



Newham Future in Mind Local Transformation Plan 2015-2020 2018/19 Refresh

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Foreword

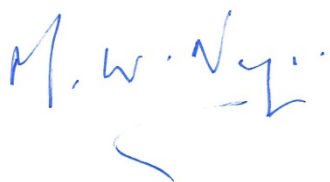
Newham is lucky enough to have a large, diverse, and talented population of children and young people. They make a great contribution to their schools, families and to our community. We want every child in Newham to know that they can grow up safe and supported, and that they can get the right help in the right place at the right time to strengthen their resilience and support their emotional wellbeing and mental health.

Each year we publish a local transformation plan. The plan sets out what we propose to do, how we will do it, and how our achievements will be assessed. Our transformation plan also provides an update on our progress from the previous year.

This year our plan outlines the priorities we have set ourselves for 2019/20 to help us achieve improved emotional wellbeing and mental health outcomes for children and young people in Newham. It reflects a shared commitment to children's wellbeing across Newham Clinical Commissioning Group (Newham CCG), London Borough of Newham, local providers, schools and key stakeholders including children and young people, parents and carers.

The programme we have agreed together is challenging. Together we face a demanding financial environment while aiming to reach and support more children with emotional wellbeing and mental health needs. However, we are determined to continue to provide high quality care and drive improvements for the residents of the London Borough of Newham. We remain committed to further developing our whole system approach that promotes resilience and wellbeing for all, identifies emerging additional needs at the earliest opportunity and delivers specialist and early help in the most effective and accessible way.

Signed on behalf of Newham CCG and London Borough of Newham



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Executive Summary

Implementing The Five Year Forward View for Mental Health¹ set the objectives for expanding access to high quality mental health services and improving outcomes for children and young people by 2020/21. An additional focus to strengthen the early mental health workforce has been recommended as part of the *transforming children and young people's mental health provision: a green paper*². This refreshed local transformation plan sets out how Newham will achieve these objectives and how we will use our local investments for children and young people to support our ambitions.

Newham has worked collaboratively across London Borough of Newham and Newham CCG to develop our shared Health and Wellbeing Board priorities. These key principles ensure that children and young people of Newham are at the heart of decision making and service developments and that children and young people receive the right care, at the right time, in the right place. These principles also align with NHS England's shift towards value-based healthcare³. There is a need for strategic direction utilising the findings of the public health needs assessment and Children's Society Review & HeadStart survey a children and young people's mental health strategy will be developed to guide the continuing process of transformation.

In Newham we aim for care to be accessible for all children and young people who need support, not just those experiencing severe and enduring mental health difficulties. It is with this principle in mind that mental health and emotional wellbeing has been and will continue to be approached collaboratively across organisations to ensure the diverse and complex needs that Newham's residents experience can be met effectively. This approach has been strengthened with the appointment of the joint commissioner for children and young people's mental health and emotional wellbeing.

Newham's partners are working hard to be proactive and develop services that are responsive to the unique challenges of Newham. There have been a number of incidents that reflect the complex landscape of youth safety in Newham. London Borough of Newham are developing new initiatives to decrease the impact on children and young people now and into their adult lives. This includes a complex safeguarding hub to respond to risk issues external to the home such as child sexual exploitation, missing children, criminal exploitation and offending behaviors. To ensure its success experts have been consulted and employed to develop this service. London Borough of Newham is also strengthening its edge of care offer including developing the keeping families' together programme. This is a 12 week intensive intervention for the whole family to build on their strengths and support their challenges to keep children and young people at home.

London Borough of Newham invest in CAMHS to ensure skills, expertise and effective models of care are available across children's social care and youth offending. This investment will continue into 2019/20 and the investment is being reviewed to ensure the potential of the resource is fully realised.

CAMHS have further developed their referral processes, introducing a front door to ensure all referrals are assessed for urgency (triaged) and discussed as a team the same day. All children and young people receiving assessment also receive brief intervention. All care plans are reviewed at regular intervals to ensure appropriate care is being delivered. And all children and young people waiting for an assessment will receive contact during the waiting period to ensure safety and to review the appropriateness of initial referral decision.

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

² <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

³ <https://www.england.nhs.uk/rightcare/2017/02/13/value-based-healthcare/>

There are preparations underway to ensure the pre and post support or “paired” outcomes already collected by CAMHS will be submitted to the mental health services data set (MHSDS) to evidence impact on the wellbeing of children and young people.

There is an understanding that a significant amount of support and treatment is provided external to our core CAMHS by outreach CAMHS practitioners and by HeadStart. There is a robust plan in place to ensure these interventions are accurately reflected in 2019/20 datasets and to support Newham to get further towards its 32% access target in 2018/19.

HeadStart has been developed locally since 2016 to support children and young people to build resilience through a number of interventions. Its model of care has been listed as an exemplar for developing the green paper’s suggested mental health support teams (MHST) in schools. Many of the HeadStart interventions are school based, including training and increasing the competencies of the education workforce to manage and promote emotional wellbeing and appropriately escalate and refer. HeadStart reaches over 20,000 and delivered targeted interventions to over 2,200 children and young people since its inception in 2016, has trained over 2,500 school staff in 50 schools and developed 500 local co-production young champions for the programme. HeadStart also offer peer parenting workshops and 15 Newham parents have been supported to complete a facilitator course and are now employed to deliver parenting courses to over 200 parents.

HeadStart have commissioned the award winning evidenced based online counselling service, Kooth. This digital service will complement current services and work independently to support children and young people who for a number of reasons are not engaged with face to face services. Kooth is a multi-faceted service that has the ability to case work and engage with other services to create and contribute to a comprehensive care plan for the children and young people.

Newham continues to work with partners outside of the borough as a consortium. With City & Hackney and Tower Hamlets CCGs we have developed a children and young people’s community eating disorder service (CYP CEDS) and an enhanced children and young people’s crisis service is due to go live in December 2018. As a consortium we are also working on refreshing contractual documentation included refreshed service specifications and reporting metrics. This will help to ensure data is insightful and reflective of the services provided by East London Foundation Trust (ELFT).

With our consortium partners we believe this document could be more publically facing and its size reduced to improve engagement. Workshops are already planned to take this forward in 2019/20.

Newham is expanding its partnership working with the seven boroughs of North East London Sustainability & Transformation Plan partnership (NEL STP), developing a CAMHS leadership forum and leading on the procurement of the children’s sexual assault emotional hub. Across NEL STP we are working from a shared set of priorities for children and young people’s mental health and emotional wellbeing. There is a lot Newham can learn from its NEL STP partners such as how other areas have implemented liaison and diversion clinicians for children and young people at risk of offending behaviours. As this cohort of children and young people is often thought to be “hard to reach” it is important we engage in co-production to ensure services meet the need of the children and young people.

The principles of children and young people’s improving access to psychological therapies (CYP IAPT) and i-Thrive continue to be adopted within CAMHS and other partners across Newham to ensure care is evidence based and effective, the workforce is skilled, and participation is embedded. We are actively engaged in ensuring children and young people

have access to the support they require and are working to ensure we are clear on local needs by the development of a children and young people's emotional wellbeing and mental health need analysis.

Key lines of enquiry

As delivery of the Five Year Forward View for Mental Health⁴ has progressed, a number of areas have emerged as indicators of best practice. These indicators provide local areas with a framework to benchmark against and to assure stakeholders that plans are based on the best available information of what works. The following section looks at these key indicators or lines of enquiry to establish how far Newham is in its journey and identifies what more we can do locally.

1. Transparency & governance

Implementing the Five Year Forward View for Mental Health⁵

This guidance followed on from the original Five Year Forward View for Mental Health and identifies children and young people as a priority group for mental health promotion and prevention. Early intervention and quick access to good quality care is outlined as vital, again particularly for children and young people. Waiting times should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care.

CAMHS access targets

By 2020/21, at least 70,000 more children and young people nationally should have access to high-quality mental health care when they need it. This required a fundamental change in the way services were commissioned, placing greater emphasis on prevention, early identification and evidence-based care.

Chart 1: National trajectories for child and adolescent mental health services⁶

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS funded community MH service	28%	30%	32%	34%	35%
Number of additional CYP treated nationally over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000
Number of CYP to receive treatment in Newham per annum	2,473	2,650	2,826	3,003	3,091

CAMHS Outcome Metrics

The Five Year Forward View for Mental Health set the ambition that by 2020/21 there will be 'national metrics to support improvements in children and young people's mental health outcomes' and that 'all services should routinely collect and publish outcomes data'. In line with these recommendations, NHS England and NHS Improvement have agreed an outcome indicator for children and young people's mental health, drawing on learning from CYP IAPT transformation programme. These metrics aim to monitor reliable change in the children and young people who meet the definition for treatment. This change will allow services to better monitor their effectiveness in addition to their capacity.

⁴ <https://www.england.nhs.uk/five-year-forward-view/>

⁵ <https://www.england.nhs.uk/five-year-forward-view/>

⁶ <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

Eating disorders service targets

By 2020/21, all areas will have an evidence-based community disorder service for children and young people, with 95% of children and young people receiving treatment within four weeks of referral for routine cases and one week for urgent cases.

Inpatient support targets

By 2020/21, inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements. Inappropriate use of beds in paediatric and adult wards will be eliminated.

Early intervention psychosis (EIP) services

By 2020/21, 60% of people with first episode psychosis will be seen within two weeks and receive a NICE concordant package of care. Health Education England (HEE) will deliver a programme to ensure there are sufficient numbers of appropriately trained staff to deliver the key interventions recommended by NICE, particularly psychological therapy (cognitive behavioural therapy for psychosis and family intervention) by 2020/21. Children and young people are to receive care in an appropriate setting or have appropriately trained staff to meet the specific needs of young people and support their transition.

Perinatal mental health service targets

By 2020/21, there will be increased access to specialist perinatal mental health support in all areas in England, in the community or in-patient mother and baby units, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it.

Strategic alignment

North East London (NEL) Sustainability & Transformation Plan (STP)

In NEL the STP is delivered by a partnership called the East London Health and Care Partnership.⁷ This partnership covers the seven CCGs in North East London: Newham, Tower Hamlets, City & Hackney, Waltham Forest, Barking & Dagenham, Havering and Redbridge and various healthcare providers including Barts Health Trust, East London Foundation Trust, North East London Foundation Trust, Homerton University Hospital Trust and Barking, Havering and Redbridge University Trust.

Mental health is a priority work stream for NEL STP and includes expectations from the Five Year Forward View for children and young people. Specifically, it references the following aims in section two of mental health delivery plan⁸ (improving access and quality):

- Improve access and quality of children and young people's mental health services, with at least 30% (2017/18), 32% (2018/19), 34% (2019/20), 35% (2020/21) of children and young people with a diagnosable mental health condition receiving treatment from an NHS funded community mental health service

⁷ <http://eastlondonhcp.nhs.uk/>

⁸ East London Health and care Partnership Mental Health STP Delivery Plan

- By 2020/21, evidence-based community eating disorder services for children and young people will be in place in all areas, ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases
- Implement locally led transformation plans for children and young people's mental health, which improve prevention and early intervention activity, and be on track to deliver national coverage of the CYP IAPT programme by 2018

In 2018 the NEL STP have developed a children and young people mental health delivery group. This currently brings together CAMHS commissioners and leads from across the seven CCGs of the STP, clinical support unit (CSU) and we are looking to expand this membership to include clinical representatives in the near future. The NEL STP vision is to improve the lives and life chances of the children and young people in North East London from birth to adulthood by:

- Ensuring a STP approach to CAMHS
- Acting as expert and critical reviewers of CAMHS transformation across STP
- Ensuring that there is an integral link to STP joint commissioning structure that places the CYP agenda as an equal amongst STP priorities

NEL children and young people delivery group priorities are:

- Workforce development across the STP
- CAMHS access target achievement
- CAMHS outcomes reporting
- Digital platforms
- Crisis care
- Transition to adult services
- Co-production with service users
- Strategy development
- Local transformation plans

East London Mental Health Commissioning Consortium

In north east London there is a CCG led mental health consortium⁹ commissioning across three CCGs (Newham, Tower Hamlets and City and Hackney) with one provider (ELFT) to help realise economies of scale and share and embed good practice. Some of the achievements of this consortium approach include securing funding for crisis care and eating disorders, staff training and shared learning. We are refreshing contractual documentation with a focus on service specifications and reporting metrics including key performance indicators (KPIs) to ensure our requirements align with national targets and drivers, guidance and best practice.

Newham Health and Wellbeing Board

Newham has an overarching Health and Wellbeing strategy for children and young people¹⁰; this strategy identifies the improvement of health and emotional wellbeing as priority with a specific objective to strengthen emotional resilience. These priorities may require reviewing with the outcomes of the CYP needs assessment for mental health and emotional wellbeing.

Newham Health and Wellbeing Board approved the following five strategic priorities for children and young people's emotional wellbeing and mental health in December 2017 to help guide our local planning and to help focus our LTP:

⁹ Newham, City and Hackney and Tower Hamlets CCGs

¹⁰ <https://www.newham.gov.uk/Pages/ServiceChild/Health-and-wellbeing-strategy-consultation.aspx>

- I. Increasing access to effective support for children and young people with emerging and/or mild to moderate mental health difficulties.
- II. Increasing access to effective support for children and young people with moderate to severe mental health difficulties including those with an eating disorder.
- III. Ensuring support is provided in the right location including youth justice, schools and children social care to maximise timely engagement.
- IV. Ensuring services have routine outcome monitoring and data is used to drive continual service improvement.
- V. Strengthening joint commissioning arrangements so best use is made of funding streams across CCG, Local Authority, schools and NHSE specialist commissioning to maximise provision.

We acknowledge that the Local Transformation Plan would benefit from a clearer focus on strategic direction. And now that the joint commissioner for children and young people's mental health and emotional wellbeing is in post, there is sufficient resource to take this forward into 2019/20.

There is already work underway to more fully understand the need of Newham's children and young people, a mental health needs assessment is to be completed by the end of April 19. Alongside this the Children's Society have been commissioned to carry out a review of early mental health support across children's social care. HeadStart have also conducted an extensive survey of young people's mental wellbeing across Newham schools. The recommendations of these reviews and surveys will be used alongside those of the NHS Ten Year Plan and Transforming children and young people's mental health green paper to develop a CYP Mental Health Strategy for Newham.

Outcomes, achievements and challenges

Following on from the development of the above five priorities, an action plan was developed to highlight achievements to date against and tasks required from 2017 to 2021 to meet our strategic priorities. These actions as well as being linked to our local priorities were also linked up to the nationally identified 15 key lines of enquiry so it was clear how Newham would impact on all the nationally mandated areas for improvement. This action plan has been updated for 2018/19.

A local risk register was also developed in 2017/18 to identify what challenges might impact on our ability to realise our priorities. Our key risks were related to our plan failing to:

- Produce the intended increases in access for children and young people
- Adequately engaging with groups of children and young people who are at higher risk of poor mental health outcomes
- Developing and recruiting workforce sufficiently to deliver our objectives
- Realising greater efficiencies from existing services and staffing
- Strengthening the accuracy and validity of local data

The risk register identified actions that could help to mitigate these risks and support us to realise our objectives. Our key mitigations were around strengthening our partnership working to enhance local scrutiny and challenge of our performance against plans, reviewing our progress to date and ensuring services are evidencing increased access and targeting of at-risk groups and developing the workforce as part of a NEL STP wide project. This register has also been updated for 2018/19.

For further detail on our risk please see appendix IV for our risk register.

For further detail on our achievements to date and future priorities please see our action plan in Appendix V.

Integration

Integrated commissioning is important in ensuring Newham is able to successfully contribute to integration of services and move closer towards becoming recognised as an integrated care system. We will explore how we can provide better local signposting and advice to local people, promote self-help and management and have a strong digital platform for support. Our plans will operate on Marmot principles¹¹ to attempt to tackle deprivation and the wider determinants of health such as employment, education, housing and poverty with a strong emphasis on influencing and improving life chances in the early years, which is key given our population profile. Integrated commissioning offers us the opportunity to integrate these goals and further our ambitions.

Investment

Our plan provides an update regarding our investments in local emotional wellbeing and mental health services in 2018/19. We are confident that locally resources are being used to increase capacity of services and help us to meet our priorities to see more children and young people with mild and emerging mental health needs as well as those with moderate and severe levels of needs.

London Borough of Newham are developing children's social care services to adapt to the complex needs of Newham. New developments include a contextual complex safeguarding hub and expansion of the edge of care service. Service developments for existing provision are also in place including utilising CAMHS embedded practitioners to support the systemic approach to care.

HeadStart are in the process of undertaking an economic evaluation of its offer and planning for sustainability of funding once Big Lottery funding ceases. HeadStart has invested in early help for children and young people and has contributed to workforce development of education staff and Newham parents by offering training to become peer parenting facilitators. HeadStart have also invested in the digital offer for early mental health, commissioning Kooth to provide this service.

For further detail please see appendix II for detail on local investments.

Staffing

Newham CCG has used Future in Mind uplift funding to increase the CAMHS workforce. This is alongside investment in mental health and emotional wellbeing practitioners via LBN CAMHS commissioning and Big Lottery funding for HeadStart. Other NHSE funding for initiatives including eating disorders, crisis care and youth offending also add to the local workforce.

The total staffing for Newham CAMHS at October 2018 was **67.93** WTE.

52.33 WTE clinical staff

33.93 WTE core CAMHS clinicians

18.40 WTE outreach / embedded CAMHS clinicians funded by LBN

Since 2013/14 the total number of staff has increased 17.95WTE

¹¹ <http://www.health-inequalities.eu/resources/marmot-reviews/>

Please appendix II for further details on staffing breakdown.

Activity

In 2017/18 our local child and adolescent mental health service received 1,772 referrals and saw 2,093 individual patients. Our local HeadStart programme has supported over 2,200 children and young people since its inception in 2016 trained over 2,500 school staff in 50 schools and developed 194 local champions for the programme. Additionally 276 parents accessed parenting courses and 15 parents have been trained as Empowering Parents Empowering Communities (EPEC) facilitators to deliver peer led courses. The universal whole school offer reaches 20,600 CYP and 500 CYP have been engaged in HeadStart co-production activities. In October 2018 HeadStart commissioned Kooth online counselling for CYP.

For further details on activity please see appendix III.

Stakeholder Engagement

Whilst Newham has arrangements in place for stakeholder involvement, including with children, young people and parents, this can be further strengthened by sharing insight across organisations. This work is identified as an ongoing a priority for 2018/19. This work will build on local good practice, for example engagement and co-production delivered as part of our special educational needs and disabilities work stream and working with existing parent and young people forums.

We have a strong partnership board in place to direct and oversee our HeadStart programme which has local authority, health, school representation and a youth representative which inputs into the HeadStart board and various work streams including:

- Co-commissioning and contract monitoring of community elements of HeadStart (targeted creative and sports activities)
- Co-designed branding and website
- Developing evaluation for HeadStart
- Recruiting HeadStart team

NEL STP was awarded funding by NHS England to expand We Can Talk, a project to improve the knowledge and confidence of hospital staff in understanding and supporting the mental health needs of children and young people across the geography. We Can Talk co-produced with hospital staff, young people and mental health experts, a competency framework for hospital staff in children and young people's mental health and developed, piloted and evaluated a one-day training day linked to the competencies. Challenges were encountered around engaging diverse groups of staff, such as porters and domestic staff, in the project who had not realised children and young people in hospital enjoy talking to different groups of staff.

A parent led forum has been set up to develop the understanding of and access to services for pregnant women and new parents around their emotional wellbeing and mental health. Parenthood and pregnancy can be a stressful time for any parent and these times can also be hard for parents with existing mental health needs. Local women, clinicians and commissioners from adults and children's team are working together to develop local pathways and ensure services meet local needs. The work is also supporting the development of NEL wide community perinatal mental health services which follows on from the successful NHSE bid for funding.

The joint children's health quality review meeting (CHQRM) has been in place since June 2018, to strengthen our clinical and quality assurance processes. The forum aims to bring together commissioners and providers for community, acute and mental health services and will strengthen integrated working and a focus on quality across organisations. We know that children do not experience poorer emotional wellbeing and mental health in isolation so bringing together key partners will help break down barriers in systems, focus on parity of esteem and hone care pathways so that they work for patients and reflect their journeys. Co-production has been an agenda theme for the CHQRM, providing an opportunity to share learning, initiatives and challenges across Newham's children's providers.

We have effective mechanisms in place with CAMHS providers to collate and analyse patient reported outcome and experience measures (PREMS and PROMS) and this information is discussed and challenged at existing clinical and quality forums. Service user experience feedback is utilised by providers and commissioners to develop local services, but this work can be developed further locally. CAMHS employ a research lead to develop local processes such as to be able to evaluate effectiveness, experience and impact. Further work is required to develop co-production with children and young people with autistic spectrum disorder (ASD) as there is currently an adult group which is being explored to expand and include children and young people and families.

Children and young people co-production in Newham is a priority for the CCG and London Borough of Newham. Youth panels have been developed across the care continuum from the general population to those children needing various levels of support and include youth zones who facilitate "youth movement", HeadStart who facilitate a youth panel and the CAMHS children and young people user group. These panels were invited to attend the Newham Mayor's Assembly this year. This event was co-produced by Youth Movements and was the first of its kind to generate discussion and gather themes on the concerns of the children and young people of Newham with a particular focus on youth safety and violence. The round table discussion brought together the police, City Hall, the council, community organisations, young people and parents to discuss the impact that violence and fear has on our young people.

Discussions have begun with co-production leads to facilitate a consultation review across the three panels to explore accessibility of mental health and emotional support in Newham. These will also highlight any barriers to seeking help and how to develop services that are responsive to children and young people. A particular area of focus will be how best to support those young people at risk of youth safety issues as this is a population where traditional services are not likely to engage effectively.

In 2018/19 there was limited opportunity to fully engage all partners across Newham. The voice of the schools was partially heard through the close relationships with Headstart. However as an integral part of the children and young people's lives we acknowledge this opportunity needs to be further explored.

With the release of the Green paper: Transforming CYP mental health and the NHS Long Term Plan, schools are going to be even more pivotal to the development of resilient pupils, locally through Headstart and nationally through early mental health support teams.

In 2019/20 lead education professionals such as head teachers, SENCOs and mental health leads will be engaged to explore the strengths and challenges in Newham identifying opportunities for development.

The NHS ten-year plan is a pivotal piece of work that will impact the lives of children and young people across England. It will be important to align the priorities of Newham against this but also meet the need of local children and young people. The Young People's Health

Partnership facilitated the NHS Youth Forum and related survey to represent the views of children and young people nationally. The key messages from these activities included:

- Need to increase mental health services and improve how easy it is to see a doctor when they need to
- More help to develop good health by linking with schools and encouraging regular wellbeing checks, even if nothing is wrong
- Access to support online and apps, and support through families and peers
- The third sector was highlighted as an important part of promoting good health and that these links need to be improved
- Young people want to be treated as an individual, be believed, be treated equally and understood
- They hope to have more open-minded doctors, more understanding and welcoming services
- Focus on groups of children and young people with protected characteristics, cultural competency training and embed mechanisms for engagement and volunteering
- Services need to understand the impact of social change
- Do not separate services, view health holistically

The valuable insight we gain from local and national co-production work needs to be ingrained in the way we develop services at every level across Newham. Co-production insights could be more effectively shared across organisations to create a consistent approach to mental health and emotional wellbeing that meets the needs of Newham's children and young people.

Actions for 2018/19

Accessibility of CAMHS to be explored with combined youth panels across CAMHS, Youth Zones and HeadStart. To include consideration of young people that are involved with or at risk of youth offending.

Appropriate sharing or publication of co-production work to prevent duplication and promote effective use of feedback.

Co-produce accompanying media highlighting key themes and actions of the local transformation plan in an accessible format.

In 2019/20 utilising the findings of the public health needs assessment and Children's Society Review & HeadStart survey a children and young people's mental health strategy will be developed to guide the continuing process of transformation.

In 2019/20 the strengths and challenges of CYP MH EW in Newham will be explored with colleagues across education. Initially this will take place at the Education Partner Board.

Progress and key performance indicators

CYP Access

In 2017/18 Newham achieved 14% against the 30% target of children and young people accessing mental health treatment. (CYP Access brief definition: two contacts with mental health staff within six weeks). The only source of activity data was ELFT CAMHS due to

formal reporting to NHSE mental health data set. HeadStart were operational but had not been asked to flow data voluntarily to NHS Digital.

In 2018/19 ELFT CAMHS adopted numerous strategies to ensure all the eligible activity was correctly logged and flowed to NHS Digital. The positive impact of these are evident in a peak in the activity in October and November. This is unusual peak in the usual CAMHS activity profile and is due to improvements in recording activity. Approximations using the mean activity would suggest CAMHS could generate 18% access by the end of financial year

HeadStart successfully flowed data to NHS Digital MHSDS in December, submitting eligible data for September, October and November. Utilising the mean for HeadStart's data for months one to eight, it is estimated that the flowed activity at the end of 2018/19 would generate 10%

We expect that the NHS Digital CYP access figure for 2018/19 will be around 28%, utilising the mean activity for months one to eight to project month's nine to twelve for HeadStart and CAMHS. This does not include HeadStart activity months one to six.

We estimate using local submission data that in 2018/19 activity could achieve the 2018/19 target of 32% and are confident we can meet the target of 34% in 2019/20.

CYP ACCESS 32% Target	Formal (MHSDS) At month 8 18/19	Formal (MHSDS) Projected EOFY 18/19	Local Data At month 8 18/19	Local Data Projected EOFY 18/19
HeadStart	3.91%	10.6%	13.4%	20.1%
CAMHS	11.99%	18.0%	12.0%	18.0%
Total	15.9%	28.6%	25.4%	38.1%

For further details on Newham access recovery plan see appendix III.

In Newham we have a number of approaches in progress to improve levels of access to services for children and young people and these initiatives are summarised below.

Ensuring reporting of activity

Evidencing the important work of Newham's teams has been a priority for 2018/19 and data scrutiny will continue into 2019/20. There have been numerous challenges in reflecting and reporting the actual interventions provided to children and young people in Newham. Errors with reporting were identified in 2016/17. This related to what activity can be reported under the access target criteria. As a consequence our activity dropped from 25% to 14%. This issue was identified in March 2018. There had been a lack of commissioning resource to unpick this problem and identify possible solutions. This was addressed June 2018 when our joint CAMHS commissioner came into post.

Resolving and remedying issues related to access target data remains our number one priority for 2018/19. We have scrutinised CAMHS data submitted to the MHSDS and identified that data reported includes direct treatment by core CAMHS team but continued work is required to accurately report on:

- Indirect Activity (that meets national access target criteria)
- Assessment and brief interventions
- Some activity from the team of embedded CAMHS clinicians in children's social care, YOT and education.

For more information please see the access recovery plan in appendix III.

Actions for 2018/19

Ensure both HeadStart and its digital service Kooth are contributing to the national data.

Understand the required additional resources required to meet the national targets for 2020/21 set by NHS England.

Increasing efficiency and capacity

The initiatives below have been identified to assist both commissioners and providers to understand the demands on the current system:

- ELFT review of local pathways and identification of capacity issues
- NHSE project support to local services to help identify how to manage demand and capacity
- ELFT review of care plans at three monthly intervals to review the impact of the prescribed intervention and amend next steps accordingly
- At assessment and key care review points, data on presentation and assessment of need to be more effectively categorised to allow a deeper level of understanding of local needs and progress following intervention
- Children and young people to receive contact during the CAMHS waiting period to review risk and presentation and provide a response accordingly

These initiatives will provide a solid foundation for managing demands on the local system.

Increasing appropriate referrals

Newham partners are working to improve the early identification of mental health difficulties so that appropriate referrals to CAMHS are increased and therefore increasing reach and access. A key mechanism is via the early identification and intervention programme HeadStart. It is important to note that HeadStart provide effective, evidence-based treatment which is often sufficient for children and young people experiencing mild to moderate mental health difficulties. Therefore HeadStart may reduce some inappropriate CAMHS referrals by managing appropriate levels of mild to moderate needs.

In Newham there is a team of embedded mental health practitioners funded based in HeadStart, children's social care, troubled families team, schools including pupil referral units and special schools, youth offending teams (YOT) and children's centres. These embedded clinicians are increasing the competency of Newham's workforce around effectively supporting children and young people, identifying mental health difficulties and referring to CAMHS when required. The mental health first aid programme has supported HeadStart staff, school teachers and community members to become competent in identifying needs and again making appropriate referrals to services. The process of obtaining a GP referral to CAMHS can cause a delay in accessing support services¹². As a consequence local mental health services including HeadStart allow and encourage children and young people and parents to self-refer to minimise any delays. In addition work is underway to look at streamlining referrals to CAMHS and HeadStart to ensure children and young people are directed to the right service at the right time.

¹² <https://www.childrenssociety.org.uk>

Actions for 2018/19

Explore the possibility of a single point of access across mental health and emotional wellbeing services to streamline access.

2. Understanding local needs

The Five Year Forward View provides compelling case for greater prioritisation and focus on children and young people's emotional wellbeing and mental health:

“Half of all mental health problems have been established by the age of 14, rising to 75% by age 24. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6%), anxiety disorder (3%), attention deficit hyperactivity disorder (ADHD) (2%) or depression (2%).

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 distances.”¹³

Locally we have a developing view of children and young people's mental health needs. Our population is diverse including some of the highest levels of black and minority ethnic communities in England with particularly large numbers of residents from an Asian background. We know that needs in Newham and more widely in NEL are changing. NEL faces a significant population growth of about 120,000 people in the next five years. This is expected to be differentially high in ethnic groups who are at increased risk of some priority health conditions including mental health. Access to mental health services by BME communities can also be more difficult and can be further exacerbated by deprivation.

The percentage of Newham's families in receipt of benefits and children living in relative poverty is also still higher compared to London and England. Despite falling rates since 2007 Newham is the 23rd most deprived borough in England. There are still children in Newham who are suffering with the effects of female genital mutilation, involved in domestic violence, under protection through section 47 of the Children's Act (1989) and sexually exploited. Childhood obesity is high in Newham compared to London, England and comparator boroughs. A similar picture exists for underweight children (1.5% higher than London and 2% than England). The proportion of 16-18 year olds living in Newham in 2015 that were not in employment, education or training (NEET) had reduced from 2014 to 3.7% which is the lowest percentage reported since 2011 but remains higher than the London average at 3.1%. Newham has low rates for hospital admissions for substance abuse in 15-24 year olds compared to comparator boroughs, London and England but this is increasing. The percentage of young offenders who re-offend continues to be consistently higher than England. Whilst the rate of children in need has fallen, it remains higher than comparator

¹³ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

boroughs, London and England. Newham is young and diverse, has a high birth rate and high levels of population transience; 'churn' is 20% compared to the London rate of 14%.

Services in Newham are tailored to reflect the needs of our diverse community. CYP CEDS report that east Asian young people may experience and present differently compared to young people with typical eating disorders. The service is carrying out research, providing education and developing the service to adapt to this need.

Due to issues around youth safety, gangs and boundary lines, Newham has to be aware of location and safe accessibility when planning services in the community. More work is required to ensure services have fully adapted to this.

There is more to do to fully understand local needs relating to groups at greater risk of poor mental health and specifically around eating disorders, self-harm and suicide. Early work on suicide has identified vulnerable populations where the literature suggests there may be an elevated risk of suicidal behaviours. This literature review has not yet been applied to Newham's children and young people but themes include:^{141516:}

- Mental Illness, substance misuse and domestic violence in family members
- Academic pressures, especially related to exams
- Physical, emotional or sexual abuse, and neglect
- Social isolation or withdrawal
- Bereavement and experience of suicide in family or a friend
- Physical health conditions that are longstanding or have social impact e.g. Acne and asthma
- Bullying, both face to face and online
- Excessive use of alcohol and illicit drug use
- Suicide related internet use
- Mental ill health. Self-harm and suicidal ideas
- Identity surrounding gender, sexuality and religion
- A significant number of CYP were not known to services

Theory of suicide risk suggests that the level of risk is a cumulative process. Childhood adversity and vulnerable characteristics contribute to the emotional capacity of children and young people, creating a reduced capacity to manage distress effectively, similar to that of peers¹⁷. As such it is important to start addressing the needs of children and young people early, from the universal level and developing a whole system approach.

Although incidence of CYP suicide in Newham is low, it is important to also consider how best to support CYP with suicidal thoughts and prevent the escalation of feeling of hopelessness and helplessness. The consortium commissioned crisis service is being set up to manage the needs of these CYP and will go live in December 2018.

The all age suicide prevention strategy in development by public health across NCCG and LBN will help provide benchmarking, an action plan and an evidence base around groups of children and young people at greater risk of these issues.

The Newham Joint Strategic Needs Assessment (JSNA) is being refreshed by public health with a greater focus on children and young people's mental health and those with vulnerable and protected characteristics. Ensuring an accurate representation of Newham will support

¹⁴ https://www.research.manchester.ac.uk/portal/files/70178920/cyp_report.pdf

¹⁵ <https://www.sciencedirect.com/science/article/pii/S2215036616300943>

¹⁶ <https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366%2816%2930094-3/abstract>

¹⁷ <https://www.bmj.com/content/357/bmj.j1334>

more effective service developments. Scoping of the JSNA commenced in October 2018 and aims to report early in 2019/20.

Health Inequalities

As expected with the profile of the population, Newham faces significant health inequalities. Reducing these is beyond the scope of children and young people mental health services alone and requires a whole system approach including health, education, employment, housing and communities. It is important to note that many innovative practices have been developed across Newham which align with the six Marmot principles:^[1]

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Initiatives relevant specifically to children and young people include best start in life, the family nurse partnership, perinatal mental health services, early help partnership and the early intervention and prevention approach adopted by services such as HeadStart and universal services such as school nursing, health visiting and child development centre. It is difficult to evaluate the individual impact of these approaches over the short term however we know that intervention in childhood can reap rewards in adulthood including better health outcomes. Emerging practice around the impact of adverse childhood experiences (ACEs) on adult outcomes^[1] identifies stressful events occurring in childhood which can have a detrimental impact:

- Domestic violence
- Parental abandonment through separation or divorce
- A parent with a mental health condition
- Being the victim of abuse (physical, sexual and/or emotional)
- Being the victim of neglect (physical and emotional)
- A member of the household being in prison
- Growing up in a household in which there are adults experiencing alcohol and drug use problems.
- Looked After Children/Unaccompanied Asylum Seekers
- Children with disabilities/ learning difficulties
- Modern Slavery and Trafficking

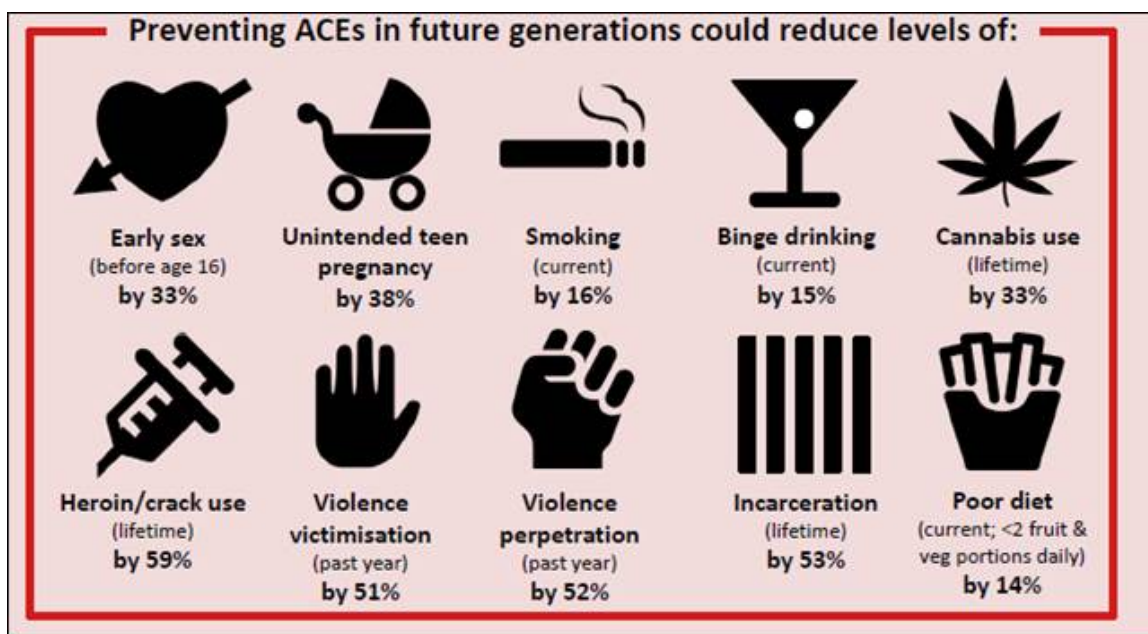
The adverse childhood experiences study found that as the number of ACEs increased, so did the risk of experiencing a range of health conditions in adulthood.

Diagram 1: Impact of prevention of adverse childhood experiences¹⁸

^[1] <http://www.health-inequalities.eu/resources/marmot-reviews/>

^[1] Referenced from presentation by Professor Sir Michael Marmot at Healthy London Partnership conference April 2018, originally Bellis et al., 2014

¹⁸ <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences>



There have been numerous other studies which have found similar findings including in Wales and England.¹⁹ ACEs learning aligns with the findings of Children's Commissioner Vulnerability Report 2018²⁰, where vulnerabilities were categorised into three groups:

- Groups of children and young people receiving statutory support
- Groups of children and young people with complex family needs
- Groups of children and young people with health-related vulnerabilities

For the full list please see the needs analysis in appendix I.

Further learning for Newham on the prevalence of ACEs and the impact on children and young people will emerge from our refreshed JSNA.

Due to the nature of mental health difficulties services such as Headstart and the majority of CAMHS referrals sit within an older age range. With the evidence and recommendations of the NHS Ten Year Plan we hope to further define and provide detail of the support available for the younger population.

Early Help are undergoing a review at the moment and its priorities will be known for 2019/20. This offer to the younger population will be explored and better highlighted in 2019/20 LTP refresh, including a more comprehensive overview of the child development centre. This will align with the prevention and early intervention of ACES

Services such as CYP CEDS and EIP are subject to the NHS access and waiting time standards, ensuring this cohort of children and young people access timely and effective care, positively impacting their prognosis. It is important to note that the transformation of children's services is aligned with parity of esteem, acknowledging the interconnectedness of physical and mental health.

Actions for 2018/19

¹⁹ <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences>

²⁰ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/07/Childrens-Commissioner-Vulnerability-Report-2018-Overview-Document-1.pdf>

Ensure that services for those younger children and families, including early help and parenting support to be explored and more detail provided in the next LTP refresh

3. Ambitions 2018-2020

In Newham our ambition for children and young people mirrors the Future in Mind vision;

“Expanding access to high quality mental health services and improving outcomes for children and young people.”²¹

Locally our Health and Wellbeing Board agreed five overarching priorities to help us achieve this vision. We developed a local action plan for 2018 and this plan made clear the tasks we needed to undertake to achieve our vision and priorities. Our action plan was also triangulated with national Mental Health Five Year Forward View expectations, specifically the key lines of enquiry for Future in Mind LTPs, to ensure we were incorporating and giving precedence to these areas of transformation. It also triangulated our knowledge of local needs and specifically prioritises refreshing our local needs analysis to ensure services are accessible to our local community. This plan has been updated for 2018/19 including an update on local progress. The priorities and work plan for the joint commissioner have also been developed from this overarching plan to ensure we react to the needs of children and young people of Newham.

We will know if we have made a difference locally by 2020/21 if we can evidence:

- An increase in access to emotional wellbeing and mental health services for children and young people with a diagnosable mental health need
- Improved outcomes following intervention for children and young people. This will ideally be evidenced by patient reported outcomes measures (PROMS) that can show paired outcomes before and after intervention
- A reduced waiting time for children and young people for specialist support from CAMHS
- Children and young people can get the right support in the right place at the right time, from a comprehensive mental health and emotional wellbeing offer

We continue to work towards the development of sustainability plans in year four of this programme (2019/20). Sustainability plans will include ELFT provisions at local, consortium and NEL STP level as well as London Borough of Newham and HeadStart. Wherever possible plans for the future will be developed collaboratively to ensure the greatest impact.

Our targets and trajectories around access and outcomes are outlined further in Appendix III.

4. Workforce

In Newham we are working with our STP to understand how we can maximise our workforce capacity and workforce skills to meet the local need and meet our access targets. To this end we commissioned a number of projects that provided a baseline understanding of this.

²¹ <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

- STP led profiling of current workforce and predicted workforce needed to deliver access, waiting times and contact numbers
- NHSE funded project to identify demand, capacity and productivity of local services
- ELFT led quality initiative project to ensure accurate activity logging

With this level of detail we are beginning to forecast our workforce needs more accurately. As our local provision model is both direct work with children and young people, as well as consultation with and support of professionals working with children and young people, we will need to balance these requirements in order to maximise access. With the introduction of HeadStart it is also important that we understand the workforce which offers early help within schools and acknowledge its contribution to children and young people of Newham and the staff and parents they upskill.

Demand & Capacity

Newham CAMHS are a multidisciplinary team with a wealth of experience and additional clinical training post discipline e.g. systemic family therapy, cognitive behavioural therapy for eating disorders / psychosis and dialectical behaviour therapy. Managing increasing demand is a key priority for Newham CAMHS. The service requires transformation to ensure that the model of delivery meets both continuing and increasing demand and an increase in the complexity of cases referred.

An NHSE re-modelling workshop identified a possible capacity deficit in the Newham CAMHS service particularly in the emotional and behavioural teams and in response to patients presenting in crisis. This deficit is being further explored by the CCG and ELFT to consider future options.

Additional capacity in Newham CAMHS has also been added from the local authority investment into children and young people’s mental health. . This resource has focused on the outreach service rather than the core team. In contrast to other boroughs Newham CAMHS has 58% of its clinical staff capacity working within the core CAMHS service and 42% within the outreach service. The outreach team offers a combination of direct and indirect activities, such as training and consultation. Therefore the current level and focus of investment into all CAMHS and emotional wellbeing services is being reviewed to ensure an appropriate balance between improving access, reaching children and young people at the earliest stage of need and supporting a skilled and competent workforce who can also support children and young people directly.

Chart 4: Caseloads per member of full time staff (whole time equivalent or WTE)

Specialist CAMHS	2017/18 Children and young people receiving Treatment	No of clinicians, whole time equivalent (WTE)	Children and young people entering assessment per WTE
	1,420	32.3	44

The Newham core CAMHS aims to maintain system performance to support 40 cases per WTE per year; this is a locally set target. As the service currently operates at capacity (further confirmed by NHSE modelling) there is little room to absorb additional referrals without additional staffing resource. Nevertheless, the service will continue to aim to improve productivity by:

- Implementing the I-Thrive model with specific offer to each of the four quadrants of need
- Increasing the adoption of group interventions

- Continuing use of quality improvement methodology to optimise capacity and tackle system inefficiencies
- Providing specific goal focused packages of care across care pathways

At least 60% of referrals to CAMHS are accepted for treatment. Unlike other boroughs, the Newham service does not have a firm demarcation between assessment and treatment as all accepted cases will receive at least assessment and brief treatment. Those that do not meet threshold will be given advice and signposted to alternative services such as HeadStart and the referral returned to GP/the referrer.

The Newham service has made progress in reducing the average waiting time for assessment from 11 to 9 weeks. There is evidence that staffing has stabilised and that historic periods of staffing vacancy which affected waiting times have now resolved.

Waiting times for assessment with specialist CAMHS is often a cause for concern for many professionals, children and young people and their families.

At Newham CAMHS 86%(Q1 18/19) and 94%(Q2 18/19) of routine referrals are seen within the nine week target. The median waiting time for treatment in Q1 18/19 was 9 weeks and Q2 was 6 weeks.

Across the STP there has been an application for end of year funding (2018/29) to reduce the backlog of children and young people waiting for assessment and treatment. We are currently unaware of the outcome of this application but are hopeful we can work towards the ideal of four week wait times recommended in the NHS Ten Year Plan.

NHS National Benchmarking for 2017/18 references referral to assessment time to be nine weeks and referral to treatment to be thirteen weeks.

The Newham CAMHS successfully operates a telephone triage service and has a twice daily review of referrals through its front door team to improve the speed of allocation and to ensure that cases are directed to the best service to meet need. In addition, the service has introduced increased multi-disciplinary team (MDT) discussion time and a culture of three monthly reviews for all open cases to tackle case 'drift' and support good clinical decision making around care plans. The proposed impact is to ensure that all cases are receiving effective treatment and that, where no progress is made, cases are discharged or sign-posted to more appropriate services. To manage risk and remain in contact, the service plans to pilot a telephone 'check-in' (using a template designed for the purpose) to assess who might need to be seen earlier than planned and whether all cases still require a service. The aim is to respond to higher risk cases appropriately and close those that no longer require help.

A quality improvement (QI) approach, in partnership with other ELFT CAMHS has been introduced to address demand and capacity issues in the emotional and behavioural teams. Other initiatives have included the introduction of a brief treatment model for appropriate cases. Service wide, the i-Thrive framework will be used to support the categorisation of the different levels and complexity of cases. It has been agreed for adoption in 2019 as a service wide initiative.

When comparing the local CAMHS team to national benchmarking statistics, Newham can be seen to have a senior workforce. The diagram below indicates the national average and Newham CAMHS agenda for change salary band distribution.

Diagram 2: National community CAMHS staffing banding

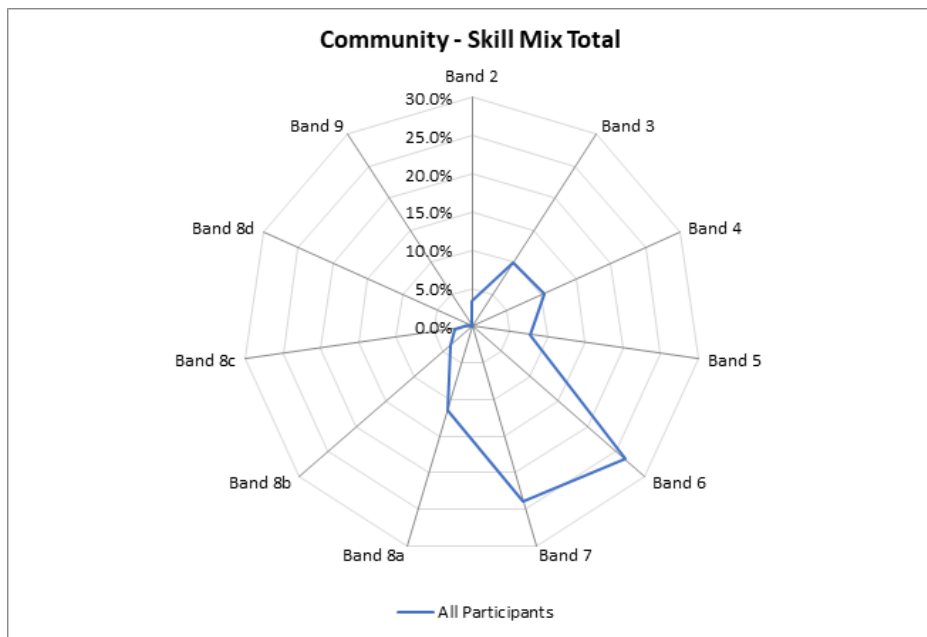
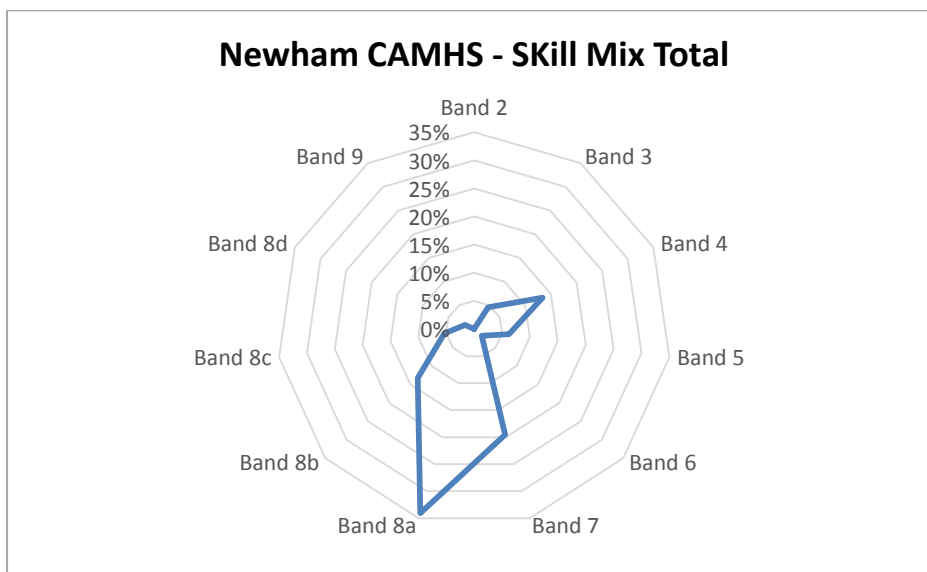


Diagram 3: Local community CAMHS staffing banding



Workforce Development

In line with the mental health workforce plan for England ²² we have secured additional funding via our commissioning consortium to enhance our crisis support offer, which will take us towards increasing our out of hours (24/7) provision and also increasing our workforce capacity and diversity of disciplines. The children and young people crisis service will employ an additional 8.1 WTE across the Newham, Tower Hamlets and City & Hackney.

The consortium children and young people crisis team will be staffed in the majority by band 6 specialist mental health nurses and will focus on managing risk and supporting children

²² <https://www.hee.nhs.uk/sites/default/files/documents/Stepping%20forward%20to%202021%20-%20The%20mental%20health%20workforce%20plan%20for%20england.pdf>

and young people to remain at home where possible. Core CAMHS utilise senior clinicians to provide evidence based therapies, but the success of this service may support a more varied and junior workforce to meet the demands placed on CAMHS. Junior staff retention has been highlighted as a challenge across Newham's providers; this is due to Newham sitting outside of inner London salary weighting boundary. This weighting attracts additional salary to support the increased cost of living. In the past Newham have provided CAMHS staff with bonuses to reduce the impact of its outer London location.

The five year forward view workforce plan²³ also outlines workforce expansion across perinatal mental health, liaison mental health, EIP and liaison & diversion from youth offending. Newham are responding to these requirements by contributing to an increase in resourcing for our perinatal service and our early intervention team is housed within CAMHS. The liaison and diversion position is currently vacant despite significant efforts to recruit and locally we are exploring alternative possibilities that may better meet the need of Newham's children and young people.

HeadStart staff have a visible presence within schools in Newham, engaging both senior and frontline staff to guide and deliver training, policy and provide direct interventions. HeadStart are actively increasing the skills and knowledge of the teaching workforce around mental health and resilience building. HeadStart also provide mental health first aid to all school staff. The aim is that school staff will be able to identify difficulties early, intervene with confidence and be able to have difficult conversations around risk and mental health, and appropriately refer to HeadStart or CAMHS.

Newham is leading the procurement process across NEL for a new emotional support service for children and young people who have experienced sexual assault or abuse. The service will provide enhanced support across the STP footprint and bring greater expertise and knowledge around supporting the needs of these children and young people.

CYP CEDS identified the need to be more responsive to the children and young people they work with. Children and young people in Newham are reported as often having complex difficulties alongside struggling with an eating disorder. The CEDS staff are undertaking training in dialectical behaviour therapy (DBT) in addition to specialist training in Maudsley family therapy, cognitive and behavioural therapy for eating disorders (CBTe) and systemic family therapy. Alongside providing a more expert workforce it will reduce the need to dual working across CAMHS and CEDS, freeing up some CAMHS capacity.

Newham were not invited by NHS England to apply for the mental health support team trailblazer to expand the presence of mental health workers in schools. However HeadStart have been referenced as an exemplar model by Healthy London Partnership and are sharing learning across London and nationally. HeadStart are also engaging parents as part their workforce to provide evidence based parenting groups. The programme "Empowering Parents, Empowering Communities" (EPEC) has been developed by SLAM²⁴ and the initial findings are positive with good engagement and feedback. Parents often subsequently maintain contact and create peer support independently of the service. These parents then have the opportunity to continue their learning and gain meaningful employment as a facilitator or even supervisor of the EPEC model. London Borough of Newham's in house foster carers are also being trained in the EPEC model, which is being facilitated by the HeadStart facilitators.

²³ <https://www.hee.nhs.uk/our-work/mental-health>

²⁴ <https://www.national.slam.nhs.uk/services/camhs/camhs-cpcs/empowering-parents-empowering-communities/>

London Borough of Newham have fostered a systemic model of care after its introduction by CAMHS embedded practitioners. Since then approximately six social workers have completed their systemic therapist training and a small number are trained to teach and facilitate supervision, ensuring that the model is adopted by all of children's social care.

As a consortium the management of children and young people with attention deficit hyperactivity disorder (ADHD) has been identified as an area for improvement. There are plans in place provide education and resources to local GPs and engage them to develop a NICE concordant clinical pathway. Ongoing work with primary care and medicines management is planned to ensure this is navigated effectively and safely. This work is a priority for the Newham GP clinical lead for mental health and learning disabilities. Multi-professional education is facilitated by Newham CCG and priorities for 2018/19 for mental health include parity of esteem, eating disorders, crisis pathways and ADHD. These education sessions will support early identification and intervention, whilst upskilling our primary care team. Updates are circulated to GPs on service developments such as HeadStart and their digital offer Kooth.

5. Collaborative and placed based commissioning

In Newham there are a variety of collaborative and placed based commissioning approaches in operation to enable us to utilise our resources most effectively, realising economies of scale and bringing together clinical and practitioner capacity and expertise. This includes our three CCG commissioning consortium which brings together commissioning learning and resources to enable the strengthened commissioning of local services with our one shared CAMHS provider (ELFT). Through this consortium service developments and bids have been progressed including for community eating disorder services and crisis and urgent care. Our next priority is to refresh our contractual documentation and governance oversight, ensuring a focus on national targets, quality and outcome reporting. The CCG also collaboratively commissions the local CAMHS services with London Borough of Newham and again have prioritised strengthening this approach via a joint commissioning post, refreshed contractual documentation and reinvigorating various local collaboration and quality forums.

Our NEL STP includes a priority to review the case for co-commissioning low and medium secure inpatient CAMHS with NHS England, and this work will link in with expectations around pathways of care for young people during their stay in secure settings, transition in and out of secure settings, and in and out of community services including in adult provision.

There is further work to do to strengthen the pathway of care for children and young people in local inpatient care including step up/down pathways and MDT approaches including use of care, education and treatment reviews (CETRs). This will include the work developed across our consortium on crisis care. Consideration is also needed for a local delayed transfer of care (DTC) policy for children, including those in inpatient CAMHS care, to ensure there are principles and mechanisms in place to get children swiftly back to their community, home and family wherever appropriate and possible. A multi-agency policy was developed to outline comprehensive hospital discharge planning taking into consideration learning from serious case reviews linked to self-harm and learning from this will be utilised to refresh local mental health inpatient discharge processes.

CYP CEDS have strengthened their working relationship with the Coborn inpatient mental health unit to ensure optimal care for children and young people admitted with an eating disorder. Any admissions due to an eating disorder aim to be pre-planned, time limited and managed ideally under paediatrics as first preference. The Coborn have improved how

efficiently a care programme approach (CPA) meeting can be arranged and have continued to engage CYP CEDS clinicians in care planning to provide appropriate and effective care.

The Coborn are a proactive service and have embraced quality improvement approaches since their adoption by ELFT over six years ago, striving to improve its service with young people, their families and its staff through the “Joy at work” project. This project has aimed to reduce self-harming behaviours and has resulted in the implementation of parental and professional support to embed care plans outside of the unit. The psychiatric intensive care unit (PICU) has adopted and piloted the Royal College of Psychiatrists quality improvement model to reduce aggression and restrictive practices, noting only two incidents of seclusion in ten years. The model of care at the Coborn is co-produced from the very beginning; within 72 hours the family and child or young person is involved in a multi-disciplinary case formulation and planning meeting, this occurs at regular intervals throughout an admission and initiates discharge/reintegration planning from admission and sometimes even before. The team at the Coborn have excellent relationships with mental health services in Newham and across the consortium boroughs, there are identified areas of opportunity to focus efforts in 2019/20 such as the relationship with children’s social care, admission avoidance and the exploration of home treatment planning.

Actions for 2018/19

Further develop joint working across children’s services at London Borough of Newham, Newham CCG and ELFT, engaging providers and commissioners to provide a more proactive, reflective comprehensive service to improve the experience and quality of care that children and young people receive. This includes shared step down approaches from inpatient mental health units.

6. Health and Justice

Emotional wellbeing and mental health care and support are an integral part of our locally joint commissioned services and utilise nationally devolved and local funding routes. CAMHS practitioners are embedded into our local youth offending team (YOT) and have included resources that focus on liaison and diversion to help reduce offending and re-offending. These resources also link in with young people’s substance misuse services, Change Grow Live (CGL) commissioned by the LBN public health commissioning team.

Locally there are clear data recording processes in place in YOT to capture offending and re-offending rates, first time entry into the youth justice systems and the engagement of children and young people in both mental health and youth offending teams. All young people involved with YOT are offered physical and mental health screening by embedded CAMHS staff alongside tailored parenting support and grief care for young people who have experienced the loss of a friend or peer through youth violence. YOT are reactive to the needs of Newham children and young people and are developing a harmful sexual behaviour delivery plan. London Borough of Newham is developing edge of care and complex safeguarding services that can offer support to young people at risk of entering care including for behavioural, risk taking and potential offending problems.

Liaison and diversion clinicians aim to identify vulnerable people early on to help improve health and criminal justice outcomes. NHS England resources were allocated to CAMHS to employ clinicians to fulfil these aims. The possibility of third sector organisations being able to deliver against these outcomes more innovatively will be explored in 2019 with consortium colleagues. A coproduction project funded by the savings from staffing vacancies is being

developed to identify the needs of the children and young people these services aim to target.

Youth safety is a high priority for the Mayor of Newham²⁵ and Mayor of London²⁶ acknowledging this issue requires a multi-agency approach. The most recent response to a youth safety incident was co-ordinated quickly and took into consideration NICE guideline recommendations, learning from other boroughs and input from experts across health and social care. Services were mobilised for those directly involved, the HeadStart commissioned service Kooth online therapy service was launched early, education staff were notified and a plan made to share useful information around expected trauma reactions and when to seek specialist help such as psychological intervention for affected children, young people, families and staff.

Kooth has the ability to report themes on the presenting difficulties of children and young people and we plan to use this data to highlight any additional needs or services required over the following weeks and months after an incident. HeadStart are very visible in the schools of Newham and also offer similar insight. With this understanding we will be able to be proactive and plan how we react to traumatic incidents considering best practice, expert opinions and the response of children and young people.

Plans are in place to utilise coproduction avenues to gain further local insight and our public health team are completing a Newham specific JSNA chapter to look at youth safety and how as a borough we might draw on the learning from Glasgow and New York to guide service developments.

7. Improving children and young people's access to psychological therapies (CYP IAPT)

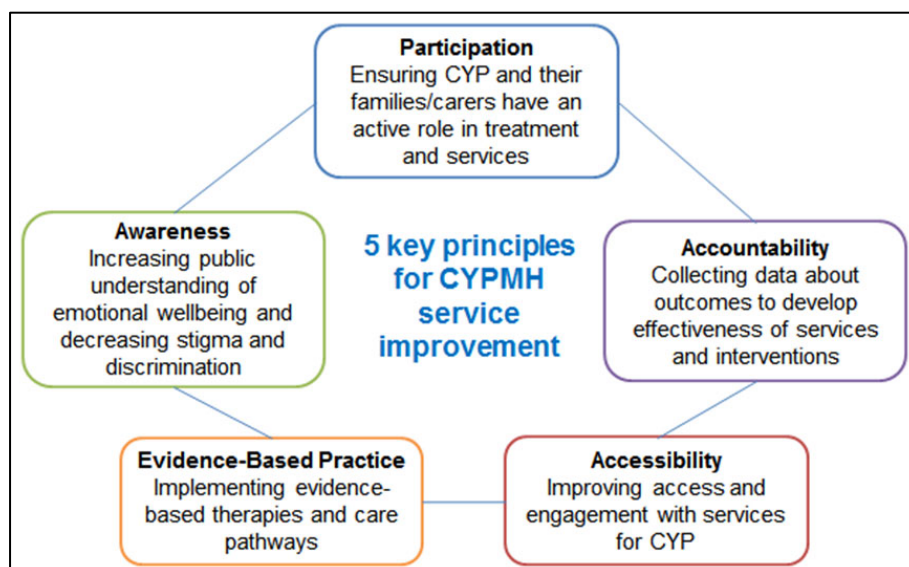
Newham CCG and our CAMHS provider (ELFT) continue to be a key partner within the London and South East CYP IAPT Collaborative. Newham CCG continues to support the local delivery of CYP IAPT by working with NHS England to release relevant funding to local providers. In Newham a number of training projects are in place including training for bilingual support workers and trainee family and systemic psychotherapists. This has included:

- Three family therapists undertaking supervision training
- Four members of staff completing a postgraduate diploma in CBT for anxiety and depression
- Four members of staff completing a postgraduate diploma in systemic family practice for depression, conduct disorder and self-harm
- Four members of staff completing a postgraduate diploma in parenting training for conduct problems (3-10years)

²⁵ <https://www.newham.gov.uk/Pages/News/Mayors-safety-pledge-to-young-people.aspx>

²⁶ <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/our-priorities/keeping-children-and-young-people-safe>

Diagram 4: Five Principles of CYP IAPT – NHS England²⁷



The principles of CYP IAPT have been embedded within children and young people's services across Newham and are reflected throughout this Local Transformation Plan. Newham, through its workforce development, coproduction, data collection, service development and community presence has committed to the fundamentals of the IAPT model. The principles go beyond CAMHS and HeadStart are seeking CYP IAPT training through Anna Freud Centre to upskill their workforce to be able to deliver more evidence-based treatment in addition to their resilience offer. The London Borough of Newham's in-house foster carers are being trained in the EPEC model, this is being facilitated by the HeadStart facilitators and children's social care have embedded systemic working into their practice. Some further specific examples of how we have applied these principles are included below:

- Plans to increase children, young people and family co-production forums and collate and share the feedback formally across organisations
- ELFT CAMHS and HeadStart collecting paired outcomes for their interventions and as of April 2019 outcome data will be submitted to NHSE England Mental health dataset
- Accessibility is a priority across Newham and north east London. Newham is not currently meeting the national access target, senior management assurance procedures now in place across provider and commissioner to ensure both are working collaboratively to ensure children and young people have access to the support they require
- Clinical and non-clinical staff and parents are supported to learn and provide evidence based research across a variety of settings; examples include EPEC parenting from HeadStart, Resilience training for HeadStart and the IAPT approved courses for CAMHS and DBT planned for CEDS
- The Newham Mayor's assembly is contributing to increase awareness around emotional wellbeing and child safety. HeadStart is working to increase their reach to primary care and education staff to upskill and de-stigmatise mental health

²⁷ <https://www.england.nhs.uk/mental-health/cyp/iapt/>

8. Eating disorders

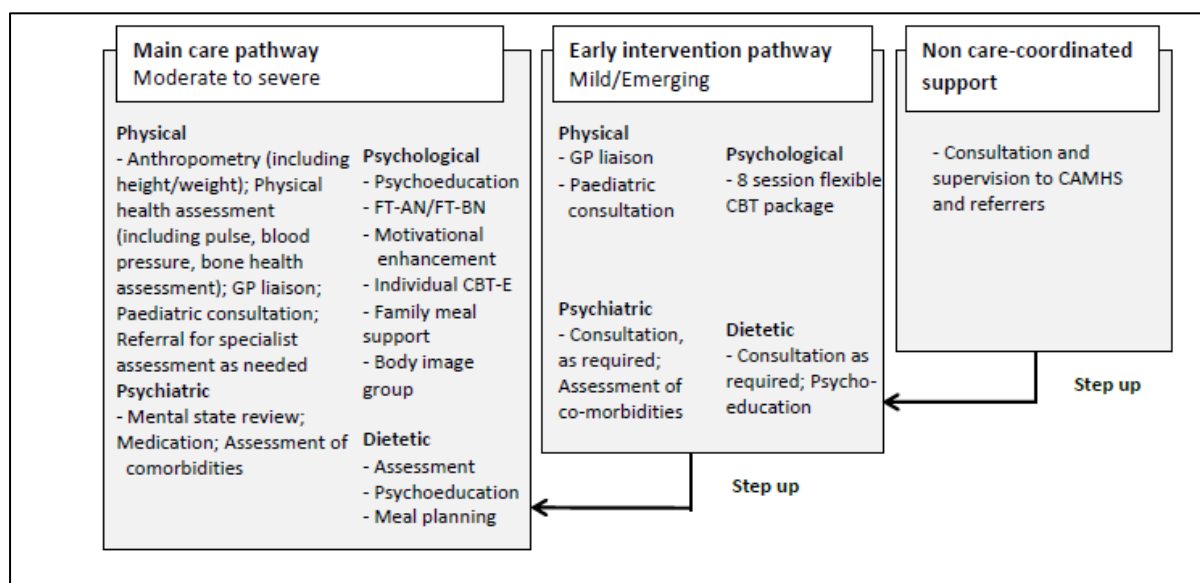
In Newham, the community eating disorder service for children and young people (CEDS CYP) is commissioned from ELFT via the East London Mental Health consortium across three boroughs: Newham, Tower Hamlets and City & Hackney. This has been in place since April 2016 and by pooling budgets we have been able to serve our populations through a more diverse range of expertise and a more flexible service for each area.

The CYP CEDS team foster a hub and spoke model providing care accessible to Newham children and young people and are based in the hub at Tower Hamlets one day a week to facilitate multi-disciplinary assessments, case review and team meetings.

Children and young people are assessed by a multidisciplinary team including an assessment of physical and psychological domains as well as family assessments. The team deliver comprehensive intervention packages that treat the eating disorder whilst also taking into account the service user's development and functioning. Evidence based interventions for eating disorders offered include:

- Monitoring and management of the child or young person's physical/medical state
- Monitoring and management of the child or young person's general mental state, overseen by a psychologist or psychiatrist
- Nutritional rehabilitation overseen by a dietician
- Individual psychological interventions and family-based interventions provided by psychologists, nurse therapists, systemic family therapists or other appropriately trained and qualified therapists

Diagram 5: Children and young people's community eating disorder care pathways



The benefit of this approach includes that every child and young person in the borough with an eating disorder receives:

- An assessment and intervention within the NHS England access and waiting time standards
- Appropriate evidence-based eating disorder treatment, based on their needs
- High quality NICE concordant evidence-based interventions for eating disorders and coexisting mental health problems from one team

- Improved outcomes as indicated by sustained recovery and reduction in relapse, and reduced need for inpatient admissions

Where a person's eating related symptoms do not meet the criteria for an eating disorder diagnosis, the service ensures that children and young people and families are provided with appropriate access to a combined assessment and early intervention through eight sessions of CBT, psychological education, and access to self-help materials and links to service user groups to ensure that they are supported appropriately. If a child or young person is presenting with possible emerging or sub-diagnostic symptoms the assistant psychologist will provide a time limited intervention to support the child or young person, their family and assess the need for a more intensive treatment. This model ensures that the service is not diagnosis driven and has the flexibility to intervene early where required.

Due to the diverse nature of the children and young people in Newham additional consideration is required to consider variance in presentations. CYP CEDS believe that many of the east Asian and Afro Caribbean children and young people with disordered eating do not often present with typical anorexia and bulimia nervosa symptoms such as "fat phobia" and low BMI. This could account for the low number of eating disorder referrals within the children and young people's population. CYP CEDS have engaged postgraduate students to research this phenomena to inform future clinical practice and contribute to academic literature. Research findings will be shared at eating disorder conferences and with the Healthy London Partnership (HLP) who intend to create pan-London GP resource in 2019.

The CYP CEDS service is monitored against national standards and by submitting data to NHS England on a quarterly basis. At the end of 2017/18, the provider was meeting waiting time targets in over 70% of cases and working towards reaching 95% by 2020/21.

In 2018 CYP CEDS presented at the Royal College of Psychiatrists: eating disorder and national CAMHS Conference, which focussed on the new NICE guidelines for eating disorders, published in May 2017. ELFT is a member of the Quality Network for Community CAMHS Eating Disorder Network (QNCC-ED) as a self-review member. The quality network works to improve services through a supportive, standards-based review process.

The CYP CEDS team are specially trained in the latest evidence based, NICE recommended treatment. There are plans to upskill the whole team in DBT to ensure they can safely and effectively care for children and young people with a greater level of complex need including self-harm and suicidal behaviours, without impacting the demand on the core CAMHS service.

Newham's joint commissioner will represent the North East London STP at the Healthy London Partnership eating disorder community of practice meetings starting February 2019. As part of this network Newham will contribute to a pan London referral form and associated resources.

Actions for 2018/19

Review impact of community eating disorder service including service model and whether it is engaging with Newham population effectively.

9. Data & Outcomes

Newham continue to review the investment and commissioning decisions around children and young people's mental health and emotional wellbeing and ensure the children and young people of Newham are at the heart of service developments. There is more to do to ensure we fully understand the needs of our population, and we will achieve this by the review of our local JSNA. We will also continue to strengthen our joint commissioning arrangements and ensure a renewed focus on commissioning for outcomes which will be enabled by our joint commissioning post. We have a clear action plan to further improve the reach of our services and significant levels of support and investment from our London Borough of Newham colleagues to help us to meet our aims of identifying and supporting children and young people with mild, moderate and severe levels of need.

Ensuring the validity and accuracy of data is a key priority for Newham. Accurate and insightful data will enable us, at all levels of the local system, to scrutinise and challenge our collective performance and ensure we can evidence improved access, outcomes and the accessibility of services for at risk groups of children and young people. To evidence this change we need to:

- Show what impact local investment has had on local capacity and outcomes
- Link the specific needs of at-risk groups, as identified in our JSNA, to increased service accessibility for these groups of children and young people
- Ensure we are collating data on the right groups of children and young people as well from all relevant local services
- Increase local levels of outcome reporting, including paired outcomes for children
- Review referral rates from various sources (primary care, urgent care, other mental health services, educational settings, LBN services, other health professionals etc.) And identify areas of best practice and for improvement
- Ensure all contractual documentation clearly outlines reporting requirements to evidence the above
- Ensure we have robust forums in place to constructively provide challenge between all stakeholders (CAMHS transformation forum and clinical & quality forums)

ELFT, London Borough of Newham and HeadStart are dedicated to providing a high level of performance and quality in Newham. The organisations are already engaged with measuring their impact and effectiveness with validated tools, pre and post intervention. In April 2019 it will be mandatory for ELFT, and requested of HeadStart, to provide NHS England with this outcomes data. ELFT informatics team are working hard to ensure this data will be publicly available next financial year. There have been some early successes locally for example ELFT has significantly increased the rate of routine pre and post IAPT outcome measures, in the first quarter 2018/19:

- 70% of children and young people completed an outcome measure before intervention
- 47% of children and young people completed an outcome measure after intervention
- 68% of children and young people reported an improvement in their outcomes
- 94% of clinicians completed outcome measures

There is more to do to validate access rates alongside speeding up local progress towards meeting the 2020/21 targets. In addition, we are seeing lower than expected levels of referrals and caseloads in our community eating disorder service and static numbers of referrals for CAMHS. We need to better understand potential local prevalence levels and better engage with our community to make services locally accessible and engaging. The submission of activity data from HeadStart including Kooth, will contribute to the narrative of where and how children and young people access help.

In liaison with our consortium colleagues we are committed to ensuring that all commissioned services are reporting to MHSDS for NHS funded activity. We have undergone a number of tests of ELFT data and have identified issues that need to be rectified. These are now captured in a local action plan to ensure that all services are reporting accurately. ELFT informatics continue to develop their systems in preparation for additional data submissions in April 2019.

It is believed that the actual Newham access figure is closer to the 32% target figure but activity from different services is not being recognised due to non-submission, data errors and rigid definition of treatment i.e. frequency of contact exceeding six weeks. Newham is working with NEL STP, NHS England, Healthy London Partnership and HeadStart to rectify this. Access figures currently only represent children and young people receiving mental health treatment provided by core CAMHS. HeadStart successfully flowed data to MHSDS for the first time in December and provided retrospective CYP access data locally. Utilising locally collected data submitted to NHSE Newham were achieving 25% of CYP Access target as of Dec 1st 2018.

HeadStart are currently carrying out a detailed impact and economic evaluation. With this level of knowledge we will be in a better position to review the interdependencies between the HeadStart early help offer and children and young people's mental health services. This may allow for the joint development of services to provide a seamless offer of mental health and emotional wellbeing support in Newham.

The review and transformation of the CAMHS embedded posts will ensure specificity of agreed outcomes for children and young people at the formation of the model. Evaluation will be required to ensure the acceptability and accessibility of CAMHS provision for edge of care and complex safeguarding services and for the children and young people's crisis care and child sexual assault emotional support services. These evaluations will ensure services remain effective and fit for purpose and are developed with clear outcomes as a priority at the outset. As part of this process outcomes will be defined in collaboration to reflect the needs of Newham children and young people.. The review of the embedded clinicians will engage 0-19 health service to ensure the model provides an integrated early help offer.

There is a consortium led review of CAMHS service specifications to ensure alignment with local, NEL STP and national priorities. To ensure we can fully evaluate services there is also a collaborative review of the reported data and KPIs in progress, led by commissioners, providers and the commissioning support unit to ensure they are fit for purpose. These new metrics will provide valuable insight required to evaluate the activity and impact for children and young people and aim to better represent the child's journey such as time scales from referral to assessment, from assessment to treatment and in certain pathways such as ASD/ADHD referral to diagnosis. New metrics will be monitor the need of children and young people at certain time points and the care offered, this will align with the i-Thrive model of care.

Our strengthened governance, including our joint quality review forum and NEL STP CAMHS working group will enable tighter and more consistent monitoring of our local plans and reporting on our successes and challenges to the Newham Health and Wellbeing Board.

Our trajectories for our access targets and staffing are outlined in appendix III.

Actions for 2018/19

Refresh contracts across CAMHS commissioning consortium to ensure clarity in service provision and reporting requirements (including CAMHS access and CEDS targets and outcomes) by April 2019.

10. Urgent & emergency (crisis) care

Newham was part of the successful three borough consortium bid for additional NHSE funds to pilot a seven-day crisis response for children and young people. This new service will be delivered by ELFT and will provide responses to children and young people who are in crisis due to:

- Self-harm
- Suicidal ideation
- Psychosis or other mental illness
- Young people with behaviour difficulties, ranging from risk-taking to violent behaviour

The service will also respond to the cohort of children and young people who might fall between NHS crisis and emergency systems and children's social care crisis/emergency systems, as their needs are not appropriate for A&E but better picked up by a community crisis team.

The detailed financial plan that supports this new service model has been signed off by NHSE and the service specification details all key performance indicators (KPIs), activity plans and waiting time ambitions. There are clear expectations of engaging children, young people and their families in the development of this service. The pilot will be evaluated by a NEL steering group who will make recommendations for an appropriate future model for crisis care including towards a 24/7 offer. We will also ensure these plans feed into our local suicide prevention strategy which is being developed across health, local authority and wider stakeholders and across children and adults.

The service model is based on a new, one-year development of an intensive support and crisis response service over extended hours in City & Hackney, Newham and Tower Hamlets to enhance current arrangements. The pilot will also inform the future commissioning models and opportunities for co-operating across the STP. The project is due to commence in December 2018 and will establish an enhanced service to provide a safe, high quality, evidence based rapid response and intensive support service for children and young people in east London in the evenings and weekends. Outer north east London (ONEL) is piloting a NHS home treatment pilot, Interact crisis service and a urgent and emergency care (UEC) pilot. Crisis support is therefore an ambitious programme to equalise services and system learning across the East London Health and Care Partnership.

Service development will continue to be a collaborative process with children and young people and families through engagement activities and children and young people champions who will promote crisis awareness and review services. Operational interfaces with other crisis and hospitals services (liaison and diversion for young offenders, adult RAID crisis practitioners, acute paediatric services, CYP CEDS, core CAMHS and children's social care) have been identified and will be formalised as part of the pilot. The essential features of the service are:

- An integrated service across City & Hackney, Newham and Tower Hamlets with a single manager and single team working across the three boroughs
- An STP wide programme overview, to share learning and facilitate system-wide commissioning decisions, based on learning from both this project and ONEL crisis services
- Development of workforce and operational interfaces with core CAMHS services and social care
- Training and liaison to up-skill partners' services, including planned training using the new ELFT teenage misadventure self-harm package and the Bart's' Health We Can Talk model.

Chart 5: Crisis care workforce across the three CCGs

Staffing	WTE
Band 6 Nurse	5.5
Band 4 Administrative Support	1
Band 7 Clinical Lead	1
Band 8A Service Lead	0.6
Total	8.1

Chart 6: Crisis care operating hours

Days	Hours	Staffing
Monday to Friday	11.00 to 23:00	minimum of 3 band 6 nurses on rota
Saturday and Sunday	10:00 to 14:30	minimum of 2 band 6 nurses on rota

Workers will be available to cover other boroughs even when rostered for duty at a base in one borough. Clinical leadership will be provided by a Band 7 nurse, who would also spend half their time working shifts alongside a minimum 0.6WTE band 8a will be allocated to provide overall service leadership and clinical supervision. The service will also include one WTE band 4 administrative support. Outside of core and extended hours the on call rota will continue in operation.

Actions for 2018/19

Evaluate pilot of enhanced crisis care model in tandem with consortium CCGs.

11. Integration

HeadStart

In Newham there has been considerable investment and work around our emotional wellbeing and mental health support to local schools. Our Big Lottery funded programme HeadStart has secured an additional £10 million over five years to support the identification of emerging mental health needs of children and young people. Primarily the programme is focused on 10-16 year olds, spanning both primary and secondary schools. It utilises a strengths and difficulties questionnaire (SDQ) to identify children and young people who would benefit from additional support in the form of emotional wellbeing and positive activities (such as sports and the arts). This in turn helps them develop resilience including coping with issues such as exam stress which has been identified as a particular need in Newham.

A HeadStart programme board includes representation from NCCG commissioners as well as the plethora of providers supporting the initiative such as schools, sports and arts providers and coproduction teams. Staff delivering projects are supported where necessary by ELFT embedded CAMHS clinicians with supervision and training. The programme also has key components around supporting and training parents, identifying and training youth and school champions and the development of digital support in the form of information and peer and professional support, commissioned from Kooth. HeadStart has reached over 2,200 children and young people since its inception in 2016, has trained over 2,500 school staff in 50 schools and developed 194 local champions for the programme. There have

been 276 parents accessing a parenting course and 15 parents have been trainers for peer led courses.

Headstart delivery is facilitated mostly by youth practitioners who receive supervision, consultation and education from embedded CAMHS practitioners. All youth practitioners receive training in Youth Mental Health First Aid, Academic Resilience Approach, attachment theory, effective coaching and in 2019 all practitioners will be receiving 5 days of a bespoke CYP/IAPT training, this will entail CBT and solution focused approaches covering the following areas at this stage (this may be flexible to local needs occurring):

- Working in a school context
- Skills for working with CYP who present with low mood and/ or anxiety
- Skills for working with CYP who present with self harm
- Working with CYP experiencing trauma such as gang crime
- Working with groups

The Big Lottery Fund has commissioned an expert team led by the Evidence Based Practice Unit, a collaboration between University College London and the Anna Freud National Centre for Children and Families. The partners in this learning team include Common Room, The University of Manchester, the Child Outcomes Research Consortium and London School of Economics and Political Science.

A core element of the evaluation is an annual survey on wellbeing completed by young people in HeadStart schools.

As a test and learn site Newham Headstart have carefully selected and adopted models from other institutions and research, to ensure impact activity and outcomes are rigorously evaluated. (details below)

- Headstart Newham – BounceBack Newham, online
 - Ø Ages: designed for 10-16 years, but could be accessed by children outside this age range
 - Ø Universal: for young people, parents, and school staff
 - Ø Description: Online resource for children, parents and school staff. Can be accessed here: <https://bouncebacknewham.co.uk/> To help children learn about resilience – and the skills and moves required to look after personal wellbeing. Participants are encouraged to take small positive behaviour moves to look after own wellbeing through a plan, do, review model.
 - Ø Evidence base: Based on Angie Hart Resilience Framework and Boing Boing: <https://www.boingboing.org.uk/>
 - Ø How impact is being measured: currently no plan to measure impact of this intervention.
-
- HeadStart Newham – Kooth
 - Ø Ages: designed for 10-16 years, but could be accessed by children outside this age range
 - Ø Universal: for young people living / at school in Newham
 - Ø Description: Digital therapeutic support – once registered, young people can drop in occasionally, participant in moderated forums, or have 6 sessions of 1-2-1 counselling with a clinician
 - Ø Evidence base: <https://xenzone.com/research-evidence/>

- Ø How impact is being measured: outcome will be measured: pre and post SWEMWBS and goals based outcomes for planned counselling sessions only (not drop in sessions/forums)
-
- Headstart Newham – Peer Parenting courses
 - Ø Ages: designed for parents/carers of 9-16 years, but could be accessed by parents/carers of children outside this age range
 - Ø Universal: for Parents/carers of young people living / at school in Newham
 - Ø Description: 8 week manualised parenting course. Delivered by Peer parents. The course aims to encourage positive parenting behaviours and improved communication between parent and child, as well as building parent's social capital.
 - Ø Evidence base: RCT - <http://www.cpcs.org.uk/index.php?page=empowering-parents-empowering-communities>
 - Ø How impact is being measured: outcome will be measured: pre and post intervention measures completed by the parent - SWEMWBS, The Parenting scale (adolescent version), Concerns about my Children, Parenting Goals (adapted version of Concerns about my child). Feedback measure: Training Acceptability Rating Scale.
-
- HeadStart Newham – Academic Resilience Approach training and coaching
 - Ø Ages: designed for all school staff – primary and secondary
 - Ø Universal: all school staff – primary and secondary in Newham
 - Ø Description: training for school staff on importance of supporting emotional health and wellbeing of pupils, how to develop a whole school approach, suggests approaches for identifying young people with need and a range of ways to support them – i.e. whole school approach + targeted interventions. Training is followed up with coaching from a trained Resilience training lead (with schools background) to review school policies / approaches and develop whole school wellbeing strategy.
 - Ø Evidence base: Based on Angie Hart Resilience Framework and Boing Boing: <https://www.boingboing.org.uk/> and Young Minds whole school approach <https://youngminds.org.uk/find-a-course/academic-resilience-a-whole-school-approach-training/>
 - Ø How impact is being measured: outcome will be measured: annual pupil wellbeing measurement survey (Y7 cohort + Y9 snapshot) alongside data linkage to key indicators: school attendance, attainment, exclusions data, children's social services status, youth offending team status
-
-

HeadStart are planning for the future and discussions have begun to ensure future sustainability of its service including discussions on contributions from health, social care and education. Ahead of this, HeadStart will be reviewing the components of its service to ensure the best value for money. HeadStart are preparing to contribute towards the priorities of the potential stakeholders ensuring their outcomes are multi-faceted, providing the children and young people of Newham a good foundation across the domains of adolescence.

The programme has developed a robust evaluation led by academics and including co-production with young people. This evaluation has commenced and will continue into 2019/20 and beyond in order to evaluate against alternatively delivered models looking at cost effectiveness and impact.

Action for 2018/19

Evaluation of impact of HeadStart programme to continue and include sustainability modelling to inform future funding.

Targeted support

In addition to the above schemes Newham CCG and London Borough of Newham are jointly commissioning targeted services for children and young people at risk of poorer mental health outcomes than their peers. We have a number of dedicated posts embedded into children's social care in Newham neighbourhood teams to enable support where children and families live and access services. We also have embedded posts supporting children and professionals in looked after children's and fostering teams, youth offending teams, early help teams, children's centres, domestic violence services and in local special schools including provision for children with identified emotional and behavioural needs and pupil referral units (primary and secondary age). A review of these posts has commenced to ensure the impact and outcomes of the model in effectively meeting the needs of children and young people and families whilst satisfying key stakeholders across social care, education, health, third sector organisations and in meeting national targets. The review will look at the possibility of increasing the impact and reach of mental health support across education, early help and social care, whilst supporting the skill development of non-CAMHS staff.

Children and young people with special educational needs and disabilities (SEND)

As part of our local work on delivering the requirements of the Children's and Families Act 2014 and the SEND code of practice, we are strengthening the join up between our local Future in Mind and SEND agendas. Locally, work has been delivered to clarify pathways for children and young people with ASD, learning disabilities and ADHD. Further work is planned to develop effective transition into adult services and to develop pathways including for shared care with primary care. Strengthening the focus for children with emotional and behavioural needs is a priority in the five year Best for All SEND²⁸ strategy and we have embedded CAMHS practitioners within local special schools and pupil referral units. This work also reflects the principles of Transforming Care²⁹ and commissioning for individual children with emotional and behavioural needs to try to keep children and young people at home with their families and communities wherever possible.

Child sexual assault emotional support services

Newham CCG are leading the procurement of an emotional support service for children and young people following disclosure of sexual abuse or assault (CSA), on behalf of north east London STP. The funding is identified from all seven north east London CCGs split according to their under-19 population. The emotional support service will be linked into the CSA paediatric provision in the sector so that a child or young person referred for CSA paediatric assessment will be able to access a holistic health review including medical assessment and treatment, STI screening and pregnancy testing, documentation of injuries/evidence of abuse for court proceedings, prevention of and supporting recovery from episodes of exploitation and trafficking. Support and advocacy for trafficking victims. Help with keeping safe, dealing with relationships and issues affecting individual lives.. For the

²⁸ A Strategy for Special Educational Needs & Disabilities and Inclusion 2017-22
<http://www.newhamconnect.uk/Services/3330>

²⁹ <https://www.england.nhs.uk/learning-disabilities/care/>

family: Supporting parents, carers and families in the community and in diverse cultural circumstances. Guidance and advice aimed at supporting vulnerable children and their families.

The service is due to start delivery from April 2019.

Children and young people in crisis

Children and young people's crisis care has attracted NHSE funding at a consortium level to aid the move towards a 24/7 offer. With the development of children and young people crisis care there will be ongoing engagement to develop safe and effective step-up and step-down pathways between community services, acute services and the Coborn Unit. These discussions will need to engage CAMHS, CYP CEDS, CYP EIP and children's social care as stakeholders to ensure the needs of the children and young people are the main priority and to enable multi-agency working to support this. As this crisis is a pilot, its model of care may need refining but it aims to react to children and young people mental health crises and prevent unnecessary admissions to hospital emergency departments and the Coborn Unit.

Edge of care positive families' partnership

Newham's edge of care service offers two specialist interventions to meet the needs of this cohort of CYP and families. Keeping Families Together (KFT) and Positive Family Partnership (PFP) aim to strengthen families' own resources and skills to reduce the number of young people in Newham entering care. Keeping Families Together (KFT) is in development and aims to be live by December 2018. It forms part of Newham's broader Early Help offer and has been designed specifically to support families with children between the ages of 10-16³⁰ with complex needs, including those in crisis. The team will largely work with families who are categorised at Level 3 of Newham's Pathways to Help and Support.³¹ Early planning proposes a small team of five KFT practitioners who will work intensively with the whole family and the KFT partners over a 12 week period to develop and deliver a bespoke and goal focused support plan. Staff within the teams will have the specialist knowledge and skills required to work effectively with families in crisis, and particularly those with adolescent children. They will be trained in mediation, conflict resolution, restorative practice and parenting support and will work with the family in a supportive, collaborative and non-threatening way. The focus of the team will also often be on supporting the adults in the families in dealing with issues that may be impacting negatively on their ability to effectively parent (i.e. adult mental health, substance misuse and domestic violence). CAMHS input is being considered and developed for delivery from April 2019.

Positive Family Partnership (PFP) is the second component of the Edge of Care offer and is part of a London pilot which aims to stop at risk adolescents entering the care system. This service is jointly commissioned with four other London boroughs (Merton, Sutton, Tower Hamlets and Bexley) and delivers multi-systemic therapy (MST) or family focused therapy (FFT) to 36 children and their families each year, for three years. MST and FFT are evidenced based intensive family support approaches that have shown success in reducing entry into care. The service model has been developed around a social impact bond model. This model is outcome focused with some of the funding for the service provided at the outset and a proportion of the funding provided if the young person is supported to stay out of care.

³⁰ 17 year olds will also be considered on a case by case basis

³¹ i.e. 'Complex needs: Higher levels of unmet needs and medium risk. Intensive and/or specialist multi-agency support. Child in Need (CIN)'Newham Pathways to Help and Support

Complex Safeguarding Hub

As part of London Borough of Newham's improvement and transformation journey they are developing a multi-agency complex safeguarding hub which brings together experience and skills from a range of agencies and partners. The hub will work with children who are exploited including:

- Sexual exploitation
- Modern slavery and human trafficking (including county lines)
- Violent extremism
- Honour based abuse (female genital mutilation and forced marriage)
- Organised crime groups/serious youth violence (including threats to life)
- Children who are missing

The complex safeguarding hub will consist of experienced social workers, intervention practitioners, youth service, physical and mental health practitioners, police and other key staff that will enable the hub to work differently in a more integrated way, stepping out of traditional social work roles. The hub is also providing training Newham on gangs and criminal exploitation as well as developing exploitation champions. Training is also being provided on children missing from home and care and implementing restorative justice best practice approaches.

Universal services

Newham universal services have prioritised children and young people's emotional wellbeing and mental health support. The review of the early help offer is mapping out the current provisions and identify opportunities for development of services across the pathway. Local Health Visiting services utilise evidenced based assessments for emotional and psychological wellbeing³² and offers non-directive listening visits. These provide an opportunity for individuals to explore, discover and clarify ways of improving and achieving a greater sense of wellbeing and become more resourceful through integrated working with early help teams. School nursing is available for children and young people aged 5-19 and can intervene to support wellbeing when managing issues such as bullying, exam stress, transition, SEND and domestic abuse.

The School Health team works with children around emotional wellbeing by completing health assessment, referring onto relevant professionals such as CSCF, Headstart, place to be, school counsellors and learning mentors. School nurses also offer weekly and two weekly visits to school where sessions are offered to any child/ young people. The team currently have School Nurses trained in Mental Health First Aid (MHFA). They are able to support students and young people with emotional needs. They also train other professionals around managing and supporting children with emotional health needs. The team recently developed a new projects called "Living my best life". This is a transition health workshop styled programme offered at local youth centres which includes partnership working with Sexual health services and other professionals. This programme is targeted at post 15 student's transition into adulthood.

For families with higher levels of need in relation to post-natal depression, the Perinatal Specialist Health visiting Team work in close partnership with East London Foundation Trust Parent Infant Perinatal services, to provide intense targeted support. There are also groups available for mothers with moderate levels of depression, with a session for partners, which is delivered in partnership with local children's centres. The Perinatal Specialist Health Visiting team supports continuous development and learning by delivering the Institute of

³² Including Whooley questions and the Edinburgh Postnatal Depression score tools

Health Visiting (iHV) training to the wider health visiting and early years' workforce around postnatal depression, infant attachment and parent-infant interventions.

Primary Care

We understand that primary care staff are an integral part of the early identification of emotional and mental health difficulties. There are steps underway to offer training to these staff to increase their confidence and competency to identify effectively, offer advice, and intervene appropriately. Mental health first aid will be offered to primary care and there is more to do to effectively communicate the local learning opportunities from CAMHS and Headstart. We will work with clinical leads to ensure resources and information are available to primary care staff.

Integrated commissioning

In 2017 a NCCG and LBN collaborative commissioning team was created. Within this team a new role for a joint senior commissioning manager for children and young people's emotional wellbeing and mental health was developed and this was recruited to in June 2018. This role is helping to bring together commissioning, strengthening our emphasis on increasing our access targets alongside developing our outcome-based commissioning and ensuring accessibility of local services for our local population. This role will focus in 2018/19 on ensuring that Newham are achieving the national access target requirements and preparing for 2019/20 paired outcomes targets. In addition the role will be pivotal in reconvening our CAMHS transformation forum and ensuring that our partnership working is strengthened, and mapping out our local service offer from prevention and early intervention through to CAMHS support and inpatient care.

Voluntary Organisations

The focus of 2018/19 has been primarily on ELFT CAMHS services and Headstart. Headstart have commissioned creative arts and sports services from a number of the not for profit organisations in Newham.

There is a need to better understand what is on offer to Newham children and young people and their families other than those connected to Headstart. We understand that building resilience and improving a child's wellbeing can be supported by many people outside of health services. Unfortunately there hasn't been an opportunity to fully scope the offer across Newham and we hope to include more details in 2019/20.

CAMHS Embedded Clinicians

London Borough of Newham children's social care teams are undergoing service developments including the development of new services such as edge of care and complex safeguarding. This development has required a review of the embedded CAMHS model to better respond to the needs of vulnerable children and young people and services involved in their wellbeing. The transformation project aims to identify the desired joint outcomes for children and young people, stakeholders and develop a model fit for purpose, whilst contributing to national targets and requirements of NHS England and statutory guidance. The model needs to evidence based and align with the diverse needs of Newham children and young people. This project aims to increase impact of the embedded posts on children and young people outcomes and improve the cost effectiveness of the resource. The transformation will consider the Newham context, early intervention, the whole family, accessibility, workforce development, continuity of care and partnership working.

Action for 2019

Continue to review and strengthen joint commissioning arrangements with emphasis on impact and outcomes of local investments in CAMHS embedded posts.

The LTP will engage more of the non-profit organisations working within Newham to understand its impact for the children and young people

Transition CQUIN³³

Newham CCG has adopted the national transition mental health CQUIN within its contract with ELFT over two years (2017/18 and 2018/19). The CQUIN aims to incentivise improvements to the experience and outcomes for young people when they transition out of CAMHS. The CQUIN is constructed to encourage greater collaboration between providers of child and adult services spanning the care pathway. There are three components to the CQUIN:

- Case note audit to assess the extent of joint-agency transition planning
- Survey of young people's transition readiness ahead of the point of transition
- Survey of whether young people are meeting their transition goals after transition

Locally all requirements of the CQUIN have been met to date. These and the future requirements of the CQUIN are outlined below:

³³ Commissioning for Quality and Innovation. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. This means that a proportion of income depends on achieving quality improvement and innovation goals, agreed between the Trust and its commissioners.

Chart 7: Mental health transition CQUIN requirements

Date of Milestone	Rules for achievement of Milestone	Date to report	Achievement to date (Qtr. 3 2017/18)
Quarter 1 2017/18	Providers to: <ul style="list-style-type: none"> jointly develop engagement plan across all local providers map the current state of transition planning/level of need and to submit joint report on findings to commissioners. develop implementation plan to address identified needs and agree with approach with commissioners. 	31 st July 2017	Achieved
Quarter 2 2017/18	Providers to update and assure commissioners as to implementation of joint plan to support better transition planning	31 st October 2017	Achieved
Quarter 4 2017/18	Provider to undertake case note audit assessing those who transitioned out of CAMHS in Q4.	30 th April 2018	Achieved
	Provider to undertake assessment of discharge questionnaires for those who transitioned out of CAMHS in Q4.		Partially Achieved
	Provider to undertake assessment of post-transition questionnaires of those who transitioned to AMHS or other relevant services from CAMHS in Q3.		Partially Achieved
	Providers to present to commissioners a joint report outlining overall CQUIN progress to date. Results to be submitted to NHS England via CQUIN consolidated data collection		Achieved
Quarter 1 2018/19	Providers to refresh implementation plan in light of Year 1 results and confirm arrangements with commissioners.	30 th July 2019	Achieved
Quarter 2 2018/19	Case note audits, assessment of discharge questionnaires and submission of reports for relevant period	31 st October 2019	Future requirement
Quarter 4 2018/19	Case note audits, assessment of discharge questionnaires and submission of reports for relevant period	30 th April 2019	Future requirement

Locally, crisis care services including adult liaison psychiatry based in urgent care are available to 16-18 year olds to support transition. Services can provide risk assessments and referral onto appropriate local services including inpatient.

12. Early intervention in psychosis (EIP)

Newham has an early intervention in psychosis service (EIP) that is compliant with national standards, offering NICE recommended treatment within waiting times guidance. This is a well-established service that Newham has had for a number of years. The service provides assessment and treatment to young people presenting with first episode psychosis under the age of 18. When a referral is received by local CAMHS where there is concern that the presentation is in keeping with psychosis, they are offered an urgent assessment by a psychiatrist and would be offered ongoing treatment in accordance with NICE guidance.

EIP across the consortium remains co-located with CAMHS with specialist clinicians able to provide evidenced based care and support transition to adult services as required.

In September 2018 Newham CAMHS were supporting 13 young people with psychosis. Unfortunately this support has not been reflected in NHS England mental health services dataset (MHSDS). East London Foundation Trust informatics team are exploring their data reporting processes to ensure they are compliant with national standards.

As part of the refresh of contractual documentation including performance reporting, we will ensure our provider monitors level of under 18 EIP activity going forwards. This will include achievement against access and waiting time standard which outlines children and young people should receive an assessment within two weeks, where appropriate accepted to EIP service caseload and actively engaged with by a care coordinator to develop a plan of care and commence treatment in line with NICE recommendations³⁴.

13. Green Paper

NHS England's green paper 2018³⁵ "Transforming children and young people's mental health provision", outlined a vision to increase school provision for mental health. NHSE offered an opportunity to a select number of boroughs to be a trailblazer site for mental health support teams (MHST). A prerequisite of the application was to be achieving 20% against access to CYP MH target so unfortunately Newham was not therefore in a position to be invited to bid.

The second component of the bid was to apply for funding to reduce wait time to four weeks and maintain this for the next two years. Along with our colleagues across the consortium, Newham applied for monies to increase its workforce capacity to be able to provide assessments within four weeks.

Similarly to the proposed MHST structure HeadStart offer an early intervention service in schools. HeadStart provide consultation, education and policy guidance to education staff. HeadStart also offer direct support for children and young people and parents through face to face support, groups and online emotional support. As learning emerges from the trailblazers, Newham will embed this into our local service provision considering how models can complement the work of HeadStart, avoiding replication and planning innovatively to meet the outcomes required.

The Healthy London Partnership (HLP) 2018³⁶ has worked with UCL Partners to develop evidence based good practice summary guidance for children and young people's mental health care in primary care and in schools. It references HeadStart as a good practice model as it is deemed to have a strong focus on integrated working across the local system, reducing fragmentation and gaps and facilitating easy access and clear pathways.

14. Financial Delivery

HeadStart was developed in Newham with funding from Big Lottery over five years. As part of the bid agreement it is understood that HeadStart will seek contributions from year three and ensure a commitment to the sustainability for the service. HeadStart plan to develop a long term model of service delivery, as much resource was required for set up and service development. As HeadStart's impact contributes to outcomes across health, social care and education a joint commissioning arrangement will be sought.

The Coborn Centre is an in-patient service for young people with complex and severe mental health difficulties. The Centre looks after those aged between 12 and 18 years old. Young people have been involved in the design of the service which is a bright, colourful,

³⁴ <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/02/tech-cyped-eip.pdf>

³⁵ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper#history>

³⁶ <https://www.healthylondon.org/resource/good-practice-guidance-for-children-and-young-peoples-mental-health-care-in-primary-care/>

young person friendly environment. The unit has 12 acute beds and 16 psychiatric intensive care beds. Coborn also have 6-day service places to support young people in the day enabling them to return home in the evening.

The tables below represent the cost of care provided to Newham CYP in 2017/18 by ELFT (Coborn) There were eight local CYP between the ages of 9 and 17 requiring inpatient support in 2017/18.

Service Type	Total Cost 17/18	Occupied Bed Days
Acute - Adolescent Inpatient	£551,580	992
Acute - Child Inpatient	£22,215	55
PICU	£477,442	387

For further detail please see appendix II for detail on local investments.

15. Other initiatives

Kooth online counselling

HeadStart Newham have commissioned the online counselling service Kooth, a digital service delivered by XenZone. Kooth is part of the suite of mental health services for young people in Newham and is an integral component of the HeadStart Newham programme.

Kooth is a free online counselling and emotional well-being support service providing young people aged 10-16 years (up to 17th birthday) with a free, safe and secure means of accessing support with their emotional health and wellbeing from a professional team of qualified counsellors. Kooth is a well-established and award winning online counselling service and is accredited by The British Association of Psychotherapy and Counselling (BACP).

Kooth has no referrals or waiting lists. Young people can access this service anonymously by signing onto the Kooth site. Kooth provides unique out of office hours' provision and is open 7 days per week, 365 days a year from noon until 10pm weekdays and from 6pm until 10pm on Saturday and Sundays, with reduced cover Christmas Day, New Year's Eve, New Year's Day and Bank Holidays. Kooth provides added value with moderated, scheduled forums to facilitate peer led support and self-help articles (many written by service users) to provide self-help support. Kooth helps to reduce local waiting times for young people seeking help and removes stigma around mental health and accessing services. Kooth integrates with face-to-face local services to ensure a seamless transition for young people.

Kooth's team of qualified counsellors, therapists and support workers provide guided, outcome-focused help for each individual. The trained Kooth integration and participation workers will be working in Newham to raise the profile of the service with professionals and young people.

Further information is available at: <https://kooth.com/>

NHS GO

CCGs across North East London STP contributed to the development of NHS GO, a mobile app from Healthy London Partnership. Aimed at 16-24 year olds, NHS Go was first developed in 2016, after young Londoners said they wanted better and easier access to health and wellbeing information. They can now use the app to search local health services and find information on health and wellbeing, including mental health, sex and relationships, healthy eating and puberty. Top views are those for sexual health and mental health. An innovative social media marketing campaign using You Tube influencers and Facebook has been the basis of the successful marketing campaign. NHS Go won the Patient Experience Network National Award for 'Championing the Public' recognising how well it was co-designed with young people. It has had great success with over 67,000 downloads and 7,000,000 page views to date. Young people were involved in all stages of development and it is being promoted via social media by some of London's best known young YouTube vloggers

The app is available from App Store and Google Play. Further information is available at: <https://nhs.go.uk/>

HeadStart Creative Arts and Sports Activities (CASA)

HeadStart are in the process of re-procuring services to deliver creative arts and sports based activity (CASA) to increase the resilience of children and young people through

meaningful and engaging activities. Successful bidders will be delivering high quality creative and sports activities in the community, outside of school time. The activities will be delivered by experts in their field supported by a youth practitioner's leading on empowering one to one support for the young people taking part. Children and young people have been engaged in the procurement process helping develop the service outline and will be involved with bidders' interviews and practice sessions.

Group therapies

HeadStart and CAMHS are reviewing the impact and cost effectiveness of group therapies for children and young people. The literature is promising, and the utilisation of group therapies can contribute to the reduction of waiting times for children and young people.

CAMHS has increased its delivery of group therapies including:

- Incredible Years for parents of children <11 years with behavioural problems
- Non-violent resistance for parents of teenagers with conduct disorder
- ADHD parent groups
- Kids time / Mind The Gap for children and parents with mental health problems
- Mindfulness for teenagers with anxiety and depression
- Social Skills for young people with ASD

The service is also planning to expand the offer of DBT and Tree of Life to young people. DBT is a talking and behavioural therapy adapted for those children and young people who experience emotions intensively and who aren't able to manage them as peers would. Tree of life is a narrative therapy that encourages vulnerable children and young people to strengthen a sense of self and identity. Increasing group interventions can enable more patients to receive helpful therapeutic treatments.

Appendices

I. Needs analysis

The following section provides a variety of data relating to the prevalence and incidence of emotional wellbeing and mental health needs for children and young people in Newham and needs for key groups who are vulnerable or at greater risk of poor outcomes. It has been identified that a refresh of assessment of our local needs analysis would help to ensure we continue to focus and tailor our efforts to reflect the specific needs of the children and young people of Newham. This piece of work is in progress and is being led by London Borough of Newham public health team.

Children and young people's JSNA Newham 2016-18³⁷

Population

Newham is a very diverse and population dense borough in London. In 2010 Newham's population was estimated to be 270,000 and is projected to rise to 375,500 by 2031 (an increase of 39%). Most of its residents are from black and minority ethnic groups (BME) and under 45 years of age. Moreover, although the borough has maintained a high birth rate, it is ageing in line within national trends.

Compared to England, Newham has a much higher proportion of children aged 0-3 for both genders. This is not surprising given that the Office for National Statistics (ONS) live birth figures by area of usual residence estimate the crude live birth rate (per 1,000) for Newham at 18.6 in 2014 which is significantly higher than both London (14.9) and England (12.2) rates. A year on year decrease of 0.6% is estimated between 2015 to 2020 with minimal changes observed between 2020 to 2025 and more marked decrease from 2025 to 2030. Despite this, Newham will consistently have a larger proportion of children and young people compared to London and England.

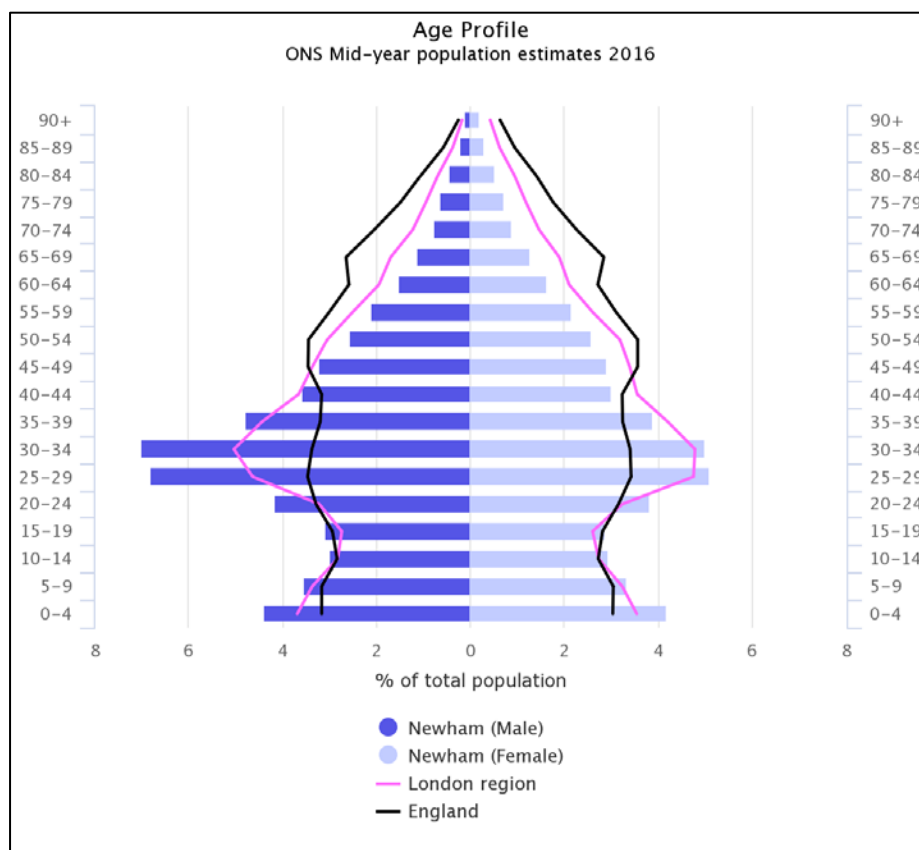
The proportion of households with dependent children in Newham, London, England and comparator boroughs³⁸ in the 2011 census showed Newham having the highest proportion of households with dependent children aged 0-4 (27.4%) compared to comparator boroughs (25.6%), London (22.1%) and England (17.4%). A similar pattern was observed in the proportion of households with dependent children aged 0-18 in Newham (57.1%) compared to London (48.9%) and England (43.1%).

Newham has a larger population of children and young people than both London and England with over 85,000 under the age of 18 and around 95,000 registered CYP. The table below illustrates the age profile distribution.

³⁷ <https://www.newham.gov.uk/Documents/Health%20and%20social%20care/ChildrenYoungPeopleJointStrategicNeedsAssessment2016-18.pdf>

³⁸ Barking & Dagenham, Brent, City & Hackney, Tower Hamlets and Waltham Forest

Chart 8: Newham Age profile 2016³⁹



Ethnicity

Newham is an ethnically diverse borough. The highest proportion of Newham’s population is White (18%), followed by Bangladeshi (17.2%). Black African, Black Caribbean and Black Other make up one quarter of the population (26.3%). In contrast to London and comparator boroughs, there is a lower proportion of those of White ethnicity; 18% in Newham compared with 32.7% in comparator boroughs and 44.7% in London. There is a higher proportion of Bangladeshi people living in Newham than in London and comparator boroughs. The proportions of Black Caribbean, Black African and Black Other are similar in Newham to both comparator boroughs and London. The proportions of ethnic groups in primary and secondary schools reflect the general population in Newham. There is a high proportion of Asian and Black ethnicities with less White when compared with London and England.

The table overleaf also reflects the diversity of Newham’s population, showing the number of children and young people who required inpatient mental health care and how many days they stayed. We can see the key groups were young people of a Bangladeshi, Black African or Black other ethnicity. Bangladeshi young people made up 19.7% of inpatient bed day stays (vs. 17.2% of the Newham population) and all young people with a black ethnicity made up 33.8% of inpatient stays (vs 26.3% of Newham population). These inpatient figures exceed the general population ethnic profiles and the over-representation in inpatient stays may indicate issues for some of our young people from different black and minority ethnic (BME) backgrounds. This could include issues around access to lower levels of care, access only being sought in crisis, and potential cultural issues around stigma and mental ill-health.

³⁹ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/12/gid/1000049/pat/6/par/E12000007/ati/102/are/E09000025/iid/90362/age/1/sex/1>

Chart 9: Inpatient bed days for young people under 18 2017-18, categorised by ethnicity.

Breakdown of CYP by ethnicity	Number of bed days
White: British	174
Other Ethnic Groups: Any other ethnic group	92
Not stated	55
Mixed: White and Asian	12
Mixed: Any other mixed background	73
Black or Black British: Caribbean	42
Black or Black British: Any other Black background	237
Black or Black British: African	226
Asian or Asian British: Pakistani	98
Asian or Asian British: Indian	58
Asian or Asian British: Indian	78
Asian or Asian British: Bangladeshi	295
Asian or Asian British: Any other Asian background	52

Source: NHS England specialised commissioning via Healthy London Partnership

Socio-economic profile

There are still inequalities within Newham which need to be addressed. Deprivation in Newham remains high (23rd most deprived out of 326 local authorities) and over a quarter of children under 16 years live in poverty.

The Income Deprivation Affecting Children Index (IDACI) is a measure of children aged 0-15 who live in households which experience income deprivation. IDACI scores from 2010 put the proportion of children in Newham living in income deprived households at 47.7%, much higher compared to the London average of 31.9%. More recent IDACI figures from 2015 are more encouraging, with 28.8% of children in Newham living in income deprived households, however, this proportion remains higher compared to the 2015 London average of 24.1%.

High deprivation areas centre in Canning Town and extend up to Stratford with the proportion of children experiencing income deprivation ranging from 30% to 50%. Areas in East Ham/Wall End, Green Street West and Forest Gate North show less than 15% of children experiencing income deprivation. In the Southeast high deprivation (above 30%) is seen in Beckton and in the East of the East Ham South ward.

Family profiles

The percentage of Newham's families in receipt of benefits and children living in relative poverty is still higher compared to London and England despite falling rates since 2007. In 2017 there were still children in Newham who are suffering with the effects of female genital mutilation (29), involved in domestic violence (1,390), under protection through section 47 (987) and sexually exploited (28) alongside a static number of domestic violence cases involving children over the past two years. Fuel poverty affects 10.2% of households in Newham, which is higher than the proportion in London but lower than in England. Newham has higher proportions of households with one person with a long-term condition (31%) than London (22%), England (18%) and comparator boroughs (25%).

Children and young people in Newham are living in relative poverty compared with London and England. This ties in with existing research indicating that the most disadvantaged children are most vulnerable to hardship and adverse short and long term health outcomes

together with having the least resources to overcome them. Whilst this may be due to low average household income and low economic activity in women, there is little data available to further investigate the causes of child poverty in Newham.

Mental Health

Nearly 10% of children aged 5-16 in England suffer from a clinically diagnosable mental health condition, but only a minority receive any form of effective intervention. This is damaging and costly, not only in terms of immediate distress to the children and families concerned but also because untreated childhood mental health problems have a strong tendency to persist into later life, often with a wide range of adverse consequences, including extra costs for individuals, taxpayers and society. When wider impacts on wellbeing are included, mental ill-health costs an estimated £77 billion per year for England, and £49 billion for economic costs alone.

The most common mental health conditions affecting children and young people are conduct disorder (e.g. severe behavioural problems), anxiety, depression and attention deficit hyperactivity disorder (ADHD). In addition, according to recent surveys in England, bullying, a risk factor for anxiety, depression and self-harm that increases with increasing exposure to bullying, is reported by 34-46% of school children.

Health Inequalities

Health inequalities are defined as differences in health between different population groups. These groups may include those of different genders, ethnicity, socio-economic status or locality. There are inequalities within Newham which need to be addressed; primarily deprivation which remains high (23rd most deprived out of 326 local authorities) and over a quarter of children under 16 years live in poverty.

Locally partners have committed to ensuring the social and emotional wellbeing of vulnerable children features in the 'Health and wellbeing strategy', as one of the most effective ways of addressing health inequalities. The resulting plan includes outcomes to ensure healthy child development including preventing mental health and behavioural problems by strengthening children's resilience.

HeadStart have broken down their measurements of resilience on their pupil surveys to look at outcomes compared amongst gender and between those receiving free school meals as a gross indication of poverty. The research is currently being summarised for publication.

Public Health England Children and Young People’s wellbeing⁴⁰

Chart 10: Prevalence of mental health disorders in Newham, London, England and comparator boroughs



The chart above provides estimated prevalence figures for CCGs in NEL for children and young people aged 5-16. It shows that Newham has an estimated mental health disorder prevalence of 10.5% which is higher than England (9.2%) and the NEL average (9.9%). NEL is marked by high levels of deprivation so such high levels of mental health need are not unexpected.

Children at greater risk of poor emotional wellbeing and mental health

Getting the best start in Life

Guaranteeing a healthy pregnancy and a child's best start in life begins before conception. Several modifiable risk factors, such as smoking, drinking, diet and physical activity can affect the pregnancy and may lead to pre-term (less than 37 weeks) delivery, low birth weight, stillbirth, and pregnancy complications. If a pregnant woman maintains a healthy weight, take dietary supplements, doesn't smoke or drink and seeks support from a healthcare provider, they will reduce these risks during pregnancy and birth. These steps towards a healthy pregnancy will importantly offer improvements for mother and child later in life, for example obesity, mental wellbeing and heart disease. Early identification of pregnancy and booking (ideally before 10 weeks 6 days' gestation) will provide women with support for their emotional and physical wellbeing throughout the pregnancy. During 2015/16

⁴⁰<https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0/qid/1938133090/pat/6/par/E12000007/ati/102/are/E09000025>

there were nearly 6,500 babies born in Newham University Hospital. The percentage of babies delivered preterm is 8.9% in NUH, which is below the target of less than 12%.

Smoking and alcohol consumption during pregnancy are associated with hazardous health risks to both the unborn foetus and mother. Risks associated with smoking include complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40%. Exposure to smoke in the womb is also associated with psychological problems in childhood such as attention and hyperactivity problems and disruptive and negative behaviour. Alcohol consumption during the first trimester in pregnancy is associated with an increased risk of miscarriage. Other associated risks include premature labour, still birth and low birth weight. The most harmful risk of alcohol consumption during pregnancy is foetal alcohol syndrome, which causes physical and mental retardation.

2014/15 data from Public Health England reveals that 5.9% of women in Newham were smoking at the time of delivery. This is similar compared to the London mean at 4.8% but lower than England at 11.4%. Compared to the previous 5 years, this has remained static (2013 - 2.5%, 2012 -5.7%, 2011 - 5.5%, 2010 - 4.5%). In contrast, 1.4% of women were consuming alcohol around delivery despite RCOG recommendations of no 'safe level' of alcohol consumption during pregnancy. It is important to note that these figures are likely to be an underestimate due to the intense pressure women feel not to smoke or drink during pregnancy.

Childhood Poverty

Poverty can be defined in many ways. Absolute poverty is defined as the lack of one or more basic human needs (i.e. food, water, clothing, housing and sanitation). In contrast, relative poverty is compared against a standard set for a specific area, with people deemed to be in relative poverty if they can't keep up with a society's standard of living. There were 3.7 million children living in relative poverty in the UK in 2013-14. This is 28% of children, or 9 in a class of 30. More importantly, 63% of them lived in households where at least one adult was in paid employment. Long-term, child poverty leads to worsening educational attainment, increased morbidity from physical and mental health conditions (including maternal depression) and worsening healthy life expectancy. Rates of child poverty in Newham in 2013 were still higher than London and England despite the percentage of children living in relative poverty falling by over half (51.5% to 24.6%) in Newham from 2007-2013.

Healthy Weight

Evidence shows that childhood obesity leads to an increased risk in numerous health related conditions, both physical and psychological e.g. Type 2 diabetes mellitus (T2DM), asthma, musculoskeletal problems, cardiovascular associated (CVD) risk factors and depression, all of which can impact upon premature mortality. Moreover, on the other end of the spectrum, it is important to recognise that children can be underweight through under nutrition or malnutrition which also exposes them to short (e.g. Infections) and long term (e.g. Stunting) health consequences. Overall Newham has high levels of excess weight with 13.8% and 27.4% of children aged 4-5 and 10-11 being obese respectively. In contrast, despite the high levels, when asked if their body is 'too fat', 15-year-olds in Newham report one of the lowest levels of positive responses in the country.

Teenage Conceptions and Terminations

Despite a falling under-18 conception rate, England has one of the highest teenage pregnancy rates in Western Europe with figures in 2010 estimating a rate of under-18 pregnancies of 35.5 conceptions per 1000. In 2014, a total of 190,092 termination of pregnancies (TOPs) had taken place in England and Wales, of which 184,571 were to residents of England and Wales. 2,399 of these terminations were to young persons under the age of 16 years; of which 698 were under 15 years of age, and 100 were under 14 years. Furthermore, repeat TOPs were undergone in 7% (737) of the women aged 18 and under and in 2% (57) of the women aged 16 and under. In Newham, the under 18 conception rate for females aged 15-17 years has been declining since 2010-12 as has the under 18 conceptions leading to abortion in those aged 15-17 years.

Not in Education, Employment or Training (NEET)

Excluding students or unpaid carers, NEET is defined as young people aged 16-18 who are unemployed or economically inactive. Being NEET however is often situational with young people often defined incorrectly as NEET when they're in-between educational courses or jobs.

Risk factors associated with long term NEET include; achieving less than 5 GCSEs grade A*- C, eligibility for free school meals, exclusion or suspension from school, teenage pregnancy, living with a physical or mental disability, deprivation, parental unemployment and low levels of parental support. Young people who are NEET have an increased risk of mental morbidity (e.g. depression), adopt unhealthy behaviours (e.g. drinking, drug use and smoking) and more likely to be involved in youth offending (e.g. young men who are NEET are approximately 5 times more likely to have a criminal record compared to those who are not NEET). These effects are amplified the younger the individual is or the longer time is spent in NEET.

In 2015, 3.7% of 16-18 year olds living in Newham were defined as NEET, down 0.6% from 2014 and the lowest percentage reported since 2011. This is lower than the England average of 4.2% but higher than London at 3.1%. In contrast to comparator boroughs, Newham has the 2nd highest proportion of 16-18 year olds NEET with only Barking and Dagenham higher at 5.8% and the rest lower; Tower Hamlets (3.4%), Waltham Forest (3.0%), Hackney (2.5%) and Brent (2.2%).

Alcohol and Substance Misuse

Adolescence is a common start point for tobacco, alcohol and substance abuse. Reasons for these include; desire for new experiences, use as a coping strategy or peer pressure, with factors such as domestic abuse or violence, mental illness and parental drug use specific to influencing substance abuse in young persons.

Newham has the lowest value (4.7%) compared to comparator boroughs (7.5%), London (10.1%) and England (15.9%) of self-reported prevalence of 15-year-olds who are involved in 3 or more risky behaviours. These can include smoking, drinking alcohol, Cannabis use, other drug use, diet (fewer than 5 portions of fruit and veg a day) and physical activity (not active for 60 minutes or more on 7 days in the last week).

Looked After Children

A looked after child (LAC) is defined as a child cared for by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours. LAC are monitored more closely than other

children because of the higher probability of them having poor outcomes in education, physical and mental health. These outcomes further deteriorate if they experience multiple relocations. The rates of LAC aged 0-17 in Newham have dropped considerably from 2005, falling below rates of London and England in 2012 and levelling out from 2013. Compared to similar boroughs in 2015, Newham is on par with London.

Young Offenders

The Crime and Disorder Act requires local authorities, the police, probation, and CCGs to set up youth offending teams (YOTs) to work with children and young people offending or at risk of offending. YOTs must include representatives from the police, probation, health, education and children's services and continue to have an ongoing responsibility for children and young people sentenced or remanded to custody. Reducing youth offending is an ongoing London Borough of Newham business plan priority with close monitoring of both the impact and effectiveness of arrangements to increase youth safety and reduce youth violence, ensuring that children and young people in Newham are effectively safeguarded from harmful practices, from adults or their peers, within the local and wider community. In Newham in March 2018 there were 245 young people involved with YOT. Locally the service anecdotally reports seeing significant numbers of children with several adverse childhood experiences (ACEs) and younger children with more complex needs.

Domestic Abuse

Domestic violence impacts on children and can foster serious anxiety and distress and lead to an increased risk of physical injury during an incident and distress from witnessing the physical and emotional suffering of a parent and parental conflict. Whilst domestic abuse can impact on parenting and caring capacity physically due to injuries, the impact on parenting is subtler. Exposure to psychological and emotional abuse can result in a loss of confidence, depression, feelings of degradation, problems with sleep, isolation, and increased use of medication and alcohol for women who are abused. The impact of domestic violence on children increases when directly abused, when they see the abuse of a parent, or helping to conceal assaults. Support from siblings, wider family, friends, school and community can act as protective factors for children in this situation.

Female Genital Mutilation

Female genital mutilation (FGM), also known as female circumcision or cutting, is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is classed as child abuse. It can have serious short and long-term physical (including sex and childbirth) and mental health consequences. In Newham in 2014/15 there were 23 reported cases of FGM. In 2015/16 this number had increased to 29 cases. According to statistics issued by NHS Digital July 2017, the number had risen to 110 in 2016/17. It seems likely that this rise is a result of improved data recording rather than an increase in incidence. Of the 110 cases, 15 were aged 18-24 at first attendance, and 25 aged 25-29. In no case was the age at which FGM was carried out, or the country where it took place recorded, and in only 15 cases was the country of birth or origin recorded.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. This can take place online, in gangs, and young people can be trafficked. Child sexual exploitation is a hidden crime. Young people often

trust their abuser and don't understand that they're being abused. In 2015-2016 there were 28 cases of CSE; 20 from arrests and 8 from abduction notices.

Section 47

Under section 47 of the Children Act 1989, if a child is taken into police protection, is the subject of an emergency protection order or, there are reasonable grounds to suspect that a child is suffering or is likely to suffer significant harm, a section 47 enquiry is initiated. The numbers of children who are the subject of an emergency protection order in Newham are lower than they were in 2012/13 but have been increasing in recent years. In 2015-2016, 987 children were the subject of a section 47.

II. Investments

External Funding

Newham has utilised external funding for Future in Mind implementation (included in baseline) as outlined in the table below.

Chart 11: Children and young people's mental health investments in Newham

Funding	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Future in Mind mental health services	£391,000	£391,000	£391,000	£391,000	£391,000	£391,000
Future in Mind community eating disorders services	£176,000	£176,000	£176,000	£176,000	£176,000	£176,000
CYP IAPT	£12,000	£12,000	£12,500	£8,000	TBC	TBC
Crisis care pilot			£128,333	£128,333	TBC	TBC
Community Eating Disorder Service		£177,000	£177,000	£177,000	£177,000	£177,000

CCG Commissioned Services

NCCG has continued to grow its investment into local mental health services including CAMHS as outlined in the table below:

Chart 12: Newham investment in mental health services 2016/17 to 2018/19

Financial Year	NCCG Investment into local mental health provider (ELFT)
2016/17	£43,947,000
2017/18	£44,493,000
2018/19	£44,554,000

In Newham in the first year of Future in Mind investment (2015/16) a number of projects were identified for additional funding. This included a number of voluntary sector projects and investment in local CAMHS services to the value of £413,600.

From 2016/17 Future in Mind funding was added into CCG budget baselines. This approach was replicated by increasing the budget baselines for mental health provision. As investment in our mental health services in Newham has increased year on year so has our CAMHS investment. Newham CCG and London Borough of Newham invested £3,819m in 2017/18 and plan to invest £3,929m 2018/19.

From 2017/18 onwards our investments have been focused on local CAMHS and increasing our access targets. We have seen insufficient return on our investment and our expectations need to be modelled and refreshed to ensure swifter progress towards supporting our shared national and local ambitions.

LBN Commissioned Services

LBN co-commission CAMHS in Newham with NCCG. In 2017/18 LBN invested £1,527m in CAMHS and plan to maintain this investment in 2018/19. This investment was focused on funding additional posts including:

- Roles based within Best Start In Life services in the early years
- Neighbourhood social work roles
- Neighbourhood school roles with a focus on early help (early intervention and prevention)
- Provision for special schools and pupil referral units
- Support from CAMHS clinicians to HeadStart programme staff
- Support into children's social care teams including the fostering and adoption team and looked after children team
- Support within domestic violence services
- Investment into core local CAMHS services to support delivery of our local Future in Mind plans.

Chart 13: London Borough of Newham investment into CAMHS

Financial Year	LBN Investment in CAMHS
2017/18	£1,527m
2018/19	£1,527m

LBN also secured approximately £10 million Big Lottery Funding from 2016 for the five year HeadStart programme. The development of sustainable funding business cases have begun, with the intention of securing funding from LBN and CCG

Staffing

The total staffing for Newham CAMHS as of October 2018 is **67.93** WTE:

- **52.33** WTE are clinical staff.
- **33.93** WTE are core CAMHS clinicians and
- **18.40** are embedded CAMHS clinicians funded by LBN.

Since 2013/14 the total number of staff has increased 17.95 WTE.

These tables provide a summary of different posts in Newham's CAMHS core and embedded teams. This includes administrative and support staff at lower grades (bands 3 to 6) rising up to clinical roles including nurses, therapists, psychologists and psychiatrists.

Chart 14: Newham CAMHS staffing at October 2018, data provided by ELFT

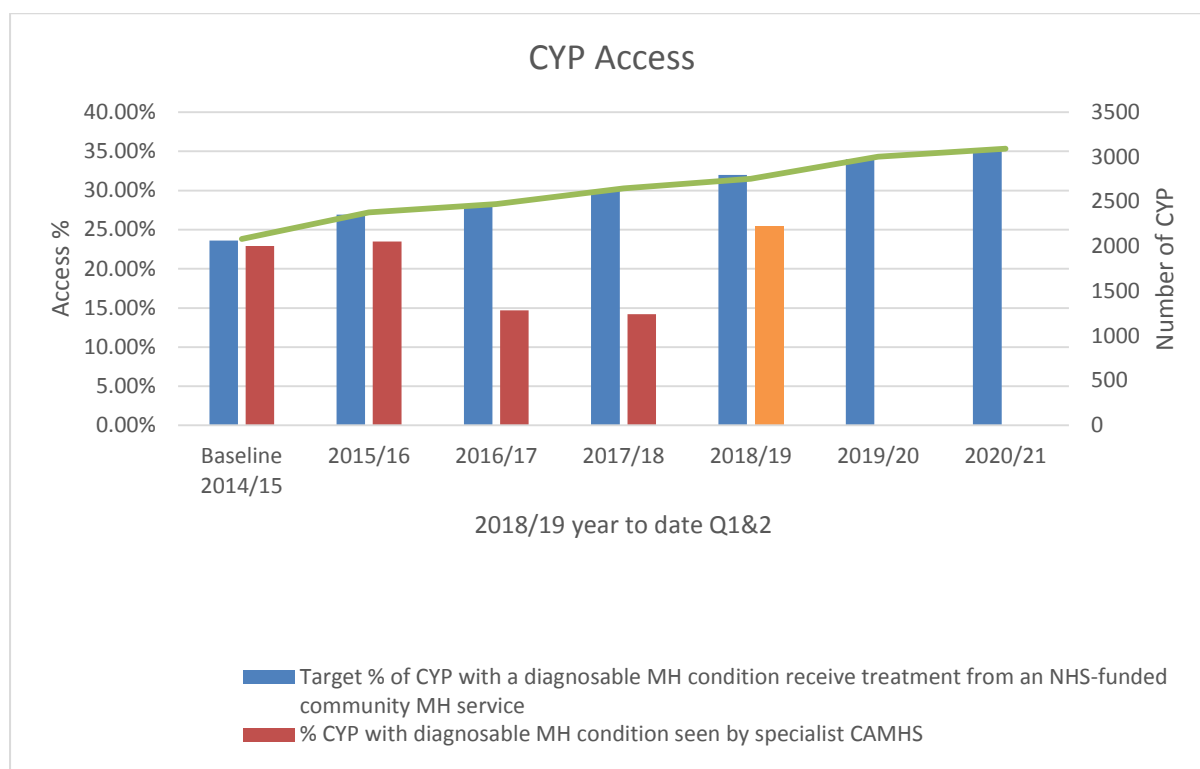
Total CAMHS Staffing core & embedded (October 2018)												
Agenda for Change Band	B3	B4	B5	B6	B7	B8a	B8b	B8c	B8d	Cons. Psych	Other Medical	Total WTE
Discipline												
Child and Adolescent Psychiatry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.80	1.00	5.80
Child and Adolescent Psychotherapy	0.00	0.00	0.00	0.00	2.15	0.70	0.60	0.00	0.00	0.00	0.00	3.45
Clinical Psychology	0.00	0.00	0.00	0.00	4.40	12.65	1.33	0.00	1.00	0.00	0.00	19.38
Family & Systemic Psychotherapy	0.00	0.00	0.00	0.00	5.20	5.90	5.00	1.00	0.00	0.00	0.00	17.10
Nursing	0.00	0.00	0.00	0.00	1.60	3.00	0.00	1.00	0.00	0.00	0.00	5.60
Occupational Therapy	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
Subtotal Clinical	0.00	0.00	0.00	0.00	14.35	22.25	6.93	2.00	1.00	4.80	1.00	52.33
Clinical Support Staff	0.00	0.00	2.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.50
General Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	1.00
Administration	2.60	7.50	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.10

Subtotal Other	2.60	7.50	3.50	1.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	15.60
Grand Total	2.60	7.50	3.50	1.00	14.35	22.25	6.93	3.00	1.00	4.80	1.00	67.93

Targets, progress and local activity

Chart 15: Trajectories for access target

Trajectories	Baseline 2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Newham CYP MH prevalence figures - as taken from operating plan, 1718 planning round and MH dashboard	8832	8832	8832	8832	8832	8832	8832
Target % of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service	23.6%	26.9%	28%	30%	32%	34%	35%
% CYP with diagnosable MH condition seen by specialist CAMHS	22.9%	23.5%	14.7%	14.2%	25.4% (1stDec18)	TBC	TBC
Trajectories for growth - numbers	2085	2380	2472	2650	2755	3003	3091
Number of additional CYP who need to be in receipt of treatment compared to 2014/15 baseline	N/A	295	387	565	670	918	1006



Note: Orange bar - 2018/19 data is year to date as of 1st December 2018, it includes access data from both ELFT CAMHS and HeadStart submitted locally to NHSE

Data scrutiny is a priority for Newham to ensure we are reporting accurately and reporting all relevant activity. The following table also outlines the tasks we are undertaking locally to drive up our access target achievements.

Chart 16: Newham access recovery plan

The recovery plan below has been shared with NHSE September 2018, significant updates include:

- November 2018 – HeadStart submitted 2018/19 retrospective data locally which has been shared with NHSE
- December 2018 - HeadStart flowing data to MHSDS
- December 2018 – Kooth flowing data to MHSDS
- January 2018 – Business case to be developed for Newham CCG to review the investment in children and young people’s mental health and emotional wellbeing across Newham

Action	Owner	Due date	Impact on access rate	Risks	Mitigations	Progress as of August 2018
Increasing efficiency and managing demand						
Stage 1 – engagement with NHSE funded demand and capacity review	NCCG & ELFT	2017/18	Improve 2%	Demand exceeds capacity	Understand demand and need accurately	Project running with CAMHS to evaluate the demand & capacity in the Emotional & Behavioural (E&B) Pathway and to look at the efficiency of closing cases, at Newham CAMHS. This QIP is registered on QI life https://www.lifeqisystem.com/ and the outcome should be available for December 2018. Scoping data collection in process Re: Embedded posts – activity broken down into education/ supervision/ consultation/ direct work Re: Stage 2 – Review to be carried out when QIP and demand & capacity work complete.
Stage 2 - Review of data and agreement of productivity targets	NCCG & ELFT	2018/19		Inefficient productivity takes time to resolve	Agree reasonable productivity targets based on capacity of service	
Review of MHSDS data and performance						
Stage 1 – review of denominator and numerator values alongside neighbouring CCGs	NCCG	2017/18	Improve - 0%	No potential for review	Transparent working relationship with providers	NCCG working with Public Health to assess the need for a MH CYP focused JSNA. This would help us better understand local need and any denominator adjustment. But for 2018/19 and 19/20 no plan to adjust. As CAMHS commissioning consortium we are working to ensure any errors in MHSDS data submission are rectified in a timely manner and do not have a negative impact on the progress of access target. ELFT are working to rectify April 18 data submission error at SMT level with NHSE. NCCG working with providers to understand which services are submitting contributing data outside of core CAMHS i.e. LA embedded posts/ eating disorder service / child development centre / early intervention in psychosis service NCCG have identified gaps in reporting of “brief interventions” within the embedded CAMHS posts – rectifying this included in the commissioning intentions and will increase activity. This is alongside collection and submission of telephone based activity. Access to the Bureau Service Portal has been requested to better understand the current contributing sources of data.
Stage 2 – clarity of all reporting and organisational responsibility	NCCG and NEL CSU	2018/19	Improve 2%	Delay in accurate reporting	Willingness to resolve issues	

						Scoping the possibility of third sector organisations voluntarily flowing their access activity to MHSDS. Currently arranging HSCN connection for HeadStart and arranging opportunity for them to shadow third sector organisation on data submission.
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Action	Owner	Due date	Impact on access rate	Risks	Mitigations	Progress as of August 2018
Focus on in reach to schools to increase referrals						
Stage 1 – all roles recruited to and embedded in services Stage 2 – review of impact of roles and scope of in reach	NCCG & LBN NCG & LBN	2017/18 2018/19	Improve 10% (School posts 2% and HeadStart 8%)	New roles need to be fully embedded to deliver impact Data not submitted to MHSDS	Current activity shows minimal 1% growth so need evidence of change Roles have been recruited to and lead managers in place. Clear data support plan to ensure delivery	All embedded posts are being reviewed to understand their offer of direct work vs. consultation, activity logging, therapeutic approach i.e. systemic vs. direct delivery and areas for development. This project is ongoing and will aim to be complete by Q3. Activity logging issues have been identified for brief interventions - this is known by the provider and will be included in the commissioning intentions as an area for improvement. MH first aid training will be rolled out pan London to teachers. This may increase early identification & referrals to HeadStart & CAMHS by schools. All schools were contacted in June 18 to scope their MH/Pastoral/Counselling offer – engagement minimal to date so new approach to be considered. HeadStart are engaging across all Newham schools including academies to educate staff and work with CYP managing mild to moderate MH difficulties. HeadStart will flowing data from Dec 18.
Improving recording						
Stage 1 – review of all relevant data, attendance at regional workshop Stage 2 – review of service reporting scope to ensure coverage	NCCG & ELFT ELFT	2017/18 2018/19	Improve 0% Improve 2%	Continued discrepancy between local figures and MHSDS	Technical sub group to support recording and performance data management Ensuring all CAMHS compliant services are reporting accurately	NCCG are engaged with CAMHS & ELFT performance lead to ensure CAMHS reported data aligns with actual activity – QI project in place to evaluate activity recording in CAMHS against actual activity. This project will utilise the admin team to input activity for individual appointments, MDT meetings and case reviews. Audit will establish baseline of recorded vs actual activity and evidence improvement going forward. ELFT performance dept. are providing ongoing education and support to clinical and admin staff at CAMHS ensuring activity logging is optimised and accurate. This also includes support to log outcomes of initial and follow up appointments which will support new outcomes targets April 19. ELFT performance are providing specific support and targets for individual clinicians to help support their development in accurately recording their activity. ELFT are planning to negotiate with RIO (local licence) to adjust the activity logging process to be more accessible and to

						enable flow from progress notes. Hackney CAMHS are trialling Rio App to log activity including outreach – if effective will be rolled out across ELFT including Newham.
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Action	Owner	Due date	Impact on access rate	Risks	Mitigations	Progress as of August 2018
Increasing capacity						
Stage 1 – funding identified to increase capacity by 7WTEs	NCCG and LBN	Complete 2016/17	Improve 0%	Inability to recruit to roles, delay in starting position Additional capacity not identified	Engagement with provider	Ongoing challenges recruiting into posts across YOT, L&D, and Families First – recruitment activities have been actioned for YOT and L&D. Discussion required re: Families First recruitment drive or utilisation of funds due to time limited funding, ceasing April 2019.
Stage 2 – review impact of additional capacity	NCCG and ELFT	2018/19	Improve 1%	Attrition does not elicit robust trajectory	NHSE funded demand and capacity work	Staffing matrix and skill mix review to take place to review the requirement and evidence base of a senior workforce (B7+) – not yet commenced but identified and discussed with provider.
Stage 3 – trajectory proposal to retrieve position where attrition identified	NCCG and ELFT				Transparent relationship with provider	Building on relationships with provider to evaluate the need for additional posts – indicators such as RTT/RTA referral to treatment/assessment are greater than those of the consortium.
Overall % improvement potential identified – 17%. Added to baseline of 14% this would bring us up to 31% and in line with target of 32% for 2018/19.						

Children and young people community eating disorder service activity

Chart 17: Trajectories and achievements for community eating disorder target⁴¹

Description	Target	Timeframe
95% of children and young people receive treatment <ul style="list-style-type: none"> • within four weeks of referral for routine cases • and one week for urgent cases 	95%	2020/21

Locally it was agreed to meet the above targets in 70% cases by March 2018 as an incremental step towards meeting the 2020/21 target.

Chart 18: Community eating disorder service waiting time reporting

The proportion of CYP with ED (Urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment.				
	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Received	0	0	5	0
Accepted for Treatment	0	0	4	0
Treatment Started within target	0	0	80%	0
The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment.				
Received	9	3	7	8
Accepted for Treatment	7	1	5	6
Treatment Started within target	78%	33%	71%	75%

NHS England are assessing CCG performance over a six-month rolling period due to the low volume of referrals to these services. Combined data for quarter 2 and 3 2017/18 showed that Newham was achieving 88% compliance with 1 week and 4 week targets. This is higher than the England rates and means that Newham is rated green for our achievement towards the 2020/21 target of 95%.

CAMHS activity

A local analysis of activity over a 3-year period was undertaken in 2017/18 and the following figures have been collated.

Chart 19: activity at Newham CAMHS 14/15 to 17/18

	2014/15	2015/16	2016/17	2017/18
Unique patients	2371	2314	2367	2093
Referrals	1807	1778	1792	1772

The above table suggests that numbers of patients have been static prior to 2017/18 and the number of referrals decreased in 2017/18. Despite investment there has not been an increase in the number of referrals or patients seen. This could potentially be explained by data recording issues alongside the introduction of HeadStart in 2016. Although HeadStart was expected to increase early identification and increase referrals, it may have successfully intervened with a cohort of children who would have been previously referred to CAMHS.

⁴¹Referenced in NEL STP MH delivery plan for mental health 2017/18

With the improvement in ELFT data systems and the flowing of data from HeadStart it will be more feasible to test this narrative.

Chart 20: Number of referrals and cases and waiting times 2017/18

Indicators	Target	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Number of referrals received	N/A	479	393	427	473
Number of cases accepted and seen to date	N/A	890	1237	1503	2093
% of clients referred who are accepted for direct CAMHS intervention	N/A	60%	71%	67%	63%
Average waiting time from referral to treatment (days)	92	120	122	114	92

Chart 21: Child reported outcomes 2017/18

Improvement in child mental health symptoms (rated by child) as a result of treatment measured by a CYP IAPT PROM	Target	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
% of children/young people completing a CYP IAPT measure at assessment	N/A	59%	52%	64%	66%
Baseline - No of children/young people having assessment		252	208	194	167
No of children/young people completing a CYP IAPT measure at assessment		149	108	125	111
% of CYP/Parents had Paired data at 2 time points	50%	24%	52%	84%	88%
% showing an improvement using a CYP IAPT outcome measure at 2 time points	50%	70%	73%	74%	62%

Chart 22: Clinician reported outcomes 2017/18

Improvement in child's functioning (rated by clinician) as a result of treatment	Target	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
% of children/young people having CGAS (Children's Global Assessment Scale) score recorded at assessment	N/A	90%	94%	96%	96%
Baseline - No CYP having assessment		252	208	194	167
No CYP having CGAS (Children's Global Assessment Scale) score recorded at assessment		227	196	187	161
No of CYP/PA had Paired C_GAS at 2 time points		305	299	273	241
No of CYP showing improvement in CGAS score (at time 2/closure)		259	258	232	198
% showing improvement in CGAS score (at time 2/closure)	85%	85%	86%	85%	82%

Chart 22: CAMHS experience measures 2017/18

CAMHS provision is positively rated by clients	Target	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
% of children/young people having CHI-ESQ score recorded at review/closure	35%	50%	35%	37%	39%
Baseline - No of CYP having review	N/A	393	378	315	293
No of children/young people having CHI-ESQ score recorded at review/closure		198	134	117	113
% of CYP/PA rated provision is positively		95%	92%	92%	96%

III. Risk log

No.	Risk	Impact	Likelihood	Risk Rating	Mitigation	Update October 2018
1	Newham Future in Mind plan does produce the intended increases in access for CYP	3	4	12	2017/18 refresh identified a number of practical and realistic actions that will enable Newham to further impact on access targets. This included reviewing capacity and demand of current services, evaluation of to date impact of local investment, and effectiveness of referral routes to encourage uptake of services. The access recovery plan was developed which we will continue to monitor for improvement alongside NHS England.	<p>Newham has a recovery plan in place which it is reviewing with providers on a monthly basis. This focuses on capturing all applicable CAMHS and HeadStart activity.</p> <p>Review and refresh of contractual expectations of commissioned services including performance and quality reporting in progress and due to complete April 19. This will bring local reporting requirements in line with national expectations.</p> <p>We are also reviewing local investment levels and the impact of LBN funded embedded posts on access activity.</p>
2	Our plan does not adequately engage with groups of CYP who are at higher risk of poor MH	3	4	12	<p>Strengthened partnership working via our reconvened CAMHS transformation forum and increased joint commissioning across CCG and LBN will enable greater scrutiny and challenge of outcomes for our most at risk cohorts.</p> <p>Additional work to identify the best methods of engaging and retaining at risk CYP to be undertaken in collaboration with targeted services and CYP.</p>	<p>JSNA has been requested from public health to quantify needs of vulnerable groups of CYP.</p> <p>Co-production is a priority across Newham. Feedback is not currently collated and utilised to its full potential so this is an action for 2018/19.</p> <p>Youth safety is a high priority in Newham. In 19/20 CYP will be engaged to ensure services are responsive to those who traditional models of care do not effectively engage and provide care for.</p>
3	Unable to develop and recruit workforce sufficiently to deliver objectives of Newham Future in Mind plan	4	2	8	<p>Offer accredited learning and development opportunities to staff to promote career development & progression</p> <p>Offer substantive posts to staff as permanent posts more attractive</p> <p>Offer roles on flexible and part-time basis to ensure availability of staffing & cover and to meet needs of staffing groups aligned to part-time working</p> <p>Personal development and learning made available to support the development of CAMHS staff including CYP IAPT</p>	<p>Accredited learning attended by numerous staff across ELFT under CYP IAPT programme.</p> <p>LBN Staff trained in systemic model and receive consultation to continually embed the model.</p> <p>CEDS developing their DBT approach across the team.</p> <p>Liaison and diversion posts have been difficult to recruit, there are plans in place to attend L&D network events and explore the possibility of a consortium level approach.</p>
4	Unable to realise greater efficiencies from existing	3	2	6	NEL workforce modelling programme has started and will support all CCGs and CAMHS providers in NEL to evaluate their efficiency and make changes to positively	<p>Review of capacity suggests limited scope for CAMHS to see more children.</p> <p>Investments being reviewed alongside ensuring all activity being effectively recorded to accurately reflect actual levels of</p>

	services and staffing that would enable increased number of CYP accessing services				impact this.	activity and support provided. This includes a review of the investment and impact of LBN funding and sustainability of funding for HeadStart.
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RAG rating

- 0 to 5 Green (low risk rating)
- 6 to 10 Amber (medium risk rating)
- 11 to 15 Red (high risk rating)

Action plan - progress and future priorities

Local HWB Priorities	What has been achieved (Years 1 and 2)	Future Priorities - 2018 onwards	Timeframe	Progress October 2018
1. Increase access to effective support for CYP with emerging and mild to moderate MH difficulties	Implementation of Big Lottery funded HeadStart programme which has seen over 1,000 CYP with emerging emotional and mental health needs	Review and if necessary refresh access trajectories to ensure achievable as well as ambitious in meeting the 2020/21 target.	July 2018	Performance reviewed and recovery plan in place to increase access figure. <i>Complete</i>
		Review investments to ensure effectively contributing to increasing access rates.	Dec 2018	Review of embedded CAMHS posts commenced August 2018. Review of CAMHS investment commenced Oct 18. <i>Ongoing</i>
		Ensure Newham implementing NEL demand and capacity learning and recommendations.	In progress – aim to complete by April 2019	Work completed, limited scope for further capacity in current system <i>Complete</i>
		Review referral rates to CAMHS to ensure pathways effective and increasing access for CYP.	Dec 2018	Work commenced to update KPIs and monthly reporting metrics to reflect referral pathways. <i>Ongoing</i>
		Review achievements of additionally funded posts to ensure contributing to access target increases and improved outcomes.	April 2019	Outcomes based transformation of funded posts commenced, aim for completion April 2019. <i>Ongoing</i>
		Ensure both HeadStart and its digital service Kooth are contributing to the national data.	April 2019	New priority for FIM 2018/19 Refresh
		Evaluation of impact of HeadStart programme to continue and include sustainability modelling to inform future funding.	April 2019	New priority for FIM 2018/19 Refresh
		The LTP will engage more of the non-profit organisations working within Newham to understand its impact for the children and young people	October 2019	New priority for FIM 2018/19 Refresh
		Ensure that services for those younger children and families, including early help and parenting support to be explored and more detail provided in the next LTP refresh	October 2019	New priority for FIM 2018/19 Refresh
2. Increase access to effective support for CYP with moderate to severe MH difficulties including eating disorders	Good progress towards meeting 1 week and 4 week waits for community eating disorder units	Review impact of community eating disorder service including model and whether it is engaging with Newham population effectively.	April 2019	Needs analysis commenced to define the local expected prevalence levels. <i>Ongoing</i>
		Embed enhanced crisis care model in tandem with consortium CCGs.	In progress – aim to complete Nov 2018	Service pilot going live Dec 2018. Next step will be evaluation. <i>Completed</i>
		Clarify which groups of local children and young people may require additional support to manage emerging and moderate and severe levels of mental health. This should include those at greater risk of eating disorders, self-harm and suicide and take account of the	In progress – aim to complete April 2019	Needs analysis scoped to accurately provide data on those CYP at greater level of risk. <i>Ongoing</i>

		diversity, deprivation and safeguarding needs as well as particular demographic needs of Newham children and young people.		
		Accessibility of CAMHS to be explored with combined youth panels across CAMHS, Youth Zones and HeadStart. To include consideration of young people that are involved with or at risk of youth offending.	April 2020	New priority for FIM 2018/19 Refresh
		Understand the required additional resources required to meet the national targets for 2020/21 set by NHS England.	April 2019	New priority for FIM 2018/19 Refresh
		Review impact of community eating disorder service including service model and whether it is engaging with Newham population effectively.(carried over from last FIM)	April 2019	Continue into 2018/19
		Evaluate pilot of enhanced crisis care model in tandem with consortium CCGs.	October 2019	New priority for FIM 2018/19 Refresh
3. Ensuring support is provided in the right location including youth justice, schools and children social care to maximise timely engagement	Enhanced support for at risk groups in place alongside comprehensive schools support via HeadStart	Review impact of roles embedded in youth offending teams, social care, looked after children and other targeted groups.	October 2019	Review of embedded CAMHS posts commenced gathering evidence of impact before reviewing the current model. <i>Ongoing</i>
		Evaluation of impact of HeadStart programme	Planned for April 2019 onwards	Economic and impact evaluation commenced. <i>Ongoing</i>
		Refresh our needs analysis for children and young people's emotional health and wellbeing.	In progress – aim to complete April 2019	Needs analysis scoped to accurately provide data on those CYP at greater level of risk. <i>Ongoing</i>
		Appropriate sharing or publication of co-production work to prevent duplication and promote effective use of feedback.	July 2019	New priority for FIM 2018/19 Refresh
		Co-produce accompanying media highlighting key themes and actions of the local transformation plan in an accessible format.	July 2019	New priority for FIM 2018/19 Refresh
				In 2019/20 the strengths and challenges of CYP MH EW in Newham will be explored with colleagues across education. Initially this will take place at

		the Education Partner Board.		
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Local HWB Priorities	What has been achieved (Years 1 and 2)	Future Priorities - 2018 onwards	Timeframe	Progress October 2018
4. Ensure services have routine outcome monitoring and data is used to drive continual service improvement	Local performance reporting has been strengthened and greater detail on patient and clinical reported outcomes is available	Refresh local CYP JSNA to ensure comprehensive assessment of CYP mental health including health inequalities, at risk groups and local demographics	In progress – aim to complete April 2019	<i>See above</i>
		Refresh contractual documentation across consortium to ensure clarity in provider reporting requirements (including access and CEDS targets and outcomes) and targets as per recommendations from NHSE	In progress – aiming to complete Nov 2018	Work commenced to update KPIs and monthly reporting metrics and service specifications by April 19. <i>Ongoing</i>
5. Strengthen joint commissioning arrangements so best use is made of funding streams across CCG, Local Authority, schools and NHSE specialist commissioning to maximise provision	Section 76 for joint commissioning of CAMHS services across NCCG and LBN in place	Reconvene CAMHS transformation forum to increase scrutiny and challenge on use of funding in achieving best outcomes for local CYP	Sep 2018 Moved to April 19	Multi agency forum held to review current model and identify required outcomes of transformation. CAMHS forum to reconvene in 2019 following formal agreement to governance from local stakeholders <i>Ongoing</i>
		Recruit to joint commissioner role	June 2018	Recruited to position. Joint priorities identified and aligned work plan in place. <i>Completed</i>
	Development of joint quality forum that includes children's physical and mental health services to overcome barriers/silo working across providers	Review joint commissioning arrangements with increased emphasis on impact and outcomes of local investments	April 2019	Joint commissioning workshop held with senior management to identify opportunities and plan potential governance structure. <i>Ongoing</i>
		Strengthen joint working with NHSE to help strengthen pathways to and from inpatient services	April 2019	Joint Commissioner meeting with Coborn senior team to strengthen relationship and explore opportunities for development. Links to NHSE also made and being developed. <i>Ongoing</i>
		Evaluate co-production approaches and identify ways to further increase and strengthen local approaches.	In progress – aim to complete Dec 2018	Co-production forums mapped collated children's commissioning portfolio. Review of co-production opportunities across HeadStart, youth zones, CAMHS and YOT complete. Priorities for 19/20 identified. <i>Completed</i>

		Reconvene our children and young people emotional wellbeing and mental health transformation board. This forum will have a specific focus to drive and monitor our future in mind plans and ensure local success in meeting national access targets and improving outcomes for children and young people. We will also ensure that local governance arrangements for this forum are robust, feeding into the Newham Health and Wellbeing Board, and have co-production principles at the heart of local arrangements.	April 2019	See above
		Explore the possibility of a single point of access across mental health and emotional wellbeing services to streamline access.	Sept 2019	New priority for FIM 2018/19 Refresh
		Further develop joint working across children's services at London Borough of Newham, Newham CCG and ELFT, engaging providers and commissioners to provide a more proactive, reflective comprehensive to improve the quality of care provided. This includes shared step down approaches from inpatient mental health units.	April 2020	New priority for FIM 2018/19 Refresh
		Refresh contracts across CAMHS commissioning consortium to ensure clarity in service provision and reporting requirements (including CAMHS access and CEDS targets and outcomes) by April 2019.	April 2019	New priority for FIM 2018/19 Refresh
		Continue to review and strengthen joint commissioning arrangements with emphasis on impact and outcomes of local investments in CAMHS embedded posts.	September 2019	New priority for FIM 2018/19 Refresh
		In 2019/20 utilising the findings of the public health needs assessment and Children's Society Review & HeadStart survey a children and young people's mental health strategy will be developed to guide the continuing process of transformation.	March 2020	New priority for FIM 2018/19 Refresh

Service description (Local Offer)

Primary Care

Within primary care a number of initiatives have been delivered to support local clinical and non-clinical staff to understand and promote the emotional wellbeing and positive mental health to people living and working in Newham. This includes children and young people and parents and carers. These initiatives are summarised below:

Safe Talk is a suicide prevention training programme and locally 111 Newham staff have received this training. Three local staff have also been trained to deliver the Safe Talk training. The training is not specific to children and young people but provides awareness of what staff should do if they identify someone who is suicidal.

Mental health First Aid and First Aid Lite programmes have been locally delivered to 130 staff from a range of statutory health, social care, education and voluntary organisations within Newham via nine training sessions. The life course approach includes a focus on the following areas of mental health needs within the training:

- Perinatal mental health
- Young people's Mental health
- Adult Mental Health
- Dementia

100% of participants reported an increase in knowledge and confidence following attendance at the Mental Health First Aid and First Aid Lite programmes.

Newham's Local Pharmaceutical Committee also delivered training in 2018 specific to mental health in young people. This training will support clinical and non-clinical staff to become local young people's mental health champions and support the development communication skills in relation to mental health and wellbeing and using apps to support wellbeing and low-level mental health needs.

We Can Talk

The We Can Talk children and young people's mental health project produced, in collaboration with hospital staff, young people and mental health experts, a competency framework for hospital staff. This was piloted and evaluated at a training day to improve the skills and confidence of acute hospital staff.

More than 300 acute hospital staff working in Barts Health NHS Trust (including Newham Hospital) were engaged in developing the competencies and identifying the areas of greatest educational need based on their clinical experiences and confidence. Young people were engaged in local participation groups to identify the areas they felt hospital staff needed to know in regards to their mental health needs and helped create a readable version of the educational competencies.

More than one hundred staff including ward clerks, healthcare assistants, nurses and paediatricians have attended six one day training dates across three hospital sites co-delivered by mental health experts, hospital staff and young advisors. The evaluation and impact assessment data has been overwhelmingly positive with 100% of attendees recommending the training and 96% reporting it would make a difference to the way they did their job. 'We Can Talk' will continue beyond the funding of the pilot to establish a

sustainable training route to embed children and young people's mental health training across all acute hospital settings.

HeadStart

HeadStart provides evidence based opportunities to support young people with emerging mental health difficulties to be more emotionally resilient and through doing so overcome barriers to learning; achieve more, be mentally healthy and less likely to need the input of more specialist services (e.g. CAMHS). This is a sustainable long term programme designed to promote the emotional resilience of 10-16 year olds at risk of developing mental health difficulties which leads to:

- Reduction in mental health disorder
- Improved school attainment and attendance
- Reduction in risky behaviours
- Reduction in young people not in education, employment or training (NEET)

There are various HeadStart activities available for children in recruited HeadStart primary schools, HeadStart secondary schools, support for parents of children participating in these activities, community members, and training and support for school staff in these schools.

HeadStart activities are for children and young people who:

- Appear to lack confidence or self-esteem e.g. unreasonably judgemental about themselves
- Have erratic school attendance or punctuality.
- Emotional or mental health difficulties e.g. anxious, unhappy, withdrawn.
- Peer relationship issues e.g. falling out with friends on a regular basis, struggling to work with others.
- Risk taking or obsessive behaviour.

For more information please go to: www.HeadStartnewham.co.uk

Community CAMHS

CAMHS provision is jointly commissioned by NCCG and LBN through a Section 76 agreement and provided by ELFT. The service operates across targeted and specialist CAMHS and supports a wide range of universal services for children and young people aged from birth to their 18th birthday. The CAMHS service has three key components:

- A comprehensive assessment service including emergency 24 hour response and urgent psychiatric assessment
- Multi-disciplinary assessment and treatment teams, targeted outreach support, and support and training for universal services.
- Care for children adolescents and their families/carers with the aim of supporting and promoting their development through a range of specialist CAMHS evidenced based therapeutic interventions (systemic, cognitive behavioural, social learning theory, psychodynamic and pharmacological).

A multi-disciplinary approach is delivered by specialist CAMHS practitioners representing all relevant CAMHS disciplines (Family Therapy, Child Psychotherapy, Clinical Psychology, Psychiatric Nursing, and Psychiatry) working individually and in teams for complex presenting problems that require a response from more than one professional. Multi- agency treatment pathways are designed in accordance with NICE guidance and the individual needs of each patient. A summary of local provision is provided below:

- Paediatric liaison
- 24/7 out of hours crisis response and urgent psychiatric assessment service
- Services in partnership with youth offending teams, substance misuse provision, and for looked after children
- CYP IAPT (Newham CAMHS is a 3rd wave CYP IAPT site)
- Community eating disorders service
- Group work with Adult Mental Health including specialist parent: infant psychotherapy
- Mental health input to multi-agency pathways: Learning disability, ADHD, autistic spectrum disorder
- Assessment and intervention for mental health difficulties including emotional disorders, such as depression and anxiety, OCD and PTSD; psychosis and bipolar; conduct disorder and emerging personality disorder.
- Joint working with primary care, LBN children's services, schools, non-mainstream education and other statutory and voluntary organisations in order to provide joint pathways and partnership working through outreach and embedded workers
- Interventions in support of tier 2 staff and in time limited direct work with children and families, when multiple risk factors, i.e. severity, chronicity, context and risk, combine to present a situation beyond that for which tier 2 therapeutic interventions are appropriate
- A hub and spoke model of training to universal services including an annual 6-day course and regular social care, GP cluster and parent /carer training as well as GP, social care and education consultations

Inpatient services

East London Foundation Trust is commissioned by NHS England to provide inpatient care at the Coborn Centre for Adolescent Mental Health. The Coborn is located next to Newham Hospital and provides in-patient, psychiatric intensive care and day services. It has 15 beds with 9 day care places and can support young people aged 12 to 18 years old who are experiencing significant emotional and/or mental health problems. Young people are usually seen and assessed by community CAMHS before being referred to inpatient services though admissions can be made via urgent care such as in A&E. Support in the community is provided after discharge as well step down to other lower level services such as community CAMHS. Other inpatient services such as secure, forensic and specialist services for young people with learning difficulties are commissioned by NHS England.

Perinatal Mental Health Services

The provision of perinatal mental health services is spread across specialist adult and child mental health services and a range of universal services, primary care services and children and young people's social services. Professionals involved include midwives and health visitors and GPs, staff in children's centres and the early start parenting teams, alongside mental health professionals.

The specialist adult perinatal psychiatry service is a team within adult mental health, assessing and treating pregnant and postnatal women with moderate-to-severe mental illness. The team comprises psychiatrists and nurses and has strong links with a range of therapy services in primary and secondary care. Within CAMHS children aged under 5 and their parents can access the parent: infant psychotherapy via GP or perinatal psychiatry service referral.

IV. Links to other local strategies

Transforming Care Partnership

Transforming Care aims to improve life for people with learning disabilities and people with autism who have challenging behaviour. It comes in the aftermath of the Winterbourne View enquiry that found these most vulnerable people often living in institutional and poor quality, unsafe services, far from family and friends. Our local plan is to give the right support in the right place at the right time with each person and to:

- Strengthen local services so they have the ability and the capacity to cater for people in Newham
- Develop paid staff and support families to increase resilience, competence and confidence in supporting people with challenging behaviour
- Involve people much more in decisions about support.
- Offer personal health budgets so people can take control of their own support services where they wish to
- Catch people before they fall, and make sure we offer support before people experience a crisis
- Improve access to housing for this group of people
- Help to steer people through critical periods of change, and make services easier to access

As a result 20% less people will end up in hospital and less people will be leaving to live in colleges and residential homes away from the places and people they know and call home.

Best for All: Special Educational Needs, Disability and Inclusion Strategy 2017-22

Best for All is Newham's five year strategy for securing the best possible provision and the best possible outcomes for all our children and young people. The strategy links to the Children and Young People's Plan (2015-18) and forms part of a wider strategy to improve education, health and well-being outcomes for children and young people with special educational needs and disabilities (SEND). Best for All is about listening and responding to the views of children, young people and their families about their education, care and health and about planning and delivering provision and services so as to ensure that children and young people develop fulfilling relationships, greater independence and autonomy and achieve positive life outcomes. Best for all has identified seven local priorities for change and the development of local provision for children with social, emotional and mental health needs is one of the seven.

Best Start in Life

The Best Start in Life Guarantee sets out the Council's promise to Newham parents in terms of services they can access:

- 15 hours of free eligible childcare, with this increasing to 30 hours when the Government's proposals are rolled out
- Regular stay and play sessions every week in each community neighbourhood
- Programmes, workshops and sessions offering evidence based advice and guidance to improve parenting capacity in each neighbourhood
- Regular employment advice sessions will be available in each neighbourhood
- In each neighbourhood, a range of family health and development sessions including: antenatal support; the transition to parenthood; the early weeks of life; perinatal wellbeing; breastfeeding initiation; health weight and nutrition; managing minor ailments and reducing accidents; and supporting speech and language development.