Review of Child and Adolescent Mental Health and Emotional Wellbeing Services in Southwark

September 2018
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1. Executive Summary

This review was jointly commissioned by Southwark Clinical Commissioning Group (CCG) and Southwark Council, with involvement from a wide range of stakeholders including children, young people, parents and carers.

We would like to thank all those who gave their time, documents, and thoughts to this review, and assurance is given that attempt has been made to take account of all the information and views offered.

There has been a sustained increase in presentations of mental ill health amongst children and young people across England; whilst across South East London, the level of mental health needs of children and young people in Southwark are consistently amongst the highest.

The prevalence rate currently in use, i.e. 1 in 10 children and young people having a diagnosable mental health condition, is based on an Office for National Statistics (ONS) survey carried out in 2004. The ONS will be carrying out a further survey later in 2018. Given the reported increase nationally in children and young people presenting with emotional/mental health difficulties, it is likely that the prevalence figure is higher than the one currently being used, and which is being used by the NHS England (NHSE) Transformation programme aimed at increasing access to services for children and young people with a diagnosable condition.

Whilst the review found evidence of numerous good and excellent support services across Southwark, we also identified significant challenges. The evidence suggests that local services for children and young people are currently stretched. Central government grants to the local authority that have helped support Child and Adolescent Mental Health Services (CAMHS) funding in the past have now ceased and increases in Transformation funding through NHS England to the CCG have significant targets of their own attached.

The access target set by NHSE in the 2016 Five Year Forward View for Mental Health is that 35% of children and young people with a diagnosable mental health condition should be able to access NHS services by 2020/21 (against the 2015 baseline). This target demonstrates the continuing lack of parity between mental and physical health. There are data capture issues. For example the figures only capture children and young people who are seen and treated directly; help provided indirectly through other professionals and parents/carers is not captured, and this means that the percentage may be understated in terms of actual activity. Southwark is currently at 24%, better than most Southeast London boroughs but a long way from where we would wish to be.

In comparison with other neighbouring boroughs, Southwark funding for CAMHS is generous and specialist services in Southwark are seen to be achieving correspondingly more; they have lower waiting times and more appointments offered, and are strongly valued by those who access them.

Funding comparison with other areas is difficult because the only published spend relates to CAMHS, not to other services. Benchmarking against the three other boroughs served by SLaM shows Southwark having the highest spend per head of prevalent population, the second lowest cost per appointment, (more appointments being offered) and considerably more appointments offered per whole-time equivalent staff (see Appendix L).

There is evidence that access to local inpatient beds for children and young people is improving. The New Models of Care programme being managed by the South London
Partnership (see Appendix F) is demonstrating success in reducing the need for children and young people to be placed a long way from their homes: the below graph shows bed days for South London children and young people placed outside the South London Partnership (SLaM, Oxleas NHS Foundation Trust and St Georges Mental Health NHS Trust)- the steady decline indicates success both in preventing admission and in placing children locally when they are admitted.

![Graph showing bed days for South London children and young people](image)

Both Southwark CCG and Southwark Council are committed to improving services and outcomes for children and young people, working with key local partners including South London and Maudsley NHS Foundation Trust (SLAM), our primary provider of CAMHS services, and with our local voluntary and community sector, youth justice, early years and schools.

In too many areas of England, services are locked into a “vicious circle” where increasing demand for high-acuity, specialist help leaves fewer and fewer resources available to help children and young people not yet at this level of need, building up greater demand for the future.

We recognise that we will need to work differently. This will mean investing in universal and targeted services that help promote mental wellbeing and prevent mental-ill health, in a way which improves support for children and young people whilst also relieving growing demand and pressures on our specialist services.

Engagement with families (Appendix B) indicated that a holistic/family approach to provision is wanted:

“Organisations should work more closely together to provide a more holistic service for children and young people and meet all of their needs, including considering a family approach where it is needed/relevant to the child’s needs. Feedback indicated that there is a lack of holistic support for CYP and their parents/carers – services are not connected in any way and don’t work together to support the needs of the young person “
Specialist CAMHS services will always be an important part of the support and care we offer. However, working with colleagues and communities across Southwark, this review has also sought to identify new opportunities to promote overall emotional wellbeing. These involve changing the way our services and systems work with each other and those they support.

There is a need to strengthen early intervention ("early" meaning prevention of escalation as well as primary prevention) and increase efficiency across the system to ensure that maximum benefit is derived from investment made.

All parts of the system-universal provision funded by the council and schools, targeted provision for vulnerable groups such as Looked After Children, young offenders, or children with Special Educational Needs and Disability (SEND)-are linked and any change in financial support to one part of the system affects the whole. Budget reductions in universal services can be expected to impact on specialist ones.

In the long term, the preferred service design, taking into account what was said by all stakeholders during this review, would be a strong locality-based service offer, inclusive of both SLaM CAMHS, the voluntary sector, social care Early Help and children’s community health services and aligned with adult mental health services and primary care as well as schools. As the Bridges to Health and Wellbeing population-based commissioning programme (Appendix M) progresses, this needs to be held as the desired goal. It is recognised that pathways and provision are currently too complex to allow for this and CAMHS staffing insufficient for it to be able to operate in this way. It is suggested however that a road map be created with steps along the way to achieving this, using Bridges to Health and Wellbeing as the vehicle.

The first steps will be to adopt a common language and a common conceptual framework for children and young people’s emotional wellbeing and mental health in Southwark. It is suggested that I-thrive (Appendix G) could provide this. There is no suggestion that this would need to be adopted as a model for SLaM CAMHS structure or mode of operation, it could simply be used as a means of giving all stakeholders a common language and framework within which provision can be located in a non-tiered way.

To achieve this, we are recommending that:

1. The Council and CCG continue to work together to take a Southwark-wide approach to funding and developing children and young people’s services, with a focus on joining-up existing support, removing areas of duplication, and using opportunities to invest jointly in new preventative services that promote emotional wellbeing for all our children and young people and which provide intervention to avoid escalation into crisis necessitating hospital attendance or admission. A locality based integrated community service offer would be the desired long-term goal.

2. With the ongoing support of SLAM, identified opportunities to improve the efficiency of our acute and specialist services (including reducing rates of Did Not Attends – DNAs – and user cancellations and improving the current workforce mix) are used to deliver greater access to help now, and to mitigate projected increases in demand in the future.

3. Transformation programmes are reviewed in line with the recommendations of this review, to ensure that all available funding is being directed towards those activities which children, young people, families, carers and frontline professionals are telling us
will have the greatest impact, with a particular focus on universal and targeted services for those who do not currently reach the thresholds for accessing help.

**Our recommended approach is to consider the future development of mental health and wellbeing services in Southwark in 3 related domains:**

**A. System transformation:** where significant system-wide change is required to improve access, simplify and streamline pathways for young people, parents and professionals, and improve the transition to adult services

**B. Service improvement:** where there is scope for improvements to existing services for specific client groups.

**C. Cross-cutting organisational change:** issues relating in particular to workforce, and IT that affect a wide range of services.

**Together with recommendations on investment:**

- Current spend needs to be maintained to cope with current need
- Future funding, unless ring-fenced for a specific purpose, should be targeted at prevention and early intervention as opposed to specialist services.
- Open-access online and face-to-face non-specialist services provided by qualified counsellors.
- Behaviour support for children and young people with neuro-developmental disability (including learning/intellectual disability) and challenging behaviour is an area requiring investment- families struggle to cope as young people become older and more challenging, and help which is provided early to enable parents/carers to better manage challenging behaviour can help avoid family breakdown and assist transition to adulthood. Such support programmes are normally provided by a team including nurses, therapists and psychologists. This group of children are, if their families become unable to cope any longer, most likely to require high-cost care packages.

**The process of this review has already effected change; in no part of the system are we starting from scratch.**

However, after a significant amount of engagement and analysis work (as reflected in the appendices to this report) there remain challenges in producing specific recommendations around current community-based services, where data and outcomes are not yet captured at the level of detail of CAMHS services provided by SLAM.

Further work will be required to establish a comprehensive framework for understanding and investing in better outcomes for all our children and young people, across all service areas.

There are nonetheless already clear areas where we can have an immediate impact, with strong support for both for making existing specialist services even better, whilst ensuring that services supporting broader emotional and mental wellbeing are effectively prioritised and funded.
2. Context

This review was jointly commissioned by Southwark Clinical Commissioning Group (CCG) and Southwark Council with involvement from a wide range of stakeholders including children, young people, parents and carers.

There has been a sustained increase in presentations of mental ill-health amongst children and young people across England. Current estimates suggest that at least 1 in 10 of those aged 5-16 are living with a diagnosable mental health condition, with 50% of all adult mental health problems established by age 14, and 75% by the age 24.¹

The Care Quality Commission Thematic Review of Children and Young People’s Mental Health Services (CAMHS) conducted in 2017 concluded that in England “many children and young people experiencing mental health problems don’t get the kind of care they deserve. The system is complicated, with no easy or clear way to get help or support.”

The report (Are We Listening? CQC March 2018) identifies a number of themes applicable across England. Southwark was one of ten areas in which fieldwork was done.

The report cites two good practice examples for Southwark, one relating to a primary school and the other CAMHS.

Areas identified as needing to be addressed in Southwark were:-

- Partnership and transformation, to build trust, shared language and systems
- Join-up at strategic level
- Complex and fragmented services and pathways
- Gap in services below CAMHS threshold
- Ethnic and cultural diversity
- Support in schools
- Inclusion of children, young people and families in service design

The evidence and views obtained in this review support the findings of the CQC and the recommendations are intended to address these.

Local evidence suggests that services for children and young people are currently stretched, with emergency presentations at hospital having increased year-on-year since 2013. In parallel, Southwark Council has for several years made a funding contribution to the CAMHS service provided by South London and Maudsley NHS Foundation Trust (SLAM), currently amounting to just under £1.4m. The majority of this council funding has come from central government grants which have now ceased, and the increase in CCG funding through the NHS England Transformation Programme has conditions attached which require improved access and outcomes.² (Improved access from a baseline established in 2015).

This review has considered whether new or changed service models could reduce fragmentation and improve service access, bringing together commissioners, public health representatives, the CAMHS provider, individuals, families and communities to review

¹ Please see Appendix L for current activity and benchmarking data.
² Please see Appendix E for details of CCG, council and transformation funding.
current services and consider where and how opportunities may be found to do things differently.³

The Southwark Five Year Forward View for Health and Social Care sets out our vision for reducing service fragmentation, bringing budgets together, and developing outcomes-based commissioning to improve outcomes for key population groups through prevention, early intervention and the right targeted and specialist services where needed.

Together with the Southwark Joint Mental Health and Wellbeing Strategy 2018-2021 it captures our response to the challenges set out in the NHS Five Year Forward View and the Five Year Forward View for Mental Health, as well as our draft Joint Strategic Needs Assessment (JSNA) for Children and Young People’s Mental Health.⁴

³ Please see Appendix D for details of current universal, targeted and specialist provision.
⁴ Please see Appendix A for further strategic context.
3. Demographic factors

Across South East London, the level of mental health needs of children and young people in Southwark are consistently amongst the highest. The percentage of school-aged pupils with social, emotional and mental health needs shows a similar pattern, with Southwark in 2016 being second highest at 2.7%, representing approximately 1200 children (0.4% higher than the England average). Potential factors include:

- **8,145 children were identified as having Special Educational Needs and Disability (SEND) in Southwark in 2017.** This is a decrease since 2011, but is higher than the London and national average, with children with learning disabilities at increased risk of having mental health problems.

- **Southwark has a higher number of Looked After Children than the London or England averages.** The number of Looked After Children in Southwark up to 2017 has remained stable, at between 475 and 500. This equates to 78 per 10,000 children vs. 62 per 10,000 for England and 50 for London. The prevalence of emotional and behavioural problems in this group is estimated to be as high as 72%.

- **38% of Southwark residents live in areas that are amongst the most deprived nationally.** Social disadvantage is associated with increased risk of mental health problems.

- **Approximately two thirds of Southwark children and young people are of Black, Asian and minority ethnic origin (BAME).** BAME children are more likely to be exposed to other risk factors for poor mental health and wellbeing and are under-represented in CAMHS, but are over-represented in other services, e.g. social care and the youth justice system.

- **In Southwark, 10% of secondary school pupils self-identify as LGBTQI+.** LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and others) children and young people are at higher risk of bullying, discrimination and abuse, and these experiences have serious implications for mental wellbeing.

- **Southwark also has a high number of children and young people using cannabis.** 6.6% of school-aged children reported using it in the previous month, higher than London and England averages (5% and 4.6% respectively) – with frequent cannabis use associated with increased risk of mental health disorder later in life.
4. Scope of this review

- **CAMHS (Child and Adolescent Mental Health Services)** refers to specialist services whose primary function is to diagnose and treat clinically recognised mental ill-health. In Southwark these services are provided by the South London and Maudsley NHS Foundation Trust. CAMHS services may also be commissioned to provide wider services aimed at specific vulnerable groups (e.g. Youth Offending and Looked After Children) and / or at early help and prevention.

  **This review looks at the entirety of the CAMHS offer provided by SLAM**, including Carelink, Functional Family Therapy, CAMHS in Early Help, Children and Families and Adolescent Service teams, and the Neurodevelopmental Service; Carelink, Functional Family Therapy and Early Help being integrated with staff from Southwark Children’s Social Care. The review also includes the Parental Mental Health Team which sees adults who are parents of children under 5.

  **While the Joint Strategic Framework for Children and Young People sets out priorities for the 0-18 age range, it is recognised that there are clear links to adult mental health and vulnerable young people aged 18-25 who are in the transition phase. Therefore, the review has also focussed on the transition phase with implications for adult mental health services.**

- **Emotional Wellbeing** refers to the wide range of activity and services, both universal and targeted, which contribute to emotional health and the development of emotional resilience in children and young people. All universal and targeted services have a part to play in this: this includes primary care, public health nursing, early years services, schools and colleges, voluntary sector providers, and services whose primary purpose may be non-mental health activity, e.g. sexual health and substance misuse.

  **In addition, the review set out to consider how a whole system response to children’s mental health and wellbeing contributes to and links with the CAMHS offer. This includes the social determinants of mental health and wellbeing in children and young people, the importance of early intervention, and the operation of non-SLAM services such as the Southwark Children’s Social Care Clinical Service and the mental health and wellbeing offer in schools; as well as voluntary sector organisations including the new Young People’s Integrated Wellbeing service, the Wellbeing Hub and Faces in Focus.**

  **The review provides options for how the services and pathways could be reconfigured in a way that protects outcomes** for children and young people. Safeguarding and managing potential risks to vulnerable young people will be paramount, with particular focus on the most vulnerable groups and those whose access to services may be more difficult. The review has focussed on a life-course approach, considering evidence for intervention in childhood / adolescence vis-à-vis the likely impact on adult mental health if not provided.

  **There will need to be a further phase of work following this review** following any final decisions from the local authority and CCG on funding, to implement the agreed model and refresh the service specifications.
Objectives

- Review current outcomes and potential future outcomes.
- Ensure the changing needs of the population group can be met through the CAMHS (and wider system) offer.
- Design a financially sustainable service model.
- Design an accessible and inclusive service model for all children and young people.
- Ensure the redesigned offer can meet required outcomes and performance measures, whilst addressing potential changes to national strategy and NICE guidelines.

Principles

In carrying out this review, Southwark CCG and the Council have committed to:

- Maintain and where possible promote better outcomes for children and young people.
- Working in partnership, seeking to understand and respect each other’s views and perspectives and moving forward together as service commissioners.
- Working in partnership with children, young people and parents / carers
- Working with providers, social care, third sector, adult mental health, public health, educational settings, and schools to co-create solutions.
- Openly sharing challenges and opportunities.
- Putting needs of children and young people first, listening to what they have told us.
- Understanding all current investments and the services that are supported.
- Defining options for future investment to promote best value across the total spend.
- Maximise the potential in our children and young people, their families and communities, as well as the voluntary sector.
- Understanding the role of the system in prevention.
- Ensure the sustainability of the model adopted.
- Taking into account likely impact on adult mental health and the wider system of needs are not addressed in childhood.

Process

- Phase 1 Analysis: understanding current services and the population cohort, service user views, strengths or weaknesses of the model (target completion April 2018)
- Phase 2 Design of options: exploring options with providers, the wider system and service users (target completion May 2018)
- Phase 3 Implementation Plan: how options might be implemented (June/July 2018)
- Phase 4 Mobilisation: from July 2018 onwards.
5. Key Findings and Recommendations

Southwark has elements of good, and in some cases excellent, services.

Specialist services are very stretched, as they are across the country, but specialist services in Southwark are seen to be achieving more than in neighbouring boroughs. They have lower waiting times and are strongly valued by those who access them.\(^5\) Activity data for SLaM compares well with other areas. More children are referred and more children are seen than in neighbouring areas served by SLaM (a higher % of referrals are accepted in Lambeth but of a lower number).

Mean waits for assessment for CAMHS teams (Quarter 3 2017-18)

<table>
<thead>
<tr>
<th>Team</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent</td>
<td>3.60</td>
</tr>
<tr>
<td>NDS</td>
<td>7.72</td>
</tr>
<tr>
<td>Child/Family</td>
<td>3.19</td>
</tr>
<tr>
<td>Carelink</td>
<td>7.84</td>
</tr>
<tr>
<td>Early Help</td>
<td>3.17</td>
</tr>
<tr>
<td>PMHT</td>
<td>6.66</td>
</tr>
</tbody>
</table>

For first treatment (Quarter 3 2017-18):

<table>
<thead>
<tr>
<th>Team</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent</td>
<td>9.14</td>
</tr>
<tr>
<td>Child/Family</td>
<td>6.67</td>
</tr>
<tr>
<td>Carelink</td>
<td>10.66</td>
</tr>
<tr>
<td>NDS</td>
<td>15.15</td>
</tr>
<tr>
<td>Early Help</td>
<td>5.96</td>
</tr>
<tr>
<td>PMHT</td>
<td>9.63</td>
</tr>
</tbody>
</table>

Across the CAMHS service, excluding the Parental Mental health team, 70% referrals are accepted, very close to the national average, this does however mask big differences between teams with Carelink accepting a very high percentage of referrals. The audit of referrals carried out as part of this review indicated that children are referred who would not meet criteria for a mental health service, it should not therefore be assumed that all referrals do need to be picked up by a specialist service. The issue as explained in this report is that there are not other suitable services which could offer support to those children and young people who do not require specialist mental health services. The CQC thematic review also identified this gap.

\(^5\) Please see Appendix L: Detailed Activity Data and Benchmarking
The recommendations in this report are based on a model of good outcomes which includes the following:

- **Children and young people’s emotional wellbeing and resilience are supported** in all settings.

- **Universal access by children and young people and their parents / carers to accurate and up to date advice and information on what services are available in Southwark** including how to access them, what eligibility criteria are where applicable, and what they can do to help themselves whilst awaiting professional support.

- **Access to immediate professional advice** for children and young people, parents/carers and referrers.

- **Fast assessment** to determine the most appropriate support pathway.

- **Support available whilst awaiting specialist assessment** and / or treatment and after discharge from specialist services.

- “**No Wrong Door**” with all referrals including self-referral are considered and directed to appropriate advice/information and/or services. Referral is issue-based not service-based.

- **Children and young people, parents and carers, and referrers only have to tell their story once** - information sharing based on consent ensures that where possible repeat information-giving and duplicate referral is avoided

- **Transition to adults’ services is flexible** in terms of age and is sensitively managed by both children’s and adults’ services.

- **Services are able to offer flexibility in appointment time and venue**, minimising time out of education and offering some choice.

*These outcomes are based on I-statements derived from extensive engagement with stakeholders* including children, young people, parents and carers.⁶

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⁶ Please see Appendix B: Engagement; and Appendix C: Proposed I-Statements
Our consultation and stakeholder engagement work undertaken as part of this review identified:

- **CAMHS is valued by service users when they have accessed it.** Benchmarking indicates good CAMHS performance compared with neighbouring boroughs, along with higher Southwark spend.

- **Inpatient and crisis services are improving** with increased number of children and young people who need inpatient beds being able to access them locally and NHS England case management being integrated with operational bed management to manage all South London inpatients and look for opportunities to repatriate children who are inpatients outside South London.

- **The community eating disorder service** was seen as good with waiting time targets largely met, and the highest self-referral rate in Southeast London.

However, people also made clear there was:

- **A need for more clarity on the Southwark schools offer,** with all education staff trained and supported to manage children/young people’s emotional wellbeing.

- **A gap in provision for children and young people who do not need specialist mental health provision** but who do need more than can be provided by schools and / or GPs.

- **A fragmented system which is to understand and negotiate,** with confusing multiple pathways and entry points and need for more integration across the whole system and specifically across all children’s community (including universal) services.

- **Difficulty accessing specialist CAMHS** with the exception of the Carelink service for Looked After and adopted children, which was highly praised. Although the specialist CAMHS acceptance rate at 70% is in line with the national average range, the high acceptance rate by Carelink masks lower rates for the rest of the service.7

- **Particular difficulty was reported by parents and carers of children with neuro-developmental conditions involving challenging behaviour,** including learning disability, autistic spectrum conditions and attention deficit hyperactivity disorder (ADHD); the specialist CAMHS team supporting these conditions is very under-resourced, and there is no specialist behaviour support service for these children and young people.

- **It is estimated that 136 children and young people attended local A& E (GSTT or KCH) in 2017-18 and required 7-day follow-up,** which indicates the extent to which there is a need to intervene further to prevent the need for hospital attendance.

- **Transition from CAMHS to AMHS at age 18 can be difficult;** detailed work on addressing this issue is already under way.8

- **And although Southwark is well located to be able to recruit, workforce issues remain a challenge for CAMHS;** with a 20% vacancy rate and a shortage of suitably qualified talent to supplement existing teams.9

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7 Please see Appendix L: Detailed Activity Data and Benchmarking for more details
8 Please see Appendix I: Progress on Improving Transitions
9 Please see Appendix K: Workforce Numbers and Challenges
• A need to ensure that CAMHS services can support Looked After Children in their placements so that they stay within a family setting for as long as they need it, ie reduce the number of moves for a child or young person by providing enhanced support to foster carers and adopting families.
Our ambition is to ensure that emotional and mental health resilience is a priority within all settings where children and young people spend their time, and that all children and young people and their parents / carers can access the right support in the right place at the right time.

To achieve this, we recognise that:

- **Pathways, access points and services within the system need to be joined up;**

- **Current spend needs to be maintained** to cope with current need;

- **Future funding, unless ring-fenced for a specific purpose, should be targeted at prevention and early intervention, not specialist services.**

- **Prevention does include support to parents/carers of neuro-developmentally disabled children, specifically those who have extremely challenging behaviour along with learning disability and/or autism. Positive behaviour support delivered by skilled nursing and psychology staff can support children to remain at home and in school, as opposed to admission to care or to residential schools.**

During this review, several immediate actions were identified. Progress to-date has included:

- **A developing CAMHS single referral point** (rather than previous multiple ones for different teams);

- **Work on specialist CAMHS eligibility criteria;**

- **Application to Health Education England** for 100% funded CYP Improving Access to Psychological Therapies (IAPT) trainee posts to start 2019;

- **A South London Partnership Crisis Line plan**, is intended to come on stream in Southwark late 2018 / early 2019;

- **A steady reduction in out-of-area inpatient placements.**

Immediate further priorities for investment include:

- **Open-access online and face-to-face non-specialist services** provided by qualified counsellors.

- **Behaviour support for children and young people** who have neurodevelopmental disability and challenging behaviour. Positive behaviour support programmes delivered by skilled psychology, nursing and therapy staff working with parents/carers can assist in avoiding the need for children and young people with highly challenging behaviour along with learning disability and/or autism to be admitted to care or to residential schools.

The above areas are essential to improving emotional wellbeing and mental health outcomes for children and young people in Southwark.

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10 Please see Appendix E for details of current funding, including Transformation funding
11 Please see Appendix F: New Models of Care and The South London Partnership
**Recommended Approach**

The recommended approach is to consider the future development of the mental health and wellbeing system in Southwark under three key headings

**A. System transformation:** where significant system-wide change is required to improve access, simplify and streamline pathways for young people, parents and professionals, and improve the transition to adult services.

**B. Service improvement:** where there is scope for improvements to existing services for specific client groups.

**C. Cross-cutting organisational change:** issues relating in particular to workforce and IT that affect a wide range of services.

In addition, major system changes could be complemented by the adoption of an underpinning, child-centred conceptual model.

A further recommendation is for work to determine whether the strategic objectives of the whole system would best be served by an established model.

There is the potential to adopt elements of approaches such as I-Thrive and/or to develop a local conceptual model to support a common language and common understanding across education, health and broader local authority services.\(^{12}\)

Full details of recommendations under each of these three headings is provided in the following sections.
A. System Transformation

A1: Improving Access

The review identified a clear gap in the offer to children and young people who do not need specialist mental health provision, but require more than can be provided currently by schools and primary care.

An indicator of presenting unmet need for help, not necessarily specialist help (as opposed to estimates based on population) is obtained by considering the number of referrals not accepted by SLàM over the year 2017/18 (539) and those who are awaiting Faces in Focus (62) or who have attended the Lambeth Well Centre (51) (although it is noted that there may be overlap across these groups).

As well as improving outcomes through early intervention, such a service would relieve pressure on specialist services in that it could avoid unnecessary referral (although it could generate referrals if more severe issues are picked up it is assumed that these would eventually be being picked up in any event even if through A&E attendance). The recommendation therefore is that an open access service, which could have both online and face-to-face aspects, should be commissioned.

Issues to be considered in commissioning will include:

- **The views of children and young people** in designing the service.
- **The offer to parents**, given the importance of their engagement, and consent for younger children.
- **The offer for educational settings including schools** – ensuring it is consistent, equitable, and of high quality. Ensuring that CAMHs commissioners work with Southwark’s Health Schools Partnership to drive forward the engagement with educational settings, as well as contribute to partners’ and agencies’ commissioning arrangements - e.g. to the findings of the review of school nursing by Public Health and to the commissioning of an emotional resilience offer for schools – delivered by TTE (The Training Effect).
- **Relationships with existing providers** of advice and help such as Healthy Young People Southwark, the Wellbeing Hub and the SEND local offer site.
- **The outcome of SLàM’s bid** for CYP IAPT trainee posts.
- **The qualifications of staff required**, and the governance model.
- **Information sharing & data handling**, including uploading to NHSE to count against the access target.
- **Referral pathways** (see below) to CAMHS and Early Help.
- **The availability of “step-down” support** for those completing a CAMHS intervention.

An online offer could be piloted, to collect more information about unmet need in Southwark. It is estimated that a one-year pilot would cost £68,000. Links could be made with the existing “Chathealth” secure text messaging app used by Guys & St Thomas’s Trust school nurses, which has been well received by young people and parents.

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13 Subject to confirmation, based on initial market engagement conducted during this review.
Development of these services should be a priority for further Transformation Funding. CCG Transformation Fund uplift monies for 2017/18 and 2018/19 have not been allocated. This is a total of £323,000. Further uplift monies are expected in 2019/20 and 2020/21 (estimated allocations of £198,000 and £223,000 respectively).

A2: Streamlining Pathways

Regular referrers from schools and GPs were positive about the response they received from SLaM when they had an urgent referral or sought help and advice.

However, the review also identified fragmented services which are difficult to understand and negotiate, with confusing multiple pathways and entry points and need for more integration across all children’s community services, as well as difficulties accessing specialist CAMHS.¹⁴

SLaM are now developing a single point of entry for their services and this should be the starting point for a system-wide “no wrong door” approach.¹⁵

In designing an integrated pathway for all mental health and emotional wellbeing services in Southwark, the following issues about referral processes will need to be considered:

• An information source available to all, including parents/carers, young people and professionals, clearly setting out what the emotional wellbeing and mental health offer for children and young people in Southwark is. This should link to but is not the same as the SEND local offer. The contract with Together for Mental Health (Southwark Wellbeing Hub) should be used to ensure this is in place, it is however dependent on all organisations taking responsibility for ensuring that they have provided up to date information.

• Clear information online about how to make a referral and eligibility criteria. An audit of 38 CAMHS referrals identified significant gaps in referral information, requiring CAMHS staff to follow up for further information. This is wasteful of CAMHS staff time.

• More support and information for GPs on what is required for referral and what is available if specialist CAMHS criteria are not met

• How to obtain consent at the point of referral for CAMHS and Early Help (part of social care) to reduce delays in directing a referral to the best service

• Integrating advice / consultation to referrers where CAMHS staff consider this more effective than a referral to CAMHS assessment, particularly with key groups such as GPs.

Six specific issues to be addressed will be:

• Clarifying the entry routes into Early Help CAMHS.

• Clarifying the roles and responsibilities of the Southwark Children’s Social Care Clinical Service, and its relationship to CAMHS. This will involve development of clear protocols explaining the remit of each service and the interfaces between them.

• The organisation of the existing CAMHS teams (currently four separate teams) and whether this facilitates sharing knowledge and effective utilisation of specialist skills. SLaM may wish to consider those elements of CAPA (Choice and Partnership approach) most likely to be found helpful, for example job planning and booking.

¹⁴ Please see Appendix B: Engagement for further details of responses.
¹⁵ Please see Appendix H: Existing Referral Processes for current arrangements.
• The role of the assertive outreach / home treatment team and its relationship to the new South London Crisis pathway
• The role of community paediatrics and the interface with CAMHS, there is a need to develop regular fora for discussion and service development.
• Updating of service specifications for CAMHS and for community paediatric services.

A3: Transition to Adult Services

Transition to adult services has been the subject of detailed work by the South East London Boroughs and the mental health trusts, with the aim of delivering the national CQUIN (Commissioning for Quality and Innovation) target in accordance with the 2016 NICE guidelines on CYPMH transition.¹⁶

Our key recommendations in this area are continued work between the commissioners and providers including the trusts and the Council’s own services to:

• To relook at the Transition pathway in the light of the Children’s and Families Act 2014 and the moving of the age boundary up to age 25 learning from the positive impact that this has had on two other groups of young people - SEND and Care Leavers – who it might be noted often require/access CAMHs services. This should include how ongoing support can be provided to young adults who do not meet Care Act and Care Programme Approach criteria to access specialist services as adults but still have lower level requirements for support to enable them to live fulfilled lives.

• Start transition conversations earlier securing clarity on eligibility in the light of high thresholds for AMH services, and providing information to the young person about the service.

• The majority of children and young people with mental health conditions do not meet criteria for adult mental health services. Those who do not are discharged to their GP. The Council has moved to an All-Age Disability service but only a very small number of children and young people in receipt of CAMHS services meet the criteria for either children’s or adults’ social care.

The Early Intervention in Psychosis Service (EIP) sees young people 14 -18 who have psychosis. These young people do meet criteria for transfer to adult mental health services but they are small in number.

The following two tables give transition destinations from CAMHS for four quarters:-

Transitions to adult mental health service (AMH) 2017-18

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Transition to AMH</th>
<th>Retained in CAMHS post-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
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<td>10</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

¹⁶ Detail of the work undertaken and the analysis of the issues can be found in Appendix I.
Discharges 2017-18

<table>
<thead>
<tr>
<th>Quarter</th>
<th>No</th>
<th>% to GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>291</td>
<td>75</td>
</tr>
<tr>
<td>2</td>
<td>333</td>
<td>86</td>
</tr>
<tr>
<td>3</td>
<td>-</td>
<td>76</td>
</tr>
<tr>
<td>4</td>
<td>-</td>
<td>82</td>
</tr>
</tbody>
</table>

(number not known for Quarters 3 or 4)

The implementation plan for this review should include an audit of a sample of young people, considering diagnosis, destination and funding packages if any.

- **Address timing issues** whereby a young person transferring from CAMHS cannot be seen by AMHS until after their 18th birthday, at which point the “waiting list” clock starts ticking, leading to a gap in care and treatment.

- **Appointment of specialist transitions workers** based on the successful CAMHS/Early Intervention Service (EIS) Transitions Worker model

- **Establish a standing forum** to oversee issues relating to emotional wellbeing and mental health services up to age 25.
B. System Improvement

The review identified a number of specific services where improvements should be made to achieve the objectives of improving outcomes, meeting emerging needs and delivering a financially sustainable model.

B1: Children & Young People with ADHD and neurodevelopmental conditions

- We found strong need for a Positive Behaviour Support Service for children with Learning/Intellectual disability, and other neurodevelopmental conditions, who may also have ASD. Informal indications are that a service would cost in the region of £300,000, but a full business case should be prepared. Exploration should take place as to whether neighbouring boroughs would wish to do this together.

- The ADHD pathway in Southwark is unusual with all cases managed within CAMHS. In other areas this is usually shared to some extent with community paediatrics. A review of the ADHD pathway will help establish the best way of providing these services in future.

B2: Services for Children & Young People with conduct disorder

- The Functional Family Therapy Service was unable to continue due to lack of staff. It appears that the way it was set up (managed by SLaM but with some local authority posts and embedded in Early Help) made it difficult to retain staff.

- During the course of this review the SLaM contract ended (on 30/06/18) and was not renewed. It was agreed that the remaining practitioner be absorbed into the Southwark Children's Social Care Clinical Service where the post holder will provide training to other staff.

- £106k of transformation funding was allocated to this service in 2017/18 and a breakdown of costs for the revised model is awaited

It is recommended that the future of services for this cohort of C&YP be reviewed.

B3: Parental Mental Health Service

- This nurse-led service provides mental health assessment and support for parents over 18 years old who have mental health difficulties and have children under five years old. A description of the service and its outcomes is at Appendix I.

- It is considered to be a cost-effective, low-threshold easily accessible service which is addressing need both now and for the long-term future, given the emotional / mental health risks for children who have had adverse experiences in childhood and who will go on to have families of their own. Areas for future consideration include:

  - greater support for the staff: in terms of mobile and flexible working and in terms of psychological support given the stressful work that they do
  - funding security: it is currently funded annually with the staff on one-year contracts, which affects service stability. This is not the case with other services which have longer contracts.
  - expansion of the service: to families with children over five, making closer links with the CAMHS child/family team. This would need further exploration to avoid duplication with other services, there would need to be discussion with Early Help, CAMHS, AMH and the GSTT health visiting service and the local authority’s clinical service as to whether there are gaps which need addressing or whether
there would be other ways of providing help for parents who have mental health difficulties but who do not meet criteria for AMH.

It should be noted that parental mental health remains one of the major reasons why Children’s Social Care goes to court to remove children from a parent’s care. It is recommended that the deployment, capacity, and outcomes delivered by this service be reviewed against available funding.

C Cross Cutting Organisational Change

Alongside individual areas seeking to benefit from service transformation and improvement, several cross-cutting areas were identified with significant opportunities for development which would have a system-wide impact.

C1: System Leadership

It is suggested that a Leadership Group takes responsibility for driving forward these recommendations. This should bring together all parties, including council and CCG commissioners, social care, education and schools, the voluntary sector, NHS Trusts, GPs, public health and adults’ mental health, as well as service user representation.

The current Commissioning Development groups do not include all these stakeholders. The NHSE Transformation Plan would need to be included within the work programme of a Leadership group such as that described above and the findings of this review will need to be taken into account in the refreshed plan for 2019/20.

The purpose of this group would be to oversee strategic planning so that any change in any part of the system is conducted with reference to the whole, and there is shared accountability for service transformation and delivery of systemic outcomes.

C2: Workforce

The establishment of SLaM CAMHS, excluding management and admin is 57.4 WTE but there is currently a 20% vacancy rate.17

There are many other professionals working directly with children who positively impact on and promote emotional wellbeing and good mental health, it is not possible to calculate the workforce time devoted to this because these professionals have other core work- eg teachers, health visitors, school nurses, GPs, social workers to name some of these (this is not an exhaustive list).

Our core recommendation is to produce an overarching Workforce Strategy including but not limited to a SLaM CAMHS strategy.

An overarching strategy would include:

- Emotional wellbeing / mental health training and competence across the children’s workforce, ensuring a “one stop shop” for educational settings and schools accessing the Council’s, CCG’s, partners’ and providers’ training offer. For wider educational settings staff examples include for newly qualified teachers (NQTs), NQT+1and+2, school nurses, welfare assistants, teaching assistants, learning mentors, youth workers, etc. Effective and integrated marketing communications is

17 Details of the SLaM CAMHS staffing structure, Southwark Children’s Social Care Clinical Service, and a description of the current staffing challenges can be found in Appendix K.
required. For example the CYPHP training offer for schools should feature in the Council’s offer.

- **Skills and knowledge sharing** across the workforce, as highlighted in recent case reviews.
- **The importance of time for supervision**, reflection and consultation when working with high-risk children and young people.
- **Capacity planning to cover fixed term absence** eg maternity leave or sick leave, recognising that such absences can be impossible to recruit to but that there needs to be sufficient capacity in the workforce to enable well-planned handover for children/young people and support to services where a number of such short-term vacancies occur at one time.
- **Changes to recruitment processes** within SLaM to consider vacancies in the context of the whole service, not just one team.
- **Initiatives to recruit and retain staff in Southwark**, such as partnering with the council on key-worker housing.
- **A SLaM culture of operating as a unified service** albeit with separate teams and specialisms within this.

Whilst a workforce strategy is being developed, the recommendation is that all CAMHS vacancies should be considered collectively in the context of agreed priorities with commissioners rather than individual teams continuing to advertise like-for-like posts.

This includes looking at the opportunity for improving the skill-mix within the neurodevelopmental service and non-medical prescribing.

The reasoning behind this is that SLaM are being commissioned to provide a service, not individual posts except where ringfenced funding is involved, and are expected to utilise their whole funding envelope to ensure that the overall service offer meets contractual obligations, so that within the service there is freedom to manage in accord with changing need.

**Service-specific recommendations** are to:

- **Explore sharing the small neurodevelopmental service** with other boroughs and recruiting nursing, including a nurse prescriber, and therapies.
- **Carry out a review of the Functional Family Therapy team** as described under section B2.
- **To review the deployment, capacity, and outcomes delivered by the Parental Mental Health Service against available funding.** In the meantime, to appoint permanent staff to this steam and offer career development to non-qualified staff.
- **Further develop new ways of working** suggested by SLaM in their self-assessment, including drop-in triage clinics, group-based interventions, and technology-based interventions such as supported self-help and Skype consultations.

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**C3: Addressing Service User Cancellations and DNAs (Did not Attend)**
Southwark’s DNA rate is comparable to the national average, but nevertheless represents a loss of practitioners’ time together with that of admin staff in trying to contact family, school and referrers. The service user cancellation rate is above the national average. There are many reasons for this, and it cannot be assumed that any one reason predominates, but there will be a range of emotional and practical reasons why people do not attend.

Recommendations include:

- **Building into proposed single point of access systems** functionality to improve attendance rates, especially with hard-to-reach groups. This might include employing non-qualified staff or sub-contracting to a voluntary sector organisation to improve engagement with hard-to-reach groups and reduce DNA / user cancellation by offering a care navigation service

- **Reviewing the language used in appointment correspondence** – an issue raised in the engagement events.

- **Offering more appointments in local venues** subject to results of the child/family team usage of Camberwell library

**C4: Information Technology and Data Sharing**

The review found that information-sharing across Southwark was hindered by multiple IT systems, requiring young people and families to repeat their story multiple times.

There is an issue with referrals to Early Help CAMHS, which uses the social care recording system Mosaic. If the referral has been made to Specialist CAMHS, consent has to be secured again to record the data on Mosaic. Where staff work across CAMHS and local authority services (such as the Parental Mental Health Team and Early Help / FFT) dual-recording has been required, but this increases the risk of error and it appears that staff may not have been consistent in dual-recording practices.

It is reported that GPs have on occasion been asked to do repeat referral to Early Help, having first referred to specialist CAMHS- this is not in accord with the pathway which is intended to allow referrals to pass from Early Help CAMHS to specialist CAMHS or vice versa, but may be caused by consent issues.

The stakeholder engagement identified repeat information-giving as an issue for service users.

It is recommended that a working group be established to

- **consider short-term measures** to increase interoperability between systems, including reviewing data-sharing protocols

- **consider how the Local Care Record** project could be extended to children and young people’s records

- **develop longer-term solutions** to effective information sharing across Southwark.

- **prepare options for a joint “dashboard”** for all organisations (commissioned and in-house) to track performance and progress.

Further recommendations in relation to information technology and data, based on feedback received as part of the engagement process, are listed below:
• Organisations should seek to ensure that community staff have access to mobile technology which will enable them to work in settings outside the organisation including community venues.

• All relevant activity should be reported in the NHSE return. This should be included in any contracts for newly commissioned services from the voluntary sector.

• Consultation and informal advice provided by SLaM should if possible be included on SLaM systems. It is recognised that this could impact on staff time, therefore discussion should take place with and within SLaM about the feasibility of this. It is important that a large amount of CAMHS activity in terms of advice and consultation is going unrecognised.

• The SLaM system should be updated to allow practitioners to see whether a sibling is in the same service, subject to consent from the young person/parents/carers.

• Investigation should take place as to why information on the NHS Digital site regarding CAMHS finance data is incorrect and this should be corrected as soon as possible.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AMH</td>
<td>Adults' Mental Health</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder (also termed Hyperkinetic Disorders)</td>
</tr>
<tr>
<td>ASD</td>
<td>Autistic Spectrum Disorder</td>
</tr>
<tr>
<td>CAEDS</td>
<td>Child and Adolescent Eating Disorder Service</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
</tr>
<tr>
<td>CAPA</td>
<td>Choice and Partnership Approach</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive Behavioural Therapy</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>CEGAS</td>
<td>Children’s Global Assessment Scale</td>
</tr>
<tr>
<td>CPA</td>
<td>Care Programme Approach</td>
</tr>
<tr>
<td>CYP</td>
<td>Children and Young People</td>
</tr>
<tr>
<td>CYPHP</td>
<td>Children and Young People’s Health Partnership</td>
</tr>
<tr>
<td>DBT</td>
<td>Dialectical Behaviour Therapy</td>
</tr>
<tr>
<td>EH</td>
<td>Early Help</td>
</tr>
<tr>
<td>EIS</td>
<td>Early Intervention Service</td>
</tr>
<tr>
<td>FFT</td>
<td>Functional Family Therapy</td>
</tr>
<tr>
<td>GSTT</td>
<td>Guys and St Thomas’s NHS Foundation Trust (Inc. Evelina Children’s Hospital)</td>
</tr>
<tr>
<td>HEE</td>
<td>Health Education England</td>
</tr>
<tr>
<td>HLP</td>
<td>Healthy London Partnership</td>
</tr>
<tr>
<td>IAPT</td>
<td>Improving Access to Psychological Therapies</td>
</tr>
<tr>
<td>I-Thrive</td>
<td>Implementing Thrive</td>
</tr>
<tr>
<td>JSNA</td>
<td>Joint Strategic Needs Assessment</td>
</tr>
<tr>
<td>KCH</td>
<td>Kings College Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>LAC</td>
<td>Looked After Children</td>
</tr>
<tr>
<td>LD</td>
<td>Learning Disability (also referred to as Intellectual Disability or ID)</td>
</tr>
<tr>
<td>LTP</td>
<td>Local Transformation Programme</td>
</tr>
<tr>
<td>NHSE</td>
<td>NHS England</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute for Clinical Excellence</td>
</tr>
<tr>
<td>ONS</td>
<td>Office for National Statistics</td>
</tr>
<tr>
<td>PH</td>
<td>Public Health</td>
</tr>
<tr>
<td>PHE</td>
<td>Public Health England</td>
</tr>
<tr>
<td>PMHT</td>
<td>Parental Mental Health Team</td>
</tr>
<tr>
<td>Provider</td>
<td>Commissioned provider of services</td>
</tr>
<tr>
<td>SEND</td>
<td>Special Educational Needs and Disability</td>
</tr>
<tr>
<td>SLaM</td>
<td>South London and Maudsley NHS Foundation Trust</td>
</tr>
<tr>
<td>SLP</td>
<td>South London Partnership</td>
</tr>
<tr>
<td>Specialist</td>
<td>Services involving highly individualised programmes from expert practitioners</td>
</tr>
<tr>
<td>STP</td>
<td>Strategic Transformation Plan</td>
</tr>
<tr>
<td>Targeted</td>
<td>Services aimed at vulnerable groups but which are not specialist</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Highly specialist services usually (but not always) provided in inpatient settings</td>
</tr>
<tr>
<td>Universal</td>
<td>Services aimed at the whole population</td>
</tr>
<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
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