

# Children and Young People Mental Health and Emotional Wellbeing Plan

February 2023

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# Abbreviations Used In This Document

Abbreviation	Explanation
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
CYP	Children and Young People. Note throughout this plan we have tried to write Children and Young People in full.
CAMHS	Child and adolescent mental health services
ICB	Integrated Care Board
ICS	Integrated Care System
LGBT	Lesbian, Gay, Bisexual and Transgender
Local Care Partnerships (our Places)	Local care partnerships including NHS providers, voluntary and community sector partners, and local authority partners in Bexley, Bromley, Greenwich, Lewisham, Lambeth and Southwark
MHST	Mental health support teams
SEL	South East London. Covering boroughs Bexley, Bromley, Greenwich, Lewisham, Lambeth and Southwark.
SLAM	South London and Maudsley NHS Foundation Trust
THRIVE	<a href="#">The THRIVE Framework for System Change.</a>
VCSE	Voluntary, community and social enterprise organisations

# Introduction

# Introduction (1/2)

## What is this document about?

This document describes how as a local system we plan to improve the emotional wellbeing and mental health of all children and young people (CYP) across South East London Integrated Care System (ICS).

This document is split into three key sections:

- The first section sets out our position as an ICS in developing and delivering children and young people's mental health and emotional wellbeing services as of September 2022. This section provides a summary of our local need and demographics, our current service offer, and any challenges we are experiencing in providing the best care possible to our children and young people.
- The second section sets out our transformation and service improvement ambitions for children and young people's mental health and emotional wellbeing services for a four-year period (till the end of 2025/26). It is important to note that we are in the process of developing our Integrated Care Partnership strategy and children and young people's mental health will be a key priority area within this document; this may mean that our vision, ambitions and objectives may be subject to amendment in 2023/24.
- The third section sets out our delivery plan for 2022/23 and 2023/24, outlining the specific actions we will undertake across the ICS and through our Local Care Partnerships to deliver improvements for children and young people's mental health and emotional wellbeing services. It is anticipated that this component of the our plan will be updated on at least an annual basis.

This plan was ratified at the public board meeting of the South East London Integrated Care Board on Wednesday 15 February 2023.

## Introduction (2/2)

### How have we developed this document?

Since 2015, each local system has been expected to set out how they would use their resources and investment to improve children and young people's mental health across the 'whole system'. Our previous plans, referred to as our CAMHS Transformation Plans, have historically been heavily focused on mental health services.

In developing our plan this year, we have taken a different approach as an ICS in order to meet the needs of our population and our system:

- 1. Broadening our view of children and young people's mental health services:** As an ICS we work in partnership with health, local authority and other organisations (such as the voluntary sector) in South East London. This plan, therefore, reflects our intentions as a system, acknowledging that children and young people's mental health needs may best be served by different therapeutic offers in and outside of statutory services and that the needs of children and young people may first be identified by professionals across health, social care and educational settings. For this reason, our plan considers provision across a range of services including Children and Adolescent Mental Health Services (CAMHS), voluntary, community and social enterprise organisations (VCSEs) and local authority partners.
- 2. Expanding the delivery timeframe of our plan:** We recognise that in order to make sustainable, transformational change to services and continually improve outcomes for our Children and Young People, our transformation plan needs to focus on a longer time frame. Therefore, we have developed a vision and ambition for the transformation programme to take us up to the end of 2025/26 and the delivery plan focuses on actions and improvements over both 2022/23 and 2023/24.

The plan has been produced based on locally coproduced plans developed by Local Care Partnerships and provides a high-level summary across the ICS. Each of our Local Care Partnerships holds an action plan for their local partners.

Please note that in developing our ICS plan we have taken into consideration national policy objectives and expectations including the ambitions for children and young people's mental health services within the NHS Long Term Plan, as relevant to our ICS.

# Understanding Our System

# Our Demographics

South East London has a population of 1.9 million people who live across six boroughs (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark) and children and young people under 25 comprise approximately 30% of this population (range: 32% in Greenwich - 28% in Lambeth) i.e. 570,000 children and young people.

- South East London is home to an ethnically diverse population with significant variation between boroughs. **The proportion of people who are Black or multi-ethnic ranges from 19% in Bromley to 46% in Lewisham.**
- South East London has a higher-than-average proportion of residents who identify as lesbian, gay, bisexual, and transgender (LGBTQ). **Lambeth and Southwark have the second and third largest LGBT population in England.**
- Poverty and deprivation are key determinants in poor mental and physical health outcomes. One in five children live in low-income homes. **Four of the six boroughs (Lambeth, Southwark, Lewisham and Greenwich) rank among the 15% most deprived local authority areas in the country.**
- **All South East London boroughs are above the estimated national modelled level of children in households with all 3 of so called 'toxic trio'.** The national estimated rate is 8.7 per 1000 0–17-year-olds versus 12.9 in Southwark (highest number of ACE-related indicators above national average in London), 12.2 in Greenwich, 12 in Lambeth, 11.9 in Lewisham, 10 in Bexley, and 9.5 in Bromley (accounting for an estimated 4,500+ children in South East London)





# Our Current Mental Health and Emotional Wellbeing Offer

Children and Young People’s Mental Health services in South East London are provided by two NHS trusts (Oxleas NHS Foundation Trust and South London and Maudsley NHS Foundation Trust) and a number of voluntary sector and independent providers.

There are a range of mental health and emotional wellbeing services delivering evidence-based care to children and young people from universal services focused on early identification and prevention through to specialist inpatient services.

e.g. universal provision, early intervention, mental health promotion

e.g. targeted low intensity provision

However, there is not always parity in provision of services across boroughs in South East London. While some variation in services is warranted based on local need, there are some services we would like to scale up or improve the offer of for all children and young people in South East London. In addition, not every borough has a single point of access for children and young people’s mental health services. This results in confusion for referrers, young people and families finding the right service creating delays in access and high volume of referrals for CAMHs services as referrers are not sure of alternate therapy options in the system.

We are working on developing clear end-to-end pathways of care from mental health promotion and early intervention (including improving integration with primary care) through to specialist inpatient care.

As part of this work, services in our system are working towards implementing [the THRIVE Framework for System Change](#). That means that our pathways and care offer is being organised to follow the THRIVE framework: Getting Advice, Getting Help, Getting More Help, Getting Risk Support.



e.g. interagency collaboration (e.g. AMBIT)

e.g. specialist CAMHS and inpatient services

We continue to increase access to and use of children and young people's mental health services across South East London; however, during the pandemic and in the year post, demand for services has significantly increased and there has been a rise in the complexity of those presenting. Rising demand has exacerbated existing pressures on mental health services creating delays in access to care and challenges for children, young people families who may need interim support.

- The Covid-19 pandemic caused increased demand for our children and young people's mental health services. **Many teams experienced significant increases in referrals throughout the pandemic, and some (such as community CAMHS) have observed a steady increase in referrals since. For many services, levels of demand continue to well exceed pre-pandemic levels.**
- While services are working to increase access, the significantly increased demand for services and complexity of individuals presenting means that many children across South East London are now waiting to access mental health services, such as community CAMHS.
- Some initiatives that we have implemented have helped to alleviate the burden on services. For example, the expansion of the CAMHS Crisis Line has been shown to reduce the need for A&E attendances. The latest data shows 71% of calls in August 2022, were diverted from A&E by interventions provided by the Crisis Line.

**There is emerging evidence that the number of referrals to some children and young people's services is beginning to plateau.**

#### Key changes in demand:

- Community child and adolescent mental health services (CAMHS) experienced **an estimated 30% increase in referrals between 21/22 and 22/23**
- Average wait times for access to CAMHS across the boroughs of Bexley, Bromley and Greenwich increased from 5 weeks in March '21 to 27.8 weeks in April '22. Average wait times in Lewisham and Southwark increased to 18 weeks in April '22.
- Our children and young people's eating disorder services experienced a four-fold increase in urgent referrals between 20/21 and 21/22.
- Increased complexity of mental health presentation at A&E departments

We have invested significant resource into the expansion of the mental health workforce in South East London over recent years and are listening to feedback to children, young people and their families about the types of professionals they find it helpful to engage with and we are trialling and developing new models of care. Nationwide there are challenges in recruiting and retaining staff for certain roles and South East London is also experiencing these pressures.

- Across South East London there has been an increase in the number of professionals invested in to provide mental health and emotional wellbeing support to children, young people and their families both in NHS and voluntary sector services. New key areas of expansion include the establishment of Mental Health Support Teams across each of the six boroughs.
- However, the NHS is facing significant workforce challenges and staffing for children and young people's mental health services in South East London are no exception. Retention of the mental health workforce has experienced challenges over the past years but this has been exacerbated following the Covid-19 pandemic and is expected to worsen through the cost of living crisis.
- General staff vacancy rates are substantial across both providers:
  - At the end of 21/22 the estimated vacancy rate children and young people's services at SLAM was ~25%
  - As of October '22 the estimated vacancy rate children and young people's services at Oxleas was ~28%
- Vacancy rates vary by staff group with some staff groups experiencing large vacancy rates.
  - Greatest vacancy rates tend to be for nursing posts
    - SLAM's children and young people's mental health services experience at 40% vacancy rate in nursing at end of 21/22, and Oxleas has a 30% nursing vacancy rate as of October '22

# Inequalities in Access, Experience and Outcomes

South East London has a highly diverse population and we are aware that not all children and young people and their families have equal access to, outcomes and experiences of mental health care across the ICS, often on the basis of ethnicity. This plan aims to deliver care improvements to benefit any child and young person aged 0-25 across South East London accessing mental health and emotional wellbeing services. As a system, we aim to commission services that are anti-discriminatory and inclusive to the diverse needs of our communities. Our services should pay due regard to the needs of individuals with respect to their identity (protected characteristics as outlined in the Equality Act) and make efforts to support to the most vulnerable (such as those often socially excluded) and those at greater risk of developing mental health problems to support their engagement and experience of care.

- At the end of 22/23, 18,775 children and young people accessed treatment for their mental health in South East London.
  - The rate of children and young people accessing mental health services **is even between young males (30 per 1,000) and young females (30 per 1,000)**; *although there are fairly significant differences between access rates in males and females in some boroughs, namely, in Bexley (37 and 30 per 1,000 respectively) and Bromley (20 and 31 per 1,000 respectively).*
  - Whereas the rate of children and young people accessing mental health services **tends to differ by ethnicity. Our access data indicate that:**
    - **Children and young people from black and mixed heritage backgrounds are underrepresented in use of children and young people's mental health services; however, we are acutely aware that black and mixed heritage people (men, specifically) are overrepresented in our adult mental health services.**
    - There are marked differences in presentations and diagnoses by ethnicity **This highlights the need for us as a system to focus more on reducing barriers to accessing mental health and emotional wellbeing services for black and mixed heritage children and young people and strengthening our approaches to prevention and early intervention.**
  - Data availability on access by other protected characteristics is limited. For example, not all services capture data on sexual orientation of those accessing services.

# Delivery of the Long Term Plan Ambitions for our ICS

*The NHS Long Term Plan deliverable for children and young people accessing NHS funded services for our ICS was met in 21/22 and is on track in 22/23. Further work needs to be done to improve routine and urgent waiting times for children and young people's eating disorder services and meet coverage expectations for MHSTs and 24/7 crisis care.*

	Ambition for our ICS 21/22*	Ambition for our ICS 22/23*	Performance in 2021/22	Performance as of Q1 2022/23
<b>CYP access*</b>	35%	18,354 CYP (0-18) access (1 contacts, rolling 12 months)	35.4%, (18,775)	19,135 (rolling 12 months)
<b>CYP ED waits urgent (quarterly)*</b>	>95% receive NICE concordant tx in 4 wks of 1 <sup>st</sup> contact		27.3%	64.3%
<b>CYP ED waits routine (quarterly)*</b>	>95% receive NICE concordant tx in 1 wk of 1 <sup>st</sup> contact		41.2%	34.7%
<b>Mental health support teams (MHSTs)</b>	-	20-25% of pupil population across SEL	TBC	TBC
<b>24/7 crisis – Single Point of Access (SPA) through 111, support includes assessment, brief response and home treatment.</b>	- (n.b national standard 57% coverage of providers)	- (n.b. national standard 79% coverage of providers)	100% SPA coverage via 111, 50% other functions	100% SPA coverage via 111, 50% other functions

\* Ambition for our ICS is in line with the national standard, as per the NHS Long Term Plan



**CAMHS Transformation Plan - Summary**  
South East London ICS

	South East London ICS				
	2018/19 £	2019/20 £	2020/21 £	2021/22 £	2022/23 £
<b>NHS Provider contracts</b>					
CAMHS	£9,239,748	£10,397,298	£16,149,866	£17,302,651	£18,785,158
CAMHS Eating Disorder	£2,098,994	£2,178,094	£1,908,561	£1,972,019	£2,946,126
<b>CAMHS Mental Health block contract baseline - SLaM</b>	<b>£11,338,742</b>	<b>£12,575,392</b>	<b>£18,058,427</b>	<b>£19,274,670</b>	<b>£21,731,284</b>
CAMHS	£9,805,154	£10,634,724	£12,437,146	£13,126,465	£14,404,494
<b>CAMHS Mental Health block contract baseline - Oxleas</b>	<b>£9,805,154</b>	<b>£10,634,724</b>	<b>£12,437,146</b>	<b>£13,126,465</b>	<b>£14,404,494</b>
<b>Contract Budgets Sub Total</b>	<b>£21,143,897</b>	<b>£23,210,116</b>	<b>£30,495,573</b>	<b>£32,401,134</b>	<b>£36,135,778</b>
<b>Other CCG Spend</b>					
Borough Based Budgets	£1,017,100	£1,961,927	£1,090,260	£1,399,196	£1,822,064
CAMHS Transformation Funding	£2,441,152	£2,545,842	£766,367	£1,021,870	£1,023,915
Kooth	£20,000	£140,000	£482,400	£482,400	£486,653
CCG Contribution to LA	£435,000	£435,000	£1,172,400	£1,172,400	£1,177,031
Health & Justice Liaison & Diversion	£352,000	£505,000	£508,000	£511,000	£511,000
<b>Borough Budgets Sub Total</b>	<b>£4,265,252</b>	<b>£5,587,769</b>	<b>£4,019,427</b>	<b>£4,586,866</b>	<b>£5,020,663</b>
<b>CCG Recurrent Baseline Funding</b>	<b>£25,409,148</b>	<b>£28,797,885</b>	<b>£34,515,000</b>	<b>£36,988,000</b>	<b>£41,156,442</b>
Early Intervention and access	£360,249	£893,589	£714,696	£386,000	£0
Service Development Fund (including Spending Review 21/22)	£0	£0	£0	£6,742,400	£4,512,000
Mental Health Support Teams	£126,500	£958,384	£1,944,721	£3,848,702	£5,397,122
Health and Justice (CSA)	£0	£0	£0	£160,000	£160,000
Other Non Recurrent Funding	£0	£169,151	£112,000	£0	£0
<b>CCG Non Recurrent Funding</b>	<b>£486,749</b>	<b>£2,021,124</b>	<b>£2,771,417</b>	<b>£11,137,102</b>	<b>£10,069,122</b>
<b>CCG Sub Total</b>	<b>£25,895,897</b>	<b>£30,819,009</b>	<b>£37,286,417</b>	<b>£48,125,102</b>	<b>£51,225,563</b>
Council - NHS and Other providers	£3,000,699	£3,873,699	£3,882,699	£3,650,864	£3,340,299
Council - Grants	£2,592,601	£2,441,940	£2,831,516	£4,428,134	£1,998,944
<b>Council Sub Total</b>	<b>£5,593,300</b>	<b>£6,315,639</b>	<b>£6,714,215</b>	<b>£8,078,998</b>	<b>£5,339,243</b>
<b>TOTAL</b>	<b>£31,489,197</b>	<b>£37,134,648</b>	<b>£44,000,632</b>	<b>£56,204,100</b>	<b>£56,564,806</b>

- The South East London ICS has continued to invest in children and young people's mental health services in line with the expectations of the NHS England Analytical Toolkit as needed to deliver the NHS Long Term Plan (LTP).
- For 2023/24, we will continue to receive Service Development Funds and to invest as a minimum at the level of system growth. We are expecting to receive 2 year allocations in December 2022 which will inform our planning going forward. This plan provides a blueprint for how this investment will be used in coming years.

# **Our Ambitions & Priorities**

**2022/23 – 2025/26**

# Our Vision

## Our vision

Children and young people in South East London access high quality mental health and emotional wellbeing support when they need it. We will work to continually improve outcomes and suppress the impact of health inequalities, giving every child the opportunity to go on to become a happy, healthy adult.

- We recognise that our mental health services are facing challenges in responding to the significant increases in demand for children and young people's mental health services, and the complexity and diversity of needs of those presenting, that has occurred since the Covid-19 pandemic.
- As an ICS we are committed to working in partnership with health, local authority and other organisations to create improvements for our children and young people in each service or organisation that they interact with across South East London.
- Our Local Care Partnerships, which bring together health and local authority services in our boroughs, have worked together to develop initiatives that are intended to be relevant to their diverse communities and current system offer with a view to bringing about more meaningful change.

### Underlying Principles

1. Reducing inequalities and improving equity in access, outcomes and experience of care
2. Working together in partnership
3. Collaborating with people and communities
4. Focusing on learning, improvement and innovation



# Our Objectives

The objectives of Children and Young People’s Mental Health transformation are aligned with the delivery objectives of South East London ICS. The ICS aims to improve outcomes, tackle inequalities, enhance productivity and support social and economic development through partnership working, underpinned by principles of engagement, participation, subsidiarity and delegation.

## South East London ICS Objectives (4/6)



*Improving care for disadvantaged groups*



*Ensuring rapid access to high quality specialist services when people need them*



*Joining up care across health and other services*



*Preventing illness and helping people to live healthier, happier lives)*

## South East London Children and Young People Mental Health and Wellbeing Plan Objectives

*Actions that focus on addressing inequalities, building on the ICS’ Health Inequalities Report on children and young people’s mental health*

*Reducing waiting times for community CAMHS and specialist services (e.g. children and young people’s eating disorder services)*

*Enhancing prevention through developing new models of care centred re: primary care and service integration including VCSE integration*

*Strengthening partnerships across health and social care through Place for our most complex pathways and supporting those in crisis*

## What will success look like?

A cohesive system of emotional and mental health support for those between 0-25 is developed, ensuring that services are joined up and can be easily accessed across South East London through the implementation of single point of access and no wrong front door, with services offered according to need as defined in the THRIVE framework

Improvements in waiting times for accessing children and young people's mental health services

More equal access, experiences and outcomes of mental health care across all our population groups through the ensuring all our offers pay due regard to the needs of children and young people for each of the protected characteristics outlined in the Equality Act, and of groups/communities relevant to the local community, including those that often experience health inequalities such as those in or transitioning from care, living in deprivation, with autism or ADHD, and those who do not speak English as a first language.

Fewer children and young people escalate into crisis and require inpatient admission, but for those that do; good quality care will be available quickly and will be delivered in a safe place, as close to home as possible.

Families are supported in their own mental health and that of their children to identify issues early, find solutions themselves, provide advice and access help.

Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented when possible.

*Addressing inequalities in children and young people's mental health services is key priority for our ICS. In support of this, an ICS-wide consultation and quality improvement process has been completed to identify priority areas of focus for addressing inequalities in mental healthcare for children and young people and their families in South East London.*

- Through 2021/22, a structured consultation process took place with over 50 organisations across our Local Authorities, Trusts, Primary and Community Services, Voluntary & Community Sector, and Schools to identify priority areas for improving inequalities in mental healthcare for children and young people in South East London.
- Key areas that were raised by the system regarding our population were:
  - Differences in how children and young people of different ethnicities access services in South East London
  - Fewer black and mixed heritage children accessing services than likely need them
  - Differences in how children and young people of different ethnicities with behaviour that challenges are supported
  - Differences in when individuals of different ethnicities present to mental health services
  - Risks to Black and mixed heritage children of parents with poor mental health through failures to support them and their families effectively
- We understand that inequalities are often multi-faceted and deeply rooted, and that robust partnership working across multiple organisations is needed to understand issues and advance health equalities for children, young people and their families across South East London. This supports our rationale for developing a system wide transformation and delivery plan for children and young people that encompasses NHS, local authority and voluntary sector partners.

**While stakeholders participating in the consultation identified areas of need predominantly relating to service access and offers for different ethnicities, through delivering our transformation programme, and working with system partners, we are embedding thinking about how to consider the needs of children and young people for any relevant protected characteristics outlined in the Equality Act, and other groups that often experience health inequalities.**

# Transformation areas to advance mental health equality

*To demonstrate South East London ICS's commitment to advancing mental healthcare equality for children and young people and their families across London our transformation plan is organised into the 10 priority areas identified through our consultation. Our delivery plan for 2022/23 and 2023/24 focuses on these 10 areas.*



**Managing waiting lists**



**Improving care transitions for 16-25 year-olds**



**Making CYP mental health services more accessible**



**Parental mental health**



**Enhancing mental health and wellbeing offer in schools**



**Supporting children and young people experiencing trauma and distress**



**Prevention, early intervention and improved offer for Young Offenders**



**Eating disorders**



**Accident and Emergency presentations**

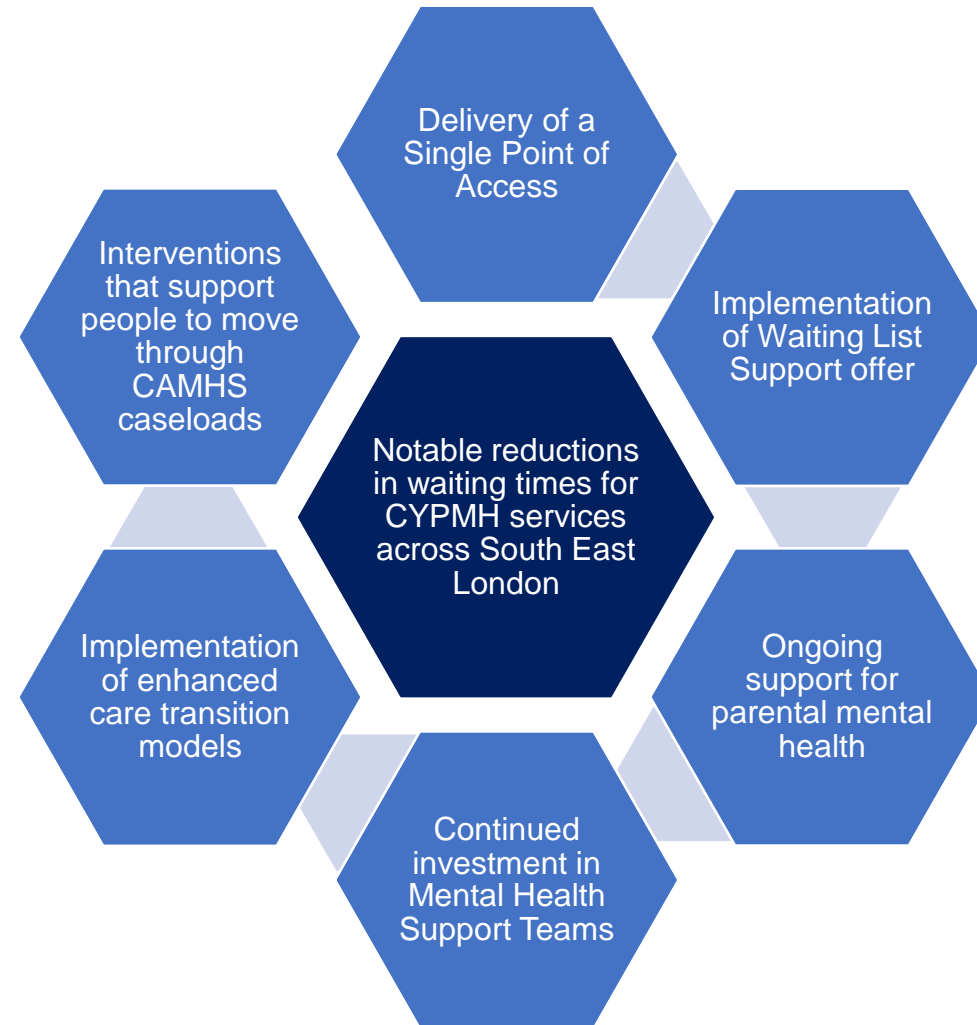


**Crisis presentations & stepdown**

# Our Delivery Plan for 2022/23 and 2023/24

# Children and Young People’s Mental Health Core Offer for 2022/23 & 2023/24

- Further to our 10 priority areas of transformation to support advancing mental health equality for children and young people, in 2021/22 and 2022/23 we are working to deliver a core offer of interventions across all boroughs in South East London.
- A core offer defines common standards, outcomes and characteristics of care that we will secure consistently for our residents through locally based service offers and solutions, and inclusive of equity of access.
- As an ICS, our top priority is delivering on initiatives that:
  - Make notable reductions to our waiting times for access to children and young people’s mental health services
  - Help minimise demand for CAMHS through prevention and early intervention.
- The core offer for 2022/23 and 2023/24 has been developed to ensure that as a system we observe clear reductions in our waiting lists and waiting times for secondary and tertiary care services, and ensure that we are supporting children, young people and their families who are waiting a long time for a mental health assessment.



# Transformation Priority (1/10): Managing Waiting Lists (1/2)



## SEL ICS transformation objectives and progress to date



### Intended outcomes and benefits of transformation

We observe a clear reduction in waiting times and those experiencing long waits to access services are offered interim support. Specifically:

- We deliver the ambitions set out in the NHS Long Term Plan for access to NHS funded children and young people's mental health services.
- We will aim to provide assessment for those children and young people currently experiencing the longest waits. We will work towards the following waiting time improvements for eliminating longest waits (note that the *average* waiting time for assessment is substantially shorter across South East London):
  - By October 2023 – no child or young person waits longer than 52 weeks for an assessment
  - By April 2024 – no child or young person waits longer than 44 weeks for an assessment

### Progress in delivering transformation over 22/23

- Further to identification of need from the community listening programme, South London Listens, a waitlist support management approach was piloted in Lewisham ('Keeping in Touch') in which volunteers offer befriending and peer support to families. Bromley Y have also implemented a check in and safety call approach to those on wait list in Bromley.
- Additional investment through the Mental Health Investment Standard made for 22/23 both into community CAMHS and eating disorder services.



# Transformation Priority: Managing Waiting Lists (2/2)

## SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Providers to complete demand and capacity modelling analysis for community CAMHS to understand provision and plan for delivery of reduced waiting times. This involves agreeing a plan for eliminating our longest waits (which may include use of external providers to support delivery in some Places) and building capacity for meeting South East London ICS waiting time ambitions for 23/24.

Q4 22/23

- Develop a core offer for ASD/ADHD assessment with wider ICS partners.
- Ensure our longest waiters for community CAMHS services have received an assessment.
- Delivery of the national eating disorder waiting times standard for both urgent and routine referrals.

Q1 23/24

- Additional recurrent investment into community CAMHS as required as per the demand and capacity model.
- Keeping in Touch programme to be rolled out to Lambeth and Southwark. All boroughs to have in place a waitlist support management approach.
- Trusts to publicly release their waiting times data (as per South London Listens commitment).

Q4 23/24

- Capacity in place to support meeting 44 week waiting time for community CAMHS.



# Transformation Priority (2/10): Improving care transitions for those aged 16-25



## SEL ICS transformation objectives and progress to date

### Intended outcomes and benefits of transformation

- Young people receive age appropriate care that is tailored to their needs
- Young people have better experiences transition out of CAMHS either to adult mental health services or other community assets.

### Progress in delivering transformation over 22/23

- Kooth commissioned to deliver service across South East London to children and young people up to the age of 24
- Transition pathways for Early Intervention in Psychosis services, with transition worker embedded in CAMHS/AMS teams in Oxleas
- Oxleas transition audit and needs analysis conducted in 21/22. Transition policy developed, based on service user experience measures, which include transition planning arrangements between children and young people's and adult's mental health

# Transformation Priority (2/10): Improving care transitions for those aged 16-25

## SEL ICS delivery plan 22/23 and 23/24

Q4 22/23

- Review provider transition policies and convene providers to share learning from service development approaches to improve the transition experience.

Q1 23/24

- Places to begin scoping or developing enhanced models of care transition.
- Invest in community assets supporting 18+ (e.g. MIND, Bromley Well), including social prescribing to support those transitioning out of CAMHS and not eligible for adult mental health services

Q2 23/24

- Begin implementing new models of care transition. For example, this may include a perinatal offer for those 16-25 years of age in Bexley, Bromley and Greenwich or young people with diagnosis of personality disorder in Lambeth, Lewisham and Southwark.

# Transformation Priority (3/10): Making Services More Accessible

## SEL ICS transformation objectives and progress to date

### Intended outcomes and benefits of transformation

- There is more equal access to mental health and emotional wellbeing services for children and young people across South East London. Service access is needs led and children's health outcomes are as good as those for the most socially advantaged group. Specifically:
  - All Places have a digital Single Point of Access, which enables needs led access to the right services without referrals and arbitrary thresholds (i.e. no wrong door approach)
  - iThrive framework embedded as a way of working across all system partners and across all six Places.

### Progress in delivering transformation over 22/23

- An ICS wide review of our mental health inequalities data was conducted in 21/22 and consultation with system partners undertaken to develop a priority action plan for how to address inequalities in mental healthcare for children and young people and their families in South East London developed. The 10 priority areas for action have formed the basis of this Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan as we want addressing inequality to be central to all of our activities.
- Development work for Single Point of Access underway for Lewisham's model linked with Family Hubs and Bromley's co-hosted by Bromley Y and Oxleas underway.

# Transformation Priority (3/10): Making Services More Accessible

## SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Each Place to complete an initial self-assessment against the iThrive framework

Q4 22/23

- Development of a core offer for a Single Point of Access for boroughs to ensure consistency in the offer across South East London
- Places to develop implementation plans for iTHRIVE framework.

Q1 23/24

- Implementation plans to be taken forward following iTHRIVE framework self-assessment to ensure widespread adoption of framework to ensure service offer is needs led.

Q4 23/24

- Implementation of CYPMH SPA aligned to core offer and iTHRIVE framework across all Places.



## SEL ICS transformation objectives and progress to date

### Intended outcomes and benefits of transformation

- Families are supported in their own mental health and that of their children to identify issues early, find solutions themselves, provide advice and access help.

### Progress in delivering transformation over 22/23

- ICS “Empowering Parents, Empowering Communities” training programme already well established and delivering outcomes in Southwark and Lambeth
- South East London wide perinatal mental health services stocktake completed and planning underway to discuss how to enhance and align the offer with NHS expectations for services by 24/25
- New service model for maternal mental health services agreed by both mental health trusts; awaiting full implementation.
- Assessment and treatment service for under 5s in Lambeth
- The South London Listens community listening programme identified a need for co-produced resources and support, such as peer to peer groups, for parents. Over 22/23 a pilot programme was rolled out across Lambeth, Southwark and Lewisham called ‘Be A Dad’, which aimed to empower and support father’s of children aged 2-11. Lambeth and Southwark also piloted co-production and peer groups for mothers, working with Parents and Communities Together (PACT). The Southwark a programme included sessions for Spanish and Latin American speaking parents to meet the need of local communities (Mamas Empoderadas programme). Evaluation of these pilots is now underway.

# Transformation Priority (4/10): Parental Mental Health

## SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Scaling “Empowering Parents, Empowering Communities” across Bexley, Bromley, Greenwich and Lewisham to form part of each Place’s “Think Family” integrated offer to black and mixed heritage communities
- Implementation of the Maternal Mental Health Service across all six Places (recruitment dependent).

Q4 22/23

- Evaluation of the father’s mental health offer (piloted via South London Listens) for consideration as part of routine commissioning for 2023/24.

Q1 23/24

- Pilot expansion of Under 5 assessment and treatment offer targeting those with Adverse Childhood Experiences in Southwark
- Agreed expansion of the perinatal mental health service and maternal mental health service in line with the ICS’ operating plan for 2023/24.

Q4 23/24

- System wide adoption of ‘think family’ and THRIVE approaches to deliver better outcomes for families.

# Transformation Priority (5/10): Mental Health and Emotional Wellbeing Support in Schools



## SEL ICS transformation objectives and progress to date

### Intended outcomes and benefits of transformation

- The mental health and emotional wellbeing support offer available in schools across SEL is expanded to new areas and enhanced to support the promotion of good mental health and wellbeing and provide early intervention where needed.
  - Waves 1-7 of Mental Health Support Teams (MHSTs) are fully operational, recruited to and engaging with schools with greatest need.
  - Further waves of MHSTs are rolled out on time, with fidelity to the model to enable 20-25% of the South East London pupil population to access support and onward referral as per the Long Term Plan ambitions.
- Families are supported in their own mental health and that of their children to identify issues early, find solutions themselves, provide advice and access help.

### Progress in delivering transformation over 22/23

- Further to the appointment of Bromley as a trailblazer for MHSTs in schools, a total of 14 MHSTs have now been established across boroughs of South East London (2 in Bexley, 3 in Bromley, 3 in Greenwich, 2 in Lambeth, 3 in Lewisham, 1 in Southwark)

# Transformation Priority (5/10): Mental Health and Emotional Wellbeing Support in Schools

## SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Enhancement of MHST offer in existing MHSTs
- Engagement and coproduction with primary schools to undertake a needs analysis and options appraisal to explore additional/different models of mental health support in schools to supplement the MHST offer with a specific focus on the needs of key stage 2 children from Black and mixed heritage backgrounds and/or those with low rates of attendance
- Deliver Fantastic Fred pilot across 52 primary schools

Q4 22/23

- Evaluation of the Fantastic Fred pilot and consideration given to potential extension or routine commissioning for 23/24

Q3 23/24

- Expand the number of MHSTs in South East London through delivery of further waves as part of the national programme (i.e. Bexley, Lambeth and Southwark to gain one hub in wave 8 in 2023), enabling a much higher proportion of school age children to be reached.





## SEL ICS transformation objectives and progress to date

### Intended outcomes and benefits of transformation

- The children and young people's mental health offer and ethos across settings is adapted to cater to the needs of children experiencing trauma and distress (Adverse Childhood Experiences, racism and discrimination). Service offers will become more trauma-informed and culturally competent and new care models will be trialled to improve rates of engagement in services and eventual outcomes for children and young people – specifically, those from black and mixed heritage families and marginalised communities.
- There is improved understanding of the context of children and young people presenting with challenging behaviour across settings and more access to appropriate support offers

### Progress in delivering transformation over 22/23

- Novel therapeutic approaches to engagement trialled through initiatives with football clubs (e.g. Charlton Athletic) and the Community Multi-systems Violence Reduction Programme with focus on trauma informed care and cultural competence with novel intervention programmes
- Emotional wellbeing support service for children who have experienced sexual assault, originally available only in Lambeth, Lewisham and Southwark, expanded to cover all Places in South East London.
- Award winning trauma informed care approach implemented in Lewisham Youth Offending Service

## SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Engagement and coproduction with schools to undertake a needs analysis and options appraisal to explore additional/different models of mental health support in schools to supplement the MHST offer with a specific focus on the needs of children from Black and mixed heritage backgrounds to support their access to a mental health offer that meets their needs
- Launch and opening of the community multi-systems violence reduction programme for the next two years. Increasing access to mental health services for those affected by or at risk of serious violence.
- Launch of a formally commissioned review to develop a new care model for children and young people who experience sexual abuse across South London.

Q4 22/23

- Clarification of current referral pathways for child sexual abuse services at each Place, with an overarching South East London wide Steering Group established.

Q2 23/24

- Interventions identified through coproduction exercise with schools to support Black and mixed heritage children or those exhibiting poor attendance and engagement in schools to be rolled out across boroughs.

Q4 23/24

- Develop, agree and deliver a new care pathway for children and young people who experience sexual abuse (in line with the recommendations of the commissioned review).

# Transformation Priority (7/10): Prevention, Early Intervention & Improved Offer for Young Offenders



## SEL ICS transformation objectives and progress to date

### Intended outcomes and benefits of transformation

- Across each Local Care Partnership, there will be clear pathways and support mechanisms in place that promote prevention, early risk management and access to appropriate mental health interventions for young offenders/those in contact with the criminal justice system

### Progress in delivering transformation over 22/23

- South East London ICS was 1 of 3 ICS's awarded transformation funding following a competitive bidding process to establish a three year Community Multi-systems Violence Reduction Programme (CMSVRP). The SEL Vanguard is comprised of a clinical hub based at SLAM with case managers embedded in the community who work with those experiencing or at risk of experiencing serious violence focus to support them in accessing mental health services. The programme draws on local community assets to ensure cultural competence and trauma informed care are at the core of the offer. In the first year of the programme, pump priming was provided to Red Thread to support those presenting at A&E following serious incidents.
- Award winning trauma informed care approach implemented in Lewisham Youth Offending Service. It was intended through the Vanguard programme that learning from this service may be rolled out to other areas.

# Transformation Priority (7/10): Prevention, Early Intervention & Improved Offer for Young Offenders

## SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Launch and opening of the community multi-systems violence reduction programme for the next two years.

Q1 23/24

- Undertake work with place to review the pathways and intervention offer available at place and review the structures in place for multi-agency work



## SEL ICS transformation objectives and progress to date

### Intended outcomes and benefits of transformation

- Children and young people experiencing disordered eating are identified early and able to access specialist services in timely manner and closer to home when they need it, specifically:
  - National waiting time standards for routine and urgent cases are met consistently, reducing the number of children and young people in crisis due to their eating disorder.
  - Eating Disorder services have sufficient capacity in order to be able to accept referrals from range of referral sources including self-referral.
- Activities to support early intervention such as training to staff on disordered eating for early intervention and bolstering community assets.

### Progress in delivering transformation over 22/23

- Significant expansion of service undertaken in 2021/22 and 2022/23; however, recruitment to posts has been slow, which is resulting in challenges in reducing the waiting times for accessing the service.
- SLAM have developed and begun implementing an enhanced clinical triage model to ensure referrals accepted are appropriate and that individuals can be otherwise redirected with adequate support to manage demand for the service. It is hoped this will also support improved referrals in future managing overall demand for the service.

# Transformation Priority (8/10): Eating Disorders

## SEL ICS delivery plan 22/23 and 23/24

Q4 22/23

- Development of a proposal to pilot a stepped care service at a local partnership level building on community CAMHS, and primary care services for eating disorders. Pilot to start in Bromley.

Q1 23/24

- Training to be delivered to staff in other services on disordered eating to support early intervention.
- Delivery of the national waiting times standards for routine and urgent appointments as per the 22/23 operating plan.

Q2 23/24

- Evaluation of Bromley stepped care pilot and expansion as required.



## SEL ICS transformation objectives and progress to date

### Intended outcomes and benefits of transformation

- Children and young people who present in crisis to A&E receive timely and age-appropriate care and wait no longer than is necessary in A&E, specifically:
  - Timely access to a bed where required
  - Timely discharge and onward referral to appropriate support where required

### Progress in delivering transformation over 22/23

- Work has been undertaken to demonstrate that while bed occupancy and acuity fluctuates generally we hold sufficient inpatient bed capacity for those deemed appropriate for admission to General Adolescent Units and Psychiatric Intensive Care Unit; however, additional support may be warranted for those presenting in crisis further to their experience of wider family or social breakdown and availability of a place of safety for them.
- Development and implementation of a discharge/escalation protocol for system partners in Greenwich Place, which has been rolled out also to Bexley Place following success in Greenwich.
- Paediatric A&E liaison offer in place in Kings and Guys and St Thomas'

# Transformation Priority (9/10): Accident & Emergency Department Presentations

## SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Roll out of mental health nurses in children's acute wards to support overall system demand. This initiative is supported by Service Development Funds in 22/23.
- Following approval of the ICS' crisis liaison and alternatives fund, increase training for A&E mental health liaison teams to ensure that staff are appropriately trained to meet the needs of children and young people

Q4 22/23

- Each borough/place to have developed clear discharge and escalation protocols so that staff are aware of pathways, roles and responsibilities, enabling no child to wait longer in A&E than is necessary. This will be supported by the Pan-London agreement between local authorities and the provider collaboratives, signed by the end of 2022/23.

Q4 23/24

- Crisis House for young people serving population of Lambeth, Lewisham and Southwark to provide an alternative place of safety to open.



# Transformation Priority (10/10): Crisis Presentations & Step Down

## SEL ICS transformation objectives and progress to date

### Intended outcomes and benefits of transformation

- Fewer children and young people escalate into crisis, but for those that do; good quality care will be available quickly and will be delivered in a safe place enabling them to recover as quickly as possible i.e. across South East London we will observe a reduction in
  - The number of children and young people presenting in crisis to A&E
  - Need for psychiatric inpatient units
  - Delayed discharges in emergency departments
- Delivery of the Long Term Plan ambition to ensure comprehensive coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment team functions.

### Progress in delivering transformation over 22/23

- Comprehensive coverage of 24/7 crisis provision in place in Lambeth, Lewisham and Southwark.
- All ages crisis lines in place across all six boroughs in South East London, with a dedicated crisis line in place for CYP at key times during the day,
- Positive behaviour support offer in place (in pilot phase) for children and young people (up to 25 years) with concomitant mental health and learning disabilities to support discharge from hospital and prevent crisis/readmission.

# Transformation Priority (10/10): Crisis Presentations & Step Down

## SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Sustain the 24/7 all-ages crisis line and the children and young people's mental health crisis line, including additional staffing to bolster service provision over winter.
- Following a successful procurement round, contract for a Positive Behaviour Support service for the next two years to be issued to continue to support children and young people with learning disabilities/autism and concomitant mental health needs.

Q4 22/23

- Development of a core offer for 24/7 crisis provision for children and young people (specifically Home Treatment Team function), in line with the Long Term Plan ambitions.
- Explore options for a wrap around support offer for those experiencing a break down in social care placements and presenting in crisis

Q1 23/24

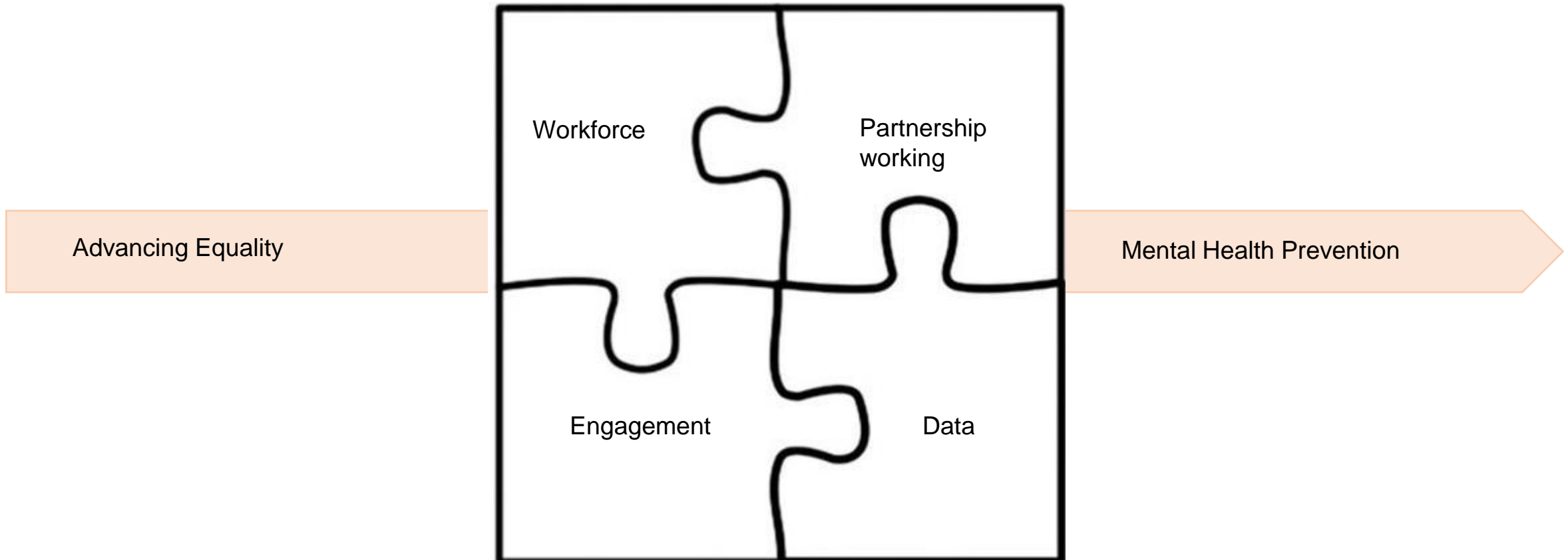
- Begin recruitment of staff in support of delivery of our crisis core offer. In Bexley, Bromley and Greenwich this will include the development of a Home Treatment Team.

Q3 23/24

- Implementation of an all ages 111 service for mental health across the South London footprint, including service provision for children and young people.

# Delivery Plan: Cross Cutting Activities

Delivery of our Children and Young People's Transformation Plan is underpinned by a number of cross-cutting activities. Advancing mental health equality (as outlined through our 10 delivery priorities) and enhancing prevention (through developing new models of care, linked to primary care and improved VCSE integration) are the golden threads running through.



# Delivery Plan: Cross Cutting Activities Workforce

In delivering our transformation plan we aim to improve the capacity and capability of both clinical and non-clinical roles provided by a mixture of NHS, local authority and voluntary and community sector providers through 2022/23 and 2023/24.

Staffing expansion for 2022/23 is outlined in the South East London mental health submission of our Operating Plan. The final number and complement of staff to be recruited in 2023/24 is yet to be finalised and will be agreed upon by Local Care Partnerships (comprised of key organisations across health and social care) following the completion of our demand and capacity modelling exercise for all of our community CAMHS services.

We anticipate there will be an expansion in 24/7 crisis care staffing (notably through development of a Home Treatment Team function in Bexley, Bromley and Greenwich boroughs), Mental Health Support Teams (with further roll out of waves), and staff to support with transitions between children and young people's mental health services and adult mental health services.

In alignment with our wider ICS workforce plans, our providers are planning and delivering initiatives to:

#### Delivering initiatives to boost retention:

- Creating opportunities for career progression
- Providing staff wellbeing offers
- Promote the South London Partnership Passport, which enables staff to work flexibly across the three NHS Trusts across South London

- Improve workforce diversity so staff reflect local communities (e.g. holding local recruitment fairs)
- Building cultural competency (SLAM is a PCREF site and drawing on culturally competent community assets such as through our NHSE 3-year funded community multi-systems violence reduction Vanguard)

- Improve workforce capability and competence. Providers will increase access to training where needs are identified (for example workforce support and training to increase the reporting of clinician and patient reported outcomes in Southwark)

# Delivery Plan: Cross Cutting Activities Partnership Working

Our transformation plan aims to bring together partners to deliver better outcomes for children and young people across South East London. There are numerous ways we propose to do this.

## Leveraging Opportunities for System-Wide Working

- As an ICS, we will bring together partners from across our Places to develop and monitor delivery of the plan, and identifying opportunities for working at scale across the ICS ('once' for our population).
- We will work together with partners to agree common standards and outcomes for services across South East London, supported by local delivery.

## Enabling Local Delivery through Local Care Partnerships

- Our borough based Local Care Partnerships (including health and care services) will be responsible for agreeing on transformation activities and delivering these as per our ICS commitment to delegation and subsidiarity. This should mean that delivery best reflects the need of local populations.

## Mental Health Provider Collaboration

- Our Provider Collaborative (South London Mental Health and Community Partnership, which brings together Oxleas NHS Foundation Trust, SLAM NHS Foundation Trust, and St George's Mental Health NHS Trust) will continue to deliver a transformation programme for its services used by children and young people.

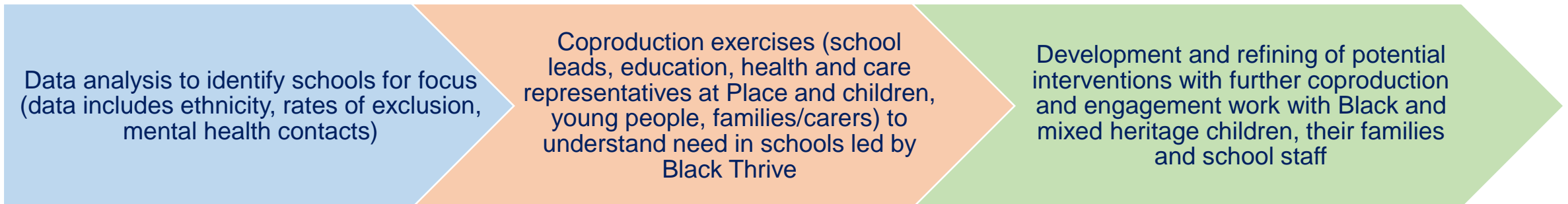
## Adopting the i-THRIVE Framework for System Change

- We will work to develop integrated approaches across health, social care, education and the voluntary sector, such as the evidenced- based 'I Thrive'
- All Places will develop local i-THRIVE implementation plans in 2022/23 for action in 2023/24, incorporating the Framework into our ways of working.

# Delivery Plan: Cross Cutting Activities Engagement

- As an ICS we are working to develop our approach to engaging with patients, communities, and voluntary sector partners. We have implemented a number of large engagement activities open to the public across South London – this includes online community engagement in support the development our ICS Five Year Strategy and the South London Listens programme. Both initiatives have helped to identify community priorities for service change and activities to support Children and Young People’s Mental Health were a key theme that arose.
- We continue to develop our approach to engaging with service users (children, young people and their families), communities, and voluntary sector partners through specific programme activities to ensure engagement is meaningful and relevant to services in that community. We are committed to improving transparency and engagement with our communities this is demonstrated by:
  - Publishing our Children and Young People’s Mental Health and Emotional Wellbeing Transformation Plan on our ICS website
  - Publishing waiting times for Children and Young People’s Mental Health Services provided by Oxleas and SLAM through the South London Listens Programme.

**Example project in 2022/23: Coproduction exercise to identify a school based intervention to support Black and mixed heritage children experiencing trauma and distress with a view to supporting access to mental health support, improving wellbeing and minimising unnecessary exclusions.**





# Delivery Plan: Cross Cutting Activities Data

We recognise that:

- Our Local Care Partnerships need to have ready access to data to support them in making decisions about services to best support their local populations.
- To make real change in advancing mental health equality we need to improve our data quality on protected characteristics and mental health outcomes so that we can better measure the impact of our services and our transformation activities

Over 2022/23 and 2023/24 we will:

Continue to work with all NHS funded service providers to submit data to the Mental Health Minimum Dataset (MHMDS). We recognise that some of voluntary sector providers have limited capacity to report data into the national database and we will explore opportunities to support them directly in 2023/24.

Work with our providers to improve data quality, reporting on each of the protected characteristics as outlined in the Equality Act so that we can improve our monitoring and evaluation of service access.  
Improve use of paired outcome measures to enable us to monitor the impact of our approaches and consider this by protected characteristic.

Work to develop a children and young people's mental health data dashboard with consistent metrics across providers that is aimed at our Local Care Partnerships to enhance conversations on local delivery and understand impact and system needs. This includes outcome reporting support the transformation programme moving forwards.



# Next steps for delivery

*Over the next few months, our priority actions as an ICS are:*

**October 2022**

*Undertake demand and capacity modelling to develop realistic and sustainable ambitions for waiting time reductions across South East London*

**November 2022**

*Agree a core offer of initiatives to ensure no child or young person waits longer than 52 weeks for an assessment*

**December 2022**

*Finalise funding commitments for Core Offer and local initiatives for delivery and implementation in 23/24*

**January 2022**

*Begin recruitment and delivery planning.*

*Develop and implement our approach to monitoring impact of our transformation plan*

**February and  
March 2022**

*Monitor and oversee delivery of 22/23 initiatives and prepare for 23/24 delivery so transformation activities can begin at pace*

# Key Programme Risk for 2022/23 and 2023/24

# Key delivery risks and mitigations (1/4)

Key risk	Due to	Mitigations	RAG
<b>WORKFORCE</b>			
<p>There is a risk that services are not staffed with the right number and mix of professionals who have the right skills and competencies to deliver high-quality, evidence-based and age-appropriate care resulting in the transformation objectives of this plan not being met, specifically:</p> <ul style="list-style-type: none"> <li>• Waiting time standards are not met for community CAMHS and Eating Disorder services</li> <li>• Children and young people do not receive the specialist support they need e.g. young adults cannot access specialist support with transitions</li> </ul>	<ul style="list-style-type: none"> <li>• National mental health workforce shortage and challenges with recruitment and retention</li> <li>• Lateness of agreeing funding to enable timely recruitment.</li> <li>• Challenges in recruiting to clinical staff across Bexley, Bromley and Greenwich boroughs due to internal competition within SEL ICS over London weighted roles.</li> <li>• Inequitable funding for VCSE partner jobs for matched NHS posts.</li> <li>• Lack of access to supervision capacity, workforce training, staff engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• Demand and capacity modelling to be completed in November 22 so that funding for 23/24 can be agreed at the earliest point to enable time for model development and recruitment.</li> <li>• New models of care to be piloted to diversify workforce (e.g. voluntary sector partners delivering care, supervised by NHS services)</li> <li>• Initiatives to support workforce retention (1) career progression e.g. preceptorship programmes (2) continue to promote access via existing forums to the staff wellbeing offers</li> <li>• Oxleas accredited as a Living Wage Employer</li> <li>• Local transformation and delivery plans to understand workforce requirements developed and progress monitored.</li> <li>• Dedicated transformation workforce capacity to be invested in 2023/24 to support services in developing new and alternative models of care.</li> <li>• Development of integrated single points of access included in this plan to make best use of all available resource.</li> </ul>	

## Key delivery risks and mitigations (2/4)

Key risk	Due to	Mitigations	RAG
<b>IMPROVING ACCESS AND ADDRESSING INEQUALITIES</b>			
<p>There is a risk our transformation plan (which has identified priority areas to address inequalities) fails to achieve impacts in addressing inequalities in access, experience and outcomes for children and young people and their families across South East London</p>	<ul style="list-style-type: none"> <li>• Incorrect identification of priority areas of focus as a result of lack of data on which populations and communities to support.</li> <li>• Wrong models developed in response to the priority areas identified meaning programmes are not impactful.</li> <li>• Offers developed are not culturally sensitive and do not meet the needs of the local population or those who experience the biggest inequalities in access, experience and outcome of care.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan has been developed in line with the findings of a 12 month ICS wide engagement and health inequalities exercise, with system engagement from all partners.</li> <li>• Development of data dashboard including inequalities metrics to monitor and track investment.</li> <li>• Programme to develop links with the development of the ICS' Core20Plus and population health management approaches.</li> <li>• Local care partnerships to take an active leadership role in developing and tailoring approaches that are most relevant to inequalities experienced to their specific locality. For example, local coproduction exercises to be undertaken to scope proposals for schools mental health programme.</li> <li>• Learning from the South London Listens Programme to be built into the programme and included within the transformation plan.</li> </ul>	

# Key delivery risks and mitigations (3/4)

Key risk	Due to	Mitigations	RAG
<b>PARTNERSHIP WORKING</b>			
<p>There is a risk that partnership working at Place (i.e. between providers, NHS and Local Authority) and across the system is not sufficiently mature to support the development, delivery and oversight of the range of transformation activities outlined in this plan.</p>	<ul style="list-style-type: none"> <li>No agreed focus on CYP across different system partners and as a result, conflicting priorities across system partners.</li> <li>Different stages of maturation in partnership working and inability to move resources across the system.</li> </ul>	<ul style="list-style-type: none"> <li>Plan development led through local care partnerships and the CYP mental health network, ensuring consistency in priorities across South East London and across health and care. Plan to also be endorsed by relevant system transformation boards and the ICB Executive to ensure support from senior leads across the system.</li> <li>Each Place to develop and agree their local delivery vehicle for monitoring the plan, supported by a South East London wide Steering Group.</li> <li>Place based delegation of budgets to Local Care Partnerships where all partners come to agreement about funding decisions for community CYP services, as per the ICS' governance arrangements. This action is aligned to the implementation of the iTHRIVE framework principles, which at the macro level recommend joint budgets between partners.</li> <li>Development of integrated single points of access across all Places included as a key priority within this Plan to support partnership working.</li> </ul>	

# Key delivery risks and mitigations (4/4)

Key risk	Due to	Mitigations	RAG
<b>INVESTMENT</b>			
<p>There is a risk that investment available for CYP mental health transformation programmes in South East London is not sufficient to cover the breadth of the activities proposed in the plan and/or not sustained</p>	<ul style="list-style-type: none"> <li>Funds available for transformation activities are limited following clearance of backlogs.</li> <li>Due to reductions in local authority budgets, NHS investment results in LA or other partners disinvesting so investment is not additive.</li> <li>Wider financial pressures of the ICS.</li> </ul>	<ul style="list-style-type: none"> <li>ICS commitment to delivery and investment of the Mental Health Investment Standard and Service Development Funds.</li> <li>Agreement of a phased approach to waiting list and backlog clearance which enables more sustainable prevention and early intervention initiatives to also be implemented in parallel to support overall demand management across the system.</li> <li>Development of demand and capacity models to enable resources to be effectively targeted over the next year and into further years, building a more sustainable and long-term approach to CYP mental health funding.</li> <li>Place based delegation of budgets to Local Care Partnerships where all partners come to agreement about funding decisions for community CYP services, as per the ICS' governance arrangements. This action is aligned to the implementation of the iTHRIVE framework principles, which at the macro level recommend joint budgets between partners.</li> </ul>	

# Appendices



# Appendix 1: South East London Inequalities Analysis – pre and post pandemic referrals

**Table one: pre-pandemic under-25 under/over representation of referrals**

Ethnicity	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Grand Total
Asian/ Asian British	-3%	-2%	-2%	-2%	-4%	-7%	-3%
Black/ African/ Caribbean/ black British	-4%	1%	-8%	1%	0%	-3%	-4%
Mixed: white and black Caribbean/ white and black African	0%	0%	-1%	-2%	-3%	-2%	-1%
Mixed: white and Asian/ other mixed	1%	2%	3%	5%	1%	1%	2%
Other ethnic group	2%	2%	3%	5%	2%	6%	3%
White	3%	-3%	4%	-7%	3%	5%	3%

**Table two: post-pandemic onset: Under-25 under/over representation of referrals**

Ethnicity	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Grand Total
Asian/ Asian British	-3%	-2%	-3%	-1%	-4%	-6%	-3%
Black/ African/ Caribbean/ black British	-2%	-1%	-4%	0%	-4%	2%	-2%
Mixed: white and black Caribbean/ white and black African	1%	0%	0%	-3%	-1%	-2%	-1%
Mixed: white and Asian/ other mixed	3%	3%	4%	4%	4%	2%	3%
Other ethnic group	1%	3%	2%	5%	1%	6%	3%
White	1%	-2%	1%	-5%	4%	-3%	1%

**Table three: post-pandemic onset: Under-25 and over-25 referrals**

Ethnicity	Under 25s Total	Over 25s Total	Under 25s % of all referrals	Over 25s % of all referrals	% increase under 25s to over 25s
Asian/ Asian British	1,408	2,215	39%	61%	57%
Black/ African/ Caribbean/ black British	7,556	11,883	39%	61%	57%
Mixed: white and black Caribbean/ white and black African	1,854	901	67%	33%	-51%
Mixed: white and Asian/ other mixed	1,814	878	67%	33%	-52%
Other ethnic group	1,848	4,123	31%	69%	123%
White	20,113	33,770	37%	63%	68%
<b>All</b>	<b>34,593</b>	<b>53,770</b>	<b>39%</b>	<b>61%</b>	<b>55%</b>

Data sources: "Source of Referral" from MHSDS Data Set; 2011 Census ethnicity data set  
"Source of Referral" count used due to having the highest total number for Under 25s data

Total across all ages 88,363

# Appendix 1: Inequalities Analysis - System Impact

**Table five: pre-pandemic: Under 25 prime reason for referral, % of referrals**

Ethnicity	In crisis	Conduct disorders	Neurodevelopmental Conditions, exc Autism Spectrum Disorder	Suspected Autism Spectrum Disorder	Diagnosed Autism Spectrum Disorder
Asian/ Asian British	3%	4%	3%	0%	3%
Black/ African/ Caribbean/ black British	32%	24%	21%	27%	27%
Other ethnic group	7%	0%	5%	6%	3%
White	45%	63%	61%	55%	54%
Mixed: white and black Caribbean/ white and black African	6%	6%	6%	8%	8%
Mixed: white and Asian/ other mixed	5%	4%	4%	4%	5%
	100%	100%	100%	100%	100%

**Table six: 2019/20 South East London rates for school exclusions and suspensions, compared with London data for cautions and sentences**

Ethnicity	Permanent Exclusion Rate	Suspension Rate	Number of children cautioned or sentenced	Proportion of all cautions and sentences
Asian/ Asian British	0.03%	1.34%	13	2%
Black/ African/ Caribbean/ black British	0.06%	3.80%	314	41%
Mixed: white and black Caribbean/ white and black African	0.12%	6.28%		
Mixed: white and Asian/ other mixed	0.06%	3.01%		
Mixed: all			146	19%
Other ethnic group	0.05%	3.43%	33	4%
White	0.06%	4.04%	241	32%
Unknown			11	1%
<b>All</b>	<b>0.06%</b>	<b>3.71%</b>	758	100%

*Data sources: "Primary Reason for Referral" from MHSDS Data Set, under 25s  
Pre-pandemic data; February 2019 – February 2020  
Exclusion data from Gov.uk (2019/2020 timeframe)  
Cautions and sentences data from the Youth Justice Board (2019/2020 timeframe); London data*

# Appendix 2: ICS meetings in which delivery of transformation plan will be monitored

Group/meeting	Attendees	Frequency
Children and Young People's Mental Health Steering Group	<ul style="list-style-type: none"> <li>Representatives from each of our 6 Places, typically the Place Based Commissioning Lead.</li> <li>Provider representatives from SLAM and Oxleas</li> <li>South London Partnership (for Tier 3 and Tier 4 services).</li> <li>SEL ICB Mental Health Board VCSE Steering Group representative for CYPMH</li> <li>ICS-wide planning, commissioning and transformation support.</li> </ul>	Bi-Monthly
Provider performance meetings	<ul style="list-style-type: none"> <li>Separate meetings for the two Mental Health Trusts in SEL: Oxleas and SLAM. Each attended by relevant representatives and South East London ICB performance team.</li> </ul>	Monthly
SEL ICS Mental Health Board	<ul style="list-style-type: none"> <li>Place representatives from each borough in South East London, representing the views of all members of their place via their local Mental Health Alliance or Delivery Group.</li> <li>Provider representatives from the two Mental Health Trusts in SEL: SLAM and Oxleas NHS Foundation Trusts. This includes clinical and non-clinical representation.</li> <li>ICS-wide planning, commissioning and transformation support.</li> <li>South London Partnership, the Mental Health Provider Collaborative in South East London.</li> <li>A Director of Adult Social Services, representing the perspective of adult social care.</li> <li>A Director of Children's Services, representing the perspective of children's services.</li> <li>A Director of Public Health, representing the perspective of public health.</li> <li>Voluntary and community sector representatives (2 representatives, selected from the VCSE Engagement Group).</li> <li>Participation group champion [further to ICS approach to participation].</li> </ul>	Quarterly