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EXECUTIVE SUMMARY

Newham has been working in collaboration with partners across health, local authority, education and third sector organisations to build on the successful outcomes of the Five Year Forward View for Mental Health\(^1\); and progress the ambitions of the NHS Long Term Plan and the Mental Health Implementation Plan\(^2\), which complements recommendations from the Transforming Children and Young People’s Mental Health Provision: a Green Paper\(^3\).

There has been a significant amount of transformation in the structures and senior leadership across London Borough of Newham and the local seven CCG’s have undergone large change programme since 2019 to form one CCG – North East London CCG; such significant developments can be challenging but also present many opportunities to take stock and move forward with a more integrated system. These changes keep residents at the centre and we continue to constantly strive to identify need and improve outcomes for children, young people and their families.

Alongside these system challenges, the onset and impact of the covid-19 pandemic further created new difficulties and required the health and social care system to adapt and devise new approaches to delivering care that was both safe to the population while still ensuring quality of care and appropriate treatment was being provided.

In Newham we have achieved a significant amount since 2019, which is driving a number of improvements, through additional CCG investment, renewed focused and improving relationships:

- Improving accessibility to emotional wellbeing and mental health support across a number of locations and types of need
- Improving outcomes for those children and young people with additional vulnerabilities
- Improving our engagement with children, young people and families to inform service developments
- Understanding the impact of services and how they work with each other to prevent silo working

Newham CAMHS continue to work collaboratively with partners to develop new systems such as the Multi-agency collaborative (MAC) which relies on partners to support CAMHS waiting lists. CAMHS participation has grown into a multitude of groups with service users and parents co-producing and designing services and training programmes while providing key improvement feedback for therapy services. CAMHS have managed well despite witnessing increased referrals, complexity and acuity stemming from the pandemic, however system innovation has allowed for virtual therapy to be offered and capacity has increased following additional investments. The development of the North East London CYP Crisis Service has been successful with plans to expand the service further to operate 24 hours, seven days week.

HeadStart have adapted a number of their services to be delivered virtually following closure of face-to-face learning at schools. Acknowledging feedback from CYP led to the development of the befriending service ‘Your Time’ which has been successful and plans in motion to embed the provision within the new single front door. With funding coming to an end in 2022, sustainability planning is underway to ensure learning is integrated into the system and gaps in provision are avoided. HeadStart has a wealth of learning from developing whole school approaches to resilience; social prescribing; peer parenting; co-production and digital therapy and it is key that such learning is utilised.

The online counselling service Kooth has engaged people in moderated forums and via 1:1 with their counsellors including a high number of black, Asian and minority ethnic (BAME) young people and those young people identifying as gender fluid. The service has been commissioned under NELCCG for a further two years to 2023 and provision

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\(^1\)Five Year Forward View

\(^2\)NHS Long Term Plan and Mental Health Implementation Plan

\(^3\)Transforming Children and Young People’s Mental Health Provision: a Green Paper and Next Steps
extended to offer support for 11-18 years old. Reviews will continue to take place and scoping work on further expansion up to the age of 25 will be undertaken.

Despite falling short of the 2020/21 CAMHS access target of 35% due to the pandemic, the target was met in 2019/20 and is predicted to be surpassed in 2021/22 with the month 3 position at 16%. The access target represents the number of children accessing mental health support from all our local services with providers submitting data to NHS Digital. East London community eating disorders team (CEDS) have shown continued commitment to ensure CYP do not wait for treatment and meeting their national targets.

Through delivery of the NEL CYP Crisis service, the crisis team have built strong relationships across acute providers, local CAMHS and social care and is expected to be strengthened further with the development of a 24/7 home based assessment and treatment team by 2023/24; as indicated by the NHS Long Term Plan ambition. This will be done in conjunction with partners in Tower Hamlets and City & Hackney and there is the possibility of integrating children’s social care and early help to provide a wraparound of support.

The multi-agency SEND improvement board is fully developed with prioritised work streams taking lead of specific areas of SEND. This work will align with the learning disability and autism programme work to improve outcomes for these cohorts. The Transforming Care Programme (TCP) is embedded within system working and proactively identifies children and young people at-risk who have LD or ASD and emerging challenging behaviours would benefit from a care, education and treatment review to support a holistic review of their needs. The programme has provided evidence to support the commissioning of two positive behaviour support (PBS) services; to provide targeted short-term training to parents/carer’s and also to provide more in-depth assessments and plans around individual children. Further PBS opportunities will be scoped and reviewed to ensure that these vulnerable cohorts receive the support they need to flourish.

The population in Newham is increasing year on year and with such a young population, the way we work with children and young people will need to adapt to ensure we effectively support them into adulthood. Newham needs to become more responsive to the need of children and young people and strengthen support across the whole borough. With the successful bid and subsequent implementation of the mental health support teams (MHST) in Newham mental health support in schools can be accessed by pupils. There are collaborative plans reviewing the effectiveness of the MHST and will ensure future investment and roll-out of additional teams in 2022 will be on offer to those at most need.

2 LOCAL GOVERNANCE

As we move towards achieving the ambitions of the NHS Long Term Plan, it is vital we continue to strengthen our working and formal relationships with partners, young people and their families. The way boroughs work together is changing, focussing on collaboration within the borough with residents, the local authority and primary care networks (PCNs); and expanding across a number of boroughs to develop integrated care systems.

2.1 CONTRIBUTION TO LONG TERM PLAN PRIORITIES

As required by NHS England and a first step towards developing the future Integrated Care System, in April 2021 the seven CCG’s in North East London, including the WEL CCG’s, came together as one – North East London CCG\(^4\) (NEL CCG) and the broader North East London Health and Care Partnership\(^5\) (NEL HCP) was formed alongside. To ensure the collaborative working and integrated relationships developed through the WEL CCG’s continued the Integrated Care

\(^4\) North East London Clinical Commissioning Group

\(^5\) North East London Health and Care Partnership
Partnership (ICP) of TNW - Tower Hamlets, Newham and Waltham Forest – was created acting as a bridge between the strategic role of NEL-wide work and the concentrated local partnerships delivering local level transformation.

As the system in North East London changes, planning has moved away from split commissioning/providers functions and instead a collaborative partnership approach has been taken in developing this year’s intentions. Newham transformation aligns with the NHS Long Term Plan & Mental Health Implementation Plan and feed into work streams and assurance processes across North East London Health and Care Partnership. East London Foundation Trust (ELFT) are the main provider for mental health inpatient and community services in Newham. Throughout 2021/22 North East London CCG and ELFT will continue to deliver against the NHS Long Term Plan including key areas such as increasing capacity and access in the community, supporting transitions to adulthood, expanding the crisis services and continued delivery of the Mental Health Support Teams.

2.2 NEWHAM EXECUTIVE GROUP

The Newham Executive Group is the Place Based Partnership for Newham with membership comprised of North East London CCG, the London Borough of Newham, Barts Health, East London NHS Foundation Trust and the Newham Health Collaborative. This partnership enables the Newham system to work together to improve the health and wellbeing of the Newham population and as we move towards one Integrated Care System (ICS) across North East London this partnership will remain a vital aspect as a Newham’s partnership of organisations who are focused on delivering and improving health and wellbeing transformation in Newham. The partnership’s focus is on ensuring Newham residents are at the heart of everything.

Our vision for Newham:

“Our vision for Newham is a health and care system that supports our diverse communities to maximise their health, wellbeing and independence. Our residents will be able to easily access quality services, provided as close to home as possible, delivered by a workforce that is proud to work for Newham”.

This partnership will enable and ensure strategic alignment for the Future in Mind programme with key strategic and operational priorities.

Over the last 12 months, the partnership has focussed on responding to the covid-19 pandemic, ensuring residents of Newham can obtain the healthcare support they need safely, delivering a successful roll-out of the vaccine alongside work to further improve health outcomes.

There is still work to design Newham’s borough partnership and how it will align with the future changes in the ICS as well as ensuring continued delivery of priorities in Newham. The Newham Borough Joint Health & Social Care 5 Year Strategic Plan has also been developed outlining priorities for Newham health services.

2.2.1 NEWHAM GROWING WELL PROGRAMME

The five-year strategic plan has three distinct programmes of work each with key priorities of work reporting into Newham Executive Group. These programmes are: Growing Well, Living Well and Promoting Independence. Each programme will take a partnership approach to delivery and membership will include all partners in Newham as well as local residents and users.

Within the Growing Well programme Children and Young people’s Mental Health is a set priority of ensuring there is an integrated mental health offer for children with a particular focus on prevention, early intervention and crisis support. Key ambitions of the work stream is the development of a single point of access and supporting the rollout of the MHST in schools. The work stream also focuses on crisis initiatives as well as those aimed at Looked After Children (LAC) and Care Leavers. Delivery of the CYPMH priority falls to the local Newham CYP MH partnership which meets regularly to discuss and manage action plans and transformation work.
2.3 NORTH EAST LONDON CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH DELIVERY GROUP (NEL CYPMH DELIVERY GROUP)

The north east London CAMHS delivery group is co-chaired by the Director of specialist children’s services at ELFT and NELFT and includes representation from all integrated care partnerships in North East London. It is a space to review performance against national targets and progress of delivering the NHS Long Term plan by utilising the dashboards and resources from NEL clinical support unit (CSU). This oversight allows the boroughs to share learning and develop system wide approaches to service development. There are opportunities to commission services at this level such as CYP Crisis services and as well as digital services such as Kooth and Healios.

2.4 BRIGHTER FUTURES

The Mayor and her Administration have the ambition “to make Newham the best place for a child and young people to grow up and thrive” and have made 2021 the ‘Year of the Young Person’ with the aim of further involving young people in all aspects of the council and community work. The London Borough of Newham ‘Brighter Futures’ directorate comprises of a number of departments and services focused on children and young people.

These services include:

- Youth Services
- 0 - 19 Children’s Health Services (health visiting, school nursing and family nurse partnership)
- HeadStart
- Early Help services

Each of these services play a key role in the delivery of the council’s corporate plan, the year of the young person involvement and engagement work as well as the public health approach to prevention, early intervention and early help offer for children and young people.

2.5 SEND GOVERNANCE

The SEND Executive Board is a multi-agency strategic partnership board aiming to improve, develop and monitor Newham Local Area services provided for children and young people with special educational needs and/or disabilities (SEND) and their families. The Exec Board will report up to the Health & Wellbeing Board (HWBB).
The SEND executive Board will ensure partners work together to meet the requirements of SEND legislation.

In January 2021, the SEND Improvement programme was launched with an improvement board overseeing the implementation of five work streams. The five work streams were chosen through a combination of engagement from families, performance and identified priorities within the 'Best for All' Strategy and aim to improve identification, assessment, interventions and outcomes for CYP with SEND.

Each work stream operates a multi-agency approach to delivery and includes membership across the health and social care system as well as including parent/carer representatives. Each work stream focuses on a few areas of work and these are outlined in the below diagram.

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*Best for All Strategy*
2.5.1 AUTISM STEERING GROUP

The Autism Steering Group is an operational group which aims to develop and lead strategic and operational transformation relating to autism while linking into wider agendas e.g. SEND, Mental Health and early years 0-5. The group reports into the SEND Improvement Board and Mental Health Transformation Boards and is a multi-agency group across the health, social care and education system. Transformation delivered will align and be completed in collaboration across partners and programmes including the CYP MH, CAMHS and transforming Care programme.

The group has a number of objectives:

1. Ensure the current and any developing autism work streams priorities and plans are co-ordinated, and are incorporated into the wider borough strategic objectives for SEND, Mental Health and Early Years Transformation.
2. Lead the development of the children’s elements of the Department of Health and Social Care National strategy for Autistic Children, Young People and Adults 2021-2026.
3. Provide a forum to ensure a partnership approach and social health approach in order to address and problem solving existing and any emerging issues.
4. To ensure the voices of CYP and parents are integral to the development and delivery of service improvements through both engagement and co-production.

2.6 TOWARDS A BETTER NEWHAM – COVID-19 RECOVERY STRATEGY

With the outbreak of the covid-19 pandemic, it became clear that communities and economies in Newham would be affected and a joint recovery plan would be needed to mitigate and reduce crises. The Towards a Better Newham
(TBN) strategy was developed focused on recovery over the next 12 months and orientate the necessary changes required to address inequalities.

These plans have been centred on eight delivery areas – Pillars – which have a clear strategic aim. Pillar 2 focuses on children and young people – The council will ensure every resident under 25 is safe, happy and cared for, with positive activity to secure their long-term wellbeing. While the main actions are non-health related e.g. improving employment opportunities, prospects and career paths and improving housing and empowering CYP, we know that these are key factors to address to ensure CYP can feel safe, happy and ultimately have good emotional and mental health.

Pillar 4 specifically addresses health – The council will make sure our residents are healthy, happy, safe and cared for to enable them to thrive during times of recession and in the new economy. This pillar links to the ‘Well Newham’ strategy and outlines commitments to deliver enhanced physical and mental wellbeing services.

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*Towards a Better Newham – Covid-19 Recovery Strategy*
2.6.1 NEWHAM OUTCOMES FRAMEWORK

In November 2020, the London Borough of Newham agreed to develop a new refreshed outcomes framework focused around the eight pillars of ‘Towards a Better Newham’ and support and drive strategic transformation and improvement in the borough. The outcomes were developed through analysis of the borough’s main strategies, research, workshops and engagement work, all while ensuring that the outcomes align to the vision of ‘Towards a Better Newham’. The end goal is creating a healthy, happy and well Newham and the goals of the TBN strategy with outcomes based from other strategies and weaved into the principles and pillars.

The outcomes follow a hierarchical tree from service level outputs up to the overall vision for Newham:

1. The vision – Creating and enabling a Healthy, Happy and Well Newham
2. Strategic outcomes – Long-term outcomes aligned to each of the eight pillars.
4. Service specific outcomes.

3 LOCAL NEEDS

3.1 NEWHAM CYP JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2021-2023

The London Borough of Newham developed the Newham CYP JSNA\textsuperscript{10} in partnership with NELCCG and a host of other contributing partners including Barts Health NHS Trust, ELFT, PHE, schools, hospices and other voluntary sector organisations.

The JSNA sets out the health and wellbeing needs of CYP in Newham residents reviewing factors such as population, utilisation of services, patterns and other impacting factors with the aim of finding areas within the borough where improvements are needed for better health and social care outcomes.

3.1.1 DEMOGRAPHICS

When discussing Mental Health services and transformation plans it is key to understand the population that these services will provide care and treatment to and analysing the demographics can support this while indicating potential future growth to inform investment.

Newham’s population is one of the youngest in England, with a median age of 32.3 years, compared to 35.6 in London and 40.3 nationally. The 2021 GLA housing projections suggest there are 136,000 (69% of which are under 18) CYP aged 0-25 equating to 37% of Newham total population. This figure is anticipated to increase by 18% to 161,000 over the next decade and it is vital that Newham’s children’s service capacity expands to meet the expected demand.

Newham has a rich diverse population with over 200 different languages spoken by the population and high proportions of Black African, Indian, Bangladeshi and Pakistani residents compared to London with 89.5% of the children and young people in Newham being from an ethnic background other than White British and is not forecast to change by 2030.

Deprivation levels in Newham are high and the 2019 the overall index of multiple deprivation scored Newham as the 3\textsuperscript{rd} most deprived borough in London. Newham ranks first in the ‘Barriers to Housing & Services’ deprivation domain

\textsuperscript{9} Newham Outcomes Framework

\textsuperscript{10} Joint Strategic Needs Assessment – Policies that define the way we provide support – Newham Council
likely contributing to the highest homelessness rate across Newham. 27% of residents in Newham are paid below London Living wage, average rental costs in Newham are 65% of average wages, compared to 30% nationally, and Newham residents are the most over indebted across London. The covid-19 pandemic caused further impact with 102,000 residents furloughed or on unemployment.

3.1.2 MENTAL HEALTH

Newham has a high rate of mental health problems with estimates of 1-in-10 people likely to have a mental health problem ranging from anxiety or depression to serious long-term conditions. It has also been identified that 1-in-8 children suffer from a significant diagnosable emotional or behavioural disorder, the rate of which is rising. It is further indicated that half of all mental health disorders seen in adults start in childhood with strong association between developing a mental health disorder and an adverse childhood experience including poverty, family dysfunction and being a looked after child.

The JSNA outlines that 9,449 CYP aged 2-18 are likely to have a diagnosable mental illness in Newham based upon extrapolation of national prevalence rate with rates increasing towards adulthood.

<table>
<thead>
<tr>
<th>Age range</th>
<th>NHSE Prevalence</th>
<th>ONS population</th>
<th>Expected CYP with MH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-4</td>
<td>5.5%</td>
<td>16,336</td>
<td>898</td>
</tr>
<tr>
<td>5-15</td>
<td>12.8%</td>
<td>50,922</td>
<td>6518</td>
</tr>
<tr>
<td>16-18</td>
<td>16.9%</td>
<td>12,027</td>
<td>2033</td>
</tr>
<tr>
<td>Total number of CYP aged 2-18 with a diagnosable mental illness</td>
<td></td>
<td>9449</td>
<td></td>
</tr>
<tr>
<td>Total number of CYP receiving two contacts during 2019/20</td>
<td></td>
<td>3425</td>
<td></td>
</tr>
</tbody>
</table>

To meet this demand, a number of Children and Adolescent Mental Health Services (CAMHS) are accessible to Newham residents, the majority of which are provided by East London NHS Foundation Trust with other support from Newham HeadStart and Kooth.

The JSNA identifies a number of groups who are higher risk of developing mental health illness. For example, it is recorded that there are increasing numbers of older teenage girls presenting to CAMHS services compared to boys who present at a younger age. HeadStart’s schools mental health support services show differences in the cohorts they support compared to the Newham borough population – CYP from White and Black backgrounds are over-represented by ~7%/10% whereas Asian backgrounds are under-represented by ~20%.

First episode psychosis and psychosis are 8-9 times higher in Black and Caribbean ethnic groups and 2-3 times higher in South Asian populations. Newham’s diverse population of ethnic backgrounds means that rates are forecast to be higher and there is a need to ensure these populations and the migrant population is included in scoping and planning work.

Transitions is raised as an area for future work due to the majority of services being ‘cut off’ at 16 & 18 years old with few transition options and pathways. The lack of ‘wrap-around’ transition processes and ‘like for like’ services across the CYP to adult transitions, along with differences in eligibility between the services are highlighted. The JSNA outlines a need to measure a successful transition and focused work is taking place to collaboratively a joint 16-25 transition pathway in Newham. Work will be mapped and gaps identified with services such as the MAC and social prescribing being used to bridge support. Investment plans include navigator roles across children and adult services to develop and help guide the transition.

The JSNA further highlights the impact that covid-19 has had on the population of Newham. A Newham Youth Wellbeing Survey reported that CYP aged 10-24 have experienced increased loneliness, have done less physical activity and schoolwork and are more worried about missing education and the future pandemic and restrictions. We know that the BAME ethnic groups and low-income families were also disproportionately affected from the pandemic with families facing loss of earnings/employment and digital exclusion. These factors were exacerbated in Newham.
With the high deprivation rates and diverse population and a culmination of these factors likely leading to Newham seeing one of the worst mortality rates from covid-19 in London.

3.2 North Central & East London CAMHS Provider Collaborative Strategic Health Needs Assessment (SHNA) 2021

As the health system transforms into the more collaborative structure of Integrated Care Systems (ICS) provider collaborative are set to play a pivotal role in delivering care. To meet this end, the North Central and East London (NCEL) CAMHS provider collaborative jointly produced this SHNA with service users, parents and carers to inform, drive and underpin transformation and commissioning work for future CYP MH services. The NCEL CAMHS provider collaborative is a group of providers across NCEL which has responsibility for all inpatient CAMHS and is led by ELFT.

The SHNA supports the local JSNA by highlighting the key factors shaping the population of NCEL, and Newham, including the large increases in predicted population (~+5%), the high diversity (60% CYP from BAME groups) and deprivation levels and high prevalence rates (18% CYP aged 11-17 have diagnosable MH disorder). Key findings highlight 20 areas of concern across six themes – cross-cutting, inequalities, access pathways, patient experience, discharge pathways and covid-19 impact.

The inequalities findings are on trend with local reporting and provides further evidence to support transformation and focused interventions for the CYP at most need. Girls and young women are more likely to be admitted than their male counterparts; there is a disparity between inpatient proportions from White and Asian ethnic groups and there is a higher proportion of inpatients with a learning disability and/or autism than would be expected. Work to improve data collection and ensuring that action to tackle inequalities is embedded in work with clear goals will be undertaken and explored.

Access remains a challenge with service users reporting of long wait times, unclear referral pathways and increases in crisis admissions and presentations with a parent reporting that “We’re not taken seriously until we get to the point of crisis”. These feelings of being ignored and unsupported were reported across inpatient services and users felt a lack of consistency across areas to CAMHS service provision with a key issue with the location of settings being far from home. The collaborative will continue to work with providers to develop their crisis response and services in response to this while ensuring that patient-centred care remains at the forefront through reviewing the support and information families receive and improving the co-production of care plans.

As expected, the covid-19 pandemic had a big impact on inpatient services with an increase in referrals and demand since the onset with large spikes following schools returning to face-to-face learning. Despite the impact, learning can be obtained and developed into new ways of working and managing demand and capacity spikes. Virtual access created new pathways and options for treatment and this will be continued.

Task 1 - Review and analyse the data and findings within these assessments to extrapolate key vulnerabilities and inequalities specific to Newham residents and draw a plan to address them within system and local partners.
The Newham Health and Wellbeing Strategy 2020-2023 “Well Newham – 50 steps to a healthier borough” was developed in 2019/20 to create a healthier borough and population. Developed prior to the covid-19 pandemic, the strategy highlights specific actions needed to tackle inequalities and is now more important to address such inequalities which have been exacerbated due to the pandemic.

The strategy has a wide focus across all ages and determinants of health and the 50 steps are divided amongst twelve priorities, each with specific ambitions and issues to address.

There are three specific steps which focus primarily on improving the mental health in Newham:

- Step 9 – Improve the mental health and wellbeing of children and young people
- Step 22 – Support the mental health of our most vulnerable residents
- Step 40 – Make Newham a mental health friendly borough

Keys actions within the strategy align with the NHS LTP and other strategic priorities in NEL and Newham including the co-production of a new CYP social prescribing model, the continued development and transformation of services to ensure consistent offers and access throughout Newham for CYP as well as embedding a whole system approach mental to health and wellbeing support within schools.

In order to deliver appropriate care to our population collaborative and joined up working is vital to broaden and expand the offer and capacity in Newham’s mental health services. We know that children who are looked after, care leavers or have learning disability and/or autism at some of the most vulnerable and services will be supported to adapt and change their way of working to ensure appropriate and safe care is delivered. The strategy is all age and

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11 [Well Newham - 50 Steps Strategy](#)
highlights the importance of developing a suitable transition pathway for young people transitioning into adult services.

Co-production is an important element in delivery of the strategy and Newham residents will be encouraged to network, promote and develop transformation in the borough. As the system continues to shift, collaboration across partners will increase with boroughs likely learning from different areas to inform future plans.

3.3.2 MENTAL WELLBEING IMPACT ASSESSMENT

In autumn 2020, during the covid-19 pandemic, the Newham Mental Wellbeing Partnership undertook an assessment\(^{12}\) to understand and develop a response to the pandemic. The findings have informed a series of recommendations that will be delivered as part of the 50 Steps Strategy.

The assessment found that the population had increased negative feelings of anxiety, isolation and loneliness and PTSD which in turn impacted on people’s physical health however the pandemic did have a positive effect of bringing the local community together to support each other during unprecedented times. A number of contributing factors led to the aforementioned negative feelings – unemployment and low income as a result of the lockdowns, digital exclusion and the impact of increased shared facilities with people staying at home more. Coupled with the reduced access to services and schools led to people struggling and being less able to cope and manage than before.

As with other strategies and assessments, BAME ethnic groups were most affected than other ethnicities as were people on low income, CYP at risk of exploitation and those with a learning disability and development disorders. Acknowledging these findings and implications on the health and wellbeing of the population, a number of recommendations were created with a full action plan outlining how the health and social care system is addressing them.

The recommendations are:

1. Collaboration work to continue across the system and progress the mental health and wellbeing action plan.
2. Ensuring that we understand, reduce and tackle the inequalities of our diverse communities by having quality of access to mental health and wellbeing services.
3. Develop the role of social prescribing as an important approach to self-management of mental health.
4. Develop an overarching organisation that offers befriending services.
5. Increase awareness of existing MH services and explore opportunities to link these services more with community services and ensure all frontline access point are able to signpost to MH service.
6. Provide suicide prevention training to increase awareness of colleagues and partners to be able to deal with and refer residents to services if experiencing distress, self-harm and suicidal thought.
7. Strengthen mutual aid groups, neighbourhood groups and community cafes etc.
8. Use community health champions and other channels as conduits for sharing information by increasing awareness of existing services and building additional capacity in the community through training.
9. Link to the wider 5 ways to wellbeing.
10. Provide a universal bereavement training to key settings such as schools, colleges, children’s centres and investing more in community bereavement services across the borough.
11. Develop a whole system trauma informed approach across the organisation.
12. Improve access to appropriate services for those disproportionally affected.

3.4 ALL ABOUT ME, FOR THE BENEFIT OF EVERYONE CONFERENCE

\(^{12}\) Newham Mental Wellbeing Impact Assessment – December 2020
The ‘All About Me’ event was a reverse conference held on the 10th June 2021 to bring together partners across North East London ICS to discuss, review and address future needs, improvements required and to listen and understand the voices of local people and children regarding early intervention mental health support and services in schools.

Over 200 attendees were present with numerous outputs and recommendations across 11 key areas for all partners to action:

1. **Accessibility** – Ensure all existing and new support is accessible and reasonable adjustments made when identified for more disadvantaged groups.
2. **Co-Production** – Develop principles for meaningful participation with CYP and families and existing forums are working together.
3. **Distribution** – Adopt trauma informed practice model that support inclusion of all pupils including vulnerable groups.
4. **Single Front Door** – Each borough has a single front door for CYPF social, emotional and mental health and wellbeing support.
5. **Local Offer** – Review each borough local offer with CYPF and ensure all organisations and support is captured.
6. **Diverse Offer** – Ensure routes are in available for commissioning opportunities to support a diverse offer.
7. **Universal Offer** – Support education to develop a whole school approach to mental health and achieve accreditation.
8. **Social Prescribing** – Commit as a borough to support social prescribing activities and the programme.
9. **Workforce** – Ensure workforce plan addresses increasing diversity and capacity e.g. including youth & peer workers and behaviour specialists.
10. **Transition** – Services are commissioned to overlap boundaries to allow allocation to be needs led, not age led.
11. **Digital** – Identified a number of opportunities including PKB for ownership of data/records and a virtual front door.

In depth recommendations can be found in the appendices.

### 3.5 MENTAL HEALTH WORKFORCE

The NHS Long Term Plan outlines ambitions of increasing the NHS workforce to meet the rising demand seen over the past decade. The LTP highlights key areas such as nursing and other medical placements as well as improving retention and training opportunities for current staff.

The North East London Health & Care Partnership holds the mental health workforce as a high priority in 2021/22 in order to deliver the continued expansion and transformation work set by the NHS LTP ambitions. Work is underway within the partnership to build on the collaborative working between the partner organisations to develop and establish integrated staffing teams where appropriate and ensuring separate organisations engage and feed into these plans. This engagement is clearly demonstrated through the Mental Health Support Teams programme where education and health and collaboratively delivered two teams in Newham. The transformation of community mental health services will further bolster this engagement and partnership working as we place integrated mental health teams in all PCN’s and transition work commences.

In order to meet the outlined mental health transformation, is it planned that in 2021/22 the ELFT CYP MH workforce will need to grow by 59.30 WTE from 261.44 WTE up to 321.69 WTE. These roles would cover a multitude of medical specialities including psychiatry, psychology, nursing, occupational therapy but social workers, peer support workers and administrative support. Reviewing the existing workforce across the NEL ICS mental health providers has ensured future investment and recruitment can be targeted and capacity gap can be addressed.

<table>
<thead>
<tr>
<th>ELFT staffing categories</th>
<th>Baseline</th>
<th>Forecast</th>
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Follow the adequate investment in 2021/22 there is enough financial resources to enable recruitment to these positions, however significant challenges result from an insufficient national skill pool. A more local challenge for Newham is managing the difference in salary provided through the London High-Cost Allowance. As an ‘outer London borough’ roles seem less attractive than neighbours e.g. Tower Hamlets. CAMHS services are approaching recruitment differently and creating new and broadening existing career paths to develop skills and enable choice and these will be aligned with the priority findings from the NEL CAMHS JSNA. Integration of roles is an important factor and in Newham CAMHS there are integrated social workers with the London Borough of Newham as well as wider embedded CAMHS clinical team within the borough.

Retention of staff is another key factor in the workforce strategy and a number of initiatives are being developed to improve staff satisfaction and continually upskill and offer professional development for staff. Leadership development programmes are among possible avenues but staff can access a range of educational materials and offers. The alternative approach to recruitment and career paths further improves the retention of staff through offering apprenticeships and improving the career pathway design to enable staff to move into senior roles.

Covid-19 has brought a number of challenges over the past year, not least the additional pressure and impact seen on health and social care staff. Acknowledging this, NEL has established a minimum well-being offer with a key principle of ensuring staff are given time and space to engage with wellbeing activities which reflect the diversity of the workforce they aim to support. A key example is the development of ‘KeepingWellIEL’ which provides a digital point of access for all health and care staff in NEL.

East London hosts a rich level of diversity and multitude of cultures and it is important the CYP MH services operate in culturally appropriate approaches. Registration changes have allowed for the creation of more diversely skilled team through EMHP’s and other peer-led/peer support areas. ELFT run a leadership and coaching programme aimed at diverse communications and scoping is being done to review culturally sensitive approaches relating to intervention materials and translation resources.

4 IN 2020/21 WE DELIVERED AND ACHIEVED

Newham have continued to deliver against the NHS Long Term Plan and Mental Health Implementation Plan. This report sets out the work done so far this year and the impact we have had on improving outcomes for children, young people and their families.

4.1 NATIONAL CHILDREN’S MENTAL HEALTH TARGETS – ACCESS & WAIT TIMES

The NHS Long Term Plan continues to build upon the ambitions outlined within The Five Year Forward View for Mental Health for children and young people’s mental health. The focus for children and young people is to further improve accessibility to mental health support and to reduce waiting times for community eating disorder and psychosis services.

The main indicator of success is the “CYP Access” target which had the ambitious goal of “At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service”. The NHS LTP builds upon the improvements to CYP Access and increases this ambition:
“Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it”. This target includes all providers, including non-NHS providers, to submit data to the Mental Health Services Data Set (MHSDS).

In 2020/21, Newham CCG invested over £750,000 to increase access and capacity across CAMHS, Headstart, crisis, digital services and ASD pathways. Additional winter planning funding increased capacity in CAMHS to ensure demand could be managed in light of the system pressures. In 2021/22 North East London CCG invested further into CAMHS services to further increase capacity to improve access rates.

Partnership work in across both NHS (ELFT, NELFT, SLaM) and Non-NHS (HeadStart, Kooth) providers enabled Newham to consistently hit the CYP access target, however the covid-19 pandemic and subsequent lockdown and restrictions had a profound impact upon services as well as schools. Despite these challenges Newham partners adapted to virtual delivery systems and created new approaches to delivery interventions to residents in Newham.

The 2021/22 month 3 position is 20% access towards the 35% annual target, and while this data is currently awaiting validation, predictions forecast the target will be achieved as the system recovers from the impact of the pandemic. Exploration with partners continues to ensure access is reported across the system, especially in the voluntary sector, and data is reviewed monthly within provider update meetings.

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</thead>
<tbody>
<tr>
<td>Rate</td>
<td>23.5%</td>
<td>14.7%</td>
<td>14.2%</td>
<td>34.4%</td>
<td>37.4%</td>
<td>28.1%</td>
<td>M6 - 20%</td>
</tr>
<tr>
<td>CYP Access Rate</td>
<td>23.6%</td>
<td>28%</td>
<td>30%</td>
<td>32%</td>
<td>32%</td>
<td>35%</td>
<td>35%</td>
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<tr>
<td>Target Rate</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Image: NHS England: CYP Access targets and progress in Newham</td>
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For eating disorders and psychosis there are specific targets around wait times and access to specialist treatment.

In 2020/21 and 2021/22 investment into CAMHS Services continue to maintain the eating disorder performance as well as increasing access to specialist services and further improve the quality of care. Despite the small reduction in
2019/20 in routine case performance, the Newham CAMHS team recovered and have since achieved 100% on both urgent and routine cases notwithstanding the impact of the covid-19 pandemic has seen on the population and service.

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<tbody>
<tr>
<td><strong>National Eating Disorders targets</strong></td>
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</tr>
<tr>
<td><strong>Urgent</strong> – 95% of referrals seen within one week</td>
<td></td>
<td>95% - Target achieved</td>
<td>100% - Target achieved</td>
<td>100% - Target achieved</td>
</tr>
<tr>
<td><strong>Routine</strong> – 95% of referrals seen within four weeks</td>
<td></td>
<td>95% - Target achieved</td>
<td>89% - Target not met</td>
<td>100% - Target achieved</td>
</tr>
</tbody>
</table>

For children and young people under the age of 18 who are experiencing first episode psychosis and more persistent psychosis and affective disorders, the adolescent team within CAMHS will co-ordinate care. This group of young people work closely with the Adult Early Intervention in Psychosis Team (EIS) to support effective and safe transition from the age of 14 and provide NICE-recommended care. With additional funding from spending review in 2021, a small pilot will run an 18-25 ARMS (At Risk Mental State) service within the emerging PCN mental health teams which will provide key information for future development in subsequent years.

The Green Paper: Transforming Children and young people mental health provision\(^\text{13}\) and the NHS Long Term Plan\(^\text{14}\) expects that by 2023/24 all children and young people should be able to access specialist CAMHS treatment within four weeks. Newham is achieving nine week waiting times currently, however assessment and treatment are initiated concurrently, preventing a secondary waitlist after a first appointment.

<table>
<thead>
<tr>
<th>Assessment Waiting List</th>
<th>Treatment Waiting List</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CYP on Waiting List</strong></td>
<td><strong>CYP waiting for 2nd Appointment</strong></td>
</tr>
<tr>
<td>Under 5 weeks</td>
<td>Under 5 weeks (from 1st face to face contact)</td>
</tr>
<tr>
<td>6 to 9 weeks</td>
<td>5 to 8 weeks (from 1st face to face contact)</td>
</tr>
<tr>
<td>10 to 12 weeks</td>
<td>Over 8 weeks (from 1st face to face contact)</td>
</tr>
<tr>
<td>Over 12 weeks</td>
<td></td>
</tr>
<tr>
<td>233</td>
<td>64</td>
</tr>
<tr>
<td>96</td>
<td>62</td>
</tr>
<tr>
<td>33</td>
<td>72</td>
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</tbody>
</table>

The NHS Benchmarking Networks’ findings from 2020\(^\text{15}\) and the impact of the pandemic outline that nationally 32% of patients wait less than four weeks for their second appointment with Newham slightly behind with 32% of patients waiting less than 5 weeks. Similarly, waiting times has increased with the national average rising 1 week to a 10 week wait for first routine appointment however Newham performs better against this with 53% of patients accessing services within 5 weeks, twice as fast as the national average.

\(^\text{13}\) Government Response to the Consultation on Transforming Children and Young People’s Mental Health Provision: a Green Paper and Next Steps

\(^\text{14}\) NHS Long Term Plan - Mental Health Implementation Plan 2019/2020 - 2023/24

\(^\text{15}\) NHS Benchmarking Network – CAMHS 2020 Findings
Although there is a median average eleven week wait for specialist CAMHS services there are a number of elements in the system where support can be access more immediately:

- Kooth online counselling
- Schools based interventions and universal social prescribing and parenting support through MHST and HeadStart
- CAMHS clinicians embedded across primary and secondary schools
- Place 2 Be school counselling in some Newham schools
- If you are known to children’s social care your allocated social worker can access mental health consultation from an embedded CAMHS clinician.
- Looked after Children (LAC) do not have a wait time for specialist CAMHS services.
- CAMHS now also host open access groups and every-other-Saturday ‘pop-up’ drop in clinics offering on-the-spot support to young people or families who may not meet the usual CAMHS thresholds.
- Multi-Agency Collaborative offering alternative and additional support to ‘green’ rated children on the waiting lists.

### 4.2 CAMHS ADDITIONAL INVESTMENT

Newham CCG invested £768,000 for 2020/21 with additional winter funding in light of pandemic and winter pressures. The investment supported the following areas:

1. **Core CAMHS**
   a. Expanding ASD diagnostic pathways
   b. Increasing capacity to Neurodevelopmental Team
2. Further enhanced the crisis service to 09:00-21:00 7 days a week.
3. Additional contribution towards HeadStart, which includes Kooth digital, social prescribing and parenting support
4. Providing Mental Health support to 18-25 Care Leaver’s
5. Developing and further increasing Newham digital offer through Helios
6. Expansion of Child Sexual Assault Service provided by Barnardo’s.

Additional winter/discharge pressure funding became available in Q3 of 2020 and £90,000 was invested into CAMHS nursing capacity for 6 months. This investment has supported specialist services to meet their national targets; encouraged providers to adopt new ways of working and strengthen focus on areas of identified need, as well as supporting the covid-19 pandemic response to ensure continued access to services.

In 2021 the spending review announced an additional £500million funding for mental health recovery alongside recurrent investment. This was to support recovery of the NHS long term plan ambitions for mental health and to help manage new and more complex needs arising from the pandemic.16

Including the above spending review funding, North East London CCG invested £2,285,000 into CAMHS services in 2021/22. The funding will support the following areas:

1. **CAMHS Core**
   a. Developing a new Paediatric Liaison Service providing highly specialist assessment and intervention in acute settings for CYP with chronic conditions and MUS.
   b. Expanding staffing in community services including Parent Infant Psychotherapy Service, the Adolescent Team and Neurodevelopment team and Multi-agency collaborative

16 [Mental Health Recovery funding](#)
c. Extending winter funding staffing
2. Continued expansion of the crisis service to a 24/7 model of operation
3. Expand staffing of the Children and Young People Eating Disorders Services
4. Developing two Mental Health Support Teams in schools

This additional spending review funding will help to bring forward investment planned for 2022 further enhancing the offer for CAMHS and mental health services for children in Newham.

4.2.1 HEADSTART

HeadStart is a five-year test and learn initiative funded by The National Lottery Community Fund.

HeadStart is the emotional mental health and wellbeing targeted support service for young people primarily between the ages of 10-16. The service also co-ordinate a number of universal initiatives such a digital counselling service (Kooth), universal parenting (Empowering Parents Empowering Communities - EPEC), self-guided resilience intervention BounceBack and social prescribing (Creative Arts and Sports Activities - CASA).

HeadStart also offer targeted resilience building activities for young people at risk of developing poor mental health including:

- More than Mentors
- Team Social Action
- HeadStart Champions
- BounceBack Newham

HeadStart Newham is a five-year £10 Million funded grant by the National Lottery Community Fund. HeadStart commenced in September 2016 and the funding is due to end in July 2022 tapering off during 2020/21. The purpose of the service is to explore and test new ways to improve the mental health and wellbeing of young people aged 10 to 16 and prevent serious mental health issues from developing. The service adopts the Angie Hart resilience framework to deliver whole schools approaches and targeted interventions to children and young people in primary and secondary schools.

HeadStart Newham works in partnership with schools to develop a strategic approach to supporting wellbeing and to tackle early signs of mental health issues. HeadStart also supports the identification of emerging mental health needs of children and young people and provides early intervention through its team of youth practitioners and CAMHS clinicians. The programme is focused on improving the education and mental health outcomes of those aged 10-16.

Since 2016 HeadStart has:

- Engaged with 70% of Newham primary and secondary schools, to develop whole school approaches to resilience and offer direct interventions to CYP
- Commissioned KOOTH online counselling which is universally accessible for young people in Newham
- Worked with local providers to deliver creative arts and sports activities (CASA) to children and young people, supported by the youth practitioners. Partners include Active Newham, Change Grow Live, East London Dance and Aston Mansfield.
- Delivered Empowering Parents Empowering Communities’ (EPEC) parenting workshops, trained local parents to be facilitators and supervisors providing meaningful employment, receiving London living wage
- Developed a comprehensive co-production offer that empowers children and young people.

17 Resilience Framework
• Begun to close the gaps in the system by working closely with Youth Zones, CAMHS, 0-19 health services and colleges/sixth forms.
• Embedded CAMHS clinicians in their team to ensure the youth practitioners are safely supported with reflective practice and therapeutic education, schools get early access to clinical support and the communication between HeadStart and CAMHS can be effectively facilitated.
• In response to the covid-19 pandemic HeadStart developed a new befriending service ‘Your Time’ targeted towards CYP who were isolated or lonely.
• Collaborated on the development of a new ‘Multi-Agency Collective’ (MAC) to reduce the impact of waiting for a CAMHS intervention following the covid-19 pandemic.

Since its inception in 2016 HeadStart have reached:

• Over 26,000 children and young people in Newham and delivered targeted interventions to 4,137 children and young people.
• Reached 608 parents through EPEC
• 1,557 children and young people online via KOOTH
• 1,168 children and young people involved in co-production initiatives
• Trained 3,415 school staff in the Academic Resilience Approach
• 221 children and young people accessed ‘Your Time/1:1’s’ and 84 adults attended ‘Parent Befriending’

As the funding is coming to an end, Newham is developing plans to sustain elements of HeadStart to ensure a continued early mental health offer is available. Learning from HeadStart and colleagues if being integrated into services including the mental health support teams (MHST). Key examples of this is integrating the Kooth contract up to a North East London level across all seven boroughs and increasing the age range up to 18 years old as well as the integration of the befriending service ‘your Time’ into the new Single Front Door Project.

As HeadStart has provided a large privison across education and mental health in Newham, with a substantial investment which cannot easily be sourced else within Newham health and social care system, there is the possibility of gaps emerging following the service closures in July 2022. With this in mind, sustainability planning beyond the aforementioned services is underway, with HeadStart, health and the council reviewing evaluation work and creating mitigation plans to avoid system pressures and to ensure CYP can still access services and initiatives to meet their needs.

Task 2 - To review the impact and learning of the Newham HeadStart programme and explore proposals for sustaining specific services through integration and embedding into alternative settings across Newham.

4.2.2 CYP CRISIS

As detailed in the NHS Long Term Plan, “by 2023/24 there will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions.”

The North East London ICS is committed to reaching this target and currently contains two CYP crisis providers; in Newham ELFT are operating a CYP crisis service employing mental health nurses that offer assessment and follow up. From its inception in 2018/19, the CYP Crisis service has continued to develop and expand with the service currently operating 09:00-21:00 7 days a week complimenting the out of hour’s arrangements in A&E departments across NEL. This commitment is seen by continued investment into the CYP Crisis service with funding secured into baselines and expanded staffing provision in 2021/22 to offer 24/7 access. Following the covid-10 pandemic, the service received additional non-recurrent funding to meet the demand and this has been continued and funding secure through the usual CYP MH baseline.
Further bolstering the out-of-hours response, there is an all age crisis line operating across NEL with ELFT providing the service in Newham. This is a 24/7 (including bank holidays and weekends) helpline supporting people with their mental health problems through providing accurate information and advice regarding local services, provide an emergency assessment service for those in crisis and refer on to appropriate services where needs can be met. During out-of-hours services, there is a specialist CAMHS consultant on-call to supervise the crisis line, further adding CYP MH expertise to the trained professionals. The line is Freephone (0800 073 0066) and advertised online.

The service receives a small number of calls regarding CYPMH – 52 calls in quarter 1 of 2021/21 – equating to 0.7% of the total crisis line calls.

### 4.2.3 COMMUNITY EATING DISORDER SERVICE

The East London Community Eating Disorder Service (CEDS) is a team that provides care across Newham, Tower Hamlets and City & Hackney. The service receives continuous investment to ensure that children and young people can access the service within four weeks; and that the service can offer early intervention support.

Over 2020/21, the CEDS saw an increase of 65% in the number of referrals received during the year, increasing from 134 to 221 referrals. Alongside the referrals, the admissions rate more than doubled in the year as did the acuity of cases. Capacity within the service currently remains at 23 CYP per 1 WTE. Despite these increases, the waiting times target were maintained and this is expected to continue with future investments and increases to workforce.

CEDs have supported the young people to avoid tier 4 admissions, providing up to 3 sessions per week to meet needs. For those patients who are admitted, the CEDs team work jointly with social care partners and other paediatric inpatients units to ensure admissions are appropriate and discharge planning commences pre-admission. The wards at Newham University Hospital work collaboratively to ensure bed capacity and staffing is clinically safe and outcomes are good for patients. The additional investment in 2021/22 increases the established consultant posts as well as band 8a clinicians and support staff.

Many eating disorder services offer support to children and young people with specific diagnoses, East London CEDS have developed their pathway to work earlier with children and young people with emerging disordered eating. The pathway is illustrated below. The CEDS team are a participating member of the Quality Network for Community CAMHS (QNCC) with the last review in 2019 and scoring 90%+ across 9/10 categories.

#### Main care pathway

- Moderate to severe

- Physical: Anthropometry (including height/weight); Physical health assessment (including pulse, blood pressure, bone health assessment); GP liaison; Paediatric consultation; Referral for specialist assessment as needed
- Psychiatric: Mental state review; Medication; Assessment of comorbidities

#### Early intervention pathway

- Mild/Emerging

- Psychological: Psychoeducation
- Physical: - GP liaison; Paediatric consultation
- Psychiatric: - Consultation, as required; Assessment of co-morbidities
- Dietetic: - Assessment; - Psychoeducation; - Meal planning
- Consultation and supervision to CAMHS and referrers

#### Non care-coordinated support

- Consultation and supervision to CAMHS and referrers

4.3 THE LONDON BOROUGH OF NEWHAM FUNDED CAMHS TEAM
The London Borough of Newham (LBN) and Newham CAMHS have worked in collaboration for a number of years in providing specialist embedded CAMHS input across four LBN Pathways: Children’s Services / Looked-After Children, Special Educational Needs, Youth Offending Service, Headstart.

This model was reviewed in 2019/20 in order to provide a clearer vision for how this can be delivered and to provide greater accountability, and more transparency in terms of goals and outcomes for these pathways.

Delivery was consolidated into 2 pathways:

- Education & Children’s Services Pathway - Headstart, Special Educational Needs, Early Help, YOT & Children’s Services.
- Looked After Children’s Service Pathway - supporting the embedded clinicians within the Looked After Children’s and Fostering Teams.

Each of these two pathways is led by a Band 8B Clinician (0.5WTE in each) with significant experience in the area of specialism that each pathway delivers. These Pathway Leads (PL) operationally manage the teams and head up the line management and clinical Supervision of the clinicians in the pathway as well as lead on Multi-Disciplinary Team meetings (clinical and business) and act as the fulcrum between LBN and CAMHS senior management teams. The PLs are Clinically Supervised by a Clinical Team Lead in CAMHS who is professionally qualified in the same professional group as the PLs in each case.

The Pathway Leads are overseen by the LBN Clinical Director who has the role of Clinical Lead for the whole of the CAMHS Embedded Pathway Structure.

<table>
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<tr>
<th>LBN Clinical Director</th>
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<tbody>
<tr>
<td><strong>Education &amp; Children’s Services Pathway</strong></td>
</tr>
<tr>
<td>0.5 WTE Band 8b Pathway Lead</td>
</tr>
<tr>
<td>Headstart – 3.1 WTE Band 7; 0.9 Band 8a</td>
</tr>
<tr>
<td>SEND – 1.3 Band 8a</td>
</tr>
<tr>
<td>Early Help – 2.0 WTE Band 8a</td>
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<tr>
<td>Children’s Services – 0.8 Band 8a</td>
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All clinicians in all pathways are embedded in the settings provided by the host teams and work in these teams, providing both direct and indirect clinical input. The two pathways ensure CAMHS support are embedded into a number of key services in the pathway and each team/service offer is outlined below.

### 4.3.1 EDUCATION & CHILDREN’S SERVICE PATHWAY

**HeadStart Offer** - This is made up of 4.1 WTE Specialist CAMHS Practitioners. These posts provide direct consultation to the boroughs secondary schools in addition to providing consultation, supervision and training to the borough’s HeadStart Service who will also provide a mainstream school link role.

**SEND Offer** - A 1.3 WTE CAMHS link worker supports all specialist education provision. These roles offer input to 4 education settings (Tunmarsh; EKO Pathway; RIET (Reintegration into Education Team) and JFK) each of which will receive at least one day a week of clinician input with RIET receiving 1.5 days.

These roles vary depending on the needs of each setting but CAMHS clinicians can offer staff consultation, training, reflective practice, pupil assessments and contribute to multi-agency planning. Clinicians also conduct as needed, limited pieces of clinical work with pupils and their families. The RIET role carries out similar work but the direct clinical work has a focus on psychotherapy.

The support provided includes: Staff skill development /Training; Reflective practice; Individual/Team Consultations; Case Discussions; Completing assessments; Joint working with staff, young people and their families (e.g. supporting
staff in having challenging and difficult conversations; developing home school behavioural management strategies i.e. improving attendance; Brief Intervention and Parenting groups.

Early Help & Children’s Centres Offer - This offer provides split support with 2.0 WTE CAMHS practitioners embedded in the Early Help Service and offering embedded support to the Families First Universal Teams. The second half has a 1.0 WTE highly specialist CAMHS practitioner offering embedded support to staff in each of the 8 Children’s Centre’s.

This support can include joint working with staff, young people and their families (e.g. developing behavioural management strategies; support around parental mental health; self-care; Brief Intervention (e.g. fussy eating, sleeping problems, family relationship difficulties), mental health screening/advice; parenting groups & multi-family groups. Both clinicians also contribute 2 sessions a week to the Early Help Pool offering group-based support to families and staff. This enables groups/training/workshops to be implemented.

Children’s Services Offer - 0.8 WTE CAMHS practitioner is embedded in the Newham Children’s Services offering support to improve the mental health skills and confidence of social workers through providing consultations, training, promoting systemic thinking and joint working. They also offer brief mental health interventions to children, young people and their families.

Youth Offending Team Offer – A 1.0 WTE CAMHS practitioner embedded in the Youth Offending Service offers consultation to the Youth Justice Workers in the service while also providing a specialist forensic child and adolescent mental health service to young people and their families who have become involved in the Criminal Justice System.

4.3.2 LOOKED AFTER CHILDREN (LAC) PATHWAY

Looked After Children and Fostering Team Offer - 2.1 WTE CAMHS practitioner embedded in the Newham Children’s Services Looked After Children’s Teams and Fostering Team providing individual & team consultations; training; reflective practice and direct evidence-based treatments.

Assistant Psychology Offer – 1.0 FTE Assistant Psychologist to provide specialist support across the pathways including; outcome monitoring processes; supporting the provision of group and individual therapeutic provision; co-designing and co-facilitating training and workshops and specialist administrative roles such as rolling out clinical audit.

4.4 0-5 MENTAL HEALTH

East London Foundation Trust (ELFT) to deliver specialist perinatal mental health services for Newham residents. The service provides specialist support to women with a severe mental health illness during the perinatal period (conception and up to 1 year after birth). The service also provides pre-conception advice for women and acts as a key liaison between regional inpatient Mother and Baby units (MBUs).

Investments into the service in 2021/22 resulted in workforce expansion to ensure the NHS LTP ambition of Perinatal Access Rate could be met. The service offers option to self-refer as well as accepting referrals from other professionals through the newly launched website and online form improving access.

Alongside the Perinatal Mental Health Service, a Maternity Mental Health Service has recently been commissioned across North East London. This includes enhanced psychological support for women experiencing in birth trauma, loss or tokophobia. The service integrates with Barts through increasing specialist midwifery support as well as working with Maternity Mates to offer a peer support service to women experience loss/trauma and extend the treatment beyond the initial 12 weeks period.

The services are linked with the adult Talking Therapies to ensure continued and appropriate care is received when identified and there are future plans to strengthen delivery and support in the network via the termination services and children’s social care to focus on woman who have experiences of multiple losses.
NEWHAM CYP INPATIENT CAPACITY

The pressure on inpatient capacity, both mental health and physical health, has been dramatically impacted by the covid-19 pandemic and continues to present inpatient teams and services with infection control, staff shortages and capacity challenges.

During the summer months of 2021, operational leads from ELFT, Barts Health, LBN and NEL CCG came together to begin regular weekly capacity & demand and risk mitigation planning to ensure the inpatient services in Newham could continue to provide high level care and support to those in need, whether it be physical or mental health related. With the ongoing surge brought on from the RSV virus this became all the more relevant.

The meetings have been successful in bringing together key partners to address issues presenting inpatient services and dismantling barriers to timely discharge. A workshop has been held to further outline key findings and issues from inpatient services, in particular the impact mental health crisis has on the system, and sessions were held to address and work on best practice options which can be implemented in future. Some prominent areas identified were the development of step-down placements social care could offer which had inbuilt CAMHS support, improving inpatient environments and supporting the workforce through training and rotations to upskill staff with how best to manage and support patients presenting in mental health crisis.

YOUTH SAFETY

Keeping our population safe is of vital importance. Newham faces a number of challenges to keep children and young people safe with tackling youth violence and child exploitation as two of the most critical. As outlined in recent strategic needs assessments, Newham has high levels of deprivation and poverty and a ream of other factors impacting on CYP quality of lives such as housing, SEN and education.

CONTEXTUAL SAFEGUARDING

London borough of Newham are working with partners to adopt an initiative to address the high incidence of youth safety concerns in the borough. This program has been live since September 2019.

Contextual safeguarding is a relatively new concept that focuses on risk and harm which typically occurs outside of the family. It encompasses a range of safeguarding vulnerabilities, often linked to criminal activity, or harmful behaviour associated to criminality involving children, young people and vulnerable adults. Risk and harm is interconnected to peer groups, schools, communities.

Contextual safeguarding encompasses:

- Child sexual exploitation (CSE)
- So called honour based violence and abuse
- Organised crime groups
- Going missing from home and care
- Female genital mutilation,
- Gang activity such as county Lines.
- Modern slavery and trafficking
- Radicalisation
- The Contextual Safeguarding Hub will change how we understand and respond to safeguarding risks, with a focus on strengthened relationships and therapeutic interventions. The focus of the Hub will be to work together with other agencies, intensively supporting and protecting the most vulnerable children. The Contextual Safeguarding Hub will build on existing structures to bring together expertise, knowledge and skills to deliver services in a coordinated way. This will include from mental health practitioners. By combining together this will transform Newham’s ability to protect children.
For vulnerable children and young people this will mean there is a wealth of varied experience in one hub, which can prevent as well as react to exploitation. The team will work together to improve the experience of getting support for children and young people that services may previously have overlooked.

Since the inception of the contextual safeguarding approach, partner agencies have improved their collaboration and response to supporting children and young people who are at risk and vulnerable. Partners have been successful in drawing together multiple agencies to review and address safety concerns of children and young people in Newham. Key examples of this working is through safeguarding teams linking with services to ensure alternative provision support is identified for CYP with MH and SEND and further improving infrastructure and system pathways which are logical and take a multi-agency approach.

Safeguarding teams work closely with CAMHS and education and support new initiatives including the bid for the London Vanguard Violence Reduction programme and will provide further integration through the social system and governance of this bid.

### 5.2 YOUTH OFFENDING SERVICE

The youth offending service (YOS) have embedded mental health practitioners in the service and are supported by CAMHS professionals to ensure every young person is screened for mental health and special educational needs. The YOS report into the quarterly Youth Justice Partnership Board which holds oversight over youth justice transformation and delivery and works jointly with a number of partner agencies to support CYP. Alongside partnership and integration in the health system through CAMHS, the YOS work closely with the criminal justice system including police and secure estates where the service will support transition into and out of the sites.

The YOS team provide assessment and screening for CYP providing advice, guidance and support as well as signposting into identified CAMHS services where needed. There is a liaison and diversion clinician who works out in the community, able to identify vulnerable people that have in contact with the criminal justice system and support them to access the appropriate support and advocacy.

### 5.3 LIASION & DIVERSION

Newham successfully recruited a dedicated Liaison and Diversion (L&D) clinician to work within the Youth Offending Service (YOS). The L&D clinician identifies young people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders.

The service can then support people through the early stages of criminal system pathway, refer them for appropriate health or social care support or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required.

L&D services aim to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.

This complements the two CAMHS clinicians that are already embedded in YOS who ensure universal screening and offer group and individual interventions to young people, as well as education and consultations for the team.

### 5.4 TIGER LITE CSA (CHILD SEXUAL ASSAULT)

Barnardo’s TIGER Lite are currently commissioned NEL-wide until 2023 to deliver emotional support for children and young people who have been sexually assaulted, abused or exploited. The service covers all seven boroughs and is key as NEL had the highest CSA reports across London in 2019 with Newham having significantly increased referrals during 2020/21.
The service has received additional investment in 2020 to increase staffing to 3 WTE practitioners and proposals are being created to access additional funding through NHSE bids. Further expansion in 2021 increased staff with a 1.5 WTE practitioner, more capacity in RLH hub through both admin and clinical staff and a social care liaison officer improving the integrated working across NEL.

Following the pandemic outbreak, the service adapted to offer virtual appointments to great success and this is now embedded into the service working. The service has long-term aims to provide a more suitable location and further increase provision linking with child sexual health. Consultation with young people has been commissioned from Barnardo’s TIGER Talks this year which will be used to inform and co-produce the service model.

6 CO PRODUCTION

6.1 EAST LONDON NHF FT PEOPLES PARTICIPATION

ELFT understands the benefits engaging the local patients and population can have in transforming and improving service to enable a more effective healthcare system. To this end, the trust operates a number of participation streams and groups, integrating into the overall governance of the trust. These streams feed into quarterly working together group and the annual people participation committee, both consisting of all user groups’ representation across ELFT and set the coming years priorities. The ELFT trust-wide participation priorities for 2021/22 are:

1. ELFT to support the expansion and development of education and training led by people with lived experience.
2. To increase the number of opportunities for service users and carers to be in full and part time employment/education.
3. Service users and carers to be referred into People Participation at the start of their journey with ELFT.
4. Empowering people digitally – access to technology and the confidence and skills using it. ELFT to develop a truly meaningful digital offer for service users, carers and staff.
5. Co-production in everything we do.
6. Improving our signposting into the voluntary sector and community-based opportunities.
7. The Trust to demonstrate work in improving inequalities including BAME, LGBTQ+ and poverty.
8. Covid-19 challenge – People Participation have been useful in terms of connections with service users and carers, addressing loneliness, physical exercise and connecting people, for example Befriending service. Share learning with teams across the Trust.

6.1.1 CAMHS PEOPLE PARTICIPATION GROUP

One of the participation groups ELFT run is the bi-monthly CAMHS/Children’s Services user group which offers space for children accessing CAMHS service a space to feel empowered and listened to. The participants will co-chair, minute, set agendas for the group and have taken part in a range of activities such as interviewing new clinicians.

Over the past few years the group have led and collaborated on delivering a number of initiatives to improve CAMHS services and address inequality and other concerns felt by the users. One piece of work the group helped to design was the creation of a new ASD/ADHD siblings’ group which was aimed to providing the siblings of patients with ASD/ADHD space to understand the disorders and behaviours to improve family life. The participation group co-produced the outline brief, content information and leaflets and critically reviewed the exercises clinicians would be undertaking with the siblings. The ASD/ADHD group has had multiple successful runs to date.

Following the pandemic, the CAMHS group also delivered some workshops ‘Shaping the Future’ which focused on comparing shared experiences of accessing CAMHS services prior to the pandemic to what it was like presently. The workshops gathered a number of key opinions and feedbacks regarding certain changes to services; changes from face-to-face to online/telephone therapy, reviewing the impact from wearing visors, reception space changes and how group sessions would work. The group took these findings to ELFT who worked with the users to develop a one-way
system, offered larger therapy rooms and are working on resolving issues from digital access e.g. lack of private personal space at home and how therapy sessions could take place outside.

Some more key developments and initiatives that the participation group co-produced are:

- Development of a YouTube channel for the Specialist Children and Young Person’s Service offering practical support through online guidance and information.
- Developed and provided training to CAMHS staff on LGBTQ+ experiences.
- Developed and tested training for inpatient units with the British Institute of Human Rights to ensure content was meaningful and relevant.
- Worked jointly with the Equalities group on ELFT response to the Black Lives Matter movement.
- Working with TFL on suicide prevention awareness activities across tube stations providing details of where to get help.
- Co-producing a Newham CAMHS newsletter.

The CAMHS group have further been involved in system wide improvements including a review of CYP experiences in NEL A&E. A joint review by NCEL provider collaborative and local CAMHS in ELFT/NELFT exploring experiences of communications, culture and other problems patients and parents may face. The identified findings such as the need for a more appropriate space (paediatric A&E being too childish and not suitable for teenagers), a quieter space or offering ear defenders. The outcome of the work was the development of quality standards to help support CYP and parents presenting in crisis which A&E departments will then be quality checked against and supported to make improvements.

6.1.2 BAME LET’S TALK REPORT

In February and March 2021, ELFT held a series of focus groups across Newham, City & Hackney and Tower Hamlets with service users and carers from ‘BAME’ communities with the aim of understanding the lived experience of local residents to accessing and engaging mental health services and to generate ideas for future transformational change.

In Newham between 7 and 10 people attended each session. These sessions included people of Punjabi, Indian, Bangladeshi, Caribbean, African and White European heritage which largely reflect Newham’s local population demographic.

A range of issues were highlighted by service users including:

- Cultural awareness and the misunderstandings that can arise from a staff lack of knowledge to their local communities. A number of solutions included training in cultural competence e.g. unconscious bias and role-reversal/role playing scenarios as well as increasing the diversity in the workforce.
- Accountability and the feeling that concerns raised by service users were not often heard and difficult to address through onerous processes and poor opportunities to feedback views. Improving awareness and knowledge of their rights and advocacy to service users would be beneficial as would offering more chances for feedback through regular forums similar to these focus groups.
- Reducing stigma around mental health and creating and ensuring that links with spirituality and religion were not dismissed.
- Improving awareness and barriers around services. Ensuring information is in different languages and offering different appointment times outside the usual 9-5 which affects BAME communities.
- Offering more community spaces with support, possibly through a hub or service which offers activities and support groups outside the usual hospital setting.

ELFT aim to take forward this learning and identify key people and services which can begin supporting the actions highlighted.
Participation within HeadStart Newham has taken a number of forms and developed numerous initiatives, groups and conferences during the last five years and has been able to develop network of co-production across education, health and social care owing to the leadership and integration work of the organisation and teams.

Some of the key programmes developed and delivered by HeadStart and the children and young people involved in the participation groups include:

- Youth Panel
- HeadStart Champions
- Young Researchers
- Team Social Action
- Mental Health and Wellbeing Youth Assembly
- Embrace to Celebrate Youth Forum

6.2.1 YOUTH PANEL

The HeadStart Youth Panel aims to bring the voices of Young People forward and ensure their views, opinions and experiences are included in discussions, plans and initiatives relating to their wellbeing and lives. The panel is a voluntary opportunity for young people in Newham to create the direction of travel and transformation of services and support in the borough reaching service and commissioning, strategic and policy leads in North East London to empower their peers and raise the profile of their ideas.

The panel developed a number of initiatives including a podcast designed and led by panel members. The podcasts covered a number of topics including transitions back to school after lockdown, diversity and equality and more, inviting professionals and clinicians to take part, answer questions and provide information. The panel have also held a number of drop-in sessions to talk with peers and other young people about mental health and chat about experiences. The panel have collaborated with a number of organisations including schools to develop and improve resources for pupils e.g. redesigning information and resources within education on transitions to and from schools. A number of youth panellists are representing their peers on the HeadStart Board alongside family members and other parents.

6.2.2 HEADSTART CHAMPIONS

The Champions are volunteers who take a lead on improving their schools’ approach to mental health and co-production. Champions are voluntarily pupils who have previously helped raise awareness and promote positive mental health and wellbeing education, knowledge and understanding in their schools with support from the HeadStart co-production practitioner. Champions have co-produced training and input into staff annual progress reviews. The initiative stopped during the covid-19 pandemic but delivered on a number of outcomes including improved peer relationship and connection in the school as well as upskilling the pupils themselves through confidence building, problem solving and communication skills.

6.2.3 YOUNG RESEARCHERS

The Young Researchers project included young people co-facilitating and delivering research projects that were important to them. With support and guidance from trained and qualified researchers from the Queen’s University Belfast, young people in Newham led on the design, fieldwork, analysis, write-up and sharing of findings. Two projects have been completed so far; “Understanding Exam Stress” and “I know this is my home” which looked at using photography and creative writing to highlight and express what it feels like to live as a young person in Newham. These findings have been shared across the system and help to develop resources and delivery of services e.g. new ways of managing exam stress.
A future project looking at how social activism can act as a mental health intervention and how it improves a person’s mental health is underway.

6.2.4 NEWHAM CO-PRODUCTION/PARTICIPATION ALLIANCE

HeadStart hold a monthly co-production alliance meeting to bring partners together to discuss co-production projects and pieces of work, raise awareness of initiatives and events and request input. It is a professional space to share best practice and reflect on recent projects but offers young people an opportunity to take part in a more professional focus business meeting.

6.2.5 TEAM SOCIAL ACTION

Similar to the Youth Panel, this group identified cultural, health and social issues and challenges that CYP in Newham face and developed social action plans to address them. Delivered by HeadStart youth practitioner in school over a number of sessions, this was a group or individual project to develop plans the pupils could take forward either in the community or in the school. The initiative enabled pupils the creativity of design and develop their own plans and projects which they could implement and review, in turn gaining a wide range of new skills and improving awareness of their identified challenges to peers and the community.

6.2.6 MENTAL HEALTH AND WELLBEING YOUTH ASSEMBLY

The assembly is a collaborative project with the Youth Empowerment Service (YES) in Newham Council and aims to bring young people together to co-design the assembly for their peers. The main focus will be the experience of children and young people over the last two years following the covid-19 pandemic and the subsequent impact on their mental health and wellbeing. The assembly would highlight what actions need to be taken to ensure CYP in Newham are supported and their needs are met.

7 SERVICE DEVELOPMENTS

7.1 TRANSFORMING CARE PROGRAMME

Children and young people with a learning disability, autism or both have the right to the same opportunities as anyone else. Transforming care is all about improving health and care services so that more people can live in their community, with the right support and close to home. Transforming Care scope includes maintaining a local dynamic support register (DSR) and hosting Care, Education and treatment Reviews (CETR’s) for identified children, young people and adults in Newham with a learning disability and/or autism, who are at risk of being admitted to a specialist learning disability or mental health inpatient setting, or face a breakdown in their care due to their mental health deterioration.

Potentially relevant risk factors include (but are not exclusive to) a child or young person that:

- Is already in a residential 52 or 38-week placement but providers are raising concern at their ability to be able to meet the individual’s ongoing needs
- Is in a placement which is considered to be unstable or at-risk of breakdown
- Is displaying significant challenging behaviours that school, family or professionals are raising as being of significant concern to the individual’s education placement
- Has previously had a CAMHS tier 4 admission and there remain concerns of future readmission
- Is known to the criminal justice system / Youth Offending Service and there are concerns about mental health / challenging behaviour resulting in risk of continued involvement in the criminal justice system.

There are a number of developments in Newham to help realise this goal:
1. Collaboration between North East London CCG and London Borough of Newham on developing a pathway for complex children and young people requiring additional support and assurance to ensure their needs are met.

2. North East London CCG leading professional multi-agency groups focusing on specific individual at-risk cases to resolve issues and eliminate barriers to their support and access.

3. The Newham 'Complex Needs Panel' acting as the main point of escalation and oversight of at-risk children and access for C(E)TR’s.

4. A dynamic support register that tracks the progress of children and young people in Newham and integrated into the Complex Needs Panel.

5. Investment has been mobilised to improve the early intervention CAMHS offer that will prevent deterioration for many children, young people and their families.

6. The adults and children’s co-ordinators are working collaboratively to identify opportunities for effective transition planning.

7. Close working relationships with Provider Collaborative Leads to quickly mobilise CETR’s and ensure transitions are communicated and implemented effectively.

8. The Newham commissioning team are present on the Transforming Care Partnership Board and steering group within the North East London Integrated Care System.

9. Investment in improving Newham’s wait time for diagnostic assessment and treatment for ASD. This includes children and adults.

10. Commissioning Positive Behaviour Support training for parents as well as commissioning Functional Behaviour Assessments and subsequent Positive Behaviour Support Plans to be implemented on a case-by-case basis for a number of at-risk children and young people.

Progress over the last two years has seen good integration and collaboration across the system in delivering appropriate care to individual at most risk and has allowed for the timely crisis mitigation and barrier resolution from senior leads through the complex needs panel. Through our joint working Newham professionals are able to collectively understand factors impacting upon CYP, whether it be social, familial or health, and work together to avoid crisis. While challenges will arise for the most complex children’s, the good foundation of communication and knowledge of the system and pathways typically allows for smooth transitions and timely resolutions to prevent deterioration and avoid admission.

### 7.2 POSITIVE BEHAVIOUR SUPPORT

Experience and evidence from the Transforming Care programme outlined the benefits that positive behaviour support can give to children and young people with SEND and other behaviours that challenge professionals. Positive Behaviour Support (PBS) is an evidence-based approach that has reduced behaviours leading to social care placements or school exclusions and avoided admissions through empowering parents, carer’s and professionals to use appropriate methods and tools to better support children and improve their quality of life. We know that PBS can contribute to the Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) initiative aimed at reducing the use of antipsychotic medications\(^{18}\).

We want young people to be able to live and study where they want and this should be supported by the workforce across health, social care, education and housing. PBS is recommended by NICE\(^{19}\) as an effective, evidence-based approach.

\(^{18}\)NHS STOMP

\(^{19}\)NICE Guidance NG93- Learning disabilities and behaviour that challenges
In 2020 Newham CCG commissioned the provider I-Support to provide training to parents and families, upskilling them with guidance and strategies on how to manage in difficult situations, preventing escalating behaviour and de-escalation with the end goal of reducing the severity and frequency of incidents and episodes. A number of families have already received this training with positive outcomes.

A NEL wide PBS service was commissioned by North East London CCG in 2021 investing into a key area of support for complex CYP. The service which will undertake functional behaviour assessments with identified CYP and their families and develop full PBS plans ready for implementation.

While the service provides FBA and develops PBS plans it does not implement or train support staff/carer’s/families and this is a much-needed aspect of support which is often overlooked and unable to be delivered by existing social care or health services. A number of spot-purchased training and support is commissioned for complex cases to avoid further breakdown and crisis and future developments targeted to provide more consistent support for such circumstances should be explored.

**Task 3 – Explore the development of a PBS crisis/breakdown avoidance service aimed at providing PBS to families and professionals supporting highly complex children and young people presenting with behaviour that is challenging and empower them with techniques and strategies to manage challenges in future.**

### 7.3 MULTI AGENCY COLLABORATIVE (MAC)

Following the onset of the covid-19 pandemic and lockdowns, capacity in CAMHS services reduced and treatment times were extended. Referrals however did not stop and waiting lists grew and the MAC was established as a new initiative to tackle the growing demand and waiting lists for CAMHS assessments.

The MAC brings together a spectrum of partners including CAMHS (ELFT), HeadStart services including ‘Your Time’, School Health, educational psychology, Youth offending services, early help hubs and more including a range of VCS organisations. Partners developed this new pathway which co-ordinates suitable therapeutic support and interventions as an alternative or additional support to CYP on the CAMHS waiting list. This ensures that CYP who need support but are currently not accessing any services / considered low risk, are offered some intervention that is specifically designed for their needs and interests while they await CAMHS treatment.

The outcome of the MAC typically results in CYP not requiring the CAMHS treatment they were initially referred for due to the alternative provision accessed, however some individuals will remain on the waiting list. Since March 2021 126 CYP have been referred to the MAC with 91% of those cases receiving additional support. The initiative has been successful and plans are in train to further embed the learning and pathway into a new Single Front Door for CYP MH services.

### 7.4 SCHOOLS AND COMMUNITY BASED MENTAL HEALTH OFFER

In Newham there have been a number of schools and community-based initiatives that support good mental health; embedding social prescribing, mentorship programmes, mental health consultations, a whole school approach review to trauma informed work, shared language, digital counselling, holiday activities, family work, co-production and youth champions and the new Mental Health Support Team programme.

Many of these initiatives are made possible through time limited funding and individual purchases, and over time have become unevenly distributed across Newham schools. To ensure better accessibility for all children and young people we will utilise learning from local and national programmes that have driven positive outcomes for pupils of mainstream, alternative and special education. As an example, the Anna Freud Link Programme offered professionals across education and mental health services space to collaboratively highlight and develop solutions against issues to better support CYP MH.
The London Borough of Newham has also seen change in senior leadership which has been driving a review of the Newham educational system, ensuring that transformation and support is no longer school specific but rather system wide. A new Schools Exclusions transformational agenda is in train to better support at-risk children.

7.4.1 MENTAL HEALTH SUPPORT TEAMS (MHST)

Newham submitted a successful expression of interest in 2019/20 to become a trailblazer site for the Mental Health Support Team (MHST) in wave three (September 2020). Future MHST development was carried out as a North East London system approach to ensure those boroughs at most need could access MHST and there was a balanced rollout across NEL.

Newham’s MHST programme was developed as a systemic and collaborative approach with partners across the health system, social care and education. A mapping exercise to review what services are working with individual schools e.g. reviewing CAMHS levels of involvement, acceptance rates etc. is underway alongside future planning to ensure the population need is understood and accordingly planned for.

The teams will be delivered by ELFT through partnership with HeadStart and Place2Be who already benefit from strong links with each other and are experienced at delivering a range of mental health service (complex emotional, behavioural and developmental problems including Eating Disorders services, 1:1 counselling and resilience training) across different settings (Primary & Secondary Schools and Community and inpatient MH services). While MHST is an extended part of CAMHS, the teams are working on joint pathways and assessments and cross-team CPD delivery to bolster integration. This partnership approach to delivering the MHST will strengthen the networks across Newham’s mental health services and integrate referrals into the existing community system.

Newham has developed and trained two teams of Emotional Mental Health Practitioners (EMHP) who aim to bridge the gap between education and health care settings, providing early interventions for CYP with mild-moderate MH issues, focusing on those who are excluded/at risk of exclusion due to a range of influencing factors, absence rates in Newham primary schools is 9.8% compared to the national average of 8.3%. Newham is one of the 20% most deprived boroughs in England and due to experience greater levels of adverse childhood experiences resulting in poor outcomes including higher rates of MH diagnoses\(^\text{20}\), negative school engagement association, exclusion rates three times higher in children experiencing trauma\(^\text{21}\) and disproportionate high risk of exclusion for CYP with SEMH difficulties. Following the outbreak of the covid-19 pandemic a series of consultations with CYP were held by partners. These consultations were hosted virtually through video-conference and the online counselling service Kooth, as well as telephone interviews. The learning gathered has been used and shared with partners across Newham and consensus of the negative impact resulting from the lockdown and pandemics was clearly visible and reported. Some impacts are illustrated below.


As outlined through the pandemic, communication improvements were a key theme as it had become overwhelming for the public and CYP and so a single point of communication through MHST’s had been developed in response. In line with government guidelines, a number of services also adapted to deliver services virtually as an alternative to face-to-face interventions, while offering in-person interventions where appropriate.

The core staffing of the Newham MHST’s will consist of clear line management structure from Band 5 MHST Trainees, Band 6 Supervisor/practitioners, Band 7 Supervisors and a Band 8a Clinical lead. While the structure promotes progression, ELFT and partners are also experienced at developing staff teams and building cross-system supervisions and the new EMHP roles will integrate into this wider workforce development enabling access to wider opportunities and career progression. Retention is key to ensuring an effective and committed staffing team and offering access to development programmes and further qualifications e.g. Post-Grad Diploma in CYP IAPT therapy is available while also ensuring appropriate backfill cover for continued service delivery. The MHST will also offer local residents in Newham career’s and integrating current programmes such as the youth empowerment, young health champions and social prescribing will create branching network of career progressions in CYP in Newham, across a range of partner providers. As the MHST programme expands across North East London, Newham aims to secure an additional two teams by 2023/24 offering early mental health support to approximately 45% of schools in the borough.

While being a relatively new programme in Newham being brought online during the covid-19 pandemic, the MHST’s have adapted to be able to deliver support. The teams have been attending schools in accordance with government guidance e.g. testing twice a week and only visiting one site per day to minimise transmission risks. A universal all schools offer was also created to run alongside to ensure that any school would liaise and discuss CYP avoiding any delays brought on from restrictions.

**Task 4 – For the Mental Health Support Teams in Newham to further develop and collaborate closely with HeadStart over the next year to ensure gaps in provision are identified and can be addressed.**

### 7.5 LOOKED AFTER CHILDREN (LAC) & CARE LEAVERS

Looked after children and care leavers often face a number of adverse experiences, with 62% having experienced abuse and neglect. These experiences can result in trauma, lead to poorer outcomes and increased chances of mental illness. 40% compared to 12.8% for non-looked after children.

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22. Department of Education - Improved Mental Health support for children in care 2018

23. Children looked after in England (including adoption), year ending 31 March 2017: additional table
In 2020, Newham CCG developed new roles to help address support gaps for care leavers and LAC. A specific mental health care leaver and emotional wellbeing nurses were developed following a series of co-production sessions with clinicians and residents who had themselves been care leavers. These individuals sat on the recruitment panels and the roles have received positive feedback from service users regarding the role’s impact on their health and the support they received.

7.6 DIGITAL OFFER

NEL ICS is committed to meeting the 2024 target that all mental health providers will be ‘fully digitised’ with the NEL Chief Information Office and Chief Clinical Information Officer leading the NEL ICS digital strategy. The NEL Information Steering Group has oversight of all digital transformation work within NEL including mental health services and has representation from ELFT with the NEL ICS CYP Mental Health delivery Group overseeing CYP digital programmes including monitoring the effectiveness of digital services and patient experience.

The East London Patient Record (ELPR) allows all mental health providers to see the key elements of the patient’s record, care plans and diagnoses. The ‘Patients Knows Best’ platform is being explored for use of digital care planning approaches for CAMHS services. Current CYP mental health referral pathways are fully integrated, including the digital services below and patients have a choice of how they wish to access services.

7.6.1 KOOTH

As part of Newham’s digital offer the online counselling service ‘Kooth’ has been commissioned by HeadStart since 2018. In 2021, North East London CCG further commissioned Kooth to continue delivering their digital mental health services across the ICS until November 2023.

Kooth is a digital mental health support service. It gives children and young people easy access to an online community of peers and a team of experienced counsellors. Children and young people can interact through moderated forums and group chats, access one off support via virtual drop in and be allocated to a named counsellor as required. Kooth also provides a number of online resources regarding CYP MH users can access themselves.

As part of the new service under NEL CCG, Kooth is accessible to all 11-18 year olds in Newham and counsellors are aware of local pathways in case support is required to seek specialist help. Access is anonymous and accessible via a mobile device.

In 2020/21:

- There were 812 users, 781 of which were new registrations
- 674 or 83% identify as Black, Asian and Minority Ethnicities (BAME)
- 85% of logins had already registered so were repeat users

Since 2018, Kooth has been accessed by thousands of children and young people Newham, of which a high proportion of them were female and identified as BAME. The BAME representation is an important factor to note as BAME young people are often underrepresented in traditional mental health services, especially the engagement of Bangladeshi young people as they are a large proportion of the community within Newham.

The effectiveness of Kooth can be seen through the rate of returning users and age group utilisation – in 2018/19 Kooth was utilised most by 11-year olds whereas in 2020/21 14 years old were most utilising the service clearly showing a continued trend of utilisation within that year group.

Gender and ethnicity are broken down in the tables below:
Number of new registrations each month and the type of activity is detailed in the tables below.

Kooth measure their impact using user driven outcomes, they have adapted Goal Based Outcomes (GBO) with University of Manchester to create Counselling Goals System (CoGS). A change of three points on the ten-point scale is considered significant, the average change for Kooth users is 5.45 points. The goals have been categorised into themes below.
Task 5 – To expand Kooth to all schools and colleges collaboratively with the health and social care partners within Newham ensuring all children aged 11-18 years are aware have access to the service.

7.6.2 HEALIOS

Healios was commissioned by ELFT across Newham, Tower Hamlets and City & Hackney to provide a virtual specialist therapy and support alternative to face-to-face and office based intervention. Healios complements the existing range of specialist CYP MH services and further improves accessibility and choice through packages of prevention, early intervention, recovery and resilience.

The service operates outside of office hours as a result from feedback from local CYP and families that typical CAMHS appointments are inconvenient. Further improving accessibility, the digital platform allows the child/young person, the parents and therapist to connect with each other while all being in different locations.

In 2021, Healios has so far seen 52 children and young people and delivered over 240 CBT sessions with the majority of user being female – 80% - and from a BAME background – 92% of respondents. Feedback from users is positive with 75% of respondents recommending the service to others.

7.7 REVIEW OF KEY PERFORMANCE INDICATORS (KPIs)

With the healthcare system in North East London coming together under NEL ICS the opportunity to further improve efficiencies and create further joint approaches can be sought. By reviewing and updating the current performance reporting, data can become more consistent across the ICS/ICP’s/trust footprint and less onerous.

In Newham, this relates to ELFT’s activity and the move to more outcomes focused reporting and agreement across the ELFT boroughs – Tower Hamlets, City & Hackney and Newham. The new set of KPIs proposed will provide insight into how the service provides for children and young and how the impact of delivery is measured. The main shift for providers is to think further about the effect of an intervention This data allows us to review what is effective and what may need developing to function more effectively.
In the future we plan to further develop personalised care planning within services and will adopt Goal Based Outcomes (GBO). These plans will encourage more participation and autonomy for the child or young person and their families as well as better evidencing impact on an individual basis.

### 7.8 CHILDREN’S AND YOUNG PEOPLE SOCIAL PRESCRIBING

Across North East London, boroughs are developing plans for CYP social prescribing as an identified emerging need. Three boroughs in NEL already have established social prescribing services which has evidenced the benefits to the health system and patients by offering alternate support and routes to local sources of support in their community. NEL ICS awarded funding to boroughs in NEL to develop CYP social prescribing work in October 2020 and plans are reported to the monthly Babies, Children and Young People Social Prescribing working group.

Newham Public Health led the design and management of the CYP social prescribing pathway and model which was designed in partnership with Newham Council, NEL CCG, ELFT, VCS organisations, Primary Care and young people through the HeadStart Youth Health Champions programmes.

The model focuses on an online portal enabling CYP to search for support they feel is best suited to them with advice and guidance systems offering telephone and text assistance by link-workers on further signposting. The model aims to connect and engage CYP, with support, into community activities, that they are interested in and that are likely to have a positive impact on their mood, skills, health and wellbeing.

This model transformed the initial social prescribing model into a holistic mental health support pathway and with business case approval has been used as the footprint to the new Single Front Door initiative bringing together social prescribing, the Multi-agency collaborative (MAC), Your Time and more.

### 8 IN 2022/23 WE WILL

As the North East London healthcare system transforms into a fully-fledged Integrated Care System further integration, investment and transformation opportunities across services will be identified. Collaboration and partnership working will continue to be strengthened and the understanding of local needs will improve resulting in the ambitions of the NHS Long Term Plan being addressed.

The proposed areas for additional focus and investment for 2022/23 include:

1. Children and young people’s mental health crisis including intensive home treatment option
2. Children and Young People’s transitions and 18-25 provision
3. Single Point of Access/Front Door
4. Intensive Support Offer for CYP with ASD/LD

There will continue to be work to ensure the additional investments in 2022/23 realise their potential to improve the accessibility and experience for children and young people. As well as ensuring that Newham are continuing to achieve against the targets expected nationally.

### 8.1 AREAS OF CCG INVESTMENT

Planning has begun to identify local need and potential gaps in provision while ensuring ambitions from the NHS Long Term Plan are met e.g. Crisis and Eating Disorders. Engagement across the North East London Integrated Care System to develop coordinated investment across the system and ensure our key providers are involved.

The major focus for investment in 22/23 will be around further expanding the crisis services in North East London and improving access. Following the additional investment in 21/22 granted through the spending review, 22/23 investment was brought forward and this will need continued funding allocated to ensure progress is not lost. Further priorities and opportunities will be identified and prioritised as they become known.
Task 6 – Newham health and social care system to continue to invest into CAMHS and alternative support services and initiatives to improve and increase access for CYP to mental health services.

8.2 SINGLE FRONT DOOR

A new proposal to scope and develop a single front door and helpline that can be accessed by all CYP, their families and carer’s in Newham is underway. The proposal aims to bring together successful initiatives developed during the covid-19 pandemic by partners into a single access point and improve current pathways in Newham for CYP MH services. The single front door will sit within a new CYP Mental Health & Wellbeing Partnership Hub.

These initiatives include the Multi-agency collaborative (MAC), Your Time and the CYP Social Prescribing Model and will be bolstered and developed in partnership utilising system learning from CAMHS, Public Health, HeadStart and other organisations.

The single front door will aim to provide advice, guidance and assessment and will serve as the primary route for all CYP in Newham into accessing and receiving a whole range of tailored mental health support. The service will be able to link patients and families to guided self-help and peer support; to refer to activities aimed at providing good mental health as well as referring into CAMHS interventions and tier 4 services.

Image: Proposed model of the Single Front Door

Similar to the Crisis line, the Single Front Door will provide one telephone number and email address to access all non-crisis CYP mental health services from a range of partners. Triage screening and assessments will be provided by a multi-disciplinary team who will match CYP needs to the appropriate type of care and service provided by partners who can deliver treatment and support required. A CYP mental health directory will also be on offer for CYP to search for local services within their area and guided support will be provided through a chat system.

A project plan outlines the development of the single front door and hub with expected operations to commence in May 2022.

Task 7 – The Single Front Door Project will develop a sustainable model of access to CYP MH services through a single point which is integrated into the existing system and pathways.

8.3 CYP INTENSIVE SUPPORT PATHWAY
Improvements in communication, integration and partnership working has allowed Newham health and social care to respond quickly to challenges and arising crises for children and young people in the transforming care cohort. While the Dynamic Support Register and monitoring of case through partnership panels has proven successful in ensuring case oversight and escalation is timely, the root cause of such breakdown and admission remains a challenge.

The ambition to create a new pathway that would focus on and provide intensive support to CYP and their families aims to further decrease hospital admission and community placement breakdown. The pathway model will deliver behavioural support through evidenced Positive Behaviour Support (PBS) techniques and strategies while also providing mental health support from CAMHS clinicians and provide link-in with local VCS and social care partners to ensure community discharges and plans can be delivered effectively in line with the individual’s needs.

The pathway development will draw on local partners and national programmes who have developed similar pathways designed to tackle these identified issues. Development will be a collaborative approach across Newham health and social care system.

### 8.4 CYP HOME TREATMENT

As detailed in the NHS Long Term Plan, by 2023/24 there will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions.

The North East London ICS contains two CYP crisis providers; ELFT and NELFT, operating a CYP crisis service that offers assessment and follow up. From its inception in 2018/19, the CYP Crisis service has continued to develop and expand and the service currently operates a 24/7 model since July 2021.

**Task 8 – Continue the strategic development and investment of CAMHS crisis services in North East London.**

### 8.5 18-25 TRANSFORMATION PROJECT

East London is enriched by its young residents, who represent a sizeable proportion of our population, but who historically face a cliff edge when they turn eighteen in terms of mental health services. Adult IAPT services have helped bridge that gap and improving access to mental health support that young adults can self-refer to. In 2021, a transition workshop was held to map the current services and identify any gaps in provision in Newham with the future objectives to improve and address those gaps in provision.

One of the priorities on the NHS long Term Plan is to improve mental health outcomes for those aged 18 – 25. To address this; ELFT, Primary Care, Social Care and VCS partners across Newham, City & Hackney and Tower Hamlets are delivering a transformation programme of re-designing community mental health through the Primary Care Networks (PCNs). The aim is to deliver support to residents closer to home and to reduce the stigma and prevent bouncing between services. Integration with schools and the MHST will be critical to enable those young adults who may not meet certain CAMHS threshold criteria can be proactively referred to PCN teams and supported at the age of 18.

One area of this programme is the Young Adults 18-25 Community Connector project which enables a ‘Community Connector’ to develop a distinct offer for CYP within the PCN setting and enhance understanding of current gaps. The role will provide bridging support for low-risk patients transitioning from CAMHS services into adult IAPT services and help navigate through the adult mental health system. Working as part of an MDT across services the connectors will aim to improve the experience of CYP and adults and provide a seamless transition. Alongside the above, Young Adult Peer Support Workers will also be recruited to further support young people and their transitions. These positions create an effective career path for young adults in Newham wishing to pursue careers in mental health and utilise their local knowledge and lived experience to improve and transform Newham.

**Task 9 – Further develop the 18-25 PCN young adult offer to improve outcomes for young people and transitions from CYP mental health services to adults.**
8.6 LONDON VIOLENCE REDUCTION VANGUARD BID

In 2021 North East London CCG submitted a bid to provide a new service - The London Vanguard Community Multi Systems Violence Reduction Programme' in 2021. If successful, this service will be established in Waltham Forest and Newham with the key aims of delivering trauma informed and culturally aware community support to CYP with complex needs and familial and social networks.

In Newham, the service will integrate into the existing all-age exploitation steering group. It would be led by the London Borough of Newham who will sub-contract clinicians and caseworkers across the NHS, local authority and VCS including psychology, family therapy, SALT, Psychiatry, OT, peer outreach and case workers providing a multi-agency team which can feed cases through specialist CAMHS, community mental health teams and other community teams.

If successful the programme will run for three years until September 2024 with funding of ~£3.26 million across NEL and provide key information and evaluation of the programme to determine continuation and possible further establishment and development of programmes across NEL.

Task 10 – Implement the new violence reduction services upon successful bid outcome and integrate the services into existing pathways to ensure robust offer to CYP at risk.

9 ACTION PLAN FOR 2022/23

Task 1 - Review and analyse the data and findings within these assessments to extrapolate key vulnerabilities and inequalities specific to Newham residents and draw a plan to address them within system and local partners. ...................................................................................................................................................................................... 14

Task 2 - To review the impact and learning of the Newham HeadStart programme and explore proposals for sustaining specific services through integration and embedding into alternative settings across Newham. ..... 23

Task 3 – Explore the development of a PBS crisis/breakdown avoidance service aimed at providing PBS to families and professionals supporting highly complex children and young people presenting with behaviour that is challenging and empower them with techniques and strategies to manage challenges in future. .......... 34

Task 4 – For the Mental Health Support Teams in Newham to further develop and collaborate closely with HeadStart over the next year to ensure gaps in provision are identified and can be addressed. ......................... 36

Task 5 – To expand Kooth to all schools and colleges collaboratively with the health and social care partners within Newham ensuring all children aged 11-18 years are aware have access to the service. ................. 39

Task 6 – Newham health and social care system to continue to invest into CAMHS and alternative support services and initiatives to improve and increase access for CYP to mental health services. ................................. 41

Task 7 – The Single Front Door Project will develop a sustainable model of access to CYP MH services through a single point which is integrated into the existing system and pathways. ................................................. 41

Task 8 – Continue the strategic development and investment of CAMHS crisis services in North East London........................................................................................................................................................................... 42

Task 9 – Further develop the 18-25 PCN young adult offer to improve outcomes for young people and transitions from CYP mental health services to adults........................................................................................................................................... 42

Task 10 – Implement the new violence reduction services upon successful bid outcome and integrate the services into existing pathways to ensure robust offer to CYP at risk. ................................................................. 43
In 2021, a multi-agency workshop came together to map the Mental health and wellbeing services available for CYP and young adults and identified any gaps when it came to CYP transitioning into adult services. The below outlines the service gaps and offers.
10.2 FINANCES

The CCG mental health investment is made up of a number of funding streams with the majority of funding stemming from the Mental Health Investment Standard (MHIS) which increases each year as a percentage of the whole CCG baseline allocated from NHS England. Supplementary funding from the Service Development Fund (SDF) also provides a large funding stream. Additional investment can be allocated through Winter Pressure funding and Spending Review (SR) finances in situational circumstances. Certain services are jointly funded across NELCCG and in Newham there are often joint funding arrangements for certain services/teams with partners, primarily the London Borough of Newham.

Table 1. Funding streams from NHSE allocated to certain programmes.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Future in Mind Mental Health Services</td>
<td>£391,000</td>
<td>£391,000</td>
<td>£391,000</td>
<td>£391,000</td>
<td>£391,000</td>
<td>£391,000</td>
<td>£560,500</td>
</tr>
<tr>
<td>Future in Mind Eating Disorders</td>
<td>£176,000</td>
<td>£176,000</td>
<td>£176,000</td>
<td>£176,000</td>
<td>£176,000</td>
<td>£176,000</td>
<td>£100,000</td>
</tr>
<tr>
<td>CYP IAPT</td>
<td>£12,000</td>
<td>£12,000</td>
<td>£12,500</td>
<td>£8,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis</td>
<td></td>
<td>£128,333</td>
<td>£128,333</td>
<td></td>
<td></td>
<td></td>
<td>£175,000</td>
</tr>
<tr>
<td>Liaison &amp; Diversion</td>
<td></td>
<td></td>
<td></td>
<td>£86,000</td>
<td>£86,000</td>
<td>£86,000</td>
<td>£87,000</td>
</tr>
<tr>
<td>Mental Health in Schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£635,348</td>
</tr>
</tbody>
</table>

Table 2. Total cumulative funding across organisations into CYP MH services.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG Investment</td>
<td>£2,330,771</td>
<td>£2,744,371</td>
<td>£3,898,499</td>
<td>£4,406,000</td>
<td>£5,105,700</td>
<td>£5,530,700</td>
<td>£7,782,548</td>
</tr>
<tr>
<td>Local Authority Investment</td>
<td>£1,378,746</td>
<td>£1,649,000</td>
<td>£1,527,000</td>
<td>£1,527,000</td>
<td>£1,355,203</td>
<td>£916,168</td>
<td>£807,713</td>
</tr>
<tr>
<td>National Lottery - Community Fund</td>
<td>£2,000,000</td>
<td>£2,000,000</td>
<td>£2,000,000</td>
<td>£2,000,000</td>
<td>£2,000,000</td>
<td>£2,000,000</td>
<td>£2,000,000</td>
</tr>
<tr>
<td>Total Newham</td>
<td>£3,709,517</td>
<td>£6,393,371</td>
<td>£7,425,499</td>
<td>£7,933,000</td>
<td>£8,460,903</td>
<td>£8,446,868</td>
<td>£8,590,261</td>
</tr>
</tbody>
</table>

Table 3. Total cumulative funding from Newham CCG/NEL CCG – Newham into ELFT as the local MH provider for adults and children’s MH services.

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Newham Investment into Local mental health provider (ELFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>£43,947,000</td>
</tr>
<tr>
<td>2017/18</td>
<td>£44,493,000</td>
</tr>
<tr>
<td>2018/19</td>
<td>£44,554,000</td>
</tr>
<tr>
<td>2019/20</td>
<td>£51,541,000</td>
</tr>
<tr>
<td>2020/21</td>
<td>£54,082,000</td>
</tr>
<tr>
<td>2021/22</td>
<td>£59,648,000</td>
</tr>
</tbody>
</table>

Table 4. Additional investment into specific programmes/services.
10.3 ACTIVITY AND REACH DATA

10.3.1 NEWHAM CAMHS

The increased national demand for specialist mental health services is reflected locally, since 2017/18 the number of referrals received has increased by 16% and the number accepted for treatment by 23% (illustrated by the dotted line in the chart below). We have accommodated this increasing need by working differently to reach more children and young people alongside review of the workforce capacity and staffing skill mix.

Number of referrals received and accepted for Newham CAMHS

<table>
<thead>
<tr>
<th>Additional Newham Investment</th>
<th>2019/20</th>
<th>2020/21</th>
<th>2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>HeadStart</td>
<td>£75,000</td>
<td>£75,000</td>
<td></td>
</tr>
<tr>
<td>Community Eating</td>
<td>£65,000</td>
<td>£109,000</td>
<td></td>
</tr>
<tr>
<td>CYP Crisis</td>
<td>£65,000</td>
<td>£125,000</td>
<td>£400,000</td>
</tr>
<tr>
<td>ADHD Pathway</td>
<td>£10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELFT CAMHS</td>
<td>£484,700</td>
<td>£90,000</td>
<td>£185,000</td>
</tr>
<tr>
<td>ELFT ASD Pathways</td>
<td></td>
<td>£225,000</td>
<td>£411,000</td>
</tr>
</tbody>
</table>

10.3.2 DEMAND AND CAPACITY

As there are a number of new initiatives in Newham that are focused on working differently with children and young people it will be important to understand the impact on the rest of the system. Between different new service...
developments and new ways of working we hope to see positive impacts on accessibility and wait times. To be able formally review our position North East London (STP) have applied for a wait time bid which includes support to review our services utilising the Strategic Dynamic Modelling Tool (SDMT). Newham has been represented at the SDMT working group to improve the software’s usability, to enable providers and commissioners to utilise the software for planning service requirements, and being better able to predict case load and waiting times.

10.4 ACCESS AND WAITING TIMES

In Newham, it is estimated that approximately 8,832 children and young people have a mental health need that requires intervention (based on ONS estimates of 10.1% prevalence rate, fixed on the 2014/15 CYP population). Despite the impact of the covid-19 pandemic upon healthcare and education services, by the end of the 2020/21 reporting year, local Newham CAMHS and other MH services provided treatment to 2,490 children and young people. Many of the remaining children and young people will be receiving support in education settings, primary care and community setting. While this figure correlates to a 28.1% access rate of the CYP population getting the mental health services they require, it was below the target rate of 35%. Newham is set to recover in 2021/22 with the month three access rate already achieving 16% with further capacity increases planned throughout the year. Monitoring of access, waiting times for CAMHS services, eating disorders and many other service functions are routinely discussed in monthly and quarterly meetings with providers including ELFT to ensure targets are on track throughout the year.

10.4.1 NEWHAM CAMHS ACCESS FIGURES

The below table and graph track the progress of the CYP MH access rate figures for the months of 2020/21 financial year.

<table>
<thead>
<tr>
<th>2020/21 Published data</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>LONDON BOROUGH OF NEWHAM COUNCIL</td>
<td>10</td>
<td>15</td>
<td>0</td>
<td>75</td>
<td>405</td>
</tr>
<tr>
<td>EAST LONDON NHS FOUNDATION TRUST</td>
<td>110</td>
<td>110</td>
<td>105</td>
<td>120</td>
<td>1930</td>
</tr>
<tr>
<td>NORTH EAST LONDON NHS FOUNDATION TRUST</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>Other Providers</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>XENZONE (kooth)</td>
<td>0</td>
<td>10</td>
<td>5</td>
<td>10</td>
<td>80</td>
</tr>
<tr>
<td>Total CYP</td>
<td>125</td>
<td>140</td>
<td>110</td>
<td>220</td>
<td>2490</td>
</tr>
<tr>
<td>Cumulative total CYP</td>
<td>2020</td>
<td>2160</td>
<td>2270</td>
<td>2490</td>
<td>2490</td>
</tr>
<tr>
<td>Cumulative % of 8,832</td>
<td>22.87%</td>
<td>24.46%</td>
<td>25.70%</td>
<td>28.19%</td>
<td>28.19%</td>
</tr>
</tbody>
</table>

![Graph of CYP MH access rate figures for months of 2020/21 financial year.](image)
The tables below illustrate the time from referral to second face to face contact i.e. treatment (RTT). Since the beginning of the covid-19 pandemic referrals have increased creating larger waiting lists and, with restrictions and lockdowns reducing service capacity, longer wait times.

<table>
<thead>
<tr>
<th>Mental Health Services Data Set</th>
<th>Q1 2020-2</th>
<th>Q2 2020-2</th>
<th>Q3 2020-2</th>
<th>Q4 2020-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total referrals started treatment (2nd face to face contact)</td>
<td>204</td>
<td>149</td>
<td>185</td>
<td>187</td>
</tr>
<tr>
<td>Number of CYP waiting for treatment under 4 weeks</td>
<td>32</td>
<td>57</td>
<td>62</td>
<td>44</td>
</tr>
<tr>
<td>% waiting for under 4 weeks</td>
<td>16%</td>
<td>38%</td>
<td>34%</td>
<td>24%</td>
</tr>
<tr>
<td>Number of CYP waiting for treatment for 5 - 6 weeks</td>
<td>16</td>
<td>13</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>% waiting for 5 - 6 weeks</td>
<td>8%</td>
<td>9%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Number of CYP waiting for treatment for 7 - 8 weeks</td>
<td>16</td>
<td>9</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>% waiting for 7 - 8 weeks</td>
<td>8%</td>
<td>6%</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Number of CYP waiting for treatment for 9 - 10 weeks</td>
<td>19</td>
<td>13</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>% waiting for 9 - 10 weeks</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Number of CYP waiting for treatment for 11 weeks</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>% waiting for 11 weeks</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Number of CYP waiting for treatment for more than 12 weeks</td>
<td>114</td>
<td>53</td>
<td>62</td>
<td>87</td>
</tr>
<tr>
<td>% waiting more than 12 weeks</td>
<td>56%</td>
<td>36%</td>
<td>34%</td>
<td>47%</td>
</tr>
<tr>
<td>Average waiting time from referral to treatment (weeks)</td>
<td>13.2</td>
<td>12.0</td>
<td>10.3</td>
<td>13</td>
</tr>
<tr>
<td>Median waiting time from referral to treatment (weeks)</td>
<td>12.5</td>
<td>8.0</td>
<td>8.0</td>
<td>11</td>
</tr>
<tr>
<td>Longest waiting time from referral to treatment (weeks)</td>
<td>63.0</td>
<td>84.0</td>
<td>57.6</td>
<td>120</td>
</tr>
</tbody>
</table>

10.4.2 EAST LONDON COMMUNITY EATING DISORDER SERVICE

The table below shows the number of referrals received in Newham for 2020/21 and Q1 2021/22. It breaks the referrals down into emergency, urgent and routine and the compliance to the access and wait time standard.
### Newham CEDS 2020-2022

#### The proportion of referrals deemed to be emergency at screening have an in person assessment within 24 hours of the clock starting.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>2020/21</th>
<th>2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted for F2F assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment completed within target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% completed within target</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Received              | 0 | 0 | 0 | 0 | 0
| Accepted for F2F assessment | 0 | 0 | 0 | 0 | 0
| Assessment completed within target | 0 | 0 | 0 | 0 | 0
| % completed within target | 0% | 0% | 0% | 0% | 100%

#### The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>2020/21</th>
<th>2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted for F2F assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment completed within target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% completed within target</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Received              | 0 | 0 | 0 | 0 | 0
| Accepted for F2F assessment | 0 | 0 | 0 | 0 | 0
| Assessment completed within target | 0 | 0 | 0 | 0 | 0
| % completed within target | 0% | 0% | 100% | 0% | 100%

#### Referrals confirmed as routine are assessed for treatment within 15 days from the clock starting.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>2020/21</th>
<th>2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted for F2F assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment completed within target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% completed within target</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Received              | 6 | 12 | 14 | 12 | 44
| Accepted for F2F assessment | 6 | 12 | 8 | 7 | 33
| Assessment completed within target | 6 | 12 | 6 | 3 | 27
| % completed within target | 100% | 100% | 75% | 43% | 82%

#### The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>2020/21</th>
<th>2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted for treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment completed within target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% completed within target</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Received              | 10 | 10 | 10 | 10 | 10
| Accepted for treatment | 6 | 6 | 6 | 6 | 6
| Treatment completed within target | 2 | 2 | 2 | 2 | 2
| % completed within target | 25% | 25% | 25% | 25% | 25%

#### Child/young people attend first appointment for assessment (Patient Count)

<table>
<thead>
<tr>
<th>Assessment Appointment Offered</th>
<th>2020/21</th>
<th>2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>% completed within target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment Appointment Offered</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>First Appointment DNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Appointment DNA in %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% completed within target</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Assessment Appointment Offered  | 10 | 13 | 10 | 12 | 45
| First Appointment DNA            | 1 | 1 | 1 | 1 | 4
| First Appointment DNA in %      | 10% | 8% | 10% | 8% | 9%

The two tables below show the STP position against the waiting time standard over the last two years, the table highlights that Newham have achieved the target in 2019/20 and since the numbers have been minimal and thus have not met the threshold for reporting by NHS Digital to avoid patient identification.
10.5 OUTCOMES

10.5.1 NEWHAM CAMHS QUALITY INDICATORS

The table below shows the proportion of CYP who show statistical change utilising two outcomes measures, before and after their intervention. During the pandemic, CAMHS services continued to provide good quality care to service users and families with nearly every individual accessing the service either recommending the service or being happy with the care they received.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking and Dagenham</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>95.0%</td>
</tr>
<tr>
<td>Havering</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>%</td>
<td>56.7%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>95.0%</td>
</tr>
<tr>
<td>Newham</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>93.3%</td>
<td>94.7%</td>
<td>94.1%</td>
<td>90.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>Tower Hamlets</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>City &amp; Hackney</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>95.0%</td>
</tr>
</tbody>
</table>

10.6 WORKFORCE

The tables below show ELFT’s Mental Health workforce and is broken down across both the directorate teams and staff groups and further outlines the planned expansion forecast for 2021/22.

<table>
<thead>
<tr>
<th>ELFT staffing categories</th>
<th>Baseline</th>
<th>Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Post</td>
<td>Est</td>
</tr>
</tbody>
</table>

50
<table>
<thead>
<tr>
<th>ELFT staffing groups</th>
<th>Baseline</th>
<th>Forecast</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Post</td>
<td>Est</td>
<td>Planned establishment (WTE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Y/E – 31/02/21</td>
<td>Y/E - 31/02/21</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
</tr>
<tr>
<td>Psychiatrist – consultant</td>
<td>104.23</td>
<td>109.87</td>
<td>109.87</td>
<td>112.87</td>
<td>112.87</td>
<td>112.87</td>
</tr>
<tr>
<td>Psychiatrist - non consultant</td>
<td>122.39</td>
<td>139</td>
<td>139</td>
<td>141.2</td>
<td>141.2</td>
<td>141.2</td>
</tr>
<tr>
<td>Nursing</td>
<td>622.81</td>
<td>669.91</td>
<td>680.91</td>
<td>747.31</td>
<td>747.31</td>
<td>747.31</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>2.7</td>
<td>1.6</td>
<td>1.6</td>
<td>2.6</td>
<td>2.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Psychologist</td>
<td>193.63</td>
<td>229.05</td>
<td>230.45</td>
<td>237.45</td>
<td>237.45</td>
<td>235.45</td>
</tr>
<tr>
<td>Psychotherapists and psychological professionals</td>
<td>141.84</td>
<td>137.59</td>
<td>137.59</td>
<td>139.09</td>
<td>139.09</td>
<td>139.09</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>77.55</td>
<td>79.11</td>
<td>79.11</td>
<td>82.11</td>
<td>82.11</td>
<td>82.11</td>
</tr>
<tr>
<td>Other therapists \ other STT</td>
<td>54.42</td>
<td>62.18</td>
<td>65.18</td>
<td>77.88</td>
<td>77.88</td>
<td>75.88</td>
</tr>
<tr>
<td>Paramedics</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Support to clinical staff</td>
<td>329.59</td>
<td>324.96</td>
<td>326.96</td>
<td>326.96</td>
<td>326.96</td>
<td>326.96</td>
</tr>
<tr>
<td>Physicians Associates</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Admin</td>
<td>269.41</td>
<td>316.54</td>
<td>317.54</td>
<td>320.44</td>
<td>320.44</td>
<td>320.44</td>
</tr>
<tr>
<td>Peer support worker</td>
<td>7.2</td>
<td>2.07</td>
<td>3.07</td>
<td>4.87</td>
<td>4.87</td>
<td>4.87</td>
</tr>
<tr>
<td>Social worker</td>
<td>47.75</td>
<td>39.7</td>
<td>39.7</td>
<td>41.7</td>
<td>41.7</td>
<td>41.7</td>
</tr>
</tbody>
</table>
10.6.1 EAST LONDON COMMUNITY EATING DISORDERS SERVICE (CEDS) WORKFORCE

The CEDS workforce include a mix of disciplinary clinical staff from senior consultants and speciality doctors, psychologists and therapists to dieticians and support staff. The table below outlines the mix of WTE and the growth of the service from 2020 through to the expected workforce of the CEDS by the end of 2022.

![Table: CEDS Baseline Workforce 2020/21]

<table>
<thead>
<tr>
<th>Role/Banding</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>0.9</td>
</tr>
<tr>
<td>Special Paediatric Dr</td>
<td>0.2</td>
</tr>
<tr>
<td>Clinical Psychologist 8b</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Psychologist 8a</td>
<td>1.2</td>
</tr>
<tr>
<td>Practitioner/ Nurse Band 7</td>
<td>4</td>
</tr>
<tr>
<td>Assistant psychologist Band 5</td>
<td>0.7</td>
</tr>
<tr>
<td>Administrator Band 4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total WTE</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

![Table: CEDS Workforce Expansion Plans]

<table>
<thead>
<tr>
<th>Year</th>
<th>Role/Banding</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020/21</td>
<td>Clinical Psychologist Band 8a</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>Practitioner Band 7</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Assistant Psychologist Band 5</td>
<td>0.3</td>
</tr>
<tr>
<td></td>
<td><strong>Total WTE increase</strong></td>
<td><strong>1.4</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Role/Banding</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021/22</td>
<td>Consultant</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>Consultant</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td><strong>Total WTE increase</strong></td>
<td><strong>2.6</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Role/Banding</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022/23</td>
<td>Consultant</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>Special Paediatric Dr</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>Clinical Psychologist 8b</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Clinical Psychologist 8b</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>Clinical Psychologist 8a</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>Practitioner/ Nurse Band 7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Assistant psychologist Band 5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Administrator Band 4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total WTE</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

10.7 ALL ABOUT ME CONFERENCE RECOMMENDATIONS

The below table outlines the full list of recommendations from the All About Me, For the Benefit of Everyone Conference. It includes actions and areas which need to be addressed by a range of partner organisations as well as Children, Young people and their families to improve the mental health early intervention support and support with education across North East London.
<table>
<thead>
<tr>
<th>Children, Young People and Families (CYPF) Should:</th>
<th>NEL Integrated care system needs to:</th>
<th>Teams and services across health, social care and VCS need to integrate and collaborate, to ensure:</th>
<th>What the ICS needs to support education partners to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teams and services across health, social care and VCS need to integrate and collaborate, to ensure:</td>
<td>Have opportunities to collaborate on their care; have feedback actioned upon by professionals; have opportunities to get involved with peers and professionals to influence developments; be able to become part of the peer workforce, be appropriately remunerated for their time contributed</td>
<td>Adapt a trauma informed practice model that supports the inclusion of all pupils and pupils with elevated vulnerabilities such as SEND, LAC, LGBTQ, Young Carers</td>
<td>Be able to host their own participation forums to support internal service development</td>
</tr>
<tr>
<td>Be able to access the same or similar services and ensure CYPF have the same experience of help seeking and achieve the same positive outcomes as peers without additional needs such as Language, SEND, LGBTQ and those without digital access</td>
<td>Be able to have a choice in a range of social activities, digital and in person interventions, delivered by a diverse workforce; be able to access information about all support that is available; and be able to seek financial assistance where activities are currently inaccessible</td>
<td>Take appropriate action to ensure that there is a clear process for every service when CYPF have significant transition points: primary-secondary; CYP-Adults; moving home; Discharge from teams that includes CYPF and all CYP/Adult professionals involved - consider the needs of the CYPF not the system</td>
<td>Be able to support their CYPF to access participation forums across partner organisations</td>
</tr>
<tr>
<td>Be able to ask for help once and not repeat their story and seek support that is appropriate, for need and preference and not get lost in the process</td>
<td>Not face postcode lottery because of the place they live or the school they attend</td>
<td>Ensure that there is a multi agency commitment to support social prescribing and that different co-production forums work together to reach further and collaborate; that participation is acted upon and is clear at what level of the pyramid of participation it functions at and that teams support and brought or ICS approach to financial/non financial remuneration</td>
<td>Be able to support their CYPF to access participation forums across partner organisations</td>
</tr>
<tr>
<td>Be able to easily access information about all support that is available from multiple agencies in one place and accessible by all - regardless of language, digital access or competency or specific SEND need. This needs robust assigned responsibility in relevant services.</td>
<td>Be able to have a choice in a range of social activities, digital and in person interventions, delivered by a diverse range of professionals across the thrive quadrants that have a positive impact on MH, for both the CYPF and whole family based in and around the community ANO have to wait until crisis to be able to access them.</td>
<td>Ensure that there is a clear, multi agency transition processes; services are commissioned to overlap of age boundaries to allow allocation to be needed, not age and that gaps such as primary/secondary and 16+ are addressed</td>
<td>Be able to make sure that CYPF and young people with SEND have the same experience of help seeking and achieve</td>
</tr>
<tr>
<td>Be able to access all of the fantastic teams and organisations that work with CYPF across health, social care, early help and VCS organisations for all CYPF not just CYPF with SEND - Considered in question of quality assurance</td>
<td>Have access to a range of resources, workshops and engagement tools, knowledge, emotional skills and vocabulary, and take ownership of their own social, emotional and mental health needs</td>
<td>That there is a clear process for every service when CYPF have significant transition points: primary-secondary; CYP-Adults; moving home; Discharge from teams that includes CYPF and all CYP/Adult professionals involved - consider the needs of the CYPF not the system</td>
<td>Be part of facilitating the CYPF mental health offer as part of their pupil curriculum, training for education staff and co-location of MH colleagues such as CAMHS outreach, MHST and purchased services</td>
</tr>
<tr>
<td>Be able to access one single front door for their CYPF and provide details of their schools offer, to support with borough level oversight of the SEMH offer</td>
<td>Have open access to a range of resources, workshops and engagement tools, knowledge, emotional skills and vocabulary, and take ownership of their own social, emotional and mental health needs</td>
<td>That there is a diverse range of support and interventions across the Thrive quadrants, that’s doesn’t require escalation before accessing. Escalating where there are gaps in the system</td>
<td>Be able to access their Local Offer and associated newsletters/communication avenues, ensuring we are not overwhelming already stretched colleagues with frequent emails</td>
</tr>
<tr>
<td>Ensure that there are commissioning arrangements in place and organisations are supported to apply for external funding opportunities to support a diverse offer across the Thrive quadrants, including social prescribing initiatives shifting away from the specialist sickness model. Commissioning arrangements need to allow for mobilisation/ embedding and evaluation through long term funding commitments</td>
<td>Facilitate appropriate enablers to ensure that each borough has a single front door for CYPF social, emotional, mental health and wellbeing and support initiatives to allow data to flow between organisations by health, education, social care and VCS partners etc</td>
<td>That there is a single front door that can collaborate with CYPF to find support that is indicated and preferred across health, social care, early help, education and VCS partners. This needs to include data sharing, multi agency collaboration</td>
<td>Be able to support their CYPF to access participation forums across partner organisations</td>
</tr>
<tr>
<td>Be able to access one single front door for their CYPF and provide details of</td>
<td>Co-produce a review of the Local Offer in each borough to ensure we capture all of the fantastic teams and organisations that work with CYPF across health, social care, early help and VCS organisations for all CYPF not just CYPF with SEND - Considered in question of quality assurance</td>
<td>Their offer (commissioned or quality assured services available locally?) is advertised on through each boroughs local offer website and if they have them their media platforms for CYPF to easily access, accounting for accessibility needs</td>
<td>Be able to access one single front door for their CYPF and provide details of</td>
</tr>
<tr>
<td>Be able to ask for help once and not repeat their story and seek support that is appropriate, for need and preference and not get lost in the process</td>
<td>Make sure that there is a clear, multi agency transition processes; services are commissioned to overlap of age boundaries to allow allocation to be needed, not age and that gaps such as primary/secondary and 16+ are addressed</td>
<td>Know what is available in their local area, identify opportunities for collaboration and have a social prescribing named contact to build relationships with</td>
<td></td>
</tr>
<tr>
<td>Be able to have a choice in a range of social activities, digital and in person interventions, delivered by a diverse range of professionals across the thrive quadrants that have a positive impact on MH, for both the CYPF and whole family based in and around the community ANO have to wait until crisis to be able to access them.</td>
<td>Have access to a range of resources, workshops and engagement tools, knowledge, emotional skills and vocabulary, and take ownership of their own social, emotional and mental health needs</td>
<td>That there is a diverse range of support and interventions across the Thrive quadrants, that’s doesn’t require escalation before accessing. Escalating where there are gaps in the system</td>
<td>Be part of facilitating the CYPF mental health offer as part of their pupil curriculum, training for education staff and co-location of MH colleagues such as CAMHS outreach, MHST and purchased services</td>
</tr>
<tr>
<td>Be able to access the same or similar services and ensure CYPF have the same experience of help seeking and achieve the same positive outcomes as peers without additional needs such as Language, SEND, LGBTQ and those without digital access.</td>
<td>Be able to access one single front door for their CYPF and provide details of their schools offer, to support with borough level oversight of the SEMH offer</td>
<td>Have access to the skills and resources to develop a whole school approach to mental health and achieve against accreditation such as the healthy schools programmes</td>
<td>Be able to access their Local Offer and associated newsletters/communication avenues, ensuring we are not overwhelming already stretched colleagues with frequent emails</td>
</tr>
<tr>
<td>Be able to have a choice in a range of social activities, digital and in person interventions, delivered by a diverse range of professionals across the thrive quadrants that have a positive impact on MH, for both the CYP and whole family based in and around the community. ANO have to wait until crisis to be able to access them.</td>
<td>Have access to a range of resources, workshops and engagement tools, knowledge, emotional skills and vocabulary, and take ownership of their own social, emotional and mental health needs</td>
<td>That there is a diverse range of support and interventions across the Thrive quadrants, that’s doesn’t require escalation before accessing. Escalating where there are gaps in the system</td>
<td>Be part of facilitating the CYPF mental health offer as part of their pupil curriculum, training for education staff and co-location of MH colleagues such as CAMHS outreach, MHST and purchased services</td>
</tr>
<tr>
<td>Have access to a range of resources, workshops and engagement tools, knowledge, emotional skills and vocabulary, and take ownership of their own social, emotional and mental health needs</td>
<td>Have access to a range of resources, workshops and engagement tools, knowledge, emotional skills and vocabulary, and take ownership of their own social, emotional and mental health needs</td>
<td>Have access to the skills and resources to develop a whole school approach to mental health and achieve against accreditation such as the healthy schools programmes</td>
<td>Be able to access their Local Offer and associated newsletters/communication avenues, ensuring we are not overwhelming already stretched colleagues with frequent emails</td>
</tr>
<tr>
<td>Ensure that there is a borough or ICS level universal offer that is accessible and supported inittives to allow data to flow between organisations by health, education, social care and VCS partners etc</td>
<td>Make sure that there is a clear, multi agency transition processes; services are commissioned to overlap of age boundaries to allow allocation to be needed, not age and that gaps such as primary/secondary and 16+ are addressed</td>
<td>Know what is available in their local area, identify opportunities for collaboration and have a social prescribing named contact to build relationships with</td>
<td>Be able to access their Local Offer and associated newsletters/communication avenues, ensuring we are not overwhelming already stretched colleagues with frequent emails</td>
</tr>
<tr>
<td>That there is a diverse range of support and interventions across the Thrive quadrants, that’s doesn’t require escalation before accessing. Escalating where there are gaps in the system</td>
<td>That there is a diverse range of support and interventions across the Thrive quadrants, that’s doesn’t require escalation before accessing. Escalating where there are gaps in the system</td>
<td>Know what is available in their local area, identify opportunities for collaboration and have a social prescribing named contact to build relationships with</td>
<td>Be able to access their Local Offer and associated newsletters/communication avenues, ensuring we are not overwhelming already stretched colleagues with frequent emails</td>
</tr>
<tr>
<td>Feedback their experience of help seeking to identify missing professionals</td>
<td>Feedback their experience of help seeking to identify missing professionals</td>
<td>Feedback their experience of help seeking to identify missing professionals</td>
<td>Be able to access their Local Offer and associated newsletters/communication avenues, ensuring we are not overwhelming already stretched colleagues with frequent emails</td>
</tr>
<tr>
<td>To support all of the education workforce with their own wellbeing, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will go beyond HeadTeachers and professional and personal development, this will</td>
<td></td>
<td>Feedback their experience of help seeking to identify missing professionals</td>
<td>Be able to access their Local Offer and associated newsletters/communication avenues, ensuring we are not overwhelming already stretched colleagues with frequent emails</td>
</tr>
<tr>
<td>Education</td>
<td>Education</td>
<td>Education</td>
<td>Education</td>
</tr>
</tbody>
</table>