MERTON CHILD AND ADOLESCENT MENTAL HEALTH

AND

EMOTIONAL WELLBEING

(CAMHS)

STRATEGY

2015 – 2018

Final Draft 30 November 2015

Contents

Forward

We are delighted to present our Merton CAMH Strategy (2015-2018) which has been developed by our Child and Adolescent Mental Health (CAMH) Partnership

Our vision is for every child in Merton to enjoy good mental health and well-being and to able to achieve their ambitions and goals through being resilient and confident. We will do this through establishing high quality services that are focussed on individual needs and which promote good mental health through a clear focus on prevention, early detection and early help when issues first arise; we also need to ensure we have a range of services that make a real difference to children and young people with established or complex problems.

We recognise that to achieve this we have to work in partnership with children, families and across all areas of life including schools and communities as well as health and care services. This strategy presents the first major step towards fulfilling our goal bringing together as it does all partners in a commitment to transform services and setting out the actions we will jointly take over the next three years.

The strategy has been informed by national guidance at a time of CAMH Transformation across England and by our local Joint Strategic Needs Assessment. The strategy also draws on a number of events we held to gain views of users of our services and of staff and teams involved in CAMH services. It is a powerful indication of our shared commitment to ensuring that children, young people and families in Merton are able to access the right intervention, in the right place, at the right time and with the right outcome.

We commend this strategy to you and we look forward to working together with our partners over the next few years to help transform CAMH services in Merton.

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Section 1 Introduction

National Policy Context | Merton Context | Our Vision and Aims | Principles

We want children and young people in Merton to enjoy good mental health and emotional well being and be able to achieve their ambitions and goals through being resilient and confident.

Mental and emotional health and well being in children and young people is fundamental to enable every child to reach their potential, with strong links to physical health and a child's personal, social and educational development. Mental health is not only the absence of problems, but a state of well-being that allows the child or young person to enjoy life and have the psychological resilience to make the most of the opportunities available to them and to overcome setbacks and challenging situations. Children experiencing good mental health learn the skills needed to develop mutually satisfying relationships, empathise with others and benefit from play and education, preparing them for a positive future. Services, community groups and the wider voluntary and faith sector play a significant role in promoting emotional health and well being, building resilience and ensuring support for the wider family and referral on to appropriate support when additional need is identified.

The mental health of children and young people has come to greater attention in recent years as the impact of poor mental health is increasingly recognised, along with its links to mental, physical and social well-being later in life. Research suggests that one in 10 children and young people experience a mental health disorder, with half of those with lifetime mental illness experiencing symptoms by the age of 14. Childhood psychological problems have been associated with poorer educational attainment and poorer employment prospects, with a greater likelihood of being unemployed at age 50. Social relationships are also affected, with children and young people who experience poor mental health having a lower probability of being married or cohabiting.[1].[2] Provision of appropriate support at an early age is therefore vital to a child's quality of life, both as children and as they continue to grow up.

[1] Goodman A, Joyce R and Smith JP (2010) The long shadow cast by childhood physical and mental health problems on adult life. Proc Natl Acad Sci. 108(15):6032-6037
[2] DH (2013) Our children deserve better: Prevention pays.

National Policy Context

Children and young people in mind: the final report of the National CAMHS Review [3]

The National CAMHS review, published in 2008, considered how children's services contribute to mental health and psychological well-being, assessing wider service improvements that can work to meet the holistic needs of children at risk of, or experiencing, mental health problems. The review identified weaknesses in CAMHS provision, despite significant progress being made in the wake of Every Child Matters and the National Service Framework for Children, Young People and Maternity Services.

Three changes were identified in order to respond to these challenges;

- Everybody needs to recognise and act upon the contribution they make to supporting children's mental health and psychological well-being.
- Local areas have to understand the needs of all their children and young people – at population and individual level – and engage effectively with children, young people and their families in developing approaches to meet those needs.
- The whole of the children's workforce needs to be appropriately trained and, along with the wider community, well informed.

No Health Without Mental Health: A cross-Government mental health outcomes strategy for people of all ages [4]

The Coalition Government produced this comprehensive strategy in 2011 calling for parity of esteem between mental and physical health. The strategy emphasises a life course approach to the promotion of good mental health and sets out the Government's plans to improve outcomes in mental health through collaboration with a wide range of partners. The document recognises the association between mental health and a range of outcomes including physical health, life expectancy, educational achievement and employment rates. The strategy sets out to promote equity of access to mental health services, improve the effectiveness of services and reduce the stigma and discrimination associated with mental ill-health.

[3] National CAMHS Review (2008) Children and young people in mind: the final report of the national CAMHS review

[4] Department of Health (2012) No health without mental health: a cross-government mental health outcomes strategy for people of all ages. London: DoH

Two further papers ***Closing the gap: priorities for essential change in mental health*** **and** ***Achieving better access to mental health services by 2020*** were published in 2014 setting out priorities for change in local service planning and delivery. Access and waiting time standards are set out, with additional investments for mental health services to improve care for young people who are admitted to mental health beds and to support people in mental health crisis with early intervention services.

Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs[5]

An independent review conducted by Professor Sir Ian Kennedy focusing on understanding the role of culture in the NHS and those areas where there are cultural barriers standing in the way of improving services. The review recommendations are designed to improve services for children and young people within a wider system of care and support highlighting the need for networks of care, coordinated services and information sharing. The recommendations include implementation of a Single Point of Access, better engagement of children and young people in the development of services and paying specific attention to arbitrary boundaries such as at transition from children to adult services. First and foremost the recommendations for change challenge the current cultures within the NHS, shifting the emphasis from traditional professional units and individual identities, to putting the needs of the individual child or young person at the centre.

Children and Families Act [6]

The 2014 Children and Families act focussed on increased protection and support for vulnerable children and their families. The Act builds on wider aims to provide equal opportunities for individuals to make the best of themselves, regardless of their start in life. Changes to the legislation focus on the adoption of children and the rights of children in care, children and young people whose parents are separating and those with special educational needs and disabilities. Of particular relevance to CAMHS, the Act emphasises the need for local authorities to ensure integration between education, health and social care services to promote the well-being of children and young people will special educational needs or a disability and mandates joint commissioning arrangements for services for these individuals.

House of Commons report on Children's and adolescents' mental health and CAMHS [7]

Following an in-depth inquiry into CAMHS, a report from the House of Commons Health Committee, published in November 2014, delivered a critical verdict on the current state of CAMHS in England.

[5] Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs, Professor Sir Ian Kennedy: DOH (Sept 2010)
[6] HM Government (2014) Children and Families Act
[7] House of Commons Health Committee (2014) Children's and adolescents' mental health and CAMHS. London: The Stationery Office Limited

A range of recommendations were made for action by the joint NHS England and Department of Health Children and Young People's Mental Health and Wellbeing Taskforce, which included;

- The need for reliable up-to-date information about children's and adolescents' mental health to be available to commissioners, providers and policy makers.
- Focussing local authority investment on early intervention, to provide timely support before mental health problems become entrenched and increase in severity.
- Increased spending on and monitoring of CAMHS by NHS England and the Department of Health to reflect the increasing demand for services and ensure acceptable standards are met.
- Development of services to bridge the gap between inpatient and community services and offer support for individuals experiencing a mental health crisis.
- Increased support for CAMHS providers to help children and young people cope with online culture and the risks it poses to mental health, as well as using digital and social media to better communicate with young people.
- A clear national policy directive for CAMHS including development, implementation and monitoring of national minimum service specifications.

Five Year Forward View and The Forward View into Action: Planning for 2015/16[8]

The Five Year Forward View sets out a clear direction for the NHS, highlighting why change is needed and what it will look like. The change outlined not only requires changes in the NHS but the development of partnerships with local communities, local authorities and employers to deliver improvements. The Forward View into Action includes prevention, co-creating new models of care and achieving parity for mental health. Key points to note include:

- CCG's[9] and Local Authorities need to share quantifiable levels of ambition to reduce local health and healthcare inequalities and improve outcomes for health and wellbeing.
- The need to ensure that patients are aware of their rights and are offered choice, and are able to make well-informed, meaningful choices
- Focus on actions to improve the way that the NHS engages with communities and citizens, involving them in decisions about the future of health and care services.

[8] Five Year Forward View (2014) and The Forward View into Action: Planning for 2015/16 NHS England
[9] CCG'S – See Glossary of Terms

- The Crisis Care Concordat describes the actions required of commissioners and providers to ensure that those experiencing a mental health crisis are properly supported, which for CAMHs includes serious self-harm and A&E attendance.
- The need to invest in community child and adolescent mental health services, ensuring improved transition planning and improved outcomes for patients and families.
- The need to develop adequate and effective levels of liaison psychiatry for all ages in a greater number of acute hospitals.
- The introduction of access and waiting time standards in mental health services for the first time

Future in Mind [10]

Future in Mind represents the work of the taskforce, setting out the case for change in the organisation and provision of mental health services for children and young people across the country. The report sets out an ambition for improved public awareness and understanding of mental health issues, timely access to mental health support for those who need it and improved access and support for the most vulnerable groups. The whole systems approach to mental health and well-being is centred on five themes, which we have adopted as the basis of our local strategy;

- Promoting resilience, prevention and early intervention
- Improving access to effective support in a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

NHSE have since published national guidance for the implementation of these recommendations and details of this can be found in Section 6 of this strategy.

Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report[11] The Tier 4 report outlines the findings of a first stage review to assess and understand the current CAMHS Tier 4 (inpatient) services with a focus of current provision and commissioning issues. The report outlines the

[10] NHS England (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.
[11] NHS England (2014) Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report

need for, and provision of, appropriate inpatient beds for children and young people with mental health needs, near where they live and demonstrated a range of areas in need of change and further review. Recommendations include:

1. Developing a framework, in conjunction with clinicians, to identify factors for consideration when placing a child or young person in an in-patient service.
2. Every Area should have adequate capacity of CAMHS Tier 4 general adolescent beds.
3. Need to adopt best practice and models of care nationally, through the Mental Health Standard Operating Manual.
4. Agree standardised referral and assessment procedures that involve case managers, with clear approval mechanisms for ' out of hours'. emergency admissions which are then monitored for compliance.
5. Develop mechanisms to monitor waiting times for admission and delayed transfers of care which should be reported nationally.
6. Sustainable case management arrangements to provide seamless care across the CAMH pathway.
7. Consideration of a standardised system for live reporting of bed availability.
8. The development and adoption of standards nationally which are reported on.
9. Collaborative commissioning models should be explored for Tier 3 and Tier 4.
10. Development of models of care that provide alternatives to admission.
11. Further work should be undertaken to develop models of care across the whole care pathway for children and young people with severe and/or dual mental health issues such as an eating disorder or a learning disability.
12. The development of the CAMHS workforce.

CYP IAPT[12]

In 2011, NHS England introduced the CYP IAPT programme, a service transformation that aimed to improve existing CAMHS. In 2013 Merton joined the South East Collaborative programme.

The CYP IAPT programme requires all CAMHS services to embed principles designed to improve the treatment of CYP experiencing mental health problems and address key areas identified for improvement. One of the key challenges for CAMHS has been an inability to provide data to evidence the effectiveness of treatment, as well as a lack of opportunity for service users to feedback on and influence their own treatment.

[12] Children and Young People's Improving Access to Psychological Therapies Programme - see Glossary of Terms

The overall CYP IAPT principles can be summarised as follows:

1. **Access and Voice**: Improving access to services and providing meaningful feedback opportunities for family and carers

2. **Clinical intervention and collaboration:** quick access to initial assessments and routine outcome measures (ROMS) that allow progress to be tracked and service user feedback on interventions delivered

3. **Strategic and service collaboration:** Involving CYP and families in the design and delivery of services

4. **Leadership:** Ensuring there is a well-defined leadership structure that embraces the CYP IAPT principles from top to bottom

5. **Workforce:** Ensuring that the skills within the team are relevant and evidence-based.

6. **Demand and Capacity:** That the service has relevant IT systems in place to monitor capacity and throughput problems i.e. that there are enough resources to meet the numbers accessing services

Merton Context

A CAMHS Partnership Board has been re-established to lead work on the development of CAMHS in Merton. This group oversaw preparatory work earlier in 2015 that looked to assess current needs and service provision in order to inform the strategy[13].

The review found limited data on the level of need for CAMHS locally, a situation reflected across the country. Using historical national survey data, estimates suggest a high level of need for CAMHS, with over 2,500 children in Merton likely to be experiencing a mental health disorder. Further estimates suggest that over 4,000 children and young people require some form of targeted or specialist mental health support.

A high proportion of children and young people live in the east of the borough, where levels of deprivation are found to be higher. Links have been shown between a range of factors associated with deprivation and increased likelihood of developing mental health disorders, including unemployed parents, lone parent families and low-income households. Need for CAMHS is therefore likely to be particularly high in East Merton, a situation which is reflected in the current caseload for Tier 3 (specialist) CAMHS.

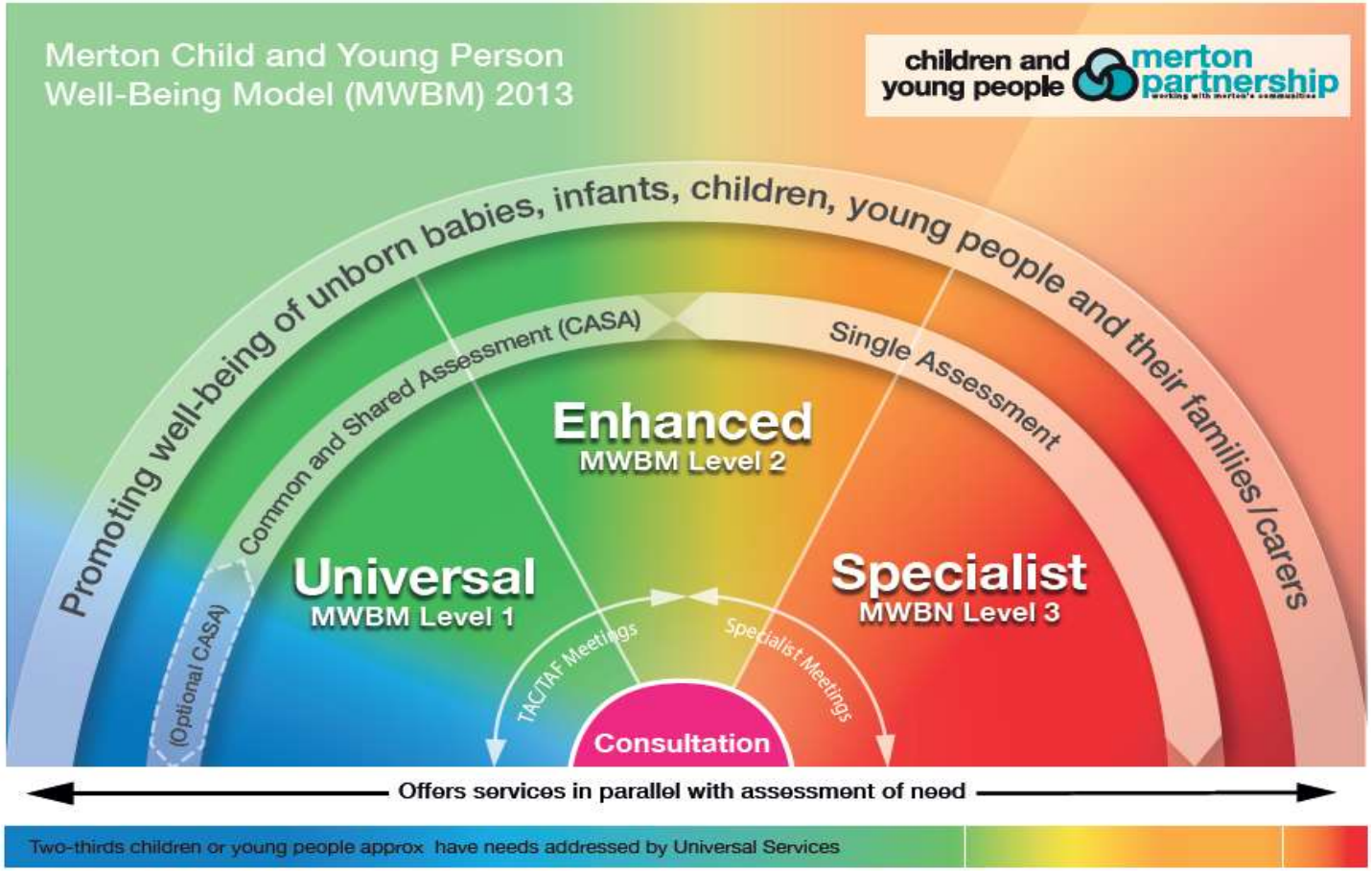
The population of children and young people in Merton is predicted to grow over the next 5 years, suggesting future increases in the need for CAMHS. In particular, a nearly 20% increase is predicted in numbers of 10-14 year olds, currently the largest group accessing CAMHS. Merton also has a high proportion of children and young people in black and minority ethnic (BAME) groups, which is projected to increase with demographic changes. Services will need to respond to meet the needs of this population.

A number of other factors have been identified as increasing the likelihood of a child or young person experiencing a mental health problem (such as family, community and environmental factors). Of note are children with learning difficulties, children with autism, and Looked After Children (LAC). Strategies to provide targeted support to these groups in Merton are addressed in Section 3.

[13] A CAMHS Health Needs Assessment and Service Review was undertaken in 2015. Headline findings and final recommendations are outlined in the Merton Joint Strategic Needs Assessment which can be found online at http://www.merton.gov.uk/health-social-care/publichealth/jsna/cyp-maternal-health/vulnerable-cyp/children-with-mhn.htm

This strategy complements the objectives of the **Merton Health and Wellbeing Strategy** and the **Merton Children and Young People's Plan** in giving every child the ***best start in life***, focusing on prevention and early intervention and placing particular emphasis on supporting those with additional needs. The CAMH strategy will be published alongside these strategies which all commit to improving the outcomes of children and young people.

There is already a strong ethos of working together in Merton to achieve the best outcomes for children and young people. Partnership working is underpinned by our Child and Wellbeing Model in Merton:



Our Vision and Aims

We want children and young people in Merton to enjoy good mental health and emotional well being and able to achieve their ambitions and goals through being resilient and confident. We will achieve this through partnership working with families and across professionals and services to promote good mental health, through a model of care that is based on prevention of poor mental health, early detection and early help when issues first arise and by having a range of interventions for children and young people with established or complex problems. We want children and young people and families to be able to access the right intervention, in the right place, at the right time and with the right outcome based on the best available practice.

In line with our vision, we have developed some key aims for Child and Adolescent Mental Health in Merton, which link with national and local plans[14]. These aims span all parts of a continuum of Mental Health interventions, from prevention, through early intervention to treatment for those children and young people in crisis.

- We aim through this strategy to work as a whole system on improving the mental health of our children and young people.
- We aim to develop strong and clear leadership and accountability arrangements through our new CAMH Partnership Board and jointly commission the services that we need in Merton to meet the mental health needs of our Children and Young People.
- We aim to ensure joint commissioning decisions are based on high quality, accurate data and the effectiveness of services evaluated through application of robust performance indicators, outcome measures and quality indicators to assure our children and young people are getting the best possible care and outcomes.

[14] Future in Mind the report of the Children and Young People's Mental Health and Well Being Task Force, CYP IAPT The Five Year Forward View, The Forward View into Action,, Merton Children and Young People Plan, The Merton Health and Well Being Strategy and Action Plan and the Merton Clinical Commissioning Group (CCG) Operating Plan

Principles

The partnership firstly recognises the need to promote and safeguard the welfare of our children and young people and this will always be our foremost principle whilst acknowledging that the emotional well-being of children and young people is of crucial importance in making sure that they achieve their full potential in life. This and the following principles underpin our approach to improving the mental health and emotional well being of children and will thread throughout everything we do.

We will:

- Work together to improve public awareness and reduce stigma associated with mental health
- Always promote self-help whenever possible and support children, young people and families to manage their mental health and wellbeing; providing education across partners to ensure an 'every contact counts' approach.
- Support emotional well being, focusing our work in the areas that we know can make a significant difference such as in the early years
- Treat each individual as a whole person considering both mental and physical health and their social circumstances, delivering services in partnership to ensure the wider needs of the young person are met
- Actively listen to the voice of children and young people and involve them and parents/carers in the shaping of our services.
- We will ensure children or young people have the opportunity to set their own treatment goals and that services and interventions are always outcome focused.
- 'Think family' when assessing and developing outcome focused care plans with children and young people
- Use best practice and evidence informed advice, support and interventions whenever possible, with the best balance of services to respond to identified need.
- Develop a pathways approach to ensuring children and young people can access the right service at the right time.
- Deliver a flexible service that meets the needs of children and young people and will be pro-active in engaging them.
- Ensure our commissioned services are of good quality and provide value-for-money.
- Share statistical data to ensure a shared understanding of the mental health needs of our population.

- Ensure services are accessible to particular groups known to have higher prevalence of mental health issues (for example looked after children, young carers)
- Ensure CYP IAPT Principles are embedded in our psychological services.

Section 2 Improving Access to Effective Support

Evidence for change | Current Position | Where do we want to get to? | What we will do

This section focuses on ways to enable children, young people and their families to access mental health and emotional well being support when they need it. In line with National thinking, the Merton CAMH Partnership have agreed that it is time to move away from the Tiered Model of CAMH delivery. Instead, we will focus on a needs-led model that ensures the principle of 'Right time, right place, right intervention, right outcome' for our children and young people.

This section specifically covers:

- Having a clear and published offer to provide greater understanding and guidance on services available to children and young people.
- A Single Point of Access (SPoA)
- Improved communication across specialist services and universal and early help providers
- Wait Times, standards and quality monitoring
- The environment and flexible approach to CAMH delivery
- Crisis care including serious self-harm and A&E attendance
- Evidence-based pathways (including to and from inpatient care and transition to adulthood)

Evidence for change

Local consultation with young people as part of our recent review and national engagement of young people by Young Minds[15] has revealed that they feel environment is important, with an ideal setting being bright, comfortable and relaxed. Young People clearly articulated that they want choice in relation to when and where they are seen, want privacy and confidentiality, clear communication, but above all else, they want to be listened to.

From our recent review of services, we know that the majority of stakeholders interviewed said that they had some problems accessing CAMHs, with the main reasons cited as:

- Clarity of referral or service criteria,
- Communication with services,
- Information about services,
- Wait times.

We know that there is no clear pathway, for example from Primary Care, for children and young people requiring an early intervention for emerging emotional well being and mental health issues.

We want to build evidence for the impact of services using routine outcome monitoring across the CAMHS system to include:

- Monitoring of progress towards personalised goals
- Monitoring symptom change using a standardised outcome measure
- Monitoring service satisfaction

Other considerations:

- New NICE clinical guidelines for Eating Disorder management and treatment in young people, published in summer 2015.

[15] Young Minds (2014) Report on children, young people and family engagement

- The Forward View into Action outlines the need to develop the Crisis Care Concordat[16] locally to ensure that those experiencing a mental health crisis are properly supported. This includes the provision of mental health support as an integral part of NHS 111 services; 24/7 Crisis Care Home Treatment Teams; and the need to ensure that there is enough capacity to prevent children, young people or vulnerable adults, undergoing mental health assessments in police cells.

- The Five Year Forward Plan cites the need to align mental health service delivery with that of physical health services, moving towards availability of services 8am – 8pm, seven days per week.

- A small but increasing number of young people are presenting at A&E due to serious self harm.

- Referrals to specialist CAMHs can be seasonal and this impacts on wait times. We need to ensure our children and young people that have been identified as needing a specialist CAMH intervention can do so in a timely manner.

- Inpatient CAMH services are currently commissioned by NHS England and it is therefore very important that we work closely to ensure effective discharge planning and reintegration into the community for young people that require a period of in-patient care.

- There are 175,000 young carers of parents with mental illness in the UK but maybe as many as 1,000,000 children *affected* by an adult's mental illness.

- The Children and Families Act (2014) and the requirement to implement Education, Health and Care Plans

<u>The THRIVE model of provision</u>

The National Specification for Specialist CAMH Services introduces a new way of defining a strategic framework for CAMHS, moving away from a system defined in terms of the services organisations provide, towards one built around the needs of children, young people and their families.

[16] Crisis Care Concordat – see Glossary of Terms, The Care Crisis Concordat action plan for Merton can be found at http://www.crisiscareconcordat.org.uk/areas/merton/

This 'I-Thrive[17]' model, outlined in a recent publication by The Tavistock and Anna Freud Centre sets out a different strategic approach and conceptualisation of mental well-being and mental health. The document highlights 4 key areas

Coping
The THRIVE model of provision would suggest that wherever possible, this provision should be provided within education or community settings, with education often (though not always) the lead provider and educational language (a language of wellness) as the key language used. It is our contention that health input in this group should involve some of our most experienced workforce, to provide experience decision making.

Getting Help
This grouping comprises those children, young people and families who would benefit from focused, evidence-based treatment, with clear aims, and criteria for assessing whether aims have been achieved. This grouping would include children and young people with difficulties that fell within the remit of NICE guidance and where there are interventions that might help.

Getting more help
The THRIVE model of provision would suggest that wherever possible, provision for this group should be provided with health as the lead provider and using a health language (that is a language of treatment and health outcomes). It is our contention that health input in this group should involve specialised health workers

Getting risk support
The THRIVE model of provision would suggest that, for this group, there needs to be close inter-agency collaboration and clarity as to who is leading. Social care may often be the lead agency. The Language of social care (risk and support) is likely to be dominant. Health input should be from staff trained to work with this group and skilled in shared thinking with colleagues in social care, but with explicit understanding that it is not a health treatment that is being offered. As children and young people's emotional wellbeing and mental health affect all aspects of their lives, no one service alone will be able to meet their needs. There is a duty of cooperation placed on commissioners and services to work together to the benefit of children and young people. The multiagency nature of CAMHS will require that a multi-agency approach to commissioning is required.
The four areas build on a foundation of a THRIVING population of children and young people supported by primary prevention and promotion and resilience building.

[17] I-THRIVE The AFC–Tavistock Model for CAMHS (Pub Anna Freud Centre Tavistock Jan 2015)

Current Position

We do have a range of Community CAMH services and interventions for children, young people and their families provided by our mental health provider (South West London and St Georges Mental Health Trust). They have recently undergone a transformation programme to improve access to the full range of CAMH specialist interventions. However, we also know that:

- There is no single 'front door' to our CAMH services. A number of referrals to specialist CAMHs are rejected as inappropriate because referrers are unclear in relation to the current early intervention offer.
- In our review, Staff perception suggested that referral processes were less effective when they relied solely on relationships. We therefore need to improve our processes and pathways in line with relationship building.
- Data from our specialist and early intervention services has been inconsistent in recent years. CYP IAPT has been introduced and provides an opportunity to improve data quality, including outcome measures and consistency.
- Partly because of a lack of data (a recognised national issue), we have not been able to consistently monitor commissioned CAMHS services as a whole, to ensure quality, effective delivery and value for money.
- Children, young people and their parents/carers are not always clear what to do in the event of a mental health crisis. Many will end up in A&E and although we have a hospital liaison post, we currently have a gap in the day which can mean considerable delay in individuals receiving the support they need.
- The protocol for emergency assessment under Section 136 Mental Health Act 1983 (amended 2007) and Code of Practice is monitored as a KPI and will be reviewed and developed through the care crisis concordat action plan.
- Every young person in Merton who presents at A&E is seen by CAMHS. Out of hours is covered by the on call CAMHS duty doctor.
- Although a transition protocol is in place from specialist CAMH services into adult mental health services, we know that young people needing on-going mental health treatment in adulthood could be better supported during this transitional period.
- We are currently implementing our Education, Health and Care Plans for children and young people with Special Educational Needs and Disabilities (SEND) and will have a mental health specialist post embedded within the EHCP[18] Team.

[18] Education Health and Care Plans (EHCP) – See Glossary of Terms

Where do we want to get to?

We want:

- Children and young people and their parents/carers to be able to recognise when they might have a mental health problem, access self help if appropriate and be able to self-refer when they need additional support.
- To provide clarity about what is available to children young people and their parents/carers, including their understanding of what might happen when they access a service and what they can do whilst they are waiting for an appointment.
- Clear referral pathways.
- A balance between prevention, early help interventions and specialist CAMH Services.
- Clear eligibility criteria for Specialist CAMH Services.
- A range of evidence-based early help interventions not necessarily historically viewed as CAMH interventions but which will provide choices about what would work best for individual families.
- Interventions available across the age-range from perinatal to 18yrs (and up to 25years for some young people with Education, Health and Care Plans).
- Culturally appropriate services that encourage access by all children and young people regardless of their ethnic background.
- Flexible services provided in a variety of settings in addition to traditional clinical locations, all of which are inviting and encourage engagement of children and young people.
- An improved model of crisis care and psychiatric liaison
- Further development of links between specialist CAMH services and other services that work with children and young people
- A workforce that is appropriately skilled to be able to identify emerging mental health issues.
- Improved links with adult mental health services to ensure the potential impact of parental mental health is considered and identified and a new ‘think family’ approach is agreed to ensure our children are safeguarded.
- To build evidence for the impact of services using routine outcome monitoring across the CAMHS system to include personalised goals, standardised assessment measures and service satisfaction.

What we will do

Action 1
We will introduce and publicise a Single Point of Access (SPoA) to streamline referrals and ensure children and young people can access the right service at the right time and in the right place, achieving the right outcome.

Action 2
We will introduce clear links to specialist CAMH services for GP Practices and Schools in Merton.

Action 3
We will monitor compliance of our mental health providers with the 'You're Welcome' Standards (CQUIN)[19]

Action 4
We will work in partnership to ensure that we are locally compliant with the Crisis Care Concordat especially in relation to serious self harm and A&E attendance

Action 5
We will develop integrated, evidence-based pathways, focusing initially on Eating Disorders, ASD[20]/ADHD[21] and supporting access to parenting / carer / guardian programmes especially for those children diagnosed with conduct disorder and ADHD.

Action 6
We will forge stronger links with adult mental health services to:
a) Promote the implementation of best practice during transition to adulthood (with a focus on care leavers)
b) Ensure a 'think family' approach is embedded across services and organisations, monitoring these through the CAMH Partnership

[19] CQUIN – See Glossary of Terms
[20] Autistic Spectrum Disorder (ASD) – See Glossary of Terms
[21] Attention Deficit Hyperactivity Disorder (ADHD) – See Glossary of Terms

And we will:

Develop and implement a local monitoring framework and assess performance of our services against service principles, outcomes and impact measures, that provide assurance to the services, commissioners and our governance bodies. (*Section 5, Accountability and Transparency)*

We will ensure that CAMHS practitioners are trained in the CYP IAPT evidence based interventions; cognitive behaviour therapy, interpersonal psychotherapy, parenting and systemic family practice, as well as supervision and leadership and make best use of new training opportunities as they emerge. Applications for CYP IAPT will be forwarded for relevant staff year on year. *(Section 6, Workforce)*

Improve access to eating disorder services through developing the service model to be compliant with the National Waiting Time Standards by 2020 *(Section 7, Commissioning)*

Develop an improved model of care for CYP aged 19- 25 with Education Health and Care Plans that require mental health interventions *(Section 7, Commissioning)*

Improve relationships with NHSE to align commissioning intentions and improve monitoring of inpatient admissions, and collaboratively plan to provide care closer to home; prevent unnecessary inpatient admissions and ensure there is effective discharge planning back into the community *(Section 7, Commissioning)*

Section 3 Promoting Resilience, Prevention and Early Help

Evidence for Intervening Early | Current Position | Where do we want to get to? | What we will do

This section concentrates on Emotional Well Being and the prevention of Mental Illness, where Emotional Wellbeing and Mental Health are defined as follows[22]:

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

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

The section specifically covers the areas:

- Support from Birth
- The role of Universal Services
- Self Help
- Early Help
- Bullying
- The role of the Community and Voluntary Sector

[22] Better Mental Health Outcomes for Children and Young People: WWW.CHIMAT.ORG.UK/CAMHS/COMMISSIONING

Evidence for Intervening Early

There is evidence that supporting families and carers, building resilience through to adulthood and supporting self-care reduces the burden of mental and physical ill health over the whole life course, reducing the cost of future interventions, improving economic growth and reducing health inequalities.[23]

The importance of giving every child the best start in life and reducing health inequalities throughout life has been highlighted by Sir Michael Marmot.[24] There is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long term cost to society of just under £10,000 for every single birth in the country.

There is an increasing body of evidence that demonstrates that if a child is well supported in their early years, the outcomes for education and life chances will be significantly improved[25]. For example, perinatal mental health problems, negative parenting and poor quality family or school relationships place children at risk of poor mental health, while interventions to support parents have been shown to foster positive relationships, reduce the risk of maltreatment and increase pro-social behaviour in young children. Early intervention in childhood therefore can help reduce physical and mental health problems and prevent social dysfunction being passed from one generation to the next[26] Another example of the need for early intervention includes untreated Conduct Disorder and ADHD being associated with increased risk of offending and with girls, an increased risk of teenage pregnancy.

One of the key themes in the national Munro[27] review of child protection (2010-11) was the need for robust early help to be provided to families which address emerging problems and unmet needs. Providing early help is more effective than reacting later.

[23] Future in Mind: NHS England Publication Gateway REF 02939
[24] Marmot et al (2010) Fair Society, Healthy Lives; a strategic review of Health inequalities in England
[25] Allen G (2011) Early Intervention: The Next Steps
[26] Social and emotional wellbeing for children and young people; NICE LGB12 (2013)
[27] Munro E (2011) The final report of the Munro Review of child protection; a child centred system

It is now known that physical[28] activity plays a role in improving mental well being. Community and voluntary sector organisations can be key to providing positive activities for children and young people and can help with reducing the stigma around mental health and signposting individuals when additional support is required.

School-based interventions have also been identified as being effective where whole school approaches to mental and emotional well-being are adopted, embedding the development of social and emotional skills in the curriculum, providing training for teachers in mental health and preventing bullying and violence.

The National Institute for Health and Clinical Excellence (NICE) documents an increasing range of well-evidenced interventions that can be used to treat children and young people with emerging mental health issues effectively, such as Multi Systemic Therapy (MST[29]).

[28] NHS Choices (2014) Five Steps to Emotional Well Being
[29] http://mstservices.com – see glossary of terms

Current Position

We have a number of examples of good practice in Merton that we can continue to develop or replicate, including:

- Good interface with midwifery, identifying mothers 'at risk' of mental illness
- Strong links to the Family Nurse Partnership (FNP)[30] and clear referral process
- Mental Health post embedded in Early Years focusing on strengthening bonding and attachment
- Health Visitors follow the '4-5-6' Model, where perinatal mental health is one of the key issues that would trigger a Universal Plus response from the 4 levels of service; an antenatal contact is one of the 5 universal health reviews and transition to parenthood and maternal mental health two of the 6 high impact areas of focus.
- Incredible Years Parenting Programmes delivered termly via Children Centre Hubs
- Excellent examples of whole school approach to emotional well being including SEAL[31], Circle Time, ELSA's[32], anti-bullying.
- Targeted mental health in schools (TaMHs) and other early help interventions are commissioned by many of our schools
- Mental Health posts are embedded in Special Schools, Youth Justice Service, LAC[33] Service and Children's Social Care Teams
- Work that is building on national campaigns to reduce stigma of mental health
- Strong community and voluntary sector who are well placed to help families to develop resilience and to identify and signpost emerging emotional well being issues.
- Broad range of universal and enhanced services thinking holistically around children, young people and their families such as Substance Misuse Services, Community Health Services, Domestic Violence Services
- Merton Autism Outreach Service provides support to professionals in schools that are working with children and young people with an ASD diagnosis that may be demonstrating difficulties accessing a curriculum.

[30] Family Nurse Partnership (FNP) – See Glossary of Terms
[31] Social and Emotional Aspects of Learning – See Glossary of Terms
[32] Emotional Literacy Support Assistants (ELSA's) – See Glossary of Terms
[33] Looked After Children (LAC) – See Glossary of Terms

BUT we know that there are areas that we need to improve, such as:

- Young People tell us that they do not know where to go to seek the early help that they need.
- We need to develop and agree a clear perinatal pathway
- There is no clear pathway into early help interventions from Primary Care.
- We need to focus more early help on the increasing 10-14 age group
- We have not delivered parenting programmes or other parenting support specifically tailored to families with children diagnosed with ASD/ADHD.
- We need to build on our early intervention delivery to ensure this is accessible by all.
- We do not have sufficient information about the emotional well being offer to our young children in nursery provision in our Private, Voluntary and Independent (PVI) sector, to understand how we can best support this.
- We do not have sufficient targeted early intervention with our most vulnerable children and young people.
- We do not have clear pathways into parenting programmes for children (up to aged 12yrs) with a primary diagnosis of conduct disorder
- We do not always realise the impact that adult mental health can have on the individual's ability to parent effectively.

Since the global financial crisis of 2009 we have worked within a programme of austerity and deficit reduction and consequently children's services have operated within a context of unprecedented funding pressures. These issues have impacted on progress to date and whilst we must continue to work within some significant budget pressures, our strategy aims to provide a focal point for joint action and prioritisation for all partners.

Where do we want to get to?

Our over-arching aim is to act early to prevent harm by supporting families and those who care for children, building resilience through to adulthood.

- We want children and young people and their parents/carers to be able to access 'self help' sites that will guide them to know when to ask for additional emotional wellbeing or mental health support.
- We want all of our settings and services including Children Centres, Schools, PVI[34] sector, Primary Care and Community Health to have consistent and quality approaches to prevention and the development of resilience.
- We want those services/practitioners that deliver 'Universal Services' and 'Early help' and those delivering services to adults with mental health problems to be knowledgeable, skilled and confident to identify mental health issues, identify impact of mental health issues on parenting capacity and signpost and/or deliver early help interventions that are appropriate, evidence-based and of good quality.
- We want a balance of services across the spectrum to ensure children young people and their families can access the right level of support when they need it.
- We need to ensure children and young people can move seamlessly across different levels of intervention and services when they need to.
- We need to work with our Community and Voluntary Sector to be clear about their role in the promotion of resilience and good emotional well being and identification of emerging mental illness through their work with children, young people and families.

[34] Private Voluntary and Independent Sector (PVI) – See Glossary of Terms

What we will do

Action 7
We will work with our children, young people, parents/carers and services working with them, to review, develop and publish our CAMH local offer in order that we help to reduce stigma, promote self-help, increase choice and ensure those needing services are able to identify when and how to ask for help.

Action 8
Building on our current TAMH model, we will improve access to prevention and early intervention services through the development of a single 'early help for emotional well being' commissioning plan which particularly focuses on current gaps (including 10-14 yr old age group, vulnerable groups and access via Primary Care). This plan will align our commissioning intentions across all commissioners and where possible enable joint procurement in the future.

And
We will develop a mental health training offer to assist the wider workforce in areas such as, promoting emotional wellbeing, identifying emerging mental health needs, understanding referral pathways, etc. *(Section 6, Developing the Workforce)*

We will develop integrated, evidence-based pathways, focusing initially on Eating Disorders, ASD[35]/ADHD[36] and supporting access to parenting / carer / guardian programmes especially for those children diagnosed with conduct disorder and ADHD.
(*Section 2, Improving Access to Effective Support)*

We will broaden the membership of our CAMH Partnership to ensure the widest possible membership of key stakeholders
(Section 6, Developing the Workforce)

We will forge stronger links with adult mental health services to
a) Promote the implementation of best practice during transition to adulthood (with a focus on care leavers)
b) Ensure a 'think family' approach is embedded across services and organisations, monitoring these through the CAMH Partnership
(*Section 2, Improving Access to Effective Support)*

[35] Autistic Spectrum Disorder (ASD) – See Glossary of Terms
[36] Attention Deficit Hyperactivity Disorder (ADHD) – See Glossary of Terms

Section 4 Care for the Most Vulnerable

Evidence for change | Current Picture | Where do we want to get to? | What we will do

This section focuses on those children who through circumstance have greater vulnerability to mental health problems, but may find it more difficult to access help. In Merton, we would include the following groups as being part of our 'Most Vulnerable':

- Looked After Children and care leavers
- Children subject to CP or CIN Plans[37]
- Children with ASD/LD/SEND/Complex Health Needs
- Children subject to sexual exploitation (CSE).
- Young Carers
- Homeless
- Highly mobile families
- Separated children
- Children Missing Education
- Children in contact with the youth justice system
- Children living with domestic violence
- Young People with induced mental health issues through substance misuse
- Children and Young People from communities know to have a higher prevalence of some mental health illness
- Young People that are NEET[38]
- Children and Young People with at least one parent with a diagnosed MH illness

This section specifically covers:

- Focusing on needs through Integrated Pathways including for those children placed out of the borough (OOB)
- Trauma focused care
- Embedding MH Practitioners in Teams working with Vulnerable Children and Young People
- Equalities and Health Inequalities

[37] Child Protection (CP) or Child In Need (CIN) Plans – See Glossary of Terms

[38] Not in Education, Employment or Training (NEET) – See Glossary of Terms

Evidence for Change

The recent service review indicated a gap of 26% between observed and estimated use of our Specialist CAMH Services in Merton pointing to a level of unmet need.[39]

A range of risk factors have been identified as increasing the likelihood of a child or young person experiencing a mental health disorder. This can be assessed using a framework comprising child, family and community and environmental risk factors which is outlined below.

Child Factors	Family Factors	Community/Environmental Factors
• Chronic physical illness • Learning disability • Autistic spectrum disorder • Alcohol and substance misuse • Young Offenders • Lesbian, gay, bisexual and transgender • Not in education, employment or training	• Parents with mental health problems • Parents with alcohol and substance misuse • Parent in prison • Lone parent families • Parents unemployed • Parents with no qualifications • Young carers • Looked after children • Children subject to CP or CIN plans following neglect or abuse	• Low socioeconomic status • Low income • Refugees and Asylum Seekers • Homelessness • Travellers

The prevalence of mental health problems in the population is understood to be greater than the numbers with a diagnosis of a disorder, therefore assessing the prevalence of risk factors indicates the potential extent of children and young people experiencing mental health difficulties and the likely spread in the local population. This both enhances understanding of needs and provides evidence to help target services and resources effectively, in particular guiding the focus for preventative interventions. Crisis support is particularly important for the most vulnerable, with research indicating that looked after children and care leavers are between 4 and 5 times more likely to self harm than their peers.[40].

[39] Merton estimate produced by ChiMat based on 2012 ONS population estimates (www.chimat.org.uk/camhs)

[40] Simkiss, D. (2012). Looked-after children and young people, Chapter 11 of Annual Report of the Chief Medical Officer 2012: Our Children Deserve Better: Prevention Pays.

Current Picture

- We have a number of posts that are embedded within services working with some of our most vulnerable groups. These areas include Early Years, Special Schools, Youth Justice Service, Looked After Children (LAC) Services and Children Social Care.
- We have an adolescent assertive outreach service across SWL London providing intensive support to children, young people and families who need additional support at home to avoid admission as well as support those who have been admitted.
- We have an active Youth Crime Prevention Executive Board which includes representation and commitment from partner agencies including the CCG to identify and meet the needs of the local population and continues to work in partnership to improve outcomes for those young people entering or have entered the youth justice system including reducing custodial sentence and re-offending rates as well as improving those numbers in education, employment and training.
- Our Early Years focus addresses issues related to bonding and attachment, mental health and the impact upon the family, relationships, social isolation and sign posting.
- Health Visitors assess maternal mental health to identify emerging post natal depression and are commissioned to promote secure attachment and positive parental and infant mental health and parenting skills using evidence-based approaches.
- We currently commission a community and voluntary sector organisation to support parents with mental health issues, where these impact on their ability to parent effectively. This service is designed to provide those parents with insight into the impact that their mental health can have on their children and practical solutions to counter this impact, especially in the areas of safeguarding, bonding and attachment, child development, play and socialisation and school attendance.
- We currently commission Multi-Systemic Therapy with other boroughs within the SW London sector.
- We currently commission a community and voluntary sector organisation to support young carers
- We have recently re-procured posts working directly with our LAC Services and our Social Work Teams, to provide a more integrated mental health component to the engagement, assessment, planning and support for children and young people.
- All LAC have their health reviewed in-line with National standards, including emotional well being.

But:

- We know that our work is not sufficiently focused and a lack of awareness of mental health issues means that we do not sufficiently target all of our vulnerable groups.
- We need to increase our emphasis on safeguarding, especially with our approach to ‘Did Not Attend’ appointments (DNA).
- We need to undertake more work to fully understand the gaps in our current provision and how we might fill these.
- We need to do more to engage with our vulnerable children and young people and listen to their needs.
- Children and young people placed Out Of Borough can suffer delay in getting the emotional well being and mental health support that they need.

Where do we want to get to?

We want to:

- Ensure that staff working with vulnerable children and young people have access to advice and support when they need it, so that they can provide early intervention or signpost individuals promptly.
- Ensure that children placed outside of Merton have timely access to the mental health and emotional wellbeing support that they need.
- Deliver joined-up care to our most vulnerable children and young people, building on existing relationships with individuals, so children and young people feel safe and able to engage.
- Have clear, evidence-based pathways that ensure provision of effective interventions to vulnerable children and young people to provide a social and clinical response to meeting their presenting needs.
- Ensure that all staff working with children and young people have a thorough understanding of the impact of trauma, abuse and neglect on mental health so that these individuals can be identified and supported early to prevent them developing chronic long term mental health problems into adulthood.
- Broaden our model of embedding mental health practitioners in our general teams to cover more of our vulnerable children and young people.
- Ensure our commissioned services stick with children and young people that DNA and work to assertively engage with them; highlighting risks that may be linked to safeguarding.
- We want to improve our partnership working to ensure the mental health and emotional well being needs of children missing education and young people NEET through medical grounds are identified and those individuals are provided specialist CAMH support as part of re-engaging them with education, training or employment.
- Ensure that we transforming care for people with a learning disability and/or autism by collaborative working with partners to enable discharge into the community as well as identifying individuals most at risk of being admitted to hospital, so that the right support can be made available to them to prevent the need for admission. This will involve arranging pre-admission care and treatment reviews by the CCG and representation at post admission care and treatment reviews to support discharge with appropriate care packages

What we will do

Action 9
We will undertake Equalities Impact Assessments[41] to minimise any negative impact on any of our children and young people that policy or commissioning developments could have.

Action 10
We will improve access to CAMH services through revising eligibility criteria for specialist services that focus on presenting needs, not just MH diagnosis and by extending opening hours to include weekend and evening appointments

Action 11
We will work with the providers of our mental health services to ensure they actively follow up children, young people and parents/carers who DNA appointments, to understand their reasons for not attending and actively offering further support to help them to engage. We will monitor this through the Partnership.

Action 12
We will improve the experience of our LAC with emotional and mental health needs; ensuring they can access the support they need; helping to stabilise placements by increasing the training and support to Foster Carers and by implementing and monitoring the Out of Borough Protocols for LAC needing mental health interventions, ensuring these vulnerable young people can access quality support when they need it.
And

We will develop integrated, evidence-based pathways, focusing initially on Eating Disorders, ASD[42]/ADHD[43] and support access to parenting / carer / guardian programmes especially for those children diagnosed with conduct disorder and ADHD.*(Section 3, Promoting Resilience, Prevention and Early Help).*

[41] Equalities Impact Assessment (EIA) – See Glossary of Terms
[42] Autistic Spectrum Disorder (ASD) – See Glossary of Terms
[43] Attention Deficit Hyperactivity Disorder (ADHD) – See Glossary of Terms

We will develop a mental health training offer to assist the wider workforce in areas such as, promoting emotional wellbeing, identifying emerging mental health needs, understanding referral pathways, etc*. (Section 6, Developing the Workforce)*

We will ensure there is CAMH input into child sexual assault services for children and young people (*Section 7*, *Commissioning*).

We will develop an improved model of care for CYP aged 18- 25 with Education Health and Care Plans that require mental health interventions (Section 2: *Commissioning*).

We will forge stronger links with adult mental health services to
a) Promote the implementation of best practice during transition to adulthood (with a focus on care leavers)
b) Ensure a 'think family' approach is embedded across services and organisations, monitoring these through the CAMH Partnership
(*Section 2, Improving Access to Effective Support)*

We will ensure that CAMHS practitioners are trained in the CYP IAPT evidence based interventions; cognitive behaviour therapy, interpersonal psychotherapy, parenting and systemic family practice, as well as supervision and leadership and make best use of new training opportunities as they emerge. Applications for CYP IAPT will be forwarded for relevant staff year on year. *(Section 6, Workforce)*

Improve relationships with NHSE to align commissioning intentions and improve monitoring of inpatient admissions, and collaboratively plan to provide care closer to home; prevent unnecessary inpatient admissions and ensure there is effective discharge planning back into the community *(Section 7, Commissioning)*

Section 5 Accountability and Transparency

Evidence for change	Current Picture	Where do we want to get to?	What we will do

This section focuses on our systems and structures that ensure our decisions are both integrated across organisations and are robust.

Openness and transparency can save money, strengthen people's trust and encourage greater public participation in decision-making.

Good governance of what we do is vital as it can provide the public with confidence, lead to better decision making, help us to meet our legislative responsibilities and can provide an ethical base for our work.

This section specifically covers:

- Governance
- NICE quality standards
- Access to Information
- Local Monitoring

Evidence for Change

There are a number of requirements within 'Future in Mind' to help standardise and improve the quality of the commissioning of CAMHs across the country, including:

- Requirement for a lead accountable commissioning body at a local level
- Need to clarify the local authorities' role and responsibilities
- Need to establish a single identifiable budget for CAMHs
- Need for an agreed local plan for CAMHs.

The National Institute for Health and Care Excellence (NICE) plays a crucial role in the development of quality standards and guidance which need to be embedded in the commissioning and provision of CAMH services as appropriate.

The introduction and development of CYP IAPT has improved the availability of data on outcome measures and impact of interventions to support future commissioning intentions.

There are a number of complex legislative levers that relate to children and young people depending on age, competency and capacity, that must be considered, including:

- the Children Act 2004 and children and Families Act 2014
- the Mental Capacity Act 2005
- the Mental Health Act 1983 (as amended in 2007)
- the Health and Social Care Act 2012
- the Equality Act 2010.

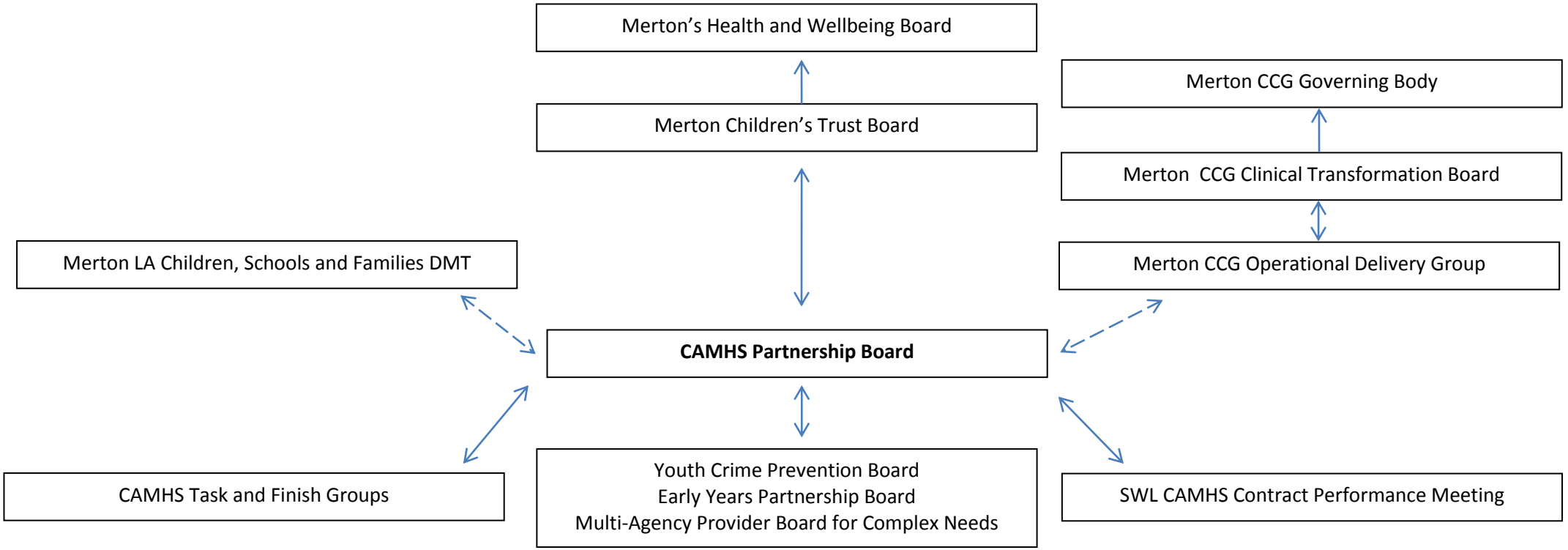
And statutory guidance including:

- Working Together to Safeguard Children
- Statutory Guidance on Promoting the Health and Well-being of Looked After Children
- Statutory guidance on securing sufficient accommodation for looked after children
- Support and aspiration: A new approach to special educational needs and disability.

Current position

We have recently re-established a CAMHs Partnership Board to oversee our transformation of CAMHS in Merton and we are continuing to develop our membership. The Merton CAMH Partnership membership is drawn from a number of organisations, has clear Terms of Reference and a clear reporting line to the Merton Children's Trust Board, which is outlined below.

Governance for CAMHS Partnership Board



The Partnership Board also has key links to the Merton Safeguarding Children Board and the Health and Wellbeing Board

The Partnership Board was partly established because of the need to develop local monitoring of CAMH services to assess performance against principles and standards and to measure outcomes and the impact of interventions. Although this work has begun, it is still in its infancy.

The Partnership Board will be responsible for monitoring progress against the transformation action plan and will form task and finish groups to meet the actions outlined. This will include the monitoring of performance and KPI's outlined. A risk log will be maintained with mitigating actions and will be regular reported on and reviewed.

Highly specialist CAMH services are commissioned by NHS England. Local specialist CAMH services are commissioned across 5 CCG's within the South West London sector, hosted by Kingston CCG. Some early intervention services are commissioned directly by Merton CCG, some by the London Borough of Merton and some by schools. This paints a complex commissioning picture.

The feedback from children, young people and their parents/carers was very limited within the review, despite attempts to engage them through a number of different approaches (questionnaire, focus groups, 1:1 telephone or face-to face interviews). This was partly viewed as being because their engagement has not been routinely carried out as part of access to CAMH services in the past.

The Trust has embedded CYP IAPT principles in their work, but we know that work needs to be continued through the partnership to continue the development of this programme, through training and reporting of routine outcome measures and engagement the wider workforce to help us on our transformation journey. This will enable us to embed and review patient reported outcome measures and patient reported experience measures to reflect on current practice and how we can develop services based on common themes and progress towards the implementation and impact of these.

Current Membership

Core Membership:
Assistant Director Commissioning and Planning Merton CCG
Clinical Director (Children) Merton CCG
Senior Commissioning Manager Merton CCG
Assistant Director Commissioning Strategy and Performance LBM
Assistant Director Children's Social Care LBM
Consultant in Public Health LBM
Head of Commissioning (Children) LBM
Head of Education Inclusion LBM
Head of Social Work Intervention LBM
Head of LAC, Permanency & Placements LBM
Head of Early Years LBM
Head of SENDIS LBM
Head of Family and Adolescent Services LBM
Service Director Wandsworth and CAMHS SWLStGMHT
Operational Manager CAMHS SWLStGMHT
Merton CAMH Team Manager SWLStGMHT (CYP IAPT lead)
Primary Schools Representative
Secondary Schools Representative
Special Schools Representative
Community and Voluntary Sector Representatives
*Children and Young People

Co-Opted as Required:
CAMHS Clinicians
Community Paediatrician
CAMH Participation Officer
*Children and Young People are consulted outside of the quarterly meetings of the partnership

Current Functions of Partnership

- To provide local leadership across the partnership in relation to the emotional well-being and psychological and mental health of children and young people in Merton through the development of a local vision and strategy.
- To be alert to the national CAMH agenda, responsive to new national drivers and other models of CAMH delivery.
- To inform local efforts to improve the psychological and mental health of children and young people in Merton and to ensure that services (Tiers 1-3) are provided in an integrated way.
- To ensure seamless 'step up' and 'step down' to/from Tier 4 services.
- To work collaboratively with partner agencies to prevent avoidable admissions (including to Tier 4).
- To ensure changes to delivery of CAMH services are informed by evidence of need and effective practice.
- To ensure local CAMH services take into account the need to safeguard and promote the welfare of children, and so fulfilling statutory responsibility, as outlined in the Children Act.
- To provide a local arena for the monitoring of CAMH Services delivered to Merton Children and Young People, agreeing a clear data set.
- Ensuring through pathway development that service delivery is focused on those children with greatest need and those groups of children and young people known to be most vulnerable.
- To provide an arena for the shaping of services to meet local needs.
- To ensure CAMH services are delivered and developed in relation to other local delivery frameworks (for example, CYP IAPT Merton Child Well Being Model and MASH).
- To ensure users of the service have a say in service delivery and development.
- To identify any new funding streams and/or opportunities to joint fund and/or opportunities to better utilise existing funds to develop CAMH initiatives in Merton

Where do we want to get to?

We want

- Children and young people's mental health in Merton to have a strong profile through the work of the partnership and engagement of our Strategic Boards, including the Safeguarding Children Board and Health and Wellbeing Board.
- A broad and active membership of our CAMH Partnership Board to ensure it is representative of all key stakeholders
- A joint commissioning plan across all local commissioners and all levels of CAMH interventions, exploring the possibility of a pooled budget arrangement and integrated commissioning where this would add value.
- To have transparency of our services that is underpinned by meaningful and regular engagement with service users and parents/carers
- Our young people to help us to shape our services, including helping us to improve access and engaging with us on promoting and maintaining good mental health and emotional wellbeing.
- To ensure our interventions are evidence-based whenever possible, so that we meet the identified needs of children and young people as efficiently and effectively as possible.
- To be clear what good looks like and develop a local data set that ensures services can be monitored against this.

What we will do

Action 13
We will develop and implement a local monitoring framework and assess performance of our services against service principles, outcomes and impact measures, that provide assurance to the services, commissioners and our governance bodies.

Action 14
We will develop and implement a plan for the regular and meaningful engagement of children, young people and parents/carers covering all aspects of CAMH provision in Merton, outlining our future intentions to seek out and listen to their perspectives and to place them at the centre of service development. As a start point we will consult with children, young people and parents/carers about this strategy.

Action 15
We will broaden the membership of our CAMH Partnership to ensure the widest possible membership of key stakeholders

Action 16
We will produce an annual report based on our action plan and programme of transformation that will go to the Children's Trust Board, Safeguarding Children Board and Health and Wellbeing Board and we will publish this with our local offer for our service users and parents/carers.

And
We will work with our children, young people, parents/carers and services working with them, to develop and publish our CAMH local offer in order that we help to reduce stigma, promote self-help, increase choice and ensure those needing services are able to identify when and how to ask for help. *(Section2, Improving Access to Effective Support)*

We will improve access to prevention and early intervention services through the development of a single 'early help for emotional well being' commissioning plan which particularly focusing on current gaps (including 10-14 yr old age group, vulnerable groups and access via Primary Care). This plan will align our commissioning intentions across all commissioners and where possible enable joint procurement in the future. *(Section 3, Promoting Resilience, Prevention and Early Help).*

Section 6 Developing the Workforce

Evidence for change | Current Picture | Where do we want to get to? | What we will do

This section focuses on the needs of the workforce, if they are to deliver the CAMH services outlined thus far in this Strategy. By workforce, we mean all those practitioners that are working with children and young people across health, education, social care and the community and voluntary sector. All staff have a part to play in helping families to build resilience, identifying emerging problems, sign posting, providing early interventions, or providing specialist interventions and all should have the skills and knowledge to make 'every contact count'.

This section specifically focuses on:

- Having the right mix of skills, competencies and experience
- Universal settings
- Targeted and specialist services
- Strategic approach to workforce planning

Evidence for change

The views of the professionals in health, social care and education who responded to a survey as part of our recent CAMH review were mixed, with many citing difficulties in accessing services, or even understanding what services were available.

Equally there were a variety of responses to staff understanding acceptance criteria, referral pathways, the focus on early intervention and prevention and equality of access.

Staff asked for more opportunities for shared learning and wanted access to consultation or advice when they needed support in making decisions about referrals and interventions.

There is a growing evidence-base of interventions that have a positive effect on mental health outcomes for children and young people and to deliver these, staff will need a variety of therapeutic skills, including behavioural, cognitive, interpersonal, psychodynamic, pharmacological and systemic approaches.

Equipping staff with the skills and confidence they need will help build capacity in universal services to intervene early.

Future in Mind proposed that local child and adolescent mental health services develop links to schools and GP practices, through named contacts, with the aim of making mental health support more visible and easily accessible, and to improve communication.

Current Position

We have an enthusiastic, energetic and willing wider workforce, committed to finding the best possible solutions for our children and young people

We have a broad range of good quality, evidence-based CAMH interventions across our early intervention and specialist services.

The SWL&StG MHT[44] has recently undergone their own internal transformation that has restructured the service and introduced a different skill mix of staff.

We have good examples of some joint assessments and integrated working taking place

We have some new and emerging teams that are developing their roles and responsibilities and may require additional skills to work effectively

Implementation of the single point of access (SPoA) will provide the information needed to inform commissioners in the future in relation to demand, capacity and balance of services.

We know that we have inequalities in provision due to the 'piecemeal' growth of some of our services over recent years.

We are committed to training the workforce in the principles of CYP IAPT and have been working towards implementing this since 2013. A number of staff have been trained in CYP IAPT evidence based treatments (Cognitive Behavioural Therapy), Interpersonal Psychotherapy for Adolescents as well as postgraduate certificates being gained in CYP IAPT Transformational Leadership and CYP IAPT Supervision.

[44] South West London and St Georges Mental Health Trust (SWL&StG MHT) – See Glossary of Terms

Where do we want to get to?

We want:

- A workforce with the capacity and skills to meet the needs of children and young people at universal, targeted and specialist levels of intervention.
- Shared learning to be embedded across our services
- To hold regular learning events and a network to enable our staff to come together
- To have an agreed training programme that matches the identified training needs of staff and is refreshed on a regular basis.
- Staff working at all levels of intervention to be able to discuss concerns prior to making referrals to ensure children and young people receive the right level of support appropriate to their needs
- CYP IAPT principles to be embedded across our CAMH continuum to improve participation by CYP and their families in service delivery and design, and to carry out session by session routine outcome measures (ROM) ensuring goal focused outcomes.
- All staff working with children and young people to be able to engage with them, build meaningful relationships and impact positively on their emotional well being and mental health.

What we will do

Action 17
We will develop a mental health training offer to assist the wider workforce in areas such as, promoting emotional wellbeing, identifying emerging mental health needs, understanding referral pathways, etc.

Action 18
We will develop a mental health network that brings staff together virtually and actually, to raise the profile of children's emotional well being and mental health, to increase common understanding of issues, to provide peer support and to share best practice.

Action 19
We will ensure that CAMHS practitioners are trained in the CYP IAPT evidence based interventions; cognitive behaviour therapy, interpersonal psychotherapy, parenting and systemic family practice, as well as supervision and leadership and make best use of new training opportunities as they emerge. Applications for CYP IAPT will be forwarded for relevant staff year on year.

Action 20
We will embed in our commissioning and provide training to ensure that all of our dedicated CAMH workers understand and work within the wider context of our Children's Trust Principles, Child Well Being Model and Common and Shared Assessment Framework.

And
We will introduce clear links to specialist CAMH services for GP Practices and Schools in Merton. *(Section 2, Improving Access to Effective Support)*

Section 7 Commissioning

Current Position - Finance and Workforce | SW London Model for Centralised Services | Future Commissioning Intentions (Transformation Plans) | What we will do

This section set out our current financial position, commissioning models and workforce as a start point for the journey outlined in this strategy so far. Additionally the section outlines the steps and responsibilities that need to be undertaken in order to meet National Requirements for CAMH Transformation Plans and the likely additional investment this could bring to Merton.

This section specifically focuses on:

* Breakdown of current spend and committed local investment
* Current workforce
* Developments across SW London
* Steps to developing our Transformation Plan
* Summary of our Future commissioning intentions

Current Position – Finance and Workforce

Current Finance

The recent service review outlined current financial arrangements for 2014/15; with a known spend at Tier 2 (targeted/getting help) of approximately £1.4M per annum. This figure is based on known contract values for Tier 2 (targeted/getting help) services commissioned by the CCG, Local Authority and Schools, including both targeted posts and services that integrate mental health support into their service provision and is likely to be an underestimation due to the lack of available data for some services.

Tier 2 / Getting Help	Commissioned by	Approximate Spend 2014/15 (£)
CAMHS for Early Years, Special Schools and Youth Offending Team	CCG	140,000
Targeted Mental Health in Schools (TaMHS)	Schools	232,000
Multi Systematic Therapy (MST) (A partnership with other boroughs)	Local Authority/CCG	185,000
CAMHS for Looked After Children	Local Authority	288,000
Child Protection and Social Care	Local Authority	
CAMH support for Virtual Behaviour Service	Local Authority	50,000
Merton Substance Misuse Service	Local Authority	220,000
CAMH input into Education Health and Care Planning Team	CCG	Not yet appointed
Community and Voluntary Sector Commissioned Services	Local Authority/Schools	Approx. 230,000
My Futures Team /Youth Offending	Local Authority	27,000

Spend on Tier 3 (specialist/getting more help) CAMHS has remained relatively steady over the past three years at around £1.7M per annum.

Spend on Tier 4 (inpatient/getting risk support) CAMHS which is commissioned by NHS England was £836,344 in 2014/15 for placements in London, information on placements outside of London is currently not available. Merton has a higher spend on Tier 4 in comparison to neighbouring boroughs in South West London.

Workforce

The current Tier 3 CAMHS workforce (SWLStGMHT) for community CAMHS in Merton comprises 11.5 whole time equivalent (WTE) staff. This includes a total clinical workforce of 8.5 WTE comprising and 3 WTE non-clinical roles. The Trust's centralised services, to which Merton children and young people are referred, are excluded from this total. The Tier 2 workforce (SWLStGMHT) in 2014/15 comprised a further 13.88 WTE roles, including specific posts providing targeted support to the Youth Offending Service, Early Years, Special Schools and members of the TaMHS and MST teams. Information on the size of the voluntary sector workforce providing targeted CAMHS support is not currently held.

NHS CAMHS Staff (2014/15)

Role	**Merton Specific Services (WTE)**					**Centralised Dedicated Services (WTE)**		
	Tier 2 / Targeted	MST	TAMHS	Psychiatric Liaison	Tier 3 / Specialist	Neurological Conditions	Complex Learning	Eating Disorders
Medics					1.60	1.80	0.70	0.90
Rotational Speciality Trainee Registers (Levels 1-3)					3.00			
Psychologists / Psychotherapists / Family Therapists	0.20	1.0	0.18		1.00	1.00	0.80	1.60
Primary Mental Health Workers / Music Therapists	4.00	2.0	3.90		2.90	2.50	2.00	1.15
Assistant Psychologists						1.00		1.00
Nurses		2.0		0.50			1.00	
Office Managers					1.00			
Admin		0.50			1.00	0.80	1.00	1.00
Management					1.00	0.50		0.50
Total	**4.20**	**5.50**	**4.18**	**0.50**	**11.50**	**7.60**	**5.50**	**6.15**

Through investment into CAMH provision we expect to see increased capacity within services and expect to see an improvement in access and needs being met. We will continue to monitor and review provision and where capacity is enabled we will review services and redeploy resource to continue to ensure we meet the needs of our local population.

We have strong engagement with our wider workforce including community services, community paediatrics, primary care, social care, schools, youth justice team, early years and the community and voluntary sector. We will strengthen the capacity of the wider workforce by developing their knowledge through improved communication, a learning network and training and assist them in their work through the development and publication of clear pathways and services.

Workforce planning will be reviewed in the light of the new prevalence survey expected to report in 2018

Activity

The development of routine outcome measures to show personalised goals being set and standardised assessment tools is underway as CYP principles are embedded into practice enabling us to demonstrate the effective of the service through clinical change and feedback. In 2014/15 Merton CAMHS had 2.9% of personalised goals being set in cases and 51.4% assessment measures being used which has significantly improved in 2015/16[45]. Patient reported experience measures are also captured through the Friends and Family Test and Experience of Service Questionnaire which will used to develop services and delivery. It is anticipated that the movement to CYP IAPTUS[46] a national software programme for psychological therapies will provide more robust data in the future on which to base commissioning intentions and service redesign.

Data from the financial year 2014/15 shows that there were 613 Merton children and young people who received a service at Tier 3 over the year. This compares with an estimated need at Tier 3 of 825 children and young people.[47] Due to challenges with data systems, it has not been possible to fully assess levels of service activity at Tier 2, however research suggests that over 3,000 children and young people in Merton have a mental health problem appropriate for a CAMHS response at this level.

[45] Child Outcomes Research Consortium (CORC) Q4 2014/15 report

[46] A specifically tailored software programme which enables time-efficient, streamlined workflow and smooth movement along the patient pathway as well as ensuring that the minimum required dataset can be captured easily.

[47] ChiMat

CYP IAPT performance for Merton (2014/15)[48]

CORC data – Q4 14/15	Assessment Measures[49]	Paired Measures[50]	Employment, Education and Training (EET)	Paired Measures + EET	Goals Set[51]	Paired Goals[52]	CHI-Experience of Service Questionnaire[53]
Merton (percentage and number)	51.4% (18/35)	22.7% (5/22)	25.7% (9/35)	9.1% (2/22)	2.9% (1/35)	9.1% (2/22)	4.5% (1/22)

Activity data is limited across the CAMH pathway with South West London & St George's NHS Mental Health Trust and NHS England unable to provide further data at this stage. We will work with our partners to improve data collection, reporting and monitoring to enable us to effectively transform services locally and ensure children and young people receive the best and most appropriate care.

Tier 3 Performance for Merton (2014/15)[54]

Title and Definition	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**Trust Total Q4 YTD**
Length of wait time for access to CAMHS (weeks)	8	10.0	12.6	4.9	5.5	5.1

[48] Child Outcomes Research Consortium (CORC) for Q4 14/15

[49] This is where children with a first recorded event in the reporting quarter with at least one parent or child completed normed assessment or symptom/impact tracker at assessment. An example of an assessment used would be the Strengths and difficulties questionnaire. All measurement tools can be found at www.coroc.uk.net

[50] This is the where children with at least three recorded events where the treatment has ended in the reporting quarter had some form of normed paired outcome information from the assessment measure used.

[51] This is the where children with a first recorded event in the reporting quarter had at least one goal set at assessment.

[52] This is the where the treatment has ended in the reporting quarter with a paired goal record.

[53] This is where children with at least three recorded events where the treatment has ended in the reporting quarter with either a completed child or parent rated CHI-ESQ record.

[54] Data source South West London St George's NHS Mental Health Trust contract reporting 2014/15

% of young people seen within 8 weeks of referral (first assessment)	80%	43% (32/75)	57% (12/21)	79% (76/96)	75.0% (87/116)	72% (334/1462)
% of young people referred to CAMHS for an urgent appointment seen within 7 working days (number and percentage)	95%	100% (2/2)	50% (1/2)	80% (4/5)	100% (5/5)	93% (42/45)
% of young people referred to CAMHS as an emergency seen within 24 hours (number and percentage)	95%	100% (2/2)	N/A (0/0)	100% (2/2)	100% (1/1)	100% (10/10)
% of referrals received by CAMHS from all agencies where the child or young person received a service (defined as one or more face to face contacts)	61%	58% (112/193)	46% (33/71)	52% (101/195)	70% (113/162)	71% (477/674)
% DNA 1st appointment	14%	9% (9/100)	11% (4/35)	8% (8/105)	5.9% (7/118)	6.3% (32/508)
% DNA follow up appointment	15%	11% (139/1222)	10% (30/307)	7% (13/193)	4.2% (18/426)	7.0% (134/1927)
Number of children attending A&E due to self harming/attempted suicide/alcohol harm	60	5	7	4	9	53
Number of young people assessed through the 136 Suite	8	1	0	0	0	0
Number of episodes on adult facilities for patients who are 16-17 years old	1	0	0	0	0	0
Number of children referred and accepted to the CAMHS Eating Disorder Service (fraction)		Not available	Not available	12/7		Not available
Number of children referred and accepted to the CAMHS Neurological Conditions Service * (fraction)		Not available	Not available	152/151*		Not available
Number of children referred and accepted to the CAMHS Complex Learning Service (fraction)		Not available	Not available	3/2		Not available
Length of wait time for access to CAMHS Eating Disorder Service (Weeks)	8	Not available	Not available	2.9		Not available
Length of wait time for access to CAMHS Neurological Conditions Service (Weeks)	8	Not available	Not available	13.1		Not available
Percentage of children referred to the CAMHS Complex Learning Service for a routine appointment who are assessed within 8	8	Not available	Not available	5.4		Not available

weeks of referral					

* Please note this is not representative of demand as the time of transformation (September 2014) a backlog of 271 cases was inherited across SWL which 115 were Merton residents. This was resolved following monies allocated to reduce the waiting time; referrals on average are 30 per quarter.

Activity for 2014/15 for Tier 4 inpatient units and outpatient services[55] within London has shown that the majority of children and young people are female accessing these services (1,493 contacts), with activity being high in children and young people age 14 and 15 (aged 14 = 356 contacts; aged 15 = 487, aged 16 = 56; aged 17 = 94, unknown = 670). The average length of stay in 2014/15 was 43 days, with the activity relating to 280 contacts for eating disorder services and 1,392 contacts for non- eating disorder units and services.

Tier 4 (getting risk support) activity for Merton for London Providers (2014/15)[48]

Tier 4 / Getting Risk Support *	**Activity inpatient and outpatient services**
Oakview	365
Barnet, Enfield and Haringey Mental Health NHS Trust	29
South London and Maudsley NHS Foundation Trust	17
Great Ormond Street Hospital for Children NHS Foundation Trust	100
South West London and St George's Mental Health NHS Trust	1,161
Total	**1,672**

* Please note this excludes national inpatient activity for Merton

[55] The Data Source is local contract monitoring flows received from providers during 2014/15. Activity and spend includes CAMHS Inpatient activity as well as associated outpatient data if it is included in the contract

SOUTH WEST LONDON (SWL) MODEL FOR CAMH SERVICES

Merton CCG is working collaboratively with commissioners, SWL&StG MHT, NHS England and the London Borough of Merton to develop new models of care across SWL for Mental Health. Areas of focus include:

1. CQUIN to implement the 'You're Welcome[56]' quality criteria in all Local CAMHS services and teams within the Trust to enable Trust Local CAMHS services/teams to become more 'young people friendly' and to work towards achieving 'You're Welcome' accreditation by the end of Q1, in 2016

2. Developing a SWL service specification with refined KPI's[57] including routine outcome measures and data requirement for specialist CAMHS services to ensure equity of access across boroughs and allow for greater monitoring and management of performance

3. Developing the centralised eating disorder service to meet the requirements outlined in the national guidance on eating disorders and be compliant by 2020. This will include all eating disorder referrals being seen in the dedicated eating disorder service, meeting access targets, developing a day service and enabling self-referral.

[56] You're Welcome, Self-review tool for quality criteria for young people friendly health services DOH 2011
[57] Key Performance Indicators (KPI's) – See Glossary of Terms

4. Developing a model of care for psychiatric liaison service across SWL to ensure that there is adequate provision for when children and young people are in crisis *by March 2016*

5. Developing an ASD/ADHD pathway that includes post diagnosis management and support through the South West London Children and Adolescent Mental Health Network.

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6. Reviewing the pathways for child sexual assault services ensuring appropriate level of mental health interventions.

7. Reviewing and developing a model of care to ensure children with SEN aged 18 – 25 receive an appropriate service.

8. Ensuring effective step up and step down provision for those children and young people that require inpatient services, allowing care in the community to be closer to home through the work of partner agencies and the assertive outreach service as well as developing creative models and approaches such as Person-centred Care Planning to ensure the best possible outcomes for those individuals.

9. Developing the perinatal pathway following the publication of National Guidance and through the South West London Maternity Network increase capacity within the system to improve perinatal maternal health and improve out of hospital mental health support for women and families in the postnatal period and 1st year of life.

10. Implementing I-THRIVE Model across South West London to move away from Tiered models of care.

11. Reviewing with partners a future commissioning model for the sustainability of Multi Systemic Therapy (MST) going forward.

12. Work towards developing the Health and Justice pathway for children and young people.

Future Commissioning Intentions

Transformation Plans

In August 2015 NHS England (in partnership with DOH[58], DfE[59], PHE[60] and other national bodies) published guidance to support the development of local transformation plans for children and young people's mental health and wellbeing.[61] The purpose of the document was to provide guidance to local areas on the development of Local Transformation Plans to support improvements in children and young people's mental health and well being. The document outlines a phased approach to securing locally driven sustainable service transformation and includes details of how the extra funding announced in the autumn statement (December 2014) and Budget (March 2015) will be used to support this work. The guidance also outlines the assurance process and programme of support that will be available to local areas. A self-assessment checklist will be part of the assurance process and will support the allocation of additional funding, a tracking template will be required to monitor and review progress as well as a high-level summary of our transformation plans. This will all be populated from the action plan that forms part of this strategy. Our transformation plans will be required to be signed off by our Health and Well Being Board locally and by the NHS England Specialised Commissioning Team.

The overarching aim of transformation is that by 2020 we have laid the foundations for sustainable system-wide service transformation to improve children and young people's mental health and wellbeing including for the most vulnerable such as looked after children, adopted children or those who have learning difficulties, closing the treatment gap so that more children and young people with concerns about their mental health can access timely and high quality care coordinated with other support they are receiving.

Based on the guidance published and successful application of our transformation plans, Merton has been allocated:

Initial allocation of funding for eating disorders and planning in 2015/16	£106,586
Additional funding available for 2015/16 when Transformation Plan is assured	£266,795
Minimum recurrent uplift for 2016/17 and beyond (if plans are assured)	£373,381

[58] Department of Health (DOH) – see Glossary of Terms
[59] Department for Education (DfE) – see Glossary of Terms
[60] Public Health England (PHE) – see Glossary of Terms
[61] Guidance to support the development of Local Transformation Plans for Children and Young People's Mental Health and Wellbeing NHSE 2015

What we will do

Action 21
We will develop our eating disorder service so that it is complaint with national waiting time standards and guidance by 2020

Action 22
We will ensure there is CAMH input into child sexual assault services for children and young people.

Action 23
We will further develop relationships with NHSE to align commissioning intentions and improve monitoring of inpatient admissions and collaboratively plan to provide care closer to home, preventing unnecessary inpatient admissions, develop care and treatment reviews and ensuring there is effective discharge planning into the community through news approaches such as Person-Centred Care Planning.

Action 24
We will develop an improved model of care for CYP aged 18- 25 with Education Health and Care Plans that require mental health interventions

Action 25
We will submit robust Transformation Plans based on the actions from this strategy, to ensure that we are able to access additional funding for our local implementation, seeking regular assurance through our Partnership Board, Children's Trust, Local Safeguarding Children Board and Health and Well Being Board.

Action 26
We will provide a regular update to the CAMH Partnership on SW London-wide commissioning actions to ensure they dovetail with our own local actions, services and processes are seamless and transparent and are easily accessible for our children and young people.

And
We will work in partnership to ensure that we are locally compliant with the Crisis Care Concordat especially in relation to serious self harm, A&E attendance and avoidable hospital admissions (*Section 2, Improving Access to Effective Support)*

We will forge stronger links with adult mental health services to
a) Promote the implementation of best practice during transition to adulthood (with a focus on care leavers)
b) Ensure a 'think family' approach is embedded across services and organisations, monitoring these through the CAMH Partnership
(*Section 2, Improving Access to Effective Support)*

We will develop and implement a local monitoring framework and assess performance of our services against service principles, outcomes and impact measures, that provide assurance to the services, commissioners and our governance bodies. (*Section 5, Accountability and Transparency*)

Section 8 Action Plan and Glossary

Action Plans

Glossary

The final pages of this strategy provide an overarching action plan through collation of the actions contained within the body of the document. This over-arching action plan will form the work plan for the CAMH Partnership for the life of this strategy and will be monitored by the Board and fed up through the governance structure outlined in section 5.

The actions outlined in this strategy also form our Transformation Plan (Section 7, Commissioning). Some areas of development will take longer to implement and embed as we take our local journey to achieving the Government's strategic vision for CAMHs so that by 2020 we will have made measurable progress towards closing the health and wellbeing gap and securing sustainable improvements for children and young people's mental health outcomes.

It is anticipated that some of the more complex actions will require more detailed project planning will take longer to implement and will likely involve the appointment of 'task and finish' groups and the co-opting of wider membership in relation to the specificity of the actions.

ACTION PLAN

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
1	We will introduce and publicise a Single Point of Access (SPoA) to streamline referrals and ensure children and young people can access the right service at the right time and in the right place, achieving the right outcome.	• Implementation plan in place • Launch date set • Recruitment completed • Pathways developed • Access times/days increased inline with parity of esteem	HIGH	Merton CCG Merton CSF Dept	Initial Launch Oct 2015 Fully Operational by Jan 2016 Pathways and increased access developed, 2016-2017	SWL&StG MHT
2	We will introduce clear links to specialist CAMH services for GP Practices and Schools in Merton.	• Referral forms are easily populated and straightforward • Information sharing protocols are in place • Published links to roles for communication in relation to clinical issues, managerial issues and service developments. • Training and development for	LOW	Primary Care Schools	Summer 2016	SWL&StG MHT

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
		schools and GP's to enhance knowledge of emerging mental health issues and early identification into CAMHS				
3	We will monitor compliance of our mental health providers with the 'You're Welcome' Standards (CQUIN)	• Self Assessment completed • Action plan in place to address deficits • Frontline Staff trained • Evidence of young people involvement in development and on going monitoring	MEDIUM	Children and Young People	March 2016	SWL&StG MHT
4	We will work in partnership to ensure that we are locally compliant with the Crisis Care Concordat especially in relation to serious self harm, A&E attendance and avoidable hospital admissions	• Establish a Borough wide crisis care concordat group • Review existing MH services to identify any areas for improvement for crisis care from the existing mental health portfolio. • Establish a psychiatric liaison model across South West London to	HIGH	London Borough of Merton Merton CCG Metropolitan Police Healthwatch SWLStG Trust SWL Sector Commissioners	March 2016	Merton CCG

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
		meet the needs of children and young people • Implement a strong governance and progress review process for delivery of the Crisis Care Concordat for Merton.				
5	We will develop integrated, evidence-based pathways, focusing initially on Eating Disorders, ASD/ADHD and supporting access to parenting / carer / guardian programmes for those children diagnosed with conduct disorder.	• Agree prioritisation of work order • Workshops to map 'as-is' and future paths • Publication and promotion of pathways • Pilot new approaches to parent support – for example building on current models (such as MAOS) for children with ASD • Monitoring of successfulness and review	MEDIUM	ALL	On going for Life of Strategy	Partnership Board
6	We will forge stronger links with adult	• Review Transitions				

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
6	mental health services to a) Promote the implementation of best practice during transition to adulthood (with a focus on care leavers) b) Ensure a 'think family' approach is embedded a cross services and organisations, monitoring these through the CAMH Partnership	Protocol • Review provision and provision for care leavers • Develop links with adult providers (ie IAPT) • Develop mechanisms for effective monitoring	LOW	Adult mental health services	2016-17	SWL&StG MHT
7	We will work with our C&YP and parents to develop and publish our CAMH local offering order that we help to reduce stigma, promote self help, increase choice and ensure those needing services are able to identify when and how to ask for help.	• Trust appointment of Participation Officer • Agreement to promote specific self-help sites • Plan for promotion of self-help • Development of website • Improve universal services knowledge on promotion good emotional and mental wellbeing and awareness • Publication of local offer	MEDIUM	Children, young people, parents/carers SWL&StG MHT Merton CCG & CSF Schools GPs Metropolitan Police Acute Providers	Implementation from March 2016	Partnership Board
8	Building on our current TAMH model, we will improve access to prevention and early intervention services through	• Complete mapping of current early help services	MEDIUM	Merton CCG Merton CSF Dept	Single Plan developed by April 2016	Partnership Board

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
	the development of a single 'early help for emotional well being' commissioning plan which particularly focuses on current gaps (including 10-14 yr old age group, vulnerable groups and access via Primary Care). This plan will align our commissioning intentions across all commissioners and where possible enable joint procurement in the future.	• Deep dive review of PHSE provision • Complete gap analysis • Develop single commissioning plan • Develop joint specifications across commissioners		Schools as commissioners of services alongside key stakeholders (referrers, providers)		
9	We will undertake Equalities Impact Assessments to minimise any negative impact on any of our children and young people that developments or de-commissioning could have.	• Complete EIA on Strategy • Engage C&YP in equalities impact for areas such as web design, referral pathways and You're Welcome Standards • Complete EIA on any new policy or commissioning.	MEDIUM	ALL	At each point of service development/redesign	Partnership Board
10	We will improve access to CAMH services through revising eligibility criteria for specialist services that focus on presenting needs, not just MH diagnosis and by extending opening hours to include weekend and evening appointments	• New eligibility criteria agreed • New eligibility criteria published • Movement towards I-THRIVE • Extended range of appointments available	HIGH	Merton CCG Merton CSF Dept MSCB	March 2016	Merton CCG

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
		• Decrease in number of DNA appointments				
11	We will work with the providers of our mental health services to ensure they actively follow up children, young people and parents/carers who DNA appointments, to understand their reasons for not attending and actively offering further support to help them to engage.	• Agree baseline rate and monitoring process and frequency • Develop DNA protocol • Publish and implement protocol	MEDIUM	ALL	From March 2016	SWL&StG MHT
12	We will improve the experience of our LAC with emotional and mental health needs; ensuring they can access the support they need; helping to stabilise placements by increasing the training and support to Foster Carers and by implementing and monitoring the Out of Borough Protocols for LAC needing mental health interventions, ensuring these vulnerable young people can access quality support when they need it.	• OOB Protocols signed off • All staff aware and working to protocols • Monitoring plan in place and agreed • Training in place for foster carers. • Specification for LAC early help services agreed and monitoring arrangements in	HIGH	ART Team LAC Services	Jan 2016	Partnership Board

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
		place				
13	We will develop and implement a local monitoring framework and assess performance of our services against service principles, outcomes and impact measures, that provide assurance to the services, commissioners and our governance bodies.	• Agree measures and frequency of monitoring (to include performance, progress towards routine outcome measurement and patient experience) • Establish quarterly monitoring meetings • Monitoring Framework a routine item for CAMH Partnership • Annual CAMH report to Children's Trust, MSCB and H&WB Board	MEDIUM	ALL	Framework in place by January 2016 First Annual Report, Autumn 2016	Partnership Board
14	We will develop and implement a plan for the regular and meaningful engagement of children, young people and parents/carers covering all aspects of CAMH provision in Merton, outlining our future intentions to seek out and listen to their perspectives and to place them at the centre of service development. As a start point we will	• Engagement of C&YP in this strategy development • Engagement of C&YP in aspects of this action plan • Involvement of C&YP in the	MEDIUM	Children and Young People	On going	Partnership Board

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
	consult with children, young people and parents/carers on this strategy.	monitoring of aspects of service delivery. • Evidence that individual C&YP have influenced their treatment goals • Evidence of service development from service-user surveys				
15	We will broaden the membership of our CAMH Partnership to ensure the widest possible membership of key stakeholders.	• Core membership increased to include representation from Primary Care, NHS England, Schools and CVS • Attendance monitored • Membership reviewed on annual basis • Additional membership co-opted for specific Partnership agenda items or Task and Finish groups	MEDIUM	ALL	On going	Partnership Board
16	We will produce an annual report based on our action plan and	• Agree content of annual report	LOW	ALL	ANNUALLY, each	Partnership

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
	programme of transformation that will go to the Children's Trust Board, Safeguarding Children Board and Health and Wellbeing Board and publish this with our local offer for our service users and parents/carers.	• Partnership prepares report by Sept of each year • Report ratified by CTB, MSCB and HWBB			Autumn	Board
17	We will develop a mental health training offer to assist the wider workforce in identifying emerging mental health needs.	• Undertake training needs analysis • Develop Training Plan, identifying trainers, trainees, frequency, cost.	MEDIUM	ALL	Implement training from April 2016	Merton CSF Dept
18	We will develop a mental health network that brings staff together virtually and actually	• Agree ways to engage staff through existing forums and through existing communication and information exchange such as Young Merton Together E-Magazine • Agree frequency and purpose (information sharing, case reflection, training) • Evaluate through	LOW	ALL	2016-17	Partnership Board

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
		staff questionnaire				
19	We will ensure that CAMHS practitioners are trained in the CYP IAPT evidence based interventions; cognitive behaviour therapy, interpersonal psychotherapy, parenting and systemic family practice, as well as supervision and leadership and make best use of new training opportunities as they emerge. Applications for CYP IAPT will be forwarded for relevant staff year on year.	• Agree a training plan for all CAMHS clinicians in terms of CYP IAPT • Roll out CYP IAPT into other specialist area's including ED, self-harm, neurodevelopmental and early years • Develop a framework to monitor CAMHS against CYP IAPT principles and use to review, measure progress and impact and develop services • Explore how we can extend CYP IAPT principles to the wider workforce	Medium	SWLSTG NHS Trust +	2018	SWLSTG NHS Trust
20	We will embed in our commissioning and provide training to ensure that all of our dedicated CAMH workers understand and work within the wider context of our Children's Trust Principles, Child Well Being Model and Common and Shared Assessment	• Training needs analysis of all dedicated CAMH staff. • Training programme implemented • Training embedded	MEDIUM,	SWLStG MHT Children Social Care MSCB	From April 2016 and on going	SWLStG MHT

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
	Framework.	in induction for all new staff				
21	We will improve our eating disorder service so that it is complaint with national waiting time standards and guidance by 2020	• Complete gap analysis • Develop single commissioning plan across SWL with a trajectory of improvement for the next 5 years	HIGH	SWLStG MHT GP'S Schools	2020	SWLStG MHT
22	We will ensure there is CAMH input into child sexual assault services for children and young people	• Review local and SWL need and provision. • Develop a model of care to ensure CAMH input is available when needed	MEDIUM	SWLStG MHT	2016	Merton CCG
23	We will further develop relationships with NHSE to align commissioning intentions and improve monitoring of inpatient admissions and collaboratively plan to provide care closer to home, preventing unnecessary inpatient admissions, develop care and treatment reviews and ensuring there is effective discharge planning into the community through news approaches such as	• Improved communication, data flow and regular meetings with NHSE • NHSE attendance at specific partnership board meetings • Review and develop a new model of care to reduce inpatient	MEDIUM	NHSE SWLStG MHT Merton CCG Merton CSF, Social Care	2020	Merton CCG

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
	Person-Centred Care Planning.	admissions and ensure care is provided closer to home • Develop a local risk register to identifying those individuals with a learning disability/autism most at risk of being admitted to hospital. • Pilot a person centred care planner to support discharge into the community in 15/16				
24	We will develop an improved model of care for CYP aged 18- 25 with Education Health and Care Plans that require mental health interventions	• Assessment of need and CYP experience • Pilot a new model of care	MEDIUM	SWLStG MHT	2019	Merton CCG
25	We will submit robust Transformation Plans based on the actions from this strategy, to ensure that we are able to access additional funding for local implementation, seeking regular assurance through our Partnership	• Transformation Plans completed and submitted • Funding allocated • Transformation plans published	HIGH		Plans to be submitted by October 16th 2015 Plans to be published by November 2015	Merton CCG

No	Action	Milestones	Risk level /Priority	Inter-dependencies	Timescale	Lead
	Board, Children's Trust, Local Safeguarding Children Board and Health and Well Being Board.	locally • Actions monitored through partnership and exceptions reported upwards through governance structure			Review and development of Transformation Plans embedded in mainstream planning processes from 2016-17	
26	We will provide a regular update to the CAMH Partnership on SW London-wide commissioning actions to ensure they dovetail with our own local actions, services and processes are seamless and transparent and easily accessible for our children and young people.	• Update to be routine agenda item on Partnership Board • Ensure dates for future meetings occur in a way that lends to timely updates.	MEDIUM	London Borough of Merton – CSF, Social care Merton CCG Healthwatch SWLStG Trust CVS Schools (clear communication and attendance at partnership board)	On-going – to be embedded as soon as possible	Merton CCG

GLOSSARY OF TERMS

We have provided a glossary of terms to provide greater understanding of unusual words and expressions used in children and adolescent mental health services.

Attention Deficit Hyperactivity Disorder ADHD - a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness. People with ADHD may also have additional problems, such as sleep and anxiety disorders. Most cases are diagnosed in children between the ages of 6 and 12.

Autistic Spectrum Disorder ASD - is a condition that affects social interaction, communication, interests and behaviour. It includes Asperger syndrome and childhood autism. The main features of ASD typically start to develop in childhood, although the impact of these may not be apparent until there is a significant change in the person's life, such as a change of school.

CAMH – an acronym used to refer to child and adolescent mental health

CAMHS – refers to Child and Adolescent Mental Health Services which offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

Crisis Care Concordat – is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The Care Crisis Concordat action plan for Merton can be found at http://www.crisiscareconcordat.org.uk/areas/merton/

Clinical Commissioning Groups CCG's – are NHS organisations set up through the Health and Social Care Act (2012) to organise the delivery of NHS services in England.

Child in Need CIN - Section 17 of the Children Act 1989 defines a child as being in need in law if:

- He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA;
- His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA;
- He or she has a disability.

Child Protection Plans CP - A child protection plan is the plan put together at a child protection case conference detailing the ways in which the child is to be kept safe, how his health and development is to be promoted and any ways in which professionals can support the child's family in promoting the child's welfare – if this in the child's best interests.

Commission for Quality and Innovation CQUIN – a payment framework that enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

Child Sexual Exploitation CSE – Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

CYP IAPT – Children and Young People's Improving Access to Psychological Therapies Programme which is a national service transformation programme which includes training for existing service leaders, supervisors and therapists in the NHS as well as social care and voluntary sector in a range of evidence based programmes.

Department of Health DOH - lead across health and care by creating national policies and legislation, providing the long-term vision and ambition to meet current and future challenges, putting health and care at the heart of government and being a global leader in health and care policy

Department for Education - is the government department responsible for education and children's services in England. They work to achieve a highly educated society in which opportunity is equal for children and young people, no matter what their background or family circumstances.

Education Health and Care Plans EHCP - To make sure that the right extra support is provided for these children and young people, an Education, Health and Care (EHC) Needs Assessments takes place. This process brings together education, health and social care professionals as required who then work together to assess all the needs of the child or young person. This means that these professionals have a co-ordinated approach to understanding the child or young person's needs and then making provision to meet these needs.

Emotional Literacy Support Assistants ELSA's - are teaching assistants trained to provide emotional and social skills support to children.

Equalities Impact Assessment EIA - The purpose of carrying out an equality impact assessment is to ensure we are providing the best services we can, fairly to people who are entitled to them.

Emotional Wellbeing - defined as: "A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."[62]

Family Nurse Partnership FNP – a maternal and early childhood health programme delivered through intensive home visiting for up to 2 years, for first time young mums

Key Performance Indicators KPI's – a type of performance or success measure used to evaluate the success of an organisation or particular service or activity it engages in

Looked After Children LAC - The definition of looked-after children (children in care) is found in the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

Mental Wellbeing – defined as "A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"[63]

[62] World Health Organization. 2007. The ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines. Geneva: WHO.
[63] World Health Organization. 2004. Promoting Mental Health: Concepts; emerging evidence; practice. Geneva: WHO.

Multi Systemic Therapy MST - works with young people with problematic behaviours and their families. It aims to prevent young people from being placed out of home by working with families of young people aged 12-17 years (11-year-olds can be worked with if at secondary school) whose behaviours at home, school and/or in the community are concerning.

Not in Education Employment or Training NEET – an acronym used for the statistical data collated by central government on 16-18 yr olds

National Institute for Health and Care Excellence NICE - provides national guidance and advice to improve health and social care.

Public Health England – An executive agency of the Department of Health that was set up in April 2013 as a result of the reorganisation of the NHS in England. Its main function is to protect and improve the nation's health and wellbeing, and reduce health inequalities.

Social and Emotional Aspects of Learning SEAL – a whole school approach to equipping children with the knowledge understanding and practical skills that they need to live healthily, safely, productively and responsibly.

South West London and St Georges Mental Health Trust – the main mental health provider of specialist CAMH services and some early help CAMH services in Merton and across SW London (Merton, Sutton, Kingston, Richmond and Wandsworth).

Tier 1 (Universal services) - these are services whose primary remit is not that of providing a mental health service, but as part of their duties they are involved in both assessing and/or supporting children and young people who have mental health problems. Universal services include GPs, health visitors, schools, early years' provision and others.

Tier 2 (Targeted services) - this include services for children and young people with milder problems which may be delivered by professionals who are based in schools or in children's centres. Targeted services also include those provided to specific groups of children and young people who are at increased risk of developing mental health problems (e.g. youth offending teams and looked after children's teams, paediatric psychologists based in acute care settings) and are commissioned by CCG's, Local Authority and Schools.

Tier 3 (Specialist services) - this consists of multi-disciplinary teams of child and adolescent mental health professionals providing a range of interventions and is commissioned by the CCG.

Tier 4 (Specialised CAMHS) - this includes day and inpatient services and some highly specialist outpatient services including services for children/young people with gender dysphoria ; CAMHS for children and young people who are deaf; highly specialised autism spectrum disorder (ASD) services; and highly specialised obsessive compulsive disorder services. These services are commissioned directly by NHS England