

Bromley CCG Transformation Plan

Children and Young People's Mental Health and Wellbeing

16th October 2015

FINAL



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Introduction

Child and adolescent mental health services (CAMHS) in Bromley started a significant and ambitious change programme in 2014/2015, following a local review to improve access and target more resources within health promotion, prevention and early intervention service.

Following the review, a new single point of access for all child and adolescent mental health and emotional wellbeing services was established ***“Bromley Community Wellbeing Service for Children and Young People”***.

This local change programme is still in its implementation phase, and we therefore welcome the opportunity that the transformation funding available under *“Future in Mind”* (2015) provides us to further improve our local services and in meeting the needs of children and young people in Bromley.

We have put this plan together in collaboration with and input from local partners and providers, and taken account of feedback received from young people and their families about our services. However, we acknowledge that the future success of our plan will require further engagement, which will be our priority over the coming three months (December 2015).

This plan outlines a number of locally identified priorities, in line with the national plan. Some of our priorities require further detailed work, data collection and analysis prior to implementation. This work will be completed over the next three months (December 2015), to provide a foundation for our service improvements.



Our priorities and ambition have been set in the context on broader strategies that are developing concurrently. We are now in the implementation phase of the Our Healthier South East London (OHSEL) strategy which is addressing mental as well as physical health needs of our local population. Work has been done to identify evidence based and targeted initiatives and discussions are ongoing about how these initiatives around mental and physical health are embedded in the Local Care networks and Children's Integrated Community Teams across south east London.

Work on the development of the South East London Community Based Care Strategy is also in planning stage working to articulate key elements of services for children and young people which includes having integrated community teams providing early intervention and management, enhancing primary care access and developing local care networks which in Bromley will be known as Integrated Care Networks.

All of the aforementioned work is still in development phase and reinforces the approach adopted by Bromley to focus on planning of work in year 1 (2015/2016) and ensuring initiatives are developed in an integrated manner to ensure sustainable and effective change.



1. Local Need

1.1. As identified in the local JSNA 2014 Bromley has an estimated population of 320,057, with 74,329 (23.2%) falling within the 0-18 year age group. It has been identified that the number of 0-4 year olds has gradually been increasing since 2006.

Table 1 - Bromley population 0-18 years (2014)

0-4 years	21,196	6.62%
5-10 years	23,823	7.44%
11-18 years	29,310	9.16%

1.2. There is an increase in numbers and complexity of children with learning difficulties and/or disabilities in the Borough, leading to an increase in the number of children requiring specialist support. This is demonstrated by an increase from 202 children in 2010/2011 to 263 in 2013/2014. This complexity is evidenced in CIPFA 2014 data which details that compared to other boroughs in the benchmarking group Bromley has:

- more pupils with behavioural emotional and social difficulties with a statement of educational needs (Bromley 2.97 per 1000 > Benchmark Group.65 per 1000)
- higher numbers of pupils with Autistic Spectrum Disorder (ASD) (5.20>4.54)
- higher rates of pupils with severe or profound and multiple learning difficulties

1.3. Although still lower than the national and London average, there has been an increase in the number of children in care over the past three years with 276 looked after children at the end of March 2015. There are a higher than national average number of children in care with 3 or more placements. Among this group, there has been an increase in the emotional health questionnaire (SDQ) scores which denote that their emotional wellbeing is a cause for concern



- 1.4. Between 2010 and 2013 Bromley had one of the highest rates of emergency presentations to A&E due to self harm in London, of which It is estimated that a third of patients presenting were already known to CAMHS. Admissions for self-harm are higher than the London rate (233.4 per 1000 compared to 228 per 1000 based on 2013/14 data).
- 1.5. Data from Bromley Wellbeing service shows from December 2014-April 2015, 15% of service users who used the single point of entry service were currently self-harming, 12% were reporting as having verbalised thoughts or plans of suicide and 3% presented with a history of suicide attempts. As discussed in paragraph 3.6, over the last 18 months (1.4.14 to 30.9.15), this has resulted in a 60% increase in the number of CAMHS inpatient admissions compared to the previous 18 months.
- 1.6. Bromley also has a higher rate of hospital admission due to substance misuse (81.8 per 1000) than London (58.1 per 1000) and nationally (75.2 per 1000) (Bromley JSNA, 2014).



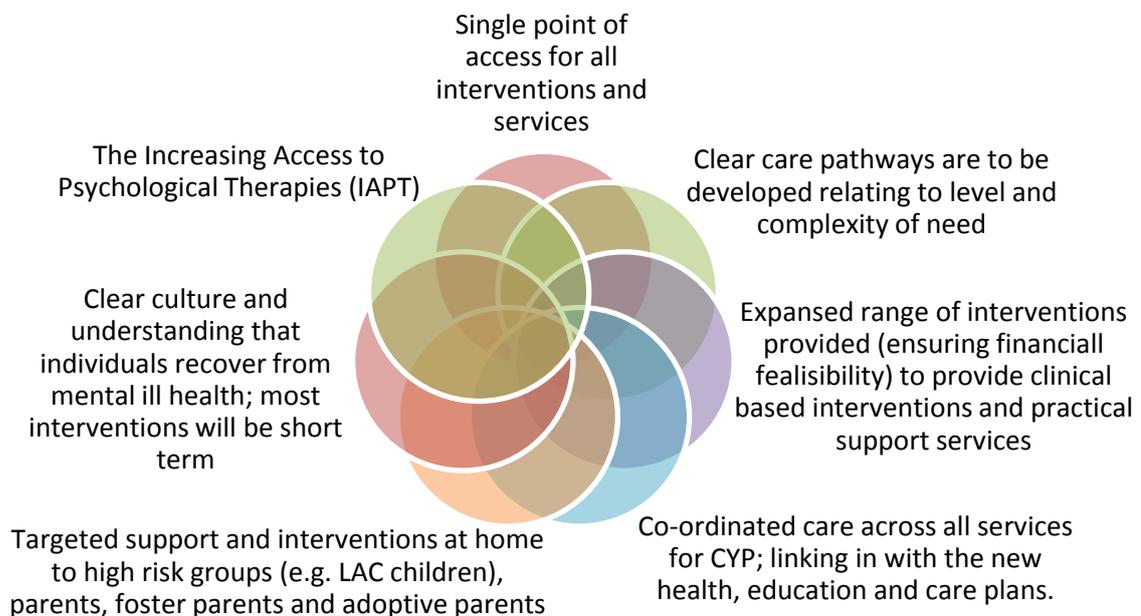
2. Engagement and Collaboration

- 2.1. As part of Our Healthier South East London (OHSEL), Bromley CCG has engaged with local residents regarding our services for children and young people. These discussions identified areas for improvement including; communication and information sharing across agencies (OHSEL, 2015).
- 2.2. A recent survey conducted by Healthwatch Bromley (2014) with a sample group of 70 young people aged between 15-19 years, identified that 7% had experience of using local mental health services (it was the service most used by the group). As part of this work some young people reported that they felt they were not being listened to by staff or having their feelings taken seriously, and others identified that a drop-in service rather than requiring appointments would be good.
- 2.3. The 'R U Different' online survey of social norms (2014) that was used to engage with Year 9 students in Bromley about lifestyle issues, emotional health and 'risk' behaviours (April 2013 - June 2014), identified 6- 9% of responders reporting that they felt anxious or depressed most days, this statistic rose significantly to 11-18% in 2014/15 survey. Addressing emotional ill health in schools is therefore a priority.
- 2.4. The Bromley Secondary School Emotional Health Forum was established by Public Health and is run with local secondary schools since 2013. This forum is multi-agency and run by school staff with membership from Bromley Community Wellbeing Service for children and young people (Bromley Y), Bromley CAMHS (Oxleas NHS Foundation Trust), Children's community health services (Bromley Healthcare) and other voluntary sector organisations. The forum has a co-ordinated programme of work to promote positive emotional health and wellbeing in schools.
- 2.5. A commissioning review of Child and Adolescent Mental Health Services in Bromley was completed in 2012/2013, which included a full engagement programme with local partners and referrers including GPs and Schools, as well as young people and their families. Following the review the London Borough of Bromley and Bromley CCG jointly



develop a new service model for children and young people’s mental health services in Bromley. Following procurement the new service model was launched in December 2014.

2.6. This new service model within introduced a single point of access, with a greater focus on prevention, early identification and brief intervention aimed to encompass the following key principles:



2.7., The new service “Bromley Community Wellbeing Service for Children and Young People” was launched in December 2014. The implementation of this service and its interface with other local service partners has been monitored by a local multi-agency implementation group including, Bromley Y who run the new service along with Bromley CAMHS (Oxleas NHS Foundation Trust), Bromley BYPASS (Substance Misuse Service for young people) as well as commissioner from the local authority and CCG and public



health. This group meets fortnightly to discuss cases and is currently developing care pathways with agreed thresholds for common conditions seen in children and young people in Bromley

2.8. This multi-agency implementation group has been instrumental in identifying the priorities, current service gaps and proposed developments included within this plan (see paragraphs 13, 14 and 15).



3. Local Services

3.1. Bromley Community Wellbeing Service for Children and Young People – Bromley Y

- 3.1.1. The new service “Bromley Community Wellbeing Service for Children and Young People” established a single point of access for the emotional wellbeing of children and young people under the age of 18 years in Bromley. The service is commissioned by London Borough of Bromley from Bromley Y, a third sector provider.
- 3.1.2. At the time of developing the specification it was difficult to predict the possible volume of referrals/contacts to the service, as it was such a new service model with open access. It was thought that there could be up to 10,000 referrals per year for advice and signposting to universal services (based on JSNA needs assessment). Of these, it was thought that up to 6,470 referrals may require a triage assessment, with 4,775 being offered a short intervention and the remaining 1,697 requiring referral to specialist services.
- 3.1.3. The service accepts self referrals, as well as referrals from parents and professionals. The service provides information, advice signposting and self help materials, as well as undertaking triage assessments and brief treatment interventions. The single point of access works in partnership with other local agencies and services and will refer on as appropriate, if required following assessment and/or brief intervention. As part of the triage process all people are contacted within 72 hours of referral and a plan is agreed with the young person to support them in immediately address some of the issues. A Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997) is used to measure the level of difficulty and risk and is completed either over the phone, by e mail or face to face with the individual.



- 3.1.4. Since December 2014, it is of note that many (37%) of those children and young people presenting to the service are within the highest range as measured by the Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997). This supports our proposal to build additional capacity to work across the current services at 'tier 2/ tier 3' (paragraph 13.3).
- 3.1.5. Positive consequences of this service is clearly evidenced: over the past ten months (December 2014-September 2015) 79% of young people had a reduced SDQ score post treatment and 92% of young people reported that they found the service very, or extremely helpful. Most of the sessions offered (85%) are attended with only 6% cancelled and 9% of all sessions not attended

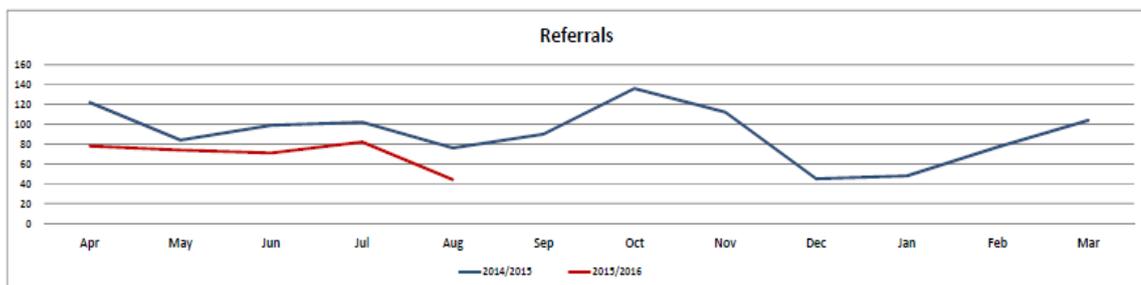
3.2. Specialist Community CAMHS services – Oxleas NHS Foundation Trust

- 3.2.1. The (Tier 3) specialist community CAMHS services in Bromley are provided by Oxleas NHS Foundation Trust. This service is commissioned by Bromley CCG to provide a range of specialist interventions for children and young people with severe, enduring or complex problems. These problems will included young people with presentations of psychosis, bipolar, emerging personality disorders, as well as those with presentations of moderate to severe symptoms in various other disorders including: depression, anxiety disorders, self harm and conduct disorders.
- 3.2.2. This service provides treatment for young people whose problems are enduring, most often previous early interventions have been unsuccessful in alleviating symptoms, there are several complexity factors (including comorbidity) with few protective factors, and there is a moderate to severe impact on functioning across several settings eg school, home and social.
- 3.2.3. Since 1st January 2015, high levels of satisfaction have been reported by children, young people and parents accessing Bromley CAMHS. This was evidenced in their feedback on the Experience of Service Questionnaire (CHI-ESQ) where they were



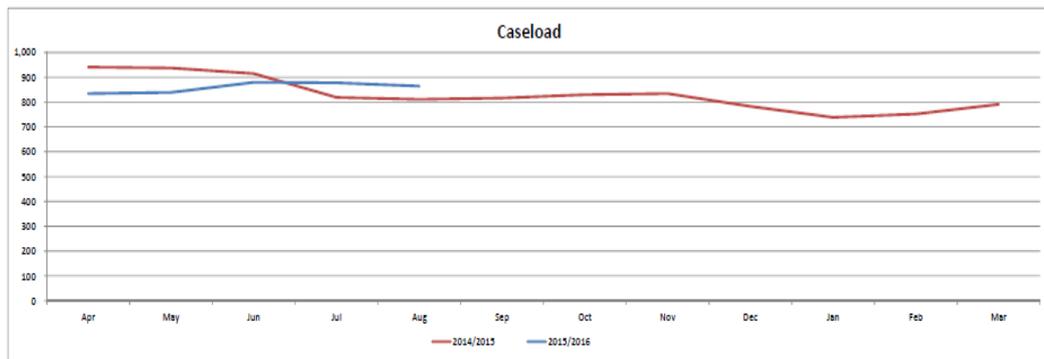
asked if they experienced the service to be good with 94.7% of young people and 91.4 % of parents rating either true or partly true.

3.2.4. From December 2014, the initial triage and screening function for all referrals was undertaken by the new Wellbeing Service. This meant that referrals that would be filtered by this process in to the most appropriate pathway of care. As a consequence, all referrals to specialist CAMHS are received directly from the wellbeing service (other than those from A&E). This has resulted in a significant reduction in inappropriate referrals to specialist CAMHS, which had previously been recorded as 36.5% (April-Nov 2014).



3.2.5. However, despite a reduction in the total number of referrals (due to reduced inappropriate referrals), those accepted in to the specialist CAMHS service caseload has increased by 14%, resulting in an increase in total caseload. It has also been noted that caseload complexity is increasing as characterised by over 90% of young people experiencing severe and enduring mental health problems.





3.2.6. Where referral to the specialist community CAMHS team is required, waiting times remain longer than ideal, and have increased over recent months. The overall average wait to be seen currently at 8 weeks, (shorter for urgent referrals). As outlined in our priorities, this is an area that we are keen to address with immediate effect and impact.

	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Overall	4 Weeks	5 Weeks	4 Weeks	5 Weeks	6 Weeks	6 Weeks	8 Weeks	7 Weeks
Adolescent	2 Weeks	3 Weeks	2 Weeks	2 Weeks	3 Weeks	3 Weeks	3 Weeks	3 Weeks
Generic	6 Weeks	6 Weeks	5 Weeks	7 Weeks	7 Weeks	8 Weeks	11 Weeks	11 Weeks
LAC	4 Weeks	6 Weeks	5 Weeks	5 Weeks	5 Weeks	5 Weeks	4 Weeks	7 Weeks
Neuro	5 Weeks	6 Weeks	14 Weeks	5 Weeks	5 Weeks	15 Weeks	9 Weeks	6 Weeks

3.3. Tertiary Outpatient CAMHS – South London and Maudsley NHS Foundation Trust

3.3.1. A range of additional specialist tertiary outpatient CAMHS services are commissioned by Bromley CCG from the South London and Maudsley NHS Foundation Trust, these include: Eating Disorders, Dialectic Behavioural Therapy and Forensic Service consultation. (see paragraph 8 further Eating Disorder Service details)



3.4. Children's Community Services – Bromley Healthcare

3.4.1. Bromley CCG also commissions a wide range of community children's services from Bromley Healthcare, a social enterprise company. Services include the community paediatric service, community nursing team, speech and language therapy, occupational therapy, physiotherapy, dietetic service, audiology, short breaks at Hollybank and paediatric liaison service. Bromley Healthcare also provides community services for children commissioned by the Local Authority including School Nursing, Health Visiting and childhood obesity services. There are strong multi-agency links between many of these services, specifically community paediatricians and CAMHS, who work in an integrated team for the assessment and treatment of children referred for assessment for ADHD, ASD and other neurodevelopmental disorders.

3.5. Health Promotion – Public Health

3.5.1. Public Health in Bromley leads on a programme of promoting positive emotional health and wellbeing in schools. Public Health have commissioned training for 33 secondary school staff, across our 15 secondary schools to deliver mindfulness training to pupils and model techniques and strategies for the pupils to use.

3.6. Specialist Inpatient Services – NHSE

3.6.1. Specialist inpatient tier 4 inpatient activity is commissioned via NHSE specialist commissioning team. Over the past 5 years Bromley has seen a significant increase in the number of children and young people requiring admission to hospital. Within our transformation plan we want to work with local CAMHS services and NHSE to identify ways in which we can improve local services to reduce the need for hospital admission.

3.6.2. NHSE data illustrates spend of £1,073,134 (1,628 obds) during the financial year 2014/2015, for children and young people from Bromley CCG place in hospitals within the London region. Local data indicates 34% of admissions in the 2014/5



financial year were in private out of borough hospitals, therefore the spend is likely to be much higher than this.

3.6.3. The local CAMHS team have identified that In the last 18 months (1.4.14 to 30.9.15), there has been a 60% increase in the number of CAMHS inpatient admissions compared to the previous 18 months (37 admissions vs 59 admissions). The total number of occupied bed days in CAMHS inpatient units has increased most years - see table below. This significant increase has informed our proposal for strengthening capacity within local services through the development of an intensive support and assertive outreach service (paragraph 11.1 – 11.4).

Financial Year	Total Occupied Bed Days	% Increase/Decrease in Occupied Bed Days
2010/2011	1091	-
2011/2012	1403	↑ 29%
2012/2013	2003	↑ 43%
2013/2014	2669	↑ 33%
2014/2015	2373	↓ 11%
2015 – 6 months to 30.9.15	2058	<i>Predicted for year</i> ↑ 73%

3.7. Specialist Residential Placements

3.7.1. Bromley CCG and London Borough of Bromley are currently reviewing funding models for specialist out of Borough placements. These placements are for children and young people with a range of complex needs, including mental health and



emotional wellbeing needs, where there are not suitable services available in the local area.

3.7.2. As at July 2015, there were currently 41 children for whom joint funding arrangements apply. These children have a range of complex needs, one of which might be their emotional or mental health needs. These include Looked after Children with mental health needs attending out of borough residential (currently 17 children); looked after Children who are disabled attending out of borough residential provision (currently 12 children) and children and young people with statements/EHCPs attending out of borough independent schools (currently 12 children, including 10 whose primary indicator is BESD (behavioural, emotional and social disorder)).



4. Current Investment

4.1. Current investment in CAMHS services is outlined below. However it is acknowledged that identifying specific 'CAMHS' input and therefore investment within services such as: community paediatricians, children's community health services, health visitors, school nurses, Bromley children's project staff, is complex, financial estimates relating to these staff groups has therefore not been included in this plan, although it is recognised that their input to local services is vital.

Service	Investment 2015/2016	Notes
Community wellbeing service (Bromley Y)	£448,661	LBB commissioned Single point of entry into tiers 1 and 2 with referrals to tier 3 CAMHS
Specialist community CAMHS (Oxleas NHS Foundation Trust)	£2,000,164	CCG Commissioned CAMHS is funded as part of an overall block contract with Oxleas NHS Foundation Trust. This figure has been extrapolated using their costing model.
Specialist Tertiary CAMHS (South London and Maudsley NHS Foundation Trust)	£381,671	CCG Commissioned Includes specialist Eating Disorder outpatient services
Inpatient CAMHS (NHSE)	£1,073,134*	NHSE Commissioned *Data provided by NHSE however, only relates to spend within London hospitals and not those placed out of area. (see paragraph 3.14/3.15).
Specialist Placements – Out of Borough (LAC)	£229,017 £5,426,032	CCG Contribution to individual placements LBB Contribution to individual placements
Resilience training in schools	£23,350	Public Health Commissioned Includes mindfulness training for teachers and suicide awareness training.
Burgess Autistic Trust	£20,000	LBB Commissioned Provide support for parents with children who have ASD

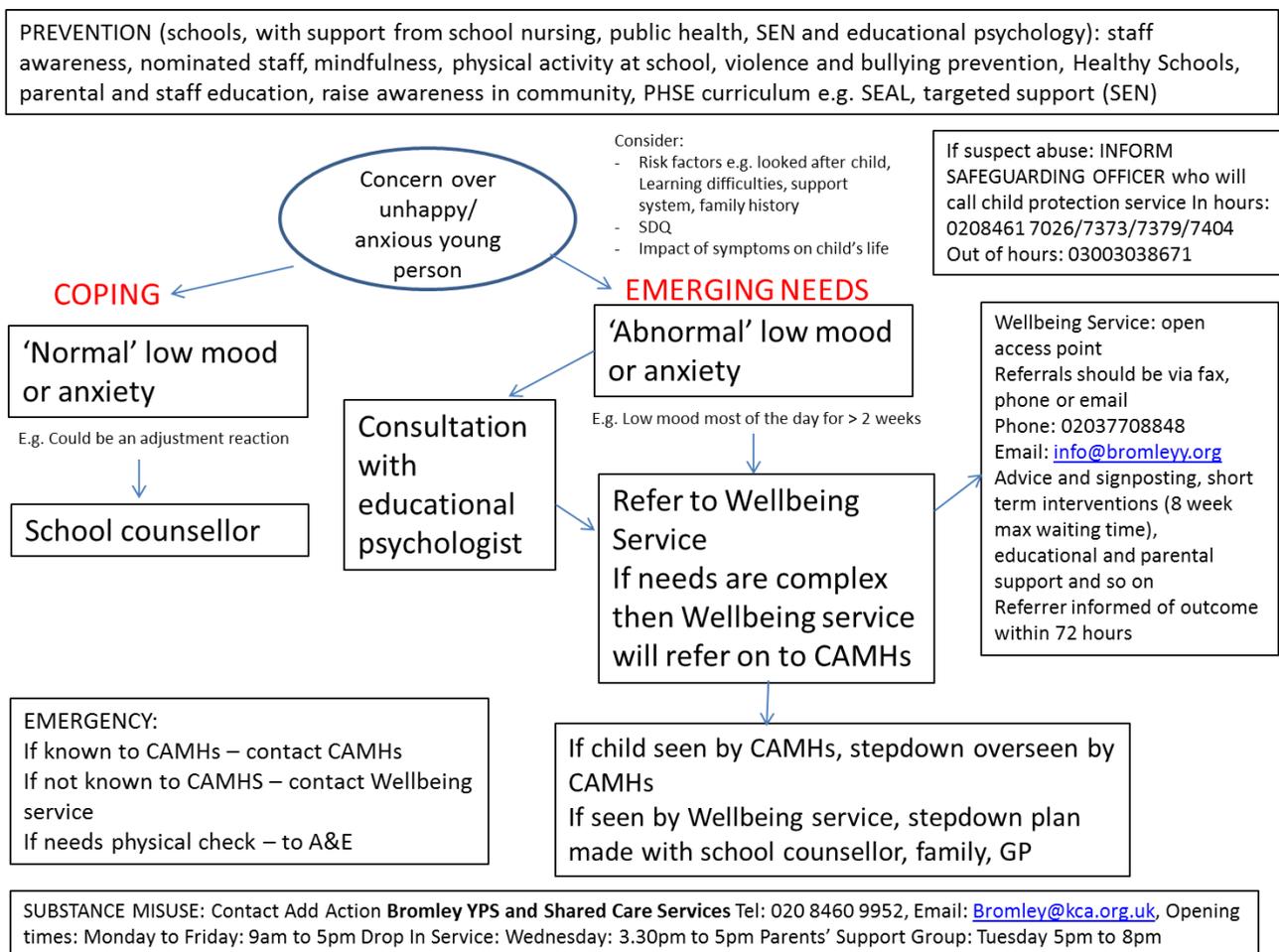


5. Prevention work with Schools

- 5.1. Public Health commission training for secondary school staff to deliver mindfulness training to pupils in their schools and model techniques and strategies for the pupils to use. Early feedback on this programme from schools has been very positive. Primary school staff will be training to deliver a similar programme in the autumn term 2015/2016. This programme is currently being evaluated by Public Health.
- 5.2. Bromley Secondary School Emotional Health Forum was established by Public Health and is run with local secondary schools since 2013. This forum is multi-agency and run by school staff with membership from Bromley CAMHS (Oxleas NHS Foundation Trust), Bromley Y, community health provider Bromley Healthcare and voluntary sector organisations. The forum has a co-ordinated programme of work to promote positive emotional health and wellbeing in schools. Examples of work done including development of standardised language on mental health, training to support schools with identifying self-harm and suicide risk, development of local protocols and providing suicide awareness training.
- 5.3. Other initiatives overseen by Public Health in schools include piloting work within one Bromley Primary School to improve the emotional health and well-being of Year 6 pupils. This is a primary school serving a community where are significant economic, health and social challenges (38% Free School Meals against National Average of 26.6%). The school developed 'P.I.T Stop' which is the school's Pastoral Inclusion Initiative to provide additional enrichment and PSHE support for children, their families and carers. P.I.T. Stop provides support through group work, one-to-one pastoral mentoring or drama therapy. Relaxation sessions were provided by a 'Mindfulness' trained member of staff. The pilot survey results illustrated 100% of participating pupils increased their confidence, resilience and independence. Staff observed that post intervention there was increase of conflict resolution at a peer level. The diagram below shows how schools refer into the existing emotional mental health and wellbeing pathway.



Table 2 - School referral pathway - existing emotional mental health and wellbeing structures



6. Children and Young People's IAPT

- 6.1. Bromley CAMHS and Bromley Y formed a CYP-IAPT partnership in 2012 as a Wave 2 site of the CYP-IAPT programme. Since then, the services have been rolling out the core pillars of CYP-IAPT service transformation. 15 staff are CYP-IAPT trained across the partnership and there are a further eight enrolled for 2016.
- 6.2. It is noted that Bromley services have one of the highest self –referral rates to local services in the UK, and our local service commissioned through Bromley Y, and its positive clinical outcomes is being used as a case study to demonstrate good practice.
- 6.3. As part of 2014/2015 contract discussions, Bromley CCG and Oxleas NHS Foundation Trust worked together to develop a CQUIN based on the implementation and roll-out of CYP-IAPT principles across the service, to ensure that goal based measures are in place children and young people within their care and treatment plans. By year end 2014/2015, it was reported that this was achieved in 97% of care plans, which exceeded the expected target.
- 6.4. Nationally, collecting meaningful clinical outcome data is an ongoing challenge within CAMHS services. However, the Bromley CYP-IAPT partnership has provided one of the highest levels of clinical outcome data returns to NHS England for Wave 2 sites, for example Bromley has provided paired outcome data on 83.3% of closed cases compared to an average of 19.5% in other Wave 2 sites. In the past year we have increased our data returns on session by session outcome measures by 52% and increased returns on experience of service feedback of 13% and 16% for children and parents respectively.



7. Crisis Care

- 7.1. Addressing the needs of children and young people is recognised within the Bromley Crisis Care Concordat – action plan (2014). The key areas addressed within the plan include improving the access and responsiveness of services to young people, through the implementation of the new single point of access (paragraph 3.1), and the enhancement of mental health liaison services within the local Emergency Department at the Princess Royal University Hospital (PRUH) (paragraph 7.2).
- 7.2. Following identified pressures in local Emergency Department during 2014, Bromley CCG funded enhancements to the out of hours response from CAMHS service through system resilience funding 2014/2015. Prior to the pilot it was identified that during a five month period in 2014, there were 69 presentations of young people with emergency mental health needs at the PRUH A&E department and 55 of these presented out of hours. These children were assessed by a junior duty doctor (trainee psychiatrist) with telephone support from an on call Consultant Child and Adolescent Psychiatrist.
- 7.3. The pilot improved this crisis response for young people by providing direct out of hours assessments at A&E for children and young people with acute mental health needs, from CAMHS specialist clinicians.
- 7.4. The pilot provided out of hours assessments at A&E and the Paediatric ward for children and young people presenting with acute mental health needs. The enhanced out of hours service reduced pressures on A&E by facilitating discharge home, reducing A&E waits, avoiding unnecessary admission and provides a first line mental health assessment from specialist CAMHS clinicians at the point of contact with acute services.
- 7.5. The pilot was successful in achieving no unnecessary admissions to the PRUH for 48 out of hours assessments by CAMHS clinicians with the following outcomes: 69% of young people were discharged home after the assessment, 17 were admitted as in-patients in PRUH for medical reasons due to the need for treatment for an overdose, then following assessment from a CAMHS clinician they were discharged home and



14% of young people assessed were admitted as in-patients to the PRUH for mental health reasons whilst awaiting an admission to a psychiatric hospital.

- 7.6. The success of this pilot has resulted in recurrent additional investment of £58,000 in local CAMHS services to continue to enhance out of hours crisis support (2015/2016 contract).
- 7.7. The out of hours on call service is a unique and forward thinking approach to improving the quality of crisis out of hours support to children and young people in acute mental health crisis. There are plans to further develop our paediatric mental health liaison at the PRUH with regular multi-agency meetings between the PRUH A&E, Oxleas Bromley CAMHS and NHS England. These plans include the development of Tier 3.5 services (see 11.3), implementation of the agreed Emergency presentation flow chart and improving the quality of the out of hours CAMHS provision provided by the duty doctors (trainee psychiatrists) through additional training. This will ensure that Bromley is well ahead on finalising the shared action plan for the Crisis Care Concordat and meeting the requirements set out in Achieving Better Access to Mental Health Services by 2020.



8. Eating Disorders

- 8.1. Bromley CCG currently commissions specialist outpatient Eating Disorder Services for Children and Young people from the South London and Maudsley NHS Foundation Trust (see paragraph 3.3). Outpatient services are provided at the Michael Rutter Centre, on the Maudsley Hospital site. The treatment interventions delivered are in line with evidence based best practice. It is recognised that this service is not currently provided within the Borough of Bromley, as the Maudsley Hospital is sited in the neighbouring borough of Southwark. Some young people and families have identified a gap in that they would rather not travel out of the borough for their mental health care unless they are struggling with severe anorexia
- 8.2. In the first 4 months of 2015/2016, Bromley CCG invested £108,000 in Eating Disorder Services for Children and Young People (anticipated year-end investment £320,000).
- 8.3. In the first 4 months of 2015/2016, Bromley received 10 new assessments, with 48 young people being in regular outpatient treatment. In addition, 7 young people and their families received treatment within the multi-family therapy programme.
- 8.4. Local needs assessment has not identified any significant gaps in those accessing assessment and treatment services, compared to the expected prevalence, however this will be analysed further as part of future service development proposals.
- 8.5. Opportunities for improvement in Eating Disorders education, early identification, early intervention and consultation, have been identified, and will be explored further as part of this implementation plan.
- 8.6. A further area for improvement is the provision of evidence based best practice joint interventions for young people presenting with an eating disorder that is secondary to another co-morbid mental health disorder (such as OCD, vomit phobia or ASD) that are currently treated within our local Oxleas Bromley CAMHS.



8.7. Whilst proposals for future service provision is being explored across south east London, Bromley CCG will continue to commission services from South London and Maudsley NHS Trust (SLAM) to ensure there is continuity in the care pathway. SLAM have identified gaps between their service and the standards (which are to a large extent based on the SLAM model of care)

- Self-referral/ Open Access to screening for anyone concerned about a CYP with suspected ED
- Access to specialist support and advice by telephone for those already in the service
- 7 day working
- Likely capacity issues with training other professionals (currently booked 1 year ahead)

8.8. Bromley CCG is currently considering proposals from the South London and Maudsley NHS Foundation Trust (working across south east London) and Oxleas NHS Foundation Trust (working across Bromley, Bexley and Greenwich). We will continue to work with commissioners from Greenwich and Bexley and the other south east London Boroughs to determine the most viable service development to take forward.

8.9. Over the coming months, Bromley CCG will be working other commissioners in SE London and SLAM to improve the existing service to meet national standards, and improve access for local young people. Costs associated with these service enhancements to the existing service are still pending from SLAM, and identified new investment will be used for this purpose.

8.10. We do however plan to engage with local stakeholders, including young people and their families, GPs and schools to review how local people would like to further develop specialist community Eating Disorder services within Bromley. This engagement exercise along with discussions with SLAM and Oxleas, and other



neighbouring CCGs will inform our commissioning plans from 2016/2017 onwards. Bromley CCG is committed to working with local CAMHS partners to ensure that Eating Disorder Services are easily accessible to young people and their families in Bromley.

- 8.11. It is not envisaged that the full sum identified in the allocation for Eating Disorder Services (£198,000), will be required in Bromley to meet local need, in addition to the current level of investment already made (£320,000). However, until plans relating to paragraphs 8.6, 8.7, 8.8 have been agreed, this funding will remain available.
- 8.12. Any residual funding from the allocation will be prioritised towards supporting improvements in self-harm services for children and young people in Bromley, which has been identified in the JSNA and local data (paragraph 1.4) with higher than national average prevalence rates and number of hospital admissions.



9. Vulnerable young People

- 9.1. There are more children with complex needs needing support from specialist services. The number of referrals of children and young people to the Specialist Support and Disability Panel (London Borough of Bromley) has increased by 7% between 2012/13 and 2013/14.
- 9.2. There are slightly more pupils with Behavioural, Emotional and Social Difficulties (now known as SEMH) in Bromley compared to the benchmarking boroughs. The rate for Bromley per 1,000 population is 2.97 compared to 2.65 across the benchmarking group.
- 9.3. There are higher numbers of pupils with Autistic Spectrum Disorder in Bromley compared to other boroughs in the benchmarking group; 5.20 compared to average rate of 4.54 and more likely to attend mainstream schools.
- 9.4. As at December 2013, a total of 857 young carers were known to Carers Bromley, although this is likely to be an under-representation of actual prevalence. Young carers are defined as children and young people 4-18 years whose lives are restricted in some way because of the need to take responsibility or care for someone in their family with long-term illness, disability, mental health issues, an alcohol/substance misuse problem or HIV (JSNA 2014).
- 9.5. Domestic abuse is strongly correlated with mental health and substance misuse; during 2014/15 over 330 children and young people were affected by domestic abuse based on reported figures with 118 accessing refuges and 17 receiving support as abuse victims.
- 9.6. Young people not in employment, education or training (NEET) are more likely to be at risk for poor mental health; nearly 5% of young people between 16-18 years were not in education, employment or training as of January 2015



9.7. Young offenders are more likely to experience poor mental health, in 2013 Bromley had 83 young people between 10-17 years entering the youth justice system for the first time (see paragraph 10).

9.8. As detailed in appendix 1, the “*Review of Child Sexual Assault Pathway for London*” mapped the pathway for children and young people following sexual abuse, pan-London and both in acute and historic cases. The findings included variation and significant gaps in medical aftercare and long-term emotional support (especially for those under 13 years), as well as issues with the prosecution process. The recommendations include the establishment of five Child Houses in London and an enhanced paediatric service at the Havens (sexual assault referral centres). Bromley CCG is supportive of the approach being discussed across London (appendix 1), and is keen to be involved in continued discussions.



10. Youth justice

- 10.1. LBBs draft 'Prevention and Early Intervention Strategy' (2015-18) identified a cohort of 83 young people between 10-17 years (2013 data) who entered the youth criminal justice system for the first time which is less than would be expected compared to the England and London average and continues to improve in terms of reduced numbers entering the system. However, it is known that this cohort is at risk for poor mental health.
- 10.2. Bromley CAMHHS (Oxleas NHS Foundation Trust) currently provide a specialist worker attached to the Youth Justice team in Bromley. The Head of the Youth Justice Service has reported as part of this review that current CAMHS provision meets the needs of young people within their service, including those who may require an assessment whilst in custody.
- 10.3. The Head of the Youth Justice Team in Bromley plans to contact the NHSE Lead for Youth Justice to explore the options for involvement in the 'resettlement programme', in line with other boroughs in South East London.



11. Specialist Commissioning

- 11.1. Inpatient specialist mental health services are commissioned via NHSE. As illustrated in paragraph 3.6, over the past 5 years there has been a significant increase in local demand for specialist inpatient services. This continued growth is not desirable or sustainable given pressures within the system.
- 11.2. Early discussions have commenced with NHSE and local CAMHS services to develop a community assertive outreach and intensive intervention for young people, most commonly adolescents, who have acute mental health needs and who would otherwise require inpatient tier 4 admissions.
- 11.3. By increasing community provision, fewer young people are exposed to the detrimental impact of being in a mental health inpatient setting and remain within their communities, families and social circles – all of which contribute to recovery and relapse prevention. The Tier 3.5 service would be provided via a wrap-around intensive service to reduce risk and facilitate recovery including: 1) Rapid risk assessment, 2) Assertive monitoring and management & 3) Evidence based psychological and pharmacological interventions
- 11.4. The local specialist community CAMHS provider in Bromley (Oxleas) have already established a similar service model in the borough of Bexley. Further discussions are scheduled to discuss how evidence of effective service models elsewhere can be used to inform future development in Bromley.



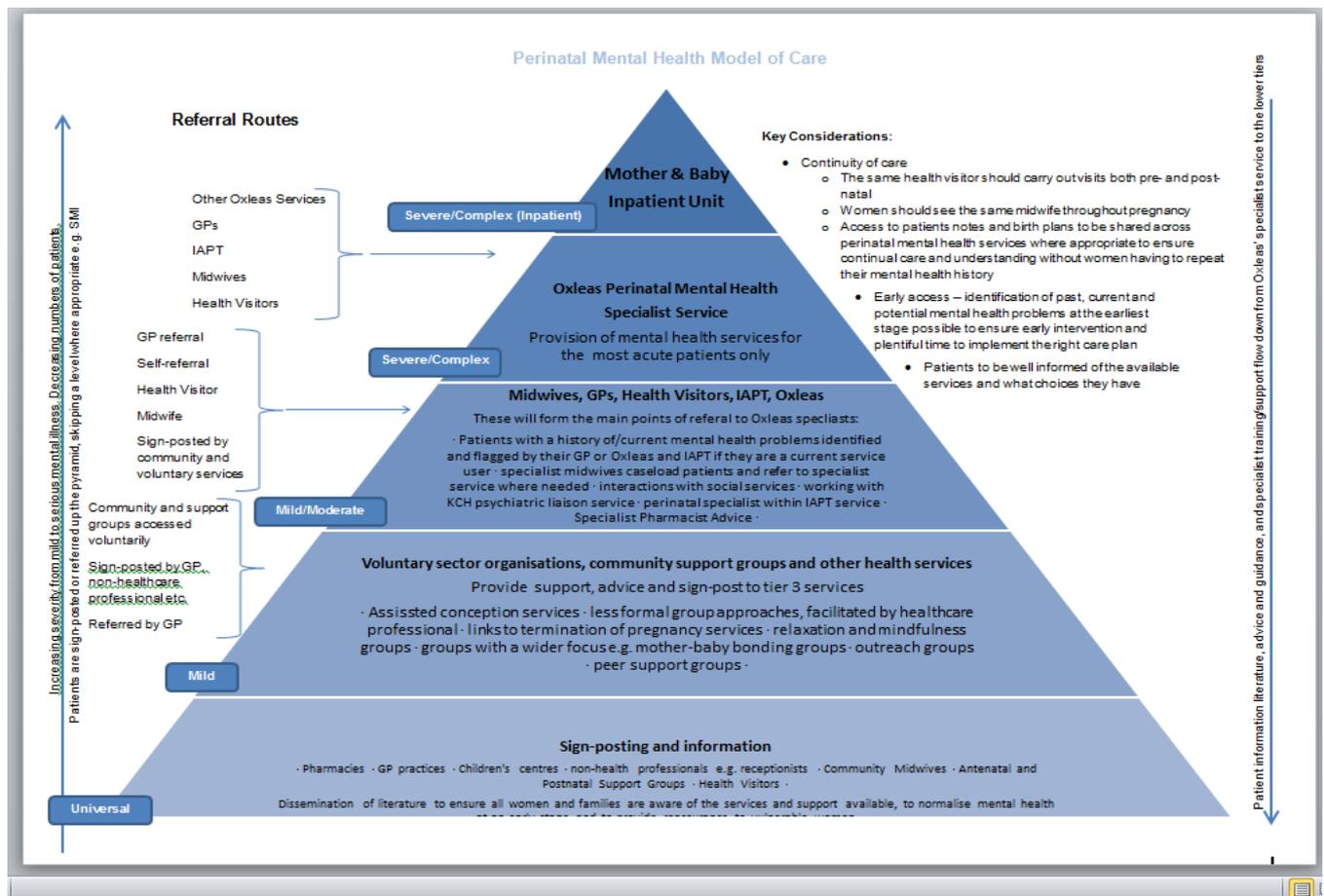
12. Perinatal Mental Health

- 12.1. At their Governing Body in May 2015 Bromley CCG agreed new investment for the development of a community perinatal mental health service in the borough (see reference documents below). Planning for this service development is currently underway, and will be operational from April 2016. The core element of this service is being commissioned from Oxleas NHS Foundation Trust.
- 12.2. A local stakeholder meeting took place on 18th September 2015, to discuss and develop our local service model and interfaces. The service model is being developed in line with the service recommendations of the London Perinatal Mental Health Network, whose work has been drawn upon to inform our local care pathway development (see figure 1 below).
- 12.3. A multi-agency steering group is continuing to meet on a monthly basis to take this service development forward. Representation includes: Oxleas NHS Foundation trust, Primary Care (GPs); King's Maternity Services at the Princess Royal Hospital; Health Visiting; Bromley and Lewisham Mind; Bromley Working for wellbeing (IAPT); Bromley Maternity Services Liaison Committee (MSLC); Service User Representation; Bromley Children's Project; Safeguarding, Public Health, CCG and Local Authority Commissioning.
- 12.4. Our model will seek to create an integrated service which brings together multi-agency and multi-professional specialists to support early identification, pre-birth planning and diagnosis, care planning, risk assessment and safeguarding, pharmacological, psychological and psychotherapeutic parent-infant interventions as well as training, consultation, awareness raising and step –up / step-down support. This provides an exciting opportunity to deliver an integrated care pathway, with the contribution of child mental health expertise, to provide evidence-based, effective interventions to improve the outcomes and life chances for infants and young children.



Approximately 10% of infants have disordered attachment and it is widely known that early intervention in targeting the infant-carer relationship is more effective than providing this intervention in the childhood years, hence the need for further investment into this needed area.

Figure 1: Bromley Perinatal Mental Health Pathway



- 12.5. Any further investment that is made available for the development and delivery of community perinatal services will be targeted towards interventions and support within the Early Years pathway for parent/infant interventions, which require strengthening within our local plan. It is recognised that approximately 10% of infants have disordered attachment and it is widely known that early intervention in targeting the infant-carer relationship is more effective than providing this intervention in the childhood years, hence the need for further investment into this area of our local service model.
- 12.6. We anticipate guidance and further funding as indicated by NHSE to develop the integrated perinatal mental health care.



13. Identified pressures and future improvements

- 13.1. Whilst it is considered that there have been significant improvements in the access arrangements to local mental health and emotional wellbeing services for children and young people since the introduction of the new “Bromley Community Wellbeing Service for Children and Young People” in December 2014, we recognise that pressures remain within our local services, and there are further improvements required
- 13.2. Working with our partners and local service providers, the following pressures have been identified with associated improvement plans being developed in line with this transformation plan.

13.3. Service Capacity

- 13.3.1. The most significant and immediate pressure identified with local services has been identified as *‘falling between the gap’* of existing commissioned services within the Community wellbeing service and specialist community CAMHS service.
- 13.3.2. It has been identified that there are a large numbers of service users – up to 26% of current referrals (Bromley Y data) - who could be classed as *‘Tier 2.5’* and are considered to be above the threshold for early intervention provided by Bromley Community wellbeing service, but do not necessarily meet the requirements for specialist CAMHS services. Additionally, Oxleas Bromley CAMHS has identified that there are currently 47 children (at 9/10/15) on their total caseload who could be treated in a *‘tier 2.5’* service, if it were available.
- 13.3.3. Children within this identified group include those children who have moderate need and may have had brief *‘tier 2’* intervention previously; children with severe to profound learning disability presenting with mild mental health disorder including mild challenging behaviour; children and young people with moderate self-harm presentations.



13.3.4. Addressing this issue is our highest priority, especially given the higher than average levels of self-harm reported in the Borough (see paragraph 1.4).

13.4. Children and young people with neurodevelopmental disorders (ASD/ADHD)

13.4.1. As identified in our local needs assessment (paragraph 1.2 & 1.2.2) Bromley has a higher than average prevalence of children and young people presenting with neurodevelopmental disorders such as ASD and ADHD.

13.4.2. The Wellbeing Service has identified a significant number of children with neurodevelopmental conditions with additional emotional wellbeing and mental health needs for which the child was being referred (18% of total referrals). For those children with moderate to severe mental health there is a specialist CAMHS Neurodevelopmental team that provides assessment and treatment but there is a gap in provision specifically for mild mental health difficulties co-morbid with ADHD and/or ASD. This specialist support is not currently commissioned as part of the Wellbeing service nor is this support being provided by Bromley Healthcare as part of their existing diagnostic service. It is acknowledged that services for children and young people with ADS and ADHD with associated mild mental health presentations need to be improved.

13.4.3. As at September 2015, the waiting time for a diagnostic assessment for ASD by the Complex Communication Diagnostic Service was 14-18 weeks for an initial neurodevelopmental Paediatric assessment plus a further 6-9 month wait for completion of the ASD diagnostic process. Currently, there is not the capacity to assess 50 children that would be required in order to bring the waiting times down to be in line with the NICE recommendation of 3 months from referral to beginning the diagnostic assessment process. The current service also does not have the capacity to provide initial support to families pre-diagnosis and providing a formal



diagnosis earlier would ensure that children and young people are placed on the correct care pathway sooner.

13.4.4. Support for parents with children who have ASD is available through a local voluntary sector organisation called Burgess Autistic Trust which is funded by London Borough of Bromley Education service. In addition, Bromley Children's Project and the Community Paediatric ADHD service in conjunction with Bromley CAMHS provide parenting interventions to support parents of children with ADHD as well as those under 6 years of age who are displaying ADHD symptoms but do not yet have a formal diagnosis.

13.4.5. Addressing this service capacity issue and making significant service improvements is particularly critical for those presenting with challenging behaviours related to this diagnosis or who are at risk of being excluded from school. Our plan is prioritising this area for additional investment.

13.5. **Inpatient Admissions - Assertive Outreach and Intensive support**

13.5.1. As described in paragraph's 3.6 and 11.1-11.4, Bromley has experienced significant growth in the requirement for inpatient admission over recent years. It is recognised that this growth is not sustainable or desirable, and the development of local services to enable young people to be supported intensively through an assertive outreach approach will provide an alternative to hospital for some young people.

13.6. **Specialist Residential Placements**

13.6.1. At any one time, Bromley has approximately 41 young people placed out of borough in specialist residential settings, who have some level of emotional or mental health need (see paragraph 3.14 and 3.15). Their mental health needs are



often provided either in house as part of the placement package and/or by local CAMHS services in the area in which they are placed. Continued suitability of the placement requires regular review, as well as facilitation of repatriation back to the local borough at the earliest opportunity.

13.6.2. Whilst overall care co-ordination of these children remains the responsibility of the placing local authority (Bromley). Increasing capacity within local services enable enhanced CAMHS contribution to multi-agency assessment and planning. Additionally, this would enable continued local support to the young person and their family during these difficult service transitions, and would support the recommendations identified following a local serious case review. By

13.7. **Early Intervention in Psychosis**

13.7.1. It is recognised that at the present time young people under the age of 18, who have a presentation of psychosis or emerging symptoms of psychosis are clinically supported by the CAMHS adolescent team. Those young people over the age of 18 with first presentation are supported by the Early Intervention in Psychosis (EIP) Services with adult services.

13.7.2. A care pathway review to explore the need for lowering the threshold for EIP from 18 years to a lower age threshold will be completed.

13.8. **School based support**

13.8.1. Schools have identified the need to do more work to support pupils to improve their emotional mental health. School staff requesting more training to further develop their ability and capacity to support their pupils.



- 13.8.2. Suggested improvements in this area include establishing a group of school named leads for mental health, who would receive ongoing support from CAMHS practitioners.
- 13.8.3. Expand suicide awareness training to all schools in Bromley (a 2 day course). Public Health plan to deliver this course in Bromley which is highly rated by teachers who have attended previous training sessions.
- 13.8.4. Extend resilience training to all schools in Bromley (including primary schools, special schools and the Pupil Referral unit). This will involve staff undergoing an 8 week mindfulness course followed by 6 months of implementing the techniques.

13.9. **Children with severe and chronic physical health conditions**

- 13.9.1. Since the implementation of the single point of access in December 2014, an emerging need has been identified to increase the mental health and emotional support for children and young people with long-term and complex physical health problems. Whilst there is a full time Clinical Psychologist dedicated to providing psychological assessment and interventions to children with diabetes in Bromley (as part of the local care pathway) currently there is no other dedicated mental health practitioner support to children and young people with severe and chronic physical conditions unless their mental health difficulties meet the criteria for specialist (tier 3) CAMHS input.
- 13.9.2. The numbers of children with complex health needs is increasing and having a long term physical illness is considered to increase the risk for experiencing poor mental health. We aim to extend this support in Bromley to provide psychological support to this group of young people who may be experiencing adjustment difficulties related to their condition in order to provide emotional resilience and improved health outcomes.



13.10. **Family and Community Resilience**

- 13.10.1. Working closely with Bromley Children's project expand the provision of community based programmes, such as Empowering Parents, Empowering Communities which provides a system for training and supervising parent-led parenting groups.
- 13.10.2. This work is also being explored through the Our Healthier South East London (OHSEL) work programme.

13.11. **Improved Communications with Young People**

- 13.11.1. Some initiatives requiring further exploration as part of the transformation plan include Social media is being used to communicate with young people as part of CYP-IAPT as well as exploring the introduction of HeadScape in Bromley, which provides young people with an award-winning website to gain psychoeducation, self-help and self assessment of mental health well being.
- 13.11.2. Among the initiatives that will be explored through the Our Healthier South East London (OHSEL) work by Bromley CCG are evidence-based approaches such as the Doc Ready App which enables young people to prepare and make the most out of mental health related GP visits.

13.12. **Sexual Abuse**

- 13.12.1. Sexual abuse and the provision of specialist treatment for children who require post traumatic sexual abuse treatment, is an identified area of emerging need. Whilst Bromley CAMHS service do provide specialist PTSD treatment for these young people, further proposals are emerging from Our Healthy South East



London (OHSEL) programme on meeting the complex needs of these children (see appendix 1).

13.13. **Perinatal mental Health**

13.13.1. As illustrated in paragraph 12.4, support within the early years pathway for parent/infant interventions, requires strengthening within our local services. It is acknowledged further guidance regarding the development of perinatal services is pending.



14. Our priorities and deliverables 2015/2016

- 14.1. As identified in the Transformation Plan guidance, Bromley CCG has been allocated **£188,604 (2015/2016 initial allocation for Eating Disorders) and £472,095 additional funding 2015/2016** (*subject to assurance*).
- 14.2. Our plan identifies that Bromley CCG along with local partners recognise a number of areas for service improvement and have ambition to improve the current mental health and emotional wellbeing services for the children and young people of Bromley and their families.
- 14.3. We also recognise that in order to make the best use of the available resource for the long term, in some areas we need to understand our challenges in more detail in order that we are able to achieve sustainable improvements in local services. We would also like to engage our local young people in further discussions about our long term priorities and further develop our KPIs. In order to achieve this, Bromley CCG plan to invest in additional dedicated commissioning management resource for the next 6 months to support this work.
- 14.4. Bromley CCG recognise that the more significant service improvements identified within this proposal will require further planning and there will be a necessary lead in time to mobilise services. We therefore propose to use the available resources with 2015/2016 to specifically focus on increasing our short-term (5 month) capacity within services to address current waiting list pressures within services, increase the existing plans to deliver enhanced support to schools and provide support to the development of improved local care pathways.



14.5. **PROPOSED NON-RECURRENT INVESTMENT 2015/2016**

	Deliverables in 2015/2016	Outcome	KPIs	Proposed Investment
1	Build capacity across the system	<p>Increased capacity</p> <p>Increased service responsiveness</p> <p>Reduced waiting times.</p> <p>Improved satisfaction for young people</p> <p>Remove barrier through joint working at the interface.</p>	<p>Waiting times for routine treatment not to exceed 4 weeks.</p>	£365,545
2	Build capacity within neurodevelopment services (ADHD/ASD)	<p>Increased capacity</p> <p>Increased service responsiveness</p> <p>Reduced waiting times.</p> <p>Improved satisfaction for young people</p>	<p>Time to diagnosis to be within NICE guidelines of 3 months from referral.</p>	£18,200
3	Increase support and resilience within schools, including consultation from the Wellbeing Service and CAMHS Service, along with additional training.	<p>Improved support to schools.</p> <p>Fortnightly consultation to all secondary schools (21 including SEN and PRU)</p> <p>Increased resilience and confidence within schools to support young people.</p>	<p>2 hrs consultation fortnightly to be offered to all 21 schools</p> <p>0.5 wte additional capacity</p> <p>Additional training or Mindfulness and train the</p>	<p>£10,400</p> <p>£17,950</p>



			trainer	
4	Additional capacity to support assessment and interagency care planning for complex and out of borough residential placements.	<p>Improved care planning</p> <p>Improved local information to inform services</p> <p>Improved links to local area to facilitate repatriation or transition to local services.</p>	1.0 wte specialist MH practitioner in post 5 months (Nov-March)	£20,000
5	Support the proposal from the South East London Sector Reference Group for the further planning and development of Children's Sexual Abuse Services (appendix 1).			£10,000
6	Review service options for the future delivery of Eating Disorders services and agreed timescale for delivery.	<p>Enhancements to existing service.</p> <p>Agreed model of care across SE London / BBG</p>		<i>£188,604 pending discussion. (residual will be transferred to increasing capacity (1)).</i>
7	<p>Additional commissioning capacity to work</p> <ul style="list-style-type: none"> Collaborate with local partners Strengthen engagement with young people and their families Review and update existing service specifications as required. Further data analysis Complete the identified service reviews Develop the detail behind the transformation plan from 2015 to 2020. 	<p>Enhanced engagement with young people and their families to inform future plans and pathways.</p> <p>Robust transformation plan in place with clearly defined timescales for delivery and investment.</p>	<p>Further engagement work and facilitation.</p> <p>1.0 wte commissioner in post 5 months (Nov-March)</p>	<p>£10,000</p> <p>£20,000</p>



15. Our 5 year Plan - Priorities and ambition 2015 - 2020

15.1. As identified in the Transformation Plan guidance, Bromley CCG expects to receive a minimum **recurrent uplift for 2016/2017 and beyond of £660,098** (subject to assurance). Bromley CCG plans to use this additional funding to build capacity within the existing system where required to improve the responsiveness and accessibility of local services for young people and their families.

15.2. We will use this opportunity to build resilience in to the local community through investment in schools and support to families. In addition, specific funding will be targeted to those with highest levels of need, at risk of admission to hospital or at risk of exclusion from school. We hope these service improvements will contribute to improved mental health and wellbeing and overall improved life chances for the children and young people in Bromley.

15.3. Bromley CCG recognises that further work needs to be completed during 2015/2016, to develop a comprehensive set of KPIs that will enable progress against this plan to be measured.

15.4. **SUBJECT TO FURTHER CONFIRMATION by end DECEMBER 2015**

	Priorities 2015/2016 - 2020	Outcome	KPIs	Proposed / Estimated Investment
1	Expand Capacity across the system	Increased capacity Increased service responsiveness Reduced waiting times. Improved satisfaction for young people Remove barrier through	Waiting times for routine treatment not to exceed 4 weeks.	tbc



		joint working at the interface		
2	Expand capacity within neurodevelopment services (ASD/ ADHD)	Subject to review in 2015/2016	Diagnosis within 12 weeks	
3	Increase support and resilience within schools, including consultation from the Wellbeing Service and CAMHS Service, along with additional training.	Improved support to schools. Increased resilience and confidence within schools to support young people. Fortnightly consultation to all secondary schools (21 including SEN and PRU)	2 hrs consultation fortnightly to be offered to all 21 schools 0.5 wte additional capacity Additional training	tbc
4	Enhanced Sexual Abuse Services <i>In line with SEL programme</i>			£10,000
5	Increase support to those young people in residential services out of area	Up to 41 children are placed out of Borough.	1.0 wte CAMHS practitioner	£40,000
6	Development of intensive support and assertive outreach service ('Tier 3.5') <i>Subject to further discussion with NHSE</i>	Capacity to provide young people with intensive support through assertive outreach. Provide an alternative to admission.		£325,000 <i>To be shared with NHS</i>
7	Expand the EIP pathway for those aged 14 year upwards.	In line with NICE guidelines. Improved communication with and transition across to adult services		tbc



8	Enhance Eating Disorders Services	In line with best practice guidance.		<i>tbc</i>
9	Enhance Perinatal Services	In line with NICE guidelines. In line with London Perinatal Network guidelines. To be reviewed in line with pending guidance.	Parent/Infant Psychotherapist	<i>tbc</i>
10	Enhance psychological support to young people with Physical Health long term conditions	Improved management of physical health condition. Improved wellbeing.		Tbc

15.5. Our priorities and ambitions have been developed in the context of broader strategies that are developing concurrently. We are now in the implementation phase of the Our Healthier South East London strategy which is addressing mental as well as physical health. Work has been done to identify evidence based and targeted initiatives and discussions are ongoing about how these initiatives around mental and physical health are embedded in the Local Care networks and Children’s Integrated Community Teams across south east London.

15.6. The South East London Community Based Care Strategy is current planning work to articulate key elements of services for children and young people which includes having integrated community teams providing early intervention and management, enhancing primary care access and developing local care networks which in Bromley will be known as Integrated Care Networks.

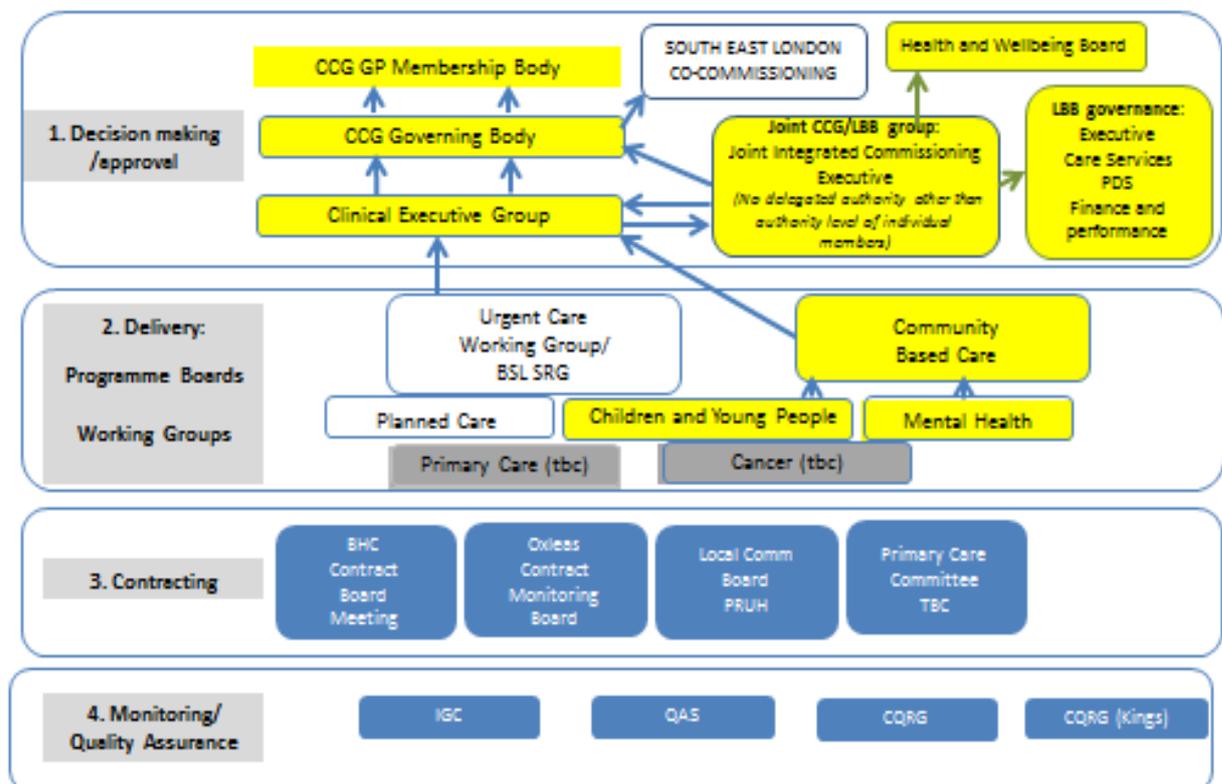


16. Governance

- 16.1. The delivery of this transformation plan will be managed under the existing CCG governance structure. A new CAMHS transformation sub-group will be established, which will report to the existing Children and Young People's Working Group, and CCG Clinical Executive. The new CAMHS transformation sub-group will be chaired by the GP Clinical Lead, Dr Andrew Parson (GP and Bromley CCG Chair).
- 16.2. The table below shows the governance and joint delivery structure across Bromley CCG and the Council. The working groups are multi-agency while the children and young people working group which is recently established involves provider organisations and will involve voluntary and community groups. Of importance, the Joint Integrated Commissioning Executive (JICE) is jointly supported by both the CCG and council which feed back into the Health and Wellbeing Board. Our CYP working group representative from Public Health will take the Transformation Plan to the next Health and Wellbeing Board which will take place post the submission date of 16 October 2015.
- 16.3. A new multi-agency, CAMHS Transformation sub-group chaired by the Children and Young Peoples' Clinical lead (also Chair of the CCG) will be established. The group will include membership from across local partners (local authority, public health, Schools, Youth Justice and Specialised commissioning) and providers (Oxleas NHS Foundation Trust, Bromley Y and Bromley healthcare) to ensure the further development and implementation of this transformation plan. Through the Children and Young People's Working group, this sub-group will be accountable to the CCH Clinical Executive. The sub-group will be.



Delivery & Governance Structure



Reference Documents

Bromley Community Wellbeing Service for Children and Young People

<http://www.bromleywellbeingcyp.org/>

Bromley JSNA 2014

<http://bromley.mylifeportal.co.uk/jsna-and-health-and-wellbeing-strategy-bromley.aspx>

Bromley Perinatal Mental Health Service – Business Case

<http://www.bromleyccg.nhs.uk/Downloads/About%20us/Gov%20body%20papers/May%202015/Enc%203%20-%20Perinatal%20Mental%20Health%20Business%20Case.pdf>

Bromley Healthwatch Report “Young People Speak Out” (2014)

http://www.healthwatchbromley.co.uk/sites/default/files/young_people_speak_out_0.pdf

Review of Services for Children and Young People with Emotional and Mental health Needs (2012) London Borough of Bromley, Claire Lynn

<http://cds.bromley.gov.uk/documents/s50005657/Review%20of%20services%20for%20children%20and%20young%20people%20with%20emotional%20and%20mental%20health%20needs%2004122012%20.pdf>

Bromley Crisis Care Concordat – Action Plan (2014)

<http://www.crisiscareconcordat.org.uk/areas/bromley/#action-plans-content>



Appendix 1

Proposal from the South East London Sector Reference Group Implementation of Paediatric Review of Children's Sexual Abuse Services - 30th September 2015

King's College Hospital **NHS**
NHS Foundation Trust

NHS
England

Opportunities for improving access to CAMHS for vulnerable children and young people following child sexual abuse, exploitation and FGM

Summary

This briefing outlines the findings from the "Review of Child Sexual Assault Pathway for London" and a proposed approach for a local response in CAMHS transformation plans.

The "Review of Child Sexual Assault Pathway for London" mapped the pathway for children and young people following sexual abuse, pan-London and both in acute and historic cases. The findings included variation and significant gaps in medical aftercare and long-term emotional support (especially for those under 13 years), as well as issues with the prosecution process.

- Less than 1 in 12 children/young people that have been sexually abused access sexual assault or local paediatric services



- 35% of under 13 year olds from The Havens had aftercare with a local paediatrician
- 10% of children and young people had emotional support/therapy from CAMHS or tier II service, even though 90% were referred

The recommendations include the establishment of five Child Houses in London and an enhanced paediatric service at the Havens (sexual assault referral centres). The Child Houses are a child friendly building where children and young people will be able to access medical examination, sexual health aftercare, counselling, therapy and advocacy. These houses also aim to provide early interviews with police and crown prosecution services. Children or young people only having to tell their story once and complete their court cross-examination soon after disclosure, instead of waiting for court appearances up to a year or two later.

The vision includes partnerships to maximise opportunities for CAMHS, third sector and school, working with paediatricians, the police and the judicial system.

The pragmatic first steps are the establishment of CSA hubs in each sector to support children and young people following child sexual abuse, exploitation or FGM. These hubs will build on the best of the existing services, creating shared care pathways, ensuring robust peer review and creating centres of expertise for medical assessment and treatment. They will see all children and young people assessed and offered brief intervention following CSA/CSE/FGM, with onward referrals as existing criteria allow. The hubs will strengthen links with existing third sector services, offering clinical supervision for complex case management.



Opportunity for CAMHS Transformation Fund:

- Child House model offers partnership for health, police, social care and third sector
- Model spans NHSE specialist services, sector wide hub and CCG offer
- International evidence for impact and benefits
- Could link to i-THRIVE model
- Demonstrate new pathways for children e.g. third sector specialists, schools, IAPTS, risk reduction as well as CAMHS therapeutic services
- Pan-London indicators in place for evidence of effectiveness and outcomes
- Child House model could expand to cover children and young people experiencing other trauma resulting in emotional and mental health conditions e.g. sexual exploitation, domestic violence, FGM, neglect

Investment could include:

2015/16: co-design

- Project management support for co-design across the sector with local population
- £10K per CCG in a sector- contribution to 1WTE project manager per sector
- Data baseline for outcome measures
- IT enablers



2016/17: CSA hubs

- Additional capacity in CAMHS provider to enable:
 - Assessment for all children and young people following CSA/CSE/FGM
 - Support for families and carers of children affected by CSA/CSE/FGM (non-perpetrator)
 - Brief intervention with child and family
 - Referral onto most appropriate long-term support e.g. CAMHS tier III, IAPTs, school counsellor, local third sector provision (within existing capacity)
 - Clinical supervision for school and counsellors supporting children
- 1WTE CAMHS capacity per CSA hub (approx. £10-15K per borough)
- Set up costs for premises/refurbishment for the Child House building

2017/18: Child House

- Set up costs for premises/refurbishment for the Child House building
- 5-6 WTE CAMHS capacity per Child House (approx. £60K per borough)

Risk of not implementing these changes:

- Lack of medical and emotional support for children and young people
- Continued inequity of service for children and young people
- Unable to break the cycle of child sexual abuse



- Long-term costs from poor outcomes for children, young people and their families experiencing sexual abuse. Costs to UK of child sexual abuse were estimated by the NSPCC study at £3.2 billion in year 2012 alone.
- Negative outcomes including poor educational outcomes, enduring mental health issues, healthcare and police costs, sustained risk of repeated assaults and a cycle of sexual harmful behaviours.
- Growing public and political awareness of these issues due to Savile enquiry and recently launched national enquiry

Benefits:

CSA Hubs:

- Reduced mental health morbidity due to early intervention with child and family
- Improved expertise through establishment of peer review, research and training support
- Larger volume of caseload for efficiencies and maintaining competencies
- Strengthened links to third sector specialists
- Increase awareness and reporting by children and young people of child sexual exploitation, gang related sexual violence and child sexual abuse
- Single point of access for health, social care and police colleagues to aid investigation and intelligence gathering

Child House:

- Reduced re-traumatization



- Reduced further exploitation
- Reduced mental health morbidity due to early intervention with child and family
- Increased convictions
- Improved expertise through establishment of peer review, research and training support
- Larger volume of caseload for efficiencies and maintaining competencies
- Strengthened links to third sector specialists
- Increase awareness and reporting by children and young people of child sexual exploitation, gang related sexual violence and child sexual abuse
- Increase intelligence to aid identification of perpetrators of child sexual exploitation and sexual abuse
- Single point of access for health, social care and police colleagues to aid investigation and intelligence gathering
- Child friendly location for undertaking Section 28 interviews with purpose built suite for pre-recorded interview and video link to court
- Reduction in the predicted costs to UK of child sexual abuse (estimated by the NSPCC) of £3.2 billion in year 2012 alone, which equated to £0.4billion for London.

