TOWER HAMLETS HEALTH AND WELLBEING BOARD

Tuesday, 17 November 2015 at 5.00 p.m. Committee Room MP701, 7th Floor, Mulberry Place, 5 Clove Crescent, London E14 2BG

This meeting is open to the public to attend.

Members:	**Representing**
Chair: Mayor John Biggs	Mayor
Vice-Chair:	
Councillor Amy Whitelock Gibbs	(Cabinet Member for Health & Adult Services)
Dr Somen Banerjee	(Interim Director of Public Health, LBTH)
Debbie Jones	(Interim Corporate Director, Children's Services)
Luke Addams	(Director of Adults Services)
Dr Amjad Rahi	(Healthwatch Tower Hamlets Representative)
Dr Sam Everington	(Chair, NHS Tower Hamlets Clinical Commissioning Group)
Jane Milligan	(Chief Officer, Tower Hamlets Clinical Commissioning Group)
Co-opted Members	
Councillor David Edgar	(Cabinet Member for Resources)
Councillor Rachael Saunders	(Cabinet Member for Education & Children's Services)
Dr Ian Basnett	(Public Health Director, Barts Health NHS Trust)
Karen Breen	(Barts Health NHS Trust)
DengYan San	(Young Mayor)
Steve Stride	(Chief Executive, Poplar HARCA)
Dr Navina Evans,	(Deputy Chief Executive and Director of Operations)
Suzanne Firth	(Tower Hamlets Community Voluntary Sector)

The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group**.**

Questions
Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting**.

Contact for further enquiries:
Elizabeth Dowuona, Democratic Services
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 02073644207

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E:mail: elizabeth.dowuona@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

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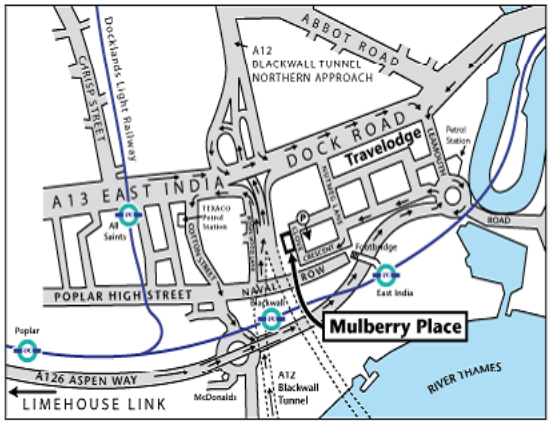

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PAGE NUMBER(S)

1. STANDING ITEMS OF BUSINESS

1 .1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1 .2 Declarations of Disclosable Pecuniary Interests 1 - 4

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

1 .3 Minutes of the Previous Meeting and Matters Arising 5 - 14

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 29 September 2015.

2. ACTIONS UNDER DELEGATED AUTHORITY

To note any actions by the Director of Public Health Under Delegated Authority since the last meeting of the Board on 29th September 2015.

2 .1 Forward Programme 15 - 16

To consider and comment on the Forward Programme.

Lead for item: Somen Banerjee, Director of Public Health, LBTH.

ITEMS FOR CONSIDERATION

3. COMMUNITY INTELLIGENCE: HEALTHWATCH PERSPECTIVE - YOUNG PEOPLES MENTAL HEALTH 17 - 18

The Health and Wellbeing Board is recommended to:

- Promote to young people the need to care for their mental as well as their physical wellbeing
- Work with schools as an access point to empower parents and families to promote good wellbeing for young people.
- Involve children and young people in co-producing a peer led health and wellbeing campaign to:
- raise awareness of the importance of looking after your physical and mental health.
- tackle the stigma around mental health.
- tackle issues like exam pressure, bullying and family pressures.

- build on existing resources and activities in other areas.

Lead for item: Dianne Barham, Healthwatch Tower Hamlets

4. THEME - EARLY YEARS AND MENTAL HEALTH

4 .1 Emotional Wellbeing in the Early Years and Childhood **19 - 30**

Recommendation

Review and comment upon future direction.

Lead for item: Esther Trenchard-Mabere, Associate Director of Public Health

4 .2 Local Transformation Plan for Children and Young People's Mental Health and Wellbeing **31 - 136**

Approve the Local Transformation Plan for Children and Young People's Mental Health

Lead for item: Martin Bould, Senior Joint Commissioner
Mental Health and Joint Commissioning Team

4 .3 Update on the development of the Joint Health and Wellbeing Strategy **137 - 142**

The Health & Wellbeing Board is recommended to:

Note that the Health and Wellbeing Strategy (HWS) subgroup has established a PMO to project manage the development of the strategy

Note that a priority setting workshop for HWB members is planned for November and HWB members' availability is needed

Lead for item: Louise Russell, Service Head for Corporate Strategy and Equality

5. UPDATE ON THE MENTAL HEALTH CHALLENGE **143 - 154**

The Health & Wellbeing Board is recommended to:

1. Endorse the progress made to date in implementing the key pledges.
2. Commit as individual HWBB member organisations to adopt/sign the Time to Change Pledge.
3. Support the 'Time to Change Employers Forum' by nominating a key lead from each HWBB member organisation to attend the forum.

Lead for item: Carrie Kilpatrick, Interim Deputy Director of Mental Health and Joint Commissioning

6. ANY OTHER BUSINESS

To consider any other business the Chair considers to be urgent.

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-

Monitoring Officer, Telephone Number: 020 7364 4801

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON TUESDAY, 29 SEPTEMBER 2015

COMMITTEE ROOM MP701, 7TH FLOOR, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON E14 2BG

Members Present:

Councillor Amy Whitelock Gibbs (Vice-Chair, in the Chair)	–	(Cabinet Member for Health & Adult Services)
Dr Somen Banerjee	–	(Interim Director of Public Health, LBTH)
Luke Addams	–	(Interim Director of Adult's Services)
Dr Sam Everington	–	(Chair, Tower Hamlets Clinical Commissioning Group)
Jane Milligan	–	(Chief Officer, Tower Hamlets Clinical Commissioning Group)
Debbie Jones	–	Interim Corporate Director - Children's Services

Co-opted Members Present:

Councillor Rachael Saunders	–	(Deputy Mayor and Cabinet Member for Education & Children's Services)
Councillor David Edgar	–	(Cabinet Member for Resources)
Dr Ian Basnett	–	(Associate Medical Director Public Health Director, Barts Health NHS Trust)
Dr Navina Evans,	–	(Director of Operationsand Deputy Chief Executive, East London and Foundattion Trust)
Karen Breen	–	(Barts NHS Trust)
DengYan San	–	(Young Mayor)

Other Councillors Present:

None	–	

Apologies:

Suzanne Firth	–	(Tower Hamlets Community Voluntary Sector)
Mayor John Biggs	–	(Mayor)
Dr Amjad Rahi	–	(Healthwatch Tower Hamlets Representative)
Steve Stride	–	(Chief Executive, Poplar HARCA)
Stephen Halsey	–	(Corporate Director Communities, Localities & Culture)
Kirsty Cornnell	–	(Chief Executive of Tower Hamlets

Community Voluntary Sector)

Others Present:

Sarah Castro	–	(Poplar HARCA)
Sarah Barker	–	(Independent Chair - Tower Hamlets Local Safeguarding Children's Board)
Sandra Fawcett	–	(Chair of Tower Hamlets Housing Forum)
Jane Ball	–	(Gateway Housing)
Monsur Ali	–	(Deputy Young Mayor)

Officers in Attendance:

Shazia Hussain	–	(Service Head Culture, Learning and Leisure, Communities Localities & Culture)
Louise Russell	–	(Service Head Corporate Strategy and Equality, Law Probity & Governance)
Martin Ling	–	(Housing Policy Officer)
Tim Madelin	–	(Senior Public Health Strategist)
Jamal Uddin	–	(Business Services Manager, LBTH)
Justin Morley	–	(Senior Solicitor Legal Services, Law Probity & Governance)
Elizabeth Dowuona	–	(Senior Committee Services Officer)

1. CHAIR'S OPENING REMARKS

1.1 Welcome and Introductions

Councillor Amy Whitelock Gibbs (Vice Chair)(in the Chair)

Welcome

The Chair welcomed everyone to the meeting of the Health and Wellbeing Board and invited everyone to introduce themselves.

The Chair reported that the theme of the meeting is Integrated care.

1.2 Apologies

An apology for absence was received from Mayor John Biggs (Chair), Dr Amjad Rahi (Healthwatch Tower Hamlets Representative) and Steve Stride (Chief Executive, Poplar HARCA).

Notes of lateness was also received from Councillor David Edgar (Cabinet Member for Resources), Councillor Rachael Saunders (Cabinet Member for

Education, Children's Services and the third sector) and Deng Yan San (Young Mayor).

1.3 Public Questions

The Board noted that no questions had been received from members of the public.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No interests were declared.

3. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

RESOLVED:

That the minutes of the meeting held on 7 July 2015 be approved as a correct record subject to Justin Morley being included in the list of officers present.

4. ACTION UNDER DELEGATED AUTHORITY

There were no actions under delegated authority by the Director of Public Health on behalf of the Chair and the Health and Wellbeing Board.

5. FORWARD PROGRAMME

Dr Somen Banerjee (Director of Public Health, LBTH) presented the forward plan. It was anticipated that the theme for the next meeting would be Children's Mental Health and Wellbeing.

Action: Jamal Uddin (Strategy, Policy & Performance Officer, LBTH)

6. COMMUNITY INTELLIGENCE: TOWER HAMLETS COMMUNITY INTELLIGENCE

Dianne Barham invited community researchers (also residents of the borough) to talk about `Up for a Challenge` which is a community project they took part in. They explained how they interviewed members of the local community about their views on health and wellbeing services provided in Tower Hamlets, their needs and their suggestions for improvements on health services. The priorities included

- carers – the views of carers on what support they needed to continue their role, in particular, young carers , carers of people accessing community health services and carers of people with disabilities;
- older people – the views of older people on the type of health and social care services that they would like to be made available to them, should they need care ;

- children – understanding the causes of childhood obesity;
- young people – how young people could be supported to express their understanding of what mental health and good wellbeing were; and to promote a social action campaign;
- cancer services - the experiences of cancer patients and how services could be improved in that area;
- GP Practice - how GP practices could play a vital role in being a link with health programmes and services, community services, welfare support, and access point for advice;
- integrated care – Views of patients on family centred health education;
- Eastern European community; the needs and expectations of the growing eastern; and
- dual diagnosis – the experiences of people with mental illness, substance misuse and the issues they had in accessing services

It was noted that the volunteers were recruited from 17 different organisations from across the Borough, who were then trained up in research skills by Queen Mary University and Tower Hamlets Citizens by a series of workshops and mentoring. This created a network of community researchers who not only had the skills but also had the contacts to carry this research out. There were a total of 33 researchers who were either staff members, volunteers of users from the different organisations. They were awarded certificates for their skills, experience and work following the training.

Diane Barham underlined two overarching issues: building knowledge (which related to sign posting, where and how to access information, expectations and being prepared setting up a single directory) and building capacity (supported self-care, wellbeing not health and the role of the extended family).

It was noted that the aim of the community intelligence was to help shape the priorities and commitments for 2016-17 of Tower Hamlets CCG, Healthwatch, THCVS and the London Borough of Tower Hamlets and work with key partners, including the Health and Wellbeing Board. It was also noted that individual reports including recommendations outlined would be reported back to the key stakeholders in the community.

The Board welcomed the presentation and commended officers for their originality in the bid to involve the local community and acknowledged this as a good example for community engagement. Members also considered that this was an opportunity for health organisations to take on board that volunteers are a great resources for projects on schools, IDEA stores etc.

The Chair thanked the community researchers for their work and commented that the project was an excellent piece of work, a demonstration of members of the community assisting with community projects for the good of the wider community.

The Board agreed that Healthwatch related projects and research findings will be better aligned to Health and Wellbeing Board agenda meetings and forward programme.

Action: Dianne Barham, (Chief Executive of Healthwatch Tower Hamlets)

7. THEME: INTEGRATED CARE

7.1 Integrated Care in Tower Hamlets - Update

Jane Milligan provided an overview of the Integrated Care programme as a major piece of health and social care transformational work of which was to deliver co-ordinated and person-centred care supporting and empowering patients to self-care and self-manage. She set out the principles of Integrated Care, an approach which considered that people with high levels of health activation, with the knowledge, skills, and confidence to manage their health, were more likely to adopt healthy behaviours, have better clinical outcomes and lower rates of hospitalisation. Levels of activation could improve when a person-centred approach was followed and people were supported to develop a sense of ownership, take control over their health and are empowered to make informed choices.

Dr Navina Evans added that the Tower Hamlets Integrated Provider Partnership (THIPP) has developed a strong partnership amongst core partners to deliver a clear vision. The partners are as follows Tower Hamlets Clinical Commissioning Group (CCG), Barts Health, East London Foundation Trust (ELFT) and Tower Hamlets Social Care and Public Health (LBTH).

The presentation described the integrated care approach as a segmented approach where healthcare providers are commissioned to enable better integration of care so that services are less fragmented and easier for patients to access. She spoke on the outcome based approach. Outcomes-based commissioning aimed to create incentives for providers to collaboratively produce integrated services capable of delivering the outcomes that mattered to their population, reducing duplication and waste. The ability to reward higher performance was designed to encourage providers to continually innovate to find better solutions to meet population needs – for example, through investing in preventing ill-health. In this approach, the health services and providers worked together with service users and partner agencies, to understand the outcomes that they wanted to see from the contract. A contract was offered to providers which combined capitation and rewards for improved outcomes; providers were also able to keep money generated from delivering care more efficiently, cutting waste in the system.

RESOLVED

That the presentation be noted.

7.2 A Prevention-Orientated System

Abigail Knight, acting Associate Director in Public Health presented the report. She explained that Making Every Contact Count programme encouraged providers to make the most of every opportunity and discuss healthy lifestyle to facilitate change in healthy living amongst the local community.

Making Every Contact Count programme was recognised for its contribution to improvements in the health of individuals, reductions in the numbers of preventable diseases in communities and improving employee health and wellbeing.

It was noted that the London Borough of Tower Hamlets public health team had developed a localised training programme and accompanying training material. This training programme was being delivered to a range of staff across the wider partnership in the Borough to ensure consistency of message in the brief advice and signposting offered and embedded as a working practice.

The learning outcomes of the Tower Hamlets' MECC training programme were:

- To improve knowledge about key public health messages: smoking, alcohol, healthy eating, physical activity and mental health.
- To build on existing skills in promoting healthy lifestyle and behaviour change
- To explore and identify opportunities to raise key health issues
- To recognise opportunities for staff and staff team to put MECC into practice

It was noted that In 2015/16, MECC was being introduced in the:

- Adults and Children's Services
- Frontline health staff working within different settings of care, including primary care services, acute services, community services, mental health service, pharmacy and voluntary and independent sector organisations.
- Barts Health staff dealing with health promotion amongst patients, at Pre-operative Assessments, patients attending all its A&Es for dangerous levels of alcohol use,
- East London NHS Foundation Trust (ELFT) - staff dealing with improving parity of esteem by improving the physical health of people with serious mental illness. ELFT is adopting a quality improvement approach to health promotion in which small scale interventions, such as information and signposting to lifestyle.

The Health and Wellbeing Board welcomed the joint working between public health and other areas of the health service.

RESOLVED

1. That the progress on the Making Every Contact Count (MECC) programme be noted;

2. That comments on the proposed areas for further development be noted.

7.3 Housing and the Integrated Care Agenda

Somen Banerjee, Director of Public Health presented the report.

Somen explained that the aim of the integrated care is to deliver co-ordinated and person centred care supporting and empowering patients to self-care and self-manage. A short animation was shown to the board meeting demonstrating how joined-up services can help meet the needs of patients and also help reduce anxiety and increase the patients overall health and wellbeing.

He also noted, there is greater emphasis on integrated care increasingly delivered outside traditional health care settings. There are already a number of initiatives such as the Vanguard pilot that will lead to an expansion of the numbers of people subject to integrated care in the borough.

Tower Hamlets Housing Forum (THHF) is the structure in which Registered Providers (RPs) come together in the borough. The group considers health issues and more recently agreed to set up a more formal health and housing sub-group. This will help ensure that smaller RPs are also included and that they all give consistent messages to their residents around health

The commitment from both housing and health is strong with a joint desire to solve problems/issues on behalf of residents/clients. An initial housing and health action plan was developed by THHF and the HWB in February 2014. The action plan featured joint activities aligned to the health and wellbeing strategy's priorities.

Public Health has a long working relationship with RPs and delivered a number of initiatives in partnership utilising community development approaches to promoting health e.g. Well London initiatives with Poplar HARCA and Tower Hamlets Community Housing

The recent community involvement network meeting (RP staff involved in community involvement) considered barriers, blockages and challenges to closely working between housing and health care sectors:

- Difficulty navigating the health and social care sector to highlight issues and opportunities from an RP perspective
- A need for the opportunities to develop work together around health and housing to be more clearly recognised and prioritised

- Set of challenges in taking forward opportunities relating to
- Employee turnover
- Changing health and social care landscape
- Consistent communication and messaging across agencies
- Ongoing consistent ownership of joint work
- Tracking outcomes of initiatives

The recent community involvement network meeting also considered how the two sectors could work better together and produced the following thoughts;

- RPs are one of the main contact organisations for many residents and there is therefore significant opportunity to provide consistent information and guidance on health and social care issues as well as feedback to service provider
- Some residents do not make as much use of primary care as they could to support their health - there is an opportunity for housing staff to support residents on issues such as GP registration and use of services
- RP websites could be a valuable resource for conveying consistent information on health and healthcare services as well as information for events
- Common tools could be developed to measure the impact of health and housing initiatives could be developed to use across the THHF partnership.
- Greater involvement of RPs on relevant health and social care boards would be helpful to provide the collective leadership to tackle barriers and ensure a realistic pace that is mindful of the need to build relationships at all levels of the organisations.

RESOLVED –

1. That the report be noted;
2. That the comments on potential actions to take these opportunities forward and address barriers be noted.
3. That a further update report is programmed in the forward plan.

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Action: Jamal Uddin, (Strategy, Policy & Performance Officer)

8. HEALTH AND WELLBEING STRATEGY REFRESH - UPDATE

Somen Banerjee, Director of Public Health presented the report.

The report outlined the approach that will be taken to develop the refreshed Tower Hamlets Health and Wellbeing Strategy, given that all Health and Wellbeing Boards now had a duty to publish and deliver local health and wellbeing strategies.

It was noted that the strategy would be developed through a partnership approach, consulted on, presented to the CCG Board, HWB and endorsed by the Council's Cabinet.

Formal approval of the Health and Wellbeing Strategy and its delivery plans will be sought in July 2016. Once approval has been given, the Strategy will then be published.

The Board discussed the integration of services provided by the Council focusing on the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across spanning health care, social care and public and health mental health.

The Board went through the timelines in finalising the strategy, ensuring that all the key stakeholders had the opportunity of reviewing and agreeing the priorities and emerging needs of the community/borough.

It was noted that the strategy would be launched in July 2016.

RESOLVED -

1. That the timeframe for the refresh of the Joint Health and Wellbeing Strategy be agreed.

2. That a priority setting workshop for Health and Wellbeing Board members planned in November 2016 be noted.

9. CHARTER FOR HOMELESSNESS HEALTH - ST MUNGO'S BROADWAY

Somen Banerjee, Director of Public Health presented the report.

The report set out the commitment sought by St Mungo's Broadway, a national level homelessness charity for Wellbeing Boards nationwide to consider signing a Charter for Homeless Health.

The aim of the Charter was for the Health and Wellbeing Boards to include the needs of people who were homeless in the Joint Strategic Needs Assessment; to provide leadership across the partnership to address homeless health; and to ensure that across the local authority and clinical commissioning group, local health services met the needs of people who were homeless.

Somen stated that the commitments of the Charter were in line with existing work by the Council and recommended that the Health and Wellbeing Board sign the Charter in order to demonstrate continued partnership commitment to working together to protect and improve the health of people who were homeless.

He concluded that the charter demonstrated recognition at the highest level of the importance of the issue of health and homelessness and a commitment to addressing the health needs of people who were homeless.

As part of a network of other Health and Wellbeing Boards across the country (currently 32) there would be an opportunity to share information, guidance and case studies.

The Chair noted that there is a good track record in the borough of demonstrating its commitment to addressing issues highlighted and that a London-wide strategy or charter would add value in addressing similar challenges.

Members of the board were on the whole supportive of the charter an agreed to adopt the charter.

RESOLVED –

The recommendation to sign up for the Charter be approved and that the commitment continue to underpin the Council and CCG's strategies and commissioning to address the needs of people who were homeless

10. ANY OTHER BUSINESS

There were none.

11. DATE OF NEXT MEETING

It was agreed that the next meeting of the Health and Wellbeing Board be brought forward to November. It was noted that the meeting was currently scheduled for 8 December, however, the Executive Officers Group (sub-group of the HWBB) decided that a meeting in November is required to maintain the Boards priorities.

The Committee Officer confirmed the date as 17th November 2015.

The meeting ended at 6.50 p.m.

Vice Chair,
Tower Hamlets Health and Wellbeing Board

Health and Wellbeing Board Forward Plan				
Date: 12 January 2016				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
	Community Insight - Healthwatch Perspective	Dianne Barham		10 mins
Health and Wellbeing Strategy - Priorities	**Theme** - Long term conditions and cancer; and Healthy Lives			
	Long term conditions and cancer/integrated care item to be confirmed by EOG on 7 December	tbc		
	Air pollution	tbc		15 mins
	HWB Stratgey Refresh Update	Louise Russell		10 mins
Discussion Items	Community safety and Health	tbc		15 mins
Any Other Information		All		5 mins
Date: 15 March 2016				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
	Community Insight - Healthwatch Perspective	Dianne Barham		10 mins
Health and Wellbeing Strategy - Priorities	**Theme** - Early Years; and Mental Health			
	Update on Health Visiting	Esther Trenchard-Mabere		15 mins
	Mental Health item to be confirmed			
	HWB Stratgey Refresh Update	Louise Russell		10 mins
Discussion Items	Barts' Health update		Update on the Barts Health improvement plan as agreed at July meeting	
	Update on Breast cancer screening		Regular updates agreed at the January 2015 meeting	
Any Other Information		All		5 mins

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Health and Wellbeing Board Tuesday 17 November 2015	Tower Hamlets Health and Wellbeing Board
Report of: Healthwatch Tower Hamlets	**Classification:** Unrestricted
Young Peoples Mental Health	

Contact for information	Dianne Barham Healthwatch Tower Hamlets dianne.barham@healthwatchtowerhamlets.co.uk

Executive Summary

The research surveyed young people to better understand their awareness levels and attitudes towards mental health, and gather suggestions on how best to tackle issues related to young people and mental health. Healthwatch Youth Panelists received training through the Community Intelligence Bursary process to become peer researchers and undertake the fieldwork research.

Young people have greater access to their peers so they were in the best position to conduct the research. They surveyed a total of 237 young people across LBTH aged between 15 and 24 years old.

Key findings

More teenage young men stated that mental health was an important issue to them than men aged over 20 years. The opposite trend can be seen for female respondents.

The vast majority of young people were unaware of both the national and local mental health services available to them. Aside from GP's, hospitals, Childline and Talk to Frank, awareness of other services that were presented to respondents was extremely low.

The biggest factor that may deter them from seeking support after experiencing mental health issues was the stigma (41%) attached to mental health illnesses, and fearing the possible adverse reaction of their loved ones (16%) if they were to discuss mental health issues with them.

Twenty one percent of those surveyed stated that simply not knowing where to receive support would be a barrier for them in trying to access help.

Recommendations:

The Health and Wellbeing Board is recommended to:

- Promote to young people the need to care for their mental as well as their physical wellbeing
- Work with schools as an access point to empower parents and families to promote good wellbeing for young people.
- Involve children and young people in co-producing a peer led health and wellbeing campaign to:
  - raise awareness of the importance of looking after your physical and mental health.
  - tackle the stigma around mental health.
  - tackle issues like exam pressure, bullying and family pressures.
  - build on existing resources and activities in other areas.

Appendices

Health and Wellbeing Board Tuesday 17 November 2015	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Emotional Wellbeing in the Early Years and Childhood	

Lead Officer	Somen Banerjee, Director of Public Health
Contact Officers	Esther Trenchard-Mabere, Associate Director of Public Health and Simon Twite Senior Public Health Strategist
Executive Key Decision?	No

Executive Summary

This paper summarises a new public health work programme that is being developed to support emotional wellbeing during the early years and childhood. It provides a counter-balance to a focus on mental health disorders and highlights the importance of building a preventive approach that promotes emotional wellbeing which is both important in its own right and can also help to prevent the development of mental disorders in the longer term.

The paper provides a summary of the evidence on key determinants of emotional wellbeing in the early years and childhood and some of the key themes that have been identified from local community and stakeholder engagement. It then provides an overview of public health commissioned services that aim to promote emotional wellbeing in the early years and childhood, as follows:

Services with a primary focus on emotional wellbeing

- Better Beginnings (Parent and infant wellbeing)
- Family Nurse Partnership
- Mindful schools programme
- School Health Service Mental Health Transformational Change programme
- Educational Psychology – targeted emotional wellbeing programmes

Services with a broader focus but a significant role in promoting emotional wellbeing

- Healthy Early Years Accreditation Scheme
- Health Visiting service
- Infant Feeding Service
- Active Play and Healthy Eating (0-5 years)
- Child and Family Weight Management service
- Healthy Schools Programme

Future developments for this programme include identifying the appropriate mental

health and emotional wellbeing outcomes to be introduced into contracts as part of the Children and Adolescents Mental Health Outcomes Based Commissioning project and strengthening the wider workforce and whole system working.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Review and comment upon future direction.

1. REASONS FOR THE DECISIONS

1.1 N/A

2. ALTERNATIVE OPTIONS

2.1 N/A

3. DETAILS OF REPORT

3.1 Introduction

The purpose of this paper is to summarise a new public health work programme that is being developed to support emotional wellbeing during the early years and childhood. This programme has been developed in response to the growing evidence of the importance of the early years and childhood in providing a foundation for lifelong mental health. This programme is an integral part of the Tower Hamlets Mental Health Strategy and Transformation Plan for Children's Mental Health and Wellbeing. It is being presented separately to provide a balance to a tendency to focus on mental health disorders and to highlight the importance of building a preventive approach that promotes emotional wellbeing which is both important in its own right and can also help to prevent the development of mental disorders in the longer term.

3.2 Summary of evidence on key determinants of emotional wellbeing in the early years and childhood[1]

The Marmot Review highlighted the importance of early years and childhood as a critical period for virtually every aspect of human development with lifelong effects on health and wellbeing. Socio-economic status and parenting are key protective/harmful determinants throughout the early years and childhood with deficits in either clearly associated with poorer outcomes for children. Children and young people in the poorest households are three times 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;

[1] The full version of this needs assessment is available as an appendix to the Tower Hamlets Transformation Plan for Children's Mental Health and Wellbeing and also includes a section on the prevalence of diagnosable mental disorders in children and young people

- Adverse pregnancy outcomes including preterm birth (responsible for a high proportion of later neuro-disability) 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.

Vulnerable groups and risk factors in Tower Hamlets

Parental education and employment

- Higher proportion of residents in Tower Hamlets 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).

Child poverty

- Highest levels of child poverty in the country with almost one in four children (39 per cent) living in an income-deprived family. 54% of neighbourhoods in Tower Hamlets rank in the 10% most deprived nationally on this index;
- A lower percentage of children achieve a good level of development of school readiness at the end of reception (at 55.0%) compared to London and England (62.2% and 60.4% respectively). This is linked to the high levels of child poverty and the percentage for children on low incomes eligible for free school meals (50.7%) is similar to the average for London (52.3%) but better than that for England (44.8%) (2013/14)

Looked After Children (LAC)

- Relatively low rates of children looked after (44/10,000 under 18 population), ranking 17th highest of 33 London boroughs;
- 275 children looked after (2015); prevalence of mental disorders amongst LAC is estimated at 44.8% so 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.

Black and Minority Ethnic 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

- Bullying at school 'in the previous year' experienced by 22% of pupils (Tower Hamlets 2013 Pupil Attitude Survey), with 26% saying that it occurred at least every week;
- 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.

3.3 Local Community and Stakeholder Engagement

Healthy Child Review 1
An engagement process, involving parents and carers, children and young people and relevant professional groups, was undertaken during 2013 to inform the re-commissioning of the School Health, Child and Family Weight Management and Breastfeeding Support services. The importance of promoting emotional health and wellbeing was identified as one of the top priorities by all three stakeholder groups. Other relevant themes included the importance of developing peer support / peer led services, better communication and engagement, joined up holistic approaches and transitions. Schools were identified as having a key role as a setting for promoting emotional wellbeing with School Nurses being well placed to provide accessible support, advice and onward referral where appropriate.

Parent and Infant Wellbeing stakeholder engagement
This built on the Healthy Child Review and priorities that had emerged from the Mental Health Strategy workshops on Children and Young People's mental health. The Maternity, Early Years and Childhood sub-group of the Children and Families Partnership Board identified maternal and infant mental health as one of its priorities for action. A multi-agency task and finish group was established in October 2013 to take forward this work. During 2014 a mapping of services was undertaken against the four tiers set out in the '1001 Critical Days' document:

- Tier 1 Universal support for every parent
- Tier 2 Additional care for parents identified as needing extra clinical & universal care
- Tier 3 Services for parents who are ill and at risk
- Tier 4 Services for parents with severe mental illness

This was followed by two multi-agency workshops to identify how to strengthen the system and led to the commissioning of the 'Better Beginnings' programme (see below)

Healthy Child Review 2 (Health Visiting Stakeholder Engagement)
A second phase of engagement, building on the Healthy Child Review, was undertaken from January-April 2015 to inform the re-commissioning of the Health Visiting service. This again highlighted the importance of emotional wellbeing including the key role of the health visiting services in preparation for parenthood, supporting parent/infant attachment and bonding, emotional support, coping with anxiety and early identification of mental health issues including postnatal depression.

Children and Adolescents Mental Health Outcomes Based Commissioning project
Public health has contributed as a partner to this programme led by the CCG Mental Health Joint Commissioner. This has included engagement with young people, parents and carers and professionals to develop a shared mental health outcomes framework.

3.4 Overview of public health commissioned services that aim to promote emotional wellbeing in the early years and childhood

This section summarises the relevant services that have been commissioned by public health and therefore does not does not describe the full range of local services and programmes that support children's emotional wellbeing.

Services with a primary focus on emotional wellbeing

Better Beginnings (Parent and Infant Wellbeing)
The aim is to provide support for local parents and carers during pregnancy and the first year of the baby's life. Primary focus is on promoting maternal mental health, supporting secure emotional attachment, parent/infant communication, sensitive attuned parenting and peer support. The programme also links to other key influences on parent and infant health (e.g. parental smoking and substance misuse, parental and infant nutrition, oral health and injury prevention) to ensure a holistic approach. There are 4 Locality Parent and Infant Wellbeing Coordinators each supporting a team of peer supporters / volunteers (currently being recruited), the programme also includes a training programme for the peer supporters. The providers are Island House, Toyhouse, Social Action for Health and the Council's parental engagement team.

Family Nurse Partnership
FNP is an evidenced based, preventive, early intervention programme for vulnerable young first time mothers (aged under 19 years) and fathers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two that provides a client centred, strength based approach to support parenting skills and the parent/carer and child relationship. There is international evidence that this approach improves the longer term educational, social and health outcomes for the child. A recent randomised control trial (RCT) undertaken to test the model in the English context suggests that the impact is less than in the USA (possibly due to the existence of stronger Universal services) but the follow up may not have been long enough. The provider is Barts Health.

Mindful schools programme
There is growing evidence that mindfulness training can help to promote emotional wellbeing in children as well as in adults. Consultation on whether to introduce a pilot programme in schools highlighted the importance of extending the approach to teachers who also experience high levels of stress. This pilot programme will provide the opportunity for a cohort of teachers and other relevant professionals to participate in a recognised mindfulness intervention, followed by train the trainer sessions, in order for teachers to be equipped to deliver sessions to pupils. Programmes adapted for primary and secondary schools will be developed and evaluated. 12-16 years of age is seen as a key developmental window for self-regulation and a period when young people need to negotiate many academic and social stressors for the first time and we are particularly interested in evaluating the effectiveness of mindfulness in this context. The provider is the Council's Educational Psychology service.

School Health Service Mental Health Transformational Change programme
Transformational change programme for school nurses and nursery nurses. Skills and confidence development in promoting emotional wellbeing and good mental health in children and young people. This will be addressed through providing both training and supervision for School Nurses. This programme is funded by the Burdett Trust with match funding from Public Health. The provider is Compass Wellbeing CIC

Education Psychology – targeted emotional wellbeing programmes
This has three strands. 1. Work with parents and families of school aged children (targeted to parents of children who have complex or additional needs (such as speech and language difficulties, social communication disorders or particularly challenging behaviour/emotional needs) or parents who are experiencing mental health or emotional difficulties; 2. Targeted support for pupils attending the Pupil Referral Unit (PRU); 3. Counselling sessions for up to ten local disabled adolescents. The provider is the Council's Educational Psychology service

Services with a broader focus but a significant role in promoting emotional wellbeing

Healthy Early Years Accreditation Scheme
This is a set of standards for early years settings to provide a framework for a whole organisation approach to health and wellbeing in line with WHO health promoting settings framework. Emotional health and wellbeing is one of the key strands along with physical activity, healthy food and oral health. The provider is the Council's Early Years/Children's Centres team.

Health Visiting service
Health visitors are responsible for delivering the Universal Healthy Child programme to all families with children 0-5 years as well as targeted support for families with higher levels of need. Health visitors have a key role in supporting maternal emotional wellbeing, parent/child attachment, parenting skills, child development and the early identification of and support for perinatal mental illness. Public Health and Barts Health have also been working with UCL Partners to develop a 'maternal mental health scorecard' as a quality improvement tool to support the role of the Health Visitor in identifying and supporting perinatal mental health problems. The provider is Barts Health.

Infant Feeding Service
The service aims to improve the health and wellbeing of Tower Hamlets mothers and their babies by helping mothers to make informed decisions about infant feeding and to promote and support breastfeeding whenever possible. One of the benefits of breastfeeding is that it contributes to development of secure infant / carer attachment which support infant emotional wellbeing. The service contributes to maintaining UNICEF Baby Friendly Standards. The provider is Barts Health.

Active Play and Healthy Eating
This service supports parent/carers & their children under 5 years where activity and diet are an issue through a 6 week course that covers healthy eating, active play and parental support promoting secure attachment. The provider is Toyhouse.

Child and Family Weight Management service
Emotional wellbeing is key to addressing overweight and obesity. The newly commissioned service is based on the MEND model (Mind, Exercise, Nutrition - Do it!) that places promoting emotional wellbeing at the heart of its approach. The service provides support for mothers in the post natal period and for children from 0-18 years. The provider is My Time Active CIC

Healthy Schools Programme
Emotional Health and wellbeing is one of 4 core areas along with Healthy Eating, Physical Activity and PSHE (Personal, Social and Health Education). The Healthy Lives team deliver work in line with London Healthy Schools programme and WHO Health Promoting Schools Framework. The provider is the Councils Healthy Lives team.

3.5 Future developments

Mental and Emotional Health and Wellbeing Outcomes
As the next stage of the Children and Adolescents Mental Health Outcomes Based Commissioning project, we are working to identify the appropriate outcomes to be introduced into the contracts for both public health commissioned services that aim to promote emotional wellbeing in the early years and childhood and those with a wider focus. We are planning that a later stage of this work will be to introduce emotional wellbeing measures into a still wider range of services for early years, children and young people.

Strengthening the wider workforce and whole system working
A future focus will be on supporting front line staff to develop and build upon their existing knowledge and skills to equip them with a sound evidence-base for practice along with skills to enhance psychosocial assessment of perinatal mental health and delivery of active listening approaches. Joint training will be developed for midwives and health visitors, which will then be rolled out more widely to Children's Centre and social care staff. The programme will have a strong focus on restorative clinical supervision for staff and on working collaboratively to develop a joined up whole system approach.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1. The work set out in this paper is covered by Public Health grant and is budgeted for in 2015/16. Contracts are in place for all services with the exception of the Health Visiting and Family Nurse partnership service. These services transferred to the Council in October 2015 and are currently being procured.

5. LEGAL COMMENTS

5.1. The Health and Social Care Act 2012 (the 2012 Act) introduces a series of amendments to the National Health Service Act 2006 (the 2006 Act). S.12 of the 2012 Act inserts a new section 2B into the 2006 Act which places a duty on the Council to take such steps as it considers appropriate to improve the health of the people in its area.

5.2. In general terms the 2012 Act confers on the Council the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

5.3. S.195 of the 2012 Act requires the Health and Wellbeing Board (HWB) to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

5.4. This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

5.5. S.6C of the 2006 Act empowers the Secretary of State to make regulations as to the exercise by local authorities of public health functions. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require the Council to provide certain public health services. This includes the weighing and measuring of children.

5.6. S.10 of the Children Act 2004 (the 2004 Act) places a duty on the Council to make arrangements to promote co-operation between relevant partners with a view to improving the wellbeing of children in the area.

5.7. The concept of wellbeing includes the child's:

(a) physical and mental health and emotional wellbeing;
(b) protection from harm and neglect;
(c) education, training and recreation;
(d) contribution made by them to society;
(e) social and economic well-being.

5.8. In making arrangements for meeting the duty under the 2004 Act the Council must take into account the role of parents and their carers.

5.9. By way of delegation through s.7A of the 2006 Act, the Secretary of State and NHS England have agreed that children's public health services from pregnancy to age 5 will be commissioned by local government from 1 October 2015.

5.10. The transfer of 0-5 commissioning will join-up public health services for children and young people aged 5-19 that are already delivered by Local Authorities (and up to age 25 for young people with SEND).

5.11. In May 2015 NHS England published a letter addressed to all Clinical Commissioning Groups identifying encouraging improvements in how services were delivered and commissioned in relation to the mental health of children and young people. Financial incentives were attached to this proposal.

5.12. When considering the recommendation above regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

5.13. A further significant factor to be aware of is the duty now placed on the Council to, in respect of its health functions, have regard to the NHS Constitution (see from para.173 of Schedule 5 to the 2012 Act, amending s. 2 of the Health Act 2009). The Council is reminded to add the NHS Constitution (together with any statutory guidance issued by the Secretary of State under s.73B of the 2012 Act) to the list of matters requiring consideration when exercising the functions proposed.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1. Poor emotional health and wellbeing will be more prevalent in specific groups within the population and these are highlighted in the report. Equality dimensions may be of relevance in some instances (e.g. ethnicity, gender and sexual orientation) but vulnerability is primarily linked to socio-economic factors. The principle of proportionate universalism will apply to targeting to the resident population.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 N/A

8. RISK MANAGEMENT IMPLICATIONS

8.1. The programme of work set out mitigates risks in relation to future expenditure on health and social care through the promotion of emotional wellbeing and prevention of the development of mental disorders in the longer term. This will require partnership working across the council, NHS and voluntary sector.

8.2. It also mitigates risks in not meeting the duty of the council through the Health and Social Care Act 2012 to take steps to improve the health of population as

children and adolescents' mental health is an area of current national and local focus.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 N/A

10. EFFICIENCY STATEMENT

The report does not propose additional expenditure beyond that which has already been identified for the work programme set out. It does propose strengthening the skills and knowledge of the wider workforce and whole system working.

Appendices and Background Documents

Appendices

- NONE

Background Documents

- NONE

Health and Wellbeing Board Tuesday 17 November 2015	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Local Transformation Plan for Children and Young People's Mental Health	

Lead Officer	Jane Milligan, Chief Officer, Tower Hamlets CCG
Contact Officers	Martin Bould, Senior Joint Commissioner Mental Health and Joint Commissioning Team 020 3688 2572 **Martin.bould@towerhamletsccg.nhs.uk**
Executive Key Decision?	Yes

Summary

Tower Hamlets has an existing priority to improve the mental health of children and young people, through its Health and Wellbeing Strategy and other local mental health strategies. National guidance has been issued for all CCGs to submit Transformation Plans, based on joint work with partners, and signed off by Health and Wellbeing Boards. The local Transformation Plan is an opportunity to agree local priorities, and provide initial CCG investment of £521k per year.

The priorities (set out in section 3.8 below) include prevention, engagement, early intervention, tackling health inequalities, improving links with schools, and strengthening pathways for the most vulnerable children and for those with specialist mental health needs. They are tied together by our overall vision and by our local joint project to improve the outcomes that children, young people and families have said are most important for them.

Approval of the plan will endorse these priorities and the associated investment.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Approve the Local Transformation Plan for Children and Young People's Mental Health

1. REASONS FOR THE DECISIONS

1.1 The Plan provides the framework for transformative change to meet the needs of children and young people in the borough in the coming years

1.2 The plan is consistent with Tower Hamlets Joint Mental Health Strategy for people of all ages, with Children and Families Partnership Board 's Child Rights Approach and with other local strategic frameworks

1.3 Approval of the Transformation Plan will improve services and unlock allocated NHS England funding for children and young people's mental health in Tower Hamlets

2. ALTERNATIVE OPTIONS

2.1 Not to approve the Local Transformation Plan. Tower Hamlets CCG is required to submit a plan, so the option not to approve will delay the submission, receipt of funds and implementation.

3. DETAILS OF REPORT

3.1 Background

In February 2015, the Department of Health and NHS England published the policy document, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. This set out an ambitious programme of change, and introduced the intention to require every area in England to develop a local Transformation Plan, led by CCGs but involving all partners. The scope included the full spectrum of service provision including education, and the needs of children and young people (up to age 18) who have particular vulnerability to mental health problems. The document stated that '*A whole system approach is needed focusing on prevention of mental ill health, early intervention and recovery'*.

The accompanying guidance said: *'More of the same is simply not an option. Unless we make some real changes right across the whole system, getting serious about prevention and moving investment upstream opportunities to build resilience in our children and young people, promote good mental health and intervene early when problems first arise will continue to be missed and unacceptable variations in quality of care and outcomes will persist.'*

Each area was tasked with producing its own plan to:

- Set out a comprehensive and transparent local offer, including a declaration of resources, to be updated annually
- Demonstrate a multi-agency commitment to service transformation over the coming years
- Meet key targets for 2015/16 (relating to specific service priorities)

Once the Local Transformation Plan is approved, it is proposed that the key sections relating to local investment and local priorities are published on the CCG and Council websites, as advised in NHS England guidance.

The Local Transformation Plan was submitted to NHS England for assurance on 19 October 2015 and a response was due in the week commencing 2 November 2015. It is likely that the assurance process will require some clarifications.

NHS England promised additional funding for CCGs to support longer term system-wide transformation and specific deliverables in 2015/16. In August 2015, Tower Hamlets CCG was notified of an additional allocation of £521k in 2015/16 recurrently, to begin to deliver the jointly agreed Transformation Plan. Of this sum, £149k is earmarked for eating disorders, leaving a balance of £372k to be spent in-year by 31 March 2016.

3.2 Local need

Tower Hamlets Public Health Department have produced a detailed description of local needs in the Transformation Plan. Headline issues are:

- There is a highly diverse, mobile, relatively young population, changing composition due to population growth and trends in migration (national and international);
- The health of the population tends to be worse than elsewhere due to high levels of socioeconomic deprivation; Tower Hamlets remains the most deprived London authority;
- We have the highest levels of child poverty in the country with almost one in four children (39%) living in an income-deprived family. 54% of neighbourhoods in Tower Hamlets rank in the 10% most deprived nationally on this index.

The Public Health Assessment includes the expected number of children and young people with the main mental health conditions (3,490).

3.4 Key issues to address in current services

The Transformation Plan builds on the existing local service development work which is being undertaken in partnership with the CCG, LA, Schools and third sector providers. The plan includes a list of CAMHS services in the borough and others that contribute to the delivery of improved mental health outcomes. Tower Hamlets has a tradition of integrated commissioning of CAMHS through a joint agreement between the CCG and LA. We also have high quality CAMHS clinical practice delivered by integrated services in East London Foundation Trust. There is also a strong record of partnership, including the Children and Families Plan (currently being updated) and, specifically for mental health, the CYP Improving Access to Psychological Therapies (IAPT) Partnership, the Emotional Health and Wellbeing Board and the ELFT paediatric liaison service at the Royal London Hospital. Co-location of specialist CAMHS workers with the Looked After Children team in the Council has recently been agreed, after a period of closer operational working.

However, the following concerns have been reported:

- Multiple commissioners working to different contracts and different outcomes. These include the CCG, NHS England, Local Authority Children's and Adult

Services (including services for parents with a mental illness), individual schools which buy-in counselling and other services to support the emotional health and wellbeing of pupils. There are also a number of directly delivered Council services such Education Psychology

- A fragmented pattern of provision, with many different providers across age ranges and the so-called tiers of provision, but relative weakness in targeted mental health interventions (formerly tier 2) – those which offer earlier intervention, meeting young people where they are, on their own terms
- Variable relationships between school and specialist CAMHS, including poor join up of services
- Inefficiencies in the current arrangements for specialist CAMHS: including high levels of DNAs (i.e. those not attending) for first appointment (16.7%), high levels of referrals not accepted (22.4%) in the first three months of 2015/16.
- Specialist CAMHS report that up to 30% of those referred are seen only one or twice
- Although the school population is approximately 60% Bangladeshi ethnic origin, only about 36% of those seen in specialist CAMHS are of Bangladeshi ethnic origin
- The need for closer working relationships and better outcomes for vulnerable groups, including young offenders and Looked After Children.
- Local services wish to strengthen eating disorder pathways to meet national ambitions and commissioners wish to see treatment offered as early as possible.

Waits for specialist CAMHS have been an area of recent improvement. By the end of 2014/15, 95% of children and young people were seen in 8 weeks (increased from approximately 70%) and 61% were seen in less than 5 weeks, thanks to additional investment by the CCG this year and last. The aim in 2015/16 is to see all referrals in 5 weeks.

These areas of weakness will be addressed by our local programme of transformation, and will be priorities for additional investment (see 3.8 below). However, the CCG and Council are clear that a transformative approach, rather than merely incremental improvement, is needed to meet the challenges faced by the borough.

3.5 Our vision for the local service offer

We want to ensure there is easy access for children and families to information, early help, and evidence-based interventions at every stage, reflecting the life course approach in the Health and Wellbeing Strategy. We have begun to put in place improvements along the following lines, but more is needed;

- **Conception, pregnancy and birth**: to ensure preventative interventions and support for those at risk

- **Early support for pre-school children and parents**: to be provided by universal services (health visitors, early years provision, children centres, parenting services) with additional support for those who need it, including the development of strong attachment bonds
- **Wellbeing at school and other children's settings**: based on resilience for all, and programmes for prevention of mental ill health, and early help in these settings
- **Flexible support in teenage years**: with targeted services to engage young people, holistically addressing issues of study, housing, relationships, physical health, substance misuse and vocational support alongside mental health; and with talking therapies through CYP IAPT, and more intensive support for those with diagnosed mental illness or higher risk
- **Continuing support into young adulthood**, up to the age of 25, ensuring that vulnerable young people who have mental health needs (such as those in the criminal justice system and those placed in residential settings) receive a seamless transition into community mental health services.

At all stages, our services should work with children, young people and families and social networks in a personalised way, and ensure cultural sensitivity. Services should align to the principles in the Child Rights Approach.

3.6 Existing work: outcomes based commissioning

The all-age joint mental health strategy approved by the Health and Wellbeing Board in February 2014 gave a commitment to refresh CAMHS pathways, in order to respond to the pressures for growth and the problems in the current system. An innovative outcomes-based commissioning project involving all stakeholders was set up in July 2014. This aims to:

- Identify the outcomes that children, young people and their families say are important to them
- Redesign child and adolescent mental health services around the needs of children, parents and families.

The first of these objectives has been met. Over 50 young people contributed views through a series of listening events, and generated draft outcomes which were then further refined in workshops with local professionals. The Tower Hamlets shared outcomes framework for children and young people's mental health has 20 outcomes to meet three ambitions, as set out in the diagram below:

	Outcome cluster	Outcomes
Individual	Symptom improvement / maintenance	1. My issues with mental health are reduced
	Functioning	2. I can carry out the daily activities expected of me
		3. I lead a healthier lifestyle
	Achievement of goals	4. I am able to take part in activities that are important to me
		5. I am working towards developing my potential
	Empowerment: Self-determination	6. On balance, I feel good about myself
		7. My life has a sense of purpose
	Empowerment: Self management	8. My family / carers and I have a better understanding of my mental health
		9. I am able to manage when things get difficult
Interpersonal	Improved interpersonal relationships	10. I am able build and maintain good relationships
		11. I am able to express my feelings
	Family / carers	12. I am supported as part of a family
Whole System	Improved experience	13. My family and I have a positive experience of mental health services
		14. My family and I feel listened to by mental health services
		15. I feel safe from harm
	Improved access and early intervention	16. My family and I can access services when we need it
		17. My family and I know where to go when I want help
		18. My physical health needs are considered alongside my mental health needs
	Reducing inequalities	19. My family and I do not feel we are treated differently on account of my mental health
		20. My cultural and religious needs are met

Work is currently under way to identify the measures which correspond to these 20 outcomes.

The current phase of the project will identify which services can sign up to these measures voluntarily (for example if they are not provided by a contract), and will recommend contracted services where outcome measures can be introduced. In CCG contracts, it is intended that in the future a proportion of contract sum will be made dependent on the achievement of outcomes. In this way services will begin working towards to same outcomes, and able to ensure their progress.

This approach is the preferred alternative to commissioners attempting to re-engineer every service interface, and has the advantage that it harnesses the experience and commitment of front-line staff to meet children and young people's mental health needs.

3.7 Existing work: schools

A survey of local schools' views on mental health was carried out in December 2014, showing that they were reporting increased demand and complexity. Whilst schools were broadly happy with their own in-school provision, there were some strong reservations about links with external services (which are now being addressed). We want to work with schools so that CAMHS improves its communication about individual children's needs, and so that schools will feel supported in helping children who have difficulties, and linking with families, as well as tackling mental health through PHSE and targeted support that reflects the needs of their own school.

In addition, Tower Hamlets has been selected as a pilot area for the national programme of CAMHS and Schools Link training. Overseen locally by the CCG, ELFT and Educational Psychology, this pilot has allowed us to recruit 12 schools who will each send a link person and a member of the senior management team on a two day programme, and take part in evaluation. The CCG has received £50,000 to support the programme, and schools have been awarded funds for backfill costs for the teachers who attend.

We are also planning a programme of initiatives including governor training, young people and family engagement, eating disorder awareness, and review of joint working where young people have both physical and mental health needs. These will help enhance and embed the learning in local networks.

In a separate development, the new contract for school health (which has an emotional wellbeing component) has been awarded to Compass Wellbeing, who have a strong record in psychological wellbeing in their other services.

3.8 Existing work: early years

Tower Hamlets Public Health has undertaken a new programme focusing on prevention and early years, which will be separately reported to the Health and Wellbeing Board in November 2015. The Council also commissions Raising Happy Babies courses from Compass Wellbeing which is delivered in partnership with children's centres.

There has also been extensive consultation in connection with the future commissioning of health visiting services.

3.9 Expenditure

The Transformation Plan is required to make a declaration of resources and activity from all agencies and is due to be updated every year.
The Plan maps the expenditure on CYP mental health services in 2014/15.

Source	**Total £**
Tower Hamlets CCG	3,675,438
NHS England	1,082,411
Tower Hamlets Council: Children's Services	1,143,000
Tower Hamlets Council Children's Services and Docklands Outreach (investment in IAPT trained staff) and mental health family support	545,000
Tower Hamlets Council: Public Health including Family Nurse Partnership	795,000
Tower Hamlets Council Children's Services: mainstream grants	87,400
Total	**7,328,249**

It has not been possible to include mental health spending by Barts Health or by individual schools. In addition, in 2015/16 the CCG has invested in:

- Additional staff to improve triage and reduce waiting times
- A small team to strength the conduct disorder pathways for those with severe and persistent need
- A partnership development manager in local specialist CAMHS to develop joint working with schools and children's social care.

The CCG has also earmarked funds for a young people's mental health service, and is about to enter procurement for a strategic partner to deliver services in 2016.

The Local Authority has invested in the development of the Disability Children's Outreach Service delivered by mental health practitioners in partnership which children's social care which provides support to families of children with a disability to reduce parental stress and improve family relationships.

3.9 Local priorities and proposed investment

The early priorities highlighted by NHS England for the Transformation Plan are community eating disorder services, perinatal services, and the programme known as CYP IAPT (which means Improving Access to Psychological Therapies for Children and Young People, and which already operates in Tower Hamlets, where it is a partnership between ELFT, Children's Social Care Family intervention Service and Docklands Outreach).

The CCG intends to commission a strengthened service to deliver new access standards (one week urgent, four weeks routine) for young people referred for eating disorders. This will be a clinical service across East London, augmented by local outreach to schools, etc. The CCG has also funded a pilot improvement in perinatal services in 2015/16, provided by adult mental health services.

Based on the wider information about needs and services, the Transformation Plan sets out the following strategic priorities, shown here alongside the proposed investment, which is subject to NHS England assurance of the Transformation Plan:

Priority area	2015/16 proposals	2016/17
Continue the Tower Hamlets shared outcomes framework and service model development	Outcomes based commissioning project (including pilot collection of outcome measures, training and IT feasibility study) (£85k)	Baseline collection of outcome measures, funding of outcomes 'reward pot', partnership working, subject to CCG contracts
Stronger offer for prevention, including early intervention	Improving access to effective support (through training in new models and commissioning more Raising Happy Babies courses. (£45k)	Public health have already invested in prevention initiatives in 2014/15, and contracts will continue
Better links between CAMHS and schools	Improving links between CAMHS and schools (through additional training events)	The benefits of the programme will be embedded

	(£35k)	
Tackling health inequalities	Improving access, engagement and early intervention (through a range of initiatives, including research on the reasons why over a fifth of those referred do not access services, and major programme of awareness and engagement for Children and Young People).(£162k)	Improved uptake and specifically increase in reach to young people of Bangladeshi ethnic origin where there is an identified need
Access, engagement and early intervention for young people who do not want to engage with current services support		Additional funding for young people's mental health services targeted at those young people who do not engage with CAMHS
Strengthen pathways for the most vulnerable children support (NB CAMHS posts are co-located with LAC within current budgets	In-depth review of needs, pathways, measures and outcomes for vulnerable children (LAC) and scope project for those at risk (£45k)	Redesign services in response to the reviews so that they better meet the needs of this group
Improve specialist CAMHS pathways, i.e. neuro development (including learning disability and ASD), perinatal mental health, co-morbidity physical and mental health problems ,crisis pathways and severe and persistent conduct disorder	Further work to produce business cases for additional resources CCG has approved posts for perinatal services and children	Priority for increased investment in 2016/17

3.9 Required content of the Local Transformation Plan

To meet the requirements of NHS include, the plan includes evidence of current partnerships and joint working. The plan also maps the future direction for the cross-cutting strategies which support these priorities, including engagement, workforce development family approaches, digital access, IT, parity of esteem, and collaboration with neighbouring CCGs.

3.10 Actions

The Transformation Plan includes a number of actions to obtain the detailed information necessary for on-going service transformation, and to review specific aspects of service. The key additional areas to draw to the attention of the Health and Wellbeing Board are:

- Continue and strengthen engagement with young people and their families
- Review current structures and set up a multi-agency delivery board, led by the CCG in line with NHS guidance
- Progress priority areas and spending proposals, subject to NHS England assurance of the Transformation Plan.

- Report the recommendations of the outcomes based commissioning project, and plan any future work.

Implementation of these actions will be planned in detail in the coming month.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 Paragraph 3.9 highlights the 2014/15 expenditure for Children and Young People's mental health services in Tower Hamlets by all partners.

4.2 The Council related expenditure in 2014/15 for CYP mental health services was £2.570m, the expenditure for 2015/16 is projected to be a similar amount.

5. LEGAL COMMENTS

5.1 As highlighted above, in May 2015 NHS England published a letter addressed to all Clinical Commissioning Groups identifying a funding stream to support improvements in how services were delivered and commissioned in relation to the mental health of children and young people. These improvements are intended to be delivered through a Transformation Plan.

5.2 The aims of this programme align with the NHS Five Year Forward Plan which was published in October 2014.

5.3 The NHS England letter stated 'We anticipate that local Health and Wellbeing Boards will want to be engaged to ensure coherence with existing local priorities'.

5.4 The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

5.5 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

5.6 S.10 of the Children Act 2004 places a duty on the Council to make arrangements to promote co-operation between relevant partners with a view to improving the wellbeing of children in the area. The concept of wellbeing includes in relation to physical and mental health and emotional wellbeing.

5.7 When considering the recommendation above, and during any procurement exercise itself, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its

functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

5.8 A further significant factor which must be considered is the duty now placed on the Council to, in respect of its health functions, have regard to the NHS Constitution (see from para.173 of Schedule 5 to the 2012 Act, amending s. 2 of the Health Act 2009). The Council is reminded to add the NHS Constitution (together with any statutory guidance issued by the Secretary of State under s.73B of the 2012 Act) to the list of matters requiring consideration when exercising the functions proposed.

5.9 The Council has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. This is referred to as the Council's best value duty.

5.10 One of the ways in which the Council achieves best value is by subjecting its purchases to competition in accordance with its procurement procedures. Therefore the Council is required to tender for services in order to meet its best value obligations. The winning bidder should be chosen when measured against the evaluation criteria as being the one providing the most economically advantageous tender having had a regard for a blend of quality and price.

5.11 The Public Contracts Regulations 2006 have now been replaced by the Public Contracts Regulations 2015. The new regulations have abolished the old idea of "part B services" and a new regime has been introduced.

5.12 Services of the nature included in this report are now referred to in Schedule 3 of the new regulations. Schedule 3 lists a range of services (similar in scope to those that were covered by the old Part B services) to which a new threshold of £625,050 applies. This means that where the estimated value of a procurement is above this threshold then the new regulations apply.

5.13 Where such a procurement is subject to the regulations the Council is required by the new regulations to:

5.13.1 Place an advert requesting bids for the services in the Official Journal of the European Union

5.13.2 Award a contract following a fair reasonable and transparent process

5.13.3 Place an award notice in OJEU

5.14 However, the actual requirements of the tender process itself are intended to be "a light touch" regime. In practice this means that the Council can determine all aspects of the procurement procedure to be followed provided

that it always abides by the general European principles of openness fairness and transparency.

5.15 The position with this arrangement is complicated by the fact that in some areas the CCG may be procuring the services which meet our requirements. Where the Council elects simply to pay its contribution to the CCG for the services that are provided by a third party contractor this has the effect of being a single provider supply to the Council and would mean that the Council would have failed in its obligation to tender. This is because in effect the Council would be seen to have just purchased the services directly from the CCG.

5.16 This would be the case notwithstanding the completion of some sort of other agreement between the CCG and the Council for example an agreement pursuant to Section 75 National Health Service Act 2006.

5.17 However, the position is assisted by the fact that the CCG is also a Contracting Authority as defined by the Public Contracts Regulations. However, it is to be noted that the implementation of the 2015 update of the Public Contracts Regulations has a delayed implementation in respect of some health related bodies and services. However, the same new regulations may apply to the Council in respect of the same services.

5.18 In order to satisfy the Council's obligations to tender it is necessary to ensure that in any tender it is clear that the CCG is also contracting on behalf of the Council. Therefore, it is possible for the Council to suggest that had they tendered by themselves for the same services at that time they would have achieved the same result. The Council must also comply with its own internal procedures for tendering and therefore it would be advisable to ensure that:

5.18.1 All the potential funders and beneficiaries of any tendered services reach agreement on a single process for a procurement undertaken by one lead member on behalf of the others and

5.18.2 Any advert placed by the Lead member on a particular procurement includes the statement that they are purchasing on behalf of the other funders / beneficiaries of the services

5.19 In any event the Council must abide by its best value duty and therefore, tenders should be run and evaluated on the basis of criteria that determine the Most Economically Advantageous Tender

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 Improving the mental health and wellbeing of children and young people will be a significant step towards reducing health inequalities in the borough. This is fully explained in the Transformation Plan and is a priority for the future.

6.2 The plan notes that take-up of specialist CAMHS services is disproportionately lower by children and young people of Bangladeshi ethnic origin. The plan aims to address this through transformation across the board, and improved engagement with schools and directly with young people in the borough.

7. BEST VALUE (BV) IMPLICATIONS

There are no proposals for local authority spending in this paper, and therefore not Best Value considerations.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no environmental implications for the report.

9. RISK MANAGEMENT IMPLICATIONS

9.1 As this is a CCG lead, there are no risks arising for the Council

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 There are no direct implications for crime and disorder levels or expenditure. However, closer working to transform mental health services for children and young people has the potential to reduce crime and disorder in the future by:

- Earlier intervention for young people with conduct disorder to avoid later problems and engagement with the criminal justice system
- Specific interventions to engage vulnerable young people already involved with the criminal justice system, or at risk of becoming involved with gangs, leading to better outcomes

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Linked Reports, Appendices and Background Documents

- The Tower Hamlets Joint Mental Health Strategy was considered and approved by the Health and Wellbeing Board in February 2014. Papers are on the Council website.

Linked Report

- Mental Health Strategy 2014 (February 2014)
- Mental Health Crisis Care Concordat (July 2015)

These papers are available on the Council website

Appendices

- Local Transformation Plan for Children and Young People's Mental Health (HWB)

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report

- NONE

Officer contact details for documents:

- N/A

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

October 2015

Amended 20&2611015

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

Contents

1 Purpose

This document sets out how the CCG and its partner organisations will improve the mental health and wellbeing of children and young people in Tower Hamlets, through the transformation of local services. It is divided into four parts:

- **An introduction** to the background and scope of the Transformation Plan
- **A picture** of the current arrangements for children and young people's mental health, with a summary of local population needs, and a joint declaration of resources and investment
- **Our partnership approach to transformation**; setting out our local vision, priorities and proposals for investment
- **Arrangements for governance and implementation**:

Tower Hamlets has the highest rate of child poverty in England and a growing, mobile population. Service transformation in the borough is therefore essential in order to meet this challenging and growing need.

In Tower Hamlets, transformation is embedded within our existing local strategy to deliver the outcomes that are important to young people and their families – and to do this through outcomes-based commissioning, rather than re-specifying every service interface. However, the requirement to produce the present plan, and the linked funding, present additional opportunities to improve specific services, and so enable us to bring forward in 2015/16 some of the immediate benefits we wish to see.

NHS England has put in place detailed arrangements to assure Local Transformation Plans. The document has been structured in order to make clear how our plan meets the requirements. Appendices show detailed information on population needs, our Tower Hamlets shared outcomes framework, current services, extracts from key strategic documents, and copies of the summary and self assessment templates required by NHS England. The appendices include the summary and self-assessment checklist which form part of this assurance process. For ease of reference, sections are numbered continuously across the four parts.

2 Background

2.1 National context

The NHS England policy document, *Future in Mind*, was published in February 2015, with detailed guidance following in August 2015. This set out an ambitious programme of change, and introduced the intention to require every area in England to develop a local Transformation Plan. The guidance emphasised that: ***'more of the same is simply not an option'.***

Most of the changes in *Future in Mind* and much of thinking about transformation are based on different ways of doing business within existing resources. However, the need for some

additional resource was recognised and the government announced its strategic intention to invest £1.25bn over 5 years (from 2015/16) in children and young people's mental health services in England.

Tower Hamlets CCG has an additional allocation of £521k in 2015/16, to begin to deliver the jointly agreed Transformation Plan. Of this sum, £149k is earmarked for eating disorders, leaving a balance of £372k to be spent by 31 March 2016.

The Transformation Plan is required to support transparency and accountability and must include statements of the investment by each organisation, number of staff employed, and the activity generated.

2.2 Local context

The first priority of the Joint Mental Health Strategy approved by the Tower Hamlets Health and Wellbeing Board in 2014 is the mental health of children and young people.

Tower Hamlets Children and Families Partnership Board (including the CCG and other partners) has signed up to UNICEF's Child Rights Approach. This approach is grounded in the United Nations Convention on the Rights of the Child (UNCRC), a set of internationally agreed legal standards which lay out a vision of childhood underpinned by dignity, equality, safety and participation. Taking a Child Rights Based Approach means using the Convention as a practical framework for working with and for children and young people. The approach is guided by a set of seven mutually-reinforcing principles:

- Dignity
- Participation.
- Life, survival and development
- Non discrimination
- Transparency and accountability
- Best interest
- Interdependence and indivisibility.

In order to drive strategic transformation, the CCG and the Council has embedded these principles in the establishment of a children and young people mental health outcomes-based commissioning project. The project, which commenced in July 2014 before the publication of *Future in Mind*, aims to identify the outcomes that children, young people and their families say are important to them, and to commission the whole system to deliver these outcomes through integrated working. The key project milestones in the project are:

- November 2014 to January 2015 – A shared outcomes framework with 20 outcomes was developed through workshops with children, families, services users and local professionals (see Appendix 1)

- May 2015 –The outcomes framework was agreed and initial recommendations were made to identify services that will form part of the outcomes based approach.
- November 2015 –the key requirements of a service model, outcome measures, and a contracting approach will be finalised. This will identify the services which will be contracted to measure and deliver these outcomes. A timeline for implementation will also be agreed.

The vision is to develop a unified framework within which services can work in integrated ways.

To further enhance the local service offer and to improve outcomes for young people, Tower Hamlets CCG increased investment in CYP mental health by £191,000, and £150,000 in non-recurrent funding for specialist CAMHS, which are provided by East London Foundation Trust (2015/2016). In contrast, the London Borough of Tower Hamlets has to find savings of nearly £19m in 2015/16, and a total of £60m over a three-year period. However, the Council aims to ensure that this does not have an adverse impact on children and young people's emotional health and wellbeing.

3 Scope

Age: The Local Transformation Plan and the associated funding apply to children and young people aged 0 to 18 years (i.e. birth to 18th birthday). This contrasts with our existing local outcomes based commissioning strategy in the borough, which is to consider a children and young people's mental health service which goes to age 25, amongst other reasons, in order to reflect SEND reforms and changes to leaving care services (including staying put).

Services: the Transformation Plan covers - ***'the full spectrum of service provision including education, and the needs of children and young people who have particular vulnerability to mental health problems, e.g. those with learning disabilities, looked after children and care leavers, those at risk or in contact with the Youth Justice system, or who have been sexually abused or exploited'.***

The declaration of investment in services therefore considers services whose main function is the provision of care treatment and interventions designed to address CYP mental health problems – here a full declaration is made. It also considers services which have an impact on mental health, but whose primary functions not the improvement of CYP mental health – in these cases a general description is given.

PART TWO: THE PICTURE OF LOCAL NEEDS AND CURRENT INVESTMENT

4 Local Needs

4.1 Children and young people's mental health needs and their determinants in Tower Hamlets

The Tower Hamlets Joint Strategic Needs Assessment 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. More details and references are given in Appendix 3.

The Headlines:

- There is a highly diverse, mobile, relatively young population, changing composition due to population growth and trends in migration (national and international);
- The health of the population tends to be worse than elsewhere due to high levels of socioeconomic deprivation; Tower Hamlets remains the most deprived London authority;
- We have the highest levels of child poverty in the country with almost one in four children (39%) living in an income-deprived family. 54% of neighbourhoods in Tower Hamlets rank in the 10% most deprived nationally on this index;
- There are significant inequalities in health both between Tower Hamlets and other areas and within Tower Hamlets. There is a significant gap in life expectancy between the least and most deprived areas within Tower Hamlets it is 7.1 years for men and 2.4 years for women (2009-11);
- The ethnic breakdown of the 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 61.4% % 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;
- A lower percentage of children achieve a good level of development of school readiness at the end of reception (at 45.9%) than that of London and England (52.8% and 51.7% respectively).

Socio-economic status and parenting are constant key protective/harmful determinants throughout a child's life course with deficits in either clearly associated with poorer outcomes for children. Children and young people in the poorest households are three times 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. The impact of 'maternal mental illness'/'maternal stress' are key, as is the complex impact of being brought up in poverty; all adversely affect future child health and development;
- Adverse pregnancy outcomes including preterm birth are linked to lower socio-economic status;
- Substance misuse/drug/alcohol abuse – are associated with problems in child development;
- Mental illness – has an adverse impact of maternal depression during pregnancy on, on continuing depression in the postnatal period and on infant development and outcomes.

Early Years

- Pre-school years are a key period for a child's social and emotional development.
- Attachment 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 has been identified as having a significant impact on the young child's development and health and wellbeing across the life span;
- 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.

4.1.1 Prevalence of diagnosable mental disorders

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. 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.

Pre-conception and pregnancy

Perinatal psychiatric disorder	Rate per 1000 maternities	'Expected' Tower Hamlets cases (4,546 conceptions led to birth in 2013)
Postpartum psychosis	2/1000	9
Chronic serious mental illness	2/1000	9
Severe depressive illness	30/1000	136
Mild-moderate depressive illness and anxiety states	100-150/1000	455-682
Post-traumatic stress disorder	30/1000	136
Adjustment disorders and distress	150-300/1000	682-1364

Table 1: Rates of perinatal psychiatric disorder + 'expected' levels of psychiatric morbidity in Tower Hamlets (2013)

Childhood & Early Adolescence

	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

Table 2: 'Expected' number of children in Tower Hamlets by type of mental disorder, age and gender (2015)

Late adolescence

	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	
Psychotic illness	0	0	0.4	88
Self-harmed in lifetime	6.3	1329	11.7	2574
Suicide attempt lifetime (self-completed Qu)	4.7	992	10	2200
Screen positive for ADHD; ASRS score - all 6	1.3	274	0.8	176

Table 3: 16-24 year old 'expected' levels of mental disorder morbidity in Tower Hamlets (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 4: Prevalence of self-harm by age and 'expected' number of children in Tower Hamlets by category (2015

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

Autistic Spectrum Disorder

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**

Table 6: Prevalence of Autistic Spectrum Disorders by age and gender Tower Hamlets (2015)

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.

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.

4.1.2 Vulnerable groups and risk factors

Parental education and employment - Tower Hamlets has a higher proportion of residents with no qualifications than London and the UK, and correspondingly lower levels of qualifications at each level; There are 7,290 lone parent households in Tower Hamlets (2011),

with the 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) - The Borough has relatively low rates of children looked after (44/10,000 under 18 population), ranking 17th highest of 33 London boroughs. The 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 suggest 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). There is a 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 fewer than 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 - Bullying at school 'in the previous year' is experienced by 22% of pupils (Tower Hamlets 2013 Pupil Attitude Survey), with 26% saying that it occurred at least every week. 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.

4.2 Social Care needs

Children and young people with additional needs include:

- 1,969 children and young people with a statement of special educational needs, and 6,248 registered as School Action or School Action Plus (of the total 43,101 children on the School Census for January 2015)
- 325 Looked After Children (LAC), 319 children with child protection plans and 1,155 child in need cases (1,304).

There are 101 schools in the borough. Of these, there are 71 primary schools (including 6 academies), 17 secondary schools (including 4 academy), the pupil referral unit and six special and short stay schools.

Looked after children and young people in Tower Hamlets

In 2013/14 there were 325 looked after children at 31st March. This was down from 350 at 31st March 2010/11[1]. Local data would also suggest that the number of children looked after reduced further in 2014/15 with 277 children looked after. There is a downward trend in the overall looked after population and in the number of longer term looked after children. National data shows us that while there has been a reduction in numbers, this decline is not as significant as in the looked after population across inner London.

Looked after children in Tower Hamlets tend to be slightly older than children elsewhere in the country. 77% of the looked after children population are older than 10 years of age compared to 58% nationally. There is also a greater proportion of young people 16 years and over in Tower Hamlets compared to other boroughs within inner London.

The percentage of young people who turned 18 and remained in their foster care placement, under an arrangement supported by the local authority has increased. The percentage of children in the same placement for at least 2 years also continues to grow and the percentage of children placed within 20 miles of their home is better than the national average or our statistical neighbours.

Whilst the number of Bangladeshi children is growing, this group remains slightly under-represented against the local population. Children with a Caribbean heritage (or White/Caribbean) are over-represented within this cohort.

There remains an over representation of children subject to Section 20 . However, the average length of care proceedings has reduced and performance is in-line with our statistical neighbours.

Tower Hamlets care levers have a high percentage of young people who are not in education, employment of training. 38.5% of care leavers are NEET compared to 32.8% within our statistical neighbours.

Children with disabilities

The following has been taken from the JSNA Factsheet on Children with Disability (2012-13):
"Measuring disability in childhood is difficult, because the notion of disability is multi-dimensional, dynamic and contested. Definitions vary across different settings. Most robust estimates and local data suggest that there are approximately 2,000 children and young people aged 0-19 with a disability in Tower Hamlets.

In 2013, 1,562 children who attended a school in Tower Hamlets had statements of SEN, equivalent to 3.6% of the school population. The number of pupils with a statement of SEN maintained by the Local Authority, but not included in that figure (i.e. with a statement of SEN but who attended a school out of borough), increased by 21.2% between 2009 and 2013. Statemented and non-statemented SEN levels are higher than both England and London.

There are a number of factors affecting the presentation of children with disabilities that will have an impact on future service provision:

[1] https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption--2

- The *proportion* of children identified as having a disability has remained broadly constant – however the *number* of children identified as having a disability is increasing due to the increasing 0-19 population;
- An increasing number of children with statements of SEN are staying in education beyond 16 years;
- Children with disabilities are being identified by services earlier.

The number of young carers in Tower Hamlets

At the beginning of 2014 there were approximately 108 registered young carers known to us in Tower Hamlets. This was believed to be an under-representation, and following an intensive exercise extracting data from targeted services this figure is now nearer to 380 although there is still some work to be done as data has not yet been made available from schools. Our indicators show that at any one time there may be more than 450 children in Tower Hamlets living in a family where a parent has a severe and enduring mental illness let alone those that may be living with a parent that suffers from long term illness, has a physical disability or is a substance misuser. Therefore, we can assume that more young people contribute to the caring for a family member than have currently been identified.

5 Current Resources and Investment

5.1 Total investment

The following table summarises the investment in child and adolescent mental health services in 2014/15.

Source	Total £
Tower Hamlets CCG	3,675,438
NHS England	1,082,411
Tower Hamlets Council: Children's Services	1,143,000
Tower Hamlets Council: Contracts	545,000
Tower Hamlets Council: Public Health	795,000
Tower Hamlets Council: mainstream grants	87,400
Total	**7,328,249**

Note: spending on mental health by Barts Health NHS Trust has not been disaggregated.

5.2 CCG investment

5.2 CCG investment

Contracts/ Provider	Total CCG investment
ELFT	£3,292,900
Other contracts	56,375
Perinatal	£326,163
Total	**£3,675,438**

Block contract with East London Foundation Trust for CAMHS - The current 2014/15 contract value assigned to TH CAMHS from the MHSLR exercise is £3,292,900. The calculations are currently under review by the CCG and the Trust so the figure may be subject to further revision. For the following year, 2014/15, the staffing (as reported to the most recent NHS benchmarking exercise) was

Profession	WTE
Consultant Psychiatrists	4.8
Nurses	7
Clinical psychologists	11.6
Psychotherapists	3.3
Family Therapists	5.9
Allied Health Professionals	0
Support worker	0

Social worker	0
Operational manager	1
Other	2.4
Admin	9
Total	**45**

Note: excludes 11 posts funded by Tower Hamlets Council

Activity - 2014/15.

Referrals	1441
Referrals accepted	1257
% of C&YP seen within target	98.7%
Longest wait for appointment (weeks)	11
C&YP Seen(Caseload)	1370
Appointments attended	10863
DNA rate (%)	13.0%

Age and gender – 2014/15

C/YP seen by Gender (%) M	M	58.8%
C/YP seen by Gender (%) F	F	42.4%
C/YP seen by Age Group(%)	0-4	6.6%
C/YP seen by Age Group(%)	5-11	31.5%
C/YP seen by Age Group(%)	12-18	62.5%
Ethnicity Recorded (%)		94.6%
Consultations - client related		767
C/YP discussed - client related		609

The following table summarises the outcomes for this period

Initial Outcome Q'aires Completed	**856**
f/up Forms Completed	**894**
% of Clients showing an improvement	**81%**
User Sat Q'aires Completed	**158**
%clients reporting happy with service	**96%**

Perinatal services - ELFT services are managed and funded as part of the ELFT adult mental health services. The cost in 2015/16 is £326,163. The staffing is made up of 1 x WTE consultant psychiatrist, 2 x Band 7 CPNs, and 1 x Band 4 Administrator. A fixed term psychologist currently funded in 2015/16 by the CCG with non-recurrent funding is excluded.

Overview of perinatal activity

- c325 referrals per year.
- Waiting times are 3-8 weeks for a non-urgent referral.
- Urgent cases within 72 hours.

ELFT state the team mix is inadequate and requires 0.2 WTE psychiatrists, a junior doctor, one more nurse and a parent infant therapist to comply with Royal College Perinatal Quality Network guidelines.

Tower Hamlets residents also use specialist perinatal services, such as the mother and baby units commissioned by NHS London. Wherever possible, admissions from Tower Hamlets are to the Hackney inpatient mother and baby unit.

Other perinatal mental health services - Tower Hamlets CCG also funds the Women and Family Health Service (contract value up to £62,000 pa,) to provide Maternity Mates. This is a volunteer-based service which provides support and information and improves access to services for isolated or vulnerable mothers before, during and after birth (sometimes called a 'doula' service). This includes mothers who do not have spoken English, a partner, family or friends, or who have experienced domestic violence. The service supports 60 or 70 mothers per year with trained volunteers and is investigating ways to train volunteers to signpost mothers to mental health support where needed.

This spending is not included in the CCG total, since it contributes to improved mental health rather than specifically providing mental health interventions.

Other CCG mental health spending - LBTH Children's social care MOU for CHAMP/parental mental health service - £56,375 pa. This funds 2 x children's social workers to work with community mental health teams. No activity information is available.

New contracts due in 2015/16 (Not yet let, amounts not for publication)

- Community Eating Disorders variation or new contract
- Targeted YP mental health services - new contract in 2015/16

Tower Hamlets is one of the few areas in the country which has a dedicated service for early detection of psychosis, known as THEDS. However, this service reports that, although its eligibility criteria start at age 16, there is a negligible proportion of users who are under the age of 18. No information on this service has been included.

Note: CCG expenditure for the CAMHS and Schools Link pilot training programme (£100k in 2015/16) is not included since the Transformation Plan guidance asks for spending in 2014/215.

5.2 NHS E Investment

Specialised commissioning

NHS England specialised commissioning have provided the following information about Tower Hamlets use of the services they commission, as shown in the following table (where the unit of activity is in occupied bed-days:

Service Line Description	Actual Cost 2014/15	Actual Activity 2014/15
CAMHS Secure	347,224	365
CAMHS T4	735,187	1,493

The providers and a breakdown of activity are shown in the following table:

Provider	Cost	Activity (bed days)
WEST LONDON MENTAL HEALTH NHS TRUST	347,224	365
NORTH EAST LONDON NHS FOUNDATION TRUST	35,717	87
EAST LONDON NHS FOUNDATION TRUST	699,470	1,406

Total spend in 2014/15 is £1,082,411.

Additional analysis is given in Appendix 5. This shows five episodes in Tier 4 (specialist and inpatient) services, of which two were to day care.

Health and Justice

NHS England Health and Justice Team have made a significant contribution to local understanding through their work on child sexual exploitation. This is based on a review commissioned by NHS England (London) and MOPAC (the London Mayor's Office for Policing And Crime) and recommends the establishment of five Child Houses in London and an enhanced paediatric service at the Havens (sexual assault referral centres). These Child Houses will be child friendly buildings where CYP can access medical examination, sexual health aftercare, counselling, therapy and advocacy. The review also mapped current services. Further discussions will be necessary with other CCGs about the review and its findings.

NHS England have provided also the following snapshot information on number of children in secure services in July 2015 (this information is not available for the period 2014/15).

July 2015		Accommodation Type			
Region of YOT	**YOT**	**SCH**	**STC**	**YOI**	**Grand Total**

	Tower Hamlets and City of London	*	*	*	10

Small numbers withheld for data security reasons (as indicated by asterisk)*

Abbreviation: SCH – secure children's home; STC – secure training centre; YOI – youth offender institution.

Tower Hamlets is not a member of either of the two resettlement consortia that have been put in place in London by NHS England Health and Justice team to improve follow up on release from the above establishments.

5.3 Local Authority investments: Children's Social Care

East London Foundation Trust

The Local Authority employs 10 social workers: 7 x social workers, 2 x SW Practice Managers and 1 x Team Manager, and an administrator, who are integrated into, and managed within, ELFT specialist CAMHS. It also has a contract with ELFT, historically for Tier 2 services. These arrangements have been made under section 75 agreements and predecessor statutes. The specification for council-funded services is appended to the NHS.

Total council direct budget including all on costs £1,148k of which:

- **Salaries and salary on costs £643k**
- **ELFT contract £505k**

Other Council contracts

The Council contracts and delivers services whose objective is to improve CYP mental health:

Clinical Delivery IAPT Plus: Family Intervention Service and Docklands Outreach*	£435k
Mental Health Family Support Service (Family Action's Building Bridges)	£110k
Total	**£545K**

**This relates to the salaries of IAPT trained staff in these organisations*

The following table shows the CYP IAPT expenditure and staffing.

Clinical Delivery IAPT Plus	
Family Intervention Service	**Docklands Outreach**
<u>Practitioners</u> CBT -1x FTE + 1x Trainee (YOT from Jan 16) CYPIAPT, Cognitive Behavioural Therapy, low mood, anxiety and depression. Co work with FIP, refer pre threshold, referrals from CAMHS and School (Option for SLA)	2x FTE (1x FTE currently until Jan 16) Enhanced Evidence Based Cognitive Behavioural Therapy/ Low Mood anxiety and Depression A&E Street work Conflict and Resolution
Parenting -1x FTE Incredible Years and Parent and	2x Staff @ 3hpw - Weekly Sessions for Young

Carer Game	Carers/ Low Mood/ Confidence/ SRE
Systemic Family Therapy -2x Trainees (1 nearly completed/ 1 January 2016)	Request from Spotlight – cognitive Behavioural Therapy
0.5 FT Qualified – Family Support Cluster/ Family Therapy	2x FTE (1.5 Parenting + Trainee) Incredible Years
0.5 FTE Trainee ⟷	0.5 FTE Trainee (Joint working between DO and FIS
Supervisors Cognitive Behavioural Therapist Supervisors in CAMHS (Time is Unfunded) 0.5 Systemic Family Therapist (FIS) Supervisors for A&E – 1x monthly (2 hours) + crisis response	Counselling 1:1
Total £253k	£170k + ½ SFT Total: £192k
£435K	

Services for vulnerable children

The following services have a focus on vulnerable children with a high risk of mental ill-health

- Disabled Children's Outreach Services (DCOS)
- Youth offending services (cost of CPN included in ELFT spending)
- Looked After Children and children leaving care
- Family Intervention Service (including Family Intervention Project/Family cluster service)
- Young People substance misuse contract (value £225k pa).

Services for young carers

These services provide support for young carers of adults with any disability, not just mental health problems, since all young carers are at higher risk of mental ill health.

- Urban Adventure Base Young Carers Project (provided by Tower Hamlets Youth Service, funded by the Council's children's services)
- Targeted youth support service
- Under 7's befriending project (currently out to procurement)

In addition, the following services are relevant:

- Family Action run a targeted support for young carers aged 8-18 years old and their families, understanding their needs and working with them individually and together to help reduce the negative impact of the caring role. This service aims to support young carers to develop good health and wellbeing and achieve their potential. Funding is from a mainstream grant for £19.6K over a three year period (Family Action also has a contract Tower Hamlets Council for mental health family support)

- Rethink Mental Illness signpost young carers to local services (their contract is for casework and group support to adult carers - funded by Tower Hamlets Council)
- The Renaissance Foundation is an independent charity which has run local activities young carers in Tower Hamlets. It is independently funded.
- CHAMP also work with young carers since the team works with parents who have a mental illness.

5.4 Local Authority investments: Public Health

A full list of public health projects for children's mental health is supplied. (See Appendix 6). The following table shows a summary.

Service name	Aim	Provider	Annual spend by public health
Better Beginnings	Parent and infant wellbeing coordinator and volunteer peer supporters to promote maternal mental health during pregnancy and first year of bay's life	Three local third sector organisations	160,000*
Family Nurse Partnership	Early intervention programme for vulnerable first-time mothers (aged under 19) and father	Barts Health NHS Trust	550,000
Mindfulness training in schools	Teachers and professionals are trained to deliver sessions to students	LBTH educational psychology	15,000*+
School Health Service – Training &Transformational Change	Training and supervision for school nurses and nursery nurses to promote mental health and emotional wellbeing	Compass Wellbeing	30,000*+
Educational psychology projects	1) Parents of children with complex needs 2) PRU pupils 3) Counselling for 10 disabled students	LBTH educational psychology	40,000

Asterisk (*) indicates half the cost of a two year contract. Spend may vary across financial years.

Plus(+) indicates Public health element where another agency contributes

Total public health spend is therefore £795,000 pa. Public health also funds a range of services and projects that include mental health outcomes, but are not primarily focussed on mental health.

- Infant feeding support service
- Health visiting
- Active play health Eating
- Health early years accreditation service

- School Health Service
- Tower Hamlets Healthy Schools

The work of these services may contribute to the Tower Hamlets shared outcomes framework, and a project is planned to identify appropriate outcomes and measures for their preventative work. The first part of this will project, relating to school age children, be funded through the resources linked the CAMHS and School Link Pilot training programme.

5.5 Other council investment and strategies

Mainstream Grants for children and young people

The Council has recently awarded grants through its Mainstream Grants Programme which address children and young people's mental health.

Organisation	Purpose of grant	£ pa
Step Forward	Providing wrap-around therapeutic and support services to young people whose lives are affected by trauma, stress, anxiety and abuse including sexual abuse. Together we will develop a personalised package of support enabling them to improve their emotional health and wellbeing, make informed decisions and feel better equipped for their future.	£50K
Attlee Youth and Community Centre	Attlee, Home-Start Tower Hamlets and Praxis in collaboration providing inclusive services for children 0-16years and their families; including migrant families. Services include support in the home, structured drop in sessions, peer therapeutic support, skills, health and wellbeing workshops and exercise classes for adults and play and informal learning for children	£20.6K
Toyhouse Libraries Association of Tower Hamlets	Mellow Parenting is evidence based, in depth, early intervention suite of parenting programmes targeted to support families who are finding parenting a struggle so they can develop more positive ways to interact and remain a family. Courses are designed for parents & pre-school children together and also for parents-to-be.	£16.8K

The total is therefore £87,400 per year.

The following mainstream grant-funded projects have an impact on mental health

St Giles Trust	A borough wide service providing holistic casework support for families with complex issues; including housing support and help to access education, training and employment. Gamechangers has experience of working with families where members are gang involved or otherwise involved with the criminal justice system.	£41K

Osmani Development Trust	The Shaathi Family Support programme is both a prevention and intervention programme seeking to work with families that are at risk of breaking down and/or are facing multiple social, financial or health related difficulties	£33K

These are the mainstream council grants most relevant to mental health. A total of 28 other grants were made were made where emotional wellbeing was an explicit purpose. These show the resilience of the community in Tower Hamlets – most activities relate to arts, culture, and sports projects with an emotional wellbeing benefit.

Education and Youth Services

The Council also funds education and youth services with a wider benefit to mental health and wellbeing:

- Targeted Youth service (aimed at NEET)
- Educational Psychology Service
- Behaviour Support Team
- Outreach teams from specialist schools (Cherry Trees, Phoenix).

Schools also directly provide whole school and targeted mental health services from their own budget, and some pay for external agencies to provide counselling. A survey by the CCG and council in 2014 showed that schools provided targeted services through learning mentors, external contracts, and in-house pastoral care. Examples of external services include Place 2 Be and Barnardos, as well as local organisations.

Tower Hamlets College has three part-time counsellors and a part-time mental health adviser, although students have a wide range of ages, beyond 17 years.

Schools, college, education and youth work expenditure related to mental health has not been separately identified.

Community safety

The Council brings together a number of important initiatives which are linked to mental health of children and young people, although not directly providing mental health interventions.

- Prevent initiatives
- A coordinator for the strategy to end groups, gangs and serious youth violence (GGSYV)
- Domestic Violence
- DAAT includes funding for services to support families of those who misuse drugs and alcohol

The Council action plan for the children and families plan commits to complete the mapping of interventions for those involved in GGSYV by March 2016.

5.6 Specific service areas

Maternal and Infant mental health and emotional wellbeing services

A mapping exercise for parent and infant wellbeing was undertaken in 2014 and this is summarised in Appendix 7.

Crisis Care Concordat

The Mental Health Crisis Care Concordat was published in February 2014 and Tower Hamlets Local Action plan was submitted in March 2015, with an update report to the Health and Wellbeing Board in June 2015. The Crisis Care Concordat covers people of all ages (and therefore includes children and young people).

In Tower Hamlets organisations have a good record in terms of mental health crisis care. For adults, there is a crisis house, good local working relationships with the police, a RAID service at the Royal London Hospital, availability of beds and Approved Mental Health Professionals. The place of safety for adults is at the Royal London Hospital. Neither adults nor children are assessed at police cells.

The initial priority for Tower Hamlets Crisis Care Concordat Action Plan to October 2015 concerned adults, with a detailed focus on the interfaces at the Royal London Hospital, including patient experience, waits, handovers and operational liaison.

Local feedback from ELFT is that the emergency pathway at the Royal London Hospital is working well for children and Young People, with daytime emergency cover from local specialist CAMHS and out of hours cover and RAID protocols in place. Young people under 18 years are not admitted to adult beds.

Nevertheless, our Crisis Care Concordat Action Plan Action Plan is periodically updated and further work on crisis pathways for children and young people will be included in the plan for 2016, following the publication of the London Strategic Clinical Network's guidance on crisis services. Tower Hamlets will also review its CYP inpatient and specialist day service admissions with partner CCGs and NHS England specialist commissioning.

PART THREE: TRANSFORMATION OF CYP MENTAL HEALTH

6 Vision for transformation: outcomes-based commissioning

Achieving the outcomes that young people and their families say are important

Our vision for transformation is driven by the high need and expanding population of Tower Hamlets. We have been a rapidly growing borough in terms of population size, and have the highest rate of child poverty in England. Nearly 60% of the school age population are of Bangladeshi ethnic origin. There is a high rate of turnover on GP lists. These pressing local characteristics mean that we must transform our approach to children and young people's mental health and wellbeing, and our local services:

Our aims in Tower Hamlets are to:

- **Improve the mental health and wellbeing of children and young people**
- **Develop a system which responds to need with evidence based interventions**

We want our services to move away from demarcation towards integration. We have adopted an ambitious programme to ensure the whole system is working effectively – our outcomes based commissioning project. As stated, this aims to integrate delivery so that services achieve the outcomes that young people and their families have said are important to them.

What services should offer

We want to ensure there is easy access for children and families to information, early help, and evidence-based interventions at every stage, reflecting the life course approach in the Health and Wellbeing Strategy:

- Conception, pregnancy and birth: to ensure preventative interventions and support for those at risk
- Early support for pre-school children and parents: to be provided by universal services (health visitors, early years provision, children centres, parenting services) with additional support for those who need it, including the development of strong attachment bonds
- Wellbeing at school and other children's settings: based on resilience for all, and programmes for prevention of mental ill health, and early help in these settings
- Flexible support in teenage years: with targeted services to engage young people, addressing issues of study, housing, relationships, physical health, substance misuse and vocational support alongside mental health; and with talking therapies through CYP IAPT, and more intensive support for those with diagnosed mental illness or higher risk

- Continuing support into young adulthood, up to the age of 25, ensuring that vulnerable young people who have mental health needs (such as those in the criminal justice system and those placed in residential settings) receive a seamless transition into community mental health services.

At all stages, our services should work with children, young people and families and social networks in a personalised way, and ensure cultural sensitivity; aligning to the principles in the Child Rights Approach. Wherever possible, we want to see continuity of support, so that the same individual coordinates input for an individual child or young person, and is available when needed. We want to see mental health given the same value as physical health ('parity of esteem').

ELFT are assessing the potential of the Thrive model to deliver these functions in Tower hamlets:

Progress on outcomes based commissioning project

We have already agreed a shared outcomes framework (appendix 1). The project has reviewed outcomes measures as follows:

- Those used by local services (including ELFT, CYP IAT, Docklands Outreach, Compass Wellbeing and Family Action)
- An extensive review of existing measurement tools, research and guidance (including material highlighted nationally as part of eating disorders guidance and locally for children's liaison psychiatry)
- Input from Young Minds working with the University of Brighton
- Evaluation criteria were agreed to select suitable measures, and weightings were applied to reflect the views of young people (identified through a session with Docklands Outreach and Young Minds).

An initial report has shown that no single tool covers all outcomes but some measures cover several. We will consult on the final measures and develop system or service outcome measures in order to fill gaps where no satisfactory tool exists.

Our plan is then (working with stakeholders) to develop the key requirements of the local service model which will deliver the outcomes. This approach does not seek to specify every detail of service delivery, but aims to set out the main features necessary to meet local needs. For example, this is the programme of work which will consider the desirability and feasibility of a single point of access.

An initial workshop was held on 8 September, and a further meeting of the outcomes based commissioning project team has been arranged for 11 November to continue the process.

The next steps are therefore to finalise and pilot the outcomes measurement tools, agree the key requirements of the service model, pilot collection of outcomes, including training of staff, and identify the IT requirements for collection of the final set of measures.

7 Summary of progress on key objectives for the Transformation Plan in 2015/16

The national guidance on local Transformation Plans set out four key objectives for 2015/16:

- Building capacity and capability across the system
- Community eating disorder services
- Rolling out CYP IAPT
- Perinatal care

This section reports the position in Tower Hamlets.

7.1 Building capacity and capability across the system

Tower Hamlets has a good record of building capacity and capability across the system. Several initiatives (summarised below) are described in more detail elsewhere in this document.

- Outcomes based commissioning – this project engages a wide range of service users and professionals in thinking about the outcomes that are important, and how to put their delivery at the centre of our work
- A partnership development manager embedded in local CAMHS to develop partnerships and pathways, has been funded by the CCG for a one-year period
- A partnership scheme focusing on times out of school for those who are unlikely to approach specialist CAMHS. The partnerships will be with local youth organisations, and in making links to specialist CAMHS. Recurrent funding has been allocated to this service by the CCG.
- Tower Hamlets Public Health has implemented a project on mother and infant wellbeing, including training for front-line staff and volunteers, to promote attachment
- As mentioned earlier, Tower Hamlets Partnership is a UNICEF pilot for the Child Rights Approach to the commissioning of children's health services.
- The Council's mainstream grants programme prioritises children and young people's emotional health and well-being.
- Tower Hamlets Volunteer Centre employ a Voluntary Sector Children and Youth Forum Coordinator, and, with other third sector groups, this post makes significant contribution to local strategic partnerships
- Health Watch Tower Hamlets has made young people's mental health a priority, producing a report and running a series of engagement events.

Tower Hamlets CCG also recognises the importance of innovation to develop local capacity. For example:

- In the new NHS envisaged under the Five Year Forward Plan, the CCG is a Vanguard pilot site.
- The CCG has supported ELFT CAMHS in its expression of interest to the Anna Freud Centre to be an accelerator site for the Thrive model, which was mentioned in positive terms in *Future in Mind*.
- The care groups under our integrated personal commissioning pilot include those with special educational needs and disabilities (SEND) which will include children and young people with mental health needs.
- The CCG is supporting three current third sector applications for national funding with pilot local work covering; Peer support for parents (with Young Minds); Digital mindfulness (with Youth net); and Peer mentoring for young people (with Community Links Newham).

However, the CCG in partnership with the Council recognises that innovation and incremental adjustments are not the whole story – in fact, they can lead to fragmentation and demarcation between services, as described in *Future in Mind*. Therefore this Transformation Plan emphasises the importance of NHS, Council and the voluntary sector working together in partnership to meet the mental health, physical health and social care needs of the young people who use them; providing flexibility, choice, and strong community connections.

We believe that our outcomes-based commissioning approach can provide the framework to unify these elements.

7.2 Community eating disorder services

The guidance on Transformation Plans earmarked additional funding for community eating disorder services.

Tower Hamlets CCG has indicated its intention to commission (with City and Hackney and Newham CCGs) a single 'virtual' service across ELFT, with single leadership, Trust-wide systems, local delivery and third sector partnerships, in order to deliver a service compliant with the published access standards by April 2016.

East London Foundation Trust have put forward a proposal to strengthen their existing CAMHS service for children and young people with eating disorders, meet the required access standards, and comply with the recently published national guidance. We will (as part of the East London Commissioning Consortium) agree with them in 2015/16:

- Which posts ELFT can begin to recruit now
- Leadership roles and backfill arrangements to develop the service for full implementation
- The referral, reporting, IT and outcomes measurement infrastructure and the cost and timetable for their delivery

- The staffing profile.

In Tower Hamlets, we will also commission from third sector organisations capacity-building projects for young people at risk of developing eating disorders:

- Input to schools
- Peer support
- Awareness raising, including with community organisations
- Digital interventions
- Psychosocial interventions
- Access for specific cultural needs in our community.

These services will be procured on the basis of competitive quotations in line with CCG standing financial instructions. It is envisaged that the investment in third sector capacity building will be commissioned on a continuing basis in order to ensure resources can be targeted towards prevention and early intervention.

7.3 Rolling out CYP IAPT

Tower Hamlets is a second wave CYP IAPT Partnership and is fully established in the borough. The partners are the Family Intervention Service (LBTH), ELFT and Docklands Outreach, and all are working according to the principles of CYPT 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.

There is ongoing discussion of the appropriateness of rolling out the partnership to other organisations in Tower Hamlets.

CYP IAPT outcomes have been taken into account in our current work to develop measures for our shared outcomes framework.

7.4 Perinatal care

ELFT currently operate a perinatal service. The staffing is 1 x WTE consultant psychiatrist, 2 x Band 7 CPNs, a Band 4 Admin. In 2015/16, the CCG has funded a fixed term psychologist with non recurrent funding, in order to strengthen the service.

They state the team mix is inadequate and requires a junior doctor, one more nurse and a parent infant therapist to comply with Royal College Perinatal Quality Network guidelines.

Detailed London Strategic Clinical Network guidance and access standards have not yet been published. Detailed review of these services will be needed following publication.

Information on perinatal mental health services including activity and related services, has been included in the section on investment. (The psychologist post was not be included in the financial information, which relates to 2014/15.)

8. A multi-agency approach

The CCG and Local Authority Children's Services are making progress to engage all agencies in delivering our local vision (see section 6 above). This section summarises the strategic work of partner agencies and lists the approach to joint working.

8.1 Strategic direction and whole system partners

Current strategic partnerships for CYP mental health

As required in the Transformation Plan guidance, this section lists the main examples of partnership working for children and young people's mental health at a strategic level

We have a high level partnership as members of the Health and Well Being Board, which has made mental health one of its four priorities, and we have set up an outcomes based commissioning steering group which incorporates ELFT, Local Authority Children's Services, Public Health, and third sector organisations including IAPT providers.

Other significant partnerships between organisations include:

- Integration of specialist mental health services into social work teams, including co-location
- Children's and Young People's IAPT project with specialist CAMHS, local authority children and care services and Docklands Outreach (a voluntary sector organisation offering counselling and outreach services in community locations).
- Delivery of paediatric liaison services at the Royal London Hospital services – partnership between Barts Health and ELFT.

Tower Hamlets JSNA

Tower Hamlets recently refreshed its Joint Strategic Needs Assessment (JSNA). This integrates mental health into the overall picture of the borough's health needs. Tower Hamlets Public health has provided a detailed review of the children and young people's needs in its local population, as summarised in section 5 and contained in Appendix 3.

The JSNA includes evidence from the Marmot review and NICE guidelines that highlight the importance of:

- Extending the role of schools in support families and communities
- Developing a schools-based workforce to support the health and wellbeing of children
- Support and advice for 16-25 year olds on life skills, training and employment
- Whole systems approaches to tackling childhood obesity
- Peer led approaches in supporting behaviour change
- Tailoring health and social care services to the needs of children and young people

These issues correspond to the steps outlined in this Transformation Plan.

Schools and education

The Council and CCG, are working with specialist CAMHS want to assist schools in the borough to promote positive mental health and emotional wellbeing, drawing on PHSE guidance for whole school approaches, developing best practice in commissioning targeted services like counselling, and taking opportunities to link up where appropriate. We can build on previous pilots of targeted mental health services in schools and current work through the Healthy Schools team. There are already examples of local partnership and shared purchasing of speech and language therapy.

Tower Hamlets has a range of academies, free schools, faith schools and maintained schools, as well as sixth form and further education colleges. Each is independent and chooses its own approach to emotional health and mental wellbeing. But the CCG and Local Authority, supported by the educational psychology service, can promote flexible support moulded to each school's needs, and consistency in the input from external services.

In December 2014, the CCG and the Council carried out a survey of schools to discover their views on mental health and emotional wellbeing. Most were broadly satisfied with their whole-school and targeted approaches. However they were seeing an increase in need and complexity, and so wanted more information, more training and more help with complex needs. In particular, satisfaction ratings for specialist CAMHJS were relatively weaker, notwithstanding some aspects of good practice.

As a result, Tower Hamlets applied to become a pilot for the national CAMHS and Schools Link training pilot to develop better communication and coordinated services. This application was successful. ELFT have already introduced a system where each secondary and specialist school has a named link from CAMHS staff. These developments will mean that CAMHS will improve its communication with schools about individual children's needs, and that schools will feel supported in helping children who have difficulties, and linking with families.

The local pilot aims to enhance and embed the training by extending with the Tower Hamlets shared outcomes framework, by promoting links physical health services, and by better CYP engagement and information.

Children and Families Action Plan

The 'Young People and Preparing for Adulthood Extended Action Plan 2015/16' includes a number of cross-cutting outcome statements which illustrate the local ambition for agencies to work together by March 2016. These include:

- Decreasing the levels of serious youth violence
- All young people, including vulnerable young people going through transitions are supported by appropriate service provision All young people, including vulnerable young people are supported through preparation for adulthood and achieve positive outcomes
- Vulnerable young people are provided better support to move into education, training and work so that they can reach their full potential and become active and responsible citizens
- Support young people to be emotionally and economically resilient and reduce the number of young people who are not in education employment or training
- Increasing numbers of young people are supported to develop their work related skills Increasing uptake of parenting support services by parents of young people
- All young people have access to appropriate mental health support.

Examples of specific actions

The following specific actions are included in relation to the outcomes listed above. For the purposes of this document, those with special resonance with improve mental health are selected.

Transitions: undertake a Joint Strategic Needs Assessment on Transitions extending the scope of young people to be supported through transitions to include all children and young people including support for Children Looked After, young people in the criminal justice system and young people with mental health needs

Support to move into education and training:

- Identification of young people in scope with data sharing by name with partners
- Identification of potential opportunities and progression routes with the production of opportunity directory
- Gap analysis and commissioning new provision
- Identification of progression route and transition support required by individuals

NEET

- Young people 'at risk of NEET' year 9 identified and supported to overcome barriers to progression;
- Young people develop career management and employability skills to equip them to manage transition to adult roles;
- Young people (and their parents /carers) made aware of the opportunities to progress are supported to obtain and sustain these opportunities .What are the jobs now and in

the future. What the skills and knowledge required by employers are, opportunities to gain these skills and knowledge and support to be able to evidence these in order to secure placements;
- Young people are aware of their employment rights and how to negotiate the workplace

Parenting programmes

- Deliver parenting programmes that support parents to identify the risks of involvement in groups, gangs and serious youth violence, including material on radicalisation and extremism, child sexual exploitation, substance misuse and gender based violence;
- Ensure material is available to support parents young people to identify the risks of involvement in groups, gangs and serious youth violence, including material on radicalisation and extremism, child sexual exploitation, substance misuse and gender based violence;
- Consider how agencies can work together to better support separated parents to improve their confidence in supporting their children, focus on skills to resolve conflict with former partners and cope positively with the stress of separation or divorce

These actions are part of the 'whole system' approach already embedded in Tower Hamlets.

Family Wellbeing model

This sets out how agencies work to respond to different levels of need, and provides detailed guidance for workers in meeting the needs of children, young people and their parents or carers, from those at the lowest level of vulnerability through to those at the highest level in Tower Hamlets. It sets out three tiers of need: universal, targeted and specialist, with guidance for practitioners on use of Common Assessment Form, procedures for the Social Inclusion Panel, and links to Signs of Safety, a strength based approach to working with families which considers risks and safety factors in the context of the family.

8.2 Frontline partnerships

Partnership working is well established in Tower Hamlets. Our aim is to harness the innovation and good practice towards transformation and the achievement of shared outcomes, rather than perpetuating a fragmented and demarcated whole system.

Specialist CAMHS in Tower Hamlets

A partnership is defined by specialist CAMHS as cross-agency or joint work where there is a written agreement or system recognised by all parties in place. Specialist CAMHS also has a number of very active working relationships with a number of agencies which are just below this threshold of definition.

Organisation	Arrangements

Local Authority: Children's Social Care	Dedicated CAMHS social workers supporting child protection and LAC work. Plans towards co-location under development.
Ian Mikado	This special needs school has a mental health worker co-funded with specialist CAMHS.
Phoenix	There is a partnership arrangement where a CAMHS psychologist attends the school to provide support 1-2 days per week.
Pupil Referral Unit and Cherry Trees	The pupil referral unit and this special needs school are supported through a link to the developing conduct disorder pathway within specialist CAMHS and with a designated worker attached to that pathway.
The CHAMP project	The CCG co-funds the CHAMP project with the local authority providing specialist social work support to community mental health teams including early intervention play therapy and respite days out for children living with parental mental illness. A play therapist from CAMHS contributes to this project. CHAMP also provide occasional mental health themed conferences and workshops for professionals.
Complex Care Clinic	A CAMHS consultant psychiatrist works closely with the Community Drugs Team and Barts Health Trust to support early detection and early intervention partnerships in relation to early onset psychosis and other complex disorders.

Children's social care

- In the Council, the Disabled Children's Outreach Service (DCOS), is delivered jointly by CAMHS and Children's Social Care practitioners. The aim of this service is to provide intervention for families in need. The service successfully works with families of children with disabilities and provides training for statutory agencies, third sector partners and parent volunteers and aims to enhance child well-being, improve family functioning and reduce parental stress
- The Council has developed an Emotional First Aid parenting programme with Southampton University which is delivered as part of our core parenting offer.
- A CPN has been an integral part of the Youth Offending Service for many years.

Other examples of local services partnerships include:

- Step Forward, an independent young people's counselling service, have a partnership with Barts Health for sexual health advice services
- Mind in Tower Hamlets and Newham, Step Forward and other local agencies have agreements with schools to provide counselling services
- Attlee Youth project, Home-Start Tower Hamlets and Praxis in collaboration provide services for children 0-16 years and their families; including migrant families (as reported above in Mainstream Grant Expenditure). Services include support in the home, structured drop in sessions, peer therapeutic support, skills, health and wellbeing workshops and exercise classes for adults and play and informal learning for children
- Poplar Harca, a major local housing provider, has supported a partnership between its youth facility , Spotlight and Bowhaven, a local service user-led project, to increase awareness of mental health issues

- Mind in Tower Hamlets and Newham have a long history of innovative and partnership services for all ages, including young people, and currently provide counselling in schools.
- Working Well Trust, who provide mental health employment services for adults, are working with a local youth training provider to develop a project for mental health support
- The NSPCC have offered to work with local organisations to implement their SMILES programme for children who have experienced abuse
- There is a Gangs Pilot at the Royal London Hospital – working in partnership between Docklands Outreach, LBTH Family Intervention Service.

9 Cross-cutting areas – priority for 'whole system'

There are a number of cross-cutting strategies which are required to deliver services in the most effective way. These are identified in the Transformation Plan guidance, and CCGs and partners are required to report progress. This section covers the following:

- Engagement
- Tackling health inequalities
- Workforce
- Family approaches
- Digital access and interventions
- IT systems
- Integration of mental and physical health.

We have identified that transformation in each of these areas is necessary to delvier our overall vision.

9.1 Engagement in the development of our strategy

Tower Hamlets has been undertaking strategic work to improve CYP mental health since 2014, following pre-consultation work on its all-age mental health strategy initiated in 2012. There were significant levels of dialogue with children, young people and their families, including:

- Consultation with CAMHS service users which took place on the 7th September 2012.
- Focus: Professionals working with Children and young people which took place on the 26th March 2013 at Anchorage House.
- The Mental Health Visioning Workshop Report (Children, Local Authority Representatives and VCS Representatives) which took place on Friday 7th September.
- Formal consultation from October to December 2013.

There have been a range of other local engagement initiatives which demonstrate our local approach:

- The Ofsted report on services for Looked After Children in 2012 reported high levels of engagement with young people.
- Public Health produced a report 'It's in the vibe: Emerging direction for supporting the health and wellbeing of children and young people from 0-19 year in Tower Hamlets' to report their findings of engagement prior to commissioning school health services.
- Young people from Tower Hamlets were trained and supported to become Young 'Child Rights' Commissioners. They co-produced the service specification, helped identify the outcomes they wanted to see delivered and assisted with selecting the preferred provider. This enabled them to experience the child rights principles in action and to understand that they have rights as well as needs.
- Local specialist CAMHS also have regular service user engagement which they plan to strengthen going forward.

In partnership with Young Minds, the outcomes based commissioning project in 2014 directly consulted 56 children, young people and family / carers through 6 listening events. This led to the development of 20 outcomes from literally hundreds of ideas put forward.

Further consultation has since taken place on the outcome measures, in order to get young people's views on the proposed measures, the most important issues to be measured and the specific questions and scales proposed. This has been achieved through focus group sessions convened by Docklands Outreach and HealthWatch Tower Hamlets.

This does not mean, however, that we feel we know the whole story about what young people want from services. As part of our strategy, we are developing our key requirements of the service model, and our programme of work will include further engagement with young people:

- As part of our local work on eating disorders, and as part of the work with CAMHS and schools pilot, we will commission service user engagement initiatives form third sector organisations, to get the views of young people on what they require form services.
- We will coordinate this work with other local initiatives including local health youth champions and peer ambassadors.
- In our procurement of a partnership model for targeted mental health services we will make co-design of services a core requirement.
- We intend to use funds associated with the Transformation Plan to deliver a CYP awareness project as a vehicle for engagement.

9.2 Tackling health inequalities

Local commissioners are fully committed to the duties placed on them under the Equality Act 2010 and with regard to reducing health inequalities, duties under the Health and Social Care Act 2012. In terms of health inequalities:

- Social disadvantage and adversity increase the risk of developing mental health problems. Children and young people from the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes. (CMO report 2014)
- Socioeconomic inequalities are associated with increased risk of mental disorders in two ways. First, more pronounced income inequality within wealthy countries is associated with increased prevalence of mental disorders. Second, the degree of socioeconomic disadvantage that people experience is associated with proportionately increased risk of developing a mental disorder.
- Tower Hamlets continues to have high levels of socioeconomic deprivation.
- Tower Hamlets ranks 6th highest when Local Authorities are ranked by levels of income deprivation, with 25.3% of the population living in income deprived households. Tower Hamlets has the highest levels of child poverty in the country with almost one in four children (39 per cent) in Tower Hamlets living in an income-deprived family. Furthermore, over half of all neighbourhoods in Tower Hamlets (54 per cent) rank in the 10 per cent most deprived nationally on this index.
- Tower Hamlets ranks lowest of 150 local authorities for healthy life expectancy for men and 145th for lowest healthy life expectancy for women

Tower Hamlets has achieved multi-agency commitment to transform child and adolescent mental health and well-being services in a manner consistent with the Tower Hamlets 2020 Community Plan and Improving Health and Wellbeing Strategy, addressing these inequalities and gaps by developing integrated whole system services which promote choice and control for service users. For example, it will be important to ensure that patients and families receive the type and duration of service they need, at the point of first referral, in order to avoid the development of health inequalities and inefficiencies of attrition. Otherwise, vulnerable patients and families may disengage from services if they are passed between agencies before receiving an effective service.

Diversity

Evidence suggests that around 60% of children and young people in the borough are of Bangladeshi ethnic origin. 2014 data from individual schools shows that many have pupil populations which are over 60% Bangladeshi, with some as high as 70% Bangladeshi.

However, East London Foundation Trust data shows that only 36% of young people seen at Tower Hamlets CAMHS are Bangladeshi, suggesting that there may be unmet need in that community which could also be reflected among other ethnic minorities which may be hard to reach if only traditional mainstream approaches are used. Analysis over time shows that, despite early increases in referral rates during previous decades, the referral rate has been stable over recent years despite a rising population.

Service responses include:

- Use of bi-lingual co-workers for work with families.
- Integrating patient and people participation work into governance arrangements so that children and young people from ethnic minorities are empowered in the ongoing development of a whole system CAMHS.

Services are required to collect monitoring data and this is reviewed with commissioners in order to identify whether performance should be improved.

The CCG believes that there is a need to improve engagement with all children and young people and their families, in order to increase awareness of mental health in all communities in the borough.

9.3 Workforce development

Specialist CAMHS in Tower Hamlets is generally successful at recruiting to all types of post and is carrying no vacancies due to recruitment problems. However, the market for recruitment of nurses can be challenging, as their skills are at a premium in the London area (and in future this may apply to occupational therapy).

There are also challenges 'back-filing' posts when staff are enrolled in training programmes to acquire new skills, as has been experienced with the CYP IAPT partnership.

In addition, specialist CAMHS have identified the following issues:

- Increasing population will drive the need for increased capacity
- 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.

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. The Schools and CAMHS Link pilot will also help identify the skills required for the future by specialist CAMHS and by education professionals.

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.

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.

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
- The national training pilot for mental health and wellbeing awareness joint training for schools and CAMHS. The borough is strongly committed to building on this as a platform for workforce development and learning in schools and specialist CAMHS and there will be follow-up research and learning initiatives
- Procurement strategies on social value emphasise the importance of securing economic benefits including training and jobs for local people.

Our Transformation Plan proposals will include training in IT for collection of outcome measures; GP referral systems; in eating disorders; and for schools.

9.4 Family approaches

Tower Hamlets Council and partners have signed up to the Family Wellbeing approach which is embedded through Children's social care services and specialist CAMHS. Locally, we are also carrying forward the following specific initiatives for families:

- Mental Health family support for those parents on CPA
- Family Visiting Service at Tower Hamlets Centre for Mental Health (supervised visits in the inpatient service in a dedicated family room off the wards) – Family Action, as list above
- Children's' Mental Health social workers advising an co-delivering interventions – CHAMP as listed above
- Disabled Children's Outreach service
- Support for Young Carers as described above

Raising Happy Babies project: Compass Wellbeing works in partnership with Children's Centres to provide psychological therapy services for expectant parents and for parents of

children less than 5 years. This service is aimed at both parents and the relationship between the parent and infant, and provides early intervention and prevention, promoting good mental health in children through supporting parental mental health and the relationship between the child and infant. The service targets parents who are experiencing anxiety and depression, difficulties with attachment with their child and other perinatal mental health issues, through a combination of individual and group work and is staffed by experienced clinical and counselling psychologists, all of whom have specialist knowledge in working with parents and infants.

The psycho-educational course (Raising Happy Babies) particularly focuses on prevention and early intervention. It is run over 6 weeks and is for first time parents. It concentrates on building secure attachment, stress management for parents, keeping relationships healthy after having a baby, and understanding babies' communication. It also raises awareness about difficulties in the postnatal period, such as postnatal depression and where to get help.

The courses are offered for all first time mothers in a non-stigmatising way, however, we aim to draw parents in who often have quite complex needs but would not have accessed services via the usual referral routes because of issues of shame, fear of being judged about their parenting (often a core feature of post natal depression), or not actually identifying themselves in need of help. We also now run these courses antenatal

9.5 Digital access and interventions

Future in Mind stated that:

- The use of apps and other digital tools can empower self-care, giving children and young people more control over their health and wellbeing and empowering their parents and carers.
- We also recognise the positive role of digital technology, which provides new opportunities to deliver the right information to children and young people and reduce stigma.
- Supporting self-care by incentivising the development of new apps and digital tools.

At present the CCG and Council do not commission a specific offer for digital mental health. All providers have user-friendly websites, and ELFT have a portfolio of links to websites and on-line services to which they can direct those children and young people who approach them.

Our local transformation aims include:

- Promote access and empower self-care, by on-line information and support (chats, posting)
- Protecting young people from exposure to harmful material, e.g. ask about use of on-line support in assessments

- Create opportunities for engagement and participation in commissioning

Our local offer could therefore include:

- Films to explain mental health issues and how to get help
- Vlogs
- Find-your-nearest-service (e.g. by GPS location)
- Interactive tools for mental wellbeing
- Signposting to other sources of help
- Publicity for local services and events
- Feed-back and engagement
- Moderated on-line support groups

We will develop initiatives with local partners to create digital opportunities as part of our capacity building approach.

9.6 Stronger IT systems and infrastructure

The guidance on Transformation Plans stated that 'good data is essential. Robust service planning is based on good information and requires access to data demonstrating outputs and outcomes'. In Tower Hamlets we will require NHS providers to:

- Comply with information standards notices
- Put in place plans for the collection of the Mental Health Services Data Set (MHSDS). As stated in the guidance, these plans will need to include both changes and improvements to system infrastructure and training

We expect these changes to be put in place within existing contracted resources by NHS organisations.

As a priority, we will develop the IT infrastructure to record the outcomes measures which support our shard outcomes framework. This will include a feasibility study to determine the best hardware and software options, and the information sharing and data security requirements.

9.7 Integration of physical and mental health

We know that children with mental health problems are at greater risk of physical health problems; and that children with physical health problems need their mental wellbeing and health supported (*Future in Mind*).

As part of our CAMHS and schools pilot we will look at the ways in which children with both physical and mental health needs can received joined up support from CAMHS, schoolsa, community health services and GPs.

As part of our review of crisis pathways we will discuss liaison and outcomes with specialist CAMHS and the paediatric liaison team in the Royal London Hospital, including responses self harm.

We will look at the current arrangements for young people in the borough with learning disabilities and on the autistic spectrum.

We will work with Transforming Care and the requirements for Pre-CTR as part of the pathway for young people with ASD and LD coming into specialist and inpatient services.

9.8 Collaboration with other CCGs

Tower Hamlets CCG has collaborated with other CCGs in:

- Developing a joint strategy across the Transforming Services Together area in North East London
- The Commissioning Consortium with City and Hackney and Newham CCGs
- Commissioning an eating disorder service across Tower Hamlets, City and Hackney and Newham.

We will continue to collaborate with these partners and NHS E in developing;

- A Child Sexual Exploitation service and pathway
- A specialist perinatal services strategy
- The resettlement of young offenders.

We will also work with NHS England and local CCGs to review crisis pathways and eating disorder placements.

10 Strategic priorities for Transformation Plan

This section summarises Tower Hamlets goals and priorities which reflect that approach and which will achieve transformation of children and young people's mental health and wellbeing in the future. These priorities focus on improved outcomes and improvements for specific groups and pathways.

10.1 Tower Hamlets shared outcomes framework and service model

We confirm our commitment to go forward with, and establish, our shared outcomes framework in order to focus delivery of services on the outcomes that are important to young people and their families.

We will use the Transformation Plan funding to bring forward the next stage of this project.

10.2 Tackling health inequalities

Tower Hamlets as a borough has significant health inequalities. A priority for our CYP mental health and wellbeing will be to keep a strong focus on these issues. This is a core priority for all existing finding streams, and additional proposals accordingly bring benefits.

We will seek to increase engagement with schools and CYP in order promote access for residents from all communities in the borough.

10.3 Stronger offer for prevention, including early support

We envisage that our service model will continue to develop in the direction of a stronger focus on prevention of mental ill health. In particular, we will focus on:

- Resilience in school: Encourage schools to promote resilience and share best practice in whole school approaches and in-school targeted support, including eating disorders
- Early support, from pre-conception – through our existing programmes to strengthen local mental health and wellbeing offer for pregnant women, mothers and infants
- Engagement with families through the Family Wellbeing Model

Capacity building proposals for our Transformation Plan spending address these priorities.

10.4 Better links between CAMHS and schools

Tower Hamlets CCG has been selected as one of the pilot areas for the CAMHS and Schools Link pilot areas for the national training programme run by the Anna Freud Centre and associates. The aims of the training are to:

- Raise awareness and improve knowledge of mental health issues amongst school staff;
- Improve CAMHS understanding of specific mental health and well-being issues within schools; and
- Support more effective joint working between schools and CAMHS.

Tower Hamlets has nominated 12 schools including four secondary, seven primary and one specialist school, with a spread across the borough. 34 schools expressed an interest.

The CCG is commissioning a number of initiatives to embed and enhance to learning form the pilot. Using Transformation Plan funds we will extend the pilot to nine more schools and commission a package of governor training.

10.5 Access, engagement and early intervention for young people who do not want to engage with current services

The CCG is developing a service model for partnership delivery of targeted mental health services. This will be for those young people engaged with youth organisations outside school that would not normally approach CAMHS or indeed know that what is troubling them may benefit from a mental health intervention. This is aligned to an existing funding stream but additional capacity is needed to develop local partnerships.

Using Transformation Plan funds, we propose to develop a number of initiatives to improve access, including training for GPs, raising happy babies courses, and young people's awareness and engagement projects.

10.6 Strengthening pathways for the most vulnerable children

Current pathways need to respond better to some of the most vulnerable groups, where there is a high risk of mental illness, even if there is not currently a diagnosis, specifically:

- Children who run away or go missing
- Refugee or asylum seeker children
- Children in - or on the edge of -the criminal justice system, including those in secure placements and Young Offender Institutions
- Those who are the victims of child sex exploitation
- Young people with a diagnosis of severe and persistent conduct disorder

Some of the children will be looked after or leaving care. Although LAC and leaving care pathways have recently been strengthened, more could be done to meet young people's needs as they express them, and to intervene earlier to achieve more positive outcomes. Current funding has been used to co-locate the specialist CAMHS LAC team with the Council team.

A number of service reviews are proposed using Transformation Plan funding to identify opportunities for integrated delivery.

10.7 Improving specialist CAMHS pathways

Ensure that specialist pathways are reviewed and strengthened for

- Neuro development (including learning disability and ASD)
- Perinatal mental health
- Co-morbidity physical and mental health problems.

These areas appear underdeveloped in terms of their ability to meet need and are likely to face pressure of increasing population. As part of the Mental Health Crisis Care Concordat, crisis pathways will be reviewed. Additional funds are likely to be necessary, and these are proposed as part of the investment in 2016/17.

11 Proposals for investment and capacity building

11.1 Eating disorders

Part of the new investment is earmarked for improvements in eating disorder services, as described in section 7.2, and repeated here

We will (as part of the East London Commissioning Consortium) agree with ELFT

- Which posts ELFT can begin to recruit now
- Leadership roles and backfill arrangements to develop the service for full implementation
- The referral, reporting, IT and outcomes measurement infrastructure and the cost and timetable for their delivery
- The staffing profile.

We will also commission capacity-building projects with local third sector organisations:

- Input to schools
- Peer support
- Awareness raising, including with community organisations
- Digital interventions
- Psychosocial interventions
- Access for specific cultural needs in our community.

These services will be procured on the basis of competitive quotations in line with CCG standing financial instructions.

11.2 Outcomes based commissioning

The next stages to implement the shared outcomes framework are:

- Cognitive testing of measurement methodology – This involves testing the overarching measurement framework to ensure that the questions and measures make sense for the population, e.g. are in a language that children and young people understand. This will be important for those outcomes where there is no established measure.
- Base lining prior to implementation – This is essential to understand the change that commissioners expect to see and therefore reward through a shared outcomes 'pot'

- Staff training on outcomes and measurement methodology – Ensuring staff at providers understands how to implement the system and support CYP in completing the surveys in order to ensure maximum return rate.
- Contracting / procurement advice including consideration around the procurement or contract variation side and market engagement to reduce the risk of challenge

In 2015/16 it is planned to continue to hire external expertise to ensure each phase is robustly planned. However, a limited trial of part of the outcomes set (beginning with existing measures which are already collected) will be implemented in 2016/17.

11.3 Investment in IT systems to collect shared outcomes data

IT/infrastructure set up – feasibility study to set up an online system with iPad in providers in order to collect the data electronically support providers with setting up infrastructure for sharing information/records etc

11.4 Integration projects to review needs, services and partnerships for the most vulnerable children

Two areas to develop proposals for integrated working have been identified:

Toxic isolation – young people known to PRU and home tuition who spend all their time on electronic devices and become isolated (as proposed in our CAMHS and Schools Link pilot extension bid). This would be a joint project with the PRU and the Educational Psychology Service to identify and develop ways of working with these young people who are at risk of a 'toxic mix' of internet use, bullying, poor self-esteem and social exclusion. Lessons would be shared with all schools.

Mapping pathway and measures for LAC (also as proposed in our CAMHS and Schools Link pilot Extension bid). This would:

- Review of innovations from IAPT
- Mapping existing pathways
- Demographic characteristics of children and young people and their families
- Determining the most appropriate data set
- Assessing tools for measuring attachments
- Designing pathways and systems to anticipate potential placement breakdown early on
- Review of the training offer to foster parents

- Pilot work for engagement with LAC – capacity building work for the third sector

11.5 Workforce development

We will support ELFT to train its staff and partners in the Thrive model.

We will extend CAMHS and Schools Link training to nine more schools, and develop a package of training for governors.

We will run a training programme for GPs to reduce inappropriate referrals.

11.6 Improved access

Capacity building in the third sector: we will commission initiatives in the following areas:

- Digital access
- Engagement and awareness amongst young people and families
- Accessible services for vulnerable groups (with targeted work for children in care).

This will include a mental health awareness campaign for young people, which will help identify needs of young people form Bangladeshi backgrounds, and form the borough's ethnic minorities.

We will commission additional Raising Happy Babies courses from our existing provider.

11.7 Summary of proposed investment in 2015/16

Local priority		**Rationale**	**Outcome**	**2015/16 spend £**
CYP Community Eating Disorder Services				
Eating disorder clinical service	Set up three borough virtual service	Comply with guidance	Improved waiting time, access and outcomes	127,000
Eating disorder third sector	Awareness-raising and access project, including schools	Build capacity, promote awareness, self-care and psychosocial interventions	Reduced demand on community eating disorder service, meeting unmet need, improved outcomes	22,000
Total eating disorders				**149,000**

Local priority		Rationale	Outcome	2015/16 spend £
Outcome Based Commissioning				
Embed the Outcomes Based Commissioning approach to improve pathways for children and young people	Explore digital options to increase patient experience satisfaction/ returns by CYP	Currently low return rate (13%)	Resources targeted to patient satisfaction and improved health outcomes	85,000
	Test, train and pilot collection of system outcome measures and develop contracting option	Improve service effectiveness and integration	Resources targeted to need, and improved health outcomes	
	Feasibility study for IT requirements of shared outcomes framework	Need to collect outcomes information	Improved outcomes measured	
Strengthen pathways for vulnerable children				
Preparatory work for increased integration of services for vulnerable children	Review pathways and measures and strengthen engagement for LAC	Vulnerable group with high risk of mental illness and poor outcomes	Improve mental health of LAC and Children leaving Care	25,000
	Review needs and identify system improvements for children at risk of toxic isolation	Vulnerable group with high risk of mental illness, poor physical health and poor outcomes	Improve engagement and integrate systems, improve outcomes	20,000
Improve Links Between CAMHS and Schools				
Further roll out of CAMHS training to schools	Training for 9 additional schools	As Future in Mind	Staff trained, schools	25,000
Increase awareness for school governors	Design training and awareness intervention	Future in Mind and reports showing need for increased priority in schools	Improved wellbeing in schools	10,000
Improve Access Engagement and Early Intervention				
Improve GP awareness	Education campaign for GPs	High local rate of DNAs	Reduced DNAs in specialist CAMHS	10,000
Develop digital offer for young people in accessing services and support	Young people-led digital content, including consideration of chose and book	As Future in Mind	Improved access	30,000

Improving access for parents	Additional Raising Happy Babies courses	Public health evidence based	Improved outcomes	10,000
Undertake a young people's mental health awareness and engagement	Local campaign for awareness	Public mental health evidence; peer support and mentoring evidence	Improved mental health awareness	75,000
	Project manager would be hired to enable delivery		Programme delivery	37,000
Improving Access to Effective Support				
Embed the Thrive model of service delivery	Thrive workforce training	As Future in Mind	Skills for partnership working	25,000
	Research needs of CYP and families who are referred to specialist CAMHS but do not make significant use of service	20% of referral not accepted Up to 30% of young people use only one or two sessions	More people receive appropriate help	20,000
Total				**372,000**

11.8 Key areas of investment for 2016/17 and onwards: additional funding

The following table shows at a high level the areas of investment in 2016/17 for the recurrent funds added to the baseline in 2015/16.

Service	**£**
Community eating disorders	150
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.	90
Increased staffing for perinatal and neurodevelopmental mental health	100
Networked service for young people with severe and persistent conduct problems – make pilot permanent	130
Increase funds for targeted mental health and early intervention – third sector partnership	50
Total	**520**

Increased investment from existing funding streams

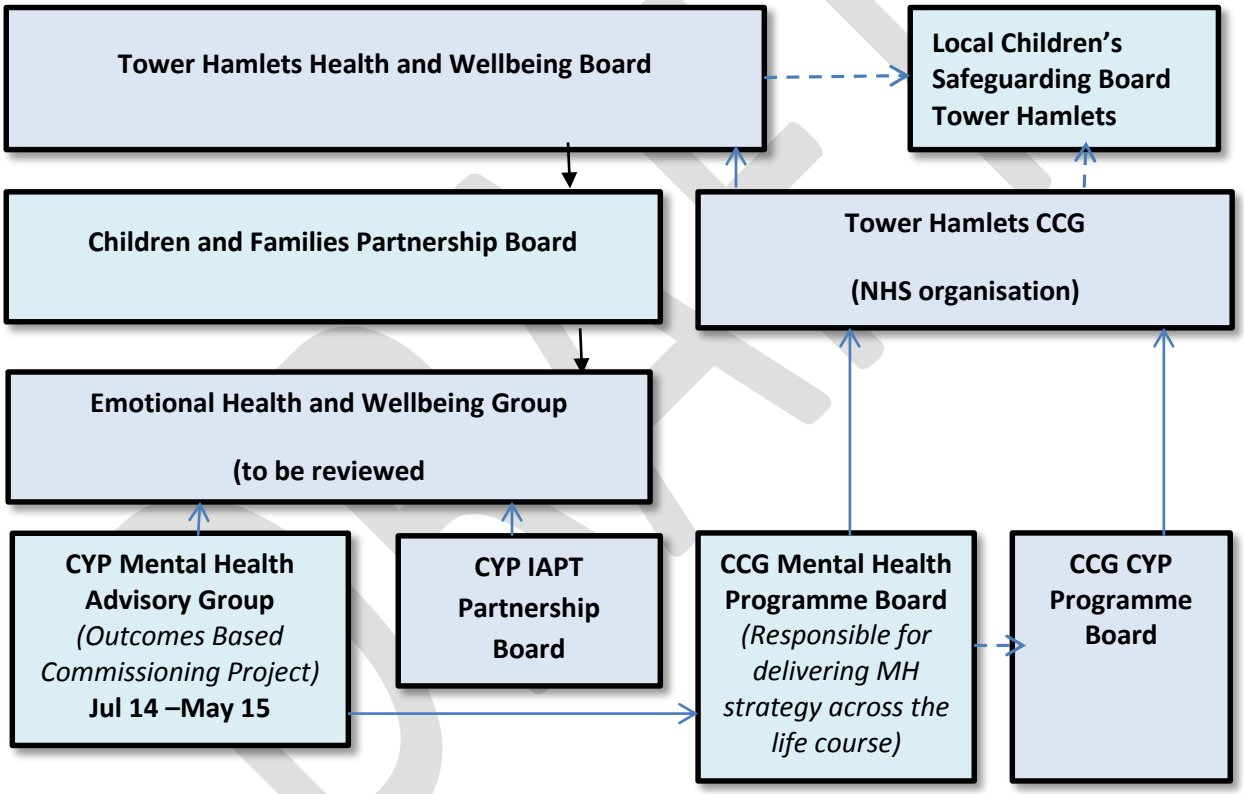
This is shown in the table below. This is released from pilot schemes that ended where funds are recurrently in the baseline.

Service	£
Investment in reward 'pot' for achievement of shared outcomes – pilot scheme for achievement of limited outcomes	150
Partnership development manager	70

12 Governance arrangements in Tower Hamlets

12.1 Structures

The diagram below shows the existing governance arrangements



12.2 Lead commissioner

In line with national guidance, the CCG will be the lead commissioner. The Transformation Plan guidance requires a multiagency board to be charged with delivery; this will be the Health and Wellbeing Board, but the composition of a board with responsibility for operational delivery has yet to be decided whilst we review current governance structures to reflect recent changes in personnel and in internal structures.

12.3 Key documents

Partners have agreed key strategy documents:

- Health and Wellbeing Strategy 2013 to 2016 (2016 to 2019 in preparation)
- Community Plan (2015-2018)
- Children and Families Plan 2012-15 (with action plans extending to 2016)
- Joint Strategic Commissioning Framework
- Joint Mental Health Strategy (2014-2019)
- Family Wellbeing Model

A refresh of the Children and Families Plan is due in 2016.

An extract from the Joint Strategic Commissioning Framework showing the agreed joint aims is given in Appendix 4

13. Next steps towards implementation

The CCG and council will continue their joint outcomes-based commissioning project, including consideration of services for young people up to age 25. Next steps by the end of November 2015 include:

- Finalisation of outcome measures
- Agreement of key requirements of service model to deliver outcomes
- Recommendation of contracting approach.
- Identification the services which will collect outcome measures and in the future be linked to a financial reward 'pot' based on achievement

Commissioners will seek to build capacity for a partnership approach between local statutory and voluntary services, using its planned investment and additional funds linked to the Transformation Plan.

The CCG will continue its integrated Personal Care pilot and seek to learn lessons for the delivery of services in a user-centred way.

The CCG will agree specifications and contracts for eating disorders services (with partner CCGs).

Detailed review of perinatal mental health services will be undertaken following publication of London Strategic Clinical Network guidance and access standards.

Partners will continue to roll out the CYP IAPT Partnership in Tower Hamlets

Undertake further work to include YOT data in the summary of activity.

We will review the governance framework and set up a multiagency delivery board led by the CCG

Undertake work with Barts Health and ELFT to identify expenditure on children and young people's mental health at the Royal London Hospital and in learning disability services for children and young people.

Tower Hamlets will also review its crisis pathways and (with partner CCGs and NHS England specialist commissioning) use of inpatient places, including and the requirements for Pre-CTR as part of the pathway for young people with ASD and LD coming into specialist and inpatient services.

We will commission further engagement initiatives to ensure young people and their parents are aware of services and can contribute their views and experiences.

We will develop initiatives with local partners to create digital opportunities as part of our capacity building approach.

Commissioners will encourage providers to progress workforce planning and work with them to deliver the Children and Families Action Plan

14 Arrangements for sign off

The Transformation Plan has been signed off for submission to NHS England by the Chief officer of Tower Hamlets CCG and the Board GP Lead for Mental Health. The NHS England assurance process is planned to take two weeks and will approve (or not) the release of Transformation Plan funds. (Eating disorder allocations can be spent immediately on the purpose for which they were given.) The plan will be reviewed by the following bodies

- Children and Families Partnership Board on 23 October 2015
- CCG Children and Families Programme Board (a joint board with Council and NHS partners) on 5 November 2015.

The Tower Hamlets Health and Wellbeing Board meets on 8 December (update: an additional meeting has been scheduled on 17 November) and the Transformation Plan will be proposed for sign off, incorporating any suggested amendments.

Publication

The CCG and Council, intend to publish the Plan on their websites, following sign off. They intend to make available a more accessible public version.

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

October 2015

Appendices

1 Tower Hamlets shared CYP MH outcomes framework

2 Service map: CYP mental health services in Tower Hamlets

3 Public Health Needs Assessment

4 Agreed principles for Joint Commissioning Framework

5 NHS England inpatient commissioning

6 Public health contracts: details

7 Illustrative Maternal and Infant Mental Health Wellbeing Services Mapping

8 Annex 1 - Summary template from NHSE Guidance

9 Annex 2 – Self Assessment template from NHSE Guidance

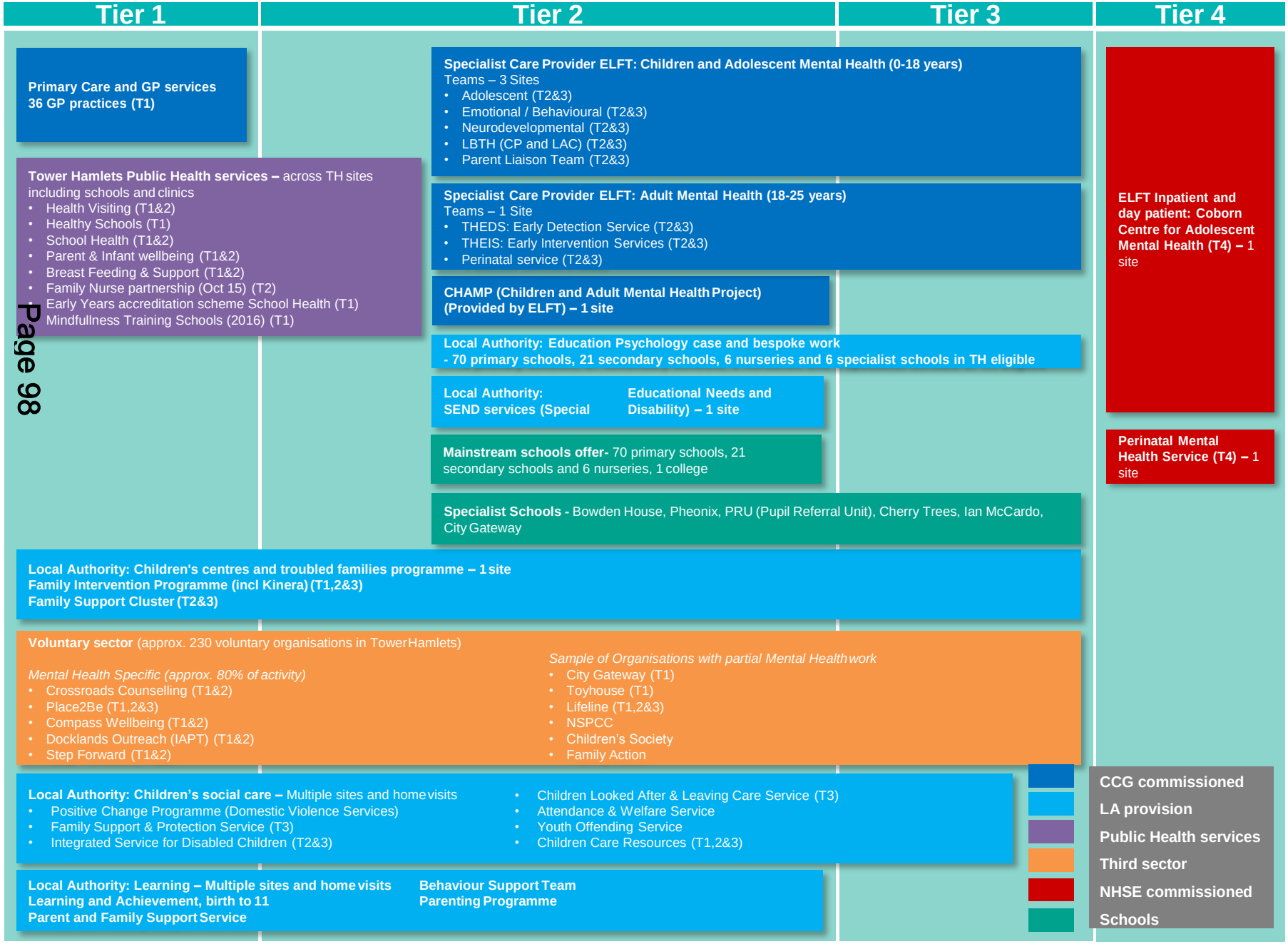
Appendix 1: Tower Hamlets draft outcomes: twenty outcomes have been developed to meet three ambitions for **children and young people's mental health**

	Outcome cluster	Outcomes
Individual	**Symptom improvement / maintenance**	1. My issues with mental health are reduced
	Functioning	2. I can carry out the daily activities expected of me
		3. I lead a healthier lifestyle
	Achievement of goals	4. I am able to take part in activities that are important to me
		5. I am working towards developing my potential
	Empowerment: Self-determination	6. On balance, I feel good about myself
		7. My life has a sense of purpose
	Empowerment: Self management	8. My family / carers and I have a better understanding of my mental health
		9. I am able to manage when things get difficult
Interpersonal	**Improved interpersonal relationships**	10. I am able build and maintain good relationships
		11. I am able to express my feelings
	Family / carers	12. I am supported as part of a family
Whole System	**Improved experience**	13. My family and I have a positive experience of mental health services
		14. My family and I feel listened to by mental health services
		15. I feel safe from harm
	Improved access and early intervention	16. My family and I can access services when we need it
		17. My family and I know where to go when I want help
		18. My physical health needs are considered alongside my mental health needs
	Reducing inequalities	19. My family and I do not feel we are treated differently on account of my mental health
		20. My cultural and religious needs are met

1. **Improve health and wellbeing**
2. **Improve resilience enabling flourishing lives**
3. **Reduce inequalities for those affected by mental health issues**

April 2105

Appendix 2 : The existing service map of major Tower Hamlets CYP mental health services



N.B. This is a live map of services based upon information collected during the production of this report. Content will require validation and is subsequent to change.

Appendix 3

Assessment of children and young people's mental health needs and their determinants in Tower Hamlets

Contents

Mental health is defined as: "A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."[i]

Emotional wellbeing is defined as: "A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."[ii]

A *mental disorder* 'is a clinically recognisable set of symptoms or behaviour associated in most cases with considerable distress and substantial interference with personal functions.' (ICD-10 definition)

Section 1

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

There are a number of demographic and socioeconomic factors that affect current and future health and social care need in Tower Hamlets:
Tower Hamlets has a highly diverse, mobile, relatively young population whose composition is changing due to both population growth and trends in migration (both national and international). At aggregate level, the health of the population tends to be worse than elsewhere and this is linked primarily to the levels of socioeconomic deprivation experienced by a significant segment of the population.

It is the 2nd most densely populated Borough in London at 13,296 residents per km^2 with a resident population of 254,096 as measured by the 2011 Census. The population increased by 27% between the 2001 and 2011 Census points, making it the fastest growing borough in the country. The population is projected to increase from an estimated 287,100 in 2015 by 12% to 325,900 in 2019. It has the 8th highest rate of annual population 'churn' (i.e. movement in, out and within the borough) in London at 281 residents per 1,000.

32% of the whole population are classified as 'Asian/British Bangladeshi', 31% 'White British', 7.1% 'Black/British/African/Caribbean' (of which 0.8% were Somalian), 3.2% Chinese with the remainder made up of smaller ethnic groups. 34% of residents use a main language other than English compared with 22% across London and 8 per cent nationally – the third highest proportion in England.

The ethnic breakdown of the 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 61.4% % 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.

Tower Hamlets continues to have high levels of socioeconomic deprivation. The release of the 2015 Indices of Multiple Deprivation[iii] indicates that depending upon the measure used to summarise deprivation in local authorities Tower Hamlets ranks between third most deprived Local Authority in England (when ranked on the 'extent' summary measure of deprivation) and 24th most deprived Local Authority in England (when ranked on the proportion of neighbourhoods in the most deprived 10 per cent nationally). Tower Hamlets remains the most deprived London local authority by either measure. Tower Hamlets ranks 6th highest when Local Authorities are ranked by levels of income deprivation, with 25.3% of the population living in income deprived households. Tower Hamlets has the highest levels of child poverty in the country with almost one in four children (39 per cent) in Tower Hamlets is living in

an income-deprived family. Furthermore, over half of all neighbourhoods in Tower Hamlets (54 per cent) rank in the 10 per cent most deprived nationally on this index.

Children growing up in Tower Hamlets are more likely to face socio-economic circumstances that impact negatively on their development and health and well-being such as poverty, poor housing, overcrowding and family homelessness. Tower Hamlets has a range of factors in common with other inner city areas (including low proportion of accessible green space, high traffic volumes, densely developed built environment and a 'toxic food environment') that impact negatively upon child health outcomes.

There are significant inequalities in health both between Tower Hamlets and other areas and within Tower Hamlets with the gap in life expectancy between the least and most deprived areas within Tower Hamlets being 7.1 years in men and 2.4 years in women (2009-11).

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.

A lower percentage of children achieve a good level of development of school readiness at the end of reception (at 45.9%) than that of London and England (52.8% and 51.7% respectively) although the percentage for children eligible for free school meals is broadly the same (42.6%) as that for London and better than that for England (36.2%).

Section 2

Key issues for emotional health and wellbeing and mental disorder by life course stage[1]

1. 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. While the impact of 'maternal mental illness' or 'maternal stress' are acknowledged, the impact of a complex picture of accumulated influences of being brought up in poverty are also key influences upon mental health and are also associated with biological changes which can be transmitted to the foetus and can adversely affect future child health and development. Reducing health inequalities requires action to give every child the best start in life and tackling inequalities must start from conception.[iv,v]

Risk factors

Low socio-economic status - associated with poorer outcomes in children. A significant socio-economic gradient in children's development is already evident by 3 years of age.[vi] Several adverse pregnancy outcomes including preterm birth[vii] are linked to lower socio-economic status.[viii] Preterm birth in particular is responsible for a high proportion of later neurodisability.[ix]

[1] This section is largely drawn from Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays (chapters 5-8, 10)

Substance misuse/drug/alcohol abuse - associated with problems in child development, both through the toxic effect of the substance upon the foetus, through frequently chaotic life circumstances of a drug-using mother/partner and the effects caused by the mother's often poor physical and mental health.
Mental illness - a substantial body of research documents the adverse impact of maternal depression during pregnancy on birth outcomes, on continuing depression in the postnatal period[x] and on infant development and later child outcomes.[xi]

2. Early Years

The preschool years, including both infancy (birth through to age 1 year) and toddlerhood (1 to 3 years) are a key period for a child's physical development, language and cognitive development and social and emotional development (e.g. establishing a capacity for self-regulation via their attachment relationship to the primary caregiver).[xii]

Attachment is a significant bio-behavioural feedback mechanism that evolves during the first and second years of life in response to early parenting, and plays a key role in the development of emotional regulation both during the early years[xiii] and across the life span.[xiv] Disorganised attachment has been found to be a strong predictor of later psychopathology.[xv]

Toxic stress, which is characterised by the infant or toddler's prolonged exposure to severe stress that is not modulated by the primary caregiver, who may be experiencing a range of problems (e.g. poverty, mental health problems, domestic violence and substance/alcohol dependency), has been identified as having a significant impact on the young child's development and health and wellbeing across the life span.[xvi] This form of stress leads to atypical parent–child interaction, which can represent a significant form of early emotional abuse and neglect.[xvii]

Parenting is one of the key factors influencing children's early socio-emotional development. For example, parental sensitivity[xviii] and parental mind-mindedness[xix] are significant predictors of infant attachment security. Research has also demonstrated a clear link between later parenting practices (e.g. characterised by harsh, inconsistent discipline, little positive parental involvement with the child, and poor monitoring and supervision) and child antisocial behaviour.[xx]
Positive, proactive parenting (e.g. involving praise, encouragement and affection) is strongly associated with high child self-esteem and social and academic competence, and is protective against later disruptive behaviour and substance misuse.[xxi,xxii]

The Childrens Society Good Childhood Inquiry[xxiii] identified the two dimensions of concern for parenting styles – the first dimension that of warmth versus lack of warmth, the second that of control versus lack of control. This makes four main styles of parenting, characterised as authoritative, permissive, harsh and neglectful. The authoritative style of parenting that is authoritative (loving yet firm) has been shown to be most effective in terms of children's outcomes and well-being.

Risk factors

As parenting has been identified as a key influence on a child's socio-emotional development, any factor that influences parents' capacity to parent will be a risk factor for poor socio-emotional outcomes in the early years and beyond. In addition to cultural and socio-economic factors such as poverty and parental education, a parent's own attachment status predicts the infant's likelihood of being securely attached,[xxiv] and the parent's ability in relation to affect regulation (i.e. their ability to manage stress, anger, anxiety and depression) also has a significant impact in terms of the development of mental health problems and psychopathology in the early years.[xxv]

More generally, factors such as severe mental illness,[xxvi] substance dependency[xxvii] and domestic violence[xxviii] have all been identified as having a significant impact on parenting.

3. Childhood and adolescence

Parenting and families remain central to maintaining emotional wellbeing and health behaviours during middle childhood and early adolescence.[xxix] Stability and sense of belonging within a family have been linked with youth life satisfaction.[xxx] Poverty and parental mental health status have been identified as key factors that interact with family structure to produce poorer outcomes for children.[xxxi]

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. Some 75% of lifetime mental health disorders have their onset before 18 years of age, with the peak onset of most conditions being from 8 to 15 years. Approximately 10% of adolescents suffer from a mental health problem at any one time.[xxxii]

It is likely that latent determinants such as puberty and brain development recapitulate the biological embedding of social determinants seen in very early life.

Risk factors

There are strong links between mental health problems in children and young people and social disadvantage, with children and young people in the poorest households three times more likely to have a mental health problem than those growing up in better-off homes.[xxxiii]

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.[xxxiv,xxxv, xxxvi]

Section 3

Prevalence of diagnosable mental disorders

Throughout this section it is important to note that where local population numbers for children with diagnosable mental disorders (or behaviours) are calculated, these will be derived from sample percentages (usually from relatively small samples) which have then been applied to the estimated Tower Hamlets 2015 age specific population (GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Population Projections). These figures are intended only to give an indicative sense of the local burden of childhood and adolescent mental disorder/ill health.

Maternity and Perinatal period

Perinatal mental health problems are those which complicate pregnancy and the postpartum year. They include both mental health problems that arise at this time and those that were present before the pregnancy. Poorly managed, perinatal mental health problems can have lasting effects on maternal self-esteem, partner and family relationships as well as the mental health and social adjustment of the child. [xxxvii]

Table 1: Rates of perinatal psychiatric disorder + 'expected' levels of psychiatric morbidity in Tower Hamlets (2013 population)[xxxviii]

Perinatal psychiatric disorder	Rate per 1000 maternities	'Expected' Tower Hamlets cases (4,546 conceptions led to birth in 2013)[xxxix]
Postpartum psychosis	2/1000	9
Chronic serious mental illness	2/1000	9
Severe depressive illness	30/1000	136
Mild-moderate depressive illness and anxiety states	100-150/1000	455-682
Post-traumatic stress disorder	30/1000	136
Adjustment disorders and distress	150-300/1000	682-1364

1. Childhood & Early Adolescence

The British Child and Adolescent Mental Health Surveys in 1999 and 2004 (BCAMHS 2004) found that 1 in 10 children and young people under the age of 16 had a diagnosable mental disorder. Among the 5 to 10 year olds, 10% of boys and 5% of girls had a mental health problem while among the 11 to 16 year olds the prevalence was 13% for boys and 10% for girls. The most common problems are conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders.[xl]

Three analyses are set out in tables 2 and 3 below. Table 2 sets out the prevalence (%) of mental disorders by type, age and gender across the 5-10 and 11-16 age group by gender (from the BCAMHS 2004 survey). Table 3 uses the prevalence across the main 4 groups (i.e. Conduct Disorders, Emotional Disorders, Hyperkinetic Disorders and 'Less common disorders) as set out in BCAMHS 2004 and applies those to the Tower Hamlets 5-10 and 11-16 male and female population to give numbers of children and young people in Tower Hamlets who may be expected to experience those disorders.

Table 2: Prevalence of mental disorders by type, age and gender, BCAMHS 2004[xli]

	5-10 year olds			11-16 year olds			All children		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Emotional disorders	**2.2**	**2.5**	**2.4**	**4.0**	**6.1**	**5.0**	**3.1**	**4.3**	**3.7**

Anxiety disorders	*2.1*	*2.4*	*2.2*	*3.6*	*5.2*	*4.4*	*2.9*	*3.8*	*3.3*
Separation anxiety	0.4	0.7	0.6	0.3	0.4	0.3	0.3	0.5	0.4
Specific phobia	0.8	0.7	0.7	0.8	0.9	0.9	0.8	0.8	0.8
Social phobia	0.1	0.1	0.1	0.5	0.6	0.5	0.3	0.3	0.3
Panic				.2	.5	.4	.1	.3	.2
Agoraphobia				.2	.4	.3	.1	.2	.1
Post-traumatic stress		0.1	0.0	0.1	0.5	0.3	0.0	0.3	0.2
Obsessive compulsive	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2
Generalised anxiety	0.2	0.3	0.3	0.9	1.6	1.2	0.6	1.0	0.8
Other anxiety	0.6	0.7	0.7	0.9	1.5	1.2	0.8	1.1	0.9
Depression	*0.2*	*0.3*	*0.2*	*1.0*	*1.9*	*1.4*	*0.6*	*1.1*	*0.9*
Depressive episode (full ICD)	0.1	0.1	0.2	0.8	1.4	1.1	0.5	0.8	0.6
Other depressive episode	0.0	0.1	0.1	0.3	0.5	0.4	0.2	0.3	0.2
Conduct disorders	**6.9**	**2.8**	**4.9**	**8.1**	**5.1**	**6.6**	**7.5**	**3.9**	**5.8**
Oppositional defiant disorder	4.5	2.4	3.5	3.5	1.7	2.6	4.0	2.0	3.0
Unsocialised conduct disorder	0.9	0.3	0.6	1.2	0.8	1.0	1.1	0.5	0.8
Socialised conduct disorder	0.6		0.3	2.6	1.9	2.2	1.6	0.9	1.3
Other conduct disorder	0.9	0.1	0.5	0.7	0.8	0.8	0.8	0.4	0.6
Hyperkinetic disorder	**2.7**	**0.4**	**1.6**	**2.4**	**.4**	**1.4**	**2.6**	**0.4**	**1.5**
Less common disorders	**2.2**	**0.4**	**1.3**	**1.6**	**1.1**	**1.4**	**1.9**	**0.8**	**1.3**
Autistic Spectrum Disorder	1.9	0.1	1.0	1.0	0.5	0.8	1.4	0.3	0.9
Tic disorders	0.0	0.1	0.1				0.0	0.1	0.0
Eating disorders	0.5	0.2	0.3	0.6	0.1	0.4	0.5	0.1	0.3
Mutism		0.1	0.0	0.1	0.4	0.3	0.0	0.2	0.1
Any disorder	**10.2**	**5.1**	**7.7**	**12.6**	**10.3**	**11.5**	**11.4**	**7.8**	**9.6**
Base (weighted)	*2010*	*1916*	*3926*	*2101*	*1950*	*4051*	*4111*	*3866*	*7977*

The prevalence of mental disorders was greater among children:

- In lone parent (16 per cent) compared with two parent families (8 per cent);

- In reconstituted families (14 per cent) compared with families containing no stepchildren (9 per cent);
- Whose interviewed parent had no educational qualifications (17 per cent) compared with those who had a degree level qualification (4 per cent);
- In families with neither parent working (20 per cent) compared with those in which both parents worked (8 per cent);
- In families with a gross weekly household income of less than £100 (16 per cent) compared with those with an income of £600 or more (5 per cent)
- In households in which someone received disability benefit (24 per cent) compared with those that received no disability benefit (8 per cent)
- In families where the household reference person was in a routine occupational group (15 per cent) compared with those with a reference person in the higher professional group (4 per cent)

Table 3: 'Expected' number of children in Tower Hamlets by type of mental disorder, age and gender (2015)

	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

Self-harm

In the 2004 B-CAMHS survey, the rate of self-harm in 5–10 year olds was 0.8% in those with no disorder, rising to 6.2% in those with an anxiety disorder and 7.5% among the group of children with hyperkinetic disorder, conduct disorder or one of the less common disorders.

The prevalence increased significantly in adolescence (11-16 year old group) with rates of 1.2% in those with no disorder, rising to 9.4% in those with an anxiety disorder and 18.8% in those with depression.

Table 4: Prevalence of self-harm by age (BCAMHS 2004) and 'Expected' number of children in Tower Hamlets by category (2015)

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**

2. Late adolescence

Young people aged 16 and over are included in the Office for National Statistics surveys of adult psychiatric morbidity.
As these surveys used different assessment methods and categories to the BCAMHS surveys of under-16s, direct comparison is more difficult. In the 2007 survey of adults in England, [xlii] in the 16–24-year-old age group 2.2% experienced a depressive episode, 4.7% screened positive for post-traumatic stress disorder, 16.4% experienced anxiety disorder, 0.2% had a psychotic illness and 1.9% had a diagnosable personality disorder. 8.9% of 16–24 year olds had self-harmed in their lifetime.

Table 5 below applies these sample percentages to the 16-24 year old population of Tower Hamlets to give estimates of 'expected' levels of morbidity.

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

The following part of this section focusses on specific disorders where there is more (or more contemporary) information than set out above and covers Conduct Disorders, Eating Disorders, Autism, Attention Deficit Hyperactivity Disorder and suicide.

Conduct disorders

Conduct disorders, and associated antisocial behaviour are the most common mental and behavioural problems in children and young people and are the most common reason for referral of young children to child and adolescent mental health services.

The 2004 BCAMHS report[xliii] (at length, above) shows prevalence of the broad category 'Conduct disorder' and the subgroups within it, analysed by age and sex.

Table 6: Prevalence of conduct disorder + sub categories by age and sex

	5 to 10 year olds			11 to 16 year olds		
	Boys	Girls	All	Boys	Girls	All
Conduct Disorders	6.9	2.8	4.9	8.1	5.1	6.6
Oppositional defiant disorder	4.5	2.4	3.5	3.5	1.7	2.6
Unsocialised conduct disorder	0.9	0.3	0.6	1.2	0.8	1.0
Socialised conduct disorder	0.6	-	0.3	2.6	1.9	2.2
Other conduct disorder	0.9	0.1	0.5	0.7	0.8	0.8

When applied to the 2015 Tower Hamlets 5-18 year old population this equates to 2,148 children and young people who may be expected to have a conduct disorder.

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

	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

NICE CG 158 costing template[xliv] assumes that 5% of children and young people have conduct disorder, a figure derived from Fergusson et al. 2005.[xlv] This would equate to a broadly similar figure to that set out in BCAMHS above of 2030 5-18 year olds in Tower Hamlets (2015).

Eating Disorders

Research[xlvi] provides estimates of the annual incidence of diagnosed eating disorders (anorexia nervosa, bulimia nervosa and 'eating disorder not otherwise specified') in primary care for 10-14 and 15-19 year olds.

Table 8: Incidence of eating disorders per 100,000 population for the year 2009 by age, sex and type of eating disorder

	10-14 years old			15-19 year olds		
	Males	Females	Total	Males	Females	Total
Anorexia nervosa	2.5	24	13.1	3.8	47.5	26.7
Bulimia nervosa	0	6	2.9	3	46.8	25.9
Eating disorder NOS	15	33.5	24.1	10.6	70.2	41.8

If the sample incidence is 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.

The paper suggests a statistically significant increase in the number of eating disorders diagnosed in primary care between 2000 and 2010 from 32.3/100,000 (95% CI 31.7 to 32.9) to 37.2/100,000 (95% CI 36.6 to 37.9) for both males and females.

Further research[xlvii] has set out to quantify the prevalence of eating disorder behaviours and cognitions and associated childhood psychological, physical and parental risk factors among a cohort of 14-yearold children. It concluded that childhood body dissatisfaction strongly predicted eating disorder cognitions in girls, but only in interaction with BMI in boys. Higher self-esteem had a protective effect, particularly in boys. Maternal eating disorder predicted body dissatisfaction and weight/shape concern in adolescent girls and dieting in boys.

Table 9: Prevalence of eating disorder cognitions and behaviours at age 14 years, applied to Tower Hamlets population

	Sample %		Applied to Tower Hamlets 2015 14 year old population		
Eating disorder cognitions and behaviours	Female (%)	Males (%)	Female	Male	Total
High weight and shape concern	11.4	4.7	148	66	214
Media pressure to lose weight	18	3	234	42	276
Dieting in last year	40	12	520	180	700
Bingeing in last year	7.5	3.5	98	53	150
Purging in last year	2.4	0.8	31	13	44
Frequent dieting in last year	7.6	1.6	99	0	99

Autism

Core autism behaviours are typically present in early childhood, but are not always apparent until the circumstances of the child or young person change, for example when the child goes to nursery or primary school or moves to secondary school. Autism is strongly associated with a number of coexisting conditions. Recent studies have shown that approximately 70% of people with autism also meet diagnostic criteria for at least one other (often unrecognised) psychiatric disorder that is further impairing their psychosocial functioning.

Autism was once thought to be an uncommon developmental disorder, but recent studies have reported increased prevalence and the condition is now thought to occur in at least 1% of children.[xlviii] This aligns with the ONS BCAMHS survey (above) 'Autistic Spectrum Disorder' category which gives differential ranges across ages and genders. Applying the survey results to Tower Hamlets' 5-16 year old population would give the estimates for children in Tower Hamlets with an Autistic Spectrum Disorder set out in table 10 below.

Table 10: Prevalence of Autistic Spectrum Disorders by age and gender (% - BCAMHS) and expected Tower Hamlets numbers (2015)

	5-10 year olds						11-16 year olds						All children					
	Boys		Girls		All		Boys		Girls		All		Boys		Girls		All	
	%[2]	No[3]	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No
Autistic Spectrum Disorder	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**

Attention deficit hyperactivity disorder (ADHD)

Attention deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental condition in the UK and is estimated to affect 1–2% of children and young people, if the narrower criteria of International Classification of Diseases-10 are used.[xlix]

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 (between **1,218** and **3,654** 5-17 year olds in Tower Hamlets might be expected to experience ADHD. This assumes a total Tower Hamlets school age (i.e. 5-17) population of 40,600.

Suicide

Suicide is the leading cause of death in young people. The suicide rate among 10–19 year olds is 2.20 per 100,000; it is higher in males (3.14 compared with 1.30 for females) and in older adolescents (4.04 among 15–19 year olds compared with 0.34 among 10–14 year olds).

[2] Sample percentage in ONS BCAMHS (2004)

[3] Number of children estimated to be affected in Tower Hamlets age specific population (2015 GLA estimates)

Recent research has shown a significant fall in the rates among young men in the period 2001–2010.

Section 4

Vulnerable groups

Any child can experience mental health problems, but some children are more vulnerable than others. These include those children who have one or more risk factors in the domains below.[I]

Low-income households;	Refugees or asylum seekers;
Parents unemployed or where parents have low educational attainment;	Gypsy and traveller communities;
Looked after by the local authority;	Children who are being abused;
With disabilities (including learning disabilities);	Children experiencing stressful life events e.g. bereavement, divorce or serious illness;
From BME groups;	Children with physical illness (linked to onset of emotional disorders);
Lesbian, gay, bisexual or transgender (LGBT);	Family structure - those in single-parent households more likely to develop disorders;
In the criminal justice system;	Household tenure - those in rented accommodation more likely to have emotional disorder than those who do not
Have a parent with a mental health problem;	Family conflict, domestic violence and bullying
Parents misusing substances;	

Parental education and employment

Low socio-economic status, including poverty and low levels of parental education are risk factors for poor mental health and emotional wellbeing throughout the life course. Socioeconomic inequalities are associated with increased risk of mental disorders in two ways. First, more pronounced income inequality within wealthy countries is associated with increased prevalence of mental disorders. Second, the degree of socioeconomic disadvantage that people experience is associated with proportionately increased risk of developing a mental disorder.[Ii]

Tower Hamlets has a high proportion of males 'available for work' but high levels of unemployment in that group and low proportion of women 'available for work' and high levels of unemployment in that group compared to London and the UK.
Tower Hamlets has a higher proportion of residents with no qualifications than London and the UK, and correspondingly lower levels of qualifications at each level of qualification.

Table 11: Employment and unemployment (%) in Tower Hamlets, London and UK (2014-2015)[lii]

	Male			Female			All people		
	TH	London	UK	TH	London	UK	TH	London	UK
Economically Active	86.8	84.7	83.0	67.9	69.3	72.0	77.7	77.0	77.4
In Employment	79.3	79.1	77.8	59.3	64.4	67.7	69.7	71.7	72.7
Unemployed	8.6	6.5	6.1	12.6	7.0	5.8	8.9	6.7	6.0

Table 12: Qualifications 16-64 year olds (Jan 2014-Dec 2014)[liii]

	Tower Hamlets	London	UK
NVQ4 and above	44.2	49.1	36.0
NVQ3 and above	60.0	64.7	56.7
NVQ2 and above	74.3	76.4	73.3
NVQ1 and above	81.3	84.2	85.0
Other qualifications	6.7	8.0	6.2
No qualifications	12.1	7.8	8.8

In the ONS 2011 Census 7,290 households in Tower Hamlets were identified as lone parent households, with 62% of those lone parents being unemployed. This was the highest level of unemployment in lone parent families of all London boroughs and compared to 47.8% across London and 40.5% across England.[liv]

Looked after children (LAC)n 2003 the Office for National Statistics (ONS) published data comparing the prevalence of mental disorders in children aged 5 – 17 who were looked after by a local authority.[lv] The prevalence of mental disorder for all LAC was 44.8%. The most recent national data indicates that Tower Hamlets has 275 children looked after at March 31st 2015 (44/10,000 children aged under 18 years).[lvi] If the high level ONS sample percentage for children aged 5-18 was applied to this we might expect to see approximately 123 looked after children in Tower Hamlets with some form of mental disorder.

Table 13: Prevalence (% sample) of mental disorders in looked after children, 5-18 years[lvii]

	5-10 year olds			11-15 year olds			16-18 year olds			All children		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Emotional disorders	**13.4**	**8.0**	**11.0**	**8.4**	**16.1**	**11.9**	**8.0**	**19.5**	**12.7**	**10.0**	**14.0**	**11.7**
Anxiety disorders	*13.4*	*8.0*	*11.0*	*7.3*	*15.2*	*10.8*	*6.4*	*18.3*	*11.2*	*9.1*	*13.3*	*11.0*
Depression	*1.6*		*.9*	*4.1*	*6.4*	*5.1*	*3.2*	*15.8*	*8.3*	*3.1*	*6.0*	*4.3*

Conduct disorders	**44.0**	**27.4**	**36.5**	**45.4**	**34.5**	**40.5**	**31.5**	**27.8**	**30.0**	**42.0**	**30.8**	**37.0**
Hyperkinetic disorder	**15.9**	**5.4**	**11.1**	**10.9**	**2.4**	**7.1**	**2.4**		**1.4**	**10.7**	**3.0**	**7.3**
Less common disorders	**4.6**		**2.5**	**8.2**	**1.5**	**5.2**	**1.6**	**3.6**	**2.4**	**5.6**	**1.4**	**3.7**
Any disorder	**49.6**	**33.4**	**42.3**	**54.7**	**42.8**	**49.3**	**37.8**	**40.0**	**38.7**	**49.4**	**39.0**	**44.8**
Base (weighted)	*191*	*157*	*348*	*265*	*216*	*480*	*125*	*86*	*211*	*580*	*459*	*1039*

Children with disabilities (including learning disabilities)

Population estimates from national surveys and local data sources (Census 2011, DWP Disability Living Allowance 2013 and Tower Hamlets Council Children with Disabilities Register 2012/13) suggest that there is a confluence of estimates of between 1,600 and 2,000 children and young people with a disability in Tower Hamlets (in 2013).

One report found that nationally SEN associated with learning disabilities is more common among boys, children from poorer families and among some minority ethnic groups. Profound multiple learning difficulties were more common among Pakistani and Bangladeshi children (who account for 62.5% of the 0-17 year old population in Tower Hamlets).[lviii] For school aged pupils with statements of SEN across England as a whole in 2013, 2.5% were Asian (2.7% were Bangladeshi) compared to 3.1% White (3.2% White British).[lix]

There is a well-established link between socioeconomic deprivation and the prevalence of mild or moderate learning difficulties[lx] reflected in lower income, poorer housing, higher unemployment and a greater reliance on welfare benefits. Some evidence of a link between severe learning difficulties and poverty has been reported.[lxi]

High levels of material and social deprivation have been found amongst South Asian people with learning disabilities and their families. It has been suggested that such deprivation may combine with other factors – such as inequalities in access to maternal health care, misclassification and higher rates of environmental or genetic risk factors – to produce the much higher prevalence rates.[lxii,lxiii]

BME groups

Green et al[lxiv] identify differences in the rates of mental disorder across different ethnic groups, children and young people categorised as Indian had a rate of approximately 3%; children and young people in the Pakistani/Bangladeshi group a rate of just under 8%; children and young people in the black group a rate of around 9% and the highest rate in the white group being approximately 10%.

Table 5 uses the ethnic group prevalence across the main 4 disorder groups and applies those to the total 5-16 population to again give numbers of children and young people in Tower Hamlets who may be expected to experience those disorders were those ethnic group estimates valid.

Small sub-group sizes in the study mean that caution should be taken when extrapolating from the survey to local populations.

Table 14: 'Expected' number of children in Tower Hamlets by type of mental disorder and ethnicity, 5-16 years (2015)

	White		Black		Indian		Pakistani & Bangladeshi		Other		All	
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Emotional disorders	3.8	198	3.3	175	1.4	10	4.3	912	2.8	112	3.7	1345
Conduct disorders	6.1	317	5.9	313	0.6	4	4	848	2.9	116	5.8	2108
Hyperkinetic disorders	1.7	88	0.6	32					1.4	56	1.5	545
Less common disorders	1.4	73	0.6	32	0.5	4	0.6	127	1.8	72	1.3	473
Any disorders	10.1	525	9.2	488	2.6	18	7.8	1654	6.9	276	9.6	3490
Sample size[4]/Total population[5]	*6873*	*5200*	*358*	*5300*	*201*	*700*	*306*	*21200*	*235*	*4000*	*7973*	*36350*

Although now old, a cross cultural study of Asian and white British families[lxv] found that Asian British families were significantly more likely to want care to be provided by a relative than the white British families, who were more likely to want care to be provided in a community home provided by statutory or voluntary services. The study also found that Asian British families were significantly less likely to know the name of their child's condition (learning disability) and that over half did not know the cause of their child's learning disability. Such cultural factors are likely to influence levels of local identified need.

Bullying

An estimated half a million 10 and 12-year-olds are physically bullied at school, according to a study by the Children's Society, which found that 38% of children surveyed had been hit by classmates in the last month.

Cyber bullying is becoming increasingly common. In 2012/13 30,387 children and young people contacted Childline concerned about bullying (including cyberbullying) with bullying being the top reason for contact to Childline for under 11s. This fell to second place for 12-15 year olds and to tenth place for 16-18 year olds.[lxvi]

[4] Sample size of sub group in original research sample.

[5] Total 5-16 population of specific ethnic group.

A report by Young Stonewall[lxvii] found that more than half of lesbian, gay and bisexual young people still report experiencing homophobic bullying. Over two in five gay pupils who experience homophobic bullying attempt or think about taking their own life as a direct consequence.

In Tower Hamlets bullying at school 'in the previous year' had been experienced by 22% of pupils according to the Tower Hamlets 2013 Pupil Attitude Survey. For those pupils that had experienced bullying, the survey results did show a reduction for some in the frequency of bullying incidents. 26% of the pupils who said they had been bullied at school in the last year specified in a follow up question that it occurred at least every week.

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Appendix 4

Core principles

The Joint Strategic Commissioning Framework sets out the following principles

- **Embedding a Child Rights approach** - the core tenet of this approach is that rights should provide the lens by which all issues impacting on children should be reviewed and resolved. Services will be commissioned that promote and secure the full range of a child's social, economic, cultural, civil and political rights with a particular focus on the key principles described above. (this aim is to be updated)
- **Commissioning across the life course** - the Partnership believes that one of the most effective ways of achieving improved outcomes and maximising life chances is to ensure that services are commissioned across the life course in order to respond to the different needs that children and young people have at different life stages.
- ***Focussing on prevention, early identification and early help*** – intervening as early as possible within the life-course to maximise life chances, ensuring that children and young people get off to a flying start and where problems do arise to prevent escalation.
- ***Active participation*** - children, young people and families will be at the heart of all decision making in relation to commissioning. Services will be co-produced and build on the capacity, skills, knowledge of local communities and will be designed to promote choice, encourage greater independence, and focus on building resilience.
- ***Child centred*** – in keeping with the holistic principle, services will focus on the child as an individual but where appropriate the child will be seen in the context of the family to ensure that the full spectrum of needs are addressed, taking account of the key role of parents and other carers in the wellbeing of their children.
- Services will be commissioned within the framework of the Tower Hamlets ***Family Wellbeing Model*** across the continuum of need including universal, targeted and specialist services.
- ***Transparent and accountable*** - the Partnership will ensure that clear leadership, accountability and assurance mechanisms are in place and that children, young people and families are familiar with these and their role within the Children and Families Partnership and that they understand how and on what basis decisions are made. Children will also be made aware of their rights and what they can do should they feel these are not being upheld. The Partnership will also ensure that the children's workforce understands their role as duty bearers.
- ***Supporting consistent evidence informed services for children, young people and families*** - the commissioning and development of services will be driven by the best available evidence but will also allow for innovation. Where available the evidence will also take into account the cost-effectiveness of the intervention or service.
- ***Sustaining and developing the Children's and Young People's Workforce*** - the children's workforce will be supported through training and development to ensure they have the full range of competencies to deliver effective services across the life course. Where appropriate a "Making Every Contact Count" approach will be adopted so that child care professionals can provide a response to the wide ranging needs of children and families. This might include a direct intervention relating to a specific specialism, a brief intervention or sign posting to support services to address other needs.

- ***Working Together to Safeguard Children is everyone's responsibility***. Using the concept of "Making Every Contact Count", all staff across the children's workforce should have sufficient knowledge and understanding to recognise signs of harm and neglect and take appropriate action.

These principles continue to apply across the Children and Families Partnership (which has representatives FO all agencies including council, CCG, NHS Trusts, criminal justice, housing, schools, colleges and the third sector, including parents.

Appendix 5

NHS England activity data

Notes

Ethnicity and age information has been provided but has been withheld because of the small number (under 5) in each category.

1) 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.
2) The Data Source is local contract monitoring flows received from providers during 2014-15
3) The time period covers April 2014 to March 2015 inclusive
4) London CCG activity at Non-London providers is not included.
5) Activity and spend includes CAMHS Inpatient activity as well as associated outpatient data if it is included in the contract
6) Ethnicity descriptions are raw descriptions received from providers and do not necessarily conform to the standardised national descriptions
7) Age has been calculated as age of admission
8) Unit Type should not be confused with condition/primary diagnosis of the patient.

CCG_Name	Service_Line_Code	Service_Line_Description	Actual_Cost_1415	Actual_Activity_1415
NHS TOWER HAMLETS CCG	NCBPS22c	CAMHS Secure	347,224	365
NHS TOWER HAMLETS CCG	NCBPS23k	CAMHS T4	735,187	1,493

CCG_Name	Service_Line_Desc	POD	Sum of Actual_Cost_1415	Sum of Actual_Activity_1415
NHS TOWER HAMLETS CCG	CAMHS Secure	OBD - Guaranteed Funding	347,224	365
NHS TOWER HAMLETS CCG	CAMHS T4	Camhs - Day Care	204,486	703
NHS TOWER HAMLETS CCG	CAMHS T4	Camhs - Acute	308,780	553
NHS TOWER HAMLETS CCG	CAMHS T4	Camhs - Picu	186,204	150
NHS TOWER HAMLETS CCG	CAMHS T4	CAMHS Daycare	32,927	82
NHS TOWER HAMLETS CCG	CAMHS T4	CAMHS Inpatient (excl. ED)	2,790	5

CCG_Name	Service_Line_Description	Organisation_Name	Actual_Cost_1415	Actual_Activity_1415
NHS TOWER HAMLETS CCG	CAMHS Secure	WEST LONDON MENTAL HEALTH NHS TRUST	347,224	365
NHS TOWER HAMLETS CCG	CAMHS T4	NORTH EAST LONDON NHS FOUNDATION TRUST	35,717	87
NHS TOWER HAMLETS CCG	CAMHS T4	EAST LONDON NHS FOUNDATION TRUST	699,470	1,406

CCG_Name	Service_Line_Code	Service_Line_Desc	Unit_Type	Actual_Cost_1415	Actual_Activity_1415
NHS TOWER HAMLETS CCG	NCBPS22c	CAMHS Secure	Non Eating Disorders	347,224	365
NHS TOWER HAMLETS CCG	NCBPS23k	CAMHS T4	Non Eating Disorders	735,187	1,493

Appendix 6: Detail of services commissioned by Tower Hamlets Public Health

CYP Mental Health Transformation plans TOWER HAMLETS PUBLIC HEALTH						
Projects/services with primarily mental health outcomes						
Service/programme name	**Aim**	**Funding source**	**Delivery organisation**	**Commissioning organisation**	**Time frame**	**Funding**
Better Beginnings	Locality Parent and Infant Wellbeing Coordinator plus a team of peer supporters / volunteers to provide support for local parents and carers during pregnancy and the first year of the baby's life. Primary focus is on promoting maternal mental health, supporting secure emotional attachment, parent/infant communication, sensitive attuned parenting and peer support, programme also links to other key influences on parent and infant health (e.g. parental smoking and substance misuse, parental and infant nutrition, oral health and injury prevention) to ensure a holistic approach.	Public Health LBTH	3 local VSOs commissioned to host Locality Parent and Infant Wellbeing Coordinators, 1 local VSO commissioned to provide training for coordinators and peer supporters.	Public Health LBTH	2 year pilot, ending 2017	320,000 (whole contract)
Family Nurse Partnership	FNP is an evidenced based, preventive, early intervention programme for vulnerable young first time mothers (aged under 19 years) and fathers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two.	Public Health LBTH	Barts Health NHS Trust	Public Health LBTH	Currently reprocurring, annual contract/ ongoing	550,000/year
Mindfulness training in schools in Tower Hamlets	12-16 years of age is seen as a key developmental window for self-regulation and a period when young people need to negotiate many academic and social stressors for the first time. Mindfulness based interventions in schools appear to have some promise for addressing this. Programme will in the first instance allow a cohort of teachers and other relevant professionals to participate in a recognised mindfulness intervention, subsequently followed by train the trainer sessions, in order for teachers to be equipped to deliver sessions to students.	Public Health Tower Hamlets	LBTH Education Psychology	Public Health LBTH	2 year pilot, ending 2017	40,000 (whole contract)
Tower Hamlets School Health Service, Mental Health Training and Transformational change programme (previously known as Burdett project)	Transformational change programme for school nurses and nursery nurses. Skills and confidence development in promoting emotional wellbeing and good mental health in Children and Young People. Will be achieved through providing both training and supervision.	Burdett Trust for Nursing + Public Health LBTH	Delivered by Compass Wellbeing, provider of Tower Hamlets School Health Service	Public Health LBTH commissions provider to deliver TH School Health Service	2 years, ending in April 2017	30k Public Health match funding (whole project)
Education Psychology (Public Health funded)	3 elements of Education Psychology Programme 1. Work with parents and families of school aged children (targeted to parents of children who have complex or additional needs (such as speech and language difficulties, social communication disorders or particularly challenging behaviour/emotional needs) or parents who are experiencing mental health or emotional difficulties; 2. Targeted support for pupils attending the Pupil Referral Unit (PRU); 3. Counselling sessions for up to ten local disabled adolescents.	Public Health LBTH	LBTH Education Psychology	Public Health LBTH	Annual contract/ ongoing	40,000/year

Projects/services that include mental health outcomes						
Infant feeding support service	Service aims to improve the health and wellbeing of Tower Hamlets mothers and their babies by helping mothers to make informed decisions about infant feeding, including advice on healthy weaning, good nutrition and nutritional supplements and where the decision is to breastfeed, to enable mothers to enjoy their experience of breast feeding. The service contributes to maintaining Unicef Baby Friendly Standards	Public Health, LBTH	Barts Health NHS Trust	Public Health, LBTH	Annual contract/ ongoing	330,000/year
Health Visiting	Implementation of the Healthy Child Programme. (New birt Visit, 6-8 week , 8-12 months, 2 year review, pre school/school readiness)	Public Health, LBTH	Barts Health NHS Trust	Public Health, LBTH	Currently reprocurring, annual contract/ ongoing	5,500,000/year
Active Play Healthy Eating	Parent/carers & their children under 5 yrs where activity and diet are an issue. 6 week course, healthy eating, play & parental support promoting attachment	Public Health, LBTH	Toyhouse Library	Public Health, LBTH	Annual contract/ ongoing	48,000 per year
Healthy Early Years Accreditation Scheme	Coordinator to roll out early years setting accreditation scheme in line with WHO health promoting settings frameworks.	Public Health, LBTH	LBTH Birth to Five Service	Public Health, LBTH	Annual contract/ ongoing	50,000/year
School Health Service	Borough-wide school health service for children and young people attending schools in Tower Hamlets. Delivery of Healthy Child Programme 5-19.	Public Health, LBTH	Compass Wellbeing CIC	Public Health, LBTH	Annual contract/ ongoing	1,605,000/year
Tower Hamlets Healthy Schools	Tower Hamlets Healthy Schools Programme – Emotional Health and wellbeing is one of 4 core areas; the Healthy Schools team deliver work in line with WHO Health Supporting Schools Framework	Public Health, LBTH	LBTH Healthy Lives Team	Public Health LBTH	Annual contract/ ongoing	275,500/year

Appendix 7: Illustrative Maternal and Infant Mental Health Wellbeing Services Mapping (selected lines)

Some primary care GMS services and services listed elsewhere have been removed

	Maternal and Infant Mental Health and Well being Services Mapping				
	Name of Service	**Eligibility Criteria**	**Service Activity**	**Number of Clients seen yearly**	**How Funded**
Barts Health	Midwifery	All pregnant women	First and main contact for the expectant mother during her pregnancy, and throughout labour and the early postnatal period. Provision of care and supporting women to make informed choices about the services and options available to them. Clinical examinations, parent education and supports the mother and her family throughout the childbearing process to help them adjust to their parental role.	approx 4700	CCG
Barts Health	Health Visiting	All parents with children under 5	Implementation of the Healthy Child Programme. (New birt Visit, 6-8 week , 8-12 months, 2 year review, pre school/school readiness)	approx 4000	PH England
LBTH	Children Centres	All families-self and professional referral	Parents and families access a range of facilities to support their health, opportunities for employment and training and also the chance to meet other parents in the local area.		LBTH
Toyhouse	Toyhouse Baby sensory & Rhyme	parent/carers & their children under 18 months	play & parental support providing attachment	weekly sessions for 10 families	donations/fundraising by Toyhouse
Toyhouse	Early Years Soft Play	Parent/careres and their children under 5 yrs	Physical play session and parental support promoting attachment	twice weekly session for 20 families.	partly via LBTH MSG partly fundraising
Toyhouse	Active Physical Play	Parent/carers & their children under 5 yrs	Physcial play session and paretal support promoting attachment	twice weekly session for 20 families.	Mowlem Children's Centre
Toyhouse	Physcial play for under 5's	parent/carers & their children under 5 years	physical play session and parental support promoting attachment	18 families each week at each session	Ocean & Wapping Children's Centres
Toyhouse	Baby Massage	parent/carers & their babies under 8months	massage & attachment	5 courses per year each course 5x1hrs each for up to 8 parents & child	Fundraising
Toyhouse	range of sessions in Toyhouse Centre & member groups	parent/carer & pre school child	play & parental support promoting attachment	3,000	various funding streams
Support Service, Education, Care and Wellbeing Directorate	Emotional First Aid (EFA) for Parents	The Emotional First Aid course is open to all parents and carers and also accommodates targeted referrals from professionals.	EFA is delivered over 5 weeks through 2 hour long sessions which include practical and discussion based activities which support parents and carers to: Identify early signs of emotional distress and anxiety in themselves and their children Recognise and understand their own emotional needs Understand and develop a positive approach to emotional health and well-being Develop and enhance self esteem Recognise the benefits for children when parents are emotionally well	started this year (6 month saw approx 100 parents)	LBTH

Toyhouse	Baby Massage	parent/carers & their babies under 8months	massage & attachment	5 courses per year each course 5x1hrs each for up to 8 parents & child	Fundraising
Toyhouse	Active Play Healthy Eating	Parent/carers & their children under 5 yrs where activity and diet are an issue. Attendance at an active play bag session	Diet & Physical activity. Loaning of Active Play resource Bags	6x6wk courses=120 Loans of Active play resource bag 680	LBTH formally PCT
Toyhouse	Special Sensory Play	Pre school children with special needs & their parents	play & parental support promoting attachment	weekly sessions for 6 families	partly via LBTH MSG partly fundraising
General Practice/Primary Care	General Practice	Registered population	Additional Care for parents identified as needing extra clinical and universal care: Assessment of women following midwife booking including management,counselling and referral following antenatal screening tests.Assessment and appropriate management of medical and mental health risks identified at booking including appropriate referral to secondary care mental health services and primary care psychology.Post natal assessment and appropriate referral of women with mental health problems to secondary care mental health services and psychology services. Assessment of bonding and infant feeding difficulties at 6 week check (in partnership with Health Visiting Services). Prescribing antidepressant medication for women with post natal depression-monitoring and follow up. Follow up and care of infants with medical problems that may cause infant distress and problems with bonding-eg.excessive crying,gastric reflux,eczema. Maintaining practice register of patients with severe and enduring mental illness-mainly psychosis.		PMS or GMS with CCG.
Bart Health	Gateway Midwives	Intensive, specialist care provided for high-risk women during pregnancy	As above and suppport with mental health and substance misue		CCG
Barts Health	Mary Seacole Clinic	Services are available to women and their partners up to six months after giving birth. Midwifery services only available to mothers up to six weeks after the birth.Self or GP referrals	Antenatal care to pregnant women who are concerned about their substance use		
Women Health and Family Services	Maternity Mates (Doula Project)	Expectant mum from the 6th month of pregnancy, during birth and up to 6 weeks after the baby is born. Targeted at women who are identified as isolated and vulnerable	Recruits and train women locally to provide emotional and practical support during pregnancy, childbirth and the early weeks of family life. Particular attention	50	CCG
Barts Health	Health Visiting	All parents with children under 5	Implementation of the Healthy Child Programme. NICE &EPDS assessment, Listening Visits (New birt Visit, 6-8 week , 8-12 months, 2 year review, pre school/school readiness)	approx 4000	PH England
Barts Health	Family Nurse Partnership	Teenage parents from (28 weeks gestation)Eligibility criteria is: '19yrs and under, pregnant with first baby, from early pregnancy (preferably before 16wks gestation and no later than 28wks).	Structured home visits by highly trained nurses from early pregnancy until child's second birthday. Psycho-educational approach to provide on-going, intensive support to young, first-time mothers and their babies (and fathers/other family members if mothers want them to take part). To enable them to build positive relationships with their baby and understand their baby's needs; make the lifestyle choices that will give their child the best possible start in life; build their self-efficacy (belief and ability to plan and achieve their goals); build positive relationships with others, modelled by building a positive relationship with the family nurse.	150	PH England
Island House	Community Parents	first time mums to be that need support (emotional, signposting, lifestyle, advice) that live on the Isle of Dogs	Empowerment approach, support from trained volunteers who work in partnership with the mums around healthy lifestyles, relationship support, preparing for change, healthy lifestyles.	30-45	Public Health; CCG; Keystone Church; London Catalyst

Home art Tower Hamle	Homestart	family lives in TH and has at least one child under 5	Practical and emotional support by volunteers in family's homes	25	Big Lottery
Compass Wellbein	Raising happy babies	1. Daytime groups: first time mothers, 2. Evening groups, Antenatal: first time mothers/ first time fathers, Exclusion: mental health high risk patients, insecure social context, child protection involvement	6 week psycho-education course on the psychology of parent infant interaction	100-120	
Compass Wellbeing	Adult Psychology service to Children's Centres	Raising Happy babies	5 week course for first time mums		Local authority, Children's Centres Adult
Compass Wellbeing	Adult Psychology service to Children's Centres	expectant parents and parents with under 5's, experiencing psychological difficulties including maternal depression in the perinatal period	Individual and couple therapy and psychoeducational/ early intervention courses to promote good attachment	120	funded by LBTH
Toyhous Library	Going mellow suite of parenting courses	parents of under 5's who are having difficulty in some aspect of their parenting	parenting course for parents & their children	20 families	partly via LBTH MSG partly fundraising
ouse Libra y	Reaching out project	parent/carer & pre school child	1.1 home based parental support for families with complex needs	10 families	Fundraising
Toyhous Library	Home Visiting Mobile Toy Library	parent/carers of pre school children with special needs in their own home	parental support promoting attachment& loan of toys and resources	50	LbTH MSG
Educational Psychology	Work with parents and families of school aged children	Parents who are unable to access other parenting support services or Parents of children who have complex or additional needs (such as speech and language difficulties, social communication disorders or particularly challenging behaviour/emotional needs) or Parents who are experiencing mental health or emotional difficulties	Educational psychology support to families on a fortnightly cycle using talking therapies in meetings in homes or at a suitable community venue	Approximat ely 12-18 families	Public Health
Educational Psycholog	Targeted support for girls attending the Pupil Referral Unit(PRU)	Pupils identifed by PRU staff with emotional difficulties	reflective practice with staff at the PRU, therapeutic models for individual work with pupils e.g. Cognitive Behaviour Therapy (CBT) or Motivational Interviewing (MI), individual consultation and support of PRU key workers, shadowing/observation/feedback of staff's engagement with the children/young people and delivery of bespoke advisory/educational programmes such as anger management.	Between 6-8 young people each year	Public Health
Educational Psycholog	Counselling sessions for young disabled adolescents	Pupils struggling with the emotional impact of a long term health conditions, Managing and coping with the physical environment, Managing and coping with bullying and abuse from peers, Dealing with identity & self-image issues at puberty compounded by their disability	Talk therapy	Between 8-12 young people each year	Public Health

Educational Psycholo	Early Behaviour Support (EBS) & Post Diagnostic Support (PDS)for parents	Parents of children under 5 referred by professionals or self referring to EP based in Children's Centre, for help with managing their young child's behaviour. For PDS parents are mostly referred by ASDAS or CDT.	Home visits (up to a max of about 6) to suggest strategies for managing difficult behaviour for EBS. For PDS parents talk about their understanding of and feelings about their child's diagnosis. May also include some strategies.	Approx 70-80 families per quarter for EBS. Plus approx 20-30 families per quarter for PDS.	Funded by LBTH through SLA
Educationa Psycholog	Early Behaviour Support (1)	Parents of children under 5 referred by professionals or self referring to EP based in Children's Centre	Home visits (up to a max of about 6) to suggest strategies for managing difficult behacviour	Approx 70-80 families per quarter	Funded by LBTH through SLA
Educational Psychol	Early Behaviour Support (2)	Parents and children in the Early years Unit at Wellington School	360 degree approach working with children, parents and teachers involving support and advice around managing children's emotions and behaviour at home. Bespoke series of parent workshops around particular themes 'voted' by parents. Workshops run every 3 to 4 weeks.	Approx 20 per year	SLS through Wellington School
Educational Psychol	Secondary School Parent Support	Secondary pupils at Oaklands School. Referrals accepted if the pupil presents with an issue that is causing concern at home and affecting their wellbeing in school.	Individual meetings with parent and child alongside joint meetings with parent and child. Utilising a relational CBT / solution focused approach. Flexible format to accommodate the needs of the participants and setting. Ranging from 3 to 10 sessions.	Approx 20 per year	Initially through Public Health - now with a SLS through Oaklands School
Educational Psychology	The Parent Factor in AD/HD	Parents who have children with a diagnosis of AD/HD.	Bespoke parenting programme 'The Parenting Factor in AD/HD' devised by Barnardos and accredited by NAPP. 9 sessions delivered by accredited trainers from Parental Engagement Team (PET), DCOS and EPS overviewed by EPS.	Approx 15-20 each year	Funded by time allocated from PET, DCOS, EPS
Clinical Psychologi	Tower Hamlets Weight Management Service (Children and Maternity)	Children and young people (0-18 years) and maternal obesity (postnatal only - NB antenatal no longer part of CWMS)	Assessment & Triage with Dietician & Physiotherapist; Various group-based interventions, each with input from Dieticians/ Physiotherapists, Activity Assistants and Psychologist; one-to-one follow up clinic with Dietician/Physio/Psychologist as required; Obesity Care Pathway training for Tier 1 professionals;		PH from London Borough of Tower Hamlets (LBTH)
The Arbour	Connecting Mums	non eu newly migrant women who have been in the uk less than 10 years and have a child under 5	18 week program comprising of: parent and child sessions, family learning sessions, english for motherhood and out and about sessions	120	EIF (european intergration fund) and match funded by DCLG (department of communites and local governments)
Support Service, Education, Care and Wellbeing Directorate	Emotional First Aid (EFA) for Parents	The Emotional First Aid course is open to all parents and carers and also accommodates targeted referrals from professionals.	EFA is delivered over 5 weeks through 2 hour long sessions which include practical and discussion based activities which support parents and carers to: Identify early signs of emotional distress and anxiety in themselves and their children Recognise and understand their own emotional needs Understand and develop a positive approach to emotional health and well-being Develop and enhance self esteem Recognise the benefits for children when parents are emotionally well	started this year (6 month saw approx 100 parents)	LBTH
St Francis Family Centre	St Francis Family Centre	Families on a low income	Nursery, Toy library, after school Group, training for parents. Advice.	50	Catholic Childrens Society (Westminster)

Toyhouse	Baby Massage	parent/carers & their babies under 8months	massage & attachment	5 courses per year each course 5x1hrs each for up to 8 parents & child	Fundraising
Toyhouse Library	Going mellow suite of parenting courses	parents of under 5's who are having difficulty in some aspect of their parenting	parenting course for parents & their children	20 families	partly via LBTH MSG partly fundraising
ouse Library	Reaching out project	parent/carer & pre school child	1.1 home based parental support for families with complex needs	10 families	Fundraising
Barts Health	Gateway Midwives	Intensive, specialist care provided for high-risk women during pregnancy	Suppport with mental health and substance misue concerns		CCG
Barts Health	Mary Seacole Clinic	Services are available to women and their partners up to six months after giving birth. Midwifery services only available to mothers up to six weeks after the birth.Self or GP referrals	Antenatal care to pregnant women who are concerned about their substance use		
s Hea th	Health Visiting	All parents with children under 5	NICE &EPDS assessment and Listening Visits	approx 4000	PH England
LBTH	Children Centres	All families-self and professional referral	Antenatal and postnatal support for emoitional well-being including parenting		LBTH
Compass Wellbeing	Adult Psychology service to Children's Centres	expectant parents and parents with under 5's, experiencing psychological difficulties including maternal depression in the perinatal period	Individual and couple therapy and psychoeducational/ early intervention courses to promote good attachment	120	funded by LBTH
Educational Psychology	Work with parents and families of school aged children	Parents who are unable to access other parenting support services or Parents of children who have complex or additional needs (such as speech and language difficulties, social communication disorders or particularly challenging behaviour/emotional needs) or Parents who are experiencing mental health or emotional difficulties	Educational psychology support to families on a fortnightly cycle using talking therapies in meetings in homes or at a suitable community venue	Approximately 12-18 families	Public Health
Educational Psycholog	Counselling sessions for young disabled adolescents	Pupils struggling with the emotional impact of a long term health conditions, Managing and coping with the physical environment, Managing and coping with bullying and abuse from peers, Dealing with identity & self-image issues at puberty compounded by their disability	Talk therapy	Between 8-12 young people each year	Public Health
Educational Psychol	Secondary School Parent Support	Secondary pupils at Oaklands School. Referrals accepted if the pupil presents with an issue that is causing concern at home and affecting their wellbeing in school.	Individual meetings with parent and child alongside joint meetings with parent and child. Utilising a relational CBT / solution focused approach.Flexible format to accommodate the needs of the participants and setting. Ranging from 3 to 10 sessions.	Approx 20 per year	Initially through Public Health - now with a SLS through Oaklands School
Educational Psychology	The Parent Factor in AD/HD	Parents who have children with a diagnosis of AD/HD.	Bespoke parenting programme 'The Parenting Factor in AD/HD' devised by Barnardos and accredited by NAPP. 9 sessions delivered by accredited trainers from Parental Engagement Team (PET), DCOS and EPS overviewed by EPS.	Approx 15-20 each year	Funded by time allocated from PET, DCOS, EPS

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan? (Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)
Carrie Kilpatrick Deputy Director of Mental Health and Joint Commissioning Carrie.kilpatrick@towerhamletsccg.nhs.uk 020 3688 2524 We have a high level partnership as members of the health and Well Being Board, which has made mental health one of its four priorities and we have set up an outcomes based commissioning steering group which incorporates ELFT, Local Authority Children's Services, Public Health, and third sector organisations including IAPT providers.
Q2. What are you trying to do? (Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words
Our vision is set out in section 6 We want to ensure there is easy access for children and families to information, early help, and evidence-based interventions at every stage, • Conception, pregnancy and birth: preventative interventions and support for those at risk • Early support for pre-school children and parents: with additional support for those who need it • Wellbeing at school and other children's settings: based on resilience for all • Flexible support in teenage years: with targeted services to engage young people, and more intensive support for those with diagnosed mental illness or

higher risk
- Continuing support into young adulthood, up to the age of 25, ensuring seamless transition.
- Working in a personalised way, ensuring cultural sensitivity, aligning to our Child Rights Approach, wherever possible, providing continuity of support

In order to achieve this vision, the principal change is to align all services to deliver shared outcomes through an outcomes-based commissioning approach.

In support of this our overarching priorities are to:
- Tackle health inequalities
- Strengthen our prevention offer
- Improve links with schools
- Improve access, including for young people who do not want to engage with traditional CAMHS offer
- Strengthen pathways including those for vulnerable children, neurodevelopmental, perinatal and crisis
- Progress cross-cutting strategies including workforce, IT, physical health, engagement, and digital access

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

We want our services to move away from demarcation towards integration. We have adopted an ambitious programme to ensure the whole system is working effectively – our **outcomes based commissioning project**, which aims to integrate delivery so that services achieve the outcomes, that young people and their families have said are important to them.

We have already agreed a shared outcomes framework. In November, we are due to sign off outcomes measures and further develop the key requirements of the local service model.

We are a CAMHS and Schools Link pilot area for the national training programme. We

have strengthened our conduct disorder offer with a pilot service improvement, .

We have continued to invest in the reduction of waiting times in specialist CAMHS and we are about to enter procurement for a strategic partner to develop targeted mental health services.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

We propose to

- Strengthen our community local eating disorder offer
- Complete a feasibility study for the IT requirements of our outcome measures, and pilot initiatives for collection of available data
- Propose contracting mechanisms for outcome based commissioning
- Undertake reviews of pathways for vulnerable children whose needs are not fully met to inform future integration
- Deliver CAMHS and Schools Link training to more schools and commission training for governors to increase awareness, early intervention and appropriate engagement
- Pave the way for the Thrive model with training and a review of current ineffective referrals
- Hire a project manager to lead a range of initiatives to improve access, including an awareness and engagement campaign and development of a digital offer.

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

We envisage more support for effective liaison with specialist NHSE commissioning.

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (e.g., for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list

Annex 2: Self assessment checklist for the assurance process

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	**Y/N**	**Evidence by reference to relevant paragraph(s) in Local Transformation Plans**
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:	Y	Throughout
1. Have been designed with, and are built around the needs of, CYP and their families	Y	9.1
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	8
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	9.8
4. promote collaborative commissioning approaches within and between sectors	Y	8
Are you part of an existing CYP IAPT collaborative?	Y	7.3
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	n/a	
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within	Y	4

your local population		
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	5
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	13
Level of ambition		
Please confirm that your plans are:		
1. based on delivering evidence based practice	Y	
2. focused on demonstrating improved outcomes	Y	
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	6, Appendix 1 and throughout
Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	12 (subject to final review)
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	12 (subject to final review)
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	Tracker document
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	Tracker document
Finance		
Please confirm that:		
1. Your plans have been costed	Y	11
2. that they are aligned to the funding allocation that you will receive	Y	
3. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	

Jane Milligan
Chief Officer
Tower Hamlets CCG…….

Name, signature and position of person who has signed off Plan on behalf of local partners

Chair of Tower Hamlets Health and Wellbeing Board (John Biggs, Mayor)

To be signed off following the next scheduled Health and Well Being Board on the 8th December 2015

Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

NHSE sign off is part of the assurance process

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Health and Wellbeing Board Tuesday 17th November 2015	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Update on the development of the Joint Health and Wellbeing Strategy	

Lead Officer	Melanie Clay, Corporate Director Law, Probity and Governance
Contact Officers	Louise Russell, Service Head for Corporate Strategy and Equality
Executive Key Decision?	No

Summary

This report provides an update on the development of the Joint Health and Wellbeing Strategy. All Health and Wellbeing Boards have a duty to publish and deliver local health and wellbeing strategies. This strategy will be developed through a partnership approach, consulted on, presented to the CCG Governing Body, HWB and endorsed by the Council's Cabinet.

Formal approval of the Health and Wellbeing Strategy and its delivery plans will be sought in July 2016. Once approval has been given, the Strategy will then be published.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note that the Health and Wellbeing Strategy (HWS) subgroup has established a PMO to project manage the development of the strategy
2. Note that a priority setting workshop for HWB members is planned for November and HWB members' availability is needed

1. REASONS FOR THE DECISIONS

1.1 The Joint Health and Wellbeing Strategy is due a refresh as the existing strategy comes to an end in 2015. The HWB is asked to agree the refresh timeline for the new strategy.

2. ALTERNATIVE OPTIONS

2.1 An alternative timeframe for the refresh of the Joint Health and Wellbeing Strategy can be developed. Consequently, the Strategy could be brought forward or delayed, depending on the Board's decision. If delayed, the current strategy and it's delivery plans can be extended.

3. DETAILS OF REPORT

Introduction

The Health and Wellbeing Strategy 2013-16 and its associated delivery plans are due a refresh for 2016/19. The Health and Wellbeing Strategy sub-group has established a PMO to manage the strategy refresh process with key representatives from the CCG, Local Authority, Public Health and the CVS. The first meeting of the PMO was on the 22nd October and 3 weekly meetings will follow.

Progress to date

The King's Fund provided a facilitated health and wellbeing aspirations development seminar on the 26th October. The seminar focused on the development of some initial aspirations and a discussion on the direction that the Health and Wellbeing Strategy should take. The King's Fund will be providing a written summary of the discussions that took place during the seminar, which will be circulated to HWB members prior to the HWB workshop in November.

Additionally, a desktop analysis of key stakeholder priorities is currently being undertaken by Public Health and the Local Authority's Corporate Strategy and Equality team. The results of this exercise will be brought to the HWB workshop in November; this information will be used, in conjunction with the King's Fund seminar summary, to inform the development of some key priorities for the 2016-19 Health and Wellbeing Strategy.

The Local Authority has met with Healthwatch to ensure that community engagement and resident feedback is incorporated into the refresh process and captured in the refreshed strategy. Key overarching priorities that have come out of the Community Intelligence Bursary and other resident engagement work will be fed into the Health and Wellbeing Strategy.

Strategy refresh timeline

The project outline for the refresh of the Health and Wellbeing Strategy is below. The Health and Wellbeing Strategy PMO will be responsible for the delivery of the refreshed strategy and will provide regular reports to the Health and Wellbeing Strategy subgroup, which will have oversight of the programme on behalf of the HWB.

Strategy Development	Activity	Timescale
Scoping and reviewing	Engagement with key stakeholders on their current priorities and strategies (CCG, CVS, and Healthwatch etc.)	September - October
	Development of a communication and engagement plan for the Strategy Refresh	October- November
	HWB Workshop – Supporting board members to develop thinking/priorities for the Health and Wellbeing Strategy (local input through elected members and LGA facilitated) • An opportunity for HWB members to review the existing strategy's priorities and outcomes • Presentation of the EOG's King's Fund session outcomes • Board members to agree draft priorities Workshop attendees: all HWB members	November
Framework and emerging priorities	Priority mapping	September - October
	Seminar on future health and social care trends	October
	Gap analysis of stakeholder strategies and priorities	October
	Resident engagement programme to capture their views on health and their priorities	November - January
	Review of needs analysis and other material	September - November
	Draft framework and emerging priorities papers taken to the HWS subgroup	December
	Consultation on the draft framework with stakeholders, residents, Healthwatch and the Community Plan Delivery Groups	January
	Amended framework and emerging priorities paper taken to the HWS subgroup	November
	Framework and emerging priorities paper taken to the HWB	January
Priority development	Templates completed by sub-group on agreement of the new priorities	January
	Engage community plan delivery groups on the wider social determinants of health	January
Outline strategy	Development of outcome measures	January

and measures	Equalities Analyses	January
	Draft HWB Strategy taken to the HWS subgroup	January
	Consultation on the draft HWB Strategy	January – February
	Draft HWB Strategy taken to CMT/MAB	February
	Draft HWB Strategy taken to the CCG Exec	February
Delivery Planning	Workshops around priority delivery plans (using the logic model to develop activities)	March
	Delivery focused workshops with local community – Healthwatch, CVS and other groups	March - April
	Delivery plan templates completed by priority leads	April – May
	Draft delivery plans taken to the Subgroup	May
	Draft delivery plans taken to CMT/MAB	May - June
	Draft delivery plans taken to CCG Exec	May – June
Finalising Strategy and Delivery Plan	Final draft considered by MAB/CMT/Cabinet	June – July
	Final draft considered by CCG Governing Body	June – July
	Final draft considered by HWB	July
	Launch	July

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 The work to refresh the strategy is being funded through existing resources within the Corporate Strategy & Equality team. London Councils have provided a grant of £7k for the workshop facilitated by the Kings Fund, the workshop facilitated by the LGA is directly funded by the Department of Health.

5. LEGAL COMMENTS

5.1 The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

5.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

5.3 Further, it is a function of the HWB to identify the needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic

Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.

5.4 The review of the strategy provides the opportunity to refresh and update the focus of the HWB to reflect current and future needs within the borough. This review programme provides the basis for the HWB to collate the perspectives of all relevant and interested parties before agreeing any final strategy and plan.

5.5 When considering the recommendation above, and during the review itself, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 An equalities assurance exercise and (if necessary) an equalities analysis will be undertaken as part of the strategy development and will cover all of the 9 protected characteristics. The Health and Wellbeing Strategy aims to address any health related inequalities and need within the Borough.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The Health and Wellbeing Strategy sets out the local health and social priorities for Tower Hamlets. The Council will secure economy, efficiency and effectiveness in the course of its contributions to the actions which deliver this strategy. These actions will be set out in the Strategy's accompanying delivery plans.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There is a wealth of evidence, most recently compiled and presented within the Marmot review of health inequalities, identifying the considerable impact on health of wider social, economic and environmental impact on health, in particular housing, educational attainment, employment and the physical environment. These will be addressed as wider determinants of health within the Health and Wellbeing Strategy.

9. RISK MANAGEMENT IMPLICATIONS

9.1 The Tower Hamlets Health and Wellbeing Strategy is, by its nature, extremely broad. Its success depends on a range of enablers which are considered within the Strategy.

9.2 Delivery planning and performance management arrangements will be put in place to ensure delivery of the strategy. The Health and Wellbeing Strategy Sub-Group, which is formed of representatives from partners on the Board, including Healthwatch and voluntary sector representatives, will be key to driving the strategy centrally, as will the groups and leads driving and reporting on each of the four priority areas. The Health and Wellbeing Board will need to play a pivotal role in ensuring that outcomes are met and that challenges are raised where necessary.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 Health issues, in particular in relation to mental health, alcohol and drugs misuse have a significant impact on crime and disorder. The Health and Wellbeing Strategy will identify key opportunities to work with partners and the Crime and Disorder Partnership, including around substance misuse, domestic abuse and the health needs of (offenders/ex-offenders) sex workers.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

- N/A

Health and Wellbeing Board Tuesday 17th November 2015	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Update on the Mental Health Challenge	

Lead Officer	Luke Addams Director of Adult Services
Contact Officers	Carrie Kilpatrick, Deputy Director of Mental health and Joint Commissioning and Jamal Uddin Strategy and Policy Officer
Executive Key Decision?	No

Summary

The Mental Health Challenge is a set of 11 pledges that Local Authorities are asked to committ to in recognition of their role in implementing effective mental health strategy to improve the mental wellbeing of their communities. The Challenge is laid down in recognition of a variable approach nationally and is put forward by 7 leading mental health charities.

A motion to adopt the challenge was presented to Cabinet by Cllr Whitelock Gibbs in October of this year, and was duely agreed.

This report provides an overview of how well the Council and its partners are doing in meeting the 12 pledges of the Challenge, and makes a number of recommendations as to how the Health and Well Being Board and its partners can work together to further embed its principles.

In addition the paper draws partricular attention to the Time to Change Pledge commitment and highlights the support all partners of the HWWB can make in taking their time to change commitment to the next stage.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Endorse the progress made to date in implementing the key pledges.
2. Commit as individual HWBB member organisations to adopt/sign the Time to Change Pledge.
3. Support the 'Time to Change Employers Forum' by nominating a key lead from each HWBB member organisation to attend the forum.

1. REASONS FOR THE DECISIONS

1.1 The report is provided as an update to the recently adopted Mental Health Challenge motion, endorsed by Cabinet in October of this year.

2. ALTERNATIVE OPTIONS

2.1 The report is an update on progress against the accepted motion.

3. DETAILS OF REPORT

3.1 The Mental Health Challenge is a set of 11 pledges that Local Authorities are asked to committ to in recognition of their key role in implementing effective mental health strategy. The Challenge is laid down in recognition of the variable approach nationally and is put forward by 7 leading mental health charities. The Mental Health Challenge, further raises the profile of mental health and its impact on our communities and supports the Councils aspiration to deliver parity of esteem and the Time to Change Pledge.

3.2 The 11 pledges that form the Mental Health Challenge are:

- Appoint an elected member as 'mental health champion' across the Council
- Identify a 'lead officer' for mental health to link in with colleagues across the Council
- Follow the implementation framework for the mental health strategy where it is relevant to the Council's work and local needs
- Work to reduce inequalities in mental health in our community
- Work with the NHS to integrate health and social care support
- Promote wellbeing and initiate and support action on public mental health, for example through our joint health and wellbeing strategy
- Tackle discrimination on the grounds of mental health in our community
- Encourage positive mental health in our schools, colleges and workplaces
- Proactively engage and listen to people of all ages and backgrounds about what they need for better mental health
- Restate the commitment to the Time to Change pledge, the national programme to challenge mental health stigma and discrimination.
- Introduce mental health awareness training for all elected members and promote the Local Authority Mental Health Challenge guide for councillors, to ensure we can support our constituents and know the appropriate referral routes.
- Introduce training for frontline staff, such as housing and lettings teams, so

they can identify, signpost and support people with mental health needs appropriately, including knowing the right referral routes to ensure people get timely help

3.3 In meeting this challenge it is recognised that the Tower Hamlets Health & Well-Being Board has identified mental health as a key priority by developing a 3 year Mental Health Strategy in August 2013. The Strategy sets out how the NHS Tower Hamlets Clinical Commissioning Group and the Council will work together and with partners to promote mental health and well-being in our communities. The detailed actions of the plan demonstrate our ambition to deliver against the National Outcomes Framework for Mental Health contained in *No Health Without Mental Health.*

3.4 The Mental Health Strategy and its delivery plan are well aligned to support the Mental Health Challenge and have in many cases made good progress in these areas. In its development, aspiration and delivery it will help to:

- Promote population mental health and wellbeing
- Improve the range of and access to mental health services
- Achieve national and local policy imperatives
- Deliver good outcomes and improved value.

3.5 The Health and Well Being Plan has delivered, or is committed to delivering the pledges across its life span. However, we are not complacent and recognise there is still more that can be achieved. Progess is detailed below:

11 Mental Health Challenge pledges	**Alignment of current Delivery Plan Actions**
Appoint an elected member as 'mental health champion' across the Council	All Members of the Tower Hamlets Health and Wellbeing Board signed the *Time To Change* Pledge on Mental Health Day, 13th October 2013, and a members' champion was identified. This role has been expanded to incorporate a wider mental health champion role.
Identify a 'lead officer' for mental health to link in with colleagues across the Council	The mental health joint Commissioner and the Public health Lead for mental Health have a broad mental health remit that expands across the health and social care system and into the community for health prevention. There is a need to think about how this is broadened to incorporate all areas of the Council's influence. I.e. Housing and its provider partners.
Follow the implementation framework for the mental health strategy where it is relevant to the Council's work and local needs.	The Tower Hamlets Health & Well-Being Board developed a 3 year Tower Hamlets Mental Health Strategy in August 2013. This is a far reaching and aspirational plan that seeks to deliver key change. There is a robust and extensive mental health JSNA that underpins the strategy.

Work to reduce inequalities in mental health in our community	The MH Strategy development recognises the inequalities in this area. People with severe mental illness die on average 20 years younger than the general population, often from preventable physical illnesses.[1] People with mental illness have a higher prevalence of smoking, drug and alcohol misuse, an increased risk of physical illness and reduced life expectancy. 42% of all tobacco consumed in England is smoked by people with mental disorders.[2] In seeking to address these inequalities, a stocktake of services to improve physical health for people with serious mental health issues has recently been completed to underline the physical health inequalities currently experienced by those with serious and enduring mental health issues. A working group is being convened to take forward recommendations that have arisen from this audit. Public Health is currently procuring services focused on mental health wellbeing intervention, tackling mental ill-health stigma in four disproportionately affected populations: young people, BME, LGBT, men. These will be delivered by March 2016, with an evaluation to inform longer term commissioning programmes.
Work with the NHS to integrate health and social care support	The Mental health Strategy is a jointly developed plan, working together, across health, social care, to more effectively develop and deliver the range of services and interventions that can help to alleviate the impact of mental health problems on individuals, families and communities within the Borough. The Community Mental health teams are fully integrated health and social care services. The Commissioning team for mental health is also a fully integrated service, working across health and social care, with key partnerships in the provider sector. There are numerous key examples of the local commitment to multi-agency working in this area, egg. Public health is currently providing advisory support to the Vanguard
Promote wellbeing and initiate and support action on public mental health, for example through our joint health and wellbeing strategy	Current procurements include mindfulness in schools, stigma reduction in high risk population groups, neighbourhood loneliness pilot, and inter-generational loneliness project n care homes.
Tackle discrimination on the grounds of mental health in our community	Public Health is currently procuring the flourishing minds project which is aimed at stigma reduction. Engagement pilot project with 4 high risk groups: BAME, LGBT, men, young people – intended to inform public mental health strategy Public Health is currently procuring the intergenerational loneliness programme in care homes - Intended to link with local colleges / youth groups in the borough.

[1] 20 Years too Soon Rethink 2012
[2] Cigarette smoking and mental health in England Data from the Adult Psychiatric Morbidity Survey. London: National Centre for Social Research.McManus S, Meltzer H, Campion J 2010

Encourage positive mental health in our schools, colleges and workplaces	Tower Hamlets remains committed to the principle of early intervention, both in mental health treatment services and in addressing the broader mental health and wellbeing for children and young people. A number of key initiatives are under way. Public Health currently procuring the mindfulness in schools project. The Council is working with its partners in the CCG and provider sector in improving the links between specialist Child and Adolescent Mental Health Services (CAMHS).The partnership has been awarded pilot funding this year to pilot a national training programme in 10 local schools.
Proactively engage and listen to people of all ages and backgrounds about what they need for better mental health	Making Every Contact Count (MECC) is a programme to support person-led signposting into healthy lifestyle services, which includes mental health and wellbeing. Procuring a number of services as identified above
Restate the commitment to the Time to Change pledge, the national programme to challenge mental health stigma and discrimination.	All Members of the Tower Hamlets Health and Wellbeing Board signed the *Time To Chang*e Pledge on Mental Health Day, 13th October 2013. An action plan was developed for the council which outlined a range of actions mainly owned by HR, Public Health and the former Education, Social Care and Wellbeing Directorate. A Member briefing on Mental Health Champions completed, outlining how Members can play a part in Time to Change (2014). Mental Health Awareness Week took place in May 2013 with the promotion of activities such as yoga, counselling and gym membership discounts to promote wellbeing. This was done via an article in Tower Hamlets Now, and sponsored by the former Mental Health CMT Champion, Anne Canning. A Mental Health Wellbeing Strategy has been developed by HR, and Tower Hamlets Council offers a number of **training courses for staff** in relation to mental health wellbeing. As of 2015 these are: Managing Pressure and Increasing Resilience; Relaxation Sessions; Taking Control of your State of Mind. A Time to Talk Day was held in February 2014, promoted on the intranet and with stalls across Mulberry Place. Awareness Raising Events- Time to Talk stalls in Idea stores in 2013, and articles in East End Life. An audit of HR policies and procedures undertaken in 2013 which resulted in them being updated and a briefing on member champions Initial Mental Health Awareness training undertaken by HR (identified this needs to be developed further- see action plan for 15/16). A Mental Health Wellbeing Policy and Parachute Scheme has been developed

Introduce training for frontline staff, such as housing and lettings teams, so they can identify and support people with mental health needs appropriately	Work with housing providers to improve mental health awareness with staff who work in and around housing is an identified action within the Mental Health Strategy for 1015-16. A bid has been submitted to Health Education North Central and East London Locality-Based Workforce Development funding scheme 2015/16 for mental health first aid training. This includes a bid for funding of a 3 hour training course for 100 people. This bid has been coordinated by Tower Hamlets Community Education Provider Networks (CEPN). If successful, we will offer places on the programme to housing providers and, following the evaluation and learning from this, will look to role this programme out to more housing providers in 2016/17 via further partnership arrangements and capitalising on other funding opportunities.
Introduce mental health awareness training for all elected members and promote the Local Authority Mental Health Challenge guide for councillors, to ensure we can support our constituents and know the appropriate referral routes.	A Member Training Session on Mental Health Awareness is being arranged for Tuesday 15th December 2015. The training aims to give members the appropriate skills to support their constituents with mental health problems when they come across them at their surgeries or in the community. The training will include elements of the mental health first aid training delivered by two of our mental health nurses from Mile End Hospital. Our strategic partner Mind will support the training with their local knowledge and community offer. Commissioners will also be present with information that will empower members to signpost their constituents to the right services. We are currently exploring service user involvement at the workshop. Members will have time to ask questions and to meet with experts in the field. In addition to the practical support that will be provided we aim to share ideas that will inform member understanding of our strategic duties in relation to the promotion of mental wellbeing.

3.6 What next for the Time to Change Pledge?

The focus of Time to Change work in Tower Hamlets Council has been primarily on organisational resilience and awareness of mental health and a number of outcomes have been achieved. More recently the new cabinet member for Adult Services and Health, Cllr Amy Whitelock Gibbs has agreed to take on the Role of Member Champion for Mental Health (2015).

In 2015/16 we are committed to –

- Developing an effective internal and external communications plan to help reduce stigma and help people understand how to access support.
- Use the Role Model project in Tower Hamlets Now to appoint a senior member of staff as a role model who can talk about mental Health. The intention will be to replicate this model with residents in the borough (perhaps using a person who is famous/well known in the community).
- Public Health will commission external organisations to raise awareness of local mental health services on offer across the Borough

- Provide a staff survey on mental health to gain a better understanding of employees' perceptions of mental health and take up of courses
- To include Mental Health in the Staff Disability Forum
- Establish a Time to Change Employers Forum

Time to Change Employers Forum – In the spirit of partnership working and honouring the pledge made by HWBB, a 'Time to Change Employers Forum' is being established to enable local partners who have signed the pledge to come together and discuss the progress being made in this area, share best practice and think about the lessons we can learn from each other, unpick some of the challenges across the borough and perhaps develop joint activities that reflect the ambitions of Time to Change and Mental Health Challenge.

The first meeting will be held on Tuesday 15 December, to be held quarterly thereafter.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 This report highlights the progress made against the key pledges contained within the Mental Health challenge and includes an update on further areas of work in 2015/16. It is expected that any further work or actions highlighted in this report will be met from within existing budgets.

5. LEGAL COMMENTS

5.1 The Care Act 2014 places a duty upon the Council to assess an individual's care needs and meet them if those needs are eligible. Section 8 provides that those eligible needs may be met in a number of ways, including care and support at home or in the community, and by providing the service itself, arranging another provider to provide the service, or direct payments.

5.2 Additionally, the Act places a duty on the Council to assess the carers of persons with eligible needs, and provide them with services to support them in caring for the service user if the carer is assessed as having an eligible need.

5.3 Section 193 of the Health and Social Care Act 2012 ('the 2012 Act') inserts a new s116A into the Local Government and Public Involvement in Health Act 2007, which places a duty on the Health and Wellbeing Board to prepare a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the Health and Wellbeing Board.

5.4 Section 1 of the 2012 Act amends the National Health Service Act 2006 to specifically include mental health in the Secretary of State's duty to promote the health of the people of England.

5.5 This Mental Health Challenge must be prepared in accordance with the public sector equalities duty to eliminate unlawful conduct under the Equalities Act 2010. The duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster

good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 One in four people will experience a mental health problem at some point in their lifetime and one in six adults has a mental health problem at any one time[3]. Tower Hamlets has amongst the highest levels of mental health need in England.

Mental health problems can have a wide ranging impact for individuals in a number of areas of their lives including housing, education, training, employment, physical health and relationships with family and friends. It affects people of all ages and all cultural backgrounds. For example, over 45% of people claiming incapacity benefit in Tower Hamlets do so due to a mental health problem. People with a serious mental illness die on average 20 years earlier than the general population.[4]

7. BEST VALUE (BV) IMPLICATIONS

7.1 The Mental Health Strategy is aligned with the Mental Health Challenge and sets out the local priorities for Tower Hamlets regarding Mental Health. The Council will secure economy, efficiency and effectiveness in the course of its contributions to the actions which deliver this strategy. These actions will be set out in the Strategy's accompanying delivery plan.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 Not applicable.

9. RISK MANAGEMENT IMPLICATIONS

9.1 The Health and Wellbeing Board will need to play a pivotal role in ensuring that outcomes are met and that challenges are raised where necessary.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 Health issues, in particular in relation to mental health, have a significant impact on crime and disorder. The Mental Health Challenge identifies key opportunities to work with partners and residents of the borough in this area.

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[3]McManus S, Meltzer H, Brugha T et al. (2009) *Adult Psychiatric Morbidity in England, 2007: Results of a household survey* Leeds: NHS Information centre for health and social care

[4] No Health Without Mental Health Department of Health 2011

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

- N/A

Appendix 1: Motion regarding the Local Authority Mental Health Challenge

Proposer: Councilor Amy Whitelock Gibbs
Seconder: Councilor Rachael Saunders

This Council notes:

1. 1 in 5 people has a mental health condition at any one time.

2. The World Health Organization predicts that depression will be the second most common health condition worldwide by 2020.

3. Mental ill health has an economic and social cost of £105 billion each year in England alone.

4. People with a severe mental illness die up to 20 years younger than their peers in the UK.

5. There is often a circular relationship between mental health and issues such as housing, overcrowding, employment, family problems or debt.

6. The Local Authority Mental Health Challenge was set up by Centre for Mental Health, Mental Health Foundation, Mind, Rethink Mental Illness, Royal College of Psychiatrists and Young Minds, to support councils to take a proactive approach to improving mental health in local communities.

This Council further notes:

1. The local Mental Health Strategy states that “Tower Hamlets has amongst the highest levels of mental health need in England.”

2. The strategic plan, recently revised under the current Mayor, includes a strategic priority to “reduce health inequalities and promote mental and physical wellbeing”, including a specific action to “promote positive mental health and wellbeing across the council and community”.

3. Full Council previously passed a motion on 22 Jan 2014, agreeing to sign up to the Local Authority Mental Health Challenge and commit to its 10 actions, but the previous Mayor and Cabinet failed to take this forward.

This Council believes:

1. As a local authority we have a crucial role to play in improving the mental health of everyone in our community and tackling some of the widest and most entrenched inequalities in health.

2. Mental health should be a priority across all the local authority’s functions, from public health, adult social care and children’s services to housing, planning and

public realm.

3. All Councilors, whether members of the Executive or Scrutiny and in our community and casework roles, can play a positive role in championing mental health on an individual and strategic basis.

This Council resolves:

To publicly sign the Local Authority Mental Health Challenge.

To support implementation of the Challenge and its commitments through an action plan, which integrates with and builds on the council's strategic plan and the Health and Wellbeing Board's Mental Health Strategy.

We commit to the 10 pledges that form the Mental Health Challenge:

1. Appoint an elected member as 'mental health champion' across the Council
2. Identify a 'lead officer' for mental health to link in with colleagues across the Council
3. Follow the implementation framework for the mental health strategy where it is relevant to the Council's work and local needs
4. Work to reduce inequalities in mental health in our community
5. Work with the NHS to integrate health and social care support
6. Promote wellbeing and initiate and support action on public mental health, for example through our joint health and wellbeing strategy
7. Tackle discrimination on the grounds of mental health in our community
8. Encourage positive mental health in our schools, colleges and workplaces
9. Proactively engage and listen to people of all ages and backgrounds about what they need for better mental health
10. Restate the commitment to the Time to Change pledge, the national programmer to challenge mental health stigma and discrimination.

We further commit to support councilors and staff to promote positive mental health and support people with mental health problems:

11. Introduce mental health awareness training for all elected members and promote the Local Authority Mental Health Challenge guide for councilors, to ensure we can support our constituents and know the appropriate referral routes.
12. Introduce training for frontline staff, such as housing and lettings teams, so they can identify, signpost and support people with mental health needs appropriately, including knowing the right referral routes to ensure people get timely help

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