

NHS Bromley CCG and LB Bromley

Overview of CYP Emotional Wellbeing and Mental Strategy 2014 to date

Half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent). Children from low income families are at highest risk, three times that of those from the highest. Those with conduct disorder - persistent, disobedient, disruptive and aggressive behaviour - are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison. Yet most children and young people get no support. Even for those that do, the average wait for routine appointments for psychological therapy was 32 weeks in 2015/16. A small group need inpatient services but, owing to inequity in provision, they may be sent anywhere in the country, requiring their families to travel long distances¹.

Emotional Wellbeing and Mental Health Services in Bromley

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 in 2014, a new single point of access (SPoA) early intervention service [The Wellbeing Service] for all child and adolescent mental health and emotional wellbeing services was established. The implementation of this new referral and care pathway aimed to improve accessibility to all emotional wellbeing and mental health services in Bromley. The improved pathway allows for more service users and citizens to have their needs met in the right place and at the right time. A Single Point of Access and Early Intervention model is a tangible step towards implementing referral and care pathways that are built around the citizen's needs.

This early intervention emotional wellbeing service is currently delivered by a local voluntary sector provider and delivery began in December 2014. 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.

For those children and young people with moderate to severe mental illness, the specialist community CAMH Service provides a range of specialist services to meet needs. For example, the service offers specialist mental health services to those with urgent or crisis needs, who are Looked After, have neurodevelopmental needs and young offenders.

¹ The Five Year Forward View for Mental Health: A report from the Independent Mental Health Taskforce to the NHS in England [February 2016]

In addition to emotional wellbeing and mental health needs, many children and young people present to services with a range of environmental risk factors, such as problems in family relationships [20%] or problems in peer relationships [15%].²

The local emotional wellbeing and mental health strategy

Building on the development of the local referral and care pathways, the vision for emotional wellbeing and mental health in Bromley is ambitious to get it “right”.

In 2015 the Government published “*Future in Mind*” [2015] and “*Implementing Five Year Forward View for Mental Health*” [2016]. These are national guidance documents that require each local partnership to develop local plans that set out a road map towards improvements in referral and care pathways and outcomes. The Bromley Local CAMHs Transformation Plans reflect the national ambitions to improve accessibility to evidence based services and the lifelong outcomes for children and young people.

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

Figure1: Future in Mind priorities³

- 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

“*Implementing the Five Year Forward View for Mental Health*” [NHS England 2016] and the local strategy commits local areas to increasing the numbers of children accessing appropriate support by 10% over the life course of the Transformation Plan⁴. Our strategic ambitions are:

- 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.

² Social factors identified in CYP accessing the Single Point of Access Wellbeing Service in the Bromley local minimum dataset [January to June 2017]

³ Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing [Dept of Health, 2015] <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

⁴ Bromley CCG Transformation Plan Refresh Children and Young People’s Mental Health and Wellbeing October 2016 [<http://www.bromleyccg.nhs.uk/CAMHs-transformation-plan.htm>]

- 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 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

Prevention work in Bromley

Promoting resilience in children and young people is recognised as important by universal services. Key services promoting resilience include Health Visiting (supporting the mother to promote attachment and resilience in their children), Children and Family Centres, and schools. The “Mindfulness in Schools” programme is one example of promotion of resilience in Bromley.

Risk and Complexity Factors

The, social, risk and complexity factors associated with those entering the local CAMHS system indicates factors for emotional health problems locally which could be used to focus further prevention work. All of the social factors identified by the Wellbeing Service relate to the environment within which the child lives.

Whilst the recording of risk factors vary by service, it is important to understand that for those who present to the system requiring specialist mental health services, the main risk factors for children and young people recorded by specialist community CAMHs are outlined in the table below:

Table 1. 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 / Alcohol Use	3
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		

The largest cohort of children and young people are experiencing more than one social, risk or complexity factor when presenting to the Wellbeing Service.

Table 2 shows the complexity factors which were captured for a proportion of the children and young people seen in Specialist CAMHS between April 2016 and July 2017. Again, many children and young people will present with co-morbidities.

Table 2. Complexity Factors identified in CYP accessing specialist Oxleas CAMHS services

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

Pathways of Care

Most children and young people (CYP) enter the system via the Single Point of Contact Wellbeing Service.

Table 3: The Wellbeing Service Referral Sources (Q1 17/18):

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

The table above shows that the most common source of referral into the SPoA Wellbeing Service is GPs (33%), followed by carer referral and school referral.

It is worth noting that in the 1st quarter of 2017/18 (April to June 2017), 707 CYP were in contact with the Wellbeing service.

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.

Table 4: Referrals of CYP accessing specialist CAMHs January to June 2017

All Sources	Referrals Received	Referrals Accepted
April 2014 – March 2015	1095	676
April 2015 – March 2016	871	763
April 2016 – March 2017	772	687
April 2017 – June 2017 [Q1]	177	173

Table 5: Deliberate Self Harm Presentations April 2015 – June 2017⁵

	A&E presentations	Ave. Presentations per month
April 2015 – March 2016	234	19.5
April 2016 – March 2017	244	20.3
April 2017 – June 2017 [Q1]	74	24.6

What emotional health concerns do CYP present to CAMHS services with?

Wellbeing Service data

Table 6: 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

⁵ Monthly Contract and Performance Reporting, Oxleas NHS FT

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.⁶

The NCDS descriptors presented in Table 7 gives a clinical profile of the mental health difficulties of the children and young people receiving services from Specialist CAMHS.

Table 7: 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

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 8: In-patient bed use, trends, 2010 – 2018, Bromley⁷

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

⁶ The International Classification of Diseases (ICD-10) is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems, a medical classification list by the World Health Organization (WHO). ICD-10 has been in place since 1990, and an updated classification (ICD-11) is due in 2018. This international classification is used in clinical care and research to define diseases and study disease patterns

⁷ Activity Analysis April 2016, Oxleas NHS FT

Eating Disorders

This is an area of particular concern in Bromley. Referrals to the specialist Children and Adolescent Eating Disorder service have increased. There are now options to self-refer in to the service along with a telephone support line available for professionals seeking referral advice

Since the implementation of the self and primary care direct referral pathway [in February 2016] in to the specialist Children and Adolescent Eating Disorder Service, provided by the South London and Maudsley NHS FT (SLaM), the following trends are noted

Table 9: SLaM Specialist Eating Disorder Assessment and Treatment

Year	Assessment	Multi-Family Therapy	Treatment in Progress/ Treatment Complete
2015/2016	35	9	72
2016/2017	71	12	88
2017/2018 [M6]	20	6	67

SLaM report that around 75% of urgent Eating Disorder assessments are seen within 7 days.

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 have therefore not been included in this plan, although it is recognised that their input to local services is vital.

Table 10: Overview on Emotional Wellbeing and Mental Health investments 2015 – 2018 by CCG and Local Authority ('000s)

Funding Source		2013/14		2014/15		2015/16		2016/17		2017/18	
		Budget	Exp*	Budget	Exp	Budget	Exp	Budget	Exp	Budget	Exp
CAMHs Core	CCG	2,689	2,704	2,687	2,817	2,801	2,768	3,574	3,901	4,035	4,035,
LTP	CCG					472	496	472	539	556	556,
Eating Disorders	CCG					189	189	189	189	189	189
CYP IAPT Services	CCG							281	281	356	356
LTP Total						661	685	942	1,009	1,101	1,101
Early intervention	LBB CCG			112**	112	448	448	448	448	598	598
Total				2,799	2,929	3,249	3,216	4,022	4,349	4,663	4,633

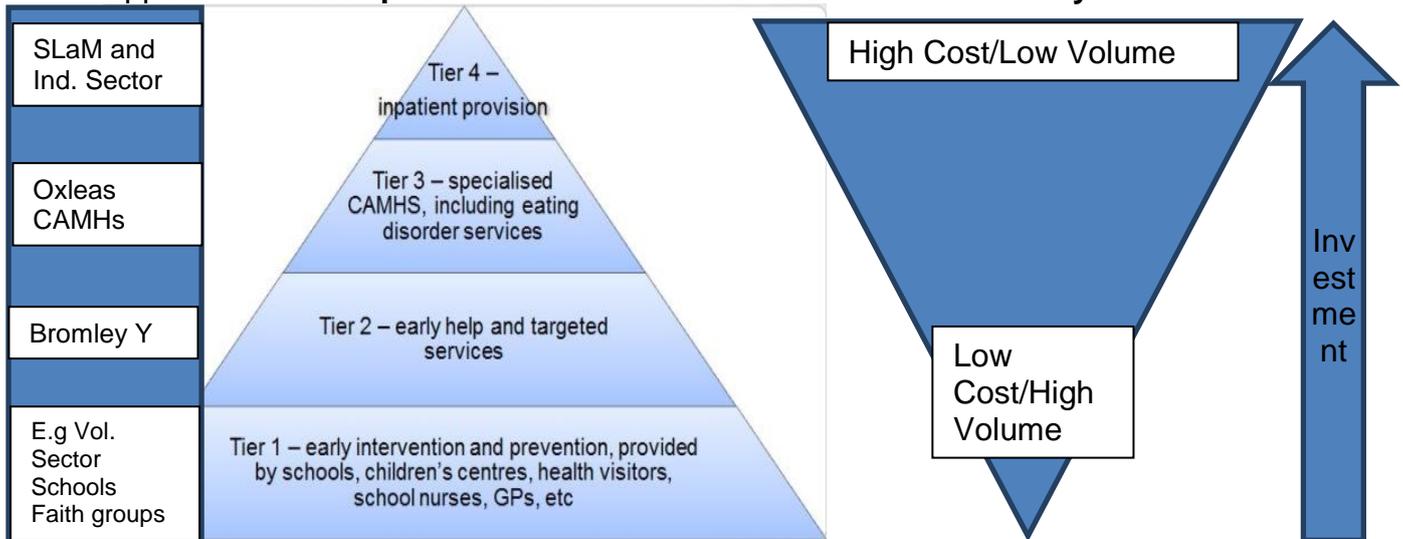
*Exp - Expenditure

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.

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.

Appendix 1. Description of the tiered model of services - Bromley



Child and adolescent mental health services (CAMHS) can be described as a four-tier strategic framework. Most children and young people with mental health problems will be seen at Tiers 1 and 2. Some young people will move up through the tiers as their condition is recognised as more complex, and others require planned step down to a lower tier.

Tier 1: CAMHS at this level are provided by practitioners who are not mental health specialists working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. Practitioners will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services.

Tier 2: This is the Single Point of Access and Early Intervention service (non-medical). Practitioners at this level tend to be emotional wellbeing practitioners working in community and primary care settings. In Bromley this service is provided by Bromley Y. Practitioners offer consultation to families and other practitioners, assessment to identify severe or complex needs which require more specialist interventions, and training to practitioners at Tier 1. This Tier also includes counsellors working in schools and youth services.

Tier 3: This is a multi-disciplinary service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders. In Bromley this is provided by Oxleas NHS Trust. Team members include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

Tier 4: These are tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. These include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams (e.g. for children who have been sexually abused). In Bromley the specialised Eating Disorders service is provided by South London and Maudsley (SLaM) NHS Trust.

Appendix 2: Our priorities and deliverables 2016 – 2020 (CAMHS Transformation Plan refresh October 2016)

Taking in to account the additional investments set out above, the CCG and its partners will be co-producing and commissioning for a referral and care pathway model that focuses on meeting needs. There are a number of key steps on our journey.

To help us understand the challenge of ensuring that any 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 ways that will deliver 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 whilst ensuring that every child or young person can rely on the quality of the services they access. We will continue on the journey towards pathway commissioning that reflects needs based approaches in contrast to current Tier based systems.

Our Long Term Plans - Priorities and ambition beyond 2020

We know that over the life course of the Transformation Plan there is likely to be a changing landscape for delivery against our long term ambitions. However, the consistent challenge remains that we are called to apply the full range of assets at our disposal in smart ways. That is to say, we will be required to identify existing assets (what works well) and our likely resources to further improve the lives of children and young people in Bromley.

With this in mind, we are proposing to use the next three years to concurrently focus on improving existing services and outcomes whilst developing a co-produced sustainable model of support and treatment for the long term. 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. We are ambitious in transforming the way children and young people think about their emotional wellbeing and mental health, 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.

Local Priorities beyond 2020

Priorities 2020 and beyond	Outcome
Population Approaches	Commission for resilience, in communities, early years and schools Co-produce social marketing messages about emotional wellbeing and mental health. Aligned to national initiatives such as Time to Change: Rethink Mental Health Commission against population based principles that are co-produced Commission for early intervention Incorporate innovation in challenging stigma Educate populations in signs and symptoms and increase confidence in accessing treatment and support To identify and harness the positive role that digital developments and social media offer. Children and young people to have access to self-help strategies and “exercises” that help keep well. children and young people reporting year on year improvements in emotional wellbeing and functioning CYP and families reporting more confidence in coping and self-management. A co-produced commissioning plan in place by 2020 Annual training programme for pupils and school staff published
Schools	Engaged schools, who are contributors to pupil resilience and adopt whole school approaches Fully integrate SEMH programmes with the CAMHs Transformation programmes agenda Support school staff through consultation and supervision. Staff reporting more confidence in supporting pupils in the school environment. More children and young people supported to maintain attendance at their school
Commissioning Enhanced Sexual Abuse Services <i>In line with SEL programme</i>	Commissioning against co-produced outcomes framework Commissioning a sustainable system of self-management, early intervention and highly specialist services. Commissioning to reduce demand for high cost/low volume services and focus on commissioning for community based services. Commission a needs based referral and care pathway, moving away from current Tier approach Commissioning against evidence base and the developed KPIs Allocation of resources to address emergent needs.
Quality and Workforce	Commission to support the development of a workforce who feel confident

Development	<p>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>
Co-Production – long term	<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>
Referral and Care pathways that reward community based delivery	<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> <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.</p> <p>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>