently be eligible for CAMHS
- develop relationships and provide a named contact with all schools, children centres and other early years settings, GP practices, etc
- act as advisors and gatekeepers, redirecting back to universal services where appropriate, or providing the gateway to targeted early support or more specialist services
- to undertake an initial multi-disciplinary assessment including common assessment frameworks and agree the lowest level of appropriate support for each child. This could include supervised self-management, telephone and online counselling, group therapy, behaviour pathway, or specialist treatment. Alternatives would be offered while on the waiting list if appropriate
- have responsibility for case management and ensuring stepped care can occur so that children do not have to start again and be re-referred should their needs change while they are already in the system
- provide and coordinate CAMHS key workers to supervise and provide strategic oversight for self-directed support that is actioned via the single route to care, such as telephone counselling and online CBT
- work toward the ambition that support could be available 24/7, with intelligent staffing levels to reflect need over weekends and evenings
- deploy higher grade, senior mental health specialist resources on the single route to care in addition to other therapists and counsellors from the community voluntary sector.

Proposed Investment 15/16:

Developing a wellbeing hub would require three Band 6 CAMHS workers at a cost of £120,000.

6.3 Local priority 4: Maximising use of digital resources and guided self-support

Overview:

To explore innovative and co-designed high impact and wide reaching methods of delivering support for those with additional emotional needs.

Rationale:

National data suggests that one in every seven young people reports emotional difficulties, which means more than 6,130 children and young people in Barking and Dagenham may require additional help to meet their needs. An approach to meet these lower level emotional needs must therefore be innovative, make the best use of technology, and support self-management approaches. The approach must also be wide reaching with high impact.

Deliverables:

Approaches to be explored, developed and piloted include:

- online counselling

- group therapy
- peer support networks and peer outreach
- telephone talking therapies
- outreach worker liaison (OWLS)
- supervised self-management, such as Fear Fighter panic and phobia treatment
- introducing a new behaviour pathway for children and families experiencing mild/emerging behavioural difficulties (strengthening existing outreach).

Proposed investment 15/16:

To pilot self-support would require investment of £28,739.

6.4 Local Priority 5: Better support for children, young people and families with mild/emerging behaviour difficulties

Overview:

To develop the proposed multi-disciplinary behaviour team to work closely with schools and other settings and develop a local pre-specialist behaviour pathway, to be accessible before specialist interventions for those lower level, mild and emergent behaviour difficulties.

Rationale:

It is estimated that approximately 6% (4,500) of children and young people in Barking and Dagenham experience some kind of conduct or behavioural problem. The extent to which children and young people are accessing currently commissioned CAMHS services for moderate to severe behavioural or conduct problems is not currently known. The number of young people with behavioural needs presents a capacity challenge for local mental health services and a challenge for parents, schools and in early years settings.

The development of a local pre-specialist behaviour pathway would be accessible before specialist interventions for lower level, mild and emergent behaviour difficulties.

Deliverables:

- Develop a new local pre-specialist behaviour pathway based on evidence based practice
- augment the planned multi-disciplinary behaviour team with dedicated CAMHS support
- develop support for parents and non-specialist professionals in universal settings to deliver a specific behavioural programme for children with identified needs, building on the established speech and language therapy model in schools
- develop an integrated pathway to guided or supervised support for the programme through the single route to support and integrate with existing specialists where needs are identified.

Proposed investment 15/16:

One Band 6 CAMHS worker would enable us to deliver better support for children, young people and families with mild or emerging behaviour difficulties, requiring investment of £40,000.

6.5 Local Priority 5: Better supporting looked after children and those leaving care

Overview:

To provide a dedicated clinician-led service for looked after children and care leavers.

Rationale:

Children in care have significantly higher levels of mental health difficulties than the general population; an estimated 45% (more than 70% within residential care) have a diagnosable mental health difficulty. Despite this, significant problems exist in meeting this need, particularly in providing preventative support that can avert placement breakdown.

Despite the implementation of a priority access performance indicator for looked after children in 14/15 there is a disproportionately low representation of looked after children being referred and treated by local CAMHS services, despite this group having higher needs than the general population of young people. It is proposed to commission a dedicated clinician-led service to address this discrepancy.

Deliverables:

- A dedicated clinician-led service for looked after children and care leavers
- case consultation on cases where looked after children present with multiple and complex needs
- joint visits to encompass the emotional and psychological element to effectively assessing and understanding needs
- assessment of sibling attachment relationships to consider placement needs
- quick response to children in crisis
- better adaptability to working with children who would not ordinarily engage with CAMHS
- flexibility in terms of where and when children are seen
- supporting social workers' emotional resilience when working with complex cases
- improved triage of looked after children needing alternative CAMHS services such as The Listening Zone
- active contribution to managing mental health and emotional health needs at an earlier stage
- participating in and contributing to training and development of social work practitioners' understanding of emotional, mental and psychological needs
- flexibility in working with carers and the professional network
- offer advice and support to leaving care workers
- improved liaison with CAMHS services for children placed out of borough.

Proposed investment 15/16:

A Band 7 CAMHS worker would enable us to better support looked after children and those leaving care, at a cost of £40,000.

7. Specific deliverable: New service model for eating disorders

7.1 Rationale

The NELFT eating disorders service (EDS) offers specialist assessment and treatment to people aged eight and above (adults, adolescents and children). The service works with individuals and their families to support them in their recovery.

Services provided by EDS include:

- psychological treatments delivered on an individual basis, to families and in groups
- dietetic input and nutritional support
- medical and nursing assessment and intervention.

The decision to offer a service will be based on the individual's ability to benefit from treatments for an eating disorder. The EDS team includes a consultant psychiatrist, specialist adult and CAMHS nurses, CBT therapists, family therapists, dieticians and psychologists.

NELFT children's eating disorders service (CEDS) is an integrated lifespan service. This service delivery model helps avoid well documented issues of transition that are both damaging and costly. Given the severe medical risks and associated mortality rates in eating disorders resources are targeted at those most at risk, such as low weight patients. In most cases the triage system will review the referral the same day, the patient will be assessed within one week and begin treatment immediately.

In order to maintain this care pathway resources are often redirected from the adult arm of the service. Consequently, for patients less at risk there is a delay in accessing treatment; however, following assessment all clients will receive immediate specialist nurse monitoring and be invited to a pre-therapy group. The use of trainee psychologists and assistant psychologists also helps to minimise the waiting time. There is no waiting list to see the dietician as this service is only on offer to high risk clients.

Resources for this part of the service are extremely limited therefore robust case management systems are in place to support case closure. Treatment is evidence based and time limited and there are routine outcome measures from the beginning to end of treatment.

Activity/performance 2014/15 for Barking and Dagenham eating disorders service:

New referrals	62
Closures	63
Face to face contacts	601
Telephone contacts	45
Total contacts	646
Average active caseload for team	79
Average number on waiting list (individual therapy)	2
Current waiting time for individual therapy	Approximately 12 to 16 weeks for non-

urgent cases

NHSE commissioned the National Collaborating Centre for Mental Health to develop a new model of care for a children and young people's community eating disorder service (CYP CED). This was published within the commissioning guidelines in August 2015. In addition to developing a new service model the guidelines includes access and waiting time targets, workforce, training, and good practice.

7.2 The new service model

Access and waiting time targets:

Emergency

Support received within 24 hours, to include NICE concordant treatment to be received within a maximum of 24 hours from first contact with a designated healthcare professional.

Urgent

NICE concordant treatment to be received within a maximum of one week from first contact with a designated healthcare professional.

Routine

NICE concordant treatment to be received within a maximum of four weeks from first contact with a designated healthcare professional.

Treatment

Treatment for an eating disorder needs simultaneously to address a number of areas of development and functioning. In a similar way to the assessment, multidisciplinary input is required to ensure treatment is integrated, person-centred, reflects the principles of participation and joined decision making, and remains outcome and goals focused, comprehensively managing all relevant problem areas.

The areas covered within an individual's treatment might include:

- monitoring and management of the child or young person's physical/medical state and functioning, overseen by medical staff (a paediatrician or GP with specific expertise in eating disorders) or appropriately-trained nursing staff
- monitoring and management of the child or young person's general mental state, overseen by a psychologist or psychiatrist
- nutritional rehabilitation overseen by a dietician
- individual psychological interventions provided by psychologists, nurse therapists or other appropriately trained and qualified therapists
- family interventions (to include multi-family group interventions), provided by family therapists, psychologists, nurse therapists or other appropriately trained and qualified therapists
- group interventions and other psychosocial interventions, provided by psychologists, nurses or occupational therapists
- home treatment and mealtime support, provided by nursing and support staff
- management of psychotropic medication where prescribed, including for any coexisting mental health problems (for example, depression and anxiety), overseen by a psychiatrist.

Psychological treatment therapies to be available

- family interventions are to be a core component of treatment required for eating disorders in children and young people
- CBT and enhanced CBT (CBT-E) in the treatment of anorexia nervosa, bulimia nervosa and related adolescent presentations.

Skill Mix

The following areas of expertise must be provided within the eating disorders service team:

- psychiatric assessment for children and young people
- medical assessment and monitoring
- rapid response to referrals as outlined in the care pathway
- staff trained to supervisory level for evidence-based psychological interventions for eating disorders (to include CBT/CBT-E and targeted family interventions)
- staff trained in the delivery of evidence based psychological interventions for eating disorders (to include CBT/CBT-E and targeted family interventions)
- relevant experience to enable team to provide home treatment and family support
- acute service and paediatric support: support should be provided to these services seven days a week
- ability to provide care and response over a seven day week
- the team should have sufficient staff to provide administrative and management support. Support staff must be experienced and have adequate training in relevant areas including data entry.

The service only works with patients who have an eating disorder and has therefore developed the skills to undertake this work. However there is a limited number of staff in the team, so it only works with high risk patients.

Even with the additional funding the service will not be able to deliver all the requirements of the new model of care.

The new funding must support the new access and waiting time targets for assessment and treatment. Currently the service can meet the access time but not the NICE treatment time targets. The majority of resources are dedicated to the most high risk service users.

The additional funding will be spent on the workforce and must include a paediatrician and more therapists to deliver the NICE-compliant treatment. The issue is largely where these health professionals work, the range of eating disorders they will work with and how much early intervention and education and training the team will undertake.

Self-harm

The rate of hospital admissions for self-harm or mental health disorders can be an indication of the effectiveness of local CAMHS provision. Hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men.

In 2011/12, Barking and Dagenham's rate of admissions for mental health disorders per 100,000 residents from birth to age 17 was lower than the England rate. The borough was in the second quintile of performance (lower is better) for admissions due to self-harm, compared with all local authority areas in England.

Between 2010/11 and 2012/13, hospital admission for self-harm among children and young people aged 10 to 24 was estimated at 279 individuals. This local data also correlates with the national picture. Research conducted by Young Minds shows that one in 15 young people self-harm, leading to a 68% increase in young people admitted to hospital due to self-harm injuries in the last 10 years.

8. Finances

8.1 Current investment

Both Barking and Dagenham CCG and the local authority contribute substantial funding to commissioning mental health services for children and young people, which are provided by NELFT NHS Foundation Trust. Funding is as follows:

- CCG funding: £3,162,506
- Local authority funding: £214,400.

8.2 Future investment

Additional investment allocated to Barking and Dagenham CCG:

Eating Disorders Service 15/16	Local transformation 15/16	Recurrent uplift from 16/17 if plans are agreed
£111,358	£278,739	£390,097

Proposed in-year investment for 2015/6 once plans are assured:

Theme	Investment	Resource
Building Resilience and Promoting Prevention	£50,000	1. Resilience training 2. Children and young people's IAPT compliance and training
Developing a wellbeing hub	£120,000	Three Band 6 CAMHS workers
Maximising use of digital resources and guided self-support	£28,739	Pilot self-support
Better support for children, young people and families with mild/emerging behaviour difficulties	£40,000	Band 6 CAMHS worker (0.6 WTE, for six months)
Better supporting looked after children and those leaving care	£40,000	Band 7 CAMHS worker (0.4 WTE)
Eating disorders services	£111,358	80% additional staffing 20% non-staffing

The assured transformation plan and associated declarations will be published on the [Barking and Dagenham CCG website](#)

9. Supporting Information

9.1 Children and young people's IAPT

Barking and Dagenham's CAMHS partnership was given a place within the London and South East CYP IAPT Learning Collaborative for 2015/16. A number of staff have already been identified to participate in the training programme as described by NHSE.

The key aim of the IAPT programme is to transform existing services for children and young people, adopting elements of the IAPT programme which will help to improve outcomes for children, young people and their families by providing treatment that is based on best evidence, and is outcome focused and client centred.

9.2 Measuring outcomes

The proposed outcomes laid out in section one of this report will be developed into an outcome set by the governance group to monitor the impact on the overall population level outcomes pertinent to the overall model.

We have worked closely with our main provider of CAMHS services to review and better understand the extent to which current services are delivering evidence based interventions. Routine outcome measures are being adopted across CAMHS services, with the strength and difficulty questionnaire being the adopted methodology.

The approach to outcome measurement consists of four elements:

- 1) Assessment and review measures completed by relevant service users at the outset and at review/end of treatment (services to determine)

This will ensure identification of key issues at the outset and selection of appropriate symptom specific measures for regular monitoring, as well as enabling comparison of the severity and type of problems encountered across services. The review measures will primarily provide feedback on the patient's experience of the service and check there are no outstanding issues, however if enough data can be gathered additional analysis of outcomes and experience will be possible.

- 2) Brief symptom specific measures completed weekly by relevant service users

This will allow practitioners and service users to track their progress, as well as feed into quarterly national reports on recovery and change rates.

- 3) Feedback tools such as goals based outcomes or outcomes rating scale for use in meetings, and feedback on the meeting itself from relevant service users.

These will aid meaningful conversations in meetings and sessions with patients, and can be analysed alongside the symptom specific measures described above. There will not be used in the quarterly national reports in the first instance.

- 4) Practitioner reported information including description of the problem, selected complexity factors and current educational/work status.

This will aid practitioners in thinking about the nature of the issues and the needs of service users, and can also be used in analysis to try to ensure comparisons are only made between similar cases, and relevant complexity factors are taken into account.

Setting a baseline: IAPT

It is proposed that an agreed IAPT baseline should be in place for the start of the 2016/17 financial year. Discussions will take place with NELFT on:

- Activity and performance – including new referrals, closures, face to face contacts, average active caseload for the team, average number of people on the waiting list and the average waiting time in days.
There will be particular focus on the percentage of CAMHS patients in Tiers 2 and 3 who receive an IAPT service, the outcome scores held by NELFT, service user feedback and the profile of service users and their difficulties.
- NICE and Children and young people's IAPT compliance – including summary headlines of guidance, identified service model or treatment deficits, identified staff skills and specialism deficits, staffing capacity deficits and identified outcomes deficits.

Barking and Dagenham's CAMHS provider is part of the national children and young people's IAPT programme and staff continue to receive specialist training to ensure the interventions delivered are evidence based. During the transformation planning process the provider has however highlighted a number of skills and training deficits, particularly in relation to eating disorders.

Investment in the eating disorders service will enable all staff within the service to be trained in eating disorder specific models; this will include specialist training in CBT-E for eating disorders, and specialist training in the Maudsley Model of family therapy for eating disorders. All staff will receive IAPT core and specialist eating disorder training and will also be trained in alternative evidence based treatments for eating disorders such as MANTRA (MANTRA has been designed to specifically tackle factors that research has shown to play a part in the development and maintenance of anorexia) and specialist supportive clinical management.

Additional resources would enable the use of early interventions such as FREED (first episode and rapid early intervention for eating disorders) and to offer treatment for atypical eating disorders such as ARFID (avoidant/restrictive food intake disorder).

There is the expectation that additional investment will also enable the provider to meet the new access and waiting time standards for eating disorders, improving outcomes for children and young people.

As part of our ongoing development and implementation of the transformation plan we will be undertaking more detailed work over the coming months to review all pathways against relevant NICE and Scottish Intercollegiate Guideline Network (SIGN) guidance, these will include:

- Antisocial behaviour and conduct disorders in children and young people (NICE)
- Depression in Children and Young People (NICE)
- Alcohol Use Disorders (NICE)

- Attention Deficit and Hyperkinetic Disorders in Children and Young People (selective update) (SIGN)
- Attention Deficit Hyperactivity Disorder (ADHD) (NICE)
- Autism Spectrum Disorders in Children and Young People: Recognition, Referral and Diagnosis (NICE)
- Autism Spectrum Disorders (SIGN)
- Bipolar Disorder (NICE)
- Borderline Personality Disorder (NICE)
- Depression in Children and Young People (NICE)
- Post-Traumatic Stress Disorder (NICE)
- Psychosis with Coexisting Substance Misuse (NICE)
- Self-Harm: Longer-Term Management (NICE)
- Self-harm: Short-term Physical and Psychological Management (NICE).

9.3 Key performance indicators (KPIs)

Specific KPIs have been agreed and detailed for year one of the plan and have been correlated to the arrangements set out in the finance tracker. For the second phase onward we will work across the local partnership to develop a joint performance framework which will include an outcome indicator set to measure how well we are achieving these outcomes.

Plans will also be supported with measurable and ambitious KPIs to ensure the plan is delivering the required improvements. This work will be developed in more detail as part of the joint governance arrangements which will include a joint CAMHS implementation group.

Tasks to be undertaken to establish the baseline for a range of KPIs and introduce robust data collection:

KPI/outcome	Measurement	Focus
Service user focus		
Contract performance	Quarterly monitoring framework to be implemented	Review process to be implemented
Patient activity	Standard local dataset of anonymised, patient level demographic	
	Waiting and response times	
	Referral data, information on presenting problems	
	New referrals	
	Closures	
	Face to face contacts	
	Average active caseload for team	
	Average number on waiting list	
	Average waiting time in days	
Patient outcomes	Coping with specific symptoms, feeling more confident, goals relating to hobbies, being responsible for oneself, controlling or managing anger	
Data		
Data Collection	Build on existing data and develop through contract arrangements	Establish initial baseline by 1 March 2016,

		develop by March 2017
Frequency of recording and reporting	Service dependant but propose quarterly, finalised with providers	
Data Quality	Checks and/or understanding data quality including accuracy, completeness, timeliness, relevance	To be done through contract monitoring and review process
Assurance Framework	Establish risk, controls, and report formats and contents	To develop through performance monitoring

Engagement with key interest groups/stakeholders:

Organisation/group	Focus
Parent forums	Just Say Parents
NELFT	Contract monitoring
Children's Strategy Group	Joint commissioners in BHR
SEND Strategy Group	Inclusion team
Children's Trust	Health focus
0-19 Project Steering Group	Procurement and contracts
0-19 Project Steering Group	Commissioning and data
0-19 Project Steering Group	Operational delivery and monitoring
Youth Forum	Accessing service and digital delivery
Young Cabinet	Accessing service
CiC Cabinet	Interaction with professionals
CCG Patient Engagement Forum	Service experience

9.4 Collaboration with our commissioning partners

9.4.1 NHSE specialised commissioning

NHSE has been engaged in development of the plan through the BHR Integrated Care Steering Group. Requirements for a transformation plan were discussed at the meeting held in September 2015.

Joint Commissioners attended an NHSE-hosted transformation planning workshop on 2 October 2015 to discuss requirements and progress, and to discuss the plans in detail with other commissioners.

Further plans to work with NHSE to co-commission local services include integrated pathways from inpatient to the community, and discharge and community planning. As a borough we are aware of our population of young people currently accessing Tier 3 services who are at risk of needing to access Tier 4 in future. We aim to develop clear pathways with colleagues in specialised commissioning to provide seamless transitions between specialist and community services for children and young people. This work will also include addressing residential and school placement breakdowns which can occur.

9.4.2 Youth justice and health

Barking and Dagenham is committed to developing a health and justice pathway for young people accessing the youth offending service to address not only the mental but also the physical healthcare needs of offenders. The CCG is a statutory and active member of the borough's Youth Offending Service.

We will continue to work with the children and young people's IAPT collaborative to shape the delivery of our transformation plan and will work with Health Education England and Strategic Clinical Networks, as well as maximising the opportunities presented by co-commissioning.

We will work with the North East London Resettlement Consortium to develop a local integrated health and justice pathway. This will include integrating young offenders into the vulnerable group pathway enabling prioritised access and tailored support delivered by professionals who are experienced in dealing with youth offending mental health problems. We will prioritise further pathway development work and support to offenders in crisis, for example outreach support in police stations.

9.5 Engagement with children and young people

Our understanding of the needs of children, young people and their families is built upon the Barking and Dagenham Joint Strategic Needs Assessment and the extensive work we do across all agencies to obtain the views, experiences and input of children and young people. Across the local area there are a number of mechanisms in place to engage directly with young people and their families, including vulnerable service users such as looked after children and those with special educational needs or disabilities.

The transformation plan has been informed by the views and needs of children and young people that are routinely captured as part of business as usual. This includes the local authority's Youth Forum, Young Cabinet and Children in Care Council, young people's input into education, health and care assessments, the CCG's Patient Engagement Forum, provider patient participation groups, our local parent and carer forum Empowering Parents Together, and smaller groups including Ab Phab youth club and those facilitated by the Sycamore Trust.

A specific consultation session was held with the Barking and Dagenham Youth Forum on CAMHS transformation with the young inspectors group agreeing to undertake research to evidence the subsequent change.

9.6 Effective joint working

Our engagement in this process has been wide, we have engaged with individuals and services including GPs, public health, children and adults' social care, mental health providers, education, special educational need and disability (SEND) services and the voluntary sector. Key elements of the engagement process to ensure multi-agency and senior management input into the plan included:

- discussion at the council's public health and SEND boards
- discussion at the children and maternity sub-group of the health and wellbeing board
- specific consultation with key professionals across the partnership
- presentation of the plan to the local health scrutiny committee.

There is already good progress in joint working and commissioning arrangements across local agencies, cemented recently by the introduction of the SEND reforms of the Children and Families Act 2014. The local authority and CCG have appointed a joint children's commissioner to lead and develop arrangements for more integrated education, health and social care services for children and young people. A joint commissioning strategy for SEND is currently in production following the recently launched SEND strategy.

9.7 Engagement planned in 2016/17

In addition to the ongoing engagement described throughout this document there will be further specific engagement with stakeholders including children and young people in 2016. This will be through two task and finish groups and additional research will be carried out by the Barking and Dagenham Youth Forum's young inspectors.

Two task and finish groups will be set up to ensure that the additional resources are introduced appropriately for maximum effect.

- Group 1: CAMHS worker for emotional health and wellbeing group with principal advisor inclusion, and senior inclusion manager on rolling programme of resilience training (See Appendix for detailed breakdown)
- Group 2: CAMHS worker for looked-after-children group involving the assistant director of the integrated care team – Children's, and the lead operational manager for targeted children's service and senior commissioner.

9.8 Alignment to SEND reforms, Crisis Care Concordat, CPEN etc.

Barking and Dagenham, Havering and Redbridge (BHR) CCGs are committed to working in partnership to continue to improve crisis care for adults, children and young people with mental health needs in the boroughs. The mental health crisis care concordat action plan has been developed in response to the Mental Health Crisis Care Concordat¹³ by BHR CCGs, local authorities and physical and mental health care providers. The action plan is also supported by the Metropolitan Police Service, London Ambulance Service NHS Trust and the community and voluntary sector.

Barking and Dagenham has an action plan to drive and deliver local improvements to crisis care. The plan aligns with the local transformation plan as it consists of overarching commissioning and partnership responsibilities as well as actions to improve prevention, access, treatment and recovery. The plan includes shared actions across BHR CCGs, reflecting the commitment of partners and agencies across the boroughs.

As part of the 2014 SEND reforms the mental health of children with additional needs has been high on the agenda in Barking and Dagenham. As part of this plan we seek to address the gap in transition pathways for children and young people with learning difficulties who are moving onto adult services.

9.9 Governance and transparency

¹³ <http://www.crisiscareconcordat.org.uk/about/>

The CAMHS transformation plan builds on a core offer that has been agreed across the BHR CCGs and is also aligned to the Waltham Forest CAMHS transformation plan. The plan has been approved by the corporate director for children's services on behalf of the health and wellbeing board and the chief officer on behalf of the CCG.

It is proposed that responsibility for the development and monitoring of the Barking and Dagenham CAMHS transformation plan will rest with the children and maternity group, which is a subgroup of the health and wellbeing board.

The specific key performance indicators described earlier have been agreed for year one of the plan, and have been correlated to the finance arrangements set out in the finance tracker. For the second phase onward we will work across the local partnership to develop a joint performance framework which will include an outcome indicator set to measure how well we are achieving these outcomes.

We expect to see improvements across services as a result of additional investment, with the key deliverables for 2015/16 being:

- an increase in staff receiving children and young people's IAPT training
- an increase in evidence based treatment offered
- access and waiting time standards met
- reduction in waiting times to access service where there is an additional need
- improvements in patient satisfaction levels.

Appendix A: Model of care

(See separate document)

Appendix B: Proposed governance structure

