

**Joint CCG and Bi-Borough Children and
Young People's Emotional Wellbeing and
Mental Health Plan**

2019 – 2020

Contents

Development of this Plan.....	3
Introduction	4
Our vision of good mental health and excellent services for all.....	5
Local area needs assessment – Quantitative data and qualitative feedback.....	7
The Thrive model	13
Our journey so far	14
Where we are now.....	16
Our Joint Strategic Priorities	29
Appendix 1 – What children, young people and parents/carers have told us	35
Appendix 2 – EWMH service budgets.....	38
Appendix 3 – EWMH commissioned service offer.....	40

Development of this Plan

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Drafts of the Plan have been shared with the following forums for review and input.

Forum	Type of engagement	Date of review
Children’s Senior Leadership Meeting (Bi-Borough)	In person and by email	17/06/19
Joint Commissioning Board	In person and by email	20/06/19
Bi-borough Preparing for Adulthood Strategic Meeting	In person and by email	27/06/19
Children and Families Act (CFA) Executive Board	In person and by email	08/07/19
Make it Happen (Westminster Parents Participation Group)	In person and paper copies shared	10/07/19
Early Years Strategy Meeting	By email	15/07/19
SEN Support Meeting	By email	15/07/19
WCC Early Help Partnership Board	In person and by email	22/07/19
Bi-borough Public Health	In person and by email	30/07/19
RBKC Youth and Early Help Strategic Implementation Board	In person and by email	19/08/19
The Lead Member for Adult Social Care and Public Health and Lead Member for Family and Children's Services	In person and by email	04/09/19
The Cabinet Member for Family Services and Public Health and the Cabinet Member for Economic Development, Education and Skills	In person and by email	24/09/19

This engagement has been supplemented with multiple conversations with stakeholders and engagement with young people.

The plan is scheduled for final ratification by the Bi-Borough Health and Wellbeing Board on 28 November 2019.

The Plan authors thank everyone who has inputted into this document.

Introduction

The Royal Borough of Kensington and Chelsea (RBKC), Westminster City Council (WCC), West London CCG and Central London CCG collectively share the ambition of all children and young people in our boroughs having good emotional wellbeing and mental health (EWMH). We believe that being mentally healthy is a core foundational need for children and young people to thrive and live happy and fulfilling lives. We will do all that we can as a partnership to deliver against this commitment, engaging with and drawing on the resources, assets and opportunities that are available in our areas.

This Plan is intended to be a practical document that sets out our shared ambition, current provision and key next steps to improve our offer over the next 18 months. It focuses on children and young person EWMH need in the 'coping' Thrive category and above.

At the level of need below this (the 'thriving' category) across both boroughs there is a strong wider service offer focused on delivering a universal wellbeing offer¹. These services contribute to population level wellbeing in its widest sense and play a key role in preventing poor EWMH – however they are beyond the scope of this Plan.

¹Services include Midwifery, Health Visiting, Healthy Early Years and Childrens Centres

Our vision of good mental health and excellent services for all

Our vision is that our children and young people have good mental health, are thriving and resilient, and when they need support, help and treatment they are able to easily access excellent services in the right place and at the right time.

Our shared vision for the EWMH of children and young people aligns with the strategic priorities of our Health and Wellbeing Board in Westminster to ‘improve mental health outcomes through prevention and self-management’² and in Kensington and Chelsea to ‘support good mental health for all’³. Our vision is reflected in our Local Area Children and Young People’s Mental Health and Wellbeing Strategy and Transformation Plans⁴. This vision further aligns with the priorities and approaches articulated in our Early Help⁵ and SEND⁷ Strategies in both boroughs and builds on areas of focus identified for RBKC in the Journey of Recovery: Supporting health & wellbeing for the communities impacted by the Grenfell Tower fire disaster⁹ and the Mental Health and Wellbeing Joint Strategic Needs Analysis¹⁰. It also aligns with the recently adopted Public Health approach to tackling Serious Youth Violence¹¹ and the recently launched Bi-Borough Children and Young People’s Plan which sets out the strategic direction for how both Councils will deliver their vision for children and young people over the next three years.¹²

Realising our vision will be driven by realising a number of key objectives:

- Putting the needs of children and young people at the heart of our commissioning and provision
- Ensuring mental health and wellbeing is everyone’s business through training, workforce development and by embedding mental health services across our local provision and in our communities
- Reducing the stigma around mental health for children and young people

²<https://www.westminster.gov.uk/sites/www.westminster.gov.uk/files/uploads/joint-he.pdf>

³https://www.rbkc.gov.uk/sites/default/files/atoms/files/Kensington%20and%20Chelsea%20Joint%20Health%20and%20Wellbeing%20Strategy%202016-21_.pdf

⁴Central London and West London Children and Young People’s Mental Health and Wellbeing Strategy and Transformation Plan Annexes

⁵<https://www.rbkc.gov.uk/pdf/Strategy%20for%20Early%20Help%20in%20RBKC.pdf>

⁶From Surviving to Thriving, it starts with us. Early Help Strategy (2019-2022)

⁷https://search3.openobjects.com/mediamanager/biborough/directory/files/send_strategy_wcc-2018-2022.pdf

⁸https://search3.openobjects.com/mediamanager/biborough/directory/files/send_strategy_rbkc-2018-2022.pdf

⁹<https://www.jsna.info/sites/default/files/Journey%20of%20Recovery%20Needs%20Assessment%20-%20Final.pdf>

¹⁰https://www.jsna.info/sites/default/files/Mental%20Health%20and%20Wellbeing%20JSNA%20Full%20Report_0.pdf

¹¹<https://committees.westminster.gov.uk/documents/g4914/Public%20reports%20pack%2003rd-Jul-2019%2016.00%20Health%20Wellbeing%20Board.pdf?T=10>

¹²Bi-Borough Children and Young People’s Plan 2019-2022

- Moving mental health towards parity of esteem with physical health through increased investment in children and young person EWMH
- A clear focus on prevention and intervention at an early age and stage for children and young people and young adults from 0 to 25
- Creating an easily accessible and seamless system without tiers where children and young people can get the help they need quickly wherever they seek it
- Where children and young people are in crisis or have urgent mental health needs putting in place services which genuinely support them

We are unashamedly ambitious in this vision. We recognise that how well we work as a partnership in delivering against this will go a long way to determining our success or failure. This is because EWMH is influenced by so many factors and impacts in so many areas, it doesn't abide by or align with service or organisational boundaries.

'Partnership work, so fundamental to complex wellbeing and health issues, is best driven by a common understanding of shared responsibility and shared outcomes.'

We will continue to foster a shared sense of responsibility and work together towards shared outcomes in this crucial area, making the best possible use of the collective resources that we have. We will explain what we want this to look like in practice in subsequent sections of this Plan.

Local area needs assessment – Quantitative data and qualitative feedback

Information on need

In terms of need we regard all those who under the Thrive¹³ definitions ‘getting more help’ or ‘getting risk support’ as having SEN and within the SEND population we appreciate that needs are on a spectrum from low to severe and complex. This Plan further addresses the mental health needs of all our children which will include those with low-moderate needs that are sub-diagnosable mental health issues and indeed, supporting those that are thriving and coping with psycho-educational awareness, anti-stigma and preventative support.

A lot of work has been undertaken to better understand the needs of children, young people, and young adults in relation to EWMH. This has included JSNAs produced by Bi-Borough Public Health focused on Mental Health and Wellbeing across all age ranges (with a specific section focused on Children and Young People)¹⁴ and focused on the health and wellbeing needs of young adults (age 18-25)¹⁵. In addition, the Anna Freud Centre and UCL Partners completed a needs assessment focused on EWMH in the Bi-Borough and Rethink Mental Illness undertook various service reviews.

Nationally

Building resilience and promoting good mental wellbeing in children and young people is critical. Research tells us that half of all mental health issues emerging before the age of 14 and three quarters by age 25¹⁶. Research undertaken nationally in 2017¹⁷ showed that:

- 1 in 8 (12.8 per cent) children and young people aged between five and 19 have a mental disorder
- Only one in four children and young people with a mental disorder are seen by a mental health specialist
- Over 400,000 children and young people are not getting any professional help at all
- One in six (16.9 per cent) 17 to 19-year-olds have a mental disorder, with one in 16 (6.4 per cent) experiencing more than one mental disorder at a time
- Females aged 17 to 19 are more than twice as likely as males of the same age to have a mental disorder
- One in 18 (5.5 per cent) preschool children have at least one mental disorder

¹³<https://www.annafreud.org/what-we-do/improving-help/thrive-framework/>

¹⁴https://www.jsna.info/sites/default/files/Mental%20Health%20and%20Wellbeing%20JSNA%20Full%20Report_0.pdf

¹⁵<https://www.jsna.info/sites/default/files/Young%20Adults%20JSNA%20RKBC%20WCC.pdf>

¹⁶https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

¹⁷<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

- NHSE surveys suggest that the prevalence of mental health conditions for CYP and young adults are increasing across all age groups

In addition, we know that:

- Up to 25 per cent of all children show signs of mental health problems before they reach adulthood¹⁸
- In an average classroom of thirty 15 year olds; 10 are likely to have watched their parents separate, seven are likely to have been bullied, six may be self-harming and one has experienced the death of a parent¹⁹
- 10 years is the average delay between a young person first showing symptoms of mental ill health and getting help²⁰
- One in five young women and one in 13 young men aged 16 to 24 self-harm²¹
- Suicide is the most common cause of death for people aged five to 19²²
- Only six per cent of the NHS budget is spent on mental health and only six per cent of the mental health budget is spent on CYP, despite them being 20 per cent of the population²³
- £105 billion is the estimated total cost of mental ill health in England per year²⁴

Locally

In 2018, 2,137 children and young people from Kensington and Chelsea and 3,416 children and young people from Westminster were estimated to have a mental, emotional or behavioural disorder.

Prevalence and socio-demographic factors²⁵

Looking at the relationship between the prevalence of any mental illness (mental, emotional, behavioural) among children and young people, and demographic factors and wider determinants, generally, the prevalence of all mental disorder (mental, emotional and behavioural) among five to 19-year-olds is higher:

- At ages 17 to 19 years compared to five to 10 years

¹⁸ <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people>

¹⁹ Public Health England: Promoting children and young people's emotional health and wellbeing

²⁰ Centre for Mental Health: Missed Opportunities report

²¹ [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30188-9/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30188-9/fulltext)

²² Public Health England: Health Profile for England 2017

²³ <https://www.hsj.co.uk/service-design/responding-to-the-danger-signs-of-camhs-in-trouble/7022849.article>

²⁴ MHFA England Impact Report 18/19

²⁵ Taken from:

https://www.jsna.info/sites/default/files/Mental%20Health%20and%20Wellbeing%20JSNA%20Full%20Report_0.pdf

- Among boys at ages five to 10 years and girls at 17 to 19 years
- In the White British population
- Among children with special educational needs and children with poor physical health
- Where parents have a mental health condition and where family functioning is unhealthy
- Where household income is low, benefits for income or disability are claimed
- In areas of deprivation

Prevalence and risk factors²⁶

Prevalence

Emotional disorders are the most common mental illnesses, of which anxiety disorders are the most common. Emotional disorders are more common in girls compared to boys while behavioural disorders are more common in boys.

Risk factors

Risk factors for child mental illness are divided into four areas: child, family, school and community.

Child level

- There is a clear contrast between the child level risk factors between boroughs: in general, children in Kensington and Chelsea demonstrate lower rates of child level risk factors compared to London, while children in Westminster experience higher rates
- Exceptions include the rate of Learning Disabilities, children aged 15 years with a diagnosed illness, disability or medical condition, GCSE performance and looked after children's average difficulties score – both boroughs perform better than London on these indicators, but both boroughs perform worse than the London average on school readiness

Family

- Rates of looked after children and children subject to a child protection plan are lower than the London average in both boroughs. However, in Kensington and Chelsea, the percentage of children subject to repeat child protection plan is higher than the London average
- Both boroughs have lower rates of children in need and looked after children for abuse or neglect compared to London. However, both boroughs also have higher

²⁶Taken from:

https://www.jsna.info/sites/default/files/Mental%20Health%20and%20Wellbeing%20JSNA%20Full%20Report_0.pdf

rates of children in need due to family stress, family dysfunction or absent parenting and children in need due to parental disability or illness compared to London. Westminster, also has a higher rate of looked after children for family stress, family dysfunction or absent parenting

- Both boroughs have higher rates of children in need due to parental disability or illness, however rates of children and young people providing care were lower than the London average in 2011

School

- Both boroughs have higher rates of secondary school fixed period exclusions and school absences compared to the London average. In addition, Kensington and Chelsea is shown to have higher rates of bullying at age 15
- Generally, both boroughs have lower rates of risky behaviour at age 15 compared to the London average. The exception is Kensington and Chelsea which has a higher rate of current smokers at age 15 and higher rates of alcohol specific hospital admissions among under 18's, compared to London
- Rates of children and young people in the youth justice system are lower than the London average in both boroughs. However, youth reoffending rates in Kensington and Chelsea are above the London average (however, it should be noted that rates of first-time entry to the youth offending service are lower and this distorts the re-offending rate as the per cent is much higher; when exploring this further the actual cohort is lower than in previous years)

Community

- Both boroughs have a higher percentage of children aged under 16 and under 20 years living in poverty and children receiving free school meals compared to the London average
- Both boroughs have lower rates of family homelessness

In addition, children and young people impacted by substance misuse are likely to have poorer mental health than their peers as there is a correlation between alcohol/substance use and mental health. We know that some young people are more at risk of substance misuse. For example, Children who have experienced four or more Adverse Childhood Experiences (ACEs) – like abuse, neglect or domestic violence – are twice as likely to binge drink and 11 times more likely to use crack cocaine or heroin.²⁷ Substance misuse among young people can be a sign that young people are self-medicating as a way of coping with trauma.²⁸ Rates of hospital admission for substance misuse among young people in Kensington and Chelsea are higher than the London average, while in Westminster they are lower than the London average.²⁹

²⁷<https://youngminds.org.uk/media/1547/ym-addaction-briefing.pdf>

²⁸<https://youngminds.org.uk/media/1547/ym-addaction-briefing.pdf>

²⁹https://www.jsna.info/sites/default/files/Mental%20Health%20and%20Wellbeing%20JSNA%20Full%20Report_0.pdf

Unaccompanied asylum-seeking children (UASC) are likely to present with complex EWMH issues linked to factors such as trauma and absence from their family. UASC arrive needing support immediately but with their history and needs completely unknown by support services at presentation.

What children, young people and parents/carers have told us

Over the last couple of years, we have engaged extensively with children, young people and their parents/carers to better understand what they want and need to effectively support their EWMH. This has included engagement as part of the development of the Annual Report of the Director of Public Health 2017-18³⁰, A City within a City: Understanding the needs of young people in Westminster³¹. Please see Appendix 1 for a summary of this.

Through the recent consultation as part of the RBKC Youth Review³²

The Council engaged with 1,015 stakeholders (including young people, parents, carers, community groups and providers) as part of the Review.

Several overarching key themes and priorities emerged from the review. The theme that related to EWMH is 'Healthy, Happy Lives'. Under this the following priorities were identified:

- Weekend activity provision is sporadic and, for the most part, prohibitively expensive. Wellbeing and mental health provision also needs to be bolstered around times of the year when young people are most at risk of experiencing stress, such as during exam periods
- Beyond sport, a broader range of activities is needed to support young people with their health and wellbeing, in becoming more resilient, in their journey towards adulthood and employment, and to express themselves creatively
- Therapeutic and mental health services have been essential to young people most affected by the Grenfell tragedy, particularly during holidays and the anniversary of the tragedy
- Youth practitioners should have an awareness of how to support young people with mental health difficulties
- Providers need to be able to identify where young people need additional support as early as possible and work alongside other specialist services to provide this support, preventing issues from escalating further

Through consultation as part of the development of this Plan

³⁰https://www.westminster.gov.uk/sites/default/files/westminster-annual_public_health_report_17-18.pdf

³¹<http://www.ywfoundation.com/wp-content/uploads/2017/10/YWF-City-Within-A-City-Final-Report.pdf>

³²<https://www.rbkc.gov.uk/sites/default/files/atoms/files/Youth%20Review%20Engagement%20Findings%20Report.pdf>

In addition to the above engagement, we spoke to 42 young people in youth clubs and youth forums across both boroughs in developing this Plan to discuss EWMH and to understand what an improved offer would practically look like to them.

As anticipated, the feedback we have received echoed and built on elements of what we have heard through the previous consultations undertaken.

The following main themes emerged from what the 42 young people told us:

- An appetite for more information and open discussions about EWMH – The overarching feeling is that young people are actively seeking and ready for more information and support than they are currently getting, or that they are aware of, in relation to EWMH. They acknowledge the ongoing stigma around MH but feel that a lot more should be done to break that down, get people talking more openly and regularly about their EWMH, and be ready and able to access support when required;
- The need for better information on what is already available – The currently available offer isn't well understood, improved and increased information given through a variety of means, including PSHE lessons, group discussions, presentations, and written materials (both online and hard copy) is much needed;
- Being better able to help themselves and others – Young people are generally comfortable and willing to discuss MH and are keen to better understand it, to support themselves and their friends to be well and stay well. Practically, they are keen for training and other awareness raising opportunities in relation to this;
- The importance of choice in terms of who to speak to and who/where to get support from – They feel that MH issues affect different young people in very different ways, and as such having a wide range of choice as to who they can speak to and from whom they can access support is very important;
- The desire for adults in their lives to be more willing and better able to support them – They feel that cultural and generational attitudes towards mental health are hindering adult's ability to effectively support them (particularly in relation to their parents/carers). Their confidence and willingness to get support from teachers is generally low and this often relates to concerns around the confidentiality of information that they might share. They are more willing to speak to their youth workers about their EWMH than they are to their teachers.

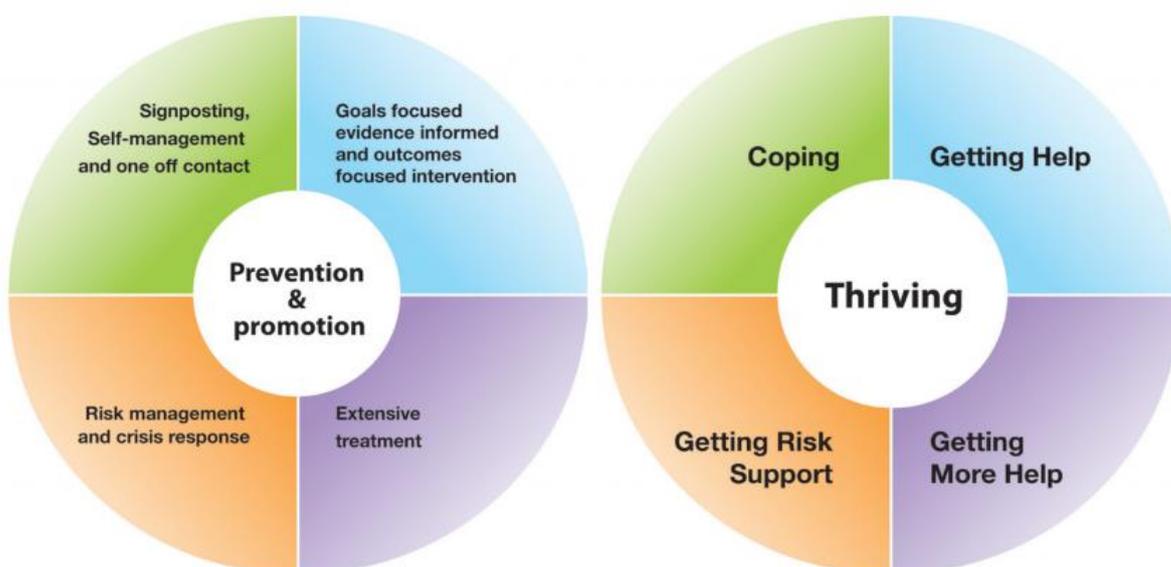
The Thrive model

We are proposing to adopt the Thrive model³³ as our conceptual and commissioning framework for EWMH provision in the Bi-Borough. It is explicit in our vision that we move to a system based on need and without Tiers. Following the publication of Future in Mind in 2016 our CCG's adopted this model for commissioning as it seeks to do both. The Thrive model is cited in the NHS Long Term Plan and the i-Thrive model is already being implemented in services covering half of the national children and young person population. In London, Thrive London has adopted the Thrive model as have the Healthy London Partnership. Our core CAMHS services have all adopted Thrive.

The Thrive model moves away from the previous tiered model and offers the following benefits:

- It describes not the existing services which tend to perpetuate themselves but the needs of children and young people
- It looks to draw a clearer distinction between treatment on the one hand and support on the other
- Rather than an escalator model of increasing severity or complexity, it seeks to identify somewhat resource-homogenous groups who share a framework as to their current needs and choices

The Thrive model looks like:



³³<https://www.annafreud.org/what-we-do/improving-help/thrive-framework/>

Our journey so far

We are on an ongoing journey of improvement with our EWMH offer. Our areas of focus and the work we have done to date has been informed by insight obtained from children and young people, their parents/carers, and by professionals and other stakeholders working in this area.

We know from looking at our current need and offer and from what children, young people and families have told us that we have more to do and we are committed to continuing this journey to improve our offer to ensure that we most effectively support our children and young people to build resilience, be mentally well and get the help they need when they are unwell.

Our recent areas of progress include:

- A better joined up and collaborative approach to joint commissioning between the LAs and CCGs. This has provided us with better strategic direction, effective utilisation of resources and has helped us to better coordinate and communicate the offer within the wider partnership
- In RBKC funding was secured to continue to deliver an enhanced school and community based EWMH offer for children and young people impacted by the Grenfell Tragedy, as part of the ongoing recovery in the North Kensington community. Services are delivered through the NHS and a number of different voluntary sector providers
- Kooth online counselling and emotional wellbeing support service has been extended to be available for young people aged up to 25 years old and has been actively promoted in the boroughs. This has included direct promotion to children and young people and the staff working with them. As part of this Kooth have proactively reached out to harder to reach groups including home educated CYP and those with SEND. This has resulted in significantly more children and young people accessing the service
- We were successful in our bid to become a Wave 1 Trailblazer site in the West London CCG area. The associated rollout of our 2 Mental Health Support Teams has progressed well over the last few months. Thirty schools and settings have signed up to host Trailblazer practitioners and a number of staff are now on the ground. A further £45k was successfully secured from NHSE to pay for a patient management system called CYP IAPTUS for the Trailblazer staff
- We were also successful in our bid to become a Wave 2 Trailblazer site in the Central London CCG area. The associated rollout of our 2 Mental Health Support Teams will result in a further 30 schools and colleges getting support through this Programme
- The CCG has made reducing the autism waits in the Bi-Borough a priority and have worked together with CLCH to reduce waits and waiting lists at the Cheyne CDS which are the longest. Additional funding was obtained by the CCG which has been

combined with CCG transformation funding to significantly clear the backlog of waits while the Trust itself has redesigned its diagnostic pathway to enable more capacity to manage on-going demand. The CCG is now engaged in recommissioning of our two CDS's which has a central aim of improving further ASD waits and best practice for the area long term. Additionally, our local CNWL CAMHS services have trained more clinical staff to be able to assess ASD which has further enhanced capacity

- We have continued to train more staff in Youth Mental Health First Aid as part of our ambition to equip a significant proportion of the workforce working with young people aged eight to 18 in the Bi-Borough with the knowledge and confidence to best support young people with mental health issues. The training has now been delivered to over 200 participants during the last three years. Feedback from the most recent set of training was very positive, with participants reporting a 125 per cent average improvement in both confidence and knowledge/understanding

Where we are now

The national context

'Future in Mind' (2015)³⁴, the Five year Forward View for Mental Health (2016)³⁵, the Green Paper (2017)³⁶ and the NHS Long Term Plan (2019)³⁷ set out the Government's ambition for a more radical and fast paced transformation of children and young people's EWMH services in England. Including:

- A significant focus on improved and increased schools-based support
- A choice based offer for patients
- An increased focus on early intervention and prevention (including increasing resilience)
- Making it easier for children and young people to seek help and support in non-stigmatised settings
- Putting the needs of children and young people (and the families that support them) at the heart of services they receive

The NHS Long Term Plan was even more ambitious than those that had gone before it, with the intention that meeting people's mental health needs will be treated as importantly as meeting their physical health needs (parity of esteem). This will be achieved through a range of measures including a ringfenced local investment fund worth £2.3bn a year by 2023/24, a comprehensive offer for children and young people which will reach across children and young people and adult services up to the age of 25 and aims to identify and treat mental ill health at the earliest possible point, and significantly more children and young people accessing timely and appropriate mental health care. Most ambitiously of all, the Long Term Plan commits to ensuring that 100 per cent of children and young people who need specialist care are able to access it in the coming decade.

Our current offer

Our overall offer of support for EWMH spans across different services/organisations, Thrive categories and age. The below section sets this out firstly in terms of the specific services funded through the LA and CCG Commissioning CAMHS budgets. The following section then sets out what the wider partnership offer looks like.

CCG and Bi-Borough EWMH service budgets

³⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

³⁵<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

³⁶https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

³⁷<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

Our joint budgets for children and young people’s EWMH across the CCGs and Bi-Borough in 18/19 was £10.20m (excluding individual packages of care and the CCG’s North Kensington Recovery budget).

This figure will rise this year (19/20) with the uplift in budgets by the NHS in line with the Five Year Forward View for Mental Health and the implementation of the WL CCG MHST Trailblazer and launch of the CL CCG MHST Trailblazer.

Organisation	Budget
Central London CCG	£4,247,462
WCC	£631,582
West London CCG	£4,403,675
RBKC	£920,915
Total	£10,203,634

A summary of the EWMH service offer funded through the LA and CCG Commissioning CAMHS budgets

Our core emotional wellbeing and CAMHS offer comprises of the following services:

Prevention and early intervention services focused on low to moderate need

Kooth online counselling service – Is our digital early intervention and prevention service across both boroughs. It is free to all children and young people (aged 11-25), is anonymous and is available until 10pm every day. The service provides resources for self-help, peer-to-peer support and one-on-one online counselling for those with mild to moderate mental health needs.

Trailblazer Mental Health Support Teams – Will be operating across both boroughs providing support for mild to moderate mental health needs in schools and colleges. The support takes the form of one-on-one and group work with low intensity predominantly CBT based interventions for low mood, anxiety and self-harm. The teams also support pupil’s resilience including with academic pressure and self-confidence. The teams include family support workers to support parents and family therapists to support families with more complex needs.

Specialist CAMHS services focused on severe and complex need

Specialist CAMHS Services – In Kensington and Chelsea and in Westminster the specialist CAMHS services are delivered by CNWL NHS Trust. The services work with children, young people and their families with complex mental health difficulties, in a range of different ways depending on their needs up to the age of 18. The type of difficulties the services support includes complex emotional and behavioural problems, anxiety and depression and very rarely serious mental illness such as psychosis and eating disorders, hyperactivity or

poor concentration (ADHD, ASD) and challenging behaviour. The services' psychologists, psychiatrists, and therapists provide assessment and treatment packages for children and young people and their families. Treatment may include cognitive behavioural therapy (CBT), family therapy, play therapy, individual and group psychotherapy, behavioural support and medication (when appropriate and carefully monitored by the doctors). CAMHS also provide consultations to other professionals, such as teachers, youth workers, social workers and other health professionals.

Crisis and risk management support for children and young people

Community Eating Disorders Service – This service is delivered by CNWL NHS Trust and it offers help and support to children and young people aged 17 or under in both boroughs who have a suspected or confirmed eating disorder diagnosis. The team of psychiatrists, psychologists, nurses, a dietician, paediatrician and psychological therapists offer assessment, diagnosis and intervention on a range of suspected and confirmed eating disorders.

An enhanced offer for our more vulnerable groups

We know that our more vulnerable groups of children and young people are statistically more likely to suffer from poor mental health. This includes children and young people who are; Looked After Children and Care Leavers (including UASC), involved in the YOT, impacted by gangs/serious youth violence/child sexual exploitation (CSE), in Alternative Provision, and who have Autism, LD, and Behavioural Support needs.

To effectively support the EWMH needs of these children and young people we have an enhanced offer in place for them. This includes, but is not limited to, having dedicated CAMHS professionals based in Alternative Provision, Youth Offending Teams and the Integrated Gangs Unit, as well as having a dedicated team focused on looked after children/care leavers (including UASC) in Westminster, a CAMHS Psychologist working with looked after children in RBKC and a dedicated team focused on Autism, LD, and Behavioural Support needs in RBKC.

In addition, Educational Psychologists are working in Alternative Provision, Youth Offending Teams and the Looked After Children Teams (this support is funded beyond the LA and CCG Commissioning CAMHS budgets).

Examples of EWMH embedded in our wider partnership³⁸

We know that EWMH is influenced by so many factors and impacts in so many areas, it doesn't abide by or align with service or organisational boundaries. As such the support available across our boroughs being delivered in services and organisations beyond those directly funded by the LA and CCG Commissioning CAMHS budgets is crucial to us delivering

³⁸Defined as support and services not funded by the LA and CCG Commissioning CAMHS budgets

our ambition of all children and young people in our boroughs having good EWMH. This is a real strength of our current offer. Examples include, but are not limited to:

Bi-Borough

Systemic Practice

Systemic practice is the framework within which all of our social care practitioners' practice. This systemic model centres on:

- Understanding relationships and how interactions can both foster problems and solve them when considering; the context in which they exist
- How they are co-created
- Their strengths and patterns
- Responses to problematic situations
- Understanding the best ways to intervene to generate lasting change in the life of families and children

The ways that relationships function in a family are fundamental to the happiness, wellbeing and safety of all family members, and this is especially important for children and young people's safety, development and growth.

Systemic approaches are flexible and evidence-based, enabling us to think about relationships within families and how these impact on the child. They also allow us to reflect on the relationships that we build with families and each other as professionals and our professional systems. This helps us as practitioners to use consultation and supervision to keep in mind the part we play in solving problems or reflecting on what we might need to do differently to effect change.

The Education Psychology Service

Educational and Child Psychologists (EPs) have expertise in learning and child development including behaviour and social-emotional needs. EPs use psychology to improve the learning and well-being/mental health of children and young people up to the age of 25 years. All the borough's schools and nurseries have a dedicated link EP who is trained in emotional well-being, trauma, bereavement, loss and critical incidents.

The work of the borough's EPs includes:

1. Individual pupil focused consultations, assessments, planning and review
2. Work around a whole class group of pupils or year group. This can include supporting and developing staff confidence and competence including discussion groups to talk

about the challenges posed by working with a child or young person and exploring possible solutions

3. Interventions with children and young people either individually or in small groups such as:
 - Solution Focused interviewing, Cognitive Behavioural Therapy Approaches, Circle of Friends
 - Video Interaction Guidance (VIG). EPs are trained in this intervention where a VIG practitioner and client (parent/carer/professional) reflect together on video clips of their own successful interactions. VIG is based on theories of attachment, cooperative 'Inter-subjectivity' (developing shared understanding) and mediated learning and is recommended as an evidence-based Intervention by Public Health England (2015) and NICE Guidelines (2015)
4. Training and research. Examples of our mental health and well-being training offer to schools includes:
 - Whole school training for staff in relation to traumatic events, bereavement and loss
 - Understanding 'attachment' and building resilience
 - Mindfulness training for young people and teachers
 - Running Emotional Literacy Support Assistant (ELSA) training programmes so teaching assistants can offer skilled support to individual pupils from a knowledge base
 - Running parent workshops on various topics relating to children's well-being such as the importance of sleep and play
5. EPs also provide support to the borough's schools and nurseries following a critical/traumatic incident. This work includes:
 - Providing information and guidance materials for Head teachers and SENCOs to support their conversations with the school community
 - Supporting the Senior Management Team to think strategically about the wider impact and ongoing impact and who might be most vulnerable
 - Developing and providing our own resources for school staff, parents and children – particularly in areas where there are few published resources

Social, Emotional and Mental Health (SEMH) needs of children with SEND

The CCGs commission a specialist CAMHS under-5s service, which is focussed on attachment, runs from two children's centres in each borough: Cheyne and Holmfield House in RBKC, and the Portman Early Childhood Centre and Bessborough Family Hub in Westminster. The service uses Video Interaction Guidance interventions which NICE considers to have strong evidence of efficacy.

West London and Central London CCG's have commissioned a range of early intervention services in schools as part of a redesign of the system over the last three years. This includes:

- Westminster Special Schools Outreach team to deliver training and conferences to support children with neurodevelopmental disorders including:
 - Supporting the emotional wellbeing of children and young people with sensory loss (during transition)
 - Providing 'Mind Up', a mindful awareness programme for schools
 - Supporting emotional engagement of children and young people with profound and multiple learning disabilities (PMLD) and ASD through creative arts
 - A SEND conference on neurodiversity and emotional wellbeing

Community CAMHS have been successful in attracting Child Welfare Practitioners (CWPs), who provide evidence-based interventions to support young people with mild-moderate anxiety, low mood and/or behavioural difficulties. This service is an important step in providing a graduated and preventative SEMH offer for children and young people in the boroughs.

Dedicated transition workers support young people aged 18+ who are discharged from CAMHS and who have a learning disability, ASD or mental health needs.

The School Health Service

The Bi-Borough School Health Service includes a dedicated Registered Mental Health Nurse who is focussed specifically on emotional health and wellbeing of school children and young people attending RBKC and Westminster mainstream schools. The nurse provides specialist advice and supervision to school nurses on individual cases linked to CYP with EWMH, consultations with school staff on an ad hoc basis, Emotional Health and Wellbeing health promotion including Mental Health awareness to CYP and School Nurses. The nurse also does training aligned with school training needs, and some direct individual and group work with children and young people.

All School Nurses are trained in Tier 1 mental health interventions, provide dedicated support for each school and referral to CAMHS and other appropriate support services where needed. The service also helps to design and deliver Personal Health Social and Economic (PHSE) Education sessions and contributes more broadly to whole-school approaches supporting emotional resilience.

Pre-Birth to 5 Pathway Redesign

Work is underway to establish a coherent pathway from pre-birth to five which develops a graduated offer in accordance with the profile of need. The project is seeking to explore innovative and evidence-based approaches to meeting need that draws on insights from system leads, practitioners and service users and commissioners. This will include a focus on

targeted support including an EWMH offer for this cohort of children, as well as maternal mental health support.

Young People's Health and Wellbeing Service

The Young People's Health and Wellbeing Service (YPHWS), delivered by Human Kind under the service name of Insight.

Insight is a combined substance misuse and smoking cessation service for young people (YP) within Kensington and Chelsea and Westminster. Insight provides confidential support to YP offering advice and information alongside a range of proactive, diversionary and preventative forms of drug, alcohol and smoking interventions, targeting YP who are identified as being vulnerable and most at risk of engaging in risky behaviour. Insight works directly with children, teenagers, and young transitional adults between the ages of 13 to 25, and where appropriate their families' carer and professionals. The service seeks to enable YP to divert and stop their practice before substance use becomes addictive, heavy, and ingrained, to move away from criminal activities and to take personal responsibility in moving forward with their lives in a more positive manner.

The YPHWS service has establish clear referral pathways into services such as Child and Adolescent Mental Health Services, access to community mental health teams, Dual Diagnosis, School Nursing leads, Children's Services, Youth Offending Teams, and the Integrated Gangs and Exploitation Unit. The service is flexible and robust, providing a single point of access focused on the young person's needs, with referrals made to these services followed up and where necessary jointly worked, ensuring each young person has been seen or the necessary action has been taken.

West London Zone

West London Zone (WLZ) currently operates in RBKC and will be launched in WCC this September. It provides early intervention services for primary aged children within a targeted area in West London. The WLZ programme provides direct support for children and young people who are having difficulties at school in a number of key educational domains i.e. literacy, maths or, displaying behavioural problems leading to exclusions, warnings etc. The programme offers therapeutic and practical support to improve educational attainment, mental health, attendance and behaviour.

In Westminster

Early Help

Emotional Wellbeing and Mental Health is a key priority for the Early Help System in Westminster. This is articulated in the Early Help Strategy, 2019-2022, From Surviving to

Thriving, it starts with us. The Strategy recognises that our practitioners are the intervention and the behaviours they exhibit will facilitate the change for families.

The Strategy is underpinned by a relational and trauma informed approach. This is in recognition that children who develop healthy attachments with their parents/carers in the early years of life develop the foundations for healthy development into adulthood, through learning to regulate their emotions and develop the resilience to thrive despite the ups and downs of life.

There is a strong focus on providing the support to help children, young people and families to build the resilience to thrive through understanding the reasons for certain behaviour, rather than just the result of the behaviour. This approach support families to make more sustained change. There is also a very strong emphasis on working with the whole family context to create sustainable change rather than reacting to individual 'issues'.

Key components of the offer which include a particular focus on emotional wellbeing and mental health for children, young people, and their parents/carers include:

- Family Hubs located in areas of significant need which bring together providers across a neighbourhood who share a single approach to working with families and their children from birth to 19 years. This offer of support is practically delivered through a range of connected services in the community. This includes CAMHS Early Intervention Workers located in each Hub
- A School Inclusion Pilot in five local primary schools that employs a trauma informed approach. This has three components; trauma informed training (the ARC (Attachment, Regulation, Competency) model of trauma informed practice), a family intervention and a mentoring offer
- An Intensive Support Team which focuses on young people on the edge of care with the aim of preventing children and young people previously identified as 'Edge of Care' from becoming Looked After Children
- An increased range of evidence-based parenting programmes
- Testing and embedding new approaches to parental conflict

The Partnership will focus on eight priorities to help achieve the intended outcomes set out in the Strategy. A number of these have a direct impact on emotional wellbeing and mental health including; ensure the youngest (from birth to age five) in our communities get off to the best start by promoting positive attachments and systematically identifying need from pre-birth and providing support at the earliest point, promoting emotional wellbeing and build resilience for all ages through universal and targeted programmes for the whole family, developing an earlier and more targeted response to domestic violence and abuse, improving family relationships, with particular focus on helping parents who are in conflict to work better together whether they are together or separated and strengthening parents' and young people's resilience in managing their behaviour and the wider risks to children's wellbeing within their communities.

In addition, a number of the nine priorities to develop the Early Help system focus on emotional wellbeing and mental health including; developing an Early Help workforce that is relational and trauma informed, developing clear and integrated pathways with adult mental health services and progressing the integration of health and social care teams.

The Targeted Early Help Criteria include a focus on child, young person, and parent/carer mental health including; prioritising support for children not attending school regularly where the absence and exclusions are related to parenting capacity (including mental health issues) and where parenting capacity manifesting itself in significant behavioural issues for the child/young person where the impact of the parent's mental health, domestic abuse or substance misuse issues on their behaviour and well-being will escalate the family into safeguarding or care entry without further intervention.

The youth offer

WCC has recently announced an annual £500,000 investment in Youth Services. The council believes that local youth service providers, working in partnership with the council's Family Hubs, are best placed to use this funding to achieve the biggest impact on young people's lives. Well-run youth services targeted at helping young people are key to supporting them to reach their full potential and become happy, productive members of society.

The Young Westminster Foundation

In the peer led Needs Analysis 'A city within a city'³⁹ conducted by the Young Westminster Foundation in 2017 young people identified their Health and Wellbeing as being a key area of focus for the YWF. In response the YWF has brought together a partnership and a programme of work, the ultimate aim being to improve health and wellbeing outcomes for young people in areas of deprivation across Westminster. The approach is collaborative building on the strengths of statutory and voluntary services.

Partners include Youth clubs based in local communities in areas of greatest deprivation where youth workers with trusted relationships with young people are delivering a range of activities which have been co-designed by young people. The activities focus on increasing the resilience of young people, giving young people the tools to deal the challenges they have identified in their every day and helping them transition into adulthood more confidently. More specialist delivery partners such as Dream Arts are able to support youth clubs and young people and bring their professional expertise in more specialist areas around health and wellbeing sharing learning around trauma informed approaches to working with young people.

³⁹http://www.ywfoundation.com/wp-content/uploads/2018/02/YWF-Needs_Analysis_Report.pdf

The YWF will continue build the capacity of the partnership consulting with their team of young ambassadors and more widely with the young people attending partner' services to ensure that the partnership is able to respond to the needs of young people and has a good understanding of and links with statutory services including children's services, CAHMS and Early Help.

In Kensington and Chelsea

Early Help

Following a review and resulting restructure, our children's centre and early help family support teams are now integrated into two Family Hubs, North and South taking a whole family approach to supporting children and young people aged from birth to age 19 (up to 25 with SEND).

In RBKC our family hubs will:

- Provide and/or co-ordinate access to universal and targeted family support within a range of welcoming and accessible settings
- Support families to be resilient, self-reliant and independent whilst having the help when they need it in a timely and appropriate way
- Lay the foundation for future integration across the community and voluntary sector as well as collaborating with our partner agencies

In relation to under fives, a comprehensive mapping exercise is underway to enable delivery to be better focused on need alongside a review of all the voluntary sector contracts currently delivering the universal stay and play element. The aim is for improved collaboration to reach a wider group of families and to distinguish between the universal, targeted and family support offer.

Key components of the Early Help offer which include a particular focus on emotional wellbeing and mental health for children, young people, and their parents/carers include:

- A School Inclusion Pilot in secondary schools and in TBAP's Latimer/Golborne Centre that employs an intensive systemic approach
- The Families Forward Team which focuses on young people on the edge of care with the aim of preventing children and young people previously identified as 'Edge of Care' from becoming Looked After Children
- An increased range of evidence-based parenting programmes
- Testing and embedding new approaches to parental conflict
- The detached and outreach team – Identifying and engaging young people at risk of SYV, many with mental/emotional health issues
- The targeted prevention team (NEETS) working to prevent children at risk or already NEET, many with mental/ emotional health issues

Childrens Social Care

Additional roles in Children's Social Care teams include a Family Therapist/Psychologist supporting unaccompanied minors, care leavers and children in residential placements and a Child Psychologist in the multi-disciplinary Family Assessment Service (for Court based assessments).

The youth offer

Following the RBKC Youth Services Review in 2018, the new offer requires that all providers embed emotional wellbeing and resilience into their delivered youth activities. This will support the development of these skills in young people through a breadth of interesting, engaging and non-stigmatising activities. Youth Providers will be required to report on how they deliver outcomes relating to young people's improved wellbeing, participation in physical activity and adoption of healthy behaviours.

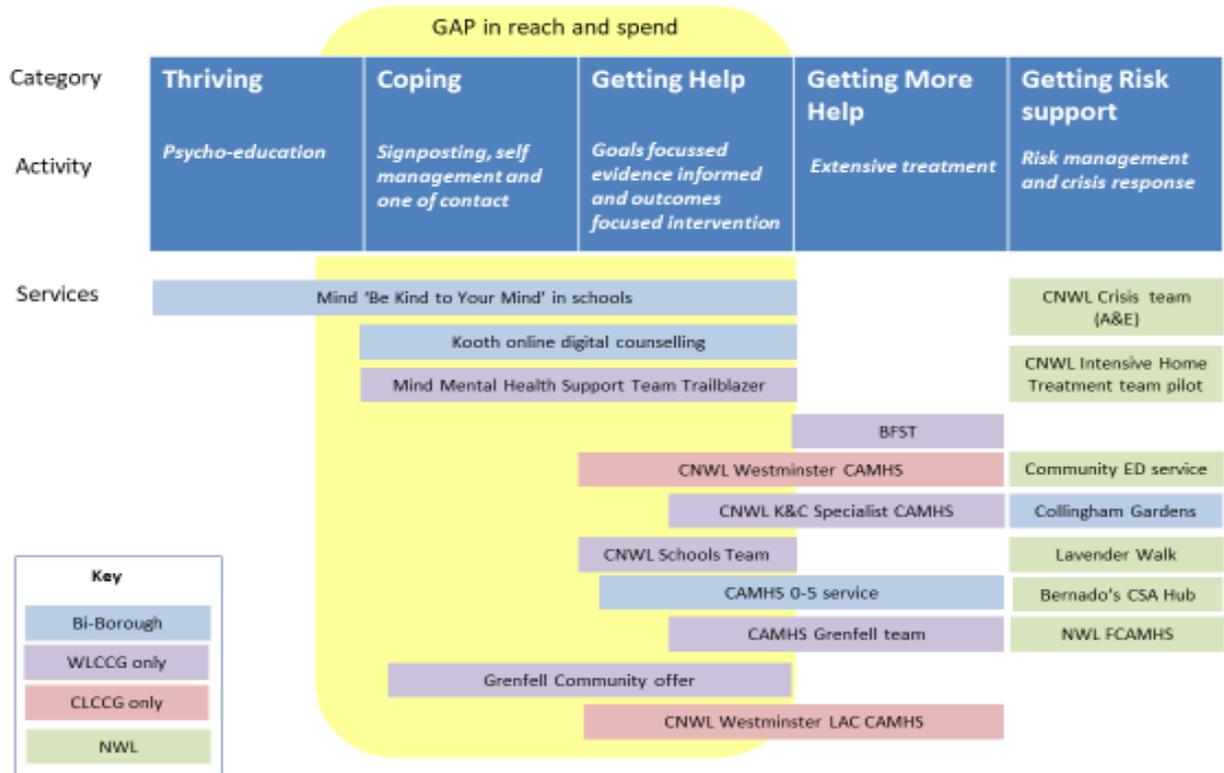
The implementation of the RBKC Youth Strategy will also see the development of Youth Networks to encourage local youth providers to collaborate and share best practice, training, and resources. Particularly in relation to staff capacity and training to support young people to live happy healthy lives, which was identified as a key priority for the Borough's youth provision following the review. Further information on the RBKC Youth review feedback is set out in Appendix 1.

Overall analysis of the strengths and gaps in the current offer

Specific services funded through the LA and CCG Commissioning CAMHS budgets

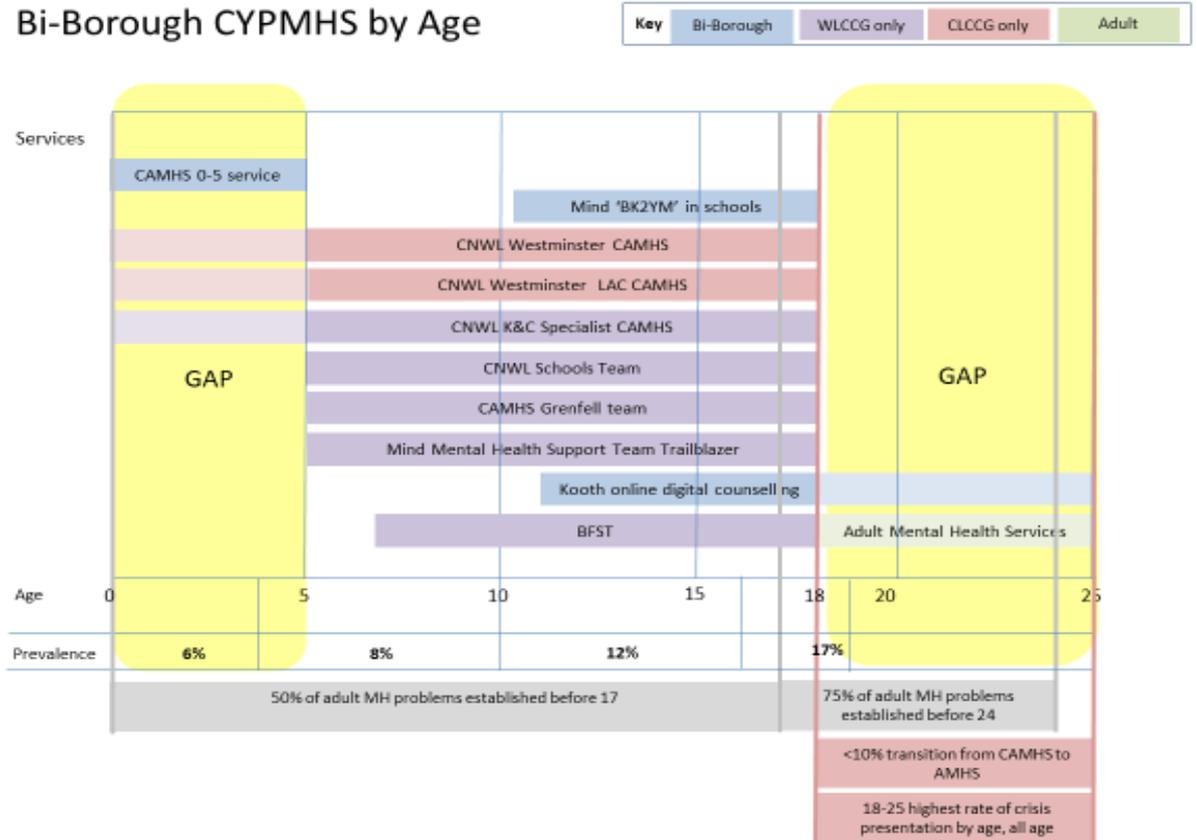
When we look at our commissioned EWMH offer by Thrive category we can see that the majority of the services offered are focused on children and young people who getting more help and getting risk support. It shows a gap in our current service offer relating to the children and young people who require support to help them stay well (thriving) and who need early intervention support (coping and getting help). Recent developments including the implementation of the Trailblazer Mental Health Support Teams has enabled us to start to enhance our early intervention EWMH offer, however there still remains a significant gap in reach and spend. We will look to address this gap through the delivery of our Action Plan.

Bi-Borough CYPMHS by Thrive Category



When we look at our commissioned EWMH offer by age we can see that the majority of the services offered are focused on children and young people aged five to 18 years old. It shows a gap in our current service offer relating to children and young people from birth to age four and 18 to 25. We will look to address this gap through the delivery of our Action Plan.

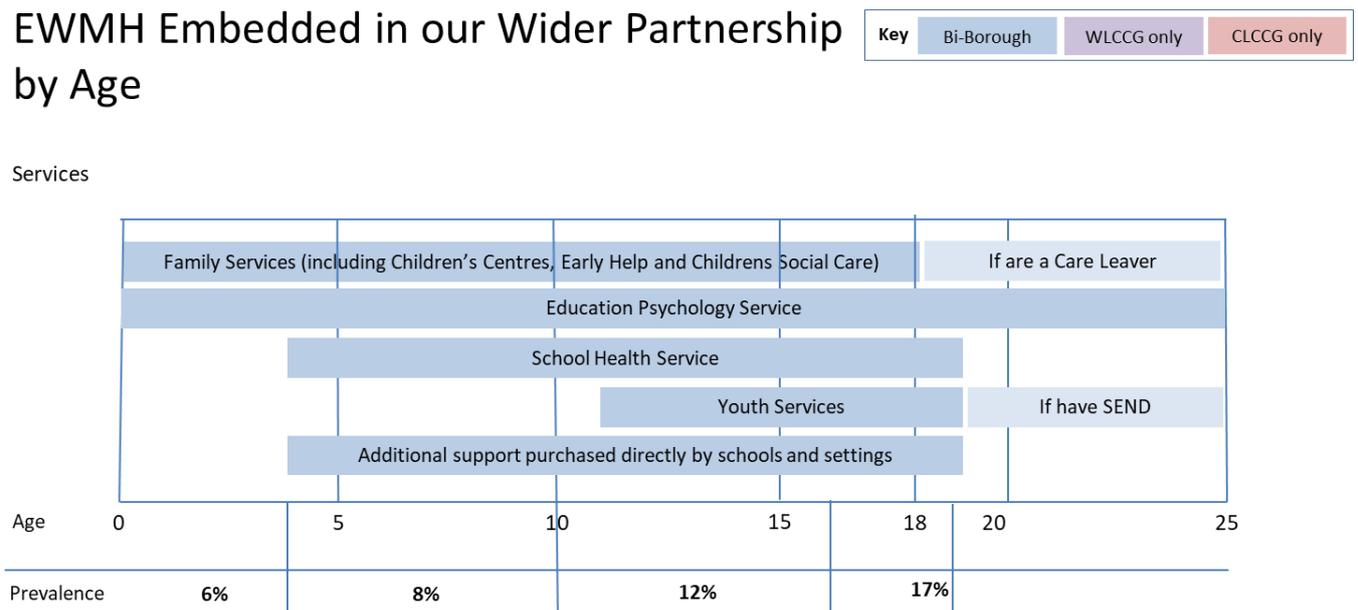
Bi-Borough CYPMHS by Age



The wider partnership offer

When we look at EWMH support embedded in our wider partnership by age we can see that the majority of the services offered are focused on school and college aged young people. It shows the breath and importance of the services that are not exclusively focused on EWMH, but provide support focused on this as part of their wider offer.

EWMH Embedded in our Wider Partnership by Age



Our Joint Strategic Priorities

We have listened carefully to children, young people, their families, and professionals working in the partnership in developing these Joint Strategy Priorities. We have also looked carefully at local and national drivers in this fast-changing area of policy. They give us a shared focus for the next one-and-a-half-years.

The Joint Strategy Priorities are described in summary below are relatively high level. Each workstream will address the different needs, conditions and the resulting service offer required and support provided for each cohort separately and in-depth. This is particularly the case with our more vulnerable groups.

Strategic Action Plan

Joint Strategic Priority	Thrive category	Need and rationale	Summary description	What this will look like in practice*
Our early intervention offer		<p>A significant proportion of MH disorders in adults have a root cause in early attachment problems</p> <p>10-15% of CYP estimated to have a low-moderate mental health need which is largely unmet</p> <p>Many CYP Mental Health needs become more severe complex and enduring without timely treatment and support</p>	<p>Our 0-5 offer – The development of our 0-5 service offering for parents and children</p> <p>Our whole school approach – The delivery of a high-quality whole school approach to EWMH – which is well designed, understood, delivered, and accessed</p> <p>and:</p>	<p>A universal offer of support to parents and children to address attachment for 0-5 year olds</p> <p>Alignment of the trauma informed approaches being adopted in both boroughs with the wider EWMH offer</p> <p>Trailblazer Mental Health Support Teams fully operational in 30 WL CCG schools</p> <p>Trailblazer Mental Health Support Teams fully operational in 30 CL CCG schools</p>

		<p>50% of adult mental health problems established before age 14</p> <p>75% of adult mental health problems established before age 25</p> <p>The Government economic case for early intervention measures in the Green Paper suggests a 500% net return from early intervention spend</p>	<p>Our wider community offer – The delivery of an enhanced community-based offer (in addition to our school-based support) including that delivered through provision based in GPs, Early Help services, youth provision etc.</p>	<p>Supporting schools who are not part of the Trailblazer Programme to deliver an enhanced whole school approach to EWMH</p> <p>An increased understanding and improved approach to school staff EWMH</p> <p>A significant proportion of staff working with YP trained in Youth Mental Health First Aid training</p> <p>Explore the development of a MH awareness raising offer for young people</p> <p>Increased CAMHS provision based in WCC Family Hubs</p> <p>EWMH focus built in to a wider range of non-CAMHS focused services e.g. delivery of our universal and targeted youth services in both boroughs</p> <p>Better understanding the support needs of parents and siblings who are supporting young people with poor mental health and of young carers</p> <p>Further promotion of Kooth in schools and colleges and a renewed focus on year 6 pupils and GPs</p>
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				Improved overall communication and promotion of the available EWMH offer – including through the Local Offer website
Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy		The Tragedy has and will continue to have a significant impact on the EWMH of those affected by it	Effective support for children and young people impacted by the Grenfell Tragedy, delivered through the NHS and voluntary sector providers	<p>Continue to strengthen alignment between the LA and CCG funded EWMH offer</p> <p>More widely share the learning around culturally appropriate/accessible EWMH services</p> <p>Plan effectively for the medium to long term EWMH impacts of trauma</p>
Our 18-25 year old offer		<p>Whilst there is some provision via Kooth there remains a treatment gap for 18-25 year olds with MH needs who are no longer eligible for CAMHS but are ineligible for AMHS</p> <p>The majority of CYP with a mental health need will not have previously accessed treatment</p> <p>The 18-25 cohort present in crisis more than any other age group</p>	Effective provision for 18-25 year olds – A focus on more effective transitions from Children’s to Adult’s MH services and access to adult services for those who currently have a MH need, as well as considering how we can provide additional EWMH support for young adults aged 18-25	<p>Where funding is available and its appropriate look at options for extending our provision to 18-25 year olds to address the access gap</p> <p>Ensure that clear transition expectations and pathways are built into all relevant service models and specifications</p> <p>Better understand how effective our current approach to transition is and develop options for an enhanced 18-25 years old EWMH offer</p>

<p>Our more vulnerable groups offer</p>		<p>Vulnerable groups (e.g. SEND, looked after children/care leavers (including UASC), YOT, APs, gangs, SYV, sexual exploitation, substance misuse, NEETs) are all more likely to suffer from poor mental health than the rest of the population. Looked after children are likely to be placed out of borough and accessing the CAMHS provision in that area</p>	<p>Improve the efficiency, effectiveness, and accessibility of EWMH services for vulnerable children and young people within existing budgets</p>	<p>Update our service specifications and performance monitoring for our LA funded services to ensure that that they accurately reflect the chosen models of delivery</p> <p>Identifying and implementing lessons learnt in relation to the different delivery models in both boroughs</p> <p>An effective interface between the Systemic approach delivered by Family Services in both boroughs and CAMHS</p> <p>Ensure effective EWMH input and focus on CYP at risk of exclusion</p> <p>Ensure that the EWMH support in place for those at risk of or affected by Serious Youth Violence is aligned and effectively responding to developing need</p>
<p>Increasing our productivity and reducing our waiting times in our existing CAMHS services</p>		<p>Only 1 in 3 CYP with a mental health condition receives CAMHS treatment</p>	<p>Increase the productivity of the existing CAMHS workforce to support children and young people to get better access and more rapid treatment</p>	<p>More CYP receiving treatment for their MH illnesses and doing so more rapidly. We want to see a sustained movement towards 4 week waits for all CYPMH services and significant progress towards ensuring parity of treatment for CYP with MH needs</p> <p>Put Service Development and Improvement Plans in place with the Trust</p> <p>Develop plans and drive productivity improvement including CAPA approach, early intervention and waiting times</p>

<p>Our crisis support offer</p>		<p>A proportion of CYP will need urgent and effective crisis support</p>	<p>Moving from crisis support in acute settings to home based treatment and a crisis line</p>	<p>Continue to build on recent LA/NHS meetings on crisis triage line with WLT</p> <p>Planning with CNWL about enhanced crisis support offer</p>
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*An Action Plan is in development aligned to this, which will set out what needs to happen in more detail and the associated timescales

Key themes

Our Joint Strategic Priorities above help us to explain and focus our delivery in defined areas of activity. They generally align with a particular type of need, cohort, or component of service offer. There are however a number of themes that are very important and span across multiple Strategic Priorities. These are:

Collaboration and coproduction

We need to continue to develop and imbed our approach to most effectively ensuring that the voice of children and young people (including those who are more vulnerable) and their parents/carers are heard in informing and developing our offer. This will give us the best possible chance of delivering an offer that children and young people are able and willing to access and that most effectively improves their EWMH.

Communication

There is an overarching sense that the offer we have available isn't as effectively communicated as it could be. This includes how children, young people, parents/carers, partners and professionals understand what is available, for whom, how it can be accessed and how it differs from other parts of the offer.

Coordination

The offer is necessarily broad and overlapping, spanning service and organisation boundaries. We need to coordinate the offer ever more effectively to reduce duplication, overlap and gaps, and increase our efficiency and effectiveness. This needs to include easily understood pathways, service alignment and effective interfaces.

The significance and impact of parental poor mental health

We know that this has an enormous impact on children and young people's EWMH and their ability to access and be supported by appropriate services. Provision is in place focused on this, including ante-natal and postnatal support, as well as our early help offers. There is however a strong sense that we need to be doing more here to lessen the significant impact this is currently having.

Equipping staff across the partnership with the knowledge and confidence to support children and young people's EWMH

We know what an important role professionals working with children and young people can have in spotting the signs of poor mental health and providing support. We are supporting staff in this area through the delivery of training (including Youth Mental Health First Aid) and through the Trailblazer Mental Health Support Teams, but more needs to be done to increase the levels of knowledge, confidence and capability across the workforce.

Appendix 1 – What children, young people and parents/carers have told us

Annual Report of the Director of Public Health 2017-18⁴⁰

The Annual Public Health Report for 2017-18 'Our Health, Our Wellbeing: young people growing up in Kensington and Chelsea, and Westminster' incorporated the concerns and ideas of 80 young people, across both boroughs. When looking at what could be done to improve young people's health and wellbeing participants placed importance in having someone they can trust to talk to and who will act on their behalf if needed.

The report identified a variety of themes which impact on the emotional wellbeing and mental health of young people in the boroughs, including: mental health and wellbeing; daily pressures and challenges; crime and safety; physical health and wellbeing; social media and online lives; the future; drugs, alcohol and smoking. Each theme ended with a 'You Said' section to reflect the suggestions of and ideas from young people. Young people said that they:

- Would like better awareness of the support and services available
- Think professionals need training on mental health awareness and support
- Would like people speaking to them about mental wellbeing to be someone who understands them and their issues
- Would like mediation/yoga/mindfulness sessions
- Would like to have family therapy and education for families on stress and anxiety provided, and engage with communities
- Would like regular workshops for the whole school. This could be done in separate groups (for some topics split by gender) and then bring them together
- Would like more collaborative work with agencies going into schools, and focus on people not engaging with services
- Would like preventative measures to be used to minimise pressures on YP
- YP think full advantage needs to be taken of the role of school nurses (perhaps offer drop in services, need to be human and not too clinical)
- YP would like PSHE to be taken more seriously and taught throughout the year

A City within a City, Understanding the needs of young people in Westminster, Young Westminster Foundation⁴¹

Mental wellbeing came out as a key issue for young people, with concerns around exams and education, crime and gangs and future employment all contributing to the stress and anxiety that young people experience.

⁴⁰https://www.westminster.gov.uk/sites/default/files/westminster-annual_public_health_report_17-18.pdf

⁴¹<http://www.ywfoundation.com/wp-content/uploads/2017/10/YWF-City-Within-A-City-Final-Report.pdf>

When asked where they go to for advice about issues that worry them, over 90 per cent of young people said they do access some form of support. Significantly, almost 40 per cent of young people go to their family for advice as opposed to using independent advice, or professional support services.

The RBKC Youth Review⁴²

As part of the youth review, the Council engaged with 1,015 stakeholders (including young people, parents, carers, community groups and providers). The purpose of this engagement was to understand their views on current provision for young people in the Borough, and what key priorities were for the future.

Several overarching key themes and priorities emerged from the review. The theme that related to EWMH is 'Healthy, Happy Lives'. Under this the following priorities were identified:

- Weekend activity provision is sporadic and, for the most part, prohibitively expensive. Wellbeing and mental health provision also needs to be bolstered around times of the year when young people are most at risk of experiencing stress, such as during exam periods
- Young people have identified that activities they attend centre heavily on sports, however, the quality of the facilities and equipment is mixed, and this activity is often expensive. Previously, free to access astro turf pitches in the north of the borough greatly helped to improve the health and wellbeing of young people and helped to build community cohesion between groups of young people from different parts of the borough
- Beyond sport, a broader range of activities is needed to support young people with their health and wellbeing, in becoming more resilient, in their journey towards adulthood and employment, and to express themselves creatively
- Therapeutic and mental health services have been essential to young people most affected by the Grenfell tragedy, particularly during holidays and the anniversary of the tragedy
- Youth practitioners should have an awareness of how to support young people with mental health difficulties
- Providers need to be able to identify where young people need additional support as early as possible and work alongside other specialist services to provide this support, preventing issues from escalating further

The focus of the consultation was wide ranging. As such, some of the key headline findings are of relevance to our wider thinking on the EWMH offer but were not directly focused on it. These included:

⁴²<https://www.rbkc.gov.uk/sites/default/files/atoms/files/Youth%20Review%20Engagement%20Findings%20Report.pdf>

- There is a perceived imbalance between the provision of services in the North and South of the borough, and some perceived imbalance with provision in the west of the borough
- There is a need for provision at times when young people are available, such as evenings and weekends
- The activities that young people currently attend are heavily weighted towards sports-based provision, young people would like to maintain a focus on physical activity but they would also like a broader focus on activities that support emotional health and wellbeing, personal development and pathways into employment, life skills and arts based activities. Young people would also like to have the opportunity to go on trips and to see other parts of London and the UK
- There is a feeling that the borough is well resourced with a strong offer and a wide variety of services, however these are not well advertised or coordinated
- Young people wanted a way to have their voice heard and to influence decision making about things that affect them

Appendix 2 – EWMH service budgets

The below section covers specific services funded through the LA and CCG Commissioning CAMHS budgets only (including the Grenfell LA EWMH support specific funding but not the CCGs North Kensington Recovery budget).

CCG and Bi-Borough EWMH service budgets

Westminster

Service	Budget	Funded by	Staff (WTE)	Thrive category
CNWL Westminster Specialist CAMHS	£3,490,377	CCG	32.5	Getting Help/Getting More Help
Other CCG and LA	£486,583	Joint*	n/a	Various
Early Intervention Team Workers	£245,782	LA*	4	Getting Help
CNWL looked after children CAMHS	£220,136	LA*	2.7	Getting More Help
Community Eating Disorder Service	£101,000	CCG	NWL team	Getting Risk Support
Crisis Team	£70,000	CCG	NWL team	Getting Risk Support
Learning Disability Nurse	£60,616	LA*	0.9	Getting More Help
CNWL Under-5's team	£55,000	CCG	1.25	Getting Help/Getting More Help
MH Transitions practitioner (ASD/LD)	£50,000	CCG	1	Enabler
Substance Misuse CAMHS Worker	£27,050	LA*	0.5	Getting More Help
Kooth online counselling	£23,000	Joint*	n/a	Coping/Getting Help
Healthy Schools Partnership	£21,500	CCG	n/a	Enabler
Mind BK2YM in schools	£20,000	CCG	1.2	Getting Advice/Getting Help
YOT Consultant Psychiatrist input	£8,000	LA*	0.05	Getting More Help
Total	£4,879,044			

*LA funding from Public Health

Kensington and Chelsea

Service	Budget	Funded by	Staff (WTE)	Thrive category
CNWL RBKC Specialist CAMHS	£3,719,000	CCG	25.5	Getting Help/Getting More Help
Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy	£580,736	LA	n/a	Coping/Getting Help/Getting More Help
CNWL CAMHS Schools Team	£346,680	Joint	5.1	Getting Help
Behaviour and Family Support Team	£240,318	Joint	3.5	Getting More Help
Mind EMHP in Schools Trailblazer	£133,000	CCG	9	Coping/Getting Help
Community Eating Disorder Service	£106,000	CCG	NWL team	Getting Risk Support
CNWL Under-5's team	£75,000	CCG	1.25	Getting Help/Getting More Help
CNWL Crisis Team	£70,000	CCG	NWL team	Getting Risk Support
MH Transitions practitioner (ASD/LD)	£50,000	CCG	1	Enabler
Alternative Provision CAMHS Worker	£36,593	LA	0.6	Getting More Help
Kooth Online counselling	£23,000	Joint	n/a	Coping/Getting Help
Healthy Schools Partnership	£21,500	CCG	n/a	Enabler
Mind BK2YM in schools	£20,000	CCG	1.2	Coping/Getting Help
Total	£5,421,827			

Appendix 3 – EWMH commissioned service offer

A summary of some of the commissioned emotional wellbeing and mental health services in Westminster and Kensington and Chelsea.



Section 1 – Services in the West London CCG area (covering the borough of Kensington and Chelsea and the Westminster wards of Queens Park and Paddington)

Prevention and early intervention services focused on low to moderate need



Mind West London Mental Health Support Team

Our schools and colleges Mental Health Support Team is provided by HF Mind and supports children and young people between the ages of seven and 18 with mild to moderate mental health needs in schools and colleges.

Needs, approach, support and treatment

The 15 staff offer support to children and young people in groups and on a one-on-one basis with low intensity predominantly CBT based interventions for low mood, anxiety and self-harm. The team also supports pupil's resilience including with academic pressure and self-confidence. The team includes a family support worker to support parents and a family therapist to support families with more complex needs.

Eligibility criteria and referrals

The team operates in 30 educational settings in RBKC and in the Queens Park and Paddington areas of Westminster.

Any child or young person who attends these schools with a mild to moderate mental health need can be referred or self-refer to the team.

Contact

Address:
309 Lillie Rd, Fulham, London, SW6 7LL

Email: nana.owusu@hfmind.org.uk

Kooth – Online counselling service

Kooth is our digital early intervention and prevention service. It is free to all children and young people, is anonymous and is available until 10pm every day.

Needs, approach, support and treatment

The service is available across the whole Borough and provides resources for self-help, peer-to-peer support and one-on-one online counselling for those with mild to moderate mental health needs.

About 60 per cent of users suffer from anxiety or stress and 20 per cent are thinking about or are self-harming. About 40 per cent will seek and receive direct support from a professional.

Eligibility criteria and referrals

The service is available to all RBKC children and young people aged 11 to 25.

Contact

To join visit <https://www.kooth.com/>

Specialist CAMHS services focused on severe and complex need



CNWL Kensington & Chelsea CAMHS

K&C Specialist CAMHS is delivered by CNWL NHS Trust and works with children, young people and their families with complex mental health difficulties, in a range of different ways depending on their needs up to the age of 18.

Needs, approach and treatments

The type of difficulties dealt with by the teams includes:

- Complex emotional and behavioural problems
- Anxiety and depression and very rarely serious mental illness such as psychosis and eating disorders
- Family relationship issues and parenting
- Hyperactivity or poor concentration (ADHD, ASD)
- Challenging behaviour
- Eating, sleeping or toileting problems
- School refusal
- Children with mental health needs related to learning difficulties, physical illness or disability

The services psychologists, psychiatrists, and therapists provide assessment and treatment packages for children and young people and their families. Treatment may include:

- Cognitive behavioural therapy (CBT)
- Family therapy
- Play therapy
- Individual and group psychotherapy
- Behavioural support
- Medication is also used when appropriate and carefully monitored by the doctors

CAMHS provide consultation to other professionals, such as teachers, youth workers, social workers and other health professionals.

CAMHS also work within schools and offer teachers support and training on spotting and dealing with mental health difficulties in children and young people.

Eligibility criteria and referrals

Referrals are accepted from health services such as GPs and paediatrics and education and social services. Any professional working with children, young people and families can refer a child to the services. This is usually a GP, a member of schools staff or a social worker. Self-referrals are also considered by each team. If they are unsure whether they should make a referral or are concerned about a child or young person they can contact the service Monday to Friday between 9am and 5pm and speak to the duty CAMHS professional who can provide information and guidance. The duty CAMHS professional can arrange an urgent appointment where necessary.

Contact

Address:

1B Beatrice Place, Marloes Road,
London, W8 5LP

Telephone: 020 3317 3599

Email: cnw-tr.kccamhs.cnwl@nhs.net

Website: <https://camhs.cnwl.nhs.uk/>

Behavioural & Family Support Team (BFST)

The Behaviour and Family Support Team (BFST) is a specialist child and adolescent mental health service for children with moderate to severe learning disabilities and/or autistic spectrum disorders.

Needs, approach and treatments

The sorts of difficulties the team can help with include sleep and eating problems, sexualised behaviour, toileting, aggression, and sensory issues impacting on behaviour.

The team works flexibly, providing input across different settings within the community, often with a practical or strategy-based approach. They work closely with parents, social services, education and other services involved in the child's care. They also provide consultation, family support, social skills training and joint working with or referral to other services where appropriate.

Eligibility criteria and referrals

The service focuses on the emotional, behavioural and mental health needs of children aged five to 18 years and their families who live in Kensington and Chelsea who have a diagnosis of Autism and/or a Learning Disability.

The team accept referrals from different professionals as well as from parents.

Contact

Address:

2nd Floor Green Zone, The Freeman Suite
Kensington Town Hall, Horton Street,
London, W8 7NX

Telephone: 020 7598 4911

Crisis and risk management support for children and young people



CNWL Community Eating Disorders Service for Children and Young People

The service offers help and support to children and young people aged 17 or under who have a suspected or confirmed eating disorder diagnosis.

Needs, approach and treatments

The team of psychiatrists, psychologists, nurses, a dietician, paediatrician and psychological therapists offer assessment, diagnosis and intervention on a range of suspected and confirmed eating disorders including:

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder
- Atypical anorectic and bulimic eating disorder

Eligibility criteria and referrals

This service is for children and young people aged 17 and under who live in Central and North London who are experiencing some degree of psychological distress with a suspected or diagnosed eating disorder. This includes children and young people who are seeking advice, consultation and support.

The service accepts referrals from GPs, other healthcare professionals, schools and colleges. We also accept self-referrals from young people or parents and carers.

The referral form can be found online at <https://www.cnwl.nhs.uk/service/community-eating-disorders-service-for-children-and-young-people/>

Completed referral forms can be emailed, posted or handed in to our reception. If you are sending a referral form by email, please make sure you are using a secure email address. Self-referrals can also be made over the telephone.

The service is open Monday to Friday 9am to 5pm.

Contact

Address:
South Kensington and Chelsea Mental Health Centre,
1 Nightingale Place,
London, SW10 9NG

Telephone: 020 3315 3369

Email: cnw-tr.CEDS-CYP@nhs.net



Section 2 – Services in the Central London CCG area (covering the Borough of Westminster (excluding the wards of Queens Park and Paddington))

Prevention and early intervention services focused on low to moderate need



Mind Central London Mental Health Support Team (currently being rolled out)

Our schools and colleges Mental Health Support Team is provided by BWW Mind and supports children and young people between the ages of seven and 18 with mild to moderate mental health needs in schools and colleges.

Needs, approach, support and treatment

When the team is fully operational the 15 staff will offer support to children and young people in groups and on a one-on-one basis with low intensity predominantly CBT based interventions for low mood, anxiety and self-harm. The team will also support pupil's resilience including with academic pressure and self-confidence. The team will include a family support worker to support parents and a family therapist to support families with more complex needs.

Eligibility criteria and referrals

The team will operate in educational settings across Westminster (with the exception of the Queens Park and Paddington areas).

Any child or young person who attends these schools with a mild to moderate mental health need can be referred or self-refer to the team.

Contact

Email: ncalovska@bwwmind.org.uk

Telephone: 020 7259 8122

Kooth – Online counselling service

Kooth is our digital early intervention and prevention service. It is free to all children and young people, is anonymous and is available until 10pm every day.

Needs, approach, support and treatment

The service is available across the whole Borough and provides resources for self-help, peer-to-peer support and one-on-one online counselling for those with mild to moderate mental health needs.

About 60 per cent of users suffer from anxiety or stress and 20 per cent are thinking about or are self-harming. About 40 per cent will seek and receive direct support from a professional.

Eligibility criteria and referrals

The service is available to all RBKC children and young people aged 11 to 25.

Contact

To join visit <https://www.kooth.com/>

Specialist CAMHS services focused on severe and complex need



CNWL Westminster CAMHS

Westminster Specialist CAMHS is delivered by CNWL NHS Trust and works with children, young people and their families with complex mental health difficulties, in a range of different ways depending on their needs up to the age of 18.

Needs, approach and treatments

The type of difficulties dealt with by the teams includes:

- Complex emotional and behavioural problems
- Anxiety and depression and very rarely serious mental illness such as psychosis and eating disorders
- Family relationship issues and parenting
- Hyperactivity or poor concentration (ADHD, ASD)
- Challenging behaviour
- Eating, sleeping or toileting problems
- School refusal
- Children with mental health needs related to learning difficulties, physical illness or disability

The services psychologists, psychiatrists, and therapists provide assessment and treatment packages for children and young people and their families. Treatment may include:

- Cognitive behavioural therapy (CBT)
- Family therapy
- Play therapy
- Individual and group psychotherapy
- Behavioural support
- Medication is also used when appropriate and carefully monitored by the doctors

CAMHS provide consultation to other professionals, such as teachers, youth workers, social workers and other health professionals.

CAMHS also work within schools and offer teachers support and training on spotting and dealing with mental health difficulties in children and young people.

Eligibility criteria and referrals

Referrals are accepted from health services such as GPs and paediatrics and education and social services. Any professional working with children, young people and families can refer a child to the services. This is usually a GP, a member of schools staff or a social worker. Self-referrals are also considered by each team. If they are unsure whether they should make a referral or are concerned about a child or young person they can contact the service Monday to Friday between 9am and 5pm and speak to the duty CAMHS professional who can provide information and guidance. The duty CAMHS professional can arrange an urgent appointment where necessary.

Contact

Address:

7a Woodfield Road
London, W9 2NW
United Kingdom

Telephone: 020 3317 5999

Email: westminstercamhs.cnwl@nhs.net

Website: <https://camhs.cnwl.nhs.uk/>

Crisis and risk management support for children and young people



CNWL Community Eating Disorders Service for Children and Young People

The service offers help and support to children and young people aged 17 or under who have a suspected or confirmed eating disorder diagnosis.

Needs, approach and treatments

The team of psychiatrists, psychologists, nurses, a dietician, paediatrician and psychological therapists offer assessment, diagnosis and intervention on a range of suspected and confirmed eating disorders including:

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder
- Atypical anorectic and bulimic eating disorder

Eligibility criteria and referrals

This service is for children and young people aged 17 and under who live in Central and North London who are experiencing some degree of psychological distress with a suspected or diagnosed eating disorder. This includes children and young people who are seeking advice, consultation and support.

The service accepts referrals from GPs, other healthcare professionals, schools and colleges. We also accept self-referrals from young people or parents and carers.

The referral form can be found online at <https://www.cnwl.nhs.uk/service/community-eating-disorders-service-for-children-and-young-people/>

Completed referral forms can be emailed, posted or handed in to our reception. If you are sending a referral form by email, please make sure you are using a secure email address. Self-referrals can also be made over the telephone.

The service is open Monday to Friday 9am to 5pm.

Contact

Address:

South Kensington and Chelsea Mental Health Centre,
1 Nightingale Place,
London, SW10 9NG

Telephone: 020 3315 3369

Email: cnw-tr.CEDS-CYP@nhs.net

