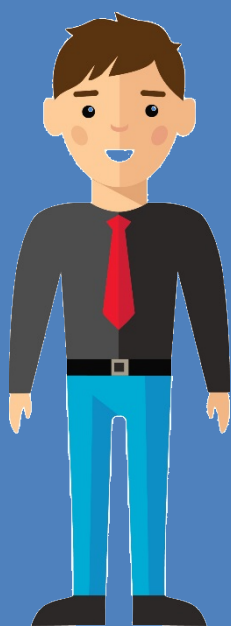


Tower Hamlets Transformation Plan for Children & Young People's Mental Health and Wellbeing

2016 - 2021



Revised for NHSE January 2017

Note: Changes to October 2016 version are highlighted in red

Transformation Road Map

Overview and Timeline

New young people's mental health service	2017 to 2020
Shorter waits	2016 to 2017
Attachment and help in early years	2016 to 2018
Better access and more CYP seen	2016 to 2021
Vulnerable CYP	2017 to 2019
Mental health for new mothers	2017 to 2021
CYP mental health crisis response	2017 to 2018
Improved pathway: CYP autistic spectrum	2016 to 2018
Vision for integrated services	2017 to 2020
Integrated Personal Commissioning	2016 to 2018
Reduction in suicide	2017 to 2021
Transition to adult services	2017 to 2021
Commissioning for outcomes	2016 to 2019
New service model for inpatient CAMHS	2016 to 2021
Workforce Planning	2017 to 2021
iThrive	2016 to 2019

Glossary

We realise that some highly-technical language and abbreviations may be used in this document to describe the transformation plan.

We want to make the terminology in this document as simple as possible and to do this. It is hoped that an explanation of the words below can support your understanding:

Autism (<i>noun</i>)	Also referred to as Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC). Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them.
CYP (<i>noun</i>)	Where this abbreviation is used in this document, it refers to 'children and young people'.
Commissioning (<i>adj.</i>)	The process of planning, agreeing and monitoring services.
Co-commissioning (<i>adj.</i>)	Where commissioning (see above) is completed jointly between two or more statutory organisations. Statutory services are required by the law and there are legislations in place that the government set for them to be in place.
IPC (<i>noun</i>)	Where this abbreviation is used in this document, this refers to Integrated Personal Commissioning .
MHFYFV (<i>noun</i>)	Where this abbreviation is used in this document, it refers to the Mental Health Five Year Forward View .
Pathway (<i>noun</i>)	A tool that is used to manage the quality of healthcare service/s, which describes the
Service model (<i>noun</i>)	When this term is used in this document, this refers to an agreed approach and core principles for the service.
Transformation (<i>adj.</i>)	A transformation process is any activity or group of activities that takes one or more inputs, transforms and adds value to them, and provides outputs for the target service users.

Detailed Road Map

Increase to 35% of diagnosable population seen by services	
Better access and more CYP seen	2016 to 2021
Shorter waits	2016 to 2017
New young people's mental health service	2017 to 2020
CYP mental health crisis response	2017 to 2018
New service model for inpatient CAMHS	2016 to 2021
Integrated services	
Joint vision for integration	2017 to 2020
Vulnerable CYP	2017 to 2019
Attachment and help in early years	2016 to 2018
Focus on specific improvements	
Mental health for new mothers	2017 to 2021
Transition to adult services	2017 to 2021
Improved pathway: CYP autistic spectrum	2016 to 2018
Reduction in suicide	2017 to 2021
Whole system enablers	
Commissioning for outcomes	2016 to 2019
Workforce Planning	2017 to 2021
iThrive	2016 to 2019
Integrated Personal Commissioning	2016 to 2018

Increase to 35% of diagnosable population seen by services	
Better access and more CYP seen	2016 to 2021
Milestones: <ul style="list-style-type: none"> Tender and implement local digital offer to increase awareness and self-management Mental health training for schools Commission additional staff to deliver evidence-based treatment to reach more children and young people Increase the proportion of CYP from the Bangladeshi community in Tower Hamlets who are referred to NHS-funded community mental health services Make further partnership agreements to increase engagement by CYP Commission projects to increase awareness of eating disorders in CYP Pick up costs for backfill for staff undertaking CYP IAPT training 	
Shorter waits	2016 to 2017
Milestones: Reduction of average waiting times from referral to second appointment	
New young people's mental health service	2017 to 2020
Milestones: Implementation of new contract with Step Forward	

CYP mental health crisis response	2017 to 2018
Milestones: <ul style="list-style-type: none"> Consider findings of local review of CYP MH crisis response Closer working between Children's social care emergency response, CAMHS duty and ELFT mental health liaison and paediatric services at RLH. 	
New service model for inpatient CAMHS	2016 to 2021
Milestones: <ul style="list-style-type: none"> Develop collaborative commissioning plans with NHSE and STP 	
Integrated services	
Joint vision for integration	2017 to 2020
Milestones: <ul style="list-style-type: none"> Alignment of infrastructure Design of integrated services with youth work and social care Implementation of integrated services 	
Vulnerable CYP	2017 to 2019
Milestones: <ul style="list-style-type: none"> Commission specialist CAMHS input for TH children placed out of borough, starting with Bowden House school in Sussex Design and implement pilot intervention for socially withdrawn children receiving home tuition via the Pupil Referral Unit Map and strengthen referral routes for emotional support following assessment at a new NEL STP hub for Child Sexual Abuse Co-commission stronger assessment and support for CYP in contact with the criminal justice system Plan new partnerships for vulnerable children and young people receiving Children's Social Care services, in line with findings of the Troubled Lives report 	
Attachment and help in early years	2016 to 2018
Milestones: <ul style="list-style-type: none"> Roll out Health education England funded-training Implement developments agreed through Tower Hamlets Together Strengthen interventions to promote attachment and positive mental health in early years Assess how current measures can demonstrate achievement of outcomes in 'prevention outcomes framework' 	
Focus on specific improvements	
Mental health for new mothers	2017 to 2021
Milestones: <ul style="list-style-type: none"> Review and develop transformation proposals for universal children's health and social care early help services Plan STP-wide approach for service and workforce transformation in line with MHFYFV targets for specialist perinatal mental health services 	
Transition to adult services	2017 to 2021
Milestones: <ul style="list-style-type: none"> Implementation of NHS CQUIN for transition from CAMHS to adult services Commence Step Forward Young People's mental health services for ages up to 21 Implement relevant priority commitments from TH Children and Families Plan 	

Improved pathway: CYP autistic spectrum	2016 2018
Milestones: <ul style="list-style-type: none"> • Monitor increased support commissioned in 2016/17 • Submit workforce development bid for 2017/18 • Develop multi-agency strategy 	
Reduction in suicide	2017 to 2021
Milestones: <ul style="list-style-type: none"> • Develop and deliver multi-agency suicide prevention plan • MHFYFV: the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels 	
Whole system enablers	
Commissioning for outcomes	2016 to 2019
Milestones: <ul style="list-style-type: none"> • Report on initial pilot of shared outcomes digital collection of measures 	
Workforce Planning	2017 to 2021
Milestones: <ul style="list-style-type: none"> • Collate interagency workforce plans • Design and implement new workforce development initiatives • Continue local implementation of CYP IAPT training 	
iThrive	2016 to 2019
Milestones: <ul style="list-style-type: none"> • Implementation and evaluation of iThrive principles in Tower Hamlets 	
Integrated Personal Commissioning	2016 to 2018
Milestones: Pilot Integrated Personal Commissioning for CYP with Education Health and Social Care Plans	

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- 7 Our local plans for action and how we will measure achievement
- 8 Our joint discussions about implementing the *Mental Health Five Year Forward View* (MHFYFV) with NHS England, other CCGs and councils in North East London
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- 12 Our governance
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Appendices to full Transformation plan

1. Our transformation projects and spending in 2015 and 2016 to date
2. How we have used our transformation resources in 2016/17 to date
3. Young People's Mental Health Consultation Report: Parent champions meeting 21 October 2016
4. Summary of priorities from *Tower Hamlets Children & Families Plan 2016-19*
5. Mental health pathways and support for young people in contact with the criminal justice system in Tower Hamlets: summary of issues: August 2016



Summary

1 Introduction

CCGs are required to submit this Local Transformation Plan for Children and Young People's Mental Health and Wellbeing (CYP MH) by 31 October 2106. It updates last year's plan and forms part of the overall Sustainability and Transformation Planning (STP) for North East London. The plan is a public document which reflects our commitment to transparency. This summary sets out our current foundations and our plans for the next five years, as developed with local partners, including an overview and timeline for implementation.

Appendices cover our previous CYP MH Transformation Plan spending, the views of young people and parents, and detailed information. Our core needs assessment from 2015, with a population update, is a separate electronic document, to be uploaded separately on the CCG website when the plan is published.

2 Our vision for transformation

We have refreshed our vision from the 2015 plan, changing it from a statement of how services should run, to an overarching vision setting out our aspirations for how children, young people and families (CYP) should experience services, and how staff should work with them, as well as our aims for integration. It includes prevention and health initiatives driven by local communities, in line with the refreshed Tower Hamlets Health and Wellbeing Strategy.

We have set out the high-level steps to put our vision into practice, as included in our 'transformation overview and timeline'. These will be developed into action proposals and business cases in the coming year.

3 Our understanding of local need

Our 2015 Transformation Plan included a full assessment of the mental health and wellbeing needs of children and young people in Tower Hamlets (reproduced in summary in the plan and as a separate document on the CCG website). This section does not require a full refresh, although the approach to calculating the number of CYP with a diagnosable mental illness is reviewed, since this helps quantify the required increase in the proportion of the population seen.

At this stage we have taken the GLA population projections for the age group 5-17 years, and used a baseline population for 2015 of 40,731 children and young people. To that figure, we have applied the overall rate for any disorder (9.6%) taken from the 2004 psychiatric morbidity survey. This gives a figure of 3,911 children and young people with a diagnosable mental health disorder. By 2021, this will increase to 4,656 because of the expected population growth in Tower Hamlets.

Our plan also notes scheduled updates to JSNAs in November 2016 and next year, and highlights the needs of young carers based on local surveys. It proposes work to gather community intelligence on how housing difficulties and homelessness impact on the mental health needs of young people in Tower Hamlets, and on the local needs of Somali and other minority ethnic groups. In addition, the Children and Families Plan includes an action to carry out further analysis on the needs and experiences of newly arrived families. Better understanding of these needs will help us plan services.

4 Our services and our achievements

Children and young people's mental health services are provided in Tower Hamlets by:

- **CAMHS**, which is the short name for East London Foundation Trust's integrated child and adolescent mental health service (ELFT was rated outstanding by the Care Quality Commission in 2016, across its range of services).
- **LBTH Children's Social Care** – services with a specific focus on CYP mental health and wellbeing include:
 - Youth Justice and Family Intervention Services
 - Looked After Children and Leaving Care
 - Disabled Children's Outreach Service
- **A new service** for 14-21 year olds with mild and moderate mental health problems is due to start in January 2017 delivered by Step Forward.

Tower Hamlets Council also commissions a range of services for:

- Substance misuse services for children and young people
- Mental health family support
- Support for young carers
- Public health services for children and young people's mental health and wellbeing.

In addition to education and youth services, several third sector services are funded through Council mainstream grants.

The **overlap between CYP and adult mental health services** is especially important in three separate areas:

- Perinatal mental health - specialist mental health support for parents who experience mental health problems in the year before and after birth
- Early detection and intervention for people who experience a first episode of psychosis
- Transitions for vulnerable cohorts - Looked After Children /Youth Offending Service/ Children with disabilities.

Our achievements, the benefits from established partnerships between services, and new initiatives are described in this section of the plan. These initiatives include some areas where we have begun our journey to transformation, including short waiting times and investment in a young people's mental health service in Tower Hamlets.

5 Our spending and the numbers seen in 2015/16

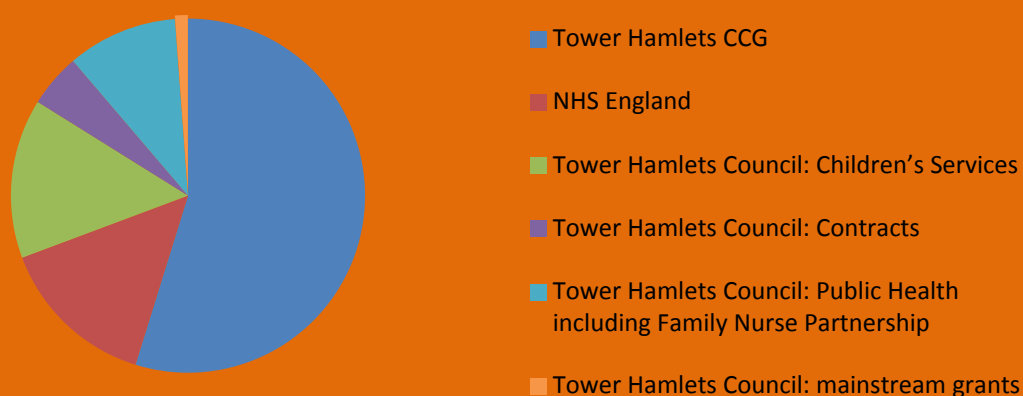


Figure 1: Expenditure on children and young people's mental health services in 2015/16.

The following table shows the actual expenditure on children and young people's mental health services in 2015/16:

Source	Total (£)
Tower Hamlets CCG	4,079,637
NHS England	1,079,657
Tower Hamlets Council: Children's Services	1,085,000
Tower Hamlets Council: FIS and Family Action	363,000
Tower Hamlets Council: Public Health including Family Nurse Partnership	750,000
Tower Hamlets Council: mainstream grants	87,400
Total	7,444,694

Staffing: ELFT

- TH CAMHS : 34.8 wte Clinical Staff and 6 wte Social Workers
- Psychiatric Liaison Team: 8.6 wte and 1 wte Social Worker

Activity ELFT

- In 2015/16 specialist CAMHS received 1,755 referrals and accepted 1,401 referrals. This is shown by team and by quarter in the following tables.
- There were 1,096 first attendances at CAMHS (i.e. the number of CYP who 'did not attend' (DNA) are excluded from this figure.

Activity NHS England

- There were 30 admissions to the Coborn Centre (in Newham) and three admissions to Brookside (in Redbridge) and only two outside London, according to NHS England data.

Activity CYP IAPT

- The FIS caseload is estimated at 50
- National reporting arrangements have changed in year so that the number of CYP for whom clinical outcomes were reported is not available.

Our early intervention in psychosis and eating disorder services are compliant with the access and waiting time standards published by NHS England.

6 Our priorities for change in Tower Hamlets

We are working within the resource framework for investment and workforce set out in the *Mental Health Five Year Forward View* and the NHS strategy on parity of esteem, as determined locally within the North East London Sustainability and Transformation Plan.

Through joint discussion with partners, six priorities have been agreed for investment in 2017/18, if funds are available. These are areas where we have agreed that transformation is needed – this means changing the way we use current resources to achieve better outcomes, and better experience for children young people and families.

Subject to business cases, they are areas where investment will be considered to increase capacity and front-load transformation:

- A stronger foundation – integrated help for parents in early years with a focus on early attachment and mental wellbeing
- Improving the way children, young people, families and organisations find out about the help that is available, and increasing the number of young people with mental health problems who receive help
- Continuing joint initiatives to improve mental health and wellbeing for vulnerable young people
- Perinatal mental health services and parent/infant mental health
- Strengthening the response of services to mental health needs of young people on the autistic spectrum
- Strengthening the crisis response to young people with mental health problems.

These priorities align with those set out in last year's CYP MH Transformation Plan, and continue work started by investment received in 2015/16.

More details on our plans are given in the next section below.

7 Our plans for action and how we will measure achievement

Our transformation planning reflects the resource framework published in the mental health five year forward view.

Our specific plans have been developed in partnership and are set out in the table below, as proposed business cases for investment, which will include a full statement of performance indicators.

Priority area	Key transformations	Outcomes
Attachment and help in early years	<ul style="list-style-type: none"> • Integrated services • Evidence based interventions for mental wellbeing 	TH prevention outcomes
Improving access and increasing numbers seen	<ul style="list-style-type: none"> • Digital offer • Participation and engagement • Schools • Waiting times • Additional staff to deliver evidence based interventions • Psychological wellbeing pilot • Health equalities • Eating disorders 	MHFYFV target to see 35% of diagnosable population by 20121 Digital activity, service user satisfaction, TH outcomes measures, improved take up from Bangladeshi and BME groups, eating disorder metric
Vulnerable children and young people	<ul style="list-style-type: none"> • Out of borough • Pupil referral unit • Criminal justice • Virtual CSA hub • Clinical input into new joint initiatives 	TH MH outcome measures STP CSA activity and quality measures
Perinatal	<ul style="list-style-type: none"> • Integrated local pathways • Join-up with STP-wide transformation 	MHFV FV targets, improvements in parental anxiety and depression after treatment
Crisis and acute	<ul style="list-style-type: none"> • Earlier interventions 	TH MH outcome measures, no CYP

pathways	<ul style="list-style-type: none"> • Improved access and integration out of hours via children's social care and ELFT • Join-up with STP-wide acute inpatient CAMHS transformation 	admitted outside STP, improved crisis response Co-commissioning plan with NHSE
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Note: CSA: Child Sexual Abuse. CAMHS – Child and Adolescent Mental Health Service. MHFYFV. Implementing the Mental Health Five Year Forward View.

The full report also describes areas of ongoing transformation where plans are not yet at a sufficiently developed stage to propose business cases for investment. These will be included in next year's refresh:

- Integrated Personal Care
- Transition at age 18
- Suicide.

8 Our joint discussions about implementing the Mental Health Five Year Forward View (MHFYFV) with NHS England, other CCGs and councils in North East London

The Mental Health Five Year Forward View includes some key targets for Children and Young People's Mental Health services by 2021:

- Co-commissioning acute CAMHS inpatient services
- Treating 30,000 more mothers who need perinatal mental health services nationally
- Treating 70,000 more children and young people with diagnosable mental health problems
- Reduction of suicide rate by 10% nationally (all ages)
- All age mental health liaison services in acute general hospitals (50% target).

The NHS-led Sustainability and Transformation planning (STP) work has been conducted with partner CCGs and NHS Trusts, in consultation with local authorities across the North East London STP area, i.e. from Hackney to Havering. Significant progress has been made in CYP mental health transformation. However, variation in performance (e.g. bed usage, placements) still exists across North East London and sustainably meeting the NHS *Five Year Forward View* objectives requires transformation across the system.

This refreshed transformation plan is now also aligned with the North East London sustainability and transformation plan (STP).

Work streams relating to perinatal mental health, collaborative commissioning models for children and young people inpatient (tier 4) services, 24/7 crisis care for children and young people, improvement of mental health support for young people in the criminal justice system, and management of child sex abuse are currently being planned at STP level as follows:

- **Co-commissioning CYP MH inpatient services, with links to crisis pathways.** CCGs have identified the requirement for an STP-wide response, and discussed a common approach and shared understanding of risks, involving providers in discussions.
- **Health and Justice:** there is potential scope for future work to strengthen the mental health pathway for CYP in the criminal justice system across the STP area, and the possibility of a joint approach to review data on local children and young people in contact with the criminal justice system across the STP area.
- **Perinatal mental health:** this is not a required item in the CYP MH Key Lines of Inquiry (KLOIs), but CCGs have discussed a possible common framework for integrated local pathways, and reviewed possible STP-wide tasks when the outcome of the bid to NHS England is known

- **Child Sexual Abuse (CSA):** inclusion in CYP MH Transformation Plans is implied in the NHSE Key Lines of Inquiry (KLOIs) but is not explicitly required. CCGs have exchanged information on local input the NHSE planning, and have agreed to ensure that colleagues leading on children's health commissioning are updated on the medical quality risk implied by the small number of cases seen by community paediatricians in some boroughs, and the consequent clinical support for an STP wide hub or hubs. They will also consider follow up emotional support.

We have liaised with NHS England specialised commissioning in all these areas.

Our STP will seek further alignment of the local transformation plans for children's mental health services to deliver the system transformation required and ensure that mental health and emotional wellbeing is a key component of all STP plans and not a stand-alone programme of work.

The Tower Hamlets' detailed response to these STP-wide issues is included in the local action plans in section 7.

9 The workforce we need

There is great awareness of workforce challenges and a range of initiatives across organisations, including commitment to CYP IAPT training.

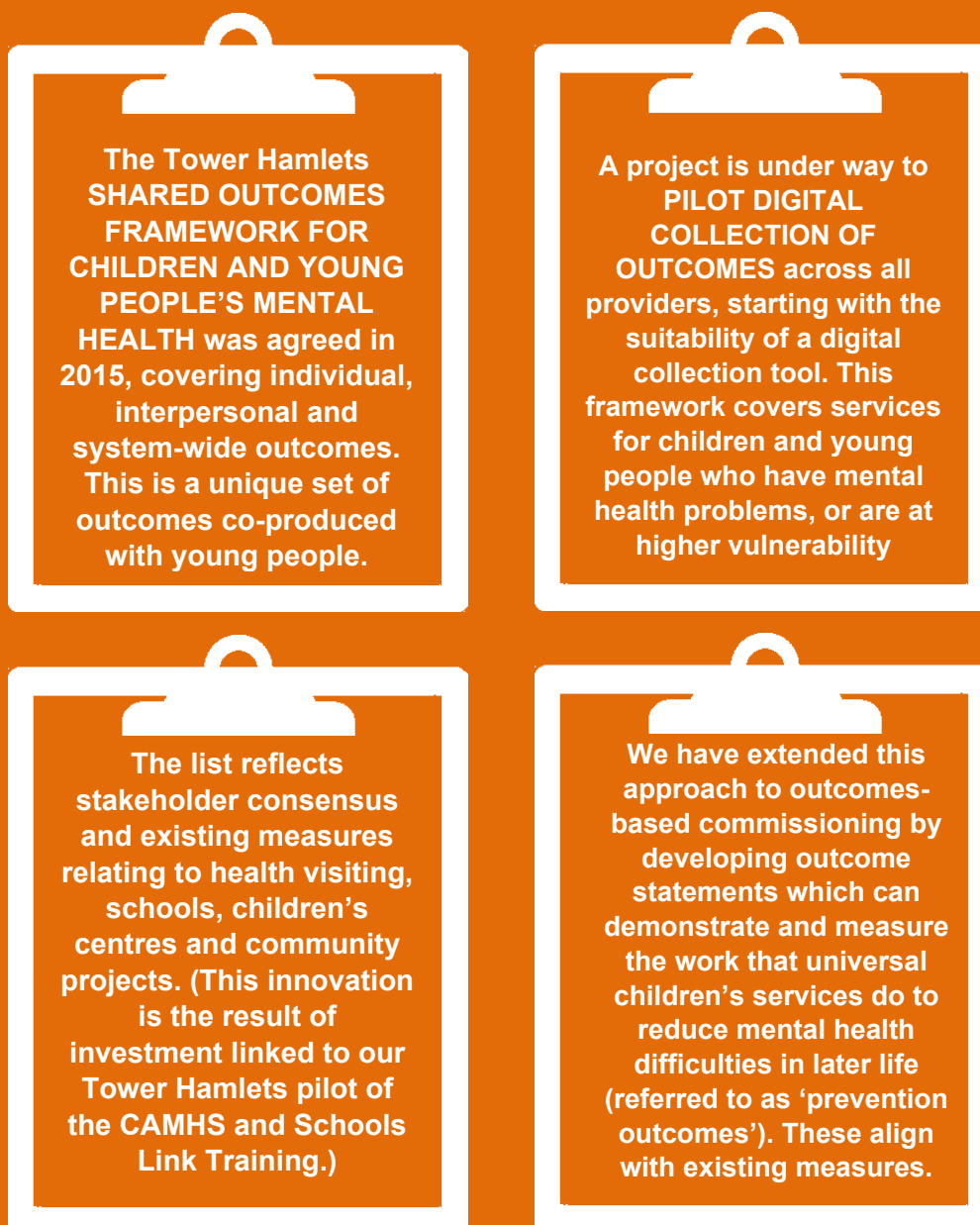
The next stage is to develop a full, joint plan to ensure that issues of recruitment, retention, new job roles, extended hours working, and availability of specialist skills are addressed in a systematic way. This will therefore be an early target for our Transformation Plan in 2016/17, covering the period to 2021.

10 Our engagement

The Transformation Plan has been developed by an interagency process including:

- Initial briefing and requests for information to partner organisations
- Meetings with partner organisations including third sector to discuss this plan
- Meeting with young people and parent champions (see Appendices 3 and 4)
- Workshop with schools and local organisations to follow up the CAMHS and Schools Link pilot (which took place in 2015 and earlier in 2016)
- Co-commissioning discussions with NHS England Health and Justice Team
- Meetings with CCGs in NEL STP footprint to harmonise input into CYPH MH Transformation Plans
- NHS England workshops on inpatient CAMHS services and Child Sexual Abuse (CSA)
- A range of engagement activities around specific projects.

In addition, a LBTH Health Scrutiny review of children and young people's mental health services focused on engagement and prevention



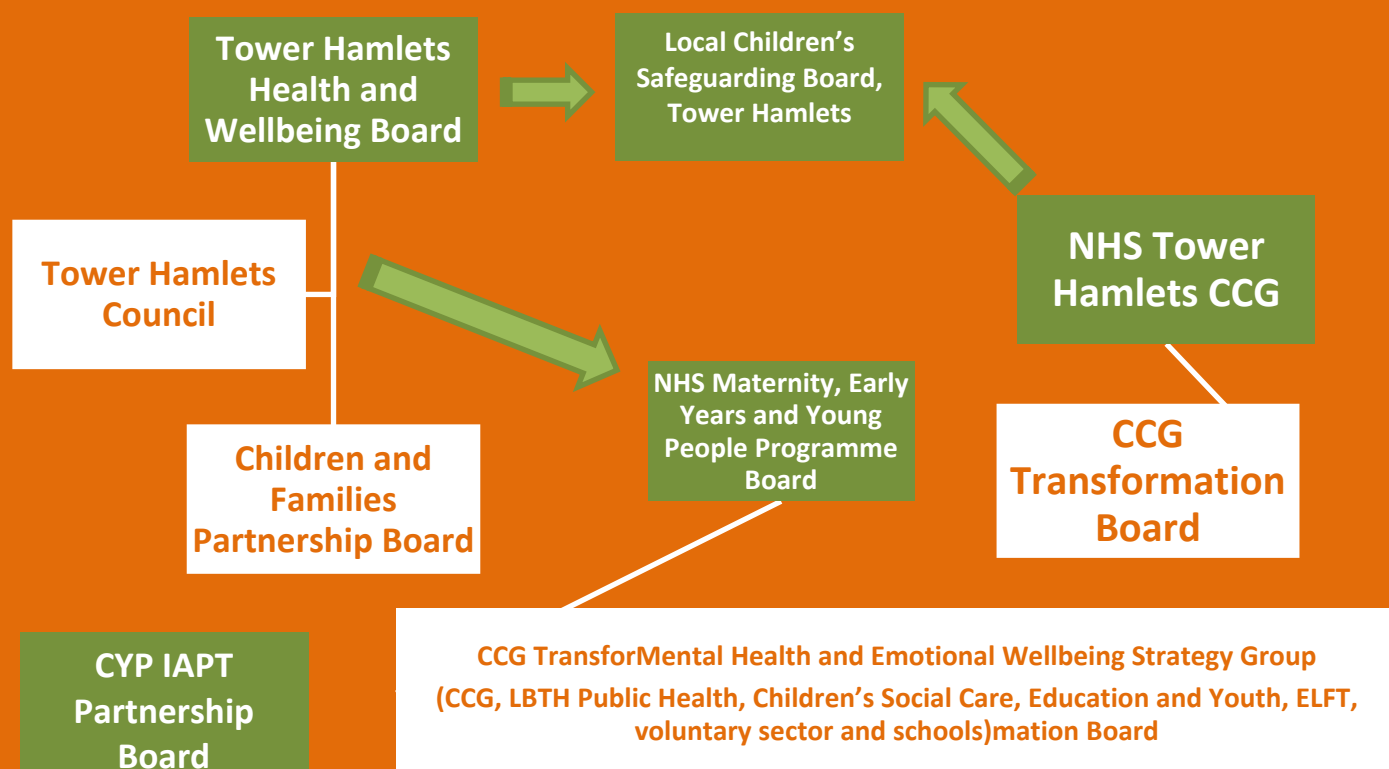
The full outcomes statements are in section 11.

Service-level outcomes will be included in business plans for new investment.

12 Governance

Our governance arrangements are in transition as new structures are implemented in the CCG and by a Joint Commissioning Executive within the CCG and Council.

The following diagram shows the current arrangements for implementation of the CYP MH Transformation Plan:



The Mental Health and Emotional Wellbeing Strategy Group is the group specifically dedicated to joint discussion and implementation of CYP MH transformation.

13 Our reporting and transparency

This report will be edited and formatted as a public-facing document, incorporating any comments from NHS England.

We will use the measures set out in the MHFYFV and undertake submit required reports to NHS England.

The progress in implementation of Tower Hamlets Transformation Plan will be reported to:

- CCG Maternity Early Years and Young People Working Group

- Children and Families Partnership Board
- Health and Wellbeing Board (on 21 February 2017).

The final Transformation Plan (incorporating comments from NHS England) will be published on the CCG and Council websites, and as part of the Health and Wellbeing Board committee papers.

14 Risks

The following risks have been identified specifically to CYP mental health implementation:

- Reduction in school budgets will affect school's ability to support pupils with mental health difficulties, and lead to more referrals
- Co-commissioning processes for acute CAMHS inpatient services are delayed and/or allocate NEL resources away from NEL residents
- Recognised barriers to integrated working by organisations will jeopardise success
- Workforce, including recruitment for waiting time initiative posts.

More details of risks and mitigations are given in the full plan.

TOWER HAMLETS TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

1 Introduction

CCGs are required to submit this Local Transformation Plan for Children and Young People's Mental Health and Wellbeing (CYP MH) by 31 October 2106. It updates last year's plan and forms part of the overall Sustainability and Transformation Planning (STP) for North East London. The plan is a public document which reflects our commitment to transparency. This summary sets out our current foundations and our plans for the next five years, as developed with local partners.

2 Our vision for transformation

The following vision has been developed by the Mental Health and Emotional Wellbeing Strategy Group at special meetings in October 2016, with invitations to an expanded membership. It is consistent with the priority for improvements given to children and young people in the Joint Mental Health Strategy for all ages, 2014 to 2019.

2.1 A prevention approach

The key points of our approach to prevention from birth through early years, primary and secondary school are:

- A substantial body of research describes risk and protective factors for mental disorders and poor emotional health and wellbeing in children and young people and demonstrates the influence of these across the whole of a child's life course from pregnancy through to the transition to adulthood.
- There is strong evidence that investment in the protection and promotion of mental wellbeing, including early intervention and prevention, improves quality of life, life expectancy, educational achievement, productivity and economic outcomes, and reduces violence, antisocial behaviour and crime.
- In addition to the impact on the individual child and family, mental health problems in children and young people result in increased costs of between £11,030 and £59,130 annually per child.¹
- For conduct disorder, lifetime costs of a one-year cohort of children with conduct disorder (6% of the child population) have been estimated at £5.2 billion, with each affected individual being associated with costs around 10 times that of children without the disorder.²
- Strong evidence of the poor outcomes related to having a mental health problem and the cost-effectiveness and return on investment argument make it imperative that prevention and early intervention be prioritised to 'develop an inclusive life course approach to mental health and emotional wellbeing from the earliest years, through the school-age years and transition to adulthood'.

¹ Suhrcke M, Puillas D, Selai C: Economic aspects of mental health in children and adolescents. In Social cohesion for mental wellbeing among adolescents. Copenhagen: WHO Regional Office for Europe, 2008:43-64.

² Friedli L, Parsonage M: Mental health promotion: building an economic case. Belfast: Northern Ireland Association for Mental Health, 2007.

2.2 How children, young people and families will experience services:

- In five years' time, any child or young person who appears to themselves, their family, friends or services to be experiencing problems connected to mental health will receive a positive and proactive response from staff in our services, who will know where to go for further help or advice if difficulties continue
- All CYP will get an appropriate response regardless of the worker or agency
- There will be drop-in hubs offering a place to go for all types of mental health related support, open until 8.00 pm in the evening and weekend afternoons
- The first point of contact will welcome the young person and family, listen to their needs, and signpost them to appropriate support
- At a time of crisis, a child or young person's key worker will be involved, directly or indirectly, and support will be provided quickly to help them through a difficult patch, or bring in more experienced help
- Young people will feel safe, and their cultural and religious needs will be met
- Families have a good experience of services



2.3 How staff will work with children, young people and families

- A range of interventions will be available to all staff who are in contact with children and young people, based on:
 - Their own role and training
 - Enhanced training in mental wellbeing,
 - Access to experienced and specialist mental health staff for support and consultation
- A mental health-informed youth work model will be adopted in local youth services
- Staff will recognise families' strengths
- Services will provide support for a responsive workforce to use and develop their skills
- Staff training and listening skills will make sure everyone is equipped and confident to have good conversations about emotional wellbeing and mental health
- Experienced back-up and access to psychological and therapeutic skills will be available to front line staff, building their capabilities to 'call it right' when children and young people present for help
- Services will be children/young people/family- led, and continually refreshed through a programme of participation and engagement
- Each organisation will think in terms of positive engagement, and not only rely on a 'deficit narrative'
- All staff will have a collaborative approach, ethically sharing information, and contacting the service best placed to meet a child or young person's needs in a timely way
- Opportunities will be created for organisations to share training and learning, e.g. through external placements and mutual attendance at specific courses
- Schools will be supported to give better information to parents about sources of help with mental wellbeing
- Other sectors will be engaged e.g. sports and leisure in an emotional wellbeing 'offer' and included in skills development opportunities
- Teachers and other school staff including governors will be supported to respond to mental health needs in schools
- A stronger parent offer will include:
 - Parent and families offer in Education, Health and Care plans
 - Parent support groups in secondary schools
 - Parents group for parents of CYP with mental health problems
 - Test the feasibility of telephone counselling/advice to offer support (or on-line)
- Staff will help children, young people and families build resilience and avoid crises
- Physical health needs will be considered alongside mental health needs
- Health visitors and school nurses will be responsive to early signs of difficulties with emotional wellbeing
- Staff will work to achieve the mental health outcomes set out in the Tower Hamlets Shared Outcomes Framework for Children and Young People.

2.4 Integrated services

We want services to work in an integrated, so that interventions from different agencies are seamless and coordinated around the needs of the individual child or family.

We want to prioritise early intervention, but also - when needs are complex - to ensure joint working through mechanisms which bring together partners in effective ways to coordinate care.

We would like to consider:

- Triage and information services which allocate children and families to the right service to meet their needs

- Shared outcomes
- Partnership with children and families, including shared decision-making
- Co-location

We recognise that this depends on a culture change not only for front line staff but also about how services work together.

Our vision for integration and coordination of services has begun to take shape. There are a number of examples, especially those services are being developed for vulnerable children, in part responding to the findings of the LSCB report *Troubled Lives*:

- For the most troubled young people, a service intervention is needed which will pre-empt a shift into offending, violence, gang culture, sexually harmful behaviour.
- The aspiration is that these initiatives will also benefit from specialist CAMHS input, so that families experience integrated services with access to all the services, delivering better experiences and better outcomes.

Organisations will work in partnership and build relationships across the whole system, for example:

- Parents and communities will lead a social movement for health, empowering local communities and mobilising assets in line with the draft Health and Wellbeing Strategy aim of 'communities driving health'
- All agencies will maximise access and opportunities to know what each other are doing, and prioritise time to ensure this is successful
- There will be a basic offer that schools can choose to put in place for mental health support and emotional wellbeing
- Youth workers and front-line staff will be trained in brief generic interventions, e.g. motivational interviewing, basic stage risk assessment.

2.5 Transformation work to put our vision for integrated services into practice

The following time line is proposed for the development of integrated services

Year one: 2017/18 – alignment of infrastructure

- Publish a core offer addressed to residents/clients for transparency referring to leaflets and referral systems in place
- Give clearer local guidance and training about information-sharing between services will be developed
- Engagement with children young people and families will focus on the design of
 - Support for schools' work with mental health by continuation of networks established by the CAMHS and schools link training
 - Piloting of outcomes measures
 - Local digital offer

Year Two 2018/19 – design of integrated services with youth work and social care

- Violence reduction strategy, including needs assessment and consideration of services for families where abuse and violence is a feature (including honour-based)
- Clinical input into the services for families where abuse and violence is a feature, and Safer Lives/Edge of Care service
- Working towards integrated services with youth services
- Initiatives for families and communities: public health approach based on 'communities driving health' with CYP and parents leading a social movement for health
- Introducing local outcomes measures into standard reporting and clinical work

Year three: 2019/20 – implementation of integrated services

- New pattern of integrated services

Cross-reference to our transformation overview, timeline and milestones:

Vision for integrated services	2017 to 2020
Milestones: <ul style="list-style-type: none">• Alignment of infrastructure• Design of integrated services with youth work and social care• Implementation of integrated services	

3 Our understanding of local need

3.1 Introduction: Joint Strategic Needs Assessment

The Tower Hamlets approach to Joint Strategic Needs Assessment is set out in the overarching JSNA summary document that will be accessed via the CCG website.

A number of Tower Hamlets Joint Strategic Needs Assessment Factsheets address aspects of emotional wellbeing/mental health or mental illness in children.

Title	Content	Plan
Maternal health in pregnancy	Health of women during pregnancy, childbirth and the postpartum period together with the impact on the foetus and new-born child.	Refresh November 2016
Children with disabilities	Covers the health and wellbeing of children with physical and learning disabilities.	Refresh 2016/17
Mental health (child and adolescent mental health)	Covers mental illness along a continuum from conduct and emotional disorders to conditions including schizophrenia and psychosis; mental health and emotional wellbeing in children and young people 19 years and under.	Review 2016/17
Autistic Spectrum Disorder (all ages)	Autistic spectrum disorder, cross-cutting adults and children	New ASD adult factsheet to be published November 2016, ASD child focus to be published 2016/17.

3.2 Strategies/Plans

Suicide Prevention Plan: multiagency steering group to produce this has been convened and will meet to deliver this plan in 2016 and 2017.

Young carers. An update of the carers JSNA indicates the high levels of young carers in Tower Hamlets compared to London and England (although there is a caveat that the age for a young carer is generally taken to be up to 18 years:

Numbers of young carers up to age 24yrs in Tower Hamlets and the hours of care provided compared to London and England (2011)

	0-15	%	16-24	%	0-15	%	16-24	%	0-15	%	16-24	%
Tower H	446	4.1	1,910	17.5	55	1.6	508	14.5	66	1.3	377	7.7
London	13,737	3.2	39,236	9.0	1,841	1.7	9,075	8.6	1,803	1.2	6,266	4.2
England	90,171	2.6	219,853	6.4	11,142	1.5	47,962	6.7	10,110	0.8	34,541	2.7

Source: 2011 Census (LC3301EW)

A local survey showed 294 young carers who were caring for a person with a mental illness. This level of identification reflects the work of the local CHAMP project over the years in Tower Hamlets (the project provides support on children's social work issues to adult CMHTs.)

Finally, the Children and Families Plan (Priority 8 – see Appendix 5) includes an action to carry out further analysis on the needs and experiences of newly arrived families, and taking appropriate action to ensure they receive appropriate support.

3.3 The number of children with a diagnosable mental health condition.

The number of CYP with a diagnosable mental illness is part of the calculation to quantify the required increase in the proportion of the population seen.

At this stage we have taken the GLA population projections for the age group 5-17 years, and used a baseline for 2015 of 40,731 children and young people. To that figure, we have applied the overall rate for any disorder (9.6%) taken from the 2004 psychiatric morbidity survey. (Please see table 2 and references in section 3.4)

This gives a figure of 3,911 children and young people with a diagnosable mental health disorder. By 2021, this will increase to 4,656 because of the expected population growth in Tower Hamlets.

	2015	2016	2017	2018	2019	2020	2021
Total	3911	4028	4162	4314	4438	4551	4656

Implementing the Mental Health Five Year Forward View sets a target that at least 35% of CYP with a diagnosable mental health condition receive treatment from an NHS funded community mental health service. This appears to be based on the broad national estimate that 25% of CYP with a diagnosable mental health condition were receiving treatment in 2014/15.

There are some challenges in calculating local need. As mentioned above the last national psychiatric morbidity survey for children and adolescents took place in 2004 and the next survey will not begin until 2017. For some conditions, such as eating disorders, there is evidence that the prevalence has increased in recent years. However, no reliable evidence will be available until 2018. In addition, the age covered by the survey was 5 to 16, whereas CAMHS services see children and young people aged 0 to 17 years.

The most significant consideration is that Tower Hamlets could expect to have more than the national average levels of mental health need, given the characteristics of the local poverty, housing and poor physical health (risk factors described in the next section). Some local studies, for example of numbers on the autistic spectrum or the Attention Deficit Hyperactivity Disorder (ADHD) indicate local levels which are higher than national.

A reliable estimate of local need will therefore require analysis of the next national survey in three or four years' time, together with an understanding of local pattern of need.

3.4 Report on children and young people's mental health needs and their determinants in Tower Hamlets: summary

3.4.1 Introduction

This section summarises the findings of an assessment of the mental health needs of children and young people resident in Tower Hamlets and the determinant factors that will shape their emotional health and well-being and mental health experiences as they grow from conception into adulthood. The full assessment can be accessed through the CCG website.

3.4.2 People and place – context for health and wellbeing for children and young people

The Tower Hamlets Joint Strategic Needs Assessment Summary (available [here](#)) sets out the often adverse socio-economic circumstances that impact negatively on the development and health and well-being of children and young people such as poverty, poor housing, overcrowding and family homelessness.

Headlines:

- A highly diverse, mobile, relatively young population, changing composition due to population growth and trends in migration (national and international);
- At aggregate level, the health of the population tends to be worse than elsewhere. This is linked primarily to the levels of socioeconomic deprivation experienced by a significant segment of the population;
- Remains most deprived London local authority, nationally ranks between 3rd and 24th most deprived Local Authority in England;
- A highest level of child poverty in the country with 34 per cent of under 16's living in a low income family. 54% of neighbourhoods in Tower Hamlets rank in the 10% most deprived nationally;
- Significant inequalities in health both between Tower Hamlets and other areas and within Tower Hamlets. Gap in healthy life expectancy between the least and most deprived areas within Tower Hamlets is 11.7 years for men and 9.5 years for women (2009-13);
- Ethnic breakdown of 0-15 and 16-24 population is significantly different from that of the population as a whole. For the 0-15 age band those of Bangladeshi origin account for approximately 60% % of the population, 'white British' for 16% and 'African' for 5%. In the 16-24 age band the breakdown is 32%, 35% and 4% respectively;
- In the 2011 Census the percentage of 0-15 year olds for whom "bad or very bad health" was reported was twice as high as that for England;
- An increasing but low 61.6% of children achieve a good level of development of school readiness at the end of reception compared to averages of 68.1% for London and 66.3% for England but the percentage for children on low incomes eligible for free school meals (55.8%) is similar to the average for London (58.6%) and better than that for England (51.2%) (2014/15).

3.4.3 Key issues for emotional health and wellbeing and mental disorder by life course stage

Socio-economic status and parenting are constant key protective/harmful determinants throughout a child's lifecourse with deficits in either clearly associated with poorer outcomes for children. Children and young people in the poorest households are 3 x more likely to have a mental health problem than those in better-off homes. Parenting practice is a significant predictor of infant attachment security, child antisocial behaviour, high child self-esteem and social and academic competence, and is protective against later disruptive behaviour and substance misuse. Severe mental illness, substance dependency and domestic violence all have a significant impact on parenting.

Pre-conception and pregnancy

- Foetal programming – the effect of a mother's mental health on the subsequent health of her child is as important as her physical health. Impact of 'maternal mental illness'/'maternal stress' are key, as is the complex impact of being brought up in poverty; all are associated with biological changes which can be transmitted to the foetus and can adversely affect future child health and development;
- Adverse pregnancy outcomes including preterm birth (responsible for a high proportion of later neurodisability) are linked to lower socio-economic status;
- Substance misuse/drug/alcohol abuse - associated with problems in child development, through toxic effect of the substance upon the foetus, through frequently chaotic life circumstances of a drug-using mother/partner and by mother's often poor physical and mental health;
- Mental illness - adverse impact of maternal depression during pregnancy on birth outcomes, on continuing depression in the postnatal period and on infant development and later child outcomes.

Early Years

- Pre-school years are a key period for a child's social and emotional development (e.g. establishing a capacity for self-regulation via their attachment relationship to the primary caregiver);
- Attachment is a key significant bio-behavioural mechanism that plays a key role in the development of emotional regulation both during the early years and across the life span, with disorganised attachment having been found to be a strong predictor of later psychopathology;
- Toxic stress, i.e. infant or toddler's prolonged exposure to severe stress that is not modulated by the primary caregiver has been identified as having a significant impact on the young child's development and health and wellbeing across the life span and leads to atypical parent-child interaction, which can represent a significant form of early emotional abuse and neglect;
- A parent's own attachment status predicts the infant's likelihood of being securely attached, and the parent's ability in relation to affect regulation (i.e. manage stress, anger, anxiety and depression) has a significant impact in terms of the development of mental health problems and psychopathology in the early years.

Childhood and adolescence

- Stability and a sense of belonging within a family have been linked with youth life satisfaction. Poverty and parental mental health status have been identified as key factors that interact with family structure to produce poorer outcomes for children;
- Rapid changes in the brain and across all organ systems in adolescence result in a host of new mental and physical health disorders appearing at this time (75% of lifetime mental health disorders have their onset before 18 years, peak onset of most conditions is from 8 - 15 years);
- Approximately 10% of adolescents suffer from a mental health problem at any one time;
- It is likely that latent determinants such as puberty and brain development recapitulate the biological embedding of social determinants seen in very early life;
- Parental mental illness is associated with increased rates of mental health problems in children and young people, with an estimated one-third to two-thirds of children and young people whose parents have a mental health problem experiencing difficulties themselves.

3.4.4 Addendum for 2016/17

To estimate prevalence of diagnosable mental disorders, current projected population for the year and age groups in question were applied to the most relevant epidemiological studies providing an age specific estimate of expected prevalence for specific conditions, if the rates of disorder found in these national surveys were applicable to Tower Hamlets in 2015/16.

These figures are intended only to give an indicative sense of scale of the local burden of childhood and adolescent mental disorder/ill health. Re-calculations have not been repeated for 2016/17. Tables 1 and 2 below set out 2015 - 2021 population projections for Tower Hamlets (table 1) and apply the accepted 9.6% prevalence figure for mental disorder for all children (5-16) found by Green *et al* (table 2).

The changes to the estimated 'expected' number of children between the 2015 baseline and 2021 are significant (+16%) and are driven in this calculation solely by the projected population increase. Changes in the prevalence of mental illness/disorder in young people over this period continue to be unclear.

From Table 4 onwards in this report population estimates are based on 2015 population and bottom lines will not align to those figures in tables 1-3.

Table 1: *Population projections for Tower Hamlets 2015-2021³*

	2015	2016	2017	2018	2019	2020	2021
0-4	21503	21693	21797	22105	22763	23529	24093
5-10	21236	22038	22786	23628	24126	24570	24850
11-16	16823	17235	17891	18542	19205	19830	20574
17	2672	2679	2664	2767	2894	3000	3072
Total	62234	63646	65138	67043	68988	70928	72588

Table 2: *'Expected' number of children in Tower Hamlets with any mental disorder 5-17 years*

	2015	2016	2017	2018	2019	2020	2021
0-4	/	/	/	/	/	/	/
5-10	2039	2116	2188	2268	2316	2359	2386
11-16	1615	1655	1718	1780	1844	1904	1975
17	257	257	256	266	278	288	295
Total	3911	4028	4162	4314	4438	4551	4656
% +/- 2015	/	3.0	6.2	9.7	12.2	14.4	16.4

3.4.5 Prevalence of diagnosable mental disorders

See full report for data and research/evidence sources in this section. In this section local population numbers for children with diagnosable mental disorders (or behaviours) are calculated, derived from sample percentages which have then been applied to the estimated Tower Hamlets 2015 age specific population (see 2016 addendum above). Figures are intended only to give an indicative sense of the local burden of childhood and adolescent mental disorder/ill health and should be interpreted with caution.

³ <https://data.london.gov.uk/dataset/2015-round-population-projections> (GLA 2015 round SHLAA-based population projections: Capped Household Size Model, May 2016)

Pre-conception and pregnancy

Table 3: Rates of perinatal psychiatric disorder + 'expected' levels of psychiatric morbidity in Tower Hamlets (conceptions 2014)

Perinatal psychiatric disorder	Rate per 1000 maternities	'Expected' Tower Hamlets cases (4,514 conceptions in 2014)
Postpartum psychosis	2/1000	9
Chronic serious mental illness	2/1000	9
Severe depressive illness	30/1000	135
Mild-moderate depressive illness and anxiety states	100-150/1000	451-677
Post-traumatic stress disorder	30/1000	135
Adjustment disorders and distress	150-300/1000	677-1354

Childhood & Early Adolescence

Table 4: 'Expected' number of children in Tower Hamlets by type of mental disorder, age and gender (2015 population)

	5-10 year olds			11-16 year olds			All children		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Emotional disorders	238	260	509	340	500	840	598	800	1406
Conduct disorders	745	291	1039	689	418	1109	1448	725	2204
Hyperkinetic disorder	292	42	339	204	33	235	502	74	570
Less common disorders	238	42	276	136	90	235	367	149	494
Any disorder	1102	530	1632	1071	845	1932	2200	1451	3648
Total population	10,800	10,400	21,200	8,500	8,200	16,800	19,300	18,600	38,000

Late adolescence

Table 5: 16-24 year old 'expected' levels of mental disorder morbidity in Tower Hamlets (2015 population)

	Male		Female	
Mental disorder	APMS 2007 %	TH nos.	APMS 2007 %	TH nos.
+ screen – post traumatic stress disorder	5.1	1076	4.2	924
Anxiety disorder	1.9	401	5.3	1166
Depressive episode	1.5	317	2.9	638
Psychotic illness	0	0	0.4	88
Self-harmed in lifetime	6.3	1329	11.7	2574
Suicide attempt lifetime (self-completed questionnaire)	4.7	992	10	2200
Screen positive for ADHD; ASRS score - all 6	1.3	274	0.8	176

Table 6: Prevalence of self-harm by age and 'expected' number of children in Tower Hamlets by category (2015 population)

Self-harm in children/young people:	5-10 year olds		11-16 year olds	
	All %	TH no.	All %	TH no.
With no other disorder	.8	157	1.2	178
With anxiety disorder	6.2	29	9.4	69
With hyperkinetic, conduct or 'less common' disorder	7.5	124	/	/
With depression	/	/	18.8	92

Table 7: Expected number of children presenting with conduct disorders, Tower Hamlets 5-16 population (2015 population)

	5 to 10 year olds			11 to 16 year olds		
	Boys	Girls	All	Boys	Girls	All
Conduct Disorders	745	291	1039	689	418	1109
Oppositional defiant disorder	486	250	742	298	139	437
Unsocialised conduct disorder	97	31	127	102	66	168
Socialised conduct disorder	65		64	221	156	370
Other conduct disorder	97	10	106	60	66	134

Table 8: Prevalence of Autistic Spectrum Disorders by age and gender and expected Tower Hamlets numbers (2015 population)

	5-10 year olds						11-16 year olds						All children					
	Boys		Girls		All		Boys		Girls		All		Boys		Girls		All	
	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No
	1.9	205	0.1	10	1.0	212	1.0	85	0.5	41	0.8	134	1.4	270	0.3	56	0.9	342

3.4.6 Attention deficit hyperactivity disorder (ADHD)

1–2% of children and young people are estimated to be affected, if the narrower criteria of International Classification of Diseases-10 are used. This would represent between **406** and **812** 5-17 year olds in Tower Hamlets. Using the broader criteria (DSM-IV, ADHD), 3–9% of school-age children and young people, or between **1,218** and **3,654** 5-17 year olds in Tower Hamlets might be expected to experience ADHD.

3.4.7 Eating disorders

If sample incidence rates are applied to the Tower Hamlets 10-19 year old population (2015) then we might expect to see **4** new cases of Anorexia nervosa, **2** new cases of Bulimia nervosa and **7** new cases of Eating Disorders (not specified) within Tower Hamlets in 2015. Research suggests a statistically significant increase in the number of eating disorders diagnosed in primary care between 2000 and 2010 for both males and females.

3.4.8 Vulnerable groups and risk factors

Parental education and employment

- Higher proportion of residents with no qualifications than London and the UK, and correspondingly lower levels of qualifications at each level;
- 7,290 lone parent households in Tower Hamlets (2011), highest levels of unemployment in lone parent families of all London boroughs at 62% (47.8% across London, 40.5% across England).

Looked After Children (LAC)

- Relatively low rates of children looked after (44/10,000 under 18 population in 2015), ranking 17th highest of 33 London boroughs;
- 275 children looked after (2015); prevalence of mental disorders amongst LAC is 44.8% and we might expect to see approximately 123 looked after children in Tower Hamlets with some form of mental disorder.

Children with disabilities (including learning disabilities)

- Estimates of between 1,600 and 2,000 children and young people with a disability in Tower Hamlets (in 2013);
- Some studies suggest learning disabilities (LD) more common among boys, children from poorer families and among some minority ethnic groups and profound multiple LDs more common among Pakistani and Bangladeshi children (62.5% of the 0-17 year old population in Tower Hamlets);
- Well-established link between socioeconomic deprivation and the prevalence of mild/moderate LDs and some evidence of a link between severe LDs and poverty.

BME groups

- Differences in rates of mental disorder across ethnic groups have been identified. CYP in Pakistani/Bangladeshi group had a rate of just under 8%, in the black group a rate of around 9% and highest rate of 10% in the white group;
- Cultural factors are likely to influence levels of local identified need - Asian British families have been found to be significantly more likely to want care to be provided by a relative than the white British families, and were significantly less likely to know the name of their child's condition (LD) with over 50% not knowing cause.

Bullying

- Nearly a quarter of pupils (24 per cent) said that they have experienced bullying in school in the past year. Primary pupils saw a significant rise in reported bullying (from 26 per cent in 2013 to 31 per cent in 2015); 23 per cent of pupils said that they were bullied 'most days' or 'every day' (LBTH Pupil Attitude Survey 2015)
- More than half of lesbian, gay and bisexual young people (national survey) still report experiencing homophobic bullying with over two in five gay pupils attempting or thinking about taking their own life as a direct consequence.

4 Our services

This section begins with a summary of achievements and progress in working together, then provides information on some key services we have been developing over the past year. The aim is to demonstrate that the key requirements of NHS England are being met.

4.1 Achievements

Tower Hamlets has adopted a Child Rights approach following the United Nations Convention on the Rights of the Child which contains 54 articles that cover all aspects of a child's life, and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. Overall, the United Nations Convention on the Rights of the Child acts as a set of internationally agreed legal standards which lay out a vision of childhood underpinned by dignity, equality, safety and participation.

On several services, we have made significant progress in Tower Hamlets:

- An operational CYP **community eating disorder** service, as part of an East London wide model
- A unique set of **outcome measures** with agreed instruments to collect data from every CYP/family using every service (see section 11)
- **Digitisation pilot** for outcomes collection tool
- **A young people's mental health service** based on partnership delivery and earlier intervention for ages 14 to 21
- Remodelled mental health services for **Children Looked After** and Leaving Care
- The Council has adopted a **refreshed strategy** for Children Looked After
- Agreed outcome statements for **the prevention of mental health difficulties** by universal children services (see section 11)
- **CAMHS and schools link training** pilot, and public health/education psychology initiatives in schools
- Network approach for YP with persistent and severe **conduct problems**
- Resources to strengthen group support for **children on the autistic spectrum** and their families
- **Better Beginnings** pilot funded by public health
- **Awareness campaign** and pilot on-line offer.

More details are given below.

4.2 Steps we have already taken to transform services.

In three specific areas, our initiatives have begun the longer-term process of transformation:

- **A Young People's Mental Health Service** has been commissioned from Step Forward, following CCG investment and a competitive procurement process. Innovative features of delivery include:
 - Partnership model, working from more than one location in order to maximise access
 - Three related service strands: additional youth mental wellbeing, evince based group and individual therapies, and partnership working with other specialised CYP mental health services
 - Age range which spans the traditional divide at 18th birthday
 - The main part of delivery will be outside the school day, up to 9.00pm

- This innovative service will help implement our overall vision and support targets for greater access. The contract runs until November 2019 with an option to extend for a further two years.
- **Improved waiting times by specialist CAMHS**
 - Following investment by the CCG and service improvement by specialist CAMHS, waits have been reduced from 8 to 5 weeks for first appointment in 2015/16.
 - In addition a triage service has been introduced which offers shorter interventions to support family and system residence to address presenting issue without the need for longer term intervention
 - Further waiting time improvements to meet the new definition of waits to the second appointment (seen as the beginning of treatment in national performance) monitoring) are proposed
- Tower Hamlets CAMHS is a **THRIVE implementation site** (sometimes also referred to as iThrive).
 - The iThrive model has been developed by the Tavistock and Anna Freud Centre as a radical shift in the way that services are conceptualised and delivered. iThrive focuses on clarity around need as defined through a process of shared decision making between service and service user.
 - A number of initiatives to improve and evidence Shared Decision Making (SDM) are taking place at TH CAMHS until March 2017 at both a client and service level. These include the collaborative setting and evidencing of Goal Based Outcomes and Care Plans as well as establishing a parent/carers feedback forum and establishing a process whereby both the parent/carers and young person forum feed back into service level decision making structures.

Cross-reference to our transformation overview, timeline and milestones

New young people's mental health	2017 to 2020
Milestones:	
<ul style="list-style-type: none"> ● Implementation of new contract with Step Forward 	
Shorter waits	2016 to 2017
Milestones:	
<ul style="list-style-type: none"> ● Reduction of average waiting times from referral to second appointment 	
iThrive	2016 to 2019
Milestones:	
<ul style="list-style-type: none"> ● Implementation and evaluation of iThrive principles in Tower Hamlets 	

Key performance indicators are included in the waiting times proposals to the NHS England and in the Step Forward contract.

4.3 Steps towards the vision for more integrated services

Examples of moves towards integrated working have already taken place in Tower hamlets, as follows.

- A dedicated CAMHS team is embedded within Children's Social Care. This provides easy access to consultation, initial assessment, and joint interventions, promoting workforce development

- A targeted and specialist sexual health and substance misuse service will be operational from October 2017 providing the educational and first-line interventions in the pathway, including for emotional wellbeing, but supported by satellite sessions by specialist CAMHS
- Step Forward already provide sexual health services in a partnership with Barts Health from their base in Bethnal Green
- Docklands Outreach have been working with Family Intervention Service to provide CYP IAPT interventions to young people accessing A&E
- The Conduct Disorder service works in partnership with three schools and the YOT
- Youth Offending and the Family intervention service are now being integrated so that a clinical response can be embedded in services via CYP IAPT practitioners
- The Children Looked After Strategy 2015 to 2018 states that the CAMHS service within Children Looked After will have a key relationship with the Disabled Children's Outreach Service, DCOS, which is an established integrated team funded by Children's Social Care. .
- The Healthy Youth Centre programme will incorporate health within the core delivery of youth service provision and within the development of Healthy Schools type programme to be adapted for use in youth centres. This work will be audited and awarded with status in the same way as the current Healthy Schools programme. This will ensure that quality standards of health and wellbeing promotion to young people are maintained both in schools and in Youth Hubs throughout the borough.

4.4 Information on specific services

4.4.1 Eating disorders

April to June 2016 was the first period of operation for the newly established CEDS-CYP, which is now established as hub-and-spoke service, commissioned by the East London commissioning Consortium comprising Tower Hamlets, City and Hackney and Newham CCGs. This quarter was a transitional period for delivery of Eating Disorder care within ELFT CAMHS, with care gradually moving from the generic CAMHS teams in Newham, City & Hackney and Tower Hamlets to the specialist CEDS-CYP. The service became fully operational on 1 July 2016 when newly recruited staff started in post. Additional clinical activity of the band 7 and band 8a Tower Hamlets CEDS clinicians includes consultation to Tower Hamlets CAMHS clinicians in cases where there is concern about possible eating disorder.

The CEDS clinicians based in Tower Hamlets are a 0.4wte x band 8a Specialist Eating Disorder Systemic Therapist and a 1.0wte x band 7 Eating Disorder Therapist. In addition there is access to the 'core team' staff namely: Service coordinator (1.0wte), Assistant Psychologist (1.0wte), Dietician (8 hours per week), and Paediatrician (0.2wte since Oct 2016). Consultant Psychiatrist support is currently via an interim arrangement with Tower Hamlets CAMHS, but a permanent 0.6wte x Consultant Psychiatrist has been successfully recruited, who will start in post in January 2017. A 1.0wte band 6 Dietician has also been recruited, expected to start in January 2017.

At the inception of the CEDS team cases were transferred from generic CAMHS to CEDS when it was considered in the best interest of the young person receive care from the newly formed specialist team. In collaboration with the leadership in Tower Hamlets CAMHS, all cases with moderate to severe eating disorders were reviewed, and seven cases were

transferred to CEDS, predominantly with diagnoses of anorexia nervosa. Two have subsequently completed treatment and been discharged.

There have been 11 new referrals to the CEDS–CYP of whom 8 have been offered assessment (two cases declined further input after a triage telephone call because things had improved, and a third case was an inappropriate referral that was redirected to generic CAMHS). Of the eight assessment cases, six have been accepted as treatment cases and two await their initial appointment.

The National Access and Waiting Times Standards for Eating Disorders state that all routine cases presenting with suspected eating disorder should be assessed within 15 days and urgent cases within 5 days. The waiting time to assessment for urgent presentations in Tower Hamlets (n= 1) was 5 days. The mean waiting time to assessment for routine cases in Tower Hamlets (n= 5) was 15 days. Within this group, only one case was seen outside of the 15-day waiting time (28 days after referral) which was due to multiple DNAs and cancellations by the family.

The service is also working to raise awareness of our new service among GPs, referrers, and the wider community, and are in the process of developing our microsite, which will contain written and video service information, as well as an online self-referral form. A fixed team 1.0wte Eating Disorder Therapist has recently joined the CEDS team with the remit of supporting early detection and management of eating disorders in the community.

The CCG also commissioning eating disorder training for BEAT (eight training sessions) and an on-line offer from The Mix to improve awareness. Final reports are due in November 2016.

4.4.2 Early intervention in psychosis

The key points are:

- Tower Hamlets has developed strong pathways for young people with first onset of psychosis, in line with national guidance over the last 15 years.
- CAMHS has a dedicated team for psychosis, with specific attention to transitions (as below).
- Tower Hamlets is one of the few boroughs which has a dedicated Early Detection Service to assess and monitor young people who experience psychotic-like symptoms, and provide early identification of first episode psychosis.
- The CCG has invested in the Tower Hamlets Early Intervention Service to ensure that new access standards are met. The service is achieving over 95% compliance with waiting targets (as reported in the CCG Better Services indicators published on 28 October 2016.)

Specialist CAMHS accept young people with florid psychotic symptoms, who are prodromal and at risk, or who are ultras-high risk, with functional issues or a family history of psychosis. All are seen within two weeks, and they receive psychoeducation, psychological therapies, and family intervention. Carers' assessments are available via the local authority. Psychological interventions are tailored to individual needs and within a CBT framework. A staff member is being trained in psychosis specific CBT in line with NICE guidance.

Tower Hamlets Early Detection Service (THEDS) takes referrals including self-referrals from ages 16 years and above, and work with the prodromal and at risk groups.

The policy for transition to adult services covers the period six months prior to 18th birthday, and includes joint meetings, joint visits and where appropriate CAMHS remain involved up to

six months after 18th birthday. Further information will be gathered as part of the proposed transition national CQUIN in 2017/18, and the CCG will seek updates about. (CQUIN is the name of the provision for quality and innovation in services in NHS contracts.)

4.4.3 Conduct disorder

New investment by the CCG was provided in 2015/16 as pilot to strengthen the conduct disorder pathway. Review of the pilot demonstrated the service had delivered the following:

- Partnership with PRU, City Gateway, Children Social care and Ian Mikardo School (expanding to YOT and Lifeline (young people's substance misuse))
- Pilot of Non Violent Resistance (NVR) groups for parents
- Pilot of Regulate group for adolescents
- Joint agency working with partners to improve engagement and improve coordination and provide psychoeducation
- Assertive outreach casework
- CAMHS Casework
- CORC outcome measures
- Consultation to partners (PRU) and training
- Restructuring of Emotional and Behavioural Disorder (EBD) teams, resulting in one team with a focus on externalising problems, with a core conduct group including the two staff in this pilot.

The overall benefits are:

- Gatekeeping of referrals and improved engagement
- No cases closed unilaterally
- Joint risk management
- Internal CAMHS review by conduct team.

Based on positive progress reports, the CCG took the decision to embed this service within specialist CAMHS. This service also supports the local vision of partnership working and integration for vulnerable CYP.

4.4.4 Neuro development – support for children on the autistic spectrum and their families

An agreement has been reached with specialist CAMHS to strengthen the support it offers, as the first step in moving towards an integrated pathway. Additional groups will run:

- Social skills group for young people-currently x1 year - to increase to x1 term. Average attendance is 6 young people.
- Triple P parenting group currently x1 only - to increase to x1 term, and to run as an additional group a Bengali group for Triple P parenting to broaden access. Average attendance is 8 families
- Sleep workshop (new) to run x 2 yearly - Estimate attendance 8 families
- Behaviour management groups currently x1 year to run x2 yearly. Estimate attendance 10 families

The service will also have increased capacity to undertake home assessments, and to develop an autism network. As a result specialist staff will be freed up to undertake assessment, thus reducing waits.

4.4.5 Community engagement: Tower Hamlets Health Scrutiny recommendations

In 2016 a Health scrutiny panel made a series of recommendations to improve mental health promotions and engagement of staff and young people in the borough, including several recommendations for CAMHS or interagency action.

- Work with the voluntary and community sector to strengthen early intervention services
- Raise awareness of mental health issues, before children and young people reach specialist services, by promoting patient stories and examples of what mental health issues can turn into, with particular focus on BME communities.
- Ensure all frontline professionals who come into contact with children regularly or/and in a professional capacity (not just mental health professionals) are able to identify children with mental health issues and know what to do once they have identified a vulnerable child
- Consider how services can be improved for children and young people who are in contact with criminal justice services, and who have a higher vulnerability to mental health problems
- Strengthen engagement and training for CAMHS service users to empower them with the skills and knowledge to effectively contribute to service development
- Review GP training in children and young people's mental health, including raising awareness of referral pathways for service users
- Work with community leaders to improve cultural understanding of mental health and raise awareness of the services in place to support residents with a mental health need.
- That CAMHS consider ways to make the service more accessible through reviewing their workforce to ensure it is reflective of the community
- Improve engagement with children and families in order to increase awareness of mental health in all communities in the borough
- Raise awareness about mental health and support services amongst non-MH staff working with young people to improve accessibility to appropriate support.

These recommendations have shaped the approach to transformation within the borough and are the subject of a separate action plan.

4.4.6 Awareness campaign

An awareness campaign included:

- Planning meetings with local young people
- Mark your Mind Campaign pack
- Outreach work with hard to reach young people
- Outreach workshops with Bangladeshi parents
- Eating disorder awareness
- Tower Hamlets page on TheMix website
- Video commissioned by HealthWatch Youth Panel and made by young people
- Photography, arts, film and music projects by Young Minds
- Local small grants for campaign activities
- Awareness training for schools and governors
- Peer evaluation

The campaign is still running through TheMix, small grants, peer evaluation and dissemination of film and video material.

4.4.7 Mental Health screening tool for Looked After children

A research project reviewed the use of the Strengths and Difficulties Questionnaire (SDQ). This involved:

- Describing the characteristics of the target population
- Creating a brief research overview of the available measures for looked after children
- Assessing the capacity of the SDQ parent version for children aged 4-17 to capture mental health problems in looked after children in comparison to non-disadvantaged children
- Recommend alternative ways of providing services and care to Looked After Children placed out of borough
- Developing a shared understanding of different professional roles as well as a shared language of care
- Mapping the implementation of outcome measures across agencies involved in the delivery of services and care to Looked After Children
- Making recommendations as to a wider range of outcome measures can be used to aid in the identification of looked after children's mental health needs
- Outlining and describing the existing mental health services available to children and young people in care in Tower Hamlets
- Training specialist CAMHS, Social Workers, staff, service users to using outcomes and feedback tools with looked after children, foster carers and other professionals.

The project findings will be used to strengthen the pathways to mental health support for Looked After Children.

4.4.8 Developing service provision for CYP receiving individual tuition via the Pupil Referral unit

A social withdrawal project of YP enrolled on Individual Tuition at PRU has been completed by a mixed methods research project, involving the review of pathways and screening. Findings have been presented at Emotional Health & Wellbeing Group and there will be a stakeholder event in early December 2016 hosted at TH CAMHS.

The research found that these YP were a mixed group with very different presentations and pathways leading them to enrol on IT. There is limited international research in the area. However this research project suggests there is a need for a more intensive, holistic, and multi-layered intervention to help these YP.

4.4.9 Schools

Mental health support for schools is being developed in a number of ways:

- A two-academic-year pilot programme of mindfulness delivered first to teachers/teaching assistants, followed by train the trainer sessions, in order for teachers to be equipped to deliver sessions to students. The programme is being delivered by LBTH Educational Psychology team. The aim was to test what evidence suggested may be a promising approach for 'tier 1' (a universal, primary prevention) intervention in schools. The programme seeks to complement our current whole schools approach to mental health promotion.
- While the ultimate aim of the training is to deliver mindfulness sessions in schools to students, we would also expect there to be mental wellbeing benefits to the teachers, including support for their teaching practices, as well as increased awareness of mindfulness and mental wellbeing amongst more school staff.

- Tower Hamlets was one of 22 CCGs selected for the national pilot of CAMHS and Schools link training. In all, 24 schools took part in the programme. One of the key benefits was better understanding and use of referral systems. A local evaluation report has been produced by Education psychology, and a national evaluation of the pilot is due next year
- Compass Wellbeing are rolling out training in emotional wellbeing for school nurses, following a pilot project
- Individual schools have been involved in the Mark Your Mind Campaign, in engagement work, and in a young carers project with Family Action.

4.4.10 CYP IAPT

As reported last year, Tower Hamlets is a second wave CYP IAPT Partnership and CYP IAPT is fully established in the borough. The partners are the Family Intervention Service (LBTH), ELFT and Docklands Outreach, who are working according to the principles of CYP IAPT and are incorporating them in their own delivery. Important lessons have been learned about services can work to the same outcomes and use evidence-based interventions and IT support.

4.4.11 Data

ELFT submits the full CAMHS minimum dataset data on a regular basis to NHS Digital (previously HSCIC).

Quarterly monitoring and activity data are submitted to the CYP IAPT programme via the Anna Freud Centre by LBTH and third sector CYP IAPT Partners.

4.4.12 On-line/digital

A pilot digital offer for children and young people has been running in September and October, in the form of a localised Tower Hamlets landing page for the national site, TheMix. This includes:

- Local service finder
- Events calendar
- Digital promotion through Google Ads, Facebook, tweets and smart merchandise
- Geo-filters with snapchat
- Engagement with children and young people to test the site and to encourage locally created content
- Embedding of eating disorders information offer within general young people's content

A report on the pilot is due in December 2016.

In addition, East London Foundation Trust has been developing a micro-site, and investigating the creation and piloting of apps.

4.4.13 Public mental health commissioning for promotion of emotional wellbeing and prevention of mental ill health

Public Health London Borough of Tower Hamlets commissions and works through a number of interventions, services and providers to deliver its Public Mental Health goals.

These programmes are directed at either:

- Universal level (i.e. are for everyone; targeting the whole population, groups or settings where there is an opportunity to improve mental health such as schools or workplaces) or
- Selective (i.e. are for people in groups, demographics or communities with higher prevalence of mental health problems; targeting individuals or subgroups of the population based on vulnerability and exposure to adversity such as those living with challenges that are known to be corrosive to mental health).

London Borough of Tower Hamlets Public Health is piloting several approaches to promoting emotional wellbeing across the early years and children's lifecourse.

In addition, the promotion of mental wellbeing and/or prevention of mental ill health may be the core function of the programme/service/provider (as in table 1 below) or may form a component of a wider service offer (table 2).

Table 1: Promotion of emotional health and well-being is core/major function

Service name	Aim	Provider
Better Beginnings (pilot to March 2017) 1) Peer support programme 2) Peer supporter training programme	Parent and infant wellbeing coordinator and volunteer peer supporter programme to promote maternal and infant wellbeing during pregnancy and first year of baby's life	Peer supporter programmes hosted by 3 local VCS organisations – Island House, Toyhouse and Social Action for Health and LBTH Parent & Family Support team. Training programme delivered by Island House.
Family Nurse Partnership	Optional targeted programme of support for first time mothers (and fathers) aged 19 and under	Barts Health NHS Trust (until 31/03/2016 then Compass Wellbeing CIC)
Mindfulness training in schools (pilot to March 2017) Phase 1 – mindfulness for school based staff; Phase 2 – support roll out to pupils	Teachers and professionals receive mindfulness training and are supported to roll out sessions to students	LBTH Educational Psychology
Educational psychology projects	Decommissioned 2014/15	

Table 2: Promotion of emotional health and well-being is significant but part of wider offer

Service name	Aim	Provider	Annual spend by Public Health 2015/16	
Tower Hamlets Health Visiting Service	Deliver Healthy Child Programme 0-5 through 4-5-6 service delivery model (high impact areas inc maternal mental health and preparing for parenthood)	Barts Health NHS Trust (until 31/03/2016 then Tower Hamlets GP Care Group)	Not possible to identify % spend of whole.	4263 new birth visits; 3874 infants having 6-8 week review; 3139 infants having 12 month review; 2894 children having 2-2.5 year review
UNICEF baby friendly initiative	Accreditation programme of Unicef and WHO. Supports breastfeeding and parent infant relationships by working with public services to improve standards of care.	Barts Health NHS Trust	£143,000	Both Barts Health Maternity Services and LBTH Early Years/community have full accreditation
Tower Hamlets School Health Service	Deliver Healthy Child Programme 5-19, previous "Mental Health Training & Transformational Change" programme mainstreamed.	Compass Wellbeing CIC	Not possible to identify % spend of whole.	Q3 & 4 2015/16 873 children on caseload at 'Universal plus'- additional health needs (inc. emotional and mental health problems) 563 children on caseload at 'Universal Partnership Plus' – multi disciplinary team work inc. those with mental health or substance misuse problems)
Tower Hamlets Healthy Schools Programme	Deliver 'whole school' approaches in line with WHO 'healthy settings' model, including emotional health and wellbeing.	LBTH Healthy Lives team	Not possible to identify % spend of whole.	84% of primary schools and 86% of secondary schools Healthy Schools London Bronze Award; 33% of primary and 13% of secondary schools have HSL Silver award; 4.3% primary schools have HSL Gold award.

5 Our spending and the numbers seen

Finance: CCG £

- 3,544,214 – CAMHS
- 329,048 – perinatal
- £56,375 – CHAMP
- £100,000 CAMHS and school link training pilot (including £50,000 from NHS England)
- £50,000 - CYP IAPT.

NHSE

- £1,079,657 (inpatient and specialist day CAMHS) made up of
- £8,973 non-London providers (relating to one admission to Ardenleigh medium secure unit in Birmingham; a second admission to St Andrews was reported as zero cost)
- £1,070,684 London providers.

Finance: LBTH

- Public health - £750,000 (Mindfulness FNP, Better Beginnings – see below)
- Children's social care: ELFT contribution is £425 and social workers £660k.
- Family Intervention Service (FIS) is £253k (last year's total included Docklands Outreach total) and Family Action was £110k
- Mainstream Grants as last year (£87,400).

The breakdown of public health spending is as follows.

Service name	Provider	Annual spend by Public Health 2015/16
Better Beginnings (pilot to March 2017) 1) Peer support programme 2) Peer supporter training programme	Peer supporter programmes hosted by 3 local VCS organisations – Island House, Toyhouse and Social Action for Health and LBTH Parent & Family Support team. Training programme delivered by Island House.	£160,000
Family Nurse Partnership	Barts Health NHS Trust (until 31/03/2016 then Compass Wellbeing CIC)	£550,000
Mindfulness training in schools (pilot to March 2017) Phase 1 – mindfulness for school based staff; Phase 2 – support roll out to pupils	LBTH Educational Psychology	£40,000

Total LBTH spend from all sources was £2,285,400.

ELFT CAMHS Activity

In 2015/16 specialist CAMHS received 1,755 referrals and accepted 1,401 referrals. This is shown by team and by quarter in the following tables.

Number of Referrals Received by QTR

Team Name	Qtr1 2015-16	Qtr2 2015-16	Qtr3 2015-16	Qtr4 2015-16
Adolescent Mental Health Team (AMHT)	1	1	3	1
Emotional & Behavioural 1	129	80	107	122
Emotional & Behavioural 2	142	114	120	86
LBTH/Looked after Children.	27	27	17	16
Neurodevelopmental	20	33	23	16
Paediatric liaison team	90	82	92	92
Single point entry	42	46	84	142
Tower Hamlet teams total	451	383	446	475

Number of Referrals accepted by QTR

Team Name	Qtr1 2015-16	Qtr2 2015-16	Qtr3 2015-16	Qtr4 2015-16
Adolescent Mental Health Team (AMHT)	1	1	3	1
Emotional & Behavioural 1	127	80	107	106
Emotional & Behavioural 2	104	104	112	78
LBTH/Looked after Children.	26	27	17	10
Neurodevelopmental	20	32	23	13
Paediatric liaison team	71	70	69	78
Single point entry	1	9	47	64
Tower Hamlet teams total	350	323	378	350

NHS England spending and activity 2015/16

Non London providers: £8973.3

London providers (all NS): £1,070,684

Spend is activity costed at their unit prices (where agreed unit prices exist) and does not take into account contract structures or mechanisms such as block contracts, marginal rates or tolerances.

This cost was incurred by one inpatient stay at Ardenleigh Medium Secure Unit in the West Midlands. A second placement at St Andrews does not show a cost against it.

London Providers

Category	Cost	Activity
Medium Secure Male MI	353,415	366
Acute - Adolescent Inpatient	400,265	729
PICU	155,558	128
Day Care - Adolescent MI	161,446	563
Total	1,070,684	1,785

Nearly all the acute London activity is at the Coburn Centre in Newham, operated by ELFT. (NELFT has 2 day patient units and 60 days inpatients recorded against it.)

There were 30 Tower Hamlets inpatient admissions in the year, with 14 patients admitted only for a single episode. Other admissions were for patients with multiple admissions.

LBTH activity

The case load of FIS is about 50 cases.

The number of families seen by Family Action is 20-25 in any one year.

The activity of Public Health-commissioned projects is shown in the table below.

Service name	Provider	Capacity/reach
Better Beginnings (pilot to March 2017) 1) Peer support programme 2) Peer supporter training programme	Peer supporter programmes hosted by 3 local VCS organisations – Island House, Toyhouse and Social Action for Health and LBTH Parent & Family Support team. Training programme delivered by Island House.	31 volunteer peer supporters trained; 58 families receiving intervention from services (supported by peer supporters)
Family Nurse Partnership	Barts Health NHS Trust (until 31/03/2016 then Compass Wellbeing CIC)	Oct 2015-Sept 2016: Active clients at beginning of period – 94; Number of clients completing programme during period – 34; number of active clients at end of period - 84
Mindfulness training in schools (pilot to March 2017) Phase 1 – mindfulness for school based staff; Phase 2 – support roll out to pupils	LBTH Educational Psychology	34 school based participants took part in Phase 1; 16 will participate in phase 2.

6 Our priorities for change in Tower Hamlets

We are working within the resource framework for investment and workforce set out in the Mental Health Five Year Forward View and the NHS strategy on parity of esteem, as determined locally within the North East London Sustainability and Transformation Plan.

Through joint discussion with partners, six priorities have been agreed for investment in 2017/18, if funds are available. These are areas where we have agreed that transformation is needed – this means changing the way we use current resources to achieve better outcomes, and better experience for children young people and families. Subject to business cases, they are areas where investment will be considered to increase capacity and front-load transformation:

- A stronger foundation – integrated help for parents in early years with a focus on early attachment and mental wellbeing
- Improving the way children, young people, families and organisations find out about the help that is available, and increasing the number of young people with mental health problems who receive help
- Continuing joint initiatives to improve mental health and wellbeing for vulnerable young people
- Perinatal mental health services and parent/infant mental health
- Strengthening the response of services to mental health needs of young people on the autistic spectrum
- Strengthening the crisis response to young people with mental health problems.

These priorities align with those set out in last year's CYP MH Transformation Plan, and continue work started by investment received in 2015/16. In 2015 our priorities were:

- Tower Hamlets shared outcomes framework and service model - to bring forward the next stage of this project
- Tackling health inequalities - as a core priority and including increase engagement with schools and CYP
- Stronger offer for prevention - including early support from pre-conception through our existing programmes to strengthen local mental health and wellbeing offer for pregnant women, mothers and infants
- Better links between CAMHS and schools – for example, through the CAMHS and Schools Link pilot areas for the national training programme
- Access, engagement and early intervention for young people who do not want to engage with current services - for those young people engaged with youth organisations outside school that would not normally approach CAMHS, nor indeed know that what is troubling them may benefit from a mental health intervention
- Strengthening pathways for the most vulnerable children including , children in - or on the edge of the criminal justice system, those who are the victims of child sex exploitation, and young people with a diagnosis of severe and persistent conduct disorder
- Improving specialist CAMHS pathways including neuro-development and perinatal mental health.

This Transformation Plan can report both progress in these areas and consistency of approach to further transformation in 2017/18.

7 Our plans for action and how we will measure achievement

This section sets out in greater detail current plans for improvement and transformation in Tower Hamlets. After an initial summary of the overall resource picture in the CCG, each section describes the plans, and closes with a table linking to our major transformation themes in our roadmap, and summarising specific milestones.

7.1 Resources

Tower Hamlets CCG has fully and recurrently invested in CYP mental health services the additional funds for 2016/17 associated with Transformation Plan, per agreed local priorities. (This is in addition to increases agreed through its commissioning intentions for 2015/16 recurrently.)

The CCG expects to receive an annual uplift in funds and to abide by NHS requirements relating to parity of esteem. The Mental Health Five Year Forward View includes announcements of additional funds for mental health services, including CYP MH services.

For expenditure proposals relating to 2017/18 and beyond, the CCG has established a new internal process based on the approval of outline and full business cases by its Transformation Board. CYP mental health investment will be determined according to the benefits put forward in business cases, within the overall commissioning strategy of the CCG and the funds available.

The CCG in discussion with its partners is currently developing outline business cases to reflect the priorities described in this Transformation Plan.

7.2 Attachment and help in early years

Children with special educational needs and disabilities get good support to achieve their potential, but we want to improve this further to ensure the right support is provided at an earlier stage.

A programme of work is already underway to improve how care services work together:

- The 'Vanguard' programme in Tower Hamlets (now called Tower Hamlets Together) aims to develop a new integrated model of care for children, with a focus on prevention, early help and access to high quality 'joined up' services
- LBTH is introducing an early help hub, which will benefit early years, although it is proposed for children and young people of all ages - to help children and families prevent and deal with issues as early as possible, by offering targeted and timely help with voluntary consent
- Supporting mothers' emotional wellbeing during the perinatal period is now recognised to be as important as the traditional focus on the physical health of the mother and child (see section 7.5)

For early years, a two year pilot programme, Better Beginnings, builds on the evidence and recognition that a baby's social, emotional and cognitive development is affected by the quality of their attachment to their parents and that a range of interacting factors, such as parental wellbeing and parent child relationships, impact on the child's resilience, ability to regulate their emotions and long term risk of mental illness. There is also growing recognition of the benefits of peer support and volunteering in complementing the role of health professionals. Locality Parent and Infant Wellbeing Coordinators recruit and supervise a team of trained peer supporters/ volunteers to provide support for local parents and carers during pregnancy and the first year of the baby's life (in partnership with a training provider commissioned separately).

The programme is delivered by 3 local VCS organisations (Island House, Social Action for Health and Toyhouse) and LBTH Parent & Family Support team.

In 2016, Health Education England/Tower Hamlets CEPN funding obtained to develop “Multi-disciplinary parent and infant emotional health and wellbeing” training. Training will be delivered over the 4 Tower Hamlets localities and will be designed and delivered by local voluntary, health and Council children’s services experts. It builds upon the opportunities provided both by universal screening/provision from midwives and health visitors, and on local work strengthening the outreach/engagement work of Children’s Centres and the delivery of a number of Tower Hamlets VCS programmes such as Community Parents, ‘Maternity Mates’ and ‘Better Beginnings’.

The training programme will deliver training to support frontline staff to promote healthy parent child relationships and good infant emotional development for all the families with which they work. It will provide frontline staff with an overview of the evidence on the importance of sensitive attuned parenting for the development of the baby’s brain and in promoting secure attachment and bonding and will ensure that they are confident in providing the support that new parents need. It will ensure that frontline staff across a range of services and sectors will be supported to deliver (or work within multi-disciplinary teams to deliver) the assessments and early intervention to strengthen bonding and attachment, to build resilience and promote positive wellbeing.

Finally, the integrated children’s services programme in Tower Hamlets (part of the Multispecialty Community provider Vanguard known as Tower Hamlets Together) is reviewing available training programmes such Five to Thrive and a local models such as Life Needs. The ambition is to develop consistent approaches across organisations so that staff are offering evidence-based interventions, including where there are issues connected with emotional wellbeing. This can be promoted through local training programmes and through agreement on local outcomes measures, guided by the ‘prevention outcomes’ statements in section 11 below.

Cross-reference to our transformation overview, timeline and milestones

Attachment and help in early years

2016 to 2018

Milestones:

- Roll out Health Education England funded-training
- Implement developments agreed through Tower Hamlets Together
- Strengthen interventions to promote attachment and positive mental health in early years
- Assess how current measures can demonstrate achievement of outcomes in ‘prevention outcomes framework’

7.3 Improving the way children, young people, families and organisations find out about the help that is available, and increasing the number of young people with mental health problems who receive help

The key requirement is to increase the access rate for children with a diagnosable mental health condition from 25% in 2014/15 to 35% in 2020/21 (known as ‘the access target’).

- As shown in section 3, the number with a diagnosable condition in 2015 was 3911, increasing to 4,656 in 2021, an increase of over 14% due to the rise in population

- In headline terms, it is assumed nationally the current service is meeting the 25% target, so additional resources will be needed to deliver the capacity to meet the increase.

	Population with diagnosable condition	25%	35%	Increase
Based on 2015 population	3,911	978	1,369	391
Based on 2021 population	4,656	n/a	1,630	466

In 2014/15, the baseline year for the calculation of 25%, the number of people seen by specialist CAMHS was 1,006 (based on first appointments attended, and adjusting for the overall proportion of children aged 0 to 4 (since this population is not included in the overall estimate of those with a diagnosable condition). The national assumption that the current service was meeting the 25% target in 2014/15 therefore appears to be borne out in Tower Hamlets.

Additional staff capacity will be required to see more children and young people, and this will be quantified in business cases, in line with the trajectory set out in *Implementing the Mental Health Five Year Forward View*, as applied at local level. This is shown in the table below, using the [most conservative assumptions, pending final confirmation of trajectory definitions](#).

Workforce Type	16/17	17/18	18/19	19/20	20/21	TOTAL
Therapists (WTE)	1	2	2	1	0.3	6.3
Supervisors (WTE)	0.3	0.6	0.6	0.4	0	1.9
TOTAL (WTE)	1.3	2.6	2.6	1.4	0.3	8.2

Part of this increase is covered by the new contract with Step Forward from January 2017 (equivalent to two therapists for this age group), so that for ELFT specialist CAMHS a further two staff are proposed from 2017/18: 0.8 WTE Band 8A (£62k) and 1.0 WTE band 7 post (£66K) commencing in 2017/18, (with total costs of £128k, excluding employer costs and overheads. These will be recruited by ELFT from 1 April 2017.

The local plan to deliver improved access has six strands, of which additional capacity is one, as described below:

- ***A local digital offer to increase awareness and self-management.***
 - The outcome of this work will be greater awareness and less stigma, so that young people with mental health difficulties are more willing to approach services (so contributing to the overall access target). The offer will also promote self-management and wellbeing for the wider population of young people, to be measured by user feedback and website hits, as well as overall access.
- ***Continued development of participation and engagement***, so that local services are constantly driven by the views of local young people and their families. Priority

10 of the Children and Families Plan is to make sure the views of children and families are considered and taken seriously. The engagement steps required to deliver our vision includes:

- Stronger parents offer
- Core list of wellbeing questions to ask/points to raise for services dealing with CYP, and accompanying map of pathways and actions
- Self-assessment by services (or assessment by CYP) of youth friendly attributes
- *You're Welcome* standards
- School nurses can support schools to engage parents
- Specific health and wellbeing offer for vulnerable children
- All services will have a generic wellbeing offer

The outcomes would be measured by service user satisfaction metrics and system-wide outcomes in the Tower Hamlets shared outcomes framework.

- **Pilot Psychological Wellbeing Project.** The local CYP IAPT Partnership have submitted an expression of interest to the London and South East learning Collaborative for a psychological wellbeing practitioner pilot. This fits closely with Tower Hamlets CYP Mental Health Transformation Plan 2016 which seeks to improve accessibility, CYP IAPT, partnership and whole system working, and workforce planning.
- **Facilitating mental health support in schools.** Schools have the potential to undertake a great deal of work to promote mental health and early identification, through their ethos, their equalities work, anti-bullying, targeted and whole school approaches, and provision of counselling, learning mentors or play therapists. Whilst it is not the CCG's role cannot fund this provision, and schools are independent organisations, the pilot work has identified the need for a rolling programme of short training sessions, linked to the needs of schools staff
 - The outcome would be improved mental wellbeing (measured by prevention outcomes for universal children's services and existing school surveys) as well as reaching contributing referrals to NHS services towards the 35% access target.
- **Additional staff to deliver evidence-based treatment to reach more children and young people.** An estimated 6 more therapists would be needed in order to meet the access target shown above. Step Forward's new young people's mental health service is estimated to provide two of these from 2017/18 (the balance being for those aged over 18 and mental wellbeing interventions), and it is proposed that up to two mental health workers in specialist CAMHS are phased in 2017/18 and the remaining two in 2019/20.
- NHS England have transferred the responsibility for CYP IAPT without continuing the funds to backfill posts while staff are block-released on approved training, with £42k required to fill the gap. This will be an additional cost to the CCG.
 - This would be measured by increased activity – more people with a diagnosable mental health condition receiving NHS services.

Waiting times initiative. In October 2016, additional funds were announced for CCGs with a focus on improving waiting times. Our strategic approach is to invest in two additional staff to provide an improved triage service (this service corresponds to Quadrant 1 of the iThrive model). Overall, this will:

- Provide greater capacity at the CAMHS front door
- Reduce waits

- Advance the implementation of the iThrive model.

This new project will create a face to face brief intervention option (up to 3 sessions), within iThrive Quadrant 1. It complements the six session offer based on Goal Based Outcomes which is a feature of iThrive Quadrant 2. The impact will be to bring down waits between referral and 1st appointment, 1st appointment and 2nd appointment, and therefore referral and 2nd appointment (the measure to be adopted for this funding).

The project will include closer tracking, capacity modelling and capacity management to better understand waiting in times and how they are recorded and tracked by information management systems.

Health equalities: increasing the proportion of CYP from the Bangladeshi community in Tower Hamlets who are referred to NHS-funded community mental health services. This must be achieved by a joint programme aimed to develop peer support (in line with young people's engagement), involvement of parents, bilingual workers, third sector partners and engagement with community leaders. A commensurate improvement of say 10% could and should be achieved within current resources, measured by activity reports. Future updates of needs assessments will consider the scope for a better understanding of take-up by Somali and other minority ethnic groups.

Eating disorder awareness: the CCG has a small resource in its existing allocation to improve awareness and will use the results of its pilots in 2016 to develop a specification for awareness, training and psychoeducational interventions for referrals who are assessed as not having an eating disorder, but nevertheless can benefit from assistance. (There are specific reporting requirements for eating disorder services.) Monitoring will be by service access targets, benchmarking, and activity contacts for prevention and psycho-education. For the core CTP CEDS service, the MHFYFV has a dedicated indicator: 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases.

Cross-reference to our transformation overview, timeline and milestones

Better access and more	2016 to 2021
<p>Milestones:</p> <ul style="list-style-type: none"> • Tender and implement local digital offer to increase awareness and self-management • Mental health training for schools • Commission additional staff to deliver evidence-based treatment to reach more children and young people • Increase the proportion of CYP from the Bangladeshi community in Tower Hamlets who are referred to NHS-funded community mental health services • Make further partnership agreements to increase engagement by CYP • Commission projects to increase awareness of eating disorders in CYP • Pick up costs for backfill for staff undertaking CYP IAPT training 	

The key performance indicator will be the achievement of the trajectory set out in MHFYFV: an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

7.4 Vulnerable children and young people

A business case will be developed to strengthen mental health services for vulnerable children and young people in Tower Hamlets, in partnership with LBTH children's social

care. This is an explicit priority area within MHFYFV, as this group of CYP have a much greater vulnerability to mental health problems, and can incur high lifetime costs through use of mental health and social care services and the criminal justice system. Existing transformation work has identified priority areas, building on the co-location of CAMHS workers with local authority teams. These are:

- **Additional CAMHS services for out of borough services** where looked after children are placed out of borough, more than 20 miles from Tower Hamlets and cannot access CAMHS local to them in a timely way.
- **Transformation work with PRU:** a local research project has identified a cohort of about 35 CYP who are receiving educational support from the Pupil Referral Unit (in this case via Home Tuition), and are mostly known and open to CAMHS and social care. Yet this socially withdrawn group are not benefitting from the triple input of resources. A transformation project is proposed, to make better use of resources for this cohort and also the wider pupil base in the PRU.
- **Strengthening the mental health pathway for young people in contact with the criminal justice system:** the CCG has been invited to co-commission an NHS England project to improve vulnerability screening and onward support, working with local partners (see Appendix 6)
- **Virtual CSA hub** across NEL. NHS England are working with commissioners and providers in NEL to merge existing non-complaint services for community pediatric examinations (more than one week after the abuse) into compliant clinic provision. Across NEL, local CYP MH services will map and strengthen referral routes for emotional support, and keep under review the need for a 'Child house' model, with single video interview, as piloted in other areas of London.
- **New partnerships with LBTH initiatives for vulnerable children and young people:** as set out in the refreshed 'vision' (section 2 above) new service models are being developed by Children's Social Care following the *Troubled Lives* report, currently the Safer Lives/Edge of care initiatives (including a Social Impact Bond bid), and but in the future likely to include families experiencing the consequences of violence and abuse. These services would benefit from clinical input, and the transformation plan will propose joint work within existing resources.

Experienced CAMHS staff will be needed to provide inputs for these initiatives, sometimes through consultation as well as direct client contact; the planned resources to increase system capacity in CAMHS and elsewhere will allow the service flexibility to do this.

Services for vulnerable children will also benefit from the participation and engagement work proposed above, since access and attendance are key challenges for these services.

Cross-reference to our transformation overview and timeline

Vulnerable CYP	2017 to 2019
Milestones: <ul style="list-style-type: none"> • Commission specialist CAMHS input for TH children placed out of borough, starting with Bowden House school in Sussex • Design and implement pilot intervention for socially withdrawn children receiving home tuition via the Pupil Referral Unit • Map and strengthen referral routes for emotional support following assessment at a new NEL STP hub for Child Sexual Abuse • Co-commission stronger assessment and support for CYP in contact with 	

- the criminal justice system
- Plan new partnerships for vulnerable children and young people receiving Children's Social Care services, as in findings of the *Troubled Lives* report

The key performance indicator will be the improvement in outcomes measured by the TH framework.

7.5 Perinatal and early years mental health support

MHFYFV assumes that CCG allocation for CYP Mental Health will increase annually to 2021. The increase for perinatal mental health is profiled for 2019/20 in MHFYFV, but an NEL STP application was submitted for development fund assistance from 2016 in order to build capacity and bring forward benefits and system-wide learning. This application was not successful.

The following framework was outlined in the perinatal bid covering NEL STP, showing the component of both specialist perinatal mental health care and integrated community services.

NHS perinatal mental health service (increased staffing proposed in bid)

Perinatal clinical network

inpatient mother and baby unit

Specialist perinatal mental health team

Interfaces with inpatient care, maternity departments in hospitals

CAMHS services providing parent infant psychotherapy

Community mental health services

Community, universal and primary care mental health support (local development)

Psychology therapy for parents provided as part of IAPT services including parent/infant psychological therapy (PIP) in primary care

Specialist health visitors

Specialist midwives

Early help social care teams

Family Nurse Partnership

Third sector organisations offering flexible, accessible support and harnesses the strengths of local communities

Universal health and social care services including health visiting, children's centres

GPs and primary care services (see also NICE guidance)

Partnership governance

As noted above, local work in Tower Hamlets also needs to take place to improve and integrate pathways for parents who experience anxiety and depression in the perinatal period, but who do not require treatment by a specialist perinatal mental health team.

A transformation programme is therefore proposed in universal children's health and social care early help services in **order to strengthen and integrate pathways** as follows;

- Offer earlier intervention
- Improve outcomes
- 'Design in' specialist skills and roles in universal services
- Phase increase of capacity and access
- Work with voluntary and community sector resources to strengthen outreach and engagement.

Parts of this work are currently beginning through the Tower Hamlets Together integrated children's programme, and resource allocation is considered within that programme for training, data collection and pilots. Specific pathway improvements may include:

- Psychology therapy for parents in the perinatal period explicitly provided as part of IAPT services
- Upskilled staff and capped waits in local perinatal and early mental health support pathway
- Standard offer for maternal wellbeing in ante- and post-natal groups, DIY healthcare, and a standard information offer for all pregnant women and new parents
- Integration specialist health visitors, specialist midwives and Family Nurse Partnership into local pathways
- Flexible, accessible support from third sector organisations, harnessing the strengths of local communities
- Agreed role for universal services including health visiting, midwifery, children's centres, and primary care

Outcomes will be measured by existing metrics brought together for a report of prevention outcomes in universal children's services (including measures of attachment) prepared by a public health specialist, and a reduction in ante- and post-natal depression and anxiety (see section 11 below).

Cross-reference to our transformation overview, timeline and milestones

Mental health for new mothers	2017 to 2021
<p>Milestones:</p> <ul style="list-style-type: none"> • Review and develop transformation proposals for universal children's health and social care early help services • Plan STP-wide approach for service and workforce transformation in line with MHFYFV targets for specialist perinatal mental health services 	

The key performance indicator in MHFYFV is that an additional 30,000 women each year nationally receive evidence- based treatment, closer to home, when they need it.

7.6 Crisis response

Improved crisis response for CYP is mandated by NHS England in the MHFV and related assurance targets:

- Reduction in admissions and length of stay for inpatient CAMHS services, to be agreed with NHS England as part of a co-commissioning strategy (by December 2016)
- Provision of 24/7 mental health liaison with Emergency Departments (A&E) – MHFV target is
- Compliance with the Mental Health Crisis Care Concordat (2014)
- Suicide reduction.

The key issues at STP level are:

- Place-based commissioning so that the need for acute inpatient care is met by local services in North East London, driven by MHFYFV commitments and the CYP MH acute case for change in London (which means that all STP areas in London

cooperate to deliver required capacity, rectifying current inappropriate flows to and from other regions, and general CYP MH acute services are provided locally)

- Models of service resourcing are likely to need to be designed over a larger footprint so that resources are likely to be used effectively and no service feel too small to be safe be sustainable, as described in Healthy London Partnership document (and in line with the specialised commissioning case for change described above).
- In particular, specific resources such as a child house (for child sexual abuse) and a crisis house for young people should be considered at STP level.
- Greater consistency and better patient experiences across STP areas. This is the key approach of the HLP recommendations, which state that 'the care provided to CYP in London presenting in mental health crisis is often fragmented, delayed [and] does not address their needs'.

In Tower Hamlets, a review of the CYP mental health response was commissioned as part of the 2015 CYP MH Transformation Plan, and a first draft report has been received, recommending that a single agency leads the process of transformation.

The longer term vision for CYP mental health services proposed by partners for the CYP MH Transformation Plan includes a common approach to training for staff, better information, evening and weekend working, and a range of locations. These cultural and system-wide changes are required to underpin improved crisis response.

The following first steps are proposed for immediate improvement and to meet the above requirements:

- **Earlier interventions and coordinated response to pre-empt escalation** into crisis. Stakeholders and young people report that current crisis services are fragmented and poorly understood, with the only option out of hours being A&E. Opportunities for upstream intervention include better support for schools (and specialist schools in particular), earlier follow-up after contact with the criminal justice system, reduced stigma and increased young people's engagement in all services. The proposed improvements in related CYP transformation business cases (as described above) all contribute to earlier, pre-emptive intervention.
- **Improved access at times of crisis.** Current services are mainly focused on week-days and 9 to 5. Improvements such as Step Forward's new young people's mental health service are commissioned to offer youth-friendly services in several locations (including outreach) outside the school day, so that opportunities to enhance these will be reviewed. However the immediate changes will be those planned for all ages at RLH: improved telephone access out of hours, better links to 111, and a better directory of services. These are addressed in other business cases, due for complex adult mental health and urgent care.
- **Closer working between Children's social care emergency response, CAMHS duty and ELFT mental health liaison services and paediatric services at RLH.** The draft review of TH crisis response reports local discussions about closer working between CAMHS and RLH. Details are not available at this stage. However, the key problems are known to be inability to respond to peak demand, when both CAMHS and RLH experience high traffic at the same time. Protocols are in place but are being reviewed. In addition, there is the potential to join up crisis response for the most vulnerable young people known to social care. Finally, other CAMHS services nationally designate capacity to respond to urgent calls, and this will undoubtedly be part of the improvements in Tower Hamlets.

- **Strengthened crisis teams which reduce inpatient admissions and lengths of stay.** Co-commissioning plans to quantify proposals (including for eating disorders) are due to be agreed by December 2016. This will demonstrate how capacity and resources can be shifted from inpatient care to community teams. In practice, this can only be delivered through increased treatment intensity and out of hours response, including liaison and coordinated response with adult Home Treatment Teams. The aim is that this should be resource-neutral overall.

The following milestones are proposed for co-commissioning of acute pathways, to harmonise with the local improvement of crisis services.

October 2016

- Initial conversations with NHS England and overview of activity data, including eating disorders
- Initial conversations with NEL CCGs and acute inpatient providers in STP area (ELFT and NELFT) – these have taken place with ELFT but only STP-wide with NELFT in NHSE workshops
- Submission of CYP MH&W Transformation Plans, with shared principles (as above) and local NEL timetable - 31 October (this document)
- Inclusion in STP and UEC – 31 October 2016 (indicated by STP lead)
- Decision on whether co-commissioning of perinatal beds, health and justice liaison, diversion and resettlement services and/or child sexual abuse (CSA) should be included in the co-commissioning plan.

November and December 2016

- Project management resources agreed between CCGs and NHS England
- Interface with criminal justice liaison and diversion reviewed
- Training needs analysis by providers
- Clinical and CYP feedback on written safety and coping plan
- Exchange of information on clinical models for more intensive input at times of crisis
- Protocols for managing delays for specialist beds and escalation for paediatric beds and Mental health based Place of Safety
- Arrangements agreed for specific requirements for LAC and LD (and perinatal, health and justice, and CSA as above).

End of December

- Planned number of in-patient beds required by NEL in 2020/21
- Finalisation of co-commissioning plan for NEL

These changes will require better procedures and joint working, but as suggested in the draft TH review, must be driven by system leadership. New staff resources for front-line capacity are likely to be available through a recent announcement (27 September 2016) of additional funds for CCGs.

Cross-reference to our transformation overview, timeline and milestones

CYP mental health crisis response	2017
Milestones:	
<ul style="list-style-type: none"> • Consider findings of local review of CYP MH crisis response • Closer working between Children's social care emergency response, CAMHS duty and ELFT mental health liaison and paediatric services at RLH. 	

New service model for inpatient CAMHS**2016 to 2021**

Develop collaborative commissioning plans with NHSE and STP

Key performance indicators are described at the start of section 7.6.

7.7 Education Health and Care Plans and neurodevelopment pathway – services for CYP on autistic spectrum

Autism is the third most commonly diagnosed long term condition for children and young people in Tower Hamlets (after asthma and eczema). The population and diagnosis rate is increasing as more babies are born and recognition is improving across services. However, this increase in recognition and referral means that for a complete assessment and diagnosis, children can wait for periods in excess of eight months. The two services that offer diagnostic pathways in Tower Hamlets - Community Paediatrics Service (part of the CHS contract) and CAMHS (provided by ELFT) - are not joined up or consistent. Further work is required locally to fully meet the requirements of NICE guidance: *Autism spectrum disorder in under 19s: recognition, referral and diagnosis* [CG128] (September 2011).

The following is a summary of the issues identified:

Community Paediatric Service:

- Focus on pre-school aged children
- Diagnosis with consultant paediatrician includes a physical assessment
- Wait times for diagnosis following referral exceeds NICE guidelines (within 3 months)
- Original service design in 2009 was for 60 pre-school children per year. CPS currently receiving 140 referrals per year with 120 positive diagnosis
- No follow up appointment offered after diagnosis
- Workshops, support, advice available for families in the community but uncoordinated and confusing for parents/ carers/ partner organisations.

CAMHS:

- Focus is school aged children and young people - referrals often from schools
- Later diagnosis often attributed to the fact the child/ young person does not have a learning disability or comorbidities
- Physical assessment/ examination not included
- If a mental health need is not identified, then CAMHS will refer to the Disability Counselling Outreach Service (long wait list) for challenging behaviour
- ADHD cannot be diagnosed under the age of 5, resulting in much later intervention via the CAMHS diagnostic pathway.

In line with the NICE guidance, it is proposed to work with LBTH to establish a local multi agency strategy group to take responsibility for the autism pathway for recognition, referral and diagnosis for children and young people. This group will develop an autism strategy, and review and redesign the pathway and associated contracts for autism diagnosis and support in line with the strategy. The proposed benefits are:

- Earlier recognition of autism by raising awareness of signs and symptoms
- Relevant professionals aware of the local autism pathway
- Smooth transition into adult services
- One diagnostic pathway for children and young people with a consistent service from referral to post diagnostic support
- First assessment in line with NICE guidelines
- Families receive post diagnostic follow up sessions in line with NICE guidelines
- Embedded process to record patient experience of pathway to further improve

services

- Earlier referral, diagnosis and development of an Education Health and Care plans for children on the autistic spectrum
- Improved management and support of children & young people with autism
- Reduced waiting times for assessment and diagnosis.

A start has been made in 2016 to improve the current pathway by investing in support groups for parents and children and a network approach. This will have the benefit of freeing up capacity to reduce waits, and better information about services. Engagement work has also highlighted the relevance of better crisis support for this group (see section 7.6).

Cross-reference to our transformation overview, timeline and milestones

Improved pathway: CYP autistic spectrum	2016 to 2018
Milestones:	
<ul style="list-style-type: none"> • Monitor increased support commissioned in 2016/17 • Submit workforce development bid for 2017/18 • Develop multi-agency strategy 	

Key performance indicators are set out in the agreed contract with ELFT for increased support, and the bid for HEE.

7.8 Other transformation initiatives:

Tower Hamlets is demonstrator site for **Integrated Personal Commissioning** with an 'early adopter' programme for Children Looked After and care leaver, aiming to develop a model for the use of integrated personal budgets to improve mental health and wellbeing outcomes. This programme is due to end in 2018.

Both people with serious mental illness and children with Education Health and Care Plans are selected cohorts for the demonstrator site, and work is continuing to identify individuals who may benefit from integrated personal commissioning plans.

Transition at age 18 is highlighted as an area of overlap for vulnerable children, even where integrated personal commissioning plans are not in place. Local feedback indicates that there is concern amongst CAMHS services about those young people who are vulnerable and do not meet the threshold for adult mental health services. In addition, the work on the special educational needs cohort and Education health and Care Plans relates to this group, as does the Children Looked After Strategy for those leaving care.

In addition, a national CQUIN will be included in mental health contracts to improve transitions out of Children and Young People's Mental Health Services. (CQUIN is the abbreviation for the NHS Commissioning for Quality and Innovation Scheme.)

Mental Health Five Year Forward View requires all CCGs to contribute to the development and delivery of local multi-agency **suicide plans**. As noted in section 3.2, local discussion have begun. These will link across the STP area. The national target for all ages is to reduce the number of people taking their own lives by 10% compared to 2016/17 levels.

Cross-reference to our transformation overview, timeline and milestones

Integrated Personal Commissioning	2016 to 2018
Milestone	
<ul style="list-style-type: none"> • Pilot Integrated Personal Commissioning for CYP with Education Health and Social Care Plans 	
Reduction in suicide	2016 to 2021
Milestones	

- Develop and deliver multi-agency suicide prevention plan
- MHFYFV: the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels

Transition to adult services

2017 to 2021

Milestones:

- Implementation of NHS CQUIN for transition from CAMHS to adult services
- Commence Step Forward young people's mental health service for ages up to 21
- Implement relevant priority commitments from TH Children and Families Plan

8 Our joint discussions about implementing the Mental Health Five Year Forward View (MHFYFV) with NHS England, other CCGs and councils in North East London

The Mental Health Five Year Forward View includes some key targets for Children and Young People's Mental Health services by 2021:

- Co-commissioning acute CAMHS inpatient services
- Treating 30,000 more mothers who need perinatal mental health services nationally
- Treating 70,000 more children and young people with diagnosable mental health problems
- Reduction of suicide by 10% (all ages)
- All age mental health liaison services (50% target).

The NHS-led Sustainability and Transformation planning (STP) work has been conducted with partners CCGs and NHS Trusts, in consultation with local authorities across the North East London STP area, i.e. from Hackney to Havering. Significant progress has been made in CYP mental health transformation. However, variation in performance (e.g. bed usage, placements) still exists across North East London and sustainably meeting the NHS *Five Year Forward View* objectives requires transformation across the system.

This refreshed transformation plan is now also aligned with the North East London sustainability and transformation plan (STP).

CCGs have discussed STP-wide issues as follows:

- **Co-commissioning CYP MH inpatient services.** CCGs have identified the requirement for an STP-wide response, and discussed a common approach and shared understanding of risks, involving providers in discussions. Key milestones in a shared plan have been identified (see section 7.6). There remain significant unresolved issues. NEL CCGs would value input from NHS England as commissioner at NEL in the project management to deliver these milestones.
- **Waiting times:** ELC and BHR&WF commissioners are investigating scope for shared response in their Trust footprint, and have discussed links with crisis services in STP-wide meetings
- **Health and Justice:** there is potential scope for future work, and the possibility of a joint approach to review data on local children and young people in contact with the criminal justice system across the STP area.
- **Perinatal mental health:** this is not a required item in the CYP MH Transformation Plan Key Lines of Inquiry (KLOIs), but CCGs have discussed a possible common framework for integrated local pathways, and reviewed possible STP-wide tasks when the outcome of the STP-wide bid to NHS England is known

- **Shared basis for calculation of the number of people in touch with NHS funded community mental health services for children and young people.** CCGs have exchanged information and whilst they recognise that a more nuanced approach will be developed over time, based on a greater understanding of population needs, have compared approaches with a view to adopting compatible approaches.
- **Child Sexual Abuse (CSA):** inclusion in CYP MH Transformation Plans is implied in the NHSE Key Lines of Inquiry (KLOIs) but is not explicitly required. CCGs have exchanged information on local input the NHSE planning, and have agreed to ensure that colleagues leading on children's health commissioning are updated on the medical quality risk implied by the small number of cases seen by community paediatricians in some boroughs, and the consequent clinical support for an STP wide hub or hubs.

The detailed of the ways local improvements will link with service-wide improvements plans are included in section 7.

9 Workforce

The section on workforce shows that there is great awareness of the challenges and a range of initiatives, including commitment to CYP IAPT training.

The next stage is to develop a full, joint plan to ensure that issues of recruitment, retention, new job roles, extended hours working, and availability of specialist skills are addressed in a systematic way.

ELFT

- Tower Hamlets CAMHS maintains a regular review process for the number of staff, the disciplines and the caseloads. This is to ensure an appropriate balance, grade mix and consistency with Royal College and CAPA guidelines and approaches. This allows the service to plan recruitment according to known personnel vacancies.
- The Trust's CAMHS DMT has identified the need for forward planning in relation to workforce strategy and a strategy is being planned. In TH CAMHS there is an initiative to increase the number of Band 6's & Band 7's and to re-evaluate the role and function of Bilingual Co—Workers.
- There are developed links with all the colleges in to the mainstream psychological therapies. Capacity modelling is on-going including the spread of available disciplines in relation to demand and how therapies including CYP IAPT can sustain the delivery of high quality services at lower cost
- More widely, evening and weekend working are likely to be necessary to engage children and families. This is already part of the youth work culture and well established in the third sector. Extending hours of availability is also part of the IAPT approach

LBTH

- Children's social care has identified the need for skills to work with challenging families, such as those with violent fathers, where adult social work skills and psychological perspectives are necessary.
- Over the next five years, LBTH as commissioners wishes to see ELFT build skills to ensure staff have competencies and support to deal with Child Sexual Abuse and Child Sexual exploitation, and working with children and families affected by violence. This includes work with vulnerable girls.

- Children's Social Care would like to see specialist CAMHS staff integrated with, or acting as assertive outreach/single points of contact, in other services to support access
- Tower Hamlets will lead a bid by the Inner North East London Transforming Care Partnership for Health Education England Workforce Development funds for a project in 2017/18 to improve training and service integration for children and young people with learning disabilities and/or autism, and behaviour that challenges.

CYP IAPT

- The local partnership has put forward – as in previous years – applications for supervisors and trainees, subject to local discussions about the availability of backfill
- The CYP IAPT partnership has submitted a successful application for a psychological wellbeing pilot, involving four trainees who will engage with young people with mild mental health needs.

Workforce planning for health and justice

- According the Mental Health Five Year Forward view, a number of innovative recruitment and training models will be necessary in order to deliver the planned expansion, with up to a 45% increase in the relevant workforce, including liaison and diversion practitioners, specialist workers, support, time and recovery (STR) workers, strategic and team managers and administrators
- YOT have implemented training to improve staff understanding of the impact of trauma on the young people they deal with. This will also be part of the co-commissioning plan with NHS England, with a pilot for police.
- Training is embedded across health and social care

Schools

- Schools at the mental health and schools workshop convened by the CCG on 18 October 2016 (following the pilot of CAMHS and Schools Link training) supported the need for training for staff to identify signs of mental distress, respond appropriately, know how to refer and work in partnership.

Whole system

- Our vision includes improved staff training and listening skills in order to make sure that everyone is equipped and confident to have good conversations about the mental health and emotional wellbeing needs of children and young people
- More widely, evening and weekend working are likely to be necessary to engage children and families. This is already part of the youth work culture and well established in the third sector. Extending hours of availability is also part of the IAPT approach

Public health and partners

- Health Education England/Tower Hamlets CEPN funding obtained to develop training in multi-disciplinary parent and infant emotional health and wellbeing
- Mindfulness: a training programme has been developed for schools to 'train the trainers' to cascade mindfulness within schools.

In 2015, specialist CAMHS identified the following issues:

- Staff in CAMHS must have cultural competencies for working with Tower Hamlets divers young population, a majority of whom are of Bangladeshi ethnic origin
- Increased requirement for specialist CAMHS skills, including eating disorders, perinatal services and severe and persistent conduct disorder
- Developing long-term cognitive behavioural and psychotherapy interventions generates a skill gap in the existing workforce
- Diversification of skill base for new ways of working in CAMHS: front door triage, engagement and participation, delivering and integrating digital interventions, occupational therapy skills for those with severe needs, and partnership working across agency boundaries, including project management
- Engagement of CYP and families in co-design of services
- Working from diverse locations, including partnership arrangements
- Challenges in maintaining a structured flow of trainees into employment
- Succession planning to enable staff to gain learning about management and access management delegation and other opportunities.
- Future in Mind stated that 'Professionals who work with children and young people [should be] trained in child development and mental health, and understand what can be done to provide help and support for those who need it'. This is an area of development with workforce planning colleagues.

As identified in last year's CYP MH Transformation Plan, positive strategies for workforce development in Tower Hamlets include:

- The success of the CYP IAPT partnership in training for new skills, notwithstanding backfill difficulties
- ELFT's record as the best NHS Employer
- An active culture in specialist CAMHS of supporting student placements for all disciplines, including nurses, doctors and social workers and there are strong links with University College London
- A training needs analysis will be carried out as part of the CYP IAPT partnership
- Procurement strategies on social value emphasise the importance of securing economic benefits including training and jobs for local people.

Developing a full, joint plan to ensure that issues of recruitment, retention, new job roles, extended hours working, and availability of specialist skills are addressed in a systematic ways will therefore be an early target for our Transformation Plan in 2016/17, covering the period to 2021.

Cross-reference to our transformation overview, timeline and milestones

Workforce Planning	2017 to 2021
Milestones:	
<ul style="list-style-type: none"> • Collate interagency workforce plans • Design and implement new workforce development initiatives • Continue local implementation of CYP IAPT training 	

10 Our engagement

The Transformation Plan has been developed by an interagency process including:

- Initial briefing and requests for information to partner organisations
- Meetings of partner organisations including third sector on 3 October and 19 October 2016

- Meeting with young people on 5 October 2016 (see notes)
- Workshop with schools and local organisations to follow up the CAMHS and Schools Link pilot
- Meeting with Parent and Carer champions on 21 October 2016 (see notes)
- Co-commissioning pilot with NHS England Health and Justice Team on 18 July and 25 July 2015
- Meetings with CCGs in NEL STYP footprint on 13 October and 20 October
- NHS England workshops on inpatient CAMHS services and CSA

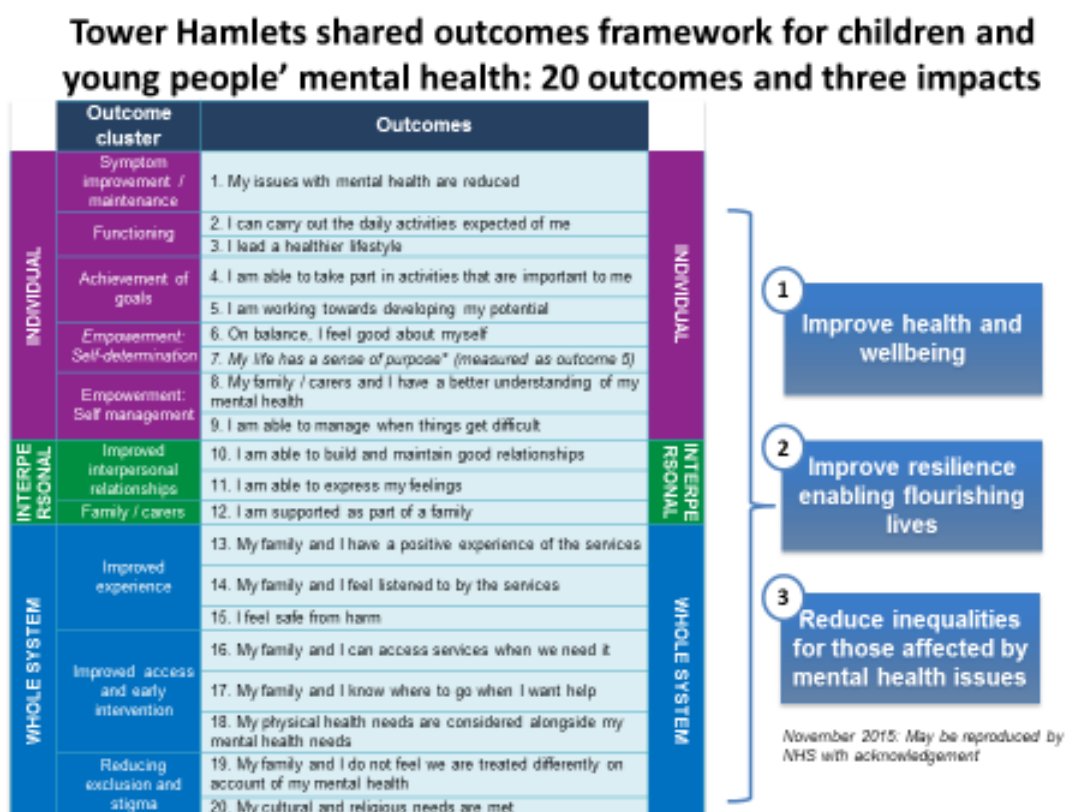
In addition local organisations gave evidence to a LBTH Health Scrutiny review of children and young people's mental health services, focussing on engagement and prevention. Almost 100 children, young people and adults contributed to the process to develop the Tower Hamlets Children and Families Plan 2016 to 2019.

Specific local projects included engagement of young people:

- Planning the awareness campaign
- Peer evaluators
- Film-making, music and photography projects to improve awareness
- Review of mental health response to crisis
- Mark Your Mind young people's champions
- The Mix digital offer
- CAMHS feedback projects and shared decision making project.

11 The outcomes we are working towards

The shared outcomes framework was agreed in 2015. A project is underway to pilot digital collection. This covers services for children and young people who have mental health problems, or are at higher vulnerability.



In 2016, as part of the CAMHS and Schools Training Pilot, Tower Hamlets Public Health and CCG identified a series of outcomes which would demonstrate and measure the work universal children's services do in order to reduce mental health difficulties in later life. The following list reflects stakeholder consensus and existing measures relating to health visiting, schools, children's centres and community projects.

Table 1: Outcomes best supported by research evidence and current practice in Tower Hamlets

Child and Young Person Wellbeing

1. Younger children have age appropriate self-management and regulation
2. Younger children increase the level to which they pay attention during activities and to the people around them
3. Younger children engage in age appropriate interaction/play
4. Children and young people engage in accessible and appropriate social activities they enjoy*
5. Children and young people are able to interact appropriately with peers and others*
6. Children and young people are able to develop and sustain relationships with others*
7. Children and young people have positive social networks*
8. Children and young people are active learners according to their age and stage of development
9. Children and young people have healthy eating, weight and positive body image

Primary caregiver/infant child attachment

10. Children experience strong early attachment to their primary caregiver (usually the mother)

Maternal Wellbeing

11. More mothers-to-be report high levels of knowledge about pregnancy nutrition, breastfeeding and mental health

Parenting and Family Wellbeing

12. More parents are experiencing lower levels of stress in their home and in their lives

13. More parents experience good mental wellbeing

14. More parents are increasing their knowledge and application of good parenting

Home learning

15. More parents are supporting their child's learning

Early Years provision, including schools, birth to 5

16. More children with identified vulnerabilities access high quality early years services

17. More children are being assessed as school ready

18. More children in all early years settings experience regular professional assessments of their emotional and social development at routine intervals from birth to 5

Schools

19. More children and young people receive school-based support to help build their resilience and life skills

20. More schools are demonstrating progress in adopting an organization-wide approach to social and emotional wellbeing

21. More children and young people report feeling safe at school

** Data is only currently available for children up to the end of reception year in Tower Hamlets. Further work is required to collect data for older children.*

These outcomes and the associated measures are being tested in discussion with providers during 2016. Further measures have been proposed where the evidence or the measures are less well established, and it is intended that these form a second phase of the 'prevention' project.

Together these outcomes give Tower Hamlets a unique focus. We are now working with Tower Hamlets together to extend the outcomes-based commissioning principles more widely to other services for Tower Hamlets residents of all ages.

Depending on the results of the pilot projects, outcomes can be included in contracts in 2019.

Cross-reference to our transformation overview, timeline and milestones

Commissioning for outcomes

2016 to 2019

Milestones:

- Report on initial pilot of shared outcomes digital collection of measures
- Assess how current measures can demonstrate achievement of outcomes in 'prevention outcomes framework' (see also 7.2 above)

12 Governance

We will ensure that all partners are involved in governance and that we ensure effective delivery.

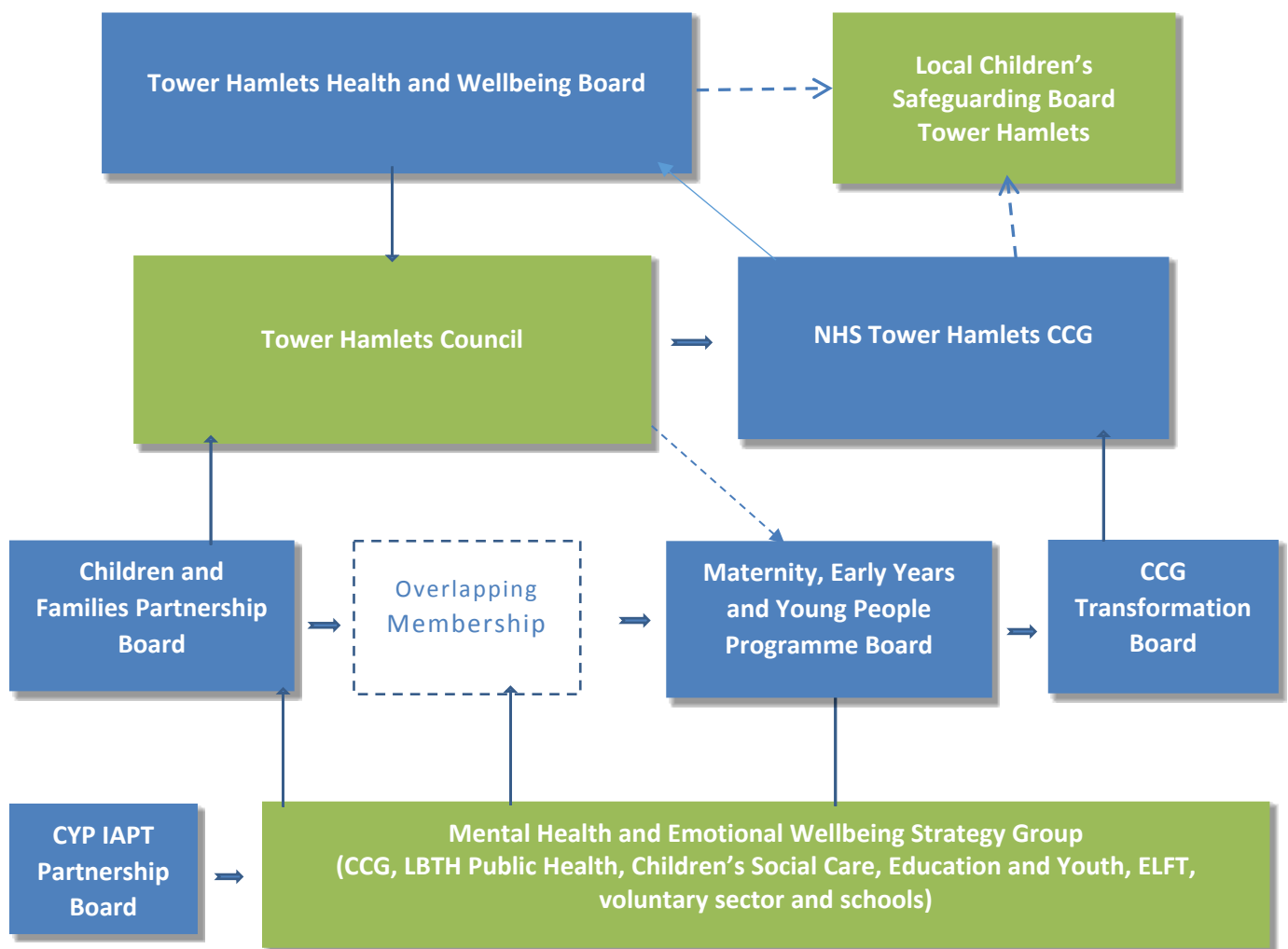
Changed structures since 2015 reflect:

- Approval of the plan by Tower Hamlets Health and Wellbeing Board
- New joint commissioning executive to be established between TH CCG and LBTH

- Re-structure of the CCG internal governance, with separate mental health and young people's programme boards combined into a new working group (with a dedicated CCG clinical lead for children and young people's mental health) reporting to a new CCG Transformation Board, which oversees all community health services.

The CCG working group includes senior representatives from the CCG, LBTH, public health and child's services, as well as third sector. At present, the MH and EW Strategy Group brings together the same bodies in a dedicated joint forum to address CYP mental health and emotional wellbeing. It reports to the Children and Families Board to ensure good communication coordination, and it is envisaged that this joint reporting will continue pending further roll-out of joint commissioning structures.

This is shown in the diagram below. (NB the dotted line box indicates overlapping membership.)



Tower Hamlets CCG is part of the interagency planning for NEL STP area, and reports will be fed into STP governance systems.

Tower Hamlets Together (the name for the community multispecialty provider Vanguard in Tower Hamlets) is a separate partnership, bringing together ELFT, LBTH, Barts Health, Tower Hamlets GP Care Group and the CCG. This group does not have accountability for

the delivery for the CYP Transformation plan, although it has a workstream on integration of children's services.

13 Our reporting and transparency

The Tower Hamlets Transformation Plan will be reported to the organisations shown in the governance diagram:

- CCG maternity, early years and young people programme board
- Children and Families Partnership Board
- Health and Wellbeing Board (on 13 December 2016).

In addition, the plan will be reported to the Directorate Management team for LBTH Tower Hamlets Children's Services.

Following approval, the report will be published on the Council and CCG websites (as well as in Health and Wellbeing Board papers, which are public documents). Our core needs assessment from 2015, with a population update, will be a separate electronic document uploaded separately on the CCG website when the plan is published.

A meeting has been arranged with the Parent and Carer Council on 3 December 2016 to review the final priorities and plans, and discuss engagement in implementation. Similar feedback will be given to the Youth Council and All Ability Forum.

Business cases, spending and progress will be reported to the Tower Hamlets CCG maternity early years and young people working group throughout the year, following discussion at the Mental Health and Emotional Wellbeing Strategy Group.

We will use the measures set out in the MHFYFV and submit required reports to NHS England.

Finally, CYP MH services in Tower Hamlets are subject to inspection by regulatory bodies including Ofsted and the Care Quality Commission (CQC). As stated in section 3, East London Foundation Trust was rated outstanding across the range of its services by the CQC in 2016.

14 Risks

The following system-wide risks have been identified specifically to the successful implementation of the CYP Mental Health Transformation Plan.

14.1 Strategic risks

Risk: Reduction in school budgets will reduce school's support for pupils with mental health difficulties, and lead to more referrals

Mitigation: Partner organisations will seek to strengthen and continue networks, relationships and procedures built up by the CAMHS and Schools Link Training pilot - which involved 24

schools – and consider ways of offering mental health training to school staff, subject to resources.

Risk: Co-commissioning processes for acute CAMHS inpatient services are delayed and/or allocate NEL resources away from NEL residents

We will work closely with NHS England and local providers on collaborative commissioning, through the STP, developing a shared approach with CCGs through STP forums if NHS England timetables are delayed. NHS England have published a case for change which sets out the reasons why London-wide changes have to be coordinated with change in other English regions. We will work to ensure that plans meet the specific circumstances of North East London, and that planning formulae do not disadvantage or de-stabilise local services, which have performed amongst the best in London, in terms of containing local demand with the available local bed base.

Risk: Workforce risk, including recruitment for waiting time initiative posts

Mitigation: This plan commits to systematic development of workforce planning, and new proposals always have contingency plans to address recruitment delays.

Risks to the move to integrated working by organisations

Five barriers that repeatedly get in the way of more joint working between organisations have been identified by the institute for Government in their paper *joining Up Public Services Around Local, Citizen Needs (2015)*:

- **Risk:** Short-term policy and funding cycles can restrict the ability of those delivering local services to invest in the long-term partnerships needed to meet local, citizen needs. **Mitigation:** joint vision for transformation and aligning funding
- **Risk:** Inconsistent commissioning, funding and regulatory processes can make it difficult for local services to be designed around a 'whole person', as opposed to simply catering for individual needs or specific 'life events'. **Mitigation:** continued development of Tower Hamlets shared outcomes framework for children and young people's mental health
- **Risk:** Cultural differences between different professions and organisations can discourage collaboration on the ground. **Mitigation:** engagement of young people and families, sign up to shared outcomes, and workface development
- **Risk:** Barriers to data sharing can make joint working between distinct teams or organisations practically difficult. **Mitigation:** shared commitment to use of data and specific agreement on information sharing protocols.
- **Risk:** Limited sharing of 'what works' in different circumstances can mean that lessons from effective models and practices are rarely built upon. **Mitigation:** commissioners are members of the National CYPH commissioning development programme, and actively link with other commissioners in the STP area, and with public health colleagues.

Tower Hamlets is keen to draw on learning from other areas and other programmes for public sector transformation. The interagency delivery structures will actively consider their progress in overcoming these barriers, and develop plans for improvement. The current plan proposes to learn from what works in mental health crisis care, to develop information-sharing protocols, and to use individual and whole system outcomes as a way of orienting services toward delivery of what matters most to children, young people and families.

14.2 Programme delivery risks

We have adapted the templated used by our STP neighbours in City and Hackney CCG:

Risk	Impact	Likelihood	Risk rating	Mitigation	Residual risk
Stakeholder disagreement causes delay	3	3	9	<ul style="list-style-type: none"> •Stakeholder consultation undertaken • New Joint Commissioning Executive in place) 	4
Additional investment does not deliver system-wide efficiencies	4	3	12	<ul style="list-style-type: none"> •Stakeholder and service user engagement in transformation •Partnership working between agencies •Contract monitoring •Outcomes-based commissioning 	8
Time taken to recruit causes delay	3	4	12	New proposals have contingency plans to address recruitment delays	6
Poor planning causes delay	3	3	9	<ul style="list-style-type: none"> •Sufficient project management capacity has been included •Project planning has already started. 	6
Inaccuracies in cost estimates causes underspend or overspend	3	3	9	A degree of flexibility has been built into the cost estimates allowing money to be transferred to manage the budget.	6
Investment fails to deliver value for money	4	3	12	<ul style="list-style-type: none"> • Investment in regular reporting of clear KPIs • Periodic investment line reviews against VFM. •Disinvestment/re-investment considered. 	6
Planned interventions have a detrimental impact on patient care	3	3	9	<ul style="list-style-type: none"> •Pre-Clinical Project Start-up Phase including NICE compliance •Clinical sign off before operational implementation •Robust clinical governance processes 	6

14.3 Risk management

Each organisation will manage its own risks for specific projects. Overall, risks will be reviewed by the CCG CYP MH transformation lead, and reported through the governance structure described in sections 12 and 13 above.

Appendices

1. Our transformation projects and spending in 2015 and 2016 to date
2. How we have used our transformation resources in 2016/17 to date
3. Young People's Mental Health Consultation Report:
4. Parent champions meeting 21 October 2016
5. Summary of priorities from *Tower Hamlets Children and Families Plan 2016-19*
6. Mental health pathways and support for young people in contact with the criminal justice system in Tower Hamlets: summary of issues: August 2016

Appendix 1 How we have used our transformation resources in 2016/17 to date

Recurrent funds were given to all CCGs. The following table shows how they were spent.

Service	£k 2015 plan for 2016/17	£k actual
Community eating disorders contracts to ensure a compliant service meeting access standards Continue priority for vulnerable children and young people, including contribution to Health and Justice Team's North and East London-wide resettlement consortia and Child House services (business cases to be developed). Increased staffing for perinatal and neurodevelopmental mental health (business cases to be developed as part of contract round for 2016/17) Networked service for young people with severe and persistent conduct problems – make pilot permanent. This reflects costs of 1 WTE Band 8a Psychologist/Mental Health Practitioner, £70k 1 WTE Band 6 Assistant Psychologist, £60k Increase funds for targeted mental health and early intervention – third sector partnership. The CCG has undertaken a procurement exercise using planned investment increased by £50k as market development showed the project was under scoped. Total	150	150 allocated 2016/17
	90	Allocated to outcome based commissioning for vulnerable cohort and out of borough services - tbc
	100 Contract variation	220 allocated
	130 Mainstreamed	150 allocated
	50 Step Forward contract	50 allocated
	£520k	£570k

This shows that the CCG has spent more than the full allocation recurrently, and also allows for some expenditure not yet finalised in the current year (2016/17).

Appendix 2 Our transformation in 2015 and 2016 to date

The following table shows the transformation projects undertaken in Tower hamlets, with a rag-rated summary and the amount of Transformation funds invested

Update on Transformation Plan for refresh 2016	Investment £ or source	Status
Designing new services for children and young people's mental health in Tower Hamlets		
Specialist CAMHS are now co-located with Council teams for Children's Social Care	Existing	This has happened.
A new ELFT community eating disorders service started in April 2016, delivering assessment and treatment	59,933	This has happened.
Eating disorders awareness training and capacity building (BEAT)	26,367	This has happened.
Digital awareness pilot (The Mix)	22,800	This has happened.
A Young People's Mental Health Service is currently in procurement (May 2016) to start in the new year	CCG	Contract awarded to Step Forward
Increased support is being commissioned for children and young people in the neurodevelopmental pathway : Group support, network development, shorter waits	16/17 mainstream	Contract variation agreed
Better Beginnings (Public Health funded pilot to promote parent and child attachment, started in 2014)	Existing	This has happened.
Conduct disorder pathway (pilot since 2015)	16/17 mainstream	This has happened.
Raising Happy Babies	22,000	
Developing innovative ways of commissioning children and young people's mental health services		
Outcome measures – digital collection and plans to include in contract agreements	43,140	Outcome data collection pilot Dec 2016 - Jan 2017
Piloting of on-line access and Tower Hamlets page, for co-commissioning of mental health information with young people (The Mix)	34,680	Reported
Primary prevention outcomes for universal children's services – a research project with Public Health	21,800	Reported

Visible improvements in service performance

Shorter waits (no more than five weeks)

All requests 'triaged' to the most appropriate team

Tower Hamlets CAMHS is an accelerator site for the Thrive model

New initiatives to improve CAMHS service user feedback and use data to plan improvements

Taking steps to improve services for the most vulnerable children

Children Looked After (CLA): a review of pathways and measures

Pupil Referral Unit (PRU) and children at risk of social isolation

Criminal Justice – proposed co-commissioning pilot with NHS England to improve pathways for mental health in East London

Child House model or CSA hub (for children who experience abuse) – NHS England project

Review of crisis response - reports in August 2016

Strengthen neurodevelopmental pathway

Working with schools to help them meet the mental health needs of pupils

Mindfulness pilot (Public Health and Educational Psychology)

CAMHS and schools link - national pilot to develop training, procedures, and named links

Training for school governors on mental health awareness

Training for schools on eating disorders

Working with and encouraging young people and families to get involved

LBTH PFSS, young people's engagement worker is recruiting champions, linking up with Young Minds' local campaign

CYP mental health champions will work with the Youth Council - alongside All Ability, In Care, YOT sub groups – and the Parent and Carer Council

Mark Your Mind campaign - 5 national and 8 local organisations

contract	This has happened
contract	This has happened
contract	In progress
77,008	Continuing

40,742	This has happened
	Report completed
NHS England	NHS England agreed in principle
Mainstream	CSA hub proposed
37,600	Draft report received
16/17 mainstream	Network approach agreed - CCG outline business case

LBTH	This has happened.
31,600	This has happened.
3,500	This has happened
see BEAT above	Complete; draft report received

22,600	Champions identified, events held
see above	Parent and Carer Council meeting 21 October
79,377	Transformation plan event 5 October

ELFT specialist CAMHS are working with their People Participation Team and the local CYP IAPT Partnership to involve children and young people

Young people have been involved in the procurement of the new Young People's Mental Health Service

Project management

contract	Report to CCG CQRM
n/a/	This has happened
36,480	This has happened

The total expenditure is £533,260.

Appendix 3

Young People's Mental Health Consultation Report: Tower Hamlets Children and Young People's Transformation Plan

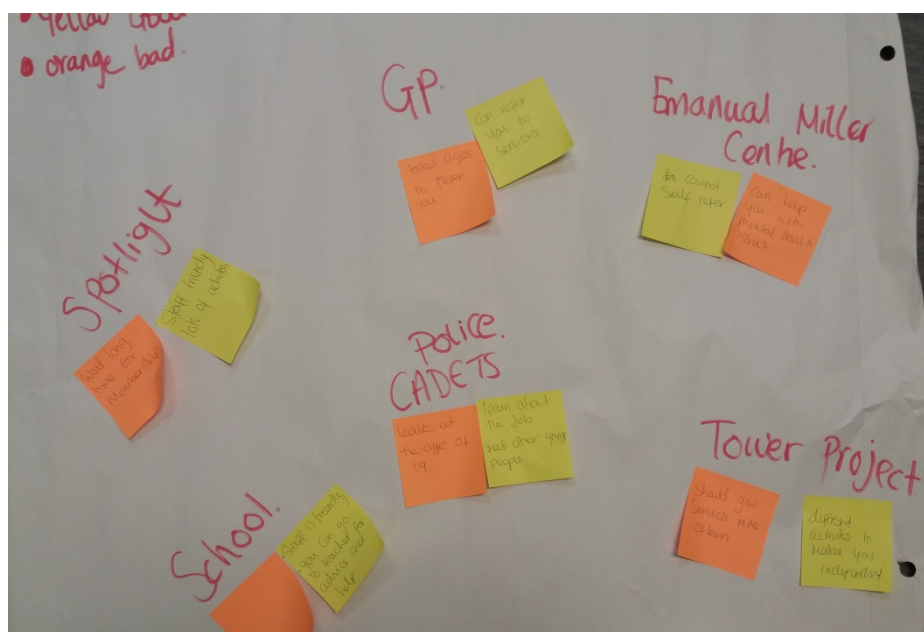
Charlotte Latimer 12.10.16

Date of Consultation: 5th October 2016

Number of young people: 14 (4 male, 9 female, 1 parent who came to represent a young person's views)

Age Range: 12 – 25 years

Activity One: How can services be more youth friendly?



(Example of group work)

The first activity asked young people (in small groups) to map services that they use and then list on different coloured post its what was good and bad about the services (notes typed up below).

In discussion the themes that came up around the activity were:

Quality of staff

The groups stressed the importance of the relationship with staff. They wanted to be able to see the same worker each time and emphasized the importance of being able to develop trust.

They wanted staff to be friendly, understanding, professional, experienced and knowledgeable.

Availability

The groups wanted waiting times to be reduced and didn't want to have appointments delayed or be kept waiting a long time when they attended appointments. They also felt some services were not available in the right locations, for the right age groups (cut off for many services is 18), or regularly enough. The young people who had a 24 hour plan with CAMHS thought that was a real benefit that they could contact someone anytime they needed help. Young people who were not on a plan wanted to be able to self-refer to services if they need support.

Lack of knowledge

The groups did not like it when services had a lack of knowledge, awareness, or understanding, and as a result they felt judged. They also felt services could do more to help them, and other young people, understand mental health better. They also wanted more information about mental health and how services work.

The services the groups named were:

General Practice	
Good	Bad
Can refer you to services	Takes ages to refer you
	Takes time before you get an appointment
Well-presented and safe	Appointments get delayed frequently
Staff are experienced and professional	It's difficult to book appointments

Police Cadets	
Good	Bad
Leave at the age of 19	Learn about the job
	Meet other people

Emmanuel Miller Centre	
Good	Bad
Can help you with mental health issues	Cannot self-refer

Spotlight	
Good	Bad
Staff friendly	Wait long time for membership
Lots of activities	

School	
Good	Bad
You can go to teacher for advice and help	Not fitting in
Teaching	Bad food
Learn new skills and help you to get a job	Waking up early and being tired all day
Aware of your problems	Bad food
	Bullying
	Homophobia, racism, close mindedness
	Not always available (school closes)
	People being rude
	Segregation. One size fits all kind of education. Doesn't account for differences in students. Standardised testing. Bad for mental health
	Bad for queer, autistic, nonconforming people. Authoritarian, hierarchical, conformist, indoctrination, compulsory, state run, bullying, racism, discrimination, abuse, draining on mental health. No anarchism/ democracy
	More support and advice/ mental health awareness

Tower Project	
Good	Bad
Different activities to make you independent	Should give services more often

CAMHS	
Good	Bad
Develop a trust with therapist	Impersonal
24 hour assistance	Misunderstanding
Nice therapist	People judge
Sometimes can be maybe a goodish environment	Systematic ageism

Hospital	
Good	Bad
Medical help	No good warm food
Supportive environment	The hospital programme isn't always explained

Youth groups (LGBTQ+, Scouts explorer)	
Good	Bad
Informative	Long wait
Inclusive	
Being accepting and making people more open	

Gendered intelligence	
Good	Bad
Daily political satire and debate	Age segregated
A lotta comrades	Scary adults sometimes
Cool politics	Only few in the country (far away)
You make the rules	
Nice staff	
Cute guys	
Cool kids	
Rule are lax	
Safe, cool, politics	

Young Minds	
Good	Bad
It helped me learn and discover mental health more and they supported me	More projects

Tower Hamlets Careers Service	
Good	Bad
They helped me to improve my CV	They took time to contact me
Supportive environment	Appointment times should be more flexible
Good advisors	They should offer one careers advisor

	for each person through out
They helped me with my career path and they helped me find the right place to learn and to do for my career	
The staff are well educated. Calm and supportive environment. Excellent careers service and advice	

Activity Two: What could schools do to be more supportive?



(Example of group work, activity 2)

The groups were asked to draw their dream school (and put on pink post its all the things they did not want to have in the school). The themes that came out of this activity were:

Choice

Young people wanted to have more choice over the activities/ services that they accessed.

There was a big emphasis on positive activities, mainly sports (football, gym, boxing, swimming) and the arts (drama, media, art). However, young people did also acknowledge the importance of core subjects (Maths, English, Science, Geography, History).

Staff

The groups wanted staff to be friendly and supportive. They also felt that younger staff would be able to relate to them better.

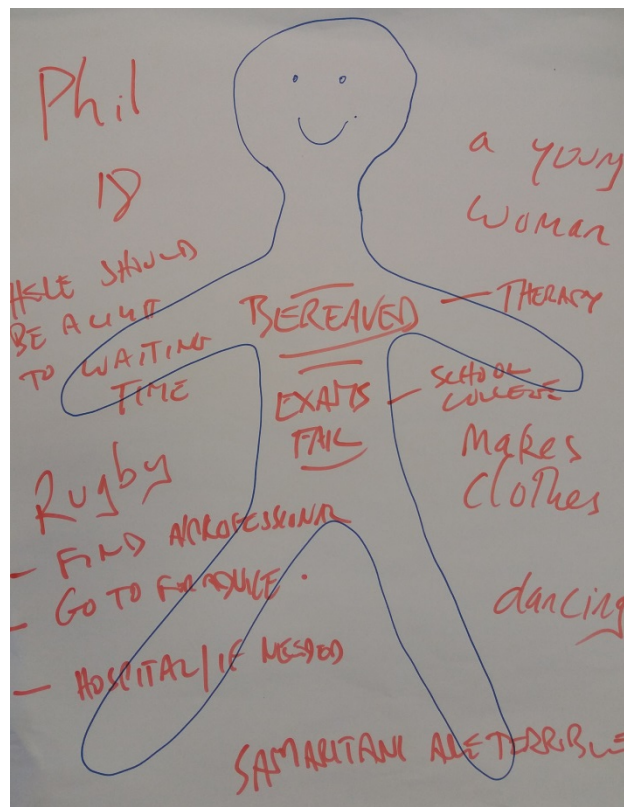
Wellbeing

The groups wanted the whole school environment to be open and accepting with specialist services you could go if you need help.

Some of the ideas they came up with were:

- Quiet room
- Blue room (to relax)
- A gym to de-stress
- CAMHS support group
- Health department
- Social department
- Stress room (where you could listen to music to relax)

Activity Three: How should services respond in times of Crisis?



(Example of group work, activity 3)

The group drew some imaginary characters who they gave an age, name and characteristics too. They then imagined different crises that the character might go through and what support they would need.

The main theme that came out of this piece of work was that young people did not know where to go or who to call in a crisis (unless they were on a CAMHS plan). There was also an issue around age and young people having to access adult services/ hospital wards after they turned 18.

Young people said they did not want to have to go to the hospital if they were in a crisis and wanted there to be somewhere else locally they could go, or at least someone they could call, to get support if they needed it.

Appendix 4

Parent champions meeting 21 October 2016 at the Professional Development Centre

Parents were consulted to ask:

- Their views of what needs to change
- Feedback on the current priorities in the plan
- Ideas on the question: what can we do to make sure services help parents to help their children?

1 What are the most important things to change in our services for children and young people's mental health – post-it note exercise.

- School involvement
- Parent involvement
- Transition from primary to secondary
- Services all working together in the borough
- Need more after school activities
- More youth groups and forums
- Not stigma – you can talk about it
- Pressure for exams
- School should run regular fortnightly or monthly workshops with pupils and if possible with their parents also
- Parent need to be educated themselves to improve their children's mental health
- CAMHS and schools should work together
- CAMHS should speed up their assessment
- More information in school and support for parents
- School nurses should do more
- Advice and information at the point of [school] admission
- Better information from CAMHS to work more closely with schools and events
- Early information
- Early intervention
- Earlier identification
- Why is it different between schools - It should be consistent across all schools?
- They [children and young people] should be able to say or tell any kinds of change they may experience
- Can do self-referral if required – now they cannot
- Schools should be able to support children and have counsellors on site for everyday concerns
- Separate ward for children and young people in hospital
- Mental health specialist in school or with a cluster of schools
- Help with exam pressure.

In discussion:

- The words we use about mental health
- Mental health input into Education Health and Care Plans
- More mental health input at transition to adult services
- Support for vulnerable children should include LGBTQ
- GPs do not have the information about sources of mental health help so they cannot help parents.

Martin Bould undertook to find out about re-admission rates, as some parent champions were concerned that reducing the number of mental health inpatient beds for CYP would lead to CYP being discharged too early and having to be re-admitted. [Post meeting note: this figure looks as though 16 admissions out of 30 may have been re-admissions – this needs to be checked].

2 Current priorities in the Transformation Plan

The following were discussed and explained.

- A stronger foundation – integrated help for parents in early years
- Improving the way children, young people, families and organisations find out about the help that is available, and increasing the number of young people with mental health problems who receive help
- Continuing joint initiatives to improve mental health and wellbeing for vulnerable young people
- Strengthening the response of services to mental health crisis
- Creating a joint pathway for integrated services for young people on the autistic spectrum.

Parents gave their views on what constitutes a crisis for young person (to bring on mental health distress or make it worse)

- Bullying
- Failing an exam
- Bereavement
- Sexual abuse – genital mutilation
- Parent leaves the family
- Homelessness or housing problem
- Unemployment
- Arrest.

3 Commissioners question: what can we do to make sure services help parents to help their children?

- Start giving information from the time of pregnancy
- Give information on where to get help with housing and money
- Some parent assessments are not using information or resources because they are fearful of mental illness
- Professionals should listen to parents and give more weight to their knowledge about their own child
- There is too much form filling
- Parents would have preferred a single meeting with services to gather information about their child's needs and the best ways to meet them
- Recognise and engage the resources that parents bring
- Parents are reluctant to talk about mental illness in organisations - there should be more home visits - like mental health visitors
- The CAF can be a very good way of ensuring that all services have the information they need about a child's needs – especially if the child has several types of need and if parents are willing to push for completion for a CAF.

Appendix 5: Summary of Priorities - Tower Hamlets Children and Families Plan 2016-19

The Children and Families Plan states our collective vision for children and families in the borough.

The title of each section has been drawn from “The Charter of Child Rights in Tower Hamlets”, reflecting our commitment to the rights of children and young people:

- The first section is “reaching potential”. This focuses on education and employment.
- The second section is called “living well”. This focuses on life, survival and development.
- The third section is called “playing a part and freedoms”. This section focuses on civic rights and responsibilities.
- The fourth section is called “free from harm”. This section focuses on protection from abuse and harm.

The priorities within each section are listed below

Reaching potential

- Priority 1: Give children the best opportunity to reach their potential
- Priority 2: Help more young people reach their full potential
- Priority 3: Strengthen partnership working in education
- Priority 4: Ensure that children with special educational needs and disabilities get the support they need

Living Well

- Priority 5: Supporting families to be in the best possible position to access stable, affordable and good quality housing
- Priority 6: Minimise the negative impact of welfare reform and poverty
- Priority 7: Improve the diet, nutrition and physical activity of children and young people
- Priority 8: Promote emotional health and wellbeing
- Priority 9: Reduce preventable illness and injury

Playing a part and freedoms

- Priority 10: Make sure the views of children and families are considered and taken seriously
- Priority 11: Improve access to reliable information that is easy to understand
- Priority 12: Support children and families of different backgrounds getting along well together

Free from harm

- Priority 13: Protect children and families from harm and exploitation
- Priority 14: Protect children from radicalisation and extremism
- Priority 15: Address the causes and impact of violent crime for both victims and perpetrators
- Priority 16: Protect children and families from the experience of and exposure to domestic abuse and gender-based violence
- Priority 17: Protect children and young people from drug and alcohol abuse
- Priority 18: Ensure looked after children get the support they need.

Appendix 6

Mental health pathways and support for young people in contact with the criminal justice system in Tower Hamlets: summary of issues: August 2016

1 Introduction

This paper outlines the main issues to be addressed in Tower Hamlets to strengthen the mental health pathways for young people who come into contact with the criminal justice system. It is based on interagency discussion and is intended to form the basis of further work, leading to agreed investment for improvement.

The exercise in Tower Hamlets is linked to similar initiatives in City and Hackney and Newham, through a steering group, convened in partnership with NHS England (Health and Justice Team) based in London.

2 Organisations contributing to strategic discussion on current pathways

The following Tower Hamlets organisations have (jointly with NHS England Health and Justice Team) reviewed the pathways for mental health support for young people (aged up to 17, i.e. until 18th birthday) who come into contact with the criminal justice system (meaning police and courts):

- CCG
- CAMHS
- Children's Social Care (Youth Offending Team and Family Intervention Service)
- Docklands Outreach
- Public Health
- ELFT Liaison and Diversion team
- Metropolitan Police
- Gangs and youth violence strategy coordinator
- LBTH Youth Service
- Barts Health (Speech and Language Therapy)
- Pupil Referral Unit

Two meetings were held on 18 and 25 July 2016. Information on work with schools has also been provided by the Educational Psychology Service. Young people's engagement in the Youth Offending Service is provided by User Voice: young people's views will be sought when partner agencies have concluded this initial scoping stage.

Note: a review of the response to mental health crisis in Tower Hamlets (overseen by CCG, Children's Social Care and CAMHS) is due to report in August 2016. A copy of this paper will be shared with the review team, and the crisis report will be shared with the partners in the current exercise.

3 Key areas identified

This section summarises key areas of further work arising from two interagency meetings. They are put forward as an invitation to partners to sign up to them in principle, and to commit to develop a local programme of work. The four key areas are:

- 1) A measurable move in Tower Hamlets towards the NHS England target of all CYP in contact with police receiving a vulnerability screen which includes mental health needs

- 2) Determining pathways and capacity for screening to meet the anticipated volume of CYP entering the system
- 3) Enhancing the ability of local services to respond to individuals whose screening indicates higher mental health vulnerability
- 4) Coordinating changes in screening, pathways and interventions within the 'whole system' of young people's mental health and emotional wellbeing, including sharing expertise and good practice.

Together, these steps can contribute to a sustainable transformation across the whole system.

4 Measurable move towards the NHS England target of all CYP in contact with police receiving a vulnerability screen

This strand of work involves looking at our current screening to clarify:

- Overall efficacy – are the screens we use the best ones, with the most efficacy in identifying the vulnerabilities we are concerned with?
- Specific consideration to screening for CYP with learning difficulty, sexual vulnerability, speech and language difficulty, substance misuse, whole family needs, knife carrying
- Significant numbers of young people within custody that decline screening or assessments
- Who carries currently out these screens, at which location, at which point in the pathway
- What is the current pathway after screening?
- Numbers - current activity and staffing
- Pathways for CYP who enter the service in a different borough to their home borough (i.e. TH CYP in custody in Waltham Forest, Newham resident treated at Royal London Hospital)

One area of improvement identified was screening those who were invited to attend the police station for interview, who would not currently receive a screen. Another issue was those CYP who were NFA (no further action).

Covering this group of CYP will have a significant impact on resources, balancing CYP assessments with adults with established and acute needs within time and staff availability.

5 Determining pathways and capacity for screening to meet the anticipated volume of CYP

This will involve:

- Assessing efficiency of current systems in terms of use of resources
- Sharing information and agency perspectives on the use of the various criminal justice interventions (i.e. cautioning) and orders available (e.g. Criminal Behaviour Orders), including reference to best practice elsewhere
- System effectiveness – how well the screening process allocates identified need amongst young people to available services and resources.

This step will review data and consider working practices, interagency coordination and best use of capacity.

6 Enhancing the ability of local services to respond to individuals whose screening indicates higher mental health vulnerability

Interagency partners agreed that simply improving the numbers screened for mental health vulnerability is not sufficient: it is also essential to consider how young people get a service if the screen indicates they need one. Three issues important to Tower Hamlets were identified in discussions: a standard offer, more intensive interventions for complex needs, and response following physical trauma.

Standard offer

Current reconfigurations in Tower Hamlets Council have the potential to assist young people with higher vulnerability: a small team of trained staff will work with young people below the threshold for the Youth Offending Team, and the Targeted Youth Support service is currently being reorganised and refocused as part of the review of the Council Youth Service. At this level, it is desirable to align clinical skills with youth work skills through training, co-working or supervision – there are already examples in the borough through the work of the CYP IAPT partnership.

Other potential sources of interventions include mentoring (some voluntary organisations and schools) and support at times of bereavement and loss is also an important issue to address. Early intervention for siblings was felt to be a gap. An example of where pathways and referral to service needs streamlining is the system whereby the YOT police officer can refer second NFA (no further action) to the Family Intervention Service. There are opportunities to harness the resources ('assets' in some terminology) of communities, neighbourhoods and families, as well as those of the CYP themselves.

Complex needs

Further work needs to be done to confirm where the current system is not working well to meet more complex needs of young people in contact with the criminal justice system. Stakeholders are especially concerned about CYP with communication difficulties (speech and language), learning disabilities, autism, more complex mental health presentations, sexual abuse and substance misuse. Provisionally, stakeholders felt that communication needs and learning disabilities should be areas of priority consideration for any new resource.

There are also particular concerns around gang members (at 15 years with a younger age in TH than in other London boroughs) and younger children affected by or drawn into gangs, again including siblings.

Trauma

Tower Hamlets has a particular issue in terms of pathways because the Royal London Hospital is one of four trauma centres in London, and those CYP treated with as a result of physical trauma (e.g. road accidents, stabbings, abuse) may require referral for support for associated mental health vulnerability.

The required pathway issues affect inpatient wards (provided by St Giles with funding from MOPAC), A & E, on-site liaison with families and friends, and follow up post discharge (the latter provided by a pilot by Docklands Outreach and Family Intervention Service, with insecure funding and a current notice of closure).

Local stakeholders are concerned about insecure funding of both these services.

7 Coordinating changes in screening, pathways and interventions within the 'whole system' of young people's mental health and emotional wellbeing, including sharing expertise and good practice

The potential for transformation can be seen at three levels: changes amongst key organisation (system-wide change); opportunities for innovation and good practice; and review of resettlement pathways. These are described below.

Wider system change

Key organisations in Tower Hamlets are separately adapting their services to improve the response to children and young people with greater vulnerability, including mental health need.

- Children's social care within the Council is bringing together youth offending and family interventions service, in order to develop a more coherent pathway with appropriate clinical input and fewer changes of key worker. A CAMHS team is integrated and co-located with Looked After Children and leaving care services.
- The Metropolitan Police have brought together a team including youth offending, schools and gangs under a Detective Chief Inspector
- The reorganisation of the Youth Service, as mentioned above
- Specialist CAMHS are developing a network approach to ensure that young people are not lost between agencies. This is exemplified in a new conduct team which works closely with specialist schools, third sector and the Family Intervention Service, whilst delivering specialist interventions such as Non-Violent Resistance (NVR for parents) and Regulate groups for young people with severe and consistent conduct problems.
- Barts Health is reviewing its model for children's therapies (including speech and language) as part of the new contract for community health services in Tower Hamlets
- The CCG has a role in contributing to whole system leadership through its commissioning, co-commissioning with NHS England, and the Local Transformation Plan for Children and young people's mental health and wellbeing. It is currently bringing together its commissioning for maternity, children and mental health services to promote integration and parity of esteem.

These developments attest to the commitment in the system and its potential for transformation. Examples of working together would be our common approach towards safeguarding, a joint recognition of the needs for changes following the publication of *Troubled Lives* (a report into five homicides by young people) and the priority for child sexual exploitation and abuse.

Developing specialist services for children with complex needs in the justice system is one of the programmes identified in implementing the *Mental Health Five Year Forward View* (MHFYFV p10, possibly implementing recommendation 24 in MHFYFV, integrating health and justice interventions.)

Specific opportunities for mental health and young people in contact with the criminal justice system

Stakeholders have put forward the following examples of current and potential innovations:

- Liaison with the chair of the Youth Bench at Thames Magistrates Court
- Review of number and use of Merlins

- Coordination with schools, including the role of school nurses and the development of restorative approaches
- Building on the success of the PRU in engagement of young people, in order to continue the same principles out of school
- Initiatives to work with young people who are NEET, including City Gateway and the Prince's Trust
- Improved training opportunities, including training in recognition of trauma
- Mental health liaison and diversion teams have limited knowledge and experience of working with people that have autism, learning difficulties and related conditions.
- Initiatives as part of the Tower Hamlets Ending Groups, Gangs and Serious Youth Violence Strategy
- Improvements to the arrangements for appropriate adults for juveniles in police custody (under the Police and Criminal Evidence Act) and monitoring performance
- One-year report of the conduct disorder pilot led by CAMHS
- Development of a network approach to the autistic spectrum disorder pathway
- Network approach to development of improved pathways for CYP on the autistic spectrum

Resettlement pathway from secure estate

The need to improve the support for young people discharged from the secure estate is acknowledged in the 2015 Local Transformation Plan. The numbers are very small (less than 20 per year) and partner agencies wish to address improvements through better case management of individual cases, with agencies working together to meet individual needs.

8 Developing further work

The four proposed areas of interagency cooperation (described in sections 4 to 7) can form the basis of transformational work to address the priority areas put forward by stakeholders in the first workshop.

- Strengthening the ability of local services to respond was a key concern, and remains the main objective. There are particular issues about the response of services out of hours and to 'cluster offences', and poor response to needs of those with communication/learning difficulties/autism. The gap in Appropriate Adult provision has been a recurring issue raised by the Liaison and Diversion team recently.
- The need for coordination, information and ownership of the pathway following liaison and diversion was also a priority, and can be addressed by a more detailed mapping of screening tools and pathways – interestingly, this can also include the actions partner agencies take when a young person is found carrying a knife
- Finally, the issue of engagement and early intervention (including families) was seen as an area for improvement, and this can be achieved by fostering innovations and promoting effective approaches (including community-based initiatives), as well as evidence based approaches or examples of emerging practice elsewhere.

Agencies in Tower Hamlets wish to work in partnership with NHS England to carry forward these strands of work, and to learn from neighbouring boroughs. Both **short-term funds** (for data review, mapping of screening tools and pathways, and/or training interventions) and **recurrent funding** (to strengthen the interagency offer and work with the grain of transformation and change in the borough) would be welcomed.

A steering group will be formed (comprising CCG, Children's Social Care, ELFT, third sector and Metropolitan Police) to review the feedback on this summary, and to develop

plans for co-commissioning with NHS England, including project plans for short-term projects and longer term investment and system transformation.

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