Merton Transformation Plan for Children and Young People’s Emotional Health and Well-Being

Start well, live well, age well

2018 Refresh
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Executive Summary

Welcome to the 2018 refresh of the Merton Local Transformation Plan (LTP). The LTP is an assurance document that sets out how NHS Merton Clinical Commissioning Group (CCG) works with children, young people, and other local stakeholders and partners to deliver the national, regional and local vision to achieve the best mental health and well-being outcomes.

This refresh of the local transformation plan (2018) provides an update on progress made over the past year, towards delivering the priorities in the national strategies, and local transformation for children and young people’s emotional well-being and mental health.

The priorities for the Merton Local Transformation across the transformation period which are covered in this plan are the national Key Lines of Enquiry and local priorities:

Access – The Five Year Forward View for Mental Health set the headline metric of increasing children and young people’s access to high quality mental health services in line with the national access target of an increase of 70,000 by 2020/21. Merton met and exceeded the target for 2017 – 18 for an increase in children and young people accessing local mental health services, and it is a continued priority for 2018-19 to achieve the increased access target for this year. A focus on improving access to services for the most vulnerable children and young people, including those with special educational needs and learning disabilities, and neurodevelopmental conditions remain a priority for Merton.

Workforce – To continuously develop the local workforce to ensure the capacity and competencies are available to deliver the outcomes for children, young people and carers. This ambition is for the full children and young people’s health, education and social care workforce in Merton. We will work to ensure the availability of evidence-based interventions and that workforce development keeps pace with demand and local need.

Social, emotional and Mental Health in Schools and Colleges – To implement the Green Paper (2018) reforms and work in partnership with schools and colleges to increase the delivery of a ‘whole school’ approach to emotional health, well-being and mental health. Merton is working with South West London CCGs to apply to be a Trailblazer site for the early implementation of the reforms, and if successful, will receive additional early investment funds to test new local models.

Health and Justice – Merton aims to ensure a robust healthcare pathway is in place for children and young people in the criminal justice system, on the edge of offending and antisocial behaviour. This includes continued commitment to the provision of a core statutory provision to the Youth Offending Team, building on this to ensure sufficient provision, and delivery of the new Liaison and Diversion service.

Eating Disorders – Merton is committed to continue to deliver a community eating disorder service, ensuring the delivery of the national access standard for routine (4 weeks) and urgent referrals (one week). Local performance has delivered this standard for 2017/18 evidence of improvement in local outcomes since 2015. The priorities for 2018 -19 is to review the service and develop the service specification to broaden the offer to children and young people.

Urgent and Emergency Care – To work towards developing a 24/7 dedicated service, building on the existing CAMHS Emergency Care service, and identifying opportunities to extend the hours of
provision. Work is underway in 2018-19 to improve the local offer and work towards meeting the current national standards.

**Early Intervention in Psychosis (EIP)** - to deliver a high quality EIP service for children and young people to access from age 14 meeting the national EIP access standards of two weeks access to a NICE-concordant package (e.g CBT for Psychosis and Family Interventions for Psychosis). The current target is 53% of referrals to meet this standard. The priority for 2018-19 is to ensure data collection is developed to support specific review and monitoring of outcomes for children and young people, and obtain a deeper overview of the service.

**Financial Delivery** – to optimise use of the LTP transformation funds, ensuring transparency of spend for ring-fenced funding from NHS England

**Sustainability** - to maintain awareness that that the CYP transformation programme ends in 2020/21 and to give due regard to ensuring the sustainability of provision and outcomes for children and young people.

### What the LTP delivered in 2016/17

- Invest in Eating Disorder service to comply with national standards delivering national outcomes for children and young people
- Develop ‘Coping’ and ‘Getting Help’ Provision within schools and train up mental health champions
- Develop and implement a wider workforce training strategy
- Stakeholder engagement and mapping of current neurodevelopmental pathway
- Pilot ASD support interventions to improve the quality of the neurodevelopmental pathway, reduce waiting times, increase access to support to obtain improvements in emotional and behavioural outcomes for children and young people.
- Map, develop and publish CAMHS local offer for children with Special Educational Needs and Learning Disabilities (SEND) to increase awareness about local help and support to improve health and well-being outcomes.

### What the LTP delivered in 2017/18

- Delivered the Mental Health Investment Standard
- Delivered the target to increase access to services for children and young people by 30% in 2017-18
- Embedding the CAMHS Network workforce development plan
- Increased support for children and young people with special educational needs
- Improved the diagnostic pathway for children and young people neurodevelopmental conditions
- Programme of engagement and consultation for parents of children and young people with neurodevelopmental conditions
- Increased access to therapeutic counselling services for young people with emotional disorders

### What the LTP will deliver in 2018/19

- Deliver the target to increase access to services for children and young people in 2018-19 by 32% on the baseline access numbers
- Explore and develop the transition plan to i-Thrive CAMHS system
- Enhance and consolidate monitoring of CAMHS services
- Increase support for parents of children with special educational needs and learning disabilities
- Enhanced delivery of the Liaison and Diversion Service for young people in the youth justice system and on the edge of offending behaviour
- Procurement of an enhanced therapeutic counselling service for young people with emotional disorders
- Support the development of the Merton Autism Strategy and delivery of the Action Plan
Delivery of identified priorities are monitored through a number of local governance groups including:

- South West London Mental Health Performance meeting,
- Mental Health Network and the CAMHS Collaborative Commissioner meetings coordinated by the STP
- CAMHS Partnerships
- Local commissioner and provider monitoring meetings.

**The risks, issues and mitigations for 2018/19**

A fuller risk and issues overview is provided in the ‘Other’ Chapter in this refresh, however this is an overview of some of the risks/issues/mitigations for 2018/19

<table>
<thead>
<tr>
<th>Risks and Issues</th>
<th>Mitigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Challenges in confirming the additional investment in a timely manner resulting in limited planning and service delivery time. This is likely to result in an underspend this year to allow time</td>
<td>Full summaries of all allocations to CCGs have now been received for the five year period to 2021 and conversations have been held with finance teams to ensure conditions are in place to optimise expenditure on services for children and young people going forward.</td>
</tr>
<tr>
<td>2 Greater planning and oversight of the most vulnerable groups particularly those with Early Onset Psychosis, those from BAME backgrounds and those with special educational needs and learning disabilities.</td>
<td>A ‘Deep-Dive’ has been requested to focus on the EIP cohort, and it would be valuable to provide these for the BAME, and SEND cohorts also.</td>
</tr>
<tr>
<td>3 Urgent and Emergency Care for children and young people in Merton. A dedicated 24/7 service is not available and CYP currently experience fragmented service.</td>
<td>This service has been recommended for review with improvements to the service specification to provide a more seamless service.</td>
</tr>
<tr>
<td>4 A challenge exists in keeping coherence and alignment across several transformation programmes and work streams affecting children and young people’s emotional health and well-being</td>
<td>A map has been developed to commence the process of alignment, and this needs to be further developed to map against LTP projects and priorities.</td>
</tr>
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</table>
Introduction

Local Transformation Plans (LTPs) are developed by local areas to demonstrate leadership, accountability and commitment to improving the emotional well-being, and mental health of children and young people. They are supported nationally by NHS England, which requires assurance on an annual basis, to demonstrate progress. LTPs were first published in 2015, with a refresh in 2016, 2017, and this 2018 plan. NHS England guides local areas in the development of LTPs through requiring a focus of specific aspects of local transformation. These include governance in the production of the plans, data and understanding local need, urgent and emergency care, and impact and outcomes.

Merton’s 2017 refreshed Local Transformation Plan (LTP) supersedes the refreshed plan published in 2016. This new document provides an opportunity for local families, children and young people, and professionals to reflect on what has been achieved to date. It also provides an opportunity for assurance of the delivery of objectives as set out in the original strategy.

The process of transforming child mental health services within Merton continues and our vision still remains “every child in Merton to enjoy good mental health and well-being and to be able to achieve their ambitions and goals through being resilient and confident”.

The plan continues to be an organic document as the partnership responds to both internal and external transformation change drivers. Therefore, reviewing and constantly updating the plan is a critical feature going forward, the partnership wants to be able to adapt to a changing environment and respond positively to these changes, for example the challenges facing the Autism Spectrum Disorder (ASD) pathway in Merton. Development of an ASD pathway is challenging but the CAMHS Partnership Board recognises this as an opportunity to develop a service that is National Institute for Health and Care Excellence (NICE) compliant and addresses the concerns of the parents/carers, while providing an outcome that is timely, cost effective and quality driven, which has the best possible outcome for Children and young people.
Governance and Engagement

Transforming Children and Young People’s Mental Health Services across South West London

The health, education and social care partnerships in Merton prioritises working with voluntary and community sector partners, to continuously work towards achieving an integrated and strategic vision for children and young people’s mental health and well-being.

The 2018 refresh of the LTP has ensured oversight and involvement by the following:

- Children, young people and families & Local participation groups – involvement in commissioning priorities in the LTP
- STP representative (via the SWL CAMHS Collaborative Commissioner’s Group)
- The Chair of the Health & Well-Being Board/Nominated partners – the H&WBB did not meet during the refresh of the LTP, however the Chair of the Board, and other members reviewed the document. Following NHSE Assurance, the refresh document will be presented formally at the H&WBB
- Children’s Partnerships (CAMHS Partnership; Children’s Trust Board; Joint Health & Commissioning (local authority, Directors of Children’s Services and Public Health, and CCG)
- Merton CCG Director of Commissioning and Deputy Director of Commissioning, Adult Mental Health Commissioning, Clinical Lead for Children, and Chair of the CCG
- Providers of local commissioned children’s services
- Children and Young People’s Overview and Scrutiny Group (Task and Finish Group)

Pending reviews and oversight:

- Transforming Care Partnership
- Specialised commissioning

The overarching governance body for the Merton Local Transformation Plan is the South West London Health and Care Partnership (SWLHCP). This consists of the NHS, the local authorities, and voluntary sector organisations in the region which has made a commitment to work together to deliver better care and outcomes for local people, through the Sustainability and Transformation Plan programme. The six areas included in the SWLHCP are Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.

The SWLHCP first published its strategy in 2016 following an extended and intensive period of listening to local stakeholders, and local people who use health and care services. The SWL strategy has been continuously refreshed and developed to produce local health and care plans for the region. The SWLHCP also strives to ensure strategic alignment and oversight of key local health and social care priorities including Local Transformation Plans.

Merton has benefited from leadership initiatives, and dedicated roles within SWLHCP focused on supporting a coordinated approach so that a ‘golden thread’ can be identified in local programmes that runs through the STP strategic plans. The Partnership produces an annual Mental Health Delivery Plan and the priorities include children and young people.
Figure 1 provides an overview of the priorities in the SWL STP Mental Health Delivery Plan for 2018-19 and shows that Children and Young People’s Mental Health is a key priority with a focus on the implementation of Local Transformation Plans across the STP. This plan also sets CYP priorities within the broader mental health context across the system, acknowledging other related drivers. This allows commissioners and planners to scan the local health and social care horizon to identify opportunities for coordination and integration and joint delivery of priorities.
Figure 2: South West London Health and Care Partnership – CAMHS Plan 2018-19

Figure 2 is an excerpt from the STP Mental Health Delivery Plan, showing detail on the overarching intended benefits for Children and Young people across South West London, and how this priority is aligned to STP strategic objectives and Five Year Forward View objectives.

- Healthy London Partnership’s review of emergency and crisis care for CYP in South West London was completed in 2018-19, and the STP will use these findings to plan service improvements to ensure compliance with national requirements
- Continue to pilot New Models of Care within the South London Mental Health Care Partnership for Tier 4 services
- Implement the Forensic CAMHS Service
- Improve transition services by developing consistent transition models
- Review commissioning arrangements for the neurodevelopmental pathway
- Review of Eating Disorder services to include day services, therapy support and adolescent ward provision.

The SWLHCP also facilitates a CAMHS Commissioning Collaborative with membership and representation from all SWL CCG CAMHS commissioning, the STP, and NHSE Specialised commissioning. This Collaborative meets monthly, and has a delivery plan which is refreshed annually, and has the following action priorities:

**Eating Disorder Service**

- Undertake joint review of ED service with SWLStGs MHT and tier 4 Specialised Commissioning to include:
  - Day services
  - Therapy support
  - Adolescent ward provision
SWL CCGs to develop financial modelling/plan to ensure delivery of access and waiting time standards by 2020

**Inpatient and Outpatient Specialised Commissioning (previously Tier 4)**

- SWL Commissioners to receive regular data and information on tier 4 in-patient admissions on activity and outcomes to achieve:
  - Implementation of patient level minimum dataset
  - aligned to CYP-IAPT outcomes
- Understand and manage the financial envelope through:
  - Identifying and agreeing available budgets for supporting inpatient and outpatient commissioning
- Clarifying funding transfer from Tier 4 Specialised Commissioning to local CCGs to develop community support packages
- Agree trajectories for aligning in-patient beds with Tier 4 Specialised Commissioning
- Develop quarterly working group comprising tier 3, tier 4 and CCG commissioners and SWLStG MHT
- To jointly consider the pilots within the New Care Models programme (NWL) to implement best practice
- To jointly design and commission with NHSE Specialised commissioning effective community pathways with robust links to local acute inpatient services
- Ensure multi-agency pre-admission and pre-discharge Care and Treatment Reviews take place for all in-patient admissions
- CCGs and Tier 4 Specialised Commissioning to provide multi-agency training to ensure implementation of CTRs
- Develop joint plan and approach with NHSE Tier 4 Specialised Commissioning that integrates the user voice and co-productive working into all service developments and improvements

**Services to support crisis, admission prevention, support for appropriate and safe discharge**

- Review SWL psychiatric crisis services/outreach and home intensive services to include:
  - Implementation of crisis care guidance
  - development and implementation of quality standards
  - Evidenced based treatments and pathways
  - Commissioning of consistent out of hours services for young people SWL
  - Review the potential for appropriate PICU access
  - Review Place of Safety at Springfield Hospital
  - Develop model for community services to support safe discharge that include behaviour management support packages
  - Identify key workforce issues and work with SWL Local Workforce Action Board to ensure plans address key requirements

**Youth Justice**

- Each CCG to undertake needs mapping exercise and pathway development
- Develop options to commission new pathways
- CCGs to ensure delivery of commissioned services
- Undertake joint quarterly reviews H&J Commissioners and CCGs.
- Obtain clarity regarding the development/implementation of child house for victims of CSE / CSA

**Transforming Care / Learning Disabilities (LD) / Autistic Spectrum Disorder (ASD)**

- Develop and regularly update risk registers to include U18s and clear risk stratification process
Ensure that the agreed trajectory for reduced in-patient admission is maintained and that the associated funds are allocated from NHSE to develop community service models.

Implement consistent clear process and protocol for Care Treatment Reviews.

Ensure delivery of the SWL CYP TCP July 2016 Transforming Care SWL Plan.

To improve transition services for the autism/challenging behaviour 18-25 year CYP across SWL by:

- Develop consistent transition service model
- Implementing CAMHS transition CQUIN
- Manage waiting list for SWLstG MHT neuro-developmental assessment pathway through introduction of revised service model
- Develop the neuro-development assessment service through:
  - Commissioning an independent review of the 0-18 neuro-development pathway
  - Reviewing commissioning arrangements for the neuro-development pathway in the light of the outcomes from the review
- Develop SWL core standards, metrics and service specifications for services for children with ASD / Challenging behaviour
- Consider recommendations arising from the regional Needs assessment of children subject to residential placement and those at risk of admission outside of residential placement.
- Ensure participation of Children and Young people in developing the above service developments must remain central to commissioning plans.

Transition

Review transition pathways for key vulnerable groups

The monthly collaborative commissioning meetings provide a forum for SWL commissioners to share and review progress against plans, and this includes opportunities to discuss the Local Transformation Plans. Opportunities are provided to align the production of plans across CCGs, specifically around collaboratively commissioned services, such as Eating Disorders, Child Sexual Abuse/Exploitation and Neurodevelopmental Pathways. The STP leadership has supported with the production of some narrative text to be used in some sections of the 2018-19 LTP refresh which commissioners can then build on.
CAMHS Partnership
The Merton CAMHS Partnership continues to provide strategic leadership across partner agencies, and provides oversight of CAMHS transformation plans. During the 2018-19 period the CAMHS Partnership has provided oversight for the following:

- Neurodevelopmental Pathway
- Autism Strategy & Plan
- South West London Emotional Well-Being & Self Harm Project
- I-thrive Development
- Think Family
- CAMHS Single Point of Access monitoring report
- Local Transformation Plan Progress and Refresh
- Mental Health Services and Schools Link programme update
- Planning the Merton CAMHS Strategy Refresh
- Parenting Support for ASD/ADHD
- Knife Crime Action Plan
- Green Paper Trailblazer pilot
- Local Transforming Care Programme for South West London, including the Merton picture

Senior Integrated Commissioning Meetings
Monthly integrated commissioning meetings are held between senior leads from Merton CCG and Merton Council to consider high-level joint commissioning and planning priorities in the borough. Participants are:

- Director of Children’s Services, London Borough of Merton
- Director of Commissioning, Merton and Wandsworth Local Delivery Unit
- Deputy Director of Commissioning, Merton and Wandsworth Local Delivery Unit
- Director of Public Health, London Borough of Merton
- Assistant Director of Education, Children Schools and Families, London Borough of Merton
- Assistant Director Social Care & Youth Inclusion Children, London Borough of Merton
- Head of Joint Commissioning and Partnerships, London Borough of Merton
- Consultant in Public Health, London Borough of Merton
- Clinical Lead for Children and Young People, Merton CCG
- Integrated Commissioning Manager for Children’s Health, Merton CCG

Listening and Engaging with Young People and Families
In 2018, Merton has continued its transformation journey to improve the emotional health and well-being of children and young people. Merton has always listened to the views of local people, including young people on health and well-being, and this year there has been enhanced listening and engaging activities. The programme of listening and engaging with children and young people has included learning from outcomes and themes across South West London, and from partnership engagement strategies and engagement with Merton children and young people.

The LTP refresh has engaged Children, Young People and Families in a number of different forums, settings, and engagement opportunities to discuss the priorities for CYP mental health commissioning and plans. Evidence of participation and co-production the following:
- **Governance** – There are parent representatives on the Children’s Trust Board and Kids First representatives are on the Preparation for Adulthood Board which have the opportunity of reviewing priorities for CYP mental health.
- **Needs Assessment** – Yes, see summary and overview tables
- **Service Planning** – Yes, see summary and overview tables
- **Service Delivery and evaluation** – Yes, see summary and overview tables
- **Treatment and supervision** – Yes, see summary and overview tables
- **Feedback to inform commissioning and services** – Yes, see summary and overview tables

We have spent further time listening to and involving people in the development of transformation plans for children and young people with autism, ADHD, those who experience problems with self-harm, and emotional health and well-being problems.

Following the publication of Commissioning Intentions for 2018 - 19, across Merton and Wandsworth Local Delivery Unity (LDU), a series of public meetings were held to share these with local people and provide the opportunity to hear feedback on these plans. The Merton and Wandsworth LDU set out its commissioning intentions as:

- Proactive case management and integrated care planning for children with complex needs and LTCs.
- Increase rapid response home visits for children 0-5, 24/7
- Embed a Hospital at Home model for admission avoidance and early discharge
- Embed integrated commissioning arrangements for children with EHC plans and continuing care needs
- Increase uptake of personal health budgets
- Implement new model for community based paediatric outpatient care, with an emphasis on care closer to home and integration
- Review school based therapies service
- Embed robust KPIs for all services commissioned by CAMHS transformation funding

In addition to the public engagement meetings that involved Merton children and young people or their families and communities.

**Summary of listening, consultation and engagement events held in 2018 or at other times to inform commissioning plans in 2018/19**

<table>
<thead>
<tr>
<th>Date of activity or event</th>
<th>Forum or Group</th>
<th>Key Outcomes/Public Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 October 2017</td>
<td>Jazz Academy – A ‘Grassroots’ event</td>
<td>A range of different support is needed for young people with emotional well-being and mental health challenges including support in school, online and peer support. This feedback was considered during the planning of the procurement of the new counselling service for young people in Merton.</td>
</tr>
<tr>
<td>17 November 2017</td>
<td>Youth Participation Council members who have used services - presentation for SWL CAMHS</td>
<td>Support from group for increase in school-based counselling. Discussed the challenges of access and support and provided potential solutions, and</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Details</td>
</tr>
<tr>
<td>-------------------------------</td>
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<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>27 November 2017</td>
<td>Kids First/Adults First (Mencap)</td>
<td>Assisted in the identification of priorities to support the development and implementation plans for the improvement of the neurodevelopmental pathway and commissioning plans for children’s services generally.</td>
</tr>
<tr>
<td>15 January – 23 February 2018</td>
<td>Online engagement survey, listening events with Talk Autism, CYP and Adults with Autism</td>
<td>Feedback that the strategy focuses on the priority areas for children, young people and families, with diagnostic assessment and access to early support identified.</td>
</tr>
<tr>
<td>10 May 2018</td>
<td>Kids First Parent’s Co-production Workshop (Merton Neurodevelopmental Pathway)</td>
<td>Re-design of the ADHD pathway, discussion of improving parent support in Merton. Ongoing Dialogue</td>
</tr>
<tr>
<td>20 June 2018</td>
<td>SWL Workshop with young people around knife crime and acid attacks – A grassroots event</td>
<td>Safety, youth activity, travelling and helpful support in the form of more workshops, places to go, having a youth worker.</td>
</tr>
<tr>
<td>May 2018</td>
<td>South West London Emotional Health &amp; Well-Being survey. An online survey, and focus groups were held, engaging a total 1252 people of which 428 were young people</td>
<td>There was strong support for additional interventions for children and young people who with emotional health and well-being conditions, including self-harm, eating disorders, Autism and ADHD; support for parents, additional training, and a directory of information on local resources.</td>
</tr>
<tr>
<td>25 September 2018</td>
<td>Kids First Parent’s Co-production Workshop</td>
<td>Clarification of ASD/ADHD pathway and developments following from parents and professionals co-production meetings. Provision of information about local parent support, future plans to develop services.</td>
</tr>
</tbody>
</table>

### Overview of South West London Emotional Health & Well-Being survey outcomes

<table>
<thead>
<tr>
<th></th>
<th>Children and Young People</th>
<th>Parents and Carers</th>
<th>Teachers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croydon</td>
<td>28</td>
<td>32</td>
<td>1</td>
<td>61</td>
</tr>
<tr>
<td>Kingston</td>
<td>56</td>
<td>109</td>
<td>19</td>
<td>184</td>
</tr>
<tr>
<td>Merton</td>
<td>109</td>
<td>77</td>
<td>70</td>
<td>256</td>
</tr>
<tr>
<td>Richmond</td>
<td>128</td>
<td>341</td>
<td>20</td>
<td>485</td>
</tr>
<tr>
<td>Sutton</td>
<td>14</td>
<td>21</td>
<td>66</td>
<td>101</td>
</tr>
<tr>
<td>Wandsworth</td>
<td>43</td>
<td>21</td>
<td>18</td>
<td>82</td>
</tr>
<tr>
<td>Other</td>
<td>41</td>
<td>41</td>
<td>1</td>
<td>83</td>
</tr>
</tbody>
</table>
London Borough of Merton’s Voice Framework

London Borough of Merton’s Children and Families’ Voice Framework completed an End of Year Review for 2017/18 (Author: Lisa Deer, Policy and Planning Officer, London Borough of Merton). This work was reviewed and considered by all Children’s Partnership stakeholders and used to inform commissioning planning:

The Framework was built around five Commitments:

- **Commitment One** - Delivering on our Participation Promise: providing opportunities for all children and young people to influence Merton the place.
- **Commitment Two** - Child focused: enabling children and young people who are service users to influence improvements to our systems, services and processes. These changes will improve things for all service users
- **Commitment Three** - Delivering on Merton’s approach to casework practice: Putting the wishes and feelings of children and young people who are subject of a plan, at the centre of decision making and planning. These changes will improve things for the individual child and their circumstances.
- **Commitment Four** - Think Family: enabling families, parents and carers to influence change which empowers them to manage their own affairs, impact decisions about their children and ultimately deliver better outcomes
- **Commitment Five** - Building capacity across the Children’s Trust to engage in good quality, ethical and impactful ‘user voice’ activity, the learning from which is shared with all stakeholders, including participants.

The work programme showed clearly set out the link between the participation exercises, and the impact of the participation.

<table>
<thead>
<tr>
<th>How have children, young people and families participated?</th>
<th>What has been the impact of their participation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merton Youth Parliament (MYP) conducted consultations with a broad range of children and young people who fed back that their top concerns are: crime, gangs and health and safety.</td>
<td>✓ MYP developed a ‘Manifesto’ work programme that focused on these top concerns: <strong>preventing crime, gang awareness and health and safety</strong>.</td>
</tr>
<tr>
<td>Young people who spend time in and around Mitcham Library told local youth workers that they feel unwelcome in the library and local shops and that ‘no one cares about us’.</td>
<td>✓ We set up of a <strong>new youth group</strong> in Mitcham library to ease tensions with library staff and to support young people to feel more welcome in their community.</td>
</tr>
</tbody>
</table>
### How have children, young people and families participated?

| 1 | Young people who are supported by the My Futures NEET team said that they would like to go to University but thought they ‘could not afford it’. |
| 2 | Young people who attend a range of LGBT+ groups in Merton and Wandsworth fed back their views on how to support Trans pupils in schools. |
| 3 | Pupils at Abbotsbury Primary School were consulted on how school outcomes in writing and literacy could be improved. |
| 4 | Young people supported by our commissioned services were able to participate in a range of ways in the services they used including being involved in: committees, advisory groups, forums, service reviews, and volunteering. |
| 5 | Children, young people and families were involved in consultations and focus groups to inform the development of a number of key strategies which will be implemented this year. |
| 6 | Young people who attend the Uptown Youth Service told youth workers that some of their siblings have learning or physical disabilities and would like to attend, but feel they need extra support. |
| 7 | Parents who attend the Mencap Kids First forum for parents of children with SEND fed back that they are concerned that Special Educational Needs coordinators in schools are inconsistent in applying for EHCPs. |
| 8 | Our Merton Information, Advice and Guidance Service for SEND has fed back that parents are concerned about their child’s support needs in education post-16. |
| 9 | The Children and Young People’s Occupational Therapy (CYOT) team have produced a ‘patient story’ based on the experience of a parent whose child has ASD. It includes the patient’s |

### What has been the impact of their participation?

| 1 | The team set up a new ‘University programme’ to take NEET young people on University visits to find out about grants and funding and to learn about student life. |
| 2 | Development of a Trans Inclusion Toolkit for schools in Merton and Wandsworth to promote good practice in supporting Trans pupils, informed by young people's feedback. |
| 3 | The school used the pupils’ feedback to inform the implementation of new activities and resources to support pupils’ writing and literacy; these are presented in poster form in each classroom. |
| 4 | Young service users led the following activities across our commissioned services: service evaluation, planning and improvement; decision making about finances and strategy; recruitment; publicity; and the development of web based information and advice. |
| 5 | The following strategies address the expressed views and needs of our users:  
  - SEN and Disabilities High needs strategic review 2018. |
<p>| 6 | Uptown set up a new ‘Saturday Step Up’ inclusive session at Uptown youth centre, supported by peer mentors. |
| 7 | Streamlined the Education, Health and Care Plan application (EHCP) process, and delivered training in schools for senior case officers on delivering an effective assess, plan and review process for pupils with SEND. |
| 8 | We are now developing a support approach for the South Thames College consortium (post-16 education) on ECH planning. |
| 9 | The team are implementing: additional parent training sessions on ‘meltdowns’ and other similar issues for children and young people with ASD; increasing OT involvement. |</p>
<table>
<thead>
<tr>
<th>Recommendations for preventing the problems the young person and family endured before input by CYOT.</th>
<th>In education in setting; and delivering a teacher training day at local Universities on supporting children with OT needs on school.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people involved with the Youth Justice Service (YJS) expressed a range of ideas for improvements to the service, via the Youth Board forum for young people.</td>
<td>The YJS implemented these ideas for development including: sending reminders (via email or letter) for home visits; making sure that the youth board meetings do not clash with college commitments; and fixing the intercom at the front door.</td>
</tr>
<tr>
<td><strong>How have children, young people and families participated?</strong></td>
<td><strong>What has been the impact of their participation?</strong></td>
</tr>
<tr>
<td>Young people who attend the Transforming Families (TF) young people’s forum said they would like more access to positive activities.</td>
<td>The TF team organised a go-karting trip for young people.</td>
</tr>
<tr>
<td>Parents who attend the Transforming Families (TF) parents’ forum fed back a range of ideas for improvements to the service.</td>
<td>The TF team are implementing a number of developments: supporting families to access advocacy to support them in meetings with professionals including the school; ensuring that new families are reassured that endings will be well prepared and appropriate, as this is embedded in TF practice; and developing an information resource such as a leaflet to advertise the service in the local community.</td>
</tr>
<tr>
<td>Parents who attended a workshop to raise awareness of the ‘county lines’ drug supply issue, said that they needed: support to establish open communication with their young person and implement ‘tough’ parenting; more information on the county lines issues; and access to activities outside their home.</td>
<td>We have a range of parenting programmes, support sessions, and awareness raising sessions in schools for years 5 and 6.</td>
</tr>
<tr>
<td>Feedback in this year’s foster carers survey has highlighted a number of recommendations for improvements to our fostering service.</td>
<td>We are now implementing an action plan for improvements to our support to foster carers including: training for children’s social work teams on the need to work closely with foster carers; minimising inaccuracies in fostering payments; maximising the use of available placements; regular feedback from carers and exit interviews to aid in retention.</td>
</tr>
<tr>
<td>Adopters fed back that they would have liked to ‘‘have heard adopters’ experiences of the adoption process, rather than social workers, when they started their adoption journey.</td>
<td>We delivered a ‘meet the adopter’ drop in session to enable potential adopters to meet current adopters to hear about their experience of adopting in Merton.</td>
</tr>
</tbody>
</table>
Positive impact of participation on individual children, young people and families:

<table>
<thead>
<tr>
<th>How have children, young people and families participated?</th>
<th>What has been the impact of their participation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ The mother is able to have conversations with her son about her mental health, and she is able to use the story board again whenever he needs to talk about the situation and why he is not living at home.</td>
<td></td>
</tr>
<tr>
<td>📄 A mother and practitioner using the Signs of Safety approach worked together to create a ‘Words and Pictures’ story board about how her mental health has impacted on her ability to look after her son.</td>
<td>✔ An action is included in the audit action plan to ensure that information is provided to families on the issue of consent.</td>
</tr>
<tr>
<td>How have children, young people and families participated?</td>
<td>What has been the impact of their participation?</td>
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</tr>
<tr>
<td>In their Youth Justice self-assessment one young person who had been involved in serious organised crime (SOC), said that they are interested in setting up a clothing business.</td>
<td>✓ The team took this to the project board who are responsible for supporting young people involved in SOC, who identified a clothing design company to offer a work experience placement to the young person.</td>
</tr>
<tr>
<td>One parent who attended the community led ‘fun and fit’ club at Phipps Bridge centre was able to talk informally about some concerns and issues regarding herself and her children.</td>
<td>✓ We were able to identify that the children needed some specific support and were able to refer the family to an appropriate local service.</td>
</tr>
<tr>
<td>During the foster carers’ review process a number of foster carers’ children said that they feel they are not able to spend enough time with their parents.</td>
<td>This issue was raised with the relevant foster carers and positive solutions were implemented to ensure that their own children’s needs are met.</td>
</tr>
<tr>
<td>Through the ‘Let’s talk’ process between looked after children and their carer, one child identified that they were anxious about their upcoming exams, and another said that they wanted more contact with their family and were worried about being adopted.</td>
<td>The feedback was shared with the children’s social workers to inform their planning and further discussions with young people, to ensure that any issues are addressed.</td>
</tr>
<tr>
<td>During the feedback process after their Child Protection Conference one young person said that they found the conference environment unwelcoming and they had not had the opportunity to express themselves.</td>
<td>A number of improvement actions are now in place: feedback to go to the Chair of the conference immediately after the meeting and any concerns to be followed up prior to the next meeting; and continued work to identify more child and family friendly conference venues.</td>
</tr>
</tbody>
</table>
Ambition 2018-2020

In the first refresh of the Local Transformation Plan of 2016, Merton stated, “In Merton, we want children and young people to enjoy good mental health and emotional wellbeing, and to be able to achieve their ambitions and goals through being resilient and confident. We will achieve this through partnership working with families and across professionals and services to promote good mental health, through a model of care that is based on prevention of poor mental health, early detection and early help when issues first arise and by having a range of interventions for children and young people with established or complex problems. We want children and young people and families to be able to access the right intervention, in the right place, at the right time and with the right outcome based on the best available practice”. This statement still holds true in 2018 with our vision that every child will enjoy good mental health and well-being and to be able to achieve their ambition and goals through being resilient and confident, the CAMHS Partnership Board is working hard to achieve this.

The bedrock of an effective Local Transformation Plan is the approach to local governance, engagement and planning. This section sets out governance of emotional well-being and mental health services for children and young people in Merton nationally (NHS England, Local Authority including Public Health and Early Years and the Integrated Commissioning Team).

The Local Transformation Programme in Merton recognises the need to plan for the sustainability of the programme beyond 2020/21 and this is a key action that will be progressed in the borough in the 2018/19 period of the programme.

Within Merton, the Merton Partnership leads overall on the delivery of the key partnership work in the borough, and the Children’s Trust is one of the Thematic Partnership for Children and Young People. Its purpose is to “secure improvements to the well-being of children and young people in Merton in the following areas:

- Their physical and mental health and emotional well-being
- Protecting them from harm and neglect
- Their education, training and recreation
- The contribution they make to society
- Their social and economic well-being”.

The Children’s Trust Board, chaired by the Director of Children Services, is comprised of representatives at the highest levels of local agencies, and who are able to provide strategic oversight on children and young people’s services”

“Merton’s Children’s Trust arrangements began development in 2005, bringing together all partners involved in services to children and families in Merton. A wide range of groups and partnerships are accountable for their performance and activities to the Children’s Trust Board, including the CAMHS Partnership”

In Merton, the lead agencies responsible for the planning, purchasing, delivery, and development of mental health services for children and young people are the Clinical Commissioning Group, and the Local Authority. These two organisations lead on the delivery of the CAMHS Partnership Board, with representation from the children and young people’s commissioning professionals. Within the local authority representation is additionally provided from Public Health. Further representation is from the main provider of mental health provision for children and young people, currently South West
London and St George’s Mental Health NHS Trust. Attendance from community and voluntary sector organisations is also embedded.

The CAMHS Partnership Board reports to the Children’s Trust Board and the Merton Safeguarding Children Board (MSCB). Safeguarding priorities of the MSCB include Think Family, Supporting Vulnerable Adolescents and Early Help and all are mirrored within the CAMH Strategy.

The Merton CAMHS Transformation Plan has been developed with due regard and consideration to service transformation and development plans of other relevant local, regional and national agencies and organisations.

**National**

NHS England sets the national vision, strategy and plans for children and young people’s mental health. Its current priorities are:

**Green Paper ‘Transforming Children and Young People’s Mental Health Provision’**.

- NHSE contacted 95 pre-selected CCGs on 25th July to invite them to submit an expression of interest by 17th September to deliver a mental health support team and/or a 4 week waiting time pilot.
- Mental Health Services and Schools Link Programme 2017-18 – Team contact Jessica Sharp
- Department for Education, and the Anna Freud National Centre are leading a project to improve the understanding of how schools and mental health services can work across settings to improve the support offer to CYP. This is an extension of the Wave 1 Mental Health and Schools Link Pilot and continues to build evidence of what works.

**Commissioning Development - 111 commissioners completed the Children and Young People’s Mental Health and Wellbeing Commissioning Development Programme in 2017/18**

Integrated Personalised commissioning:

- 7 sites are delivering personal health budgets for different cohorts of looked after children and care leavers. NEW Devon, Islington, Birmingham, Nottinghamshire, Sheffield, Bristol, Gloucestershire.
- There are now 195 active PHBs across the sites. Case studies are available. Please contact Lizzie Streeter for more information and case studies.
- FYFV Commitment: “By 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it.”
- The 2017–18 Equates to 35% of CYP with a diagnosable MH condition, based on 2004 prevalence survey.
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Local plans to improve data flow and a joint-up support offer are therefore still required. Next phase of data quality workshops underway: focusing on providers that are not connected to MHSDS.

Eating disorder programme:
- 70 community eating disorder teams completed the whole team training programme by March 2018.
- Clinical Networks for eating disorders are bringing together providers and commissioners to support implementation, review progress and data to improve quality.
- Data from the last quarter (Apr-Jun 18), show that 75% (n=219/293) started treatment within 1 week and 81% (n=1,243/1,530) started within 4 weeks.
- Areas report an increase in demand that needs to be matched by an increase in team capacity.
  - In 2016/17 over 5,200 started treatment
  - In 2017/18 over 6,800 started treatment with a further 600 still waiting to start treatment by the end of March 2018.

CYP IAPT and workforce:
- Number of trainees starting courses in 2018 agreed
- Six CYP IAPT Learning Collaboratives – 131 CYP MH partnerships (NHS, LA, Vol.Sect, Youth Justice, Ed provider services) that cover 100% of 0-19 population.
- Working with HEE to support delivery of Well-being Practitioner for CYP Training and whole team training for inpatient CAMHS teams; contracts sent out to all collaboratives to deliver training in 2018

Health and Justice, Specialised Commissioning
WP1: Specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs (Community F: CAMHS)
- All 13 services mobilising to deliver full service specification.
- Full service delivery for all services by October 2018.
- 2nd National FCAMHS Clinical Network 19th October
- Mobilisation updates being collated for up to date service delivery information.

WP3: Collaborative Commissioning Networks
- 9/10 areas having mobilised or are mobilising services.
- Mobilisation timescales slipped on one remaining areas (Y&H), with mobilisation now estimated for Q2 2018/19.
- Next steps – collate qualitative information on the services that have mobilised, including case studies and examples of promising practice.
- Six-monthly area reviews are ongoing. SW, SE, SC, LDN, WM, EM (six monthly) reviews are complete and the SW (annual) review is also complete. C&NE is due this month.
- National evaluation for WP1 (Community F: CAMHS) and WP2 (Secure Stairs)
- Anna Freud National Centre for Children and Families delivering National Evaluation.
- Partial ethics approval awarded to begin data collection.
- Data collection commencement, FCAMHS – September 2018 SECURE STAIRS

- YJ SCHs implement a Framework for Integrated Care collaboratively across all partners and across the whole site.
• Finalise process for funding for welfare SChs to enable the implementation of a Framework for Integrated Care collaboratively across all partners and across the whole site
• YOIs commence Health recruitment.
• Establishment Implementation Plans mobilised across all YJ sites.
• KPIs were reported against from April, this continues monthly along with analysis and QA.
• Financial forecasting for in-year funding continues quarterly
• Continue alignment of SECURE STAIRS with Youth Justice Reforms.
• Received second draft of CYP Comms from Young Minds. Feedback to be provided.
• Staff participation visits carried out at YOI Cookham Wood and Swanwick Lodge SCH with further work shop TBA at Adel Beck SCH. This will aid with Staff Comms being developed
• Evaluation Case Study sites confirmed – July 2018.
• Evaluation data collation commences November 2018 slipped from Mid-August 2018 due to ongoing ethics applications.
• Clinical Network now opened up to operational colleagues and renamed as Professional Collaboration Network. First wider event took place July 2018. Positive feedback received.

Local Integrated Children’s commissioning: Merton Children’s Integrated Commissioning Team

Since 2016, Merton CCG and Merton Local Authority has been working to establish integrated commissioning arrangements. The purpose/benefits of the integrated model of commissioning are regarded as:

• Whole system approach to planning and commissioning
• Ensure safeguarding principles and practices are inherent in every piece of commissioning
• Maximise the quality of services for children and their families
• Focus on joint outcomes
• Reduce silo working and duplication
• Build on current commissioning practice of working jointly with Heads of Services when planning, procuring and monitoring services.
• Clearer and integrated processes for engaging with children and families to inform commissioning
• Opportunity to integrate and embed approaches to prevention
• Added value, best use of available resources and potential for greater savings going forward
• Clearer accountability
• Clearer links with recommendations from the Joint Strategic Needs Assessment (JSNA) and other in depth needs assessments to inform commissioning decisions
• In line with the Government’s focus on better health outcomes for children.
• Synergies/economies of scale/efficiencies across commissioning budgets

Commissioner Planned Delivery Actions:

• Develop a broader ‘health and wellbeing, whole child and think family’ focus in the commissioning of children’s services which challenges commissioning in service silos and provides the potential for more impactful interventions as well as efficiencies and economies of scale
• Develop the local provider market, especially the local third sector, through capacity building as well as the identification and exploitation of new funding streams/opportunities
• Develop partnering relationships with other commissioners designed to achieve a wider range of service provision in Merton than can be otherwise afforded.
• Develop partnering relationship with existing providers designed to re-shape current provision, to meet new and emerging guidance, research evidence and local developments.

Since the inception of the integrated commissioning function commissioners across CSF Department, Public Health and Merton CCG have worked in an ever more collaborative way on the shared commissioning agenda. Key examples of this have included:
• the successful co-commissioning of children’s community health services, with commissioners achieving an improved balance of universal, targeted and specialist functions across the new contract
• re-launch of the CAMH Partnership Board and the joint formulation and year-on-year update and delivery of our local CAMHs Transformation Plan
• the joint commissioning of the co-located Education, Health and Care Assessment function
• the joint commissioning of the co-located Education, Health and Care Assessment function in our SENDIS service in response to the 2014 Children and Families Act

Members of the team are responsible for CAMH Commissioning as part of the CAMH Transformation plan. The plan is refreshed on an annual basis and a number of achievements have been made since 2015, including:
• a single point of access to CAMHs
• NICE compliant Eating Disorder Services
• Improved access to CAMH for YP in crisis through increased hospital liaison service
• CAMH input for C&YP exposed to CSA
• Development of a ‘getting help’ commissioning plan
• Engagement with our provider to develop a TAMH offer that is affordable for schools
• Significant training of the wider workforce
• CAMH professional network
• Publication of a CAMH Local Offer
• Improved links with CAMH and Primary Care/Schools
• Improved access to CAMH for vulnerable cohorts
• Improving access to CAMH for YP within the YJS
• Work that will underpin the development of a new ASD pathway for C&YP
• Engagement with the wider Sustainable Transformation Plan for South West London and capitalising on the opportunities that this will bring

The London Borough of Merton have worked closely with CCG commissioners to ensure close contract management of the children’s element of the CLCH Community Health contract, including efficiency savings, changes as a result of NHSE re-procurement of the CHIS functions, serious incident reporting, contract variations, including a child healthy weight programme, monitoring of KPI’s and service development and improvement plans:

Engaged in and led the development of a number of life course strategies including: coordinating and leading the Autism strategy, including extensive development and public engagement, Sexual Health strategic framework which will be further developed in 2018 and a Substance Misuse Framework. A alongside this have disbanded the previous Teenage Pregnancy and Substance Misuse Partnership Board and commenced a Young People Health Partnership Group; providing children commissioning input to the life course Sexual Health and Substance Misuse Partnerships.
Used the discretionary extension clause within the contract for our Young People Substance Misuse and Sexual Health Service (Risk and Resilience) to extend the contract for a further 2 years, for two reasons. Firstly the new provider is delivering on their KPI’s and would benefit from this additional period to further embed a very different model of delivery and secondly this brings the contract in line with our other priority services contracts which include:

- Children missing and/or at risk of sexual exploitation
- Advocacy services
- Young Carers
- Short breaks for disabled children

- Been involved in the development, procurement and mobilisation of a Pan-London Social Impact Bond (SiB) for Edge of Care Services which will provide Multi Systemic Therapy (MST) and Functional Family Therapy (FFT) to up to 48 vulnerable families over the next four years.

- Led on the commissioning of a 9-borough Family Drug and Alcohol Court (FDAC) which uses a problem solving court approach which aims to help parents control their substance misuse so they can keep or be safely reunited with their children. If that is not possible, the aim is to ensure that children are placed permanently with family members or elsewhere as speedily as possible.

- Continued to utilise our Domiciliary Care Framework to ensure the best possible service for our families with children with disabilities.

- Continued to work with Merton School Improvement to ensure the Alternative Education offer to Merton schools is compliant with Health and Safety regulations and to maintain the quality provision of alternative education to our asylum seeking young people.

- Led the delivery of the Child Healthy Weight Action Plan, including commissioning a package of services and working to support stakeholders through a Healthy Weight Steering group to deliver community led programmes. We commissioned the ‘Great Weight Debate Merton’ to hear about the lived experience of families, increase awareness and use this to inform priorities and plans. We have commissioned services including support for Healthy Schools, training in early years, schools and adult education settings; Food Poverty Action Plan, which won a London award for most improved borough.

- Enabled closer working across the CLCH and LBM Therapy Services; an improved service for our children and young people, provide a clearer pathway and make best use of our highly skilled but expensive workforce.

- Commenced work on mapping the total commissioning spend on children and families across LBM and MCCG. This work will continue in 2018/19 and will help us to understand whether a section 75 agreement would be beneficial going forward and to explore the opportunities for further integration that would provide improved efficiencies and effectiveness.

- The local authority has been leading on the work stream to ensure there is a sustainable and efficient mental health support to schools, both mainstream and special schools, in partnership with the CCG. Schools and colleges have been extensively engaged by local authority commissioners, supported by CCG commissioners to align their strategic development to a number of local and regional strategies. A series of Task and Finish groups
were held as part of the work stream to follow on from the Targeted Mental Health Services in Schools (TaMHS) and this has been aligned to the strategy of local schools and colleges to align their mental well-being delivery with other local strategies. Schools and colleges have been provided with opportunities to align with local commissioning initiatives including the autism strategy, the South West London Health and Care Partnership emotional health and well-being survey, and the Green Paper reforms.

**Public Health**

Public Health is now embedded within the Local Authority following the closure of Primary Care Trusts and the creation of Clinical Commissioning Groups. As such, Merton’s Public Health Team is fully integrated with children’s commissioning and provides expertise on health and well-being of the local population. The influence of Public Health can be evidenced in Merton’s Health and Well Being Strategy (2015 – 2018).

The vision for this strategy is: *A fair share of opportunities for health and wellbeing for all Merton residents. This means we will halt the rise in the gap in life expectancy between areas within Merton.*

A number of Health and Well-Being themes and outcomes are identified, addressing the Merton approach to reducing Inequalities in health across the whole life span, which adds value to outcomes for children and young people.

<table>
<thead>
<tr>
<th>No.</th>
<th>Themes</th>
<th>Outcomes</th>
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</table>
| 1   | Best Start in Life  
   Early years development and strong achievement |  
   - Uptake of childhood immunisations is increased  
   - Waiting time for children and adolescents to mental health services is shortened  
   - Childhood obesity is reduced  
   The proportion of children ready for school is increased |
| 2   | Good Health – A focus on prevention, early detection of long-term conditions and access to good quality health and social care |  
   - All partner organisations promote health in their policies and services  
   - Settings e.g workplaces, schools, high streets where people spend time are healthier, providing healthy options  
   - The proportion of adults making healthy lifestyle choices is increased  
   - A model of care for East Merton embeds prevention and delivers early detection of disease through integration of health and social care  
   - Integrated mental health pathway |
| 3   | Life skills, Lifelong learning and Good work |  
   - The number of Jobseekers Allowance and Employment and Support Allowance claimants in Mitcham is reduced  
   - Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors  
   - Assist business start-ups and growth of existing businesses  
   - Bridge the lifelong learning gap in deprived wards |
| 4   | Community participation and feeling safe |  
   - The number of people engaged in their communities is increased through volunteering |
<table>
<thead>
<tr>
<th>5</th>
<th>A good natural and built environment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Positive health and wellbeing outcomes are embedded within major developments as a condition of granting planning permission</td>
</tr>
<tr>
<td></td>
<td>• Fuel poverty is reduced through collective energy switching</td>
</tr>
<tr>
<td></td>
<td>• Pollution is reduced through increased number of trees in parks</td>
</tr>
<tr>
<td></td>
<td>• The quality of Houses of Multiple Occupation (HMOs) will be improved</td>
</tr>
</tbody>
</table>

The current edition of the H&WBB strategy takes a sharper focus on where Merton face the biggest inequalities and challenges for Merton residents.

There will be a focus on prevention – from the introduction, we can see that creating the place for a good life will require a broader understanding of how health and wellbeing are created, starting early in life. The move of Public Health to local government opens opportunities to improve health and wellbeing through the council’s many services that influence health. Working to ensure that these influences are positive improves the chance of improving health and wellbeing of our residents. This will have a bigger impact than working on individual lifestyle behaviours alone, because even small changes in these wider influences will affect many people, making the healthy choice the easier one.

The influences on health accumulate as we age, resulting in good health or illness depending on opportunities and lifestyle choices. Saving a child’s life adds the greatest number of years to life expectancy. It is therefore important to prioritise the early years when we begin laying down habits for a lifetime.

We will take advantage of every contact with residents and through settings (such as schools, workplaces, community settings, high streets and primary care) to embed prevention messages. We will work in partnership – creating health and wellbeing is not the responsibility of any single agency. Good health is not the sole responsibility of the NHS nor is support for our most vulnerable the sole responsibility of social services. Working in partnership means that we all have a role to play, building on our own strengths to contribute to improved health and wellbeing.

We know we have to work differently, breaking down silos that separate our efforts. We recognise that working in isolation has not been effective and that we need to take a holistic approach, bringing together our work to achieve more than by working alone. This will involve making health everyone’s business by taking advantage of all frontline contacts with residents, for example.
We will intervene early – when a health problem occurs, we can either cure or manage the problem in community settings. Not only will this improve residents’ quality of life but it will also reduce the need for more expensive acute and social care services. For example, detecting long-term conditions early can add a few years for the quickest gains in life expectancy.

Merton will work in and through communities – to ensure that services respond to our residents’ needs, especially to the increasing ethnic diversity and to improve people’s control over their lives, which in itself is good for health.

Merton will work at multiple levels of government – because we realise that we do not have the necessary powers to create healthy places locally. We will work across London with interested boroughs, London Councils and the Greater London Authority to develop solutions and, where appropriate, we will work together to advocate for change at the national level. We will use data and evidence effectively – to ensure that we are responding to real needs with evidence of best practice.

Creating the Place for a Good Life – where do we want to be by 2018? In November 2013, 80 people from the voluntary sector, the Merton Clinical Commissioning Group and the London Borough of Merton came together and agreed that the significant health inequalities and wider inequalities that shape health and wellbeing are not acceptable. Participants agreed that all residents should have opportunities for a good life. By 2018, we will work to address these health and wellbeing inequalities through the following:

**Theme – 1 Best start in life; early years development and strong educational achievement, with a focus on health**

What a child experiences during the early years (including before birth), lays down a foundation for the whole of their life, including both physical and mental wellbeing. For example, positive early attachment, bonding and resilience have long-term benefits and it is during the early years that we develop our lifestyle habits for later years. Immunisation is an important intervention that protects children against diseases that can kill or cause serious long-term ill health. Merton immunisation rates are below recommended levels and inequalities in immunisation uptake persist among poorer families.

Good mental health is as important as good physical health and emotional wellbeing. Good mental health in the early years of life is recognised as being vitally important, not only to an individual’s present quality of life but also to their future personal and social development. Having good emotional health and building resilience enables children and young people to cope positively with stress and adversity. We also know that certain groups of young people are more likely to develop mental health issues (for example, Looked After Children).

Ensuring children are resilient and ready for school means that they will do well and achieve when at school, thus providing the resources required later to earn a living to take care of themselves and their families and to make healthy choices.

National statistics show that children on free school meals, or those with special educational needs, are around three times more likely to be persistently absent and there is clear evidence of a link between poor attendance at school and low levels of achievement.

Higher educational attainment is linked to many beneficial behaviours and good health outcomes. These include greater life expectancy overall as well as a larger percentage of years spent in good health and with adequate mobility. Better-educated people practise healthier behaviours, are more
informed users of health services, and are more likely to comply with treatment. Increased levels of
education are also associated with more robust mental health and better self-esteem. Better educated people are also more effective in supporting health outcomes for their children.

The relationship between health and the influences on health is two-way. The influences on health such as education, income and living environment, clearly contribute to health as discussed in the introduction. It is also clear that this works the other way; good health enables people to take advantage of opportunities for good education, jobs, and participating in community life.

Plans are underway for the early consultation and priority setting for the new Merton Health and Well-Being Strategy, and there is a clear process for involvement and participation of local stakeholders, children and young people.

**Early Years Universal Provision**
Merton recognises the importance of Early Years Universal Provision and the Local Authority leads, with key strategic partners, on the implementation of this provision to support outcomes in children and families.

**Evidence about what works and best practice**
Recent evidence from a report, *Conception to age 2: the age of opportunity,* identified both improved outcomes and financial returns on well-designed early interventions. It identified the need to focus on three areas to improve outcomes for 0-2 year olds:

- Assess and identify where help is needed:
  - Mental health risk assessment as early as possible in pregnancy; Neonatal Behavioural Assessment three weeks after birth.
  - In addition to age 6 weeks health visitor assessment, undertake an age 3-4 months assessment of parent-child attunement, and an attachment assessment at age 12-15 months.
- Provide adequate support when needed:
  - Full implementation of Healthy Child Programme; promote attunement, secure attachment; Family Nurse Partnership; parent-infant psychotherapy; 8% of pregnant women warrant a referral to specialist perinatal mental health services.
  - High-quality health-led children’s centres; potential for health visitors to act as team leaders, supervisors and/or mentors; high-quality outreach to engage most vulnerable families; follow principles of highly successful multi-agency work.
  - Ensure Early Years Services workforce have requisite skills, training, and supervision as follows:
    - Health visitors are trained to evaluate mother-baby interaction, and carry out motivational interviewing
    - All practitioners have awareness of risk factors that can jeopardise infant mental health
    - Domestic violence – prioritise identification and support by midwives, GPs, other professionals, especially in pregnancy
    - Ensure a good understanding of pre-birth to 3 years child development, attunement and attachment
    - Emotional intelligence, skills to form empathic relationships with parents; good quality reflective supervision.

**Commissioning recommendations for Early Years**
A recent review of the Children’s Centre Services and Early Years Services identified a number of priorities for commissioners and managers:
• Develop an outcomes model of commissioning for Early Years Services, based on evidence of best practice and underpinned by strong data systems.
• Develop early years prevention and early intervention pathways, with clear referral routes for all partners.
• Parental mental health has been identified as a significant factor in parenting; there is a need to increase parent support, including for lower level mental health problems and parental relationships, ensure staff training and awareness, and develop clear pathways into mental health services.
• Children’s centres should contribute further to public health outcomes, including reducing obesity strategy and increasing levels of healthy weight, and breastfeeding.
• Implement a data sharing agreement across early years in order to strengthen the ability to provide earlier intervention for families identified as having additional needs.

In addition:
• Increase access to immunisations for children through children’s centres in order to increase coverage in more vulnerable/disadvantaged groups.
• Additional early speech and language support accessed via children’s centres would improve school readiness of more vulnerable/disadvantaged children.
• The Family Nurse Partnership should support better coordination of pathways and access to support. A risk management approach will need embedding. Children’s centres are in a good position to work with younger parents who will access the forthcoming Family Nurse Partnership.
• Establish a vision, model and transition plan for the Health Visiting Service as commissioning responsibility for the service moves to the local authority in 2015.

The Healthy Child Programme: pregnancy and the first five years of life (DCSF 2009) sets out an integrated approach to improving the health and wellbeing of children and supporting families and sets out recommended standards for service delivery. The Healthy Child Programme (HCP) has been defined as ‘the early intervention public health programme that lies at the heart of universal services for children and families. At a crucial stage of life the HCP’s universal reach provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes’ (HCP 2009).

[The HCP approach is well established in Merton, with an integrated approach to Children’s Centres and Health Visiting services across the Children’s Centres in Merton.]”
Merton’s network of 11 children’s centres, delivered through three localities, provides a range of universal and more targeted services for all families with young children living in the borough. Ofsted has awarded a grading of good or above to 100% of the centres that it has inspected.

An integral part of Merton’s Children’s Centre Services’ delivery is its partnership working with statutory, as well as community and voluntary, agencies. This enables the Children’s Centre Services’ universal offer to include health, early education and information services across a range of determinants of health. This co-delivery of a range of services across the children’s centres includes:

• Midwifery antenatal and post-natal services
• Health visiting/Healthy Child Programme (health reviews of new-born/8 months and 2 years)
• Speech and language advice, guidance and early support
• Play and development
• Targeted home visiting
• Evidenced-based parenting – both core and targeted (enhanced)
• Support for employment, training and back to work
• Childcare brokerage
• Advice for income maximisation and financial inclusion
• Housing advice
• Co-ordinated support for children with lower level SEND (special educational needs and disabilities) in settings and the home
• Access to targeted and specialist services, such as mental health, 0-5s Supporting Families Team, CSC, CAMHS
• Pre-schools funded places
• Advice/access to funded early education.

**Family Nurse Partnership**
Merton has developed a Family Nurse Partnership (FNP) programme. The FNP is an evidence-based prevention and early intervention programme for vulnerable first-time mothers that aims to:

• Improve pregnancy outcomes
• Improve child health and development through helping parents provide more competent care
• Improve parent’s economic self-sufficiency.
• The programme has been developed in the US over 30 years. It provides intensive and structured home visiting, using a psycho-educational approach focusing on adaptive behaviour change during pregnancy and until the child turns 2 years old. The programme is being adopted in England under licence to ensure replication of the original research. Merton was invited to develop a joint programme with Sutton, and, based on 2010 data, it is estimated that about 90 young mothers are eligible in each borough, but due to the rising birth rate and population changes this may be higher.

**Early education**
Early intervention to support children’s readiness for school is important in improving the long-term health, emotional, educational and social outcomes of young people and reducing the risk of negative outcomes such as anti-social or violent behaviour or children not achieving their potential. A summary of free early education for 2 year olds (national policy being to target disadvantaged children) is as follows:

• Of 2 year olds, 183 (6.4% of the 2 year old population in Merton) were supported to access a place prior to the new statutory duty commencing September 2013
• 67% of the brokered 2 year old places went to children resident in the Mitcham planning area.
• 2 year old places were predominantly brokered in playgroup or pre-school provision.
• As the criteria for funded 2 year old places includes income deprivation factors, location of residents with funded places correlates with deprivation areas. The areas with the largest proportion of the 2 year old population in receipt of a funded place are Pollards Hill, Figges Marsh and Lavender Fields.
• 7% of the 2 year olds with a funded place have some level of additional/special educational needs.
• Early education funded provision for 3-4 year olds:
• The majority of 3 and 4 year old funded provision is accessed through maintained schools nursery and Reception classes. Typically all 4 year old (Reception) funded education is in maintained or independent school classes. Independent education figures may be suppressed as not all take part in the free entitlement funding offer.
• Mitcham area has the largest number of 3 and 4 year olds claiming free entitlement in Merton provision (90%); 89% of Merton’s 3 and 4 year old population access their entitlement within Merton.

• 760 children resident outside of Merton access their free place through Merton provision. 60% of these children take up this provision in maintained schools, 22% in day nurseries and 9% in both playgroup and pre-school provision and independent schools.

• 6% of 3 and 4 year olds in Merton’s funded provision have a level of SEN recorded.

• Mitcham planning area residents and the residents of wards bordering it to the west of Morden and Wimbledon have the greater proportion of population accessing funded provision.
Performance of Local Specialist and Community CAMHS Services

Tier 2 services are provided by mental health specialists such as psychologists, in non-mental health settings such as schools, Youth Offending services and other settings, for children and young people with mild to moderate mental health problems, and who do not require mental health multi-disciplinary team input.

<table>
<thead>
<tr>
<th>Merton</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
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Tier 3 services provide specialist community based mental health interventions from a multi-disciplinary team including psychologists, facility therapists, psychiatrists and nurses for children and young people with moderate to severe mental health problems. Treatment at this level often requires psychiatry input, and sometimes medication management and review.

<table>
<thead>
<tr>
<th>Merton</th>
<th>2014/15</th>
<th>2015/16</th>
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<th>2017/18</th>
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<td>Number of children/ young people receiving a MH assessment within 4 hours</td>
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<tr>
<td>Number of children/ young people not previously known to CAHMS</td>
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<tr>
<td>Number of children/ young people admitted due to MH concerns</td>
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<td>0</td>
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<tr>
<td>Referrals by Age</td>
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<tr>
<td>0-4 years</td>
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<tr>
<td>5-10 years</td>
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<td>9</td>
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<td>16+</td>
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<td>Referrals by Ethnicity</td>
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</table>

It is important to monitor the experience of children and young people who use the service to ensure the delivery of good experience of service. Good experience of service promotes engagement with services as well as improvement in health outcomes. The Experience of Service Questionnaire (ESQ) is used to capture experience and children and young people are invited to complete the questionnaires as part of their treatment, answering the following 12 questions:

**Experience of Service Questionnaire:**

1. I feel that the people who saw me listened to me
2. It was easy to talk to the people who saw me
3. I was treated well by the people who saw me
4. My views and worries were taken seriously
5. I feel the people here know how to help me
6. I have been given enough explanation about the help available here
7. I feel that the people who have seen me are working together to help me
8. The facilities here are comfortable (e.g. waiting area)
9. My appointments are usually at a convenient time (e.g. don’t interfere with school, clubs, college, work)
10. It is quite easy to get to the place where I have my appointments
11. If a friend needed this sort of help, I would suggest to them to come here
12. Overall, the help I have received here is good
Commissioners, providers and local leaders in health and social care collect monitoring data from commissioned services which assist in understanding the local needs. This table shows trends in diagnosis for children and young people using the NHS specialist CAMHS services over recent years.

### Diagnostic trends in children and young people’s mental health in Merton.

#### Numbers per Diagnostic Care Pathway following initial assessment

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<th>Condition</th>
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<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
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<td>1</td>
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<tr>
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<td>43</td>
<td>67</td>
</tr>
<tr>
<td>ADHD / ASD Assessment</td>
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<td>59</td>
<td>94</td>
<td>98</td>
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<td>ADHD Assessment</td>
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<tr>
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<td>1</td>
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<td>Aggression</td>
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<td>36</td>
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<td>Anger</td>
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<td>F32.0 - Mild Depressive episode</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>F42.9 - Dissociative [conversion] disorder, unspecified</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>F44.9 - Dissociative [conversion] disorder, unspecified</td>
<td>0</td>
<td>0</td>
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<tr>
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<td>0</td>
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<tr>
<td>F50.2 - Bulimia nervosa</td>
<td>0</td>
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<tr>
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<td>0</td>
<td>0</td>
<td></td>
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<td>F71.8 - Moderate mental retardation, other impairments of behaviour</td>
<td>0</td>
<td>0</td>
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<td>F72.8 - Severe mental retardation, other impairments of behaviour</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td>Sleeping problems</td>
<td>8</td>
<td>7</td>
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</table>
Inpatient Services Activity/Tier 4 Data

The Tier 4 inpatient data shows a significant reduction in inpatient activity from Merton for General Acute Inpatient services and Eating Disorder services. No direct causal relationship can be concluded, however the improvement in Community Services over the longer term is expected to result in reductions in inpatient admissions.

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2017/18</th>
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<tbody>
<tr>
<td>Social Communication</td>
<td>4</td>
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<td>1</td>
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<td>Tics</td>
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<td>Trauma</td>
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<td>1</td>
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<tr>
<td>Violence and Aggression</td>
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</tbody>
</table>

Actual Merton Inpatient Activity in 2015/16 and 2017/18 in Occupied Bed Days

- Adolescent Inpatient Admissions
- Adolescent Eating Disorders Admission

- 2015/16: 362
- 2017/18: 388
- 2017/18: 82
South West London Transforming Care Partnership Plan

South West London’s Transforming Care Partnership’s (TCP) plans are focused on making sure that it can provide support to people with a learning disability and/or autism in the community, to do this it will improve services for people in times of crisis and provide training in positive behavioural support.

It will also focus on children and young people so that education, health and care plans meet a young person’s immediate need but also prepare them for the move into adulthood.

South West London TCP plan aims to:

- Help people have less times of crisis by stepping in earlier and developing prevention techniques.
- See less people going back into hospital after a crisis by looking after them in the community after they have been discharged.
- Make sure that people across south west London are offered the same choices on personal budgets and personal health budgets.
- Make sure more people with a learning disability and/or autism are supported to live in the community.
- Provide support for families and carers, including more respite care and alternative short-term accommodation for patients
- Reduce how many people are staying in hospital by discharging them, if appropriate, into the community where the right set of services are in place for them.

Early Help

Early help is an essential element within Merton’s comprehensive framework of children’s services, whereby additional needs of children are identified and met at the earliest point possible, promoting children’s welfare and reducing the need for more intrusive and expensive interventions at a later stage.

In Merton the following definition of Early Help is used:

‘Intervening early and as soon as possible to tackle emerging problems for children, young people and families...early help can take place early in a child’s life or early in the development of a problem...effective early help prevents escalation of need and reduces severity of problems.....early help can be provided to individual families, particular vulnerable groups or whole populations (C4EO 2012)’.

Within the context of Merton’s long standing Child and Young Person Well-Being Model (MWBM) developed with our safeguarding and Children's Trust partners, early help is provided at all levels (Universal, Enhanced, Specialist). This approach aims to enable and empower families, reducing an escalation of need. Our Children’s Trust Partnership delivers, commissions and brokers early help services through the voluntary sector, schools, Public Health, Merton CCG, Safer Merton, the council and other partners. Partners are also provided with guidance and advice from an Early Help Offer
Inpatient Care across South London (New Models of Care)

As part of the NHS England Children and Adolescent Mental Health (CAMHS) tier 4 New Care Models programme, a collaboration between Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, and South West London and St George’s Mental Health Trust formed to enable clinicians and managers are working together to achieve transformation.

Three trusts that once competed are now collaborating and sharing approaches, pathways, resources and clinical expertise – all for the benefit of some of the most vulnerable of our children and young people.

The Trusts are able to invest in innovative, community-based interventions and support services. We have made strong progress with a key goal – reducing the number of south London CAMHS patients placed in inpatient beds out of our area, and many miles from home.

The start was with shared goals, including services which reduce disruption to children and young people’s social networks, making contact easier for families and carers, and enabling patients to recover sooner, closer to home.

It was important to set clear targets and ensure our work programmes are precisely aligned to delivering them. For example, we want to better support young people at times of crisis – or approaching crisis – such as potential self-harming. Ensuring we have skilled professionals available rapidly, in communities, for risk planning and management, assessment and using interventional therapies improves care and support and will reduce admissions into A&E.
We knew that too many patients needing intensive support are placed in units outside of the partnership. Our analysis showed this was 65 per cent of all inpatient stays in 2016-17. On average these young people were placed 73 miles away from home, reducing their resilience and recovery and having a detrimental effect on family life. That’s why joining up our bed management – covering our trusts’ dedicated 47 CAMHS beds and other CAMHS inpatient facilities inside and beyond south London – was vital.

Alongside developing new pathways with more community-interventions, our closer working and new protocols are having a real impact. Occupied bed days outside the partnership were 38 per cent lower in March 2018 than the 2016-17 average. The average distance was 44 miles away from home in February 2018 – a 40 per cent reduction.

Joint working is paying dividends for our patients, and delivering savings which we can invest in new services. Clinicians have led the way by identifying pathways and solutions that allow us both to benefit from our combined scale and expertise, but also reflect local needs.

**Commissioning for vulnerable groups (Disabled Children, Special Educational Needs, Learning Disability and Autism)**

For children and young people in Merton with neurodevelopmental conditions, including autism and ADHD, we have commissioned community paediatrics service, a Children’s Community Nursing Team, a Community Therapies service, and a statutory Community Mental Health Service. The current diagnostic pathway is set out here for children over 5 years.

Medium and long term planning is underway to improve and commission for improvements in the neurodevelopmental pathway in Merton, and from April 2019 there is an interim plan to shorten the pathway for those with suspected ADHD for the diagnosis to be confirmed within generic CAMHS Tier 3, avoiding a further hand-off to the specialist neurodevelopmental service.

A Special Educational Needs Integrated Service (SENDIS) has been commissioned to support children and young people to access support required and to deliver the Education and Health Care Panels.
A Children’s Continuing Care panel is in place which reviews children with continuing care packages and reviews new assessments for eligibility. There is also a tripartite panel which reviews joint funded packages with Education, Health and Social Care contributions.

The Special Educational Needs schools are supported with dedicated resources for health, including mental health.

During 2018 – 2019, additional support for parents has been commissioned to improve outcomes for children and young people with ASD and ADHD both prior to diagnosis, and post-diagnosis.

The Early Years’ service delivered by the Local Authority has a comprehensive programme of advice, intervention and support for children, and families.
Merton’s children’s centres offer a range of services for parents and carers from pregnancy through to the end of their child’s reception year at school.

**Drop-ins**

**Family Information and Support Hubs**
Just ask at a hub about your child’s development, work, training, money, housing, benefits or finding childcare. We can also support you to access other services.

**Portage Support Group**
A drop-in for parents with children aged under 4 with special needs or disabilities (invitation only).

**Young Parents Support Group**
A drop-in for parents aged under 24 and their children.

**Early Learning Together Groups** run at Abbey, Acacia, Ivy Gardens and Church Road Children’s Centres (invitation only).

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**Bookable programmes**

**Early Learning Together (ELT) Baby Programme** (0-7 months)
For all first-time parents and their babies, this programme supports parents to understand their baby’s early brain development and teaches massage strokes to soothe and comfort their baby.

**Incredible Years (IY) Baby** (0-6 months)
For parents and their babies, this programme provides information on how babies grow and develop and how parents can support them in the early months.

**Early Learning Together (ELT) Toddler Programme** (8 months to child’s 3rd birthday)
Helping parents to understand their child’s development and giving them ideas of activities and games to enjoy with their child that support healthy development.

**Incredible Years (IY) Toddler** (12 months to child’s 3rd birthday) and **Nursery and Reception** (3 years to end of reception year at school)
Helping parents to understand their child’s development and how they can best support them, encouraging positive behaviour and learning different ways to manage challenging behaviour.

**Early Learning Together (ELT) Preschool Programme**
Children who are eligible for free early education for 2, 3 or 4-year-olds and their parents experience what it’s like to go to nursery or preschool, helping parents and children to manage separation.

**Early Communication Group** (2 years 2 months to start of reception year at school)
Supporting children to interact with their parents and other familiar people. Children and their parents will develop communication with one another using sounds, gestures, pictures and symbols.

**Social Communication Group** (2 years 8 months to 5 years)
Supporting children with ASD or social communication disorder (or currently being diagnosed) to interact with their parents and other familiar people using sounds, gestures, pictures and symbols.

**Incredible Years (IY) Autism and Language Delay Programme** (2 years to end of reception year)
Helping parents of children on the autistic spectrum (or currently being diagnosed) or with language delay, supporting emotional regulation, social and language skills, school readiness and relationships.

**Personalised Individualised Parenting Therapy** (3 years to end of reception year at school)
One-to-one programme for parents and children, often delivered in the family home. A parenting therapist helps families to encourage positive behaviour and manage difficult behaviour.

Details of these programmes can be found at [www.merton.gov.uk/fsd](http://www.merton.gov.uk/fsd)
If you think you could benefit from any of these programmes, speak to your health visitor, a member of children’s centre staff or other practitioner who is working with you and your child. Other services may be available; please visit your children’s centre to find out more.
Transformation funds has been used to train CAMHS practitioners working for the Mental Health Trust to co-facilitate some of the evidence-based programmes with Early Years staff. It has also been committed this year to support the introduction of the *Incredible Years, Autism and Language Delay Programme* which is new to the UK.

Transformation funding has also been committed this year to pilot *Teen Life*, an evidence-based programme for parents of children and young people aged 10 – 16 years. The first programme in Merton is expected to start in early 2019, for the first group of twelve parents.

Topics covered by this programme include:

- Understanding Autism
- Supporting your child with understanding the diagnosis
- Puberty
- Independence skills
- Sharing diagnosis with your child
- Teen issues
- Locating further support

**Early Bird Plus** – Further financial support has been provided for this programme to be delivered across the borough. The delivery partner is Cricket Green School, which supports pupils with special educational needs and has the expertise to deliver this programme with access open to parents across the borough as well as parents of pupils attending the school.

**123 Magic for ADHD** – Additional transformation investment has been committed this year for the introduction of an evidence-based programme for parents of children who have been diagnosed with ADHD to provide essential post-diagnosis advice and support to improve outcome for children and young people.
Merton is currently in the process of implementing the recently developed and published Autism Strategy and Action Plan:

This Action Plan sets out priorities over the life of the Merton Autism Strategy 2018-2023. This has been shaped by the responses to the public engagement on the strategy and should be read in conjunction with the Autism Strategy document.

In the first year of the Strategy 2018/19 the focus is on starting work to deliver the following priorities, which have been highlighted in the plan:

- Action 1.1: Improve the local training and awareness offer, including delivering a training programme for CYP workforce
- Action 2.1: Redesign and improve the assessment, diagnosis and support pathway for 0-18 year olds
- Action 2.2: Raise awareness of the diagnostic pathway for adults
- Action 2.3: Promote autism champions in all education settings
- Action 3.1: Improve customer journey in adult health and social care for adults with autism
- Action 3.2: Ensure people with autism and parents/carers are actively involved in co-designing and delivering services
- Action 3.3: Improve employment opportunities for people with autism
- Action 3.4: Improve opportunities for people with autism to participate socially
- Action 3.5: Increase the number of places within specialist and additionally resources educational provision
- Action 4.1: Improve the quality of transition assessments
- Action 5.1: Identify resources to increase provision of parenting programmes
- Action 5.2: Ensure families and carers are involved in the co-design and delivery of services
- Action 6.1: Improve quality and accessibility of information available to people with autism and their families/carers

Other actions set out in the plan will be developed over the life of the strategy and this action plan will be reviewed and updated on an annual basis.

Progress on delivering this action plan will be monitored through existing partnerships where appropriate (including the CAMHS Partnership and Preparing for Adulthood Partnership). In the first year an Autism Partnership steering group will be established to provide leadership and oversight, this will report to the Children’s Trust Board and Health and Wellbeing Board.
Understanding the Local Need

Local agencies work together to collate data, and share information to ensure there is good understanding of the emotional well-being and mental health needs of children and young people, and the support their families need. This data can then be used to support local and regional planning and commissioning of services, including the Local Transformation Plans.

An overview of the demography and mental health needs of children and young people provides valuable data to support planning and commissioning. The graphic below shows that compared to London CCG areas, Merton is ‘green-rated’ for deprivation levels, meaning it has comparatively low levels of deprivation.

![Deprivation levels by London STPs and CCGs](image)

A Health Needs Assessment of Merton CAMHS was undertaken in 2015. This provided an in-depth understanding of local needs and was complemented by a CAMHS service review. This process ensured that there is a strong understanding of local needs and has directly informed the development of the Merton CAMH Strategy and first CAMH Transformation Plan. A refresh of data was undertaken in October 2016 to inform the development of the 2017/18 Transformation Plan.
Our refreshed Transformation Programme 2017-2020
The Transformation Plan has been updated using the following information

- Joint Strategic Needs Assessment Summary Document 2015
- Public Health England Merton Children Profile March 2017
- Children and Young People's Plan 2016-19
- Merton Health and Wellbeing Strategy 2015/16-2017/18 Merton – the place for a good life

Addressing the mental health needs of the most vulnerable children, and young people
The Local Transformation Plan has a clear focus on vulnerable groups. Much has been done to improve access to CAMHS for vulnerable groups such as Looked After Children, Youth in the Justice System, CYP and families working with social care. Investment has been made in the workforce working with these vulnerable groups, including training for foster cares and social workers. Primary mental health workers have also been embedded into key teams such as the Youth Offending Team, Early Years, EHCP and Children’s Social Care.

A number of key documents (as listed above) have been used to develop our refreshed Local Transformation Plan. All projects have been designed for a particular cohort in mind taking into consideration what are the issues we are trying to resolve. This year we will be building on pilot project work by developing longer-term commissioning plans.

Demographics
Merton is an outer London Borough situated to the south of west central London and covers 14.7 square miles. Merton’s 2016 population projection is 203,200 people living in nearly 80,400 occupied households. Population density is higher in the east wards of the borough compared to the west wards1. Greater London Authority (GLA) population data show’s Merton’s current BAME population is 76,188 (37.1%). Black, Asian and Minority ethnic (BAME) groups make up 35.1% of the population, lower than London (40.2%).

The population of children and young people (0-24 years) in Merton is predicted to grow over the next 5 years by 3.8% from the current figure of 62,400 to 64,8002. This suggests an increase in the demand for CAMHS, with the prediction that the number of children aged 10-14 years, currently the largest group accessing CAMHS, will increase by 17% by 2020 (from 11,300 to 13,300).

Currently, 45% of CYP in Merton are from black and minority ethnic (BAME) groups, this is not projected to change significantly by 2020. However, in Merton Schools 68% of students are from BAME groups.

Within the BAME group 13% are represented within the ‘Other Asian’ category, this is the largest BAME group in Merton for children and young people. This group is projected to rise by 7.5% in 2020 to 8,296, and is predicted to still remain the largest BAME group in 2020. Almost half of those in the ‘Other Asian’ category will be between the ages of 5-14 years of age by 2020.

We closely monitor the ethnicity, gender, postcode and other characteristics of children and young people accessing CAMHS services. We are generally satisfied that minority groups are well represented in CAMHS.

Table 2 compares a number of key indicators for Merton against the regional (London) and England averages, drawn from the Public Health Child Outcomes Framework.

<table>
<thead>
<tr>
<th></th>
<th>Local</th>
<th>Region</th>
<th>England</th>
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</thead>
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1 GLA Population Projections 2013 Round
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<th>Girls</th>
<th>Total</th>
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</thead>
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<td>Live Births (2015)</td>
<td>3,412</td>
<td>129,615</td>
<td>664,399</td>
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<td>Children aged 0 to 4 Years (2015)</td>
<td>16,000</td>
<td>633,300</td>
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<td></td>
<td>7.8%</td>
<td>7.3%</td>
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<td>Children aged 0 to 19 Years (2015)</td>
<td>50,000</td>
<td>2,140,000</td>
<td>13,005,700</td>
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<td></td>
<td>24.4%</td>
<td>24.7%</td>
<td>23.7%</td>
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<tr>
<td>Children aged 0 to 19 Years 2025 (projected)</td>
<td>57,000</td>
<td>2,438,300</td>
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<td></td>
<td>25.0%</td>
<td>24.9%</td>
<td>23.8%</td>
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<td>School children from minority ethnic group</td>
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<td>756,627</td>
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<td></td>
<td>67.9%</td>
<td>72.2%</td>
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<td>Children living in poverty aged under 16 years (2014)</td>
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<td>20.1%</td>
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<td>Life expectancy at birth (2013-2015)</td>
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<tr>
<td>Boys</td>
<td>80.5</td>
<td>80.2</td>
<td>79.5</td>
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<tr>
<td>Girls</td>
<td>84.2</td>
<td>84.1</td>
<td>83.1</td>
</tr>
</tbody>
</table>

Table 2: Child Population in Merton

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3 Taken from Public Health England – Child Health Profile March 2017
Demographic data for London shows that South West London has the second highest projected population growth for 0 – 17 year olds.

Prevalence of mental health conditions:
The Public Health Outcomes framework for 2017 estimates 2,380 children and young people aged 5-16 in Merton have a mental health disorder, representing 8.5% of the total population of children and young people in the borough. This is lower than the estimated London average (9.3%) and England average (9.2%).

Of this 2,380 children and young people estimated to have a mental health disorder in Merton, 911 (38.2%) are estimated to have emotional disorders, 1,427 (60%) conduct disorders, and 390 (16.4%) hyperkinetic disorders. This mirrors the prevalence of different mental health disorders both nationally and regionally.

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4 Children and Young People’s Mental Health and Wellbeing Profile 2017, Public Health England. (Available at: https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/1/gid/1938133090/pat/6/par/E12000007/ati/102/are/E09000024)
Table 1 Number of 5-16 years olds with a mental disorder

Data from previous years, as used in the CAMHS 2015 Health Needs Assessment (HNA) report provides a more detailed breakdown of mental health disorders by gender and age range. The figures are based on mid – 2013 ONS population estimates.

The 2004 national survey suggests ASD prevalence rates of 0.9%, however other research points to much higher rates of ASD in children and young people. Public Health England ChiMat estimates that there are 295 children between the ages 5-10 years with ASD in Merton in 2012, based on two studies of autism in children of this age group. Further to this, the rate of 157 per 10,000 found in Baird et al (2006) study suggests the potential for up to 794 children and young people in Merton between 0-19 with ASD, much of which will be undiagnosed.

Merton has the second highest rate of child mental health admissions compared to local authority statistical neighbours and the fifth highest compared to London Boroughs (108.2 per 100,000, equivalent to 50 admissions, 2015/16). The admissions rate in Merton is higher than the average for England (85.9 per 100,000) and London (82.1 per 100,000). This represents a slight decrease compared to 2014/15. Caution must be taken in interpreting the data because of the small numbers involved and the breakdown by type of mental disorder are small for most disorders.

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5 Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP)


The CAMHS Transformation Plan has taken on board the findings of the JSNA, and the ASD pathway is being redeveloped to reflect the views of our residents and to better deliver a service that has a clear pathway, is NICE Compliant and offers supports to parents and carers at the appropriate time that meets the needs of Merton’s children and young people. An Autism Strategy is also being developed, which takes a life-course approach and sets out plans to improve support and opportunities for people with autism and work towards an ‘autism friendly’ borough.

Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and 75% by the age 18. Although mental health issues are relatively common, it is often the case that children and young people don’t get the help they need as quickly as they should. As a result, mental health difficulties such as anxiety, low mood, depression, conduct disorders and eating disorders can stop some young people achieving what they want in life and making a full contribution to society.

The CAMHS Transformation Partnership Board in light of the findings of the JSNA and the Future in Mind report recognises that early help is essential and as such is investing heavily in the schools in Merton to provide the early help needed. Two organisations commissioned this last year to begin the work of early intervention have been the Wish Centre (self-harm) and Off the Record (counselling).

The LTP also draws on prevalence data from other sources, including pan-London data which shows conduct/hyperkinetic (hyperactivity) and emotional disorders as the most commonly presenting disorders for children and young people. This mirrors the pattern of prevalence in Merton.

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7 Future in Mind
The prevalence of mental health conditions in children and young people in South West London is estimated to be among the lowest in London.
Hospital admission data for children and young people is important to support understanding prevalence rates and service demand. It can also provide insights into the effectiveness of early intervention and prevention planning in reducing demand for services for severe mental disorders. However there are a range of complex factors influencing hospital admission rates and caution should be exercised in arriving at conclusions.

Merton has a high in-patient admission rate relative to London rates, a finding that does not align with demographic, prevalence and deprivation levels for the area. Approaches to investigating this would include looking at access and engagement with most deprived groups within the population with early intervention and prevention services.
Deprivation and Health Inequalities

As a borough, Merton is relatively affluent. The Indices of Multiple Deprivation (IMD) set out the relative position of local areas in terms of deprivation. The IMD reflects the multidimensional nature of deprivation, with an overall score that is weighted most heavily on the domains of income (22.5%) and employment (22.5%), but also included other domains (not just financial). Merton is less deprived than the averages for both London and England according to the IMD. However, there are significant inequalities within the borough, with all wards in the East of the borough more deprived than the West. There are also pockets of high levels of deprivation, with six of the top 10% most deprived Lower Super Output Areas in England located in the East of Merton, which are largely part of the Pollards Hill, Figg's Marsh, Cricket Green and Abbey wards.

According to the latest available data, approximately 16.2% of children (6,485) under the age of 16 years were living in poverty in Merton. This is less than the London average (23.4%) and England as a whole (20.1%) but remains a substantial figure. Map 1 below shows the distribution of income deprivation affecting children by ward level (2015), showing the significant inequalities across Merton.

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Since 2010, there has been a 31% increase in the numbers of children eligible for free school meals (2281 eligible children in 2010 compared to 3796 in 2015).11

One way that we are explicitly addressing health inequalities is by ensuring that projects and services are geographically located to provide easy access to our less affluent, more deprived communities. For example, our new counselling service was set-up to be very commutable for residents living in the East of the borough. We also ensure that CAMHS is free at the point of contact for CYP and families.

A further marker of local need is referrals data CYP SPA data which show increases in referrals for all South West London CCG areas with a shared mental health provider.

11 Pupils Eligible for Free School Meals by Borough, Department of Education, 2015 (Accessible online at: https://data.london.gov.uk/dataset/pupils-eligible-free-school-meals-borough )
Workforce

As part of the transformation programme in Merton, survey was commissioned in 2016 to understand the training and development needs of the workforce. The aim was to identify existing knowledge and skills, training needs and training preferences.

Approximately 200 survey responses were received and ten professional groups interviewed in the borough. The training needs identified were grouped into six main areas:

1. Knowledge of referrals and the wider CAMHS system
2. Knowing how to respond in mental health emergencies
3. Knowledge and skills to promote coping
4. How to work with parents with mental health issues
5. How to recognise and raise mental health issues early
6. How to respond to specific conditions

**Summary of Training Strategy**

1. Promotion of CAMH resources, information, protocols and pathways
2. Host CAMH Network Meetings (3 per year)
   - Briefings, case studies, Q&A with expert panel
3. Provide targeted training
   - Train mental health leads in schools
   - Mental Health First Aid
   - Mental health awareness and promotion
   - Parental mental health
   - Mental health in the very young
   - Mental health in teenagers
4. Signpost to online training (limited)
The Healthy London Partnership has developed a [HLP CYP Mental Health Training Resource Compendium](#) to support access to mental health training for the CYP workforce.

**Workforce Development**

At a SWL footprint the South London Workforce action board has been established and brings together health and social care professionals as part of place based commissioning to collaborate on workforce planning for the next five years. The groups has established a number of work programmes at SWL level which will support development of the CAMHS workforce. These include:

- Recruitment campaigns; work in schools to highlight range of careers available, targeted recruitment campaigns working with HEE and PR/comms support, project resource sourced for international recruitment process work and project expert sourced for hard to fill and new roles recruitment campaigns
- Apprenticeships; Identifying key contacts with apprenticeship circles and collating various guidance and best practice and working with HEE and SWL providers to identify value added at a system wide level
- SWL induction and benefits package; looking at consistency across induction and benefits packages to make SWL an attractive place to work
- SWL Flexible working; agile working and self-rostering to promote nurses taking control of work shifts, improved motivation, less sick days, and removal of shift patterns to deliver a fairer way of working. Self-rostering has been established on a number of acute hospital wards and now exploring interest with SWLSG
- SWL Nurse and AHP progression course; Oxleas, SLAM, SWLSG have launched a progression course for MH nurses B2-B7 including new roles. A programme based on this is going to be rolled out to other parts of the SWL, incorporating the “mental health passport” which allows staff to move more seamlessly between providers in the patch

The SWL Workforce Action Board and the SWL Mental Health Network have established a SWL Mental Health Workforce task and finish group, which reports to both forums. This group is responsible for driving delivery of the SWL MH workforce plan, ensuring we have detailed plans in place and are monitoring progress against the workforce trajectories. The workforce task and finish group is supported by an expert workforce modeller, who is developing a model which will quantify the impact of existing plans and help the group to understand any gap between what will be
delivered through current initiatives and the overall workforce targets. A CAMHS specific meeting has been scheduled for November 2018.

The SWL Transforming Care Programme has secured non-recurrent funding to provide some general positive behaviour support training to support upskilling the workforce to meet the needs of people with learning disabilities and / or autism with challenging behaviour in the community. The programme will adopt a train the trainer approach to promote sustainability and ensure the programme helps to upskill the workforce and promote and change in culture over a longer period of time. The training programme will also include delivering training to families and carers to help develop their skills. This is something that families and carers have told us that they would benefit from, through our engagement work. As part of the Transforming Care Programme we have also secured transformation funding to look at how we deliver intensive support service in the community, and will be using this to explore how we enhance specialist skills within our workforce to work with children with challenging behaviour and develop positive behaviour support plans.

SWL has identified children and young people’s mental health as our prevention priority for cross system working. We have submitted an application for Wandsworth, Sutton and Merton to be Trailblazers for the Green Paper roll out, but are also progressing with rolling out the “Whole School Approach” that we have developed to meet the needs of children and young people. Progress to date includes:

- Cluster leads have been identified for school clusters in each of our boroughs – now working with these leads to ensure everything is in place to start a pilot by 1 January
- Developing a common MH policy across all SWL schools
- Support for children through having additional mental health support workers across the borough (one per cluster) and drawing on resources such as Zumos which provides online resources/activities for children around emotional wellbeing and resilience
- Support and training for parents
- Support for teachers through rolling out MH First Aid
- Engagement with CYP in the cluster schools critical to the development

The SWL Mental Health Workforce task and finish group has developed a number of bids as part of the HEE mental health bidding round 18/19. These bids are all designed to support delivery of the MH workforce plan.

**Trailblazer bid**

South West London Health and Care Partnership agreed in November 2017 that its key health prevention and promotion focus would be on children and young people’s emotional wellbeing; partners committed to ensure that the whole health and care system across South West London would work together to deliver significant change in this area.

SWL has developed an expression of interest to be a Wave 1 Trailblazer site, covering Wandsworth, Sutton and Merton CCGs. This combined bid reflects the collaborative work that all three boroughs have been involved in as part of this overall South West London priority to champion emotional wellbeing for children and young people. All boroughs in South West London have been actively involved in this programme and as a result Croydon, Kingston and Richmond CCGs will be well placed to be fast followers following this pilot.

The bid has two key elements to it; the development of mental health support teams (MHSTs) in schools to provide additional support to children with mild to moderate mental health issues, and a four week wait pilot for Tier 3 services.
a. **MHST summary:** Our MHSTs will be based on a hub and spoke model where the MHST will be based in hub schools or co-located with education or social care teams and will support the delivery of a whole school approach. The MHST will deliver consultation for teachers and assessments and treatment of pupils in primary schools and students in secondary schools. Treatments will comprise:
- 1:1 interventions,
- group treatment programmes

Our proposal is to have a total of 13 MHST in our trailblazer site; with each borough grouping their schools based on current strong working practices.

b. **4 week wait summary:** to achieve a 4 week wait in specialist CAMHS services, the system needs to work together with young people and their families and carers at the centre. Our bid proposes investing in several areas of the system, to deliver a whole system transformation:
- Investing in our single points of access to ensure that all children and young people will receive a high quality first assessment (on the phone or face to face) to ensure they are directed to the right part of the system first time
- Building on our existing tier 2 services to increase the range of therapeutic support available, ensuring support is delivered in places that work for young people. This aligns with our bid for the Mental Health Support Teams, which will increase the support available within schools and, together, should decrease the number of referrals to tier 3 services
- Increasing the capacity of our tier 3 services, so that children and young people with more complex needs who need more specialist support, receive timely intervention within four weeks of referral

SWL have agreed a system ambition that no child or young person should attend A&E in mental health crisis and the scope of the trailblazer is one critical pillar of this ambition. This will build upon the strong work undertaken by the south London new models of care programme to ensure that services we develop dovetails with the work they are doing in reinvesting in community services.

We have developed strong partnerships with our stakeholders, including independent schools and Further Education colleges, and we believe that these relationships and the preparatory work we have been doing for the trailblazer will enable us to accelerate delivery of our service model if our expression of interest is successful.

**Workforce growth over the transformation period (Mental Health Trust)**

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Collaborative and Place Based Commissioning

A Collaborative Plan has been agreed between SWL CCGs, SWLStGs and Specialised Commissioning. The local Transformation Board oversees the delivery of the Action Plan, which is also reported at a number of other boards and forums, including the SWL CAMHS Collaborative. The Collaborative Plan identifies the following priorities and work is being undertaken at an STP level to determine how these will be implemented and delivered:

- Access to appropriate beds locally thus not having to travel long distances, face long waiting times, or disconnect from family and their local community
- Availability of services out of hours
- Develop more quality measures by service units
- Support for young people when they return home after specialised CAMHS admission
- Children’s services to map neatly onto adult services affecting transition
- Consistent commissioning arrangements between community and specialised CAMHS
- Consistency in care and discharge plans
- More multi-agency support to help children and young people with mental health problems to stay in community and prevent hospital admission
- Depict accurate picture of specialised care as not a “solve all”
- Better utilise funding available for services

Delivery of the Collaborative Plan is underpinned by an action plan that sets out the key actions, milestones, timescales and outcomes that will be required to be delivered in order to achieve the collaborative place based commissioning agenda.
Social, Emotional and Mental Health in Schools and Colleges

Schools and colleges present significant opportunities for children and young people to develop social, emotional well-being and good mental health (SEMH) that can assist in long term outcomes. School life also presents challenges in terms of demands of social interactions and relationships with peers and a greater range of adults that some children find difficult to manage. The challenge of meeting learning standards, exams and expectations of academic attainment produces levels of stress that children and young people require support to adapt to. School and colleges also present children and young people with significant challenges in understanding, and negotiating routines, rules and regulations and the regular experience of transitions.

Merton schools and colleges support children and young people with their social, emotional and mental health needs through ‘whole school’ approaches as well as a targeted approach to providing tailor made support to children based on their individual needs. A significant strand of a whole school approach to supporting children’s SEMH is developing the knowledge, and skills of staff working in schools to recognise these needs, support children, and signpost to specialist sources of help where required.

Mental Health Services and Schools Link Pilots Evaluation

NHS England and the Department for Education published the evaluation report in 2017 on the outcomes of the Mental Health Services and Schools Link Pilots. Following the publication of Future in Mind which set an ambition to increase mental health support for children, and to optimise the potential of schools, the Mental Health Services and Schools Link pilot scheme commenced to identify named lead contacts for CYP Mental Health in schools. 255 schools across 27 CCG areas were funded to establish named contact schemes.

Results

Figure 2 Overall, how satisfied are you with the way that referrals were handled during the past school year? (school lead contacts)
Figure 3: Significance of potential barriers to providing effective mental health support (combined – school and NHS CAMHS/CYPMHS lead contacts)

- Negative attitudes towards mental health amongst school staff
- Lack of national policy for mental health in schools
- Low priority afforded to mental health within the school inspection regime
- Lack of information about locally available support for mental health issues
- Lack of capacity within schools (e.g. time, availability, training)
- Lack of capacity amongst NHS Child and Adolescent Mental Health Services (CAMHS)
- Poor communication between different agencies

Valid per cent ('Very significant' and 'Quite significant')

Figure 4: How confident do you feel about talking to students about their mental health and well-being? (whole school survey)

- Very confident
- Quite confident
- Not very confident
- Not at all confident

63
Locally commissioned services for CYP mental health in schools and colleges

The NHS mental health provider for Merton has a Traded Services Arm (CAMHS in Schools/TaMHS) which is directly commissioned by schools in Merton. Not all schools have a worker resulting in an uneven provision, and there is no commissioned in-reach mental health provision to pupils in local colleges. Whilst the Traded arm service is providing a critical service, it is anticipated that the Green Paper reforms will strengthen support to schools and colleges.
Public Health England *Promoting Children and Young People’s Emotional Health and Well-Being: A whole school and college approach* was published in 2015 to support the education and CYP mental health system with guidance and recommendations.

Eight Principles to Promote Emotional Health and Well-Being in Schools and Colleges:

**Overview of mental health provision in Merton Schools**

Merton has 48,350 children and young people (CYP) with a larger proportion of the younger population living in the east of the borough. Although generally health in Merton is good, significant social inequalities exist, especially in the East. 68% of students in our schools are from black and minority ethnic groups.

Linked to the demographic contrasts, mental health needs of CYP are geographically significantly different. This is especially noticeable in our Primary School population: YP of Secondary age being much more mobile and our Further Education College attracts students from a wider area. Mental Health need in the east predominantly manifests as conduct disorder, whereas in the west, need is often due to peer and parental academic pressure and social media resulting in stress, anxiety, depression and self-harming.

From our partnership data set we know that 35% of referrals into the Single Point of Access to CAMHs (SPoA) require a Tier 2 intervention (mild to moderate). Subsequent Merton CCG needs analysis resulted in procuring two voluntary sector provisions for self harm and counselling (including online). These have received in excess of 1200 referrals in the last year.

Merton has a proactive Mental Health Partnership Board, including representation from Primary Secondary and Special Schools, our Clinical Lead GP, Public Health and the Community and Voluntary Sector and is currently chaired by the Assistant Director of Social Care. The Board regularly reports
into the Health and Well Being Board, the Merton Safeguarding Children Board and the CCG Executive Board.

Historically, the Board has overseen a number of projects, pilots and changes as Merton has an excellent track record of piloting and mobilising new services. This includes Social and Emotional Aspects of Learning (SEAL), Emotional Literacy Support Assistants who have been trained in a range of interventions for emerging emotional well-being issues, the initial pilot for the Virtual school for children in public care, initial pilot sites for Multi Systemic Therapy (MST) in England and a TAMH Pathfinder. Our TAMH model which has clear linkage to other procured school provision such as counselling has been sustained through schools buying-in and delivers a range of interventions including:

- training to support universal work
- consultation to school based staff,
- small group work, targeted
- 1:1 with individual children with identified need
- Family support.

Those schools that have a TAMH worker make more appropriate referrals to our SPoA and are more likely to be referred directly to our specialist CAMH Service when needed and children and young people with autism tell us that their experience of the assessment and diagnosis process was considerably better if a TAMH worker was available to help guide them through. Our TAMH Service is delivered by South West London and St Georges Mental Health Trust, our main CAMH provider. All of this demonstrates that we can build lasting relationships and sustain programmes safely and effectively.

For schools with low incidence we commissioned an embedded mental health worker in our behaviour service, who supported schools to triage cases in school, gave advice on referrals and policy. This had the effect of improving the accuracy of referrals to tier 3.

The Board undertook a multiagency Training Needs Analysis and developed a 3 year training plan in 2015. As part of this the majority of our schools engaged in mental health awareness training commissioned across the sector from a single provider. This resulted in a number of our schools already identifying a mental health lead. Currently (until Dec 2018) we are completing the School Links programme, facilitated by the Anna Freud Centre and one of our school clusters, in central Mitcham have commissioned Place To Be to deliver additional training for their staff.

In 2016/17, through our CAMH Transformation plan, we invited a number of schools to pilot interventions to help build resilience and provide additional early interventions for emotional well-being. These school projects allowed schools to see the benefits of working in new ways with CYP in order to bring about improving outcomes in their emotional and mental health and in some schools this also extended to working more effectively with parents and carers. The schools involved are already committed to providing mental health support in the coming years.

All of this work has been underpinned by consultation with parents, carers and CYP. We have recently undertaken extensive consultation with parents and young people on changes to our Neuro-Developmental Pathway and development of our latest Autism Strategy, resulting in a standing committee of parents advising on the development of our Neuro-Development Pathway including waiting times and quality. We consulted widely with CYP prior to the development of our Emotional Well Being and Mental Health Strategy in 2015 and are in the process of designing further
consultation as part of the strategy refresh this year. As part of this refresh, the CAMH Partnership has recently agreed to adopt the iTHrive conceptual model to underpin our work going forward. Needs analysis shows not all schools are able to buy the TAMH service and the demand always exceeds resources.

Going forward, Merton has a wealth of knowledge of the emotional health and mental health support needs in schools and continuously engages with the sector.
Youth Justice Workers complete an assessment in regard to likelihood of reoffending, risk of harm and adverse outcomes. These assessments have been analysed for the period of 2017/18 and in regard to the highest frequent re-offenders. In both cohorts Mental Health concerns were highly prevalent (100% for cases with 3 or more re-offences).
Secure Estate

Remanded young people become Looked After and receive a health assessment that is reviewed by the local LAC Nurse. The CAMHS in Social Care team can be accessed for these cases or those within the secure estate for welfare grounds.

Young people at risk of custody with a pre-sentence report process can be assessed by the seconded CAMHS Forensic Psychologist. This has included PTSD assessments.
High Risk young people with complex needs

The Seconded CAMHS Forensic Psychologist (0.5fte) is utilised for case formulation and case consultations. She has undertaken trauma CBT and joint work with the parenting worker (who undertakes trauma sessions with parents in parallel to the work that the psychologist carries out with the young people). The Psychologist has supported practitioners to deliver trauma informed pieces of work and anger management sessions.

The FCAMHS provision has been commissioned centrally by NHSE and the Youth Justice Team has received early communication about this service and notification that referrals can be received from October 2018 (see below for more information).

Liaison and Diversion

Future in Mind outlined the need to transform CYP mental health services to create a system to support the emotional wellbeing and mental health of children and young people.

As part of a national programme, the Health and Justice and Specialised Commissioning Children and Young People’s Mental Health Services Transformation Work stream was established to address gaps in mental health service provision for CYP in the justice system with three priority areas:

- Development of Specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs;
- Development of a framework for integrated care for Children and Young People’s Secure Estate;
- Development of Collaborative Commissioning Networks between Health & Justice regional teams and CCGs.

The London regional Health & Justice team is tasked to deliver the third priority, of developing collaborative commissioning arrangements across London, by working with the 32 CCG’s across their STP footprint to build on Local Transformation Plans to deliver this programme of work and enhance the local health offer for CYP that come into contact with the justice system.

H&J regional teams were allocated funds from the national CAMHS Transformation Programme which the London region have aligned with the Youth Justice Liaison & Diversion budget to maximise the offer for CYP at a local level; bringing the total budget for the programme to £2.7m annually across London.

The CAMHS Transformation funding formula was applied to calculate annual CCG allocations, to be used alongside local funding streams to prioritise commissioning services for CYP in the justice system. Non-recurrent funding was also made available to map the current offer; from prevention, arrest, community supervision within the YOT, to remand and custody and the resettlement pathway to identify any current gaps in provision.

An assurance framework has been developed by NHS England to support the ongoing development and implementation of plans to utilise the funding allocated and ensure that we are able to best meet the aims of the workstream to support CYP. This requires evidence of partnership working, and quarterly submission by the CCG.
The Seconded CAMHS Forensic Psychologist also delivers Liaison and Diversion services (0.5fte). These services are delivered by the same practitioner providing a seconded service for the Youth Justice Team, working on a WTE basis across the two programme areas.

The Liaison and Diversion provision also includes the extension of the Speech and Language Therapist in the Youth Justice Team. They deliver an additional service for pre-court cases (0.2fte) and offer consultation for the Transforming Families team when they have capacity.

**Liaison and Diversion Referrals Pathway**

**Liaison and Diversion Transformation Expenditure to date**

**Workforce Training and Development:**

- Emotional Health and Well-Being (AMBIT model)
- Harmful Sexual Behaviour/identification/Engagement
- The Merton Participation Team will undertake a project to develop Peer Leaders in the borough who can (as part of the Participation and co-production work):
  - Engage with young people causing Anti-Social Behaviour (ASB) to understand their needs and their views on routes away from ASB
  - Undertake mediation between young people and community sites (for example Libraries, shopping centres or parks)
  - Co-deliver training to community sites to help them understand the benefits of positive participation with adolescents
  - Provide advice and guidance (via Youth Parliament, Youth Inspectors and Young Advisors) into projects or protocols that are aimed at reducing pathways into crime.
Co-production with young people who have been in contact with or at risk of contact with youth justice services

The funding will support the recruitment of Peer Leaders through youth forums, residential and community activities. The funding will support the training of peer leaders in emotional intelligence / trauma informed practice and ‘positive peer listening’. Young people in the Troubled Families cohort would be included and receive benefit. The Participation Team will deliver the project and provide the ongoing support to the recruited Peer Leaders from 2019. The outcomes from this project will be used to support service design and development.

Forensic Psychologist – CYP in police stations Mental Health, Communication or Emotional Well Being concerns:

✓ Screen Merlins, Appropriate Adult report, Triage, Out of Court Disposals
✓ Assessments, signposting, interventions
✓ Consultation to youth and prevention workers
✓ Provision of information and advice to partners

Speech and Language Therapist

✓ Early identification of children and young people in the criminal justice system with language and communication needs
✓ Work in partnership with the Forensic Psychologist to identify assessment, treatment and to support access to specialist interventions

Sexual Assaults / Sexual Health

The CCG is supporting a specialist consultancy provision for harmful sexual behaviour cases. This supports both Youth Justice Practitioners and partners working with the young people (e.g. Social Workers or Transforming Families staff) as often the arrests for sexual offences do not result in prosecution. The consultant has delivered training and carries out monthly consult sessions.

The local commissioned sexual health service (Spectra) has started to provide sexual health clinics in the Adolescent and Family Service offices (this provides a ‘drop in’ provision for young people in the Youth Justice, Tackling Exploitation and Transforming Families teams).

The Tackling Exploitation team has a MOPAC funded ‘young women and girls worker’ and the local authority commissions Catch22 to deliver a CSE and Missing service.

Crisis Care related to Police Custody

The Liaison and Diversion worker would liaise with the All-Ages L&D worker and any health workers involved, including those involved in crisis care. There is not currently a procedure or joint working agreement for these rare circumstances. Allocated social workers are often the direct point of contact for children involved in these situations. They have access to Social Care in CAMHS but in such situations are likely to liaise directly with the health professionals involved in the crisis care.

The Youth Justice team maintains a “re-offending toolkit” that looks at young people entering into the youth justice system for the financial year and tracks whether they re-offend within 12 months (and whether the re-offending was more / less serious or more/less frequent). This toolkit has been used for 3 years and is in the 4th year. It can be accessed by specialist staff to identify cases that have engaged with their services and to review the frequency of offending.
First time entrants are tracked every month and this information forms part of a performance dashboard that is examined at the Youth Crime and Prevention Executive Board.

Currently there is not a way of tracking children and young people with mental health intervention plans. What can be accessed is a report indicating whether a young person has been involved with CAMHS or has a Mental Health diagnosis, but this information is only available at the time of the assessment being completed.

**Re-offending rates, and First time entry into the youth justice system**

The targets that CAMHS Partnership Board set are those which the Youth Crime Executive Board set. The targets set for First Time Entry remains at 50 young people and for reoffending the targets are in relation to Binary (% young people that reoffended) and Re-offenses (number of offences committed within the whole cohort). The targets are 40% and 1.00.

There is provision for young people on Youth Court Orders to be screened at the point of sentence or request for a pre-sentence report and assessed / receive interventions as needed. The Liaison and Diversion service now offers a pathway for the Triage and Pre-Court workers to refer to the CAMHS Psychologist or SALT for an assessment of young people who receive Pre-Court disposals such as Caution or Youth Conditional Caution (YCC). Dependent on capacity this can also be provided to young people who are arrested and referred for a “Triage” outcome. These cases are in effect having a ‘No Further Action’ outcome from the police and do not count as a first time entrant. This cohort is the largest of all outcomes (with 48 Triage versus 48 FTE last year). For those on the edge of the youth justice there is no process in place. However, this has been recognised as a gap and the CCG are putting forward a business case for a 0.6 FTE Health nurse / CAMHS worker to increase the provision for cases receiving Triage and/or identified on the edge of the YJS.

The Seconded CAMHS Forensic Psychologist (0.5fte) is now available full time, delivering both Youth Justice (post-court) and Liaison and Diversion (arrest / pre-court) services. This greatly increases the screening, assessment and intervention engagement of young people.

There was a consultation process in 2015 that involved some young people from the YJS but there has not been any co-production of CAMHS / wellbeing services for young people in either YOT or Transforming Families. There are on-going exit interviews and forums – but not specifically about health needs or how they want these delivered. Any feedback from these forums is shared with the specialist staff, including the CAMHS worker.

The underspend from the Health in Justice project will be utilised to commission the Participation and Engagement team in a co-collaboration project, identifying young people who have had contact with (or on the edge of) criminal justice processes and offering a peer leadership programme and young advisor’s role with direct communication with the youth justice manager to consider the current provision, what is required and to influence the ongoing production and delivery of services.

**Forensic Child and Adolescent Mental Health Services for London (FCAMHS)**

NHS England Specialised Commissioning, in partnership with Health and Justice, are introducing a specialist community-based Forensic Child and Adolescent Mental Health Service (FCAMHS). We provide specialist forensic services, treating complex and high risk cases. This new service will treat complex and high risk cases, helping young people who may have been involved with the criminal justice system or be at high risk of being so in the future.

By October 2018 the service will be operational across London, delivered in three London areas by the following lead NHS providers:
• In North West London: West London Mental Health Trust (WLMHT)

• In North Central and North East London: Tavistock and Portman NHS Foundation Trust (in collaboration with The Brandon Centre)

• In South London: South London and Maudsley NHS Foundation Trust (SLaM) (in collaboration with South West London and St George's Mental Health NHS Trust and Oxleas NHS Foundation Trust)

By mid-August 2018 services in North West, North Central and North East London will be available to accept referrals for advice and consultation.

By October 2018 services across London will be fully operational and will able to accept referrals for advice, consultation, specialist assessments and interventional work.

Service Model
The service is a tertiary referral service for CAMHS teams, CAMHS/Youth Offending Team (YOT) link workers and neurodisability services for young people and other agencies. The teams will be accessible to all agencies (e.g. social services, YOTs, prisons, courts, solicitors, education, health commissioners etc.) that may have contact with young people exhibiting risky behaviours and/or are in contact with the youth justice system and about whom there are questions regarding mental health and/or neurodevelopmental difficulties (including learning disabilities and autism). The services will provide expert advice and consultation, specialist assessments and interventional work and will offer support as children and young people make transitions into and out of secure services as per diagram below.
Service functions include:

- Smooth transitions for young people between services
- Specialist support for local services
- Specialist mental health assessments (including forensic assessment where appropriate, and access to timely assessment where undiagnosed learning disability or autism is suspected)
- Reduction and management of the potential risks posed by the young person to others and self
- Facilitation of transition into, and out of, secure settings
- Effective strategic partnerships and joint working, particularly with children’s social care, education and the youth justice system (including community learning disability and autism services)
- Community intervention to prevent admission to in-patient settings where appropriate alternatives exist
- Liaison and advice to youth offending teams; courts and the legal system
- Links with services providing mental health in-reach into youth justice or welfare secure settings
- Provision of training to practitioners from all agencies in relation to areas within the services’ specialist remit

**Referrals**

The teams will be active, accessible to and approachable by any professional who wishes to make initial contact or enquiries regarding a young person giving cause for concern and about whom there are questions regarding their mental health. This will reduce risk of referrals not being made, delays in identification of need and potential disengagement by young people from services. Discussion and formal consultation with referrers will be undertaken by experienced members of the team and not delegated elsewhere.

**Referral Criteria**

Referrals can be made for all young people under 18 about whom there are questions regarding mental health or neurodevelopmental difficulties including learning disability and autism who:

- present high risk of harm towards others and about whom there is major family or professional concern
- and/or are in contact with the youth justice system
• OR about whom advice about the suitability of an appropriate secure setting is being sought because of complexity of presentation and severe, recurrent self-harm and or challenging behaviour which cannot be managed elsewhere

**Discharge and Care-Planning**
The service will ensure rigorous care planning and risk assessment that meets the needs and wishes of the child, young person, family and carers, and the involvement of other professionals from the point of referral to discharge from the service.

**Interventions**
The teams will collaborate with local services to ensure that treatments are delivered when required in a wide variety of different settings and that professionals in such settings are adequately supported to do this.

In addition, the teams will share wide experience of interventions or support packages which are specifically of value in young people with offending or challenging behaviours. As well as specialist knowledge of different types of residential and educational settings or the applicability of different therapeutic interventions (such as Multi-Systemic Therapy, Dialectical Behaviour Therapy, Treatment Foster Care or treatment of sexually harmful behaviours).

In all situations, reasonable adjustments will be made for children and young people with learning disabilities, autism or both and adapted treatment programmes sourced.

**Secure Outreach Function**
The secure outreach service is intended to support and compliment the work already provided by mental health services within all secure settings and seeks to engage such work beyond those settings. The teams will be multidisciplinary and have specialist mental health and forensic experience in the assessment and identifying treatment needs of complex high-risk young people. In particular, the services will have specialist understanding of statutory mental health, welfare, youth justice and educational processes and understanding of the interfaces between them. The teams will also be familiar with identifying the needs of young people with neurodevelopmental disorders, including learning disability and autism.

**Lead Provider's profiles**
**About West London Mental Health Trust (WLMHT)**
West London Mental Health Trust (WLMHT) is one of the most diverse providers of NHS mental health and community services in the UK. We provide care and treatment for around 99,000 people each year. We offer care, treatment and support for a range of conditions or illnesses affecting people’s psychological wellbeing. In some boroughs, we also provide services to improve general physical wellbeing and to prevent unnecessary stays in hospital.

We provide both mental health inpatient care and treatment in the community in West London and specialist mental healthcare.
As well as community and inpatient mental health services, we are a leading national provider of forensic high, medium and low secure services as well as specialist forensic community services and criminal justice liaison and diversion services for adults and young people. We also provide forensic child and adolescent mental health in patient services.
About Tavistock and Portman NHS Foundation Trust
The Tavistock and Portman NHS Foundation Trust is a specialist mental health trust with a focus on training and education alongside a full range of mental health services and psychological therapies for children and their families, young people and adults.
With 500 staff across a number of sites, we are committed to improving mental health and emotional wellbeing, believing that high quality mental health services should be available for all who need them.
Our children, young adults and families directorate consists of over 30 multidisciplinary teams providing services from pre-birth up to the age of 25. Our services cover generic whole area child and adolescent mental health services (CAMHS) through to highly specialist local and national services.
The majority of our teams are multidisciplinary, with expertise in a range of treatment modalities including psychoanalytic psychotherapy, cognitive behaviour therapy, systemic psychotherapy, as well as a wide range of specialist interventions.

About South London and Maudsley NHS Foundation Trust
At South London and Maudsley NHS Foundation Trust we provide the widest range of NHS mental health services in the UK. Our 4,600 staff serve a local population of 1.3 million people. We have more than 230 services including inpatient wards, outpatient and community services. We provide inpatient care for approximately 5,300 people each year and we treat more than 45,000 patients in the community in Lambeth, Southwark, Lewisham and Croydon.
As well as serving the communities of south London, we provide more than 50 specialist services for children and adults across the UK including perinatal services, eating disorders, psychosis and autism.
We are part of one of England’s six Academic Health Sciences Centres, King’s Health Partners, with King’s College London, Guy’s and St Thomas’ and King’s College Hospital NHS Foundation Trusts. The new FCAMHS service in south London involves joint working across the South London Mental Health and Community Partnership - a collaboration of Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, and South West London and St George’s Mental Health NHS Trust, between them delivering mental health services to a population of more than three million people. The partnership brings together clinical expertise, experience and innovation, aiming to improve quality, use resources most effectively, and deliver best practice consistently to all patients.
Improving Access to Psychological Therapies for Children and Young People

To address the current vacancies and meet nationally proposed expansion of the pathway the national mental health workforce plan recommends that at least 1,700 therapists and supervisors need to be employed to meet the additional demand by 2020/21. The illustrative trajectory for the necessary growth in therapists was published at the national level (England region). In order to meet nationally proposed expansion of the pathway and to deliver the 2021 commitments from a starting position SWL has produced the trajectory up to 2020/21 of SWL population based share as well as CCG level contribution to 1,700 additional therapists which are presented in the table below.

Locally, our main mental health trust and provider of CYP IAPT is a member of the London and South East CYP IAPT Learning Collaborative,

The Merton CCG – Level contribution to CYP-IAPT for 2017/18 and 2018/19 period is £30,000 and will be used to fully fund salaries. This is committed to salary support for health staff and is being used to jointly fund two practitioners for the ‘Recruit to Train’ programme. There are non-health staff in the borough who have received CYP-IAPT training and are supervised by the mental health trust staff. Sustainability plans, to ensure long term planning for the CYP programme, beyond the end period of the LTP, will be taken forward by the CAMHS Partnership Board Action Plan, and the CCG.

SWLStG MH Trust (Merton) report that all clinical staff have been trained in evidence-based practice (CBT, SFT and IPT (Interpersonal psychotherapy as appropriate to role)) and all are supervised by the lead CYP-IAPT clinical supervisor.

Regarding collaboration and participation, there are regular meetings between the Single Point of Access service provided by the Trust and the voluntary sector providers who receive the bulk of their referrals from this source.

The Participation Officer post created by the Trust to support the participation principles of IAPT is currently vacant after the initial appointee left the service and a replacement is awaited.

The Trust is able to evidence compliance with routine monitoring but has not as yet been able to evidence improvement in patient’s wellbeing (as measured by repeat SDQ) and a request for this has been made to their performance management team.

All of the therapist staff in the VCS commissioned services are CYP-IAPT trained. Off The Record use YP-CORE for young people aged under 17 and CORE-10 for young people aged 17+. CHI-ESQ questionnaires completed by young people accessing counselling give commissioners useful insights into the services that they receive.

There is no formal arrangement to support multi-agency arrangements. Non-health practitioners are supported by the Trust and in particular they have continued to support the CYP-IAPT practitioner based in Merton’s Pupil Referral Unit.

All band 7 practitioners in the Trust are supported by the CYP-IAPT supervisor.

The Trust is seeking to replace Band 7 practitioners who leave the service through natural turnover with replacements who are already trained in CYP-IAPT but is aware that there is a very competitive market to fill such posts. Internal training is available within the Trust on CYP-IAPT principles.
The Recruit to Train post is filled through investment of £30,000 by the CCG. The practitioner supports staff on Band 6 and under including the newly qualified clinical psychologists who the Trust benefit from through a close link with Sussex University.

Merton has been invited to apply to become a trailblazer site for the Children and Young People’s Mental Health Green Paper. Should this application be successful then Merton will ensure that all new staff are trained in CYP-IAPT principles and receive specific training according
Eating Disorders

In July 2015 – NHS England published “Access and Waiting Time Standard for Children and Young People with an Eating Disorder”. The standard requires that a NICE concordant treatment must be commenced within four weeks of referral for routine referrals, and one week for urgent referrals.

Transformation funding should be used to commission a specialist Community Eating Disorders Service for children and young people, compliant with NHS England commissioning guidelines.

Nationally, it has been acknowledged that CYP ED services have more progress to make to attain the standard consistently across the country.

<table>
<thead>
<tr>
<th>Rolling 12 months to Q4 17/18</th>
<th>Urgent - % within 1 week</th>
<th>Routine - % within 4 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>75.00%</td>
<td>81.07%</td>
</tr>
<tr>
<td>London</td>
<td>85.16%</td>
<td>83.68%</td>
</tr>
<tr>
<td>NWL</td>
<td>88.00%</td>
<td>82.98%</td>
</tr>
<tr>
<td>NCL</td>
<td>96.77%</td>
<td>96.58%</td>
</tr>
<tr>
<td>NEL</td>
<td>71.74%</td>
<td>81.87%</td>
</tr>
<tr>
<td>SEL</td>
<td>90.00%</td>
<td>75.92%</td>
</tr>
<tr>
<td>SWL</td>
<td>84.00%</td>
<td>87.88%</td>
</tr>
</tbody>
</table>

Data from London Mental Health Delivery Dashboard – July 2018

**England baseline Q1 16/17:**
Urgent – 64.85%
Routine – 65.14%

*Note: Data does not take into consideration private provider referrals.*
Merton performance activity shows that during 2017/18 the standard was achieved overall, as an average. A total of 104 referrals have been accepted by the service between 2014 – 2018.

<table>
<thead>
<tr>
<th>Merton CYP Eating Disorder Referrals and Service Performance (2014 – 2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period</td>
</tr>
<tr>
<td>Eating Disorder Referrals accepted by dedicated ED Team</td>
</tr>
<tr>
<td>Waiting time from referral to Urgent assessment (weeks)</td>
</tr>
<tr>
<td>Waiting time from referral to Routine assessment (weeks)</td>
</tr>
<tr>
<td>Waiting time from assessment to treatment (weeks)</td>
</tr>
<tr>
<td>Number of CYP in treatment</td>
</tr>
<tr>
<td>Number of contacts</td>
</tr>
<tr>
<td>No of DNAs *data quality issues for 14/15</td>
</tr>
</tbody>
</table>

To evaluate progress over the transformation period, it is noted that access has improved with more referrals accepted by the service across the period. There is no baseline data for the referral to urgent assessment metric, but it is noted that the timescale for 2017 – 18 was achieved. Waiting time for routine assessment and treatment has improved since 2014/15, the waiting time overall has reduced. The cohort has been provided with more than four times the number of contacts, and DNAs have reduced.

CYP who have used the service have reported positive experience, with the lowest scoring areas being those relating to appointment choice, and service location.

<table>
<thead>
<tr>
<th>South West London Eating Disorder Service – Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many CHI-ESQ’s completed: 516 (earliest completed 29/10/2014)</td>
</tr>
<tr>
<td>Percentage that answered:</td>
</tr>
<tr>
<td>Q1</td>
</tr>
<tr>
<td>Q2</td>
</tr>
<tr>
<td>Q3</td>
</tr>
<tr>
<td>Q4</td>
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<td>Q5</td>
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<td>Q6</td>
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<td>Q7</td>
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<tr>
<td>Q8</td>
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<tr>
<td>Q9</td>
</tr>
<tr>
<td>Q10</td>
</tr>
<tr>
<td>Q11</td>
</tr>
<tr>
<td>Q12</td>
</tr>
</tbody>
</table>
Experience of Service Questionnaire:

1. I feel that the people who saw me listened to me
2. It was easy to talk to the people who saw me
3. I was treated well by the people who saw me
4. My views and worries were taken seriously
5. I feel the people here know how to help me
6. I have been given enough explanation about the help available here
7. I feel that the people who have seen me are working together to help me
8. The facilities here are comfortable (e.g. waiting area)
9. My appointments are usually at a convenient time (e.g. don’t interfere with school, clubs, college, work)
10. It is quite easy to get to the place where I have my appointments
11. If a friend needed this sort of help, I would suggest to them to come here
12. Overall, the help I have received here is good

The SWL Commissioners (Merton, Sutton, Kingston, Richmond and Wandsworth) have jointly developed a draft service specification for the Eating Disorder service which focuses on redesigning the service to incorporate day provision and early intervention support. This specification will be finalised in the next few months in collaboration with the SWLStG service, ensuring that it meets the 2015 commissioning standards.

SWLStG are in the process of registering to be part of the Quality Improvement Network and funding arrangements for this have been agreed. As a member of the Quality Improvement Network the service will have to do annual peer reviews on other services, as well as have their own annual review by peers from other Trusts.
Implementing the Five Year Forward View for Mental Health set the expectation that by 2021 there will be significant expansion in access to high-quality mental health care for children and young people (CYP). The NHS has committed to ensuring that at least 70,000 additional CYP each year will receive evidence-based treatment, equating to a 35% increase.

The incremental increases in access to CYP mental health care (annualised access rate) are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
<th>2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Activity is monitored through the Mental Health Services Data Set (MHSDS) and requires central reporting for all NHS commissioned services through NHS Digital.

<table>
<thead>
<tr>
<th>Area</th>
<th>SDCS 2017/18 % access rate</th>
<th>MHSDS 2017/18 % access rate</th>
<th>Variance % SDCS - MHSDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>30.5%</td>
<td>22.6%</td>
<td>7.9%</td>
</tr>
<tr>
<td>London Region</td>
<td>27.6%</td>
<td>22.9%</td>
<td>4.7%</td>
</tr>
<tr>
<td>South West London STP</td>
<td>31.9%</td>
<td>23.3%</td>
<td>8.6%</td>
</tr>
<tr>
<td>NHS Croydon CCG</td>
<td>27.2%</td>
<td>15.1%</td>
<td>12.1%</td>
</tr>
<tr>
<td>NHS Kingston CCG</td>
<td>34.1%</td>
<td>18.2%</td>
<td>15.9%</td>
</tr>
<tr>
<td>NHS Richmond CCG</td>
<td>37.1%</td>
<td>24.0%</td>
<td>13.1%</td>
</tr>
<tr>
<td>NHS Merton CCG</td>
<td>33.3%</td>
<td>29.2%</td>
<td>4.1%</td>
</tr>
<tr>
<td>NHS Sutton CCG</td>
<td>34.0%</td>
<td>33.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>NHS Wandsworth CCG</td>
<td>32.5%</td>
<td>28.0%</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Based on April 2018 MHSDS data, South West London delivered an Access rate of 23.9% against a target of 33%, and Merton delivered an access rate of 33.1 against an Access rate target of 32%.

Merton CCG recognises the importance to capturing and reporting the MHSDS and this is supported by the STP locally. The main statutory provider of NHS CYP mental health services has reliably submitted data via NHS Digital to agreed timescales. Merton’s rate for flowing MHSDS data via NHS Digital for 2017-18 was 29.2% against a target of 30%.

The challenge has been for the non-NHS providers which are small voluntary sector providers which do not have the systems infrastructure to flow data via NHS Digital, and sometimes with manual data submission. The providers are now working towards developing their own systems infrastructure. There are three non-NHS providers of CYP mental health services in Merton, and one is on track to flow data via NHS Digital in October 2018 and the remaining two are in the process of developing their systems.

New procurements will set out expectations for new providers that arrangements are in place for the flowing of MHDS via NHS Digital.
Reporting and usage of data

A monthly mental health performance is hosted by the Commissioning Support Unit, and provides a dashboard of performance KPIs including CYP mental health. The relevant CYP KPIs that are reported to commissioners monthly via the CSU are:

- EIP : Percentage of Service Users experiencing a first episode of psychosis who commenced a NICE Concordant package of care within two weeks of referral
- Length of wait time for access to Tier 3 CAMHS (average weeks)
- % of young people seen within 8 weeks of referral to Tier 3 CAMHS (first assessment)
- % of young people seen within 12 weeks of referral to Tier 3 CAMHS (first assessment)
- % of young people referred to CAMHS for an urgent appointment seen within 5 working days (number and percentage)
- % of young people referred to CAMHS as an emergency seen within 24 hours (number and percentage)
- % of Tier 3 triage referrals received by CAMHS from all agencies where the child or young person received a service (defined as one or more face to face/phone contacts)
- % DNA 1st appointment
- % DNA follow up appointment
- Percentage of children referred to the Eating Disorder Service for an urgent appointment who are assessed within 5 working days of referral
- Percentage of children referred to the Eating Disorder Service for an emergency appointment who are assessed within 24 hours of referral
- Percentage of children referred to the CAMHS Tier 3 Eating Disorder Service for a routine appointment who are assessed within 4 weeks of referral
- Average length of wait time for access to CAMHS Tier 3 Eating Disorder Service (weeks)
- Percentage of young people referred to the ASD/ADHD Service for a routine appointment who are seen within 8 weeks - Wandsworth CCG
- Average wait time for access to CAMHS ASD/ADHD Service (weeks) : average over all
- Percentage of young people referred to the ASD/ADHD Service for a routine appointment who are seen within 12 weeks - All CCGs
- Number of episodes on adult facilities for patients who are 16-17 years old
- %Paired Measures
- % of children and young people in EET
- % Goals set for those interacting with the service more than once
- % of service users who have responded within or to their latest course of treatment; including assessments (e.g. CHI-ESQ)

Commissioners use this data to monitor and obtain improvements in performance, and to support commissioning plans. It is also presented to a number of forums on a periodic basis such as the CYP Overview and Scrutiny Committee and the Merton Head Teacher's forum when requested. There is scope for broader routing reporting of this data, for example at the Merton CAMHS Partnership monthly meetings and Clinical Networks.

It is therefore clearly evidenced that outcomes for the LTP are monitored, however Merton will be working towards the development of a KPI dashboard for the LTP to be monitored going forward.
In November 2017, Merton participated in the Children and Young People’s Mental Health Crisis Peer Review of arrangements in South West London, organised and facilitated by the Healthy London Partnership. This process, followed the publication of the Healthy London Partnership CYP programme’s HLP CYP Mental Health Crisis Guidance, which identified seven recommendations for local pathways:

1) Meeting previously defined standards
2) A Safety and Coping Plan for all CYP
3) A 24/7 service
4) Effective governance
5) Sign-off and publish clear local guidelines
6) Education and training
7) Health Based Place of Safety (specifically for CYP on a section 136 pathway, brought to NHS premises by the police)

Following the completion of the peer review process, the following recommendations were made:

**Recommendations**

The panel noted that there were inconsistencies in the pathway across the whole of SWL and within individual boroughs and cohesiveness could be improved. The panel acknowledged that having five boroughs as part of the pathway is complex but the panel opined that the pathway would be unclear to CYP and their families, schools, the police and primary care. It was suggested that an infographic be developed and circulated which includes a pictorial representation of the pathway to help system partners understand the pathway more clearly. This could include a business card which is handed to CYP and their families with important information, for instance the SPA telephone number.

There was a recommendation to undertake a gap analysis across the whole mental health crisis pathway to understand where improvements could be made and to initiate the planning process. A crisis steering group, with representatives from across the pathway to oversee could be established, which aligns to the governance structure.

The panel suggested that engagement and governance arrangements across organisations within the whole system pathway, including in NWL and Surrey, could be improved and more aligned.

Other recommendations were identified and these are summarised below:

**Hospital care:**

- Undertake a review of the pathway to reduce the amount of times CYP could be assessed prior to commencing treatment, and increase efficiency.
- Treatment to commence at the first assessment and continue throughout the pathway.
- Standardisation of protocols across the pathway in emergency departments (e.g. triage tool) and ward settings.
• Implement a consistent age cut off for paediatrics (emergency department and wards) across all hospitals.

CAMHS Single Point of Access (SPA) and crisis line:

• Undertake formal evaluation of the Sutton SPA pilot and share learning across SWL. If the pilot is successful it would allow business cases for extending SPA in other boroughs to be developed promptly.
• Undertake a demand and capacity review for the each SPA to understand need.
• Implement a single SPA telephone number which directs to the correct borough team. This would make it clearer to stakeholders which number they need to call.
• Develop and implement a standard SPA referral form.
• Ensure that the 24/7 crisis line is functioning adequately for CYP

Health Based Place of Safety (HBPoS):

• Undertake a gap analysis against the ‘HLP Mental Health Crisis Care for Londoners – London’s section 136 pathway and Health Based Place of Safety Specification’.
• Improve engagement with the Police and to invite Police representatives to relevant meetings.
• Undertake formal planning for the legislation changes and reviewing and update the s136 policy, with pathway partners, as a matter of urgency.

Voluntary sector and schools:

• Commission mental health workers in schools across all SWL boroughs.
• Workforce and training:
  • Develop and roll out a CAMHS recruitment and retention strategy.
  • Align the training initiatives in place across the pathway.
  • Facilitate paediatric staff to attend CAMHS study days.
• Safety and Coping Plans:
  • Review the interoperability of systems to allow at least CAMHS and acute hospitals to share notes and the SCP.
  • Communicate to partners that the SCP can be requested if required.
• Governance:
  • Creation of a mental health crisis network forum which could be used to share learning and train staff.
  • Establish a formal engagement forum for parents and families.
  • Develop an overview of all the information that is shared with CYP and families so they have a better understanding of the information they have.
  • The panel was of the view that it would be helpful if the SWLSStG and partners undertook a self-assessment using the HLP CYP Mental Health guidance recommendations template, and review progress towards achievement of the recommendations every six months.

F. Next steps

• SWLSStG is asked to check the report for accuracy and advise the Chair of the Panel, of any requested revisions. Subject to comment, the report will be sent to the Medical Director at SWLSStG, for dissemination across pathway partners.
• Once agreed, the findings should be shared with the Trust’s Board and other relevant groups within the pathway governance structure.
At the conclusion of all of the peer review visits across London a summary report of the findings from the process will be developed and published.

The urgent and emergency care (crisis) pathway in South West London

A collaborative service for children and young people’s urgent and emergency care has been commissioned across the South West London STP footprint, which included Merton. The CAMHS Emergency Care Service (CECS) is a team of specialist CAMHS nurses who provide specialist assessments and management plans for children and young people, under 18, presenting in crisis to emergency departments and those on paediatric wards. The team covers four local hospitals: St Georges University Hospitals NHS Foundation Trust, Kingston Hospital NHS Foundation Trust, Epsom and St Helier University Hospitals NHS Trust (St Helier Hospital) and West Middlesex University Hospital NHS Trust.

- Initial mental health and risk assessments of young people following acts of deliberate self-harm. These will take place mainly on the paediatric wards of local general Hospitals.
- Undertake initial mental health and risk assessments following other risky behaviours and urgent mental health presentations, in A&E departments of hospitals in South West London.
- Provide risk assessments and safety plans to the family and multi-agency network supporting the young person
- Consult with Tier 3 CAMHS teams providing further specialist assessment if necessary.
- Follow up appointment within the Tier 3 service to ensure a seamless transition of the young person and their family into the community service if required.
- Provide an assessment of the mental health needs of children and families referred to the Tier 3 team. Taking on general cases to help the team or those referred with DSH issues.
- Act as a co-worker with other members of the multidisciplinary team as appropriate.
- Provide advice, guidance and consultation to other professionals working in other agencies and contribute to multi-agency care planning.

Hours of service Operation

Monday to Friday - 9am to 5pm (with handover to the out of hours service commencing from 3pm depending on the complexity of referrals and consultation only may be offered after 3pm)

Saturday and Sunday – 9am to 7pm (with handover to the out of hours service commencing from 5pm depending on the complexity of the referrals and consultation only may be offered after 5pm)

Out of hours emergency cover at A&E departments is provided by the On-call psychiatry team.

Children and young people seen by the service are those experiencing an episode of self-harm, suicidal intent, onset of psychosis, or an acute deterioration in mental health.

Over the transformation period, the number of CYP presenting to A&E departments in South West London from Merton has more than doubled. Of particular note, more than 50% of those presenting at A&E departments are already known to CAMHS and have had previous contact with services. This is a challenge is sufficiently developing local services to allow greater numbers of CYP to receive the care and interventions available within core services. Further work to identify if the increase in numbers is due to demographic and morbidity changes or the impact of any changes in local services.
Merton Urgent and Emergency Care Activity Data

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children/ young people attending A&amp;E requiring a MH assessment</td>
<td>39</td>
<td>76</td>
<td>97</td>
</tr>
<tr>
<td>Number of children/ young people not previously known to CAHMS</td>
<td>17</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Number of children/ young people admitted due to MH concerns</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The National Picture

In summer 2017, CCGs were asked to complete a voluntary survey to gain a picture of the development of CYP urgent & emergency mental health care and intensive community support services across the country.

74% of CCGs responded to this national survey, demonstrating the importance they attach to this area of service development and presenting a better than expected picture of rapid development of CYP urgent & emergency mental health care and intensive community services supported by additional investment.

The key findings from responding CCGs are that:

- 93% offer a dedicated, staffed initial crisis assessment service
- 52% offer a combination of crisis, liaison and intensive community support.
- 9% offer an initial crisis assessment without any further follow up or support and,
- 6% offered no dedicated, staffed service

CYP crisis and liaison services offer both a different pathway and service structure to that provided for adults. Emergency department/A&E and community crisis responses are most commonly provided by the same team which may additionally provide an intensive community support / home treatment function. CYP teams operate over differing population size and time and rate of presentation from those for adults.
All areas offer a basic, on-call emergency mental health response for children and young people – these arrangements were not included in the survey. However, where there is no dedicated, staffed CYP U&E mental health care service, the crisis response is typically an ‘on-call’ response or a duty rota arrangement.

Where office hours or extended (not 24) hours CYP services are provided, the 24/7 pathway may alternatively be delivered by an ‘adult’ team which will provide an initial response. In these circumstances CYP may not receive an age appropriate or full mental health response until the following working day.

Several responding CCGs had a complex multi-team CYP offer. The local service offer was constructed across teams which may operate from different locations and provide different access routes or functions across different working hours and ages.

Of services currently in place,
- 62% offer an extended hours or 24/7 pathway which may operate across teams.
- 94% of CCGs do not specify a lower age range or this is under 5 years of age
- Arrangements for 16 and 17 years’ olds differ in some areas and their service pathway may be more vulnerable.

Next Steps

1. Development support

This baseline audit will be used to:

A. inform further targeted support to develop services, improve consistency and identify areas that may require additional help.

B. provide a foundation for peer benchmarking and development networks

2. Place based pathways

Learning from the concurrent Vanguard accelerator evaluation will build the evidence base to support the development of sustainable, effective and efficient services which impact positively on local emergency departments and paediatric/medical wards and the requirement for CYP mental health beds.

3. CYP in-patient mental health unit outreach teams

CYP in-patient mental health providers may also provide outreach intensive community interventions as cost-effective alternatives to admission in their geographical area. There is work underway to look at the specification for ‘out of hospital’ services, in order to incentivise the delivery of services which provide alternatives to admission or decrease the length of stay. Outreach intensive intervention services operating from nationally commissioned in-patient units should be actively commissioned and incorporated as part of a place-based single pathway.

4. Service Standards

Service and pathway quality standards will be developed to support effective and efficient services.
The Second National CYPMH Urgent and Emergency Care audit has been conducted in summer 2018 Merton has contributed to this survey. The results of this audit have not been published at the time of this refresh.

**Next Steps in commissioning for Merton (and Wandsworth LDU)**

Commissioners are working across South West London to extend the hours of service operation for the CECS to 10pm. The first actions are to measure service usage by CYP between 5 and 10pm to support with the service model. The main forum that supports adult and CAMHS interfacing opportunities is the South West London Mental Health Network facilitated by the STP leadership.
Integration

CQUIN (commissioning for quality and innovation) is a scheme that 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. The key aim of CQUINs is to secure improvements in the quality of services and better outcomes.

This CQUIN focuses on improving the experience and outcomes for young people as they transition out of child and adolescent mental health services (CAMHS) on reaching their 18th birthday. The CQUIN aims to improve the experience of young people and their carers in the transition to adult services.

The CAMHS Transition CQUIN is spread over a two-year period, and is now in its second year.

2017 – 2018 CQUIN performance – This table shows discharges from Tier 3 with a referral to adult services and the number of days between discharge from CAMHS and starting adult services.

<table>
<thead>
<tr>
<th>CAMHS discharge quarter</th>
<th>Days between CAMHS discharge and adult start</th>
<th>CCG</th>
<th>nReferrals</th>
<th>nClients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/2018 Q1</td>
<td>-60 to 60</td>
<td>NHS MERTON CCG</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2017/2018 Q2</td>
<td>-60 to 60</td>
<td>NHS MERTON CCG</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2017/2018 Q3</td>
<td>-60 to 60</td>
<td>NHS MERTON CCG</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>2017/2018 Q4</td>
<td>-60 to 60</td>
<td>NHS MERTON CCG</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2017/2018 Q1</td>
<td>-30 to 30</td>
<td>NHS MERTON CCG</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2017/2018 Q2</td>
<td>-30 to 30</td>
<td>NHS MERTON CCG</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2017/2018 Q3</td>
<td>-30 to 30</td>
<td>NHS MERTON CCG</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2017/2018 Q4</td>
<td>-30 to 30</td>
<td>NHS MERTON CCG</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2017/2018 Q1</td>
<td>0 to 30</td>
<td>NHS MERTON CCG</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2017/2018 Q2</td>
<td>0 to 30</td>
<td>NHS MERTON CCG</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2017/2018 Q3</td>
<td>0 to 30</td>
<td>NHS MERTON CCG</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2017/2018 Q4</td>
<td>0 to 30</td>
<td>NHS MERTON CCG</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2017/2018 Q1</td>
<td>0 to 60</td>
<td>NHS MERTON CCG</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2017/2018 Q2</td>
<td>0 to 60</td>
<td>NHS MERTON CCG</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2017/2018 Q3</td>
<td>0 to 60</td>
<td>NHS MERTON CCG</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>2017/2018 Q4</td>
<td>0 to 60</td>
<td>NHS MERTON CCG</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

The following actions will take place in 18/19:

- A review of the local CAMHS Transition protocol and transition checklist will be completed to ensure national standards are met, and will be implemented across SWLStG. This review will seek to involve children and young people and their families, both those who are about to transition and those who have already transitioned.

  - An audit will be completed to demonstrate the use of transition planning, which will include the use of the transition checklist across CAMHS community services for children and young people who are transitioning to adult mental health services, developing and implementing recording standards for transition planning across all CAMHS Community services.

- A case register will be established to capture all children and young people who transitioned to adult mental health, as well as those who did not transition to adult mental health. For those who did not transition to adult mental health, their destination will be recorded on their case notes and audit completed as to the reason they did not transition to adult mental health.

- Questionnaires will be developed to ascertain the experience of children and young people pre-transition and post-transition. The questionnaires will include the extent of multi-agency collaboration between both stages.
Early Intervention in Psychosis

The Early Intervention in Psychosis (EIP) standard states that by 2020/20, at least 60% of people with a first episode of psychosis must access a NICE-standard treatment within two weeks of referral.

Across south west London, Clinical Commissioning Groups commission Early Intervention in Psychosis (EIP) services from South West London and St George’s Mental Health Trust (SWL&StG). EIP services across South West London remain within adult services, but the Trust has implemented systems changes to ensure the EIP standard is adhered to for children and young people receiving treatment in child and adolescent mental health services (CAMHS). The service accepts referrals from age 14. This table shows performance against the standard for Merton CCG. This data is for all people using EIP services, not just children and young people and therefore does not present the picture for CYP. A request has been made to the provider for CYP specific data and for a ‘Deep Dive’ into CYP-EIP provision and performance.

<table>
<thead>
<tr>
<th>Performance in % and Numbers (target 50% in 2017-18 and increased to 53% in 2018-19)</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2017 0.0% (1/1)</td>
<td>Target Not achieved</td>
</tr>
<tr>
<td>May-17 0.0% (0/1)</td>
<td>Target Not Achieved</td>
</tr>
<tr>
<td>Jun-17 78.6 (11/14)</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Jul-17 55.6% (5/9)</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Aug-17 100% (6/6)</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Sep-17 66.70%</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Oct-17 50% (4.8)</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Nov-17 50% (4.8)</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Dec-17 42.9% (3/7)</td>
<td>Target Not Achieved</td>
</tr>
<tr>
<td>Jan-18 50% (2/4)</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Feb-18 57.1% (4/7)</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Mar-18 50% (2.4%)</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Apr-18 37.5 (3/8)</td>
<td>Target Not Achieved</td>
</tr>
<tr>
<td>May-18 100% (3/3)</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Jun-18 57.1% (4/7)</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>Jul-18 69.25% (9/13)</td>
<td>Target Achieved</td>
</tr>
</tbody>
</table>
Merton CCG has been invited by NHS England to express interest to be a wave one trailblazer site to implement the green paper, Transforming Children and Young People’s Mental Health. This is in two parts: the development of mental health support teams (MHSTs) in schools to provide additional support to children with mild to moderate mental health issues and also a four week wait pilot for Tier 3 services.

Who is invited to bid?

Pre-selection criteria means that only 3 of our boroughs have been invited to bid: Merton, Sutton and Wandsworth. Our other boroughs did not meet the criteria regarding the access rate and/ or data quality with respect to the minimum data set.

Across London, all STPs have had 3 CCGs who have met the criteria.

How does this fit into the work already being done?

As we were aware, the green paper proposals align well with the interventions developed in the CYP emotional wellbeing work undertaken across South West London. These interventions form a key pillar of our mental health ambition to ensure that children and young people in South West London do not attend hospital or end up in high cost placements as a response to a mental health crisis but instead receive tier-less emotional wellbeing services in the community where they are supported by trusted adults to access a range of non-medical and medical interventions. The red dotted line below shows the interventions which are aligned to the green paper trailblazer.

**DELIVERY APPROACH 18/19**

- **During summer** – schools within clusters to be identified and cluster leads
- **September** – first meeting of cluster network – to agree overall ambition, timeline, expectations
- **October** – cluster networks to agree interventions that will be piloted during spring and summer terms (i.e. Christmas to Easter, Easter to exams)
- **October** – cluster network to agree interventions
- **November** – schools plan for roll out from January
- **January onwards** – roll out and base evaluation
- **June/July** – evaluation of pilots

**EXPECTED OUTCOMES BY July 2019**

- CYP in the clusters schools will have a positive student resilience moves from the baseline
- Teachers will have the skills and competencies to talk to CYP about mental health and appropriate pathways

**Enhanced single point of access**

- Non medical support delivered to an additional 100 children per year

- Directory of Services for each borough on the local offer page (further technical solutions – e.g. app, portal)
What are the requirements of the bid?

For the MHST, we are asked to write 3,000 words (given it is a combined bid – 1,000 for each borough) to include:

- A brief description of our proposal, including details of our proposed service model;
- Why it should be funded
- Our success criteria

In addition we are asked to submit an excel template with costing details.

There is limited other guidance on how these bids should be set out. A list of essential criteria is provided:

<table>
<thead>
<tr>
<th>Essential criteria</th>
<th>SWL response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make an assessment of mild to moderate MH need for CYP that includes knowledge of numbers of vulnerable children and children in need and considers ethnic diversity</td>
<td>Estimate provided for mild to moderate MH need based on numbers</td>
</tr>
<tr>
<td></td>
<td>Knowledge of vulnerable children, children in need and BAME drawn from local transformation plans.</td>
</tr>
<tr>
<td>Assessment of current provision for the support and treatment for mild to moderate MH needs for CYP</td>
<td>We have estimated these numbers. We have also completed a “stocktake” for HLP which sets out the current provision in schools.</td>
</tr>
<tr>
<td>Areas have made strategic, exec level commitment to maintain baseline investment/resources</td>
<td>This is one of the commitments we need to make by signing document.</td>
</tr>
<tr>
<td>Have demonstrable record of involving CYP, parents and carers in the design and quality improvement of services</td>
<td>CYP emotional wellbeing work has been supported by a strong engagement programme. Report developed setting this out which will be appended to the bid.</td>
</tr>
<tr>
<td>Areas have reviewed the trailblazer indicators and can supply data on all of them</td>
<td>Completed.</td>
</tr>
</tbody>
</table>

What does our bid say?

c. **MHST summary:** Our MHSTs will be based on a hub and spoke model where the MHST will be based in hub schools or co-located with education or social care teams and will support the delivery of a whole school approach. The MHST will deliver consultation for teachers and assessments and treatment of pupils in primary schools and students in secondary schools. Treatments will comprise:
   - 1:1 interventions,
   - group treatment programmes
Our proposal is to have a total of 13 MHST in our trailblazer site; with each borough grouping their schools based on current strong working practices.

d. 4 week wait summary: to achieve a 4 week wait in specialist CAMHS services, the system needs to work together with young people and their families and carers at the centre. Our bid proposes investing in several areas of the system, to deliver a whole system transformation:
- Investing in our single points of access to ensure that all children and young people will receive a high quality first assessment (on the phone or face to face) to ensure they are directed to the right part of the system first time
- Building on our existing tier 2 services to increase the range of therapeutic support available, ensuring support is delivered in places that work for young people. This aligns with our bid for the Mental Health Support Teams, which will increase the support available within schools and, together, should decrease the number of referrals to tier 3 services
- Increasing the capacity of our tier 3 services, so that children and young people with more complex needs who need more specialist support, receive timely intervention within four weeks of referral

What additional information are we providing?

We are allowed to append any other relevant documents to our bid. For South West London we will include:

- Engagement report setting out outcomes of engagement programme with children and young people, their parents and carers and teachers
- Mapping exercise - stocktake of MH services provided in schools (developed by HLP)
- Detailed project plan
- Stakeholder engagement summary
- Most recent progress report on CYP emotional wellbeing programme

When is the expression of interest due in and what is are the remaining gaps to finalise the bid?

The expression of interest is due in on 17 September 2018. In addition to going through our governance processes, the remaining gaps are:

- Finalisation of excel templates – some costings being developed by SWLSGH for staff costs
- Presentational matters – including summary project plan
- Further details regarding data sharing agreements (wave one pilots will be expected to be part of the national evaluation programme – this aligns well with our own desires to build a research/evaluation function within the programme)
- Final checks including verification of data
**What are we committing to as South West London?**

As part of the bid we need to commit to the following:
- We will use any funding allocated to South West London as part of the trailblazer work exclusively for its intended purpose
- Any funding will be in addition to current investment in emotional, behavioural and psychological wellbeing or interventions by any party within the relevant settings – we will maintain our baseline levels of investment and resources
- We are committed to delivering the pilot of the MHST within the timescales specified
- We have engaged the right stakeholders in the development of our proposal and have senior strategic commitment to this joint delivery

**What is the governance process for sign off?**

The formal sign off of the bid needs to be by:
- Sarah Blow – on behalf of the CCGs
- Ged Curran on behalf of the LAs
- Dagmar Zeuner on behalf of the DPHs
- Jonathan Williams on behalf of the Directors of Children’s services

This cover summary, will be circulated to the following groups/individuals:
- SWL Mental Health network (on 5 September)
- SWL Alliance Senior Management Team (on 6 September)
- Contract and Delivery Group (on 7 September)
- SWLSGH Executive Management Team – especially to agree the staff costings as they need to employ the future staff
- Merton and Wandsworth Executive Management Teams – already discussed
- Sutton Executive Management Team – 13 September
- To cluster leads - headteachers in each of the boroughs (in correspondence on 10 September)

The final document will be shared with signatories (as above), the CAMHS leads, Tonia Michaelides (as MH lead), headteachers (cluster leads in each borough) and the CYP leaders (Andrew Murray, John Goulston, David Bradley) for final comment on 10 September

**What is the process following the bid submission?**

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Sept – 8 Oct</td>
<td>Regional teams review submissions</td>
</tr>
<tr>
<td>18 Sept – 2 Oct</td>
<td>any clarification requested</td>
</tr>
<tr>
<td>W/c 15 Oct</td>
<td>Sites announced</td>
</tr>
<tr>
<td>From January 2019</td>
<td>Mobilisation of pilot</td>
</tr>
</tbody>
</table>
Local areas received additional transformation funding to improve mental health services for children and young people and the Merton planned expenditure plan against the budget for 2018-19, and future years is shown.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation</td>
<td>521,639</td>
<td>453,639</td>
<td>453,639</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Development</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot a person centred planner for two children to support the development of bespoke community based care and support for complex cases of ASD/ADHD</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Additional psychiatric liaison to meet the needs of children and young people and be compliant with London Quality Standards</td>
<td>46750</td>
<td>46750</td>
<td>46750</td>
<td>46750</td>
<td>46750</td>
</tr>
<tr>
<td>Map preventative and early help provision, develop local IT solution with children and young people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing development of resources and updates re:mapping</td>
<td>5000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop school links model</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a model locally for named linking CAMHS for GPs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilot development of Merton Autism Outreach Service (MAOS) to work with families in the home</td>
<td>40000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilot an evidence based parenting programme</td>
<td>12000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workforce training audit and analysis, local learning events, bespoke training to improve early intervention and support</td>
<td>22000</td>
<td>20000</td>
<td>15,000</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Training and support for foster carers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spot purchase a CAMHS child sexual abuse package though the NSPCC</td>
<td>15339</td>
<td>15339</td>
<td>15339</td>
<td>15339</td>
<td>15339</td>
</tr>
<tr>
<td>Health &amp; Justice</td>
<td>49350</td>
<td>49350</td>
<td>49350</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Justice underspend (2016-18)</td>
<td>38,265</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>101,000</td>
<td>101,000</td>
<td>101,000</td>
<td>101,000</td>
<td>101,000</td>
</tr>
<tr>
<td>Therapeutic interventions to prevent crisis (WISH)</td>
<td>38400</td>
<td>38,400</td>
<td>40,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project management</td>
<td>27000</td>
<td>27000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transformation project management (i-Thrive)</td>
<td>12000</td>
<td>12000</td>
<td>12000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYP IAPT</td>
<td>30000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilot provision to support children and young people with depression and anxiety (Off the Record)</td>
<td>60400</td>
<td>60,000</td>
<td>121,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Group Merton (Education Psychology) - ASD In Young adolescents</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Early Bird Plus Parenting (ASD)</td>
<td>15,000</td>
<td>15,000</td>
<td>10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselling Service for Young People</td>
<td></td>
<td></td>
<td></td>
<td>160,000</td>
<td>160,000</td>
</tr>
<tr>
<td>ADHD Parent Groups (123 Magic) x 3 per year</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism and Language Delay in Early Years (Incredible Years)</td>
<td>12,000</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Led ASD/ADHD Support &amp; Advice Sessions</td>
<td>20,000</td>
<td>15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Innovation and Emerging pilots</td>
<td>15,000</td>
<td>3,000</td>
<td>3,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The provider of mental health services, South West London and St Georges NHS Trust has been provided with additional funding to improve services in the following areas, as described in the individual chapters:

- Crisis services (Psychiatric Liaison) Community Eating Disorders
- Health & Justice (Liaison and Diversion service)
- CYP – IAPT
- Parent Training – Early Years Support
The funds have also been used to introduce three voluntary sector organisations to the delivery of mental health services for children and young people in Merton, which have added significant value as described elsewhere in this document.

The funds will also be further used to introduce more support, advice and information to parents of children and young people with Autism, ADHD and disabilities. This funding will be used to provide specific group-based interventions, and to increase the skills and knowledge of professional to provide specialist advice and support to parents.

Merton intend to pilot Teen Life, bringing support to parents of adolescents aged 10 – 16 years with ASD, so this is a new provision. The transformation funds also intends to support the Early Years team with the introduction of an intervention for Autism and Language Delay to improve the offer to parents and skills of the workforce.

Parent-led interventions to support parents has been identified as an appropriate intervention to improve outcomes for children and young people, and options will be scoped for 2018 – 19 and the future years in the Merton transformation plan.

It is also useful to provide an overview of CCG expenditure on Mental Health to deliver the Mental Health Improvement Standard (MHIS). Data from the Royal College of Psychiatrists and ONS (2017) showed that Merton was rated as a ‘strong’ Amber with most CCGs rated Amber for its mental health spend.
Transformation funding performance
The financial plan demonstrates increases in expenditure over the transformation period to support year on year planning.

2015-16
Funds focused on small pilots, service mapping, and providing project management resources to deliver the LTP.

2016 – 17
Funds were allocated to the Mental Health Trust to improve services in defined areas, mapping, workforce training (CAMHS Network established) and commissioned larger pilots, and project management resources.

2017 – 18
As for 2016 -17. The expenditure plan aligned with NHSE allocations, however there was a small underspend.

2018 -19
As 2017 – 18 but with added commissioning of parent support interventions. The expenditure plan aligns with NHSE allocations, however there is a possibility of an underspent.

2019 – 20
As in plan (see finance table)

2020 - 21
As in plan (see finance table)
The Local Transformation Plan for Merton is intended to cover a five year period to 2020-21 of active transformation and new initiatives and developments to obtain improved health and well-being outcomes. This roadmap updates the transformation roadmap presented in the 2017 refresh.

The work to develop the sustainability plan for the period beyond 2021 is underway, and the foundation of sustainability planning can be found in a number of related plans.

- The South West London Health and Care Partnership
- The CAMHS Partnership Strategy and Plan
- The Merton Health and Well-Being Plan
- The Merton Children’s Plan

Risks and Issues

Programme transformation presents a range of risks and issues that require identification, mitigation and continuous review. The range of risks and issues for the Merton LTP have been set out in this table, with suggested approaches to mitigation.
<table>
<thead>
<tr>
<th>Action Plan and Delivery Area</th>
<th>Risk/Issues</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve access to mental health services for children and young people, including early intervention and prevention</td>
<td>The main risk is the accurate data capture and flowing to NHS Digital by all providers, on the monthly dates set by NHSE. Merton is performing well towards meeting its access targets in 2018-19, however all data from non-NHS providers does not always flow directly to NHS Digital.</td>
<td>The non-NHS providers have undertaken to establish systems flow data to NHS Digital and progress towards this needs to be regularly monitored. Commissioners should also monitor that providers are using the special data collection link provided by NHSE accurately and to the set timetable.</td>
</tr>
<tr>
<td>2. Alignment across transformation and procurement workstreams</td>
<td>The Local Transformation Plan is required to align with the Green paper reforms, and the South West London Emotional Health and Well-Being project (Self Harm) and the procurement of a new service for therapeutic counselling for young people in Merton. There is a risk of mis-alignment, duplication, and service delivery risks.</td>
<td>The key planning forums, the SWLHCP, the CAMHS Partnership will proactively demonstrate alignment of plans, and procurements will also provide evidence of due regard to all transformation plans.</td>
</tr>
<tr>
<td>3. Review and improve the neurodevelopmental diagnostic assessment pathway</td>
<td>The neurodevelopmental pathway continues to be challenged by high demands, complex needs of children and young people, with a requirement to improve quality and patient flow. The risk is poor experience and quality and waiting</td>
<td>Commissioners to further develop medium and longer term plans for a neurodevelopmental service to include a multi-disciplinary and integrated offer.</td>
</tr>
<tr>
<td>4. Develop an implementation plan for 1-Thrive</td>
<td>The risk is alignment with the other transformation, re-design and change activities underway in Merton that too much may be attempted over a short time table.</td>
<td>Clear scheduling of the implementation of 1-thrive model to be planned with the other transformation activities and monitored through the CAMHS Partnership Board.</td>
</tr>
<tr>
<td>5. Improve access to parent support programmes and interventions</td>
<td>Parent support does not match current levels of need and there is a risk to outcomes for children and young people through insufficient provision.</td>
<td>Commissioning through the LTP will increase support for parents, particularly in relation to neurodevelopmental pathway and Early Years. This requires further implementation, monitoring of outcomes, and improvement of communication to parents about the Local Offer.</td>
</tr>
<tr>
<td>6. Review and improve the CAMHS Local offer, improving accessibility to the information</td>
<td>The CAMHS Local Offer may not always reflect the availability of services and support for children, young people and families.</td>
<td>Activity to update the Local Offer, and to increase communication and promotion of services to the local population and professionals on a regular basis should be monitored through relevant channels with oversight by the CAMHS partnership.</td>
</tr>
<tr>
<td>7. Sustainability and continued delivery of the transformation model beyond 2021</td>
<td>A financially constrained environment for CCGs and Local Authorities risks the possibility of reduced investment beyond the 2021 period in mental health services due to competing local priorities and the requirement for savings.</td>
<td>The STP and Local Delivery Unit for Merton will need to continuously monitor progress and performance against outcomes for children and young people in future commissioning plans.</td>
</tr>
<tr>
<td>8. Monitoring mental health outcomes for CYP across the range of services in Merton.</td>
<td>There currently is no single, Joint Outcomes Framework for monitoring and tracking mental health and well-being outcomes for CYP in Merton across agencies, activities and providers, but there are a</td>
<td>A recommended approach that Merton could explore is the development of a Joint Outcomes Framework for CYP Mental Well-being which would also include complex needs</td>
</tr>
</tbody>
</table>
Public information

Merton CCG’s website maintains a page on emotional support and counselling for young people in the area. This is kept updated to provide CYP with relevant advice and information at key points such as managing exam stress and waiting for exam results.
**NHS Go**

NHS Go is a free health app aimed at 16 to 24 year olds in London, designed by young people. It was produced by the Healthy London Partnership and is funded by all London CCGs. It provides information about services and sources of health, plus information on health conditions and advice and help.
I feel anxious and panicky

Panic disorder is an anxiety disorder where you regularly have sudden attacks of panic or fear.

Everyone experiences feelings of anxiety and panic at certain times. It’s a natural response to stressful or dangerous situations.

But for someone with panic disorder, feelings of anxiety, stress and panic occur regularly and at any time, often for no apparent reason.

Symptoms

Anxiety

Anxiety is a feeling of unease. It can range from mild to severe, and can include feelings of worry and fear. The most severe form of anxiety is panic.

You may start to avoid certain situations because you fear they’ll trigger another attack.

This can create a cycle of living “in fear of fear”. It can add to your sense of panic and may cause you to have more attacks.

Tips and advice to boost mental health

- All stress busters
- How to feel happier
- Dealing with panic attacks
- How to fight fear and anxiety
- How to control your anger

Not sure how you’re feeling? Try this mood...
Innovation

The central outcome of the *Future in Mind* vision and the *Five Year Forward View for Mental Health* is to deliver improved access to mental health services for children and young people. With high access thresholds for Specialist Community CAMHS, the transformation funds were used to pilot two services to support young people with anxiety, depression, and self-harm.

These services were piloted locally by two organisations firstly *Off the Record*, a youth mental health counselling specialist, which also provided drop in sessions, an online offer for digital interventions, and evidence-based face to face assessments and counselling.
The second provider is The Wish Centre, which provided evidence based interventions for CYP experiencing difficulties with self-harm in the context of emotional well-being concerns.

Both providers achieved good health outcomes and good experience of using the services, but were both affected by increasing demand and referrals over the pilot period. Merton CCG has approved the commissioning of a substantive therapeutic counselling service for young people following the end of the pilots and this will be provided by competitive procurement process. This innovation also introduced the voluntary sector to mental health service delivery in Merton which is positive in providing a range of providers, providing community based provision which is often perceived as less stigmatising. CYP over the age of 14 could also refer themselves to the services improving self-help and reducing barriers to service access.