

Bromley CCG Transformation Plan

Refresh

Children and Young People's Mental Health and Wellbeing

October 2017

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1. Introduction & Executive Summary

In presenting the refreshed CAMHs Transformation Plan 2017, NHS Bromley CCG would like to acknowledge all the contributions of ideas, innovation and hard work local, regional and national partners have made to making change a reality for children and young people on the ground over the course of this last year. Partners have really “grasped the nettle” and responded positively to the challenges of delivering transformation over a very short period of time.

The refreshed CAMHs Transformation Plan [2017] provides an update on the progress made against the priorities and ambitions set out in the first Local Transformation Plan [October 2015]. These achievements are highlighted on pages 14 – 21. This Plan also sets out the next steps in the journey towards a sustainable local and proactive system of support and treatment that responds to the needs of individuals and communities. More details on our medium and long term vision can be found in on pages 75 - 85.

Bromley is ambitious to get it “right” and has made solid steps in the right direction over the course of the last two years. Emergent data confirms our expectations that transformation in community based approaches and referral and care pathways is possible and is starting to have a positive impact at critical points in the current pathways. But there is still much to do.

As such this refreshed Plan should be read with reference to the CAMHs Transformation Plan published in October 2016 <http://www.bromleyccg.nhs.uk/news/new-tranformation-plan-to-support-support-the-emotional-wellbeing-and-mental-health-of-children-and-young-people-in-bromley/17622>, “Future in Mind” [2015] and “Implementing the Five Year Forward View for Mental Health Plan” [2016].

The children and young people’s emotional wellbeing and mental health referral and care pathway in Bromley started a significant change programme in 2014/2015. This was the outcome of a local review that took place over the preceding year, the aim of which was to improve access and target more resources within health promotion, prevention and early intervention service.



Following the initial review, a new single point of access (SPoA) early intervention service for all child and adolescent mental health and emotional wellbeing services was established. This early intervention emotional wellbeing service is currently delivered by local voluntary sector provider and began delivery in December 2014.

Whilst the journey to improve local community services, pre-dates the publication of the initial Transformation Plans, we know that this local change and transformation programme is still in its infancy. Therefore we welcome the continued focus on further transforming the provision of emotional wellbeing and mental health services in Bromley as well as the challenge of supporting all children and young people to keep emotionally well. “Future in Mind” [2015] and the framework for change offered through the “Implementing Five Year Forward View for Mental Health” [2016] provides us with the underpinning principles to further embed the transformation of emotional wellbeing and mental health and of children and young people.

For example, Future in Mind sets out the national CAMHs Transformation priorities as:

Figure 1: Future in Mind priority areas

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce
- Co-design future system and service models with CYP and communities

We have developed the refreshed Plan in collaboration with and with input from local partners and providers. Our co-production programme, which was started in the summer of 2016, has provided the drive from communities to continue on this journey.



The first Plan focused on the areas of transformation that would have the most immediate effects; increased system capacity, improved patient outcomes, improved patient experience and improved experiences in making referrals in to the system. Even though we have made progress, we know that we still have much to do to meet the immediate needs of children, young people and families. We also need to consider our long term ambitions and outcomes from a transformed system. We need to ensure that the local picture is improving and is sustainable and supports our aspirations for children and young people in Bromley.

NHS Bromley CCG and its partners are now launching into a three year period of further significant and sustainable change to improve community resilience and supporting communities to “keep well” and have access the right services at the right time and the right place. The look and the experience of the system that will support keeping well and accessing support at the right time and place is expected to evolve over the course of the forthcoming three years as we refine the commissioning of services and align service design to co-produced outcomes. As progress in implementing the transformation plans, we will take into consideration

- Benchmarking current investments against value for money and outcomes being achieved for users of the service?
- Considering whether we have or are planning for the right resource being in the right place based on need complexity and choice

As commissioners, we will be co-producing the future system and service designs. Working alongside partners we are committing to introducing a system that improves the underlying emotional wellbeing of all children and young people as well as ensuring that more children and young people are able to access improved services.

This plan outlines a number of locally identified priorities. The local priorities are aligned to national and regional plans. Our refreshed priorities and ambition have been set in the context of broader strategies that are developing concurrently across health, social care and education. We are actively engaging with Our Healthier South East London for the SEL Sustainability and Transformation Plan, the Healthy London Partnership, NHS England Specialised



Commissioning, the London Borough of Bromley, local CCGs, Bromley schools, primary care, local providers and the voluntary sector.

Partners from across communities, health services, social care, youth offending services and education are actively engaging in the complex issues of child and adolescent emotional wellbeing and mental health, system and service design. Interest in contributing to long term system change is high and conversations with partners are building momentum and commitment.

The first indicators that transformation on the ground is happening, as a result of the first two waves of additional investment, are beginning to be felt across the system and the emergent data supports the view that progress has been made in critical parts of referral and care pathways. But we acknowledge that we now need to focus on other areas of transformation. Bromley recognises that more work is to be done to achieve the local priorities and ambitions.

Reviewing the most recent available data, we can see that a projected 2011 children and young people were referred to and either supported or referred on to specialist services by the community wellbeing service [2016/2017]. This referral activity is projected to grow this year to 2700. In addition we know that the total referrals to specialist community CAMHs for 2016/2017 was 772. The average caseload of specialist community CAMHs during the period 2015 - 2017 was 876. Since the introduction of the SPoA the specialist community CAMHs case load has increased to an average of 890 (M5 2017/2018). This reflects an increase in the number of children and young people accessing treatment with a concurrent increase of acuity of need.

The “Implementing the Five Year Forward View for Mental Health” [NHS England 2016] commits CCGs to increasing the numbers of children accessing appropriate support by 10% over the life course of the Transformation Plan. Currently 25% of children and young people with diagnosable mental health needs are accessing services. This is expected to be increased to at least 35% as a result of the full implementation of Transformation Plans. But in Bromley we want to go further than that. Our ambition is to exceed this target and at the end of the five year transformation programme we expect 40% of those with mental health needs to be accessing or



having accessed appropriate support in the right time and in the right place. The ambition across SEL London STP footprint is to increase contact with emotional wellbeing and mental health services to 35% of the population with a need. In Bromley we want to exceed that because we think that children and young people have a right to have their needs met.

2. Local Context.

Located in South-East London, Bromley is the largest London borough in the city. At approximately 150 square kilometres it is 30% larger than the next largest borough. Although Bromley is a relatively prosperous area, the communities within Bromley differ substantially. The North-East and North-West of the borough contend with similar issues (such as higher levels of deprivation and disease prevalence) to those found in the inner London Boroughs we border (Lambeth, Lewisham, Southwark, Greenwich), while in the South, the borough compares more with rural Kent and its issues. The JSNA (2016) states that Bromley has an estimated population of 326,560 with 76,500 (23%) falling within the 0-18 year age group. The ethnic minority population of Bromley is 19.0%, and this is projected to rise to 22.5% by 2026. Bromley has a large Gypsy Traveller community concentrated chiefly in the Crays area

Table 1 below shows that the total population for Bromley is 326,600 of which nearly one in four (23%) are children aged 0-18 years. The age group 11-18 years is due to expand over the next ten years. The age groups roughly correspond to pre-school, primary school and secondary school age groups. Thirty –five percent of school children are from a minority ethnic group.

Table 1: Projected Population Growth Bromley

	2016		2021		2026	
Total Population	326,600		333,600		341,200	
0 - 4 yrs (%)	21,100	6%	20,700	6%	20,100	6%
5 - 10 yrs (%)	25,900	8%	26,200	8%	25,700	8%
11 - 18 yrs (%)	29,500	9%	32,700	10%	35,200	10%

Source: GLA 2015, Round Population Projections accessed August 2016



School Readiness

In 2015-2016, 75.4 % of Bromley children achieved a good level of development at the end of reception year. This was higher than London 71.2% and England 69.3%. However the percentage of children with free school meals achieving a good level of development at the end of reception was slightly lower in Bromley 56.8% than London 61.4 % but higher than England 54.4%.

Special Educational Needs (SEN)

The number of pupils in Bromley schools with Special Educational Needs is currently at 6,940 pupils (based on the January 2016 school census). Of these, 1621 pupils have either an Education Health and Care (EHC) Plan or Statement of Special Educational Needs (2016). However 5319 pupils have SEN needs at support level, and do not have a statement of SEN or an EHC Plan. The percentage of pupils with statements or EHC plans in Bromley schools remains above the national and London averages. Bromley has a high number of pupils with Speech and Language needs, and also those with Autistic Spectrum Disorder and these numbers are higher than those of its neighbouring boroughs. Children with special educational needs are more likely to experience mental health problems.

Table 2: Distribution of Complexity of Support Needs Bromley Schools [2016 Schools Census]

SEN Support Primary Schools	10.4%
SEN Statement of Need/EHC Plan Primary Schools	3%
SEN Support Secondary Schools	9.6%
SEN Statement of Need/EHC Plan Secondary Schools	1.9%

This complexity is evidenced in data from the Chartered Institute of Public Finance and Accountancy [CIPFA) which compares to other boroughs in the benchmarking group. Bromley still has:



- More pupils with behavioural emotional and social difficulties among pupils who have a statement
- Higher numbers of pupils with Autistic Spectrum Disorder (ASD)
- Higher rates of pupils with moderate, severe or profound and multiple learning difficulties

Looking at the CIPFA benchmarking data, we can see that Bromley, compared to other London boroughs, diagnoses higher levels of speech, language and communication difficulties. It is also apparent that the number of CYP diagnosed with ASD is increasing. The categorisation of need often remains that which is diagnosed at the point of finalising the EHC Plan, a snapshot in time and we know that there is a time lag between referral for ASD and diagnoses given.

We have seen a 27% rise in the volume of requests for EHC Needs Assessments since September 2016. We have also recognised the general increase in demand for primary age places in London.

There is an increase in EHC Plans and provision at each end of the age range (pre-school and post-19yrs), whilst the school age cohort currently remains fairly static

As the new SEN Code of Practice allows for young people with special needs to receive support in education up until their 25th year, we are supporting an increasing number of students to attend Post 16 educational placements.

The Table below gives more details on the number of EHCPs and/or Statements by educational setting type as at 31st March 2017,

Table 3: Children and young people in Bromley with Special Educational Needs Performance Scorecard April 2017

	Maintained Special School	SEN Units	Maintained M/S school	Independent (non-maintained)	Other	Total
SpLD	4	0	41	7	2	54
MLD	44	6	38	13	5	106
SLD	47	0	17	12	1	77
PMLD	18	0	3	2	1	24



SEMH	38	2	53	35	11	139
SLCN	144	28	364	69	20	625
ASD	131	16	184	61	11	403
VI	6	0	9	1	1	17
HI	3	14	24	4	1	46
MSI	3	0	0	0	0	3
PD	52	1	47	9	3	112
Other	18	0	24	5	3	50
Unknown	0	0	0	0	0	0
Invalid	0	0	0	0	1	1
Total	508	67	804	218	59	1656

Children Looked After (CLA) in Bromley

The number of CLA has remained relatively stable, ranging between 250 and 286 each year over the last seven years. The rate of 37 looked after children per 10,000 population under 18 is lower than for inner London, outer London and nationally. Fifty –eight percent of CLA are male . Bromley has a relatively high proportion of older children in care 25% of CLA are aged 16-17 and 40% are aged 10-15. This reflects a similar trend across the statistical neighbours, London and England.

There has been an increase in the percentage of looked after children from black and minority ethnic (BME) groups 32%, this is higher than the BME population of Bromley children which is 27%. Nationally, 22% of CLA are BME but in London this rises to 57%. In Bromley a high proportion of looked after children (61%) have special educational needs, and 35% of CLA have a Statement of Special Educational Needs or an Education, Health and Care Plan. Thirteen young people looked after are receiving services from the Youth Offending Service. Bromley is also responsible for 163 care leavers aged 18 to 21 years. The number of unaccompanied asylum seeking children in the borough is low, there are currently 21 but this number is expected to rise. (Bromley JSNA 2016)



Young people in contact with the Youth Justice System

Bromley has a lower rate of young people as first time entrants to the youth justice system in 2015 the rate was 208.7, 10-17 year olds per 1000 compared with London 407 per 1000, and England 327.1 per 1000. In the last year, Bromley YOS has worked with 242 young people with approximately 34% assessed as in need of CAMHs or other wellbeing support. Whilst the numbers of young people entering the youth justice system has fallen sharply over the last 10 years, those who remain in the system have a range of complexities requiring significant levels of more specialist intervention and support from the YOS and other agencies.

Other vulnerable young people

The following groups of young people have also been identified as children of possible need and who could be more vulnerable to mental health problems. However further evidence is needed and this work will be undertaken in 2017-2018

Children known to early help services and children's social care as a result of parental domestic abuse, mental health and substance misuse

Children in Need and Children suffering from neglect

Child suffering Sexual Exploitation, trafficking, and missing Children Looked After

Violence Against Women and Girls

Children and young people involved in gangs

Young people who are homelessness



3. Estimated Prevalence of Mental Health illness for CYP in Bromley

Childhood and teenage years are a time of rapid change and for some children and young people these changes can often act as triggers to anxiety, depression or a mental illness. These may include traumatic events such as loss of a parent /carer or the birth of a new sibling or moving school or home. Teenagers face the challenges of puberty, developing relationships with peers, exam pressure and more recently their use of social media. These can all prove difficult to negotiate and manage. Some young people find it hard to make the transition to adulthood and may experiment with alcohol, drugs or other substances that can affect their mental health.

The British Child and Adolescent Mental Health Surveys in 1999 and 2004 found that 1 in 10 children and young people under the age of 16 had a diagnosable mental disorder. Among the 5 to 10 year olds, 10% of boys and 5% of girls had a mental health problem while among the 11 to 16 year olds the prevalence was 13% for boys and 10% for girls.^{2,3}

- .□ The most common problems are conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders.^{2,3}
- .□ Rates of mental health problems in children and young people in the UK rose over the period from 1974 to 1999, particularly conduct and emotional disorders.⁹ In the absence of more recent data, it is unknown whether this trend has continued.
- .□ Mental health problems in children and young people cause distress and can have wide-ranging effects, including impacts on educational attainment and social relationships, as well as affecting life chances and physical health.^{13,14}
- .□ Mental health problems in children and young people can be long-lasting. It is known that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18.²⁰ In addition, there are well-identified increased physical health problems associated with mental health.^{15–18} (Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays (Chapter 10))



The Bromley Joint Strategic Needs Analysis [2014] suggests that the prevalence in Bromley rises to about 13% of the total children and young people’s population. It is also estimated that three children in every classroom and 45% of children in care live with diagnosable mental health issues. There is an increase in numbers and complexity of children with learning difficulties and/or disabilities in the Borough, leading to an increase in the number of children requiring specialist support.

The tables below set out the anticipated prevalence of mental health disorder amongst children and young people between the ages of 5yrs and 19yrs in Bromley.

Table 4: Mental Health Disorders (boys and girls 2 yrs to 19yrs)

Age	All Disorders
2 yrs – 5 yrs	3465
5 yrs – 16 yrs	3940
16yrs – 19 yrs	2030
Age	All Autism-spectrum conditions and/or disorders in children
5 years -10 years	403
Total	9838 (13% of total CYP population)



CAMHs in Bromley: Current referral data, risk factors and presenting issues

As already stated, in 2014 a new single point of access (SPoA) early intervention service was established which is currently being delivered by Bromley Y Wellbeing Service, a local voluntary sector provider. The service triages referrals and where clinically appropriate delivers interventions or refers service users on to other specialist services such as specialist community CAMHS, Bromley Children’s Project or substance misuse services. Most children and young people enter the system via the SPoA and as can be seen from the data below referrals to the Wellbeing Service are increasing year on year.

Table 5. Number of young people referrals made to Tiers 2 & 3 in Bromley

Provider	2015/16	2016/17	2017/18 (projected)
Wellbeing Service (Tier 2)	1,491	2,011	2700
Oxleas Specialist CAMHS (Tier 3)	871	772	684

Table 6: Referrals to Bromley Wellbeing by Quarter and onward referrals to CAMHs

Quarter	Referrals to the Wellbeing Service	Onward Referrals to CAMHs	Onward Referrals to CAMHs as % of referrals
Q 1 15/16	598	131	22%
Q2 15/16	498	96	19%
Q3 15/16	676	118	17%
Q4 15/16	837	127	15%
Q1 16/17	707	58	8%



Where do referrals to the Wellbeing Service (Tier 2) come from?

Table 7. Referral Source (Q1 17/18): data from Wellbeing Service

Source	Number	% of total (n=707)
GP	231	33
Parent/carer	205	29
School	121	17
Social Care	48	7
Phoenix Centre (Community Children's health services)	19	3
Self	16	2
Other CAMHS	13	2
YOT	13	2
Hospital	8	1
BCP	7	1
School Nurse	1	0

The table above shows that the most common source of referral is GPs (33%), followed by carer referral then school referral.

Whilst the reliability of the data for referrals across the whole system is improving, it is worth noting that the numbers of referrals from the Wellbeing Service to specialist CAMHs appear to be stabilising, whilst deliberate self harm presentations (to A&E) and acuity of need are rising: (see Table 13, Page 20)



Table 8: Referrals of CYP accessing specialist CAMHs January to June 2017

All Sources	Referrals Received	Referrals Accepted
2014 – 2015	1095	676
2015 – 2016	871	763
2016 – 2017	772	687
2017 – 2017 [M3]	177	173

Risk and Complexity Factors

Many children and young people accessing the Wellbeing Service report having multiple needs, for example physical health, social, environmental, educational needs alongside emotional and or mental health needs. Additionally, it is worth noting that 278 of the 745 referrals from primary schools were for self harm

Table 9. Social factors identified in CYP accessing the Wellbeing Service

Social Factors	% of CYP	Social Factors	% of CYP
Problems in Family Relationships	20	Current Child Protection Concerns	3
Problems in Peer Relationships	15	Excluded From School	3
Not Attending / Functioning in School	12	Involved in Criminal Activity	3
Family Mental Health Issues	11	Identified Drug /	3



		Alcohol Use	
History of Bereavement / Loss / Trauma	9	Housing Issues	3
History of Social Services Involvement	7	Living in Care	2
Physical Health Issues	5	Unemployment	1
History of Domestic Violence	5		

Table 10 shows the complexity factors which were captured for a proportion of the children and young people seen in Specialist CAMHS (1.4.16-31.7.17) many children and young people presented with co-morbidities.

Table 10. Complexity Factors identified in CYP accessing specialist Oxleas CAMHS services 2016/2017*

Risk factors	%
Home Issues	38
School Issues	36
Community Issues	23
Parental Health Issues	16
Engagement Issues	13
Experience of Abuse	12
Pervasive Developmental Disorders	10

*The way the data on risk and environmental factors are recorded varies across the pathway. The partnership will be exploring how to reconcile the variability over the forthcoming year.



What emotional health needs and formulations do CYP present to CAMHS services with?

Bromley Wellbeing Service data

Table 11: Issues identified at referral to Wellbeing Service July 16 to June 17 [this refers to issues not individual client numbers]

Reason for referral	Total	%
Anxiety	1513	14
Changes In Mood (Low Mood - SAD, Apathetic, High Mood - Exaggerated / Unrealistic Elation)	1118	10
Depressive Symptoms (e.g. Tearful, Irritable, Sad)	935	8
Anger Outbursts or Aggressive Behaviour Towards Children or Adults	887	8
Sleep Disturbance (Difficulty Getting to Sleep or Staying Asleep)	765	7
Conflict with parents	691	6
Panic attacks	439	4
Transition issues	399	4

Children and young people who attend CAMHS for mental health assessment and treatment are subject to a clinical formulation of their difficulties using the National CAMHS Data Set (NCDS) which then informs the treatment and care they receive. A proportion of children and young people receive a diagnosis, usually from a psychiatrist, using ICD-10 diagnostic criteria.

NCDS and ICD-10 data is available for over 90% of all children and young people being seen within the service at any one time.



The NCDS descriptors presented in Table 11 give a clinical profile of the mental health difficulties of the children and young people receiving services from Specialist CAMHS.

Table 12. NCDS descriptors used by Oxleas CAMHS service

NCDS descriptors	Descriptor 1	Descriptor 2	Descriptor 3	Descriptor 4	Total
Emotional Disorders, includes OCD, PTSD	221	63	4	7	295
Autism Spectrum Disorders	35	29	11		75
Deliberate Self Harm, includes overdose	40	23	2	1	66
Conduct Disorders, including anti-social behaviour	34	15	9	2	60
Hyperkinetic Disorders includes ADHD etc	19	15	8	1	43
Other	36	2			38
Developmental Disorders	9	11	1	1	22
Learning disabilities, moderate - severe	12	6	1		19

The referral and activity data does show that over the course of the last two years, the number of children and young people presenting to the system in crisis is increasing. For a significant proportion of these CYP this will be their first contact point with the emotional wellbeing and mental health pathway.



Table 13: Deliberate Self Harm Presentations April 2015 – June 2017

	A&E presentations	Ave. Presentations per month
2015 –2016	234	19.5
2016 – 2017	244	20.3
2017 – 2018 [M3]	74	24.6

In patient (hospital) admissions

Turning our attention to the highest need in the system, the table below confirms that those being admitted to in patient units are small in number, however their needs are such as to require a period of in patient treatment.

Table 14: In-patient bed use, trends, 2010 – 2018, Bromley¹

Financial Year	Number	Total Occupied Bed Days	% Increase/Decrease in Occupied Bed Days
2010/2011		1091	-
2011/2012	16	1403	↑ 29%
2012/2013	24	2003	↑ 43%
2013/2014	26	2669	↑ 33%
2014/2015	31	2373	↓ 11%

¹ Activity Analysis April 2016, Oxleas NHS FT



2015/2016	43	3615	↑ 65%
2016/2017	28	Figures not available	
2017/2018 [M6]	10	Figures not available	

4. Finances

In addition to the impact that poor emotional wellbeing and mental health has on the prospects of individuals achieving their full potential and the impact on those who care for them there is, of course, a financial cost to emotional wellbeing and mental health to services if left untreated.

The costs incurred to the public purse of not treating children and young people early in their lives are considerable. For example:

Mental health problems in children and young people are associated with excess costs estimated at between £11,030 and £59,130 annually per child. These costs fall to a variety of agencies (e.g. education, social services and youth justice).

There are clinically proven and cost-effective interventions. Taking conduct disorder as an example; potential life-long savings from each case prevented through early intervention have been estimated at £150,000 for severe conduct problems and £75,000 for moderate conduct problems.

Within this context it is worthwhile taking stock of our current and projected spends on supporting and treating children and young people’s mental health problems.

Current Core Investments

Current “core” financial investments in CAMHS services in Bromley are outlined below. However it is acknowledged that identifying specific ‘CAMHS’ input and therefore investment within services such as: school counselling, Educational Psychology services, community



paediatricians, children’s community health services, health visitors, school nurses, Bromley Children’s Project and the voluntary sector is complex. Financial estimates relating to these staff groups has therefore not been included in this plan, although it is recognised that their input to local services is vital.

Table 15: Overview on Current core investments by CCG and Local Authority

Service	Investment 2017/2018	Notes
Community wellbeing service (Bromley Y)	£448,661	Joint LBB and CCG commissioned Single point of entry into tiers 1 and 2 with referrals to tier 3 CAMHS
Specialist community CAMHS (Oxleas NHS Foundation Trust)	£2,465,889	CCG Commissioned
Specialist Tertiary CAMHS (South London and Maudsley NHS Foundation Trust)	£687,539	CCG Commissioned Includes specialist Eating Disorder outpatient services
Inpatient CAMHS (NHSE)	tbc	NHSE Commissioned
Specialist Placements – Out of Borough (LAC) (2014/2015)	£435,000	CCG Contribution to individual placements

These core investments in emotional wellbeing and mental health services have been supplemented through additional resources that have been allocated to NHS Bromley CCG from central resources through the Local CAMHS Transformation Plan programme .

Future in Mind confirms additional incremental funding for each local area for five years (2015 – 2020). The national funding is based on a nationally agreed funding formula from which the



local allocation is derived. The projected five year Transformation Plan financial commitment for Bromley is set out below:

Table 16: Projected Transformation Plan Investments – national Transformation Plan uplifts applied to Bromley

Year	2017/2018	2018/2019	2019/2020	2020/2021
Growth %	2.23%	2.49%	2.68%	4.47%
Value Start (£)	661.000	675.740	692.566	711.127
Growth - £	14,740	16,826	18,561	31,787
Value (incl. Growth)	675,740	692,566	711,127	742,914

This resource is additional to what the local partnership already commits to meeting the needs of its local population. The challenges for the local area are threefold:

- a) To make the additional investment count, beginning the journey to transformation immediately and invest in those parts of the existing pathway that will make an immediate difference
- b) Plan and begin the journey towards a transformed system of care that is sustainable for the medium to long term. This means designing a system now that can be incrementally implemented so that at the end of the five year investment programme more children and young people will continue to benefit from appropriate treatment and support.
- c) Recognise that this additional investment is contingent on demonstrating current and in year transformations (year to year) underpinned by collaborative working with communities and partners in a different way.

These challenges are further addressed below where we set out our commitments on the “now” and the steps we plan to take to agree the sustainable future our children and young people



deserve beyond 2020. We must be clear that, as a partnership, we must consolidate our vision for a sustainable system whilst we are delivering operational transformation now.

Further In Year Non-Recurrent Transformation Plan Investments [2016/2017]

During the course of the financial year 2016/2017, NHS Bromley CCG has also received or has been notified of additional in-year non-recurrent funds being distributed from central.

Table 17 Additional in year Transformation Plan investments

Commitment	Allocation
Health and Justice	£28,000 – to improve emotional wellbeing and physical health of children and young people in contact with youth justice
Eating Disorders	£184,000 – additional investment in response to 72% uplift in eating disorder referrals to specialist treatment
National Waiting Times Initiative	£180,000 - In two stages – additional investment to address waiting times and waiting lists across Early Intervention and Autism Diagnosis Service

5. Developing A Sustainable System to Meet Increasing Need: Our Transformation Plan achievements to date for 2015/2016 – 2016/2017 and planned 2017/18 allocations

Following the publication of “Future in Mind” in 2015, CCGs across England were challenged to begin the journey of transformation straight away. CCG’s were given indications that additional resources would be distributed to them over a five year period on the proviso that they could



evidence that change had been experienced on the ground. Bromley CCG and partners agreed their local transformation strategic ambitions over the five year period as outlined below:

- a) To co-design and co-produce children and young people emotional wellbeing and mental health referral and care pathways to respond to need.
- b) To exceed the national target of 35% of those with mental health needs to be accessing or having accessed appropriate evidence based treatment and support in the right time and in the right place.
- c) To improve the quality of outcomes that children and young people can expect as a result of their contact with services
- d) To ensure that waiting times (referral to treatment) are kept within clinically appropriate time frames (four weeks)
- e) That communities are supported to help to keep well
- f) To collaborate with schools, the voluntary sector and health providers to prevent need
- g) That individual treatment gains and the step change in services are sustainable
- h) That fewer children present to services in crisis and fewer children and young people are admitted to inpatient units
- i) that more children have their needs met closer to home
- j) that services are co-designed and co-produced with children, young people, communities, faith groups and professionals
- k) to develop a workforce capable of delivering the new services

The first allocation of the transformational resource came to Bromley CCG in December 2015 and again a similar resource was received in 2016/2017.



The above local, as well as regional (London and South East London) and national aims are reflected in the decisions which were made on the investment of transformation resources over the last two years and they continue to influence the decisions for 2017/2018 investment. These are set out below. A primary thrust of investment has been to build capacity across the system in order to improve service user's experiences and individual outcomes and the initial investment work was built on and continued in 2016-2017 and the investment will continue for 2017/18

And whilst we recognise that it is important to continue to invest in services in ways that lead to the improvements that have been achieved there is a concurrent need to think about and plan for sustainability. To help achieve this Bromley developed a Mental Health Strategy in 2017.

The strategy and subsequent Action Plans provide a platform to bring about change over a sustained period of time that allows us to redistribute investment from acute and chronic hospital and community based services to supporting activities that prevent or significantly delay the onset of serious mental health problems.



The Table below sets out the Transformation Plan investment 2015-2018

Table 18: Transformation Plan Investment Allocations 2015/2016- 2017/2018-2017/2018

Transformation Plan Commitment	Allocation 2015/16	Allocation 2016/17	Allocation 2017/2018 (Proposed)
Eating Disorder Service – national Waiting Times and Accessibility Standards	£188,000 increased capacity in specialist eating disorder services and a new referral pathway	£188,000 increased capacity in specialist eating disorder services and a new referral pathway	£188,00 increased capacity in specialist eating disorder services and a new referral pathway
Eating disorder – Waiting times and Access Standards	£10,500 telephone self referral and GP consultation	£10,500 telephone self referral and GP consultation	£10,500 telephone self referral and GP consultation
Out of Hours Hospital Liaison Service			£95,447 Increased out of hours liaison capacity 4pm – midnight 7 days per week
Building Capacity across the system	£247,000 Tier 2.5 capacity initiative to reduce waiting times across early intervention and specialist CAMHs	£275,000 specialist CAMHs capacity initiative in response to rising tide of demand and activity	£359,000 Increased capacity across the community referral and care pathways



School Resilience Support	£44,000 Consultation to school staff, offered across all schools	£44,000 Consultation to school staff, offered across all schools	£44,000 Consultation to school staff, offered across all schools
School Responder		£35,000 first response to early presentation and risk (identified by schools). Consultation to school staff	£35,000 first response to early presentation and risk (identified by schools). Consultation to school staff
Co-Production		£20,00 co-production exercise	£30,000 Co-production programme
Health and Justice		£115,627 Improvements in local care pathways and accessibility	£173,000 Recurrent and non-recurrent funding to improve forensic CAMHs and emotional wellbeing offer
N3 Compliance and Secure email referral	£20,000 – Bromley Y to meet HSCIC requirements		
ASD/CCD support	£15,000	£15,000	



	ASD pre-diagnosis support – voluntary sector	ASD Pre-diagnosis support	
ASD/CCD Diagnostic	£27,000 NICE waiting times compliance		
Out of Area Placements and inpatient admissions	£30,000 identifying out of borough residential school placements and inpatient admissions to plan return to Bromley		
Child Sex Abuse	£10,000 SE London mapping exercise – Bromley Contribution		
Commissioning capacity	£30K – to lead CAMHS transformation Plan		

Considering each Priority Area above in more detail we can see the rationale behind the investments, based as they are on the Local Priorities and how the new resource is having an ongoing impact on developing capacity and improving service provision to better meet the



needs of and children and young people in the borough. The investment also reflects increased work around prevention and co-production with young people and their families to build resilience and sustainability.

Eating Disorders:

Bromley CCG along with six other south London Boroughs currently commissions specialist outpatient Children and Adolescent Eating Disorder Services (CAEDS) from the South London and Maudsley NHS Foundation Trust (SLAM). Outpatient services are provided at the Michael Rutter Centre, on the Maudsley Hospital site.

Referrals to CAEDS has significantly increased since the service started accepting self-referrals, referrals from GPs and schools and parents. Since October 2017 there is an option for young people to self refer. This initiative was implemented following feedback from young people . Young people said that they would be more likely to self-refer themselves if they could submit their details on-line and then wait for a senior clinician to call them back, rather than make the initial call themselves.

A telephone line service staffed by a duty clinician provides consultation to GPs, schools, primary care and other health and mental health services.

Of the seven South East London CCGs and Boroughs referring to the service, Bromley has the highest number of young people referred to the service. GP referrals comprise 29% of total referrals and self-referrals have made up 20% of which 80% of these are from parents on behalf of their children. More data will be reported in 2018 from the on-line referral form.

As a result of transformation investment over the last two years to increase capacity, additional staff were recruited in 2016 including three new band 7 Clinical Psychologists, a Consultant Psychiatrist and a Family Therapist. .SLAM now report that they are seeing the benefit of these additional staff with improvements in waiting times. The service has been offering 6 or 7 routine appointments and 1 urgent appointment per week.



Throughout 2016/2017 access and waiting times have improved and are close to being fully compliant with the National Waiting Times and Accessibility Standards.

Table 19: Bromley Referral and Waiting Times Data April 2016 to September 2017

Bromley		April 2016 to September 2017	
No. patients referred:	94	NOT accepted	8
		DNA	2*
URGENT referrals (within 7 days):	11	Met Waiting Times target 8	Missed target: 3
ROUTINE referrals (within 28 days):	75	Met Waiting Times target 46	Missed target: 29
*2 DNA but subsequently attended when appointment re-offered			

The treatment interventions delivered are in line with NICE approved evidence based best practice. SLAM plan to become members of the Quality Network for Community Eating Disorders for Children and Young People (QNCC-ED) in 2018.

In 2016/17 SLAM reported that their outcome measures showed significant increase in weight for the cases of anorexia nervosa in the first 3 months, however as treatment of Eating Disorders usually lasts 9-12 months, outcomes need to be continually monitored. They also reported that the great majority of people get discharged to GPs after the treatment. Commissioners across South London are meeting and working with SLAM to review and improve data collection including outcome and discharge data for 2017-2018.

Investment in the CAEDS service will continue in 2017/2018 in order to sustain and improve waiting times and outcomes for young people of Bromley who need this service.



As well as seeing and treating patients SLAM are also involved in leading a number of national and local initiatives which include:

National Training for Child and Adolescent Eating Disorder Services: On a national basis CAEDS and the Great Ormond Street Hospital eating disorder service were selected to deliver national training for established and developing specialist and adolescent eating disorders services, in partnership with a number of local providers. The training was commissioned by Health Education England.

“Happy Being Me Project”: This is a 6-week primary prevention programme. To test effectiveness it has been run in 7 South East London schools (a mixture of fee paying, independent, religious, state comprehensive schools; 5 all girls, 1 boys, 1 co-educational) and whether the clinician-led programme provides benefits compared to no intervention. Preliminary data shows early benefit for body satisfaction and improvements in topic knowledge which are maintained at 3 month follow up. Qualitative feedback from the students is largely positive, and teachers have also been enthusiastic about the programme and report liking its main messages.

Bulimia Outreach Project: SLAM made a successful bid to Guy's & St Thomas' Charity to fund a pilot project with the aim of developing an outreach approach to increase awareness of the symptoms of Bulimia in schools, primary care and community groups.

Building Capacity Across the System: 2015-2018

Transformation investment has been made in a number of areas to build and increase capacity across the system. As already highlighted Bromley Y Wellbeing Service is commissioned by Bromley CCG to be the SPoA in the borough (pages 15-21), and most children and young people enter the mental health system via the SPoA .

Looking at the impact of the investments that have been made across the system over the last two financial years we can see that there has been an increase in the number of referrals to the



SPoA, 1491 in 2015/2016 to a projected 2700 in 2016/2017, and a reduction of referrals from this service to specialist CAMHS services. During Quarter 1 (Q1) 2015/16, 131 referrals were made to Specialist CAMHS while for the same quarter in 2016/17 the number of referrals reduced to 58. See Table below:

Table 20: Referrals from Wellbeing Service to Specialist CAMHS

TIME FRAME	REFERRALS TO THE WELLBEING SERVICE	ONWARD REFERRALS TO CAMHS	ONWARD REFERRALS TO CAMHS AS % OF TOTAL REFERRALS
Q 1 15/16	598	131	22%
Q2 15/16	498	96	19%
Q3 15/16	676	118	17%
Q4 15/16	837	127	15%
Q1 16/17	707	58	8%

As a result of the transformation investment from Health Education England, Bromley Y Wellbeing Service has recruited and hosts four Children’s Wellbeing Practitioners (CWP) - further details in Workforce Development (Page 69). The CWPs will work within the service’s single point of access service (0-18 years) to support the less complex and enduring elements of the service’s work and aid movement towards a system focused on early help

Transformation Investment will continue in building capacity across the system in 2017-2018 as we seek to continue to develop prevention services as well as ensuring that each child or young person receives the ‘right’ service at the ‘right’ time depending on acuity of need.



Tier 2.5 Capacity Initiative: The CCG and its partners has also invested additional capacity to support those children and young people whose needs fell between the historical treatment and Tier thresholds.:

The impact of the additional investment in the early intervention service (which historically offers Tier 2 interventions is outlined below:

- The Service is now able to offer longer term interventions (12-16 weeks) for those young people presenting with more complex and enduring difficulties.
- Pre and post SDQ data on 209 young people scoring 18+ at assessment (putting them in the Tier 2.5 bracket of need) in the early intervention service have been treated since December 2015. After completing an intervention of either Cognitive Behaviour Therapy (CBT), Interpersonal Psychotherapy (IPT) or Systemic Family Therapy (SFP) their scores show that the average pre score was 23 reducing to 16.87 post intervention. Of the 209, 84% show improvement after engaging in the intervention by reducing their SDQ score.

In addition to investing for additional capacity in the early intervention service, capacity to meet the needs of this cohort in specialist community CAMHS was also allowed for. Initially, the additional resource supported an initiative to provide for 80 children and young people with tier 2.5 level needs to receive interventions from Specialist CAMHS. However, in response to changes in demand, this investment was redirected to address Tier 3. The impact of the additional investment in the Specialist CAMHS provision which was used to support this initiative was:

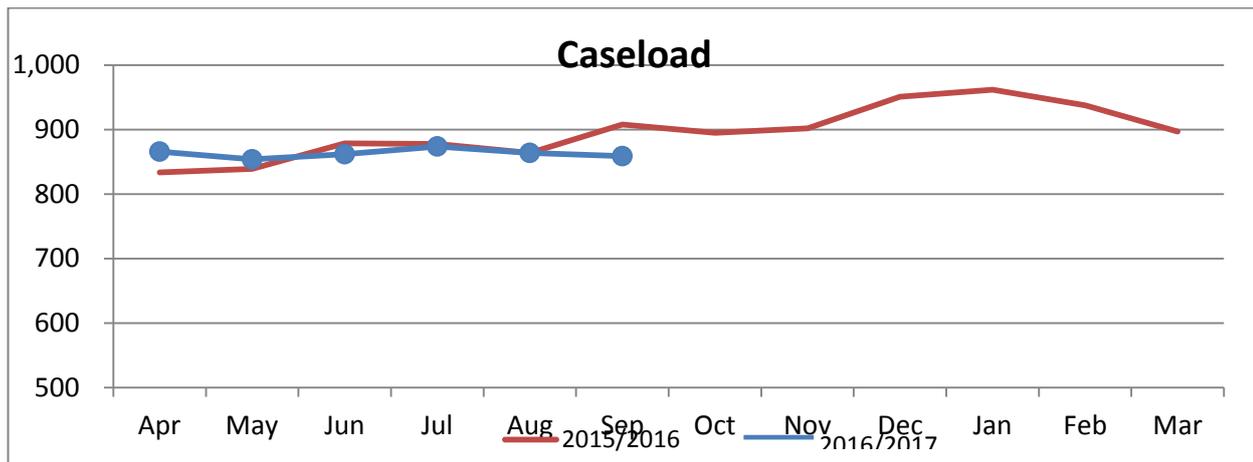
- 61 children and young people have received a service from Specialist CAMHS whose presentation met the Tier 2.5 criteria.
- Of these, 25 were considered to need a tier 3 intervention following assessment and the remainder have joined the care pathway for CBT, systemic family therapy and psychoanalytic psychotherapy.



By investing additional resources in the Tier 2.5 element, the SPoA service is able to treat children and young people with a higher acuity need.

Tier 3 Capacity building investment: As highlighted above In response to a significant increase in demand for Tier 3 specialist CAMHS over the course of the last few years, part of the investment originally intended for the Tier 2.5 capacity initiative, was redirected to Tier 3 treatment and interventions in order to support the additional needs of those being referred to specialist CAMHS. One can see the increases and changes in caseloads as reflecting the referral activity below. This correlates with the referral activity from the SPoA.

Table 21: Oxleas NHS FT Bromley specialist Community CAMHS two year caseload overview



Our local delivery partner, Oxleas NHS Foundation Trust, has made significant progress against the 2016/2017 Transformation Plan investments:

- Specialist Nurse Practitioner recruited and in post (since September)
- Additional weekly Psychiatry sessions since August
- Band 7 Nurse recruited, awaiting start date
- Band 5 Nurse recruitment underway -



- Psychologist recruitment underway

CAMHs Pathway Nurse:

The CAMHs Pathway Nurse (RMN) was recruited to in 2017/2018 and was co-located within the early intervention service. This role has brought additional mental health knowledge and practice to the system front door. However, indications are that despite investment of staff resource, support and guidance, the referral and care pathways, as currently structured and delivered, are not sufficiently robust to justify a continuation in investment in this additional resource in 2017/2018 and 2018/2019.

Out of Borough Mental Health Pathway Review:

The project has provided reviews for 30 children and young people in out of borough education and social care placements to review their needs and to ascertain whether they could be repatriated to Bromley. A further 10 children and young people have been reviewed with Social Workers to assist with care planning. Attendance at Placement Panel has provided specialist mental health expertise regarding children coming into local authority care and those moving placement or transitioning to adult services. The project has been funded through the Local Transformation Plan for one year and is due to end in December 2017. A report with recommendations is expected in November 2017. The CCG is actively exploring opportunities to embed the Out of Borough resource permanently with children services going forward.

Pre-Diagnosis Support for ASD/Complex Communications Disorder Service:

In partnership with the London Borough of Bromley, NHS Bromley CCG Investments were made in 2015/2016 and were continued in 2016/17 to a local voluntary sector provider to provide telephone support, group support, training to (extended) families and to accompany families to the diagnosis outcome appointment. This was in response to families indicating that they were left feeling isolated and confused during the diagnosis waits. This investment is a good example of joint commissioning with local commissioning partners, who in this case, commission post diagnosis support for families.



Data Collection and Data Analysis

NHS Bromley CCG and its partners recognise the key role that consistent data collection and analysis plays in understanding need and shaping commissioning responses. It is only by giving real attention to detail to inform commissioning and performance management arrangements will it be possible to make the step changes in investment from the acute, chronic and complex care which is the most expensive to more preventative measures that are not only cheaper but also reduce future expensive costs to both health and social care.

In the implementation of the first wave of Local Priorities it became clear that there were significant gaps in available data. In particular, and with reference to the new data submission requirements to the National Mental Health Services Minimum Dataset. NHS Bromley CCG invested additional resources to focus on data collection and analysis.

Support was given to the local provider network to develop a local minimum dataset to be analysed by the CCG, on behalf of clinical commissioners and the local authority. The CCG has now implemented the local minimum dataset across the referral and care pathways. This has allowed us to drill down into specifics. Currently we have one year of local minimum data information for the Bromley Y Wellbeing service, which has allowed us to understand in more detail who is accessing the service and their presenting issues, where referrals have come from and forward referred routes plus the early intervention work undertaken within the service. Data has also been received from specialist community CAMHS. All the data will be used to inform the co-production work and future commissioning.

As data collection and reporting improves it will allow commissioners to:

- To develop a baseline of need and service performance at a local level
- To have a more sophisticated understanding of local need
- To develop appropriate system outcome measures across the whole pathway and to support this with new approaches to pathway commissioning



- To allow the commissioning partnership, alongside communities, schools and social care, to direct where future resources should focus in order to address identified needs and trends.
- Provide as close to real time and accurate picture as possible of how the system is working

The Healthy London Partnership (HLP) is leading an outcomes and Key Performance Indicator development programme. NHS Bromley CCG commits to leveraging the learning from this programme in to future service specifications. Locally, the interface between the co-production process and the development of the local outcomes and KPI framework will be through the Co-Production Steering Group.

Some of the identified challenges around implementing local KPIs are set out below:

1. National KPI's currently focus on access and waiting times but these are only important if people are being seen effectively. Figures about activity and throughputs of services allow you to see what a service is doing to some extent, but they do not tell you about the difference they are making for the people using them.
2. All service providers should be transparent and be able to show the impact they are having on children and young peoples (CYP) lives.

Using outcome measures in provider services also:

- enables CYP and families to have their views heard more effectively
- keeps services accountable and efficient, and
- flags up areas of excellence and for improvement



Social, Emotional and Mental Health Support for Schools

Schools identified the need to do more work to support pupils to improve their emotional mental health and well being. This included training for staff to further develop their ability to support their pupils. Additional improvements suggested was the establishment of a group of school named leads for mental health, who would receive ongoing support from CAMHS practitioners.

To meet the above needs transformation funding has been committed to support schools from 2015 – 2018.

School Consultation: This new service, delivered through the early interventions service, delivers school consultation to all mainstream Bromley secondary and primary schools. Building on a pilot in 2016, the CCG continued its investment in this service in 2017. This service is now available to all primary and secondary services in Bromley and investment in the school consultation service will continue in 2017/18.

Additionally, a pilot for special schools consultation from Specialist CAMHS is in progress with positive engagement and uptake to date.

School Responder: It was envisaged that this role would provide face to face school based crisis interventions and support to staff. This post was recruited in September 2016 and is liaising with and offering short term interventions to school pupils and support to staff.

Bromley Secondary School Emotional Health Forum: The Forum was established in 2013 by a local secondary school and Public Health. The forum is chaired and organised by school staff and has expanded to include representatives from school nursing, CAMHS, Bromley Y, SEN and commissioners. The strength of the group has been through its leadership by local schools and the collaboration which has been welcomed by schools. Examples of work undertaken include:

- A pilot of school named leads for mental health who receive ongoing support from CAMHS practitioners has now been rolled out to all schools.



- Expanded suicide awareness training to all schools in Bromley (a 1 day course). Public Health have arranged for the local Safeguarding Children Board to offer this course in Bromley. It is highly rated by teachers who have attended previous training
- Extended Mindfulness Training to all schools in Bromley (including primary schools, special schools, and alternative education provision). This will involve volunteer staff undertaking an 8 week course followed by 6 months of implementing the techniques before becoming a mindfulness trainer. Once trained they will deliver a mindfulness course in the school.

The Bromley SEMH Framework – Promoting Wellbeing in Schools

The Bromley Inclusion Support Advisory Service is committed to supporting schools in meeting the needs of students with Social, Emotional and Mental Health needs as outlined in the new SEND Code of Practice, Department for Education and Department of Health initiatives. In line with DfE proposals we are establishing practices which will enable schools to work towards supported autonomy. We have launched this SEMH Framework and are promoting Mental Health Leads across the Borough in response to this.

Schools are encouraged to nominate a member of staff to champion good SEMH practice and to create a SEMH Framework to promote wellbeing and develop a skills base to meet the needs of students with SEMH needs and raise achievement, improve behaviour and attendance, as well as establishing inclusive practice to address skills for life.

The Mental Health Lead model will develop a network based on this SEMH Framework alongside Bromley Wellbeing's offer of Consultation Groups (a 'supervision' space to discuss specific cases) and the Secondary Emotional Health & Wellbeing Forum. This SEMH Framework is based on the SEND Code of Practice, DfE and DoH guidelines. The following example is a collection of ideas from Bromley SENCos and Pastoral Leads. It is anticipated that schools will refer to other available advice to produce their own framework such as the NCB Toolkit & Resources.

Key Principles from: Promoting Children & Young People's Emotional Health and Wellbeing
March 2015



Figure 1: Bromley SEMH Framework February 2017:



Additional Investments and other resources to complement the Transformation Plan and to support children and young people’s wellbeing in the borough.

During the course of 2016/2017, NHS Bromley CCG identified additional areas of investment to support the wider children services network to contribute to the overarching aims and priorities



of the Transformation Plan. There are also other initiatives being delivered in the borough which support these aims and priorities.

Prevention work with Schools

Alternative Education: NHS Bromley CCG identified a critical training need amongst staff working in alternative education provision in Bromley . To fill this gap the CCG commissioned Positive Behaviour Support training to be delivered to the whole school staffing complement.

‘Mindfulness Training’ Public Health in Bromley leads on a programme of promoting positive emotional health and wellbeing in schools. They have commissioned Mindfulness training for 33 secondary school staff, across our 15 secondary schools to deliver mindfulness training to pupils and to model techniques and strategies for the pupils to use. Feedback from schools on this programme has been very positive.

Other initiatives overseen by Public Health in schools include piloting work within one Bromley Primary School to improve the emotional health and well-being of Year 6 pupils. This primary school serves a community which has significant economic, health and social challenges (38% Free School Meals against National Average of 26.6%). The school developed ‘P.I.T Stop’ which is the school’s Pastoral Inclusion Initiative to provide additional enrichment and PSHE support for children, their families and carers.

P.I.T. Stop provides support through group work, one-to-one pastoral mentoring or drama therapy. Relaxation sessions were provided by a ‘Mindfulness’ trained member of staff. The pilot survey results illustrated 100% of participating pupils increased their confidence, resilience and independence. Staff observed that post intervention there was increase of conflict resolution at a peer level..

Public Health has also been working with other South East London boroughs on suicide prevention in young people by sharing resources and expertise.

MindKit: A schools information and educational programme, which is delivered across a number secondary schools in Bromley. MindKit develops assembly and classroom based



training, information and educational programmes that are then delivered by young adults who have experienced emotional wellbeing and/or mental health problems. The MindKit programme is co-ordinated and delivered through Lewisham and Bromley Mind and is nationally funded.

Digital Self-Help Initiatives: Over the course of the year, NHS Bromley CCG has been promoting the use of digital and self-management resources to primary care practitioners and to communities. The resources have been identified as being well liked by children and young people (reviewed by the Bromley Y Wellbeing Youth Participation Group) and have been reviewed by the safeguarding team and Public Health colleagues.

The key digital resources that have been promoted are:

Headscape – Developed by Oxleas, this resource provides information on emotional wellbeing and mental health and is accessible to children and young people living in Bexley, Greenwich and Bromley. HeadScape is a 'one stop' source of self-help about a range of mental health issues and conditions for young people to browse at leisure.

<http://oxleas.nhs.uk/advice-and-guidance/children-and-young-peoples-services/headscape/>

CAMHs Ready – a resource that helps children and young people to prepare for their first consultation with emotional wellbeing and mental health practitioners and can be useful for primary care consultations when seeking interventions for their emotional wellbeing and/or mental health.

<http://www.camhsready.org/#/home>

MindEd – MindEd is a free educational resource on children and young people's mental health for all adults, whether parents, families or professionals.

<https://www.minded.org.uk/>

B-Eat – an online resource focusing on eating disorders. Information and advice available for children and young people.



<https://b-eat.co.uk/>

NHS Go – Health information and advice for young people living in London. This site has been developed with and for children and young people. It is linked to the NHS Choices website:

<http://www.nhs.go.uk/>

Get some Headspace – 1000 children and young people now have free access to this online mindfulness programme

<https://www.headspace.com/>

Transformation Programme for children and young people in contact with the Youth Justice: System

NHS Bromley CCG continues its commitment to meeting the health needs of children and young people in contact with the youth justice system. Bromley YOS has worked hard over the last two years to increase its impact and effectiveness and this has been acknowledged by the vastly improved key judgements following the 2017 HMIP Full Joint Inspection; with improved performance in each of the judgement areas.

Over the period 2016-17 the service has successfully:

- Improved judgements (from 2015 to 2017) in all key areas within Her Majesty's Inspectorate of Probation (HMIP) Full Joint Inspection (FJI)
- Developed multi-agency partnership work; with working relationships further strengthened and clarified through development of revised joint working protocols with key partner agencies
- Enhanced multi-disciplinary team working with specialist health service input and expertise



- Revised and mapped all actions and recommendations from recent inspections to produce focused and effective operational and strategic improvement plans informing the Bromley YOS Youth Justice Strategic Plan 2017-19

Currently all YOS children and young people have access to dedicated nurse time to identify and address any physical health needs. Additionally, arrangements are in place for every child and/or young person to have access to and support from an early intervention emotional wellbeing and mental health service. This service also acts as a triage and onward referrals to specialist community CAMHs. The YOS also has a robust arrangement with the local substance misuse service.

During the course of the financial year 2016-17, the following in-year non-recurrent funds have been provided:

Table 22: Health and Justice Investments (2016/2017)

Commitment	Allocation
Health and Justice	£28k - to improve emotional wellbeing and physical health of children and young people in contact with youth justice

Developments in meeting the health needs of young people in YOS over the last year have included the following:

- The Youth Offending Wellbeing Service, based in Bromley YOS, has delivered one-to-one and systemic family work to young offenders, and group consultation to YOS staff to ensure the young person's wellbeing is held in mind throughout their relationship with youth justice service and to understand the context of the young person's offending behaviour to reduce re-offending.

Previously, young people seen by YOS had not been accessing and engaging well with Bromley Y. In order to address this gap, a Wellbeing Practitioner is now placed in



Bromley YOS to enhance the local offer and provide an integrated approach to support and treatment for young offenders. This should narrow the gaps through which YOS clients can fall, support the referral and care pathways, and contributes to the health offer for YOS young people returning to Bromley following discharge from secure training centres and/or Young Offenders Institutions (YOIs).

The role encompasses two main facets: assessment and provision for the client group and secondly, consultation, support and training for YOS staff. The Practitioners use systemic approaches to understanding the young person's presentation and have specialist knowledge of conduct disorders, domestic violence and other needs and behaviours. There is a clear pathway to refer onto CAMHS when warranted. The well-being practitioners are currently overseeing and supporting around a third of the YOS caseworkers. This has led to an increase in YOS referrals to Bromley Y from 11 in 2015-16 to 39 in 2016-17.

- The commencement of an NHS England-funded mapping of health services and pathways for young people within the justice system. This has included the development of a questionnaire given to young people accessing the justice system within the borough and further analysis and triangulation undertaken to determine what works well, gaps in provision, points and times of access and recommendations to strengthen the pathway; informing a report to the London Borough of Bromley (LBB), Bromley Clinical Commissioning Group (CCG) and NHS England (NHSE)

The planned roll-out to YOS staff of Trauma Training in collaboration with the iCON (MOPAC and London Resettlement Consortium-endorsed) programme. The training addresses the link between prior exposure to psychological trauma and resultant post trauma stress and how the pressure, if left unresolved, leads to disorder, which in turn leads to difficult, challenging and offending behaviour



- Bromley YOS has been successful in a bid to NHS England to develop a service for young people who come into the youth justice system with complex difficulties and in need of specialist assessment and interventions.

In the last year, Bromley YOS worked with 242 young people with approximately 34% assessed as in need of CAMHs or other wellbeing support. Whilst the numbers of young people entering the youth justice system has fallen sharply over the last 10 years, those who remain in the system have a range of complexities requiring significant levels of more specialist intervention and support from the YOS and other agencies too.

Young people with the highest level of need also present additional risks of harm to themselves and others. In order to facilitate accessibility to specialist CAMHs by this cohort, the project is a CAMHs in-reach model to offer:

- Support to family and carers in treatment and engagement (e.g. developing techniques to manage and control anger and stress through group work and one-to-one interventions' work with sexually harmful behaviours, determining the likelihood of re-offending in high risk cases, consultations to YOS staff and preparation of assessment reports for courts)
- Sustainable implementation of a consistent approach to risk assessment, risk formulation and management of high risk young people aged 10-18 years old who present with high risk behaviours in terms of their offending and conduct
- Evaluation of the effectiveness of evidence-based anger management programmes; gaining a better understanding of young people's likelihood of re-offending
- Treatment provision for young people involved in sexually harmful behaviours
- Improved identification of a range of health problems which are going untreated in an attempt to reduce offending behaviour
- Children and young people a flexible approach and rapid screening of their mental health needs combined with a more integrated partnership with the YOS and CAMHs; increasing the benefits of treatment for this hard to reach population



The project has been given approval from Bromley Clinical Commissioning Group, and Oxleas Trust will second a Psychologist to develop and deliver the aims of the project from December 2017.

Bromley YOS is constantly seeking to move forward and improve, and in the period between 2017-19 we have some important key service priorities to achieve, including:

- Reducing re-offending by working more effectively with Early Help
- Increasing focus on victim support and public protection
- Working in partnership with Police and other multi-agency colleagues to strengthen early identification and response to child sexual exploitation (CSE) and increasing monitoring and intelligence-sharing of gang-related activity across the borough
- Increasing focus on the individual safety, wellbeing and learning styles of our young people within our assessments and interventions
- Increasing the number and quality of these interventions
- Strengthening the effectiveness and impact of our collaborative partnership working with commissioned and external agencies through:
- Increased monitoring (through the YOS Management Board) of commissioned services to ensure positive impact and improved outcomes (Appropriate Adult Service, Bromley Changes, SALT, Bromley Y and CAMHS, Bromley Healthcare (BHC))
- Increased regular oversight and challenge of data and performance to inform service design and delivery with:
 - Service Level Agreements (SLAs) with commissioned specialist health services to be monitored and measured to ensure effectiveness of service provision and outcomes for young people, their families and the community
 - YOS Nurse and Bromley Changes Substance Misuse Worker activity presented and scrutinised at the YOS Management Board



- Increased intelligence and understanding of practice achieved through regular audit and quality assurance activity

Perinatal Mental Health:

Given that difficulties in the mother-infant relationship in the first year after child birth may increase maternal mental health problems and are associated with a range of problems for the baby, including delayed cognitive and emotional development (NICE 2014), parent-infant mental health has been a local focus area for development.

During the financial year 2015/2016, NHS Bromley CCG invested £40k in workforce development across the whole perinatal pathway (midwives, health visitors, universal children's services, community CAMHs, IAPT, psychology). This accredited training, and non-accredited bespoke training was designed around the needs of the local workforce.

In July 2016 Bromley CCG invested £283K (pro rata) to commission from Oxleas NHS FT a Perinatal Mental Health service providing specialist support through a number of referral routes to women and their partners experiencing mental health problems in the perinatal period.

A range of specialist clinicians (Consultant Perinatal Psychiatrist, Specialist Perinatal Mental Health Nurse, Community/Peer Support Worker, Clinical Psychologist, Clinical Psychologist Specialist Midwives and specialist Pharmacy) operate in line with NICE recommended, evidence-based care and interventions to give specific support to women helping to reduce problems developing in the parent-infant relationship within the first year of life. The PNMH clinics are currently sited across Bromley; however, further developments include two more clinics located at Bromley Children Centres by December 2016. This provision included a sub-contracting arrangement with a local voluntary sector provider to meet wider needs (such as social isolation) of vulnerable women.

The new pathway is now a seamless integrated approach that responds to the needs of women and their families according to acuity of need. This is a full pathway from early intervention to specialist mental health provision. There is a particular focus on moderate to severe

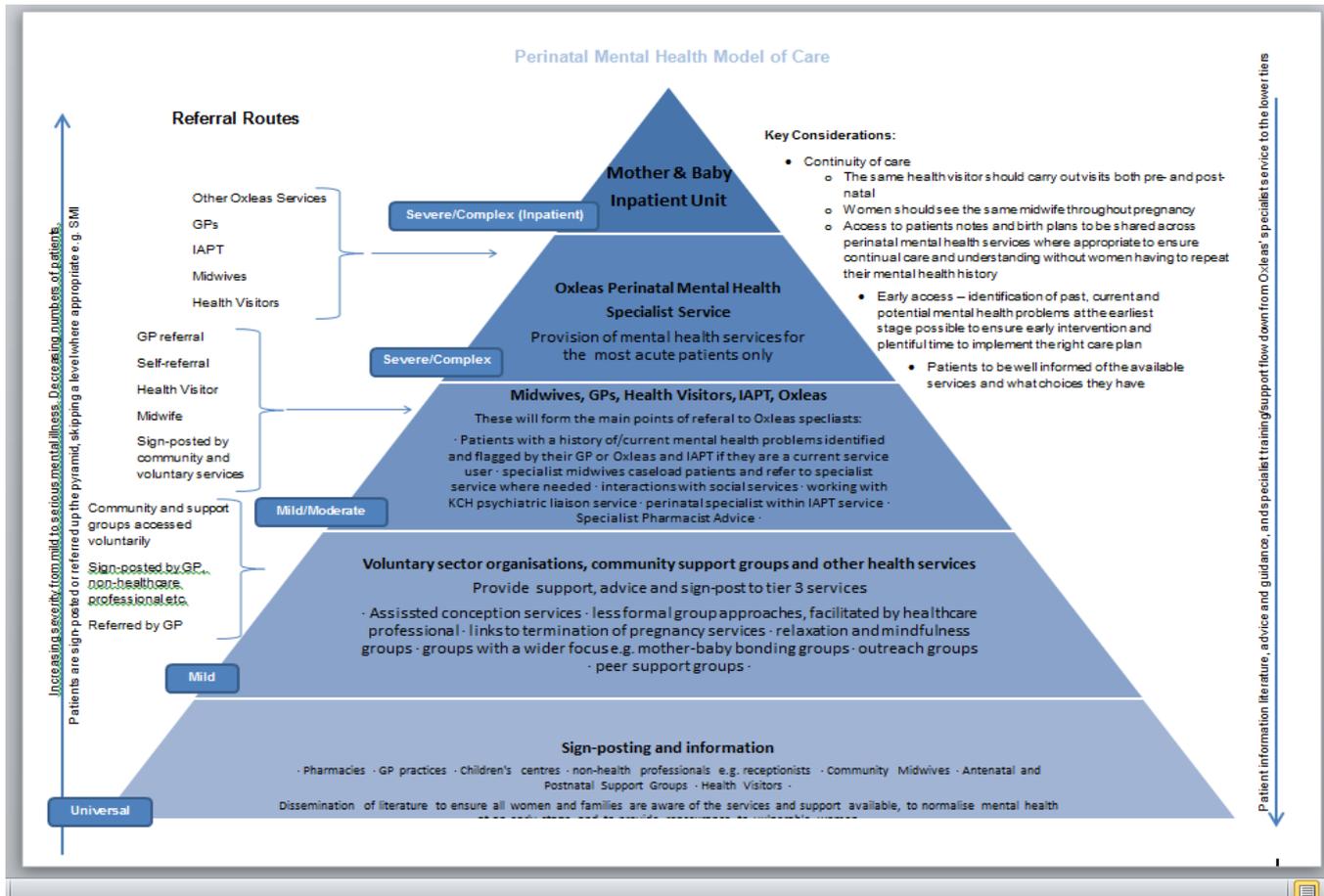


presentations. All women in need now have access to perinatal mental health services via maternity services. From November 2016, primary care will be able to refer directly into specialist services within one of three community children's clinics, co-located at local children's centres. The pathway improvements show that women are signposted to the relevant service based on their needs and managed on their presentation. There is also a joint clinic delivered by the Princess Royal University Hospital Obstetric/Midwifery team in partnership with psychiatry, psychology and CPNs.

Bromley CCG have developed proposals for additional resource to address Perinatal Mental Health and these have been submitted for consideration.

Figure 2: Bromley Perinatal Mental Health Pathway





Early Intervention in Psychosis:

In October 2014 the Department of Health announced new standards in EIP, there were two parts to the standard: delivering timely care (14 day RTT target to assess and allocate patients within EIP) **and** then delivering NICE concordant care with a target is to achieve >50% which will rise to 60% by 2020/21. This pathway is ageless although interpreted to aged 65 years. Oxleas NHS FT participated in the baseline audit in December 2015 and a further audit in 2016 which included three CAMHS teams .



The numbers of Bromley young people referred to EIP are small as highlighted by the data below: March 2017- August 2017 (Table 23: Early Psychosis referrals and case loads in Bromley)

Early Intervention Psychosis

2017/18	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
EIP caseload	6	6	5	6	6	4							
New Referrals for EIP	0	0	0	1	0	0							
Total receiving treatment in 2 weeks	-	-	-	100%	-	-							

As a result of the audit a number of actions were agreed across Adult Mental Health and CAMHS:

- Use of a structured recovery tool for care-planning
- Improving use of DIALOG and QPR as outcome measures, learning from CAMHS
- Maintaining the high standard with the physical health assessments & awareness that smoking cessation and BMI reduction will be part of CQUIN in 2018
- Staff use of Rio diary and activities for appointments (to link to SNOMED)
- Continued staff training (CBTp and FI)
- Staff/Therapist flexibility across the CAMHS-AMH pathway
- Effort to reduce caseloads in adult teams
- Work with CCGs and SEL STP around ARMs/Triage function
- Development of CAMHS-AMH ageless EIP pathway (in progress)
- Clear operational policies for adult teams and protocols on joint working with CAMHS



There will be a re audit in the Autumn of 2017. The above work will continue to inform the commissioning and service design for EIP.

Suicide Prevention:

“*Implementing the Five Year Forward View*” [2016] specifically addresses the ambitions for suicide prevention as specific outcome from the Five Year Forward View programme. The ambitions are set out below:

Figure 3: Suicide Prevention policies

2020/21 Objectives

By 2020/21, the Five Year Forward View for Mental Health set the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. To support this, by 2017 all CCGs will fully contribute to the development and delivery of local multi-agency suicide prevention plans, together with their local partners.

“Each plan should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups (including young people who self-harm) within their population, drawing on localised real time data. Public Health England has produced a range of guidance for local areas and the wider system to help support implementation of the strategy and is publishing updated guidance for local areas in September 2016 that will support local planning and action across the local system. Local suicide prevention plans should also agree indicative targets and trajectories for the reduction in suicides, to support transparency and monitoring locally over the period”. [Implementing the Five Year Forward View for Mental Health. 2016]



In Bromley as mentioned earlier Public Health has been working with other South East London boroughs on suicide prevention in young people by sharing resources and expertise. Plus Health have arranged for the local Safeguarding Children Board to offer suicide awareness training to all schools in Bromley (a 1 day course).

CAMHs co-commissioning and South East London Sustainability and Transformation Plans (STPs)

Crisis Care:

Since the publication of Future in Mind (2015), a range of policies and guidance has promoted the necessity of improving the crisis care response for children and young people experiencing a mental health crisis. The Healthy London Partnership - ‘Improving care for children and young people in mental health crisis in London’ (2016) recommends improving access to effective and timely 7 day a week crisis services specific to the needs of children and young people. Further, the South East London Sustainability and Transformation Plan has identified children and young people’s crisis services as one of its priorities.

In Bromley the number of young people presenting to A&E is increasing and the majority of presentations are after 4pm as highlighted in tables below:

Table 24: Emergency mental health presentations of under 18s at PRUH A&E

Year	Emergency Presentation	% Annual increase
2015/2016	234	
2016/2017	244	+4%
2017/2018 (projected)	271	+11%

Based on a projection from 17/18 YTD data, the table shows an increase of 16% in mental health emergency presentations to the PRUH compared with 2015/16.



Table 25: Times and number of mental health presentations to PRUH A&E of under 18s, Jan to Dec2016

Monday to Friday	Bromley
8am to 4pm	50
4pm to midnight	84
Midnight to 8am	25
Sat and Sunday	
8am to 4pm	16
4pm to midnight	30
Midnight to 8am	14
No & % in-hours presentations	50 / 23%
No & % OOH presentations	169 / 77%
Total all presentations	219

Currently the CCG invests additional resources in to the Princess Royal University Hospital for crisis care and mental health liaison. The current service is available 7/7 between the hours of 08.00 and 9pm (with an on call until 10pm weekdays).

Table 26: Current Bromley Commissioned Service at PRUH:



PRUH Bromley	Monday – Friday	9am – 5pm	Bromley CAMHS
		5pm - 10pm*	Bromley CAMHS on-call clinicians
		9pm – 9am	Oxleas Duty Junior Doctor, SpR on-call and telephone on call CAMHS Psychiatrist
	Weekends & Bank Holidays	8am - 10pm*	Bromley CAMHS on-call clinicians *(9-10pm telephone advice only)
		9pm - 8am	Oxleas Duty Junior Doctor, SpR on-call and telephone on call CAMHS Psychiatrist

The Bromley CAMHS out of hours' clinician on-call service was piloted in early 2015 and subsequently commissioned later that year, to provide more direct Specialist CAMHS assessments at the point of crisis presentation. Evaluation of the service has shown that this has prevented unnecessary admissions for mental health reasons to the PRUH, reduced costs and improved outcomes for young people and their families. However, further review of the Bromley on-call service indicated that this model of service provision is unlikely to be sustainable in the longer term due to the number and complexity of presentations.

Accordingly, a scoping exercise has been undertaken to develop a different model which would create a three borough (Bexley, Bromley and Greenwich) mental health liaison team for young people presenting in crisis across BBG. Based on a detailed data analysis of presentations,



Oxleas NHS FT have developed a business case outlining a new model which would provide nursing and additional psychiatric care for young people who present in crisis, who may be admitted to an acute paediatric bed or require a CAMHS inpatient bed. Two options have been developed, one covering 24 /7 and the other covering 4pm - midnight (Monday to Friday) and 8am - midnight (weekends) when the majority of young people present. The service would provide CAMHS assessment and input to the care whilst an inpatient in the acute hospitals.

We believe the above options would provide a robust, sustainable and responsive service for young people in crisis. The business case will be considered by Bromley CCG in October 2017.

If agreed across the three boroughs the proposed implementation of this service, is expected in Q4 2017/18. It will provide direct access to specialist CAMHS clinical assessments for a greater proportion of CYP, deliver significant quality improvements with regards to CYP outcomes and experiences, and mark a significant milestone in the delivery of local CAMHS transformation and strategic priorities.

Fig.4: Tri-borough CYP MH liaison service implementation timeline.

Task	Expected Completion Date
1. Final tri-borough agreement for CYP MH liaison service business case	Q3 2017
2. Agree KPIs, access /waiting time standards, qualitative/quantitative data requirements and CYP/family outcome monitoring	Q3 2017
3. Finalise recruitment and operational procedures	Q4 2017
4. Monitor performance against agreed indicators	2018-2019
5. Evaluate service performance and outcomes	Q4 2018
6. Implement service changes following evaluation [where necessary]	Q1 2019
7. Agree sustainability and funding plan (post-transformation)	2019-2020



CAMHS Inpatient care

CAMHS are provided across the spectrum of care settings with some of the most complex and/or high risk cases requiring admission to specialised (T4) inpatient care. The development of increased services at tier 2 and 3 should result in a further reduction in demand for Specialised CAMHS services (Tiers 3 and 4) within the next 5 years. Currently community crisis care pathways which provide robust and sustainable alternatives to inpatient care are under-developed particularly for children and young people with complex needs and behaviours related to learning disability (LD) and/or Autism and emerging personality disorders. The overall distribution of CAMHS inpatient capacity does not match regional population needs and across SE London young people are being admitted far from their home, or to paediatric or adult beds. NHSE in-patient capacity review is currently reviewing the pattern of Tier 4 CAMHS provision with the aim of redressing service deficits by redistributing/realigning regionally beds to meet local needs. The clear expectation is that by 2020 there will be no inappropriate admissions to adult or paediatric beds and patients will be treated in local care pathways.

Admissions to mental health settings have historically been high in Bromley and although rates fluctuate between years, admissions have decreased over the last year, largely as a result of temporary additional Local Transformation Plan investment in Community CAMHS and internal changes to the management of the crisis pathway. Inpatient provision is provided by the NHS (South London and Maudsley (SLaM) NHSFT) and the private sector. (as referenced in Table 14 Page 20)

The Specialised Commissioning Case For Change:

In September 2016 NHS England Specialised Commissioning team published a London region case for change. The ambitions set out in the case for change are summarised as:

- 1) Improve access and waiting times



- 2) Improve service quality so patients are receiving high quality care appropriate to their needs,
- 3) Improve the service model with a seamless pathway between all tiers without fragmentation and a clear process for service delivery
- 4) Improve patient outcomes

There is common agreement that in order to achieve these objectives a higher percentage of children and young people in London should have access to appropriate treatment closer to home.

The case for change includes detail on admissions and length of stay in in patient hospitals by Borough. This detail helps to give a focus to our work to transform outcomes and the system locally.

Analysis of data on activity across the highest levels of need indicate some important facts for NHS Bromley and its local and regional partners to consider when planning for the future design of referral and care pathways for those with the most severe presentations. From the 2015/2016 full year Specialised Commissioning data, we have identified the following:

- Bromley has by far the highest spend of the 6 CCGs in SEL for CAMHS in patient activity (amounting to 42% of the total for non-London provider placements)
- Bromley has significant PICU usage (5 of the 18 CAMHS patients, 23% spend and significant Ave. Length of Stay (LoS) for those patients);
- Bromley's spend on Acute Adolescent Independent Provider placements accounted for 66% of overall Tier 4 CAMHS spend for Bromley;
- The Provider Point Of Delivery details that 71% of the provision occurred at SLaM (which could indicate better care for the patient as closer to home);
- Of the 11 Bromley patients in CAMHS Tier 4 services, 2 (18% of total) are below the secondary-school year intake, with 5 (45%) in the secondary-school year range;



- 19 patients, accounting 26 admissions into CAMHS Tier 4 beds in 2015/16 (5 at East London and 21 at SLaM), with 2 patients seeing multiple re-admissions (1 each at either Trust for 3 admissions within the year); could be an indication of discharge occurring too early

New Models of Care – A response to the Case for Change and the Five Year Forward View

NHS England have accepted the submission for the South London Mental Health and Community Partnership for CAMHS Wave 2. The partnership is made up of three provider organisations, South West London and St. George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust. Operation of the New Models of Care began on 1st October 2017, with the partnership taking responsibility for a ~£20m Tier 4 CAMHS commissioning budget and working closely with NHS England.

Tier 4 services are characterised by a number of challenges with the key ones being; availability of alternatives to inpatient facilities due to capacity and accessibility of community based services, access to inpatient facilities within South London, rising need for Tier 4 inpatient facilities creating budgetary pressures, and that inpatient facilities can sometimes exacerbate situations leading to poor outcomes and contributes to rising costs. During 16/17, roughly 65% of adolescent inpatient bed days for South London CAMHS patients were provided outside South London, with the average distance from home being 73 miles. Our aim is to reduce the total number of adolescent and eating disorder bed days by 25% and half the average distance from home by 2019/20.

Acceptance for Wave 2 was based on a business case, which seeks to build upon the core CCG Tier 3 commissioned contracts by extending hours and increasing community service capacity in services that will impact upon reducing referrals and shortening inpatient stays, reducing need for inpatients. The community services the partnership has identified for investment are; Crisis Care, Dialectic Behaviour Therapy and Eating Disorders. We will also integrate NHS England Case Management and operational Bed Management to better manage



all south London patients in inpatient facilities and seek opportunities to repatriate patients from outside South London.

The timescales for the work are to establish integrated case and bed management by December 2017 and that the investment to strengthen the offer from existing community services will be in place between January – March 2018.

A key priority is also to reiterate the criteria for admission to Tier 4 psychiatric inpatient provision, which are qualitatively different to those for a children's social care or educational residential placement.

At this developmental stage, the partnership wishes to engage with and work with CCG and Local Authority commissioners to develop a consistent service approach and expand evidence based community services for the benefit of patients and their families. To support this, the partnership will be undertaking a baseline exercise across South London, including Tier 3 services as well as validating Tier 4 baseline data from NHS England.

Transition arrangements from CAMHS to Adult Mental Health Services

Transitioning to adult services is challenging for complex cases and or diagnoses. The Mental Health Trust provider (Oxleas NHS Foundation Trust) deliver both Children and Adolescent Mental Health Services (CAMHS) and Adult Mental Health services and are working with the CCG and Bromley Council to ensure transition protocols are fully embedded and this will continue to be a focus of development for joint commissioning arrangements.

Within the 2017-19 contract with our provider, a national CQUIN (Commissioning for Quality, and Innovation) – called Transitions out of Children and Young People Mental Health Services is being implemented across the boroughs serviced by the two main mental health Trusts delivering services to children and young people. Commissioners are working together across the Sustainability and Transformation Plan (STP) area in South East London to achieve effective transitions from CAMHS to adult mental health services, primary care and social care



with a key focus on children and young people with complex or challenging circumstances with for example a learning disability, autism and children looked after.

Tertiary Outpatient CAMHS – South London and Maudsley NHS Foundation Trust:

A range of additional specialist tertiary outpatient CAMHS services are commissioned by Bromley CCG from the South London and Maudsley NHS Foundation Trust, these include: Eating Disorders, Dialectic Behavioural Therapy and Forensic Service consultation. The costs of referrals and treatment to National and Specialist Outpatient services (SLaM) for Bromley children and young people have increased by 20% over the course of the last year. This is an area of activity that the local partnership will need to keep its eye on, as referral to high cost outpatient services should not be seen as “pressure relief valve” for local services, whilst we must ensure that all children and young people have access to specialist treatment if clinically needed.

Forensic Services

NHSE have committed significant resource to the development of a Community Forensic CAMHS service (to include Secure Estate Outreach). This will operate as a Tier 3.5 service and aims to prevent admission to mental health inpatient units, including medium & secure estate, and psychiatric intensive care units (PICUs). The service will provide clinical consultation, clinical assessments and short term interventions to this highly vulnerable cohort. SEL commissioners continue to input into the development of the service, to ensure it meets the needs of our local communities and links effectively with existing care pathways. The service is expected to start in the Spring 2018.

Child Sexual Abuse and Child Sexual Exploitation

These issues are of concern and focus for Bromley’s Children’s Partnership. The partnership has developed a local team, located in social care, called Atlas Team which is dedicated to CSE.



The “Review of Child Sexual Assault Pathway for London” mapped the pathway for children and young people following sexual abuse, pan-London and both in acute and historic cases. The findings included variation and significant gaps in medical aftercare and long-term emotional support (especially for those under 13 years), as well as issues with the prosecution process. The recommendations include the establishment of five Child Houses in London and an enhanced paediatric service at the Havens (sexual assault referral centres). Bromley CCG is supportive of the approach being discussed across London and continues to work and collaborate with other south London Boroughs in developing the appropriate model for a Child House in South London

The STP and Transforming Care Programme:

Our Healthier South East **London** is providing a lead collaborative role across the Se London CCGs in developing and reporting against the Children and Young People Mental Health Services Delivery Plan. Each of the SEL CCG commissioners have collaborated to develop the Delivery Plan, and have aligned their Local Transformation Plans to the STP priorities,. In addition to the ongoing commitments below (Priorities 1 – 5), the STP Mental Health team, reporting to the SEL STP Mental Health Board, will be collaborating to support SEL Commissioning to meet the referral and access targets and the workforce development needed to meet needs going forward. will promote commissioning of consistent out of hours services for young people particularly to manage crisis and prevent escalation with clear ambition to manage demand effectively at community level and reduce inpatient admissions. This commitment is reflected in our Local CAMHS transformation plan (LTP) refresh and Transforming Care Partnership (TCP) plans.

TCPs, with engagement and support of NHS England, will oversee consistent delivery of multi-agency pre-admission Care and Treatment Reviews for children and young people with LD, and/or autism to reduce inpatient admissions with ambition reflected in LTP refresh and TCP plans



The SE London CAMHS commissioner group are contributing to the regional Sustainability and Transformation Plans. The SEL STP sets out additional deliverable priorities and pathway improvements to reduce the demand for in patient admission. These are:

Priority 1: Improved Section 136 and Health Based Place of Safety provision

Priority 2: Effective community mental health services: 24/7 crisis care support

Priority 3: Acute pathway and standards; Core 24 in Emergency Depts

Priority 4: Acute pathway and standards; Ceasing Out of Area Transfers (OATs) and mental health inpatient bed targets

Priority 5: Drug and Alcohol Services; presence of drug and alcohol services in Emergency Dept or rapid access to community services

To support the local and SE London response to crisis care presentations, NHS Bromley CCG commits to working with The Healthy London Partnership to implement the recommendations for Crisis Care as set out in the recently published *Healthy London Partnership – Children and Young People’s Programme: Improving care for Children and Young People with mental health crisis in London: Recommendations for transformation in delivering high quality accessible care* [2016]

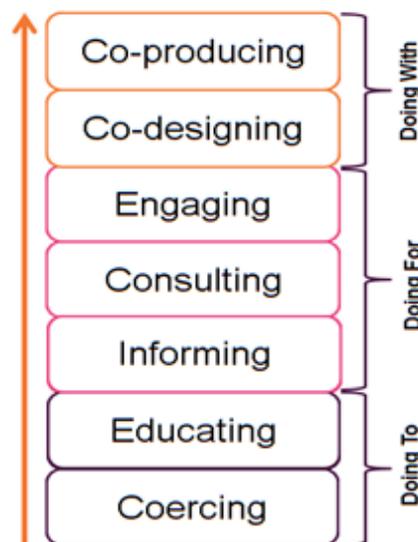
This Transformation Plan commits NHS Bromley CCG to engaging with local and regional partners in delivering a step change in the crisis care offer locally. There are seven recommendations and standards set out in the Healthier London Partnership guidance. Implementation of the recommendations is dependent on a range of local providers and commissioners and underpins the STP emotional wellbeing and mental health priorities.



6. Co-Production, Collaboration and Engagement

To achieve the local transformation ambitions for children and young people Bromley CCG and its partners are committed to taking a co-production approach. Co-production has a very specific meaning that is an equal partnership between people and professionals. The nature of the engagement between service users and professional is a key distinguishing feature of co-production and its foundations are built on co-designing services. As shown in the ladder below in Figure 1 traditional service models are designed in a way that can be described as ‘doing to’ and providers view the services as a way of educating or curing. Other service models may be described as ‘doing for’ wherein professionals only engage with users in tokenistic ways or within clearly set parameters by the experts.

Figure 4: The ladder of participation showing the depth of engagement suggested needed to achieve co-production.



On the other hand the deepest form of participation, where outcomes are most owned by residents, is described as ‘doing with’. This approach recognises that even with the best of



information, positive outcomes cannot be delivered ‘to’ or ‘for’ people. An equal and reciprocal power-sharing relationship is established whereby people’s voices are heard, valued and debated on their own terms; then agencies and service users act together by sharing roles and responsibilities..

In recent years CCG commissioned engagement with young people in Bromley told us that the existing structure and design of Child and Adolescent Mental Health Services (CAMHs) could meet their needs better. For example, the “Making Sense of Mental Health – Bromley” [Bromley and Lewisham Healthwatch, 2016] gathered 350 responses to their community engagement. The responses from the participants indicated a number of recommendations:

- Children should be educated at primary school age about mental health in order to remove stigma
- All young people should be taught the Five Ways of Wellbeing thus learning how to maintain good mental health and emotional resilience.
- Young people should have a choice on who they get support from – their preference for someone they know or do not know should be respected.
- School counsellors should be more readily available in schools.
- Young people should be aware of what services are available for them, both locally and nationally, so that they have a choice on which to use.
- The importance of youth clubs was recognised as many young people use recreational activities as support.

These recommendations are currently being explored as part of the co-production process.

Similarly in July 2015, LB Bromley Public Health carried out a systems review of the current care pathways amongst local GPs.. This review: *GP SURVEY: Evaluation of Bromley Community Well-being Service for Children and Young People – Summary of Results* [July



2016] gave commissioners valuable insight into perceptions and use of the referral and care pathways and treatment offered. The aims of the evaluation were to:

- Evaluate from a GP's perspective, whether the introduction of Bromley Community Wellbeing Service for children and young people has improved support for children, young people and their families coping with mental ill-health and the impact of the service on access to the Children and Adolescent Mental Health Service (CAMHS).
- Determine if GPs want to know more about the treatments offered so that the patients they refer are better informed of what is involved and provide ongoing support to child and family

The evaluation sets out some challenges across the current referral and care pathway. For example the GPs highlighted that they felt their patients were waiting too long for assessment and treatment and that they experienced the communication “back” from the emotional wellbeing and mental health providers as patchy [Appendix 3].

Providers also have extensive engagement programmes which indicate that children and young people accessing services benefit from the treatment they are offered. For example, in Oxleas: of the 97 children and young people who used the Specialist CAMH service and who completed the Experience of Service Questionnaire (Chi-Esq), 89% felt they had been listened to and 85% felt they had been treated well. However, 62% said they felt CAMHS provided ‘comfortable facilities’ and in response to this Oxleas is redesigning a new facility in collaboration with young people who use the service.

To take forward the work on co-production and engagement NHS Bromley CCG and partners commissioned New Economics Foundation (NEF) Consulting to engage and work with young people and other stakeholders to begin to develop co-designed transformation of emotional wellbeing and mental health care pathways in Bromley.

The co-production programme, started working with young people and their families in July 2016 to develop an outcomes framework which would be used to inform the future commissioning of emotional wellbeing and mental health services. The key question was “*What*



is important to young people for their emotional wellbeing and mental health?” Outlined below are their responses:

- Having a sense of autonomy, anonymity and choice
- Directing negative thoughts and feelings
- Participation in service delivery
- Having relationships, trust and connections
- Competency and education
- Self-esteem
- Connectedness
- Relaxed therapeutic environment

Following the NEF Consulting report on the co-production programme NHS Bromley CCG has now recruited a co-production manager who is in post and who has developed a one year project plan that will include testing of the NEF Consulting co-production report. The project plan includes the following stages:

- Discovery/insight
- Design
- Commissioning training event
- Testing
- Report/recommendations for system commissioning

Work has already begun to develop a co-production group led by children and young people. Co-Production branding is being finalised and a series of co-production events are being



planned over the course of 2017/2018. The co-production work is closely aligned with the CCG patient and public engagement function.

The CCG is also reviewing the opportunities to develop the co-production approach further as part of a wider mental health Accountable Care System development process, though this is part of a longer term strategy.

7. Workforce Development and Children and Young People's IAPT

NHS Bromley CCG and its partners want to be assured that the workforce treating local children and young people is sufficiently trained, supported and experienced to be able to offer appropriate interventions. The CCG is currently developing a workforce strategy the governance for which will be the NHS Bromley Children's Programme Board. .

The national context for the workforce development is:

- The need to build capacity and capability across the system so that by 2020, 70,000 more children and young people can be offered an evidenced based intervention.
- Train 3400 existing staff in an evidence based intervention
- Train 1700 NEW staff in evidence based interventions
- Incorporate workforce development plans in refreshed Local Transformation Plans (October 2016)
- CCGs are expected to increasingly invest in the mental health workforce using year-on-year uplift in baseline allocations of Transformation Plan funding.

For Children and Young People this means nationally an increase of 4400 TAs (in addition to the current 11400 TAs). For the South East London region it will mean an additional children and young people's workforce of 1597 by 2021.



The above targets are underpinned by multi-stream workforce training and recruitment pathways and are designed to ensure a consistent quality of intervention across all services commissioned to deliver emotional wellbeing support and mental health treatment.

The table below demonstrates the increased level of staffing as a result of funds from the CAMHS Transformation Programme and FYFV monies into the CAMHS Team

Table 27: Increased number of Staff Emotional Wellbeing and Mental Health Pathways 2015-2017

Post	Banding	WTE	Team	Function
Psychologist	7	1.0	Generic	Tier 2.5
Psychologist	7	0.4		Tier 2.5
Psychologist	7	0.6		Tier 2.5
psychotherapist	7	0.6		Tier 2.5
Family Therapist	7			Tier 2.5
Nurse	5	0.8		Nurse pilot Tier 3
Nurse	7	1.0	Nurse pilot Tier 3	
Psychologist	8B	0.4	Neuro Development Team	OOA Placements



Psychologist	8a	0.4		ASD waits
Psychologist	8a	0.4		
Psychologist	7	0.6		Tier 2.5
				Tier 3
Nurse	5	1.0		Nurse pilot Tier 3
Psychologist	8a	0.4	Adolescent Team	Tier 3
Nurse	5	1.0		Nurse pilot Tier 3
Nurse	7	1.0	SPA	Pathway Nurse

CYP-IAPT

Since joining the CYP-IAPT Collaborative in 2012 a total of 25 staff have signed up for CYP-IAPT Training at Kings College London or University College London in various modalities/routes. 20 completed, 2 in progress of completion, 3 withdrawn. 2 applications and 7 expressions of interest have been received for upcoming 2017/19 CYP-IAPT trainings.

Details of specific trainings are available on request.



Children's Wellbeing Practitioners

Bromley Y Wellbeing Service has recruited and is currently hosting four Children's Wellbeing Practitioners (CWP). The CWPs have been recruited to complement the service offered through the SPoA. A fulltime supervisor has also been recruited and the CWPs are additionally following an academic programme.

The CWPs and their supervisors are attending academic courses as part of their placement and the aim is to bring new entrants into the early intervention service model and provide them with the tools required to thrive.

Indications are that the CWP programme will be extended for a further period and it is the intention of the provider network to be involved in the recruitment and training of further CWPs across the Bromley referral and care pathways. More details on the proposals will be provided at the point the programme details are confirmed.

NHS Bromley CCG is working with local providers, The South East CYP-IAPT Learning Collaborative, the CAMHs Outcomes Research Consortium and Health Education England to realise the CYP-IAPT training targets.

As the workforce expands over the course of the next three years and beyond, the service will follow the "recruit to train", pathway . The service will also invest in supervision training for senior practitioners. In order to access the supervision training, practitioners would have to already be trained systemic psychotherapists to be put forward for the training).

NHS Bromley CCG will continue to work with Our Healthier South East London to develop a cross Borough work force development plan to meet future access and quality standards as set out above



Youth Mental Health First Aid (MHFA)

Bromley CCG and LB Bromley Public Health team funded two members of staff to complete the Mental Health First Aid for Young People training for trainers. This means that Bromley has now a free and accessible resource for all practitioners to attend MHFA training course for the foreseeable future.

These newly trained staff have developed a schedule of training across the rest of the academic year which will be offered to school staff, YOS, social care and children services as a multidisciplinary training. The first two day MHFA training event is scheduled for November 2017. The course will teach people how to identify, understand and help a young person who may be developing a mental health issue.

As evidenced above Bromley is currently working to achieve the increased capacity it wishes to achieve by 2020 plus ensuring that there is an appropriately trained workforce and further workforce planning will be undertaken in 2017/2018. However we share with the other South East London boroughs common workforce issues such as difficulties around retention and recruitment of staff, the attraction of SLaM and inner London weighting compared to the outer London SEL boroughs, and the increase in acuity which means more sessions are needed to treat patients effectively putting further strain on the workforce. These and other pertinent issues have been discussed with Our Healthier SEL STP and an action plan has been developed so that they can be addressed collaboratively. This work will begin in December 2017.



8. Our priorities and deliverables 2017 – 2020 and beyond

The CCG and its partners are committed to co-producing and commissioning for a referral and care pathway model that focuses on meeting needs. We require a system and referral and care pathways that is able to support increasing numbers of children presenting to services whilst simultaneously implementing a population approach to improving the underlying emotional wellbeing and mental health of the CYP population.

Our ambitions are that more children and young people are equipped to keep well in the community, develop resilience and are able to bounce back from adversity. We wish to reduce stigma and improve accessibility to services. Regardless of any given situation children and young people have the right to reach their full potential and to grow to be confident young adults and parents themselves.

We know that children and young people are facing new pressures and competing challenges in their lives. If we are to be successful we are required to work with communities to put in place language, knowledge and systems that can adequately respond to changing needs. Equally we have to consider the nature of our messages across all children's services and commission a flexible referral and care pathway model.

We propose that adopting co-production processes will facilitate ownership of the system of support, leveraging in more control over the quality and type of service provision for those with additional needs. The co-production approach encourages the network to consider what needs to be in place to keep populations well, to move away from services that “do to” or “do for” to “do with”. Co-producers are the key party in designing the system and the commissioning of referral and care pathways and ensuring that quality is maintained.

We will use the opportunity offered by the next three years of additional resource to build resilience in to the local community through investment in schools and support to families. In



addition, specific funding will be targeted to those with highest levels of need, at risk of admission to hospital or at risk of exclusion from school. We are confident that these service improvements will contribute to improved mental health and wellbeing and overall improved life chances for the children and young people in Bromley.

To help us understand the challenge of ensuring that this additional investment is making both a short term and long term, sustainable, difference, it is helpful to consider the commitments and ambitions through the lens of immediate actions and long term commitments.

Our immediate goals and ones that will progress the system in way that sees results over the course of the next three years are set out below. These commitments are based on the increased investment expected and national, regional and locally produced guidance and targets.

We will invest resources to support the principles set out in *“Future in Mind”*. That is to say with an emphasis on increasing capacity in early intervention services. We will continue on the journey towards pathway commissioning that reflects needs based approaches in contrast to current Tier based systems.



Table 28: Local Priorities 2017 - 2020

Deliverables in 2017 - 2020	Outcome	KPIs
Building capacity across the existing system of support and treatment	Increased capacity Increased service responsiveness Reduced waiting times. Improved satisfaction for young people Additional capacity in community CAMHs Additional capacity in early intervention service	Waiting times for routine treatment not to exceed 4 weeks (early intervention Tier 2.5 services) Local waiting times for specialist community CAMHs will be agreed and defined as part of the co-production process Annually agreed reduction in referrals to community CAMHs annual 5% up lift in CYP accessing support and treatment (on 2015/2016 baselines) to meet the national policy to increase accessibility to early intervention and specialist CAMHs support.
Workforce Expansion and Development	Staff appropriately qualified New practitioners encouraged to enter the sector (CWP) Improved outcome measure scores (across a range of outcome measure frameworks) CYP reporting better experience of accessing services	75% of service users reporting improvements in outcomes Annual increase of 5% in numbers of CYP accessing support/treatment



	Goal based outcomes for all service users accessing treatment interventions'	
Schools	<p>Improved support to schools.</p> <p>Increased resilience and confidence within schools to support young people.</p> <p>Continuation of fortnightly consultation to all secondary schools (including SEN and PRU)</p> <p>Positive Behaviour Support training offered and delivered to schools identified as having most need</p> <p>Transformation Plans aligned to SEMH schools programme</p> <p>Commissioners to attend and contribute (as requested) to the Emotional Wellbeing Forum</p> <p>Clinical commissioners to commit to the Schools Partnership Board</p> <p>Youth Mental Health First Aid training offered to schools and wider children's services workforce</p>	<p>2hrs consultation fortnightly to be offered to all primary, secondary and special schools in Bromley</p> <p>Continued roll out of school responder role.</p> <p>One YMHFA training to be offered in a central Bromley location each half term. Subsidised places offered to schools, social care, YOS and voluntary sector.</p>
Eating Disorder services	<p>Specialist provider to be fully compliant with National Waiting Times and Accessibility standards</p> <p>More CYP assessed and treated earlier in their presentation</p> <p>Reduced in patient</p>	<p>50% of referrals to specialist Eating Disorder service to be from self/ primary care, schools, early intervention service, parents.</p> <p>Waiting times to be</p>



	<p>admissions</p> <p>Three classes per year to receive Happy Being Me programmes during school hours.</p>	<p>compliant with national standards</p>
Co-production	<p>Enhanced engagement with young people and their families to inform future plans and pathways.</p> <p>Robust transformation plan in place with clearly defined timescales for delivery and investment.</p> <p>Local co-produced outcomes framework</p> <p>Co-designed pathways models and services to meet national and local targets</p>	<p>1 WTE Co-Production resource</p> <p>A co-production steering group</p> <p>A co-produced commissioning plan in place</p> <p>Co-production aligned to CCG Public and Patient Engagement strategies</p> <p>An annual Emotional Wellbeing and Mental Health take over day</p>
Commissioning	<p>Collaborative commissioning and procurement of services based on the co-production models, principles of sustainability and evidence base</p> <p>CYP being treated and supported closer to home</p> <p>Development of new referral and care pathways including redesigned service models through co-production. This will inform our future collaborative procurement programme.</p> <p>Procurement of services to support co-production</p>	<p>An annual reduction in presentations to A&E by patients in crisis</p> <p>An annual 10% reduction in hospital admissions</p> <p>No avoidable admissions to A&E nor Out of Area Transfers</p> <p>Cross sector agreement and ownership of commissioning intentions to support outcomes</p> <p>Formalisation of joint commissioning</p>



	outcomes and evidence based service provision	approaches for CAMHs.
Crisis Care, STP and TCP	<p>Planning to meet the crisis care standards and implementation of HLP recommendations</p> <p>Commissioning of dedicated three Borough Paediatric Liaison Service</p> <p>Implementing actions to meet the STP priorities in this area</p> <p>Alignment of local plans with the New Models of Care</p> <p>In patient admissions as a last resort</p> <p>Compliance with the TCP and CTR programmes. 100% of eligible children and young people identified and progress reviewed</p> <p>Protocols to support CYP at risk of admission or other long term placements in place across health and social care</p>	<p>Reduction of A&E crisis presentations</p> <p>10% reduction in children living out of area in long term school or hospital placements</p>
CAMHs In-patient services – New models of Care	<p>Reduction in in patient admissions facilitated by improved local and three Borough crisis care models of care</p> <p>Learning from New Models of Care review applied locally through the South London Partnership , where appropriate</p>	<p>100% CYP to have Care Programme Approach (CPA) in place</p> <p>annual 10% reduction in numbers admitted to hospital</p> <p>annual 10% reduction in Occupied Bed days</p> <p>100% of CYP who require it, will have access to local in patient</p>



		provision (2020) South London Partnership bed and treatment management, including additional focus on community interventions to prevent in patient admissions
Transitions	To align local protocol and practice to best practice in transitions To have seamless transition from CAMHs to Adult mental health services in place To review current commissioning and current referral and care pathways Alignment of transitions commissioning to the co-production process and the TCP Transitions commissioning aligned to SEND reforms	Commissioning commitments published by 2017 Transitions included in the mental health strategy 90% of all Bromley CYP to have transitions plans in place before 18yrs 100% of identified
Data and KPIs	To finalise agreement on local minimum dataset	Quarterly CCG analysis on National Minimum dataset and local minimum dataset Providers to submit quarterly data against agreed minimum dataset
Health for Justice	Capacity to meet the treatment needs of CYP convicted of or at risk of sexually harmful behaviour Appropriate YOS, social care	Identified staff trained in AIM 100% CYP returning to Bromley to have up to date health records and



	<p>and emotional wellbeing and mental health staff to be offered AIM training</p> <p>Young Offenders to have their physical, speech and language and Occupational Therapy needs met</p> <p>Co-morbid young offenders (for example Mental Health and Learning Disabled) to have access to full range of health interventions</p> <p>There will be appropriate health services in situ for all children and young people discharged from secure settings.</p> <p>Health Commissioners to be standing members of the YOS Management Board</p>	<p>to be registered with local GPs.</p> <p>All YOS clients to have access to physical health services</p> <p>A dedicated early intervention practitioner to be co-located in the YOS</p> <p>Forensic CAMHs/YOS interface through aco-located consultant forensic CAMHs psychologist. One year pilot to be evaluated over the course of 2018/2019.</p> <p>100% YOS clients who need it, will have access to Speech and Language Therapies</p> <p>100% of YOS patients will be offered early intervention emotional wellbeing support.</p>
<p>Mental Health Strategy</p>	<p>By 2017/2018: a collaborative mental health strategy in place</p> <p>The mental health strategy will be co-produced</p>	<p>Governance of mental health strategy established</p> <p>Future commissioning and procurement to reflect Mental Health strategy</p>



Table 27: System Priorities beyond 2020

Priorities 2020 and beyond	Outcome
Population Approaches	<p>Commission for resilience, in communities, early years and schools</p> <p>Co-produce social marketing messages about emotional wellbeing and mental health. Aligned to national initiatives such as Time to Change: Rethink Mental Health</p> <p>Commission against population based principles that are co-produced</p> <p>Commission for early intervention</p> <p>Incorporate innovation in challenging stigma</p> <p>Educate populations in signs and symptoms and increase confidence in accessing treatment and support</p> <p>To identify and harness the positive role that digital developments and social media offer.</p> <p>Children and young people to have access to self help strategies and “exercises” that help keep well.</p> <p>children and young people reporting year on year improvements in emotional wellbeing and functioning</p> <p>CYP and families reporting more confidence in coping and self management.</p> <p>A co-produced commissioning plan in place by 2020</p> <p>Annual training programme for pupils and school staff published</p>
Schools	<p>Engaged schools, who are contributors to pupil resilience and adopt whole school approaches</p> <p>Fully integrate SEMH programmes with the CAMHs Transformation programmes agenda</p> <p>Support school staff through consultation and supervision.</p>



	<p>Staff reporting more confidence in supporting pupils in the school environment.</p> <p>More children and young people supported to maintain attendance at their school</p>
<p>Commissioning Enhanced Sexual Abuse Services</p> <p><i>In line with SEL programme</i></p>	<p>Commissioning against co-produced outcomes framework</p> <p>Commissioning a sustainable system of self management, early intervention and highly specialist services.</p> <p>Commissioning to reduce demand for high cost/low volume services and focus on commissioning for community based services.</p> <p>Commission a needs based referral and care pathway, moving away from current Tier approach</p> <p>Commissioning against evidence base and the developed KPIs</p> <p>Allocation of resources to address emergent needs.</p>
<p>Quality and Workforce Development</p>	<p>Commission to support the development of a workforce who feel confident in supporting children to self manage and manage risk across universal and targeted delivery</p> <p>To commission training and CPD programmes across children’s services and primary care as well as continuing to develop staff working in dedicated services.</p> <p>Risk assessment, risk management and risk tolerance training to be made available across children services</p> <p>Support and, where appropriate, resource local practitioners to complete CYP-IAPT training and encourage new entrants to the sector.</p>
<p>Co-Production – long term</p>	<p>To resource and support a local Co-Production Steering Group to lead the system and service redesign.</p> <p>Co-production will form the key driver to meeting the twin challenges of keeping well and improving referral and care pathways.</p> <p>A pro-active referral and care pathway and system of treatment and support.</p>
<p>Referral and Care pathways that reward community</p>	<p>More children and young people in crisis will be able to remain at home and to be supported by a team that brings together a range of skills</p>



based delivery	<p>More children and young people will have access to 24/7 services and out of hours specialist care where needed</p> <p>Fewer CYP will be admitted to in patient units or placed in residential schools.</p> <p>Collaborative crisis care pathway design with local authorities and neighbouring Boroughs.</p> <p>Commission of services to reflect the STP priorities and to meet NHS England Specialised Commissioning aspirations.</p>
Data	<p>All future commissioning to take into account patient level intelligence and allocation of resources to reflect local prevalence rates and local needs</p> <p>Local and national datasets to inform commissioning</p> <p>NHS Bromley to engage providers in developing local minimum datasets. CCG informatics to analyse quarterly data and align to the pan London KPI development programme.</p> <p>Refreshed National and local prevalence data to be published in 2018</p>
Primary care	<p>Primary care to play a central role in designing the referral and care pathways</p> <p>Training on self management to be offered and delivered to all primary care providers</p> <p>Primary care providers to be empowered to be contributors to whole systems approaches.</p>

9. Governance

The delivery of this transformation plan will be managed under the existing CCG governance structure. As a result of the initial Transformation Plan, a cross sector CAMHs Steering Group was established. This Steering Group meets monthly. In the next phase of the Transformation Plane the Steering Group will be formalised and report to the existing Children and Young People’s Programme Board, the Mental Health Strategic Partnership Board, CCG Clinical Executive and the Bromley Health and Wellbeing Board.



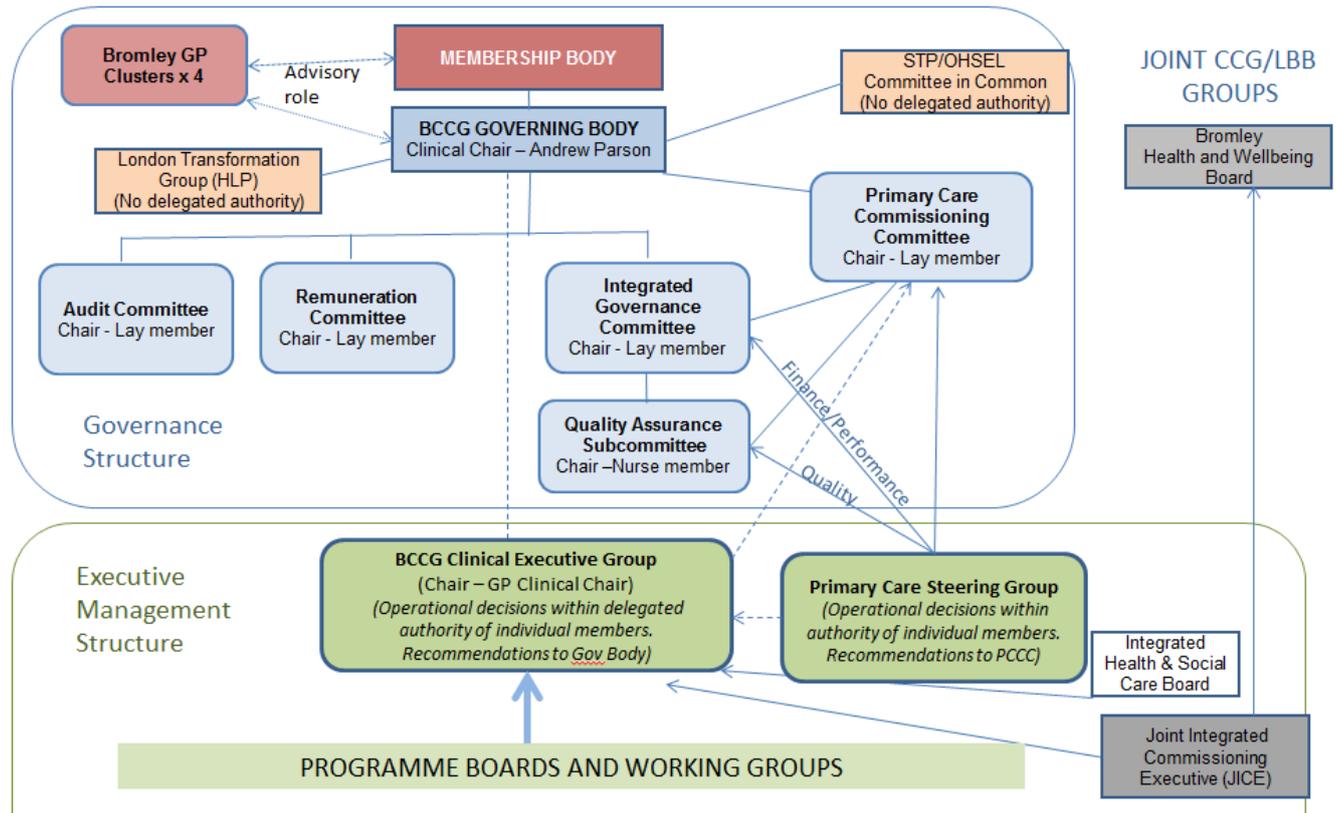
The table below shows the governance and joint delivery structure across Bromley CCG and the Council. The working groups are multi-agency while the children and young people working group which is recently established involves provider organisations and will involve voluntary and community groups. Of importance, the Joint Integrated Commissioning Executive (JICE) is jointly supported by both the CCG and council which feed back into the Health and Wellbeing Board.

The co-production programme will be driven by a co-production Steering Group which will be resourced and supported by the NHS Bromley CCG, and its membership will be drawn from communities, commissioners, providers and children's services.

The commissioners' role will be to appraise partner boards of progress being made against the Transformation Plan targets. The commissioners will report to the CCG Governing Body (where required), to The YOS Management Board and the Scholl Partnership Board (as required).



Bromley CCG Governance Structure



Glossary

Abbreviation	Full Form
SENCo	Special Educational Needs Co-ordinator
ASD	Autistic Spectrum Disorder
BCP	Bromley Children's Project
BME	Black and Minority Ethnic
CAEDS	Children and Adolescents Eating Disorder
CAMHs	Child and Adolescent Mental Health Services
CBT	Cognitive Behaviour Therapy
CCDS	Complex Communication Diagnostic Service
CCG	Clinical Commissioning Group
CIPFA	Chartered Institute of Public Finance and Accountancy
CPNs	Community Psychiatric Nurse
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CTR	Care Treatment Review
CYP	Children and Young People
CYP IAPT	Children and Young People's Improving Access to Psychological Therapies programme
EHC	Education and Health Care plans
EIP	Early Intervention in Psychosis
FEP	First Episode of Psychosis
HLP	Healthy London Partnership
IBT	Interpersonal Psychotherapy
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LAC	Looked After Children
LBB	London Borough of Bromley
LTP	Local Transformation Plan
N3	Secure NHS Network
NEF	New Economics Foundation



NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
OAT	Out of Area Transfer
OHSEL	Our Healthier South East London programme
PNMH	Perinatal Mental Health
PSHE	Personal, Social, Health and Economic education
PWP	Psychological Wellbeing Practitioner
RMN	Registered Mental Nurse
RTT	Referral to Treatment Time
SDQ	Strengths and Difficulties Questionnaire
SEL	South East London
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs
SEND	Special educational needs and disability
SFP	Systemic Family Therapy
SLaM FT	South London and Maudsley Foundation Trust
SPoA	Single Point of Access (for early intervention service run by Bromley Y)
STP	Sustainability and Transformation Plans
TCP	Transforming Care Partnership
YOS	Youth Offending Service



Annex ? : Self- assessment checklist for the assurance process

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

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

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
1) Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1.1 Have been designed with, and are built around the needs of, CYP and their families	Y	
1.2 Provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	
1.3 Include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	
1.4 Promote collaborative commissioning	Y	



approaches within and between sectors		
1.5 Are you part of an existing CYP IAPT collaborative?	Y	
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?		
2) Transparency		
Please confirm that your Local Transformation Plan includes:		
2.1 The mental health needs of children and young people within your local population	Y	
2.2 The level of investment by all local partners commissioning children and young people's mental health services	Y	
2.3 The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	
3) Level of ambition		
Please confirm that your plans are:		
3.1 based on delivering evidence based practice	Y	
3.2 focused on demonstrating improved outcomes	Y	
4) Equality and Health Inequalities		
4.1 Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	
5) Governance		
5.1 Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	



5.2 Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	
6) Measuring Outcomes (progress)		
6.1 Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	
6.2 Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	
7) Finance		
Please confirm that:		
7.1 Your plans have been costed	Y	
7.2 that they are aligned to the funding allocation that you will receive	Y	
7.3 take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	

