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Merton Council

Health and Wellbeing Board

Date: 25 January 2022

Time: 6.15 pm

Venue: Council Chamber, Merton Civic Centre, London Road, Morden, Surrey SM4 5DX

1	Apologies for absence	
2	Declarations of pecuniary interest	
3	Minutes of the previous meeting	1 - 6
4	Covid-19 in Merton 4a) Situation Assessment Report 4b) Vaccination update	
5	Safeguarding Adults Board Annual Report	7 - 34
6	Child Healthy Weight Action Plan	35 - 48
7	Merton Place Based Partnership	
8	CAMHS Local Transformation Plan	49 - 116

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Health and Wellbeing Board Membership

Merton Councillors

- Rebecca Lanning (Chair)
- Oonagh Moulton
- Eleanor Stringer

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Environment and Regeneration
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

Voting

3 (1 vote per councillor)

4 Merton Clinical Commissioning Group (1 vote per CCG member)

1 vote Chair of Healthwatch

1 vote Merton Voluntary Services Council

1 vote Community Engagement Network

Agenda Item 3

All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at www.merton.gov.uk/committee.

SHEALTH AND WELLBEING BOARD

23 NOVEMBER 2021

(6.00 pm - 8.10 pm)

PRESENT

Councillor Rebecca Lanning (in the Chair) Chris Lee, Councillor Oonagh Moulton, Councillor Eleanor Stringer and Dr Dagmar Zeuner, Mark Creelam (Locality Executive Director Merton and Wandsworth), Brian Dillon (Chair Healthwatch Merton) and Chris Lee (Director of Environment and Regeneration).

Attending Remotely:

Councillor Eleanor Stringer, Jane McSherry (Director of Children Schools and Families), John Morgan (Interim Director of Community and Housing), Rob Clarke (Chief Executive, Age UK Merton), Dr Karen Worthington, Dr Mohan Sekeram and Simon Shimmens (Chief Executive Officer, Merton Connected)

Also Present:

Clarissa Larsen (Health and Wellbeing Board Partnership Manager) Amy Dumitrescu (Democracy Services Manager) Bola Roberts (Democratic Services Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Dr Andrew Otley

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: That the minutes of the held on 23 November 2021 were agreed as a correct record.

4 COVID 19 IN MERTON (Agenda Item 4)

COVID 19 IN MERTON (Agenda Item 4)

Situation Assessment Report

The Director of Public Health presented the situation assessment report.

The slides from this presentation are attached to these minutes.

The Director of Public Health reported infection rates were undulating, and now on the rise, so higher than those on the slides.

There was an increase of infections among young people, especially the under 10s, including in primary schools. The Director of Public Health thanked colleagues, school teachers and staff who had been brilliant in coping. Hospitalisations were stable though hospitals remained very busy. The roll out of vaccination and boosters continued and work was taking place with schools and families to help address low vaccine intake among the 12 to 15 year old age group. It seems likely that boosters will be annual in the future and it is anticipated that confirmation on vaccination for the over 5 year olds would be received in January, following the US. Recommendations remained for mask wearing in communal areas, maintaining social distancing and regular washing of hands.

Health on the Highstreet

The Director of Public Health presented on Health on the Highstreet.

The slides from this presentation are attached to these minutes.

In response to questions on location, the Director of Public health advised that the initial approach would include pop up services. She welcomed the Board's views on what should be contained in the pop up venue. Members welcomed the inclusive approach as a way of targeting all communities including those that are more disadvantaged. Services should be suited to individual and local community needs, for example: diabetes and healthy eating support; drug and alcohol rehabilitation services; digital health services; and, support for children and young people's mental health. It could also be an opportunity for intergenerational work.

Health on the High Street is not intended to offer traditional GP services and there is scope across Merton's seven libraries to develop hubs. The pop up is a pilot scheme and we will learn as it develops. It was noted that it would be of benefit if locations were visible on the high street, as feedback from Your Merton had emphasised resident's wish to 'reclaim their high streets'. The Director of Public Health confirmed that we keep an open mind and listen to local communities and involve them as much as possible, so that Health on the Highstreet responds to local need. Work is underway and is hoped that pilot projects will be realised in the new year.

Post COVID Syndrome

The Director of Public Health presented on Post COVID Syndrome (PCS).

The slides from this presentation are attached to these minutes.

In response to questions it was agreed that those people seeking support may not be fully representative of those experiencing PCS. It was questioned how the data is captured, and confirmed that currently only patients coming to the CLCH service are counted, though analysis is developing. It was agreed that further engagement and communication on PCS, and the support available, is important and that links to

community groups and the network of Community Champions can help with this. The service model is evolving and we need to keep listening to continue to develop the approach, to what is likely to be a significant issue going forward

5 HEALTH AND SOCIAL CARE RECOVERY PRIORITIES (Agenda Item 5)

5 RECOVERY PROGRAMME - YOUR MERTON, CLIMATE ACTION AND CO-BENEFITS FOR EQUITY AND WELLBEING

The Director of Environment and Regeneration presented slides on Your Merton.

The slides from this presentation are attached to these minutes.

The Director of Public Health welcomed the report and said that Merton is fortunate to have the Director of Environment and Regeneration on the Health and Wellbeing Board as it allows members to better focus on the co-benefits of climate change and health. She referenced the work of the Board to tackle diabetes as a whole systems approach and sees future opportunities to work in a similar way to tackle climate change, possibly involving children and young people and schools.

The poor eating options on Mitcham and Morden high streets were raised and the Director of Environment and Regeneration confirmed that work is currently taking place to try to address these issues, including improving footfall, but fragmented ownership in Mitcham is particularly challenging. The Chair confirmed that the Board would revisit healthy weight at its next meeting.

6 RECOVERY PROGRAMME - YOUR MERTON, CLIMATE ACTION AND CO-BENEFITS FOR EQUITY AND WELLBEING (Agenda Item 6)

6 HEALTH AND SOCIAL CARE RECOVERY PRIORITIES

Merton Local Health and Care Plan Refresh

The Locality Executive Director Merton and Wandsworth CCG presented on Merton Local Health and Care Plan Refresh. The slides from this presentation are attached to these minutes.

He said that the Local Health and Care Plan sits alongside the Health and Wellbeing Strategy 2019-24. He confirmed that behind the summary document that had been circulated to members, there is a more detailed plan which will be reported to Merton Health and Care Together. Delivery of the plan will involve working with community leaders to reach into all communities across Merton. The Chair observed that the plan reflected much of what had been discussed by the Board and welcomed the accessible summary. The Manager of Healthwatch Merton suggested it would be helpful to have an easy read version, especially for those that might have a visual impairment, and it was agreed that this aspect would be addressed.

RESVOLED: to agree the draft Local Health and Care Plan Refresh Summary 2021

Better Care Fund

The Locality Executive Director Merton and Wandsworth CCG presented on the Better Care Fund. The slides from this presentation are attached to these minutes.

RESOLVED: to agree the Better Care Fund Plan 2021

Integrated Care System (ICS)

The Locality Executive Director Merton and Wandsworth CCG presented on the Integrated Care System. The slides from this presentation are attached to these minutes.

ACTION

The Board was asked to take away the slides for consideration in order to discuss at the next meeting. With reference to the slides attached to these minutes, Board members are asked to prepare to discuss on 25th January 2022:

Consideration 1

Are there any questions about the recommended borough committee structure recommended for 1st April 2021, and is there feedback on the right governance structure for Merton to consider beyond the 1st April 2021?

Consideration 2

Have we missed any organisation, group, person or body from the membership of the borough committee that we should consider?

Consideration 3

How do we ensure Health and Wellbeing Board and local stakeholders are aligned, integrated, constructive and robust?

The Locality Executive Director Merton and Wandsworth CCG said that the Board and Merton Health and Care Together are both well established and demonstrate a strong partnership ethos and that the new borough committee will seek to complement that.

Mitcham Health and Wellbeing Hub

The Locality Executive Director Merton and Wandsworth CCG presented on the Mitcham Health and Wellbeing Hub. The slides from this presentation are attached to these minutes.

He reported that funding is now confirmed and that a full business case is currently being worked on, with the Wilson the preferred option, which he hopes to be confirmed in the new year. The Programme Board has now met twice. The Wilson is

currently active as a vaccination centre as well as offering wider wellbeing services including a community guardian.

NHS Green Plan

The Locality Executive Director Merton and Wandsworth CCG presented on the NHS Green Plan. The slides from this presentation are attached to these minutes.

The Board discussed the opportunity to more closely link the NHS Green Plan and Merton Local Plan. The Director of Environment and Regeneration confirmed that there are current links through South London Partnership which has a full time officer and that they can help to make further connections. The Director of Public Health confirmed that she is linked with the SWL lead on the NHS Green Plan and that the co-benefits of health and climate change, were increasingly being recognised and that action, though complex, is beginning to take place.

The Chair announced that this would be the final meeting for Rob Clarke, Chief Executive of Age Concern Merton. The Chair thanked Rob on behalf of the Board for his role and support to both the HWBB and Subgroup and his wider work across Merton.

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Committee: Health and Wellbeing Board

Date: 25th January 2022

Agenda item:

Wards:

Subject: Safeguarding Adults Board (SAB) Annual Report

Lead officer: Aileen Buckton, Independent Chair, Merton Safeguarding Adults Board

Lead member: Councillor Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health

Forward Plan reference number:

Contact officer: Janet Miller, Business Manager, Merton Safeguarding Adults Board

Recommendations:

- A. To consider and approve Merton Safeguarding Adults Board Annual Report for the period 2020-2021
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To provide information and account of the Safeguarding Adults Board's activity for the year period in line with its Business Plan and set objectives for that year prior to the report's publication.

2 BACKGROUND

The Safeguarding Adults Board has three core duties to:

1. Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
2. Publish an annual report detailing how effective their work has been
3. Commission safeguarding adults reviews (SARs) for any cases, which meet the criteria for these.

3 DETAILS

The Care Act 2014 states that the Safeguarding Adults Board Annual Report must be sent to:

- the Chief Executive and Leader of the local authority which established the SAB
- any local policing body that is required to sit on the Safeguarding Adults Board
- the local Healthwatch organisation

- the Chair of the local Health and Wellbeing Board. As soon as is feasible after the end of each financial year, a SAB must publish a report on:
- what it has done during that year to achieve its objective,
- what it has done during that year to implement its strategy,
- what each member has done during that year to implement the strategy,
- the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),
- the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),
- what it has done during that year to implement the findings of reviews arranged by it under that section, and
- where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

4 ALTERNATIVE OPTIONS

N/A

5 CONSULTATION UNDERTAKEN OR PROPOSED

Individual partner agencies to the Safeguarding Adults Board have submitted their accounts, which have informed the collective report. (Individual agency reports can be accessed via the Annual Report). The report has been presented and accepted / signed off by members of the Safeguarding Adults Board.

6 TIMETABLE

As indicated.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None

8 LEGAL AND STATUTORY IMPLICATIONS

As outlined in report

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

As outlined in the report

10 CRIME AND DISORDER IMPLICATIONS

As outlined in the report

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

The impact of COVID 19 as well as the pandemic recovery on adult safeguarding remains a particular focus. This is featured on pages 25-27 of the report. COVID 19 impact is also detailed in our board risk assessment and action plans for each sub group. New Strategic Priorities, setting out our four key objectives for 2021/2024 are detailed on page 41-42 of the report.

Information relating to Safeguarding Adults Reviews (SAR's) is featured on page 40 of the report.

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

APPENDIX 1 - Safeguarding Adult Board Annual report 2020/2021

13 BACKGROUND PAPERS

N/A

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Merton
Safeguarding
Adults Board

Annual Report

2020/21



Contents

Message from the Independent Chair	5
Safeguarding Adults in Merton	7
Merton Story at a Glance 2021	8
Population Breakdown	10
Wellbeing in Merton	12
Our Priorities for 2020/21	13
In 2020/21 we said we would	14
What we've done so far	16
Our Priorities - Feedback from Partners	18
The work of the Subgroups of the Board	22
COVID-19 Impact	24
Merton 2020/2021 Mortality Review (LeDeR)	28
Safeguarding Adults Data	30
Making Safeguarding Personal	34
Working in Partnership and Making Safeguarding Personal Case Studies	36
Safeguarding Adult Reviews	40
Our Strategic Plan 2021-2024	41
Contact/Referral detail	43

It required all agencies to work together in partnership and I would like to thank all our partners for doing just that in such a committed and productive way.

Page 13

Message from Chair

This report covers the work of the Merton Safeguarding Adults Board (MSAB) during the period April 2020 to March 2021 and reflects on probably the most challenging time that public services have ever faced. Our job was to continue to ensure that policies and actions were in place to prevent harm, abuse and neglect wherever possible. The demands and impact of the pandemic made this challenging and meant adapting to new ways of working and finding new ways to ensure that residents were protected. It required all agencies to work together in partnership and I would like to thank all our partners for doing just that in such a committed and productive way. You will see examples of the partnership working throughout the report. In a period of lockdown it was inevitable that safeguarding concerns would rise and we have developed new ways of responding and increased training to keep safeguarding at the forefront of public service.

The challenges posed by the pandemic were not only felt by front line staff. All residents and their families faced both economic and social challenges of their own; particularly those caring for vulnerable family members or dealing with the loss of a loved one. I would like to thank our voluntary sector partners who together with many volunteers worked to support families in their local communities and to keep them safe.

Residents themselves also told us when they were concerned about a neighbour, friend or family member. We appreciate this as it helps us as a Board to continue to be vigilant and responsive to the concerns of local communities.

Looking back over the year 2020/21 has given us as a board a chance to reflect on what has gone well and what needs to change and this has helped to shape our work programme for the current year.

We look forward to continuing to work across agencies and with local residents to make Merton a safer place.

Aileen Buckton
Independent Chair –
Merton Safeguarding Adults Board



Safeguarding Adults in Merton

The Merton Safeguarding Adults Board (MSAB) work together as a partnership to prevent abuse and neglect.

When someone has experienced abuse or neglect, we are committed to responding in a way that supports their choices and promotes their well-being. This is known as Making Safeguarding Personal.

What we do and how we do it

The role of the MSAB is to assure itself that local safeguarding arrangements are in place to help and protect adults in Merton.

Our main objective is to assure itself that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over in the area who:

- have needs for care and support are experiencing, or at risk of, abuse or neglect (as a result of their care and support needs) are unable to protect themselves from either the risk of, or experience of, abuse or neglect regardless if the local authority are funding care or not

Core Duties

We develop a strategic plan and publish an annual report of the work of the board. We also commission Safeguarding Adults Reviews (SAR) for any cases that meet the SAR criteria.

The Merton Story

What is the Merton story?

- ✓ Summary of the Joint Strategic Needs Assessment (JSNA)
- ✓ High-level health profile of Merton's population
- ✓ Statutory requirement of the Health and Wellbeing Board

Page 15

✗ Not a review of services or series of recommendations

Merton Story 2021 - Special considerations

Focus on COVID-19 impact and inequalities in Merton

Limited 2020 data available at local level

Resident 'Voice' incorporated throughout, including engagement work from BAME voice, MenCap, AgeUK and Young Inspectors.

Useful Resources



Merton Joint Strategic Needs Assessment (JSNA) is available online and gives an overview of the health and wellbeing of Merton residents.

The Merton Story provides a snapshot of local needs through the JSNA

Health Profiles by ward and comparing east and west Merton

Health Needs Assessments e.g. CYP SEND JSNA Profile 2020

Merton data provides an overview of Merton level demographics

Annual Public Health Reports including Tackling Childhood Obesity Together; Tackling Health Inequalities - Closing the Gap; Diabetes Whole System Approach

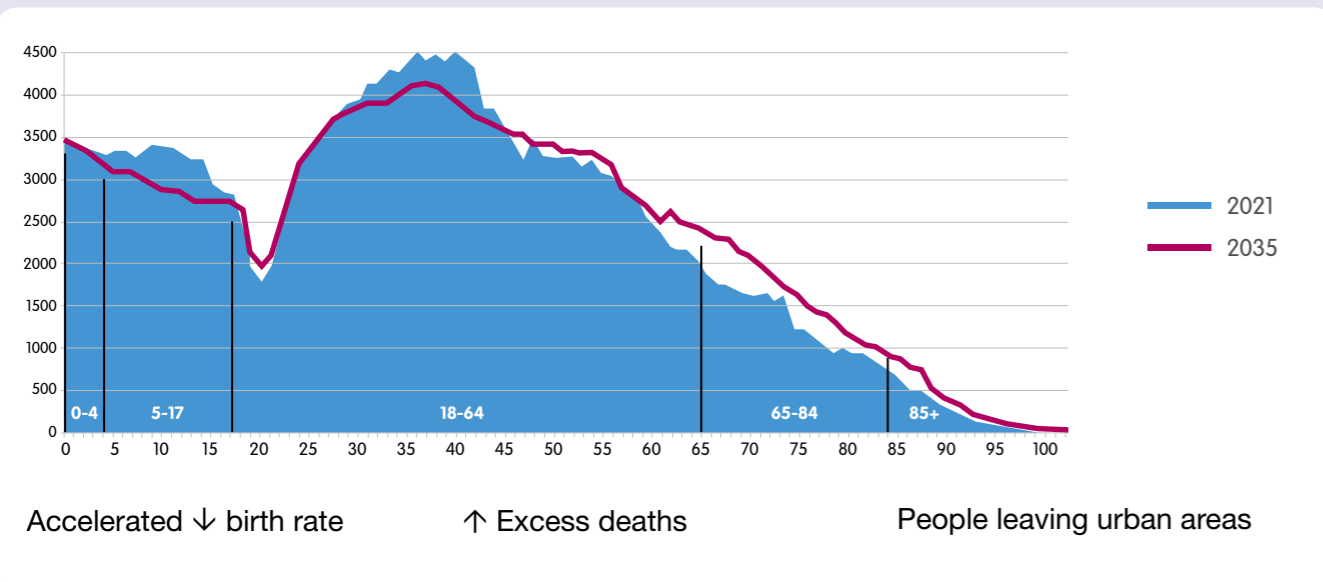
Merton Health and Wellbeing Strategy

Merton Local Health and Care Plan

Public Health England - PHE Fingertips

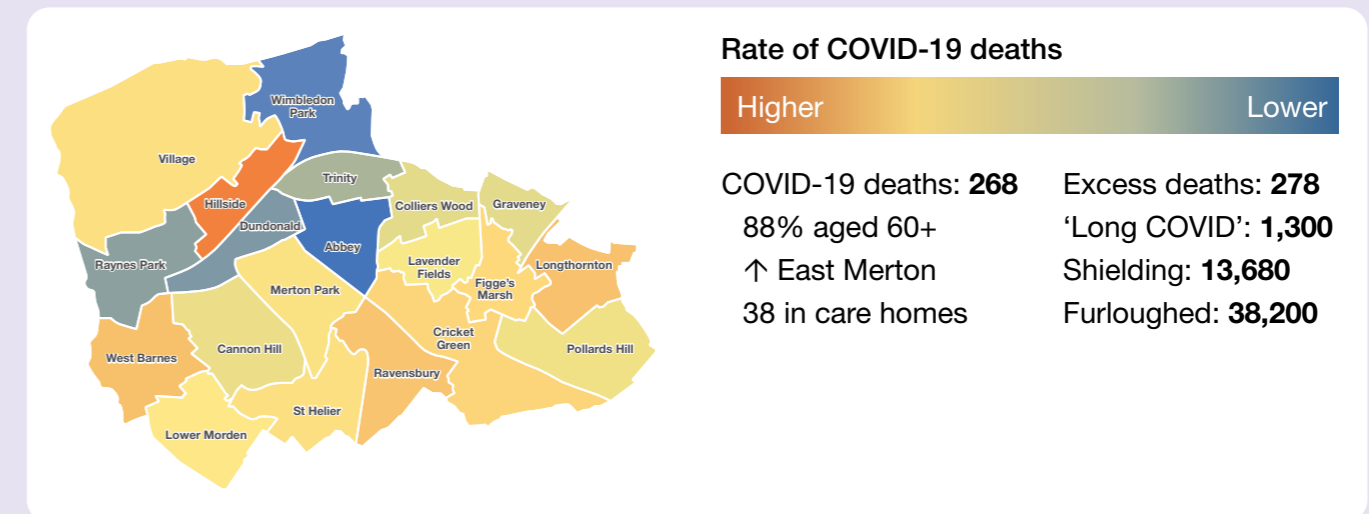
Merton's population

COVID-19 impact: expected total population fall for 2020



COVID-19 direct impacts (Jan – Dec 2020)

Existing health and social inequalities amplified by COVID-19

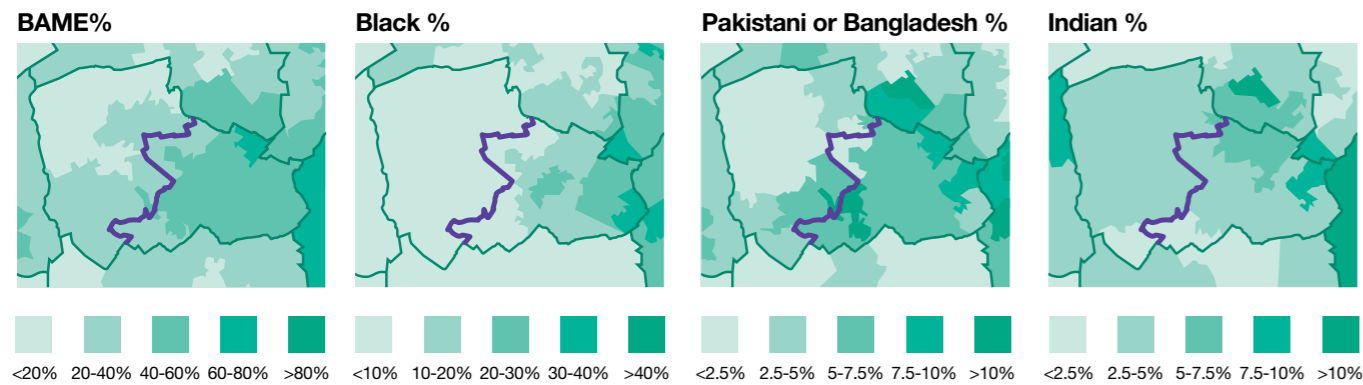


Population Breakdown

	White	BAME	White British	White Other	Asian	Black	Mixed	Other
Merton	63.1%	37.0%	41.3%	21.7%	20.5%	9.2%	5.4%	1.9%
London	56.3%	43.7%	38.3%	18.1%	20.5%	13.4%	5.8%	4.1%

Proportion of the 2021 Merton and London population broken down by ethnic groups.

The geographic distribution of ethnic groups in Merton is not uniform. A larger proportion of Black and Asian Minority Ethnicity (BAME) groups live in the Eastern half of Merton, while a larger proportion of White ethnic groups live in the West of the Borough.



Ethnic minority groups in Merton by MSOA – 2011 UK Census. Please note figure legend thresholds may not align.



Wellbeing in Merton

Before the pandemic, 22.2% of Merton residents reported a high anxiety score compared with 22.4% London and 21.9% England (2019/2020). The average anxiety score reported by residents in this period was 3.0 (out of 10). However, early in the pandemic (April 2020 – September 2020) this score increased to 3.3.

In Merton there has been a slight increase in alcohol related deaths in hospital in 2020/21, when compared to 2017–2020 (an average of 17 deaths in 2020/2021 compared with 15 deaths per year in 2017–2020). This is keeping with national trends. There has also been an overall increase of 8% in alcohol related hospital admissions for the same time-period

In relation to safeguarding adults at risk, partners have developed and continue to develop innovative ways of reaching people, particularly during lockdowns. Along with volunteers, they have been working hard to provide information, advice and support to residents of Merton.

Our Priorities for 2020/21

Priority 1:

We will ensure that partner agencies work together to prevent abuse and protect adults at risk of abuse and neglect.

Priority 2:

We will strengthen our communication and engagement across groups and communities in Merton to increase public awareness of safeguarding adults and to ensure that our plans and actions are informed by the experience of the widest range of local people.

Priority 3:

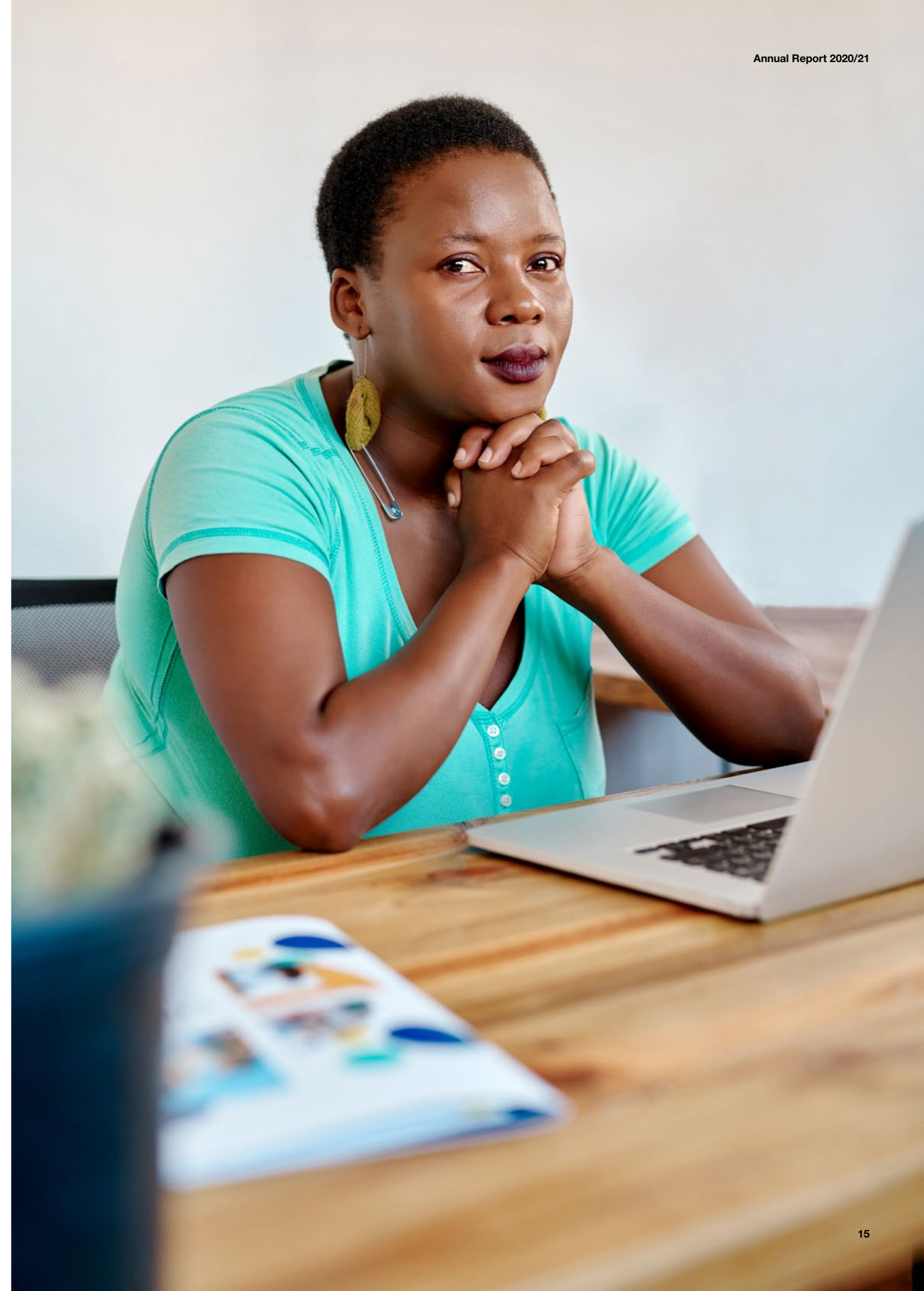
Together we will learn from experience and support both paid and unpaid staff across the partnership to continually build confidence and the effectiveness of everyone’s safeguarding practice.

Priority 4:

We will understand how effective adult safeguarding is across Merton to ensure that we identify emerging risks and take action accordingly.

In 2020/21 we said we would

- Hold a 'Challenge Event', focusing on the MSAB partnership and the effectiveness of partnership working. It will concentrate on what we do in partnership, rather than what we are doing within our own organisation. It is envisaged that it will enable the MSAB to demonstrate more clearly what contributors have achieved and where there are strengths and challenges in how partners work together.
- Aim to develop robust systems for the SAR process, as well as gaining assurance around multi-agency learning from SAR's. Learning will be shared via the Learning and Development subgroup, before the Quality and Performance subgroup seek assurance from partners that learning has been embedded in their organisation.
- Aim to develop a multi-agency learning and development strategy, based on a competency framework and capturing safeguarding adult related training undertaken by all partners. Also, we will promote access to E-Learning training to the private and voluntary sectors.
- Aim to develop the MSAB data set and quality assurance framework. This will assist with measuring the impact of our work as well as identifying the need for improvements. We want to know that what we do is making a difference.
- Aim to develop our communication strategy to focus on building links with service users, carers and the local community. We will also reach out to Black, Asian and Minority Ethnic communities as well as people who are seldom heard to ensure their voices count.



What we've done so far

- Due to the pandemic pressures we had to push back the 'Challenge Event' to May 2021. We will update on this in the next Annual Report. However we did receive lots of useful contributions from partners demonstrating the effectiveness of the board partnership and indeed how we work to keep adults at risk safe. If the pandemic has taught us anything, it's that we need each other more than ever to be assured that adults at risk in Merton are kept safe.
- In 2020/2021 we reviewed our Safeguarding Adults Review (SAR) Protocol and the board agreed a new protocol to assist us with the SAR process. Our Decision Tree has allowed us to be more focused around how we consider each SAR referral, as well as how we make decisions regarding our recommendations for a SAR. Learning from SAR's has generated at least one extremely well attended multi agency learning event and a number of changes to policies and procedures. Learning is being shared via the Learning and Development Subgroup, before the Performance and Quality Subgroup develop ways of seeking assurance from all partners that learning has been embedded in all organisations.
- The Learning and Development Subgroup have produced a draft Learning & Development Strategy as well as a Training Competency Framework. It will shortly go to the board for sign off. They have also been working on securing safeguarding training for the voluntary sector and the wider partnership. This year, during the National Safeguarding Adults Week, members of the MSAB hosted a number of workshops for staff across the partnership. Areas covered included cuckooing, self-neglect and hoarding, scams, and safeguarding adults in the community. Professor Keith Brown also provided a very useful presentation to the Board on Scams titled The Persuasive Power of Language.
- In 2019/2020 we started the process of building systems to collect meaningful data from our partners. This is to assure the Board that we have valuable insights into safeguarding activity across the partnership. It's essential that we understand what is happening in Merton, in terms of safeguarding but more importantly understanding where we need to raise awareness and provide support. We have been working closely with our leads in the voluntary sector to understand how best we can do this and for the Board to be able to support this very important area of our work. A workshop was held with leads and our independent Chair to discuss a plan going forward. We also surveyed partners to better understand what further work needs to be done.
- The implementation of a quality assurance framework for the MSAB is being worked on for 2021/2022
- Our Communication Strategy for the Board has been developed. The focus is on the COVID-19 recovery as well as strengthening links with service users, carers and the local community. We have begun developing mechanisms to enable this to happen. Our links with Black, Asian and Minority Ethnic people as well as the seldom heard have begun. Our Voluntary Sector lead and Commissioning lead are providing a bridge to those communities. Work is progressing well.

Our Priorities – Feedback from Partners

Safer Merton is a key member of Merton Safeguarding Adults Board. They ensure a coordinated partnership approach in response to Violence Against Women and Girls (VAWG).

In 2020/21 they continued to raise awareness of Domestic Violence and Abuse (DVA) and VAWG across the council, partnership and community, as well as fulfilling policy and statutory requirements, specifically conducting Domestic Homicide Reviews. At present there are two active reviews ongoing. Work has also been carried out in relation to co-ordinating the forthcoming implementation of the Domestic Abuse Act 2021.

During the lockdown there were a number of initiatives developed focusing on safety and the increased prevalence of domestic abuse. In terms of cases we saw up to a 70% increase in cases to our community Independent Domestic Violence Advocacy Services (IDVA's) and complex needs IDVA's. There was also a 20% increase to our Multi Agency Risk Assessment Conference (MARAC).

An application was made to the COVID-19 Recovery Fund Pot and there has been subsequent funding for a community Independent Domestic Violence Advocacy Service (IDVA) for 12 months to help with the increase in cases. Social media campaigns were made available to let victims know that they could leave their house despite lockdown if people were fleeing domestic abuse. Also information regarding support services were

advertised informing them that services were still open and supporting victims and survivors.

Safer Merton established a task group to consider how to develop safe and confidential opportunities for women and girls to share their experience with the Council and partners. This provides insight, which informs the work on reducing VAWG, as well as addressing male behaviour and exploring the use of restorative justice as part of our response to VAWG.

Commissioning and managing the delivery of front-line services for victims of Domestic Abuse continued.

During 2020/21 staff at **South West London & St Georges Mental Health Trust** worked under exceptionally difficult circumstances and continued to adapt the way they delivered services and the way they worked with stakeholders in response to guidance on COVID-19. Working arrangements for each service were led by the needs of that specific service and ensuring they delivered the best care to patients.

The Trust has remained fully open for business to look after the people who use their services, carers, friends and family. They have made sure that staff at all levels have been supported with the often complex challenges of safeguarding adults at risk of abuse and neglect.

Throughout the year, there were important quality improvement initiatives. They included,

embedding the principles of Trauma Informed Care (TIC) across services; providing overarching support for key policy initiatives to promote service user's wellbeing, including policies on Restrictive Practice, Domestic Violence & Abuse, and Sexual Safety.

In Merton, focus has been on agreeing a consistent approach across services to the way Merlin's are received. Also embedding the consistency of reporting Safeguarding within the Trust Incident System and the smooth transfer and actioning within Local Authority data system. To ensure community staff are kept updated, they receive information coming from the Merton Safeguarding Adults Board and the Trust Executive Safeguarding Meeting.

In December 2020, the Trusts Domestic Violence & Abuse working group were commended for its work at the second Annual Conference. They also secured a new part-time post on a six-month contract to provide support to staff, service users and carers to manage the concerning increase of local and national reports of domestic abuse.

The Trust re-launched its policy requiring inpatient services to better manage staff and service user's sexual safety. All inpatient services are being supported to meet the National Sexual Safety Standards.

The Metropolitan Police Borough Command Unit (Met's BCU) in the South West begun working on processes to improve adult safeguarding work. This includes appointing

a dedicated Detective Inspector to lead on adult safeguarding. By doing this they aim to strengthen the Met's responses and engagement, raise the adult safeguarding agenda within policing locally, develop a network of subject matter experts around adult abuse and embed learning from Safeguarding Adults Reviews (SAR's). In 2020/21 the police co-chaired the SAR subgroup, a subgroup of the Board.

In line with the priorities, a cuckooing protocol was developed with partners, which includes clear referral pathways for police and other professionals. It also includes tactical options for officers, to better identify and support victims of cuckooing and target perpetrators.

The SW BCU continues to be fully engaged with the MSAB and sub group meetings as well as other multi agency panels including Multi Agency Risk Assessment Conference and Community Multi Agency Risk Assessment Conference.

Colleagues in the **South West London Clinical Commissioning Group** continue to ensure commissioned providers across SWL and including Merton are using the Safeguarding Adults Monitoring Framework. They report their safeguarding adults Key Performance Indicators to the CCG to demonstrate that they are discharging their statutory safeguarding adults' duties. They acknowledge that since the appointment of a new Independent Chair in March 2020, ongoing development of the strategic direction and planning of the MSAB has been the priority focus for them as well as the Boards partners.

Key initiatives to establish and embed effective multi agency subgroups to support and inform the ongoing direction of the MSAB were highlighted in 2020 as a matter of priority. Also a focus has been on the development of the engagement strategy for partners to the Board and included strengthening links with the voluntary sector, provider services and wider stakeholders.

Our Central London Community Health (CLCH) NHS Trust partners have continued to operate a Safeguarding Team 'duty' system seven days a week at the height of the first lockdown (April –June 2020) to support staff accessing timely advice and support.

They continued their Robust COVID-19 response with enhanced safeguarding provision including virtual drop-in session for safeguarding supervision for staff in both children and adult services.

Adult safeguarding one to one and group supervision sessions within CLCH included combined sessions with safeguarding children practitioners to promote and embed a 'Think Family' approach to care and support. The 'Think Family' approach is something we are encouraging all Board partners to consider as a way of supporting adult and children's safeguarding.

A workshop on self-neglect was delivered to all complex case management teams and specialist nursing teams. As well as this the adult safeguarding team in Merton hosted a 7 minute

Learning workshop which touched on self – neglect and hoarding. As a result the Hoarding Policy was updated and work on developing a multi-agency risk panel begun.

Two cohorts of safeguarding and Mental Capacity Act champions graduated in 2020/21, also two network days were organised for update and supervision with all champions.

Strong partnerships working continues and CLCH are represented at the Board as well as the subgroups. The CLCH Associate Director of Safeguarding co-chairs the SAR subgroup. Also the CLCH safeguarding adults lead also co-chairs the Learning & Development Subgroup.

Age UK continue to work in partnership with other agencies to improve outcomes for service users. This ensures that the people receive the best support possible and their needs are person-centred.

Increased capacity across services has helped the organisation to meet an exponential increase in demand, particularly during the pandemic. The resources to conduct home visits have been invaluable during this time for identifying safeguarding concerns that may otherwise have gone unchecked.

The London Fire Brigade (Merton) have introduced a new electronic and interactive Safeguarding Adults Referral form for all staff that has been very well received. The new referral system has provided another opportunity to highlight the importance of safeguarding to staff,

and has also encouraged staff to make referrals through the ease of using the new form. Talks have begun with the Safeguarding Adults and Deprivation of Liberty Safeguards (DoLS) Team Manager and the Borough Commander regarding a training programme for Fire Service staff.

Merton Connected set out to review the safeguarding policies and procedures across the local voluntary, community and faith sector, with a view to developing, in partnership with Board, a training offer that will ensure consistency in knowledge base and the implementation of good practice. This work sits with the Learning and Development Subgroup of the Board.

They continue to promote the importance of safeguarding as well as organisations safeguarding responsibilities by, ensuring it becomes an integral part of the Merton Connected grant giving application due diligence process. All applicants now have to provide a copy of their safeguarding policy and procedures as part of application. These are routinely reviewed and in instances where they do not meet current good practice standards, one to one assistance and support is offered from the team to help them develop a policy that is fit for purpose.

In response to feedback from the Voluntary Sector Forum organisations, discussions are underway regarding the establishing of a safeguarding officer forum for the Voluntary Sector. A quarterly meeting is currently held for representatives from organisations commissioned by Adult Social Care. They

discuss issues and emerging themes often around safeguarding adults. Suggestions are being considered for invitations to this meeting to be extended to include a wider cohort of organisations, also that Action Learning Sets are incorporated within these meetings.

Priorities for the coming year include developing and implementing a local 'Volunteer Passport' which will include safeguarding as one of the core training modules. Also to develop and implement a local quality assurance standard for VCF sector organisations.

HealthWatch Merton's success in 2020/21 has been measured in how they have been able to share local intelligence and influence local safeguarding improvements. Over the last year they have been able to develop a closer relationship and greater shared understanding of their role in adult safeguarding. This has led to them to be able to support the Board with improving communication and engagement for local people.

The Communication and Engagement Sub Group of the Board, has created a space to review the experience and journey for people going through the safeguarding process locally. This has enabled Healthwatch Merton to provide a greater sharing of their insight and perspective, with the aim of enhancing a person's understanding and support needs. Plans are in place for continued work around the voice of people with lived experience in the coming year.

The Work of the Subgroups of the Board

The SAR Review Sub-Group

The SAR Sub-Group manages and oversees the Safeguarding Adults Review (SAR) process in Merton and is led by the Assistant Director of Housing & Community and the Met Police. The group met six weekly and representation included the London Borough Merton, the Metropolitan Police, South West London Clinical Commissioning Group (CCG), St George's University Hospitals NHS Foundation Trust, London Fire Brigade and Central London Community Healthcare NHS Trust.

Safeguarding Adults Reviews as well as other non-statutory reviews and reports were considered and monitored. This included the local annual reports for The Learning Disability Mortality Review Programme (LeDeR), Domestic Homicide Reviews and Drug and Alcohol Related Deaths. Reviews are reported on separately in this report. The group have continued to improve the processes for considering reviews as well as identifying themes for learning from reviews. In 2020/21 there has been an emphasis on looking at the way we consider drug and alcohol deaths and work continues with Public Health colleagues to improve our reporting mechanisms and systems.

Performance and Quality Subgroup

This group aims to oversee the collective performance of partner agencies in Merton in relation to protecting adults at risk of abuse and neglect. The group meets quarterly. Its main focus this year has been to develop a dashboard that includes data from agencies across the partnership. We have surveyed partners in order to establish what data is currently being collected and how we can develop a dashboard that includes meaningful data from all agencies. There is also a focus on ethnicity data and an analysis of what this tells us about the work needed in the Black, Asian and Ethnic Minority communities in terms of engagement and awareness raising.

Learning and Development Subgroup

This group aims to develop robust mechanisms to assure the Board of good practice regarding safeguarding adults in workforce development, quality of training and monitoring training standards across agencies. A key focus is on emerging learning and findings from Safeguarding Adults Reviews and how it is shared effectively. This year there has been a revamp of this group to include key partners becoming members. Also an assessment of the training and development happening across the partnership has been achieved. A draft learning and development strategy has been developed, as well as a training competency framework and a training plan. Moving forward, the group is working on ensuring a safeguarding adult's E-Learning programme is available for partners, particularly those in the Voluntary Sector to access.

Communication and Engagement Subgroup

The Communication and Engagement subgroup has continued to raise the profile of the work of the board and promote awareness of safeguarding adults via the Merton Safeguarding Adults Website. During the pandemic the website has been used to convey important messages relating to COVID-19 and the lockdown. The group have developed a communications strategy, setting out pathways for awareness raising and engagement with a wide range of stakeholders, service users, carers and the public. An area of focus in the coming year is on Making Safeguarding Personal and listening to the lived experience of people involved in the safeguarding process.

COVID-19

Impact

As well as working on the priorities for the Board this year in Merton, COVID-19 assurance, recovery and learning has been a key priority. There has been a focus on gaining understanding of key vulnerability factors and risks being experienced during the pandemic impacting on wellbeing and safety of individuals. What we have tried to do is develop systems and processes that assist us with the minimising of the risks identified as well as providing appropriate support during this difficult time. Our partners in Merton have worked together to ensure safeguarding adults continues to be a priority.

COVID-19 and Black Lives Matter

The Board and its partners responded to the concerns of Black, Asian and Minority Ethnic staff (BAME), including anxiety caused by the disproportionate impact of COVID-19 on the BAME communities, coupled with the killing of George Floyd.

In Merton Council the senior leadership team set up, in conjunction with senior managers in Adult Social Care, a series of four workshops for staff. It provided a safe space for staff to come together to share how they were left feeling following the awful events.

From these workshops it became evident that staff wanted a regular forum to discuss matters pertinent to them. As such the Race Equality Network (REN) forum was set up. This was timely as head lines were frequently referencing the disproportionate impact that COVID-19 was having in those communities.

Merton Council were selected to be a pilot site for the Workforce Race Equality Standard and are committed to sharing datasets on the nine standards. The data gathered is for all staff and not just for social care staff. The REN looks forward to reviewing the data set to examine what it tells us.

South West London & St Georges Mental Health Trust organised a webinar with members of the Evolve (BAME) Network and the CEO. The main questions were related to risks assessments, PPE and challenges in the workplace. Five additional webinars were arranged with the BAME Network. Managers were asked to encourage BAME staff and those in high risk categories to have conversations with them about their experience and any health and wellbeing concerns using the risk assessment process.

Care Homes

Throughout the pandemic safeguarding adults has remained a statutory duty and duties have not been 'eased'. The Care Act Easements guidance 2020 points out that it is vital that local authorities continue to offer the same oversight and application of Care Act 2014 Section 42 duties as before, but that responses are **proportionate, and are mindful of pressures on Social Care providers**.

Care homes across Merton have faced many challenges throughout the COVID-19 pandemic; managers and staff have worked tirelessly to help protect and champion the wellbeing of both their residents and staff. The Public Health and Adult Social Care teams at Merton Council have provided additional 'wrap-around' support, which we explore below.

From the outset of the pandemic the Council invested significant time, effort and funding in sourcing and securing PPE for onward distribution to care homes across the Borough at no cost to the homes. During 2021/22 some 1.25million items of PPE were delivered by Council staff to care homes in Merton.

Throughout the pandemic, Merton Council staff have been answering questions from care homes and helping to interpret government guidance and to support care homes to maintain the safest care they can for residents and staff. Council staff have worked in partnership with care homes to troubleshoot challenges such as signposting to COVID-19 testing portals, supported ordering PPE once the National portal went live, providing advice and guidance around testing, management of COVID-19 outbreaks and supporting care homes to reintroduce visiting in a COVID-19 secure way. This has also provided a great opportunity to strengthen the relationships and communication between the Council and care homes.

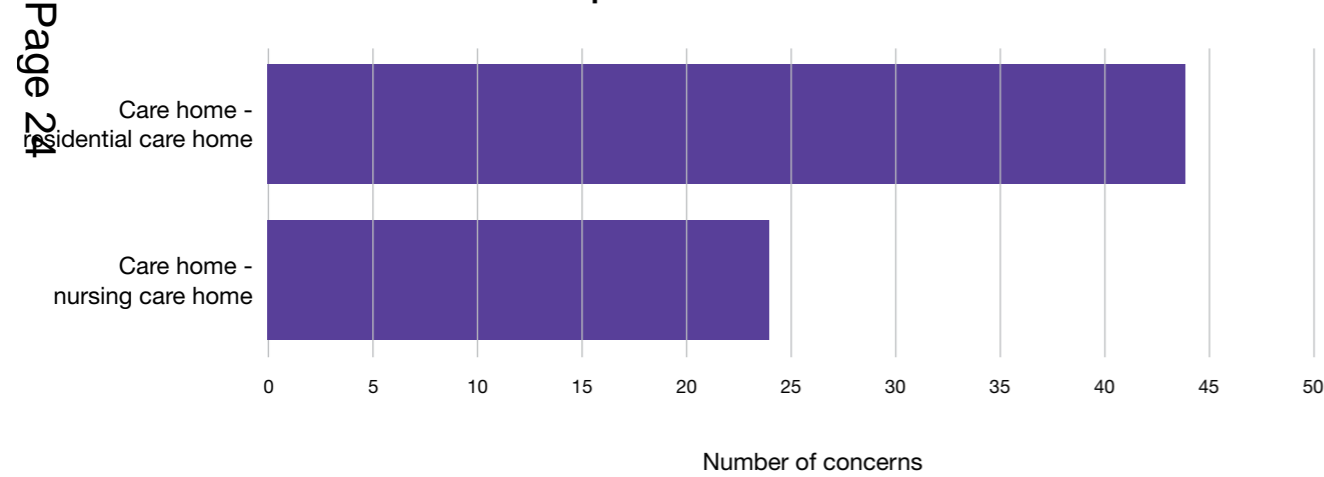
Merton staff have worked with care homes to develop care home IPC (infection prevention and control) champions, who support and promote the importance of IPC in everyone's daily working life and to build resilience and sustainability in IPC practices across Merton.

Each safeguarding team member acted as a care home link officer and were allocated a cluster of care homes. The remit of the link officer was to make telephone contact and digital/online contact with each registered Manager and deputy fortnightly. They forged close relationships with the Managers of the home whilst familiarising themselves with the issues within the home and supporting the home to mitigate and reduce the risks for the residents.

This partnership working has provided an opportunity to promote wider public health messages to care homes, including information on dementia. The Public Health and Adult Social Care team have also helped signpost training opportunities for care home Managers and staff.

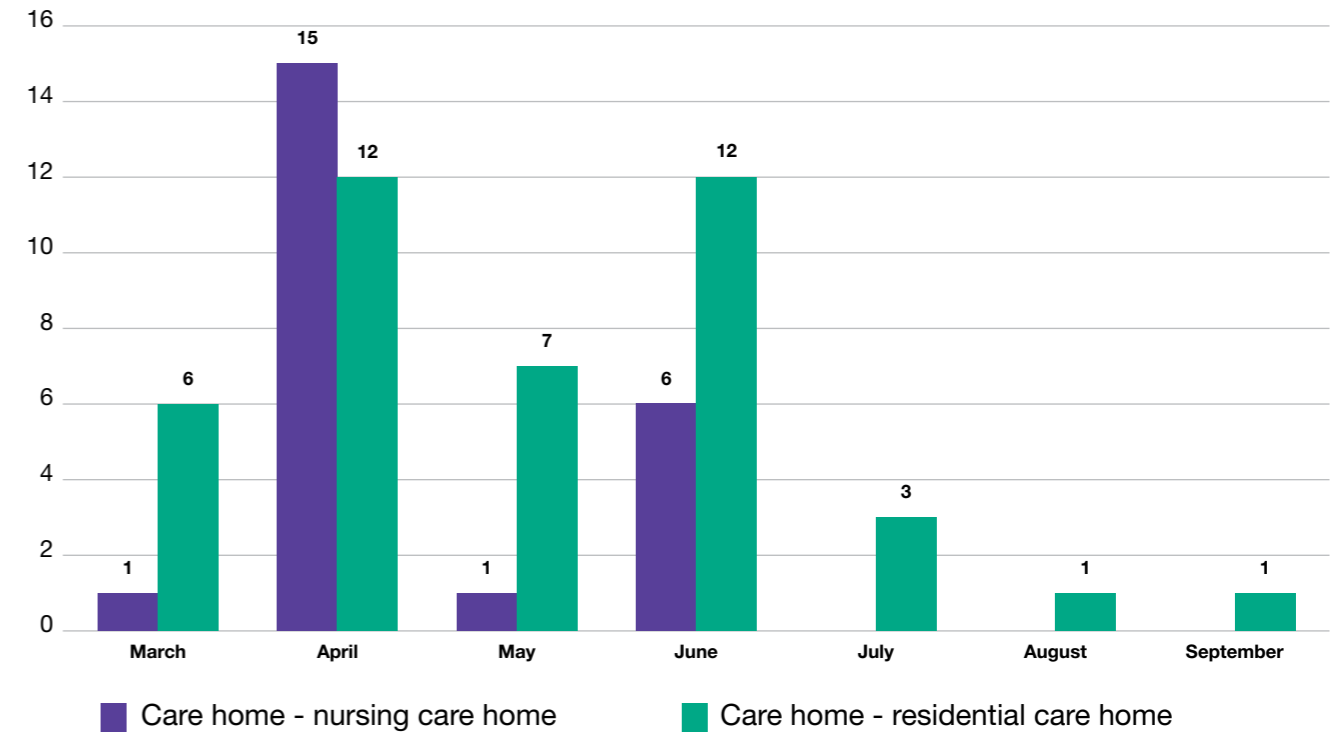
See a snapshot of safeguarding adults concerns for March 1st 2020-September 8th 2020

Number of concerns raised March 1st - September 8th 2020



Page 24

Total Number of Safeguarding Enquiries started in a period by Location of Risk



Themes

The data showed that the greatest areas of concerns for both residential and nursing homes were Neglect and Acts of Omission in this period, followed by physical and organisational abuse. The main referrer was the Care Homes themselves.

Learning identified going forward

The team were initially working with 21 of the 37 homes in the Borough. The initial homes were selected based on the prevalence of previous safeguarding concerns. From October 2020 the support was expanded to reach the remaining homes sharing the learning gathered whilst developing stronger partnerships. Safeguarding team members used the intelligence gathered in Phase one, to specifically target support given to the homes.

Homes were encouraged to ensure they had robust risk assessments in place to prevent avoidable risk to residents. They were also asked to identify the support they wanted and worked in partnership to achieve this.

Merton 2020/2021 Mortality Review (LeDeR)

The National programme aimed at making improvements to the lives of people with learning disabilities is known as Learning Disability Mortality Reviews (LeDeR). It requires that reviews are carried out following the death of anyone with a learning disability. The purpose of the review is to identify whether there are any concerns or areas of learning to improve the health and quality of care for people with learning disabilities. These reviews are conducted by South West London Clinical Commissioning Group (CCG) and the findings are reported to NHS England. South West London is high performing in terms of the timeliness of completion of these reviews and delivered 99% on time, which is higher than both the London and National average.

The LeDeR reviews undertaken in the past year in the context of the COVID-19 pandemic, showed an overall increase in the death rate for people with Learning Disabilities, specifically during the first phase (March 2020-May 2020). In Merton, 38% of the deaths of people with

Learning Disabilities recorded COVID-19 as the cause of death. Respiratory disease remained the most common cause of death for people with Learning Disabilities. This is distinct from the general population where respiratory disease is the third most common cause. A key area of national concern during the COVID-19 pandemic was the promotion of 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) directives. Assurance was obtained that this was not a feature locally in Merton for people with Learning Disabilities. It is encouraging to note that family members reported positively on their experiences of interacting with acute hospitals during the COVID-19 pandemic. They stated that they were kept informed, were involved in decision making and were accommodated regarding hospital visits. After targeted awareness raising and training for GPs and their staff, there was an improved take-up of annual health checks of people with Learning Disabilities across South-West London. More details on LeDeR and programme reports, can be found on the SWL CCG website. <https://swlondonccg.nhs.uk/>

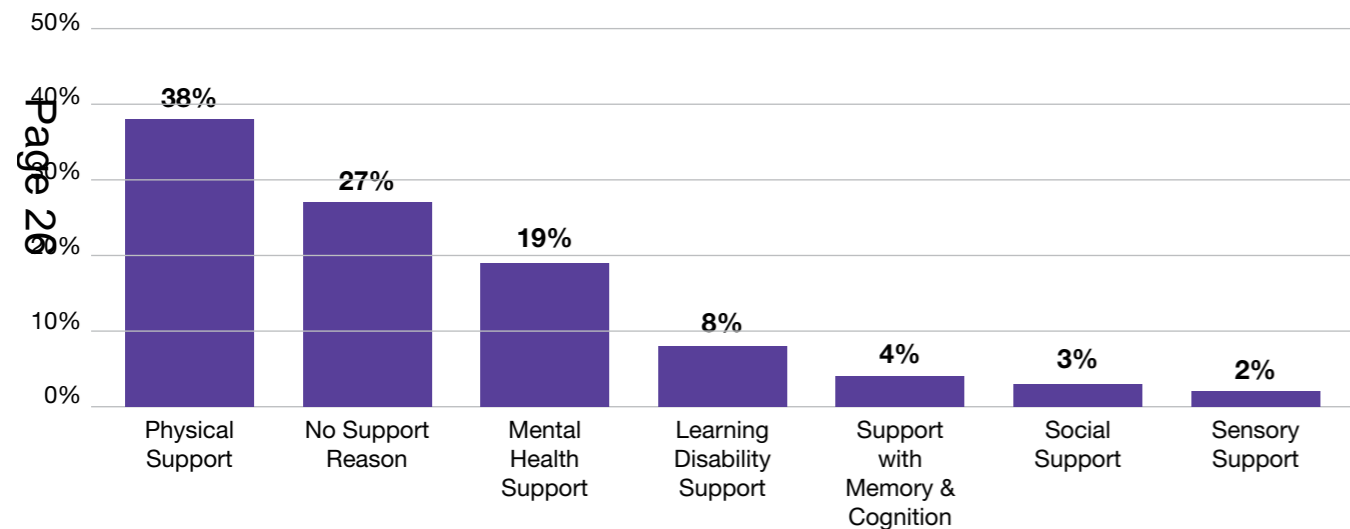
LeDeR	COVID-19 recorded as cause of Death	Other cause of death recorded	Total deaths for people with LD in 2020/21	% COVID-19 as cause of death
Merton	3	5	8	38%



Safeguarding Adults Data

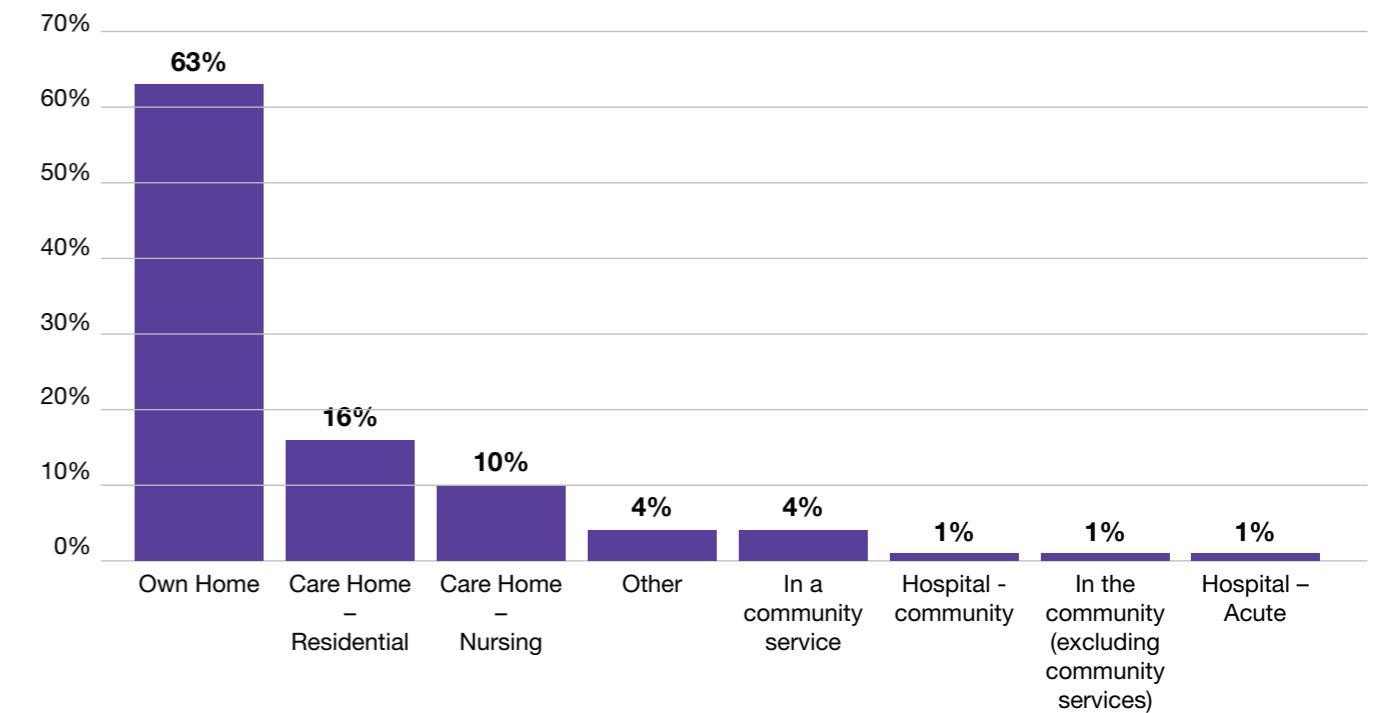
Year	2020/21	2019/20	2018/19
Total number of Adult Safeguarding Concerns raised during the year	830	732	483
Total number of Adult Safeguarding Enquiries commenced during the year	379	366	98
Conversion Rate (Number of Section 42 Enquiries + Number of Other Enquiries / Number of Concerns)	46%	50%	20%

Individuals involved in Safeguarding Concerns during 2020/21 by Primary Support Reasons



Type of Risk (Data source: concluded enquiries during 2020/21)	
Neglect and Acts of Omission	30%
Physical Abuse	18%
Financial or Material Abuse	17%
Psychological Abuse	13%
Self-Neglect	10%
Organisational Abuse	4%
Domestic Abuse	4%
Sexual Abuse	2%
Modern Slavery	1%
Discriminatory Abuse	0%
Sexual Exploitation	0%

Location of Risk (Data source: Total number of concluded enquiries during 2019/20)



During 2020/21 830 concerns were received by Merton Local Authority in total. This is an increase of 98 (13%) on the number of concerns raised in 2019/20. This could be attributed to the pandemic and also awareness raising of adult safeguarding.

In terms of location of risk 63% were reported to be in people’s own homes. Last year it was lower at 58%. This could be attributed to pandemic lockdowns and lack of contact. Action to minimise risk is being addressed by all partners through various initiatives to improve ways of communication.

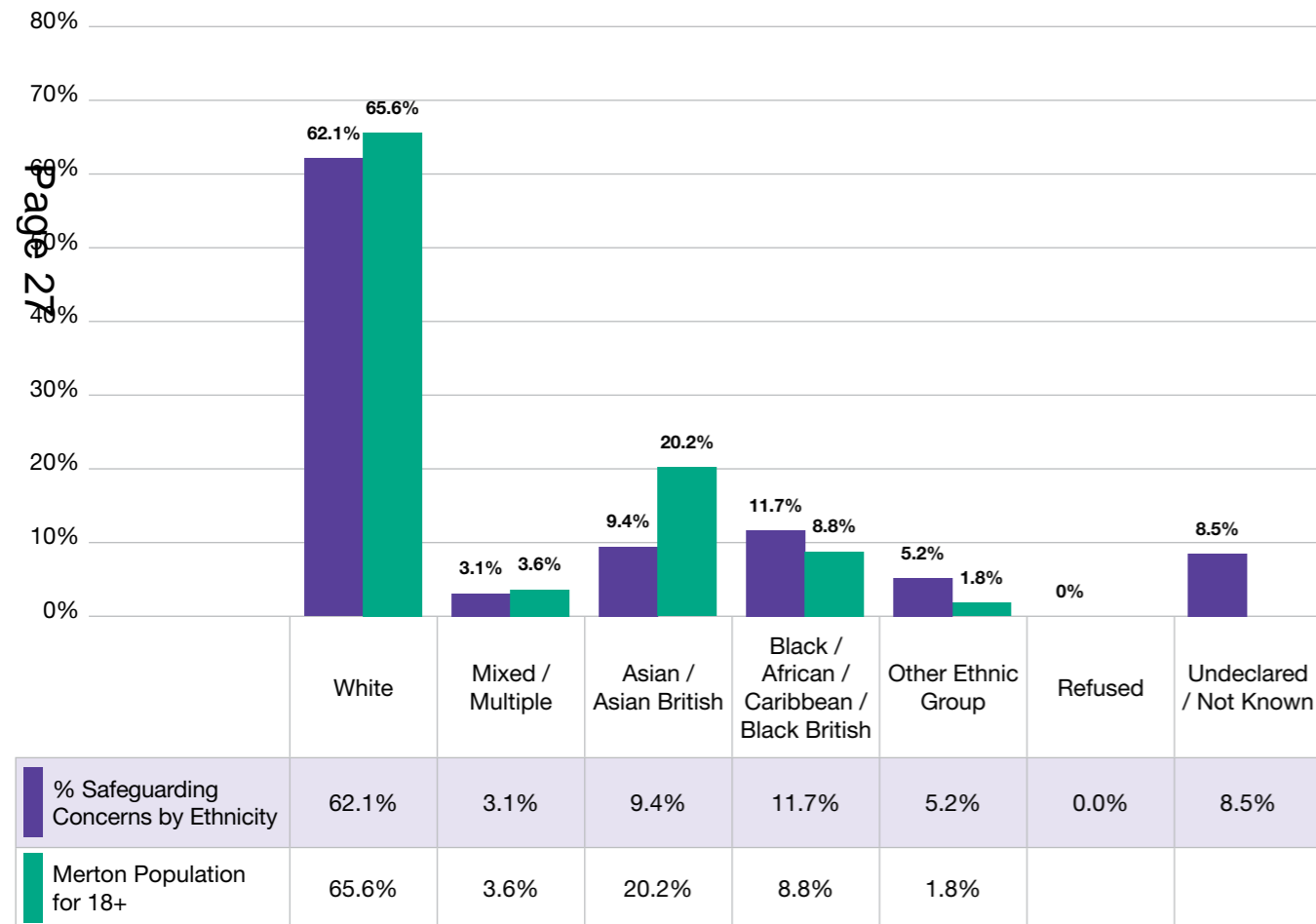
Section 42 enquiries were commenced in 313 cases and Other enquiries commenced in 66 cases, giving a total of 379 enquiries commenced. This is an increase of 13 (4%) on 2019/20, and represents a conversion rate (concerns raised to enquiries started) of 46%.

Work has begun to analyse our data in relation to Ethnicity. In February 2021 we undertook an in depth deep dive in order to better understand the complex information relating to this area and to inform our decisions and plan of action for the Board going forward. This dataset piece of work is ambitious and still in development.

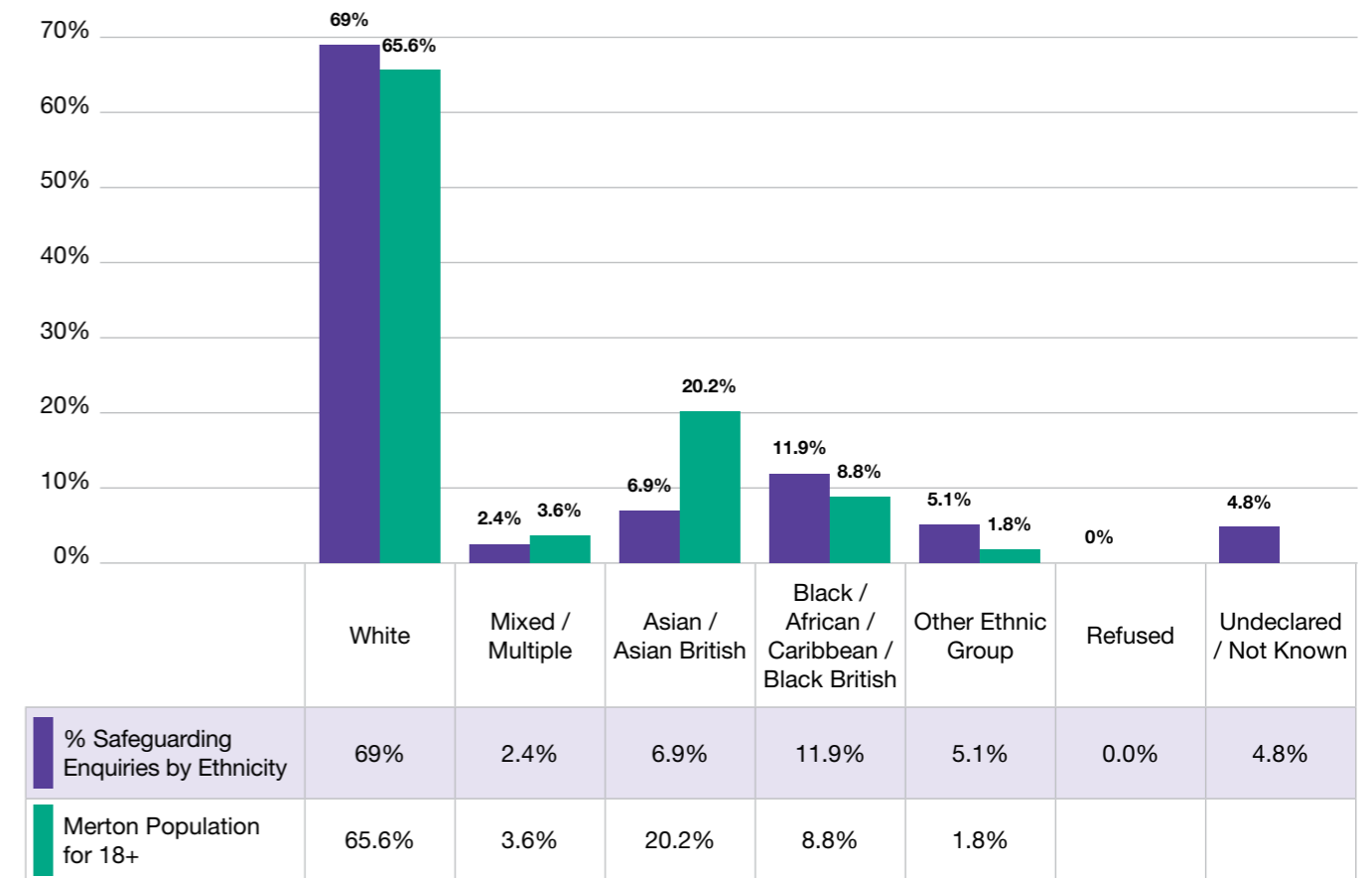
Our aim is to paint a picture across the protected characteristics so that it can be used in the context of inequalities and diversity. This couples with the intention to get much broader data from our partners, as currently any analysis is based on what the London Borough of Merton holds and not the whole partnership.

The following charts demonstrate individuals involved in Safeguarding Concerns and Enquiries by Ethnicity compared to the Merton 18+ population.

2020/21: Individuals involved in Safeguarding Concerns by ethnicity compared to Merton 18+ population



2020/21: Individuals involved in Safeguarding Enquiries by ethnicity compared to Merton 18+ population



During 2020/21 a smaller proportion of people from Asian/Asian British were involved in safeguarding concerns and enquiries when compared to the Merton 18+ population.

During 2020/21 12% of people involved in safeguarding concerns and 12% of people involved in safeguarding enquiries were Black/African/Caribbean/Black British. This compares to 9% of the Merton 18+ population who are Black/African/Caribbean/Black British.

The Performance and Quality Sub Group of the Board have been tasked to lead on this important

work around Ethnicity and will formulate a plan of action going forward. This may include awareness raising for some communities as well as identifying particular safeguarding concerns for other communities and addressing them accordingly.

We do not know at the moment if the difference in concerns compared with the % of the population is due to a difference in the level of safeguarding issues present in these communities or due to over or under reporting of safeguarding concerns.

Making Safeguarding Personal

Completed Enquiries Outcomes 2020/21 %

61%

Fully Achieved

36%

Partially Achieved

3%

Not Achieved

97%

of people's outcomes being fully or partially met.

66%

of people expressed a desired outcome compared to

64%

last year

An important success measure of 'Making Safeguarding Personal' is the extent to which the person's desired outcomes are met. Locally, Making Safeguarding Personal is well embedded in practice, with 97% of people's outcomes being fully or partially met. Where outcomes were not met, this is usually due to the person not engaging with the process or being unable to articulate if they consider that their outcomes were met. There was slight increase in the number of people who expressed a desired outcome compared to last year.

Impact on Risk Adult

Safeguarding aims to remove or reduce the risk to the adult. It is not always possible to completely remove risk and the risk will remain in cases where adults with capacity make a decision to continue living with an elevated level of risk. The impact of Safeguarding on risk is good with the risk removed or reduced in over 93% of cases. Where the risk remains, this is usually the result of people choosing to live with risk and understanding the implications of it.

Completed Enquiries where risks were identified No, %

345, 93%

Risk removed or reduced

26, 7%

Risk remains

COVID-19 Insight Project

The insight project was developed to create a national picture regarding safeguarding adults' activity during the COVID-19 pandemic.

A request was made for local insight and data on safeguarding activity on a voluntary basis, in order to develop an understanding about this impact at a National level, both during lockdown and as the restrictions were eased.

The December 20 reports showed nationally, safeguarding concerns dropped during the initial period of COVID-19, with the lowest point being in April 2020, before increasing again in May and June.

Merton experienced a similar drop, but with the lowest point being a month earlier, in March 2020.

Section 42 safeguarding enquiries also dropped nationally during the same period, but less steeply than concerns.

Merton followed the same pattern as nationally with the lowest point being in April 2020, before increasing again in May and June.

Full report can be seen in this link: <https://www.local.gov.uk/publications/covid-19-adult-safeguarding-insight-project-findings-and-discussion>

Working in Partnership and Making Safeguarding Personal Case Studies

Making Safeguarding Personal in its simplest form means putting the person at the centre of everything we do during the safeguarding process, from the very beginning to the very end.

The Making Safeguarding Personal (MSP) programme has been running since 2010. The Care Act 2014 guidance required adult safeguarding practice to be person led and outcome focused, aiming towards resolution or recovery. This embodies the MSP approach.

Case 1 example

Situation:

This case example refers to a middle aged person who was alcohol dependent and subject to a domestic abuse partnership for many years. The person had been known to social services in the past due to being a survivor of domestic abuse. They were experiencing multiple assaults that required numerous hospital admissions to treat the injuries. They were known to the hospital and on each admission safeguarding concerns were raised with local authority by the hospital. These included concerns that when the person returned home, they would be at high risk of assaults again. Their partner was known to the police and had broken bail conditions and absconded to avoid arrest and a potential prison sentence.

The concerns were, how to keep the person safe from further domestic violence as well as reducing alcohol intake which were causing self-neglect and high risk of death.

Making Safeguarding Personal:

By speaking with the person, their wishes and feelings were established as well as what outcomes they wanted to achieve.

They wanted to return home regardless of the risk to safety and wellbeing and wanted to have support to reduce alcohol intake, personal care, shopping and food preparation, plus ensuring their utilities were in working order to provide heat and electricity.

What was put in place to support the person?

- Partnership working with the hospital Safeguarding Team
- Planning meeting established each other's agencies role pertaining to health and social care.
- A warning would be sent to social care each time customer was admitted into hospital, due to either alcohol abuse or domestic abuse assault.
- Fire safety check completed by the London Fire Brigade.
- Mascot emergency service pendant provided.
- Care and support provided in the form of direct payments to ease procedural time slots, which would have constricted freedoms and choices of the customer.
- Budget managed by local authority.
- Welfare benefits were calculated and put in place.
- Package of care was commissioned to visit and support customer x 2 daily Monday-Sunday

Joint working was established with the Westminster Drug Project to support the customer to look at ways to reduce or cease alcohol intake. Partnership working with the police and ambulance services to ensure awareness of any incidents.

Arrangements were put in place with the Police to be aware of possible attacks by ex-partner that may result in their swift and concise intervention if the mascot button was pressed for help.

Ambulance Service were given reassurances that social care were aware of risk to the person and that they had devised a protection plan with the customers consent to establish actions that would help to protect them in the event of an emergency.

They were involved and reassured throughout their safeguarding journey and expressed satisfaction at the level of choice and control they had received. The plan put in place was regularly reviewed to take into account any changes in circumstances and the wishes of the customer.

Case 2 example

Situation:

This case example refers to a young man, who lived in a supported living complex and required full support with personal care, food preparation, medication and social interaction. He regularly visited his grandparents at the weekend.

Over time the person began to gain significant amounts of weight, and this was more prevalent when they were staying with their family at weekends. Supported living staff had been given a diet regime by their dietician which helped to ensure proper dietary needs were being met to avoid other health complications that may have occurred due to a high BMI.

During the pandemic home visits were halted due to shielding. This meant support staff in the supported living home were responsible for meal plans and monitoring of his dietary needs and this proved to be a success in terms of the weight loss that had taken place.

A safeguarding referral was sent to the Local Authority when it became clear that visits back to the family at the weekend were likely to begin again. Also the dietician had concerns about how the family would prepare meals for the young man and that the meals they had been providing him were likely to cause weight gain that had happened previously.

Making Safeguarding Personal:

Making Safeguarding Personal could not be fully met due to their inability to communicate and the lack of mental capacity to make informed decisions about what they wanted to achieve as part of their nutritional needs. However the MSP principles were upheld and a best interest decision was deemed to be the way forward.

What was put in place to support the person?

A safeguarding meeting was arranged to include the Safeguarding Adult Manager (SAM), social worker, dietician, family, key worker, and manager from the supported living complex.

The initial meeting was to find out from the professionals what they felt needed to be achieved with the family to help them develop a better way of meeting their loved one's nutritional needs. Also to reduce the risk of him putting on weight, and to maintain a healthy diet on a permanent basis.

The family felt they had not been provided enough evidence of how the weight had been gained, despite weight charts being provided to support the claim. They wanted to discuss medical issues, which they felt had caused the weight gain.

Due to the unsatisfactory outcome of the meeting a second safeguarding meeting was arranged and an action plan put in place.

A second meeting was held, and it resulted in the care home staff along with the family coming to an agreement that involved the family's input and actions they would take moving forward. This involved ensuring that when he visited them at the weekend a healthy diet could be provided using traditional cultural foods. Also how the supported living staff could support the family to provide appropriate dishes during his weekend visits. The GP (General Practitioner) had also contacted the family on the social workers request and arranged for medical investigations to rule out health reasons for weight gain other than diet.

The outcome for the young man meant that his dietary and health needs were being met appropriately and that he was still able to visit his family on a regular basis, which was important to him and his family.



Safeguarding Adult Reviews

A Safeguarding Adults Review (SAR) is a legal duty under the Care Act 2014. The purpose of a SAR is to learn from cases, on a multiagency level, to prevent similar incidents occurring. The aim is not to apportion blame on an organisation or individuals for any failings that may be discovered.

The criteria for a SAR states that we should consider a SAR if:

An adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

SAR Notifications in Merton

The Board received and considered two new SAR Notifications during 2020-2021, which resulted in one new SAR commencing. Included in the two was one referral that had been reconsidered and recommissioned, and another where the decision to carry out a SAR had been reviewed and a single agency review had been agreed.

In total five cases were considered and or monitored by the Sub-Group throughout the reporting period.

Learning from SAR's

What we have learnt from SAR's

There were a number of key areas identified early on in the SAR process, one being the understanding of Mental Capacity. This has reinforced the ongoing need for professional development in relation to Mental Capacity, which is also a very common feature in many SARs across the country.

We have responded to this in a number of ways. Regular training and learning sets for practitioners are on-going in relation to the Mental Capacity Act (MCA). Reflective practice also focuses on the MCA and recording to ensure important information and responses are captured. Professor Keith Brown (Founding Director, National Centre for Post Qualifying Social Work and Professional Practice) has been invited to present to the Board in June 2021 on the Mental Capacity and Best Interest Decisions.

A Multi-Agency Learning Event for a SAR was arranged and took place in October 2020. A robust Lessons Learned presentation was developed to allow all practitioners and Managers to participate via an online platform. Feedback from the Lessons Learnt event were subsequently fed back to the Safeguarding Adults Board and this feedback incorporated into the final Action Plan. The final report for this SAR will be published in 2021/22.

Our Strategic Plan 2021-2024

The impact of COVID-19:

Reviewing our priorities

Since 2020 COVID-19 has had a huge impact on us all. Though the Coronavirus Act 2020 does not affect the duties to safeguard adults at risk as laid out in the Care Act 2014, we have all had to change the way in which we work and this has created new challenges in safeguarding adults at risk. In reviewing our priorities and objectives, we have considered the challenges as well as our recovery plan from the pandemic. In reviewing previously identified objectives, we also thought about specific issues which may now need to be a focus. We felt that it was important to explicitly state our intention to seek to learn from the experiences of COVID-19 in order to improve future responses. The Board will also have an important role to play in seeking assurance about local arrangements and risk assessments.

How the strategy will be delivered

A new work-plan will be developed each year, where Board Members will agree on exactly what they need to do to achieve each of the agreed strategic priorities. Our targeted aims for 2021/22 will be complemented by a more detailed action plan which will be monitored regularly by the Board and its subgroups. This will also consider our responses to specific and thematic issues, such as modern slavery, domestic abuse, self-neglect, transitional safeguarding and adult safeguarding in the context of COVID-19. The subgroups of the Board are pivotal in supporting the MSAB to achieve its objectives and continue to deliver on campaigns and develop tools to support professionals and residents in understanding and responding to adult safeguarding concerns. Each subgroup has their own set of priorities and specific targets which complement the overarching priorities of the Board.

1. Prevention and Early Detection

Our Aim

- Adults from all communities will feel supported to keep safe. Partners, service users and residents will recognise risk and be confident in their response.

Page 32

Building and strengthening connections

Our Aim

- Partners, service users and residents from all communities are engaged and working together to ensure an inclusive safeguarding framework.

3. Making Safeguarding Personal

Our Aim

- People will feel listened to and have real choice and control in shaping their safeguarding journey.

4. Quality Assurance & Embedding Learning

Our Aim

- To establish a Quality Assurance & Performance Framework to provide assurance that the Board and its partner agencies have effective systems, structures, processes and practice in place.
- To learn from reviews, for example SAR's, Domestic Homicide Reviews (DHR's) and Learning Disability Mortality Reviews (LeDeR) and ensure mechanisms are in place to measure effectiveness.

Reporting a Safeguarding Concern

Phone First Response Team:

020 8545 4388
9:00am-1:30pm excluding Bank Holidays

Crisis Line:

After 1.30pm, 07903 235 382 which is available from 1.30pm to 5.00pm Monday to Friday

Adult Emergency Duty Team - Out of Hours and Bank Holidays:

020 8770 5000 / 0345 618 9762

Email:

safeguarding.adults@merton.gov.uk

Emergency:

Call the Police or emergency services - 999



Merton
Safeguarding
Adults Board

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Committee: Health and Wellbeing Board

Date: 25th January 2022

Agenda item:

Wards: ALL

Subject: Promoting Child Healthy Weight and Tackling Diabetes action plans

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health

Forward Plan reference number:

Contact officers: Julia Groom, Consultant in Public Health, Hilina Asrress, Senior Public Health Principal - Public Health Team

Recommendations:

HWBB members are asked to:

1. Consider and endorse the Health and Wellbeing Board's refreshed Child Healthy Weight Action Plan (2022-2025) and note the update on the Tackling Diabetes Action Plan (2019-2024).
 2. Champion the priority for 'healthy place', in particular consider how the food environment in Merton can be shaped to ensure all residents have access to nutritious, healthy and affordable food.
 3. Consider how Board members can champion and support the priority for making child healthy weight everyone's business and in particular the implementation of the communication and engagement plan.
 4. Retain the current governance structures for the oversight of the action plans (see section 2.20 below).
-

1 Purpose of report and executive summary

- 1.1. The purpose of this report is to present key priorities in the refreshed Child Healthy Weight action plan and to ask the Health and Wellbeing Board to endorse the priorities for implementation over the next three years (2022 – 2025) and consider how it can support the key challenges.
- 1.2. The paper provides an update on the Tackling Diabetes Action Plan already agreed by the Board. The paper also sets out the background to the plans and successes and challenges of the previous action plans.

- 1.3. Actions plans to tackle child healthy weight and diabetes have had a positive impact over the recent years, with a number of successes achieved despite impact of the COVID pandemic. However, emerging evidence shows that the pandemic has had a negative impact - we have seen a significant increase in childhood obesity during the pandemic and diabetes is the most common pre-existing condition in recorded COVID deaths. The pandemic has shown excess weight also puts individuals at risk of worse outcomes from COVID. The negative impact of the pandemic highlights an even more urgent need to tackle these major public health challenges as part of our COVID-19 resilience and recovery plans.
- 1.4. The plans take account of new evidence and learning from previous plans and are presented jointly reflecting the synergies between the two issues - if we are able to reduce obesity levels in childhood, we will potentially reduce the numbers of people with type 2 diabetes in the future. Priorities include making child healthy weight everyone's business; supporting children, young people and their families; clinical oversight and service improvement for diabetes; and holistic individual care. Both plans have a shared third theme of 'Healthy Place', which recognises the importance of the environments where we live, work and play on health and well-being and the links between action on healthy weight and action on climate change.
- 1.5. The Board are asked to:
 - Consider and endorse the Health and Wellbeing Board's refreshed Child Health Weight Action Plan and note the progress on the Tackling Diabetes Action Plan.
 - Champion the priority for 'healthy place', in particular consider how the food environment in Merton can be shaped to ensure all residents have access to nutritious, healthy and affordable food.
 - Consider how Board members can champion and support the priority for making child healthy weight everyone's business and in particular the implementation of the communication and engagement plan.
 - Retain the current governance structures for the oversight of the refreshed action plans (see section 2.20 below)

2 Background

- 2.1. Childhood obesity and diabetes are among the greatest public health challenges facing the UK population today, with prevalence increasing significantly over the last decades. Their causes are multiple and complex and there is no single solution.

Obesity in childhood is a significant risk factor for poor physical and mental health in childhood and is a significant risk factor for diabetes and other health conditions into adulthood. The COVID pandemic has had a negative impact on children's weight and resulted in an increase in overweight and obesity. National and London data shows the highest annual rise in obesity levels since measurement began in 2006/07. Local data for 2020/21 (unpublished) indicates that rates of overweight and obesity in Merton are similar to London,

where 15 % of 4-5 year olds and 30% of 10-11 year olds are obese, and 45% of 10-11 year olds either overweight or obese. Childhood obesity is a major health inequalities issue, with children living in the most deprived areas more than twice as likely to be obese than those living in the least deprived areas. National data indicates that obesity is also highest in Black children, with boys also having a higher obesity prevalence than girls for both age groups.

- 2.2. The burden of diabetes in Merton has been increasing yearly. The prevalence of diabetes including among undiagnosed populations is estimated to be 8.1%, projected to rise to 9.3% in 2035. The COVID pandemic has had a negative impact - diabetes is the most common pre-existing condition in recorded COVID deaths. The pandemic has shown excess weight also puts individuals at risk of worse outcomes from COVID. Diabetes is a health inequality issues-prevalence of diabetes is higher among people living in more deprived areas, and people from Black African, African Caribbean and South Asian backgrounds are at greater risk of developing diabetes at a younger age.

See Appendix 1 for further details.

- 2.3. In June 2017, the Health and Wellbeing Board agreed to build upon its previous work on tackling child healthy weight and to focus as a partnership on tackling diabetes. There have been concerted efforts across partners on developing and implementing action plans, taking a whole systems approach to tackling these issues locally. This recognises the major impact of the places where we live, work and play on health and wellbeing, as well as individual behaviours and choices.

DETAILS

Child Healthy Weight Action Plan 2022-2025

- 2.4. Obesity is a complex problem and there is no single solution. As highlighted above, evidence indicates that a comprehensive programme that focusses on delivering population wide changes across aspects of the physical, food and cultural environment is most likely to be successful, and cost effective, together with approaches with specific communities and groups and hence the approach in Merton.
- 2.5. The impact of the COVID-19 shows there is emerging evidence that stay-at-home guidance, the move to online education and closures of leisure facilities has disrupted children's routines leading to negative impacts on sleep, nutrition and physical activity levels. The economic impact of the COVID-19 pandemic may also have impacted families' ability to maintain healthy weight through accessing and being able to afford healthier food options.
- 2.6. Since the COVID-19 pandemic, poorer mental health and wellbeing has been reported in children and young people, particularly those in care or disadvantaged financially.¹ Poor mental health has a marked effect on obesity. There have been increases nationally in referrals to child and

adolescent mental health and eating disorder services during the pandemic. The pandemic has worsened a number of important risk factors for eating disorders. The pandemic has also caused a number of more complex impacts that may have contributed to disordered eating behaviour. For example, fewer opportunities to exercise during lockdowns, loss of usual routines, isolation and anxiety, disruptions to organised sport and other physical activities and disruptions in accessing face-to-face support services.

- 2.7. Stigma associated with obesity is also associated with significant physiological and psychological consequences. Obesity stigma can be particularly severe for children and young people and can also lead to disordered eating, avoidance of physical activity and avoidance of support. The recent youth survey in Merton showed that over a third of young residents worried about their mental health during lockdown. Feeling bored and isolated, they spent a lot more time on screens during lockdown, with habits that might continue and additionally different groups disproportionately are impacted by food poverty.
- 2.8. The previous Merton Child Healthy Weight Action Plans have had successes in progressing work to tackle childhood obesity locally (see section 2.9). The refreshed Plan is based on a review of the evidence, engagement with residents in east Merton (The Great Weight Debate Merton) and more recently the Merton Youth Survey and engagement, and considerable partnership working over the past 5 years; including discussions at the Child Healthy Weight steering group and Children’s Trust Board.
- 2.9. Achievements from the previous plan include:

Key achievements to date	
Managing new takeaway restaurants within 400m of schools	Merton’s Local Plan has adopted mechanisms to manage new takeaway restaurants within 400 metres of schools .
New advertisement policy adopted	A Transport for London (TFL) style advertising policy that aims to tackle unhealthy advertising and promote wellbeing was developed and implemented in Merton in April 2020.
Successful in securing funding to install water fountains in town centre (reduces single use plastics, promotes good rehydration and reduces need to purchase sugary drinks)	Merton Council successful in applying for funding to install water fountains in Mitcham (installed), Colliers Wood, Morden and Raynes Park. ‘I Love Wimbledon’ applied for water fountain for Wimbledon Town Centre and has been successful.
Healthy Schools London (HSL) programme engagement	49 schools in Merton are registered for “Healthy Schools London” (HSL), an

	Awards Programme that works with schools to improve children and young peoples' health and wellbeing. To date Merton has 18 bronze awards, 9 silver awards and 3 gold awards.
Schools participation in Daily/Active Mile	29 primary schools in Merton participated in the “ Daily/Active Mile ”, an initiative to get children to run or jog for 15 minutes every day
New school meals contractor procured with contract including public health and nutrition outcomes	A new school meals contract has been developed with public health and nutrition outcomes included in the service specification and has been awarded to Cater Link.
Partnership communication and engagement strategy plan developed	A refreshed “ Communication and Engagement Strategy ” for child healthy weight has been developed to support a co-ordinated approach across partner organisations part of which have been implemented but requires more coordinated implementation.
Food Poverty Action Plan supported with additional funding	Merton’s Food Poverty Action Plan and food poverty work supported with additional funding to help mitigate the impact of COVID including continuation of Merton’s Community Fridge Network and coordination role through Sustainable Merton.

2.10. The refreshed 2022-2025 action plan (see appendix 2 for ‘plan on a page’) has three key themes:

Merton Child Healthy Weight Action Plan (2022-2025)		
<u>Theme 1:</u> Making Child Healthy Weight Everyone’s Business	<u>Theme 2:</u> Supporting Children, Young People and their Families	<u>Theme 3:</u> Healthy Place (Shared with Diabetes Action Plan)

Priorities for action 2022-2025

2.11. Theme 1: Making Child Healthy Weight Everyone’s business: priorities include:

- Refresh the communication and engagement plan with wider partnership in its implementation to coordinate consistent messaging

and address the interlinked issues of stigma, mental wellbeing and healthy weight.

- Train and educate front-line partners to provide brief intervention and signposting on CHW, making every contact count.
- Embed healthy weight and think family approach into all work including identifying opportunities to bring in additional funding.

2.12. Theme 2: Supporting Children, Young People and their families: priorities include:

- Improve/enhance Merton’s service support offer for families that need additional provisions to achieve a healthy weight
- Provide a social prescribing offer for CYP that need support with achieving a healthy weight and supporting low level mental health issues (initial pilot in east of the borough to develop and implement an offer)
- Enhance the support children and families receive in schools and early years settings to live healthily

Key Questions for Board:

How can Board members champion and support communication and engagement to deliver consistent messages and address the interlinked issues of stigma, mental wellbeing and healthy weight?

How can Board members help embed a ‘Think Family’ approach to child healthy weight?

Tackling Diabetes Action Plan 2019-2024

2.13. The unintended disruptions from the pandemic to routine diabetes services has impacted those with the condition. In April 2020, there was a 70% reduction in new diagnosis rates with larger reductions seen in older people nationally¹. Reductions of 77% in HbA1C testing (blood tests used to monitor diabetes) suggests poorer disease control among people living with type 2 diabetes and potential delays in the management and prevention of long-term complications. A comprehensive data collection on diabetes is needed to study the impacts of this on Merton population in the coming months and years.

2.14. The Diabetes Action Plan was implemented in 2019. This plan is for the duration of 5 years (2024). The key aim of this plan is to:

1. Develop a whole system approach across the life course to tackling diabetes in Merton
2. Focus on prevention and health inequalities
3. Deliver behaviour change at scale for diabetes

¹ Source: Impact of COVID-19 on the diagnoses, HbA1c monitoring and mortality in people with type 2 diabetes: a UK-wide cohort study involving 13 million people in primary care. Available at: <https://www.medrxiv.org/content/medrxiv/early/2020/10/27/2020.10.25.20200675.full.pdf>

4. Focus on diabetes as an exemplar for developing holistic care (covering physical, mental and non-clinical personal support)

2.15. This is an update on the progress of the plan so far and an opportunity to refresh priorities under a COVID lens. The update is based on a review of the current plan, including discussions at the multi-disciplinary and multi-sectoral Diabetes steering group.

2.16. This plan has had significant successes in progressing work to tackle diabetes prevalence locally.

Key Achievements to date

Key achievements to date	
Launched Diabetes Year of truth	Delivered the uptake of training to front-line staff e.g. Cambridge Diabetes Education Programme, behaviour change and 'structured conversations'
Diabetes Champions network created	Insights on patient perspective of gaps and opportunities gathered to secure service improvement
Uptake of NDPP programme	Explored opportunities for enhancing pathways and services
PCN-led approach to diabetes & inequalities commenced	Develop communications to GP's and patients to promote https://www.diabetesbooking.co.uk
SWL diabetes QI programme	EIA complete and target groups have been identified and plans in place to tackle underperformance
Identified variations in NDA to improve achievement of the NICE recommended treatment and all practices in Merton have signed up to the local incentive schemes (outcome based KPIs implemented)	SWL commissioned Healthy Eating & Active Lifestyles for Diabetes (HEAL – D): a culturally-tailored diabetes self-management programme for African & Caribbean communities. This was anticipated to start in January 2020.
Commissioned Diabetes Complete	Diabetes Digital Decathlon
Year of physical Activity (Try 20 in 2020)	Social Prescribing and IAPT

Tackling Diabetes Action Plan (2019-2024)		
<u>Theme 1:</u> Clinical Oversight and Service Improvement (SWL CCG)	<u>Theme 2:</u> Holistic Individual Care (SWL CCG and LBM)	<u>Theme 3:</u> Healthy Place (Shared with CHW Action Plan)

Priorities include:

- keep services and pathways under review & use patient views to identify and secure improvements in existing and future projects
- increase access to and uptake of evidence based and highly effective structured education programmes e.g. Desmond and DAFNE and deliver culturally specific programmes e.g. DoSA.
- produce a Directory of Services e.g. Adult Education and cooking classes that support residents at risk of or living with diabetes,
- actively engage communities and residents living with diabetes (T1 and T2) in service design and improvement.

Key Question for Board

What is the one thing you can do to contribute to tackling diabetes in Merton?

Tackling Child Healthy Weight and Diabetes in a 'Healthy Place' (Theme 3)

- 2.17. Theme 3, a shared theme of both the Child Healthy Weight and Diabetes Action Plans is 'Healthy Place'. This priority also features in the Health and Wellbeing Strategy and the Merton Health and Care Together Plan, recognising its importance of our environment in promoting our health and the close links between action on health and action on climate change.
- 2.18. When we talk about healthy place, we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work and play. These factors also shape the choices we face, for example around the food we eat. This reflects the understanding that adults, children, and young people share the same physical environment, which can strongly influence health behaviours contributing to both childhood obesity and diabetes.
- 2.19. There are close links between action to tackle healthy weight and actions to tackle climate change, for example, walking, cycling, active travel, food growing and promoting water. The Merton Climate Change action plan focuses on achieving a zero carbon targets with thematic area priorities on the Green Economy, Building and Energy, Transport and Greening Merton. The actions under the Healthy Place theme seek to complement these priorities, (but do not repeat what is already included in other plans). Action to tackle the

food and physical environment can be challenging and contentious, such as restricting vehicle access through the school street programme, however by working in partnership and co-creating solutions with residents, including children and young people, we have the best opportunity for sustainable change that contributes to making Merton a healthier place to live, study, work or play.

Theme 3: Healthy Place priorities include:

- Promote changes in key settings to ensure they support healthy lifestyles - including supporting workplaces to register and implement the Healthy Workplace Award initiatives, increasing healthy start vitamins uptake in children’s centres and retail outlets accepting food voucher for fresh/frozen fruit and veg and milk.
- Refresh the ‘Health in All Policies’ action plan to include a focus on developing a sustainable healthy food environment.
- Work with partners and businesses to promote local Sugar Smart campaign and continue to tackle the advertising of unhealthy food and drink
- Increase and promote opportunities for physical activity and active travel, aligned to the Climate Change strategy.
- Develop the School Neighbourhood Area Project (SNAP/Superzones) further to support a healthy environment around schools
- Deliver a ‘Merton Year of Physical activity, with a different focus for each month

Key Question for the Board:

How can the food environment in Merton be effectively shaped so that all residents have access to healthy, nutritious and affordable food? This might involve working with retailers and catering businesses, promoting food growing in public spaces or through other means.

Governance

2.20. The Child Healthy Weight Action Plan will be managed at an operational level by the Public Health led Child Healthy Weight Steering Group with reporting into the Children’s Trust Board (CTB). The Tackling Diabetes Action Plan will be managed on a day to day basis by the CCG led Diabetes Steering Group. Each group will report performance to the Merton Health and Care Together Board as required and ultimately to the Health and Wellbeing Board.

3 Alternative options

N/A

4 Consultation undertaken or proposed

4.1. A number of engagement exercises have been undertaken to inform previous work. For example, the Great Weight Debate Merton included engagement with a full range of stakeholders, including residents and children and young people. The findings from this exercise continue to be relevant and will inform the refresh of the CHW action plan. The Children and Young Residents Survey (2021) has also been reviewed alongside development of the refreshed action plan.

Furthermore, the refresh of these actions plan will be undertaken with support from key partner organisations that make up the relevant steering groups.

5 Timetable

Timescales are as per individual Child Healthy Weight and Diabetes Action Plans

6 Financial, resource and property implications

None – using existing assets and budgets/resources

7 Legal and statutory implications

None

8 Human rights, equalities and community cohesion implications

The Action Plans are specifically aimed at tackling health inequalities.

9 Crime and Disorder implications

None

10 Risk management and health and safety implications

None

11 Appendices – the following documents are to be published with this report and form part of the report

11.1. APPENDIX 1. Background information

11.2. APPENDIX 2: Child Healthy Weight Action Plan (Plan on a page)

12 Background papers

Appendix 1: Background Information

Child Healthy Weight

- 12.1. Obesity in childhood is a significant risk factor for poor physical and mental health in childhood and is a significant risk factor for diabetes and other health conditions into adulthood. The pandemic has had a negative impact on children's weight and resulted in an increase in overweight and obesity. National data shows the highest annual rise in obesity levels since measurement began in 2006/07. Local data has not been published for 2020/21 because, due to COVID, it was based on a smaller 20% sample. However, sample data indicates that rates of overweight and obesity in Merton may be higher than London for Reception (4-5 year olds) and similar to London for Year 6 (10-11 year olds).

In London, data for 2020/21 indicates that prevalence of obesity in Reception is one of the highest out of all regions at 15.3%, which is a 5.3% increase from 2019/20 (compared to England prevalence of 14.4). Year 6 obesity rates rose 6.3 percentage points to 30% and was highest out of all regions (compared to England prevalence of 25.5%). Prevalence of overweight and obesity combined (excess weight) in Year 6 was 45.2%, an increase of 7% from the previous year for London, compared to England prevalence of 40.9% in 2020/21.

- 12.2. Childhood obesity is a major health inequalities issue. There is a strong correlation between weight status and deprivation, with children living in the more deprived areas experiencing a higher prevalence of obesity. This gap is widening and reflects socioeconomic inequalities in Merton, between 2017 and 2019, there was a 12.2% gap in the prevalence of obesity among 10-11 year olds between wards in the east and west of the Borough and the pandemic is likely to have further increased this gap. National data for 2020/21 shows children living in the most deprived areas were more than twice as likely to be obese, than those living in the least deprived areas. Obesity was also highest in Black children in both Reception and Year 6, with boys also having a higher obesity prevalence than girls for both age groups.

Diabetes

- 12.3. The burden of diabetes in Merton has been increasing yearly. Currently, the prevalence of diabetes in Merton is 6.3%, lower than London (6.8%) and England (7.1%).² The prevalence including undiagnosed populations is estimated to be 8.1%, projected to rise to 9.3% in 2035³ - these estimates pre-date the pandemic and might be higher depending on impact of lifestyle factors.
- 12.4. People from Black African, African Caribbean and South Asian backgrounds are at risk of developing type 2 diabetes from the age of 25. This is much

² Source: Public Health Outcomes Framework (PHOF) - <https://fingertips.phe.org.uk/profile/diabetes>

³ Source: Tackling diabetes in Merton. Merton Council. 2019. Available at: APHR_2019_Diabetes_In_Merton_FINAL_WEB.pdf

younger than the white population, as their risk increases from 40.⁴ Prevalence of Type 2 diabetes is highest in East Merton primary care network, followed closely by Morden and North Merton PCN all located in the east of the borough.⁵

- 12.5. Of deaths in England and Wales where COVID-19 was the underlying cause, the most common pre-existing condition recorded on the death certificate was diabetes (July to September 2021). This was identified in almost a quarter of COVID-19 deaths.
- 12.6. Overweight or obese adults are at high risk of developing diabetes and more than half of the population in Merton (53.2%) aged 18+ was classified as overweight or obese in 2019/20 so by aligning with the Child Healthy Weight Action plan we can work to reduce the number of people who develop diabetes in the future.
- 12.7. The COVID-19 pandemic has highlighted the need for urgent action in the UK, with adults living with obesity and diabetes experiencing more severe outcomes from COVID-19 disease.
- 12.8. In June 2017, the Health and Wellbeing Board agreed to build upon its previous work on tackling child healthy weight and to focus as a partnership on tackling diabetes. There have been concerted efforts across partners on developing and implementing action plans to support reducing childhood obesity and tackling diabetes. The approach takes a whole systems approach to tackling these issues locally, which recognises the major impact of the places where we live, work and play on health and wellbeing, as well as individual behaviours and choices.
 - 12.8.1 A number of lessons were learnt in successfully delivering the previous Child Healthy Action Plans which have also informed the refresh process and draft plan presented here. These key lessons include:
 - Maintaining a broad and committed partnership approach
 - Maintaining momentum communication and partner engagement
 - The challenges of co-ordinating an ambitious action plan
 - Making the most of what other people do - With the challenge of limited resources, a key focus of the refreshed plan is to make the most of the opportunities and assets across partners.

⁴ [Ethnicity and type 2 diabetes | Preventing diabetes | Diabetes UK](#)

⁵ Source: Tackling diabetes in Merton. Merton Council. 2019. Available at: https://www.merton.gov.uk/assets/Documents/www2/APHR_2019_Diabetes_In_Merton_FINAL_WEB.pdf

Merton Child Healthy Weight Action Plan (CHWAP) 2022-2025 – Summary Plan on a Page

Theme 1: Making Child Healthy Weight Everyone's Business

Vision: *We have a joined-up approach to tackling childhood child healthy weight in Merton with partners taking a coordinated, whole systems approach with a focus on effective communication and engagement.*

In order to deliver this vision, we will achieve the following actions:-

Action 1) Refresh the Merton communication & engagement strategy recognising links between healthy weight, mental health and stigma associated with obesity. Take a universal as well as targeted approach to ensure campaigns and messaging are coordinated, consistent and evidence-based, and tackle inequalities across partners.

Action 2) Train and educate front-line stakeholders in Merton to provide brief intervention advice and signposting on CHW making every contact count

Action 3) Work in partnership across and beyond the Council to embed healthy weight and a "Think Family" approach into work including

Theme 2: Supporting children, young people and their families

Vision: *Schools and early year's settings support all families to live healthily and children that need additional help are offered high quality and effective support by services.*

In order to deliver this vision, we will achieve the following actions:-

Action 4) Improve Merton's service offer for children and families that need support with healthy weight e.g. enhancing Family Start, reviewing needs and CHW pathways

Action 5) Develop and implement a Social Prescribing pilot offer for CYP and families that need support with Healthy Weight targeted in east Merton

Action 6) Enhance the support children and families receive in schools and early years settings to live healthily through e.g. promotion of breastfeeding, Healthy Early Years and Healthy Schools programmes

Theme 3: Healthy Place

Vision: *Merton as a place to live, study and/or work encourages people to be more active and make healthier choices.*

In order to deliver this vision, we will achieve the following actions:-

Action 7) Support changes in key settings to ensure they support healthy lifestyles e.g. promoting the Healthy Workplaces Award scheme, refreshing and implementing the School Neighbourhood Approach Pilot, expanding the School Streets and evaluating Green and Healthy Primary Care Network (PCN pilot)

Action 8) Increase the uptake of Healthy Start vouchers to enable pregnant women & young children in low-income families to access fresh or frozen fruit and vegetables, milk and vitamins

Action 9) Create a healthier food environment in Merton by working with partners and businesses to e.g. continue to manage new fast food takeaways near schools, organisational sign up to local Sugar Smart campaign and managing unhealthy food advertising on bus shelters and stand-alone advertising

Action 10) Increase the promotion and provision of free drinking water in Merton to encourage drinking water instead of unhealthy alternatives

Action 11) Increase and promote opportunities to be physically active for children, young people and their families e.g. through promoting a developing and promoting a physical activity campaign, increasing schools engaged in Daily/Active Mile and School Travel Plans encouraging cycling/scooting/walking

Action 12) Work in partnership across Merton Council to tackle the obesogenic environment for children and young people for example by ensuring Health Impact Assessments (HIAs) are undertaken according to Local Plan on developments and procuring nature based Green Social Prescribing including intergenerational interventions

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Committee: Health and Wellbeing Board

Date: 25th January 2022

Agenda item: CAMHS Local Transformation Plan Refresh (South West London)

Wards: All Wards

Subject: South West London (SWL) Local Transformation Plan Refresh (2021) Transforming Mental Health Services for Children, Young People (CYP), 0-25 years and their families

Lead officer:

Lead member: Mark Creelman – SWL CCG Locality Executive Director (Merton and Wandsworth)

Forward Plan reference number:

Contact officer: Sarah Keen – SWL CCG Senior Child and Adolescent Mental Health Service (CAMHS) Transformation Manager - Merton

Recommendations:

The Board is asked to:

- A. Consider how members can support delivery of the priorities of the Local Transformation Plan, particularly early support and prevention, ensuring children and young people can access early intervention, and joint working to ensure a stronger partnership approach.
 - B. Discuss and agree the South West London Local Transformation Plan refresh contained in the appendices of this report.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this report is to provide board members with the refreshed Children and Young People's Emotional Wellbeing and Mental Health Local Transformation Plan for 2021. The 2015-2019 Local Transformation Plans produced and submitted to NHS England for assurance were Merton specific Local Transformation Plans.

This refreshed plan however, now combines Children and Young People's Local Transformation Plans from the six boroughs. The rationale of this combined refresh plan is to create a more consistent framework for improving mental health and emotional wellbeing services for children, young people and their families, including suicide prevention across the South West London landscape

2 BACKGROUND

- 2.1. This is the first South West London Clinical Commissioning Group's (SWL CCG) first joint transformation plan for CYP's mental health and emotional wellbeing. It builds on preceding individual borough-based plans, refreshing ambitions, priorities, and proposals for the ongoing improvement of mental health services. In previous years, the Local Transformation Plan refresh

was submitted to NHS England for assurance, this current combined refresh is centrally assured by SWL CCG.

- 2.2. The SWL Local Transformation Plan (LTP) refresh describes progress against the Five Year Forward View for Mental Health and NHS Long Term Plan vision, ambitions and targets for Child and Adolescent Mental Health Services (CAMHS).
- 2.3. The plan recognises the substantial and ongoing impact of the Covid-19 pandemic on the mental health of children, young people, and their families. Request for services has increased and the CCG is working closely with providers across SW London to guarantee services continue to meet the needs of children and young people.
- 2.4. Several key areas will be prioritised, including early support and prevention to further promote resilience and ensure children and young people can access early intervention services. There will be a move away from the tiered approach across the SWL area of service delivery with the implementation of the 'I -Thrive' framework. Merton has already launched the i-Thrive concept and working with all local systems to ensure a stronger partnership approach with better flexible access and support to services.
- 2.5. The CCG will become an integrated care system during the lifespan of this plan, this will further support the approach to collaborative and joint working across health and care in SW London. This will allow transformation of child and adolescent mental health services to remain significant.

3 DETAILS

The NHS Five Year Forward View for Mental Health (FYFV) ended in March 2021 and covered the period from 2016-2021. The FYFV plan crossed over with the start of the new NHS Long Term Plan from 2019-2024.

The NHS Long Term Plan builds on the work set out in the FYFV plan for children and young people's mental health. This included key pointers for

- increasing access to NHS-funded community services
- expanding timely access to eating disorders services
- reducing inappropriate out of area placements
- improve transitioning between children's and adult mental health services
- and includes additional ambitions to deliver expanded crisis support.

The Plan describes the progress made against the Five Year Forward View for Mental Health and the NHS Long Term Plan vision, ambitions and targets for Child and Adolescent Mental Health Services (CAMHS). In addition, it supports the development and delivery of the transformation of mental health and emotional wellbeing services for children and young people.

The six South West London Clinical Commissioning Groups (CCG) merged into one South West London CCG in April 2020. SW London CCG continues to work with partners across health and social care to develop the Integrated Care Systems (ICS) framework and provider collaborative as set out in the government Health and Social Care white paper.

The move to an ICS represents the opportunity for joint working and collaboration across health and care, which will further benefit the transformation of children's and young people's mental health and emotional wellbeing services.

4 ALTERNATIVE OPTIONS

Future priorities within the plan are:

- 4.1. To use additional CAMHS investment to deliver Long Term Plan ambitions and to strengthen any areas needing an uplift. This will include a more integrated 0-25 mental health service delivery model that works in close collaboration with partners in children and young adult services. This will also support transitioning of CYP into adult services

Continue to transform access to services, including the digital offer, early help in schools and colleges to meet national targets.

Deliver joined up specialist pathways that move away from tiers and age cut-offs.

Re-establish the intensive treatment option for children and young people with eating disorders to prevent the need for inpatient treatment

Establish a fully integrated children and young people crisis service across SW London that includes timely self-harm and urgent crisis assessments and suicide prevention. This will include capacity to deliver outreach and home treatment to children and young people and their families when they need it

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. The SW London Local Transformation Plan refresh has been written with children, young people, young adults (0-25) and their parents/families/carers in mind. Active engagement and participation in shaping and implementing the SW London Local Transformation Plan as well as borough-based priority projects is welcomed and encouraged.

- 5.2. Feedback on the refreshed transformation plan is being sought from Health and Wellbeing boards across the six boroughs and from all South West London:

- Health and Care Partnership Programme
- CCG Quality & Performance Oversight Committee (QPOC)
- Recovery and Transition Board
- CCG Governing Body

6 TIMETABLE

- 6.1.1 CAMHS Transformation Plans have helped to deliver Future in Mind and the Mental Health Five Year Forward View over the last five years.

- 6.1.2 The access target increase from 25% to 35% has been successfully achieved. The ambition is to go further with continued investment in preventive and early help services in schools, colleges and the community as well as expand core help to children and young people and crisis mental health services. This includes equipping our schools and communities on suicide prevention
- 6.2 The Eating Disorders service has consistently met the national waiting time standards for urgent and routine referral up to March 2020, but the recent surge in demand has highlighted the need for additional investment in this specialist pathway.
- 6.3 The impact of COVID has dramatically changed the way services have been delivered. We saw the overnight move from face-to-face appointments to digital and online assessments and treatment for most referrals. Some of which has been innovative and convenient to families.
- 6.4 A 24/7 all-age crisis pathway was established in April 2020 in response to COVID, offering telephone triage and face-to-face urgent assessments to avoid hospital admissions. This also provided the possibility for a short admission without delay, where necessary for the safety of the children and young people's mental health condition.
- 6.5 New mental health support team in schools programmes will continue to be rolled out in 2021/22 to further help children with mild to moderate mental health needs within schools and colleges, and in Merton, this will mean coverage for all state schools in the borough will be offered the provision of a mental health support in school, including the provision of drama therapy for the East Mitcham/Modern schools cluster
- 6.6 Develop closer working relationships between the CCG and Local Authorities to support CYP with SEND/EHCPs with improved access to specialist LD CAMHS and integrated therapy offer, including psychology and positive behavioural support.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. This report does not have any direct financial implications. It reports on the SW London Local Transformation Plan refresh and does not contain a direct proposal. Finances linked to the transformation will be approved by the finance committee as planned, required and agreed.

8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. There are no current or legal consideration for this report

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. Addressing health inequalities feature throughout South West London Clinical Commissioning Group. Commissioned services continue to assist in addressing inequalities experienced in the emotional wellbeing and mental health of children and young people.
- 9.2. Within Merton, reducing health inequalities is an overarching goal and will continue to be a key focus for both South West London Clinical Commissioning Group and the Health & Wellbeing Board, as we move towards becoming an ICS.

10 CRIME AND DISORDER IMPLICATIONS

- 10.1. Not applicable

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 11.1. Not applicable

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Please include any information not essential to the cover report in



SW London CCG

Appendices. Local Transformation

13 BACKGROUND PAPERS

Appendix 1 – South West London (SWL) Local Transformation Plan Refresh (2021) Transforming Mental Health Services for Children, Young People (CYP), 0-25 years and their families

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South West London
Clinical Commissioning Group

Transforming Mental Health Services for Children, Young People (0-25) and their families across South West London

2021

(Refresh of previous six local CAMHS Transformation Plans)

Contents

Foreword	3
Executive Summary	4
1. Context	5
2. Accountability, Transparency and Governance	6
3. SW London Population/Local Need (prevalence) and health inequalities (0-25)	7
Population & Prevalence	7
3.1. What have children and young people and their parents/carers told us?	11
4. SW London Response to Needs	11
4.1. Promoting Resilience, Prevention & Early Intervention	12
4.2. Improving Access to Help and More (Specialist) Help Locally as well as across SW London:	16
4.3. Specialist pathways for Children and Young People Eating Disorders	21
4.4. Specialist Pathways for Neurodevelopmental Disorders	24
4.5. Specialist Pathway for Young People with Early Psychosis	27
4.6. Specialist pathway for young people with emerging Borderline Personality Disorder piloting a SW London Dialectical Behaviour Therapy (DBT) Service	27
4.7. Help for Groups of Children and Young People, who have Increased Risks of Suffering from Mental Health Challenges	28
4.7.1. Help for children and young people in contact with Youth Justice service	28
4.7.2. Access to Help for Children Looked After (CLA)	31
4.7.3. Access to help for children and young people who have experienced sexual abuse (Emotional Support Service)	32
4.7.4. Access to help for children and young people with a Learning Disability	33
4.8. Transforming Care Programme for children and young people with LD and/or ASD	34
4.9. Timely access to Crisis Help (Urgent and Emergency Pathway)	37
5. NHS Long Term Plan Ambitions for next three years	39
6. Investment Plan 2021/22	40
7. Workforce Development	41
8. Digitally enabled care pathways for 0-25 year old	41
9. Dependencies with other programmes	42
Appendices	43

Foreword

This is South West London Clinical Commissioning Group's (SW London CCG) first joint transformation plan for children and young people's (CYP) mental health and wellbeing. It builds upon the strengths of the previous borough-based plans and refreshes our ambitions, priorities, and proposals for the ongoing improvement of mental health services.

The plan acknowledges the significant and ongoing impact of the Covid-19 pandemic on the mental health of children, young people, and their families. Demand for services has increased and the CCG is working closely with providers across the SW London to ensure services continue to meet the needs of children and young people.

We will prioritise several areas over the coming year including early support and prevention to further promote resilience and ensure children and young people can access early intervention services. Also, we will move away from the tiered approach of service delivery and implement the 'I -Thrive' framework to ensure a strong partnership approach and more flexible access to services. New mental health support teams will continue to be rolled out in 2021/22 to help children with mild to moderate mental health needs within schools and colleges.

The CCG will become an integrated care system during the lifespan of this plan. This will further support the approach to collaboration and joint working across health and care within SW London and ensure that the transformation of child and adolescent mental health services remains a top priority.

Tonia Michaelides

Executive Locality Director & Joint Mental Health SRO

Dr Brinda Paramothayan

Clinical Lead – SW London Children's & Young People Mental Health Programme

Executive Summary

This SW London Local Transformation Plan (LTP) Refresh describes progress against the Five Year Forward View for Mental Health and NHS Long Term Plan vision, ambitions and targets for Child and Adolescent Mental Health Services (CAMHS). It considers the impact of Covid and recovery to date throughout the report. The refresh highlights positive developments and achievements as well as shared challenges across SW London and our plans to address these.

This document should be read alongside borough Health and Care Plans and the CCG's response to the Long Term Plan. It is not an overarching children's mental health strategy; it describes progress to date against historic ambitions and sets out our investments and plans for 2021/22 only. As we move to an ICS we will be engaging with partners, stakeholders and, of course, children and young people and their parents and carers to help us set our vision for the future of children's mental health in SW London.

There are many common themes and challenges across SW London that the plan seeks to address. These include:

- Demand for CYP mental health services continues to grow and acuity is more complex, particularly post Covid19, and some waits are long
- There are complex and sometimes fragmented commissioning arrangements for CAMHS/CYP provision across the six boroughs in SW London with multiple providers (both NHS and non-NHS), resulting in variability of service provision
- As the ICS develops, the steps to define and develop future CAMHS governance arrangements are still in progress and under consideration

With this SW London refresh we aim to establish a more consistent strategic framework for improving mental health services for CYP and their families across SW London.

The SW London LTP has been written with key audiences in mind:

- Children, young people, young adults (0-25) and their parents/families/carers, who are our current service users as well as those who need help in the future
- Professionals from Health, Education, Social Care and the Voluntary Sector working with CYP and their families
- NHS England requiring assurance on funding provided to SW London and its places

We are keen to increase our engagement and welcome active participation in shaping and implementing the SW London strategy as well as borough-based priority projects.

1. Context

March 2021 marked the end of the NHS Five Year Forward View for Mental Health (FYFV) that covered 2016-2021, crossing over with the start of the new NHS Long Term Plan, covering 2019-2024. The FYFV set out key ambitions for Children's Mental Health, including:

- Increasing access to NHS-funded community services
- Expanding timely access to eating disorders services
- Reducing inappropriate out of area placements

The NHS Long Term Plan builds on the work of the FYFV, continuing expansion of community and eating disorders services, and includes additional ambitions to deliver expanded crisis support and improved transition between children's and adult mental health services. The full set of LTP ambitions include:

- Nationally, 345,000 additional children and young people aged 0-25 accessing NHS funded services by 2023/24 (in addition to the FYFV commitment to have 70,000 additional children and young people accessing NHS Services by 2020/21)
- Achievement of 95% CYP Eating Disorder access and waiting times standard in 2020/21 and maintaining its delivery thereafter
- 100% coverage of 24/7 crisis provision for children and young people which combine crisis assessment, brief response, and intensive home treatment functions by 2023/24
- Comprehensive 0-25 support offer in all STPs/ICSs by 2023/24
- Mental Health Support Teams (MHSTs) to between a quarter and a fifth of the country by 2023/24

SW London was a Trailblazer in delivering Green Paper (2018) reforms of increasing access to 'whole school approach' and delivery of Mental Health Support Teams (MHST). We have delivered 13 MHSTs to date, with a further three MHSTs becoming operational in Wave 6 of the Programme in 2022.

SW London's six Clinical Commissioning Groups (CCG) merged into one South West London CCG in April 2020, following the national move towards Integrated Care Systems (ICS). SW London continues to work with partners across health and social care to develop our ICS framework and provider collaborative. The move to an ICS represents an opportunity for true collaboration and joint working across health and care, which will only further benefit children's mental health transformation.

This LTP refresh is focused on the whole SW London system, with opportunity for each of our six boroughs to highlight specific best practice or work that has contributed to transforming children's mental health services.

The Government identified an additional £500m for mental health services in 2021/22, with the aim of supporting post-Covid recovery and bringing forward some Long-Term Plan ambitions. In SW London, this additional funding includes:

- £1.2m for CYP community and crisis services.
- £363k for developing 18-25 services,
- £335k for eating disorder services, and
- £2.4m for supporting discharge from inpatient services across adults and CYP

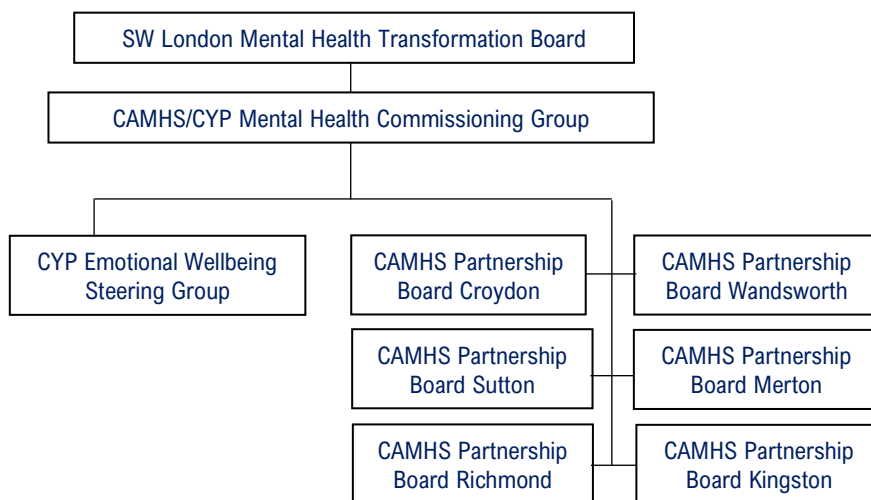
Further information on planned investment is set out in the 2021/22 Investment Plan, section 6.

2. Accountability, Transparency and Governance

Up to April 2020, SW London was made up of six Clinical Commissioning Groups (CCGs):

- Croydon
- Kingston
- Merton
- Richmond
- Sutton
- Wandsworth

On 1 April 2020, the six CCGs merged into one South West London CCG. The existing local CAMHS Partnership Boards in each borough have continued to oversee local transformation. As we transition to an ICS, governance arrangements are being reviewed across programmes. Currently, SW London CYP MH governance looks like:



The Mental Health Transformation Board is made up of partners from across adult and children’s mental health including both Mental Health Trusts, GP Clinical Leads, Public Health, Healthwatch and voluntary sector organisations. It has representation from people with lived experience primarily in adult mental health. It oversees the whole of the SW London Mental Health Programme, including both adult and children’s mental health.

The CAMHS Commissioning Group is a collaborative meeting of borough CAMHS Commissioners/Managers, the Mental Health Trusts, SW London Mental Health Programme team and the GP Clinical Lead. Its aim is to share information and best practice, opportunities for collaboration and share some aspects of wider transformation work. Each borough representative brings their local system perspective, including input from local CAMHS Partnership Boards, made up of relevant local partners, stakeholders and people with lived experience.

As we move to an ICS and the provider collaborative develops, we will take the opportunity to refresh our governance and ensure it fits with the new ways of working.

This document marks the last annual refresh in the five-year requirement, thus presenting an opportunity to take a different approach. As such, this year we are combining the refresh into one SW London system document, with borough highlights and appendices.

Furthermore, the 2020 Coronavirus pandemic has significantly impacted upon the refresh process. Whereas it is normally produced in-year, with widespread engagement and consultation with local

partners and assurance provided by NHS England, the 2020/21 refresh has been delayed and will be assured differently.

Delays and the ongoing pandemic have reduced the opportunities to carry out wider engagement on this refresh. The CCG must satisfy itself that this document meets the national NHS England requirements and that it is published for anyone to read.

With this last refresh, we are setting out what we have achieved over the last five years and providing an opportunity to start a new conversation on what CYP MH transformation looks like in future. We have included high-level system plans for investment and transformation in 2021/22.

Below is a table of high-level CYP MH spend from 2020/21:

Category	2020/21 Outturn (£000s)
Children & Young People's Mental Health (excluding LD)	£23,115
Children & Young People's Eating Disorders	£1,559
Early Intervention in Psychosis (14-35)	£6,298
Learning Disabilities	£32,310

3. SW London Population/Local Need (prevalence) and health inequalities (0-25)

Population & Prevalence

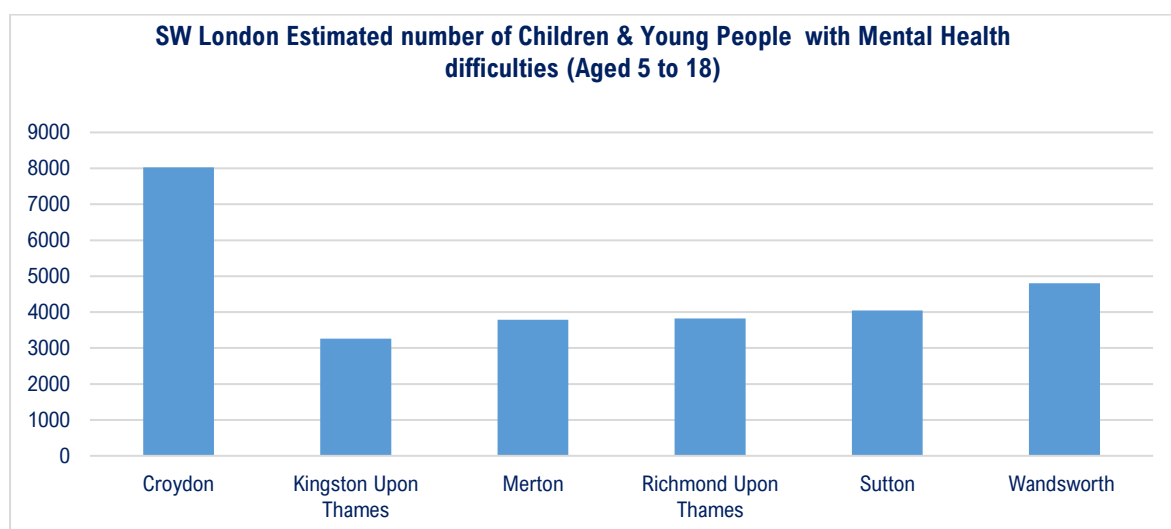
SW London has a population of around 1.5m with approximately 365,000 under-18s and approximately 120,000 18-25 year olds across the six SW London boroughs (see table below). This means that the 0-25 age groups make up around a third of the total SW London population, ranging from around 30% in Merton, Richmond, and Sutton to 33% in Croydon and Kingston.

	Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
Population	395,866	180,839	213,048	201,177	210,360	330,813
0-18	102,483	42,219	50,840	47,919	52,409	67,629
	(25.8%)	(23.3%)	(23.8%)	(23.8%)	(25%)	(20.4%)
0-25	131,582	59,598	66,252	59,860	66,048	97,005
	(33.2%)	(33%)	(31%)	(29.7%)	(31.3%)	(29.3%)

In terms of mental health prevalence, findings from the most recent national CYP Prevalence Study 2017 indicate that:

- One in eight (12.8%) 5-to-19-year-olds had at least one mental disorder when assessed in 2017
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5-to-9-year-olds in 2017
- Rates of mental disorders increased with age: 5.5% of 2-4-year-old children experienced a mental disorder, compared to 16.9% of 17-19-year-olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5–16-year-olds.
- Data from this survey series reveals a slight increase over time in the prevalence of mental disorder in 5-15-year-olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017
- Emotional disorders have become more common in 5–15-year-olds increasing from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017.
- All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999.

The prevalence of mental health conditions in SW London CYP is set out below. These figures in the chart below are based on the results of the 2017 Mental Health of Children and Young People Survey.



Across our six boroughs we have approximately 222,000 children and young people in school. Our boroughs have mixed demographics characterised by some areas of high affluence and some areas have some of the poorest communities with high levels of index of multiple deprivation.

Table 1: Inequalities data for SW London

	CROYDON	MERTON	KINGSTON	RICHMOND	SUTTON	WANDSWORTH	LONDON	ENGLAND
	N	N	N	D	N	H	N	D
CYP School Population	57000	34000	26201	27826	39000	38000	14.4	14.4
% CYP not in education, Training or Employment (NEET) 2017	7.9	2.6	2.8	3.7	4.3	9.1	5	6
16-17 CYP accessing support for learning difficulties/disabilities (EHCP)	2693	1518	1042	1239	1588	1854	53975	319819
School children from Black, Asian, and Minority Ethnic (BAME) all school percent	43.3	33.9	22.1	10.7	29	39.4	40.9	16.7
First time entrants in criminal justice system 2017 rate per 100,000	586.2	282.6	222.2	184.9	265.6	379.3	292.5	380.3
Reoffending Rate % 2013	54%	25%	100%	0%	100%	71%	47.5%	42.6%
Looked after Children 2018 rates per 10,000	83	33	33	23	45	49	49	64
Secondary Fixed Term exclusions per 100 pupils 2016/17	7.6	7.8	3.3	7.2	4.4	5.2	7.5	9.4

Permanent Exclusion Rate (all schools 16/17)	0.07	0.06	0.06	0.05	0.05	0.09	0.09	0.1
Children in Need (all CIN as 31st March 2018 rate of episodes per 10,000)	873.4	458.9	344.2	326.4	580	867.2	681.4	635.2
Youth Victims of total notifiable offences 2018	5251	2013	1996	1814	2008	3819	4204	
Serious Youth Violence victims' rate per 100,000	440	116	96	96	155	201	252.1	
% of School CYP with social, emotional and mental health needs 2018	2.46	2.82	1.45	1.91	2.06	3.62	2.41	2.39
% Eligible and claiming for free school meals 2018	19.8	14.6	7.1	7.7	10.9	15.4	13.5	6
% of 11-15 year old CYP from low income families 2013	18.9	16.2	11	8.3	12.8	21.5	21.5	16
IMB average scores % 2015	23.6	14.9	11.1	10	14.6	18.3		21.8
Hospital admission as a result of self harm 10-14 year old rate per 100,000 2017-18	130.2	105.5	191.6	136.3	129	83.5	100.3	210.4
Hospital admission as a result of self harm 15-19 year old rate per 100,000 2017-18	431.9	364.1	470.9	500.3	539.7	485.2	341	648.6
Hospital admission episodes for alcohol specific conditions U18 per 100,000 2015=18	24.1	24.3	17.5	31.3	32	15	18	32.9

Table 1: Inequalities data for 2017 SW London (sources of data: Fingertips.phe.org.uk – child & maternal health data London, mayor of London – MOPAC, data and statistics. School population number – local authority school admissions data.

These variations within boroughs and across boroughs result in inequalities in health including

- High numbers of CYP have special education needs and disability. The majority of these children have Education and Health Care Plans (EPHCP)
- The population of 16–17-year-olds Not in Education, Training or Employment (NEET) is above the England average in Croydon and Wandsworth
- There are pockets of high crime and first-time entrants to the criminal justice system, in Croydon (586/100,000) and Wandsworth (379/100,000) both of which are higher than the London rate.
- There are high levels of children in need in some areas of SW London, in particular Croydon (873/100,000) and Wandsworth (867/100,000)

- There are high levels of risky behaviour (particularly in areas of high affluence which is linked to poor emotional resilience). For example, in Kingston and Richmond, hospital admissions for under 18s for alcohol-specific conditions are 31 and 32 per 100,000, compared to a London average of 18 per 100,000. Self-harm rates are also high in Richmond and Sutton.

Addressing Health Inequalities in our most vulnerable children & young people

The overall high levels of affluence in parts of SW London are in stark contrast to the pockets of deprivation that highlight significant levels of inequalities within our geography. There are key vulnerable groups that are nationally recognised as being at risk of the effects of health inequalities and how they access services. The key groups include:

- Youth Justice system*
- Children Looked After (CLA)*
- Child Sexual Abuse (CSA)*
- Special Educational & Disabilities (SEND)
- Children and young people with autistic spectrum disorders and or learning disabilities
- Children Protection (CP) and Children in Need (CIN)
- Transforming Care Cohort/Care, Education & Treatment review (CETR)
- Children and young people with conduct disorders and/or ADHD

* = Vulnerable groups who may access services differently.

Addressing Health Inequalities in CYP from ethnic minorities

The under-representation of CYP from ethnic minorities accessing support from a range of services including CAMHS is well documented, increasing their risk of vulnerability to poorer outcomes and conversely their over representation in other systems such as the Youth Justice System.

On average there are fewer CYP from ethnic minority backgrounds accessing Tier 2 (Getting Help) or Tier 3 services (Getting more help). There are ethnic disparities not only in access but also the experience and outcomes for CYP from ethnic minority backgrounds.

Our plans to address health inequalities are based on the data about health inequalities in relation to the local population outlined above; therefore, we will:

- Focus on ensuring there is a whole system response to supporting CYP with ASD and/or ADHD
- Continue to support young people in contact with the Youth Justice system to access earlier mental health support to prevent re-offending behaviour
- Ensure all Children Looked After having their mental health needs met regardless of where they live or go to school.
- Continue to consult young people and their families on priority areas for additional help
- Jointly commission services across Health and Social Care
- Deliver Mental Health Awareness training in partnership across Health, Social Care and Education in schools, academies and colleges.

SW London is currently supporting an innovative project in Wandsworth aimed at improving the outcomes of adults from ethnic minorities accessing adult mental health services, called the Ethnicity in Mental Health Improvement Programme (EMHIP). Key innovations include piloting Wellbeing Community Hubs with embedded mental health practitioners, increasing service options for people from ethnic minorities and ensuring services offer culturally appropriate support. Learning from this project and its various workstreams will likely be applicable across all SW London mental health services, including CYP. We fully expect to look at how we can replicate key elements of this work as we move forward.

In previous local CAMHS transformation plans, we only reported mental health prevalence findings up to the age of 18. However, as we aim to establish better integrated mental health help up to the age of

25, we wish to highlight key findings for young adults from mental health surveys and prevalence studies. There is also ongoing work to address changes in demand due to the pandemic.

1. **Around three quarters of adults with mental illness first experience symptoms before age 25**, with the prevalence and impact of many mental health problems peaking in the 18-25 age category. Young women aged 16-24 experience the highest rates of common mental disorders out of all age categories (Adult Psychiatric Morbidity Survey, 2014).
2. **Mental health issues are on the rise among young adults in the UK.** Common mental health issues like depression and anxiety are on the increase amongst 16-24s: 19% experienced them in 2014, compared to 15% in 1993. (Adult Psychiatric Morbidity Survey, 2014).
3. **The number of students disclosing mental health problems to their university is on the increase.** A recent Institute of Public Policy Research report found a fivefold increase in the number of first year students disclosing a mental health condition to their institution: 2% of first year students (15,395) in 2015/16, up from 0.4% in 2006/7.
4. **Young adults are less likely to receive treatment than other age groups.** 16-24s are less likely than any other age group to receive mental health treatment for common mental disorders, such as anxiety or depression, or following self-harm.

3.1. What have children and young people and their parents/carers told us?

We started our local CAMHS transformation programme by working with children and young people and their families in all SW London boroughs. Young people and their parents told us that:

- they need consistent and effective early intervention to support them
- they want to be able to access support in a range of ways, outside of medical settings, for example in one-to-one and group sessions in schools and online
- stigma is still an issue and confidentiality is important
- they want teachers and parents and carers to have support too
- they want to be involved in developing solutions and services that will work for them
- they don't want a start and stop approach
- they want confirmation of when treatment will commence
- they would like continued CAMHS input up to the age of 19 (up to the time they finish school or college)
- they feel that current transition arrangements are not working, they feel like a cliff edge
- they don't want to be moved from one service to the next in the middle of treatment

4. SW London Response to Needs

SW London intends to move towards the national iThrive framework as recommended by the NHS Long Term Plan. This model distinguishes between support and treatment, and groups of children, young people and their families by type of input they require. The central group of 'thriving' focusses on broader population need that gets supported by public health interventions. The four outer groups distinguish between the need of individuals, the skill mix needed to meet these needs, the main terminology used to describe this need (e.g., wellbeing, ill health, or support), and resources needed to meet those needs. They do not distinguish between severity or type of problem.

This model will be used by SW London ICS to move CAMHS towards a need led model rather than insisting on a tiered model with a set of professionally defined criteria and thresholds. It will also be expanded to include 18–25-year-olds, as we aim to overcome current transition challenges between young people and young adult mental health services by implementing an integrated 0-25 mental health service model by 2023/24

Children's, Young People/Young Adult's (0-25) and their Families State of Being



Type of Input Needed



Croydon CAMHS, which is predominantly provided by SLAM, have already adopted the above framework in the names of core teams (for more info see also slam.nhs.uk - Croydon CAMHS)

- Croydon CAMHS Getting Advice Team
- Croydon CAMHS Getting Help Team
- Croydon CAMHS Getting More Help Team
- Croydon CAMHS Getting Support with Risk Team
- Croydon CAMHS Crisis Care Service

Further CAMHS Teams are

- Croydon CAMHS Learning Disabilities Team
- Croydon CAMHS Mental Health Support Team
- Croydon CAMHS Child Wellbeing Practitioner Team
- Support, Engagement and Delivery in Schools (SEaDS)

4.1. Promoting Resilience, Prevention & Early Intervention



This section focuses on 'thriving', promoting resilience, getting advice and early help.

The Thrive model is very much a systems and partnership approach to nurturing emotional wellbeing by offering self-help advice as well as timely access to early help

The Thrive model also applies a life span and 'think families' approach to prevention & early intervention. Consequently, our prevention and early intervention approach promotes close cooperation with the SW London Perinatal Mental Health Service from Adult Mental Health as well as partnership working with maternity and Health Visiting services, which are all focused on ensuring maternal (and paternal) wellbeing as well as a healthy start to life for all children.

The NHS Long Term Plan set out the national ambition of reaching 66,000 more women by 2023/24, The above target means for SW London that we will need to see at least 1,500 women each year from 20/21, rising to achieve 10% of ONS birth rate by 2023/24. This will require the expansion of our current teams to include more psychiatrists, specialist nurses, psychologists plus other support roles and peer support workers. In 2020/21, SW London perinatal services saw 1,215 women, which equated to a 5.7% access rate against the target of 7.1%.

SW London stated in its first response to the ambitions of the NHS Long Term Plan in 2019 to expand the SW London perinatal service and to establish stronger links between perinatal mental health and early help services for 0–5-year-old children and their parents.

All pregnant women, who have pre-existing mental health conditions or experience new mental health problems during pregnancy or following the birth of their child or children can access this multi-disciplinary service that is working with our Mother Baby Units (MBUs), GPs, Improving Access to Psychological Therapies (IAPT) services, Health Visitors, and voluntary sector to ensure women receive the right level of care for them, in the right place.

Expanding access

In addition to seeing more women, our service will need to adapt to delivering care for up to two years and assessing and signposting fathers/partners for support. Because most of our services are still quite new, we need to review our current staff skill mix and identify the demand and capacity needed to deliver this revised model of care. We will be reviewing our services in 2021/22 as we also develop our Maternal Mental Health Service model, ensuring the two services are appropriately linked to provide a seamless pathway for women who have experienced trauma during their maternity journey and/or have mental health needs appropriate for the perinatal service to support.

Promoting Resilience, Prevention and Early Intervention in Schools and Colleges (5-18): Progress with setting up new Mental Health Support Teams (MHSTs) for clusters of Primary and Secondary Schools and Further Education Colleges (FE)

In 2017, the Department of Health and Social Care (DHSC) and the Department for Education (DfE) published the 'Transforming Children and Young People's Mental Health' Green Paper, which set out proposals for improving the services and help available to CYP with mild to moderate mental health needs within education settings. The aims of these improvements included removing the requirement of a referral into a specialist mental health setting.

The proposals had three main elements:

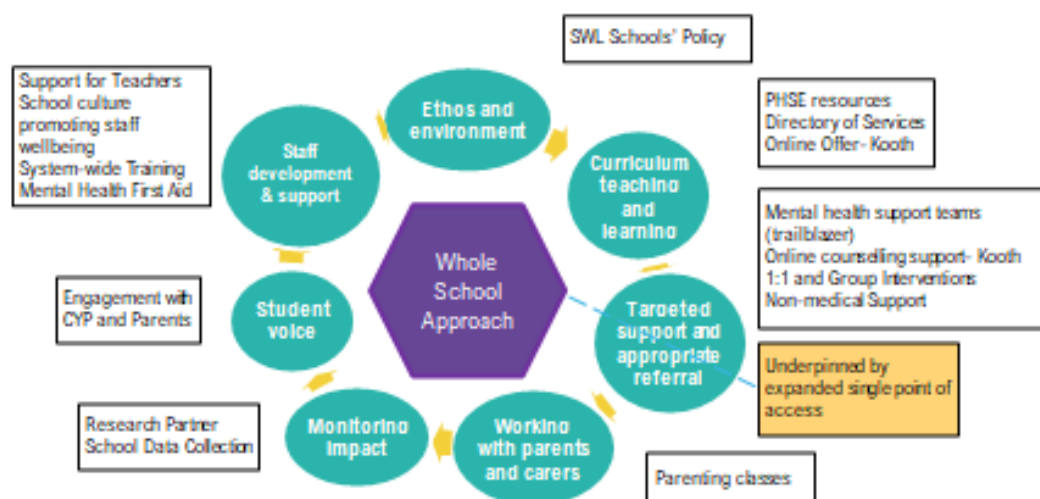
- A Designated Senior Lead (DSL) for Mental Health in each participating school/college to oversee the approach to mental health and wellbeing.
- To establish Mental Health Support Teams (MHSTs), providing specific extra capacity for early intervention for mild to moderate mental health problems and supporting the promotion of resilience and good mental health and wellbeing in an education setting
- To trial a four-week waiting time for access to specialist NHS led child and adolescent mental health services in selected areas (SW London was not a selected site to implement this proposal).

In 2018, the Government invited local health and care partnerships across the nation to bid for Trailblazer funding to set up MHSTs for clusters of Primary and Secondary School or clusters of FE Colleges. Each proposed cluster of schools should consist of around 8000 pupils/students.

The six local SW London CCGs submitted a SW London partnership bid consisting of the following prevention and early intervention pillars to deliver a whole school/college approach:

- Each participating Primary and Secondary School to have a named senior mental health lead and one Head Teacher to take on the overall Cluster Lead role
- Ongoing collaborative work with teachers, parents/carers and CYP to embed the whole school approach (see Whole School Approach depiction below)
- Each participating school develops an action plan at the beginning of the pilot project, which will be reviewed at regular intervals
- Each cluster of schools will have one MHST consisting of 7.5 Whole Time Equivalent (WTE) clinical staff and 0.5WTE administrative support (see below staff mix)
 - 0.5 WTE Senior Clinical Practitioner to provide clinical leadership, consultation, and supervision to the staff team,
 - 1WTE Specialist Practitioner
 - 2WTE talking or creative therapists
 - 4WTE Emotional Wellbeing Practitioners to deliver brief group and individual interventions for mild to moderate mental health problems
 - 0.5WTE Administrative Support.
- The Empowering Parents Empowering Communities (EPEC) peer parenting programme will be offered in each borough and aims to develop 'parental resilience.' The delivery of EPEC parenting groups is part of the core offer for Trailblazer Schools.
- Each cluster of schools will have access to online and/or digital counselling.
- MHST and school staff will participate in the ongoing evaluation of the Trailblazer Programme, i.e. data collection to monitor impact

Whole School Approach supporting children and young people, their parents/carers and teachers



Funding for Wave 1 of the national Trailblazer Programme was initially awarded for three MHSTs linked to one cluster of schools each in Merton, Sutton and Wandsworth (Southfields).

The Head Teacher Leads for the three school clusters were already appointed in 2018; however, training of the first staff cohort of 12 Emotional Wellbeing Practitioners commenced in January 2019. Further bids followed for Wave 2 and 4 of the Programme in 2019/20, which were also successful and helped to establish 10 additional MHSTs up to Sept 2021:

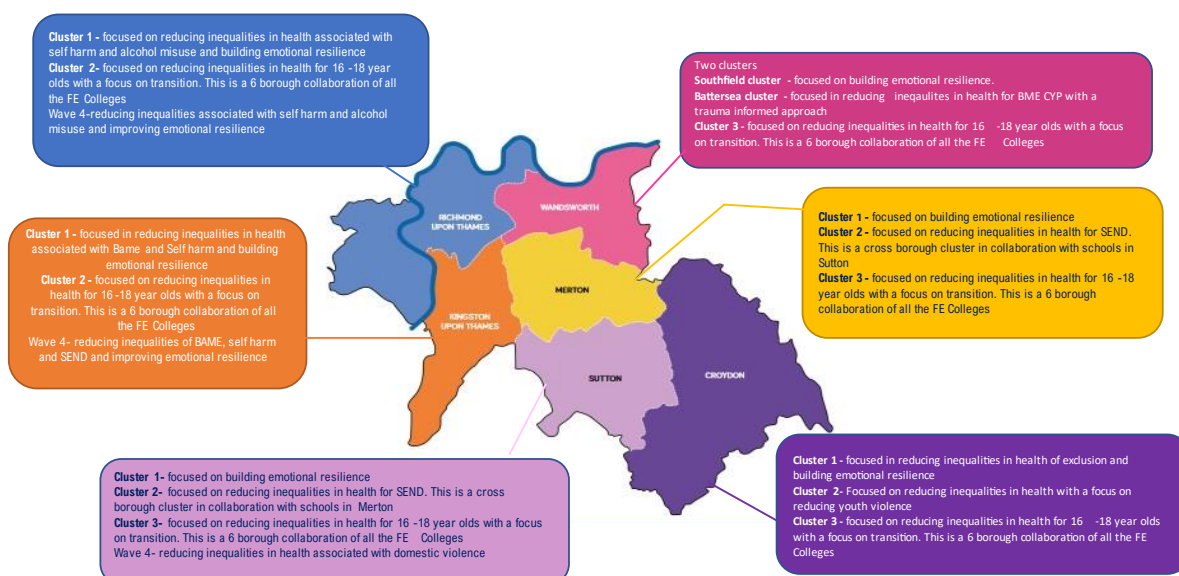
- 2 MHSTs in Croydon
- 2 MHSTs in Kingston

- 2 MHSTs in Richmond
- 1 shared additional MHST for Merton and Sutton with particular focus on SEND
- 1 additional MHST for Sutton
- 1 additional MHST for Wandsworth (Battersea)
- 1 MHST working across all six SW London Further Education Colleges

Over the last three years a total of 13 MHSTs were established, supporting 13 clusters of schools and colleges and consisting of a total population of around 104,000 students aged between 5-18 years. The diagram below sets out full distribution.

Given that we have around 222,000 children and young people in schools, we have achieved around 47% of pupils/students having access to the whole school approach to promoting emotional resilience as well as direct access to group and individual interventions for mild to moderate mental health problems. The Government ambition is for 44% coverage, meaning SW London has exceeded the target.

Trailblazer clusters in all of our boroughs



Most recently, SW London successfully bid for Wave 6 Trailblazer funding for another three MHSTs in Kingston, Merton and Croydon. Training for the Emotional Wellbeing Practitioners of the three new teams will commence in January 2022 and the MHSTs will become fully operational in September 2022. The additional MHSTs in 2021/22 will increase access to the whole school/college approach for a further 24,000 pupils and bring the total number of CYP with access to 128,000, which is 58% of the total population across SW London.

All cluster schools and MHSTs participate in the national evaluation of the Trailblazer Programme. In addition to the national evaluation, SW London has also commissioned a local evaluation of the work of the MHSTs, to be carried out by the South London Health Innovation Network over the next 12 months.

The aim of the evaluation is to determine the ideal Whole Schools Approach, assess the extent to which this has been achieved, and identify how to improve. Specifically, the evaluation will address the following questions:

1. What does good look like for Whole Schools Approach for CYP, parents/carers and teachers, commissioners, and policy makers (i.e., what are the criteria for assessing effectiveness)?
2. What is the impact of the Whole School Approach for CYP, parents/carers and teachers?
3. How can the Whole School Approach be improved? In terms of:
 - a. What are the features associated with success?
 - b. The 'blueprint' for implementing future clusters (i.e., How can the rollout/operationalisation of the Whole School Approach be improved?)
 - c. Improving the provision within clusters (i.e., Whose needs are (not) being met by the Whole School Approach)?

As already reported in the 2019 Refresh of local CAMHS transformation plans, SW London CCGs also contributed funding to Children Wellbeing Practitioner (CWP) Programme, which is a Department of Health Initiative to train a new workforce for CAMHS. It was established in response to the FYFV for Mental Health plan to provide evidence-based interventions with focus on prevention and early intervention and to increase accessibility to help for children and young people who might not meet the threshold of current CAMHS provision.

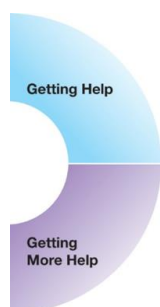
There are currently five CWP Teams in SW London offering evidence-based interventions in Primary and Secondary Schools that are not participating in the Trailblazer Programme, thus complementing the prevention and early intervention in SW London schools that are not part of a Trailblazer school cluster. Each of the teams is supervised by an experienced clinical psychologist, who ensures that children and young people requiring more help will be supported to access this in a timely way. Further information about the CWP Programme can be found in the appendix to this section.

Given that demand for mental health help is rising faster than the increase in service capacity, SW London CCG is keen to explore innovative ways of making timely access to mental health help easier.

One idea, which we want to pilot in Kingston and Richmond, is to establish a local Emotional Wellbeing Hub run by a Voluntary Sector Provider that children and young people can access seven days per week without an appointment or prior referral. The Hub will have strong links to local and national voluntary sector services and will encourage children and young people to also access digital mental health support from Kooth. The Hub will also cooperate with CAMHS SPA, if access to specialist help is needed. Plans for the Hub are in development for delivery in 2021/22.

A second idea which we aim to establish across SW London are combined Paediatric/emotional wellbeing clinics in Primary Care, which means that Consultant Paediatricians, Psychiatrists and/or Psychologists will offer joint clinics with GPs as well as consultation slots for children and young people and their families at regular intervals in Primary Care Centres, thus offering access to specialist advice when this is needed rather than waiting for 8-12 weeks following a referral to a specialist service.

4.2. Improving Access to Help and More (Specialist) Help Locally as well as across SW London:



The Local System of Care

All CYP that require mental health support can be referred to a Children’s Single Point of Access (SPA). There are three providers that operate local SPAs or Single Point of Contact (SPOC). These providers are:

- **Kingston and Richmond** led by Achieving for Children (AfC) with an integrated CAMHS SPA Team from SW London & St George’s NHS Mental Health Trust (SWLStG)
- **Merton, Sutton and Wandsworth** operated by SWLStG
- **Croydon** led by Croydon Council with integrated mental health staff from SLAM

The SPA Assessment process

The SPAs/SPOC are integrated multi-agency teams, who work closely with a wide range of teams and partner agencies and facilitate different levels of support depending on the needs of the children and young people and their family. The SPA teams ensure that the triage assessment process captures the holistic needs of the family and child. It enables practitioners to contribute to the assessment based on their specialism. The assessment also takes into consideration additional issues that maybe contributing to the need for a referral. These include:

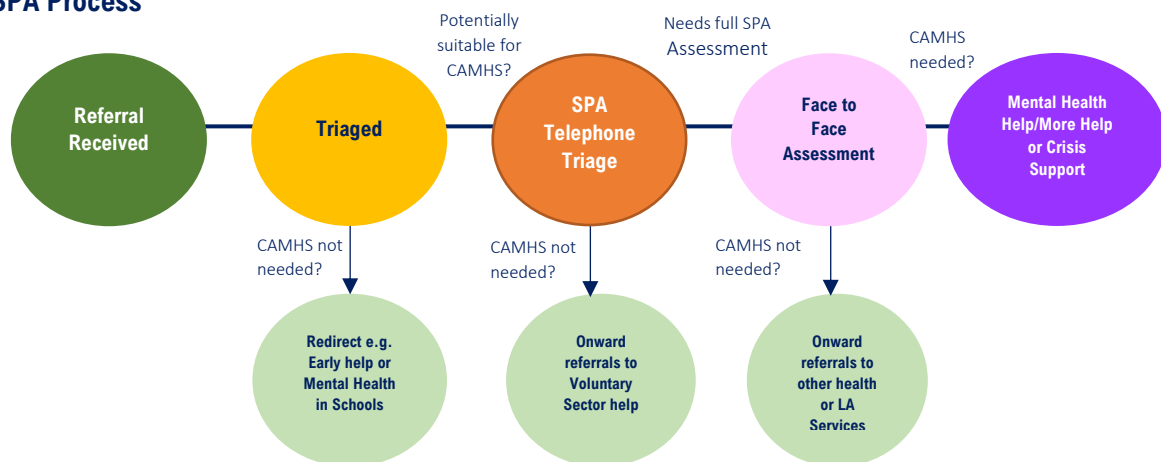
- The child’s development
- Family issues that maybe affecting the child or young person
- A child or young person who is suspected of being neglected or subject to physical, sexual or emotional abuse

The support that may be offered following triage/assessment includes:

- Providing professional advice with consultation and support
- Making referrals to partner agencies
 - Access to Early Help Services
- Providing low level of interventions
- Making referrals to Children’s Social Care Services
 - Making referrals to Mental Health Support Teams in Schools
- Signposting to help/more help or crisis support

The multiagency SPA team consists of Contact and Information Officers, Social Workers, CAMHS clinician(s) Health Teams, Police Officers, Health Visitor.

SPA Process



The SPA encourages prompt referral and access to services through the promotion of an online referral form, but also welcomes self-referrals from CYP or parents by phone. Around 40-45% of referrals come from GPs/Primary Care for common mental health challenges, such as anxiety and/or

low mood problems, mixed emotional and/or behaviour problems as well as querying neurodevelopmental problems. Between 15 and 20% of referrals are received from education staff, i.e., Head Teachers, Teachers, Special Educational Needs Coordinators (SENCOs), School Nurses or Educational Psychologists, and 5-10% come from specialist child health professionals such as Paediatricians, Speech and Language Therapists, Occupational Therapists or Physiotherapists. Self-referrals from young people and parents/families are welcome but make up only a relatively small proportion of referrals (below 10%)

Following feedback received from parents/families in Kingston and Richmond, SW London recently commenced a joint review of the local system of mental health care for CYP and their families with particular focus on the challenges of accessing mental health help and more specialists help and treatment in a timely way.

Work is continuing but outputs thus far have included:

- Audit and review of the K&R CAMHS SPA, with improvement actions to include developing a simplified referral form and ensuring pathways are appropriately described
- Review of interfaces between providers, including step-up/down processes

Across our SPAs/SPOCs, demand and acuity of referrals is rising. Many CYP now need more specialist psychological or psychiatric input, with waiting lists growing across our more specialist services. As part of work plan in 2021/22, we will review all CAMHS SPA/SPOCs to ensure they are equipped to provide appropriate initial assessment and advice and establish a consistent SPA approach across SW London.

Increase access to NHS-funded community children and young people mental health services

SW London achieved its access requirements under the FYFV in 2020/21, when compared to 2019/20, which is a significant achievement considering the decrease in referrals during April and May 2020. With further investment through the Spending Review and the implementation of MHSTs across all boroughs we will be in a strong position to achieve further increases in access as required under the Long Term Plan.

Year	2019/20	2020/21	2021/22	2022/23	2023/24
Target	9,607	9,882	10,447	10,729	11,294
Actual	8985	9955			

Figure 1 - Source: Mental Health Services Monthly Statistics Final

How did Covid-19 impact on referral numbers and the way services were delivered?

COVID affected the delivery of services throughout the year, and though many psychological interventions went online, NHS-commissioned CAMHS still saw 42% of contacts face to face. Meeting at least some referred CYP face to face, especially with schools closed, was important to ensure the safety of some vulnerable young people as well as some interventions being more effective face to face.

COVID 19 had a large impact on the number of referrals. As the largest provider on the patch this can be demonstrated through referrals into SWLSTG CAMHS.

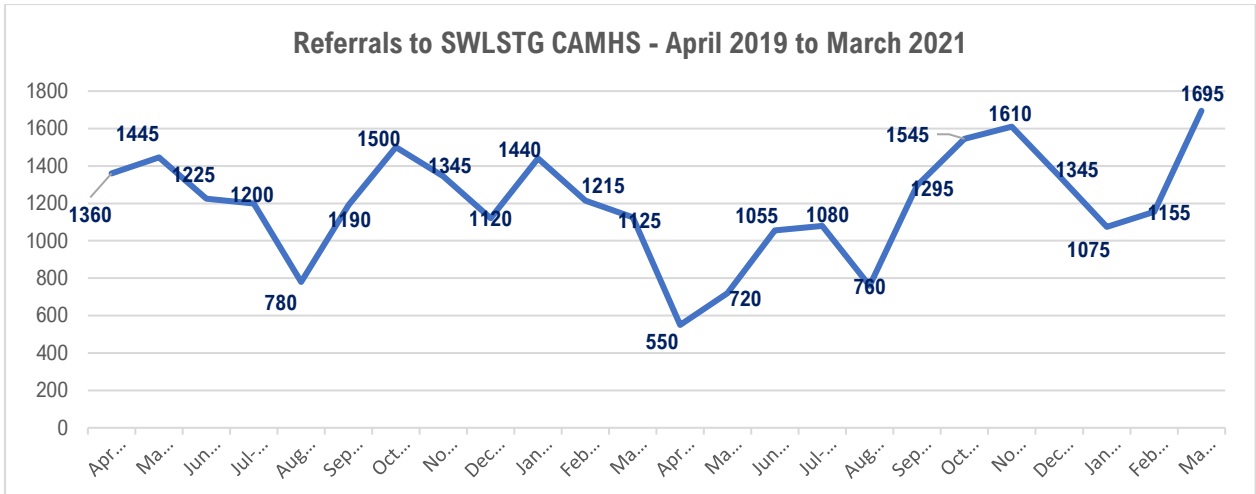


Figure 2 - Source: Mental Health Services Monthly Statistics Final

April 2019 compared to April 2020 demonstrates this the most starkly with referrals at 40% of the level they were the previous year. Referrals either directly or indirectly often involve school members of staff. The referral data over the last year demonstrates this with an out of the ordinary dip in January 2021 when schools were again closed for most pupils. Referrals for all providers across SW London have followed a similar pattern to SWLSTG, the overall figures for which are presented in the table below.

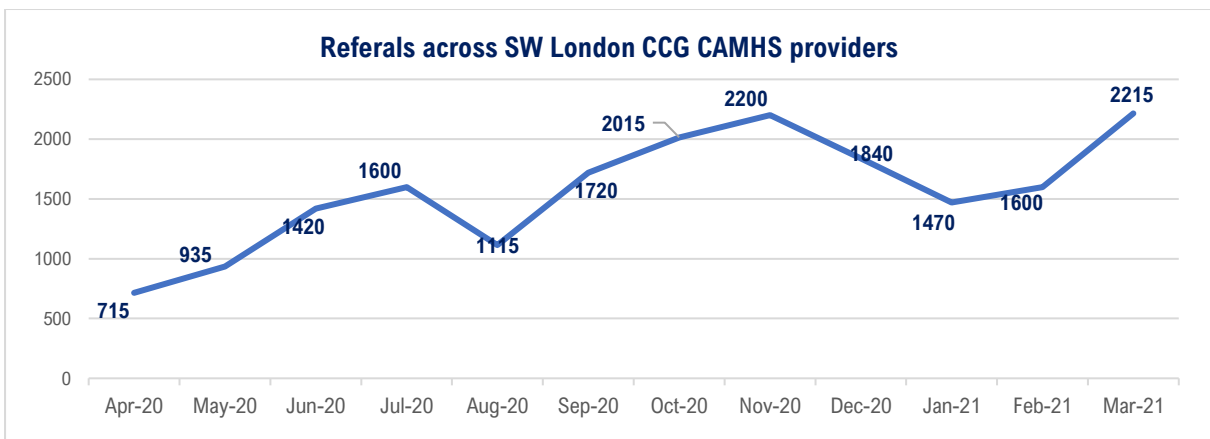


Figure 3 - Source: Mental Health Services Monthly Statistics Final

Consultation Type

From April 2016 to March 2020 73% of SWLSTG CAMHS contacts were face to face. From the March 2020 to May 2021 56.6% of contacts were face to face demonstrating the change in practice providers had to take during the pandemic. Some voluntary sector providers, such as Off the Record, a counselling provider in Croydon, Merton and Sutton, went to 100% remote working.

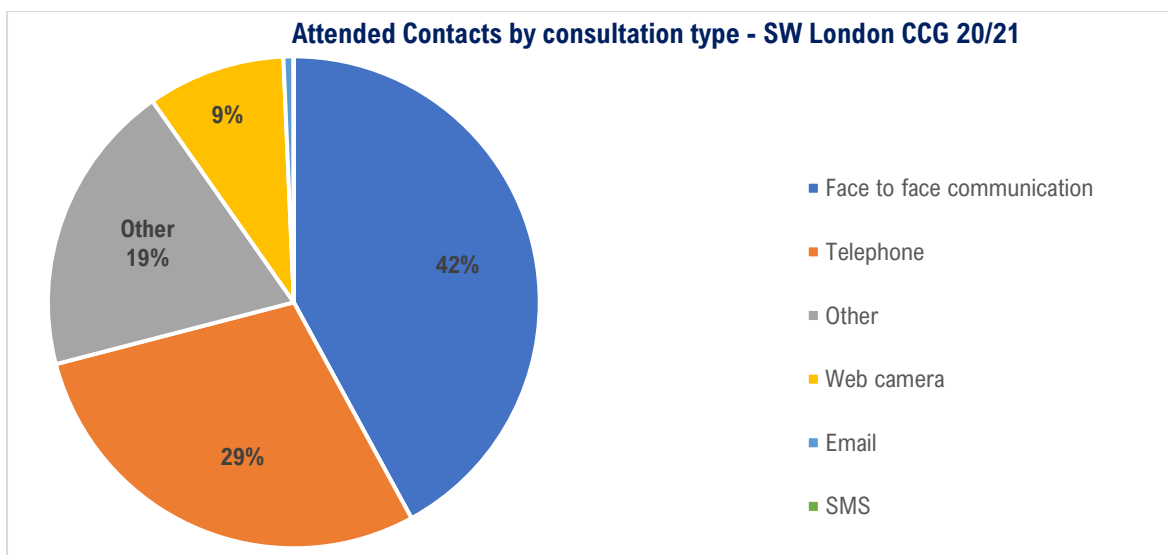


Figure 4 - Source: Mental Health Services Monthly Statistics Final

Achievements and challenges

COVID 19 has accelerated some of our plans across SW London by increasing access to NHS-funded online services. During the first lockdown we expanded the delivery of Kooth, which is an online counselling platform for CYP aged 11-21, to the whole of SW London. Qualified counsellors, therapists and support workers provide guided and outcome-focused support for each individual. Kooth is accessible through any connected device: young people can log on wherever they are to access professional counselling from 12.00pm to 10.00pm, 365 days a year.

Place-based transformation managers are also working closely with partners, such as the Local Authority and schools, to consider how we can further improve health promotion and preventative services to increase the resilience of SW London CYP. In this context, all local digital offers across SW London were updated and expanded to include more online self-help information and tools as well as advice on how to access help including support in a crisis (for more information on local system of care, local offer and information on local mental health help, more help, crisis help see appendix to section 4.2)

Supporting CYP with Special Educational Needs (SEN) and disabilities remains a priority for SW London, within the wider strategic aim of increasing access for CYP. Increasing access for these CYP involves the contribution of non-NHS funded services, such as School Nurses, teachers, and social workers. To support CYP with SEN, we must work with partners to provide the help and specific interventions summarised in Education, Health and Care (EHC) Plans, which are a statutory responsibility. There is further work to be done with partners to ensure CAMHS services are fully involved in multi-agency care planning processes and that mental health care plans are integrated with EHC plans. Further information on this work can be found in the Transforming Care Section 4.8.

Increase Capacity of early intervention provision

Several boroughs are looking at addressing the increasing demand for Tier 2 provision. For example, Croydon is looking at expanding their early intervention and support offer across the Croydon Health and Local Authority partnership to ensure more young people get access to the right support at the right time. In previous years, additional funding has gone into new schemes and pilot projects; however, the past four years have seen a substantial increase in demand for core services. Additional investment into core services is vital so that those children and young people who need help/more help or crisis help, can access it in a timely way. Sutton, Merton, and Croydon have all invested in their Counselling provider, Off the Record, due to the increase in demand for support.

ASD and ADHD services (additional information on Neurodevelopmental Assessment Pathways in section 4.4, and Investment Plan section 6)

In 2021/22, additional investment is being made into SW London ASD and ADHD diagnostic pathways to improve waiting times. Merton, for example, is investing in a new local pathway that will have alignment to their educational psychology service. This will deliver more rounded assessments for ASD and ADHD as well reducing waiting times for a diagnosis.

Kingston, Richmond, and Sutton are also looking at the delivery of post-diagnostic support in the form of the 'A plan'. This will look to offer adapted mental health interventions for young people that have often not been served well by the traditional CAMHS model and offer coordination support to the MDT in meeting these CYP's need.

Future Plans

SW London aims to achieve further increases in access to the whole range of children and young people's mental health services. Additional funding has been made available through the Spending Review this year as set out in the Investment Plan in section 6.

4.3. Specialist pathways for Children and Young People Eating Disorders

SW London CYP are served by two mental health trusts providing CYP Eating Disorders services.

- Kingston, Merton, Richmond, Sutton and Wandsworth. SWLSTG CYP Community Eating Disorders Service (CYP CEDS)
- Croydon. SLAM Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED)

Both Teams operate with a similar service model in line with NICE guidance, offering assessment and treatment through a multi-disciplinary approach. Each service operates under the 'Access and Waiting Times Eating Disorder Commissioner Guidance 2015.'

MCCAED comprises: The Eating Disorder Clinic (EDC), formerly known as the outpatient service, which provides a service to seven local boroughs including Croydon and a new Avoidant restrictive food intake disorder (ARFID) service, that treats children and adolescents both locally in these seven boroughs and nationally.

In 2016, MCCAED was one of the first eating disorder services, nationally, to also accept self-referrals. Although other teams have subsequently followed, self-referral provision in eating disorders services across the country remains very limited.

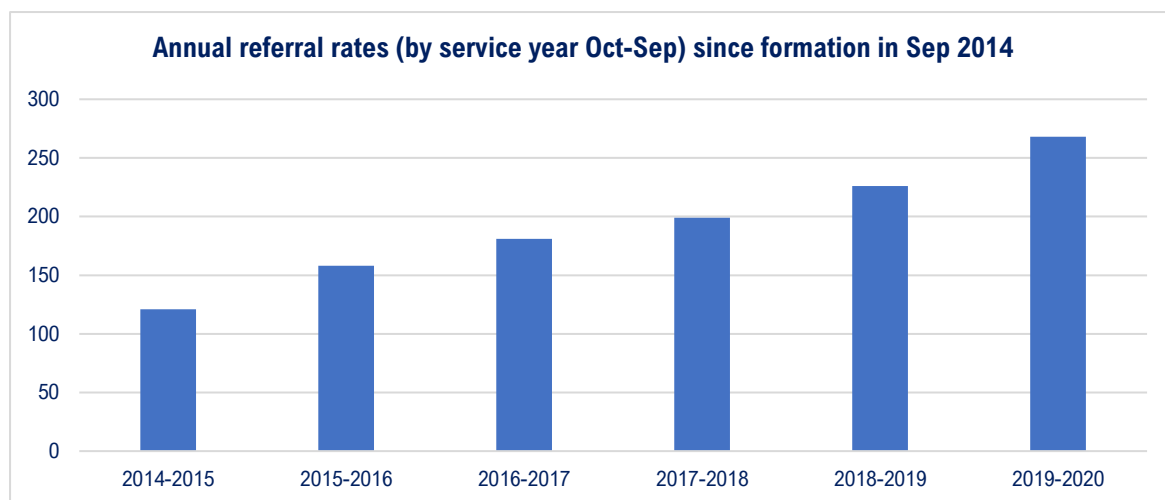
Self-referrals are available to local patients within the seven boroughs that are served by the EDC. They are also available for patients within these boroughs who wish to access our ARFID service. However, all national referrals to the ARFID service need to come from professionals. Self-referrals comprise about 30-35% of referrals to the EDC. Almost all self-referrals to the service are from parents or carers.

Capacity and Demand

The EDC received a total of 350 referrals from 1 March 2019 – 31 March 2020. The Service was able to meet the 95% access target for all of these referrals but was working almost at maximal capacity in that year.

From 1 March 2020 - 31 March 2021, EDC received a total of 550 referrals. From 1 April – 30 June 2021, EDC already received 183 referrals. Without a reduction in referral rate, this projects to 732 referrals by 31 March 2022, which would be more than double the number received in 2019/20. Acceptance rates steadily dropped from around 80% two years ago to now less than 50%.

Referral rates into the SWLSTG CEDS have also increased significantly over previous years. The table below shows the increase from 2014/15 to 2019/20.



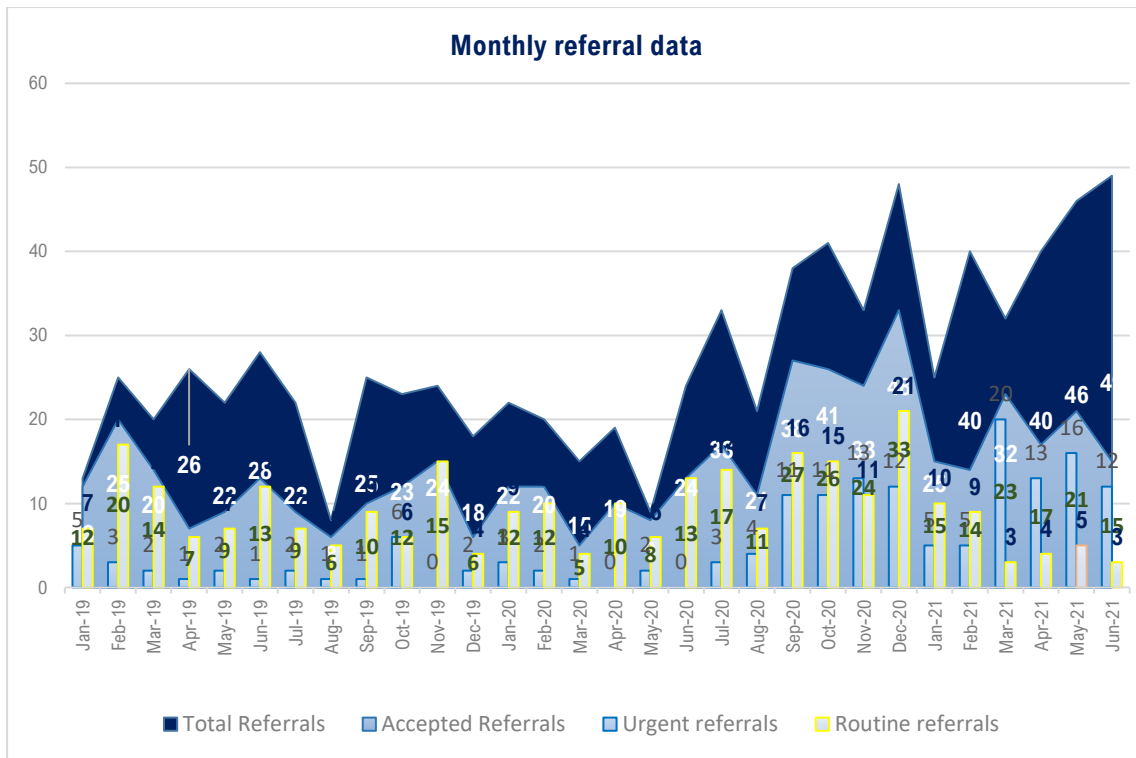
The SWLSTG CYP CEDS multi-disciplinary team delivers evidence-based treatments in line with the national service model while working to meet the national waiting times standards of urgent referrals seen within one week and routine within four weeks. Since 2019, capacity has reduced within the service owing to staffing and resourcing challenges and rising demand. Additional treatment options, such as day treatment or more intensive community treatments have reduced since 2019. Core treatments to individuals with Anorexia, Bulimia and Binge Eating Disorders are still in place but the service has not been able to take referrals for ARFID and thresholds for new referrals resulted in a reduction in referral acceptance rates from 80% in 2016/17 to 53% in 2020/21.

In 2019/20, SW London invested £232k into the service to bring it back in line with national service standards and work commenced to develop a revised service specification, with agreement to provide additional investment as a priority in subsequent annual business planning discussions.

What happened during Covid-19 and in what position is the Children and Young People's CEDS now?

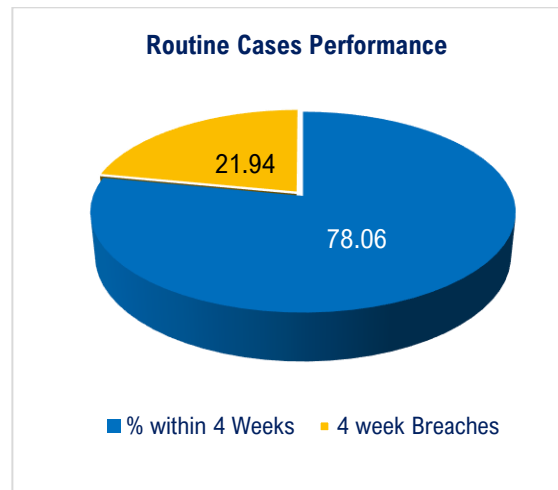
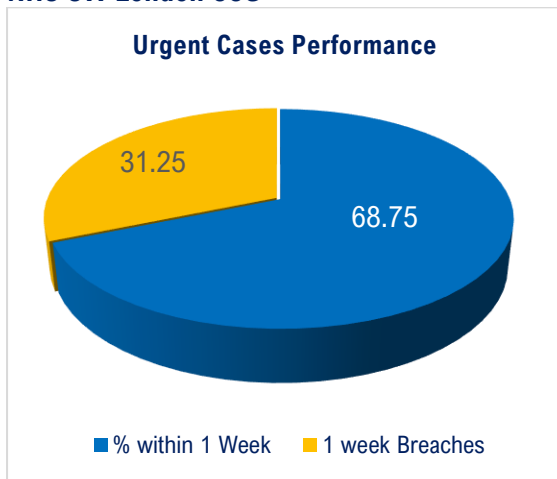
Surge in Demand during Covid-19

There was a surge in demand during COVID-19 (see below), particularly since Q2 2020/21, with increases in acuity, which was anticipated to continue for some time. This reflects the national picture of eating disorders referral increases.



In 2021/22, the CYP CEDS service has built up a waiting list of more than 50 CYP and is struggling to meet the national waiting time assessment targets. For urgent referrals 31% are having to wait longer than one week and 22% are having to wait longer than four weeks for a routine assessment.

NHS SW London CCG



In 2021/22, through the Spending Review and allocation of Transformation Funds, SW London CCG invested an additional £640k to provide the service with enhanced capacity and expanded staff skill mix to deliver NICE-compliant, evidence-based community support. A joint eating disorder working group has been established between SWLSTG and SW London CCG and is overseeing the agreed phased service developments. This group is currently also updating the shared care protocol with Primary Care Practitioners (GPs), which will clarify the responsibilities around the initial health checks as well as the monitoring of physical health parameters throughout the treatment with the specialist CEDS.

Specialist services cannot meet the significant increase in referrals by themselves but must be addressed by a whole system effort of better collaboration and communication between local and specialist mental health services. Voluntary sector partners, such as BEAT, offer help for young people and adults with Eating Disorders, if they don't meet the threshold for specialist treatment or when continued support is required following a treatment period with a specialist service.

We also wish to improve the transition arrangements between the children and young people and adult eating disorder services and will explore flexible solutions when a transfer of treatment/care is taking place in consultation with young people and their parents.

4.4. Specialist Pathways for Neurodevelopmental Disorders

Referrals for neurodevelopmental assessments for under-5s are delivered by Social Communication Teams that are linked to Community Paediatric Services in all six boroughs. The service is provided up to the age of seven in Wandsworth, through the Paediatric Outpatient Service at St George's University Hospitals NHS Foundation Trust. Information on referral numbers and waiting times can be found in the appendix to this report.

Requests for neurodevelopmental assessments of 6–17-year-old CYP make up between 20-25% of all referrals received by local CAMHS SPAs or SPOC. Once all necessary information is received, it will be screened by an experienced CAMHS clinician for severity of symptoms, consistency of reported problems and possible other underlying causes for reported differences when these are compared to age-matched 'range of normal developmental skills and behaviour.'

Following the clinical screening, the referrals from five SW London boroughs (Kingston, Merton, Sutton, Richmond, and Wandsworth) are either signposted to the Neurodevelopmental Team from SWLStG Mental Health Trust or a local neurodevelopmental assessment pathway in Kingston, Richmond or Sutton, if the referred CYP is resident in one of these boroughs and does not present with co-morbid physical and/or mental health conditions.

Neurodevelopmental referrals received by Croydon SPOC will be signposted to the neurodevelopmental Team of SLAM.

In the following section, we will initially report on the waiting times and performance of the NDT of SWLStG as the main provider of neurodevelopmental assessments for five boroughs and then summarise the waiting times development and performance of the three additional local pathways. Finally, we will summarise the information on waiting times and performance with regards to neurodevelopmental assessments for CYP from Croydon that were carried out by SLAM.

Has there been any progress achieved with shortening the Waiting Times for Neurodevelopmental Assessments in the last two years?

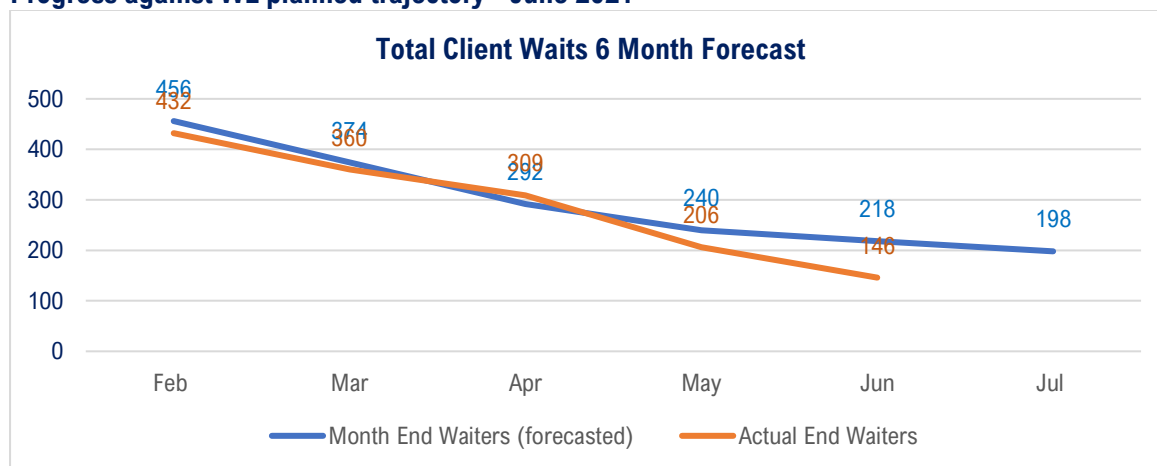
Although the pandemic and the first lockdown resulted in a slight drop in referrals in Q1 and Q2 of 2020 due to closure of schools and restricted access to GP surgeries, waiting times increased during this time as the service had to adjust its assessment practice to maintain safety, resulting in fewer weekly assessments and consequently longer waits.

In November 2020, SW London commissioners and SWLSTG collaborated to scope a waiting list initiative, which was agreed in December 2020. The agreed proposal included commissioning additional capacity from another provider for the CYP who had been waiting the longest. The provider Clinical Partners was sub-contracted to undertake work focusing on ASD and combined ASD/ADHD

assessments for those waiting longer than 40 weeks. These assessments take longer than those for only ADHD.

Additional internal resource within SWLStG focused on ADHD long waiters during the same period of time. A trajectory was set out to map progress against waiting list reduction during February and July 2021:

Progress against WL planned trajectory - June 2021



Waiting list position – June 2021

	0-14	15-17	18-29	30-39	40-51	70+	15 Week Plus	18 Week Plus	52 Week Plus	Total
Total	81	24	27	3	1	1	56	32	1	137
ADHD	31	2	5	1	1	0	9	7		40
ADHD/ASD Assessment	18	3	5	1	0	1	10	7	1	28
ASD	23	10	9	1	0	0	20	10		43
No presenting complaint	9	9	8	0	0	0	17	8		26

The above June 2021 data position shows:

- 137 Total waiters
- Only 5 waiters above 30 weeks (early July data shows no waiters above 30 weeks)
- Only 1 waiter above 52 weeks (now been seen in July 2021)
- Average wait for existing referrals 29.7 weeks (7.5 months)
- Average wait for new referrals 24.9 weeks (6 to 6.5 months)

July 2021 onwards

- The waiting list initiative completed at the end of July 2021, with a further reduction in waiting times expected, thus having had a positive impact Wait time for SWLStG is around 12 weeks at the beginning of September.
- Additional investment from previous years provided additional capacity for the service to manage current demand and there is ongoing internal work to improve processes and pathways, some of which is based on learning from the use of online work during the pandemic. This includes work to reduce the number of appointments where patients do not attend.

Ongoing performance is continuing to be reviewed monthly and Merton received additional local investment in 2021/22 through the Spending Review to enable a borough-based local service. This is expected to help address higher referral numbers seen in this borough.

Overall, the SWLSTG service achieved significantly reduced waiting times through a waiting list initiative, revised acceptance criteria and local CAMHS SPAs signposting more referrals to local pathways in Kingston, Richmond and Sutton, detail of which follows.

Current Borough-Based Providers/Other Services

Sutton

Cognos provides ASD-only assessments (144 per annum) for less complex cases. Like for all other services, Covid-19 has impacted on waiting times as assessment processes had to be adjusted and changed, utilising an online play-based assessment tool rather than the face-to-face Autism Diagnostic Observation Schedule (ADOS). Waiting times before the pandemic were on average seven to eight weeks and are now at 53 weeks due to an increase in demand/referral numbers. Additional funding has been made available in 2021/22 and a trajectory has been agreed for a reduction of the waiting times.

Kingston & Richmond

Achieving for Children is commissioned to provide 90-100 assessments per borough annually for both ASD and ADHD for less complex cases. Waiting times have significantly increased in the last 12 to 18 months due to the impact of Covid and also due to significantly more referrals being signposted from the CAMHS SPA. Annual referral numbers have risen from 147 in 2019/20 to 270 in 2020/21.

Croydon

Current Arrangements for Croydon ASD &/or ADHD Assessments and Diagnoses

The current pathway for ASD and/or ADHD assessment is predominantly offered within the community service. Two teams, operating within different organisations, provide assessments:

- **Croydon Health Services:** Children's Medical Services (CMS) provide ASD assessments for children under the age of five years at referral
- **SLAM:** Community CAMHS provides neurodevelopmental assessments for CYP aged 5 - 17 years referred for ASD and/or ADHD assessments

In addition, specialist assessments (often second opinions and specialist comorbidity assessments) are offered by the SLAM Complex Autism and Associated Neurodevelopmental Disorders (SCAAND) Team.

In 2020/21, Croydon carried out a detailed review of its local neurodevelopmental assessment provision with the aim to reduce waiting times for specialist assessments to establish a post-diagnosis help offer too. More information on next steps following the review can be found in the appendix to this section.

Our plans for the next 12 to 18 months:

We want to establish a more collaborative approach to screening and assessment of ASD and ADHD with shorter waits and more frequent feedback, whilst CYP wait for the assessment, as well as better support and help following diagnosis.

We want to establish a consistent neurodevelopmental assessment approach for children, young people and young adults 0-25 across SW London

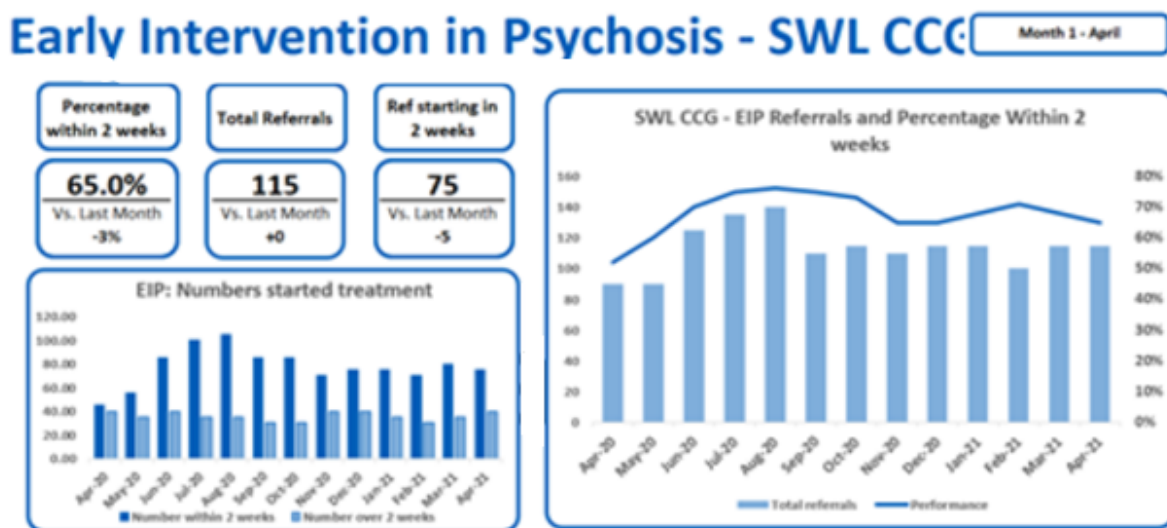
- Joined up reporting and monitoring of referred demand, screening outcomes, flow (signposting) of referrals to various local and SW London pathways as well as outcomes of assessments
- Pilot post-diagnosis support services in Kingston, Richmond and Sutton
- Carry out a whole system review of the various neurodevelopmental pathways in Kingston and Richmond

- implement recommendations of the Croydon review and share the learning with other SW London boroughs

4.5. Specialist Pathway for Young People with Early Psychosis

The evidence based Early Intervention Service (EIS) model for treatment of first onset of psychosis was developed more than 20 years ago. It recommends an integrated multi-disciplinary assessment and treatment approach for young people and young adults aged 14-35 years and their families, ideally without the need for transitioning from CAMHS to Adult Mental Health.

However, as numbers of children and young people diagnosed with first onset of psychosis are low (single figures in five out of six boroughs), local CAMHS carry out timely initial assessments and also initiate multi-modal treatment without delay for under 18-year-old young people. Preparations for transitioning to one of the three EIP Teams from SWLStG (EIP Merton and Sutton, EIP Kingston and Richmond, EIP Wandsworth) or the EIP Croydon from SLAM tend to commence when the young person is 17 ½ years old.



Commentary: SWL CCG continues to meet the national threshold of 60% with latest performance (rolling quarter Feb-Apr) showing that 65.0% of clients started their treatment in line with NICE guidance within two weeks. The CCG have maintained compliance against the national standard for this metric since April 2020.

Where do we want to be?

Given that the original EIP service model suggested that an integrated youth/young adult mental health multi-disciplinary treatment model would be best to meet the needs of this group of patients, SW London ICS will jointly review options with both Trusts on how to strengthen an integrated 14-25 years EIP approach that

- focuses on the first three years of the psychotic illness
- aims to reduce the duration of untreated psychosis to less than 3 months and
- does not require the young person to transition at the age of 18 from CAMHS to AMH/EIS.

4.6. Specialist pathway for young people with emerging Borderline Personality Disorder piloting a SW London Dialectical Behaviour Therapy (DBT) Service

Dialectical Behaviour Therapy (DBT) is a highly effective, NICE recommended, treatment for CYP with traits of emerging borderline personality disorder/Emotionally Unstable Personality Disorder (BPD/EUPD) and acute self-harm and suicidality.

SLaM and Oxleas CYP DBT services have been established since 2009 and 2018, respectively. These services have evidenced the impact of DBT on CYP to be life changing but also highly effective at reducing high-cost demands on the health and care system through reduced need for inpatient care. The South London Mental Health and Community Partnership (SLP) CAMHS review in 2019 showed that SW London had the highest inpatient admissions for young people across south London with the primary problem as self-harm / suicidality despite having slightly lower demographic risk factors for self-harm. The review indicated that the absence of a locally accessible and effective DBT service in SW London was likely causing harm to over 30 young people a year through increased risk of suicide attempts, inpatient treatment, and referral to adult services at age 18.

The benefits of commissioning a standalone DBT service in SW London included:

- Reduction in adolescent and young adult suicide rate
- Enhancement to Tier 3 offer in SWLStG with good interface and smooth step-up / step-down pathways and better use of Tier 3 resource, i.e., it will free up consultant and care coordinator capacity in community CAMHS
- Reduced demands in terms of mental health assessments following suicide attempts, occupied bed days, A&E presentations, transitions to adult services, and risk management in Tier 3
- A crucial success factor for DBT services is the enabling of a locally accessible standalone service with fully trained DBT clinicians to provide a dedicated, safe and effective service
- SLP will be able to reinvest any savings in continuing to enhance crisis care.

Based on the above needs assessment and evidence, SLP, SWLStG and SW London commissioners agreed at the end of 2020/21 to fund a standalone pilot DBT service in 201/22 to enable the provision of a more cost-effective, equitable offer across SW London.

The SW London DBT service launched July 2021. The DBT programme consists of a 4–6-week pre-treatment phase (engagement and commitment phase), followed by eight to twelve months of specialist treatment, if the young person and the DBT team agree to start therapy. Treatment consists of weekly individual therapy and weekly skills training groups (for young people and parents/carers) plus telephone skills coaching, crisis management, medication management, family sessions and care co-ordination.

The pilot is funded for 18 treatments per year until late 2022 and will be reviewed by partners after the first 14/15 months, once the first cohort of young people have been treated.

Planning for the future

In line with the NHS Long-Term Plan ambitions to provide a comprehensive mental health service for young people up to age 25 years, SLP and SW London will explore extending and integrating DBT service models across CYP and adult services to better meet the complex and challenging needs of young people/young adults (14-25 years) with emerging borderline personality disorder without the disruption of transitioning from young people to adult services.

4.7. Help for Groups of Children and Young People, who have Increased Risks of Suffering from Mental Health Challenges

4.7.1. Help for children and young people in contact with Youth Justice service

Future in Mind outlined the need to transform CYP mental health services to create a system to support and bridge the gaps for the emotional wellbeing and mental health of children and young people. The three priority areas:

1. Development of Specialist Child and Adolescent Mental Health Services for High-Risk Young People with Complex Needs.
2. Development of a framework for integrated care for Children and Young People's Secure Estate

3. Development of Collaborative Commissioning Networks between Health & Justice regional teams and CCGs.

An assurance framework was also developed by NHS England to support the ongoing development and implementation of plans to utilise the funding allocated to ensure that we can best support CYP known to the Youth Justice system.

There are fully integrated pathways within the SW London boroughs for children and young people in contact with Health and Justice Services which include the following elements:

- Crisis care related to police custody
- Sexual assault referral centres (SARCs)
- Liaison and diversion (L&D) services
- Youth offending service (YOS) with referral pathway to SW London Forensic CAMHS
- Transitioning to and from Children and Young People's Secure Estate – there are several establishments e.g., at Feltham and Cookham Wood for children and young people to be placed on welfare and youth justice grounds (with dedicated mental health support provided within the facilities)

First time entrants are tracked, including young people who re-offend within 12 months (and whether the re-offending was more/less serious or more/less frequent). These form part of discussions within the Youth Crime and Prevention boards. All local YOS Teams have at least one CAMHS practitioner, who is an integral part of the multi-disciplinary and multi-agency team. This practitioner leads on (initial) mental health risks(s) screening, provides one or more consultations to young people and their families, and ensures that mental health needs are identified, and actions agreed on how to meet the identified needs, either from resources within the team or by organising access to additional specialist help from local (tier 2 or tier 3) CAMHS or by referring the young person to the SW London Forensic CAMHS.

Crisis Care Related to Police Custody

Urgent mental health assessments in police custody are undertaken by the on-call Mental Health Practitioner or out of hours Emergency Duty Team (EDT).

The number of severely mentally unwell children and young people being taken to police custody suites is very small and the L&D service also provides some support for them there. These types of referrals are rare; however, it is important that we maintain the pathway for these very vulnerable, children and young people as police custody suites are not suitable places.

Liaison and Diversion (L&D) Services

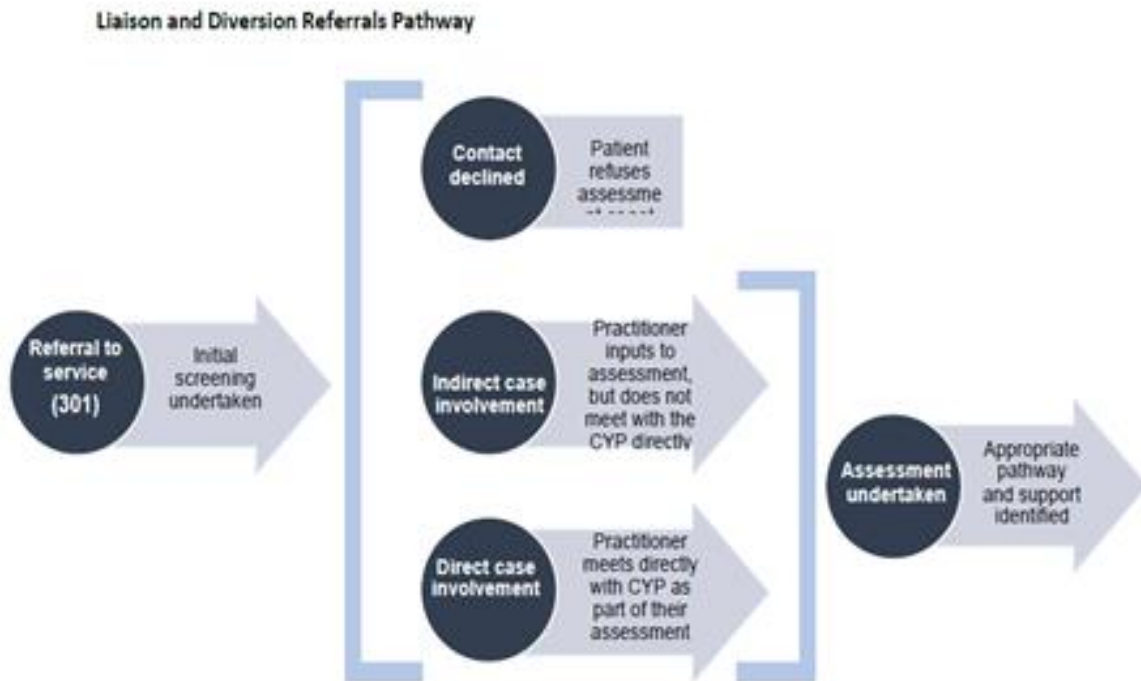
The L&D pathway for SW London includes the following services:

- A custody suite
- Magistrates Court
- Transforming Families Team (Youth Justice Team, Anti-social Behaviour-Team and the Police
- Liaison & Diversion worker
- Forensic CAMHS service
- Speech and Language input

A CAMHS L&D worker is co-located with YOS and the police custody suite and young people on the edge of offending are assessed in custody or at the YOS office at the first opportunity.

All children and young people in contact with the L&D service have a screening of mental health and emotional wellbeing assessment, utilising a trauma informed approach. If a mental health need is identified the young person is referred on to CAMHS with their consent, for a full mental health

assessment and network meeting (if more appropriate). The current L&D pathway across the SW London is as below.



Whilst most young people known to youth justice service will only need to access local mental health help, some require specialist assessment and intervention from a Forensic Child and Adolescent Mental Health Service (FCAMHS):

South London Community FCAMHS is a Specialist Forensic Community Child and Adolescent Mental Health Service for young people and their families. It provides advice, consultation, assessment, and some limited short-term interventions. The service can also provide training for local professionals, and it is a multi-disciplinary service including Consultant Adolescent Forensic Psychiatrists and Psychologists.

In South London, FCAMHS is provided in partnership, through South London Mental Health Partnership (SLP), hosted by the South London and Maudsley NHS Foundation Trust (SLaM) on behalf of the three trusts also in the partnership i.e. Oxleas and South West London and St George's NHS Trusts. The service aims to be accessible to community mental health teams as well as other services working with young people and their families (such as Youth Justice Service, Social Care etc.).

Input from FCAMHS depends on a number of factors and degree of need or risk, as well as what services are available locally. It is expected that the child or young person will be open to their local specialist CAMHS team, which will co-ordinate care and provide risk management and emergency care planning.

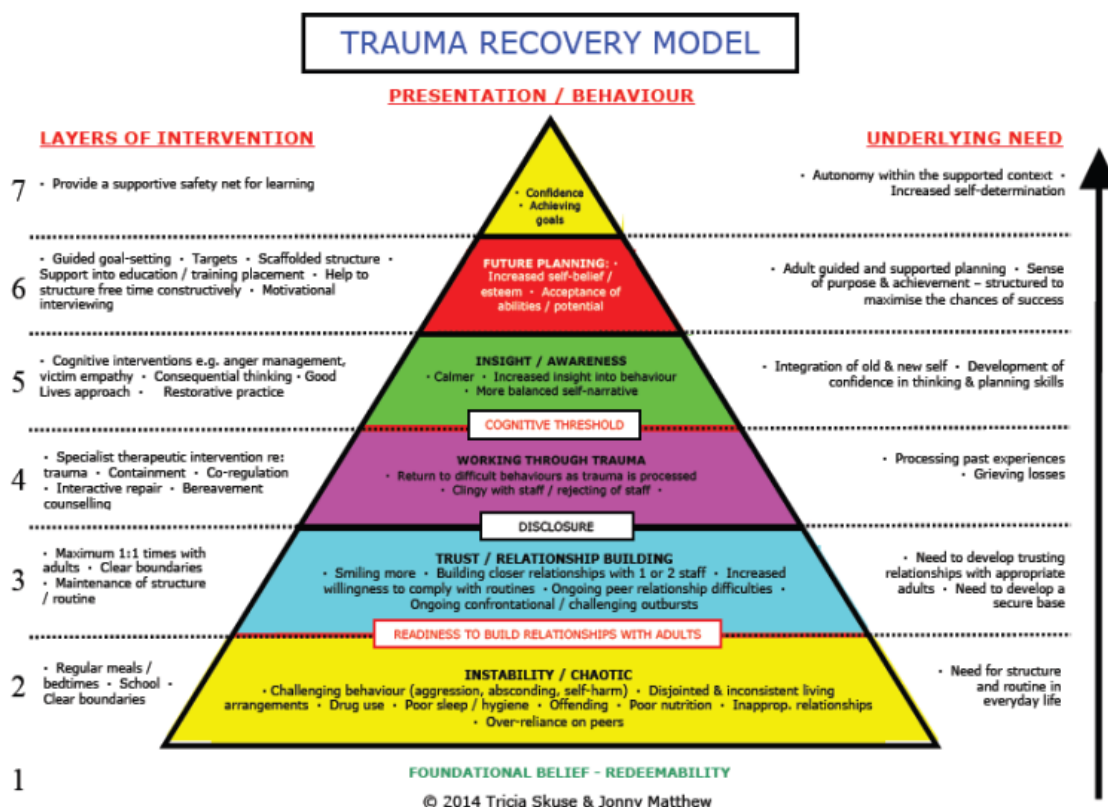
Our Ambitions at SW London

It is worth noting that the evidence base for desistance from serious youth violence supports a multisystemic approach. There is a high rate of non-engagement with mental health services or at the very best, inconsistent engagement, due to several factors, including fear of reprisals for discussing crimes the young person may have been a victim of with a professional.

We want to work more closely with other agencies providing services within the boroughs, e.g. teams tackling exploitation, gang workers, Redthread (Youth Charity) who can identify and work with victims of serious youth violence when identified at A&Es etc.

We will work as a system to address challenges of engagement of young people with time invested in forming therapeutic relationships to make young people feel safe enough that the topic of trauma and its impact on functioning can be introduced.

For our young people with more problematic clinical features of PTSD, a trauma informed way of working could be supported, for example, supporting professionals already working with the young person either directly or indirectly through a phased approach as depicted in the attached image below until they are in such a position that they can undertake formal therapy.



4.7.2. Access to Help for Children Looked After (CLA)

Specialist emotional wellbeing and mental health help is embedded within all social care teams for CLA across SW London boroughs. This includes the CLA Team, Leaving Care Team and Adoption and Fostering teams for children and young people looked after by the LA from birth to age 25 years. The service aims to improve the stability of placements by supporting the identification and care planning for those whose functioning is negatively impacted upon by their emotional and/or mental health. The service acknowledges the prevalence of mental health difficulties within this vulnerable population and thereby the importance of fostering children’s emotional growth as an integral component to ensuring positive life outcomes.

They are supported by the Getting Help (Tier 2), Emotional Health Service, thereby maintaining essential links with evidence-based practice, continuing professional development, and securing access for children and young people looked after to all available psychological resources on offer

within the wider EHS service, Getting More Help (Tier 3) services, adult mental health services and services offered by partner organisations within and out of Borough.

The team consist of qualified Health and Care practitioners. These are:

- Systemic Family Therapist.
- Art Psychotherapist
- Clinical Psychologist

The Team also works closely with health services for CLA, such as Community Paediatricians/Designated Doctors for CLA and CLA Health Nurses, as well as Educational Psychologists and teachers within the Virtual School. This ensures that the emotional health and well-being of children and young people in care is monitored, and effective and timely action is taken to provide appropriate support.

In order to provide a fast response to a growing CLA population, the service has adopted a consultation-led service approach that includes:

- Consultation to all professionals within the team to Leaving Care, Unaccompanied Asylum-Seeking Children, Family Coaches, Virtual School, LAC Health, and Independent Reviewing Officer teams.
- Specialist assessment that includes mental health and emotional wellbeing (this includes the wishes and capacity of the children/young people to make use of therapeutic help), functioning, impact of adverse negative events on development and relationships with carers and peers, the behaviour they present, any issues of risk (e.g., sexual exploitation, absconding, self-harm, substance misuse, physically/sexually/emotionally harming or being harmed by others).
- Liaison and support regarding children and young people in care to the wider network (e.g., birth family, partners, schools/colleges, other agencies, adult mental health services) to support emotional wellbeing, care planning and placement.

Individual therapeutic and group work with children and young people, including art psychotherapy, clinical psychology/Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), family/systemic therapy based on robust assessment and shared formulation of needs and hoped-for outcomes.

- Support and consultation to management and staff in residential homes for young people in care in the Borough, as well as the specialist assessment and formulation of the needs of residents to inform care planning. Supporting the provision of a psychologically informed residential home environment.
- Specialist training and professional development to social workers and network professionals regarding the mental health and emotional wellbeing of children and young people in care, especially regarding trauma and attachment.

4.7.3. Access to help for children and young people who have experienced sexual abuse (Emotional Support Service)

The SW London Early Emotional Support Service provides support to children and young people who have made a recent allegation of sexual abuse (CSA). The service was delivered by National Society for the Prevention of Cruelty to Children (NSPCC) up to October 2021. The current plan is for another local service in SW London to take over delivery on an interim basis while the service is put out for procurement formally for start in April 2022.

The Early Emotional Support service provides mental health and emotional wellbeing assessment and support to children and young people who have been a victim of child sexual abuse, as well their non-offending families and carers. The service will provide a consistent and timely offer to all children and young people aged up to 18 years of age within the catchment areas SW London boroughs.

Following a re-procurement in 2019/20, the service went live in April 2020. It must be noted that this service was launched within the midst of the pandemic and the resulting lockdown (March 2020) situation that occurred within the UK, whereby due to government restrictions in relation to social distancing, the NSPCC were unable to deliver face to face services as usual with fidelity to the service model and thus services were amended and delivered in a bespoke format.

CSA medical examinations

Due to the pandemic, NSPCC had not been attending CSA medical examinations in hospitals. This will be reviewed as the service transitions to another provider and for future commissioning. Non-attendance at the CSA medical examinations does not appear to have had a negative impact on referral numbers nor the timing of support being offered. This has not caused any obstacles in the referral pathway or in contact with families.

Total referrals across SW London

Description	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Total 20/21
Referrals progressed to NSPCC support and assessment	9	17	9	11	46

4.7.4. Access to help for children and young people with a Learning Disability

All SW London boroughs have a clinical psychologist or behaviour specialist(s) that offer help and behaviour support for children and young people with moderate to severe LD and challenging behaviour. Frequently, this support and help for parents and their children with complex special needs is undertaken in close cooperation with other therapists already involved in the care of these children as well as colleagues from Social Care and Education. However, as this group of children and young people suffers from global developmental challenges including significant delay of language development, it takes longer to get to know the child and to observe and determine the underlying triggers and causes of the presenting behavioural, emotional and social communication problems. Local LD psychologists will refer to CAMHS or request a consultation, but colleagues working in generic CAMHS Teams frequently feel that they lack experience or the highly specialist expertise to offer more help than is already provided by various therapists within local services.

Wandsworth and Croydon are the only SW London boroughs with a Specialist LD CAMHS team offering consultations to parents and professionals as well as assessment and treatment of children and young people with a LD and challenging behaviour as well as emerging mental health problems.

SW London has recognised the need to develop a consistent LD CAMHS offer across all six SW London boroughs and invested £200k into the LD CAMHS team this financial year with the aim to gradually transform the Wandsworth LD CAMHS team to a SW London LD CAMHS provision.

SWLStG has commenced recruitment for additional LD CAMHS practitioners and will commence offering specialist consultation and advice for children and young people and their families open to local SW London CAMHS team in the next 3-4 months in line with the interim SOP that was agreed with Kingston and Richmond in 2020/21 (more information on this interim SOP can be found in the appendix to this section).

Where do we want to be?

SW London has identified the need to establish a consistent mental health and positive behaviour support offer for children and young people with LD and their families across all SW London boroughs and will gradually increase funding for this vulnerable group, both place-based, jointly with Local Authorities as well as SW London wide from an NHS perspective and in line with the aims and ambitions of the Transforming Care Programme (see 4.8).

4.8. Transforming Care Programme for children and young people with LD and/or ASD

Beyond Transforming Care. Our Vision for Mental Health Support for children and young people with LD and/or ASD

There has been a significant increase in the number of children with a diagnosis for Autism (ASD) and Learning Disabilities (LD) in SW London over the last 10 years. This increase has resulted in a scaling up of education, social care and health provision for these CYP and families. There has been a major expansion of Special Needs schools to cope with the increasing number of young people with Special Educational Needs and Disability (SEND) and the creation of more nurturing provision within mainstream schools, to support inclusive education.

In line with the increase in the number of CYP with SEND there has been an increase in CYP with ASD and/or LD who have emerging 'behaviours that challenge,' which can escalate into emotional and mental health needs. Children with LD and/or ASD who exhibit severe challenging behaviours often have nuanced sensory, social and communication needs, emotional dysregulation, and patterns of obsessive and ritualised behaviour which their family, school and professional network have struggled to understand and effectively respond to. For children with high functioning autism, often diagnosis happens in teenage years (between 12 and 16 years old) and their emotional needs and mental health may have already deteriorated ahead of the diagnostic process and (specialist) help being put in place.

To effectively respond to these emotional and mental health needs SW London CCG works with our Local Authorities Partners, SLP and voluntary sector organisations to commission a range of services locally as well as SW London wide. Our partnership and mental health trusts are also part of a national 'best practice' programme 'MELD' (Mapping Services for Children with Learning Disabilities and Behaviours that Challenge), which is helping us learn about good practice nationally and to improve services locally.

Under the Transforming Care Programme (TCP) children with LD and/or ASD at risk of admission are entitled to go onto (borough based) Enhanced Care Registers, which are held and regularly reviewed by local Transformation Managers of SW London CCG jointly with partner agencies from Health/Mental Health, Social Care and Education/SEND. The local Transformation Manager will call an urgent Care, Education and Treatment Review (CETR), if a children and young people on this register is acutely at risk of being admitted to an inpatient unit. This full day crisis meeting creates a more integrated approach and brings together a range of professionals from health, education, social care and independent experts from NHS England, along with the young person and their family, to identify packages of support that will maintain a young person at home or elsewhere in the community and avoid an admission to hospital. If an admission is necessary, then the CETR recommendations help to keep the admission as brief as possible.

Achievement: Low Number of Admissions

SW London has achieved a good record in maintaining low admissions for CYP with LD and/or ASD over the last two years. As a system we are committed to intervening early and effectively where children and young people with SEND experience emotional difficulties and emerging mental health needs, including 'severe challenging behaviour.' The relatively low rate of admissions has been achieved by our Place Based Teams working in an integrated way with colleagues in schools/special schools, Health/Therapy and Mental Health colleagues as well as colleagues from Local Authorities at a borough level.

The below table shows levels of admission of the TCP cohort of young people over that last three years and the trajectory going forward.

Year	2018/19	2019/20	2020/21
Total SWL Region (per 1 million population of 1.5 million)	25	19	15
London Regional Average (per 1 million population)	28	18	12

Reduced Length of Admission

In addition to reduced numbers of admissions, we have worked with partners to reduce the length of stay. For admissions that are necessary, we have worked to ensure they happened in a planned way to support de-escalation, assessments, and treatments in specialist inpatient settings and to allow a brief period in which professionals can put in place appropriate community provision to support effective discharge and reduce the risk of re-admission. Due to the relatively low numbers of admissions, average length of admission statistics significantly varies from year to year, with individual cases skewing the figures. The key process that we use to reduce admission and length of admission are Care Education and Treatment Reviews (CETRs). As part of this process Place-Based Transformation Managers organise follow-up professionals' meetings to ensure actions agreed at CETRs are met and that integrated care, education and treatment packages are put in place swiftly. Where delays persist, outstanding actions are quickly escalated to senior leaders within Local Authorities and other partner organisations.

Covid Support and Response

The SW London Covid response included borough teams working with Local Authority and SWLSTG colleagues (especially in CAMHS LD and CAMHS Tier 3 Teams) to identify the highest priority cases, where expanded monitoring and increased packages of support at home were needed. Covid was particularly difficult for CYP with LD and ASD for whom daily/weekly routine and familiar faces are a crucial part of their wellbeing and crisis avoidance. While some schools stayed open for vulnerable students, others closed because of lack of staff capacity. Additionally, some children's health vulnerabilities (or that of parents) meant that families had to isolate at home, in some cases refusing carer support that would usually be in place. As a result, there was an increase in challenging behaviours and crisis incidents, with emotional wellbeing deteriorating for many in the last 16 months. Consequently, requests for CETRs went up during this time.

Local health/mental health and social care colleagues stepped up monitoring of high risk and/or challenging young people. Local Authority colleagues increased respite and carer support packages for these high priority cases and local SW London CCG colleagues agreed specialist functional behaviour assessments recommended by external experts attending CETRs.

The overall outcome of our joined-up LD/ASD Covid response was to maintain low rates of admissions from our LD cohort on the Enhanced/Dynamic Risk Registers, but we also saw in some instances increased TCP admissions and length of admission for young people with (high functioning) ASD previously unknown to CAMHS, particularly young people in mainstream settings.

Challenge: High Cost Packages

High cost and multi-faceted packages of community support are needed to meet the nuanced needs of this cohort. This usually includes a mixture of specialist carer provision in the home, functional behavioural analysis, Positive Behaviour Support (PBS) training and ongoing PBS monitoring of the package, medication, aids and adaptations to the family home, respite care, special education provision, benefits, and carer support for family members. The cost of these packages can range from approximately £5,000 (for functional behavioural assessment and plan) to over £700k per year. These packages are funded jointly by health, education and social care (but how costs are divided varies depending on borough). The below table is an estimate of the typical costs of high-cost support for TCP young people when a package is put in place to avoid an admission:

Type of Package	Typical cost
<p>Very low cost package: brief assessment and re-focused multi-agency approach: Because of the current focus on 'high priority' cases, these are less likely to have CETR (but this may change with the introduction of the new Key Workers, which will increase capacity). Existing services (particularly education) and CAMHS LD Team are able to do the follow up work required. The CETR provides clarification and fresh impetus to work together to address the issues.</p>	£1k - 4.5k
<p>Low cost package: brief assessment and follow up intervention. 50% of all cases that come to CETR require a full functional analysis, positive behaviour support plan/strategies and a programme of follow up support and monitoring for existing staff and family members. This helps everybody to understand the behaviours and to break cycles of crisis. In these cases, family members have significant capacity and there is a network of support already in place. Sometimes new education provision is required, plus additional family support and crisis planning.</p>	£16k - £20k
<p>Medium cost package: three to six months of support & intervention: These cases arise for an estimated 25% of cases that come to CETR. These are more often where a young person has ASD but no LD and so work that might be done by a CAMHS LD Team isn't possible and Tier 3 CAMHS colleagues don't have the specialism to do follow up work with the family. They include initial functional assessment and follow up work, but also require ongoing support for wider professionals to address more nuanced and intransigent issues. Sometimes this can include referral to one of the National Specialist CAMHS services (such as OCD service).</p>	£30k - £45k
<p>High cost long term package of support: These packages occur 25% of the time for current 'high priority' cases that come for CETR. They include increased and tailored support from a wider range of health, education and social care services, full range of PBS ongoing support and RMNs/skilled carers working in the home at least some of the week and sometimes at weekends and nights.</p>	£60k - £350k

Support for Children with Severe Challenging Behaviour

Some young people with ASD and/or LD experience 'severe challenging behaviours.' SW London works with a range of partners to ensure appropriate support is available as early as possible. In most boroughs this support begins with an Autism Advisory Service, often within the Children with Disabilities (CWD) Team (also called 0-18 or 0-25 Teams).

Additionally, SW London CCG has commissioned a comprehensive program of BILD (British Institute of Learning Disabilities) Training for all SW London boroughs to start in autumn 2021. Over 150 operational managers and front-line staff, including pastoral leaders in schools and autism advisory team staff, will receive training in functional behavioural approaches. Training will be others at three levels:

1. **Awareness training day-** Bespoke training for operational managers & other professionals.
2. **Awareness Training half day-** Bespoke training for service managers and clinical managers
3. **Foundation for families-** Understanding behaviour that is concerning or challenging. Training for families and front-line professionals working with families on a daily basis

The BILD training and new Behaviour Analyst posts are part of a SW London approach to system change, with regards to how children and young people and their families are supported when they experience 'emerging challenging behaviours' or 'severe challenging behaviours'.

'Severe challenging behaviour' is now included in Children's Continuing Care (CCC) as the eight domains under which CYP can be referred for support. Where these are assessed as meeting the 'severe' and 'priority' criteria for packages of support then a full package of nursing and carer support in the home is put in place. A new central CCC Team has been set up in SW London that will ensure 'severe challenging behaviour' referrals are swiftly assessed, so that appropriate care and support can be put in place, where this is needed.

Key Worker Pilot

To help SW London improve the quality and scale of support for LD and/or ASD young people in crisis we are piloting a new Key Worker approach, funded by NHS England. The Key Worker pilot will initially

focus on Wandsworth and Sutton, where there are functional CAMHS LD Teams and where there are advanced discussions about the role of CAMHS Tier 3 supporting children with ASD who are in crisis and whose needs are deteriorating. Other SW London areas will be fast followers from April 2022, benefitting from the learning that has taken place. The pilot will focus on CYP on the Enhanced Care Register and their families, which will include an expanded number of young people given the additional capacity created by the pilot programme.

SW London Part of National Research and Good Practice Sharing Programme

Both of our Mental Health Trusts are participants in the new Mapping Services for Children with Learning Disabilities and Behaviours that Challenge (MELD) programme, led by Warwick University, SLAM and NHS England. Through SW London providers' active participation in this programme we are exploring models of good practice and comparable outcome measures.

Participation will enable SW London and partners nationally to better describe the current range of service models and options for caring for and treating children with learning disabilities and behaviours that challenge. This will contribute to the evidence base about community-based service provision for these children, which will inform developments in service provision across England.

At the end of the study, a report of the research results will be completed and sent to the National Institute of Health Research who are funding the study. Once the research study is complete, SW London will provide commissioners and staff with a summary of the results and learning will help influence service development.

Next Steps in Transforming Mental Health Services for children and young people with LD and/or ASD:

To drive further improvement in services for children and young people with LD and/or ASD, SW London CCG will prioritise the following:

- Establish step by step a consistent local LD psychology and positive behaviour support offer, which can access local CAMHS as well as specialist SW London LD CAMHS for consultation, assessment and treatment advice and support
- Review intensive support and crisis support service models for children and young people and young adults (0-25) with LD and/or ASD and decide with service users and partner agencies, which model(s) we want to implement in the next 12 to 18 months
- create opportunities in the ICS for a more integrated approach to swiftly agreeing comprehensive packages of care and treatment across a spectrum of need
- mobilise a new system of Key Worker support for children at risk of admission to hospital, ensuring packages are tailored to the individual needs of children

4.9. Timely access to Crisis Help (Urgent and Emergency Pathway)



The NHS Long Term Plan has set out a clear ambition for all ICSs: “There will be 24/7 mental health crisis provision for Children and Young People that combines crisis assessment, brief response and intensive home treatment functions by 2023/24”

Key components consisting of a combination of local and SW London-wide crisis provision for CYP were already in place when we last reported on the crisis provision:

- A nurse led CAMHS Emergency Care Service (ECS) providing mental health and risk assessments for CYP that are presenting in a mental health crisis, including deliberate self-harm, at A&Es in Kingston Hospital, St George's Hospital, St Helier Hospital or West Middlesex University Hospital, currently operating seven days per week 9.00am to 8.00pm. This service will also carry out initial mental health and risk assessments if young people need to be admitted to a Paediatric Ward following an overdose or other self-harm attempt requiring clinical observation and medical intervention
- Various crisis telephone numbers depending on where you live and from time of the day, i.e. during office hours, after office hours between 5.00pm and 11.00pm and an all age 24/7 crisis telephone number
- An Adolescent Outreach Team (AOT) for young people with more severe and complex mental health challenges, who are already known to local CAMHS and present with risks to self and/or others. The AOT is providing short to medium term interventions in addition to the specialist help provided by local CAMHS.
- CYP from Croydon can access a CAMHS Crisis Team, which also offers short to medium-term more intensive help including home visits and more regular access to telephone advice and help, when needed, for young people already known to local CAMHS.

What happened in response to the pandemic?

There has been a lot of work undertaken due to the pandemic to coalesce all crisis help into one offer across children and young people and adult mental health services, resulting in the SLAM and SWLSTG all-age 24/7 crisis lines (see below). Crisis services were also co-located in the Orchid Hub

Dedicated CAMHS support is provided through SLP from 5.00-11.00pm weekdays and 9.00am-10.00pm weekends for children and young people or a parent/carer concerned about their child's mental health. During office hours, children and young people or a parent can either contact their local CAMHS SPA or their care coordinator, if the child or young person has already been assessed by a CAMHS Team but is waiting for treatment to start.

Where are we now?

Both SWLSTG and SLAM offer 24/7 all-age crisis lines, which were set up during the pandemic, with dedicated out of hours CAMHS support weekdays from 5.00-11.00pm and weekends 9.00am-10.00pm through SLP, with further investment into the crisis services in 2021/22. The new investment into the SWLSTG CAMHS Emergency Care Service (CECS) this year will expand hours of operation to 9.00am-10.00pm every day.

Where do we want to be?

Work has begun to introduce the "dial 2" option to NHS 111 for mental health crises calls; however, we need services in place for CYP to be diverted to on these calls. We need to work with SLP, SWLSTG, SLAM and NHS111 colleagues to link together the various lines, ensuring they can provide timely mental health advice, care and initiate follow up help, if indicated.

Most of the crisis service developments have focused on improving consistency and timeliness of CAMHS and Adult Mental Health Crisis Provision across SW London. However, we are planning to jointly review with partner agencies and service users, how we can further improve intensive home treatment functions, particularly for those children and young people/young adults who may need specialist crisis interventions for longer rather than the brief responses or short-term support already in place.

Consequently, SW London will review best practice intensive support and/or crisis support service models for children and young people with LD and/or ASD and engage with partner agencies and

children and young people and their families to decide what intensive and crisis support model would be best for these young people with additional needs and challenges in crisis situations.

5. NHS Long Term Plan Ambitions for next three years

The Long Term Plan set out ‘fixed’ and ‘flexible’ deliverables. A ‘fixed’ deliverable is one whereby we must achieve it with little to no flexibility on how we achieve it: e.g. we must deliver waiting times for eating disorders services based on national standards. A ‘flexible’ deliverable is one whereby we must achieve it by the year indicated but the way in which we do so can be locally determined: e.g., developing a SW London model of what 0-25 services look like. ‘Targeted’ deliverables are ones where there will be a specific process for chosen areas to put together proposals to access funding to transform services: e.g., delivering MHSTs, which are in selected waves.

Fixed	Flexible	Targeted
<ul style="list-style-type: none"> Nationally, 345,000 additional children and young people aged 0-25 accessing NHS funded services [by 2023/24] (in addition to the FYFVMH commitment to have 70,000 additional children and young people accessing NHS Services by 2020/21) Achievement of 95% children and young people eating disorder standard in 2020/21 and maintaining its delivery thereafter 100% coverage of 24/7 crisis provision for children and young people which combine crisis assessment, brief response and intensive home treatment functions by 2023/24 (see also Mental Health Crisis] 	Comprehensive 0-25 support offer in all STPs/ICS' by 2023/24 [drawing from a menu of evidence-based approaches to be made available in 2020]	Mental Health Support Teams (MHSTs) to be between a quarter and a fifth of the country by 2023/24

Where are we now?

- CAMHS Transformation Plans have helped to deliver Future in Mind and the Mental Health Five Year Forward View over the last five years
- We have successfully achieved the access target increase from 25% to 35%, however we have the ambition to go further and will continue to invest both into preventive and early help services in schools, colleges and the community as well as expansion of core children and young people help, more help and crisis mental health services.
- The Eating Disorders service has consistently met the national waiting time standards for urgent and routine referral up to March 2020, but the recent surge in demand has clearly highlighted the need for additional investment in this specialist pathway
- The impact of COVID has dramatically changed the way services have been delivered: from face-to-face to digital and online assessments and treatment for the majority of referrals
- In response to COVID, a 24/7 all-age crisis pathway was established in April 2020 offering telephone triage and face-to-face urgent assessments in order to avoid hospital admission, but also provided the possibility for a short admission without delay, if this was necessary for the safety and stabilisation of the children and young people’s mental health condition.
- We have closer working relationships between the CCG and Local Authorities to support CYP with SEND/EHCPs with improved access to specialist LD CAMHS and an integrated therapy offer, including psychology and positive behavioural support

Where do we want to be?

- We need to use the additional CAMHS investment to deliver Long Term Plan ambitions, including a more integrated 0-25 mental service delivery model that works in close collaboration with partners in children and young adult services.
- We need to transform access to services, including a digital offer and early help in schools and colleges to continue meeting national targets
- We need to join up specialist pathways to move away from tiers and age cut-offs to offer children and young people and families more choice when individuals transition to adult services

- We need to re-establish the intensive treatment option for children and young people with eating disorders to prevent the need for inpatient treatment
- We need to establish a fully integrated children and young people crisis service across SW London that includes timely self-harm assessments and urgent crisis assessments as well as the capacity to deliver outreach and home treatment for children and young people and their families when they need it

Data Access and Outcomes

Where are we now?

- The current CAMHS performance reporting on waiting times and other key metrics offers delayed information showing past demand. This data is regularly reviewed by various local groups with accompanying 'demand challenges' narrative that does not fully describe the picture.
- Overall feedback from CYP and their parents/families being seen by one or more CAMHS practitioners is positive and recorded outcome data for around 25% of CYP indicates a positive service experience and improvement of symptoms

Where do we want to be?

- We need a more meaningful and consistent data collection across the whole age range 0-25.
- The way waiting times are reported needs to be in weeks and months; the current categories are not always helpful to get the full picture.
- Data needs to show the whole patient journey from access to assessment, start of treatment and outcomes after so many weeks or months.
- This data needs to inform patient choices as well as supporting planning under the CAMHS transformation programme.

6. Investment Plan 2021/22

The Government announced a Spending Review in 2020/21 as part of its response to the impact of the Coronavirus pandemic on the NHS. Nationally, £500m was identified for mental health services. This funding is linked to either specific pandemic recovery and/or bringing forward Long Term Plan ambitions. Including annual transformation funding allocations, the SW London system received £4.3m to support transformation of CYP MH services.

A high-level breakdown of the use of this funding is below:

Allocations

Service/Area	Transformation Funding £000s	Spending Review £000s	Total £000s
CYP Community & Crisis	£1,872 (**can include ED)	£1,257	£3,129
Development of 18-25 services	£559	£363	£922
Eating Disorders	***	£363	£363

Investments

Service/Borough	Transformation Funding	Spending Review
Croydon	<ul style="list-style-type: none"> • Self-harm outreach • Targeted interventions for frequent, complex A&E attendees • Expand Tier 2 early intervention & support offer • Expand pathways from CAMHS into specialist services • Pilot 18-25 services 	<ul style="list-style-type: none"> • Expand Eating Disorders support • Enhance crisis helpline • Enhance Single Point of Contact • Pilot Shared Lives model for those discharged from hospital
Kingston	LD PBS Support	<ul style="list-style-type: none"> • Develop 18-25 options • Transition worker
Merton	<ul style="list-style-type: none"> • 16-17 self-referral to CAMHS/MASH • Expand Off the Record capacity and extend to 25 • Transition worker 	

Richmond Sutton	LD PBS Support • Enhanced CBT • Set up CAMHS 0-5	Pilot Emotional Wellbeing Hub Enhanced Counselling
SWLSTG Services	• Enhance LD CAMHS • Eating Disorders service expansion • Expand support for implementing Thrive	Expand hours of operation for CAMHS Emergency Care Service
South London Partnership		Extend Crisis Line hours of operation

We have also used some of the all-age £2.4m Discharge funding to support expanded AOT ward in-reach.

7. Workforce Development

We are committed to developing a sustainable workforce with the appropriate skills mix to deliver a comprehensive and NICE-compliant range of services. Increasing the capacity of the workforce is at the heart of delivering the transformation plan but equally the workforce has the right skills to make a positive impact.

Where are we now?

- The CYP Mental Health workforce has grown over the last five years but requires additional investment to meet increasing demand
- Transformation funding has prioritised NHS services with the potential for voluntary sector and Local Authority services left unexplored: we need to look at how they can contribute to efficiencies and reducing waiting times
- LD psychology and functional behaviour assessment skills are in short supply and have been spot purchased across SW London previously
- In response to Covid, the whole CAMHS workforce has undergone a dramatic transformation in the way services are delivered

Where do we want to be?

- We need to explore more variety in the support offer: digital/online, crisis, etc. These will be an integral part of better-coordinated and integrated place-based services with more specialist pathways operating at a SW London level
- The future CAMHS workforce will need to combine different models including working flexibly or as part of two or more teams; help will need to be offered according to client needs and choices on accessing support.

8. Digitally enabled care pathways for 0-25 year old

Where are we now?

- We commission Kooth to offer online and text messaging support. Other organisations offer similar support (e.g., Off the Record and Croydon Drop-In.
- Some T2 services began offering online/digital support during Covid

Where do we want to be?

- We need to determine future arrangements for digital provision
- Explore additional digital options.

The impact of Covid on CYP MH services had an arguably positive impact in bringing forward digital technologies and the ability to deliver services remotely. While this is not always the best way of delivering treatment to individuals, it has no less offered the opportunity to review and assess what can be delivered remotely and what must be delivered face to face. SW London has just finalised its Digital Strategy and will be aligning the CYP MH programme to this work, to identify innovative digital

solutions and build upon the good work that has taken place in response to the dramatic shift during the pandemic.

9. Dependencies with other programmes

The CYP MH programme links with a wide range of programmes:

- Adult Mental Health Transformation Programme
- Digital programme
- Primary Care Transformation Programme
- Continuing Health Care services
- Quality and Safeguarding
- Personalised Care Programme
- Learning Disabilities Programme
- Urgent & Emergency Care Programme
- Workforce Programme

Appendices

More information relating to Section 4.1 (Prevention and Early Intervention)

MHST Coverage and Workforce across 6 SW London Boroughs:

Schools					
Kingston	Richmond	Croydon	Merton	Sutton	Wandsworth
Tolworth Girls' School & Sixth Form	Teddington School	St Mary's Catholic High School	Ursuline High	Greenshaw High School	Southfields Academy
The Holyfield School & Sixth Form Centre	Waldegrave School	Elmwood Infant School	Goring Park	Green Wrythe Primary School	Linden Lodge School
The Tiffin Girls' School	Turing House School	Winterbourne Junior Girls' School	Hollymount	Muschamp Primary School	Albermarle Primary School
Dysart School	Trafalgar Infant School	Royal Russell School	Holy Trinity CoE Links	Tweeddale Primary School	Allfarthing Primary School
Grand Avenue Primary & Nursery School	Trafalgar Junior School	Priory School	Sacred Heart RC School	Overton Grange School	Beatrix Potter Primary School
King Athelstan Primary School	St Elizabeth's Catholic RC Primary School	The Quest Academy	SS Peter & Paul RC	Culvers House Primary School	Earlsfield Primary School
Christ Church CE Primary School	Hampton Wick Infant & Nursery School	Norbury Manor Business and Enterprise College for Girls	St John Fisher RC	Avenue Primary Academy	Our Lady of Queen Heaven
Ellingham Primary School	Carlisle Infant School	Applegarth Academy	St Mary's RC	Wallington Primary School	Ronald Ross
Malden Manor Primary & Nursery School	Christ's School	St Mary's Catholic Infant School	St Thomas of Canterbury RC	Overton Grange School	Riversdale Primary School
Coombe Boys' School	Richmond Park Academy	The Crescent Primary School	Raynes Park High	Cheam High School	St Joseph's Primary School
Burlington Infant & Nursery School	Hampton High School	Meridian High School	Wimbledon College	Sherwood Park School	Sherringdale Primary School
Lovelace Primary School	Grey Court School	Gilbert Scott Primary School	Melrose school	Bandon Hill Primary School	Southmead Primary School
Richard Challoner School	Sheen Mount Primary School	West Thornton Primary School	Canterbury Harris Primary Academy (ARP)	Foresters Primary School	Swaffield Primary School
The Holy Cross School	The Russell School	Rockmount Primary School	Hartfield (ARP)	Glenthorne High Secondary School	West Hill Primary School
Malden Oaks Pupil Referral Unit	East Sheen Primary School	Norbury Manor Primary School	West Wimbledon (ARP)	Oaks Park School	Burntwood School
King's Oak Primary School	Strathmore School	All Saints CofE Primary School	Cricknet Green	Carew Academy	St Anne's Primary School
Coombe Hill Infant School	Darrell Primary & Nursery School	The Minster Junior School	Perseid upper & lower	Eagle House School	Floreat Wandsworth Primary School
Coombe Hill Junior School	Lowther Primary School	Archbishop Tenison's CofE High School	Ricards Lodge High	The Link Primary School	St Faith's Primary School
Robin Hood Primary School	Hampton Hill Junior School	Thomas More Catholic School	Stanford (ARP)	The Link Secondary School	Wandle Valley School
Lime Tree Primary School	Orleans Park School	Whitehorse Manor Junior School	Eagle House	Wandle Valley School	St Michael's Primary School
Christ Church New Malden Primary School	Holy Trinity CE Primary School	Oasis Academy Arena			John Bosco School
Green Lane Primary & Nursery School		Chestnut Park Primary School			Ark Bolingbrook Academy
Saint Joseph's Catholic Nursery School		Winterbourne Boys' Academy			Harris Academy
		Broadmead Primary School			Battersea
		Woodside Primary School			Shaftsbury Park Primary School
		Beckmead School			Ark - John Archer Primary School
					Alderbrooke Primary School
					Wix Primary School
					Dolphin School
Colleges					
Kingston College	Richmond College	Croydon College	Merton College	South Thames Carshalton	South Thames College

School Mental Health Programme Website Links:

Mentally Healthy Schools

<https://www.mentallyhealthyschools.org.uk/>

Anna Freud Schools and Colleges

<https://www.annafreud.org/schools-and-colleges/5-steps-to-mental-health-and-wellbeing/>

Anna Freud Transforming the Workforce:

<https://www.annafreud.org/transforming-the-workforce/cyp-mh-workforce-development/childrens-wellbeing-practitioner-programme/>

Children's Wellbeing Practitioner (CWP) Programme:

The national CWP programme was established as a response to the target for offering an evidence based intervention to 70,000 more children and young people annually by 2020, by training up 1,700 new staff in evidence based treatments, outlined in [Implementing the Five Year Forward View for Mental Health](#)

The CWP Programme is a fantastic opportunity for services to create new trainee roles that:

- **Increase capacity by expanding the workforce** through creating a new sub-service with close links to local providers
- **Focus on prevention and early intervention** – diverting children and young people from specialist services through guided self-help for anxiety, low mood and common behavioural problems
- **Meet the gap in services**– increasing accessibility and seeing children and young people who might not meet the threshold for current services

There have been six cohorts of CWP training in London and the South East to date, with 397 CWPs (including current trainees) based in over 42 different services including NHS, Voluntary Sector and Local Authority. The CWP programme in London and the South East has produced some impressive outcomes for children and young people. You can find a thorough evaluation of the first year of the CWP programme [here](#)

What do CWPs do?

CWPs are trained to offer guided self-help to children, young people, and families with mild to moderate anxiety, low mood and common behavioural problems.

CWPs work in a variety of different settings including CAMHS, Local Authority and Voluntary Sector organisations. The work of CWPs is very varied as each service will be tailored to local need and provision but can include assessments, face to face sessions, telephone work, workshops, groups, and service user involvement activities.

Information for Prospective Students Funding for Cohort 7 of the CWP programme has been confirmed by Health Education England. If you are a prospective student, please [view our Postgraduate Studies](#) page to find the relevant information. Please sign up to our [mailing list](#) to be informed of developments and receive notification of advertised roles.

You can see a variety of different CWP service models here:

- CWP Booklet: Reflections from Year One
- CWP Booklet: Reflections from Year Two
- CWP Booklet: Reflections from Year Three
- CWP Booklet: Reflections from Year Four

More Information relating to section 4.2 (Improving Access to help and more specialist help)
LOCAL SYSTEM OF CARE (KINGSTON AND RICHMOND EXAMPLE)

The Local System of Care



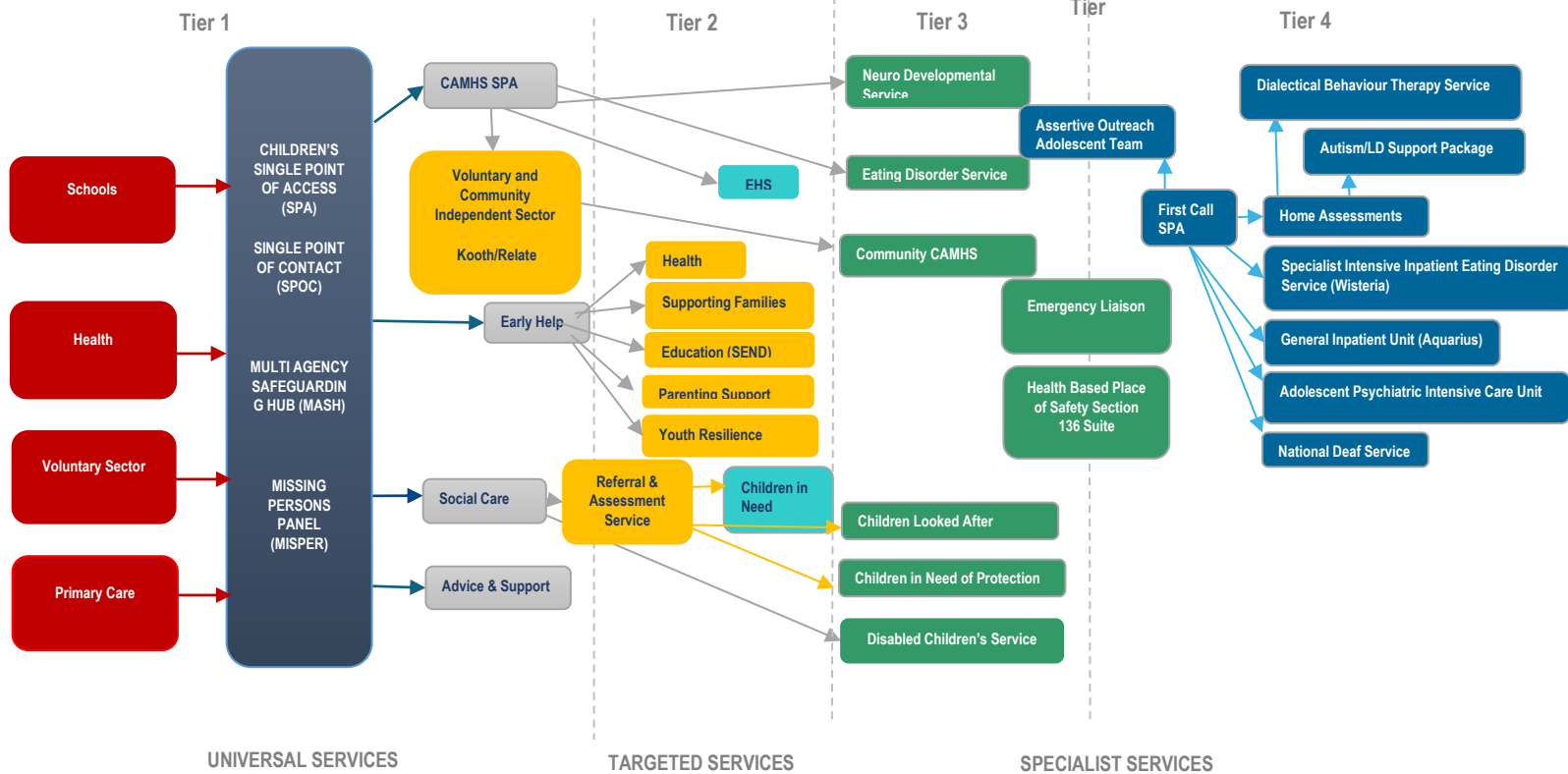
The Thrive Model

GETTING ADVICE
 Promoting MH and Wellbeing in Schools & Community

GETTING HELP

GETTING MORE

GETTING RISK



UNIVERSAL SERVICES

TARGETED SERVICES

SPECIALIST SERVICES



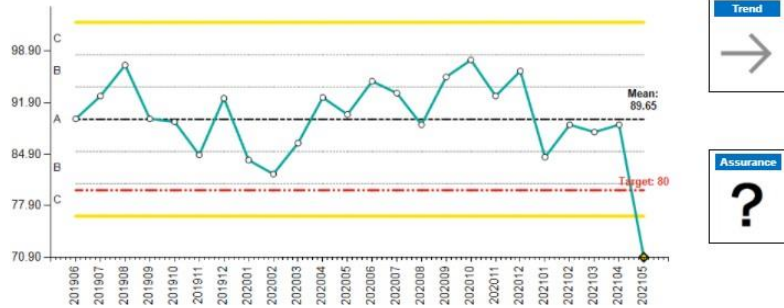
Tiered Model

Place based CAMHS Access information

Access To Children's Mental Health

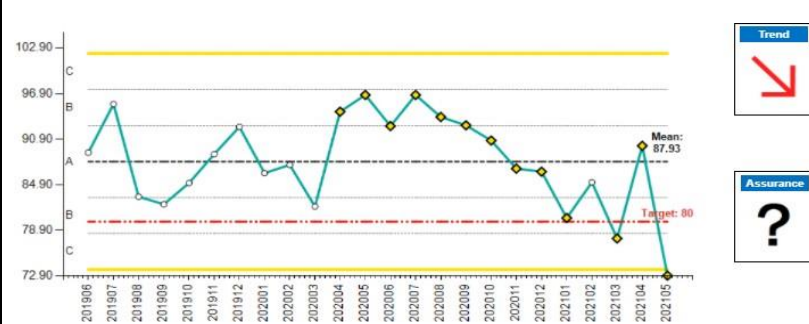
Access to CMHT within 28 days (Target >80%)

NHS Kingston; Access



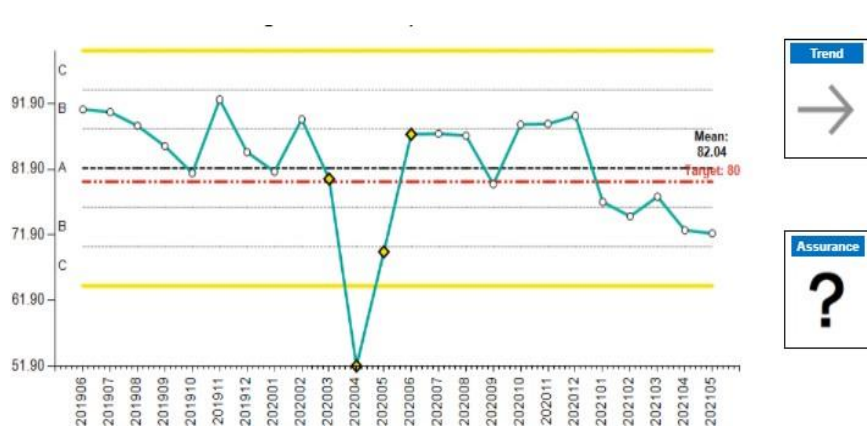
NHS Kingston: Mean performance is above target indicating target will consistently be met. May 2021 has seen a significant decrease with performance below lower control limit.

NHS Richmond; Access



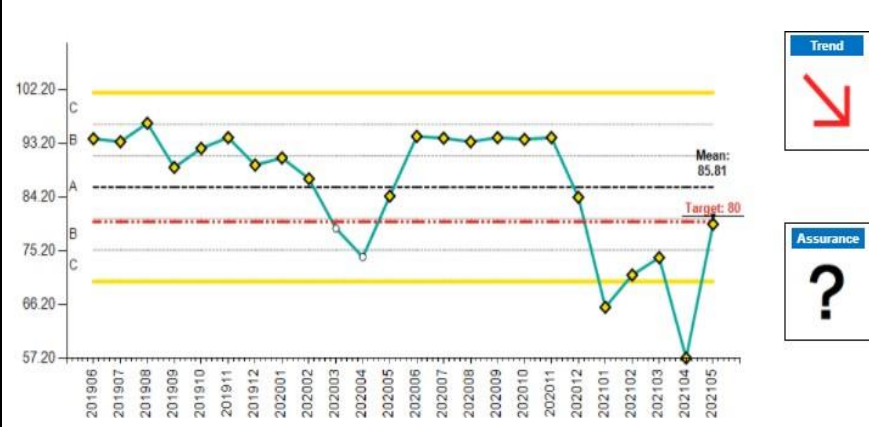
NHS Richmond: Mean performance is above target indicating target will consistently be met. Recent months have seen decrease in performance with May 2021 being below the lower control limit.

NHS Merton: Access



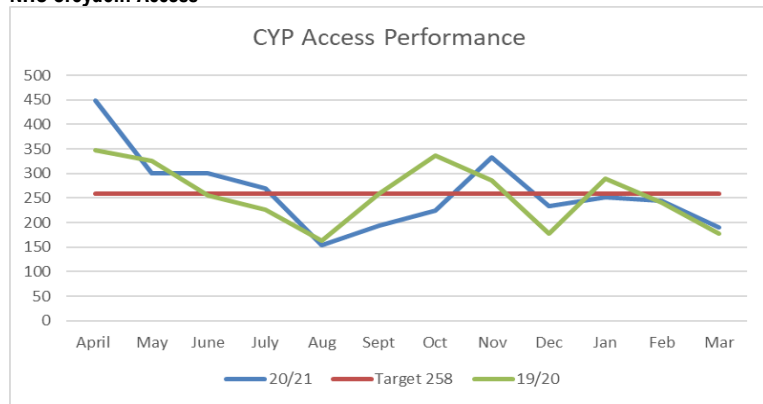
NHS Merton: Mean performance is above target indicating target will frequently be met. More recent months have seen decrease in performance.

NHS Wandsworth: Access

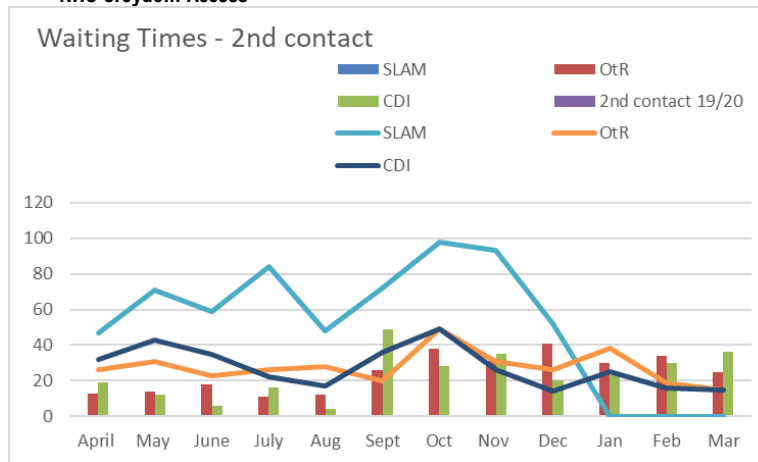


NHS Wandsworth: Mean performance is above target indicating target will frequently be met. More recent months have seen decrease in performance but improvement in May 21 is noted.

NHS Croydon: Access

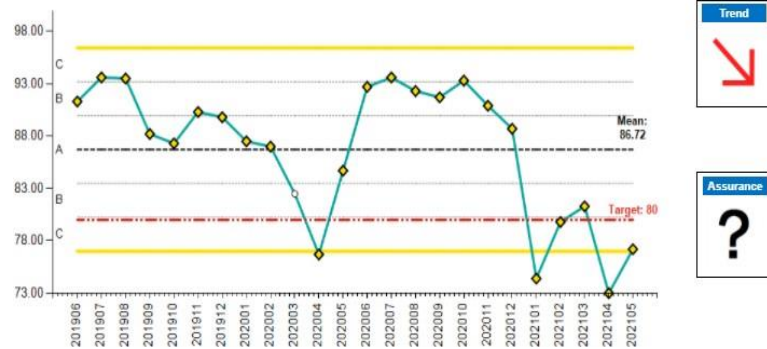


NHS Croydon: Access



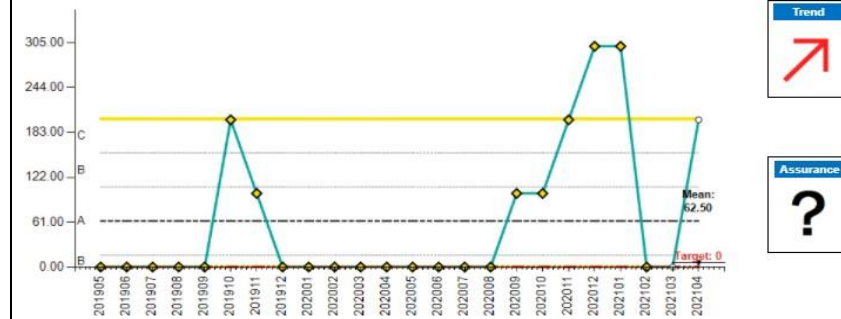
Waiting Times 20/21 average waiting time from assessment to first contact increased in Voluntary Sector provision to an average of **7 and 11 weeks** to second contact and access to treatment

Access



There has been a downturn in performance over last 5 months preceded by a period where target was consistently met.

Referral to Treatment (RTT) 52 week breaches (month in arrears) Target >92%



What the chart tells us:

Mean performance is just above target indicating that whilst the service will usually meet target there will be occasional breaches. (Excluding NHS Croydon)

Underlying issues that prevent us from consistently reaching the target: Merton CAMHS Tier 3: The breach relates to delay in completion of the diagnostic assessment by the CAMHS Neurodevelopment Team which was moved to Merton CAMHS Tier 3 pathway after 52 weeks. At the time of reporting the young person was still waiting (77 weeks) for their medication commencement appointment due to backlog in ADHD clinic as a result of insufficient medical staff. Under current processes it is inevitable that there will be more breaches.

More information/resources for young people self harming, what it is and what young people can do about it.
<https://headscape-swLondon.nhs.uk/headscape/>

More information relating to section 4.3 (Specialist pathways for CYP Eating Disorders)

More information/resources for young people with eating challenges and their parents/carers

Resources for Young People and Carers	https://mccaed.slam.nhs.uk/young-person-and-families/resources
BEAT	https://www.beateatingdisorders.org.uk/
For Professional Referrals	https://mccaed.slam.nhs.uk/professionals/make-a-referral/
Anna Freud Centre	https://www.annafreud.org/

More information to section 4.4 (Specialist Pathways for Neurodevelopmental Disorders)

Croydon NDT

The Croydon NDT review is summarised in the link below as one of the key transformation areas:

<https://democracy.croydon.gov.uk/mgConvert2PDF.aspx?ID=29979>

Wandsworth ASD early help service https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/service.page?id=Al_HjBh6JUJ&familychannel=0
[Wandsworth Autism Advisory Service \(WAAS\)](#)

ADHD Richmond [Welcome - home page - ADHD Richmond and Kingston](#)

More information relating to section 4.7.4 (Help for Children and Young People with LD)

Specialist LD CAMHS assessment may include any of the following:

- Functional assessment of Behaviour that challenges both at school and home
- School observation
- Home observations and relevant visits, where identified
- Mental state assessment (including ADD/Trauma)
- Understanding of SLT and OT input and strategies
- Outcome: A Formulation meeting with family and/ or network as appropriate will occur and recommendations will be discussed.
- The LD team will always summarise in a report a formal consultation and assessment including a formulation and agreed outcome/recommendations

Process of referral allocation, for consultations and full assessments

- All accepted referrals will remain open to K&R CAMHS T3 for Care Coordination/risk management. It will be K&R CAMHS responsibility to complete risk assessments, relevant KPI's and open and close cases accordingly
- Referrals will be taken to the weekly team meeting every Wednesday for discussion and case allocation. The Wandsworth CAMHS LD team will be responsible for notifying the referrer of the outcome and informing when they would be able to offer the consult/assessment.
- For consultations, it is the Care Coordinators responsibility to record this as a non-clinical note on IAPTUS. The Wandsworth CAMHS LD team will log the time spent doing consultations on dummy files and will refer to patient notes for more detail.
- For referrals accepted for the full assessment and formulation package, they will receive up to 5 days of consultation/assessment.
- The tier 3 service should obtain consent from the young person and family for consultations and assessments, which should be clearly recorded in the notes.
- The Wandsworth CAMHS Learning Disability Service will follow aspects of their established referral pathway with regards to allocation of designated staff member, engaging young person and their family, and information gathering.

More information relating to Section 8 (Digitally Enabled Care Pathways information)

Kooth www.koothplc.com/

Data and Insights <https://explore.kooth.com/wp-content/uploads/2021/05/Kooth-Pulse-2021-Report.pdf>

Fresh Thinking [The Thought Report | Fresh Thinking on Mental Health](#)



Brent, Wandsworth
and Westminster

SWL Suicide Prevention

Who are we?

Jodie Ferris

Suicide Prevention Coordinator (Communities)

Ana Djurdjevic

Suicide Prevention Coordinator (Children and Young People)

Helen Baly

Team Leader – Suicide Prevention Support Services (SPSS)

Suicide Postvention and Prevention Support Services (NW & SW London)



Brent, Wandsworth
and Westminster

Where do we work?

This service is available for those in the following boroughs:

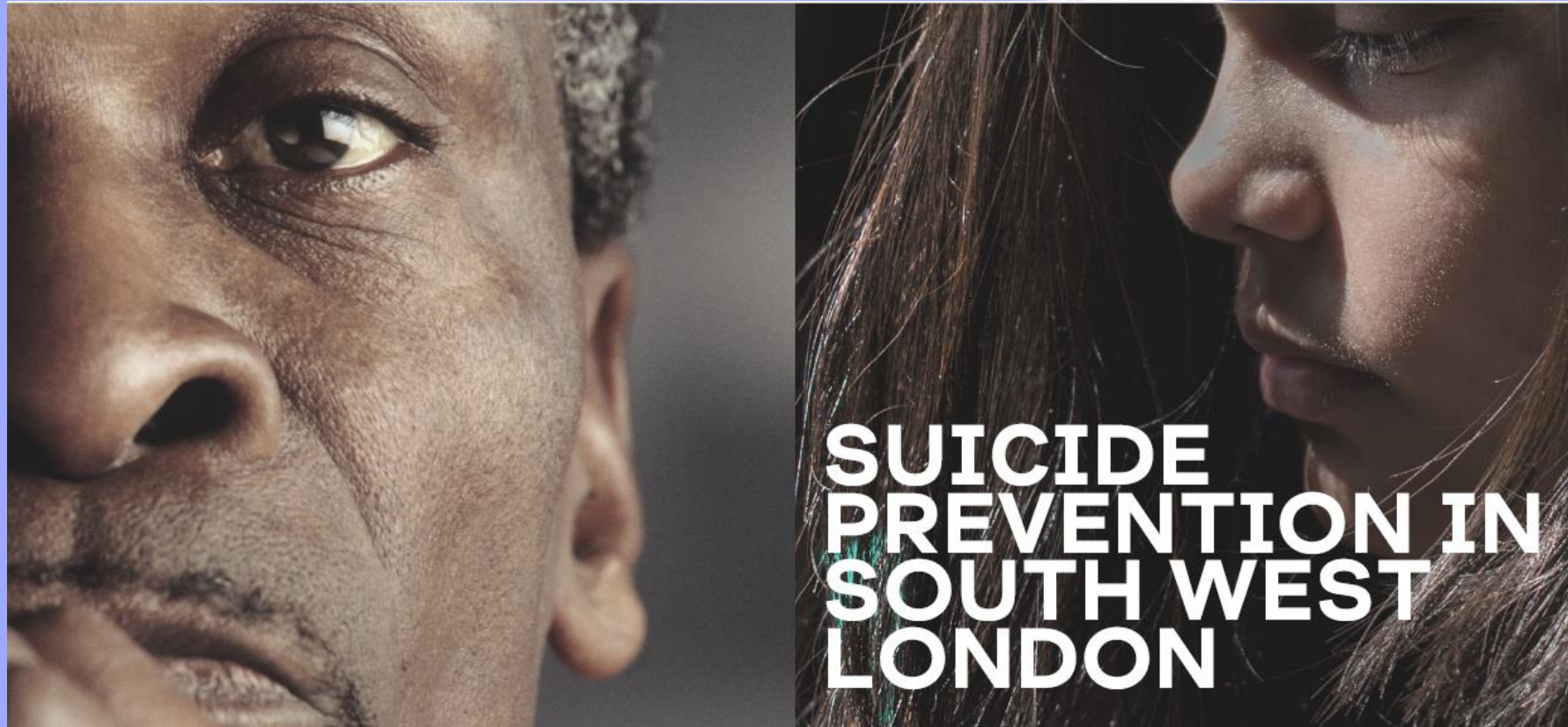
- Sutton
- Richmond
- Wandsworth



- Croydon
- Merton
- Kingston

Who do we support?

- 1) Children and Young People
- 2) Communities



Children and Young people

Focus on **educational settings**, including state funded, grammar and private schools.

Working closely with the population in these settings to ensure that they prevent suicides among children and young people.

Engaging with **non-MSHT schools** (school nurses/counsellors, teaching and non-teaching staff, pastoral teams etc.)

Train/upskill school staff so that they can support CYP who may be at risk of suicide, asking the challenging questions that can help prevent suicide plans being acted upon.

Communities

Focus on the **wider community**, including **middle aged men** as a higher risk group.

Working closely with organizations that come into contact with those who may be at risk, to prevent suicides amongst **adults**.

Engaging with employment agencies and job centres, homelessness and housing agencies, advice centres and drug and alcohol services.

Train/upskill staff and volunteers so that they can support anyone who may be at risk of suicide.

Recruiting **Suicide Prevention Champions** to build a network across the community.

What we do?

GUIDANCE – Mental health and suicide prevention awareness including the delivery of a 30-minute or one hour session. Learn to recognize the signs and initiate a conversation if you are worried about someone.

SIGNPOSTING – Providing relevant resources and information on local services including monthly updates. Stay informed of local services and effectively signpost.

CONTACT POINT – Connecting services and building a network of support. To support you to actively promote mental wellbeing and a conversation around suicide.



Guidance



Signposting



Contact
point

Suicide Prevention Awareness session

- 30-minute up to 1 hour
- In-person or via Zoom
- Flexible dates



Content of sessions

- What is suicide, values and attitudes around suicide
- Myths and truths about suicide
- Warning signs of those at risk of suicide
- Initiating conversations about suicide
- Trauma and suicide
- Risks of suicide, including risks associated with Covid-19
- Training opportunities including Zero Suicide Alliance Training
- Signposting and awareness of local services
- Looking after yourself and conversation about boundaries

Suicide Prevention Champion Role

- Being aware of and able to recognize the signs if someone needs help
- Initiating conversations if they are worried about someone
- Staying informed of local services so they can signpost those they come into contact to relevant services
- Actively promoting mental wellbeing and attending relevant training
- Supporting the delivery of suicide prevention and wellbeing activities within their organisation
- Networking with other Suicide Prevention Champions



Available Training

- [Zero Suicide Alliance Training](#), free, 20-minute suicide prevention training.
- [Papyrus, Prevention of Young Suicide](#), SP-AEK training offer for school staff and Suicide Prevention Champions.

Suicide Bereavement Support

- The service is a single point of contact providing practical support to individuals, families and others bereaved and affected by suicide.
- It can also refer on to other appropriate services. Referrals are initially received from the Police via The Thrive Hub database.
- Working across 6 boroughs in the South West of London and 8 across North West London.
- The service has two Suicide Postvention Officers in NW London and one officer in SW London.



Contact details

- **Postvention:**

Caroline Luisis, Suicide Bereavement Liaison, South West London
cluisis@bwwmind.org.uk

Samuel Davies, Suicide Bereavement Liaison, North West London:
sdavies@bwwmind.org.uk

Alexis Watkins, Suicide Bereavement Liaison, North West London
awatkins@bwwmind.org.uk

- **Prevention:**

Ana Djurdjevic, Suicide Prevention Coordinator (Children and Young People)
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Jodie Ferris, Suicide Prevention Coordinator (Communities)
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Helen Baly, Team Leader – Suicide Postvention and Prevention Support Services (NW & SW London)
hbaly@bwwmind.org.uk



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