

The Young Lambeth
Emotional Wellbeing and Mental
Health Strategy and Plan
2015 – 2020

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Chapter 1: INTRODUCTION

1.1 It is well documented that there has been considerable increase in need for effective child & adolescent mental health services over the last few years, and that unfortunately levels of investment and service improvement has not kept up with the increasing demand. This has led to a national landscape of under resourced services, inequitable provision and considerable unmet need. Addressing this is now a welcomed priority, with the Government announcing additional investment and clear strategic direction in improving services and outcomes.

1.2 The Department of Health & NHS England published the report '*Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing*' (2015). The report identifies both the case for change and sets out a series of goals and commitments to improve emotional and mental health. It emphasises that mental health and emotional wellbeing is everyone's business and the importance of establishing a continuum of support from prevention and resilience to effective and timely clinical treatment.

1.3 Following the above publication and the Government's Budget announcement of an additional £105m investment in CAMHS over 5 years, NHS England produced Guidance for local Transformation Plans to be developed. In order to secure the additional funding, local areas must produce evidence and assurance that effective local Transformation Plans, aligned with the principles set out in '*Future in Mind*' are being developed.

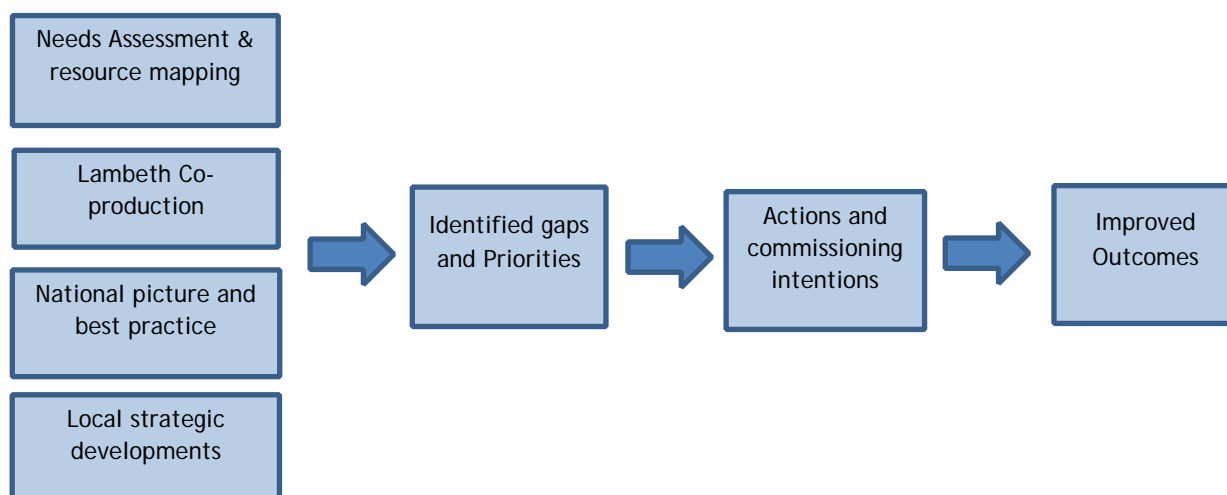
1.4 This Young Lambeth Emotional Wellbeing and Mental Health (EWMH) Strategy is our local Transformation Plan underpinned by the principles set out in '*Future in Mind*' as well as our local Needs assessment and feedback from the co-production work undertaken. The EWMH Plan aims to address inequalities and improve outcomes in Lambeth by strengthening early intervention and prevention with the aim of eventually reducing the need for high cost specialist services, whilst at the same time ensuring specialist clinical CAMH services are effective and accessible for all those who need them.

1.5 Achieving this within the context of public sector funding cuts is challenging and highlights the need to reduce demand for high cost, specialist service and to ensure a whole system approach with all Partners. Currently we know what the CCG and Council spend on CAMHS (Chapter 3), but there is a gap in knowledge around the full level of expenditure and provision across the voluntary sector and schools, including spend on primary prevention and promotion. A priority action in the first few months of this Plan is to map all current expenditure and provision, not just from statutory services but across the voluntary sector and within schools. This will allow us to better align resources across the borough and work

together to implement an integrated commissioning approach across the Council, CCG, Schools and GP Federations.

1.6 A whole system change is required to ensure sustained and improved outcomes for children and young people. With this in mind this Plan is aligned with key local strategic developments, specifically the Lambeth Early Help & Prevention Strategy (2014), The Lambeth Early Action Partnership (LEAP) which is Lambeth's Big Lottery: A Better Start Programme and the young people and mental health strands of the Lambeth & Southwark Children & YP Health Partnership (CYPHP).

1.7 The diagram below sets out the process we have followed throughout the development of this Plan in order to achieve improved outcomes.



1.8 We are committed to this EWMH Plan being a living document, owned by all with well-defined and measurable outcomes. A robust co-production process with key stakeholders, including children & young people and parents has informed the strategic priorities and development of the Plan. The 5 Priority areas are:

- PRIORITY 1: Prevention; Awareness, Knowledge and Training
- PRIORITY 2: Maximising Resilience and Self Sufficiency
- PRIORITY 3: Improving access to clinical services; the right support at the right time
- PRIORITY 4: Transitions; From Birth to Adulthood
- PRIORITY 5: A Public Mental Health Approach: The wider Environmental Factors:

1.9 For each of the above priorities we have set clear and achievable outcomes and described what our high level commissioning intentions will be over the next 5 years. In order to measure impact it is essential to have a worked up set of KPI's and robust baseline

data so we are able to set targets. We have started this work but more will be carried out in the first few months of the Plan so we can effectively measure the impact.

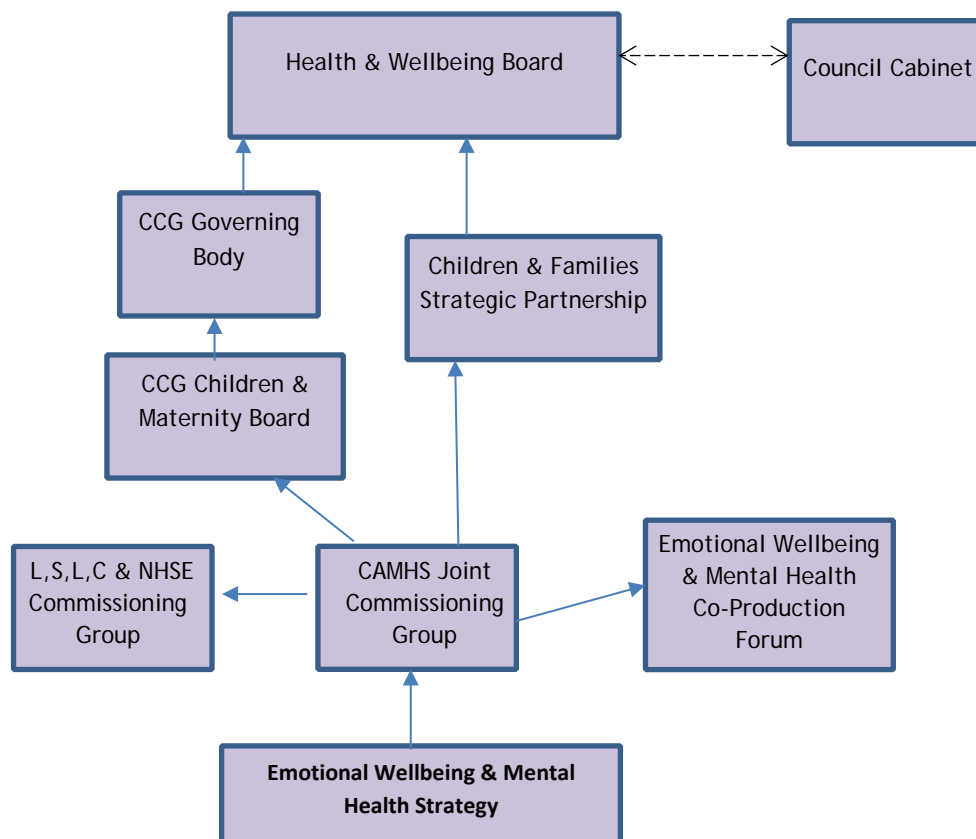
1.10 By 2020 we will have achieved significantly improved outcomes:

- Significant increase in anticipated mental health population accessing treatment to 30%. N.B *Currently this is 17% although it should be noted this is a crude approximation based on 2004 prevalence rates*
- 20% increase in uptake of parenting programmes and parenting support
- 75% of the children's workforce will have completed emotional wellbeing and mental health training
- Waiting time targets achieved and maintained. 10 weeks from referral to treatment for the Early Intervention service, 18 weeks from referral to treatment for all other CAMHS services
- 20% reduction in the number of children & young people accessing hospital based mental health services (inpatient and outpatient)
- Reductions in presentations to A&E (baseline and targets completed in 2015/16)
- Nationally recognised excellent eating disorder pathway, with reduced waiting times and improved access in line with the national mandate
- An established and comprehensive perinatal MH service. Increased number of women accessing mental health services (benchmarking and target completed in 15/16)
- Recommendations referencing the wellbeing and mental health of children & young people from the Black Mental Health Programme are fully implemented and evaluated
- Outcome monitoring and evaluation framework fully established and routinely informing service improvement
- Reduction in inequalities through explicit Equalities Objective which start with transition from child to adult mental health services
- Comprehensive clinical and referral pathways fully embedded for key presenting conditions; conduct disorder, self-harm, first on set psychosis, eating disorders, depression & anxiety (baseline and targets competed in 2015/16)

Governance

1.11 The Lambeth CAMHS Joint Commissioning group (JCG) will be responsible for overseeing effective implementation of the EWMH Plan, reporting to the CCG Children & Maternity Programme Board (CMB), chaired by the Clinical commissioning lead for Children & Young people and the Children & Families Strategic Partnership (CFSP), and co-chaired by the Cabinet Member for Children & Families and the Clinical Commissioning lead for Children & YP. Regular cross borough commissioning meetings between Lambeth, Lewisham, Southwark, Croydon and NHSE Specialist Commissioning take place to ensure effective commissioning along the pathway including for specialist Tier 4 placements. The Health & Wellbeing Board, chaired by the Cabinet Member for Health & social care will have Leadership overview, ensuring strong leadership involvement and championing of the work.

1.12 The following diagram illustrates the governance structure:



1.13 To ensure effective oversight and leadership of the whole system change as described in this EWMH Plan, it will be necessary to review the current Terms of Reference and membership of the CAMHS JCG, to ensure it is reflective of the more preventative, public health approach we are taking. The Health & Wellbeing Board will also review its leadership role in relation to this work, ensuring it is in a position to effectively challenge non delivery and champion good practice.

Chapter 2: National and Local Context; Key Drivers for Change

2.1 It has been important in developing this Plan to ensure a consistent, outcome focused approach is implemented informed by best practice and evidence-base as well as by local stakeholders, including C&YP and their parents. No strategy can be developed in isolation and this chapter sets out the key national and local drivers underpinning the Plan.

2.2 Over the past 2 years, there have been some useful national publications and announcements setting out concise recommendations and guidance which this Plan is aligned with. These include:

- *Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report*” (NHS England 2014). This report was informed by a national review of specialist (Tier 4) Child and Adolescent Mental Health services. The report makes a number of recommendations about improving the quality of care and the accessibility of highly specialist treatment (inpatient and outpatient hospital CAMH provision) for children and young people. It is essential that close working between the CCG, local partners and NHS England as the commissioner for specialist Tier 4 services are established and maintained, in order to develop an effective continuum of provision focused around a step down model of care.
- *“Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing”* (Department of Health & NHS England 2015). This publication sets out clear plans to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people’s mental health services are organised, commissioned and provided. It sets out the following principles for any coherent and comprehensive strategy, which this Plan incorporates:
 - o Promoting resilience, prevention and early intervention
 - o Improving access to effective support – a system without tiers
 - o Care for the most vulnerable
 - o Accountability and transparency
 - o Developing the workforce
- *Local Transformation Plans for Children and young People’s Mental Health & Wellbeing; Guidance & Support for local areas* (NHS England 2015). This document

sets out clear guidance for local areas to develop their Transformation Plan, underpinned by the principles in 'Future in Mind' report. Evidence and assurance that an effective local Transformation Plan is being developed will result in allocation to CCG's of additional funding. The report includes a checklist for local areas to use to ensure their Plans are robust around the following areas:

- o Engagement & Partnership
 - o Transparency
 - o Level of Ambition
 - o Equity & Health Inequalities
 - o Governance
 - o Measuring Outcomes
-
- *Additional National Investment* - In the 2015 Budget, the Chancellor committed an additional £105m to be spent on CAMHS over 5 years. The first wave of allocation, based on DoH funding formula will be made to CCG's in 2015/16 to implement the Transformation Plans as well as specifically develop community based Child & Adolescent Eating Disorder services. Recurrent uplift will then be available from 2016/17 onwards.

2.3 In addition to the above national documents it is important that this Plan is informed and aligned with local developments and strategies across a range of agencies and Partners. There are a number of key developments which have helped shape the development of this Plan and will continue to inform service improvement and commissioning process during implementation:

- *Lambeth Integrated Early Help & Prevention Strategy (2014)*. This strategy sets out a shared vision for shifting from a crisis led model of commissioning and provision to one of early identification and intervention. It has been developed based on the growing national and international evidence for early help and if effectively applied aims to create a long term solution to the financial challenges faced by local areas and ensure high quality services are available in a timely manner to children and young people and their families living in Lambeth. This strategy sits as part of the overall move towards a preventative model developing across the Partnership. In turn, we will be embedding early help and prevention into our planning and strategies going forward and ensuring this Plan is aligned to its core principles is key.

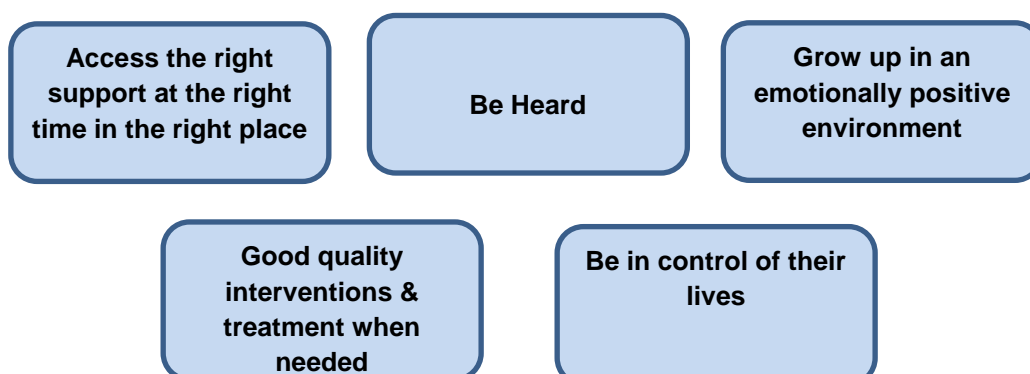
- *Lambeth Child Poverty Strategy (2015)* – Lambeth has high levels of child poverty, with 19,273 (29.5%) under 18's in Lambeth living in poverty. We know that low socio-economic factors contribute to poor emotional wellbeing and mental health and so aligning this Plan with the Child Poverty Strategy is key.
- *Lambeth Early Action Partnership (LEAP)* – This is Lambeth's BIG Lottery Programme providing a unique opportunity to support the development of early help and prevention in the Borough. It will bring £38m funding over the next ten years to carry out innovative work focused on conception to four, aimed at improving three outcomes – **social and emotional development**, diet and nutrition and communication and language. Comprised of evidence and science based interventions and driving whole system change, this programme will test what works in a small geographical area. The evidence and learning, particularly around social & emotional development will be used to continually inform CAMH service improvement and commissioning for 0-5 year olds across the Borough more widely. The development of an enhancement of the current national Healthy Child Programme will result and will include the wider environmental influences on mental health such as housing risks and the built environment.
- *Lambeth Black Health & Wellbeing Commission (2014)*. This report sets out a number of recommendations grouped under three themes: wellbeing, access and experience. They cut across most of the Council and NHS programmes including wellbeing; children's and young people, adults and older people, adult mental health and active communities and culture. Recommendations specific to C&YP have informed this Plan
- *The Lambeth & Southwark Children & Young People's Health Partnership (CYPHP)* –CYPHP is a multi-agency partnership working together to improve the health of Lambeth and Southwark's children and young people aged 0-24 years. Projects will focus on helping Primary care better meet the needs of children and young people; supporting children with long term conditions to live as well as possible; and improving access to healthcare services for young people. There is also a training and education component which includes supporting schools by delivering training to staff on supporting emotional wellbeing and chronic disease needs in schools. Two particular areas of work align with the EWMH Plan: Firstly CYPHP will work to integrate care for children and young people with mental health and physical health needs. CYPHP will develop a new way of assessing the mental wellbeing needs of

children and young people with asthma and epilepsy, as well as their parents, and providing them with support and therapies at the same time as supporting their physical health needs. Secondly work focusing on young people:

- o Setting up holistic health services and outreach to young people who find it hard to access mainstream services; working with GP practices and other mainstream services to support them to become more YP-friendly, Piloting dedicated young people's GP clinics; and improving online health service information for young people by working with partners to develop existing websites.
- *Local Care Networks (LCN)* – Lambeth has 3 LCN's and each area is in the process of ensuring C&YP are embedded into the planning and development, informed by regional work from Our Healthier SE London. LCN's provide opportunity for integration with all key providers, including the voluntary sector and local patient group and support GP Practices to promote new and different ways of working to achieve more coordinated health care, focusing on the needs of local communities. In Lambeth they are aligned with the Children Centre clustering and strengthening the interface between GP Practices and Children Centre's is important. Although there are 10 School Clusters locally we are in the process of ensuring good alignment and involvement of schools in LCN development.

2.4 This Plan sets out the vision and steps that will be taken to meet the emotional wellbeing and mental health needs of children, young people and families in Lambeth over the next 3 years (2015 – 2018). A robust co-production process has informed the development of the Plan, with a co-production group meeting regularly to bring together the information gathered from 20 workshops held with young people, parents, schools and a range of professionals.

2.5 This Plan is ambitious in that it assumes, based on what we were told by children, young people and all other stakeholders that every child, young person and family in Lambeth has the right to:



Chapter 3: Provision and Investment

3.1 Over the course of the last five years there has been a noticeable reduction in investment for child and adolescent mental health, leading to a gap between demand and capacity to deliver effective interventions. This is reflected in increased waiting times to appropriate services (referral to treatment), reduced confidence by partners in the capacity for specialist services to respond and evidence that this leads to increased referrals to specialist CAMHS and crisis presentations to Accident and Emergency departments in local hospitals.

3.2 To fully understand the level of met and unmet need in the borough, it is necessary to map all expenditure and provision. The financial detail set out in this chapter includes investment by the CCG and Council only, it does not at this stage include what schools, primary care, and noncommissioned community programmes are investing, which is likely to be considerable. This will be mapped and quantified during the first few months of the EWMH Plan in order to embed a more coordinated and integrated approach to budget setting, commissioning and delivery.

Analysis of Investment

3.3 The expenditure we have mapped below is across the Council, CCG and NHS England:

2015/16:	
Total budget for Tiers 1-3 CAMHS	£3.667m
Total budget for Tier 4 OP	£574k (200k overspent against allocated budget)
Total budget for Tier 4 IP	£1m (approx)
TOTAL CAMHS Budget	£5.241m

The above funding (5.241m) comes from the following agencies:

Lambeth Council	£953k
Lambeth CCG	£3,288m
NHSE	approx. £1m (Tier 4 IP)

3.4 The table below sets out the detail for the above 2015/16 CCG and Council investment of £3.667m in community CAMHS:

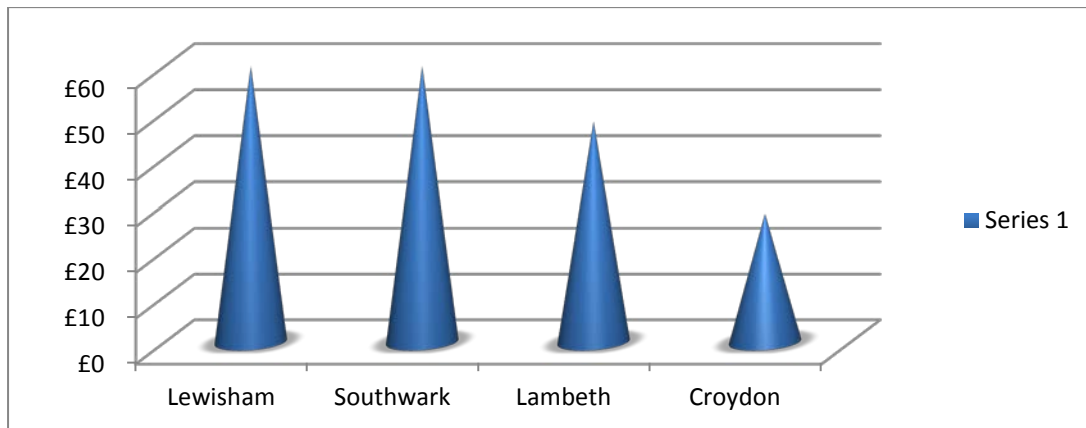
Funding Streams	£ '000s
CCG - Block contract with SLAM	2,181
CCG – Lambeth Autism and Neurodevelopment Diagnostic Service	49
CCG – Early Intervention (15/16 new investment)	300
CCG – Well Centre	135

CCG - Management	76
LA - Multi Systemic Therapy (MST)	140
LA - Obesity service	100
LA - Substance Misuse	45
LA – Autism Services	92
LA – Children Looked After Mental Health Services	246
LA – Early Intervention	223
LA – Sexualised Behaviour Services	5
LA - Management	75
Total Community CAMHS Investment	3,667

3.5 There is limited data available to be able to benchmark spend at a national level, however the average cost per contact with tier 1-3 (Community) CAMHS is a relatively crude benchmark and shows an average median cost of £240 per contact across 65 participating organisations. To calculate average cost per contact in Lambeth, we can look at the 2267 young people seen by Lambeth CAMHS Tiers 1-3 and use the national average of 6 sessions/contacts per patient– giving us **£246.29 per contact**, which is just above the national average.

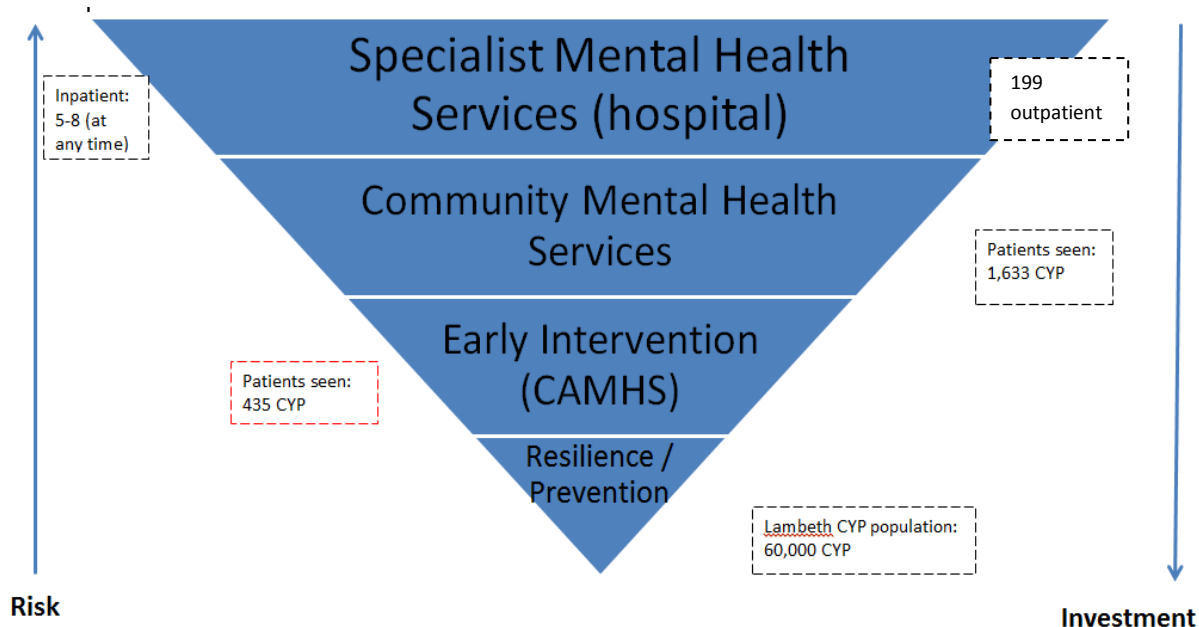
3.6 However, when we look at spend per head compared with our neighbouring boroughs of Southwark, Lewisham and Croydon, Lambeth is currently investing approx. **25% less per head** than Lewisham and Southwark, with Lambeth spending £48 per head compared with neighbouring boroughs both spending £61 per head.

Diagram 1 - Investment in Mental Health services per head of population (4 Borough comparison):



3.7 Further analysis of how Lambeth investment is apportioned, shows that we are supporting a crisis model of intervention. The diagram below shows the proportion of investment in CAMHS as an inverted triangle, demonstrating that the largest investment is for the smallest cohort but with the greatest need and often presenting in a state of crisis. The numbers of children cited are reflective of 2014/15 data from CAMHS performance monitoring reports.

Diagram 2: Inverted Triangle of investment



3.8 As a proportion of cost, the inverted triangle shows that approximately 45% of mental health expenditure is directed at out and inpatient appointments and can be represented proportionately as in the table below:

NHS Lambeth CCG and LB Lambeth combined CAMHs percentage spend by delivery area

CAMHS Delivery Area	Spends	Numbers
Out and In patient	Circa 45%	Low Numbers Low 100's
Community CAMHs (Early Intervention, community Specialist)	Circa 40%	High Numbers
Non Clinical Delivery	15%	N/A

Future Investment and planning

3.9 The above analysis shows that not only are we underinvesting in CAMHS, but that we are also investing in an inefficient way, sustaining a crisis management model. In line with the Lambeth Early Help & Prevention Strategy and national best practice and evidence, we want to shift to a step down model of care, investing more in prevention and resilience which will in the longer term prevent escalation to high cost specialist treatment.

3.10 We know there is new money coming to CCG's from Department of Health, but we also need to ensure we utilise opportunities for further investment, such as through pilot funding for programmes like the CAMHS and Schools link scheme and prioritising non-recurrent and recurrent CCG and LA funding through robust commissioning intentions.

3.11 As previously stated, fully understanding and quantifying the level of investment and provision by schools and the voluntary sector is also important. Working with schools to ensure best possible use of existing resources is key in order to embed a comprehensive and integrated funding, commissioning and delivery model.

3.12 The Department of Health's additional investment in CAMHS will be transferred to CCG budgets from 2015/16 onwards. Funding allocation is based on the DH population-based funding formula, which for Lambeth means the following additional investment:

In 2015/16:

- **£195,166** to establish community based Eating Disorder services
- **£488,519** on assurance that we are developing an effective Transformation Plan (assurance to be submitted by Oct 16th)

From 2016/17 onwards:

- **£683,685** Minimum recurrent uplift

3.13 The EWMH Plan sets out the high level commissioning intentions required to deliver the Plan and improve outcomes. The detailed commissioning intentions and projected costs, including non-recurrent funding to complete the mapping and baseline data actions will be worked up by November 2015 informing future commissioning intentions. Specific actions will be taken forward:

- a) Explore innovative, evidence-based ways of designing and delivering services and support, including cost benefit analysis
- b) Continued close working with NHSE specialist commissioning towards a model of care closer to home and preventing demand for high cost in-patient provision

- c) Map and analyse current investment in resilience and preventions services by early support services and schools
- d) Map investment in specialist hospital based services, including presentations to accident and emergency departments
- e) Analyse specialist IP activity and finance data from NHS England
- f) Develop detailed costs of the actions set out in this EWMH Plan to inform commissioning intentions going forward
- g) Cost the proposals in this Plan against increased investment

Chapter 4: Lambeth CAMHS Analysis of Need and Case for Change

4.1 A joint Lambeth and Southwark needs assessment of mental health of children and young people was carried out by the Lambeth and Southwark Public Health team (2013/2014). The needs assessment provides a clear understanding of the level of need amongst children, young people and families in Lambeth and how well their needs are being met by the current service model. A needs assessment can provide information on the trends in mental health need in a population and can help communities and providers to respond by making sure they invest their resources in the most efficient way to support children, young people and families.

4.2 The key findings from the Lambeth needs assessment are:

- That factors leading to risk taking behaviours for children and young people identified include: disruptive home environments, domestic violence, gangs and gang membership, autism and autistic spectrum disorders, the effects of cannabis and mother's mental health around the time of birth. These and other complex family and home situations can lead to eating disorders, self-harm, overly sexualised behaviour, and participation in violence
- 17% of children predicted to need Child and Adolescent Mental Health services (CAMHs) in Lambeth have accessed care (2011-12)
- 25% of looked after children of those predicted to need mental health services were seen by the looked after children CAMHs service (2011-12)
- 33% of Young Offenders identified as having an undiagnosed mental health disorder. 55% of first time offenders predicted to need mental health services were seen by CAMHs (2011-12)
- Hospital admissions for mental health among young men in Lambeth increased 150% in the 20-24 age group (2009-10 & 2011-12 combined)
- There is under provision of services at tiers 2 and 3, particularly tier 2 and some estimates suggest over provision in specialist hospital based services
- Of the top 10 diagnosis types, depressive episodes is the only one that has continued to increase over the last three years
- Children from 'mixed' and 'black other' ethnic backgrounds were over represented in CAMH service users, children from Chinese and Asian ethnic backgrounds were under represented
- Referral pathways into support are not clear

- Consensus that services are good once a service/team is accessed, but more South London and Maudsley (SLAM) expertise is needed to provide more consultancy and training to the wider education, social care and community health workforce
- Support is needed for parents who do not meet current CAMHs thresholds but are not able to manage with universal services
- More counseling based services are needed for children and families - CAMHs should provide group sessions to meet needs; and there is a need to further develop a sex offender programme and services for sexually exploited girls
- Multiagency/integrated working needs to be improved (meaning functional teams of people from different agencies delivering services in a flexible way, for example community outreach workers, social workers, mental health professionals being co-located)
- Whole school approaches to emotional wellbeing have a wide positive impact.

Table 5 - Recommendations from the Needs Assessment to address some of the gaps in the short term

S h o r t T e r m	Develop a comprehensive Plan	To cover next three years and integrate the many determinants of wellbeing and partners not just considering targeted and specialist services
	Service Provision	Mapping of current provision in tier 1 / universal services to be carried out and to include work done by GPs, social work, early intervention teams, young offenders, educational psychologists, health visitors. Consider more parenting classes at nursery and primary level as evidence suggests they are effective, and stakeholders mentioned conduct disorders
	Information, monitoring and performance management	Improve data collection in primary care Improve provider data recording Agree with providers to have regular audit of: <ul style="list-style-type: none"> • Outcomes of treatment (outcomes to be co-designed) • Rejected referrals – numbers and reasons why • User feedback • Tier 4 referrals which do not go via Common Assessment Framework
	Health Promotion and Communication Strategy	Health promotion work by wider workforce to include child and adolescent mental wellbeing and to tackle stigma associated with mental health diagnoses as well as promoting wellbeing. A Communication Strategy to target schools, parents and carers and young people with information about mental health services and how to access support.

	Equalities and community engagement	<p>Put measures in place to increase identification of children who go undetected, for example in</p> <ul style="list-style-type: none"> • Youth Offending Services • Consider Mental Health First Aid training for people working with adolescents • Identify ways of working with young carers e.g. through existing groups • Complete Equalities Impact Assessment of emotional wellbeing and mental health services
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Table 6 - Recommendations from the Needs Assessment to address some of the gaps in the longer term

Lo ng er Te rm	Service provision	<p>Principles of early intervention and delivery of services according to need to be followed. Over time, shift from treatment of established disorders towards early intervention</p> <p>Consider extending the upper age limit of mental health services to 25 years (in line with the New SEN Code of Practice 2014) or developing adolescent and young person's service to maximize early intervention, particularly for psychosis</p> <p>Provide schools with quality assurance guidelines to support evidence-based commissioning and promoting access to quality assured interventions</p> <p>Better support offered to young people at the transition from primary to secondary school</p> <p>Have clearer referral routes and pathways and consider a Single Point of Access into CAMHs</p>
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Case for Change

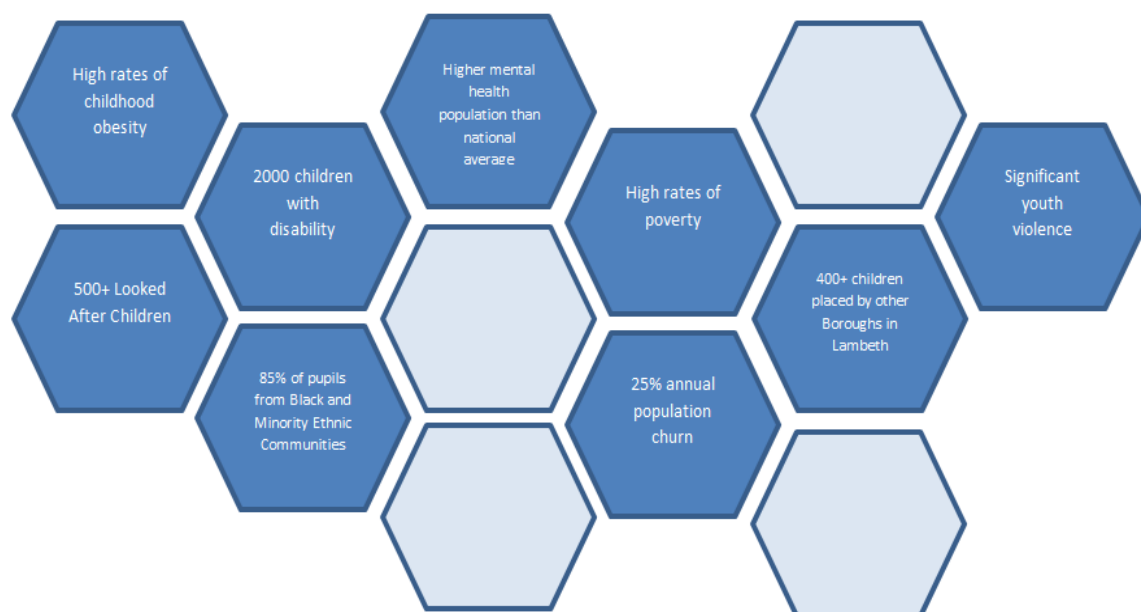
4.3 It is worthwhile reflecting for a moment on some key facts emerging from national reviews and benchmarking. The following are identified in "Future in Mind" and in the Lambeth and Southwark Needs Assessment as nationally and locally prevalent issues that underpin a step change in how emotional wellbeing and mental health needs are met.

- a) Mental health problems cause distress to individuals and all those who care for them.
- b) One in ten children (10% nationally, in Lambeth 12%, 11yrs - 16yrs rising to 16.5% 16yrs to 17yrs for common mental health disorders) needs support or treatment for mental health problems. These range from short spells of depression or anxiety through to severe and persistent conditions that can isolate, disrupt and frighten those who experience them. Mental health problems in young people can result in lower educational attainment and are strongly associated with risk taking behaviours. That means in Lambeth at least 6000 children and young people will experience

emotional wellbeing and mental health difficulties.

- c) Nationally and locally the emotional and mental health system lacks coherence across the range of providers, is complex and predicated on a crisis intervention model.
- d) There is a treatment gap. The last UK epidemiological study [ONS 2004] suggested that nationally at the time less than 25% – 35% of those with a diagnosable mental health condition accessed support. In Lambeth this figure drops to 17% of the anticipated mental health population and not enough children, young people and families in Lambeth access emotional wellbeing and mental health support in a timely manner. This increases the likelihood that more young people are presenting to hospital, in schools or to their GP surgery with increased mental health related risks.
- e) There is emerging evidence of a rising need in key groups such as the increasing rates of young women with emotional problems and young people presenting with self-harm and school based stress.
- f) We know that 50% of adult mental ill health first manifests by the age of 14yrs and 75% by 18yrs (excluding dementia). Failure to support children and young people with mental health needs costs lives and money.
- g) Nationally it is reported that there is more demand for emotional wellbeing and mental health support and that severity and risks of presentations to services are increasing.
- h) In Lambeth there are significant populations of children and young people who face additional challenges to their emotional wellbeing.

Table 7 - Lambeth's Additionally Vulnerable Groups



4.4 Children and young people's emotional wellbeing and mental health has been raised as a national concern. However, against a backdrop of a tightening financial landscape, it is essential that communities, families and services work together to develop and implement new innovative ways of supporting all children and young people to maintain positive emotional health.

4.5 Existing services are increasingly required to respond to higher risk presentations and that means a lot of time and money is spent on managing crises or negotiating a complex web of support. This adds to the strain for children, young people, their families and the range of providers.

4.6 This Plan aims to address inequalities and improve outcomes in Lambeth by strengthening early intervention and prevention with the aim of eventually reducing the need for high cost specialist services, whilst at the same time ensuring specialist clinical CAMH services are effective and accessible for all those who need them. Achieving this within the context of funding cuts is challenging and highlights the need to reduce demand for high cost, specialist service and to ensure a whole system approach with all Partners, including schools and the voluntary sector absorbing some of the early preventative work.

4.7 Early support and responding to first signs of unhappiness can dramatically improve the outcomes for children, young people and families. However, it is clear from the exercise of

developing this plan that parents and young people want to be able to help themselves more.

4.8 The impact of stigma associated with mental illness was identified by all contributors to the co-production exercise as a key barrier to people being able to prosper in emotionally healthy communities and acts as a brake on people asking for help.

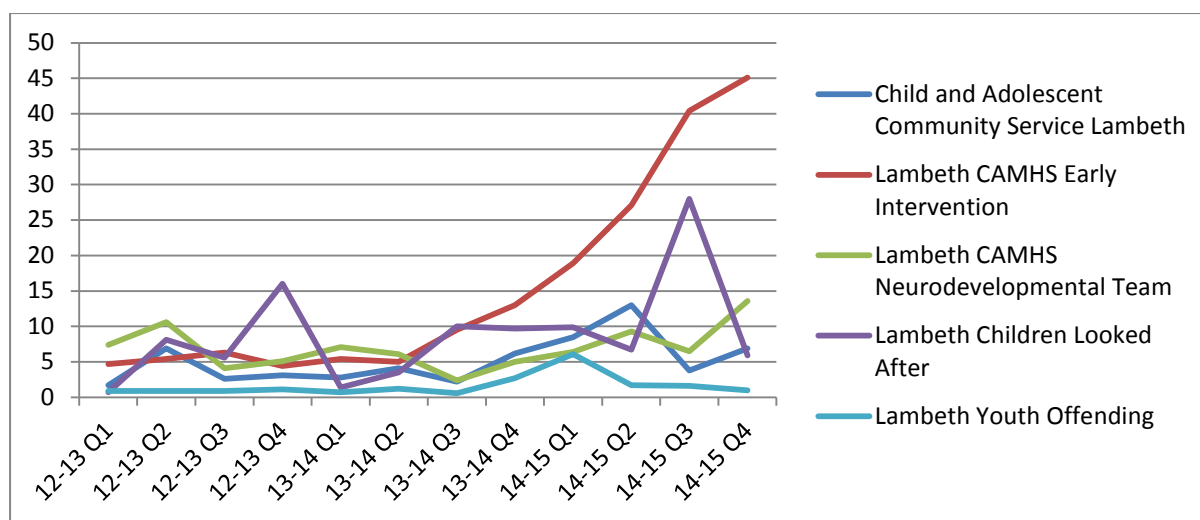
4.9 The evidence shows we can reduce stigma, improve outcomes and reduce the need for high cost hospital based interventions by improving the access to a range of parenting programmes and support, adopting whole school approaches to emotional health and wellbeing and increasing access to outdoor play and exercise.

Waiting times to CAMHS

4.10 In 2015, the case for change is increasingly strong with waiting times having increased in the Early Intervention team (to 45 weeks in quarter 4 of 2014/15) and potential for key services such as the Neurodevelopmental team to experience an increase in waiting times as indicated in the table below.

4.11 Analysis of the spike in waiting times (2015) is required. However early indications are that there has been an increase in referrals, an increase in identified need, a change in referral thresholds, and capacity issues across a range of community services (including CAMHs Early Intervention service).

Table 8 – Waiting times for Specialist CAMHs services 2012 – 2015



4.12 Having a single point of access for the CAMH services may help with suitable referrals, robust assessment and quicker access to the right intervention. Currently referrals are being held up by the need for the referrer to complete a CAF; this could be looked at on a case by case basis dependent on the level of intervention required and the child/young person.

Specialist support

4.13 In addition to focusing on developing the local offer for all, there are a number of children and young people whose needs are such that they cannot be met through early intervention support or in the community. In some cases, children and young people, through no fault of their own, require the very structured treatment for mental illness offered through hospitals. This Plan will oversee the implementation of evidence based treatment that will reduce the number of days such children will have to spend in hospital and or in specialist treatment.

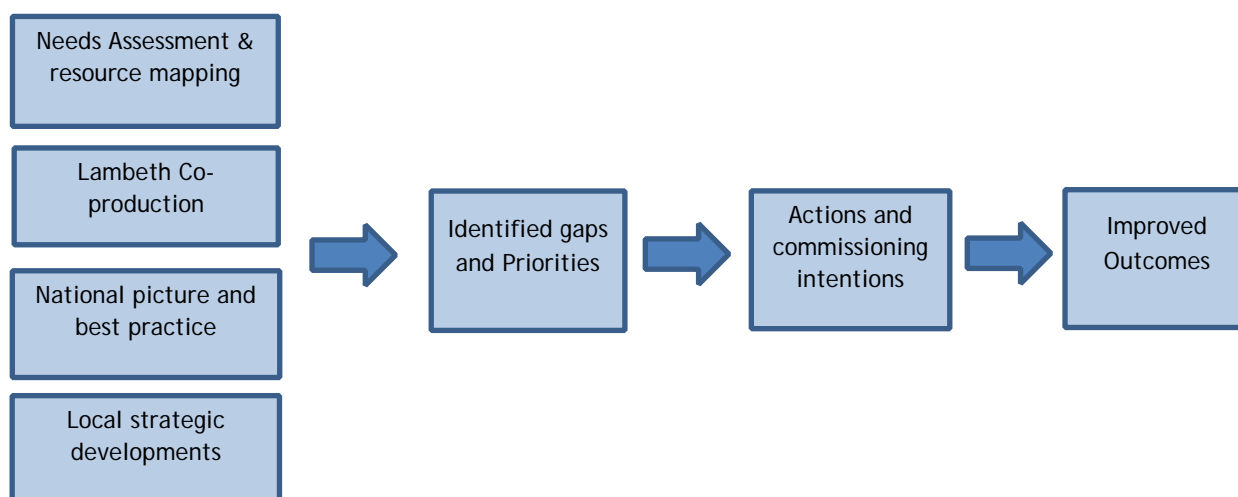
4.14 People's lives are complicated and in order for communities and providers to be sure that support is offered at the right time, it is essential that this Plan links with other Lambeth plans that provide the framework of support across all years and all needs. For instance, the five key themes around emotional wellbeing and mental health underpin the overarching outcomes of the Lambeth early intervention and prevention plan.

4.15 The consequences of unaddressed emotional wellbeing and mental health needs on the individual, their families and their life experiences and achievements can be catastrophic. For some, not getting the right support and treatment at the right time can lead to a shortened life expectancy, poorer educational attainment, increased likelihood of substance misuse and offending behaviour.

4.16 However in our co-production conversations it was clear that communities and professionals wanted a plan that facilitates a move away from the predominant illness and crisis model of provision, towards greater self-sufficiency and to reducing the reliance on external bodies in achieving best outcomes.

Chapter 5: Strategic Priorities and Commissioning Intentions

5.1 Throughout the development of the EWMH Plan we have followed a logic model process for identifying need and gaps in service and identifying the outcomes we want to achieve. Considerable work has taken place across the Partnership, informed by a comprehensive needs assessment, key national drivers and best practice and local strategic developments and fully underpinned by a strong co-production element which will continue throughout implementation. The diagram below sets out the process we have followed:



5.2 The analysis of the Needs Assessment by communities, public health and professionals through workshops, focus groups and desktop reviews led to the development of the five key strategic themes that underpin this EWHM Plan, and the work we will do to achieve good emotional wellbeing and mental health for children and young people in Lambeth.

The five Priority areas are:

PRIORITY 1: Prevention: Awareness, Knowledge and Training

PRIORITY 2: Maximising Resilience and Self Sufficiency

PRIORITY 3: Improving Access to Clinical Services

PRIORITY 4: Transition: From Birth to Adulthood

PRIORITY 5: A Public Mental Health Approach: The wider Environmental Factors

5.3 This chapter sets out each Priority in detail, including high level but measurable outcomes and the key commissioning intentions and evidence-based services required to achieve them. Although each priority area informs and contributes to the whole system

change approach required, there are also specific actions required in the first year of the Plan to ensure whole system change is embedded into ongoing planning and service development. The outcomes and actions below set out those high level actions:

System Change

Outcomes:

- Resources appropriately used and services are value for money
- Clear governance and leadership
- Emotional Wellbeing & mental health of C&YP Improved
- Comprehensive integrated commissioning & delivery plans across the whole system

Commissioning Intentions

- Assurance checklist submitted to NHSE
- Recurrent Investment Plan developed and informs commissioning intentions
- HWB and CAMHS JCG are fit for purpose
- Outcome and Performance dashboard developed and routinely used for service improvement
- All investment and provision in schools, voluntary sector and across primary prevention is mapped

PRIORITY 1 – Prevention: Awareness, Knowledge and Training

“Working together for better mental health: For us, by us”

5.4 We are all responsible together for delivering better emotional health to all. The emotional health and wellbeing of our children and young people is an important issue and one we need to strive towards. We need to ensure that our community and workforce are aware of and understand what contributes to good emotional wellbeing, and that they become part of the picture.

5.5 Through the workshops that were facilitated by members of the Co-production Project Group we know that everyone recognises that better mental health can only be achieved by everyone working together, having shared and common goals and a shared investment in improving the emotional wellbeing and mental health of children, young people and families.

5.6 Key to this is changing the way communities and services understand and respond to emotional wellbeing and mental health. The earlier support is provided to children and the earlier we intervene, the better the outcome for the child. This will include:

- Raising awareness of the causes and solutions of emotional health and wellbeing
- Developing a menu of early intervention strategies and approaches
- Sharing consistent messages, and equipping practitioners with up-to-date approaches and training.

5.7 The use of pejorative terms will be addressed through training and workforce development. Stigma and language have been identified as big barriers preventing people from talking about their needs. Different language needs and barriers must be acknowledged and addressed when communicating to potential service users, parents and carers, and the public.

5.8 Effective Training programmes will be designed and delivered that will be suitable to children, young people, families and the workforce; Using co-production approaches and engaging with training departments across health, social care and schools, parents, young people and professionals. There are a range of training products that we may wish to use, such as the Youth Mental Health First Aid training, Promoting Emotional wellbeing and Positive MH of C& YP Toolkit for Health Visiting & School Nursing and the Primary Care tool kit, which we are ready to roll out. We will review them and work with academic leaders at the Maudsley and Kings Health Partners (KHP) to ensure effective programmes are implemented in line with the Public Health England Workforce Training Framework, and that

where appropriate, identified staff have access to enhanced training.

5.9 Training up the whole workforce will take time and we have set a target of 75% of the Children's workforce being trained in emotional wellbeing and mental health competencies by 2018. Within that there will be groups of professionals we would want to prioritise including; teachers, GP's, social workers, health visitors and school nurses.

5.10 The Plan asks that all stakeholders maximise their existing resources to improve mental health and wellbeing, whether that is individually, within a service, in schools or in their conversations with peers, friends and young people. We know that there are interesting and effective community mental health models being developed globally. For example Dr Mirza Kahn's work in Kerala (India) has led to the development of an exciting initiative that involves parents and schools working together to support children's emotional health in a low resource environment. We want to understand this and similar models of community ownership so we can identify key learning and explore ways of implementing that learning here in Lambeth.

5.11 We will be developing new ways of including communities and partners in monitoring and overseeing the provision of emotional wellbeing and mental health services in Lambeth.

Communication

5.12 Through the co-production sessions, communities have requested that they receive accurate up to date information and clear communication about what is available, when and how to access it and that they are viewed as part of the solution to emotional wellbeing and mental health in Lambeth.

5.13 All stakeholders can be pro-active providers of better emotional wellbeing. This EWMH Plan requires that consistent quality assured messages on emotional wellbeing and mental health is available and widely accessible through effective primary prevention and promotion. Working across and with public health, service users and communities, new local social marketing campaigns will be co-produced.

5.14 Information must be accessible to everyone and a key component of our Plan is to ensure that all relevant support and information is included in our Young Lambeth Local Offer. This needs to be in a way that is clear, comprehensive and shows people how and where to access a service or parenting programme for example.

Outcomes:

- Increased awareness of the importance of emotional wellbeing
- Children, young people, parents and carers and professionals know what support is available
- Lambeth's workforce skilled in emotional wellbeing

Commissioning Intentions

- Implement and promote the Public Health England Workforce Development Framework around mental health and promoting mental health, as it applies to children and young people – core competencies for staff
- Complete workforce training need assessment
- Develop and disseminate a children's workforce and development training programme in line with PHE workforce Framework, using a range of tool kits appropriate for local implementation
- Develop and implement a communications strategy using a social marketing approach ensuring effective primary prevention and promotion is in place
- Embed co-production to the above action to strengthen community involvement

PRIORITY 2: Maximising Resilience and Self Sufficiency

5.15 Based on the national plans, Lambeth needs assessments, and the co-production process, the following were identified by the Lambeth community as routes to feeling happy and having general emotional wellbeing:



5.16 We want young people and their families to feel able to manage their emotional health and wellbeing more themselves and not have to depend on external services. There are a range of well-documented options to developing resilience and self-sufficiency. These include the implementation of approaches with children and young people themselves, with parents, in schools and community health services.

5.17 Good parenting is frequently mentioned as being key to supporting best outcomes for all children and young people. Not only does good parenting support children and young people, it also improves the emotional wellbeing of the parents themselves. In Lambeth we need to improve access and referral for parenting programmes, as well as improving outcomes and measuring.

5.18 The Lambeth Family and Parenting Support Plan will provide the vehicle through which planning and delivery of an integrated and targeted family and parenting support service will be developed. It provides an opportunity for the local authority and its partners to:

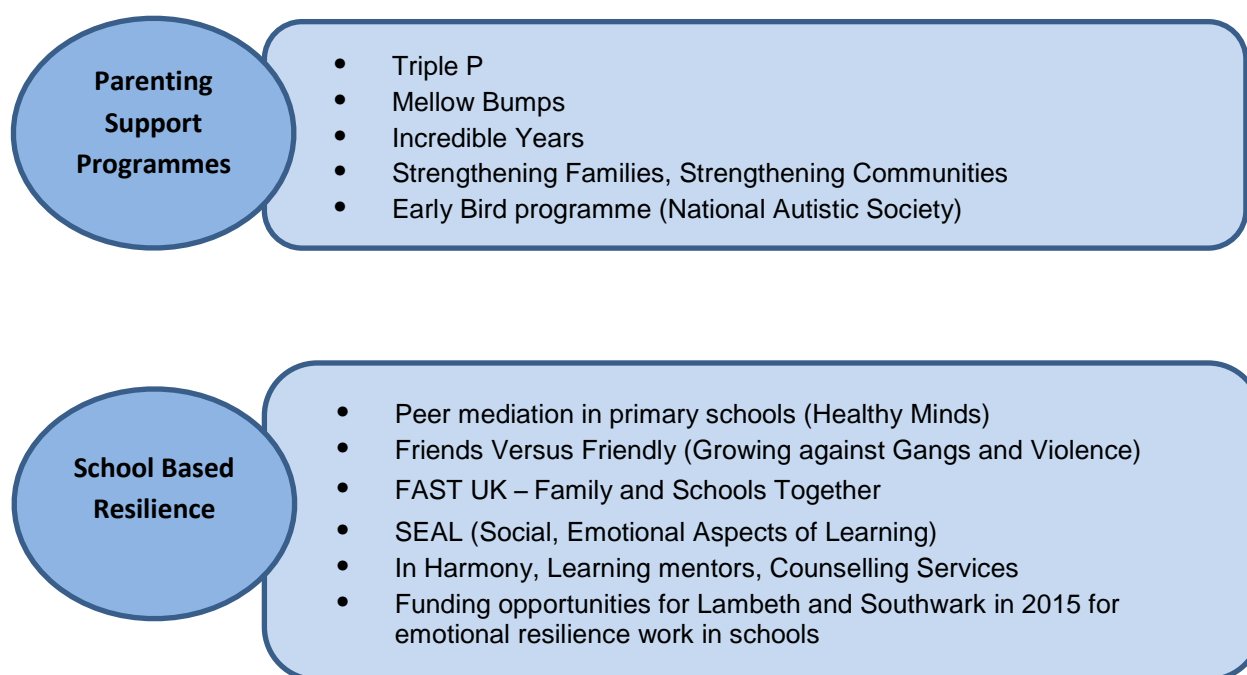
- Improve outcomes for Lambeth's children and young people
- Increase the capacity of parents to undertake their role of bringing up their children so that they thrive and achieve
- Ensure that early identification and prevention services are at the heart of service planning and delivery

- Improve access to parenting programmes and develop measures for outcomes

5.19 There are examples of effective peer led parenting programmes and we already have strong peer support initiatives around breastfeeding, 2 year old learning and through LEAP. In addition as part of our mapping of provision across the borough it is important we liaise with the voluntary sector to review what other parent support programmes are being offered and to develop standard measures and a coordinated approach to access and referral. We need to make sure that programmes are targeted to the specific needs of parents and that we routinely collect outcome measures and service user feedback.

5.20 This Plan will incorporate the latest evidence base and will engage partners and communities in gaining consensus on resilience and how resilience programmes will be implemented to support the Plan's overarching goals.

5.21 There are already a number of examples of good practice in Lambeth:



5.22 In Priority 1 we looked at the whole workforce approach for training and developing skills around emotional wellbeing, but schools have an especially important part to play in building resilience in young people. At a universal level, schools provide a safe environment where children and young people learn about the world around them, explore their own identity and have the space to use their imaginations. A mapping exercise is currently taking

place with schools in Lambeth to find out what is being delivered and commissioned around emotional health and wellbeing.

5.23 Programmes such as Families and Schools Together (FAST) offer a structured and integrated approach to improving resilience and ensuring that children, young people and families get the most from the school years. The range of evidence based interventions will be assessed for local applicability and Partners will be supported to deliver and assess impact. We will also look at models of best practice around supporting schools to purchase appropriate school based counselling, using the School-based Counselling Operating Toolkit to inform best practice, ensuring the best use of resources to strengthen the resilience and emotional wellbeing offer.

5.24 Learning from key strategic developments such as LEAP and CYPHP will help improve integrated ways of working, provide an evidence-base for strengthening resilience and community cohesion and will bring learning around early intervention and how to engage parents.

Outcomes

- Children and young people are more confident and able to deal with problems
- Parents are supported by a range of easily accessible parenting support programmes
- A comprehensive menu of evidence-based prevention and resilience programmes
- Effective school-based counselling available

Commissioning Intentions

- Collate and use a range of tools such as SHEU (School Health Education Behavior Survey) and co-produced outcome measures
- Embed and publicise a parenting programme incorporating a range of evidence based parenting support, including parenting peer support
- Implement effective referral process and monitoring of parenting programmes
- Develop and implement routine standard service user feedback process to inform service improvement
- Map and analyse current resource and provision of prevention and early intervention services across Lambeth and align with best practice and evidence
- Support schools through the School-based Counselling Operating Toolkit

Priority 3 – Improving Access to Clinical Services

“No vulnerable child or family overlooked”

5.25 We know that for some children and young people there will be a need to access highly specialised mental health services. We also know that whilst some children and young people need emergency help to keep safe, there are opportunities to provide specialist mental health support in the community in ways that reduce the need for admissions to hospital. These mental health services offer specialist treatment, psychological support, and in some instances medication or admission to hospital for safety reasons. These mental health services are currently known as CAMH Services.

5.26 We know from national research and the Lambeth needs assessment that there are groups of children and young people who are additionally vulnerable to emotional and mental ill health (Looked After Children, Children with Disability, Young Offenders, Children and Young People from Black and Minority Ethnic communities and LGBT community to name a few). Research also shows that 71% of children with emotional and behavioural disorders have clinically significant language deficits (Brenner et al 2002) and people with primary communication impairment are at greater risk of a secondary mental health disorder (Snowling et al 2006).

5.27 It is important that we are able to effectively meet the needs of these vulnerable groups and reduce the health inequalities they experience. We already have a CLAMHS services for looked after children, to ensure timely and specific support is provided, but this service is under resourced, with only 25% of those predicted to have a mental health need being seen. Lambeth Children’s social care service has recently gone through a review, ensuring the right thresholds and referral processes are in place. One effective output is the new Multi-agency Referral Form (MARF) which was widely consulted on and welcomed by a range of professionals, we want to learn from examples of good integrated assessment and referral processes to ensure no referral is delayed. Continued working with social care to review CLAMHS and ensure social workers are skilled up and have access to appropriate information is a priority.

5.28 Similarly we know that young offenders are a particularly vulnerable group, with specific issues around conduct disorder and emerging personality disorder, and young men in particular being at greater risk of hospital admission. The Young Offenders Service (YOS) has CAMHS workers co-located in the service; however the workers are stretched and under

resourced. The evidence-based programme Multi-systemic Therapy (MST) is commissioned through the Troubled Families Programme, specifically working to reduce offending and reoffending rates, however although there are good outcomes against this programme, it is an expensive model and is currently commissioned for only 14 families per annum. A menu of evidence-based programmes is required to ensure all vulnerable young people have access to effective intervention and treatment.

5.29 This EWMH Plan aims to address the needs of the vulnerable groups the needs assessment has identified, but we also need to ensure that we have appropriate and effective clinical and referral pathways for specific diagnosis. There is strong national and local evidence around effective treatment for certain diagnosis types such as conduct disorder, self-harm, psychosis, eating disorder and depression & anxiety. Whilst this chapter is concentrating on appropriate clinical treatment and accessing that treatment, it's important that we embed effective pathways for these conditions, linking with schools and voluntary services to ensure early identification and a continuum of support is available in line with work outlined in chapters 1 and 2.

5.30 A comprehensive service review for each CAMHS team (including the Adult commissioned Lambeth Early Onset – LEO, service for first onset psychosis) will be carried out to ensure thresholds, clinical pathways and delivery models are appropriate and effectively embedded and communicated. The review will draw on clinical research and models of best practice, such as the Wells Centre, which has been nationally recognized, MST and the C&YP Improved Access to Psychological Therapies (IAPT). We are fortunate that we work closely with SLAM as our main provider of CAMHS who are part of Kings Health Partners and aligned with Institute of Psychiatry, bringing Research into Practice. We need to utilise this expertise and ensure our local services are continually reviewed and that service improvement is informed by local and national research.

5.31 Through ongoing analysis of our CAMHS service and feedback from referrers, we know that accessing specialist CAMHS is complex and that the waiting times from referral to treatment are too long, especially into the early intervention CAMHS team. New recurrent funding of £182k has been invested by the CCG in 2015/216 to address the waiting times, but further work is needed to ensure sustained improvement. Developing a single point of access is key and ensuring referrers and parents and young people have clear information on thresholds to treatment, alternative support if necessary and referral processes.

5.32 There are sections of the local community who are both under and over represented as patients in CAMHS. It is important we reduce inequalities through an effective service

pathway, from prevention and resilience as set out in Priority 1&2, through to specialist treatment. This EWMH Plan sets out the steps that will be taken to ensure that health inequalities are addressed. CAMHs will be reviewed with a special attention to addressing the emotional needs of additionally vulnerable groups and reducing inequalities, an Equality Impact Assessment will be carried as part of the service reviews.

Outcomes

- Improved access to CAMH services
- Reduce health inequalities for vulnerable groups
- A comprehensive CAMH clinical service that meets the needs of the Lambeth children and young people

Commissioning Intentions

- Develop a Single Point of Access (SPOA) for CAMH services and the appropriate use of CAF
- Carry out a clinical and commissioning review of CAMHS teams, including Lambeth Early Onset Service, using established baseline data and examples of good practice such as Wells Centre, C&YP IAPT and learning from LEAP and CYPHP
- Reduce waiting times to EI CAMHS through effective implementation of CCG's 182k investment
- Embed effective monitoring and evaluation processes using for example CGAS, SDQ's and service user and referrer feedback
- Ensure the service is value for money and understanding future investment needs
- Equality Impact Assessment embedded into service reviews

Priority 4 – Transition: From Birth to Adulthood

5.33 We know there are key transition points in life which will create additional vulnerabilities for us. These include:

- pregnancy and birth
- starting school
- transition from primary to secondary school
- transition into adulthood

5.34 For each transition point there will be a continuum of need and we need to ensure we have the right support and resources available so we can identify increased risk and respond appropriately and effectively.

5.35 This EWMH Plan will ensure there is appropriate emotional wellbeing and mental health support along the Healthy Child Pathway at those key transition points. There are developments already underway that address these vulnerable times, such as effective support via Children Centres for school readiness, increased antenatal focus by health visitors, existing peer support programmes and the Lambeth Health & Wellbeing Programme in schools. This EWMH Plan will look to further embed good practice and compliance with transition protocols.

5.36 Examples of local development include:

- Development of a comprehensive perinatal mental health pathway, informed by recommendations from the local pilot carried out in 2015. We know this is a particularly vulnerable time for parents, which can impact significantly on the social & emotional development of young children.
- Expand good practice around school readiness and transition to secondary schools by embedding lessons learnt from engaging with pupils through the Lambeth Healthy Schools Programme and findings from SHEU
- Review of the effectiveness of the existing Transition protocols for young adults and how well they are used in commissioning and providing services for this vulnerable cohort

5.37 Over the course of this five year plan, commissioners commit to addressing the longstanding problems with transition and transition services for young adults who have emotional wellbeing and mental health needs. A specific work stream to develop transition services for those exiting CAMHs will be initiated. The work stream will take at its starting point the experiences of those who have transitioned or are on the cusp of transitioning to

adult services. It will look at new and innovative ways of delivering appropriate support services to young adults.

5.38 We will work with national and local providers and research institutes to ensure that the learning from research and evidence is leveraged into treatment and service models, with a continuing programme of development. We will also work with adult services providing services for over 18's to review the age for access criteria.

Outcomes

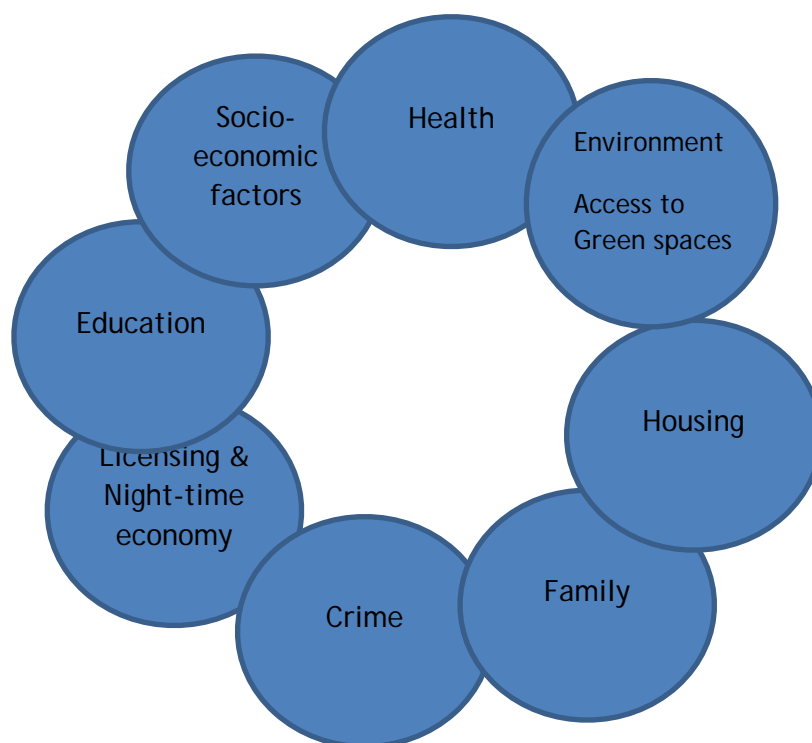
- A whole system approach to supporting key transition points along the Healthy Child Pathway (HCP)
- Emotional Wellbeing and mental health is embedded along the HCP
- Pregnant and new Mums feel supported and able to access mental health services
- A smooth and robust treatment journey from birth to adulthood

Commissioning Intentions

- Embed emotional wellbeing and mental health into key transition strategies
- Review CAMHS to Adult Mental health Transition protocols and ensure compliance
- Develop and implement perinatal MH strategy
- Set up a specific work stream to develop transition services for those exiting CAMHs to be initiated, incorporating service user experience and looking at innovative ways to deliver

Priority 5 – A Public Mental Health approach: The Wider Environmental Factors:

5.39 Public mental health focuses on the wider prevention of mental illness and promotion of mental health across the life course. Emotional wellbeing and mental health of people is affected by a range of different factors. These include:



5.40 This Priority is about influencing the strategic development of these factors to incorporate emotional wellbeing and mental health. A public mental health whole population and whole system approach will ensure risk factors are addressed and outcomes improved.

5.41 We are currently researching this approach through LEAP but we want to ensure we are proactively influencing these wider agendas at a whole borough level and embedding emotional health and wellbeing firmly in the centre of strategic planning. We will link with partners around key strategies including Housing, Education plans, Child Poverty and the Financial Resilience and local licensing plans.

5.42 The Public Health team are currently revising the Lambeth Children's Joint Service Needs Assessment (JSNA), a focus of which will be emotional wellbeing and mental health as well as capturing the wider demographic issues.

5.43 Work will be taken forward through:

- Working with the Health & Wellbeing Board to embed strategic championing of emotional wellbeing and mental health
- Carryout routine mental wellbeing impact assessments across key strategic areas such as housing and regeneration and community safety, using SHEU and local resident surveys etc to measure outcomes. Public Health are currently leading work to develop a more integrated approach, looking to integrate mental wellbeing and equality impact assessments. Where appropriate we will take this forward.
- Improving access to green spaces and exercise, which we know has positive impact for people's emotional wellbeing. This is being looked at through a number of initiatives such as the Knee High programme working in collaboration with the Design Council and new economics foundation, but also through other voluntary organisations providing physical activities. We will also link with the Cultural Strategy Plan in relation to expanding access to green spaces
- Tackling child poverty and deprivation through the Child Poverty strategy which has had public health input
- Strengthening work with the Healthy Schools Programme on preventing smoking, drug and alcohol misuse and improving healthy weight and sexual health
- Working closely with the Young Lambeth co-operative to ensure mental health impact assessments are carried out when commissioning youth services
- Addressing violence, abuse and safeguarding through the existing Public Health approach to Violence Strategy

Outcomes

- Lambeth children and young people feel supported and safe in their wider community
- Mental health inequalities reduced
- London Healthy Schools standard achieved
- Increased physical activity of children & young people

Commissioning Intentions

- Develop a whole system approach to commissioning for emotional wellbeing and mental health, supported by the Health & Wellbeing Board
- Mental health impact assessments are completed across the partnership
- Ongoing work with schools to fully embed Healthy Schools standards
- Ensure key surveys such as the SHEU and resident surveys are routinely carried out and collated to inform system change

Chapter 6: Young Lambeth Wellbeing and Mental Health Action Plan 2015 – 2020

6.1 The Action plan below sets out the high level commissioning intentions and actions we will take forward over the next 5 years. We know that further work is required to work up the performance dashboard, complete baseline data gathering, set targets and finalise the outcomes monitoring framework in line with Public Health England publication so that the CAMHS JCG and ultimately the Health & Wellbeing Board is assured of improved outcomes.

6.2 The JCG will further develop the Action Plan by November 2015; with more detail set against each outcome and clarity on taking forward the baseline work, mapping of resources, and workforce training needs assessment.

System Change					
Outcomes	Commissioning Intentions	Action	Timescale	Lead/Partners involved	Indicators
Assurance of effective development of Transformation Plan	Assurance checklist, Tracker document, and high level summary submitted to NHSE	<ul style="list-style-type: none"> Complete checklist and get leadership sign off before submission Ensure NHSE specialist commissioning involved in Transformation Plan 	Oct 16 th 2015	CCG Commissioning lead and JCG	Assurance satisfaction received from NHSE and 2015/16 funding agreed and allocated by NHSE
Comprehensive Eating disorder pathway developed	Review current pathway and develop detailed additional investment plan	<ul style="list-style-type: none"> Review procedures for early identification of ED amongst key partners (including parents) Develop investment plan for the £195k additional ED funding: <ul style="list-style-type: none"> ➤ Improving waiting times and access into specialist ED service ➤ Strengthen communication and information for universal staff and parents re early Identification and available support ➤ Improve Crisis care ➤ Improve Self harm intervention 	Sept 30 th 2015	CCG Commissioning lead and SLAM	Investment plan and future commissioning intentions agreed
Effective use of resources	Recurrent investment plan developed informed by CI's and Children's JSNA	<ul style="list-style-type: none"> Implementation of EWMH Plan is costed and informs 16/17 CI's (to include new investment from DH) 	Dec 2015	CCG Commissioning Lead	
Effective governance is embedded	Board and groups are fit for purpose	<ul style="list-style-type: none"> Review JCG Terms of Reference and Membership System in place for the Health & 	Oct 2015	JCG Members	

		Wellbeing Board to champion mental health	Nov 2015	H&WB Members	
Emotional wellbeing and mental health of C&YP improved	Outcome and Performance dashboard used to inform continual service improvement	<ul style="list-style-type: none"> Review baseline data and address gaps in data Develop KPI's and performance dashboard, with agreed targets Develop Outcomes dashboard, informed by PHE C&YP's Outcomes Framework 	Dec 2015 March 2016 March 2016	CCG commissioning support (funded through additional non recurrent resource) and Public Health Public Health	Comprehensive baseline data in place Dashboard and Outcomes approved by CMB and CFSP
Establish comprehensive integrated commissioning and delivery plan across the whole system	All investment and provision by schools, primary care and voluntary sector is mapped	<ul style="list-style-type: none"> Work with schools to map full range of provision and investment: <ul style="list-style-type: none"> ➤ Whole school prevention & resilience programmes ➤ Commissioned counselling/therapy provision Map Emotional Wellbeing & Mental Health provision provided by non-commissioned voluntary sector 	Dec 2015 Dec 2015	CCG Commissioning (funded through additional non-recurrent resource)	

Priority 1 – Prevention: Awareness, Knowledge and Training

Outcome	Commissioning Intention	Action	Timescale	Lead/Partners Involved	Indicators
<p>Increased awareness of the importance of emotional wellbeing</p> <p>Children, young people, parents and carers in Lambeth know what support is available and where</p> <p>A comprehensive menu of evidence based universal preventative services</p> <p>Lambeth's workforce skilled in emotional wellbeing</p>	<p>Develop and implement a communications strategy implemented through a social marketing approach and using a range of media</p> <p>Comprehensive and costed menu of evidence-based primary prevention and promotion</p> <p>Develop and disseminate a</p>	<ul style="list-style-type: none"> • Review current information and communication strategy and identify gaps and gather feedback from key stakeholders, including C&YP and parents. • Develop and implement effective Lambeth EWMH social marketing campaigns • Produce up to date information on range of available services, referral and access information (including signposting if threshold into CAMHS is not met) • Produce above info through range of forums, including websites, leaflets, posters etc • Research national and international evidence-based prevention and resilience programmes. • Map research findings re best practice against what is currently available across primary prevention and promotion • Complete training needs analysis 	<p>Starting October/November 2015</p>	<p>CCG Commissioners Public Health Comms Teams C&YP and parents</p>	<p><i>For professionals, parents and children and young people:</i></p> <ul style="list-style-type: none"> • <i>Increase in awareness of referral pathways</i> • <i>Increase in awareness of EWMH services</i> • <i>Increase in awareness of EWMH training</i> • <i>100% of EWMH services included on Young Lambeth website</i> • <i>Increase in number of visits to Young Lambeth EWMH webpage</i> <p>• <i>75% of Children's workforce completed training around emotional wellbeing (2018)</i></p>

	children's workforce and development training programme	<p>across Children's workforce, identifying those requiring enhanced training</p> <ul style="list-style-type: none"> Identify preferred Training Tool kits to be used with different professional groups, using the PHE workforce development Framework – core competencies for staff (examples include GP toolkit, MH First Aid tool Kit and Toolkit for HV and SN) 			
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Priority 2 - Maximising Resilience and Self Sufficiency					
Outcome	Commissioning Intention	Action	Timescale	Lead/Partners Involved	Indicators
<p>Children and young people are more confident and able to deal with emotional wellbeing</p> <p>Parents are supported by a range of easily accessible parenting support programmes</p>	<p>Develop and implement comprehensive outcome measures for emotional wellbeing & resilience Programmes</p> <p>Commission and publicise a comprehensive evidence-based parenting programme</p>	<ul style="list-style-type: none"> Review and agree range of outcome measuring tools, including co-produced work with YP. Use SHEU results to measure impact of emotional wellbeing & resilience programmes Embed routine service user feedback for all programmes and CAMHS services Map non-commissioned parenting support programmes and map against best practice and evidence and align with Lambeth Family & Parenting Support Plan. 			<ul style="list-style-type: none"> <i>SHEU survey showing increased levels of children's self esteem and confidence against previous baseline data</i> <i>All (approved/recommended) services schools commission for the emotional wellbeing and resilience of their pupils will be easily accessible on the Young Lambeth Local Offer website</i> <i>Increase in take up of parenting programmes in</i>

<p>Appropriate referrals into services, reduced demand for treatment and specialist services, increase in self-management</p>	<p>Comprehensive and costed menu of evidence-based early intervention resilience services</p>	<ul style="list-style-type: none"> • Review and simplify referral and access to parenting programmes and set baseline and targets for increasing access • Disseminate information about programmes and how to access them via a range of media • Core resilience based approaches reviewed and assessed for Lambeth applicability • School mapping exercise carried out with the Special Educational Need team • Embed the learning around resilience from the LEAP research programme into Lambeth services • Embed the learning around resilience from funded pilot programmes in schools in Lambeth and Southwark 			<p><i>Lambeth</i></p>
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Priority 3 – Improving Access to Clinical Services

Outcome	Commissioning Intention	Action	Timescale	Lead/Partners Involved	
Improved access to CAMHS and reduced inequalities	Commission comprehensive CAMHS with appropriate clinical and referral pathways and increased accessibility	<ul style="list-style-type: none"> • Review access and referral pathways into CAMH clinical services and develop a Single Point of Access (SPOA) • Develop and implement effective assessment & referral process into EI CAMHS. Informed by a review of the use of CAF (lessons taken from effective use of MARF) • Monitor and report to CMB the implementation of the investment and improvement plan to reduce waiting times in the early intervention CAMHS team. • Develop and embed system for regularly gathering feedback from CAMH service users, partners and stakeholders to inform service improvement 			<ul style="list-style-type: none"> • <i>100% of Early Intervention Team accepted referrals participate in 1st treatment within 10 weeks of referral by end of Q2 16/17</i> • <i>100% of ALL CAMHS Teams accepted referrals participate in 1st treatment within 10 weeks of referral</i> • <i>Waiting times for access to CAMHS services reduced to 10 weeks</i> • <i>20% decrease in Tier 4 admissions to CAMHS</i>
A comprehensive CAMH clinical service that meets the needs of the Lambeth children and young people from birth into adulthood	Children and young people who are additionally vulnerable to emotional and mental health are supported to access services	<ul style="list-style-type: none"> • Carry out commissioner led review of all CAMHS Teams and LEO, incorporating findings from service user feedback. Informed by internal clinical audits and working alongside local clinicians, public health and academics to ensure research and best practice informs referral pathways, thresholds and delivery 			<ul style="list-style-type: none"> • <i>All Specialist CAMHS services reviews are co-produced and completed in 2016</i>

		<p>models</p> <ul style="list-style-type: none"> • Carry out Equality Impact Assessments as part of service review • Implement recommendations from the Lambeth Black Health & wellbeing report • Ensure service review informs future commissioning intentions, ensuring the needs of identified vulnerable groups are addressed • Ensure continued reporting against outcome dashboard for CAMHS using range of measures including CGAS, SDQ and service user feedback • Complete Financial modelling across CAMHS and benchmark where possible to ensure value for money 			<ul style="list-style-type: none"> • <i>100% CAMHS pathways reviewed, updated, included on Young Lambeth website</i>
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Priority 4 – Transition: From Birth to Adulthood					
Outcome	Commissioning Intention	Action	Timescale	Lead/Partners Involved	Indicators
New Mums, children, adolescents and young adults feel supported at vulnerable transition times	Embed EWMH into key transition developments along the Healthy Child Pathway	<ul style="list-style-type: none"> • Take forward recommendations from the Perinatal MH pilot and develop a comprehensive perinatal MH commissioning strategy • Work with early years services to review 'school readiness' and 			<ul style="list-style-type: none"> • <i>100% of CYP aged 17 have an effective transition plan which includes AMHS support and self-management.</i> • <i>Every child and young</i>

		<p>ensure social & emotional development is embedded</p> <ul style="list-style-type: none"> • Review findings from Lambeth's Healthy Schools Programme and SHEU to improve support for school pupils • Review current Transition protocols from CAMHS to AMH and ensure compliance across the system • Establish a specific work stream to develop transition services for those exiting CAMHS to be initiated, incorporating service user experience and looking at innovative ways to delivery • Work with adult services to ensure alignment of overlapping services for young adults, 18+, and to identify alternative and innovative models to meet the needs of those likely to transition to adult services 			<p><i>person feels a sense of control, choice and confidence in the development of their own goals.</i></p>
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Priority 5 – Wider Environmental factors: A Public Health Approach

Outcome	Commissioning Intention	Action	Timescale	Lead/Partners Involved	Indicators
Lambeth children and young people to feel safe and supported in the community	<p>Embed a whole system approach to commissioning for EWMH, championed by the HWB</p> <p>Align the emotional health and wellbeing and mental health outcomes with other strategies across health and local authority domains.</p> <p>London Healthy Schools Standard Achieved</p>	<p>Review current strategies, including community safety, Childhood Poverty, Planning etc to ensure EWMH is incorporated into approach.</p> <p>Carry out MH Impact assessments across key strategic developments</p> <p>Continue to work with schools to ensure Healthy Schools standards are achieved</p> <p>Ensure the Children's JSNA incorporates EWMH and informs future commissioning intentions</p> <p>Carry out key surveys to monitor Lambeth populations</p>			

