



South West London
Clinical Commissioning Group



THRIVING IN MERTON

Merton Child and Adolescent
Mental Health (CAMHS)
and Emotional Wellbeing
Strategy 2020-2023



GLOSSARY OF TERMS

A&E	Accidents and Emergency
ACE	Adverse Childhood Experience
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CAMH	Child and Adolescent Mental Health
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CETR	Care, Education and Treatment Review
CWP	Children's Wellbeing Practitioners
CYP	Children and Young People
EHCP	Education, Health and Care Plans
ESAs	Emotion literacy support assistant
EWP	Emotional Wellbeing Practitioners
IFR	Individual Funding Requests
LA	Local Authority
NHS	National Health Service
PBS	Positive Behaviour Support
S117	Section 117
SEND	Special Educational Needs and Disability
SPA	Single Point of Access
STP	Sustainability and Transformation Plan
SWL	South West London

USEFUL LINKS

Merton SEND strategy 2020-23

<https://www.merton.gov.uk/Documents/Merton%20SEND%20Strategy%202020-23%20final.pdf>

Merton Suicide Prevention Framework 2018-2023

<https://democracy.merton.gov.uk/documents/s25559/6.Suicide%20Prevention%20Framework%20Annexe.pdf>

Five ways to Wellbeing

https://neweconomics.org/uploads/files/d80eba95560c09605d_uzm6b1n6a.pdf

Merton Public and Patient Engagement Report

<https://www.mertonccg.nhs.uk/News-Publications/Documents/2019%20Patient%20and%20Public%20Involvement%20Annual%20Report%20.pdf>

The Merton Story 2019

<https://www.merton.gov.uk/assets/Documents/The%20Merton%20Story%202019.pdf>

Merton Joint Strategic Needs Assessment

<https://www.merton.gov.uk/healthy-living/publichealth/jsna/joint-strategic-needs-assessment-public-health>

Merton Autism Strategy

<https://www.mertonccg.nhs.uk/News-Publications/News/Pages/Merton-Autism-Strategy-2018-2023.aspx>



Contents

Foreword	3
What is mental health and wellbeing?	4
What have Merton's Young People and Families told us about mental health and emotional wellbeing?	5
Our vision and priorities	6
Underlying principles	7
National context	8
Local context	10
Introducing Thrive to Merton	11
Local need	12
Risk factors for poor mental health or emotional wellbeing	14
Prevention, promoting resilience and early help	16
Improving access to effective support	18
Care for the most vulnerable	20
Commissioning, partnership and governance	22



Foreword

“We want children and young people in Merton to enjoy good mental health and emotional wellbeing and be able to achieve their ambitions and goals through being resilient and confident.”

Welcome to our Child and Adolescent Mental Health (CAMH) and Emotional Wellbeing Strategy (2020-2023) for Merton. This document highlights some of the key achievements over the last few years and our intentions for the next.

We are committed to ensuring that children, young people and families in Merton can access the right intervention, in the right place, at the right time and with the right outcome.

We want to continue to establish high quality services that are focussed on individual needs, prevention, early detection and early help when issues first arise.

We are committed to ensure that we have a range of services available that make a real difference to children and young people (CYP) with established or complex problems.

The key to achieving our ambition relies on partnership working:

- Partnership working between health care services, education, social care and community and voluntary sector organisations
- And importantly, working in partnership with children, young people and families across all areas of life.

This strategy has been informed by national guidance (see *national context*) at a time of Children and Young People's Emotional Wellbeing and Mental Health Transformation across England. We have also drawn on our local

Joint Strategic Needs Assessment/Merton Story and the views of our service providers and services users, to help shape the way forward.

At the time of writing the strategy, the CAMHS partnership have launched, and are continuing to implement the i-Thrive model for the organisation and delivery of mental health and wellbeing services in Merton.

This model places greater emphasis on how to help young people and communities build on their own strengths, with professionals working holistically on the need of the child or young person, rather than on their diagnosis.

We are also focused on finding different ways of working and developing new and innovative solutions for CYP and families. We will learn from the successes of our Trailblazer pilot work (elaborated on in this document) and how this is beginning to change the mental health landscape and may require us to procure a different balance of services in the coming years.

Following the publication of this strategy, an action plan will be developed to provide further details of plans and timelines.

Dr Andrew Murray
Clinical Chair, South West London Clinical Commissioning Group

Rachael Wardell
Director of Children, Schools and Families, London Borough of Merton

What is mental health and emotional wellbeing?

According to the World Health Organisation, mental health is a 'state of wellbeing in which the individual realises his or her own abilities, can cope with usual stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community'.

Emotional wellbeing is a 'positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'.



What does wellbeing mean to children and young people?

- Connecting with people / relationships
- Quality of environment (home, school, local area)
- Being active
- Learning and achieving
- Giving
- Being able to play or be creative

[SOURCE: www.youngpeopleshealth.org.uk]

What children and young people say we can do to support their wellbeing:

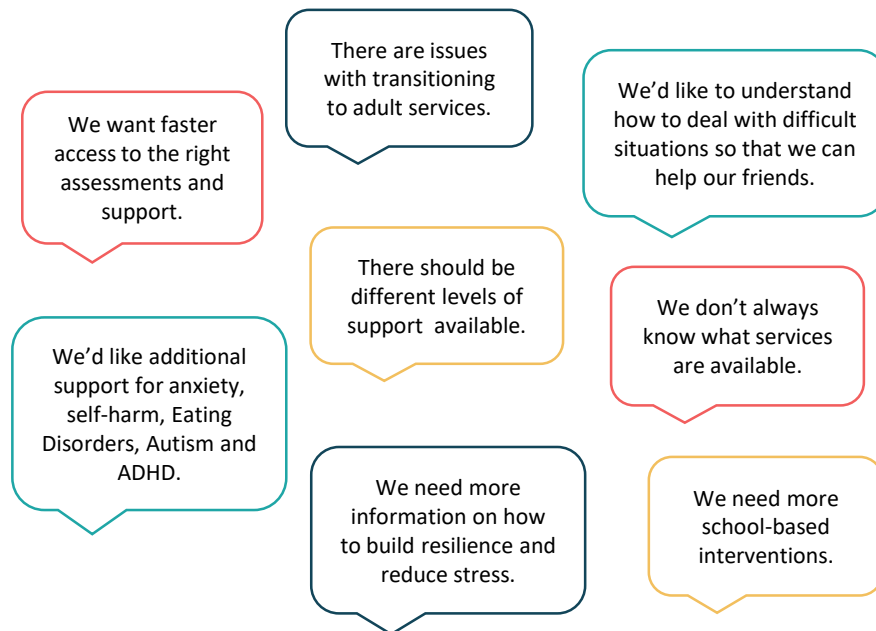
1. Treat us with respect
2. Make access easy
3. Have all the help in one place or show us where we can get help
4. A welcoming and age appropriate setting
5. Give support up to age 25
6. Skilled workers who take us seriously
7. Involve us in decision making

FIVE WAYS TO WELLBEING: Developed by the New Economics Foundations, the Five Ways to Wellbeing are a set of evidence-based strategies that can improve the mental health and emotional wellbeing of a population.

What have Merton's Young People and families told us about mental health and emotional wellbeing

We are committed to listen to CYP and families to better understand their views, experiences and needs. Over the last few years a number of engagement, listening and co-design activities have taken place.

For example, engagement around the Trailblazer Project helped us understand how CYP experiences mental health and wellbeing within the school context. You can read more about specific engagement activities in [Merton CCG's Annual patient and Public Engagement report](#).



THE FIVE WAYS TO WELLBEING:

1. **Connect** with those around you
2. **Be active** - move your body in a way you enjoy
3. **Take notice** of inner and outer experiences
4. **Keep learning** – enjoy a challenge and achieving something new
5. **Give** – do something nice for someone

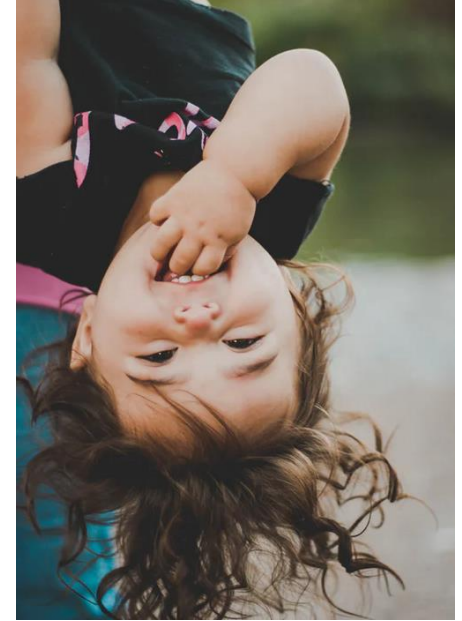
Our vision and priorities

Our overall vision is for children and young people in Merton to enjoy good mental health and emotional wellbeing and to be able to achieve their ambitions and goals through being resilient and confident. Our priorities are aligned to the Thrive model of CAMHS provision.



Underlying principles

- Work together to improve public awareness and reduce stigma associated with mental health;
- Educate partners across the system to ensure an “every contact counts” approach;
- Focusing our efforts on the areas that we know can make a significant difference such as in the early years;
- Treat each individual as a whole person considering both mental and physical health and their social circumstances, delivering services in partnership to ensure the wider needs of the young person are met;
- Actively listen to the voice of children and young people and involve them and parents/carers in the shaping of our services;
- Ensure children or young people have the opportunity to set their own treatment goals and that services and interventions are always outcome focused;
- ‘Ensure Think family’ is embedded in everything we do
- Use best practice and evidence informed advice, support and interventions, with the best balance of services to respond to identified need;
- Develop a pathways approach to ensuring children and young people can access the right service at the right time.;
- Deliver a flexible service that meets the needs of children and young people and will be pro-active in engaging them;
- Ensure our commissioned services are of good quality and provide value-for-money;
- Share statistical data to ensure a shared understanding of the mental health needs of our population;
- Ensure services are accessible to particular groups known to have higher prevalence of mental health issues (for example children in our care, young carers);
- Ensure CYP IAPT Principles are embedded in our psychological services.



National context

A number of key national strategies, policy documents, and programmes have shaped our local CAMHS transformation over the last decade, as well as the priorities going forward:

- Two seminal papers, **The Future in Mind report** and the **NHS Five-Year Forward View for Mental Health**, were published in 2015 and 2016 respectively and called for major transformation of CYP emotional wellbeing and mental health services, specifically: promoting resilience, prevention, and early intervention, improving access to effective support, care for the most vulnerable, accountability and transparency, developing the workforce, and partnership working;
- To put into action the recommendations put forward in these papers, a national programme of **CAMHS Transformation** was launched in 2015, providing additional funds for local areas to invest in developing the CAMHS workforce, developing local services and giving more CYP access to services. Merton has submitted yearly transformation plans in line with these priorities, and as we go into the last year of this programme we are meeting and exceeding targets;
- The **Green Paper on Transforming Children and Young People's mental Health** was published in 2017 to build on ongoing transformation work. It calls for designated mental health leads across all schools, local mental health support teams for mild-moderate issues that links with schools and specialist services, and



reduced waiting time for CYP requiring specialist help;

- To deliver against the Green Paper **The Link Programme** was launched in 2018 to connect local schools and CAMHS providers and pool understanding and resources. Merton was one of the first areas to pilot the roll out of this programme.
- A national **Trailblazer** programme was also launched in December 2018 to roll out Mental Health Support Teams (MHST's) across local areas. MHSTs can provide early intervention on some mental health and emotional wellbeing issues, help staff to provide a 'whole school approach' to mental

health and wellbeing, and act as a link between local children and young people's mental health services.

- As part of the national trailblazer national initiative, an **Empowering Parents Empowering Communities** programme was also launched to improve parenting, child outcomes and family resilience.
- **New Models of Care (2017 onwards)** is a national programme transforming the provision and management of Tier 4 CAMHS services. Merton falls into one of the areas where this programme is being developed and will benefit from an Psychiatric Intensive Care Unit and investment in out of hospital care pathways for CYP requiring Risk Support.
- In 2011 a **CYP Improving Access to Psychological Therapies (IAPT) programme**

was launched to develop the CAMHS workforce and the provision of evidence-based practice. Merton has taken part in this programme over the years and we have a number of staff trained and delivering IAPT programmes.

- In January 2019 **The NHS Long Term Plan** was published, outlining plans and priorities for the next decade, including plans for children's mental health. There is a commitment for further investment, continuing to improve access through CAMHS, community services and support in schools, improving crisis care, expanding provision models to include the 18-25 age group, and improving services for CYP with complex needs.

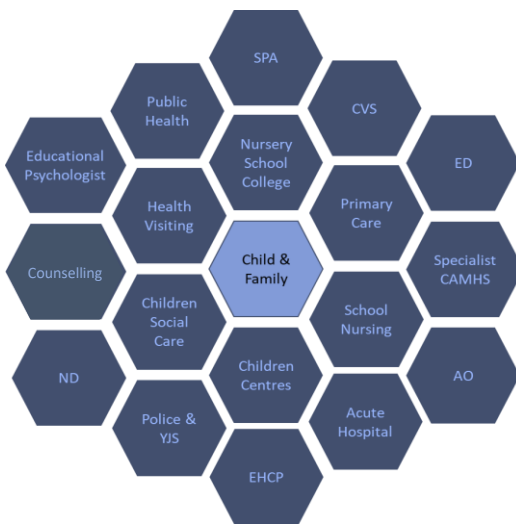


Local context

The following local and South West London-wide programmes and drivers are shaping our CAMHS landscape

In South West London an **Alliance commissioning model** is being implemented. From 1st April 2020, the six SWL CCG's (Merton, Wandsworth, Richmond, Kingston, Sutton, and Croydon) merged to become one SWL-wide CCG. This model of collaborative commissioning can utilise better models of care, improved pathways and economies of scale etc., although it will be prudent to stay responsive to local need and context.

The **Merton Health and Care Plan** published by Merton's Health and Care Together Board, sets out the plans to improve services through strong partnership working between providers and commissioners of health and care services in Merton.



In Merton there is a focus on a **'whole system approach'** where the emotional wellbeing and mental health of a child or young person is everyone's business, not just specialist CAMHS providers.

This includes a **'whole school approach'** to mental health and emotional wellbeing. School leadership, health and social care professionals have come together and are investing in training and support for young people, families and teachers, as well as new innovative digital solutions.

A **Merton Autism Strategy** was published in 2018 with key priorities and areas for CAMHS development to meet the needs in Merton.

The **Merton Suicide Prevention Framework** was also published in 2018 and sets out key areas of work including suicide awareness training for the workforce.

In 2019, as part of the national **Trailblazer Initiative** Merton introduced MHST's to a cluster of schools as a first wave. This is being expanded with subsequent waves being rolled out across Merton schools and colleges.

A new **Health and Wellbeing Strategy** was published in 2019 by Merton's Health and Wellbeing Board. The strategy aims to address self harm, anxiety, depression and stress to improve health and wellbeing.

A new **Merton's Children and Young People's plan** was also published in 2019, highlighting the key

issues that Merton CYP face in relation to health and wellbeing.

A remodel of Merton's **Early Help offer** is currently underway.

Merton's **Children's Trust Board, Health and Wellbeing Board, and CAMHS Partnership Board** continues to provide strategic oversight and direction in relation to Merton CYP's emotional health and wellbeing.

Introducing Thrive to Merton

- The THRIVE framework provides a mechanism to deliver a whole-system approach to improving outcomes and value for young people's mental health;
- The framework conceptualises need into five categories (see image)
- At its core Thrive has a shared decision making ethos which will require considerable multi-agency and disciplinary change;
- There will undoubtedly be a significant change programme to introduce the new framework and ensure that all stakeholders are clear on how they operate within it;
- Thrive has attracted a lot of positive interest across the UK and is being introduced in many other areas – which Merton can learn from.
- Thrive will not be introduced in isolation; we will be bringing in other initiatives at the same time (e.g. pilot School Mental Health Clusters) and we need to consider how these initiatives will impact on each other.



The benefits of Thrive

Support will be focused on the person and their needs, rather than on a diagnosis

CYP & families will be more resilient and will know when and where to seek help

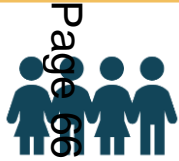
There will be opportunities to develop good emotional wellbeing sooner

There will be greater responsiveness and flexibility in the system

Local need

Data source: The Merton Story 2019

- In comparison to London and England, Merton is overall a **safe, healthy borough** with lower levels of deprivation, better health outcomes and educational attainment and good community assets.
- The population is **diverse and growing** with the number of CYP in the borough expected to rise notably over the coming years.
- The relative affluence of the borough masks significant **pockets of deprivation** and significant health and social inequalities that exist between the East and the West of the borough.
- The **East of the borough** typically has a younger, poorer and a more ethnically mixed population with higher unemployment rates, overcrowding, crime etc.



Merton has a **CYP population (0-24 years)** of approximately 62,916 and most of them are healthy and benefit from a good start in life. However, there are cohorts of CYP with more deprived circumstances and who face significant challenges and health inequalities.

Planning for an increase in population and demand:

There is a predicted increase of 4% in the CYP population over the next 5 years, with the biggest increase seen in the 10-14 years age bracket. This will have a knock-on effect on the demand for CAMHS services and the

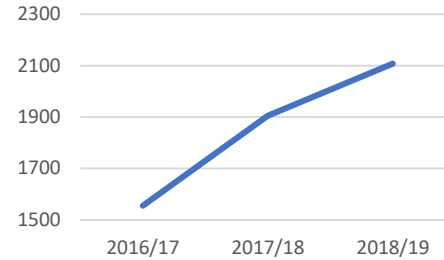


Demand for services for CYP with **Autism, ADHD or Special Educational Needs**

- 17% of pupils in Merton schools have a SEN support plan or Education Health and Care Plan and may require emotional and mental health support;
- The data is unclear as to the exact numbers of CYP with ASD or ADHD living in Merton. What we do know is that there is a high need for assessment of ASD and ADHD and that the current demand is outstripping our capacity. Less than half of CYP referred for neurodevelopmental assessment are seen within the 12 week target, and this will be a priority area going forward.

Data Source: Merton CAMHS reports

The CAMHS **Single Point of Access**, our front door into our CAMHS services, has seen a year on year increase in referrals:



This is likely due to increased need and recognition of need. The top four presenting problems at SPoA are:

- ☞ Behavioural problems
- ☞ Anxiety
- ☞ Emotional wellbeing
- ☞ ADHD Assessment

GP's are the main referrers into SPoA (around 50%), followed by education (around 30%).



Merton CAMHS SPA reports 2019/20

Prevalence of mental health conditions

A significant number of CYP face emotional wellbeing or mental health issues in Merton:

9%

of 5-16 year olds are estimated to have a diagnosable mental health condition

Among these CYP:

38% have an emotional disorder

60% have conduct disorders

16% have neurodevelopmental disorders

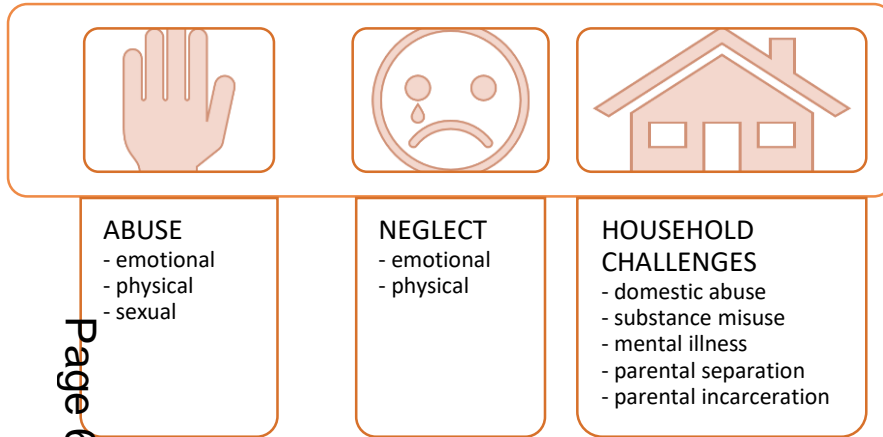
2843 young people ages 16-24 have an eating disorder;

And over **2600** have ADHD.

Data source: Merton JSNA

Risk factors for poor mental health or emotional wellbeing

The more adversity a child experiences, the more it is likely to impact on their mental and physical health. There are three direct and six indirect adverse childhood experiences (ACEs) that have a significant impact on children. Children exposed to four or more ACEs, may exhibit more risk-taking behaviours and experience poorer health outcomes. The ACEs are:

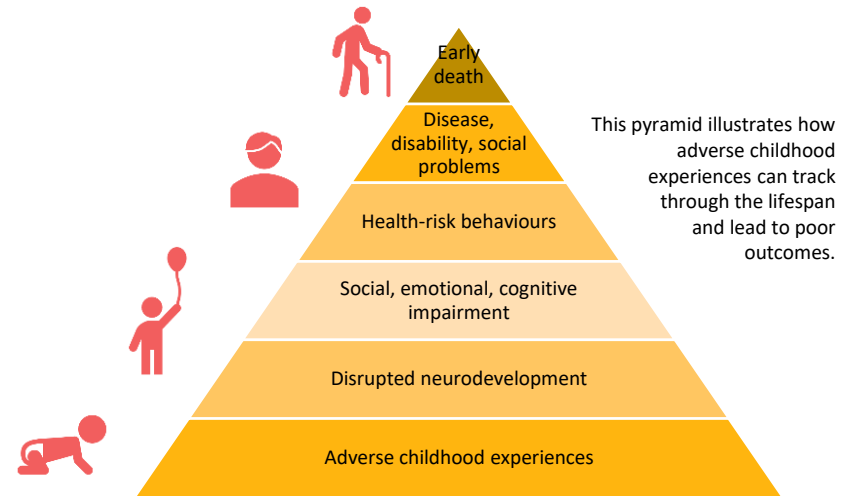


Nationally it is estimated that **67%** of people have at least one ACE and **one in every eight** children have four or more ACE's.

In Merton, approximately **139 children per 10,000** are 'children in need' due to abuse or neglect, and approximately **114 per 10,000** are children in need due to parental absence, family stress or dysfunction (2018 and 2017 data respectively). In addition, up to **17%** of CYP live in income deprived households. These CYP are particularly vulnerable to mental health disorders.

Prolonged traumatic stress alters neurodevelopment.

Prolonged traumatic stress alters the development of a child's brain, specifically the nervous system, hormonal system and immunological system. This predisposes the child to social, emotional and cognitive impairment, risky behaviour and consequently premature ill health (physically and mentally).



Data in the UK suggests that children or young people with four or more ACEs are:

- 2x** more likely to **binge-drink**
- 4.5x** more likely to develop **depression**
- 7x** more likely to be involved in **violence**
- 11x** more likely to use drugs or be **incarcerated**
- 14x** more likely to attempt **suicide**

Prevention and early intervention strategies are needed to mitigate the effect of ACE's and trauma for vulnerable children.

Prevention

- Healthy start in life
- Promote positive attachment
- Schools – resilience building

Early intervention

- Whole school mental health and emotional wellbeing approach
- Counselling
- Self-harm interventions

Mitigation

- CAMHS for vulnerable groups e.g. Youth offending team, children in our care, etc.
- Targeted interventions

Emotional Wellbeing and Mental Health services in Merton - Overview and Priorities

Prevention, promoting resilience and early help

SCHOOLS

What we've done and where we are now

- We have invested in various training programmes (Mental Health First Aid, Wishmore Cross training, etc.) to train mental health leads in schools and support schools in developing their mental health promotion plans;
- We have emotional wellbeing provision in schools such as Circle Time, Emotional Literacy Support Assistants (ELSA's), nurture groups and mindfulness interventions;
- CAMHS in schools is commissioned by 18 of our schools;
- There has been a sector-wide initiative to roll out the Whole School Approach. As part of this we have A) secured funding for Child Wellbeing Practitioners (CWP) to train to deliver early help interventions in a cluster of Merton schools; B) become a Trailblazer site for the roll out of the Government' Mental Health Support Teams in Schools and we now have an established support and Emotional Wellbeing Practitioners (EWP's) in approximately 16 of our schools in Merton, with plans to expand
- We have launched a forum to support the role of mental health leads in schools

Where we'd like to get to:

- We want to further expand the prevention and early help provision available in Merton schools, initially focusing on the East of the Borough and eventually expanding to all Merton maintained schools;
- We want to understand the impact of the Trailblazer and CWP project and how we can learn from this and expand;
- We want an informed and dynamic network of mental health leads in schools that actively work and learn together and are supported to promote their mental health and emotional wellbeing agenda;



What we will do:

- We will develop our forum for mental health leads in schools to provide ongoing support and networking opportunities to enhance our getting advice and getting help offers, utilising a 'whole school approach'
- We will continue to work with our Trailblazer schools to measure the impact of this project and further develop this mental health support intervention;
- We will introduce two new Trailblazer pilot school clusters in 2020: One for our SEND CYP and the other Pan SWL for one of our further educational institutes;
- We will explore an expansion of CWP's / EWP's to cover all schools

WORKFORCE

What we've done and where we are now:

We have built the capacity and capability of our wider workforce across all sectors, to promote emotional wellbeing and recognise and respond to mental health issues, through an ongoing programme of networking and training opportunities.

Where we'd like to get to:

We want to continue to invest in our wider CYP workforce to ensure they can promote emotional wellbeing and know when and how to help CYP or families when mental health issues arise.

What we will do:

- We will continue to provide training opportunities to our workforce;
- We will continue to host termly CAMH Network meetings and will explore ways to enhance learning through these meetings;

EARLY YEARS

What we've done and where we are now:

We have embedded a CAMHS primary mental health worker in Early Years focusing on strengthening bonding and attachment, and invested in parenting programmes. We have worked in partnership with our Health Visiting Teams, Children's Centres and colleagues in Early Years to ensure that prevention, getting advice and early help for emotional wellbeing and mental health is a key part of their offer to families.

Where we'd like to get to:

We want to ensure that our early Years CAMHS offer is aligned with the newly restructured Early Help offer and find new innovative ways of working.

What we will do:

We will re-assess our provision in Early Years and identify areas where we can grow. Continue to embed the EPEC programme into Early Years provision. Continue to promote the importance of early intervention and prevention in everything we do.



LOCAL OFFER

What we've done and where we are now:

We contributed to the development and promotion of the Young Merton Website, to ensure that our CAMH local offer is embedded on this platform and that children, young people, families and professionals can easily find what CAMH support is available.

Where we'd like to get to:

A clear and comprehensive SWL-wide digital local offer; a clear map for families to navigate our Neurodevelopmental pathway.



What we will do:

- We will work with our SWL colleagues to produce a comprehensive digital local offer for children, young people and families South West London;
- We will work with our providers, parents and young people to map out a clear neurodevelopmental assessment and support pathway.



Emotional Wellbeing and Mental Health services in Merton - Overview and Priorities

Improving access to effective support

SINGLE POINT OF ACCESS (SPA) AND CAMHS

What we've done and where we are now

- We introduced the SPA in 2015 as an effective gateway into local services. The SPA functions very well and routinely meets performance targets
- 80% of young people referred for treatment are seen within 8 weeks, and 84% within 12 weeks;
- 100% of treatment referrals were offered one or more face to face or telephone contact / service;
- We have worked with our SPA to ensure those CYP who are not brought to appointments are followed up so they do not 'slip through a gap';
- We have worked with our CAMHS team to improve the links into CAMHS via wider workforce learning, development and networking opportunities.



Where we'd like to get to:

- Although our SPA performs well, we want to have faster times from referral to the point of Treatment and to be resourced to manage the increase in referrals;
- We want Young People and families to be able to self-refer.

What we will do:

- We will review our current model against referral trends to ensure there is capacity for growing demand;
- We will explore ways to ensure referral to treatment targets are met and improved;
- We will pilot brief intervention work within the SPA, to provide support to families waiting for assessment or treatment, or where brief intervention work is an appropriate course of action for CYP and families.
- We will pilot and explore a self-referral pathways into the SPA.

NEURODEVELOPMENTAL PATHWAY

What we've done and where we are now:

- Merton continues to see a large number of referrals into the **neurodevelopmental assessment** service. Despite significant financial investment and efforts to redesign the pathway, the service continues to struggle with the current demand;
- We have expanded and improved the offer of pre-and post diagnosis support available through a range of parenting programmes, an Autism youth club, a peer support programme for parents, and an improved emotional wellbeing support offer;
- We supported the development of the Merton Autism Strategy and the CAMH Partnership take operational responsibility for the delivery of the Children and Young People aspects of the Action Plan;

Where we'd like to get to:

Children with ASD/ADHD have access to assessment services within the 12-week target, are better signposted to available support; and have a range of support options available.



What we will do:

We will engage and work with our partners to further develop our neurodevelopmental pathway, specifically exploring new ways to ensure faster access to diagnosis for CYP, more options for pre- and post-diagnosis support, and better signposting including linking the pathway with the SEND trailblazer cluster.

GETTING HELP



What we've done and where we are now:

- We have piloted and commissioned a Counselling Service for young people (11+) offering online and face to face support, and parent training, for issues such as anxiety, depression, self-harm, etc.
- We piloted the WISH project alongside the roll-out of the Multi-Agency Self Harm Protocol.
- Commissioned mental health support for those Children and Young People that have been victims of sexual assault, delivered by NSPCC;
- Invested in our Community Eating Disorder Services to ensure access and waiting time standards were improved, and we are working with partners on a revised service specification to increase capacity for growing demand and ensure a service that is fit for purpose.

Where we'd like to get to:

- We want a Getting Help counselling service with the resources to cope with any challenging demands post COVID
- We want to ensure CYP who self-harm can be supported in the best way possible
- We want to better understand the demand for and impact of our getting help / getting more help services
- A fit for purpose 0-25 Community Eating Disorder service that meets national access and waiting time standards;

What we will do:

- We will monitor our counselling provision to ensure that self-harm needs are met, and if needed explore alternative avenues;
- We will have access to key performance indicator (KPI) data from our providers to enable us understand service performance and evaluate impact;
- Agreement and implementation of new service specification;
- Explore options to expand the service to a 0-25 age group

Emotional Wellbeing and Mental Health services in Merton - Overview and Priorities

Care for the most vulnerable

CRISIS CARE



What we've done and where we are now

- We have improved our Hospital Liaison Service so that any Young Person in **crisis** that presents at A&E receive the right support in a timely way, and is followed up in local CAMHS services where needed;
- We have an adolescent outreach team providing intensive support to prevent young people needing hospital admission;
- We have a process in place to complete Care Education and Treatment Reviews to improve community interventions and support and prevent unnecessary hospitalisation of CYP;
- We've participated in piloting a SWL-wide crisis line;
- A joint Enhanced Care Register was set up between CCG, local authority and providers to monitor CYP who may be at risk of crisis and to ensure adequate provision of support.

Where we'd like to get to:

- We want to see a reduction in unnecessary hospital admissions and more CYP accessing flexible community based interventions;
- We want CYP, families and our workforce to know how to respond to crisis situations.

What we will do:

- We will work with our hospital liaison service to get better oversight of the pathways into and out of crisis;
- We will ensure our local offer has clear guidelines about what to do in crisis
- We will pilot a personal health budget offer for CYP under S117 and those working with the adolescent outreach team, as a new way to support CYP and prevent admissions/readmissions.

INTEGRATED TEAMS / VULNERABLE GROUPS

What we've done and where we are now:

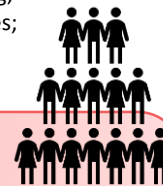
- Specialist Mental Health posts are commissioned by the CCG and local authority and are embedded in Special Schools, Youth Justice Service, Children in our care Service and Children's Social Care Teams;
- Enhanced delivery of the Liaison and Diversion Service for young people in the youth justice system and on the edge of offending behaviour;
- Systemic Therapy is embedded within Children's Social Care, to support the emotional well being and mental health of children in our care, Children on a Child Protection Plan and Children in Need;
- Contributed to the successful STP bid for Transformation funding for the development of Community Perinatal Mental Health Teams across South West London, delivering high-quality perinatal mental health care and support to those who are exhibiting signs and symptoms of mental ill health;
- Raised the profile of the 'Think Family' agenda via awareness and training campaigns to improve the recognition and response to parental mental health issues that may impact CYP emotional wellbeing or mental health;
- Embedded a health worker in our EHCP Team and are working with SEN colleagues to develop the CAMHS elements of EHCP's;
- Funded positive behaviour support packages through CAMHS IFR's
- Commissioned a training package for workforce and parents to learn the principles of PBS to better support parenting;
- Through an Employability Programme we have engaged with young people, especially those Not in Education, Employment or Training (NEET), to better understand their emotional wellbeing needs.
- We have reviewed nursing and therapy provision in special schools and are working towards increasing capacity.

Where we'd like to get to:

- We want to better understand the demand for and impact of our specialised services and the outcomes CYP and families are experiencing;
- We want a workforce that uses trauma-informed approaches;
- We want to be innovative in the way we support at risk groups, meeting them where they are at.

What we will do:

- Explore new innovative ways to support at risk groups;
- Train our workforce in trauma-informed approaches;
- Review our specialist CAMHS provision and increase capacity where needed;
- We continue to listen and create sustainable employment opportunities that also support young people's emotional wellbeing needs;
- Map the CAMHS contribution to the EHCP process as mandated;
- Explore options to employ a dedicated PBS worker as part of CAMHS



TRANSITIONS



What we've done and where we are now:

Commissioners attend the 'Preparation for Adulthood' Board that seeks to improve services and support for young people transitioning to adult services and we are currently looking at how we can best facilitate complex transitions.

Where we'd like to get to:

We want a clear pathway to ensure Young People transition seamlessly to Adult services when required.

What we will do:

- Continue to work with 'Preparation for Adulthood Board' and providers to ensure oversight of all young people approaching transition age.
- Explore options to expand more services to 0-25 age group.

CHILDREN IN OUR CARE



What we've done and where we are now:

We won a bid to become one of nine sites across England, piloting a new framework for assessing the mental health needs of children that come into the care system, and we've instilled a process to agree CAMHS funding for out of borough children in our care

Where we'd like to get to:

All children in our care are reviewed annually in terms of physical and mental health.

What we will do:

Work with children in care team to enhance close monitoring of CYP in our care

Emotional Wellbeing and Mental Health services in Merton - Overview and Priorities

Commissioning, partnership and governance

CAMHS PARTNERSHIP BOARD

What we've done and where we are now

- The multi-agency Board is well established with a core membership that includes representation from CAMHS commissioners, providers, social care, education, early years, youth justice, public health, schools, parents, and the community and voluntary sector;
- The Board meets quarterly and drives the CAMHS agenda;
- The Board reports directly to the Merton Children's Trust Board and the Health and Wellbeing Board in Merton;

Where we'd like to get to:

- We want to ensure that the Board continues to function effectively and delivers on this strategy.

What we will do:

- We will continue to ensure that the Board's terms of reference is robust
- We will regularly review membership and continue to ensure adequate representation
- We will ensure effective communication and that we impact mental health and emotional wellbeing initiatives up- and downstream .
- We will work together to ensure that we learn from serious incidents to ensure a partnership approach to safeguarding.

PARTNERSHIP WORK THROUGH I-THRIVE

What we've done and where we are now:

We have begun to explore the implementation of the i-Thrive framework in Merton through various briefings and engagement events;

Where we'd like to get to:

We want to fully implement the Thrive framework in Merton to ensure a more needs-led and person centred model of CAMHS provision and greater partnership work and shared decision-making across agencies working with CYP.

What we will do:

We will work via our Partnership Board to embed the i-Thrive principles in our provision and policies, and commission training sessions that create awareness and promote i-Thrive as part of our implementation plan.

COLLABORATIVE COMMISSIONING

What we've done and where we are now

- An integrated children's commissioning team has been established between Merton CCG and Local Authority Children, Schools and Families commissioners and Children's Public Health.
- As of 1 April 2020 Merton CCG will form part of the SWL Alliance of 6 CCG's. Although some aspects of CAMHS are already commissioned across SWL, this merger will bring more opportunities for collaborative work;
- We have made engagement with our stakeholders and CYP and families a key part of our commissioning projects and activities.

Where we'd like to get to:

- We would like to fully utilise collaborative commissioning opportunities, including SWL-wide, with the local authority, our providers, and with children, young people and families.
- There is a strategic intention to realign services into an integrated model of care across physical health, mental health and care in the coming years. This will require significant levels of commitment to new ways of working to provide joined up and personalised care.

What we will do:

- Further explore and build on integrated models of care;
- Continue to commission collaboratively with SWL colleagues to utilise economies of scale and better models of care where appropriate;
- Explore coproduction opportunities with children, young people, and families.

LISTENING TO CYP

What we've done and where we are now:

Through regular engagement meetings we have engaged with different groups of CYP e.g. schools, youth parliament, young inspectors, etc.

Where we'd like to get to:

We'd like to ensure that the voice of CYP and families isn't just heard, but that it is used to co-design and co-deliver the services and support that impacts CYP and families.

What we will do:

Continue to work with our participation and engagement teams and groups to explore opportunities for co-design and co-delivery of future services and support.





TALK TO US



South West London
Clinical Commissioning Group



South West London
Health & Care
Partnership



South West London and
St George's Mental Health
NHS Trust