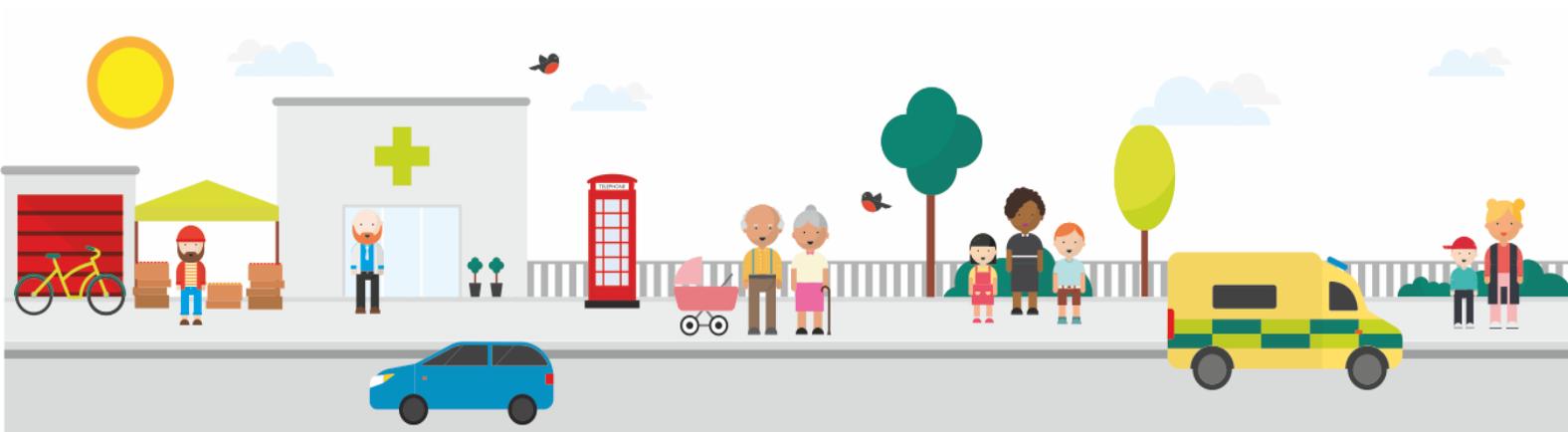


Tower Hamlets Local Transformation Plan for Children and Young People Mental Health and Emotional Wellbeing

DRAFT Refresh 2018-2019



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Contents

Executive summary	3
Progress made on our key priorities for 2016-2021	4
Early support, increased access to mental health services, better response to crisis	4
Progress in cross-agencies and complex priority areas	5
Improve the support for vulnerable children and young people	5
Enablers to improve outcomes for children and young people and deliver efficiencies	5
Ensuring there are adequate number of staff and skills mix	5
Demonstrate that our services meet the need of children	6
Our Vision (refreshed in 2018/19)	7
Local Context and Challenges	7
Prevalence of CYP with a diagnosable mental health condition	8
Our achievements in 2017-2018 and next steps	9
Early support and more children and young people accessing mental health interventions	9
Improve crisis response services for children and young people	14
Early Intervention in Psychosis (EIP)	16
Mental health support for vulnerable children and young people	18
Looked After Children	18
Children with LD, ASD, AHDH and SEND	19
Children and young people in the criminal justice system	23
Early emotional support for CYP victim of sexual abuse	26
Improving Mental and Emotional support in Schools	27
Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT).....	29
Eating Disorders Service	32
Perinatal Mental Health services	36
Inpatient Services.....	37
Engagement and Co-production	38
Workforce	40
Workforce development.....	42
Performance against access targets	43
Governance.....	45
Financial delivery	48
Risk management	51
Appendix 1	53
Acronyms and Glossary.....	53
Mapping Exercise Regarding Mental Health Support in Schools.....	55

Executive summary

Tower Hamlets has an ongoing commitment to improve the mental health of children and young people, which is reflected in all main local strategies including the *Tower Hamlets Health and Wellbeing Strategy (2016)*, the *Children and Families Plan (2016-2019)*, *Tower Hamlets Together Born Well Growing Well Programme*.

Tower Hamlets partners adopted a holistic and life-course approach to mental health and emotional wellbeing which underpins the many transformative initiatives delivered to date to improve children and young people mental and emotional health. Significant changes and innovations in children and young people (CYP) mental health services have been made to date, informed by the [iThrive](#) principles and driven by joint partnership work and available investment.

Over the last 12 months our work focused on strengthening the support for children and families earlier in life, with the aim to prevent the exacerbation of mental, emotional and psychosocial issues and to establish a more joined up offer whilst reducing duplication across the collective system. In line with this approach, and aided by a stronger cross agency collaboration, Tower Hamlets have been nominated as wave one pilot site to establish Mental Health in Schools Teams and also to reduce access waiting time for treatment in specialist CAMHS to 4 weeks. This will allow for more children to be supported earlier and in the community and to receive timely specialist care when needed.

At the other end of the spectrum, we have improved our crisis response services and multiagency approach to prevent and manage challenging health and social care cases. The most important development been the setting up crisis service for across the East London Commissioning Consortium (Tower Hamlets, Newham and City and Hackney). Locally, Tower Hamlets CAMHS duty team will be redesigned and expanded to provide assertive outreach in the community. This will have a significant positive impact on the management of this recent consistently increasing demand

From a governance and commissioning perspective, the CCG and the Local Authority are forging ahead with integrated commissioning, established Joint Commissioning Executive (JCE) by the appointment of the Joint Director of Integrated Commissioning and Head of Integrated Children's Commissioning, as well as the creation of the Integrated Commissioning Service across the CCG and LBTH. Joint funding arrangements are being established to support families with children with SEND and other opportunities for joint commissioning are currently being considered, including for CAMHS, Substance Misuse services and adolescent health services.

This Transformation Plan articulates our achievements and refreshes our vision and priorities for 2018-2021 in line with the local developments and national policies *Implementing the Five Years Forward View* plan, the *Winterbourne View – Time for Change* and *Transforming Care* and the more recent Government strategy, the *Green Paper: Transforming Children and Young People's Mental Health Provision (2017)*.

Progress made on our key priorities for 2016-2021

Early support, increased access to mental health services, better response to mental health crisis

Broadly, initiatives developed and delivered according to the four elements of iThrive model as outlines below.

Coping. We are working to expand the capacity in the borough for adults who work with young people to be able to have appropriate conversations about emotional wellbeing and mental health. We are working with schools to help improve the interactions between teachers and young people and providing regular training and consultation for whole school and individual needs. We commissioned the *Building Resilience* programme, co-produced and delivered by young people to pupils in primary and secondary schools. Docklands Outreach community outreach activities have reached out over 60 young people offered mental health education courses, in addition to group and individual interventions. We are establishing more joined community offer of education and support around perinatal and parental mental wellbeing with VS partners Maternity Mates (CCG funded), parenting courses by ToyHouse and a New Health Visiting currently in procurement, which will include Maternal Early Childhood Sustained Home-Visiting programme (MECSH).

Getting help. Joint working protocols between CAMHS and partner agencies providing Tier 2 support and interventions to ensure all young people referred via CAMHS single point of access are effectively signposted to relevant services. CAMHS triage service provides face to face screening for many of these cases so that level of need can be understood and engagement with services fostered. The Children Wellbeing Practitioner (CWP) service has established links with primary and secondary schools where early help interventions for parenting, anxiety and low mood. A key development in this area has been a focus on providing appropriately translated psycho-education material in written and audio format for use by our significant local Bengali community. CAMHS successfully delivered the Parent and infant mental health and wellbeing project, 137 families received support compared to 30 - 35 families per year that reached the standard clinical threshold

Getting more help. CAMHS continues to increase the plethora of available evidence therapies by both initiating and improving number of pathways. The conduct pathway now incorporates a number boxing and music as supportive activities to regulating emotions groups with plans in place to offer more routinely in individual therapy. An internal training offer in DBT (Dialectical Behaviour Therapy) in order to expand the available evidence based interventions for young people presenting with maladaptive coping, interpersonal difficulties and associated emotional dysregulation. Tower hamlets is also working with all 7 NEL CCGs to expand and improve Perinatal Mental Health services across NEL, to meet moderate to acute mental health needs of over 400 additional women every year.

The combined effect of these initiatives, coupled with investments to expand CAMHS clinical capacity, allowed to support 1965 children and young people, exceeding our access targets for 2017/18 by 17%. Of these cyp, 223 with mild-moderate needs who would not have reached the clinical threshold for CAMHS received interventions in schools by the new CAMHS Children Wellbeing Practitioners (CWP) service. 95% of CYP referred to CAMHS have been assessed within 5 weeks from referral.

Getting risk support. We have recently started a pilot project to develop a Crisis Service across Tower Hamlets, City and Hackney and Newham CCGs responding to the needs of young people admitted for self-harm, suicidality or other psychological crises. The model includes staff embedded in Tower Hamlets CAMHS to provide rapid response and outreach for crisis presentation in the community. This will have a significant positive impact on the management of this recent consistently increasing

demand. Step Forward have been awarded a Beyond Places of Safety (BPOS) grant from the Department of Health and Social Care.

Progress in cross agencies and complex priority areas

Improve the support for vulnerable children and young people

- We established a joint risk register for children and young people at risk of in-patient placement, regularly monitored by a multi-agency group
- Camhs in Social Care and Children Social Care have strengthened their joint assessment of children entering care, improving the early identification and support of mental /emotional needs. Work has commenced to further improve assessment and support of children in care, with the aim to move to a need-based and CAMHS-led assessment for children entering care, using outcome measures to support and guide the therapeutic offer.
- Various pilot programmes offered by CAMHS and by children social care services have expanded and improved the support to families awaiting ASD assessment, children with challenging behaviour and those neurodevelopmental pathway transitioning to adult services or to secondary schools
- CAMHS Quality improvement projects have reduced waiting time from referral to diagnosis of ADHD to 12 weeks and are working to reduce the waiting time for ASD assessment to 16 weeks by February 2019.
- As part of the Youth in the Justice Collaborative Commissioning Programme we piloted the Liaison and Diversion service in the Youth Justice Team (YJT) which improved pathways and early support for this cohort. The in-house SaLT Therapist and the transformation project have greatly improved the YJS service response to speech and language need for this cohort.
- Together with all 7 NEL CCGs we recently procured an emotional support service for children victim of sexual abuse, which will be implemented across North East London from April 2019. Children and Parents will receive holistic package of care where more convenient to them jointly with paediatric assessment NEL Emotional Hub service for children victims of sexual abuse

Enablers to improve outcomes for children and young people and deliver efficiencies

Workforce and system intelligence are critical factors to enable Tower hamlets partners to continue to deliver improvements in all our priority areas, and to identify opportunities for improvements and efficiencies. Some of the actions we have taken to strengthen our workforce and data intelligence are listed below.

Ensuring there are adequate number of staff and skills mix across the system

- We continued to invest in CAMHS clinical capacity. New staff have been recruited through HEE Recruit to Train and CWP programmes working in CAMHS, Step Forward and Docklands Outreach. Additional workforce will be recruited to deliver the mental health in School service and reduce access waiting times.
- We will be implementing system changes to manage demand and optimise flow e.g. iThrive and modified CAPA models (where appropriate).
- TH partners delivered multi-agency training initiatives for clinical and non-clinical staff included trauma-informed support, suicide prevention and perinatal mental health. Going forward the training offer will focus with focus on education/early years settings and also on trauma-informed approaches

Demonstrate that our services meet the need of children

- Improved our compliance to MHSDS requirements
- Providers have made significant progress with embedding the use of outcome measures. More than 50% of children seen by CAMHS completed paired outcome measures in 2017/18 with demonstrated improvement
- Data flow into MHSDS improved and Step Forward started to report to NHS England contributing to demonstrate that Tower Hamlets services meet local access targets.
- We are working closely with Step Forward and Docklands Outreach to scope out a solution to collect and report data in compliance with NHS England criteria, aiming to have a system in place in 2019.

Our Vision (refreshed in 2018/19)

All children and young people in Tower Hamlets will have the right support to thrive, to become resilient to life’s challenges and have the best possible mental health and physical health.

By 2020/21 we will have in place a system where there are no ‘ wrong doors’, where adults involved in the life of a young person – family, school, health and care services– are trained to support the young person to access the right service at the right time. We will strengthen prevention and early action, working together with partners in the community, to avoid more serious problems in the longer term.

Every intervention given will be supported by robust evidence, to inform the therapeutic path for the individual child as well as strategies to develop cost-effective services based on local needs

Local Context and Challenges

Tower Hamlets is a relatively young borough, with a highly diverse and mobile population, changing composition due to population growth and trends in migration (national and international). At aggregate level, the health of the population tends to be worse than elsewhere. This is linked primarily to the levels of socioeconomic deprivation experienced by a significant segment of the population.

There are 47,000 children and young people of school age, 63% of which are of Bangladeshi origin, 9 % white British and the rest are BAME (*Spring 2017 School Census for Tower Hamlets*). Over the next ten years, the school population will increase by about 10% to 50,000.

Population projections by age groups

Age group	2018	2023	2028	Increase 2018-2028	% increase
Early years (0 to 3)	17,800	18,300	19,100	1,300	8%
School age (4 to 15)	46,000	48,600	49,400	3,300	7%
Young adults (16 to 24)	41,300	43,600	49,500	8,200	20%

(GLA 2016-based Housing-led Population Projections by MSOA)

Young people face significant socio-economic circumstances which are known to impact negatively on the development and health and well-being of children and young people. Deprivation levels are amongst the highest in the capital with more than 53% of children living in poverty.

1 in 6 school age children are identified as having SEND (about 8,000). 22.2% of these are known to have social, emotional and mental health needs (SEMH).

Demand for specialist CAMHS is also growing. Between 16/17 and 17/18 CAMHS received 16% additional referrals and this rate of growth set to continue in the next five years.

CAMHS	16/17	17/18	18/19	19/20	20/21	20/22
Referrals	1329	1535	1772	2048	2365	2732

(Tower Hamlets CAMHS referrals accepted and projections – shaded area)

Evidence demonstrates that socio-economic and ethnic characteristics of our population are key drivers for higher complexity of psychosocial issues.

Prevalence of CYP with a diagnosable mental health condition

The prevalence of children with a diagnosable mental health condition was first estimated in 2015 in response to the objective set out in the FYFV to increase access to evidence-based intervention to 35% in 2020/21. The trajectories have been established using the following methodology:

- include children of the ages 5-17 (+364)
- based GLA 2015 round SHLAA-based population projections, capped Household Size Model (May 2016)
- applying the accepted 9.6% prevalence figure for mental disorder for all children (5-16) found by Green et al.

The projections show an increase by circa 3% a year^[1] of cyp with a diagnosable mental health condition

	2015	2016	2017	2018	2019	2020	2021
Number of CYP with a diagnosable MH condition	3,911	4,028	4,162	4,314	4,438	4,551	4,656
% increase ffrom 2015	N/A	3%	6.2%	9.7%	12.2%	14.4%	16.4%
NHS England Access target and equivalent number of CYP	N/A	28% 1128	30% 1248	32% 1380	34% 1508	35% 1592	35% 1630

Tower Hamlets access have been measured against a prevalence of 4,162 children and young people with a diagnosable mental health condition.

^[1] GLA 2015 round SHLAA-based population projections: Capped Household Size Model, May 2016. Applying the accepted 9.6% prevalence figure for mental disorder for all children (5-16) found by Green et al.

Our achievements in 2017-2018 and next steps

Early support and more children and young people accessing mental health interventions

In 2017/18 our work focused on supporting mental health and emotional wellbeing in early years and for new parents, with the aim to develop resilience from an early age, to empower families through information and support thus preventing the occurrence or exacerbation of mental health problems.

Our initiatives aimed to establish a more joined up and capillary offer, reduce duplication across the system and upskill frontline staff so that they can recognise signs of mental or emotional need and take appropriate action.

Further investments into CAMHS clinical establishment and the commissioning of Step Forward mental health service in 2017 allowed for more children and families to get the right support at the right time and better outcomes. In 2017/18 1,965 treatments^[2] have been provided by CAMHS and Step Forward, which equates to 47.2% more CYP accessing services compared to the expected 30% target set by NHS England Five Years Forward View for this year.

Benchmarking with national and regional access rate

Area	Provider-reported (SCDS) 2017/18 % access rate	National data (MHSDS) 2017/18 % access rate	Variance % SDCS – MHSDS
England	30.5%	22.6%	7.9%
London Region	27.6%	22.9%	4.7%
NHS Tower Hamlets CCG	47.2%	35.3%	11.9%

Below is a summary of the projects undertaken to offer early intervention and increase access to services.

What we did

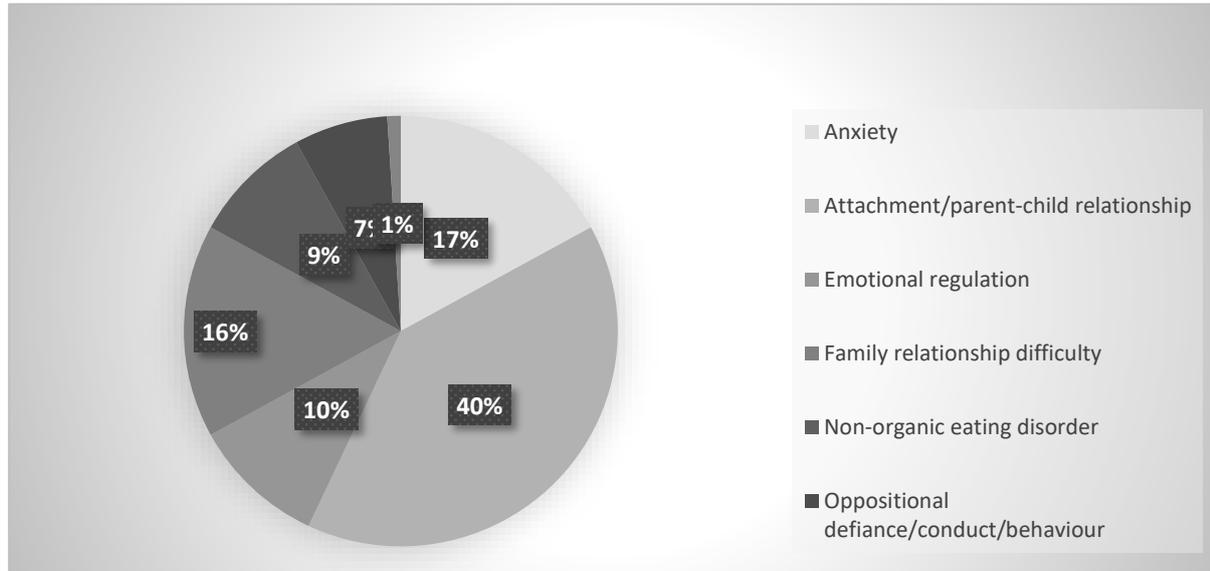
Parent and Infant Mental Health and Emotional Wellbeing project

The project started in November 2017 with the aim to increase access to the many families with children under the age of 5 with moderate to severe difficulties below the traditional CAMHS threshold for under 5, nevertheless requiring specialist input.

The team consist of a team 0.8 under 5s therapist at band 7, 0.4 parent-infant specialist at band 8a and 0.4 cultural advocate at band 5. An additional 0.1 session funded for both the parent-infant specialist and the cultural advocate posts from generic CAMHS budget.

Between November 2017 and October 2018 137 families received a service compared to approximately 30 - 35 families per year that reached the standard threshold for an under 5's CAMHS

intervention. The chart below illustrates the main presenting difficulties.



The team established pathways with all main services working with under 5 and parents, including SENCOs, Social Care teams, Youth Justice, Baby Feeding Service and Midwives. The team also offered consultation, supervision and case discussion to Gateway midwives, Perinatal Service, Health visiting.

The Front Door offer includes up to three appointments, testing engagement, brief intervention, psych education, signposting and assessment of suitability for CAMHS. Longer interventions include

- Parent-infant therapy group for parents and 6-18 month olds, and groups for Bangladeshi mothers and babies.
- Family relationship work
- Parent-Infant Psychotherapy,
- Video Interactive guidance,
- Complex parenting consultation (eg adoption, separated parenting, blended family)
- 'Invitation to play' consultation for parents taking place in two children centre hubs.

Outcome measures including PIRGAS, Parent Efficacy Scale, setting goals, PHQ9 and GAD 7 showed significant decreases in main presenting difficulty and the parental anxiety about the problem over an average of three sessions.

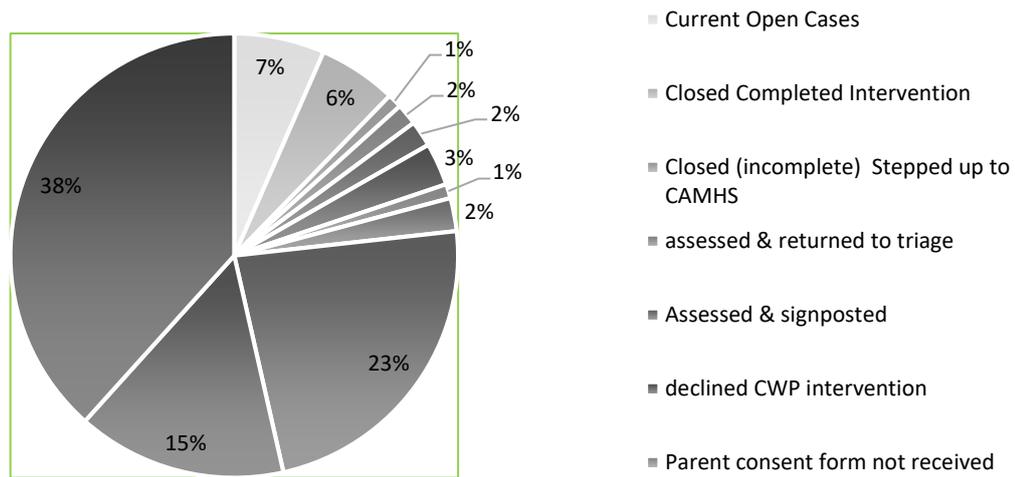
Children Wellbeing Practitioner pilot

The Children Wellbeing Practitioner pilot has been crucial to increase access to evidence based treatment, focusing on early intervention for children and their families who would not meet the threshold for specialist CAMHS.

The therapeutic model adopts manualised based treatment approaches for mild anxiety, low mood and behaviour difficulties. Interventions for mild to moderate anxiety with the 5-11 age group have focused on addressing fears/phobias, feeling 'panic' and worries about family and friends. Behaviour problems for children aged 8 and below have considered difficulties following rules/requests and 'temper tantrums'. Session by session outcome monitoring including RCADS and Goals evidence improvement in all cases.

To increase awareness and ability to engage with the context and values of both CAMHS and the wider community the CWP's have been part of CAMHS MDT meetings, attended and presented at People Participation Groups, the Parents Advice Centre and Family Information Service and visited the East London Mosque. A range of engagement and co-production activities are described within the Engagement and Co-production section.

223 children and parents received support from this service over the last year. The chart below illustrates the breakdown of activity up to October 2018



A number of complex cases required significant liaison to ensure that the young people received appropriate support (e.g. Social care, SALT and Educational Psychology). Similarly, some referrals did not meet the CAMHS threshold, yet they are beyond the scope of the CWPs. This learning will inform the development of this service going forward, within the overarching strategy for mental health in schools.

2 band 5 CWPs have been permanently recruited in April, and three new trainees have started their training in January 2018 and will be embedded into the Mental Health in Schools Team in the next year.

Investments in CAMH service

We have approved in-year investments for one band 6 community crisis nurse, 0.5 band 8a Clinical supervisor, 2 band 5 CPWs; 0.6 WTE band 6 IAPT trained clinician to support the Triage team; 2 sessions of a consultant psychiatrist to attend SEND and EHC panels. These are additional to clinical staff funded with the NHS England Crisis Pilot funding and NEL Perinatal Mental Health bid funding.

1.8 WTE clinical capacity was added to the Triage team. The team have been piloting a Cognitive Behavioural Therapy (CBT) group to a cohort of young people with mild to moderate anxiety, which has been rolled out to the Front Door team to offer specific solution-focused brief interventions as part of the i-Thrive model. These changes allowed to achieve and to sustain 5 weeks average waiting time for assessment for 95% cases.

Step Forward

Step Forward provides Tier 1 and 2 mental health services for young people aged 14-21 and up to 25 if identified as having special educational need and/or disability (SEND). Young people can access services 6 days a week including evenings and can self-refer (67% self-referred in 2017/18). In 2017/18 more than 400 young people received a service (based on NHS England access definition a2) and outcomes have improved in more than 60% of cases.

The service joined TH CAMHS and Docklands Outreach in the CYP IAPT Partnership, and as part of the successful bid to HEE Recruit to Train programme one CBT Trainee will start their training in January and work in Step Forward for 0.5 WTE a week with a caseload of 4-5 cases at a time, contributing to increase service capacity and embed evidence based practice.

Building on their experience and established relationship with many schools, where they offer 1-1 therapy to students, the service will also be a delivery partner for the Mental Health in Schools Trailblazers in 2019/2021. Two band 6 counsellors will be recruited to the Mental Health in Schools teams to work with pupils with moderate mental health needs, bridging the gap between cyp with mild mental health need who could be supported by the Schools Wellbeing Practitioners and those young people with complex needs who meet the threshold for specialist CAMHS.

Next Steps

The **Parent and Infant mental health Emotional Wellbeing Project** will continue with the current staff establishment until March 2019. The CCG will consider a business case to retain one band 7 under 5 specialist after the project.

5 new staff will start the Health Education England **Recruit to Train Programme** in January. These posts will contribute to increase access to evidence-based interventions and further embed evidence-based practice across three providers. They will also have a role as change agents to accelerate transformation in services through use of feedback and outcomes tools and collaborative practice and participation with children, young people and families.

Modality	Number of Trainees per organisation
Cognitive Behavioural Therapy (CBT)	2 (Step Forward and Docklands Outreach)
Parent Training (PT)	1 (Docklands Outreach)
Learning Disabilities/ Autistic Spectrum Disorder (ASD)	1 (CAMHS)
Under 5	2 (CAMHS)

Posts are fully funded by HEE until 2021 (0.5 WTE) with capacity of 4-5 cases at a time for CBT trainees whereas parent therapies trainee will have 4-5 cases at a time (10 sessions) and run one Incredible Years programme (18-20 weeks).

In the coming months we will undertake a joint review, with LBTH Public Health and Early Years services, to establish a more joined up and streamlined offer for all level of mental health and emotional wellbeing needs during the perinatal period and early years.

Lastly, central funding has been granted to deliver the **Mental Health in Schools Teams Trailblazer** and the **4 week waiting time pilots** over the next two years. The preparatory work has started with all partner organisation to put in place the systems and governance to realise the ambitions set out in our proposals. Out immediate priorities for the next quarter are:

- Engagement and collaborative planning with schools identified for the pilot

- Staff Recruitment and training
- Robust project governance and management arrangements

As part of the 4 week waiting time pilot project we will work with providers to improve system efficiency through the application of CAPA and I Thrive principles and to model a sustainable system to maintain waiting time target whilst managing increasing demand in the long term

Digital Offer

As part of our commitment to make services more accessible to young people, we will assess local need and consider opportunities for joint procurement, with other ELHC CCGs, of an online counselling service that can be accessed from phones and computers. Newham, Redbridge, Barking and Dagenham CCGs are already successfully delivering the [Kooth](#) so learning from these areas will inform our approach and plans.

Improve crisis response services for children and young people

What we did

East London CCGs Consortium Crisis Pilot and Tower Hamlets Community Crisis Service

In 2017/18 the East London CCG Consortium (City & Hackney, Newham and Tower Hamlets) and ELFT successful bid for CYP Crisis Funding to pilot an **extended hours crisis service** across the three boroughs for children and young people, and additional funding to roll out the award winning 'We can Talk' training to all acute hospitals across NEL STP. This training will support acute staff to manage and divert CYP experiencing emotional distress and promote appropriate referral to local CYP liaison and crisis services

The crisis model consists of an integrated nurse-led team working across the three boroughs, with base at Royal London Hospital, Homerton Hospital and Newham University Hospital, operating between 11 am and 11pm during weekdays and 10 am to 16 pm on week-ends. The service will support current arrangements in each borough, develop the necessary pathways with other crisis and support training initiatives to upskill frontline staff complementing the current ELFT Teenage Misadventure self-harm training package, Barts' Health We Can Talk programme.

Locally, the CCG have invested £47,000 for to conduct a review of the CAMHS and Royal London Hospital crisis pathway using QI-supported process mapping to understand local patterns of presentation, provisions and challenges.

The findings have informed the proposal for a **community nurse-led rapid response and assertive outreach service** to respond to crisis presentations in the community, such as in schools, preventing young people to go to emergency services. The proposal includes transformation of the existing Emotional and Behavioural team 1 into the Community Crisis team, which will have an embedded Early Intervention Service (formerly Bipolar and Psychosis team), with a separate rota ensuring early intervention and assertive and intensive outreach. The team will provide short-term crisis intervention for up to 3 sessions and subsequently, if needed, pass over psychiatric care to specialist CAMHS or other appropriate services.

Health Based Places of Safety (HBPos)

Step Forward applied for and have been awarded a Beyond Places of Safety (BPOS) grant from the Department of Health and Social Care. This grant will fund an infrastructure project that will improve access and expand the range of high quality therapeutic and psychosocial provision available for young people aged 11-25. It will increase the therapeutic spaces available by creating 3 new therapy rooms and upgrading an existing 1-2-1 and group room. This will therefore not only increase space for young people to be supported by Step Forward staff, but also expand options for co-locating services (e.g. CAMHS) at Step Forward.

Next Steps

The Tri-borough extended hour crisis service will be launched later in November. The strategic 'hub' will be based in Hackney CAMHS, with local 'spokes' providing clinical supervision and support to crisis nurses located in the three acute hospitals.

In the interim, and until the A&E crisis service will be fully operational, Tower Hamlets CAMHS will operate an enhanced duty service (currently 2 duty workers covering A&E and community crisis) with a Band 7 crisis nurse responding to presentations in the community between 9 and 5pm and the second duty worker providing triage functions.

When the community crisis service will be in place, with one additional band 6 crisis nurse, the final service model duty will provide comprehensive and intensively outreaching crisis cover across the borough. Discussions with Step Forward about the provision of an extended hour 'community crisis hub' are ongoing.

In order to provide 24/7 crisis cover in the community for cases not requiring medical attention at RLH A&E, the Tower Hamlets 24 Hour Mental Health Crisis Helpline will include the provision of mental health crisis advice and signposting to children and young people. 7-day post-crisis follow-up will be provided by the A&E crisis nurse/community crisis nurses, with subsequent handover to the allocated care coordinator if the case has already been open to CAMHS, or brief intervention by the community crisis nurse and/or duty triage.

Service and outcomes measures and KPIs will be collected during the pilot and measured against current baseline data. A comprehensive evaluation framework will be developed by the ELC Crisis Project group to measure impact and effectiveness of the model in order to inform our strategic commissioning plans for crisis services in 2020/2021.

Health Based Places of Safety

Step Forward are currently finalising the grant agreement with the Grant Manager and hope that work can begin in Quarter 4 2018/19. The CCG will also work with ELFT and other NEL CCGs to ensure that any reconfiguration of HBPOS meets local need, improves the quality of provision and reflects the best use of resources across the ELHCP footprint.

Early Intervention in Psychosis (EIP)

The CAMHS Psychosis and Bipolar team is a multidisciplinary team (3.2 WTE) offering specialist interventions to children and young people presenting with schizophrenia, schizophreniform disorder, delusional disorder, drug induced psychosis; psychotic depression; prodromal states, mood disturbance suggestive of bipolar disorder (Exclusion: Borderline Personality Disorder; PTSD; pseudo-hallucinations of other nature).

Last year the services received 12 new referrals, and the case load varied from 20 to 24 open cases throughout the year. The main diagnosis are Psychosis (4); Bipolar (3); ARMS (5).

Interventions aim to prevent inpatient admission whilst emphasising fast recovery and restoration of functioning and good quality of life, in line with NICE *guidelines¹/quality standards, and the CQUINs Guide for Clinicians and Service Leads - Adult Mental Health, MHCOP & Community CAMHS (2015-17)*. The service offer includes:

- Home treatment in crisis (where indicated and/or assertive outreach where disengagement) – currently difficult to provide with only 1.2 WTE care coordinator capacity
- relapse prevention and psychoeducation about the nature and course of illness as well as treatment options and details about treatment
- Education and employment related training, liaison with education and voluntary sector

What we did

The team has over the last year focussed on initiatives to improve physical healthcare outcomes for CYP with psychosis and bipolar disorder.

Considering the CQUIN standards on physical healthcare monitoring for all CYP newly diagnosed with any psychotic disorder, and other clinical quality standards² the service designed a simplified documenting and monitoring sheet for CYP treated with antipsychotic medication. Improvements were also made to the Healthy Lifestyle information package and the service is currently at the developmental stage of a QI project on CQUIN standards on physical health care.

Training sessions on At Risk Mental State are now available to the whole TH CAMHS in order to improve early recognition and increase referral rates from generic CAMHS teams. Training was also offered to schools as part of CAMHS Training programme in secondary schools.

Next Steps

Over the coming months the service will be transformed into the “Early Intervention Service” integrating the new community crisis workers with the existing Psychosis and Bipolar team to provide outreach and home treatment function in close interface with the crisis team based in hospitals within ELC footprint, the Coborn day hospital and inpatient services. The benefits will be reduced number of crisis presentations in A&E and out of house, improved case coordination with Social care services, provide care close to and at home thus reducing the risk of inpatient admission.

¹ NICE guidelines for Psychosis and Schizophrenia in Children and Young People (2013; updated May 2016); NICE guideline Transition from children’s to adults’ services (Feb 2016); NICE guidelines for Bipolar disorder (2014); Bipolar disorder, psychosis and schizophrenia in children and young people – quality standards (2015).

² “Clinical Audit of Healthcare Quality Standards for Children and Young People with Bipolar Disorder, Psychosis and Schizophrenia” (June 2016) and the “Antipsychotic monitoring point audit” (April 2017)

Other developments include to maintain/expand the offer for CBT in psychosis (CBTp) with the implementation of a Trust wide CBTp supervision group and to establish a group programme, including a “hearing voices” and a “psychoeducation” group, in order to increase clinical capacity and meet current treatment trends in the field of early intervention psychosis.

Mental health support for vulnerable children and young people

Improving services to vulnerable children is an ongoing high priority for Tower hamlets, this is reflected across all local strategies including Tower Hamlets Children and Families Plan, the Children's Social Care Improvement Plan and previous CYP MH Local Transformation Plans.

Looked After Children

In Tower Hamlets there are two significant factors that pose a challenge to providing an appropriate response to the emotional needs of Children Looked After:

- Firstly, there is a much higher prevalence of mental health difficulties in this population owing to their pre-care experience of abuse and instability.
- Secondly, due to the difficulty of recruiting foster carers in densely populated urban areas, a significant number of children are placed outside of the borough or those nearby. Despite the Who Pays guidance being quite clear, it remains problematic getting over stretched local CAMHS services to respond to Looked After Children placed outside of Tower Hamlets.

A data snapshot in October 2018 show that there are 67 LAC in Tower Hamlets and 254 Tower Hamlets children placed out of borough.

The CAMHS in Children's Social Care (CiSC) is a multi-disciplinary service comprising of a Team Manager and five full time equivalent staff. The Service has direct access to a Consultant Child Psychiatrist but also maintains strong onward referral links with wider CAMHS. There is a Section 75 in place until March 2019.

An independent review of the service in early 2018 highlighted positive findings including the joint location of services and consistent feedback that CAMHS was much more accessible to social work staff and managers. The cases audited showed evidence of positive work with children and families and Ofsted made a positive reference to this team in their Single Inspection Report.

The Review also made 19 recommendations for improvements, including improving the collection and use of data and the need for better clarity around the governance and functions of this team. In line with our strategic plans for integration, a task and finish multi agency group has been put together to work on some of immediate priorities identified through the review.

What we did

The **CiSC Emotional Wellbeing project** is an example of transformation and partnership work. The project started in 2017 to set up processes for joint screening of children entering care and joint follow up at three months, including the use of SDQ measures. Processes have been embedded into practice however there remain unmet needs that could be addressed by moving to a universal and need-led assessment of mental and emotional needs of children entering care.

In October we took the opportunity to submit a proposal to the Anna Freud Centre for a pilot project to test new approaches to mental health assessments for children entering care. The outcome from this bid will be communicated in November.

We started a joint refresh of the CAMHS service specification which will integrate the services currently commissioned by the Local Authority through Section 75 agreement and clarify funding and monitoring arrangement.

Next Steps

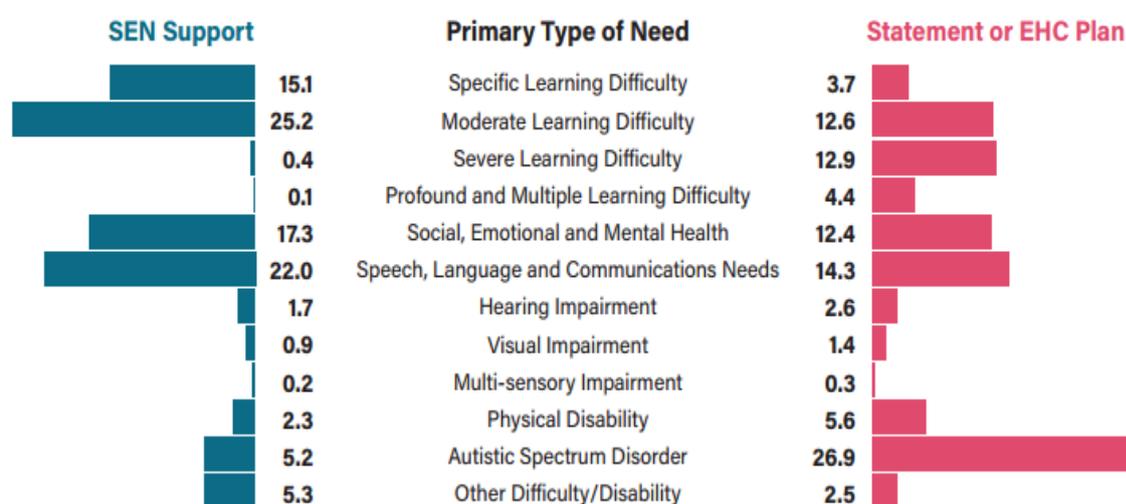
Alongside the collaborative service review we will explore opportunities to pilot a joined up CAMHS-led full universal assessment of mental health and emotional wellbeing for every child who comes into local authority care.

- make a joint full and sustained transformation from a CAMHS Threshold model to one of universal and needs led assessment of emotional wellbeing for every child entering care.
- make more consistent and dynamic use of SDQ & BAC questionnaires in order to help measure the impact of care over time and introduce data about emotional wellbeing into service design.
- put in place infrastructure and procedures to feed data into MHSDS.

Children with LD, ASD, ADHD and SEND

Tower Hamlets ranks as having one of the highest proportions of children in the country with SEND. Out of 47,000 children and young people around 7,900 (or 17%) get additional support with their special education needs and disabilities (SEND), which may include:

Figure 1 Percentage of children and young people, nationally, by primary SEND need: at SEN support or with an EHC plan



Tower Hamlets has been without an overarching vision or clear direction for SEND for over ten years. Over the course of 2017/18 Tower Hamlets Clinical Commissioning Group and London Borough of Tower Hamlets have worked to address this by establishing visible, strategic leadership and accountability to improve arrangements and provision and involve those with SEND and their families.

In October we launched the Special Educational Needs and Disabilities (SEND) Strategy which sets out the direction for the next five years and focuses on educational achievement, together with the social care and health care support provided for children and their families.

In parallel to the strategic work, a range of service-level improvements have been delivered across health and social care with emphasis on preventing challenging behaviour, crisis and family education. The *What we did* section below gives an overview of these initiatives.

What we did

There has been a considerable increase in the number of referrals to the CAMHS Neurodevelopmental team, from approximately 100 to 2017 in 2018. However as of September 2018 there was only one admission to tier 4 placements 2017/18. This may be indicative of improved community-based care compared to the previous years.

The CAMHS neurodevelopmental team (4.WTE) offers a **“one stop” assessment for autism**, which includes a developmental interview with parents and the ADOS (autism diagnostic observation schedule with the young person). The service also offer **screening clinics prior to the ASD assessment, with a school observation** for young people who may have additional mental health needs as well as possible diagnoses of autism and learning difficulties. Post diagnosis workshops are also available to parents with newly diagnosed children and are run jointly with Disability Children’s Outreach Service (DCOS), Austistic Spectrum Disorder Assessment (ASDAS) and NAS.

There is a well-attended **group programme for families** to support development of social skills and managing challenging behaviour (see schedule below). Paired outcome measures like Goal based Outcomes and the Social Anxiety Scale demonstrate improvements and were effective in and engaging families and children in their care.

Tower Hamlets CAMHS Neurodevelopment Team		East London  NHS Foundation Trust
GROUP PROGRAMME 2019		
Courses now open for referrals from CAMHS colleagues		Start dates
Social Skills Wed 16:30-18:00 @ GTX Six weekly sessions	For young people aged 9-13 with Autism Spectrum Disorder (ASD) or social communication difficulties (but not significant conduct issues). Social group (six sessions, one each week) to talk about managing anxiety in social situations, learning social rules and beginning to respond to and express feelings.	Spring: 13 Feb Summer: 15 May Autumn: 11 Sep
Social Skills - LD Wed 16:30-18:00 @ GTX Five weekly sessions	For young people aged 14-17 with LD & Autism Spectrum Disorder (ASD) or social communication difficulties (but not significant conduct issues). Social group (six sessions, one each week) to talk about managing anxiety in social situations, learning social rules and beginning to respond to and express feelings.	Autumn: 13 Nov
Behaviour Mon 10:30-13:00 @ GTX Weekly for four weeks	For parents with a child that has ASD/other neurodevelopmental disorder. Set of workshops (four sessions, one each week, plus follow-up consultations) for parents to think about parenting techniques to help manage challenging behaviour and how behaviour can be affected by lifecycle issues, sleep & diet. <i>*There will be a Behaviour Group Clinic (individual 30 min consultation) on 29th April for families referred to the 10th June group due to the gap between the January and April groups.</i>	Spring: 21 Jan Summer: 10 Jun* Autumn: 23 Sep 4 Nov
Sleep Tues 10:00-12:00, or Wed 11:00-13:00 @ GTX Single workshop	For parents with a child that has ASD/other neurodevelopmental disorder. Workshop for parents to find out about factors affecting sleep and learn about some ways to help improve their child’s sleeping pattern.	Spring: 12 Feb Summer: 19 Jun Autumn: 16 Oct

Location: The courses above will be run at Greatorex Street. Referral arrangements: Please complete the referral form at: [...\\Referrals\NDT Group Programme - Referral Form 2019 - v3 22OCT18.docx](#) and email it to sophie.williams21@nhs.net.

Short-term investments have supported a new pilot initiative, called **Braingame sessions**, for mainstream school children to find out about how brains grow, how we all have different brains and how to help/communicate with/be friends with children with neurodevelopmental conditions. At present sessions have been delivered in primary schools and one in a secondary school.

The **positive behaviour support** pilot for 4 families with young people with behaviours that challenge has been transformed into a group offer thus providing access to more families. Another pilot fund for 0.4 assistant psychologist to **facilitate transition to adult mental health services** and accelerate improvements in this area as part of the CQUINN scheme.

CAMHS Under 5's team have delivered **workshops to families with children under 5** on waiting list for ASDAS, as part of the *Parent and Infant Mental Health and Emotional Wellbeing* project.

Two successful quality improvements projects are in progress, the aims is to **reduce waiting times for autism assessments** to 16 weeks by February 2019, and **for ADHD assessment**, already reduced to 12 weeks from 212 days (mean)

CAMHS workers giving dedicated time in a number of the special educational and alternative provisions in and out of the borough to meet the emotional and mental health needs of a vulnerable population of young people and their families.

A part-time clinical psychologist post was commissioned in 2017 to provide **CAMHS support to Bowden House Special School**, a LBTH provision in East Sussex supporting students between the ages of 9–18 with complex social, emotional and behavioural difficulties and statements. The post holder works 2 long days at Bowden House and 1 day in Tower Hamlets meeting with family, carers, social workers etc.

LBTH services include the **Disability Children's Outreach Service (DCOS)**³ a Psychologist-led service which supported approximately 200 families in venues convenient for them, including their home, school; **Stay and Play service** aiming to help children build friendship groups, develop confidence and promote independence, the **Tower Project** (bespoke services for people living with the condition who also present with associated challenging behaviours and other related conditions), **Autism UK** (intensive behavioural interventions especially to bolster language, behaviour and social skills), and **Ambitious about Autism** (schools, post-16 settings and employment based training).

There are also **preventative and support interventions** funded by LBTH to promote positive mental health such as Attachment Friendly Schools, Emotional Learning Support Assistants, mindfulness in schools and Video Interaction Guidance. Together these services and projects provide a more holistic support to children and young people throughout childhood, youth and transition to adulthood, with help for families at each stage.

A joint virtual and dynamic **risk register for Children at Risk of Tier 4 CAMHS placement** has been created to identify those children at risk and put in place the right mechanisms and resources targeted at those individuals. The 'virtual' register is based upon current services' case-load:

- Children with Learning Disability and / or autism receiving a service from the Children with Disability Teams (LBTH) and East London Foundation Trust (ELFT) Learning Disability and Autism team who are at risk of in-patient admission.
- Children with complex and challenging behaviour who are allocated to a social worker in the Children with Disabilities Service and may be in receipt of support from Disabled Children's Outreach Service (LBTH).

³ DCOS is funded by LBTH and provided by CAMHS psychologists. It is for children up to the age of 17 supports parents to improve behaviour, including eating and sleep management, and provides individual and group parenting guidance helping to strengthen families' behaviour management.

- Those children who have recently stepped down from a previous period of in-patient mental health treatment.

Children currently in a residential schooling placement are not currently included. Over time, if the evidence is that a large number of in-patient admissions come from residential schooling then the necessary changes will be made.

Specific achievement on the SEND agenda include working toward Joint commissioning arrangements for families that need SEND support; progress with embedding co-production and person centred planning for Education Health and Care plans; a single referral route for health services helping ensure timely referrals of children and young people with health needs to the correct service such as paediatrics, or therapies with the potential for extending to other services.

Next Steps

Our key areas of work for next year will be:

To reduce waiting times for the Autistic Spectrum Disorder Assessment Service (ASDAS). Currently fewer than 10% referrals are dealt with within the current 32 week target. We are scoping out a review of the whole ASD pathway to identify pressures and guide our collaborative investments and transformation plans. This will be in addition to CAMHS quality improvement to reduce waiting time for CAMSH ASD assessments.

To review SEMH specialist schools and provision across education, social care and CAMHS. One of the objectives will be to strengthen coordination of targeted mental health services with the SEND planning and behaviour support. This review is led by LBTH and started in June 2018.

To ensure Education Health and Care plans adequately address the health and mental health needs of CYP and parents. To support this aim the CCG have funded for two sessions of CAMHS Consultant time to input into the weekly EHC panels. This service will start in early 2019.

To evaluate the CAMHS pilots for transition support, in line with the national CQUIN guideline, and of the positive behaviour group programme to consider extension / embedding into the service provision.

To strengthen the monitoring and escalation procedure for the Risk Register and local protocols for CETRs to ensure timely and appropriate management of escalation of needs. This approach will provide the learning about whether there are certain cohorts of individuals (with LD/Autism) who are not receiving the level of support / care required to prevent admissions and the required evidence to make changes to reduce these numbers (both through having alternative options, but also preventing the causes of the issues in the first place).

To review demand and capacity of the CAMHS NDT and also of the **CAMHS provision in Bowden House School**, to identify any pressure and specific development needs for this service.

Children and young people in the criminal justice system

The September Youth Justice Board Report evidenced an increase of the number of young people reoffending, from 39.7% to 43.7% in 2015/16 (most recent reoffending data)

In 2017 54% of young people re-offending received a referral order. This is concerning considering that these young people should have a lower likelihood of re-offending in comparison to other court orders. There were 37 young people receiving a referral order who re-offended. For 14 of these individuals, their initial re-offence was a breach of order. This is a high proportion and recommendations have been made to improve the initial panel process for referral orders to impact on the number and frequency of breaches.

Data also show a strong likelihood that young people with parenting concerns will go on to reoffend. For young people who were Out of Court, the likelihood is fairly high as well, although the numbers here are smaller

Re-offended			
Parenting concerns	NO	YES	Grand Total
No	86	39	125
Yes	49	62	111
Grand Total	135	101	236

There is a need for better collaboration work with other services, such as social care, to provide more targeted intervention work for families, especially considering the strong link with reoffending.

Particularly worrying is the ETE status for school aged young people. In 2017-18, 47% of school aged young people ending in full-time ETE. For Q1 2018-19, 0% of young people in full-time ETE. The fact that such a high percentage of low risk offenders have issues with ETE will only increase the likelihood and risk of reoffending and a further increase of first-time entrants.

What we did

A range of collaborative initiatives have been implemented to improve this situation. Some are fully funded and led by LBTH, and some have been delivered under Collaborative Commissioning arrangements with NHS England Health in the Justice Team.

LBTH projects include:

Diversion of young people aged 0-17 after Triage.

The Triage service offered by the Targeted Youth Support (TYS) team continues to be successful in preventing young people from entering the criminal justice system and in offering them a comprehensive, multi-agency package which seeks to deter any further progression or escalation of their needs. The contribution of the **TYS detached youth work programme**, where workers carry out youth work in areas which have been identified as being hotspots, has also contributed towards the diversion of vulnerable young people, as the workers are able to signpost young people to appropriate services. In Q2 and Q3, work commenced to develop a **targeted programme to secondary schools** and this was being finalised in Q4 for roll-out at the beginning of the 2018/19 year. It is hoped that this will lead to further reductions with this indicator.

First time entrants into youth justice system

The Triage service has helped ensure that young people are provided with support early when they are experiencing difficulties. There has also been a lot of focus on strengthening the decision-making process on the type of intervention/disposal young people should receive when they are eligible for first-time pre-court interventions. The process now involves representatives from education and restorative justice, to make the overall offer as effective as possible and has also expanded in Q4 to cover **No Further Action cases**, by ensuring that support packages are provided to those young people whose cases are dropped by the Police.

Reduce the number of repeat young offenders (under 18)

YJT are continuing to use the Youth Justice Board's 'live tracker' tool to identify, track and monitor this cohort. More resources have been put into this cohort of young people to ensure that the package of support that they have is robust, comprehensive and tailored towards their specific needs. This has included making sure that they are referred to the YJT CAMHS worker to support their emotional health, the Speech and Language (SaLT) worker to help with their communication difficulties and to one of the education workers to ensure that they are supported with positive pathways into education, training and employment. The Integrated Gangs Team (IGT) supports with gang-related issues that are affecting these young people. These young people are also offered a mentor from St Giles Trust or Safer London. There is also work taking place with the SPARK project to strengthen the early intervention response to such young people. Increasing the transition work as they leave primary school, ensuring all the siblings and family members of this group have an enhanced offer will reduce the numbers entering into offending in the first place.

Concurrently, we delivered projects set out under **Collaborative Commissioning** arrangements with NHS England Health in the Justice Team, which were outlined in last year Transformation plan. These are:

The Liaison and Diversion service started as a pilot in October 2017 to provide vulnerability screening for CYP are released with no further action (NFA) or released under investigation (RUI). The screening includes mental health needs and basic speech and language. Based on the needs identified the young person was offered support, information or referral to appropriate services (GPs, CAMHS, Step Forward, SaLT). Approximately 16 young people were seen every month. A rapid service review identified duplications with services including case managers, the Triage and the new Early Help Service.

The Speech and language transformation Project has been successful in improving the interaction between the YJS and young people/ families. The project co-produced with young people and parents tools and resources for service users and staff (i.e. 'What is speech and language therapy' handout for parents and YP; simplification of pre-sentence report, etc.), delivered staff training and streamlined SaLT pathway within the YJT and across YOT localities. It also supported partner services (Police, Virtual School, SENCOs, social care and other agencies) identification of SaL issues.

There is also an **embedded SaLT therapist** (two days a week) in the YJT offering full assessment and interventions. Between January and June 18 young people were referred to the service for a total of 36 sessions.

As part of the liaison and diversion project, NHS England funding have been used to commission a **Drama workshop project**, *Break the Wall*, for young people in the justice system. Details about this project are within the Engagement and Coproduction section of this document.

Other improvements include the launch an **integrated drug intervention programme** for CYP in custody provided by Safe East Compass.

Next Steps

The plans for **Local Authority funded initiatives** are outlined in the summery within the *What we did* sections.

With regards to the **Collaborative Commissioning** projects, we will consider options for a revised Liaison and Diversion service to provide a more flexible service able to conduct screenings and well as providing early support and diversion to young people at risk of committing an offence, aligned with other LBTH initiatives for this cohort. Over the coming month we will engage with NHS England and local delivery partners to appraise and implement the revised service.

As part of the option appraisal we will also consider to extend the Drama workshop projects in 2019/20 in order to deliver activities that have not been offered delivered due to low number of referrals over the summers months.

The contract for the SaLT service contract will end in March 2019. We will evaluate demand and impact from this service and consider to continue the provision beyond 2019. The Transformation project will not require on-going funding after January 2019.

Early emotional support for CYP victim of sexual abuse

In 2014/15, MOPAC and NHSE (London) jointly commissioned King's College Hospital to undertake the Review of the pathway following sexual assault for Children and Young People in London⁴. The review identified many aspects of poor service including:

- Only 1 in 3 children and young people estimated to have experienced CSA are identified by the police
- Only 1 in 4 of those coming forward to the police are offered some form of medical support either by local paediatric services or by the CYP Havens
- Local paediatric services not meeting the guidelines as set out by the Royal College of Paediatric and Child Health (RCPCH)
- High thresholds and long waiting lists for CAMHS and therapeutic services

The more recent Summary Report from the Independent Inquiry into Child Sexual Abuse (IICSA) published in July 2017,⁵ cites a wide range of sources linking CSA to long-term mental health problems.

In NEL approximately 60 children and young people are seen every year by local paediatric services for CSA paediatric assessment, not including those being seen for local follow-up. Considering the available evidence and local activity the seven NEL CCGs approved the Business case to develop of a 'Child Sexual Abuse' (CSA) Hub in NEL.

What we did

We recently procured a services which will comprise of 2WTE emotional support practitioners (plus management, supervision and admin support) to support approximately 120 children/young people and their families over the course of one year.

The service will offer emotional and mental health assessment, early help and symptom management (6-8 sessions), advocacy, and appropriate onward referral where needed. Practitioners will work with the paediatricians providing CSA paediatric assessments as part of one team, providing a holistic health review focused on the needs of the child/young person and their family.

Next Steps

We aim to launch the service in April 2019. Progress, activity and outcomes will be monitored and through NEL governance bodies and reported in the next Transformation Plan.

⁴ *Review of Pathway following sexual assault for children and young people in London*, King's College Hospital on behalf of NHSE (London), 2015

⁵ Cate Fisher, Alexandra Goldsmith, Rachel Hurcombe, Claire Soares, Independent Inquiry into Child Sexual Abuse Research Team, *The impacts of child sexual abuse: A rapid evidence assessment Summary Report*, July 2017

Improving Mental and Emotional support in Schools

Tower Hamlets have significant experience in providing support to schools around mental health and wellbeing. The Council funded Healthy Schools team works with all schools to develop whole-school approaches to health and wellbeing including staff training and consultation, mindfulness, PHSE curricula support and signposting to services with parents/carers (see Appendix 1). These initiatives complement a range of CCG commissioned initiatives successfully delivered in some Tower Hamlets schools. Our main achievements In 2017/18 the CCG commissioned are outlined below.

What we did

The **CAMHS Schools Training Programme** for staff and school governors was delivered in 12 schools across the borough, which significantly enhanced the capacity of local schools to understand and respond to the mental health needs of their pupils. Phase one offered sessions on specific mental health conditions and models of intervention/treatment. The second phase focused on schools implementing their own bespoke initiatives, addressing areas of particular need and/or interest and embedding the learning from. Examples of project proposals include:

- developing teaching practice in year 8 class
- developing the ADHD friendly classroom
- promoting healthy mother/daughter relationships
- addressing self-harm
- promoting parental engagement

The CCG-commissioned **Building Resilience Project** started in late 2017 is a multi-stranded programme of workshops co-developed and delivered by young people to children, young people, parents/carers and school staff to destigmatise attitudes towards mental health, build resilience and encourage a relationship with mental health that is similar to that we have for physical health. So far the project reached out to 429 students in primary and secondary schools and 54 parents. 22 young people have been trained as Peer Trainers and 11 have delivered workshops. The project aims to deliver 42 young people workshops and 10 parents' workshops by March 2019.

Ongoing initiatives include The CAMHS School Links and Children Wellbeing Practitioners, Youth Counsellors and Workers from Step Forward and Psycho-education and parenting programmes within schools and other locations

Delivering the Green Paper proposals - Mental Health in Schools Teams Pilot

In September Tower Hamlets' partners in the NHS, Council and third sector submitted a successful bid to become a trailblazer site for the Mental Health in Schools Teams. We have welcomed this very exciting opportunity to test innovative model provision within schools and other community settings, working closely with schools, public health and the voluntary sector.

Our model seeks to ensure that children are given the skills and resources to develop their resilience and emotional wellbeing throughout their educational journey. The mental health in schools services will enhance and accelerate the work we have been doing up to now in this area and help embed a more consistent practice across all schools.

The therapeutic offer will on managing stress around exams, social media, cyber bullying and peer pressure, low mood and low self-esteem.

The teams' establishment will be as below.

Grade and wte	Role
1 x band 8a	Experienced multi-disciplinary clinician to provide leadership and supervision
2x band 7	Experienced multi-disciplinary clinicians to take on more complex cases (sub CAMHS threshold) and potentially supervision
3x band 5	Newly qualified CWPs (in training until March 2019)
6 x band 5	MHST CYP Wellbeing Practitioners (in raining until Dec2019)
2 x band 6	Step Forward Counsellors
1x band 4	Administrative support
Total 15 WTE	

Next Steps

Upon receiving formal confirmation of the bid award from NHS England we will mobilise the project. Work is underway with our deliver partners in the Councils, third sector and ELFT to establish the terms of reference for a multi-agency steering group and to plan the engagement and consultation with schools and families over the coming weeks.

Key Milestones	Delivery timeframe
Recruit Project Manager	Nov 18 – Jan 2019
Set up project steering group	Nov - Dec 2018
Engagement and consultation with schools and young people	Dec 2018 - March 2019
Recruit clinical and admin staff (MHST trainees start training in January 2019; staff in post by April)	Nov 2018 – Mar 2019
Develop operational framework/ service specification	Dec 2018 – Mar 2019
Soft Launch (selected schools)	Apr 2019- June 2019
Roll-out to more schools, embedding	Sept-Nov 2019
Fully operational	Dec 2019

For the pilot year the existing CAMHS school link workers will be taking forward much of the development work with the Mental Health Lead staff identified as part of the CAMHS Schools Training Programme supported by the Healthy Schools team who will work on wider school engagement and change.

Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT)

One of our transformation objectives include commissioning statutory and third sector organisations to provide responsive and accessible services for different level of needs can that they use robust outcome measures and are able to improve access and reduce waiting times.

The Tower Hamlets CYP IAPT Partnership is formed by CAMHS, Docklands Outreach and Step Forward have joined in September, following successful bid to the Recruit to Train Programme for one CBT trainee. LBTH Family Intervention Service was previously part of the partnership but has been closed down in June as a result of the restructuring of LBTH Youth Justice Service.

What we did

The Partnership has a track record of successfully applying CYP IAPT principles and in summer 2018 was awarded as **Beacon Site** by the Anna Freud centre for its achievements in clinical outcomes, access and partnership working. The spread of training across organisations led to increased partnership working, with joint delivery of interventions, practitioners seconded to work in partner agencies, sharing of resources and supervision across services.

All counsellors, CBT/Parenting practitioners/trainees work in collaboration, offer evidenced based interventions while ensuring service users are given assessment choice including time and place where they can be seen. The partnership currently offer the following NICE recommended d interventions:

- CBT, (low mood, depression, anxiety, PTSD, OCD)
- Parent Training (conduct disorder 3-10 years, IY groups and PIPT)
- Counselling – (not CYP IAPT – delivering counselling since 2001)

There are currently 35 CYP IAPT Trained clinicians and 2 in training (in addition to 3 CWPs). 70% of trained staff has stayed within the Partnership.

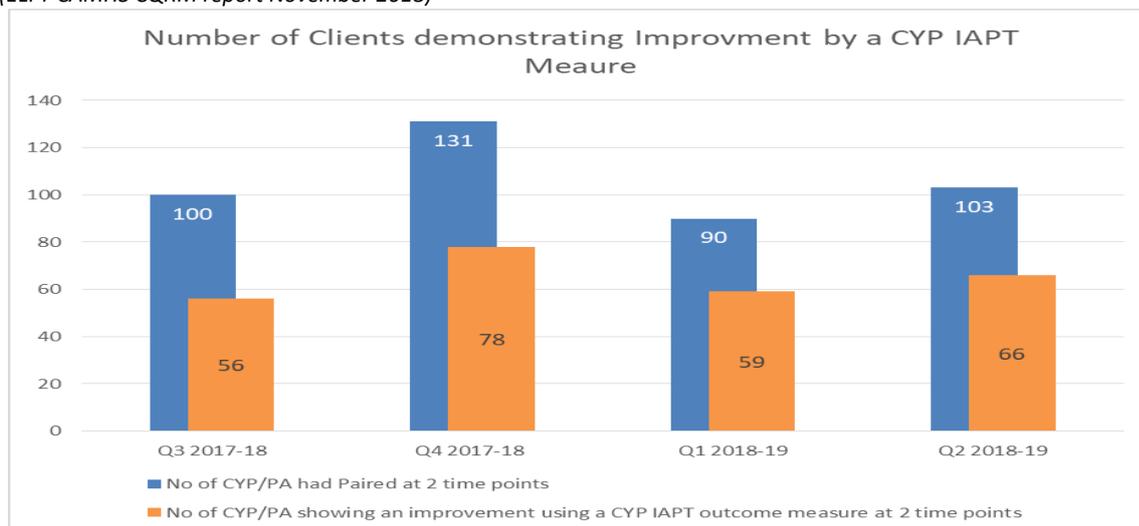
Improved Mental Health Outcomes

CAMHS and partners services have embedded the use of outcome measures in clinical practice. The table below show the most up to date CAMHS data on paired outcome measures. Over 50% of CYP have completed a paired outcome measures and more than half of them show an improvement.

% of CYP using a CYP IAPT outcome measure at 2 time points (T1 and T2)			
Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
68.50%	95%	53%	93%

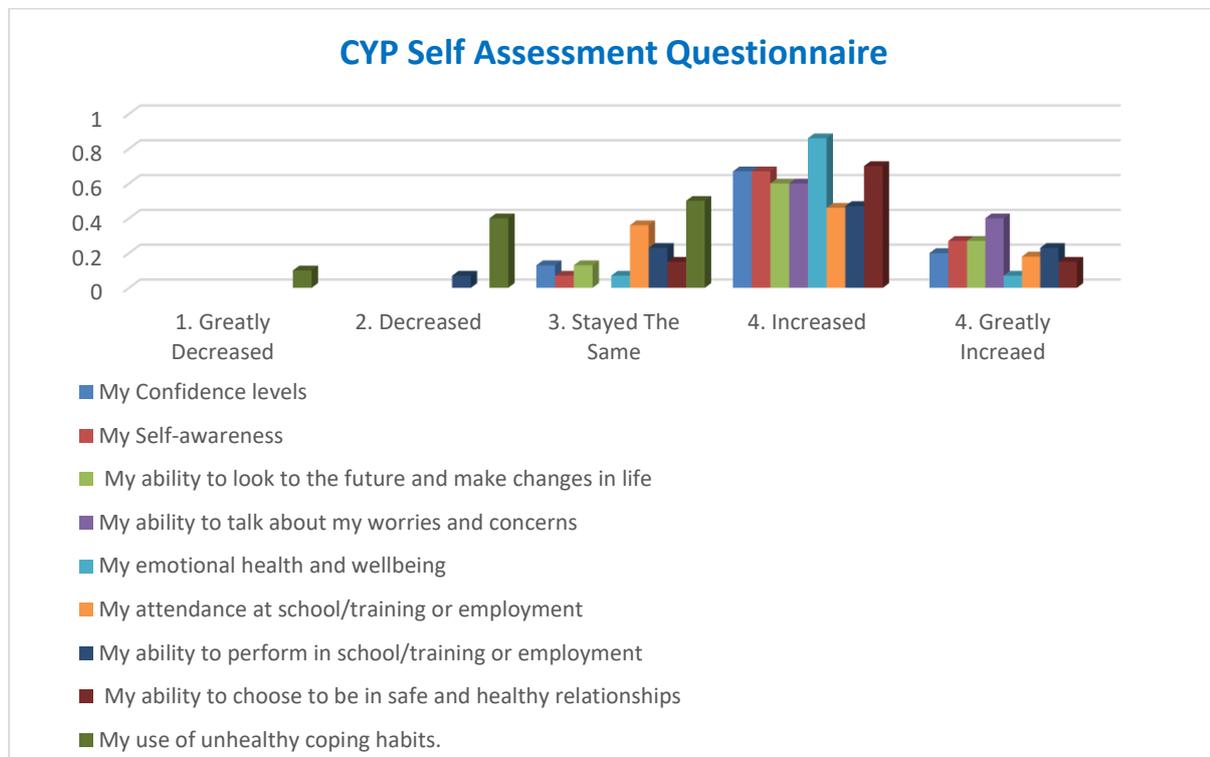
% of CYP using a CYP IAPT outcome measure at 2 time points showing an improvement			
Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
56.00%	59.50%	65.60%	64.10%

(ELFT CAMHS CQRM report November 2018)



(ELFT CAMHS CQRM report November 2018)

Step forward does not currently use CYP IAPT outcome measures but a self assessment questionnaire which focuses on different aspects that impact of mental and mental wellbeing. The chart below evidence that the majority of young people have improved on all aspects.



(Step Forward contract monitoring report October 2018)

In 2017/18 Step Forward and have supported 466 CYP (14 -18). This data includes young people through a partnership with Docklands Outreach as part of our CCG Contract.

Docklands outreach utilise a broad range of assessment and symptom –specific measures (Revised Children’s Anxiety and Depression Scale (RCADS), Strength & Difficulties Questionnaire (SDQ) and Goal Based Outcome (GBO); RCADS sub scales - OCD, Anxiety, Panic, PTSD. Behavioural difficulties – Me & Me School (M&MS), Oppositional Defiant Disorder (ODD), Brief Parental Self-Efficacy (BSSES).

Last the service delivered two **Incredible Years Parenting Programme** to 51 parents with school aged children 3-10, and one to parents with pre-school children 3-6. **Personalised Individual Parent Training (PIPT), & Parent Child Game (PCG)** was offered to 41 families. The programmes support parents to manage children with conduct disorders only in situations where there are particular difficulties in engaging with the parents or a family’s needs are too complex to be met by group-based parent-training/education programme. Those that completed the full programme showed reliable improvement as measured by pre and post SDQ and GBO scores.

Next Steps

In the next 12 months, the partnership will focus on increasing the use of paired outcome measures with the aim to improve outcomes for children. This will be boosted by the additional Recruit to Train staff who will facilitate changes in practice and embedding of evidence based interventions.

Work is also underway to improve data collection and use across all our providers/ teams. There are agreement in principle between Docklands Outreach and Step Forward and we are working closely to scope out a solution to implement in 2019.

Eating Disorders Service

The East London Community Eating Disorders Service for Children and Young People (CEDS-CYP) provides specialist interventions to CYP to the age of 18 who are experiencing an eating disorder. It covers the boroughs of City & Hackney, Newham and Tower Hamlets. It is staffed by a multi-disciplinary team consisting of a consultant child and adolescent psychiatrist, clinical psychologists, family therapists, nurses, a dietician and sessional consultant paediatrician time (5,8 WTE). CEDS-CYP provides:

- Rapid response to referrals (within 15 days)
- Multi-disciplinary specialist assessments
- High quality, evidence-based interventions including Cognitive Behavioural Therapy (CBT) and Family Therapy (FT)
- Consultation, support and advice to other professionals working with children and young people.
- Training in the delivery of early intervention treatment for mild and emerging eating difficulties.

CEDS-CYP is a member of QNCC-ED and undertook its first QNCC-ED self-review in Q3 2016. All staff members were involved in the process, which involved discussing how the team is performing against the QNCC-ED standards. Scores over 10 areas were between 77% and 100%.

What we did

The demand increased from a baseline of 50 referrals per year forecast in 2016. The service have been able to deliver in compliance to the national KPIs and Outcome measures. The table below show the performance in 2017/18. (Q4 will be provided shortly).

Tower Hamlets 2017/18	Target	Q1	Q2	Q3
The proportion of referrals deemed to be emergency at screening have an in person assessment within 24 hours of the clock start				
Received	70% (By Mar-18)	0	0	0
Accepted		0	0	0
Assessment completed within target		0%	0%	0%
Received	70% (By Mar-18)	1	0	1
Accepted		1	0	1
Assessment completed within target		100%	0%	100%
The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment.				
Received	70% (By Mar-18)	5	7	12
Seen within 15 days		5	6	5
Assessment completed within target		100%	86%	42%
Referrals confirmed as routine are assessed for treatment within 15 days from the clock starting.				
Received	set baseline in year one	5	7	12
Accepted for treatment		5	6	8
Treatment Started Within Target		100%	86%	67%
Child/young people attend first appointment for assessment (Patient Count)				
Assessment Appointment Offered	15%	8	7	13
First Appointment DNA		0	1	0
First Appointment DNA in %		0%	14%	0%

Improving Outcomes

Outcome data are reported at aggregate level for the 3 CCGs every quarter. Targets have been met, however a small number of CYP have paired outcomes and we recognise this is an area that needs improving.

Outcome at Assessment (T1) cumulative Q1-Q3 2017/18 Aggregate data for TH, C&H and N	Target	Actual
Baseline - Number of CYP assessed	70%	20
Number of CYP completing a CYP IAPT measure at assessment(T1)		20
% of CYP completing a CYP IAPT measure at assessment (T1)		100%
Number of Clinicians completing a CYP IAPT measure at assessment (T1)		20
% of Clinicians completing a CYP IAPT measure at assessment (T1)		100%
Outcome at Review/Closure (T2)		
Baseline - Number of CYP due for review	50%	18
Number of CYP completing a CYP IAPT measure at review/closure (T2)		9
% of CYP completing a CYP IAPT measure at review/closure (T2)		50%
Number of Clinicians completing a CYP IAPT measure at review/closure (T2)		15
% of Clinicians completing a CYP IAPT measure at review/closure (T2)		83%
CYP of showing an improvement		
No CYP of showing an improvement using a CYP IAPT outcome measure at 2 time points measured by a CYP IAPT PROM	50%	6
% CYP of showing an improvement using a CYP IAPT outcome measure at 2 time points measured by a CYP IAPT PROM		83%
Patient Experience		
Children and young people complete an ESQ	50%	56%
Parents complete an ESQ		50%
Number CYP reported satisfactory on ESQ		94%
Number parent reported satisfactory on ESQ		100%

Service activity and performance 2017/18

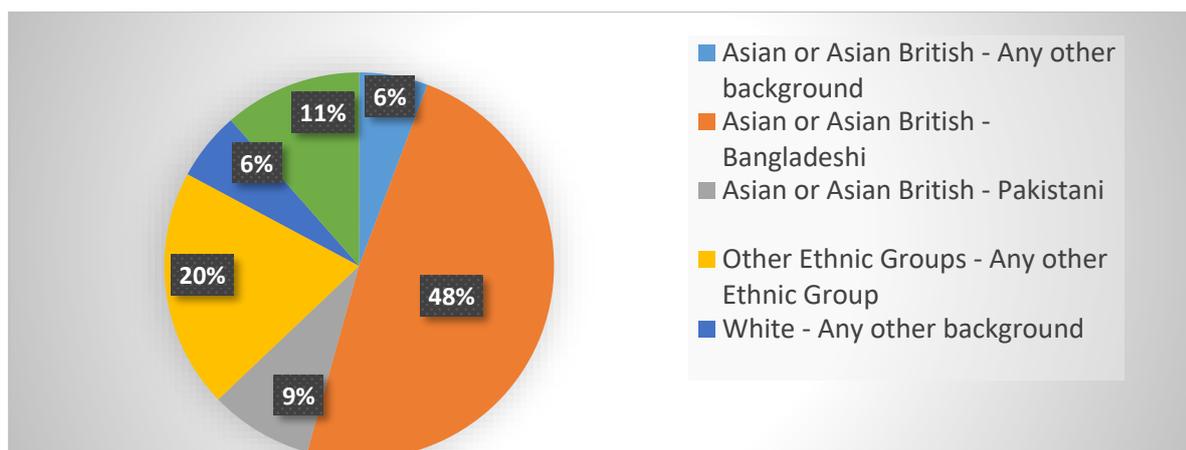
In the first 3 quarters there were 31 referrals of which 20 converted into an. There were no emergency referrals and 2 urgent referrals. (Q4 data will be made available shortly).

There has been a substantial increase in activity from baseline of 50 new referrals per annum in 2016. Mean referrals to the service are 32 cases per quarter (128 per annum). Of these referred cases, an average of 22 cases per quarter are accepted after triage/assessment for eating disorder treatment (88 new treatment cases per annum).

Referrals Received	Q1	Q2	Q3	Total
Tower Hamlets CYP ED Service	10	10	15	35
By Age				
0 - 4	0	0	0	0
5 - 11	1	1	2	4
12 - 18	9	9	13	31
By Disorder				
Anorexia nervosa	0	2	3	5
Atypical anorexia nervosa	3	2	1	6
Bulimia nervosa	0	1	1	2
Atypical bulimia nervosa	0		1	1
Overeating associated with psychological disturbances	0	0	0	0
Vomiting associated with other psychological disturbances (includes psychogenic vomiting)	0	0	0	0
Other eating disorders (includes psychogenic loss of appetite)	1		0	1
Eating disorder unspecified	0	1	1	2
No eating disorder diagnosis given	6		8	14
Referrals received by Urgency				
Emergency	0	0	0	0
Urgent	1	0	1	2
Routine	5	10	14	29
Referral Outcome				
Inappropriate Referral (not taken on)		3	1	4
Telephone triage		0		0
Face to face assessment		6	10	16
Pending for decision		1	4	5
Treatment				
Number cyp accepted by the service after assessment receiving direct treatment and number receiving indirect treatment	6	6	8	20
Discharges - Number cases discharged in the quarter (Excluding: inappropriate referrals)				
a) Total	8	11	6	25
b) In treatment - up to 3 months	2	1	2	5

c) In treatment - 3-6 months	1	2	1	4
d) In treatment - 6 -12 months	1	5	3	9
e) In treatment - over 12 months	0	3	0	3
cyp who did not complete the course of treatment	0	1	1	2
Number of cyp rereferred to the service in the quarter within 12 months of discharge.	1	0	2	3

Demographic data on 28 female and 7 male and patients



Next Steps

We will be reviewing Community Eating Disorders service as part of the refresh of CAMHs service specification. More work is needed to profile the needs for those using the service, the outcomes for different levels of need/severity in order to further investments in the service, in partnership with ELC CCGs. In the next 12 months we envisage to focus on these service areas:

- invest in awareness and education work across schools, primary care and youth services
- Management of CYP requiring intensive support, especially where hospital admission could be avoided or length of stay minimised
- see more CYP referred by self/families/schools - reach more Asian CYP and males, and review the number to ensure the responds effectively to community need, epidemiological need, cultural awareness and equalities issues
- improve pathway interfaces, especially with primary care and paediatric services and clinically appropriate links with obesity services

Perinatal Mental Health services

NEL has high and increasing levels of perinatal MH needs linked to high level of deprivation, especially in Tower Hamlets. It has been estimated that approximately 3,530 women will have a moderate-high to severe perinatal MH need by 2021.

What we did

In 2018 NEL STP has successfully bid for additional resources to **expand and redesign perinatal services across the 7 NEL CCGs**. 22.25 additional staff will be recruited to increase the access to appropriate services from 929 women in 2016 to 1682 by 2021, which is about 416 additional women annually. ELFT and NELFT, as the NEL acute mental health Trusts, will be operating as the hub specialist services and each CCG will have locally-based services tailored to local needs and integrating seamlessly with the maternity teams.

The service offer includes lower-level perinatal mental health services delivered by primary care/midwifery/health visiting/IAPT; higher-level inpatient support from the ELFT 12-bedded MBU; Diagnosis-specific services e.g. personality disorders/dual diagnosis. Work is also started to develop the perinatal mental health training offer for staff across all agencies, and a rich programme of engagement and co-production with local women with experience of services.

In summer, ELFT was awarded the contract to deliver the **adult IAPT service** offering NICE approved interventions and fast track assessment for women with perinatal mental health problems up to one year after they have given birth.

The CCG also contributes to the Local Authority £56,375 a year under Section 256 towards the costs of the **parental mental health service (CHAMP)**. The team comprises of two part time children's social workers based in adult CMHTs. This service sees the child in the context of his/her family and provide early support for parents, targeting the most vulnerable while linking families into mainstream, universal services, and thus reducing the stigma of mental illness. Currently there are no monitoring mechanisms in place for this service therefore activity and outcomes are not available.

Next steps

The NEL Perinatal Mental health project started in Autumn, over the next year further work will be undertaken to determine level of investment required for 2019-20 for local perinatal services.

We will review the Parents Mental Health service and consider opportunities for changes to the service model / improvement, including appropriate monitoring mechanisms and reporting into MHSDS where relevant.

Inpatient Services

Tower Hamlets and partner services are committed to reduce the inpatient stays for children and young people. In line with the recommendations from implementing the Mental Health Five Year Forward View NEL STP is leading the move to collaborative commissioning arrangement for CYP inpatient beds.

In 2017 NEL STP stakeholders envisaged the same inpatient capacity in 2021 as at present to cope with population growth and increased need for specialised and inpatient CAMHS service, whilst taking into account intended improvements in local community and crisis services. It was estimated that 37 beds will be required to meet the demand across NEL (including ED and forensic)

What we did

Work is ongoing with ELC partners to implement a 24/7 crisis response and locally to set up a CAMHS community crisis service which will include the Early Intervention Service. Impact of these services will be evaluated over the course of their implementation.

We established a risk register for CYP with ASD/ LD at risk of placement and are developing robust protocols to monitor and review cases, including independent clinical review prior to CTRs, to reduce risk of inappropriate placements and overall the number of admissions. In 2017/18 there was only one admission from CAMHS neurodevelopmental team.

Young people in CAMHS' care are supported to co-produce their care and crisis management plan, this has led to better engagement of young people and families in their care and awareness about what to do/ help available if a crisis occur. TH CAMHS have access to the Tier 4 Coborn Centre for Adolescent Mental Health in case admission for inpatient or day hospital treatment is required.

NHS England data reports 43 unique ward stays in 2017/18 which we interpreted as the number of patients. Local data from the Coborn centre confirm 20 CYP Tower Hamlets residents were admitted and discharged within the financial year.

Inpatient site	Unique ward stays = number of patients	Cost
Three Bridges (medium Secure and Specialised Mental Health Services)	2	93,794
Brookside Adolescent Unit - CAMHS inc ED	1	tbc
Coborn Centre – Acute Adolescent	25	663,761
Coborn Centre –PICU	14	40,740
Priory Hospital Roehampton CAMHS inc ED	1	466,339
Total	43	31,264,266

(NEL STP Data pack 2017/18)

Next steps

In the next 12 months we will work with partner CCGs across to model collaborative arrangements form Tier 4 provision, including improving local and NEL wide intelligence on bed usage.

We will also deliver preventative and crisis management initiatives to reduce the admission to inpatient services and use data to inform the plans for acute provision across the STP.

Engagement and Co-production

Children and Families are at the core of our partnership work. Every project and service has been shaped with contribution from our local users, including feedback from direct experience of services.

What we did

A survey conducted by **CAMHS under 5** team about the experience of local mothers with regard to their own and their baby's emotional health and wellbeing and accessing services with special focus on Bangladeshi mothers. The findings from this research will contribute to thinking about service delivery and approach around emotional health and wellbeing for Bangladeshi new mother and their babies in Tower Hamlets.

Children Wellbeing Practitioners engaged with parents and young people using, for example, 'flyers' put into school bags of 3 to generate referrals and direct promotion at People Participation Groups, the Parents Advice Centre and Family Information Service and visited the East London Mosque. A range of workshops, psychoeducation sessions, parents coffee mornings, stands at school assemblies were also offered to schools.

CAMHS young people and parents groups take place regularly and are well attended. Recent activities include screening of the film they created at an event by THRIVE LDN at City Hall, to celebrate World Mental health Day on 10th October; Involvement in the Tower Hamlets CYP-IAPT new transition to secondary school program (which is currently being developed) and most recently parents attended the weekly CAMHS staff meeting and made a presentation about ways in which the service can best meet the needs of families.

Poplar Harca Spotlight is well established youth centre attracting young people aged 11 – 19 from across the borough thanks to their wide ranging programme of activities and services. The **Building Resilience project** commissioned by the CCG has been entirely co-developed with young people and involves training young people to deliver workshops in schools, training other pupils about mental and emotional resilience and coping tricks and where they can find more help if need need.

Breaking Character drama workshops, is another programme provided by Poplar Harca, for young people who have a history of or are at risk of offending. Participants are supported to explore characters and grow/develop as young adults, develop skills in Acting, speech & communication, perform in front of their peers a performance of their own making that deals with issues effecting them. The initiatives provides them with pathways and progression routes to both Creative sessions and further education where appropriate.

Street and community outreach provided by Docklands Outreach and followed by 1.5 hours long workshops with the aim to Increase awareness of emotional wellbeing and mental health needs, decrease the stigma around mental health and increase awareness and knowledge of support services. A total of 65 young people between 14 and 18 years old attended the workshops.

Step forward services have all been co-produced with young people. The group work programme has been shaped by over 100 young people feedback about what service they wanted during outreach to schools and youth settings. Specific projects regarded young people affected by sexual abuse and young LGBTQ about accessing services and what they think will help improve their mental and emotional health.

The **NEL Perinatal Mental Health** project have embedded co-production and user participation into the by having service users in the project implementation group, and have planned various

engagement and co-production activities with women with experience to shape the service model and the perinatal mental health training strategy.

CCGs across North East London STP contributed to the development of **NHS GO**. Aimed at 16-24 year olds, the app provides easy access to information on local health services and find information on health and wellbeing, including mental health, sex and relationships, healthy eating and puberty. Young people were involved in all stages of development and it is being promoted via social media by some of London's best known young YouTube vloggers

Nest Steps

We will continue to work with our partners to support these projects, as well as developing system strategy and plan for consulting and engaging stakeholders in education, pupils and their families. This will be achieved through continue to support these projects work with existing providers, Health Watch and the Local Authority to work with schools with schools and pupils to shape the mental health in Schools service and the overall whole-school strategy. Engagement and co-production will be done primarily through the existing CAMHS young people and parent groups

Workforce

Tower Hamlets CAMHS is staffed by 52 WTE qualified clinical staff and comprises of 7 teams

- Triage – Single Point of Entry
- Crisis/Duty Service
- Emotional and Behavioural Disorders Teams 1 (internalising disorders) and 2 (externalising disorders)
- Conduct Disorder Alliance with YJT/ PRU
- Harmful Sexual Behaviour care pathway (in development)
- Neurodevelopmental Teams - Autism Spectrum Disorders and Learning Disability clinics and groups and Workshops
- ADHD care pathway
- Early intervention psychosis team – assertive outreach/home treatment
- Tri-borough Community Eating Disorders Service with the hub based in TH CAMHS
- Under-5s care pathway
- CAMHS in Social Care team

Step Forward service is staffed by 3.8 WTE and currently recruiting for one full time Counsellor. Data on Docklands Outreach staffing profile are currently unavailable.

Demand for specialist CAMHS has been increasing steadily. Between 16/17 and 17/18 CAMHS received 16% additional referrals and this rate of growth is set to continue in the next five years. Step Forward have also reported 300% increase of the number referrals over the last five years and the level of complexity clients.

The tables below includes numbers of referrals received and accepted by core CAMHS.

	16-17		17-18	
Referral Received	1514	100%	1746	100%
Referral Accepted	1329	88%	1535	88%
Assessment	1196	79%	1323	76%
Treatment	909	60%	953	55%

Tower Hamlets CAMHS referrals accepted and projections (shaded area)

	16/17	17/18	18/19	19/20	20/21	20/22
Referrals to CAMHS	1329	1535	1772	2048	2365	2732

Since 2017 CAMHS has been able to assess 95% of cases within 5 weeks from referral, whereas the average waiting time for Step Forward is 2 weeks. Achieving shorter waits contributed to meet service access targets for 2017/18.

However currently the CAMHS caseload per clinicians is of 28.7 cases per clinical WTE, by improving patient throughout and increasing capacity we aim to achieve the RCPsych recommended caseload of 40 cases per clinical WTE, thus reducing waiting time and increasing access further.

In 2017 ELFT modelled the additional clinical capacity required for core CAMHS to see more children and young people year on year, in line with the trajectory set out in implementing the Mental Health Five Year Forward View, as applied at local level.

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

(staff increase trajectories, ELFT SPR October 2017)

Part of this increase has been covered by Step Forward from January 2017 (4 WTE).

Excluding staff funded by non-recurrent project funding (CAMHS under 5 project, ELC crisis project, Mental Health in school teams and waiting time reduction pilots), the CCG funded 2.2 WTE additional staff for CAMHS in 2017/18 (0.8 WTE Band 8A, 1.0 WTE band 7 post, and 0.4 specialist CAMHS worker at Bowden House). In 2018/19 we funded 3.5 posts (2 band 5CWPs, 0.5 band 8a Clinical Supervisor and 1 band 6 crisis nurse not yet in post) plus 0.6 band 6 previously funded by ELFT.

The table below shows the actual increase in CAMHS clinical WTE and includes the posts that will be recruited for the Mental Health in Schools Teams Trailblazer and the 4 week waiting time pilot.

Actual CAMHS posts recruited	17/18	18/19	19/20*	20/21	TOTAL clinical staff
Therapists (WTE)	1.4	4	14	tbc	19.4
Supervisors (WTE)	0.8	2.5	1	tbc	4.3
TOTAL (WTE)	2.2	5.5	16	tbc	23.7
Difference to ELFT projected increase	-0.4	+3.9	+14.6	tbc	+9.8

*(*including staff funded through MHST Trailblazer and 4 week waiting time pilot bids)*

With regards to the MHST service and the CAMHS waiting time pilot we envisage that these will enable to:

- increase access by up to 1000 additional CYP per year (estimating a caseload of 500 CYP for each fully operational mental health in schools team);
- clear the current backlog of 65 cases and to offer approximately 300 extra appointments, thus leading to a reduction of the average assessment waiting time to 4 weeks, from currently 6 weeks.

For 2019/20, TH CCG will consider with its partners additional investment in the under 5 pathway and neurodevelopmental pathway as well as preventative programmes and a digital offer for moderate needs, as part of the whole-school plans for improving mental health offer.

To support long term sustainability, staffing projections and capacity planning are fundamental part of the current collaborative CAMHS review with Children Social Care. The review will provide the level of details to guide us towards a pathway/need based workforce plan in line with the wider ELHCP CYP MH Workforce strategy

Workforce development

We have delivered a number of training initiatives across the system, to promote prevention, recognition of signs of mental/emotional needs and upskill staff to offer early support. Training included:

- Protected Learning Time programme by the GP Care Group a training session titled 'Suicide Prevention and Management of Self Harm in Young People'
- Interagency training 'Beyond Trauma' for frontline staff working with children and young people
- CEPN in collaboration with Thrive LDN, are supporting local delivery of a national programme to provide Youth Mental Health First Aid training to teaching staff. The Youth Mental Health First Aid (YMHFA) will provide learners with the skills and confidence to spot signs of mental ill health in young people, offer first aid and guide them towards the support they need.
- Public Health are similarly working with Thrive LDN to deliver the national programme of workshops by Time to Change addressing MH stigma.
- Three trainers from Tower Hamlets will be trained to deliver Youth MFHA training in the autumn, with plans to roll out the training in the spring 2019.
- Public Health are working with Thrive LDN to provide anti stigma workshops by Time to Change targeting persons who work with children and young people in the borough.
- QMUL consider offering mental wellbeing awareness to school students prior to transition to university

Going forward we will identify training needs across the system in order to develop cross agency training packages better aligned to the overarching objectives to improve prevention, early intervention and crisis prevention.

Performance against access targets

In Tower Hamlets the prevalence of children with a diagnosable mental health is based on the 5-17 population and is projected to increase by circa 3% a year^[1]

	2015	2016	2017	2018	2019	2020	2021
Number of CYP with a diagnosable MH condition	3,911	4,028	4,162	4,314	4,438	4,551	4,656
% increase from 2015	N/A	3%	6.2%	9.7%	12.2%	14.4%	16.4%
NHS England Access target and equivalent number of CYP	N/A	28% 1128	30% 1248	32% 1380	34% 1508	35% 1592	35% 1630

Tower Hamlets performance on service access targets is monitored by NHS England against a prevalence of 4162 children and young people from 5 to 17 year old. However, NHS England definition of access⁶ established in 2017/18 is based on a 0-18 population.

The table below compares the actual and the projected number of CYP accessing services compared to the agreed local prevalence and the prevalence based on the 0-18 population. The aim is to achieve better understanding of the demand's segments and whether the current provision is able to meet the needs of the wider 0-18 population, and any gaps that need to be addressed.

Prevalence of CYP with a diagnosable MH condition			
	2017-18 Actual CAMHS and SF*	2018/19 Target	2018/19 Q1 and Q2 Actual CAMHS and SF**
4162 (5-17 prevalence)	1965 equates to 47.2% access (target 30% equal to 1248)	1332 (32%)	1126 equates to 27% (Target 1332 32%)
7219 (0-18 prevalence)	1965 equates to 27% access (target 30% equal to 2165)	2310 (32%)	1126 equates to 15.6% (target 2310 (32%))

*CAMHS and Step Forward data combined as per SCDS submission June 2018

**monthly MHSDS returns

Current performance exceeds the access target for the 5-17 prevalence, and is not too far from the 0-18 prevalence target. It is important to note that local socio economic characteristics have strong negative impact on the mental and emotional wellbeing of the population. On the other hand, we need to take into account the many pockets of unreported activity from ELGT, CAMHS in Social Care, LBTH DCOS service, Docklands Outreach as well as non nhs-commissioned services.

^[1] GLA 2015 round SHLAA-based population projections: Capped Household Size Model, May 2016. Applying the accepted 9.6% prevalence figure for mental disorder for all children (5-16) found by Green et al.

⁶ 1A - The number of new children and young people aged under 18 receiving treatment from MH services in the reporting period. 1A - The number of new children and young people aged under 18 receiving treatment from MH services in the reporting period.

Therefore up to date and complete data are required to have a complete picture of the demand and whether the current provision is adequate. Existing data suggest that the current provision could meet the access targets for the wider 0-18 population with a diagnosable mental health condition.

We will continue to monitor access against both prevalence rate, whilst at the same time supporting providers to implement systems to report their data.

Governance

Tower Hamlets Together Partnership

Tower Hamlets Together (THT) is a partnership of local health and social care organisations working towards the shared aim of improving the health and wellbeing of its population. This is achieved by co-designing services that address local priorities through joint planning and collaborative commissioning to ensure the system as a whole secures the best outcomes and value for the collective investment.

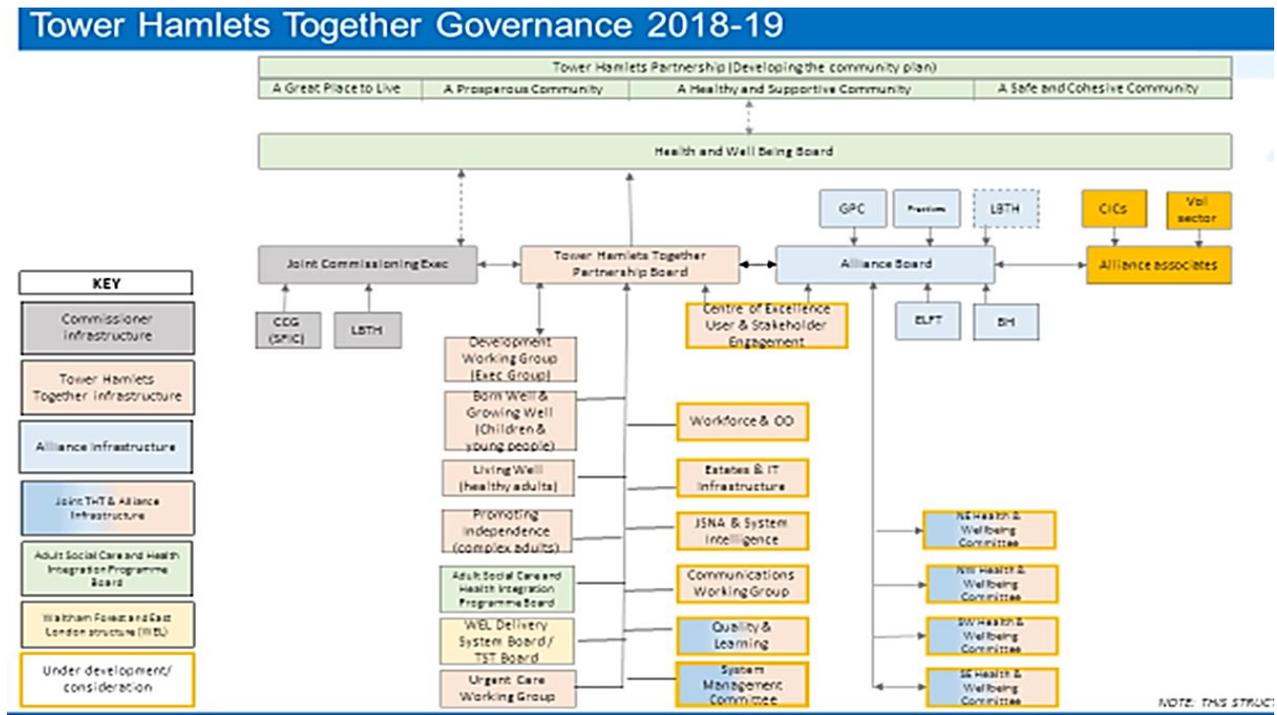
Tower Hamlets are already working towards the emerging national model for integration. At a place level, a whole population approach is used across three THT life course work streams. The three life course work streams are:

1. Born Well and Growing Well – focussing on maternity, children and young adults
2. Living Well – focussing on mainly healthy adults
3. Promoting Independence – focussing on complex and older adults

On behalf of the THT Board, each work stream takes a leading role in:

- Promoting the health and well-being of the sector for its population segment
- Health and social care integration, including service redesign, transformation and innovation
- Identifying opportunities to improve outcomes, reduce costs, system duplication and promote joint working in developing system priorities.

The CCG and the local authority are forging ahead with integrated commissioning, as the best means of meeting the financial challenges ahead with an established Joint Commissioning Executive (JCE) comprised of senior managers from the CCG and the Council. Commitment to delivering THTs integrated vision has been accelerated by the appointment of the Joint Director of Integrated Commissioning and the creation of the Integrated Commissioning Service across the CCG and LBTH since May 2018.



Children and Young People Mental Health and Emotional Wellbeing Working Group

This multi-agency working group is one of four working groups of the Born Well Growing Well Board. Its function is to steer, plan and oversee the delivery of services and initiatives to improve mental and emotional wellbeing outcomes for children and parents. The group will ensure that local plans are aligned to the national and the STP priorities but modelled on the characteristics and needs of the local population. The group foster partnership work for service redesign, transformation and innovation across health, social care and voluntary sector and promotes joint working to improve outcomes the Tower Hamlets population.



East London Mental Health Commissioning Consortium

Tower hamlets CCG in part of the NEL CCG led mental health consortium^[1] commissioning across three CCG organisations (Newham, Tower Hamlets, City and Hackney) with one provider, East London Foundation Trust (ELFT) to help realise economies of scale and share and embed good practice. Some of the achievements of this consortium approach including securing funding for crisis care and eating disorders, including staff training and shared learning. Potential projects include Liaison and Diversion, an early intervention model to prevent criminal behaviours and promote youth safety. These and further opportunities will be considered next year.

Alignment with NEL Sustainability and Transformation Partnership

Significant progress has been made in CYP mental health transformation. At STP level, we are successfully delivering improvements in Perinatal mental health services, 24/7 crisis care for children and young people, emotional support for children victim of sex abuse and collaborative commissioning models for children and young people inpatient (tier 4) services is led at STP level. However, variation in performance (e.g. bed usage, placements) still exists across north east London and sustainably meeting the Five Year Forward View objectives requires transformation across the system.

The NEL STP have developed a Children and Young People Mental Health delivery group. This currently involves CAMHS commissioners and STP leads across the patch, clinical support unit (CSU) and looking to expand this to include clinical representatives in the near future. The CYP MH delivery groups will

^[1] Newham, City and Hackney and Tower Hamlets CCGs

enable to further align each CCG Local Transformation Plans to deliver the system transformation required in a more joined up way, exploring opportunities for economies of scale connect STP workstreams so that mental health and emotional wellbeing not a stand-alone programme of work.

Over the next three years NEL CYP MH priorities will be

- Workforce development across STP
- Increase access to CYP MH services and Improve data collection/management
- CAMHS outcomes
- Digital Platforms
- Crisis Care
- Transition to adult service
- Co-Production
- MH Strategy development
- Local Transformation Plan

Financial delivery

The table below includes recurrent and non recurrent CCG investments from 2017/18 to 2021. Funding for Mental Health in Schools Teams Trailblazer, the CAMHS waiting time reduction project and future investment into digital services are not included. Please note that annual investment increase in line with increase investments standards.

Project	2017-2018 > Actual	2018-2019 > Projection	2019-20 > Plan	2020-21 > Plan
CAMHS ELFT Contract - SLR source	3,298,910	4,346,461	4,483,809	4,647,020
CYP community MH service	280,000	280,000	288,848	299,362
Eating Disorders	20,000	20,000	20,632	21,383
CHAMP	56,375	56,375	58,156	60,273
CYP MH Clinical Lead	25,761	25,761	25,761	25,761
Out of Borough placements	221,000	0	0	0
0.6 CAMHS Docklands Outreach worker	0	28,920	29,834	30,920
Community Crisis Worker	0	66,571	68,675	71,174
Top Up to A&E Crisis service	0	57,000	58,801	60,942
0.5 CAMHS Clinical supervision	0	43,283	44,651	46,276
Consultant input to SEND panels	0	30,000	30,948	32,075
	0	70,000	72,212	74,841
CAMHS under 5 worker				
C Total Recurrent	3,902,046	5,024,371	5,182,327	5,370,026
Liaison and diversion/ CYP co-commisisoni	0	0	0	0
Liaison and diversion/ CYP co-commisisoni	74,000	75,000	75,000	75,000
CYP Local Transformation Mental Health	0	0	0	0
Children and Young transformation	0	0	0	0
CYP waiting time project 2nd tranche	0	0	0	0
CAMHS transition worker	0	0	0	0
Under 5'sproject (got funding in 16/17, but	0	0	0	0
CYP IAPT Backfill - Jan/Feb	0	0	0	0
CYPT IAPT Trainee staff support costs	21,000	0	0	0
CYP IAPT Trainee staff support costs	21,000	0	0	0
CYP IAPT trainee staff support costs	12,934	0	0	0
18-19 CYP IAPT Trainee staff support cost	0	9,000	0	0
CYP Crisis Acceleration Funding	385,000	0	0	0
Building resilience project (part of CYP 17/18 £84k investment) RFQ to reprocur after march 2019	15,000	38,400	39,613	0
Perinatal MH Wave 2 funding	0	72,000	72,000	0
D Total Non-Recurrent	528,934	194,400	186,613	75,000
Grand Total (C+D)	£4,430,980	£5,218,771	£5,368,941	£5,445,026

Other projects and services that impact on CYP and Perinatal Mental health

The table below shows the investments identified as having a significant direct relationship to children and young people's and parental mental health.

London Borough of Tower Hamlets Spend	17/18	18/19
Healthy Early Years	49,600	49,600
Infant Feeding & Wellbeing Service	328,031	380,000
UNICEF Baby Friendly Initiative (Acute£70,900.00 /Community£43,700.00)	113,000	113,000
Family Nurse Partnership	550,249	550,249
Health Visiting Service	6,760,000	6,819,240
Disabled Children Outreach Service	110,000	110,000
Education Psychology-led mindfulness in schools training programme for pupils and staff. (Pilot ended 2016/17, now mainstreamed through LBTH Ed Psych 'core offer').	25,000	0
CAMHS in Social Care Team and LBTH Social Workers in CAMHS.	1,085,000	1,085,000
Healthy Schools Programme – including delivering whole school approach to delivering emotional health and wellbeing	275,500	217,000
Young People's Substance misuse (to December 2017)	225,000	0
Young People Sexual Health Service (to December 2017)	586,000	0
Integrated Young People's Health & Wellbeing Service (Sexual Health & Substance Misuse)	0	£699,681
School Health & Wellbeing Service	1,580,919	1,640,160
Mainstream Grants as last year	tbc	tbc
Five to Thrive One off training /licence payment (from THT Integrated Early Years Programme)	23,335	0
FNP knowledge and skills exchange, One off training costs (from THT Integrated Early Years Programme)	2,000	5,000
Brazelton training to assess young infants' responses to caregivers One off training /licence payment (from THT Integrated Early Years Programme)	4,200	8,400
Maternal Early Childhood Sustained Home Visiting (MECSH) Programme One off training /licence payment (from THT Integrated Early Years Programme)	30,000	30,000
Total	11,747,834	10,578,930

Other CCG services that impact on CYP and perinatal mental health	2017/18	2018/19
ELFT Community perinatal mental health service (ELFT Block contract)	329,000	329,048
Maternity Mates service	61,000	61,000
Adult IAPT service	3,495,596	3,885,921
Gateway Midwives	tbc	tbc
Total (excluding Gateway Midwives service)	3,885,596	4,275,921

Children Centres' Initiatives that impact on CYP/parental Mental Health	2017/18
Tier 1, Tier 2 Education psychology and Adult psychology services and other services through Children's centres , All cases are either direct work with MH or preventative sessions	150,000
Children's centre family support work. Estimate 50% of cases are Mental health related, although this role does cover other types of work	40,000
Services such as counselling, support group, activities External organisations delivering MH related sessions through children's centres Inc. parenting programmes etc	110,000
Total	300,000

Risk management

Risk	Impact	Likelihood	Risk rating	Mitigation	Residual risk
Commissioning / contracting process not aligned to staff contract/ risk of staff loss	2	3	6	Ongoing dialogues with providers, to support early decision making and planning for ongoing funding	4
Underreporting access data due to lack of resources to implement MHSDS across all providers/services	4	3	12	Implement interim systems to record/ report local access data. Support provider to source appropriate IT solution	6
Workforce shortages in key areas due to lack of interagency planning and exit from EU	4	3	12	Prioritise workforce planning , work underway with STP strategy and mitigation plans for workforce post-EU exit	9
Stakeholder disagreement causes delay	3	3	9	Ensure Stakeholder consultation and ongoing engagement New Joint Commissioning Governance in place	4
Additional investment does not deliver system-wide efficiencies	4	3	12	Stakeholder and service user engagement in transformation Partnership working between agencies Contract monitoring Outcomes-based commissioning	8
Time taken to recruit causes delay	3	4	12	New proposals have contingency plans to address recruitment delays	6
Poor planning causes delay	3	3	9	Sufficient project management capacity has been included Project planning has already started.	6
Inaccuracies in cost estimates causes underspend or overspend	3	3	9	A degree of flexibility has been built into the cost estimates allowing money to be transferred to manage the budget.	6
Investment fails to deliver value for money (VFM)	4	3	12	Stronger partnerships work, alignment of objectives and risk management process Investment in regular reporting of clear KPIs Periodic investment line reviews against VFM. Disinvestment/re-investment considered.	6

The CYP Mental Health and Emotional Wellbeing Working group have oversight of this risk register. Risk owners are responsible for monitoring and escalating to the working group following the risk rating matrix. Risks rated 12 and above will be reported to the Born Well growing Well Board through monthly highlight reports.

		RR = Risk Rating							
Impact	5	5	10	15	20	25	R	Unacceptable risk, plan out or add further controls	
	4	4	8	12	16	20	O	Acceptable only if no other method viable and with high level controls in place. Need closer monitoring	
	3	3	6	9	12	15	Y	Acceptable with suitable controls	
	2	2	4	6	8	10	G	Acceptable, no further action required	
	1	1	2	3	4	5			
		1	2	3	4	5			
		Likelihood							

Appendix 1

Acronyms and Glossary

We realise that some highly technical language and abbreviations may be used in this document to describe the transformation plan. We want to make the terminology in this document as simple as possible and to do this. It is hoped that an explanation of the words below can support your understanding.

A&E	Accident and Emergency
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CEPN	Community Education Partner Network http://thcepn.com/what-is-cepn/
CYP	Children and Young People
ELFT	East London Foundation Trust
ELHCP	East London Health and Care Partnership
HEE	Health Education England
CYP IAPT	Improving Access to Psychological Therapies for Children and Young People service
MHFA	Mental Health First Aid
NHSE	National Health Service England
PHE	Public Health England
RAID	Rapid Assessment Interface and Discharge Service
TH	Tower Hamlets
Thrive LDN	Thrive London https://www.thriveldn.co.uk/
LBTH	London Borough of Tower Hamlets
VS O	Voluntary Sector Organisation

Autism (noun)	Also referred to as Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC).Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them.
ADHD	Attention deficit hyperactivity disorder (ADHD) is a behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness. The symptoms of ADHD usually improve with age. People with ADHD may also have additional problems, such as sleep and anxiety disorders.
Commissioning (adj. and noun)	The process of planning, agreeing and monitoring services.
Co-commissioning (adj. and noun)	Where commissioning (see above) is completed jointly between two or more statutory organisations. Statutory services are required by law and there is legislation in place that the government sets for them to be in place.

IPC (noun)	Where this abbreviation is used in this document, this refers to Integrated Personal Commissioning .
MHFYFV (noun)	Where this abbreviation is used in this document, it refers to the document Implementing the Mental Health Five Year Forward View
Pathway (noun)	A tool that is used to manage the quality of healthcare service/s, which describes the organisation of care and patient experience
STP (ELHCP)	Sustainability and Transformation Partnership, East London health and care Partnership
Service model (noun)	When this term is used in this document, this refers to an agreed approach and core principles for the service.
Transformation (adj.)	A transformation process is any activity or group of activities that takes one or more inputs, transforms and adds value to them, and provides outputs for the target service users.

Appendix 2



**Healthy London
Partnership**

Mapping Exercise Regarding Mental Health Support in Schools

Local Authority:

- 1. What is the General Position regarding mental health support in schools within the local authority? It is particularly helpful if you can comment on provision that is being commissioned by schools, including academies and academy chains.**

Examples may include:

Surveys of emotional wellbeing and mental health within schools

Resilience lessons for pupils or lessons on reducing stigma

Peer to peer mentoring or support

Lead staff members for emotional wellbeing and mental health

Training for staff

Counselling services commissioned by schools

Group work with parents

Healthy Schools:

- **Top Performing Borough** - The Healthy Lives Team ensure Tower Hamlets is the top performing borough in London for Healthy Schools London Bronze, Silver and Gold awards, with 93% of schools engaged in the programme. A major component of Healthy Schools is mental health.
- **Silver and Gold Healthy Schools London Awards** - The Healthy Lives Team have supported schools to gain 81 Silver awards and 35 Gold awards, the highest figures in London. Mental and emotional health and wellbeing projects are a significant part of these awards and include: introducing mindfulness into the classroom; carrying out targeted behaviour interventions and implementing lunchtime and playground ambassadors to empower and increase self confidence in pupils.
- **Projects** - As part of the projects carried out by schools for the Healthy Schools London Silver and Gold Awards, The Healthy Lives Team support schools to develop and run a whole range of projects around mental health. The Healthy Lives Team also offer support to design and collect comprehensive data from either pupil and staff surveys or behaviour data collected by the school as part of their overall behaviour policy. The Healthy Lives Team have worked with the Anna Freud Centre and CORC (Child Outcomes Research Consortium) to ensure schools are using best practice pupil surveys for their mental health and emotional wellbeing interventions.
- **Healthy Schools Renewal** - Schools are required to give information on their emotional health and wellbeing provision when carrying out their Healthy Schools Renewal Awards, including providing information about the Personal Social Health Education (PSHE) curriculum they are teaching within the school. The provision for learning mentors, school council, worry boxes, friendship posts and any whole school wellbeing initiatives is also recorded along with the school's approach to peer mentoring, circle time and mindfulness. The team also record whether the school promotes mental wellbeing through lunchtime or after school clubs.
- **Mindful Approach to PSHE** - Supported by the Healthy Lives Team, half of all primary schools in Tower Hamlets have implemented Jigsaw: A Mindful Approach to PSHE, a curriculum which ensures an emotional and mental health and wellbeing approach is applied to all PSHE provision. Calm Me mindfulness

moments are integrated into each lesson and the whole curriculum is cross-referenced with the SMSC framework and supports safeguarding.

- **Policies** - The Healthy Lives Team ensure schools have an up to date Behaviour Policy and Anti- Bullying Policy and provide feedback in order for these to be developed as part of their Healthy Schools Award.
- **Classroom Delivery** - The Healthy Lives Team also offer lessons in schools around PSHE, RSE and resilience, covering topics such as healthy relationships, self-esteem, assertiveness, bullying, safeguarding and being physically healthy to support mental and emotional wellbeing.

Educational Psychologists:

- Many delivered through the typical Service Level Agreements for school visits by EPs
- Group supervision to staff at schools, settings and post 16 alternative provision (e.g. City Gateway)
- Parent Wellbeing group Intervention to parents of children with SEND at Arnhem Wharf primary school
- Workshop on the 'impact of domestic abuse on children' to staff working in the E1 school consortium, as part of a larger CPD event.
- 10 week intervention to a primary aged child using a psychodynamic/ play therapy approach
- Facilitating the children's group as part of the Positive Change intervention programme for families who have experienced domestic violence (12 weekly sessions in the autumn term, 2017).
- Video Enhanced Reflective Practice (VERP) training at Hermitage and Cubitt Town Juniors has led to staff being more attentive and responsive to children trying to make initiatives (verbally and non-verbally). Which can lead to more attuned or meaningful interactions which in turn enhance better relationships and fosters learning opportunities
- Video Interaction Guidance (VIG) with parents and key school staff – including children young people in setting communication and/or relational goals
- Pilot VIG projects with groups of KS2 and KS3 Students to develop social interaction skills, confidence and friendships, including running a VIG Group with Year 5/6 Girls to support them to develop their social skills, friendships and confidence when speaking to others in Cubitt Town Juniors
- VIG with a group of parents from Autumn 2018: early intervention and important to help parents of children who are younger than school age
- ELSA Project – Staff Training, ongoing supervision and enabling schools to support children's mental health and wellbeing through the school's own resources
- School has bought into the PASS survey, done on Y7 transition alongside CATs.
- Place2Be and Place 2Talk are commissioned and there is a CAMHS link worker who is family therapist. The school offers a number of interventions including Mindfulness and peer

mentoring. Also Circles of Friends. Ethics and tutor time involve discussions about academic resiliency. There is buy-in to external youth mentoring / engagement projects. There is involvement from the Youth Inclusion Support Panel and Behaviour and Attendance Service. A good parental engagement 'offer', though not exclusively targeted to emotional wellbeing.

- EPs have surveyed a targeted vulnerable cohort and undertaken an action research project linking with EWB and 'closing the gap'. There is a ladder of interventions, an attempt to systematise EWB support from universal to the more targeted / specialist. Delivered staff training and there is more to come: the school has fortnightly CPD time. Discussed the possibility of monthly reflective practice groups for staff leading on EWB and MH. Recently facilitated a Happiness Café in a school but it was an unsuccessful experiment...
- Primary schools commission support from a play therapist and a behaviour consultant, respectively.
- https://www.towerhamlets.gov.uk/ignl/health_social_care/public_health/mental_wellbeing.aspx

2. Are there examples of good practice that could be highlighted and shared?

Healthy Schools:

- **Central Training** – The Healthy Lives Team are facilitating a 'Training for Trainers' workshop which aims to equip staff with the knowledge and skills to better educate students about mental health stigma and discrimination.
- **Lego Therapy** - The Healthy Lives Team recently ran central training for schools on Lego Therapy, supporting staff in schools to offer one-to-one interventions for pupils struggling with mental and emotional difficulties. The use of Lego as a medium to facilitate deeper thinking and reflection is also combined with concepts of metaphors, abstract thinking and helping pupils to communicate.
- **Food Growing** – The Healthy Lives Team promotes food growing and gardening to support stress reduction in pupils and staff as a calming activity and supporting general wellbeing by spending time outdoors and in nature. The Healthy Lives Team runs several events each year where schools sell their food produce to council employees.
- **Healthy Lunchtimes** – Schools carry out this project as a whole school approach to improving the dining experience. A large focus of this work is to encourage a calmer experience and environment for pupils and staff. The Healthy Lives team carry out lunchtime audits, surveys and staff training, along with one-to-one meetings to advise on all aspects of the lunchtime. This ranges from: reducing queuing and creating a calmer system for pupils in the dining room; introducing Lunchtime Ambassadors and encouraging pupils to make healthier choices; promoting a more "family dining" experience and greater mental and emotional wellbeing awareness for all pupils and staff.
- **The Daily Mile** – This project encourages pupils to run on a daily basis for 15 mins, increasing physical activity and promoting positive behaviour and concentration in the classroom. The Healthy Lives Team has supported over half the primary schools in Tower Hamlets to implement the Daily Mile, and has the highest number of schools in London engaged. Playground Leaders are often implemented as part of this project, increasing confidence and self-esteem in pupils who would not normally be picked for this type of role.
- **Mindfulness / Behaviour Interventions** – Schools have used mindfulness as a way of supporting pupils in the whole classroom and targeted behaviour intervention to support pupils with managing their own stress and behaviour. These projects have been introduced into schools as part of the Silver and Gold Awards and supported fully by The Healthy Lives Team.

Educational Psychologists:

- Working multi-agency (as in the Positive Change intervention) was an excellent way of joining up thinking on the best ways to support vulnerable children and families. It allowed for better communication between services so that the children received more informed support. For example, for some of the children in the intervention programme, linking with school staff and CAMHs keyworkers to ensure key professionals were up to date with the children's experiences and needs.
- Without an EP presence and a single agency running the intervention my perception was this seemed less likely to happen.
- Ensuring schools know our specialisms or and areas of expertise, making this more explicit.
- VERP and VIG Cases – through schools
- VIG Cases with parents
- ELSA Training and Supervision
- In 2017 we introduced the ELSA programme in LBTH. 35 support staff, from 24 schools (primary and secondary) completed the 6 day training to become an ELSA and have received ongoing half termly group supervision from an EP to help them introduce and develop this work in their schools. Feedback from ELSAs about their increased confidence, knowledge and skills has been very positive and we are beginning to receive feedback from ELSA managers in schools (SENCoS) about the impact of the intervention in schools. Soon we should also have feedback from some of the children who have received this support. The project was part-funded by the Virtual School.

3. What are the key challenges and opportunities for further improvement of mental health support in schools within your local authority? How could Local Transformation Plans be strengthened to address these?

Healthy Schools:

- **Challenges for The Healthy Lives Team** - Challenges for further improvement by The Healthy Lives Team to promote and support mental health and emotional wellbeing in schools largely centres on the capacity of the team. In a borough with very high levels of childhood deprivation and low health outcomes for young people, all the work carried out by The Healthy Lives Team supports the mental and emotional health improvement of pupils across Tower Hamlets.

Educational Psychologists:

- Better mechanisms for multi-agency working, co-locating intervention teams in both education and health settings. Greater clarity and understanding about different professional roles within different services linked to mental health support. More joined up thinking between different stakeholders and with families.
- Looking more carefully at the experiences of vulnerable children and young people, particularly those who are excluded or on managed moves to alternative provisions. How do schools go about moving vulnerable children to other settings (in particular exploring the FAP) and what are the outcomes are for these young people. In my own experience there

are high levels of mental health and learning needs within the population attending the post 16 alternative provision in Tower Hamlets.

- EPs can play a valuable role providing intervention and therapeutic support through earlier intervention to parents, school staff and directly with pupils. More opportunities to use positive video interventions directly with children and young people to personalise training to develop social skills and sex and relationship education would be paramount to lead to better relational and wellbeing outcomes
- School staff not having opportunities for reflection and clinical supervision when dealing with complex children, young people and their families
- Plans to prioritise support from relevant professionals e.g. EPs to help with areas above
- Schools complain that thresholds for accessing MH services are set very high. Families can find it challenging to manage teen (conduct) behaviour and often positive behaviour support happens reactively at crisis points, rather than proactively. The high number of managed moves is a potential drain on 'in house' support. Schools have a lot of MH containment to do along with everything else they are expected to deliver. There is an issue of capacity.
- Not aware of really effective systems for tracking and monitoring EWB. Or really good examples of provision mapping for SEMH needs.
- Could Ian Mikardo, our secondary specialist provider, develop its outreach offer to schools? There is gender inequality in terms of specialist support for EWB (no SEMH girls provision).