



ISLINGTON

NHS

Islington

Clinical Commissioning Group

**ISLINGTON TRANSFORMATION PLAN FOR
CHILDREN AND YOUNG PEOPLE'S MENTAL
HEALTH AND WELLBEING 2015-2020**

**Islington Clinical Commissioning Group in partnership
with the London Borough of Islington**

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1. Introduction and Vision

1.1.1 In 2015 Islington Clinical Commissioning Group and Islington Council published a joint five year children's health strategy. The following is an extract from that strategy:

Our vision is to improve the health and wellbeing of children and young people in Islington from conception to adulthood and to reduce health inequalities by:

- ***Promoting good health.***
- ***Making safe, high quality, affordable and coordinated health services available at, or close to home in partnership with children, young people, their parents and carers.***
- ***Supporting them to be in control of their own health where possible and to maximise their life chances as they grow up.***

1.1.2 The mental health of children and young people is at the heart of this vision.

1.1.3 Our Child Health Strategy is based on six guiding principles.

1. **Prevention, early identification and intervention** across all children's and young people's health services, from conception to adulthood, and other services which impact on children and young people's lives.
2. **Equal access** for all to a choice of personalised high quality services, where and when needed and free at the point of access.
3. **Working in partnership with young people**, parents, carers and their communities to be involved in the design of health services that promote good health and empower them to better manage their own health and wellbeing.
4. **Services within, and outside of Health, working together** to deliver care coordinated around and responsive to the child, young person and family.
5. **Making the best use of resources** in commissioning services based on population need and the best available evidence.
6. Ensuring that **safeguarding underpins all planning and delivery** of health services to children and young people with the full commitment of all professionals.

1.1.4 These principles underpin the way health services have been developed in Islington, mirror closely the approach set out in *Future in Mind* and run through this Transformation Plan.

1.1.5 We know the importance of intervening early if we are to make a difference to the health and other outcomes of many children. Mental health and emotional wellbeing is the bedrock of all other outcomes for children and young people. Ensuring that children have the best start in life and improving mental health are two of the top priorities for the Health and Wellbeing Board and its key partners.

1.1.6 **We believe in the importance of universal services for children's mental health and emotional wellbeing with the support of specialist services so as to 'nip problems in the bud' as well as ensuring timely access to specialist mental health services for children and young people to avoid more serious problems emerging later.**

1.1.7 The delivery of health services including child and adolescent mental health services (CAMHS) within universal services in Islington such as, children's centres, schools and youth services has been well established and CAMHS works closely with family

support services and are well integrated into a wide spectrum of targeted and specialist services provided by social care.

- 1.1.8 Islington CCG is an Integrated Pioneer, one of only 12 in the country and the only one that is seeking to provide integrated care from cradle to grave. This means that as well as building on our already well-established joint working with partners in Education, Social Care and the Voluntary Sector, we are also at the forefront of joining up primary care (including GP services), community health services and secondary care or hospital provision so as to have maximum effect on improving the health, including mental health and emotional wellbeing of our population.
- 1.1.9 The CCG is at the forefront of developments in primary care with negotiations currently underway to develop a GP Federation. This will enable 34 practices to work together as a Provider organisation ensuring equity of care to the whole population. Islington's GP Federation has been awarded funding to pioneer implementation of extended GP access hours to 7 days a week and plans for this are underway.
- 1.1.10 Whittington Health, our main provider of children's community health services is an Integrated Care Organisation that also provides acute (hospital) care. It provides community child and adolescent mental health services (CAMHS) alongside other community health services for children such as health visiting and school nursing. In addition it provides psychiatric inpatient care via Simmons house, a unit that has been rated as the 11th best in the country.
- 1.1.11 In 2015, *Healthy Minds, Healthy Lives: Annual Public Health Report 2014-2015* (produced jointly with Camden) focussed on mental health. This document and *Widening The Focus (also produced jointly with Camden)* highlighted much good work taking place locally but also the very high levels of need.
- 1.1.12 The challenges we face locally in Islington are stark, with many risk factors for poor mental health. There are high levels of deprivation and wide inequalities; Islington is the fourth most deprived Borough in London and the twelfth most deprived in England. Islington is a densely populated area only 4 miles long and 2 miles wide, with very little green space. There are 40,500 children and young people living in the Borough aged 0-18. The number of adults with mental health problems (including parents) is the highest in the country. Islington's Joint Strategic Needs Assessment (JSNA) for Vulnerable Children showed the very high levels domestic violence, alcohol and substance misuse and poor parental mental health; all major risk factors for children's poor mental health.
- 1.1.13 Many families in Islington are struggling financially and that this is compounding their difficulties. Services including child and adolescent mental health services (CAMHS) have reported an unprecedented rise both in the number of referrals and the complexity of problems being presented.
- 1.1.14 In these financially challenging times it is more crucial than ever for public services to make the very best use of the resources; we have to be able to do more for less. We see integration, services working together to achieve improved outcomes for children and young people, as being key. Joint commissioning arrangements with funding streams coming from the CCG, council and schools are in place to deliver this.
- 1.1.15 The stakes are high but we believe that the rewards are great. What we are committed to trying to achieve is that all children and young people in Islington are able to develop their potential and have the same opportunities and life chances that we would want for our own children.

1.2 National Policy Context – *Future in Mind* and CAMHS Transformation Plans

1.2.1 ***Future In Mind: Promoting, Protecting and Improving our Children and Young People’s Mental Health and Well Being*** is the Government’s response to the findings of The Children and Young Peoples Mental Health and Well Being Taskforce set up in 2014 to consider ways to make access, help and support when needed easier for children and young people and their parents and carers; and to consider how to improve the way CAMHS are organised, commissioned and provided.

1.2.2 Setting out clear themes for consideration by local partnerships - considered fundamental to creating a system that properly supports the emotional health and well-being and mental health of children and adolescents - the Government has given a clear mandate to local areas to ‘step up to the plate’ to transform local CAMH services ensuring ‘Parity of Esteem’ with physical health services. Key themes include:

- Promoting resilience, prevention and early intervention
- Improving access to effective support - a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

1.2.3 Islington has a solid track record in delivering a comprehensive integrated CAMHS, with an extensive range of high quality child and adolescent mental health services delivered across a range of settings. A strong commitment exists to the transformation and delivery of effective evidenced-based services to improve outcomes for children and young people which has developed significantly over the last 2 years through our local CYP IAPT Partnership.

1.2.4 Work locally has a strong focus on prevention and early intervention recognising that the impact of this approach results in better outcomes for children and young people and their families and in some cases will prevent the development of more serious mental health problems later in life.

1.2.5 This well established commitment across the Children’s Partnership means that Islington is well placed to deliver on the recommendations set out in *Future in Mind*. That is not to say that there aren’t any challenges locally - there certainly are - particularly given the prevalence of mental health disorders amongst children and young people in Islington, which is significantly higher than the national average and the considerable increase in need and complexity that has been seen recently. The development of a local CAMHS Transformation Plan, and resources to support its implementation, provides a welcome opportunity to reflect on achievements to date and drive us forward into our next phase of transformation.

1.3 Islington’s Transformation Plan

1.3.1 This Local Transformation Plan has been developed in consultation with the many providers of Islington’s services for children and young people with mental health and emotional difficulties and with local children and young people and parents and carers.

1.3.2 It draws upon Islington’s wide range of key strategy documents:

- **The Joint Health and Well Being Strategy 2013-2016**
- **The Children and Young People’s Health Strategy 2015-2020: Improving the Health of Islington’s Children and Young People**
- **The Children and Families, Prevention and Early Intervention Strategy 2015 – 2025**
- **Child and Adolescent Mental Health Strategy (CAMHS) 2012-2015**

1.3.3 These documents and other relevant strategies are listed attached at Appendix 1. Overall, they indicate that Islington is well placed to deliver the recommendation of *Future in Mind*.

Table 1: Transformation plan financial allocation for Islington

Initial allocation of funding for eating disorders 2015/16	£135,174
2015 / 16 Transformation Plan funding following assurance process	£338,355
Total Minimum recurrent uplift for 2016/17 and beyond if plans are assured (includes ED allocation)	£473,529

Table 2: Islington’s Transformation Activities

<p>Key plans include to:</p> <ul style="list-style-type: none"> • Develop closer working with primary care, including our Federation of local GPs, particularly in supporting the identification and management of children and young people who self-harm and the earlier referral of young people with eating disorders. • Develop new ways of working with children and young people who are at risk of child sexual exploitation (CSE) – particularly developing ways of working with colleagues in the voluntary and community sector (VCS). • Develop the Adolescent Outreach Team (AOT) and other voluntary sector outreach services to provide more services in the community, targeting our most vulnerable young people who find traditional services difficult to access. • Continue to deliver CYP IAPT evidenced-based interventions and to systematically gather and keep under review outcomes data across our services, to include the development of a pathway for children and young people with Learning Disabilities. • Improve access and waiting times to all of our services by pursuing opportunities for flexible opening hours and avenues for self-referral; specifically in relation to eating disorder provision, to improve access through development of local community-based services.

2. Summary of Local Needs Assessment

2.1 Data about the local population

- 2.1.1. In 2014, the local resident population of 0-18 year olds in Islington was around 40,500. ¹ This equates to 18.5% of the total borough population. Within this population, around 40% of young people under 18 are from the White British ethnic group and almost a quarter are from Black, African, Caribbean or Black British ethnic groups. 2011 Census data indicate that mixed ethnic groups, Asian or Asian British and Other White groups account for 9-15% of the under-18 population and that within Asian ethnic groups, the Bangladeshi or British Bangladeshi are the largest groups.
- 2.1.2. Islington is the 4th most deprived local authority in London and the 12th most deprived local authority in England.
- 2.1.3. The number of children and young people aged 0-18 is projected to grow by about 5,000 (13%) between 2014-2024; the number of children aged 5-10 years is projected to grow the most, by 2,250 children.
- 2.1.4. Data from the 2014 Chimat Health Profile for Islington indicate that there have been significant improvements in local children and young people's health in recent years, however, undoubtedly this population faces a number of adverse determinants of poor health, both physical and mental health.

2.2 Key determinants on the health of Islington's children and young people

- 2.2.1 Data from Islington's *Children and Young People's Health Strategy 2015-2020* indicates the following:
- Children and young people in Islington experience a high level of poverty and associated risk factors in comparison to London and England overall. In 2014, it was expected that about 13,100 children and young people aged under 16 would be living in poverty.
 - In March 2016, there were 352 children looked after by Islington Local Authority of which 44 were unaccompanied asylum seekers. The rate is still noticeably higher than comparable boroughs and England overall. Of these children, 20% were placed more than 20 miles away from home.
 - The Youth Offending Team (YOT) undertook a total of 470 interventions with 265 young people during 2013/14; whilst the YOT has reported a year on year reduction in first time entrants to the youth justice system, the rate is still above the London average and Islington's reoffending rate is also higher than the rate for any of the borough's comparators.

2.3 Mental health needs of the 0-18 Islington population

- 2.3.1 Islington children and young people have many of the risk factors associated with poorer mental health outcomes, with particular reference to deprivation, child poverty, living in workless households and single parents. This is reflected in high prevalence of mental health conditions among children and young people.

¹ Greater London Authority (GLA) 2013 Round Demographic Projections

- 2.3.2 Prevalence of mental health disorders among Islington children and young people (5-17 years) is estimated at 13% (3,200 children and young people), which is higher than national average of 10%. Prevalence is higher in boys (14%) than girls (7%). Mental health disorders are highest in Black children and young people at 15% (860) followed by White children and young people, 13% (1,710).
- 2.3.3 There are three main disorder categories: conduct disorders having the highest prevalence (8%, 1,910 children and young people), followed by emotional disorders (5%, 220 children and young people), and hyperkinetic disorders (2%, 500 children and young people).
- 2.3.4 In 11/12 and 12/13, it was notable that despite the high prevalence, hospital admissions due to mental health conditions among young people were similar or lower in Islington compared to London and England. However, the most recent published data for 13/14 shows a very substantial increase for which at present we have no explanation². We will be looking into this as a matter of urgency to determine whether these figures are accurate or whether there is a data recoding issue.
- 2.3.5 13/14 published data shows that Islington referrals to hospital for self-harm were above the London average but below the England average.

2.4 Disabled children and young people, those with special educational needs and those with autism

- 2.4.1 Figures for 2014 indicate that there were an estimated 2, 500 children and young people with disabilities aged 0-19 years.
- 2.4.2 In January 2013, there were around 800 children and young people aged 0-19 years with a Special Educational Needs statement (now an Education Health and Care Plan) and 5,000 with an additional educational need without a statement. Over recent years, there has been a slight increase in these numbers.
- 2.4.3 Referrals for children with possible autism aged 0-18 years, post a comprehensive screening process, have increased significantly in recent years - from 22 per quarter in 2012/13 to 33 per quarter in 2013/14 to 52 per quarter in 2014/15. The data for the first half of 15/16 demonstrates a continued increase in referrals and increasing pressures on waiting times.
- 2.4.4 In the Islington Children and Young People's Health Strategy 2015-2020, it is noted that an analysis of the possible causes of this rise in the under-fives age group, undertaken by Public Health, was inconclusive – however, undoubtedly, this is a source of increased pressure on existing local services including CAMHS, particularly as the rise in numbers was across the whole spectrum of need.
- 2.4.5 The Strategy also provides data on the four most prevalent primary needs in 2013 for those with a statement. Drawing on the One Pupil Database, this indicates that after Autistic Spectrum Disorder (ASD/267 children), the other most prevalent needs were: speech, language and communication needs (187 children); moderate learning difficulties (185 children) and behavioural, emotional and social difficulties (93 children).

² <http://fingertips.phe.org.uk/profile/cyphof/data>

2.5 Prevalence data relating to eating disorders

Table 3: Local data for eating disorders

	Islington Population		
	Males 10 to 19	Females 10 to 19	Females 15 to 19
	8,465	8,978	4,599
Eating disorders			
Incidence of eating disorders amongst males aged 10-19 (31 per 100,000)*	3		
Incidence of eating disorders amongst females aged 10-19 (120 per 100,000)*		11	
Incidence of AN, BN and EDNOS for girls aged 15-19 (86 per 100,000)*			4

* Source: Micali et al., 2013

3. Current Services

3.1 Commissioning arrangements and Governance

- 3.1.1. Islington's most recent JSNA ³ reports a high level of integrated commissioning of its services including CAMHS, adult mental health services and social care. The commissioning of CAMHS is covered by a Section 75 partnership agreement between the CCG and Local Authority and is undertaken by the Children's Commissioning Team which sits in the Local Authority acting on behalf of both. CAMHS are commissioned and provided across a wide variety of settings, including health centres, children's centres and schools and the Camden and Islington NHS Foundation Trust (which works with the adult population) is a joint health and social care service. Links with voluntary sector provision are good, with specific funding by the CCG and/or local authority of services to support the emotional health and wellbeing of children and young people through the provision of counselling and other therapeutic services.
- 3.1.2. There are also good working relationships between Islington's Schools Forum and CAMHS. The Forum includes representatives from all our schools which come together and decide to collectively use a proportion of their Designated Schools Grant (DSG) to directly commission services. These include CAMHS in all of the local primary, secondary and special schools (including the PRUs). We also have a number of schools who buy in additional CAMHS services. This reflects the value that schools place on our CAMHS in schools service and the impact it has on outcomes for children and young people, including impact on educational attainment.
- 3.1.3. Likewise over the last few years, the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) partnership in Islington has prompted the collaborative commissioning and delivery of services across health, social care and the VCS.

Co-Commissioning

- 3.1.4. The CCG has already indicated a commitment to wanting to pursue with NHS London possibilities around co commissioning of CAMHS in relation to psychiatric inpatient provision. The Transformation Planning process has further developed those discussions and we are keen to explore opportunities particularly in relation to the interface of our Adolescent Outreach Service and Adolescent inpatient Services. Proposed arrangements include regular joint meetings between NHSE Specialised Commissioning and NCL Commissioners, and NHSE Regional Case Managers to attend Islington's multi agency Tier 4 panel. There are also potential opportunities linked to the development of our Learning Disability pathway and the Care and Treatment Review (CTR) process.

Governance

- 3.1.5. The Transformation Plan will underpin the strategic delivery plans for Islington CAMHS for the period 2015-2020. A multi-agency partnership group – the **Islington Children's Mental Health and Emotional Wellbeing Advisory Group** is in place and is chaired by the Head of Children's Health Commissioning and has input from the CCG's lead GP for children. This brings together partners to plan and review Islington's services for children and young people, parents and carers and will be

³ Islington JSNA 2014 <http://evidencehub.islington.gov.uk/yourarea/jsna/Pages/default.aspx>

instrumental in overseeing implementation of Islington’s Transformation Plan, including risks to its successful delivery. Any identified risks that the group is unable to mitigate will be escalated to the partnerships Children and Families Board and the CCGs Executive Management Board.

- 3.1.6. We are committed to ensuring that this partnership develops strong relationships with all local stakeholders including service users, parents and carers and other key partners with a focus on positive and effective relationships, collaboration and transparency.
- 3.1.7. The Children’s Mental Health and Emotional Well Being Advisory Group is a sub group of the Children’s Partnership Children and Families Board. The group also reports into the Children’s Service improvement Group that has links to the Health and Well Being Board. This structure means there will be significant scrutiny and oversight of our local Transformation Plan.
- 3.1.8. The Islington Children and Families Partnership structure chart can be found at Appendix 2.
- 3.1.9. Within our main CAMHS provider organisation, based within Whittington Health Integrated Care Organisation there is a robust clinical leadership group that is responsible for oversight of the delivery of agreed Transformation Plan actions for their service and management of an associated risk log. Any concerns or issues relating to delivery will be escalated to their monthly divisional meeting.

3.2 Funding Streams

- 3.2.1 Islington CCG and Islington Local Authority have maintained significant investment in CAMHS over recent years in both early intervention and prevention and in treatment services. However, as demand has grown and the financial climate has become more demanding of services to identify efficiencies, there are pressures on services.

Table 4: Breakdown of spending on local CAMHS

Spend on CAMHS by Organisation	
Islington CCG	£3,884,500
Islington Council	£1,429,836
Schools Forum	£424,000
Individual Schools	£197,583
Others	£43,200
Total	£5,979,119

- 3.2.2 A more detailed breakdown of current spending in Islington and specific services is set out in Appendix 3.

Tier 4 spend

- 3.2.3 NHS England Specialised Commissioning have estimated that the total spend for Islington CCG in 2014/15 on CAMHS Tier was £568,448 (including CAMHS secure services). Due to the use of block contracts, it is not possible for NHSE Specialised Commissioning to provide actual expenditure therefore the above figures are calculated by costing the activity reported by providers for London patients. It should be noted that the figures only relate to activity where NHSE – London Region are the

contract holders as non-London information for London patients placed in non-London contracted services is not currently held by NHSE – London Region.

3.3 Overview of services currently commissioned

- 3.3.1 Since 2011, community health services for Islington have been provided by Whittington Health Integrated Care Organisation, providing acute and community services to the boroughs of Islington and Haringey. There are two main paediatric providers: Whittington Health which mainly serves north Islington and University College Hospital London (UCLH), mainly serving the south of the borough. In addition, some services are provided collaboratively by Whittington Health and Camden and Islington NHS Foundation Trust and some by the Tavistock and Portman NHS Foundation Trust. The majority of provision is based on multi-disciplinary teams.
- 3.3.2 Islington Community CAMHS is provided by Whittington Health Integrated Care Organisation.
- 3.3.3 Islington Council Children's Services provide a number of targeted and specialist services, some with input from Whittington Health CAMHS. These services are predominantly integrated co located teams within children's social care with CAMHS practitioners based within them, with a focus on working with our most vulnerable and complex children and young people and their families. These are set out in more detail in 3.15.
- 3.3.4 Islington also works with a number of key VCS providers including The Brandon Centre, National Autistic Society and various projects run by Rethink Mental Illness and Alone in London.

Islington Community CAMHS Service

3.4 Community CAMHS Service

- 3.4.1 The core CAMHS services are provided from The Northern Health Centre where the service is located in the same building as Islington Additional Needs and Disability Service, Children's Community Nursing Services and Primary Care Services.
- 3.4.2 The service provides Duty, Advice and Choice appointments for the boroughs GPs, other professionals and self-referrers, using the Choice and Partnership Approach (CAPA) to assess and treat families. Islington community CAMHS operates an Emotional Care Pathway and a Behaviour and ADHD Care Pathway.
- 3.4.3 Open 9am-5pm, the service is a key component of Islington's CYP IAPT Partnership and has plans to increase its skill mix to deliver evidence-based therapies and offer more flexible opening hours. It also plans to continue its work in upskilling staff in other services in areas such as child development and behaviour management.

Islington CAMHS also has a number of specialist teams delivering services to children and young people:

3.5 CAMHS in Targeted Youth Support (TYS) and Youth Offending Service (YOS)

- 3.5.1 A clinical psychologist provides a CAMHS service into the Youth Offending Service in order to identify and support young offenders who may have mental health issues. The worker is part of the YOS team and is able to make referrals into the main CAMHS as required.

3.6 CAMHS in Children Looked After (CLA) Health Team

- 3.6.1 This is a dedicated team providing CAMHS input to CLA, including Islington children and young people placed in the borough or within the Greater London Area (when they are not able to access local CAMHS) and also other CLA placed in Islington.
- 3.6.2 CAMHS provide a range of psychological interventions as well as training to Foster Carers, Adoption and Fostering teams and co-facilitation of "Fostering Changes", a 12 week parenting skills group programme for Islington Foster Carers.

3.7 Neuro-developmental Team (NDT)

- 3.7.1 This specialist multi-disciplinary team offers assessment and post-diagnostic support for young people with possible Autistic Spectrum Disorders and other co-morbid neuro-developmental disorders age 5-18 years

3.8 Adolescent Outreach Team (AOT)

- 3.8.1 A multi-disciplinary team who specialise in working with young people aged 13-18 experiencing a range of complex mental health difficulties such as self-harm, suicidal ideation, trauma, psychosis or psychotic presentations. Services are delivered on a flexible outreach basis which can be as intensive as five days a week. The team also supports young people who have had, or may require an inpatient admission to a Tier 4 CAMHS inpatient unit.

3.9 Priority 1 (P1) Team

- 3.9.1 This team provides a rapid assessment and treatment service for children and young people at risk of serious self-harm, psychotic illness or who present a risk of serious violence to others.

3.10 CAMHS Pupil Referral Unit (PRU) Team

- 3.10.1 This is a specialist multi-disciplinary CAMHS team providing direct clinical work with young people attending the pupil referral units in Islington and offering consultation and support to staff and training.

3.11 Islington Transitions Team

- 3.11.1 Provides consultation and assessment to facilitate transition of young people from child to adult mental health services. The team consists of consultant psychiatrist and family therapist from CAMHS and a clinical psychologist and consultant psychiatrist from AMHS, 1 day a week each.

- 3.11.2 The team also administers a Personal Health Budget pilot enabling young people to purchase additional support during transition.

Islington Community CAMHS also provides a range of services delivered in community settings:

3.12 CAMHS in Early Years

- 3.12.1 Provides a range of groups for babies, toddlers and parents based on the Solihull Approach and Webster Stratton, co-facilitated by CAMHS and Health Visitors. Also offers dedicated Choice appointments for the Under-5s, additional Partnership sessions for the Under-5s and specialist clinics for the early year's age group.

3.13 CAMHS in Children's Centres

- 3.13.1 Offers psychology support and brief interventions on a half day per week basis to all of the boroughs Children's Centres, also consultation and training for staff, parent consultation and signposting support. Other areas of input include co-working with Family Support Workers (FSWs), workshops for parents on development and wellbeing in the Under-5s and a Parent and Baby Psychology Service service to parents before birth and up to one year after delivery. The service links closely with the Peri-Natal service at The Whittington Hospital.

3.14 CAMHS in Schools

- 3.14.1 Offers sessions in all of the borough's primary schools once a fortnight and one day a week in the borough's secondary schools. Aim of the service is to improve the early identification and treatment of mental health difficulties in children and young people and to make CAMHS accessible to staff and families in schools. They provide consultation to staff as well as providing individual interventions. Where required the team will refer into the core CAMHS service. The team work collaboratively with education, children's social care and VCS to provide targeted services to children and young people most in need and also offer training and workshops to school staff to assist them in identifying mental health needs in the school population.

Integrated Working with Children's Social Care

3.15 Adolescent Multi-agency Support Service (AMASS) and Islington Families Intensive Teams (IFITs)

- 3.15.1 Provided by the Targeted and Specialist Children and Families Service (Social Care), with input from core CAMHS, AMASS and the four IFITs provide child and adolescent mental health screening and assessments and treatment intervention to some of Islington's most vulnerable children and young people – AMASS works with those aged 10-16 who are on the edge of care and the IFITs work with parents and young people with complex needs who are offending and at risk of custody and whose antisocial behaviour is placing the family tenancy at risk.

3.16 Enhanced Service Innovation Project

- 3.16.1 Funded by the DfE for one year and led by the Targeted and Specialist Children and Families Service, (Social Care), this project aims to make social work intervention with Children in Need (CiN) as effective as possible. The project provides and

supervises specialist parenting interventions to families whose children are at risk of care through court proceedings; it also undertakes assessments of infant and child emotional, psychological and learning needs and contributes to multi-disciplinary reports and recommendations for care plans for children. Adult mental health and CAMHS input is an integral part of the project.

Other CAMHS providers

3.17 Child and Adolescent Clinic at the Tavistock and Portman

3.17.1 Provides full range of psychotherapeutic interventions to children and families and young people up to the age of 25 years. Referrals are via Islington CAMHS.

3.18 Peri-Natal Services

3.18.1 Whittington Health provides a peri-natal mental health service, which is delivered by Camden and Islington Foundation Trust. Adult commissioners have recently negotiated with UCLH to deliver the same service to ensure equity of access across the borough.

3.19 Specialist Eating Disorder Services

3.19.1 The Royal Free Hospital (RFH) provides specialist Eating Disorder services via its outpatient ED service which is part of its generic CAMHS service and is commissioned by Islington's block contract arrangements with the RFH. Islington CCG also commissions 2 places on the RFH intensive outreach service delivered in the community to prevent tier 4 inpatient admissions.

3.20 Key VCS providers in Islington

3.20.1 The **Brandon Centre** offers community-based services for young people aged 16-21 years from their satellite service based at the Drum. They also provide therapeutic and counselling support from Lift and Platform – Islington's Youth Hubs.

3.20.2 **The Refugee Therapy Centre** provides psychotherapy, counselling and support to refugees and asylum seekers, with support offered in a range of languages.

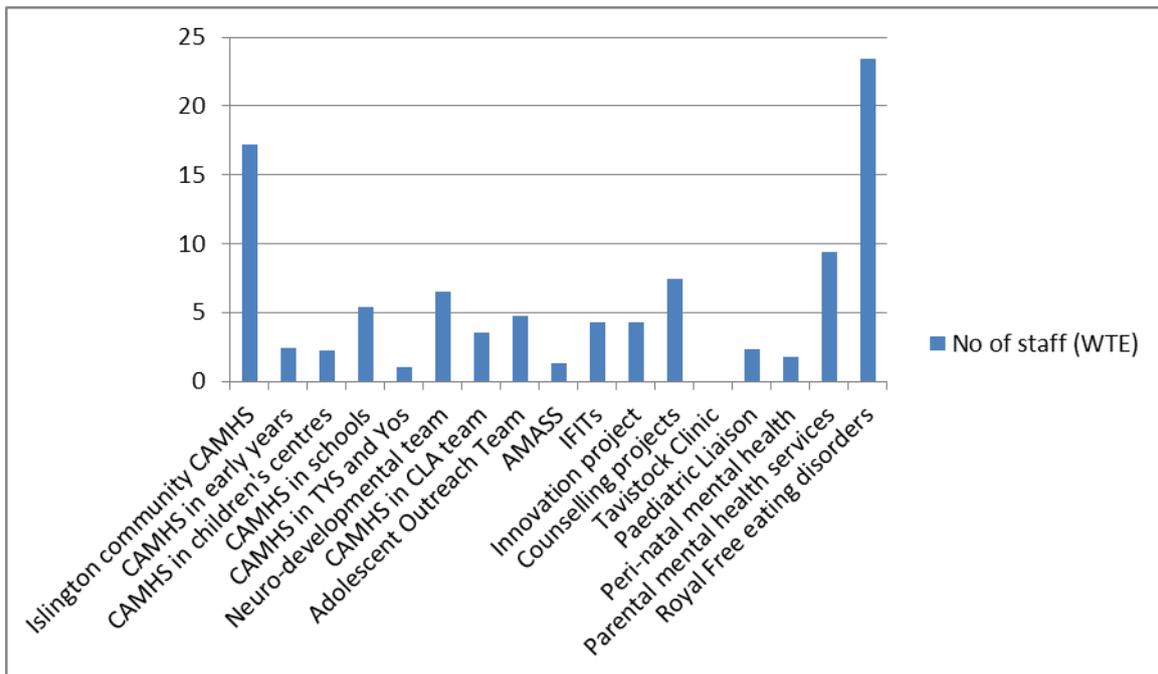
3.20.3 **Mind Connect**, part of Alone in London, a project to prevent homelessness, offers a counselling service for young people aged 16-25.

3.20.4 Discussions are currently taking place with **St Christopher's** to provide a residential home for girls aged between 12-17 years who have or at risk of child sexual exploitation (CSE). **Rethink Transition Project** will be introducing a peer support programme for young people into Islington over the next year.

3.21 Baseline data for Islington's services: staffing and skill mix

3.21.1 The following tables summarise data for 2014-2015. Please note no figure is provided for the Tavistock and Portman child and family clinic since they have reported that they allocate their multi-disciplinary staffing on a case by case basis.

Figure 1: Numbers of staff (WTE) by service



3.21.2 The staffing of all Islington's services is on a multi-disciplinary basis. In a number of services, whilst there may not be specific Consultant Psychiatry time as part of the team complement, input from child psychiatry is available from core community CAMHS.

Table 5: Skill mix in current services in Islington

Service	Psychiatry	Psychology	Family therapy and/ or psychotherapy	Nursing	Other
Islington Comm CAMHS	✓	✓	✓		Educational psychology
CAMHS in early years		✓			
CAMHS in Children's Centres		✓			
CAMHS in schools		✓	✓		
CAMHS in TYS, YOS and PRU	✓	✓	✓	✓	
Neuro-developmental team	✓	✓	✓		Paediatrics; speech and language therapy; OT; admin
CAMHS in children looked after (CLA) team	✓	✓	✓		Educational Psychology
Adolescent Outreach Team (AOT)	✓	✓		✓	
Adolescent Multi-agency support service (AMASS)		✓			Clinical Services Manager
Islington Families Intensive Teams (IFITs)				✓	Occupational therapist; Clinical Services Manager
Islington Social Care Innovation Project		✓			Clinical Services Manager
Counselling - Brandon Centre		✓			
Counselling - Refugee Therapy Centre			✓		
Tavistock and Portman Child and Family Clinic					
Paediatric Liaison at Whittington Hospital	✓	✓	✓	✓	Paediatricians
Peri-natal mental health	✓			✓	Higher medical trainees also regularly part of the team
Parental mental health service		✓			
Royal Free Eating Disorder Service	✓	✓		✓	Dietetics; admin team

3.22 Activity in 2014-2015

Table 6: Numbers of referrals by service

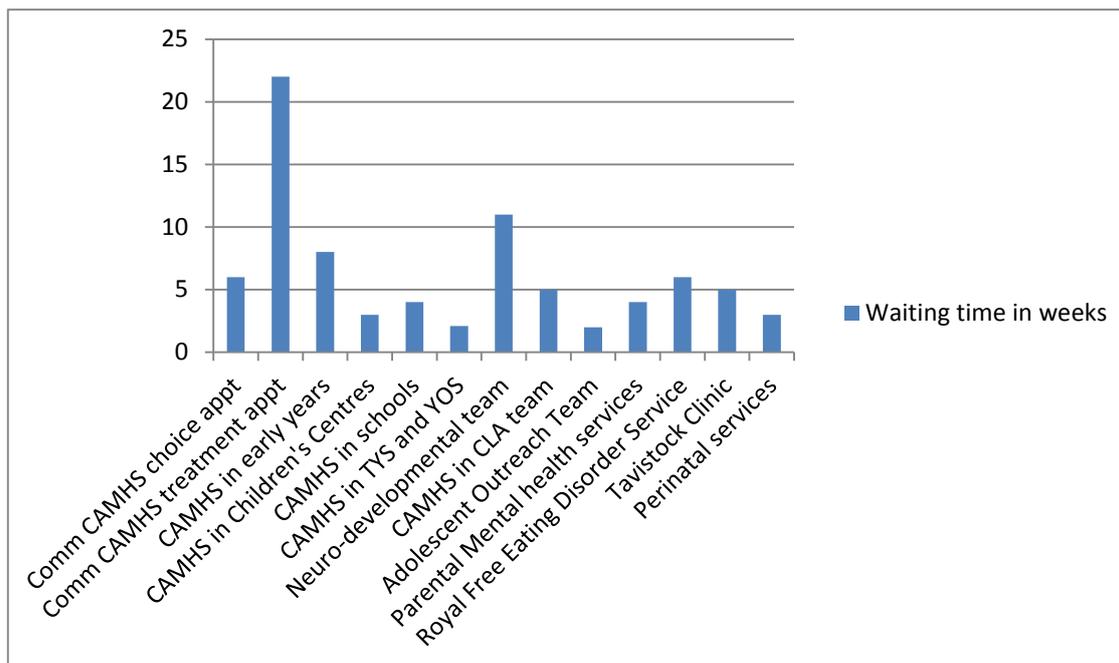
Service	Number of case referred
Islington Community CAMHS	1,309 to Duty and Advice; 205 Advice only and 108 to Priority 1
CAMHS in Early Years	46 referrals. 39 parents in Solihull baby groups
CAMHS in Children's Centres	229 parents seen for brief intervention; 480 staff consultations; 16 staff training sessions ; 46 workshops for 276 parents; 83 referred for further work – 55 accepted
CAMHS in Schools (including PRU)	231 referrals made by schools (100% accepted) and 40 referrals from CAMHS to schools clinicians; 2212 half-day CAMHS clinics run and 3325 individual appointments. 920 staff consultations and 176 students screened in schools. 99 followed up, of which 39 were high risk.
CAMHS in TYS and YOS	31 referrals (30 accepted)
Neuro-Developmental Team	93 referrals
CAMHS in Children Looked After (CLA) Health Team	44 referrals received. All accepted.
Adolescent Outreach Team	22 referrals – all accepted.
Adolescent Multi-Agency Support Service	On average 22 families worked with over a 6 month intensive period, followed by 6 month maintenance programme.
Islington Families Intensive Teams	At any point in time up to 36 families in the service.
Counselling and psycho-therapy for young people	Brandon Centre – 19 accepted; Drum – 103 referred, 67 seen; LIFT/Platform – 24 referred, 11 seen:
Counselling and psycho-therapy for refugees and asylum seeking families	15 families seen at the Refugee Therapy Centre
Tavistock and Portman Child and family and adolescent clinic	45 referrals; 26 attended
Whittington Hospital Paediatric Mental Health Liaison Service	Awaiting information
Whittington Health Peri-natal mental health service	162 referrals
Parental Mental Health Service AMHS / CAMHS - Growing Together: Support for Parents and Young Children	163 referrals, 10 not accepted
Parental Mental Health Service, Targeted and Specialist Children and Family's Service	This service provides consultation to staff only.
Eating Disorder Service at the Royal Free Hospital	18 referred and 17 accepted; in addition, there were 5 referrals to the intensive eating disorder service and 3 Tier 4 admissions
TYS counselling service	141 referrals received, all accepted. 73 young people received a counselling intervention post-initial induction meeting

3.23 Waiting Times

3.23.1 Waiting times for different services in 2014-15 are shown in Figure 2. In some services, no waiting times were reported in 2014-2015 and so they are not included. These services include the Adolescent Multi-agency Support Service (AMASS), the Islington Families Intensive Teams (IFITs) and the Paediatric Mental Health Liaison Service at the Whittington Hospital where many of those seen present via the A&E department and therefore receive an urgent assessment by the Liaison team often in partnership with the Priority 1 team.

3.23.1 In 2014-2015, the Islington Children's Social Care Innovation project had not started and so is also not included. There were no waiting lists for counselling at the Refugee Therapy Centre, whilst counselling offered at the Brandon Centre, at Drum and at LIFT and Platform Youth Hubs ranged from less than 4 weeks (35 young people), between 5-12 weeks (40 young people), between 13-16 weeks (9 young people) and over 17 weeks (13 young people). Whilst waiting times for the Perinatal Team at Whittington Hospital are between 2-3 weeks, the team notes that the team operate as flexibly as possible and will see urgent cases within a shorter time frame if needed (same day if a child or young person is an inpatient).

Figure 2: Waiting times (maximum in weeks) by service



3.24 DNAs

3.24.1 For community CAMHS Services in 2014/15 their DNA rate was 14%.

3.25 Tier 4 adolescent Inpatient Services

3.25.1 In 14/15, there were 23 admissions to Tier 4 services including eating disorder placements. This compares to 22 in 13/14 and 21 in 12/13. This data has been collected from local records from our Tier 4 multi-agency panel.

4. Consultation with Service Users, Partners and Local Stakeholders

- 4.1. A process of consultation with children and young people, parents and carers, has been undertaken as Islington's Transformation Plan has been developed. From late August and throughout September, a consultation questionnaire (please see Appendix 5) was circulated across community CAMHS, the young people's health forum, Islington's secondary schools and was publicised across the early years practitioner's network; fifteen completed questionnaires were returned, eight from young people and seven from parents/carers.
- 4.2. Responses to the questionnaire indicate strong support for the priority areas Islington has included in its Transformation Plan, in particular: to address waiting times and ensure prompt access to CAMHS; to ensure the delivery of mental health support in schools; to train staff in order that they can identify mental health problems and intervene early; to work with voluntary sector providers to provide a range of 'non-traditional' venues for accessing support and to work with primary care/GPs to promote early identification and support.
- 4.3. Comments noted in the questionnaires included that both children and young people, and parents and carers, feel that it is important to identify and arrange treatment at the earliest moment. One respondent noted that mental health stigma needs to be addressed (if people are to feel comfortable to use services) and another, that long waiting times can cause problems (with one young person noting that this can lead to people paying "a lot of money" to see private counsellors).
- 4.4. A number of the young people highlighted their wish for mental health services to make greater use of local youth clubs and the hubs in Islington and emphasised the need for flexible delivery of services which take account of the views and experiences of children and young people and put these at the centre of what is offered.
- 4.5. Suggestions were made for Islington CAMHS to consider operating 'cancellation lists' whereby if someone cancelled an appointment, another young person could be contacted at short notice to take up the appointment. An emergency helpline was also suggested.
- 4.6. Children and young people were also extensively consulted for the ***Children and Young People's Health Strategy 2015*** and some of the ideas for transformation reflect these views. This strategy was developed throughout 2014 with a detailed process involving many stakeholders encompassing children, young people and their carers and a broad range of professionals and organisations.
- 4.7. Early on, six focus groups with young people were convened to ask their views on health and their health service experiences. The young people had a range of different backgrounds and needs and the rich and diverse information they provided informed the developing strategy. Some of the key themes from the consultation as to how they felt that mental health services in Islington could be improved included:
 - By ensuring **greater consistency** between services and improved communication (e.g. so that if someone needs to be admitted to hospital, this could be a smooth process).

- Greater use of services like The Drum and those located in more **informal settings** where it isn't obvious from the outside what the service is; avenues to access support outside school were also emphasised.
 - Making services **more inviting** – whilst some of those consulted had found Islington community CAMHS helpful, the environment of the Northern Health Centre was less positively received and instead was described as dark, with a hospital feeling that “makes you feel down”.
 - The need to **significantly reduce waiting lists** was highlighted, also that referral processes need to take account of the fact that some young people may not want to be seen with their parents.
 - There was support for young people to help them have **positive mental health** and to feel emotionally well. A group of young people with autism reported that they would like to be supported to have a positive social life to support their emotional health.
 - Young people to be involved in the **development** of Islington's services.
- 4.8. Around 60 stakeholders from across primary, community and hospital, social care, public health, education and children and young people's services also contributed to the health strategy as it developed. They considered what Islington's ambitions for the health of the local children and young people's population should be over the next five years in order to achieve the best health outcomes for children and young people across the borough. Detailed analysis of children and young people's health needs and current service delivery was also undertaken to inform discussions and on-going interaction with professional stakeholders to shape our progress.
- 4.9. Information from **Islington's CYP IAPT Partnership** illustrates how consultation and children and young people's participation activities are now well-established within the borough – for example, service user feedback is regularly requested and used to inform service planning and development, including use of a telephone quality assurance monitoring process. The Islington CAMHS in Schools Team also routinely seek feedback from both young people and parents and parents attending workshops offered by the Parent Baby Psychology Service are also asked to evaluate the service received. There is a well-established Youth Council within the local inpatient unit (Simmons House) and also a CYP IAPT youth participation group.

5. Self-assessment/Gaps and Unmet Need

5.1 Self-Assessment Tool

- 5.1.1. Islington Commissioners and its partners have used the *Future in Mind Associate Development Solutions Self-Assessment Tool* to analyse current provision and commissioning of CAMHS. The self-assessment indicates that Islington is well placed to deliver the recommendations set out in *Future in Mind*, with many already implemented and embedded within existing practice.
- 5.1.2. The completed assessment tool can be found in Appendix 4.
- 5.1.3. The process of completion of the tool and analysis of data, highlights that whilst there are some real areas of strength in practice there are areas where we need to focus our efforts in order to ensure we are able to effectively meet the emotional needs and well being of C&YP in Islington.

5.2 What's working well

- A clear focus and commitment to early intervention and prevention: services targeted at the under 5s delivered in early years settings with a strong focus on parenting programmes to support the emotional attachment between parents and children.
- A strong commitment to integrated/partnership work with colleagues in children's social care and education ensuring that we are able to meet the needs of children and families who need CAMHS services. For example, services based directly in CSC working with very vulnerable and complex families, strong partnership working in relation to young offenders, specific CAMHS teams working with children who are looked after, links into the children's social care innovation project and a Joint Agency Panel (JAP) that focuses on our most complex children many of whom present with significant levels of conduct disorder and severe attachment disorders resulting in high levels of risky behaviour.
- Recognition of the importance of developing work in our schools is reflected in a strong CAMHS presence in all local schools and a robust resilience in schools programme which is going from strength to strength.
- The commitment to CYP IAPT has led to more evidenced based pathways / interventions with a strong focus on outcomes, including use of routine outcomes measures (ROMs) to monitor and improve clinical practice.
- An effective Adolescent Outreach Service that has been successful in reducing tier 4 admissions and decreasing length of stay which has good links with local Paediatric Liaison Services to support C&YP in crisis.

These areas of good practice are not exhaustive and can always be improved and enhanced, however, the process of self-assessment has highlighted some key issues within our services that form our priority schemes of work for 2015 /16 and further into the future:

- We have unacceptable waiting times in our core CAMHS service which means not only do we need to address the current waiting list as a matter of urgency, but we have to consider how we build greater capacity into the service by using the CAPA model more effectively and also developing more effective evidenced-based

treatment. Continuing to develop and embed our CYP IAPT work to meet need and improve outcomes will play a key role here.

- We recognise the need to develop a greater flexible network of local services with increased opening hours, to ensure we are able to meet the needs of all young people. In particular, we need to give greater consideration to how we target hard to reach and vulnerable groups unlikely to access services via traditional CAMHS routes in order to **promote equality and address inequalities in access**. We plan to do this by developing services in the community with voluntary sector partners and our local CAMHS services giving particular consideration to outreach models /drop in services. We will also seek to strengthen links between CAMHS and Primary Care and will seek to maximise opportunities resulting from the development of the GP Federation and I Hubs. We need to undertake further consultation with partners in order to co-produce these approaches.
 - Given the significant rise in complexity and increased presentations of self-harm we plan to develop the capacity of our AOT and Priority 1 team to ensure we are able to respond to young people in crisis promptly, delivering services where they feel most comfortable. We will continue to develop this vision of service delivery in partnership with young people in a process of co production which will shape the delivery of our crisis services and outreach services locally over the next 5 years.
 - We have identified a gap in our ability to deliver comprehensive CAMHS services to children with learning disabilities and propose the development of a specific LD pathway enabling us to ensure we are able to screen, identify and assess LD at the outset, and provide comprehensive treatment for the associated emotional and behavioural difficulties, which are at increased risk of occurring amongst children with disabilities. This will ensure we are able to deliver on Transforming Care agenda. The significant increase we have seen in ASD is creating significant pressures on a range of services including CAMHS.
 - We are mindful that we have a number of local services and initiatives that are targeting parental mental health issues – in both parents and their children. We need to review current provision to ensure we have a coherent pathway that effectively meets the significant demand within the borough.
- 5.2.1 We are committed locally to working with key stakeholders to address health inequalities and promote equality of access across mental health services. As identified in Camden and Islington's Annual Public Health Report 2015, '*Healthy Minds Healthy Lives, Widening the focus on Mental Health*', in many ways our high levels of mental illness can be directly linked to levels of deprivation across the borough.
- 5.2.2 Our approach locally of delivering as many services as possible into local community settings in partnership with key stakeholders, with a strong focus on early intervention and prevention, is aimed at reaching out to our local population, trying to engage in particular with hard to reach vulnerable groups who may not access services through more traditional routes. Our vision in developing local CAMHS services is to provide as many services as possible flexibly in the community enabling young people to find a route into services that works for them.
- 5.2.3 When developing new services locally, we will ensure any new service developments are underpinned by robust **equality impact assessments**.

6. Islington's plans to transform its services for children and young people's mental health and wellbeing

6.1 Overview

- 6.1.1 The Transformation Plan proposals have at their heart the aim of reducing waiting times, improving capacity and access, building flexible services around the needs of children, young people and their families, locating services in universal community settings and addressing health inequalities.
- 6.1.2 Whilst we have consulted with a broad range of stakeholders and partners we are mindful that timescales have not enabled us to consider much of the detail behind some of our proposals and our wider vision. As such we are committed to developing a strategy for service and user involvement and co production on Transforming CAMHS services in Islington that will include service users, voluntary and community sector partners as well as current service providers. This is a key priority for us at the outset of this journey.
- 6.1.3 Islington's Transformation Plan, including baseline data and accompanying tracker which sets out our key KPIs linked to our transformation plans, will be made available on the Clinical Commissioning Group (CCG) Website following the assurance process, with links to key partner agency websites.

6.2 Service transformation overview – local priority schemes by theme
(Please note: These local priority schemes have been listed according to the *Future In Mind* headings)

Local Priority Scheme		Section of self ass. tool	Transformation funding allocation	
Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people				
			2015/16	2016/17
LPS-1	Mental health promotion building resilience in schools	1.2	£0	£25,000
LPS-2	Perinatal mental health		£0 Allocations to be published later in 2015	£0
LPS-3	Review of parental mental health services to coherent pathway		Existing CCG funding streams	Existing CCG funding streams
Improving access to support – a system without tiers				
LPS-4	Urgent Waiting list initiative	2.11	£308,463	
LPS-5	Community CAMHS crisis care, extended opening hours, improved response and wait times	2.1, 2.7, 2.8, 2.11, 3.9	£30,652	£183,913
LPS-6	Implementation of Camden and Islington's crisis care concordat	2.7, 2.12	£3,000	
LPS-7	Building sustainability and sufficiency in Voluntary Sector	2.2, 3.9	£22,188	£67,188
LPS-8	Community eating disorder service	2.8	£67,587	£67,587
LPS-9	ED Self Harm post within AOT	2.8	£11,264*	£67,587
Care for the most vulnerable				
LPS-10	Development of an LD Pathway (including C&YP with Autism)	2.5, 2.9	£10,375	£62,254
LPS-11	New ways of working to support children and young people at risk of or with experience of CSE		£8,000	
LPS-12	Build on and develop CYP IAPT data collection infrastructure	4.1	CYP IAPT funding £12,000 IT infrastructure	CYP IAPT funding
Total Funding			£473,529	£473,529

* For 15/16, only slippage on this ED post is contributing to the waiting list initiative as a proportion of these YP are self-harmers.

i) Promoting resilience, prevention and early intervention for the mental well-being of children and young people

1. LOCAL PRIORITY SCHEME 1 (LPS – 1): Consolidate and sustain work being undertaken across all Islington Schools to promote resilience and emotional well-being. The Mental Health and Resilience in Schools (MHARS) programme, delivered by the Health and Well Being Team within the School Improvement Service is a highly regarded programme which has been developed in partnership with UCLP partners. The programme has been highlighted as an example of good practice and builds on the extensive CAMHS in Schools service which is provided by community CAMHS funded by the Schools Forum.

We plan to work with local schools and colleagues in CAMHS and educational psychology to develop a policy that sets out support available to schools, when the school community or individuals within that community have experienced a tragic event.

Transformation Plan Allocation: Maintain in 16/17 Resilience in Schools Post. Cost: £25,000

2. LOCAL PRIORITY SCHEME 2 (LPS – 2): Improve access to Peri-Natal Mental Health. Whilst guidance for the development of peri-natal services is anticipated later this year along with a resource allocation this work needs to be reflected in our local Transformation Plan.

The NCL cluster is currently reviewing perinatal mental health services and developing a strategy and business case for an NCL wide peri-natal mental health pathway across both acute and community services. We will draw on these findings and work with partners across the sector to ensure that there is equitable and timely access to peri-natal mental health services across provider Trusts and specifically across Islington

Transformation Plan Allocation: A future resource allocation announcement is expected when guidance is launched later this year

3. LOCAL PRIORITY SCHEME 3 (LPS – 3): Review of Parental Mental Health Services to ensure better coherence and best use of resources, meeting need based on the best quality evidence. Islington offers a range of services to support both the identification and treatment of parental mental health issues, predominantly in early years but not exclusively. Locally the CCG commissions a specific Parental Mental Health service (*Growing Together*) for parents with mental health problems where the child (under 5) is also displaying problem behaviours. The CCG also commissions a parental mental health service to Islington Targeted and Specialist Children and Families Service for the over 5s. This is in addition to providing a range of parenting support / resilience building programmes delivered across a range of settings including Children's Centres.

As part of the Transformation Plan, we intend to review these services to develop a coherent evidenced based Parental Mental Health Service that is not age boundaried and makes best use of resources.

Transformation Plan Allocation: None. This will be done within existing resources

ii) Improving Access To Support – A System without Tiers

4. LOCAL PRIORITY SCHEME 4 (LPS – 4): Urgent Waiting list initiative. Activity data clearly demonstrates that we have a significant capacity issue which is creating unacceptable waiting times for young people to access the core CAMHS service.

We intend to make change happen in Islington through frontloading some of our activities in 15 / 16 to build capacity in our core CAMHS to address current long waiting times for treatment.

We are proposing an urgent waiting list initiative response to this by frontloading 15/16 spend to increase capacity within community CAMHS to address current unacceptable waiting times across the service.

As well as increased capacity, the service is already reviewing their use of the Choice and Partnership Approach (CAPA) which is an approach to manage through-put from receipt of referrals at the duty and advice service through Choice and then partnership working (treatment). The service is working with Dr Ann York who is one of the pioneers of this model.

- We aim to recruit a small team of Assistant Psychologists (2) and CAMHS practitioners band 7 (4) on a fixed term contract in order to urgently increase capacity to address the current waiting list.
- We will review the use of CAPA within the service, including in our services delivered in schools and children's centres in order to create sufficient flex and capacity in the system to respond more effectively to demands on the service.
- We will continue to embed the work from the CYP IAPT partnership to ensure delivery of effective evidenced based pathways, with robust data collection and analysis so we can review impact on goals and outcomes for C&YP.
- This focus will enable us to work towards implementation of waiting and access times

Transformation Plan Allocation: Short term waiting list initiative funding plus 15 / 16 slippage on permanent posts. Cost: £308,463

5. LOCAL PRIORITY SCHEME 5 (LPS -5): Develop crisis care services. Establish a flexible accessible CAMHS service with extended opening hours with flexible service delivery model, ensuring that we can respond to young people in crisis and in particular who are at risk of self-harm

We will:

1. Develop the capacity of the Priority 1 team to enable the service to respond quickly to young people presenting as emergencies / high risk particularly those presenting with self-harm or at risk of suicide. Capacity will be enhanced by nursing 0.6 and 0.4 additional psychiatry given the presentation of P1 cases. Long term our vision is a service that is able to provide a 24 hour response to emergencies (outside of those cases that need to attend A&E / PLS) and for P1 cases – 5 working days.
2. Develop the capacity of Adolescent Outreach Team (AOT) by .6 WTE. The AOT works with some of the most vulnerable young people who are high-risk and have serious mental illness; this especially includes young people who will not or cannot engage readily with services, but need assertive outreach. Offering intensive community support, consultation and a wide range of interventions, the caseload tends to include regular self-harmers, those (self) excluded from school who are stuck at home, attachment disorders, personality disorders, and psychosis.

Developing greater capacity will enable the team to respond quickly and flexibly delivering services in the community targeting vulnerable young people who are unable to access services in traditional settings. This will also enable the service to develop the outreach model to a wider group of adolescents, to create more flexibility in when and where services are delivered. AOT play a crucial role in facilitating timely and safe

discharge from inpatient psychiatric care as well as linking into the Paediatric Liaison Services in our local acute hospitals. We anticipate that with greater capacity in AOT we will see a reduction in admissions to inpatient services and a decrease in overall length of stays. This will also enable closer working with local housing providers so as to support vulnerable young people living in supported accommodation.

3. Develop the capacity of services to support the Emotional and Behavioural pathway to ensure a more timely intervention.

All of the above services will implement a waiting list support/triage and management approach based on 'keeping in touch' with children and young people who are on the waiting list, escalating those who need to be seen immediately if their needs increase and signposting/supporting others to access alternative sources of support – e.g. in the VCS, if appropriate

This increased capacity will also enable the service to develop its work in linking and delivering services in primary care and other community settings. This will be a key focus for the development of our local CAMHS services.

Transformation Plan Allocation: Funding for these three permanent posts assuming in post by Feb 15/16 30,652. Full cost 16/17: £183,913

6. LOCAL PRIORITY SCHEME 6 – (LPS – 6): Implementation of the Crisis Care Concordat

Following the recent publication of the Governments Mental Health *Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis* – Camden and Islington have been working closely with a range of partners to commit to working together to improve the system of care and support available. As part of this, planning is in place to train CAMHS practitioners across Camden and Islington as Approved Mental Health Practitioners (AMHSs) and local policies and procedures are being reviewed with colleagues in Camden and with the Metropolitan Police in the use of approach places of safety for children and young people on a Section 136.

- CAMHS Clinicians will be trained as AMHP and work across Camden and Islington
- We will develop a pathway for C&YP subject to a 136 agreed across Camden and Islington

Transformation Plan Allocation: Training of CAMHS practitioners as Approved Mental Health Practitioners 2015/16. Cost: £3,000

7. LOCAL PRIORITY SCHEME 7 – (LPS – 7): Developing services delivered by the Voluntary and Community Sector to improve access and take up of services, with a focus on delivery of outreach services.

Future in Mind highlights the importance of developing capacity within the voluntary sector. Locally we know voluntary sector colleagues have had real successes in attracting and working with vulnerable groups of young people who otherwise find it difficult to access traditional CAMHS services.

We will work with voluntary sector providers and organisations to provide a network of outreach services delivering counselling and therapeutic interventions at locations young people have told us they will access.

In 15/16 given the timescale we will seek to increase capacity on a short term basis with existing providers delivering services into Youth Hubs to address waiting times whilst we undertake further work with the VCS in preparation for 16/17.

Transformation Plan Allocation: Developing services to improve access and uptake of services particularly hard to reach groups with voluntary sector partners for 2015/16. Cost: £22,188 in 15/16 and £67,188 in 16/17

8. LOCAL PRIORITY SCHEME 8 – (LPS – 8): Community Eating Disorder Service

A proportion of the Transformation funding (£135,174) is ring fenced to deliver on the recently published waiting and access times for Community Eating Disorders, and to ensure services are compliant with the Community Eating Disorder (ED) pathway.

We are working with partners across the NCL sector and the Royal Free ED service to develop their services in line with the guidelines to ensure we are compliant. We already use the Royal Free ED outreach service and commission intensive ED services. NHSE sets out an expectation of collaboration across CCGs with a population of no less than 500,000. We anticipate that developing an enhanced community service in line with recently published guidelines we will see a decrease in admissions to eating disorder inpatient beds.

We are continuing discussions with partners across the sector but we would seek to:

- Enhance capacity to ensure appropriate staffing levels of skill mix and staffing levels within the service
- Ensure that with increased capacity the service was able to offer timely services in line with published guidelines
- Enhanced family therapy offer in line with CYP IAPT recommendations and reduction in current waiting times.
- Widen access criteria to enable self referral

Transformation Plan Allocation: Work with the Royal Free Hospital and NCL colleagues to ensure compliance with published guidelines. Cost: £67,587

9. LOCAL PRIORITY SCHEME 9 – (LPS – 9): Eating Disorder Self-Harm Post within Adolescent Outreach Team (AOT)

We propose to use the remaining ED funding to develop a dedicated ED / Self Harm post within the Adolescent Outreach Team who will provide consultation and training into Primary Care to support early identification and appropriate onward referral for both ED and self-harm.

The post will also be the point of contact for the Royal Free Hospital to facilitate joint working specifically where young people demonstrate complex co-morbidities, specifically self-harm. This will also enable coordinated step down into Community CAMHS services where required, providing consistency of care.

By developing a specialist post in the Adolescent Outreach Team this will enable the service to work more effectively with YP where ED is not the primary presentation but where there are concerns. This post would be the key link for the community CAMHS service with the RFH as well as a key link for local schools and colleges with links into the health school programme and resilience building initiatives.

Transformation Plan Allocation: ED / AOT specialist nurse within AOT. Cost: £11,264 for 15/16 rising to 67,587 for 16/17 (slippage in this post for 15/16 will be used towards the waiting list initiative – a % of the waiting list will be YP who self-harm)

iii) Care of the most vulnerable

10. LOCAL PRIORITY SCHEME 10 – (LPS – 10) Development of a specific Learning Disabilities (LD) pathway for children and young people with Learning Disabilities including those with a diagnosis of Autism

Within the CAMHS services, although there is a comprehensive autism assessment service, there is a lack of comprehensive assessment of learning disabilities and a lack of specialist pathway for longer term interventions in learning disability and/or autism. This is a specific gap in current service provision, which with the unprecedented increase in numbers of young people diagnosed with autism has become a significant service pressure. Alongside this is the context of Transforming Care and the need to ensure appropriate assessments and interventions are provided to avoid psychiatric inpatient admissions for young people with learning disabilities with mental health issues.

The additional capacity will ensure that:

- All young people who come into CAMHS will be screened for a learning difficulty or disability and if it's thought there may be a possible LD they will receive further assessment including a cognitive assessment if required. Our long term target is for this to happen within four weeks.
- We will implement a process of ensuring Care and Treatment Review (CTR) process is undertaken before any inpatient admission is made and the case will be discussed with the CAMHS Clinical Lead
- We will pursue the possibility of NHSE Case Managers attending these pre admission CTR's.
- Locally we will explore utilising the CTR process to support transition planning.
- Proposed CYP IAPT modules re LD and ASD will be used to ensure we deliver evidenced based pathways.

Transformation Plan Allocation: Development of LD pathway within community CAMHS. Cost based on Feb 15/16 start £10,375: Full Year 16/17 £62,254

11. LOCAL PRIORITY SCHEME 11 – (LPS – 11) New ways of working to support children and young people at risk of child sexual exploitation (CSE)

Recent experience and research indicates that young people at risk of CSE respond better to non-conventional interventions outside of clinic and office settings and in particular by building a one-to-one relationship with an individual worker. Currently this is offered through outreach workers from the voluntary sector (Safer London) and there is an increasing demand for such workers. These workers currently link with the statutory services through a variety of means including attending group supervision sessions with Children's Social Care workers. Other than in some very exceptional circumstances, the Looked After system is not thought to be the most effective way to protect children and young people from CSE; using community support and resources to maintain them in their families is having better outcomes in Islington.

Currently work is underway to plan how to engage a whole school approach to protecting pupils from CSE. Assistant psychologists also support the work of the teams working with children on the edge of care (AMASS) and the Islington Families Intensive Teams (IFIT) from where many of the most vulnerable children and young people receive services. A new residential facility for girls aged 12-17 at risk of sexual exploitation is also due to open in Islington which will be run by the VCS provider St Christopher's.

We need to undertake some further work to explore with Children's Social Care how we support the mental health needs of young people who are at risk of or have experience of

CSE and this may link in to our local work with the voluntary sector. In the first instance however we are looking to work with Safer London to develop a harmful sexual behaviours pilot providing intensive weekly 1:1 support and intervention for four young men aged 11-18 who are demonstrating harmful sexual behaviours and/or attitudes in order to provide young men with knowledge, skills and confidence to make appropriate choices. The pilot will respond to the need and vulnerabilities of young men that are not being addressed through existing mental health and other services. The pilot will run from January – June 2016 and findings from the pilot will inform future planning of work with this cohort of young men.

This work also links to LPS 7

Transformation Plan Allocation: Increase capacity of existing providers providing support for young people at the risk of child sexual exploitation in 15 / 16 Cost: £8,000

12. LOCAL PRIORITY SCHEME 12 – (LPS 12) Building on the learning from Islington’s Children and Young People’s Increasing Access to Psychological Therapies (CYP IAPT) partnership in developing the workforce and use of CYP IAPT principles across the service as a whole by ensuring appropriate data systems are established for reporting ROMs

Community CAMHS will continue to embed CYP IAPT principles and ways of working across the service, notably delivering evidence-based clinical interventions, monitoring outcomes and supporting the active participation of service users. Clinicians will continue to take up relevant training modules delivered through CYP IAPT and in particular, we will ensure that the new specialist posts for ED and LD will access the relevant modules that CYP IAPT are running or plan to run in the next year.

The service will also continue to embed the learning from the programme regarding user participation, continuing to see it as a whole service responsibility and a systems change.

With the forthcoming changes with the closure of CORC in early 2016 and reporting requirements on the new CAMHS minimum data set, Whittington Health need to consider how their local Open Rio IT infrastructure has the functionality to capture and subsequently report CYP IAPT data measures to inform continuous service improvement, service impact and sustain robust data to commissioners.

It is proposed that Whittington Health will need to have some bespoke additional IT support for 15/16 to enable the service to develop the right open RiO functions to be able to provide this information to improve service delivery and national reporting requirements.

Transformation Plan allocation: 15/16 allocation towards IT infrastructure development in addition Whittington Health will contribute to the developments. Cost; £12,000

7. Management of risks in delivery of Transformation Plan

- 7.1. The key risk to delivery of the Transformation Plan for 15 / 16 sits with workforce development and the ability to recruit to the necessary posts in order to make an immediate impact and deliver on our challenging KPIs set out in our tracker.
- 7.2. This is a particular risk when we know that many CAMHS services will be looking to recruit staff over the next few months as plans are assured.
- 7.3. We are already working closely with our local CAMHS service to effectively mitigate risk as far as possible.

Risk management

- Following immediate notification of the funding fast track the workforce strategy to recruit the 4 band 7 and two assistants linked to the waiting list initiative. From recent rounds of recruitment, there was high calibre of candidates and several remain in touch with the service so could be considered for these post.
- The service will ensure all the preparatory work JD/PS and adverts are in place over the next 5-10 days in order to move expediently on the recruitments.
- The service will also work up the substantial posts LD, Nurse AOT/P1 ED etc. as above with potential start dates in February 2016.
- Authorisation to recruitment has already been escalated within the Trust to ensure no substantial recruitment slippage to the proposed staffing structure. The average turnaround time for recruitment would be about 3 months and where possible the service will look to reduce elements of the process if possible.

Mitigation to Risk

- 7.4. If there is substantial delay in the recruitment strategy this could impact on the deliverability of KPI, waiting times.
- 7.5. The service will ensure CAMHS commissioner is frequently updated on recruitment progress and any unforeseen delays and this in turn will be reported up to the Children's Mental Health and Emotional Well Being Advisory Group.

Recruitment Plan for waiting times initiative.

- 7.6. The CCG has worked closely with our local CAMHS service to ensure the service is ready to go out to recruitment as soon as the Transformation Funds are released to prevent any delay. All work plans and specifications have been worked up and are ready to go out to advert.
- 7.7. In addition to this any internal staff indicating an interest in increasing their sessions on a fixed term basis have been added to the organisations bank.
- 7.8. A clear timetable has been set out for recruitment that aims to interview before the end of December 2015.
- 7.9. Two of the proposed fixed term posts are assistant psychologists of which it is not anticipated there will be any problems to recruit too.

Work with partners across NCL Sector

- 7.10. Across the North Central London Sector, Children's CCG Commissioners regularly come together to discuss opportunities for collaborative working. Opportunities for developing innovative solutions and workforce developments strategies will be discussed and explored within this forum.

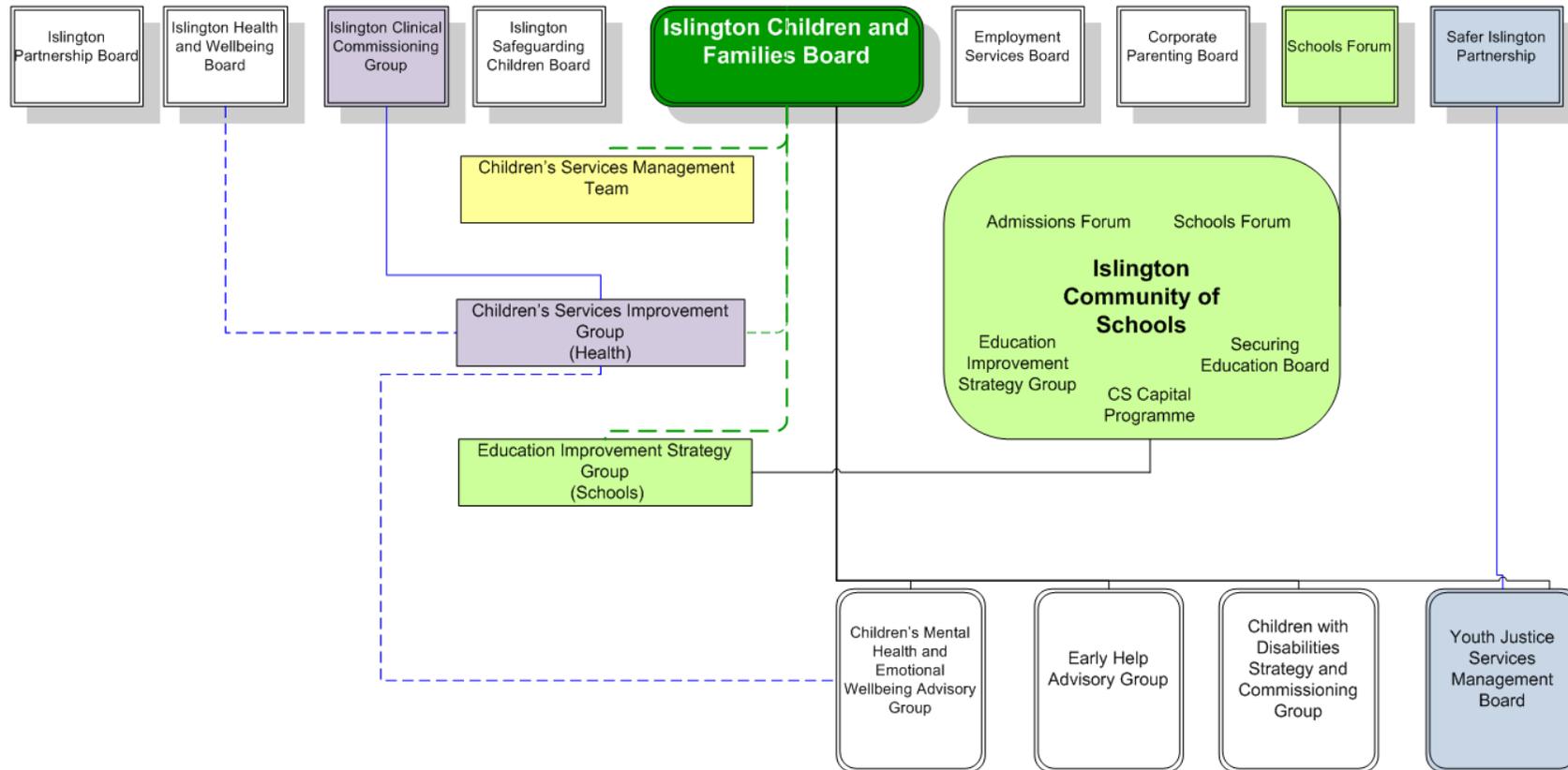
APPENDICES

Appendix 1 - Key local strategies

- [Islington's Joint Health and Wellbeing Strategy 2013-2016](#)
- [Islington Joint Strategic Needs Assessment \(JSNA\) 2014](#)
- [Children and Young People's Health Strategy 2015-2020 – Improving the Health of Islington's Children and Young People](#)
- [Islington Children and Families - Prevention and Early Intervention Strategy 2015-2025](#)
- [Healthy Minds, Healthy Lives: Annual Public Health Report 2014-2015 Camden and Islington Widening The Focus](#)
- Islington Child and Adolescent Mental Health Strategy 2012-2015
- [Care Closer to Home Strategy 2012-2014](#)
- [Islington CCG Primary Care Strategy 2011-2016](#)
- [Urgent Care Strategy \(Camden and Islington\) 2014](#)
- [Child Poverty Strategy *Fairness for Families* 2014-2015](#)
- [Islington Early Help Strategy 2015-2025](#)
- Camden and Islington Strategy for Young Carers 2015-2025

Appendix 2 – Islington Children and Families Partnership structure chart

Islington Children and Families Partnership



Date: 17 November 2015
Author: Tania Townsend
 Partnerships and Service Support
 For queries, please contact 020 7527 3080

Appendix 3 - Current spending on Islington's services to support children and young people's mental health and wellbeing

Service	Provider	Funder	Costs
Islington Community CAMHS	Whittington Health	Islington CCG Islington Council Others	£2,509,000 £375,000 £32,200
CAMHS in Early Years	Whittington Health	Islington Council	£60,000
CAMHS in Children's Centres	Whittington Health	Islington CCG Schools Forum	£175,000 £74,000
CAMHS in Schools (including PRU)	Whittington Health	Schools Forum Islington Council Islington CCG Individual Schools	£350,000 £73,000 £36,000 £185,000
CAMHS in TYS/YOS	Whittington Health	Islington CCG	£79,000
Neuro-Developmental Team	Whittington Health	Islington CCG Schools Forum Islington Council Individual Schools Others	Included above in Community CAMHs Included above under CAMHS in Schools £14,000 £12,583 £11,000
CAMHS in Children Looked After Health Team	Whittington Health	Islington Council	£241,720
Adolescent Outreach Team	Whittington Health	Islington CCG	£283,000
AMASS	Led by Targeted and Specialist Children and Families Service (social care) with CAMHS input from Whittington Health)	Islington Council	£92,542
IFIT	Led by Targeted and Specialist Children and Families Service (social care) with CAMHS input from Whittington Health)	Islington Council (Troubled Families Programme income)	£159,084
Enhanced Service, Islington Children's Social Care Innovation Project	Led by Targeted and Specialist Children and Families Service (social care) with CAMHS input from Whittington Health)	Islington Council (Department of Education Income)	£249,490
Young People counselling and psychotherapy	The Brandon Centre	Islington Council Islington CCG	£35,000 £29,500
Counselling and therapeutic services for refugees	Refugee Therapy Centre	Islington Council	£30,000
Paediatric Liaison Service	Whittington Health	Islington CCG	£96,000
Peri-natal mental health service	Whittington Health	Islington CCG	Awaiting figures
Parental Mental Health	Whittington Health and	Islington CCG	£340,000

Service AMHS / CAMHS Growing Together: Support for Parents and Young Children.	Camden and Islington NHS Trust		
Parental Mental Health Service to Islington Targeted and Specialist Children and Family's Service	Camden and Islington FT	Islington CCG	£150,000
Royal Free Hospital Eating Disorder Service (intensive)	Royal Free NHS Foundation Trust	Islington CCG	£187,000
Public Health Early Identification Projects - Direct Action Project and youth Mental Health First Aid	Peel Centre/Rethink	Islington Council	£100,000
Total			£5,979,119

Appendix 4 - Self-assessment

1. Promoting resilience, prevention and early intervention for the mental well-being of children and young people

1.1 Promoting and driving established requirements and programmes of work on prevention and early intervention
What we've done so far: Prevention and early intervention are at the heart of our approaches. <ul style="list-style-type: none">• We have developed the First 21 Months programme to develop integrated working across services working with families through pregnancy and children's first year of life including focussing meeting the needs of parents with poor mental health.• Embedding mental health as a priority with the Islington Healthy Children Centres programme. This ensures that evidence based practices are at the heart of work with families in children's centres.• Developed a very strong mental health offer in children's centres and schools• We have been providing mental health awareness training in Islington since 2011, predominantly the internationally recognized youth Mental Health First Aid training (yMHFA)• The Direct Action project (DAP) targets young people (aged 12 - 24) and parents of young children in community settings across Islington to increase early identification and diagnosis of mental health problems, self-help strategies and skills in recognising and supporting mental health distress in others, including suicide risk.
In 2015/16 we will: <ul style="list-style-type: none">• Train 200 adults in youth Mental Health First Aid including parents, and staff in schools, children's centre and youth services in Islington• Ongoing school specific MH awareness training available• Develop a preparation for parenthood offer with a clear focus on improving parental resilience. This may be consider the introduction of the NSPCC <i>Baby Steps</i> preparation for parenthood programme, an evidence-based and therapeutically informed curriculum and creating social network of support for expectant and new parents. Delivered• by midwives, health visitors and family support workers
By 2020 we will: <ul style="list-style-type: none">• Ensures all staff working the children and parents, from midwives through to youth services, have a good understanding of mental health appropriate to their professional role, to identify need early and ensure families are receiving specialist support where needed.• Be supporting pregnant women and partners, with effective preparation for parenthood support to build resilience in this critical period around early childhood.• Developing the 6-8 week health visiting listening visit to ensure that signs of maternal mental health concerns are being identified early and addressed
1.2 Continuing to develop whole school approaches to promoting mental health and wellbeing
What we've done so far: Islington is fully committed to developing whole school approaches within schools with a particular focus on building resilience. We have already undertaken significant amounts of work in this area which we plan to further enhance and develop.

We have worked closely with schools, local and national partners to agree the Islington Mental Health and Resilience in Schools (Islington MHARS) framework – evidence based guidance for schools on a whole school approach. We have piloted whole school reviews (and developing tools to explore issues) on Islington MHARS and developed quality improvement projects to identify what works in schools.

We have supported schools' to audit their whole school approach to health and wellbeing, including PSHE education and support for vulnerable pupils, through a well-established Healthy School Programme. Locally we have also developed and rolled out a mental health education PSHE teaching programme for all secondary schools and piloted a programme for Year 6 pupils in primary schools as well as developed primary and secondary school guidance, resources and support for PSHE education

All schools have a CAMHS clinician from our local CAMHS service offering consultation, training & direct clinical work, based in the school. In some schools the clinicians also undertakes mental health screening, particularly in our secondary schools. Some local schools have also piloted anxiety groups where they have felt there has been a high level of need.

CAMHS also deliver the Solihull Approach training to school staff teams focusing on identifying risk factors in mental health and working with parents to promote mental health and well-being.

(All Primary Schools receive a half day per fortnight input and all secondary's receive 1 day a week, special schools also receive input along with our PRU's who receive an enhanced offer. Some schools also choose to buy In additional support from the service)

In 2015/16 we will:

- Roll-out support and guidance for Islington MHARS across the borough
- Work with the PSHE Association to quality assure our mental health PSHE education lessons plans and guidance for primary and secondary schools and support schools to teach these alongside the national lesson plans
- Ensure the sustainability of the programme by investing in a permanent post to take this work forward. **(LPS-1)**
- Develop CAPA into schools; Choice appointments plus 7 Partnership sessions
- Refer for Specific evidence based interventions to the borough of child's GP
- Re negotiate contract with Schools Forum to cover work in all schools including assistant time
- Increase mental health awareness in schools; attend parents evenings, make digital info more available
- Clearly defined criteria for all CAMHS in schools clinicians when to signpost to partner agencies like Families First, Targeted Youth counselling, Refugee Therapy Centre, and Mind Connect.
- Assistants to work with clinicians and MHARS to build resilience in schools.
- Offer mental-health workshops for teachers within the Arsenal in the Community programme at the Arsenal Hub.

By 2020 we will:

- Have a well-established Islington MHARS network of schools that share good practice and can demonstrate the impact of their work on children and young people's mental health and resilience
- Have a robust process in place to review outcome measures and user participation feedback to continue to provide a robust CAMHS service to all Islington schools
- Share good practice and innovative ways of working across the school network.

1.3 Building on the success of the anti-stigma campaign led by Time to Change and promoting a broader conversation about, and raise awareness of mental health issues for children and young people

What we've done so far:

Resilience in schools programme currently promote Time to Talk day to all schools, alongside local

services for children and young people

We also include anti-stigma teaching and learning activities within the primary and secondary mental health education lesson plans

The local CAMHS services also deliver workshops and training for staff, parents and students in schools on mental health awareness for children and young people

The **Direct Action Project** works with young people age 12-24, in community settings and further education providing a range of interventions in partnership with CAMHS, Children's Centres, schools, and youth hubs to increase early identification and diagnosis of mental health problems, self-protection strategies and skills in recognising and supporting mental health distress in others

In 2015/16 we will:

See above re PSHE and mental health education under section 1.2

Deliver 30 evidence-based workshops/ interventions in partnership with key stakeholders in the 12 month period, engaging with 150 parents and adults working with young people and 150 young people covering general mental health awareness (including key anti-stigma messages), how to access help locally, how participants can offer help to someone in need and self-protection strategies.

By 2020 we will:

Embed mental health awareness raising across Islington.

1.4 Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support

What we've done so far:

Community CAMHS deliver a Parent & Baby service which is accessible to all parents with peri-natal mental health problems and a baby under a year old through the Children's Centres. They work closely with our local acute peri-natal services.

CAMHS also provide 'Growing Together' which is a CAMHS service for parents with mental health diagnosis & a child over one and under five years of age, aiming to avoid early trauma: working with some of the most vulnerable parents with mental health problems and homeless as a result of domestic violence in refugees.

A range of parenting groups are also commissioned from our local community CAMHS service

- Mellow Parenting Groups are provided for parents with mental health problems and a child under five
- Solihull Baby groups are available for Universal & Targeted groups co-facilitated with a Family Support worker and a Health Advisor respectively.
- Toddler and Early Years Webster Stratton Parenting Groups co-run by CAMHS and Family Support Workers aim to improve positive parenting & strengthen attachment.

Early Years funding has enabled more IAPT recommended evidence-based clinical work to be offered to the parents of Under Fives; P-C-G (Parent Child Game); and VIPP (Video Interactive Positive Parenting) although this funding is due to come to an end.

Commission the Family Nurse Partnership service an evidence-based home visiting service for teenage mothers

With other North Central London (NCL) CCGs, commenced a comprehensive review of perinatal mental health services to map the current community prevention and early identification perinatal mental health

offer and address significant gaps in provision of perinatal mental health services across the sector

In 2015/16 we will:

Continue the Parent Child Game (P-C-G) and Video Interactive Positive Parenting (VIPP)

We will continue to deliver evidence based parenting programmes intervening early with children at risk of developing severe behaviour problems; where there is a strong evidence base of effectiveness.

We will continue the early identification and intervention in Children's Centre settings where there is a strong evidence base that sensitive attuned care predicts secure attachment and shapes the infants neurobiological structure.

We will review the evidence base for Growing Together and review the service alongside the parental mental health service in Families First.

By 2020 we will:

Continue to provide high quality maternal, perinatal, early years' health services and parenting programmes by providing evidence based specialist interventions including the P-C-G and VIPP to children under five in Islington

We will have increased the uptake of services by fathers and our most vulnerable families through our targeted work.

1.5 Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a kite marking scheme in order to guide young people and their parents in respect of the quality of the different offers

Where are we now:

Islington's Children and Young People's Health Strategy 2015-2020 has as one of its priorities the development of an IT infrastructure that offers interconnectivity between all areas of healthcare provision in the borough and other local service providers. The strategy notes that Islington Council and Islington CCG are already working together to develop integrated digital health and social care records for adults and mentions options to extend this in a phased way to children and young people, this offering considerable potential to build an effective platform for ensuring that children, young people, parents and carers can have greater independence and personal empowerment around their health, including their mental health.

The outcomes monitoring and collection of routine outcomes data required of the CYP IAPT programme has also prompted the development of IT systems within CAMHS and it is hoped that the learning from this aspect of the programme will aid the ongoing development of Islington's IT systems.

Recent work by Islington Integrated Care Pioneer and Partners resulted in agreement that there was a need for an Integrated Digital Care Record (IDCR) solution (software and services) to support the delivery of integrated health and social care services, also that a Person Held Record (PHR) was also required to assist local Islington residents in exchanging information with health and social care providers. Solutions to both of these requirements are currently at final procurement stage.

In 2015/16 we will:

- Carry out a programme of improvement and development for supporting GPs and primary care with a number of initiatives to support the integration of services and the sharing of information.
- Explore opportunities to link the development of digital handheld record to providing greater access to apps / electronic support opportunities.

By 2020 we will:

2. Improving Access to support – a system without Tiers

2.1 *Moving away from the current tiered system of mental health service to investigate other models of integrated service delivery based on existing best practice*

Where we are now:

We have developed Children's Multi-disciplinary Team teleconferencing bringing together the GP, community services, including CAMHS, and secondary care clinicians into a virtual team. Our initial focus has been on children and young people with multiple A&E attendances and those with 2 or more attendances for asthma, but in addition any member of the core team can refer in a child or young person who they feel would benefit from such a discussion. A list is generated from acute data each month of children who fit the above criteria. This is circulated to GPs who choose from the list patients they consider would benefit and they then see the parents to get their consent. At the request of GPs we have recently included CAMHS in the Children's MDTs and already GPs and CAMHS are reporting that this is extremely helpful in ensuring joined up care for young people. Other members of the core team (in addition to the child's GP and CAMHS) are the health visitor or school nurse, community nursing, Families First (family support service) and an acute paediatrician from either Whittington Health or UCLH, all of whom ring in for a 15 minute teleconference discussion. 11 children and young people are discussed monthly.

In relation to CAMHS, locally we made a move away from a CAMHS tiered approach when we combined our T2 and T3 services a number of years ago.

Having a number of CAMHS services co located and working in partnership with children's social care (namely AMASS and IFIT) we are continuing to explore ways of working with children and young people who present partners with shared concerns about risk, but will not necessarily respond to treatment. The use and expansion of CAPA already in the service, means we already consider the best treatment options in partnership with the service user at the choice appointment. Links with voluntary sector partners means we are able to refer into service to enable service users to manage their own well-being, if that's the most appropriate treatment option.

Community CAMHS clinicians' work is integrated with the work of staff in all children's centres and schools delivering accessible assessments and interventions to complex families, working jointly with education colleagues to provide multi layered interventions.

CAMHS Specialist Multiagency Outreach Service (SMAOS) clinicians are integrated with the Local Authority

In 2015/16 we will:

- Review our use of CAPA and extend across the whole service to ensure we can create flexibility and capacity within the system depending on where the demand is (**LPS 5**)
- We will continue to work in partnership with our colleagues in children's social care particularly in thinking about the most vulnerable cohort of YP who present with significant risk.
- Explore the possibility of greater integration with families first

By 2020 we will:

- Embedded CAPA across the service bringing flexibility and capacity to the service
- Establish a service model that encompasses an integrated whole system approach from early intervention and prevention through to risk management for the most vulnerable group of young people.

2.2 Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector

Where we are now:

Community CAMHS service publicises their Duty and Advice line as a single point of contact for entry into CAMHS services – and service users are able to self-refer. The service will often refer into local voluntary sector providers following the initial choice appointment.

Voluntary sector providers also provide counselling and therapeutic input to Young People in our two main youth hubs – Lift and Platform

We plan to further develop capacity within the voluntary and community sector to deliver counselling and therapeutic interventions in community settings, as identified through consultation with young people. This will enable us to improve access to services, particularly by more marginalised groups who won't access traditional CAMHS services, as well as to address current waiting times within existing voluntary sector provision.

We want to develop a range of services in the community that meet the needs of all YP and in particular that can outreach to those most in need. We envisage that over the next 5 years we will be able to develop a network of services across the NHS and voluntary and community providers.

In 2015/16 we will:

- Identify opportunities to work with voluntary sector providers to deliver counselling and therapeutic interventions in community and outreach settings **(LPS – 7)**
- Seek to enhance services being delivered from Lift and Platform which have been overwhelmingly popular creating significant waiting lists **(LPS – 7)**
- Consider how best we can enhance our CAMHS offer in youth settings including Lift and Platform, Rose Bowl and Pulse

By 2020 we will:

- Have a well-developed and publicised single point of access for community CAMHS with one stop shops providing services across the Islington supported by CAMHS and the voluntary sector

2.3 Improving communication and referrals, for example, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people's mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues

Where we are now:

Islington has a well-established CAMHS in schools offer throughout all of our schools, across primary, secondary and special schools which are commissioned via our Schools Forum – this is where schools collectively use their DSG to buy in services they consider will improve outcomes for children in their schools. All schools in Islington already have a named CAMHS practitioner working in their schools who provides a point of contact for that school.

Where possible CAMHS school clinicians already work closely with an identified school link who is the main point of contact for mental health issues and referrals and chairs the Team around the School meeting

Our Duty and Advice line staffed by senior CAMHS Clinicians Monday to Friday 9 – 5pm also provides a dedicated point of contact for all colleagues in primary care where they can seek advice and consultation. Four Health Centres provide clinic space for CAMHS clinics

In 2015/16 we will:

- Work with our schools to identify a dedicated mental health lead who is a school staff member to act as a dedicated link to enhance our already established links with schools.
- We will review the way that we work with GP practices as a wider review of the way we deliver CAMHS services in the community and in particular how we link with primary care.
- The Four Health Centre clinicians will develop closer relationships with the GPs in the Health Centres

By 2020 we will:

- Have named points of contact for all schools and GP practices
- Maximised opportunities for CAMHS input into primary care and specifically GP practices.
- All GPs will have a named CAMHS clinician to liaise with about mental health issues
- GPs will be updated through on line structures of any service changes or useful new services or recommended on line self-help for young people with mental health problems.

2.4 *Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools*

Where we are now:

As part of Islington MHARS we have developed and delivered joint training (CAMHS, VCS and children's services) for school staff on understanding children and young people's mental health

In 2015/16 we will:

- MHARS for CAMHS staff to understand schools' contribution to mental health

By 2020 we will:

- Establish a local training offer drawn from learning within the national CAMHS link programme

2.5 *Strengthening the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND)*

Where we are now:

We have integrated co located services for children with additional needs and disabilities located in the same building as our CAMHS services. We also have senior key CAMHS staff who works across the assessment and diagnostic pathways within the disability service.

Following the SEND Reforms we have established an integrated panel that considers the needs of children who require an Education Health and Care Plan and this includes any mental health needs. We have an identified panel link in CAMHS to discuss any issues relating to YP with LD or disability that also have mental health needs.

Cases where SEND request information works well as we are co-located in same building and observe information sharing protocols

Our Joint Agency Panel (JAP) also considers our most vulnerable cohort of young people that require residential care and this panel includes a psychiatrist and a senior clinician from the disability team so we can collectively plan for individual's needs. Panel also includes partners from our adult learning disabilities partnership

In 2015/16 we will:

- Recruit a dedicated CAMHS clinician to develop LD pathways across the CAMHS service in partnership with colleagues in disability services including family support. **(LSP – 10)**
- Learning Difficulties post will improve service development across CAMHS and Children's Therapy service, developing a Learning Difficulties pathway through these services
- Continue to commission and provide services in collaboration with partners to ensure robust links across mental health and disability services.
- Review our current assessment and diagnostic pathways for ASD across partner agencies.

By 2020 we will:

- Monitor and Review commissioning and provision of CAMHS for children and young people with SEND and identify and further opportunities for service development.
- Provide a CAMHS-wide LD pathway from childhood through to transition, at 18yrs, on to adult services.

2.6 Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how

Where we are now:

One of the seven domains in the Islington MHARS framework is to have, "Support networks to enable pupils to develop social relationships" in place and the pilot project explores how schools ensure these are effective

In 2015/16 we will:

- Include recommendations in our Islington MHARS guidance about what works
- Further develop support for schools on effective approaches, including with parents

By 2020 we will:

- Have developed local good practice using quality improvement techniques to support continual improvement in schools

2.7 Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented

Where we are now:

Islington has worked with Camden to develop a joint Crisis Care Concordat Local Action Plan, to be implemented during 2015.

In 2015/16 we will:

- Ensure sufficient resource and capacity within our CAMHS services to meet an increasing demand by young people in crisis **(LPS – 5)**
- Review and monitor our local Paediatric Liaison Services
- Develop a policy and protocol in conjunction with Camden and the Metropolitan Police Service to ensure YP fewer than 18 on a section 136 are taken to an appropriate place of safety.
- Enable release of staff to attend Approved Mental Health Professionals (AMHPS) training through backfill. **(LPS – 6)**

By 2020 we will:

- CAMHS practitioners across Camden and Islington working as AMHPS

- Robust and Effective services in place to work with young people in crisis.

2.8 Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admission to inpatient care

Where we are now:

Islington CCG currently commissions the Royal Free to provide a community based Intensive Eating Disorder Service (IEDS) for young people at risk of admission to T4. We currently commission 2 places which activity data suggests is sufficient to meet year round demand.

We are currently working with the RFH, with colleagues across NCL, to review their broader community ED services and to work with them to ensure that they are able to meet the new NHSE Eating Disorder Commissioning Guide. Considering their current provision they are well placed to implement the guidelines. **(LPS – 8)**

Islington Adolescent Outreach Team (AOT) work with some of the most vulnerable young people who are high risk and have serious mental illness which includes young people who cannot or will not readily engage with services, so require assertive outreach. Offering intensive community support, consultation and a wide range of evidenced based interventions, the caseload tends to include regular self-harmers, attachment disorders, personality disorders and psychosis. They also provide in-reach to T4 settings and support step down into community services from T4. The assertive outreach role enables us to avoid where possible admission to T4 and where it is unavoidable being able to provide intensive community support means we are able to support discharge in a timely and responsive way. The team have done some work with supported housing providers but this is an area we need to develop with increased capacity,

We have a well-established multi agency T4 panel in place, which has been very effective over the years to support effective and timely discharge back into the community when an YP has required an admission. This panel chaired by our CAMHS Clinical Lead, co-ordinates a network of services to proactively oversee discharge back into the community.

As a member of the 2nd wave of CYP IAPT locally we have accessed a range of training and development provided via the CYP IAPT programme. The service has rolled out the principles of CYP IAPT across the service including the use of evidenced based therapies and the use of ROMS and goal setting. The service is now working with Commissioners to agree a reporting format for the CYP IAPT data as from 2016. The service will continue to ensure that training is prioritized to continue to develop and delivered evidenced based care pathways.

It is proposed that the new specialist posts proposed within the Transformation plans will also access CYP IAPT training specifically the ED training module that is currently available and the proposed LD module.

By 2015/16 we will:

- Create additional capacity within the AOT to support primary care in ED / self harm, provide a link to the RFH re ED cases that come back into community CAMHS and to work closely with them where there are significant issues of co morbidity. The post will also work closely with primary care and schools to promote awareness and training re ED and Self Harm as well as providing a consultative role. **(LPS – 9)**
- Complete review with NCL sector colleagues and commission RFH to deliver enhanced service in line with recently published guidelines: to include increased capacity to meet waiting times, appropriate staff skill mix, development of prevention activities, development of shared care approaches for YP with complex or co morbid presentations (link with our local ED / Self Harm post) **(LPS – 8)**
- Ensure the newly recruited ED / Self Harm and the LD clinical roles attends the CYP IAPT ED module and proposed LD module
- Increase capacity within AOT to further develop the assertive outreach model and increase

response times for vulnerable adolescents (**LPS – 5**)

By 2020 we will:

- Review the impact of the ED / Self Harm post in AOT
- Review the services provided by RFH in the context of a reduction in T4 admissions and effectiveness of community support

2.9 *Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and / or challenging behaviour*

Where we are now:

Our Tier 4 panel currently reviews all cases that are placed into T4, with a view to supporting timely discharge and step down into the community by ensuring a multi-agency collaborative approach to address any potential barriers to discharge in a timely and joined – up way.

The T4 panel is convened by Community CAMHS and is chaired by the CAMHS clinical lead.

In 2015/16 we will:

- Ensure the T4 panel continues to review and monitor step up and step down into T4 provision.
- Ensure proactive discharge planning for YP placed in T4 provision – Discharge planning should start at the point of admission.
- Develop a process whereby our CAMHS Clinical Lead is approached regarding any potential T4 admission for an YP that meets winterbourne View criteria to ensure appropriate mental health and behaviour assessments have been undertaken.
- The development of a specific LD pathway will also support this process. This will also enable us to ensure that all YP who require a cognitive assessment receive one within 4 weeks. (**LPS – 10**)

By 2020 we will:

- Have robust processes in place to monitor the admission of YP with LD and or challenging behaviour into T4 provision
- We will have enhanced community services in place for YP with LD and challenging behaviour we will aim to avoid T4 admission if at all possible.

2.10 *Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age*

Where we are now:

We currently have in place a transition project jointly with C&I FT which brings AMHS and CAMHS clinicians together to provide consultation and advice to cases where CAMHS are concerned about the transition pathway for specific YP. The notion of the project is that AMHS reach in to CAMHS, alongside the responsible clinician to support YP over into AMHS. However the focus of this work does tend to be for YP at the severe end of need or YP who have been in T4 provision.

This work is supported by a robust transition protocol signed up to by both CAMHS and the Adult Mental Health Trust.

Following a recent review of our EIP services we are also in discussions with services to create greater flexibility within services to ensure YP get the service they need, at the right time and in the right place.

Our child protection committee has recently requested detailed reports on transition across all health services for YP into Adults and are committed to developing a flagging system for adult services but also primary care that supports the transition of vulnerable young people who may not have a specific service

to move into.

We do already commission some voluntary sector providers such as the Brandon Centre to work across the age range to provide counselling and therapeutic input – 16 – 21years.

In 2015/16 we will:

- Seek to develop voluntary sector provision that is able to support young people across the transition period
- Consider with the CCG how we can best develop a flagging system to identify vulnerable YP to adult services and primary care
- Consider how we can utilise MDT teleconferencing to support the transition process.

By 2020 we will:

- Review and assess the impact of our transition processes and protocols.

2.11 Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services

Where we are now:

As part of our commissioning monitoring arrangements CAMHS providers already report on referral numbers and waiting times on a quarterly basis so that Commissioners have a clear picture of access and waiting times.

We are aware that currently access and waiting times for our core CAMHS service is unacceptable with a waiting time of up to 22 weeks from referral to treatment – as such we have placed a strong focus on frontloading TP funding for a waiting list initiative to address these in the first year of funding with increased capacity whilst we review the local use of CAPA.

Whilst waiting times reflect a potential bottleneck in the service it is also reflective of a general increase in referrals as well as complexity of those referrals.

In 2015/16 we will:

- Review CAPA to improve service capacity across the whole system
- Frontload capacity on a short term basis to address waiting times (**LPS – 4**)
- Ongoing enhanced capacity across the system will enable us to 'do things differently' and create more flex within the system.
- By increasing capacity in Community CAMHS including AOT and Priority 1 means we will work towards developing a comprehensive waiting time standard (**LPS – 5**)

By 2020 we will:

- Compliance across all CAMHS services with access and waiting times.

2.12 Ensuring that no young person under the age of 18 is detained in a police cell as a place of safety

Where we are now:

This is an action in our current Crisis Care Concordat action plan and we are currently understanding the current process and protocols with colleagues in Camden. Currently it seems most YP are taken to A&E either at The Whittington or UCLH, both of which have well established Paediatric Liaison Teams.

In 2015/16 we will:

- Develop a robust process and protocol with colleagues in Camden and the Metropolitan Police (LPS 6)

By 2020 we will:

- Well established practice in place to ensure no YP is placed in a police cell as a place of safety.

3. Care for the most vulnerable

3.1 Making sure those children, young people and their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage. This can apply to all children and young people

Where we are now:

Duty clinicians currently decide whether an initial appointment is offered to a family often having spoken to the family on the phone from Duty. If the family do not attend appointments the Duty & Advice clinician will be asked to review and liaise with referrer to decide on level of risk and/or need for further appointments to be sent within 5 weeks

Where it is most unlikely that a family will attend or a child / young person is not able to get to appointments, home visits are offered (e.g. Adolescent Outreach Team, P1, and NDT).

Notably in schools the DNA rate is lower. Families referred by schools are actively encouraged to attend their first appointment through different means; a trusted staff member joining the first appointment, offering pre referral engagement sessions to parents and students; school staff being able to follow up on non-attendance and support with reminders about sessions.

In 2015/16 we will:

- Continue practice & evidence in Case notes
- Take reviews to the intake meeting
- Send self-help information to non-attenders
- Offer Choice and Partnership appointments closer to home i.e. in some GP practices, Health Centres and other community-based organisation premises.
- Offer home assessment/interventions where needed.
- Work closely with partner organisations, e.g. Families First, Arsenal in the Community, who might be able to engage these young people in other positive activities.

By 2020 we will:

- Have a robust system in place for the follow up of DNA's informed by a user participation survey to understand from a user's perspective learn what barriers prevent access.

3.2 Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate and bespoke care pathways that incorporate models of effective, evidence-based interventions for vulnerable children and young peoples, ensuring that those with protected characteristics such as learning disabilities are not turned away

Where we are now:

In Islington we have established pathways for vulnerable groups that have been commissioned and provided across education, health and social care and this is a model of integrated working that we are committed to continuing.

We currently provide:

Integrated health offer in YOS including mental health

Outreach counselling service in TYS

Integrated services for those at risk of ASB and Offending through IFIT

Co-located CAMHS for CLA

Small Co located adult mental health staff with Targeted and Specialist services

Community CAMHS contribute to Team around the Child multi-agency planning of support to these vulnerable young people through multi-agency work. Islington and Camden Kidstime provide monthly multi-family group work for young people and their families affected by parental mental illness.

Islington parenting commissioner commissions programmes specifically to support parents of children with ADHD and ASD specifically:

- Parenting a child with ADHD: A specially designed programme for parents of children aged 5 - 11 years who have a confirmed diagnosis of ADHD/ADD by a professional.
- Cygnet programme: A parenting course for parents and carers of children and young people aged 7–18 with an autistic spectrum condition (This is especially significant noting the vast increase in referrals in recent years)

In 2015/16 we will:

- Provide our enhanced offer using innovation funding to undertake multi agency assessments and interventions including CAMHS and adult mental health as part of our enhanced offer in Children's Social Care
- Continue our threshold of care service AMASS
- Strengthen the uptake of CAMHS within YOS
- Strengthen the uptake of substance misuse services in YOS
- Through the joint commissioning sub group explore the potential for developing a multiagency behaviour support service for disabled children
- Pilot the development of an across-agency framework for developing treatment and risk-management plans, as suggested within the THRIVE model, 4 segment. These might be active treatment interventions or agreed risk-management interventions where treatment interventions have had limited success but where risk continues to be an issue.
- Continue to develop the Islington and Camden Kidstime service.

By 2020 we will:

- Create a more integrated approach and reduce the number of teams
- Will have developed a framework for a cross-agency treatment and risk-management plans for young people who have received an evidence-based intervention but who continue to display risky behaviour or who need psychological "top-up" interventions periodically.

3.3 *Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young peoples. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern*

Where we are now:

Locally we have strong partnership arrangements in place and good examples of multi-agency working with co-located services enabling us to deliver effective and targeted services to the most vulnerable. AMASS – which works with YP who are on the threshold of care services, providing evidenced based intervention

IFIT – for those at risk of offending or Anti-Social Behaviour
Enhanced model as above

Dedicated CAMHS service for Children Looked After as well as a dedicated Health Team.

Health offer in YOS, provided by a co-located team which includes a dedicated CAMHS worker

Targeted Youth Support counselling service

We are committed to continuing to work in this way, with our colleagues in Education and Social Care to ensure we are able to meet the complex needs of this group of C &YP and their families.

We ensure that children and young people are seen by the most appropriately trained professional with skills that meet the needs of the child or young person.

The service will ensure that staff have received appropriate training e.g. CYP-IAPT trained CBT, IPT, Eating Disorder interventions etc. and routinely use outcome measures and user feedback to keep interventions on track and meaningful to users.

Within community CAMHS a range of assessment and treatment options are available. This includes Fostering Changes, a 12 week, and evidence based parenting skills programme for foster carers is offered to a group of Islington carers once a year. This group intervention is facilitated by a CAMHS Clinician, together with a trainer from Islington Children's Social Care CSC and a foster carer.

We use CYP-IAPT and Choice & Partnership principles to apply flexible criteria for acceptance of referrals.

Within Early Years Settings regular multi-agency meetings are held at children's centres which include professional representation from health visiting, CAMHS, speech and language and family support. With consent, the presenting needs of the family are discussed using the Solihull approach, current strategies reflected upon and solutions agreed as to the way forward.

Early years and health professionals are part of the multi-agency team around the child/family to assess needs and agree action and outcomes through the Early Help assessment and plan.

Across early years, SENCOs lead a multi-disciplinary approach to supporting children's individual needs with or without formal clinical diagnosis through short-term plans

In 2015/16 we will:

- Strengthen the involvement of adult mental health services in the integrated offer
- Implement an evidence based model of assessment using motivational social work which includes motivational interviewing, task focused work and goal setting, this is coherent with IYAPT
- In 2015/16 we will: Refine our application of the Choice & Partnership model, to reduce waits between Choice and Partnership appointments
- We will develop across-agency Choice & Partnership working to ensure that vulnerable young people are seen by people with the right skills for the case
- We will improve our flexibility as to where children and young people are seen, to ensure that they do not slip through the net.
- Review multi agency meetings in children's centres to improve consistency across the borough

By 2020 we will:

- Provide a robust but flexible service in a range of settings to ensure access for the most vulnerable.
- Have strengthened multi agency working through the development of integrated health and early years teams in children's centres

3.4 *Mental health assessments should include sensitive enquiry about the possibility of neglect, violence and abuse, including child sexual abuse or exploitation and, for those aged 16 and above, routine enquiry, so that every young person is asked about violence and abuse*

Where we are now:

CAMHS clinicians are all trained to include these areas in their assessments. Pre CAPA CAMHS clinicians routinely ticked boxes on the 'front sheet' to confirm these questions had been asked All CAMHS clinicians receive mandatory training on Children's Safeguarding, neglect, violence abuse and child sexual exploitation

In Islington children's social care have a dedicated CSE Co coordinator. Whilst we know we are good at identifying abuse neglect and sexual exploitation including CSE we know we have more work to do in identifying males who have experienced CSE and more work to do in repairing the trauma caused by abuse and neglect including domestic violence.

In 2015/16 we will:

- Undertake a review of all service providers to ascertain if ALL young people over the age of 16 are asked about violence and abuse as part of their assessments
- Restore use of a routine risk-assessment tool for each new referral to ensure that CAMHS clinicians sensitively assess risk of violence and abuse.
- All CAMHS clinicians will attend training on child sexual exploitation from 'Safer London'
- The service will continue Safeguarding compliance above 85%

By 2020 we will:

- Robust joint working arrangements to support YP that have been sexually abused / exploited.
- Continue current good practice and ensure robust assessments are undertaken and include assessment regarding violence and abuse
- All CAMHS clinicians in all contexts will routinely include enquiries about neglect, violence abuse and child sexual exploitation.

3.5 *Ensuring those who have been sexually abused and / or exploited receive a comprehensive assessment and referral to appropriate evidence-based services. Those who are found to be more symptomatic who are suffering from a mental health disorder should be referred to a specialist mental health service*

Where we are now:

The current CAMHS assessment process includes assessment of child sexual abuse and or exploitation. Clinician's assess risk at Choice appointments and as part of ongoing Partnership work. The service will also screen for Post-Traumatic Stress Disorder (PTSD) in those who have experienced abuse and follow NICE PTSD Guidelines as appropriate to the particular age group where required.

Partner agencies, particularly children's social care are good at identifying and responding to allegations of sexual abuse and CSE but they feel there is more work they can do in delivering evidenced based interventions to respond to the trauma caused by this

We also have good joint working processes in place to assess and commission placements for those who need residential care via our Joint Agency Placements panel (JAP) which works with agreed funding splits for these very complex cases and aligned budgets.

In 2015/16 we will:

- Work with The Havens to explore options to develop joint working arrangements.
- Keep abreast of early discussions around the possibility of a child sexual assault service across the NCL sector.
- Children's Social Care Plan to improve interventions to address the impact of trauma including abuse as well as their interventions with young people who are perpetrators of CSE.
- With partners, continue to develop our skills to work with CSE and to manage the risk associated without resorting to residential care or out of authority placements
- Work with the police to disrupt perpetrators and provide a service to them for desistance
- Audit our implementation of NICE Guidelines on PTSD
- Establish links with specialist PTSD services or develop specialist services within Islington CAMHS.

By 2020 we will:

- We will review and consolidate the work outlined above
- Have a streamlined care pathway offering core PTSD work alongside a specialist PTSD service for young people with more complex difficulties

3.6 *Specialist services for children and young people's mental health should be actively represented on Multi-Agency Safeguarding Hubs to identify those at high risk who would benefit from referral at an early stage*

Where we are now:

Whittington health is represented on the MASH through a child protection nurse and the children's services contact team are effective in matching needs and services.

CAMHS are actively engaged in safeguarding activities through clinical work and liaison with partner agencies

In 2015/16 we will:

- Children's Social Care will extend their capacity for undertaking MASH checks with our new IT system
- We will consider how we can further link CAMHS into the MASH and any opportunities for closer joint working.
- Continue to actively train staff on all issues of Safeguarding
- Offer awareness training to partner agencies regarding detection of PTSD and the evidence base for interventions used in treating PTSD
- Work with partner agencies to ensure that traumatised children and young people receive a holistic, multi-agency support and treatment for PTSD

By 2020 we will:

- Review how CAMHS and wider health services are linking into the MASH
- Routinely provide support and training to partner agencies regarding the recognition and treatment of PTSD

3.7 *For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services*

We support and promote early help with lead professional and single plan

Our e CAF system is clunky and there is reluctance to use this across the partnership

We actively participate in Team Around the Child (TAC) meetings and action plans for vulnerable young people with multiple and complex needs

In 2015/16 we will:

- Implement new technology to support the implementation of early help assessments and lead professional across all agencies
- Continue to provide a single point of contact for all child welfare concerns
- Continue to provide the Targeted Allocations Meeting to prevent children falling through the net of services
- Strengthen the practice of identifying a lead professional for vulnerable young people with multiple and complex needs, and having CAMHS professionals take on this role where appropriate.
- Actively support the lead professional identified to liaise with all agencies and ensure that services are targeted and delivered in an integrated way and, where appropriate, take on the

role of the lead professional.

By 2020 we will:

- Have a significant number of complex cases held by CAMHS with CAMHS professionals identified as the Lead Professional.
- Work in an integrated system with agreed multi-agency care plans and risk-management plans coordinated by a Lead Professional, so as to co-ordinate support and services from across agencies to meet the child or young person's needs.

3.8 *Piloting the roll-out of teams specialising in supporting vulnerable children and young people such as those who are looked after and adopted, possibly on a sub-regional basis, and rolling these out if successful*

Where we are now:

Locally we already have an established CLA CAMHS teams

Children's Social Care's Innovation project Doing What Counts and Measuring what Matters and their PAUSE programme are being implemented

In Islington we are working sub regionally to provide residential care to those who have experienced CSE

Community CAMHS enquire sensitively about neglect, violence and physical, sexual or emotional abuse with all vulnerable young people as we are aware that Looked-After Children have higher rates of trauma than other groups.

In 2015/16 we will:

- Reduce the number of children looked after through the implementation of the Doing what Counts and Measuring what Matters (Children's Social Care innovation project)
- Provide evidence based residential support for those who have experienced CSE
- Ensure that we continue to enquire sensitively about neglect, violence and physical, sexual or emotional abuse.
- Support partner agencies to routinely screen for PTSD in looked-after children as we know that this vulnerable group have higher rates of trauma.

By 2020 we will:

- Have a well-functioning screening system operating across agencies that enable young people at risk of trauma to be screened for PTSD and other mental health disorders that could have arisen through their exposure to abuse and/or neglect.
- We will have a streamlined stepped approach from core interventions to specialist and bespoke interventions for vulnerable children with specific needs

3.9 *Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked after children and / or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them*

Where we are now:

This is already a model that Islington utilises across services, co locating practitioners in services or teams working with very vulnerable groups in order to try and deliver services to these vulnerable YP. One example of this is our YOS health which is good, but there is low uptake, we need to improve this by making it more accessible. As previously described we also have MH practitioners based within AMASS

and IFIT in children's social care who are working with perhaps some of our most vulnerable C&YP. The Adolescent Outreach Team provides specialist intervention to vulnerable young people in the community.

However we need to strengthen support to homeless young people and YP living in supported accommodation and those who come into care post 16

We need to strengthen mental health support to care leavers who will not access traditional services

Our CAMHS CLA service is good but we would like more of it!

Continue our outreach counselling service

In 2015/16 we will:

- Improve the uptake of the YOS health offer
- Implement an Integrated Gangs team – using YOS health offer
- Develop work by AOT using increased capacity to work with providers of supported accommodation (**LPS-5**)
- Work with voluntary sector providers to develop ways of delivering counselling services using a detached youth work model (**LPS-7**)
- We will extend our integrated approach and have mental health practitioners embedded in teams that work with vulnerable young people including those who are homeless, sexually exploited or in contact with the youth justice system.
- An example of this would be forging our newly established link with Arsenal in the Community who provide a range of positive activities, beyond but including their football-based programmes.

By 2020 we will:

- Review the impact of the above and review support in multi-agency pathways to measure its effectiveness.

4. Developing the workforce

4.1 ***Building on the learning from Islington's CYP IAPT partnership in developing the workforce and use of evidence-based therapies.***

Where we are now:

Islington CAMHS is a 'second wave' CYP IAPT reporting on progress regularly. From the recent national picture it is performing slightly above average. However, it is reported that goal-setting needs to be strengthened alongside regular reviews of action planning. It is also noted that whilst the CBT offer is working well, other psychological therapies need strengthening with the enhancement of the skill mix in CAMHS.

The introduction of the CYP IAPT initiative was led by a Board comprising local stakeholders which was subsequently dissolved once the service was established; this is seen as a loss and it is proposed that the Board should be re-constituted if possible.

Islington CAMHS is seen as a flagship service for user participation and the work already done now needs to be embedded in all areas of the work. Consistent feedback from service users has shown that weekday 9-5 opening hours impede accessibility and within the CYP IAPT partnership, there is interest in exploring options to work more flexibly. By 2020, we expect these to be fully in place.

2015 / 16:

- Goal setting and regular reviews of action planning need to be addressed in order to meet the standards CAMHS has set for itself.
- CYP IAPT Board to be reformed with the inclusion of some 'critical friends'.
- Increase the skill mix in evidence-based therapies, to include family therapy for self-harm and conduct disorders, and psychotherapy for depression and for the 30 Week Intervention.
- Build on existing training and develop further opportunities for multi-disciplinary working with Families First Family Support Workers (FSWs) and Children in Need social workers on, for example, child development, positive parenting and behaviour management, to up skill the workforce to offer early intervention support, thereby hopefully reducing the need for CAMHS later on. **(LPS – 12)**

By 2020 we will:

- Embed the user perspective across all areas of CAMHS in service plans to ensure that they are seen as partners in the service.
- Work towards offering more flexible opening hours to ensure better access for young people and also for fathers.

Appendix 5 - Consultation document for children and young people and parents and carers

Islington has been given some money to improve our Child and Young People Mental Health Service (CAMHS)

We want you to have your say....

We know what many of the problems are as you have told us and we have seen from the work we have done already that there are gaps in our services.

In our plan we have come up with the things we believe we need to focus on and we want to check with you...

1. How important you think these things are – we cannot afford to do everything and so will need to start with the things people think are most important first.
2. How we can make these things work – we know what needs improving but we do not have all the answers, we are keen to hear your ideas
3. If anything is missing – we know what most of the problems are but we want to make sure we haven't missed anything.

Please send your comments back to Felicitie Walls, Participation Officer:
felicitie.walls@islington.gov.uk or you can contact Felicitie directly on 0207 527 1998. We need your feedback by Friday 2nd October.

I am..... (please tick the right box)

A child or young person []

I am _____ years old

OR A parent []

My child (ren) are aged: _____

Have you used children or young people's mental health services before? YES NO

Do you think we should change the name of CAMHS? YES NO

CAMHS stands for Child and Adolescence Mental Health Services

If **yes**, please give us your suggestions for a new name

Amended from draft transformation plan/summary of questions:

We do not have enough money to do all the things we want to do so we have chosen some priority areas that we will focus on.

Priority one: make sure people can get to mental health services quickly

How we plan to do this – e.g. extra staff, be more flexible when we see people, keep the work in schools.

Do you have any other ideas on how we can make this priority work?

Where would the best place to go for mental health services if you needed them?

How important is this priority on a scale from 1 – 5 (1 = not important and 5 = important)

Priority two: make sure staff are well prepared to deal with all the issues they may face from the people they are seeing, including dealing with issues early on

How we plan to do this – train staff in approaches we know work; involve children and young people; invite other workers to attend training that is for mental health workers

Do you have any other ideas for how we can make this priority work?

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

Priority three: improve our relationships with the organisations that are in the voluntary sector, e.g. the Brandon centre, Arsenal in Community and Alone in London

How we plan to do this – have a focus on young people in Islington who are homeless or in supported accommodation

Do you have any other ideas for how we can make this priority work?

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

Priority four: help GPs to recognise and deal with young people who have mental health difficulties

How we plan to do this – train and support GPs to help them understand when children and young people need extra mental health support, e.g. if self-harming and when people have eating disorders

Do you have any other ideas for how we can make this priority work?

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

Priority five: ensure that mental health support in schools is as good as it can be

How we plan to do this – help schools to teach students to be more resilient and able to deal with life's challenges better; help schools to spot mental health problems early on and get help for people more quickly

Do you have any other ideas for how we can make this priority work?

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

Priority six: helping mothers with their mental health just before their baby is born and after

Do you have any other ideas for how we can make this priority work?

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

Priority seven: to improve the mental health services for children and young people with learning difficulties, including people with Autism

Do you have any other ideas for how we can make this priority work?

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

Priority eight: to improve our services for children and young people with eating disorders

How we plan to do this – develop services to help people with eating disorders in the community (rather than in a hospital); help the staff who work with young people with eating disorders to make sure they are using the best approaches; work with GPs to help them identify eating disorders early on so that young people get help quickly

Do you have any other ideas for how we can make this priority work?

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

Priority nine; to find new ways to help people that have experienced or are at risk of sexual abuse

How we plan to do this – work with community based organisations to find easy ways to build up relationships with young people who may not go to services for help; help parents to notice the signs that their child is at risk or experiencing sexual abuse

Do you have any other ideas for how we can make this priority work?

How important is this priority on a scale of 1 – 5 (1 = not important and 5 = important)

Thinking about what you know about mental health services in Islington – is there anything else that you think needs to be changed to improve services for children and young people in Islington/

Appendix 6 - Stakeholders consulted

Matty Asante-Owusu	Sickle Cell Community Matron
Rebecca Bailey	Palliative Care Nurse Specialist
Siobhan Hawthorne	Lead: First 21 Months Project
Kim Lawson	Operational Manager: CIN Provider Services Islington Children's Social Care
Vicky Matthews	Team Leader: Neurodisability Team Islington CAMHS
David Pentecost	Head: Psychological Therapies Islington CAMHS
Lesley Platt	Head: Paediatric Therapy and Specialist School Nursing, Islington Additional Needs and Disability Services
Roma Romano-Morgan	Diabetes Nurse Specialist
Emma Stubbs	Senior Commissioning Manager: Substance Misuse, Sexual and Reproductive Health and Last Years of Life
Mark Watson	Senior Public Health Commissioning Manager Camden & Islington Public Health
Yvonne Millar	Head of Community CAMHS
Clive Blackwood	AD CAMHS and Children's Therapies
Jo Moses	
Naomi Bannister	Safeguarding advisor
Helen Cameron	CAMHS in schools/MHARS
Morris Zwi	CAMHS Clinical Director
Cathy Blair	Head of Targeted and Specialist Families Services
Jason Strelitz	AD Public Health
Sabrina Rees	Head of Children's Health Commissioning
Mark Berelowitz	Royal Free Hospital Eating Disorder Service
Abi Herbert	Transition Team