

Enfield Children and Young People's Mental Health Transformation Plan

2015 – 2020

October 2019 Refresh



Art work by Katie-Alice Contant (CAMHS Young People's Participation Group)

Foreword by Councillor Nesil Caliskan, Chair of Enfield Health & Wellbeing Partnership

Enfield's vision for Children and Young People's Mental Health 2015-2021

We want to ensure that mental health is 'everyone's business' and to co-produce a whole system approach to emotional wellbeing and mental health in Enfield, which transforms provision by 2020. Key elements are:

- Implementation of the THRIVE conceptual model which encourages shared multi-agency responsibility in promoting emotional wellbeing and mental health. Mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis, or health care pathways but can be aligned with support available through 'getting advice', 'getting help', 'getting more help' and 'risk support'
- A stronger focus on prevention, self-help, peer to peer work and community support networks: we want children and young people in Enfield to 'thrive': to be emotionally resilient, confident and able to achieve whatever they set out to do and there is no stigma to asking for help when they feel it is needed.
- Early identification and intervention, through implementation of the Healthy Child Programme, the Family Resilience Strategy, and work in schools
- Additional targeted support where necessary for children and young people who are more vulnerable using the Thrive Partnership Board action plan to review and implement a system wide response, with a focus on 18-25 year old's for the coming year.
- A workforce motivated and equipped to deliver accessible and responsive services. To recruit and train a new workforce in schools, i.e. Education Mental Health Practitioners. By Sept 2020, the population reach of these teams will be approximately 16,000 CYP across approximately 40 educational settings.
- A common understanding of the support and services available through a comprehensive directory, i.e. the Local Offer.

Implementing NICE and best practice guidance and an ongoing focus on outcome measures will be embedded as part of CYP IAPT implementation.



Councillor Nesil Caliskan
Chair, Health & Wellbeing Board



Tony Theodoulou
Executive Director - People

Contents

Executive Summary	7
What the Plan has delivered in 2018/19	7
What are the new Priorities for 2019/20?	8
Introduction.....	10
Transparency & Governance.....	12
Figure 1: Governance structure LTP.....	13
LTP refresh local assurance.....	13
Monitoring delivery and progress.....	13
Safeguarding	16
Understanding Local Need	18
Key Points.....	18
Detail	18
Children’s Services	20
Mental Health: Risk Factors	20
Maternal mental health	21
Looked After Children	21
Young Carers	22
Care Leavers	22
Children with Special Educational Needs & Disabilities	23
Children affected by Adverse Childhood Experiences (ACE)	23
LGBTQ+.....	23
Joint Strategic Needs Assessment (JSNA)	24
Perinatal Mental Health.....	25
Local investment in CAMHS	27
Local Transformation Plan (LTP) Ambition 2018-2020	30
Current Priorities.....	30
NCL Prevalence Data	33
Next Steps	33
Mental Health Promotion in Universal Settings, Schools and Colleges.....	35
Early Interventions in universal settings, schools and colleges.....	37
Parenting Programmes delivered in Childrens Centres and Schools	39
New Models of Care.....	40

NCL Provider Collaboratives – New Care Model for CAMHS Tier 4.....	41
Rationale for a joint priority across NCL and NEL.....	41
Current picture.....	41
The NCEL Provider Collaborative	41
The NCM Commissioning Hub	43
CAMHS specialised inpatient service review analysis data for NCEL	45
NCEL CAMHS NCM Site Activity/Cost data 2018/19 M12	46
Children & Young People aged 0-25 services.....	49
Transitions CQUIN	49
Workforce.....	50
Background	50
Enfield Mental Health Workforce	50
BEH MHT CAMHS Workforce	52
EPS, SEWS & Primary Behaviour Support Service Mental Health Workforce	53
Across the system	53
Training and CPD.....	55
Table A: Workforce Training Across the System (which might include staff employed by educational settings) – forward plan.....	55
Table B: Workforce Training for Schools (ongoing and forward plan).....	60
Health & Justice.....	69
Health & Justice Pathway.....	69
Transitioning to and from Children & Young People’s Secure Estate on both welfare and youth justice grounds.....	69
CYP in receipt of specialist or forensic CAMHS.....	70
Interacting with Liaison and Diversion services.....	70
In crisis care related to police custody.....	71
CYP with complex needs	71
Mental Health and Emotional Wellbeing Assessments.....	72
Co-production	72
Eating Disorders	74
Staffing	74
Summary of Service Activity	74
Specialist inpatient referrals	75
Service improvements during 2018/19	76
NHS Long Term Plan.....	76

Plans for 2019/20.....	77
Data Access & Outcomes	80
Urgent and Emergency (Crisis) Care	83
Our ambition	83
What we are aiming to achieve across NCL.....	84
CAMHS Acute Care Pathway – a whole system approach to crisis care	85
NCL-wide 24-hour crisis service	86
Out of hours NCL-wide CAMHS practitioner-led component.....	87
Milestones delivered.....	89
NCL-wide psychiatry on-call rota	89
Healthy London Partnership (HLP) children and young people’s mental health crisis peer reviews.....	89
Key Stakeholders.....	91
Paediatric Liaison Service	92
Rationale for joint priority across NCL.....	92
Our ambition	92
What we are aiming to achieve across NCL.....	92
Current picture.....	93
Proposal	93
Key milestones	94
Funding.....	95
Links to key policies and initiatives	95
Early Intervention in Psychosis.....	96
Safe Team.....	96
Mental Health Support Teams	97
Partnership with Educational Settings.....	97
Therapeutic and Therapeutically informed interventions.....	97
Targeting local need.....	98
Joint assessment to identify training and resource requirements for schools	99
Integrated referral pathways and advice systems.....	99
Fidelity to Nationally Prescribed Core Functions.....	99
NCL	100
Appendix 1: Engagement Table	101
Appendix 2: Enfield Children and Young People’s Mental Health Transformation Plan 2015 – 2020	106

Enfield Parent and Infant Partnership (EPIP).....125
Glossary132

Executive Summary

In November 2015 Enfield published its Local Transformation Plan for Child and Adolescent Mental Health in Enfield, 2015-2020. In the original Transformation Plan we noted that many of the elements of *Future in Mind* were already in place. Enfield's Specialist Community CAMH service has always been well thought of, and in the past was a fully integrated service across the Council and Barnet, Enfield and Haringey Mental Health NHS Trust (BEH MHT) with good working relationships with schools and staff embedded in social care, youth justice, the looked after children team and children's centres.

The Local Transformation Plan outlined how the partnership were committed to ensuring that modern sustainable children and young people's mental health services are in place by 2020, helping all children/young people in our borough to realise their full potential, helping them to prepare from an early age to be self-sufficient and have a network of support that will enable them to live independent and healthy lives.

This is the fourth annual refresh of the Local Transformation Plan, which includes an updated needs analysis, investment and performance, including performance against national access and workforce targets. The refresh outlines the Enfield's approach to breaking down the barriers between services to

- Develop, deliver and commission a range of high quality and accessible mental health support based on the THRIVE¹ model.
- Provide effective universal services based on the Healthy Child Programme and Early Years Foundation stage. Children/young people and their families are supported by targeted services that have a lasting impact particularly on the most vulnerable, in order to prepare for the responsibilities of adulthood and build up resilience for the future.
- Ensure there is mental health support through all stages of childhood, pre-birth, infancy, pre-school, through school and into further education, with the aim of releasing the potential in all children/young children.
- Continue the focus on educational attainment as a key indicator for long term mental health and wellbeing

What the Plan has delivered in 2018/19

- The CAMHS Access target for 2018/19 was met following sustained work and additional investment in the CAMHS Access Pilot.
- The transfer the leadership of the Specialist Community CAMHS fully to BEHMHMT as the lead provider was completed as planned. There continues to be a close working partnership arrangement between key Council services (i.e. CAMHS & EPS). The Specialist Community CAMHS workforce has been stabilized following a sustained focus on recruitment and retention. Team managers have been successfully recruited across generic and SAFE/Alliance services to enhance operation oversight and support clinical delivery.
- Trainee Children's Wellbeing Practitioners joined in January 2019. They were

¹ <http://implementingthrive.org/about-us/the-thrive-framework/>

successfully integrated with CAMHS Access Team and in the Educational Psychology Service's (EPS) Social, Emotional and Mental Health School Hub (SEMH School Hub)

- The STAY (Supporting Team Around You) Project is now up and running and is working with young people with special needs and behavior challenges and for whom there is a risk of home or special school breakdown and admission to hospital or residential school/placement, and is starting to have an impact on outcome,
- Developed an out-of-hours service to enhance the acute care pathway for young people in crisis
- Admissions to inpatient facilities for Enfield young people continues to be low. This demonstrates, Enfield is using its resources effectively to appropriately support young people with severe mental health problems and eating disorder difficulties through effective co-working across Community, The Royal Free Hospital and Adolescent/STAY teams.
- Enhance support available for young people who are in custody
- Enfield Children's Portal launched in July 2019, which provides a single point of entry for safeguarding concerns and the Enfield Early Help offer.
- BEH MHT ran a successful quality improvement programme, which successfully reduced the Did Not Attend (DNA) rate to below both the national and regional averages.
- The Healthy Schools London Award has been taken up by 80% of Enfield Schools. Many schools continue to deliver the silver action plan, which crucially includes a consideration of emotional health and wellbeing of students, thereby contributing to universal preventative services.

What are the new Priorities for 2019/20?

- Implementation of Trailblazer Mental Health Support Teams to:
 - Deliver evidence-based interventions for mild to moderate mental health and emotional wellbeing needs
 - Support senior mental health leads in education settings to develop and introduce their whole-school or whole-college approach to mental health and emotional wellbeing
 - Providing timely advice to staff and liaising with external specialist services so that children and young people can get the right support and remain in education.
- Improve access to services to ensure that at least 35% of CYP with diagnosable mental conditions receive treatment from an NHS funded community health service.
- Continue with the implementation of THIRVE conceptual model by establishing a system-wide data set/outcomes measures framework to monitor its implementation.
- Developing the support available for the LGBTQ+ community
- Building on the successful first round of CWP trainees, Enfield has been awarded a further 3 CWP Trainees for January 2020. Enfield will use the success for the CAMHS and EPS/SEWS partnership to support the placements to extend access to CAMHS services.

- Crash Pad development
- The EPS will develop and roll-out Emotional Literacy Support Assistants (ELSA) for schools to enable children with Social Emotional Mental Health needs to be supported by staff who have regular access to training and supervision arrangements
- To continue the roll out of the Sandwell Whole School Wellbeing Chartermark across Enfield Schools; providing school senior leadership teams with the appropriate support to conduct an audit through collaboration with children/young people, parents/carers and school staff to support the development of whole school community wellbeing.

The delivery of the Enfield Local Transformation Plan (LTP) continues to be underpinned by well-established governance structures in both Enfield CCG and Enfield Council. These arrangements both support the delivery of the LTP, for example through the Thrive Partnership Board (formerly the Children's Partnership Board) and its associated working groups, and provide challenge and governance oversight allowing risks to deliver to identified at an early stage and mitigations managed.

Introduction

There are a number of plans and strategies within Enfield that supports the long term transformation plan for children and young people. These include; the 'Joint Commissioning Strategy for Emotional Wellbeing & Child and Adolescent Mental Health for 0-18 year olds published by Enfield CCG in November 2015. 2015-2020', and the Local Transformation Plan (LTP) for CAMHS this was produced in response to Future in Mind, March 2015.

The original LTP, approved by NHSE in November 2015 presented:

- The whole spectrum of services for children & young people's mental health and wellbeing from health promotion and prevention work,
- to support interventions for children and young people who had existing or emerging mental health problems,
- To ensure smooth transitions between services.

In October 2017, the LTP built on the submission commitment to the strategy being an iterative process and would continue to be developed over the timeframe of the five year plan in response to changing need, analysis of activity and outcome data and service reviews. As a system, in the context of financial pressure for both Enfield CCG and the London Borough of Enfield, a plan for 2016/17 and 2017/18 was developed to ensure there was a modern and sustainable children and young people's services in place by 2020.

The Local Transformation Plan refresh (2019) builds on the original plan and the 2018/19 refresh and outlines the ongoing plans to affect whole system change, addressing gaps in service provision and tackling emerging areas of need. The refreshed LTP is published on both CCG and local authority websites.

Methodology

Enfield's Local Transformation Plan Refresh (October 2019) has been informed by a comprehensive assessment of the needs of children, young people and their families. This year a mapping exercise regarding mental health support in schools (Healthy London Partnership) was carried out by Enfield's CYP Mental Health Partnership in July 2018. This provided a comprehensive and current whole system overview of what is provided in schools for children's mental health. Enfield has also contributed to the ISOS (LGA) research on children and young people's mental health and learning has been fed back to inform the mapping exercise around ongoing developments in Enfield.

Developments driven by the original Local Transformation Plan have ensured a comprehensive set of performance data is available from the widest of commissioned CAMHS services. This data includes information on expenditure, activity, outcomes and experience of service, has been used to assess the impact of the plan towards achieving the trajectory of targets for referrals, increased numbers accessing services, improved waiting times and an increase in numbers of therapists available in the community.

Utilisation of needs analysis, performance data and emerging, local, regional and national recommendations and the updated Key Lines of Enquiry, continue to shape local priorities

and inform decision and ensure greater integration across the Enfield system and where collaboration across North Central London can add value.

The involvement of children, young people and their families continues to be central to the Enfield approach. Ongoing participation activities that have informed the 2019 refresh include:

LTP has been undertaken in partnership with a wide range of stakeholders, including:

- Public Health
- GPs
- Barnet Enfield & Haringey Mental Health Trust
- Service Managers from External Providers
 - Enfield Children's & Young Peoples Service
 - Place2Be
 - Our Voice
- Primary, secondary and special schools, including local Free Schools and Academies, Head Teacher for LAC, PLAC, CIN
- Multi Agency Safeguarding Teams
- Council Service Managers from:
 - Children's Safeguarding and Social Work
 - Educational Psychology Service
 - Youth Offending Team
 - Head of Corporate Parenting
 - Head of Service – Change & Challenge (trouble families)
 - Parenting Support Unit
 - Director for Education
 - School and Early Years Improvement Service
 - Behaviour Support Service
- CCG and Council Commissioners for
 - Children's Mental Health (CCG)
 - Strategic Commissioning (LBE)
 - Adult Mental Health (CCG)
- CCG Commissioners from North Central London
 - Barnet
 - Camden
 - Haringey
 - Islington
- NHSE Specialised Commissioning
 - CAMHS Tier 4
 - NCL STP Project Board
 - Health in Justice

Transparency & Governance

The delivery of the refreshed LTP continues to be underpinned by well-established governance structures which cover both Enfield Council and Enfield CCG. These arrangements both support the delivery of the LTP, through the Thrive Partnership Board (formerly Enfield's Children's Partnership Board) and its associated working groups, and provide challenge and governance oversights from through the Joint Health and Social Care Board and Enfield's Health & Wellbeing Board.

Support for children and young people with mental health needs runs throughout key strategic ambitions across the Enfield system:

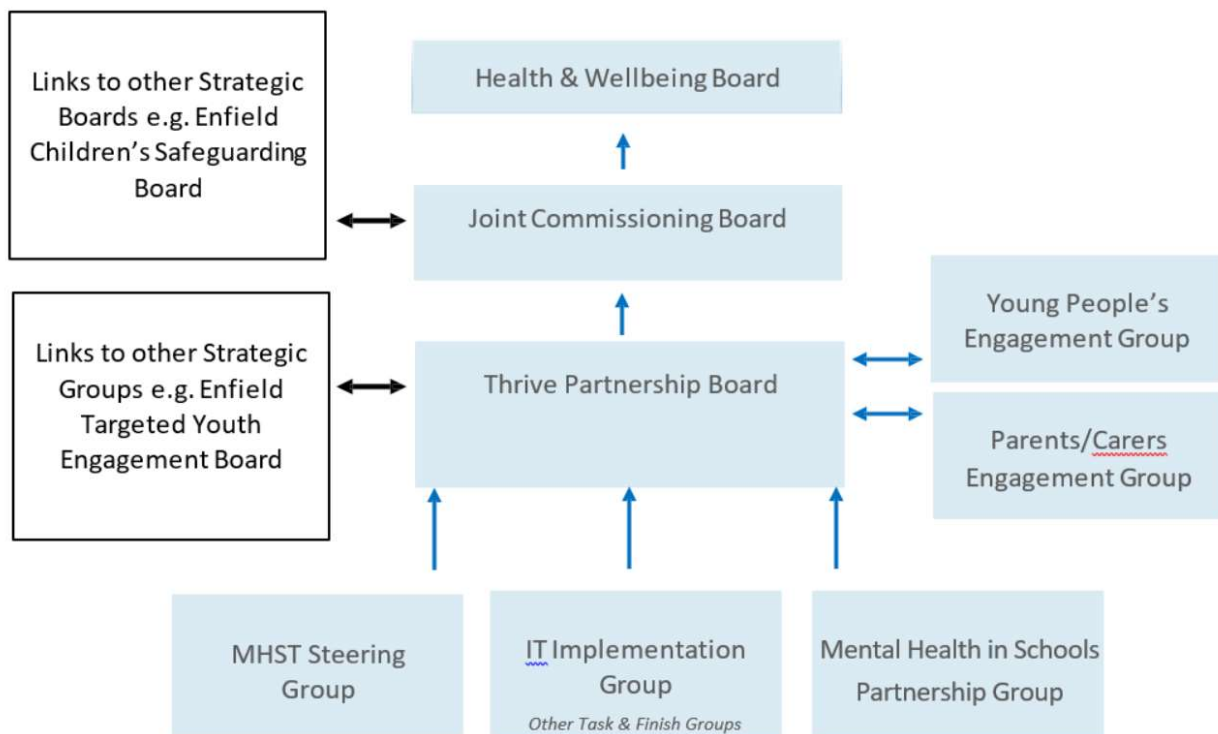
- Enfield's Joint Health & Wellbeing Strategy
- Enfield CCG Business Plan
- Enfield CCG Operating Plan
- Enfield Joint Strategic Needs Assessment
- Enfield SEND Strategy
- Enfield Family Resilience Strategy
- Enfield Youth & Justice Plan 2019
- Enfield's Local Offer for SEND

This document does not operate in isolation within the county boundaries of Enfield, but is closely linked with the LTPs of the other four CCGs in North Central London as well as the work undertaken through the collective STP footprint. This collaboration and alignment takes place through a formal partnership group between local authority members and health providers, commissioners and regulators with strong clinical representation that meets on a monthly basis. The group oversees the planning and delivery of a range of local and national initiatives designed to improve CAMH services across the five boroughs in North Central London. This project will closely align with North London Partnership (HLP) workforce high level objectives and Health Education England (HEE) priorities.

Governance at an NCL level is provided through the NCL STP Programme Delivery Board and Mental Health Steering Group. NCL oversight for CAMHS has been strengthened through the development of the NCL-wide CAMHS Project Board which includes commissioners, CCG clinical leads and Provider services. This is co-chaired by the Clinical Director of the lead provider within the STP and a Strategic Commissioning Manager Lead. This group is responsible for overseeing the delivery of the NCL STP CAMHS workstreams.

Additional collaborative and place-based commissioning oversight is provided through the multi-agency Liaison & Diversion Project Board which is in the process of being reconvened, and is attended by representatives from Health and Justice, Enfield's Integrated Youth Support Service / Youth Offending Service, CAMHS and commissioning. Further, for CAMHS Tier4, the Specialised Commissioning CAMHS Case Manager is on the membership for Enfield's multi-agency Tier 4 Clinical Monitoring Group and meets on a twice-monthly basis with Enfield's Commissioning Manager for CAMHS to ensure robust joint oversight of CAMHS Tier 4 cases.

Figure 1: Governance structure LTP



LTP refresh local assurance

The refresh of Enfield’s LTP for 2019 has been assured through the following structures:

- Enfield Health & Wellbeing Board
- Thrive Partnership Board
- Enfield CCG Director’s Group
- Director of Children’s Services

Monitoring delivery and progress

Progress towards achieving LTP Key Performance Indicators (KPIs) and outcomes is managed through a range of mechanisms. Local and NCL-wide contract review meetings and Clinical Quality Review Group (CQRG) meetings. The quarterly monitoring framework for commissioned services provides a regular formal mechanism through which commissioners and service managers can review progress against cohort specific targets. The overall progress towards delivering the LTP is managed through the monthly Thrive Partnership Board. Delivery of the NCL STP work streams in monitored through the NCL CAMHS Project Board and through the NCL STP Mental Health Steering Group. LTP expenditure is monitored through regular integrated finance meetings with CCG and CSU finance colleagues. Work is underway to align the various reporting frameworks and to develop local and NCL-wide dashboards that encapsulate all key data in a more easily accessible format.

Risk Description	Likelihood	Impact	Rating	Mitigating Actions
------------------	------------	--------	--------	--------------------

Mental Health Support Teams failure to deliver increase in Access rates.	Low	High	Green	<ul style="list-style-type: none"> ☐ Work with system partners, specifically educational settings to develop single point of access for young people into mental health pathway
Primary Care Networks (PCN)	Medium	Medium	Amber	Develop approach to integrating CYP MH into PCN outcomes.
Workforce development and the availability of suitably qualified staff to recruit to posts	Medium	High	Amber	<ul style="list-style-type: none"> ☐ Escalation of authorisation to recruit within the Trust to ensure no substantial recruitment slippage to the proposed staffing structure ☐ Providers to ensure commissioners are frequently updated on recruitment progress and any delays. This in turn will be reported up to the Children's Programme Implementation Group ☐ Working together with NCL colleagues

				to develop innovative solutions and workforce developments strategies
Failure for all providers to be submitting all activity to MHSDS	Medium	Medium	Amber	<ul style="list-style-type: none"> ☑ Support all providers to submit data including development of necessary frameworks ☑ Monitor provider activity consistently at a commissioning level
Inaccuracies in cost estimates causing potential overspend or underspend	Low	Medium	Green	<ul style="list-style-type: none"> ☑ Work closely with Enfield CCG finance team to ensure projections are updated monthly ☑ Work with providers to ensure funds are allocated appropriately
Failure to deliver key actions outlined in the LTP	Low	Medium	Green	<ul style="list-style-type: none"> ☑ Monthly monitoring at Thrive Partnership Board ☑ Quarterly monitoring with all providers

Safeguarding

NHS Enfield CCG has been an active partner in shaping the new multi-agency safeguarding children arrangements. The new partnership was formally signed in June 2019 and went live on the 29th of September 2019.

There are five areas of work the new arrangements cover to ensure there is continuous innovation, learning and improvements within the partnership.

These are:

- 1.** Community Awareness Raising – working with Enfield residents to raise the profile of the Safeguarding Children teams, how they can help, and how they can be contacted; as well as what local people can do to keep themselves and their families safe.
- 2.** Developing Insights about how we are doing and new risks that we need to be ready for – through data, intelligence and assurance work in line with the Accountability and Assurance framework (August 2019).
- 3.** Improving Safeguarding Practice – including the Think Family approach, which encourages services to deal with families as a whole, rather than responding to each problem, or person, separately. Multi-agency policies will be developed and signed off by this group. The group will also ensure there is a cycle of multi-agency audits across all agencies.
- 4.** Focus on issues affecting Vulnerable Young People, including serious youth violence, criminal and sexual exploitation, and cyber/online abuse.
- 5.** Making sure we review and learn from every Child Death. Enfield CCG will work with the other North Central London boroughs to improve the experience for bereaved families, and ensure information from the child death review process is systematically captured. This will aid local learning and, through the planned National Child Mortality Database, identify learning at the national level, as well as informing changes in policy and practice.

Overseeing this work, is an Executive Group, including senior decision makers from the Police, Enfield Council, NHS Enfield Clinical Commissioning Group, and an Independent Scrutineer.

A Partnership meeting will bring together Enfield's wider safeguarding partnership every six months to explore specific themes. These meetings will include the Safeguarding Partners, relevant healthcare agencies and members of the community. Representatives from Education, including the Head teachers from Enfield's Primary, Secondary and Special Schools networks will part of this meeting.

Digital Progress next steps

BEH is an integrated mental health and community health services provider and the lead provider of a wide range of mental health services across the London boroughs of Barnet, Enfield and Haringey as well as specialist mental health services to a larger population across North London, Hertfordshire, Essex and surrounding counties.

BEH provides a full range of child and adult community health services in Enfield and employs 3,000 staff across the organisation. The annual income for 2019/2020 is £237 million.

In May 2019 BEH launched a new clear bold and ambitious Trust Strategy setting out a vision for the next five years. The strategic aims are:

1. Excellence for service users
We will deliver brilliant basics and beyond for our service users and carers
2. Empowerment for staff
We will nurture our culture and champion the capabilities of our people
3. Innovation in services
We will embed a culture of innovation to meet the increasing needs of our population
4. Partnerships with others
We will actively strengthen partnerships to deliver integrated care for the communities we serve

The overarching ambition of the BEH is to support healthy lives and healthy communities through the provision of excellent integrated mental and community healthcare.

The trust recognises that the current digital and IT capabilities are not creating the most efficient and effective environment to deliver the best possible care. The Trust is investing in information technology to enable more mobile working, and reduce the need for community team bases. Through the Trust's Total Mobile project, this is developing an approach of 'transformation through technology' to support remote working, accessibility of electronic patient records, and better communication. Through investment in IT our vision is for our service users to feel confident, more informed and in control of their care through access to their own care information.

Understanding Local Need

Key Points

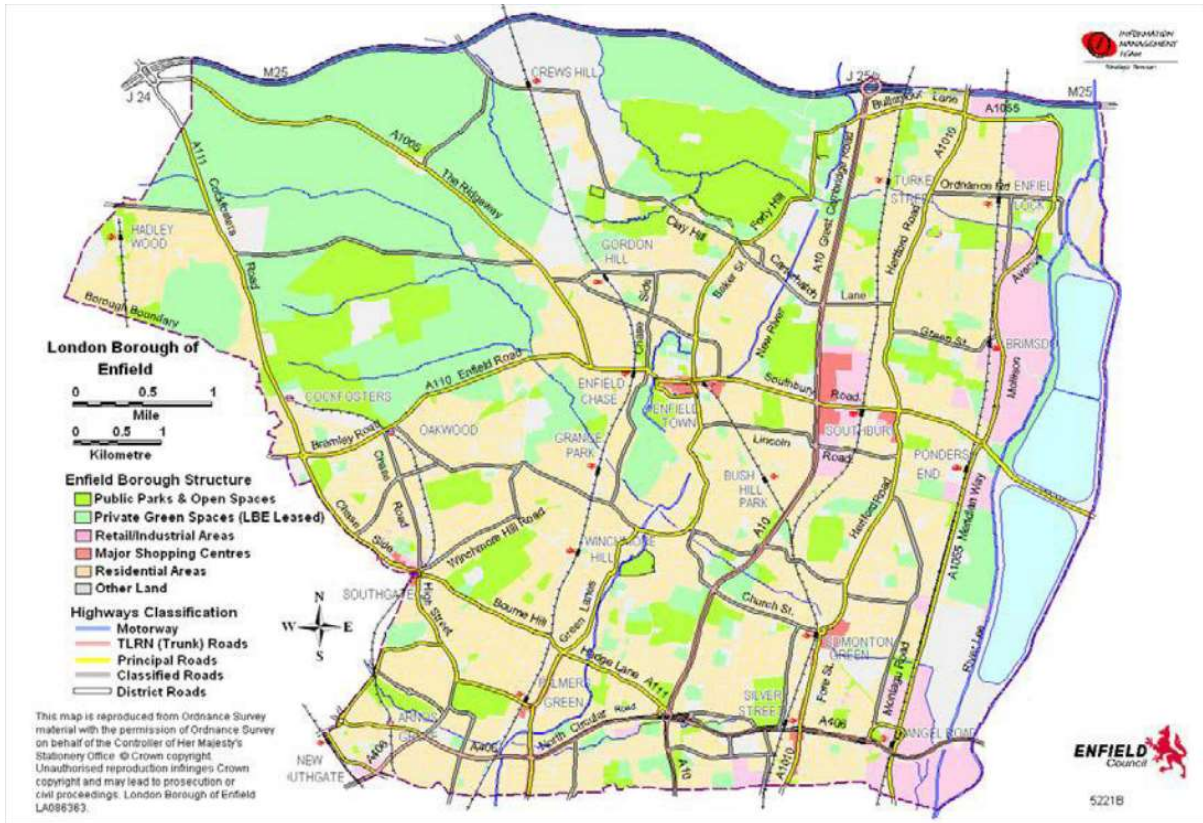
- There is increasing population of Children and Young People (CYP) resident in Enfield.
- Higher numbers of CYP live in areas of high deprivation.
- Approximately 500 babies are born to women with Post Natal Depression in Enfield annually.
- It is estimated that 10% of the population experience 4 or more Adverse Childhood Experiences (9000 under 18s in Enfield).
- There is a lower rate of Looked After Children among Enfield residents in comparison to average for London.
- The rate of first time entrants into youth justice among young people in Enfield is similar to the London average.
- The rate of young people who are NEET is worse among CYP in Enfield in comparison to the London average.
- 7841 CYP between nursery and 18 years were identified as CYP with a disability.
- Rates for hospital admissions relating alcohol or substance misuse were significantly better than average for England
- Rates for admission for mental health issues or self harm were similar to or better than average for England.

Detail

Enfield is about 12 miles by road from the centre of London. Enfield has good links to the national motorway system, the north of the borough being bounded by the M25, accessed at junctions 24 and 25. It also has two trunk roads – the A10 (London to Cambridge) and A406 (London's North Circular Road).

Five train lines pass through the borough, including the Piccadilly (Underground) Line connecting to Heathrow Airport. The other direct connections are in to London Kings Cross, Moorgate and Liverpool Street, outward to Welwyn Garden City, Hertford North, Hertford East, Letchworth and Stevenage.

The authority covers an area of 8219 hectares (82.2 square kilometres, or 31.7 square miles). The Ward with the largest area is Chase, representing 20.96% of the total area.



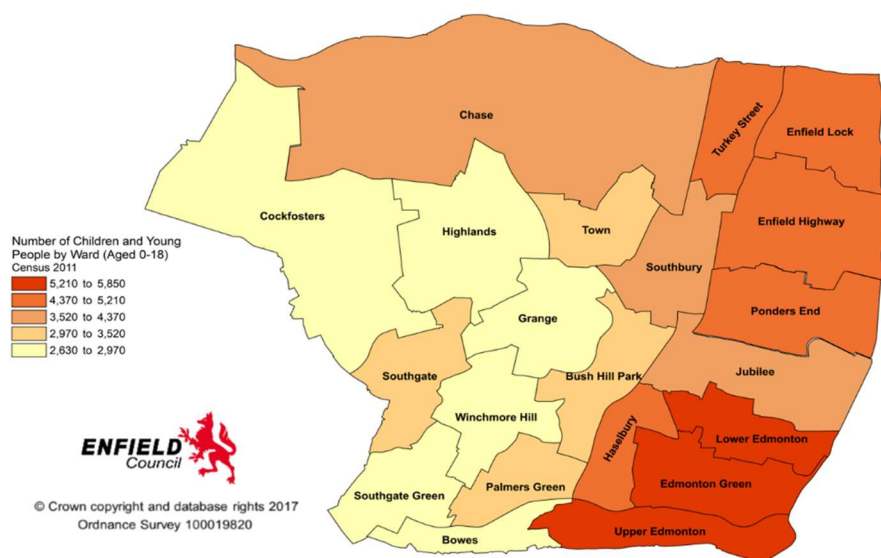
The latest ONS projections for 2017 mid-year put the number of 0-18 year olds in Enfield at 88,000. This figure is due to rise to over 95,000 by 2055. Public Health, Enfield, have estimated that 9.9% (5300) children and young people resident in Enfield between the ages of 5 and 16 have a diagnosable mental health disorder. Enfield's CYP population is predicted to rise over the next 5-10 years, which will likely put a greater burden on existing resources.

ONS Mid-2017 Population Estimates, Enfield

Age	Males	Females	All
0 – 5 years	15,250	14,462	29,712
6 – 18 years	30,262	28,336	58,598
Total	45,512	42,798	88,310

It has been widely recognised that there are both risk factors and protective factors for mental wellbeing. Many of the risk factors relating to poor mental health (overcrowding,

poor housing, parental unemployment etc) are associated with poverty. The graph below demonstrates that there are higher numbers of children and young people living in wards of highest deprivation in Enfield including Upper Edmonton, Edmonton Green and Lower Edmonton.



Children's Services

Referrals for Children's Social Care arrive via the Multi Agency Safeguarding Hub (MASH), which was set up in 2012. Children's Services in Enfield have experienced a significant increase in demand in the years since 2011/12. During the period April 2017 to March 2018, the service dealt with 4,618 referrals¹⁰ - an increase of 13% on 2016/17. The **rate** of referrals was 548.4 per 10,000 children – a higher rate than that for Outer London (513.1 per 10,000) and London as a whole (545.6 per 10,000).

As at 31st March 2018, 235 children were the subject of a Child Protection Plan (CPP) – a rate of 27.9 per 10,000 children.

At 31st March 2018, Enfield Council was responsible for 333 looked-after children, a rate of 40 per 10,000 children - 7% of Looked After Children were adopted during the year. In addition to child protection matters, Children's Social Services deal with children in need – representing 318.60 children per 10,000 as at 2018 – an increase of 32% since 2013.

Sixty-five Unaccompanied Asylum Seekers were in the care of Enfield Council as at this date – the fourth highest number of all Outer London boroughs, behind Croydon (295), Hillingdon (70) and Barnet (66)

The most recent OFSTED inspection of Enfield's children's services was published March 2019 and found that the overall services were good.

Mental Health: Risk Factors

There are a range of groups of CYP who are at increased risk of poor mental wellbeing, many of these groups are linked to experience of ACEs. These include;

- Children born to women with Post Natal Depression
- Looked After Children (LAC)
- CYP Not in Education, Employment or Training (NEET)
- First time entrants into the youth justice system
- CYP in contact with substance misuse treatment services
- Children with Disabilities
- CYP who are LGBTQ+
- Young carers

The Action Plan in Appendix 2 explains how we are responding as a system to the needs of these groups.

Maternal mental health

There are nearly 5000 live births among Enfield residents annually. National estimates indicate that approximately 10% of new mothers experience Post Natal Depression (PND) which equates to approximately 500 women and babies. PND can have significant impact on attachment and bonding impacting on childhood development and mental wellbeing.

Not in Education, Employment or Training (NEET)

6.7% of 16-17 year olds resident in Enfield were NEET in comparison to 5% average in London generally (PHE).

First time entrants to the youth justice system

290/100 000 Enfield residents aged 10-17 years (PHE) similar to average for London.

Hospital admissions for mental health and self - harm

Among Children and Young People resident in Enfield there were (PHE);

- 16.3/100 000 alcohol specific admissions among under 18 year olds (2017/18) and 53/100 000 admissions due to substance misuse among 15-24 year olds. Both significantly better than England.
- 80.7/100 000 admissions for mental health causes (2017/18). Similar to England.
- 147.4/100 000 admissions for self harm among 10-24 year olds (2017/18). This was significantly lower than London and England.

Looked After Children

There were 333 Children and young people resident in Enfield who were Looked After Children as of 31st March 2018. This figure has increased from 299 in 2014 (DfE). There is a lower rate of Looked After Children among Enfield residents (40/100 000) in comparison to the London average (49/100 000).

The HEART CAMHS team is commissioned to receive referrals from Social Workers of

looked after children aged 0-18, and to provide support to Foster Carers, via referrals from Supervising Social Workers.

Enfield currently has 363 looked after children aged 0-18. In the financial year 2018- 2019 HEART CAMHS had 82 referrals and accepted 100%. This represents 28% of LAC in Enfield, whereas there is evidence suggesting 45% cent of looked after children aged 5 to 17 in London experience a mental health disorder¹¹, we know that up to 78% of LAC score over 17 on the SDQ (CYP-IAPT LAC implementation group) and that over 60% will need specialist input (NICE 2010).

Looked After Children (LAC) represent a high need group, where early intervention has been shown to reduce later cost burden on health and social care services. Research suggests that a very high level of looked after children could benefit from CAMHS input. Since all looked after children have been through adverse childhood experiences, which are known to lead to negative health, social and educational outcomes, we would like to reach majority of LAC through either direct CAMHS input, training and support to foster carers, or consultation to social workers.

Young Carers

There are currently 233 Young Carers registered with the LA Commissioned Young Carers Support Service currently in receipt of advice and support. (146 Young Carers assessments took place over 2018-19). The CCG contributes to the counselling service delivered by the provider (DAZU) for a total of 30 young carers p.a. in need of support to improve their mental health. The service has delivered mindfulness training and hosts a joint project with Nightingale Hospice to support families undergoing palliative care.

Care Leavers

There were 222 care leavers as of year ending 31st March 2018 (aged 19,20 and 21 who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday) (DfE).

There are over 100 young people over the age of 18 supported by the leaving care teams, or with care leavers' rights. These young people currently do not receive specialist mental health services which are designed around their particular needs having grown up in the care system.

Care history is an adverse childhood experience which increases vulnerability for a range of negative social, health, educational and financial outcomes, including poor mental health, increased hospital admissions, difficulty parenting one's own children and involvement with the criminal justice system

Care leavers are particularly vulnerable, as most are in semi- or fully-independent accommodation rather than foster care, meaning they can easily become socially isolated, a known stressor for psychological difficulties.

In a recent report, Ofsted highlighted a lack of transition support in Enfield to adult mental health services, and a lack of mental health provision for care leavers in its last inspection report of HEART. Therefore, there is a need to improve transition services for 18 years and over and the Future in Mind vision for mental health suggests services should be restructured to break down barriers between adult and adolescent services

A proposal has been drafted by Heart and presented to the Local Authorities Corporate Parenting Board. The Thrive Partnership Board will look to review the recommendations of the report to ensure there is a system-wide response to the identified need.

Children with Special Educational Needs & Disabilities

Children with Disabilities are at greater risk of poor mental health than their peers. The School Census 2019 identified 7841 Children with Special Educational Needs & Disabilities between nursery to Year 14 attending school in Enfield. 756 of those children were identified as having Autistic Spectrum Disorder, 1721 with social, emotional and mental health needs and 2360 with speech, language and communication needs. It is likely that these figures are increasing in excess of population growth however this needs further investigation.

The number of children and young people with autism is increasing and whilst a multi-agency pathway is in place for children under six years of age, provision for older children in particular needs to improve. Work on a revised diagnostic pathway for both groups is in progress. Schools are reporting an increase in the number of girls with high functioning autism who are experiencing mental health issues and we are working with the Autism Advisory Service to look at a system response. NCL STP has obtained some additional funding from NHS England to support training for CAMH staff together with 10k funding for each borough for personal budgets

Children affected by Adverse Childhood Experiences (ACE)

Over the past two decades, a growing body of evidence has demonstrated that adults with a history of ACE have significantly worse physical and mental health outcomes and life opportunities when compared to adults who do not have previous ACE. These effects also exhibit a dose-dependent relationship: the more types of ACE an individual is exposed to, the higher the risk of poorer health and wellbeing outcomes.

Experience of ACEs is very common and data from numerous studies estimate that around 45% of the population in the UK experience at least one ACE, and nearly 10% experience 4 or more types of ACE. If 10% of under 18s experience 4 or more ACEs this would equate to nearly 9000 CYP. There is also a strong positive correlation between deprivation and ACE experience.

In general, the lower the number of ACEs experienced by a child the better their health and wellbeing outcomes (including mental health) will be.

LGBTQ+

It is recognised that young people who are LGBTQ+ are at higher risk of poor mental health outcomes in comparison to peers. We do not have figures for the number of young people across the borough who identify as LGBTQ as, for obvious reasons, they do not always feel comfortable about coming forward. The partnership will need to consider how best to understand the numbers and needs of these CYP who are LGBTQ+ in the future.

Proud Enfield is a lesbian, gay, bisexual, and transgender (LGBT) group of young people in Enfield aged 11-18. Their aim is to improve the services to the LGBT people of Enfield by providing a support service directly to the community and supporting providers to tailor their services to be more appropriate to the needs of the LGBT community. The group meets weekly in two different areas of the borough and is led by two youth workers with specific expertise in the area of provision. Funding for the past three years has come from Mopac to support the work of the group. In addition to the meetings, the young people have also attended a residential this year and attended a gay pride event. The young people meet up on their own outside of the group to access social activities.

ECYPS has carried out awareness raising and promotion of the group at school workshops and community events throughout the year.

The group receives presentations from other experts from time to time and this year has had regular interaction with the Terrence Higgins Trust who have carried out workshops and one to one support on issues concerning sexual health, safe sex and issues regarding hate crime.

In consultation with the group in 2018/9, ECYPS ascertained that 100% of the current members have been affected by bullying, harassment and other negative events that have impacted their emotional well-being. In response to this Enfield's Mental Health Forum (comprising representatives from schools, VCS providers and statutory services) received a presentation from the group in June 2019 where several members shared issues that had affected their mental health and what would be helpful to them and others in a similar situation.

The group is in the process of putting together an exhibition for LGBT history month in February 2020, where they will have an exhibition in the Dugdale centre for a month that will coincide with performances at the centre that are also LGBT related.

They are also preparing new roadshow events for schools to be rolled out in the new year.

Counselling services have been provided in the past and it is planned to re-introduce these. Funding for this is currently being sought.

We have identified the need to have a more substantial post to improve outreach and support to this group of young people and funding is currently being sought to support this and to build links to projects in other boroughs.

Joint Strategic Needs Assessment (JSNA)²

² <https://new.enfield.gov.uk/healthandwellbeing/topics/jsna/>

The JSNA update is an ongoing activity, current amendments include data on emotional health and wellbeing. The Successor Joint Health and Wellbeing Strategy, which is currently in the process of being approved is informed by the JSNA and evidence of outcomes, including those relating to CYP emotional health and wellbeing are an intrinsic part of its multi-agency action plans.

The Enfield Public Health Intelligence Team also undertake a rolling programme of education and training for those engaged in both commissioning and provision of healthcare in Enfield, to improve their own use of the JSNA.

Perinatal Mental Health

One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth. Mental health problems not only affect the health of mothers but can also have long-standing effects on children's emotional, social and cognitive development. Costs of perinatal mental ill health are estimated nationally at £8.1 billion for each annual birth cohort, or almost £10,000 per birth. There is a strong link between parental (particularly maternal) mental health and children's mental health. Perinatal depression impacts on at least 792 babies each year. The perinatal period (pregnancy to one year after birth) is critical to a child's development and attachment.

The Specialist Perinatal Mental Health Service (SPMHS) provides high quality care and treatment to women who have moderate to severe mental health difficulties who are pregnant and for up to one year after having a baby. North London Partners SPMHS works with women who live in our five boroughs. The teams consists of a dedicated specialist mental health team comprising of Consultant Psychiatrists, Specialist Perinatal Nurses, Occupational Therapists, Clinical Psychologists and a Social Worker. If admission is required, there are three Mother and Baby units (MBUs) in London that can be referred to in the first instance, as well as other MBUs nearby for example Hertfordshire

Enfield have the second highest live births rate in NCL (after Barnet) but have the lowest level of postnatal referrals from Mental Health teams, Health visitors and primary care. An action for the coming year is to work together with specialist community perinatal service and promotion / awareness please to be monitored under the Thrive Partnership Action Plan.

EPIP

EPIP works in partnership with the specialist perinatal mental health service in providing Parent Infant Psychotherapy service to local families.

During this year EPIP was able to:

- support and provide a service to **61 families**, who were referred, in addition to 10+ families already receiving treatment. EPIP provided a variety of interventions including assessment, parent infant psychotherapeutic treatment, psychosocial advice and guidance, VIG, KIPS (video-based parenting guidance) and specialist health visiting intervention and support. Evaluation of impact (using outcome measures) evidenced **improvement in parental mental health** and **increased**

parental awareness of the needs of infant's emotional needs and improved confidence and relationships between parents and their babies.

- Devise and roll out a **training programme that reached every Health visitor** in the borough on 'Asking difficult questions' A programme focusing on giving Health Visitors the confidence and skills to explore and assess issues with parents such as parental mental health, and emotional needs and responses to their infants, promoting the understanding of secure attachment relationships for mental well-being.
- EPIP devised and produced a **leaflet called 'Supporting Emotional Security and Attachment in Infants'** funded by Public Health Enfield. This leaflet is now part of the pack given to every new parent.
- EPIP was involved in the planning of **the CAMHS & EPS Joint Learning Event on Working with Trauma.**
- EPIP delivered a **seminar on Working with Trauma in the Perinatal period**, at the above event which was well received.
- EPIP **set up an Enfield Perinatal/ Infant mental health network** which now meets termly to address, promote and develop areas related to the perinatal period.
- LBE, BEHMHT and the CCG have worked towards and have **successfully transferred the team to BEHMHT CAMHS.** The EPIP team lead is now employed by BEHMHT (transferred under TUPE). There continues to be close working partnership with LBE.

Local investment in CAMHS

Enfield CCG is committed to improving the mental health of local children and families and believes in investing in quality services to meet local need. The Enfield CYP Local Transformation Plan and associated budget uplift have given Enfield the opportunity to enhance services to meet local and regional need. Enfield CCG's Deputy Director of Finance has provided assurance that CAMHS will continue to be a priority investment beyond 2021 and will be viewed in line with future needs and finances.

CCG and Council expenditure is shown below:

CCG Expenditure	14/15	15/16	16/17	17/18	18/19	19/20
BEH MHT	1,807,812	1,849,392	1,891,928	1,939,226	2,012,917	2,486,400
Trailblazer	0	0	0	0	0	307,904
T&P	51,931	42,418	47,000	90,000	96,847	103,239
SLAM	31,054	20,110	52,049	52,902	38,808	41,369
NCA's	22,000	22,000	75,000	77,175	77,175	82,269
Brandon	47,500	47,500	47,500	48,875	50,732	54,000
DAZU	14,806	14,806	14,806	20,381	20,381	21,155
Hencel Funding (HEE)	0	20,000	0	0	0	0
YOS	37,239	37,239	37,239	65,763	65,763	93,500
LBE Complex Care	1,170,267	1,099,317	1,832,323	1,428,153	1,476,710	1,222,717
Royal Free - Eating Disorders	268,161	265,441	272,000	281,000	291,678	302,524
Total CCG	3,450,770	3,418,223	4,269,845	4,003,475	4,131,011	4,715,077

The Enfield system in the context of increasing need (2016 refresh) and in light of savings plans implemented across Local Government departments (refresh 2017), Enfield Council continue to invest in early intervention services which meet their statutory duties. LTP funding continues to be used in accordance with the NHS England 10 year plan priorities.

Indicative split of additional CYPMH allocations	2017-18	2018-19	2019-20	2020-21	2016-21
	In year total additional CYPMH in allocation				Eating Disorder funding
NHS Enfield CCG	116	166	112	113	164
Total LTP Funding	1095	1261	1373	1486	
Agreed F&P Spending Plan 17/18 to 19/20	875	875	875	695	
Remaining (with ED added)	220	386	498	791	

Local Priority Transformation Spending Plan for 2017/2021 is shown below. It shows how slippage and additional LTP funding has and will be spent. Essentially in 2017/2019 non recurrent funding was allocated to priority areas that were under pressure. In 2018/19 these non recurrent commitments have been made recurrent between 2019/2021.

The LTP spending plan for 2017/2021 is shown below.	
Recurrent funding available	£699k
Cost of 3 Clinical posts	£214k
Tier 3 sustainability	£481k (by 19/20)
Total	£695k
3 Year non recurrent funding	£176k
Cost of Educational Psychologist + EPIP	£42k (19/20)
Cost of Band 7 Nurse Prescriber	£68k
Total	£176k
Remaining non recurrent funds	677k
Cost of Data Manager	£49k PA / £98k for Two Years
Cost Band 8B Service Manager	£94k PA / £188k For Two
Staff Grade Dr	£134k PA / £268k For Two
Admin Band 4	£40k PA / £80k For Two Years
EPIP	£20k PA / 40k for Two Years

Total	£669k	
--------------	--------------	--

	2017	2018	2019	2020	Comments
CAMHS Access Waiting List	150	150			Set up CAMHS Access Team. Recurrent
SCAN Waiting List Initiative	3	9			Recurrent investment from
Clinical Psychologist Waiting		5			
Behaviour Support Training	4				
STP Workstream on crisis and		5	100	100	Slippage in implementation - assuming PYE for 18/19
STP Workstream on Tier 4 – co commissioning with NHSE		1	2	2	Slippage in implementation - assuming PYE for 18/19
Crisis and Urgent Care		4			Additional support for Self Harm Rota until NCL STP Team
CAMHS SCAN Team (Nurse			6	120	Agreed priority. 60k in 2019/20 because agreed
CAMHS Access Team			125	300	

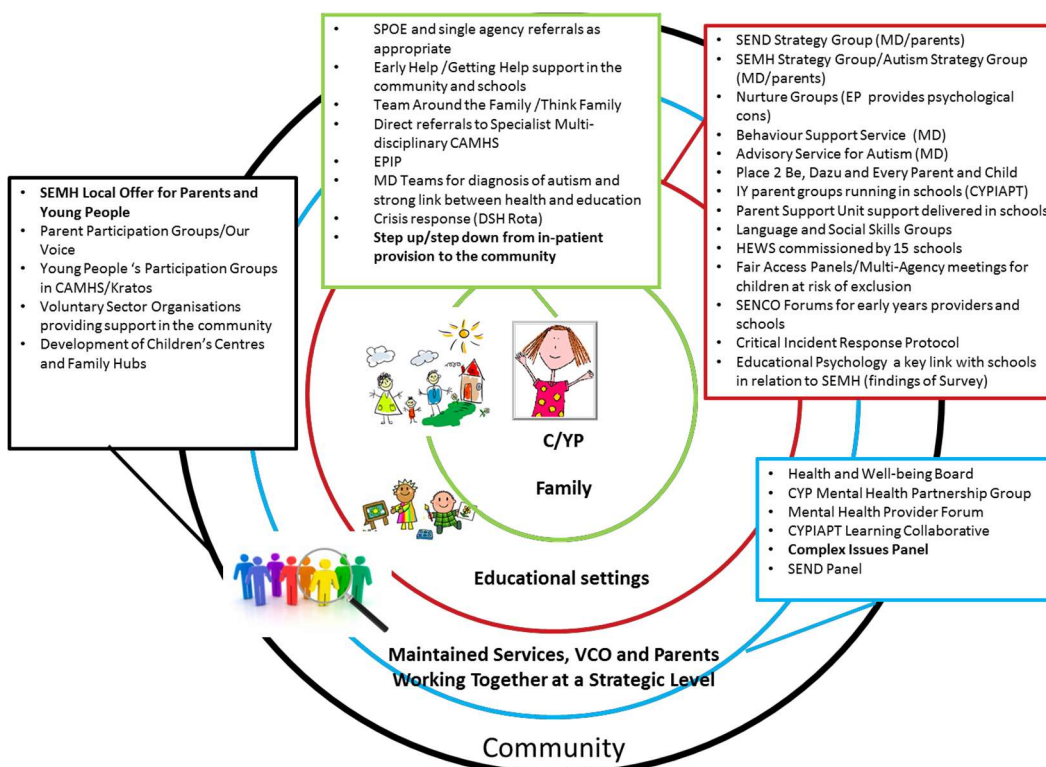
Local Transformation Plan (LTP) Ambition 2018-2020

Current Priorities

Given that social inequality of all kinds contributes to mental ill health, and, in turn, mental ill health can result in further inequality, for example, poor outcomes in education, care and physical health, the commissioning of CAMHS requires a broader response than solely focusing on dedicated mental health services. The commissioning of CAMHS is therefore underpinned by an integrated approach that spans not only the entirety of the children's services spectrum, but fosters increasingly close partnership with commissioning and services for adults. This methodology is helping Enfield to take a lifespan approach that recognises that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much we can do across the system to protect and promote wellbeing and resilience through the early years, childhood and into the teenage

Services in Enfield are centred around the young person and there is focus across the whole system.

Figure 1: Enfield Services



The engagement work to date in-line with Enfield's ambitions is shown in Appendix 3.

NCL Ambitions and Priorities

Mental Health is identified as a priority area in the North Central London (NCL) STP Case for Change. This has resulted in the development of the NCL Mental Health Programme as part of the NCL STP, which covers mental health support for all age groups.

Through developing the NCL response to the NHS Long Term Plan, the system has undertaken collaborative discussions with system partners, including Expert by Experience (EbyE) representatives, to revisit the STP vision and confirm priority areas for investment in order to address increasing mental health population prevalence.

Withstanding the overarching vision that: “We will work with individuals and communities to build a model of care and support that enables our population to live well”, the STP is committed to prioritising care delivered in the community through integrated community models for adults with SMI and children and young people. The EbyE established ambitions have informed the work to respond to the Long Term Plan and the continued development of the local care and support offer. As such, the revised priority areas, across the whole programme, for investment are:

- Stabilisation, expansion and development of core community services for people with complex needs due to serious mental illness (psychosis, personality disorder and severe mood and anxiety disorders), in partnership with expanded primary care mental health and voluntary sector services;
- Achieve the ambition of 100% coverage of 24/7 children and young people crisis services; and
- Delivery of Early Intervention in Psychosis (EIP) services in line with national standards.

These revised priorities refocus and consolidate the five main initiatives identified for the STP programme during 2018/19 which were acute care pathway, primary care mental health including IAPT, CAMHS, mental health workforce and liaison psychiatry. Other areas of focus included community resilience, perinatal, student mental health and dementia.

The shared NCL CAMHS Transformation Plan Priorities, which are overseen by the NCL CAMHS Project Board, align with the STP submission for the Long Term Plan and continue to focus on producing improved outcomes for children and young people, and on ensuring the best use of resources to generate those good outcomes.

In order to address variation and improve care for our population, as well as to meet the requirements set out in the Five Year Forward View, Future in Mind, and NHS Long Term Plan ambitions, the 5 NCL Boroughs will be working together on four priority areas as part of the NCL STP CAMHS programme. These build on work done in previous years.

These are:

1a. Crisis & Urgent Care Pathways - 24/7 age appropriate mental health crisis care service coverage for 100% children and young people by 2025 that combines crisis assessment, brief response and intensive home treatment functions. This includes additional crisis response lines, extended out of hours service, improved pathways in and out of community CAMHS and the extension of the crisis teams into intensive home treatment modalities across the STP.

1b. Paediatric Liaison services for children and young people who present in A&E departments also sits within this priority. Whilst there is an interface with crisis in terms of presentation at A&E depts. which is often picked up by liaison services it is crucial that the service is not seen as a crisis service and recognition is given to the importance of liaison being embedded into and working with existing medical teams across the Acute Setting in order to meet the psychological needs for physically ill patients / people with physical symptoms

2. New Care Model for CAMHS T4 – Ensure care is delivered as close to home as possible for children and young people by commissioning local Tier 4 CAMHS to eliminate out of area placements for non-specialist acute care by 2020/21. This involves the rapid mobilisation of the North Central and East London Provider Collaborative aiming to take over the NHSE specialised commissioning budgets.

3. Specialist Community Eating Disorder Services - dedicated eating disorder teams in line with the Long Term Plan ambition to maintain 95% CYP Eating Disorder referral to treatment time standards and address findings of the recently completed Eating Disorder Intensive Service Review.

4. Comprehensive NHS funded mental health service offer for Children and Young people aged 0-25 years by 2023/24 - One of the Long Term Plan deliverables is for 345,000 additional CYP aged 0-25 to have access to support via NHS-funded mental health services and school or college based Mental Health Support Teams. As NCL STP have already reached the 70,0000 target for 0-18 year olds originally outlined in the Five Year Forward View Mental Health commitment, NCL CAMHS and adult mental health providers will now work together to develop additional services that ensure that CYP in the 16-25 age range will receive appropriate evidence based services, in line with the Long Term Plan ambition.

Further detailed plans in relation to these priority areas are set out later in this chapter

Other previously identified CAMHS priorities such as Transforming Care (which supports children and young people with challenging behaviours in the community to prevent the need for residential admissions) and Workforce Development are covered in the body of local plan updates. The STP are committed to ensuring children and young people mental health plans align with those for children and young people with learning disability autism, special educational needs and disability (SEND), children and young people's services and health and justice (from 2022/23) as per the Long Term Plan ambition and already have a number of initiatives in place to ensure alignment across multiple needs of children and young people.

NCL partners also recognise that workforce transformation is critical in delivery of the long term plan and local transformation goals, and a significant programme of work within the STP partners will include a focus on:

- Developing and retaining our existing staff;

- increasing the skill mix of integrated physical and mental health workforce capacity in the wider healthcare system, for example through mental health specific training via PCN's and VCSs;
- recruiting new mental health clinical staff; and
- developing existing models of peer support workers and other new roles (e.g. nurse associates).

The transformation of children and young people's mental health and wellbeing services, will not necessarily bring savings during the time of the STP, but have been prioritised because of their future positive impact on the need for services. Particularly as we know that 50% of all mental illness in adults is associated with mental health needs that begin before 14 years of age, and 75% are associated with needs that are expressed by age 18³.

NCL Prevalence Data

Borough	Population aged 5-16	Est. prevalence of any MH disorder, aged 5-16 (2014)	
		Count	Percentage
Barnet	56,063	4,691	8.4%
Camden	27,904	2,546	9.1%
Enfield	52,460	5,195	9.9%
Haringey	37,905	3,745	9.9%
Islington	23,981	2,417	10.1%

Source: Fingertips, 2014

Next Steps

As an STP, we have made significant progress in delivering our ambitions for CAMHS Transformation as set out in the documents published in 2018/19. Our CAMHS Project Board, which reports to the STP Mental Health Programme Board has developed a strong partnership approach across Providers and Commissioners and is well placed to drive through transformational change.

Of note over the last year:

- The improved and sustained performance against Community Eating Disorder Targets delivered by our specialist service at the Royal Free Hospital. The NCL increase of capacity to our eating disorders services coupled with improved performance monitoring, evaluation and management, has enabled us to consistently meet waiting times. We are now focused on ensuring this becomes embedded and is sustained. We plan to build on the excellent work of the Intensive Eating Disorder Service (IEDS) over the next year, so we only have to admit young people to a specialist ED bed when it is absolutely unavoidable and where possible treat CYP intensively in their local community.

³ Cavendish Square Group

- Good progress has been made in relation to our commitment to improve services for young people in crisis. An NCL wide nurse led out of hour's crisis service for children and young people is now established and operational. Over the next year we will continue to develop and embed the service in line with targets set out in the NHS Long Term Plan developing a strong robust interface with our local Assertive Outreach Teams and local Emergency Departments. We also need to undertake more detailed analysis and then subsequent development of our local CYP Mental Health Liaison Services, particularly ensuring we meet the mental health needs of physically unwell patients being treated in acute settings as well as those presenting in crisis at ED.
- We are now working in collaboration with NEL STP in order to develop our collaborative model for Tier 4 services. The shared geography, larger footprint and bed base will enable us to develop a robust pathway linked to community services to ensure young people are able to stay local to their families and communities and only stay in hospital for as long as they absolutely need to. At this point we anticipate that we will continue as a 'Fast Track' collaborative and will have a NMOC in place by April 2020.
- Progress has also been made to ensure we are aligning the work of the Transforming Care Programme with the CAMHS work stream to ensure the needs of CYP with LD and or Autism are effectively being met in the community where at all possible. Over the next 2 years we are focused on the development of a local dedicated crisis service for this cohort of young people as well as increased short break provision.
- There is more to be done and the focus for us moving forward is to ensure that we deliver the NHS Long Term Plan for CYP Mental health and that we do that in partnership with providers / commissioners but perhaps most importantly with our experts by experience.

In conclusion, the NCL CAMHS plan is on track to deliver local ambitions and meaningful transformation to enable us to respond better to the needs of the local population of young people and their carers. This will not come without its challenges, particularly, constraints to the financial envelop within health and social care in the context of health QIPPs and Local authority CIPs. This coupled with the very challenges of working cross organisationally with services and organisations that are guided by sometimes-conflicting statutory requirements will test what we deliver. Our ambition despite all these challenges remains that we aim to address variation in provision and improve care for our population in a sustainable way whilst ensuring that patient experience and better outcomes remain priority.

Mental Health Promotion in Universal Settings, Schools and Colleges

There is an ongoing commitment in Enfield, led by the Health and Wellbeing Board, to a whole systems approach to children and young people's mental health. We want children and young people's mental health and emotional wellbeing to be everyone's business. Work that has gone on since the last refresh:

Destigmatisation campaigns have continued to put on successful events planned and delivered by the Mental Health Partnership across the Enfield community to mark World Mental Health Day (October 2017, 2018 & 2019) and Mental Health Week (May 2017/18/19). These have been well advertised and well attended by the school and wider community.

Enfield's Children's Portal was launched on 22 July. The portal enables professionals to complete a single referral for children who need early help and replaces multiple forms. A new triage service is in place to back this up and ensure that referrals are effectively processed. The portal allows referrers to:

- make a referral for child protection or family support
- view all referrals that have been made in one place
- access information, advice and guidance (linked to the wider Council MyLife website)
- submit a foster carer enquiry

The **Health and Wellbeing Offer** for Schools was developed and launched by Public Health this year. The Health Enfield Website was also developed this year <https://new.enfield.gov.uk/healthandwellbeing/> - it has a Healthy Youth section and Healthy Schools section and includes emotional well-being and mental health

A Provider Forum, known as the **Mental Health Forum**, led by Enfield Children and Young Peoples Service (VCO) been established and is very well attended. The forum is a space where providers, including schools and the voluntary sector, can network with each other, get involved in the development and implementation of our *Future in Mind* plans, are provided with support and training. The Forum is steered by a multi-agency group comprising representatives from the Voluntary Sector, CAMHS, Schools, the Educational Psychology Service, Enfield Council, and NHS Enfield CCG.

The **CYP IAPT Learning Collaborative** has a continued commitment for workforce to access further training across the therapy, supervision and leadership arms across Enfield Council and NHS staff. The CYPIAPT principles are starting to be embedded in strategic developments, e.g. parenting programmes. Trainee Children's Wellbeing Practitioners joined Enfield in January 2019. They were successfully placed in the CAMHS Access Team and in the Educational Psychology Service (EPS) & Schools Emotional Wellbeing Service (SEWS) SEMH School Hub Pilot. Enfield has been awarded a further 3 CWP trainees in

January 2020 and the CAMHS & EPS/SEWS partnership will support the placements to extend access to CAMH services.

The **Critical Incident Response Protocol** for schools and educational settings (responding to an emotional trauma or event) has been fully updated and launched on the Children's Safeguarding Partnership website. iThrive has been integrated into the protocol.

EPS & SEWS led a **SEMH School Hub Pilot** across 5 primary schools to provide a coherent partnership approach to planning for children's mental health in schools, accessing guidance and signposting and identifying the help that children in schools need in relation to promoting good mental health. Children's Well-Being Practitioners were embedded into the hub and the work was included in the MHST bid.

Enfield Council representatives recently contributed to the **ISOS (LGA) research on children and young people's mental health** and learning through this event has been fed back to Enfield System Leads. This utilised the information from the mapping exercise and ongoing developments in Enfield.

The Sandwell Whole School Wellbeing Chartermark is being led by the Educational Psychology Service, Public Health with partner collaboration. The Chartermark is based on '*Promoting children and young people's emotional health and well-being: A whole school and college approach*' Public Health England (2015). The overarching aim of 'improving the Well-Being of the Whole School Community' is achieved through:

- Implementing a year long action research based enquiry with schools which leads to the award of a Chartermark on completion.
- Promoting a systemic approach where emotional health and well-being is embedded throughout the culture of the school and curriculum.
- Pupils, parents/carers, staff well-being is central to the process.

The Sandwell Chartermark team are currently working with nine schools. A further eight schools started in September 2019. It is expected that the first Chartermarks will be awarded in January 2020.

The expected outcomes are:

- Increased awareness and support for children and young people in schools with SEMH needs
- Increased pupil attendance
- Reduced exclusions
- Increase in staff well-being and resilience / reduced sickness and absences

- More appropriate referrals to CAMH providers.
- Increased value and facilitation of authentic participation of young people, parents, carers and school communities
- Increased awareness of mental health and well-being in children and young people
- Closer collaborative working and support for our schools in relation to SEMH at a systemic, preventative level

Early Interventions in universal settings, schools and colleges

Tree of Life Parent Group in Waverley School (special school for children with profound and multiple needs) Co-facilitated by Educational Psychologist/Systemic Practitioner and school's Family Support Worker.

Waverly School provided a series of 6 small group workshops for parents. The school contracted and commissioned this strength based approach to support the management of life's challenges with resilience and hope. 5 parents attended the training and attendance remained very high over the duration of sessions.

Thematic evaluation found that the intervention had impact across three key themes;

- Remembering Internal Resources
E.g. 'It made me think back to who I am and that I am not defined by the present, I have a rich past culturally which is full of important people guided and influenced me.'
- A sense of Belonging
E.g. 'We are all feeling like we are the only one's struggling, and this makes you feel very alone. However, knowing that other people have similar challenges and struggles somehow makes it ok to feel like I do. I feel better about myself having attended the group'.

'It was great to have an opportunity to meet other people whose children have special needs to learn about our different backgrounds and share our goals.'

The group were agreement that the sessions provided a reflective space to meet, they wanted more meetings so connect together.

- Re-storying our lives'
E.g. 'We actually got strengths from each other through this training.'

'Mentally this group helped me to have a positive mind set, it might be challenging but we are going to get there. '

‘This group helped me to know myself and learn how to manage my emotions.’

Next Steps

The Head Teacher and the Family Support Worker suggested sharing ideas via the newsletter and via a coffee morning held in school. It is proposed that parents are trained in the approach to then facilitate further group training.

Supporting Families Towards a Safer Transition (SFTST) project was launched in May 2019.

Aim of the project

The aim of the programme is to support children and help them to deal with the challenges and pressures from their peers which can often increase in the transition from Primary to Secondary School.

All Year 5, Year 6 pupils and appropriate school staff will take part in the project which will encourage increased knowledge and discussion around reducing these issues. Additionally, some young people will be offered extra support as they prepare to transition to secondary school and their families will be offered extra help to support their child.

Families identified for additional support will be offered

- Whole family case work intervention from a Highley dedicated Case worker
- Identified children will take part in a 6-week empowerment intervention led by AVIARD Inspires.
- Families will be offered a Parent Champion from the Parent Engagement Network.
- Identified children will be offered a Safer London Mentor

All children in year 5/6 will receive

- Interactive assembly led by AVIARD Inspires
- Bystander approach training

The 4 identified schools receive

- Bystander Training for school Staff
- Enfield Educational Psychology Service delivering staff workshops on attachment and trauma
- 4 dedicated Safer School police officers

Community

- Public Health addressing wider community health issues
- Change and Challenge multi-agency engagement
- Safer schools police officers delivering increased community liaison.

Parenting Programmes delivered in Childrens Centres and Schools

Early Years (delivered by Children's Centres, EPS & Parents)

The early years parenting offer has been expanded beyond already successful Incredible Years parenting Programme by the development of an EPEC hub within the Children's Centre to provide parent to parent peer support through a parenting programme called 'Becoming a Parent'. A total of 12 parent group leaders have been trained and over 60 families have benefited from the programme so far. It is envisaged that this will increase to 100+ families per year going forward. It is expected that the programme (currently aimed at parents of children aged 2-4) will be expanded to provide an offer for parents of children aged 0-1, 5-11 and parents of children with autism through additional investment into the programme by the Local Authority.

School Age (delivered by EPS & Behaviour Support Service)

The Incredible Years Parenting Programme (IYPP) was introduced as part of Enfield's CYPIAPT Learning Collaborative and the aim is to promote positive parenting, address behavioural issues and improve parent-child relationships.

IYPP (5–11 years) runs over 12-14 weeks and each programme runs twice a year in Enfield Schools.

Regular supervision is provided to the Incredible Years facilitators (both for school age groups and the under 5s groups running in Children's Centres). This ensures that there is strong fidelity to the evidence base.

The parenting group continues to be over-subscribed and we have had very good comments from both parents who attend and the referrers about the positive outcomes.

Some schools arrange for staff to observe and support the groups and this has also proved valuable in both learning about the programme and the parents who attend. School staff can be then an additional resource for parents after the parenting programme has ended.

New Models of Care

A Better Care Fund proposal was approved in October 2015 to fund an Intensive Behaviour Support Service, known locally as the STAY (Supporting Team Around You) Project to work with young people with special needs and behaviour challenges and for whom there is a risk of home or special school breakdown and admission to hospital or a residential school/placement. Small scale community based services are more likely to bring about positive outcomes for this group of young people rather than isolated out-of-area services (Jones, 2013), and a similar model in Ealing, which combined intensive behaviour support with respite, was able to demonstrate reduced levels of behaviour that challenges, and a reduction in use of residential schools/placements. There were delays in start up of the project in Enfield because of difficulties in the recruitment of suitably qualified and experienced staff. But this has finally been resolved, and the service has been delivered by the Joint Adult Learning Difficulties Team since January 2018. This has meant closer working relationships between children's and adults services, including a joint monthly meeting to review the at risk register, and improved decision making around transition. The STAY project works closely with the CAMHS SCAN (Social Communication and Neuro-disabilities) service, and there are obvious synergies between the two services.

The decision to fund the STAY project predated the extension of the national Transforming Care programme to children and young people, but has meant that Enfield is ahead of other areas in terms of implementation. STAY is supported by a multi-agency steering group and the monthly at risk meetings, and in addition to the project we are looking at a positive behaviour support training programme for the children's workforce, at developing early identification and interventions, and are working with colleagues in North Central London STP to try and identify a crash pad and possible overnight respite option. There is potential for capital funding. In addition North Central London STP has been invited to be an accelerator area for Transforming Care and submitted a bid which focusses on the development of the key worker/support worker role and a parent worker, which will increase the capacity of the STAY Project. Both the accelerator pilot and the STAY project will be externally evaluated.

The following outcomes have been identified by the partnership:

- Young people remain connected to their support network
- Access to learning locally
- Avoid "cliff edge" at 18 / point of transition to adult services
- Reduce admission and re-admission rates
- Achieve measurable improvement in mental health outcomes
- Ensure effective coordination of statutory and voluntary services to the young person
- Improve outcomes for education and employment
- Achieve high satisfaction ratings with the service
- Reduce offending rates, where young people are known to Youth Offending Service/Police
- Put in place support for family and friends, which will in turn achieve greater support for the young person

- ✓ Increased use of a Positive Behaviour Support approach across the system
- ✓ Young people to experience increased quality of life through increased access to local services and opportunities
- ✓ Families to feel empowered in supporting their children to remain in the family home
- ✓ Families and young people to feel supported by Enfield services and professionals working collaboratively

NCL Provider Collaboratives – New Care Model for CAMHS Tier 4

Rationale for a joint priority across NCL and NEL

The development of New Care Models for CAMHS Tier 4 services has been a priority within the Five Year Forward View for Mental Health and within the North Central London (NCL) Sustainability & Transformation Plan. It is recognised that the outcomes for children and young people experiencing severe mental illness can be both poor and inconsistent. Through joint work across NCL, the STP aims to improve population based health outcomes for children and young people experiencing mental health crisis and/or those with complex and enduring mental health needs. The wider collaboration across the STP provides an exciting opportunity to share learning and resources to better meet the mental health needs of children and young people across the system and tiers of need.

Current picture

Following unsuccessful bids in 2016/17 for an NCL wide NCM, NHSE Specialised Commissioning made a specific request to NCL and NEL to develop a collaboration between the STPs, with the view to improving outcomes for children and young people across a wide geographical area.

In July 2019, a business case was submitted to NHSE from the NCL/NEL provider collaborative followed by clarifications and interviews. NHSE confirmed in September that the new NCEL collaborative had been recommended for fast track progression to an April 2020 start. The ambitions for the collaborative as set out in the business case are as follows:

- Care that best meets patients’ needs and is closer to home
- The same high quality care and treatment wherever they are
- Transparent and inclusive care and treatment decisions
- Innovative joined up care that is in their best interest

The NCEL Provider Collaborative

The NCEL CAMHS Provider Collaborative Partnership Board is made up of NCEL NHS providers of Tier 4 CAMHS, Tavistock and Portman as the community CAMHS provider in Camden and forensic CAMHS a representative of the NCL & NEL CAMHS commissioners:

- East London NHS Foundation Trust (ELFT) – lead provider
- Barnet, Enfield and Haringey Mental Health NHS Trust (BEH)

- North East London NHS Foundation Trust (NELFT)
- Whittington Health Foundation Trust (Whit)
- Tavistock and Portman Foundation Trust (T&P) – As providers of forensic CAMHS
- NCL & NEL CAMHS commissioner

Provider name	Unit name	Total bed capacity
Barnet, Enfield & Haringey (BEH) MH Trust	Beacon Centre	16
East London Foundation Trust (ELFT) (PICU and Acute)	PICU and Acute	34
North East London Foundation Trust (NELFT)	Brookside	32
Whittington	Simmons House	12
TOTAL	94	

The new care model will also include Eating Disorders, Autism and Learning Disabilities and private tier 4 provision including Ellern Meade will be factored into the collaborative via the commissioning hub.

The collaborative partnership board first met on 10th September 2019. Actions included finalising risk share agreements and governance structures. The proposed governance structure includes the partnership board, steering committee, clinical and quality group, finance and performance committee and wider stakeholder group. People participation will be embedded throughout the development of the model from the partnership board through to quality assurance.

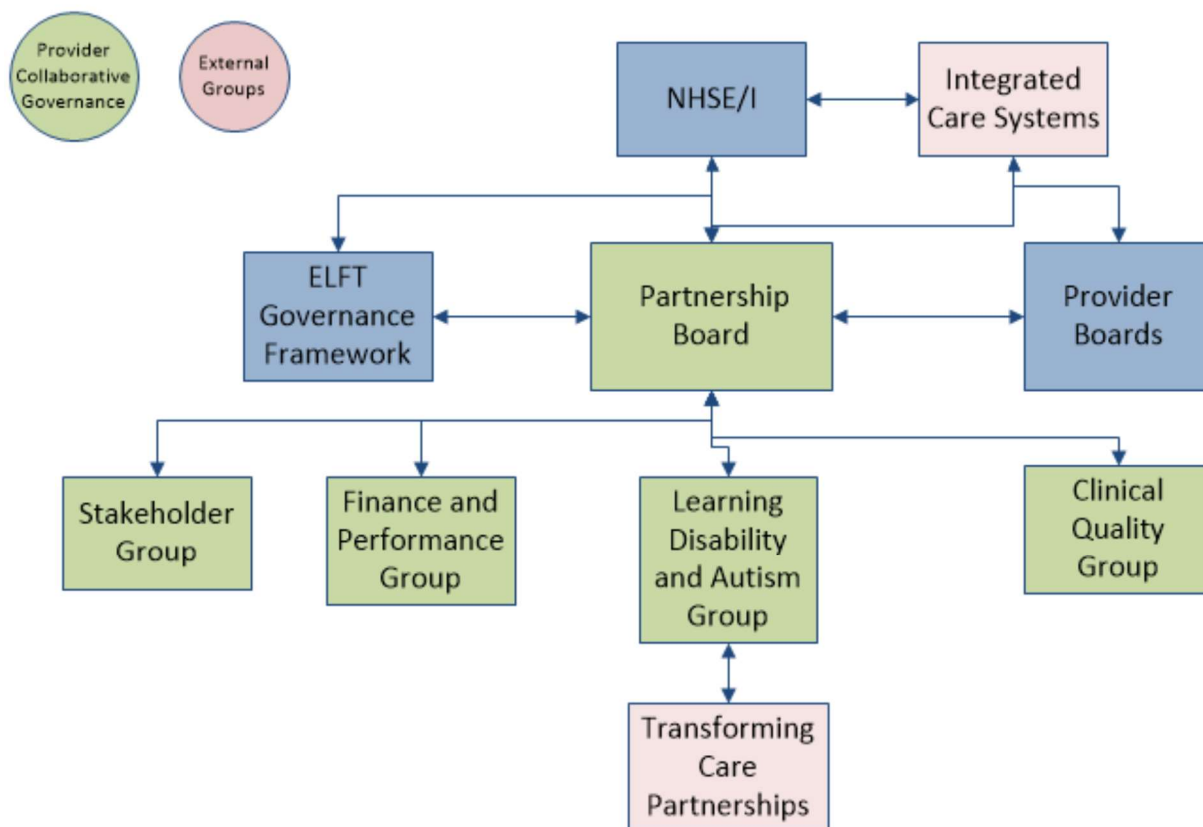


Figure 2: NCEL Provider Collaborative Governance

Additional task and finish groups including bed management pathways and community service mapping will be formed when required. Acute trusts across NCL including The Royal Free Hospital Trust and UCLH and GOSH, who are not providers of Tier 4 beds will be involved in the collaborative and key contributors to the development of pathways into the provision and back in to community services.

Further mapping of beds across NCL and NEL will be undertaken to identify the need to include private providers including Ellern Meade and the Priory and other specialised provision which may also include provision out of area.

The NCM Commissioning Hub

The NCM Commissioning Hub will be an independent commissioning team with staff transferred from NHSE/I and recruited from across providers. The Hub will have a strong management and clinical leadership including a Managing Director (it is proposed that this role will work across the North London Forensic Collaborative (NCFC) and NCEL CAMHS commissioning hub) and a Clinical Director.

The collaborative and commissioning hub will ensure engagement with local partners including CAMHS, social care and education, acute hospitals, paediatric liaison services and, in addition, through the delegation of specialised commissioning functions in relation to contracting and payment of children and young people’s psychiatric inpatient care, the

programme will achieve greater integration with adolescent inpatient services for general acute, eating disorders, learning disability and psychiatric intensive care.

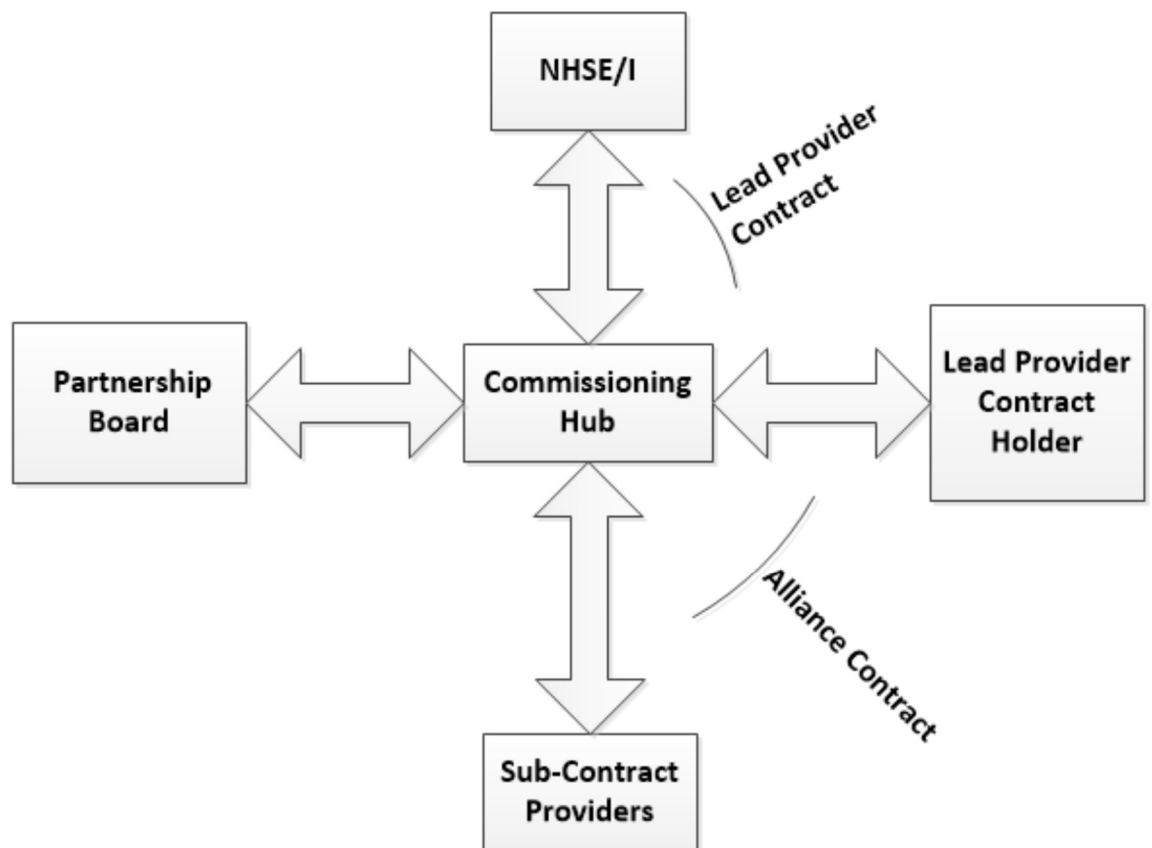


Figure 3: NCM Commissioning Hub

The programme will result in a more preventative approach and ensure that care is provided in the most appropriate place at the right time, preventing Tier 4 admissions, reducing lengths of stay and supporting appropriate and safe discharge through improved integration across the children’s health, education and care system. By working across a larger geographical footprint, the programme will increase efficiency and equity of access to high quality community, acute and inpatient services, improving population based mental health outcomes for children and young people and realising savings that will be reinvested into community services.

The aims for the collaborative in the development of the clinical model are as follows:

- To reduce and stop avoidable admissions (admissions that could have been prevented if there had been intervention earlier in the patient journey, or access to a setting / service where treatment goals could be met other than by inpatient care (i.e. YPHTT or Day Hospital)
- Reduce the number of current and future out of area admissions and prevent future
- To reduce variability in length of inpatient stay and readmissions

- To minimise the use of restrictive practices and length of stay in restrictive settings such as PICU and low secure
- To ensure that young people and their families receive the best quality evidence-based treatments, both in community and hospital settings, to ensure that they do not become chronically disadvantaged by their conditions
- To reduce repeated presentations to services
- To reinvest savings to strengthen community CAMHS services, reducing wait times for treatment and access to a broader range of evidence based treatment. The focus of reinvestment will be in:
 - Bed management system
 - Home Treatment/Intensive Day Treatment
 - Strengthened community CAMHS and improved access to evidence based therapies.

We will develop a local integrated pathway for CYP requiring beds that includes rapid community based response to crisis. This will result in admission prevention, reduced length of stay and support appropriate and safe discharge and a reduction of admission to acute paediatric beds across the footprint. The NCEL collaborative will work closely with Specialised Commissioning and jointly with Health and Justice Commissioners to develop local integrated pathways including transitioning in or out of secure settings, SARCs plus liaison and diversion provision.

The NCL CAMHS Project Board is currently overseeing this work and the NCL commissioner with a lead for tier 4 is a member of the strategic group governance process. The programme board will be responsible for ensuring that commissioners and providers work collaboratively with service users and that there is service user challenge and oversight as proposals are developed.

CAMHS specialised inpatient service review analysis data for NCEL

Average length of stay 2018/2019 M12 for all CAMHS episodes not including PICU

Provider name	Average Length Per Stay (days)	Cost per patient (£)
Barnet, Enfield & Haringey (BEH) MH Trust	20	10,959
East London Foundation Trust (ELFT) (PICU and Acute)	18	9,937
North East London Foundation Trust (NELFT)	20	11,126
Whittington	28	15,925
Independent Providers	23	16,408
TOTAL average across NCEL collaborative	20	12,825

NCEL CAMHS NCM Site Activity/Cost data 2018/19 M12

Provider name	Occupied Bed days	Cumulative Cost (£)
Barnet, Enfield & Haringey (BEH) MH Trust	3468	1,884,963
East London Foundation Trust (ELFT) (PICU and Acute)	5589	4,684,681
North East London Foundation Trust (NELFT)	3724	2,091,659
Whittington	3712	2,086,144
Independent Providers	11486	8,220,479
TOTAL average across NCEL collaborative	16493	10,747,447

Activity across NCL CCG population 2016/17 and 2017/18. Data collated from NHSE specialised commissioning and local data.

Data Source	NHS E			NHS E		
	Year	16-17	16-17	16-17	17-18	17-18
Location	London	Out of London	Total	London	Out of London	Total
Barnet est popn 2016 aged 0-18 90,336 (ONS 2017)						
Admission	24	38	62	45	8	53
LOS London	2,994	2,013	5,007	4,093	691	4,784
Cost	£1,706,293	£1,435,152	£3,141,445	£2,425,269	£536,393	£2,961,662
Av Cost	£570	£713	£627	£593	£776	£619
Camden est popn 2016 aged 0-18 47,642 (ONS 2017)						
Admission	11	19	30	31	9	40
LOS London	1,290	1,839	3,129	3,038	1,283	4,321
Cost	£717,11	£1,202,57	£1,919,68	£1,669,68	£895,41	£2,565,09

	2	1	3	4	5	9
Av Cost	£556	£654	£614	£550	£698	£594
Enfield est popn 2016 aged 0-18 83,773 (ONS 2017)						
Admission	8	12	20	26	5	31
LOS London	1,543	1,039	2,582	1,423	262	1,685
Cost	£1,137,356	£679,074	£1,816,430	£976,796	£211,515	£1,188,312
Av Cost	£737	£654	£703	£686.43	£807	£705
Haringey est popn 2016 aged 0-18 61,480 (ONS, 2017)						
Admission	11	23	34	23	15	38
LOS London	1,383	2,343	3,726	2,343	1,000	3,343
Cost	£896,881	£1,533,881	£2,430,762	£1,410,084	£741,021	£2,151,106
Av Cost	£649	£655	£652	£602	£741.02	£643
Data Source	NHS E			NHS E		
Year	16-17	16-17	16-17	17-18	17-18	17-18
Location	London	Out of London	Total	London	Out of London	Total
Islington est popn 2016 aged 0-18 40,819 (ONS 2017)						
Admission	12	18	30	34	10	44
LOS London	2,607	1,661	4,268	4,230	952	5,182
Cost	£1,606,839	£1,088,294	£2,695,133	£2,648,048	£744,087	£3,392,135
Av Cost	£616	£655	£631	£626	£782	£655
NCL est popn 2016 aged 0-18 324,050 (ONS 2017)						
Admission	66	110	176	156	50	206

LOS London	9,817	8,895	18,712	15,127	4,188	19,315
Cost	£6,064,48 1	£5,938,97 2	£12,003,45 3	£9,129,88 1	£3,128,43 3	£12,258,31 4
Av Cost	£618	£668	£641	£604	£747.0 0	£635

Children & Young People aged 0-25 services

The NHS Long Term plan makes a commitment to extending current service models to create a comprehensive offer for 0 to 25-year-olds that reaches across mental health services for children, young people and adults, and which delivers an integrated approach across health, social care, education and the voluntary sector. By 2023/24 the Long Term Plan requires 345,000 additional children and young people aged 0-25 will have access to support via NHS funded services and school or college based Mental Health Support Teams.

NCL commissioners and providers across children, young people and adult services are coming together to undertake initial planning and scoping of a more defined programme of work across the STP footprint, and with VSCE, sectors, primary care and service users. A first meeting of partners is planned for late October 2019 where there will be a focus on developing shared understanding of the ask, building shared expectations around challenges and principles for delivery, and early consideration of necessary governance and engagement approaches for the local system and service development. The NCL approach will build on locally driven initiatives and strengths, and link in with regional and national approaches and guidance.

Whilst the comprehensive service offer is not required to be mobilised before 2021/22, there are a number of initiatives already progressing locally across NCL which include:

- Extending the Mental Health Schools Provision to the college and university population.
- Expanding Minding the Gap like prevention and early intervention services out across the STP
- Hive Programme and model of targeted intervention
- Partnership approaches for crisis and community CAMHS
- Targeted model for SEND provision.

Transitions CQUIN

The 2017/19 CQUIN for those transitioning from Child and Adolescent mental services to adult mental health services has been completed and the work transferred to business as usual. The Trust transition policy was updated and transition planning included within each Borough's work stream. Commissioners will review continued implementation and service user evaluation of the transition process via the Contract Monitoring Group. We are aware that further work is needed on transition processes, particularly with regard to feedback following transition to adult services, implementing joint improvement actions and for young people with complex needs. There is a monthly discussion about this group of young people at the complex care panel

Workforce Background

As a borough-wide education, health and social care system, we will be working with our partners to address the requirements of the '*Stepping forward to 2020/21: The mental health workforce plan for England*' published in July 2017 by Health Education England to support the delivery of the *Five Year Forward View for Mental Health in England*.

We are conscious that Enfield Specialist Multi-Disciplinary CAMHS ('CAMHS') is a well thought of service and that we have a well-motivated and committed workforce, which is key to delivering our *Local Transformation Plan*. Whilst external pressures on the service have affected key performance indicators like waiting times, there has been good engagement of clinical staff and others both in the development and implementation of the Transformation Plan, including the refreshed plans, and a determination to deliver improvements.

The CCG and the Council worked together to agree the revised transformation programme in 2016/17, including an investment plan, focussed on ensuring the sustainability and growth of the 'CAMHS', supported by the Family Resilience Strategy, the development of the Early Help and work in schools. The LTP is supported by a Memorandum of Understanding between key statutory providers (i.e. 'CAMHS', EPS and SEWS), and the Section 75 agreement which details the funding that the CCG and Enfield Council has agreed to.

In agreeing the revised investment plan that has been actioned since 2016/17, it was noted that:

- ✓ *As Future in Mind* is a national programme, competition for 'CAMHS' staff is high, and there have been ongoing difficulties in recruiting staff
- ✓ Retirements of experienced senior CAMHS staff mean that there is a need to look at how the balance between senior clinical leaders and new staff is restored
- ✓ The skill mix audit for the original plan, emphasized the need for nurse prescribers and psychologists/staff trained in psychological interventions
- ✓ The establishment of a BEH MHT service manager post for 'CAMHS' has been recruited to
- ✓ Better Care Funding was agreed by the Council and NHS to fund Council commissioned posts in the SAFE/Adolescent team

Given the above it was agreed that the priority for *Future in Mind* was to retain the remaining Council commissioned/funded staff, and fund an additional 5 clinical staff to an appropriate skill mix from recurrent and non-recurrent funding, and ensure there is appropriate management and administrative support for the service.

Enfield Mental Health Workforce

In order to meet the ambition of the *Future in Mind* programme and deliver the NHS Operating Plan target by 2019/20, in 2016 we calculated that an additional 15.0 wte clinical staff would be required, although we anticipated that this would be offset by productivity improvements, extended use of the services purchased by schools, the voluntary sector and further development of 'Getting Help' provision. This is work in progress but the number of clinical staff has increased and the introduction of the CAMHS Access service, the Mental Health Support Teams and SEMH Hub Pilot using Childrens Wellbeing Practitioners will lower the eligibility threshold and increase throughput.

Overall our original plan recognised the need to retain experienced staff and to ensure the clinical team offer a broad range of therapeutic interventions. The workforce is ageing and as noted above it is essential going forward to maintain a balance between experienced clinical leaders and new staff. This is the subject of ongoing review but staff retention of staff is good and new staff are being recruited despite the competition.

The invitation to participate in the national CYP IAPT programme came at an opportune time, in terms of reviewing the range of evidence based therapies available, and agreeing the staff that would benefit from the training programme. The outcomes of the review have continued to influence funding proposals included in the Local Transformation Plan. We are keen to ensure learning is cascaded and that the principles of CYP IAPT are embedded across the system.

An implementation group was initially established to lead this process. This is supported by the Mental Health Forum which has a key role in supporting professional development and ensuring there is a common understanding of available support. To date the CYP IAPT programme has demonstrably increased knowledge and skills across the Thrive Partnership in systemic family therapy, in evidence based parent training, and in Cognitive Behaviour Therapy (CBT), which were identified as areas which needed to be strengthened in the original plan. In addition to the therapeutic arm, the partnership has supported staff across the sector to successfully complete the supervisor and leadership/management CYPIAPT courses. The 'CAMHS', EPS/SEWS Partnership is now ensuring that nominated staff access the supervisor training for the CWPs and EMHPs to support the implementation of the trailblazer Mental Health Support Teams.

Other commissioned services have been reviewed and this includes discussions about workforce and local need. For example, the Royal Free Eating Disorder Service reviewed its staff team and skill set and as a result there was an increase in CBT trained staff and family therapists. The Brandon Centre has expanded its multi-systemic therapy team to include treatment for young people with worrying sexual behaviour.

Enfield has been selected to host the second wave of Mental Health Support Team (MHST) trailblazers sites, with our program beginning in September 2019.

BEH MHT CAMHS Workforce

The table below outlines the Enfield CCGs commissioned service from BEH MHT. It disaggregates the clinical workforce that is delivering CAMHS in Enfield.

	GENERIC CAMHS	HEART	CCTT	SCAN	CDT	SAFE & Alliance	EPIP	Other (YOS & FAS)	WTE
CAMHS Staff									
Nursing	1.6			1		2.6			5.2
Consultants	3	0.4		1.1		1.6			6.1
Psychologists	9.3	1	0.5	3.2	1	2.2		2	15.5
Psychotherapists	4	0.6				0.5			5.1
Family Therapists	3.8	0.5				1.0			10.1
CAMHS Practitioners						0.5			0.5
Parent Infant Psychotherapist							0.6 0.4 EP&C		0.6
Staff in Training									
Total clinical staff without trainees	21	2.5	0.5	5.3	1	9.2	0.6	2	42.1
Management	0.5					1		1	2.5

Operational support	4			1	0.3	2			7.3
Total staff	25.7	2.5	0.5	6.4	1.3	11.4	1.0	3	51.8

EPS, SEWS & Primary Behaviour Support Service Mental Health Workforce

The table below outlines the CAMHS workforce commissioned by Enfield Council to support the delivery of the Long Term Plan across all levels of mental health and wellbeing need.

EPS, SEWS & BSS Staff	GENERIC CAMHS	HEART	Advisory Service for Autism	SEWS	Parent Groups (School age & EY)	Sandwell Whole School Wellbeing CharterMark	SEMH School Hub with CWPSS	Mental Health Support Teams	WTE
Nursing									
Consultants									
Educational & Clinical Psychologists	0.2 ¹	0.8	0.5	1.2 ²	0.3	0.2	0.2 ³	0.5	3.9
Psychotherapists & Creative Therapists				0.5					0.5
Family Therapists				0.4					0.4
CAMHS Practitioners				0.7	0.3 ³				1.0
Assistant Educational Psychologists						1.5			1.5
Staff in Training				0.4			1.0		1.4
Total clinical staff	0.2	0.8	0.5	3.2	0.6	1.7	1.2	0.5	8.7
Management				1.0 ⁴					1.0
Operational support				2.0 ⁵					2.0
Total staff	0.2	0.8	0.5	6.2	0.6	1.7	1.2	0.5	11.7

¹ in ND Pathway

² Includes the Clinical Lead for the Team

³ Includes supervision

⁴ Principal EP and Strategic Lead for CYP Mental Health

⁵ Shared with EPS

Across the system

The Adult IAPT workforce that supports the 16-18 year old cohort. What this refers to in real terms will be explored over the coming year. The VCS organisation EP&C also provide

MHSTs

MHSTs will be set up to be delivered across a variety of appropriate educational settings.

The MHSTs and will be led by ‘CAMHS’ with strategic support provided by the EPS. The MHSTs provide an opportunity to increase the number of children’s mental health practitioners in Enfield and increase the workforce. MHSTs will treat those with mild to moderate mental health issues in educational settings, and will help children and young people and their families access appropriate support and advice, e.g. provide a link to specialist NHS services or community providers as appropriate.

There will be a collaborative strategy of joint working across the entire partnership to ensure the role and remit of MHSTs is understood, promoted and implemented in identified educational settings and the wider system to ensure reach and access to the appropriate level of support to promote mental health of CYPF.

This will involve the partnership considering input at different levels of the system:

- supporting senior mental health leads in education settings to undertake an audit, develop and introduce a whole-school or whole-college approach to mental health and emotional wellbeing.
- supporting the senior mental health leads in education settings to develop their wider knowledge of providers and services in the local area so that children and young people can get the right support and remain in education;
- to consistently review uptake of the service and ensure that CYPF are being supported in school, referred to MHSTs or signposted to the appropriate service.
- establishing supportive forums/work discussion groups for SENCOs / senior mental health leads in education settings
- supporting the development of the EMHP role and the embedding of their work in educational settings
- Access information and data will be part of the oversight and monitoring of the rate of access from each educational setting within the initial pilot group.

A Mental Health in Schools Partnership Group will be set up and will include the NHS, local authority, voluntary sector organisations and educational settings to ensure that a whole system approach in implementing the MHSTs.

The implementation of the MHSTs will mean an increase in the workforce for the Enfield system, which meets the increase in clinical staff to meet the Future in Mind estimates. Enfield has been awarded funding for 2 MHST sites, the workforce model being used is as follows:

	WTE
EMHPs	8.0
Admin	1.0
Clinical Lead	1.0
Team Lead	4.0
Band 6 Staff	4.0

Total	18.0
--------------	------

The CCG has funded 0.5 FTE Educational Psychology to provide strategic input in the start-up phase to ensure that there are strong links with education embedded in the setting up of the MHSTs,

Training and CPD

Training is at the core of transformation, and is essential to increase the capacity and capability of the wider system. A number of initiatives have been delivered or are currently being deployed across a number of organisations

- ✓ The CAMHS clinician training programme has been developed by training and development officers for the Council and BEH MHT, and agreed by both organisations.
- ✓ There has also been a broad based education forum, the Social, Emotional and Mental Health (SEMH) Group, to develop training within schools.
- ✓ The Mental Health Forum has been a focus for developing training for the voluntary sector and schools.
- ✓ Training for Council staff, e.g. youth workers, social care staff and nursery staff has mirrored the training offered by the SEMH and the mental Health Forum. Training has also been offered to the two main Enfield colleges.
- ✓ CAMHS want to develop neurodevelopment skills within the generic and adolescent teams and increase trauma focused training and positive behavior support.
- ✓ There has been an extensive positive behavior support training across all settings to develop early services supporting the transforming care programme
- ✓ Funding has been obtained through HENCEL for a mental health programme in schools to look at supporting young people around exam time
- ✓ Organisations and services also plan training according to the needs of their staff group.

There is a joint commitment to sustain the training programme beyond 2018, through the mental health champion programme, use of underspends, delivery of training by existing teams, and application for funds from other sources. Progress to date for workforce training across the system and workforce training for schools is outlined below:

Table A: Workforce Training Across the System (which might include staff employed by educational settings) – forward plan

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
Health Education England	South East and East London Learning Collaborative CYPIAPT	Leadership and Management (focus for future in relation to MHSTs) Supervisor: CBT Supervisor: Parenting Supervisor: CWP/EMHP Supervisors (focus for future planning) Therapy: CBT (ongoing) Therapy: Parenting Therapy: Systemic Family Practice	<ul style="list-style-type: none"> • CBT for anxiety and depression • Systemic Family Practice for eating disorders, depression and self-harm, and conduct disorders • Interpersonal Psychotherapy for Adolescents for depression • Parent Training for conduct problems 	'CAMHS' EPS/SEWS Behaviour Support Service Youth Offending Team
CCG/Enfield Council	BEHMHT CAMHS & EPS/SEWS	Joint Learning Event Trauma Informed Practice – provisional topic	Emotional Wellbeing and Mental Health	Specialist CAMHS EPS/SEWS Partners by invite
Enfield Council	Carol Platteuw	Developmental Trauma	Emotional Wellbeing and Mental Health	Social Workers
Enfield Council	Carol Platteuw	Attachment and Trauma	Emotional Wellbeing and Mental Health	Social Workers
CCG / Enfield Council?	Sally Mordi (Speech and Language Therapy Service)	Supporting Emotional Regulation - Zones of Regulations	Emotional Wellbeing and Mental Health	Social Workers

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
Enfield Council	Provider – not provided at time of writing	Adverse Childhood Experiences	Emotional Wellbeing and Mental Health	Social Workers
Enfield Council	Rahana Hussain/ Children services	Loss and Attachment	Emotional wellbeing and mental health	Foster Carers
Enfield	Chantal Burns	Rethink Resilience	Emotional wellbeing and mental health	Social Workers
Enfield Council	Ivan Sharpe/ Children services	Positive Interventions/ behaviour management 1 day	Behaviour Management	Foster Carers
Enfield Council	Ivan Sharpe/ Children services	Positive Interventions/ behaviour management 2	Behaviour Management	Foster Carers
CCG	Enfield Parent Infant Partnership	Asking Difficult questions	Mental health Assessments with parents in the postnatal period	Health Visitors
CCG	Enfield Parent Infant Partnership	Training GP's in perinatal and infant mental health	Perinatal Mental Health	GP's
CCG	Enfield Children and Young People's Service (3 rd Sector)	Mental Health Provider Forum	Various Planned Topics on Emotional Wellbeing and Mental Health Deliberate Self-Harm Eating Disorders Mindfulness Anxiety and exams CBT	Voluntary Sector Providers, Schools and Partners

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
CCG	Specialist Training Provider BEHMHT CAMHS	ADOS	Autism / Communication and Interaction	Specialist CAMHS (including EPs supporting ND pathway)
CCG	BEHMHT School Age Speech and Language Services	Supporting Emotional Regulation	Communication/Autism/Learning Difficulty	Joint Service for Disabled Children
Enfield Council	CAMHS/HEART	Resilience taking the long view	Staff wellbeing	Social Workers
Enfield Council	Alex Halls/ Children services	Fostering Resilience/Managing stress	Foster Carer Well being	Foster Carers
Enfield Council	AC Education - Christina	Growing through Grief - Bereavement	Managing bereavement and loss	Foster Carers

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
Jointly funded by Health, Education & Social Care	SCERTS Training Provider. EPS co-ordinated	SCERTS Training for early years services across Education, Health and Social Care was delivered on The SCERTS provides practice model for professionals to work effectively together given the large number of children in the EY with social communication difficulties and Autism that are known across the teams.	Autism / Communication and Interaction	Identified early years professionals across Health, Education and Social Care
(Joint? CCG to confirm)	Enfield Transforming Care and Enhanced Family Support Board	Positive Behaviour Support (PBS) PBS provides a practice model for working across agencies with this vulnerable group to support the Transforming Care Agenda	Autism/Learning Disability and Challenging Behaviour	Special Schools Identified professionals across Education, Health and Social Care
Enfield Council	Specialised Providers Jill Carter Emma Steadman	Sand Play Therapy	SEMH - non-verbal intervention for children/young people	EPS BSS

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
Enfield Council	Family Based Solutions Nexus	Solution focussed Therapy/Supervision & Network Groups	Emotional Wellbeing and Mental Health	Faith Groups

Table B: Workforce Training for Schools (ongoing and forward plan)

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
Healthy London Partnerships	Enfield Council School & Early Years Improvement Service (SEYIS)	Youth Mental Health First Aid Course has been offered to all schools. 64 teachers across 62 schools will have accessed this training by October 2019.	Emotional Wellbeing and Mental Health	School staff

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
Department of Health and Social Care (DHSC)	The Anna Freud National Centre for Children and Families	One Day Mental Health Awareness Training	Emotional wellbeing and Mental Health	Schools ⁴ who: <ul style="list-style-type: none"> • have not yet received Mental Health First Aid (MHFA) Training in 2017 – 2018 • are a mainstream secondary school, sixth form college, Pupil Referral Unit or a Free School
Cross Sector	Thrive Partnership Group (multi-agency)	SENCO Conference Mental Health in Schools – Thrive - A Whole System Approach	Emotional Wellbeing and Mental Health	School staff
School buy back	Enfield Council SEYIS	SENCO Conference and Network Meetings Includes guest presenters from across the sector	Topics include Emotional Wellbeing and Mental Health	School Inclusion Managers and SENCOs

⁴ <https://www.annafreud.org/media/10135/eligible-schools-branded-document-updated-with-free-schools-and-prus.pdf>

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
School Buy Back	Enfield Council EYSI	Using the Boxall Profile, Introduction to Attachment Theory and strategies for use in mainstream schools	Emotional Wellbeing and Mental Health	School staff
School Buy Back	Enfield Council EYSI	Introduction to the Bounceback Programme.	Emotional Wellbeing and Mental Health Promoting resilience	School staff
Schools Buy Back	Enfield Council EYSI	Interactive Story Making	Emotional Wellbeing and Mental Health	School staff
Schools Buy Back	Enfield Council EYSI	How to Develop and Support Emotional Wellbeing	Emotional Wellbeing and Mental Health	School staff
School Buy Back	Enfield Council EYSI	Nurture Groups training and peer support network and access to EYSI team members for support in school.	Emotional Wellbeing and Mental Health	School staff
Delegated Schools Grant	Enfield Council SWERRL (Behaviour Support Service)	Attachment Lead in Schools training	Emotional Wellbeing and Mental Health	School staff

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
?	BEHMHT School Age Speech and Language Services	Attachment and Communication skills	SEMH and Communication	School staff twilight training Cedar
Enfield Council (project funded)	Enfield Council Supporting Families Towards a Safer Transition (SFTST) Multi-agency project led by Enfield Council	Targeted training for staff in 4 schools on: <ul style="list-style-type: none">• Bystander Training• Attachment and Trauma	Emotional Wellbeing and Mental Health	School staff in the 4 schools associated with the project
Schools buy back	Enfield Council SEYIS	Attachment Matters in the Classroom	Emotional Wellbeing and Mental Health	School staff
Enfield Council	Enfield Council Virtual School for LAC / HEART (multi-agency)	Attachment & Trauma – Training for Schools	Emotional Wellbeing and Mental Health	School staff

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
Schools traded	Enfield Council Educational Psychology Service	Emotional Literacy Support Assistants	Emotional Wellbeing and Mental Health	Teaching Assistants and Learning Support Assistants
Schools buy back	Enfield Council SEYIS	Developing Positive Behaviour Management Skills in Primary Schools	Behaviour, Emotional Wellbeing and Mental Health	School Staff
Schools buy back	Enfield Council SEYIS	Developing Positive Behaviour Management Skills in Secondary Schools	Behaviour, Emotional Wellbeing and Mental Health	School Staff
HENCEL	Enfield Children and Young People's Service	Supporting young people around exam time	Anxiety relating to exams	School staff
School Buy Back	Enfield Council EYSI	Developing Language and Social Skills through Sensory Play	Language and SEMH	School staff

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
Enfield Council	Enfield Council Educational Psychology Service/SEWS SEYIS	Introduction to ADHD	ADHD	School staff
Delegated Schools Grant	Enfield Council Advisory Service for Autism (includes SALT, EPS and Russet House School)	Autism Education Trust Level 1, 2 & 3	Autism	Education settings
	BEHMHT School Age Speech and Language Services	Attention Autism Levels 1-4	Autism	Special school & staff working in Additional Resources Provisions.
	BEHMHT School Age Speech and Language Services	Colourful Approach to Communication	Autism/DLD/Communication/learning difficulty	Schools
Schools Buy Back	Enfield Council SEYIS	Picture Exchange and Communication	Autism	Educational Settings

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
School Buy Back	Enfield Council EYSI	Makaton Beginners Workshops	Autism / Communication and Interaction Needs	Education settings
	BEHMHT School Age Speech and Language Services	Talking Mats	Autism / Communication and Interaction Needs	Education settings
Schools can purchase	BEHMHT School Age Speech and Language Services	Various Titles in a training brochure	Communication/Autism/SEMH/Alternative and Augmentative Communication/Deafness/DLD/Speech sound difficulties	School staff available to purchase
	BEHMHT School Age Speech and Language Services	Practical Strategies for supporting children with autism in Mainstream Schools .	Autism	Schools (TA's and LSA's)
Schools Buy Back	Enfield Council EYSI	Simple Ways to Support Sensory Regulation, Creating a Teacher/Child Friendly Classroom	Autism / Communication and Interaction Needs	Education Settings
	BEHMHT School Age Speech and Language Services	Targeted Intervention for small groups with a DLD focus	DLD	School staff twilight training Cedar

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
School Buy Back	Enfield Council EYSI	Language and Social Skills (LASS) training, peer network support and access to EYSI team members for support in school.	Children with moderate speech, language and communication needs and delayed social skills.	School staff
Enfield Council	Virtual School for LAC / HEART	Speech Language and Communication Needs Screening for schools – Primary Schools	Language and communication	School staff
Enfield Council	Virtual School for LAC / HEART	Speech Language and Communication Needs Screening for schools – Secondary Schools	Language and communication	School staff
School Buy Back	Enfield Council EYSI	Enhancing Staff Emotional Wellbeing is offered centrally each year and can be delivered in schools to whole staff.	Staff wellbeing	School staff

Funding	Training Provider/ Co-ordinator	Title of Training Course	Area of need	Target workforce
Enfield Council	Virtual School for LAC / HEART	Circle of Support: CAMHs consultation for Designated Teachers for Looked After Children (offered monthly)	Looked After Children & Staff wellbeing	Designated Safeguarding Leads in school
Enfield Council	Virtual School for LAC / HEART	Circle of Support: CAMHs consultation for Designated Teacher for Looked After Children	SEMH (LAC)	Schools – DSL
Enfield Council	Virtual School for LAC / HEART	Designated Teacher Training	LAC	Schools – DSL
Enfield Council	Virtual School for LAC / HEART	Foetal Alcohol Syndrome Disorder (FASD)	FASD	School staff

Health & Justice

Enfield Youth and Family Support Service Youth Offending Unit (YFSS YOU) is a statutory multi-agency partnership service that aims to prevent offending and re-offending.

The Youth Offending Unit (YOU) works with young people aged 8-19 who have been involved in, or are at risk of involvement in, crime or antisocial behaviour.

The aim of the YOU are to create resilience and social responsibility in young people, using individual and group work interventions to enact change.

Data11 for 2017/18 show:

- There were 634 proven offences by people aged 10 to 17 years (184 offences per 10,000 people aged 10 to 17 years).
- 259 young people were cautioned or sentenced – a rate of 75 per 10,000 people aged 10 to 17 years.
- The total number of cautions or sentences issued was 376, of which 7% involved a custodial sentence.
- There were 132 first-time entrants into the youth justice system – a rate of 382 per 10,000 young people aged 10-17, representing a fall of 22% since the 2016/17 period. The London average rate was 353 and the England and Wales average was 273 during the same period.

Health & Justice Pathway

The Enfield CYP Pathway includes the following elements:

- CYP Secure Estate
- Specialist or Forensic CAMHS
- Liaison and Diversion Services
- Sexual Assault referral centres (SARCs)
- Crisis care related to police custody
- Complex needs

Transitioning to and from Children & Young People's Secure Estate on both welfare and youth justice grounds

The YOU Offending Unit have a HIT Team, this team ensures young people at risk of custody are managed by one consistent social worker case manager through the assessment and court; pre-sentence reports and custodial and licence phases of the sentence. Additionally these young people are offered up to 4 months voluntary support by the team at the end of their licence period if they wish it. Any young person who is supported by the YOU and is coming through custody is given access to specialist support within the YOU e.g. for ETE, MH, Education Psychology and Speech and Language support

Any child who has been secured on welfare grounds would be supported by the LAC Service during and after their time in secure. These young people, as LAC, would have access to support regarding mental and physical health and ETE.

Outcomes:

- Access to Learning locally.

- Avoid "cliff edge" at 18/point of transition to adult services (young people supported by the YOU post custody either remain with you post 18 if needed or are supported in a transition to adult probation services with CRC or NPS).
- Young people who have been LAC are supported by the leaving care team).
- Reduce admission/re-admission rates (young people who have been in custody are statistically more likely to have mental and physical health problems, good post custody work ensures less likelihood of these problems manifesting themselves and thus requiring hospital treatment.
- Ensure effective statutory and voluntary services to the young person. Improve outcomes for education and employment.
- Achieve high satisfaction levels with the service.
- Reduce offending rates where young people are known to the Youth Offending Service(unit)/Police.
- Young people achieve increased quality of life through increased access to local services and opportunities.

CYP in receipt of specialist or forensic CAMHS

Young people in the criminal justice system are supported from arrest to end of sentence and if specialist mental health support is required this can be accessed. As well as case workers, social workers and specialist staff who all have degrees of mental and emotional well being training (e.g. trauma informed approach) the YOU offending unit have a specialist health section and this contains a highly trained therapeutic social worker, a part time co-located CAMHS psychologist and part time support from an educational psychologist.

Outcomes:

- Access to Learning locally
- Achieve high satisfaction levels with the service.
- Reduce offending rates where young people are known to the Youth Offending Service(unit)/Police.
- Young people achieve increased quality of life through increased access to to local services and opportunities.

Interacting with Liaison and Diversion services

Young people who are arrested for a lower gravity score offence and admit the offence can receive a Triage (total diversion from the criminal justice system) or a caution. These young people are offered a programme of support via the Youth Offending Unit. Whilst they can receive some specialist support from the YOU at this stage any child with specialist needs is referred to the social care early help services or to CAMHS.

Presenting at Sexual Assault Referral Centres

The police will notify children's services regarding young people who have been sexually assaulted via the MASH. Whether the young person is or is not involved with services they will be offered an assessment/review of assessment and a bespoke support package will be offered based on need and want. Young people who are being sexually exploited will be

offered specialist support through the child sexual exploitation prevention team. if they are involved with the YOU they will be supported via the specialist therapeutic social worker.

Outcomes:

- Ensure effective statutory and voluntary services to the young person.
- Achieve high satisfaction levels with the service.
- Young people achieve increased quality of life through increased access to local services and opportunities.

In crisis care related to police custody

Young people arrested will be supported by the Police, custody diversion and support services and Enfield YOUS Appropriate Adult Service in the first instance. If care is required (because they cannot return home) they will also be supported via the social work out of hours team and a placement will be found. The following morning they will be transferred to the Children in Need Services Referral and Assessment Service and, if they stay in the care system, will move over to be supported by the LAC service. If specialist mental health service are required this will be provided (e.g. via the Heart team). The young person will be supported from the point of arrested until their case is concluded (and beyond if required).

Outcomes:

- Ensure effective statutory and voluntary services to the young person.
- Achieve high satisfaction levels with the service.
- Young people achieve increased quality of life through increased access to local services and opportunities.

CYP with complex needs

Young people with complex needs are supported either via referral via their GP to CAMHS, Referrals via schools/educational psychologists to relevant services or referral via the MASH to social care or social care prevention services. If they are in the Youth Justice System they will be supported via the YOU and referred for further specialist services if needed. In all cases an assessment will be done and if required a team around the child/family will be convened to support the young person. Whilst in school if extra support is needed the Behaviour Support Service will support them in school to ensure they remain in school.

Outcomes:

- Ensure effective statutory and voluntary services to the young person.
- Achieve high satisfaction levels with the service.
- Young people achieve increased quality of life through increased access to local services and opportunities.
- Achieve measurable improvement in mental health outcomes. Increased use of a Positive Behaviour Support approach across the system.
- Reduce admission and re-admission rates

Recording data from youth justice services

If a young person is in contact with the YOU because they are involved in the criminal justice system everything will be recorded on the CVYJ data base. All young people will have a comprehensive assessment and this will be recorded on the system (and be reviewed quarterly or when a major event occurs). All data is managed/extracted and placed into report format by LBEs centralised information and data team. Data reports regarding young people is presented quarterly at the Enfield Targeted Youth Engagement Board.

Outcomes:

- Achieve high satisfaction levels with the service.
- Young people achieve increased quality of life through increased access to local services and opportunities.
- Achieve measurable improvement in mental health outcomes.
- Reduce admission and re-admission rates

Mental Health and Emotional Wellbeing Assessments

If a young person is having problems in school (a high level statistical indicator of potential to become involved with the criminal justice system) then they will be supported via the Schools own services, the Behaviour Support Team and if appropriate the Education Psychology Service. If the young person has been arrested and cautioned/offered a triage they will be supported via the YOU and if further services e.g. CAMHS are required referrals will be made. All young people where there are concerns can be referred via the MASH and after assessment services can be provided.

Outcomes:

- Achieve high satisfaction levels with the service.
- Young people achieve increased quality of life through increased access to local services and opportunities.
- Achieve measurable improvement in mental health outcomes.

Co-production

Young people involved with criminal justice system are all involved in the planning of their individual intervention. Focus groups of Young people involved in the criminal justice system are met with every 6 weeks by the AD youth and service development and the Head of YOU Operations and their views are use to help plan service. All young people are given a SNAP survey at the end of their intervention and this data is used to plan services. Individual specialist surveys are used with these young people to give a snap shots of concerns regarding individual issues e.g. knife crime and this information is used to help plan services. Individual and groups of young people have been involved in the design and development of specialist tools/questions for working with young people who are involved in gangs and criminal exploitation.

Outcomes:

- Ensure effective statutory and voluntary services to the young person.
- Achieve high satisfaction levels with the service.

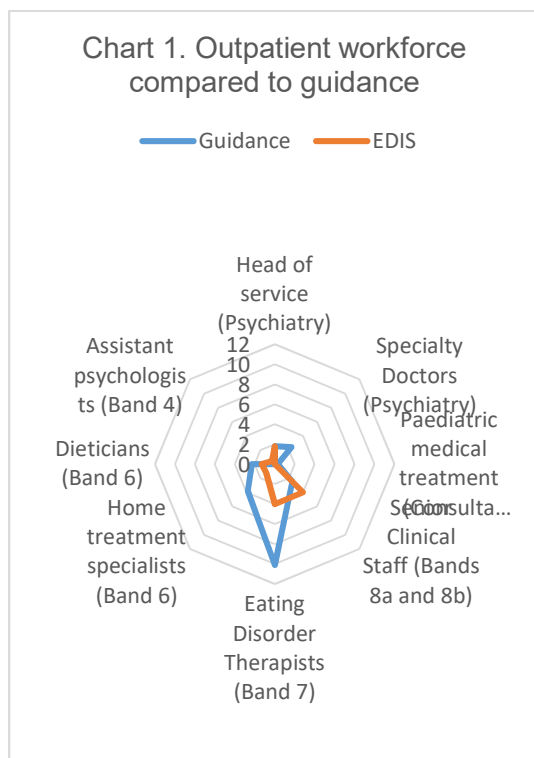
- Achieve measurable improvement in mental health outcomes.
- Reduce admission/re-admission rates. Improve outcomes for education and employment.
- Reduce offending rates where young people are known to the Youth Offending Service(unit)/Police. Young people achieve increased quality of life through increased access to local services and opportunities.
- Increased use of a Positive Behaviour Support approach across the system. Families to feel empowered in supporting their children to remain in the family home. Families and young people to feel supported by Enfield services and professionals working collaboratively

Eating Disorders

NCL jointly commission the specialist Eating Disorders Service which is provided by Royal Free London Hospital Trust (RFL), Barnet CCG is the lead commissioner. The service includes a Community Eating Disorder Service and an Eating Disorder Intensive Service (EIDS). In July 2015 NHS England published "Access and Waiting Time Standard for Children and Young People with an Eating Disorder". The initial phases of transformation for NCL focused on improving data recording and reporting, investing in additional specialist staff to meet gaps in capacity and reduce waiting times.

In April 2019, RFL participated in a QNCC peer review. The peer review found the service to be of a high quality with a staff team with a wide range of skills. The feedback from parents was also positive regarding systematic working, benefits of support groups and young people said they were treated with respect. The 2019, the CCGs undertook a review of EDIS. Recommendations from both reviews are incorporated into the plans for 2019/20.

Staffing



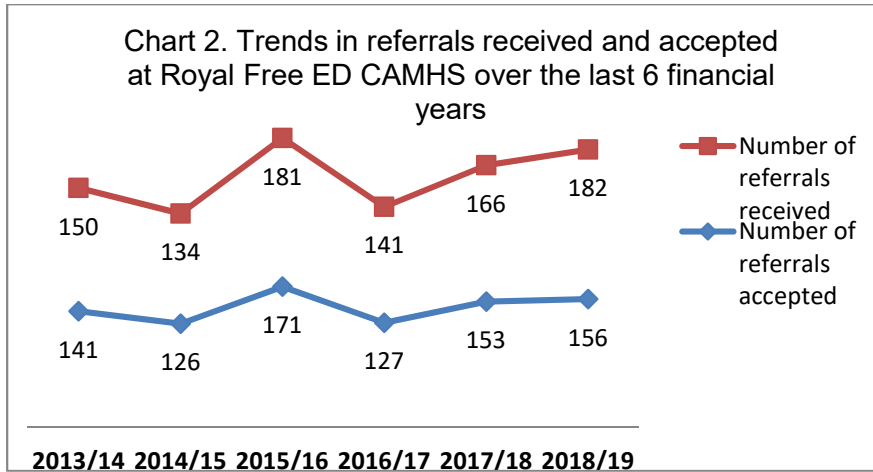
Staffing recommendations from Access and Waiting Times (2015) guidelines compared with ED staffing are shown in the radar graph in chart 1. Of note, the main differences in numbers of staff in each cohort are eating disorder therapist, psychiatry and home treatment specialists. In addition to those staff employed in the outpatient services, EDIS has:

- Band 7 x 1 WTE: EDIS clinical manager
- Band 6 x 3 WTE: Junior sister/charge nurse. Paediatric nurse/ RMN
- Band 5 x 6 WTE: Mix of paediatric nurses/RMNs
- Band 4 x 5 WTE: Therapeutic care workers who have a non- clinical training and work under the supervision of registered nurses.

- 1.1. EDIS also draws on a number of roles from outpatients including psychology, family therapy, dieticians, psychiatry who work across the whole service.

Summary of Service Activity

Referrals accepted have been relatively stable over the past 6 years, peaking in 2018/19 with 182



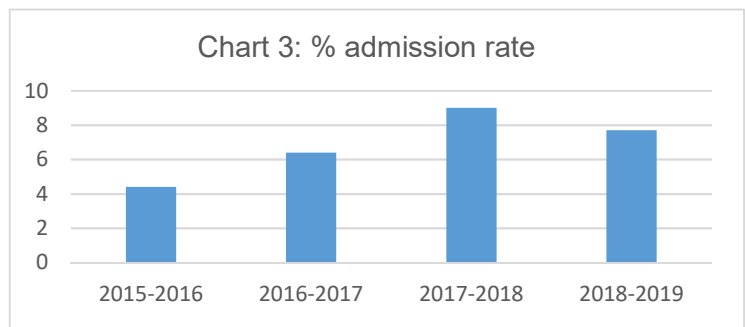
The service performs well against Eating Disorders Service Waiting Times and Access Targets:

NCL performance between 2014/15 – quarter 1 2019/20

Year	NCL Target for waiting times non-urgent / urgent	Performance < 4 weeks for non-urgent	Performance < 1 week for urgent
2014/15	Baseline Year	54.0%	Not Known
2015/16	60%	69.2%	No Target
2016/17	80%/95%	85%	100%
2017/18	90%/95%	98.75	100%
2018/19	95%/95%	97.6%	91%
2019/20 Q1	95%/95%	100%	100%

Specialist inpatient referrals

Onward specialist inpatient referrals have increased since 2015/16. Barnet has the most referrals, with Haringey the least. Admission rate is shown in chart 3 as a percentage of CYPs referred to the service each year.



Service improvements during 2018/19

In line with NICE Guidance, RFL are working to implement anorexia-nervosa-focused family therapy for children and young people (FT-AN). FT-AN streamlines service delivery and reduces the need for internal waiting lists. FT-AN aims to improve parental skills in supporting young people and improve outcomes. RFL are currently piloting FT-AN in outpatients and when patients enter EDIS, they may continue with this support alongside the usual EDIS support. Following a year-long pilot, RFL report that there has been a 77% increase in average weight gain over the first three months of treatment.

RFL have also:

- Coproduced (with parents) an improved pathway through EDIS
- Developed a clear process for referring CYP to specialist inpatient settings to reduce the length of stay on the ward for CYP
- Developed a patient group from EDIS patients looking at service improvement including the development of a care booklet to support treatment
- Meetings are now in place in all boroughs to review CYP in inpatient settings
- Positive use of CETR for a young person in EDIS with positive outcomes; used learning to improved wider professional engagement (social care; education)
- Training for schools regarding identification of eating disorders and effective support for young people within the school setting

NHS Long Term Plan

NHS Long Term Plan directs local areas to continue to meet the access and waiting time standards for eating disorders and additional investment for workforce to be able to achieve this has been communicated. Our NCL ambitions include:

- Continuing to meet access and waiting time standards within the context of increased demand
- Mainstreaming FT-AN and FT-BN across the service
- Training wider, interdependent workforce including GPs, schools to support early identification and local support
- Developing an emergency, rapid treatment service within EDIS to support CYP in crisis
- Setting up self-referrals
- Improving transitions and support for 18 – 25 year olds.

Plans for 2019/20

Focus area	Description	Owner	Timescale
Training staff	Secure additional funding to support junior EDIS staff to be trained in FT:AN and CBT skills	RFL	August 2019
Referrals and promotion of service	Improve referral information; promote to GPs and other referrers	RFL	November 2019
Co-production and engagement	Develop service engagement / co-production approach including a reference group, CYP to be included in recruitment	RFL	December 2019
Transitions 0 – 25 / whole life course service	Develop a transitions policy for NCL eating disorder service Set up task and finish group involving adult providers to consider 0 – 25 provision, learning from other “whole life course” services	RFL / Barnet CCG RFL	December 2019 2019/20
Variability between boroughs in NCL	Develop a protocol for working between RFL and local CYP MH services (shared care protocol).	Barnet CCG	December 2019

Service delivery and monitoring	Develop and agree new specification and KPIs	Barnet CCG	January 2020
Rapid access EDIS	Continue to explore and adapt EDIS with consideration for a rapid four-week treatment placement under EDIS	RFL	March 2020
Support for CYP at 6North / admitted to hospital	Explore dedicated paediatrician, with eating disorder specialism, on the ward Provide training to ward staff regarding eating disorders	RFL	March 2020
Access including self-referrals	Develop business case and plan to implement self referrals to discuss with commissioners Review staffing within the context of expanding to self-referrals whilst maintaining access and waiting time standards	RFL Commissioners	March 2020 2020/21
FT-AN	Continue to roll out FT-AN	RFL	March 2020 and onwards
Rapid access EDIS	The EDIS model is currently being adapted with consideration for a rapid four-week treatment placement under EDIS		

Continue to provide a training programme to wider workforce	Provide an ongoing programme of training to wider workforce including GPs to increase identification and school staff to enhance support for young people with eating disorders	RFL	Ongoing
---	---	-----	---------

Data Access & Outcomes

The Mental Health Services Data Set (MHSDS) contains data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services. It is a national requirement that all NHS-commissioned and jointly commissioned services, including non-NHS providers collect and submit MHSDS data.

The MHSDS is a patient level, output based, data set which delivers robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health Services. The MHSDS is referred to as a 'secondary uses' data set which intends to re-use clinical and operational data for purposes other than the provision of direct clinical care for patients. For example, it supports a number of functions, including:

Commissioning of services from mental health provides

- Local and national performance management and benchmarking
- National reporting and analysis
- Clinical audit
- Research
- Service planning

The vast majority of our providers are already able to submit MHSDS data and we are working with a small number of voluntary and charitable organisations to ensure that we have full data capture in line with the national requirement from NHS England. We will ensure arrangements are in place by December 2019 which will support regular data flows and robust data quality, whilst being cost effective.

We use data to regularly monitor service performance including a range of Key Performance Indicators (KPIs), and we use this to inform discussions with our service providers as part of our contractual dialogue with them. Performance measures are available at individual team level which enables more focussed conversations. Key measures we report on include:

- Performance against the access standard (34% for 2019/20 and measured monthly), rising to 35% next year.
- Waiting time performance, including the percentage of CYP seen within 13 weeks of referral to initial assessment, where we have set a target of 95% with our main provider. Waiting times are also monitored from referral to second appointment.
- Waiting times for children and young people with eating disorders

- Demand, measured by referrals received and accepted
- Appointments attended and those where the CYP did not attend without prior warning
- Productivity and the number of CYP currently being treated
- Workforce composition

The quality of the data from our main provider is assured through a performance management framework underpinned by a regular schedule of formal meetings. Other providers' data will be assured through arrangements with their lead commissioner. Improvements in data quality have been reinforced in 2019/20 via the introduction of the MHSDS Data Quality Maturity Index (DQMI) which forms part of the CQUIN.

Enfield CAMHS are using the ICAN platform for the digital collection of outcome data. ICAN is integrated with RiO, the case management system, and enables clinicians and service users to complete measures via tablet, smartphone or PC where they can be immediately scored and viewed. The service is in the process of rolling out the implementation of ICAN across CAMHS teams. This includes training workshops for teams and individual coaching. The service is evaluating all activity through ICAN on a monthly basis so that it can track the level of use of Reported Outcome Measures generally, as well as the percentage of paired measures completed. This regular evaluation will inform and refine future implementation efforts, with the aim of increasing the number of paired measures completed. POD is being piloted with the CWP trainees as part of the training requirement and Enfield's interest in comparing the different applications.

We routinely benchmark CYP access and performance standards against other NCL boroughs and use other sources (for example, those available on the NHS Futures platform) for wider benchmarking where available.

The analysis around examining how performance will need to improve year-on-year has begun (see below), further work is required. The next steps for the Thrive Partnership Board will be to look at how the system will need to mobilise to meet this increasing demand.

EH9		Improve access to Children and Young People's Mental Health Services (CYPMH)							Yearly % Increase								
		2017/18 Actual	2018/19 Actual	2019/20	2020/21	2021/22	2022/23	2023/24	17/18 to 18/19	18/19 to 19/20	19/20 to 20/21	20/21 to 21/22	21/22 to 22/23	22/23 to 23/24	Increase 20/21 to 23/24		
07X	NHS ENFIELD CCG	Count	Number of CYP aged under 18 receiving treatment by NHS funded community mental health services	1,872	2,735	2,830	2,913	2,967	3,052	3,141	46.1%	3.5%	2.9%	1.9%	2.9%	2.9%	7.8%
			NCL Access	10,688	12,195	10,229	11,100	11,364	11,859	12,551	14.1%	-16.1%	8.5%	2.4%	4.4%	5.8%	13.1%
			National Proportional Increase 0-18		0-18 cumulative	63,000	133,000	203,000	273,000	343,000			111.1%	52.6%	34.5%	25.6%	157.9%

Urgent and Emergency (Crisis) Care

CAMHS crisis care is a focus area within Future in Mind, the Five Year Forward View, the Crisis Concordat, the HLP Children's Programme and the NHS Long Term Plan (LTP):

- NHSE required assurance from CCGs that refreshed CAMHS Transformation Plans include a plan for extended hours community provision, to be available from April 2017, as phased implementation of 24/7 cover for children and young people
- The FYFV requires NHSE to deliver effective 24/7 mental health crisis resolution and home treatment teams to ensure a community based mental health crisis response is available in all areas and are adequately resourced to offer intensive home treatment as an alternative to acute admission. An equivalent model for CYP (children and young people) should be developed within this expansion programme
- Provision of crisis response is closely linked to the implementation of the all age Health Based Place of Safety specification and section 136 pathway as stipulated by the Crisis Concordat
- Healthy London Partnership children's programme issued guidance setting out a pathway for rapid response and de-escalation of crisis not solely reliant on acute hospitals
- The NHS Long Term Plan sets out 24/7 crisis response expectations.

In NCL, there is variable day time crisis care with some CCGs having active outreach services into A&E and the community, and others less able to provide outreach, often for complex reasons such as funding, staff recruitment and retention. The out of hours crisis response across the sector has been extremely variable with the hospitals in the south of the borough having access to a comprehensive psychiatric registrar rota, but the service in the north unable to access this level of support. Commissioners and providers from across NCL have therefore been collaborating closely to develop a model based on new guidance and drawing on good practice examples from elsewhere.

The development of out of hours crisis has been included in the CAMHS workstream of the NCL mental health STP programme as it the type of service which, to achieve sufficient economies of scale and maximised effectiveness and efficiency, works best across the NCL-wide population.

Provision of CAMHS crisis services across the STP footprint, and locally at borough levels, is the most pertinent priority for NCL CYP partners to address in delivery of the LTP.

Our ambition

NCL STP will achieve 100% 24-hour crisis coverage by 2025, through additional crisis support lines, our extended out of hours service, improved pathways in and out of community CAMHS and the extension of the Crisis teams into intensive home treatment modalities across the STP. This will be also replicated for our Special Education and Needs Disability

(SEND) population through the development of the home treatment programme - Transforming Care Prevention and Support (TCAPS). Whilst there are currently differing levels of resources, providers and capacity across NCL, the ambition is to align our provision to meet population needs.

To improve the service to young people in crisis in the NCL area i.e. to: improve access to care; and improve experience of care

- To meet the national guidelines and best practice guidance for crisis as much as practically possible
- To provide a service within budget
- To provide a safe service both for patients and staff
- To provide a service that integrates with the ST rota, paediatrics, A&E departments and local CAMHS in a co-ordinated way
- To have a service that covers the whole STP area
- To have an equitable service across the STP area
- That to ensure assessments are completed in partnerships with relevant providers e.g. the LA and at a time and place that ensures a safe and consistent assessment throughout the 24-hour period.
- To reduce inpatient stays
- To implement action log
- To create a RMN bank so as to avoid RFH ECR costs
- To share good practice
- To provide accessible 136 suite within NCL

What we are aiming to achieve across NCL

NCL will develop a local integrated pathway for children and young people with higher tier mental health needs which includes rapid community-based and out-of-hours responses to crisis. There will be investment in expanding the crisis workforce and in training for the crisis response team, with a focus on Dialectical Behaviour Therapy (DBT) as the core treatment modality. This will result in admission prevention, reduced length of stay and support appropriate and safe discharge and a reduction of admission to acute paediatric beds across the footprint. NCL will work closely with Specialised Commissioning and jointly with Health & Justice Commissioners to develop local integrated pathways including transitioning in or out of acute, specialist and secure settings. Over the lifespan of the LTP programme until March 2021, the aspiration of NCL is to develop a comprehensive acute care pathway for children and young people experiencing a mental health crisis. The development of the acute care pathway will occur in phases as additional LTP investment comes on stream and savings are realised through the proposed New Care Model (NCM) programme for CAMHS Tier 4 across NCL and North East London (NEL). This is an iterative programme of work taking a long term view of service development and delivery of the ambition to better meet the needs of those children and young people experiencing mental health crisis.

Other initiatives currently being undertaken by NCL include:

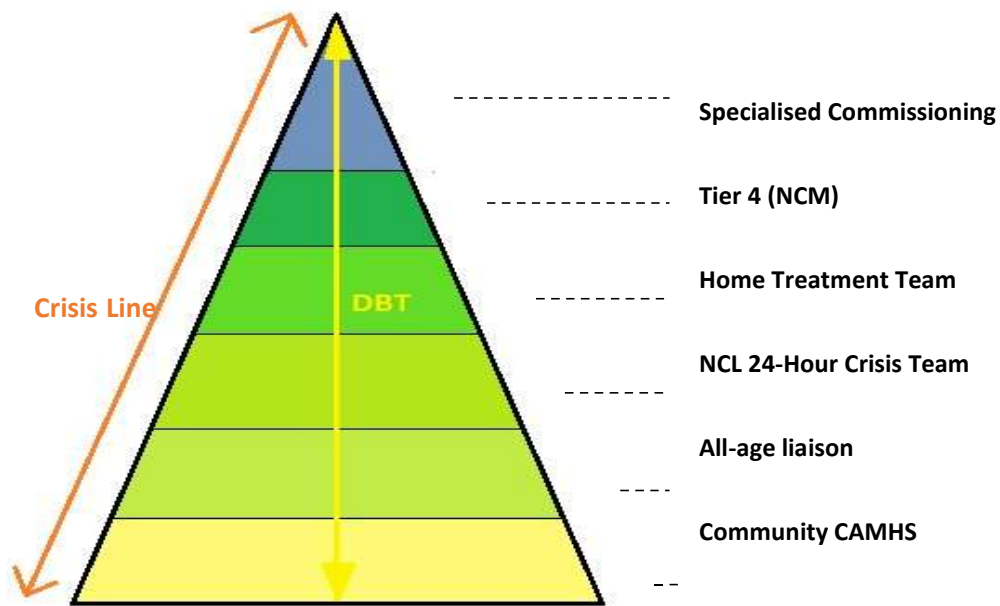
- STP wide data collections to scope programmes of work such as the Crisis workstream, Paediatric Liaison subgroup and STP workforce.
- Seeking CYP / families' views to support development of strategies to improve experience of the crisis pathway as it develops.
- Improving access to information online about CAMHS including local and digital mental health offers.

Areas identified which the STP recognise also need addressing include:

- i. A further focus on a suitable Health Based Place(s) of Safety for CYP in crisis, or subject to the power of section 136 of the Mental Health Act. This is currently a system gap in terms of dedicated provision across the STP which requires attention. Consistent policy, communication of local arrangements, police training, cross-agency sharing of process and contact details and the development of street triage for CYP with police all remain ambitions for the STP.
- ii. Shared training opportunities and learning across different areas including blue light services. There is close working with blue light services through the Crisis Care Concordat meetings in the sector. As well-established multi-agency groups these groups have a range of key stakeholders from CYP and adult services, blue light services, local authority, public health, voluntary sector including senior representation from local NHS mental health providers. As the membership includes a focus on crisis care for both young people and adults it will also support the intentions around the local offer for 18-25s.

The role of the NCL CAMHS Project Board in overseeing this work ensures that commissioners and providers work collaboratively with service users and that there is service user challenge and oversight as proposals are developed.

CAMHS Acute Care Pathway – a whole system approach to crisis care

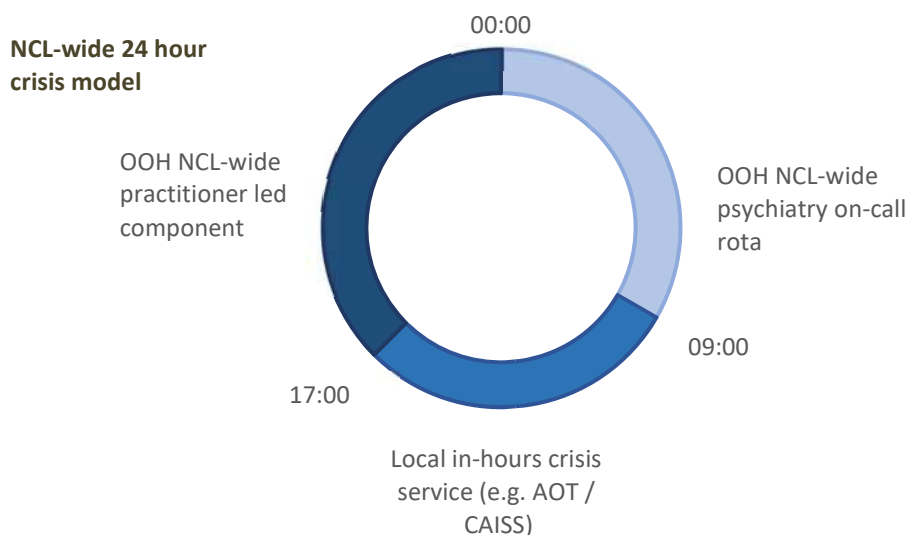


NCL-wide 24-hour crisis service

During 2017/18, commissioners and providers collaborated closely to develop and agree a model for 24-hour CAMHS crisis care that would meet as much of the vision as possible, within a set of parameters, which include:

- The financial envelope
- Keeping staff and patient's safe
- Having a service that is accessible to the whole NCL
- Having a service that has the capacity to ensure that children and young people are enabled to be kept safe and secure until the morning or when a full and timely assessment can be completed if not possible immediately
- Interface with current, and any new arrangements for the collaborative commissioning of local CAMHS Tier 4 provision

To ensure full coverage across 24 hours, seven days a week, commissioners and providers have agreed a service model that comprises three services elements, local in-hours crisis services; an NCL-wide out of hours practitioner-led crisis service; and out of hours NCL-wide on call psychiatry, as follows:



Out of hours NCL-wide CAMHS practitioner-led component

Following consultation with key stakeholders, options appraisals and financial analysis, it was agreed the core out of hours component be provided by a CAMHS practitioner-led component delivering twilight cover 7 days a week, plus weekend cover from midday to midnight. The component is being delivered by Band 7 advanced CAMHS practitioners with Band 8a leadership and is integrated into Paediatric Liaison. The staffing model for the component was developed prior to mobilisation in July 2019 as follows:

Staffing													
Band	Times	hrs per week	no of people	total hours	cover 22%	wte	cost per wte	Cost (without unsocial)	unsocial hours	Unsocial (at 30%)	Unsocial (at 60%)	Total cost (inc. unsocial hrs)	
8a	1 wte to manage team	37.5	1	37.5	0	1.00	74,623	74,623	0	0	0	74,623	
*7	3pm-12midnight M-F	42.5	2	85	18.7	2.77	61,150	169,386	40 (30%)	12,829	0	182,215	
*7	12midday-12midnight Sat	11.5	2	23	5.06	0.75	61,150	45,862	23 (30%)	7377	0	53,239	
*7	12midday-12midnight Sun	11.5	2	23	5.06	0.75	61,150	45,862	23 (60%)	0	14,754	60,616	
4	Team PA 9am-5pm M-F	37.5	1	37.5	6.75	1.00	35,117	35,117	0	0	0	35,117	
**Additional on-costs for enhanced hours for 4.27wte (see calculation below)												10,521	
Overheads													
Support services @ 10% of above												41,633	
Estates @ 10% of above												41,633	
Total cost													499,597

A Single Tender Action (non-OJEU) was run during 2018 and the Royal Free Hospital was awarded the contract to deliver the component for an initial pilot period on the basis that they:

- Are able to mobilise in short timeframes;
- Have established working relationships with other CAMHS providers operating across NCL to ensure coordinated daytime and out of hours services; and
- Have an identified local base from which to operate which includes provision of paediatric A&E to ensure safe management of any co-morbid physical health needs.

A contract variation for the component was signed and RFH began recruitment for the component in May 2019, with a view to commencing service delivery in July 2019. The model for this component comprises:

- Twilight and weekend midday to midnight component integrated into the Paediatric Liaison team and the NCL on-call rota, to be provided by Band 7s with Band 8a leadership
- Nightshift covered by on-call junior doctor to enable children and young people to stay safe through the night
- Provision of mental health and paediatric assessments as and when required
- Advice, information and consultation to be provided to clinicians from other agencies when needed.

The five NCL CCG's identified and agreed a total budget of £500k per year to invest in the NCL-wide practitioner-led out of hours component. In addition to this funding it is anticipated that the proposed NCM programme for NCL and NEL will realise savings from CAMHS Tier 4 which will be reinvested into the acute care pathway.

This CAMHS out of hour's crisis service for NCL has been partially operational since July 2019 delivering an emergency (4hr) and urgent (24hr) crisis response between 15:00 hours to midnight on weekdays and midday to midnight on weekends has been at two acute sites (Barnet Hospital and North Middlesex University Hospital) with a view to expanding to include a weekend service across Royal Free Hospital, University College London Hospital and Whittington Hospital from November 2019. As a pilot, where a response is not available e.g. due to demand exceeding capacity, the pathway defaults to historical local protocols. There has been good support for the out of hours crisis service from the on-call consultant rotas.

The practitioner-led component is expected to deliver the following outcomes:

- Reduction in time spent in A&E
- Improved CYP and family experience
- Timely response to CYP in out of hours crisis
- Reduction in numbers of CYP requiring specialist RMN Support on paediatric wards
- Reduction in length of admission to paediatric beds
- Improved outcomes for CYP
- Faster access to MH assessment

Another potential benefit of this development will be to facilitate parity of access across the sector, greater equity in workloads and responsibilities and more consistency in contracting arrangements for on-call psychiatry in line with the LTP ambitions tool workforce modelling. We envisage that additional LTP psychiatry, nursing and psychology resources will go into this service in order to prevent admissions. Future development of out of hours Crisis work will need to be developed in the context of the planned Long Term Plan investment as well as the Home Treatment and DBT Teams mobilising from the expected savings out of the New Models of Care for Tier 4 inpatients.

NCL CYP crisis services will continue be developed in line with LTP ambitions and the London CYPMH Workforce Strategy to ensure an equitable crisis response is available for children

and young people across the sector that offers appropriate level of support where and when it is needed.

Milestones delivered

- Costing of six service models – October 2017
- Selection of three service models for wider consultation – October 2017
- Consultation on three possible service models – November to December 2017
- Agreement of preferred service model – December 2017
- Development of service and recruitment of staff – January to June 2019
- Launch date – July 2019

NCL-wide psychiatry on-call rota

The success and safety of the practitioner-led OOH component is contingent on robust supervision from an on-call psychiatrist of senior-training grade or higher (consultant). Historically there have been a number of on-call psychiatry rotas operating across NCL with varying workloads and consultant remuneration for out of hours work is also variable. As part of the development of the 24-hours crisis offer it has therefore been proposed that a single rota for consultants across NCL be developed. A particular focus for this work is to ensure parity of access across the sector, greater equity in workloads and responsibilities and more consistency in contracting arrangements for on-call psychiatry.

Healthy London Partnership (HLP) children and young people's mental health crisis peer reviews

4.23. Building on the HLP guidance on Improving care for children and young people in mental health crisis in London (October 2016), and the HLP CYP mental health crisis services self-assessment (2017), in autumn 2017, HLP invited local areas to participate in a series of peer reviews of CYP MH crisis services. In NCL, HLP undertook two peer reviews of CYP MH crisis services, of Barnet, Enfield & Haringey Mental Health Trust (February 2018), and a combined peer review of services provided by the Tavistock & Portman NHS Foundation Trust and Whittington Health (May 2018). Recommendations from the Tavistock & Portman NHS Foundation Trust and Whittington Health review can be found in the Appendix.

The HLP found many positives in the services provided by BEH, T&P and the Whittington. The review praised the knowledge and understanding that representatives from the pathway organisations have in relation to what the challenges are and what it working well. The report highlighted the progress that has been made in transforming the crisis pathway but noted that there is still variation in the service provided across the three boroughs.

The HLP review highlighted that the NCL STP programme and the associated CYP mental health work stream has aligned the transformation and created a strong vision for future transformation, with a focus on improving community and outreach provision to reduce inpatient stays, reducing variation in medical rotas and delivering a consistent extended hours service. The investment each CCG has agreed to fund this transformation jointly across the STP was highlighted as a strength. In addition, the potential opportunity to

develop a North Central and North East London New Care Model and deliver to further transformation across a wider geography in the future, was seen as a positive. The joint HBPoS bid for NCL was also seen to be a positive although it was noted that there is no plan B, if this bid is unsuccessful.

The review praised the amount of feedback sought from CYP across all boroughs and the way that this is being used to try to improve the experience for CYP, their:

<p>BEH</p>	<p><i>Barnet</i> Have a crisis service even if this this is not commissioned, and make best use of what is in place Fantastic and cooperative relationship with paediatric staff ward Barnet Adolescent Service Commissioning and implementation of Kooth BRSP and mental health specialists allocated to schools <i>Enfield</i> Alliance and SAFE teams Considerable reduction in OBD and inpatient bed usage Commissioner and Local Authority Multiagency forum CAMHS social care liaison role ☑ Use of text support (in hours) <i>Haringey</i> AOT QI forum Schools link pilot and findings <i>Tier 4</i> Improvements at Beacon Centre Bed Management Team</p>
<p>T&P / Whittington</p>	<ul style="list-style-type: none"> • Assertive outreach on offer, particularly CAISS, the support provided and availability of staff etc. • The single phone number (in hours) which GPs, parents, schools and youth clubs are able to utilise. The duty system phone number is often used by GPs seeking advice. The Brandon Centre offer a text and email service (with out of office response) and will call back or respond the next day when contacted OOH. • Paediatric liaison on offer at each acute site and considerable joint working between PLT and CAMHS; the emphasis on consistency of care was praised with the same link person (one paediatrician and one Psychiatrist) throughout care. There are genuine shared protocols, which have been developed jointly, in place. • The Royal Free refurbishment, witnessed as part of the site tour, was impressive, and now offers a good atmosphere and calm environment. There are now up to four rooms which can be used for mental health assessments as required, and break out rooms in inpatient areas. • We Can Talk training has been rolled out at the Royal Free to improve the confidence of paediatric staff in caring for CYP with mental health conditions.

	<ul style="list-style-type: none"> In Camden there is a Liaison Diversion CAMHS nurse in Police stations which has improved the ability to seek advice, engagement with Police and their understanding to the pathway.
	<ul style="list-style-type: none"> All CYP have crisis plans which are co-produced and owned by CYP and their families. There is a process to develop a safety and coping plan for roll out and evaluate. There is also a digital in Islington (Good Things Foundation), and a crisis App for CYP is in development and will be piloted by the Brandon Centre.

Representatives from the local pathways in all boroughs welcomed the feedback from the reviews and found them a positive experience which have generated ideas for improvement which have informed strategic planning.

A detailed action plan was being developed based on the recommendations from the peer reviews and delivery of this plan will be overseen by the NCL CAMHS Board in 2019/20.

Priority areas for NCL CYP crisis care work include:

- the embedding of the NCL Out of Hours Crisis Service in 2019/20
- a consistent NCL-wide offering for crisis response
- additional training and development across CAMHS regarding crisis
- a crisis roadmap
- an NCL crisis line / single point of access for crisis support
- standardising NCL crisis safety and coping plans across providers.

Key Stakeholders

- Young people and their families
- Accident and Emergency departments
- Paediatrics
- CAMHS
- Senior Psychiatric trainees on the rota
- Social Care / Emergency duty teams
- Bed managers

Paediatric Liaison Service

Rationale for joint priority across NCL

Extending mental health liaison is a key deliverable for the NCL STP and reflects the priority within the Five Year Forward View to ensure that 'good quality mental health liaison services will be available more widely across the country'.

Through the development of the NCL crisis care pathway it has become apparent that there is significant variation in availability of and access to CAMHS liaison across the sector. The current model is based on historical arrangements that have been in place for many years; is unsustainable due to reliance on high numbers of trainees; and does not provide a consistent all-age offer, which has resulted in a lack of parity across the sector.

We envisage LTP investment in CAMHS nursing and liaison services practitioner-led will ensure that there is a clear pathway that meets the mental health needs of young people attending hospitals, including those with comorbid physical health problems, linking closely to the practitioner-led Out of Hours service described above. A Task and Finish group is looking closely at the data with a view to making recommendations for CYP liaison service development to parity of access across NCL.

It is important to recognise and differentiate between the distinct needs of children & young people presenting to hospitals with mental health crises, who should be assessed and managed by crisis services and followed up by community CAMHS teams; and those with comorbid physical illnesses or symptoms and mental health needs, who require a Liaison service embedded within Acute Hospital medical teams and where there is close liaison and shared decision making with the medical/surgical teams managing these patients' care. The latter group's needs would not be met by in-reach mental health crisis services.

Our ambition

- To improve the service to children and young people attending hospitals who require mental health assessments, interventions and support in the NCL area, i.e. to:
 - Improve access to care; and
 - Improve experience of care
- To meet the national guidelines and best practice guidance for all-age liaison as much as practically possible
- To provide a service within budget
- To provide a safe service both for patients and staff
- To provide a service that integrates with the ST rota, adult liaison, paediatrics, A&E departments and local CAMHS in a co-ordinated way
- To have services that cover the whole STP area, with equitable services across hospitals in the STP area, operating to at least minimum standards, and working towards established 'gold standards'.
- To identify and develop 'trailblazer' Liaison services that set standards for excellence and effectiveness to other services in the STP.

What we are aiming to achieve across NCL

NCL will develop a local integrated all-age liaison service which will seamlessly interface with the comprehensive acute care pathway for children and young people. The development of the acute care pathway will take into consideration wider developments in relation to crisis care for children and young people. Developments will be underpinned by robust analysis of current and future workforce requirements, including staffing capacity and training implications of providing all-age liaison. The approach will need to ensure that:

- Current investment across NCL is at least maintained at the same level as 2018/19;
- Commissioning processes are streamlined and, if possible, there is a single process across NCL;
- Contracting is on same footing as main NHS standard contracts, is aligned to same national and NCL timescales and is on a more sustainable footing for providers; and
- The model of commissioning ensures integrated governance approach across mental health and acute providers and CCG commissioners.

Current picture

There are five acute hospital sites in NCL which have a range of arrangements for the provision and commissioning of CAMHS liaison. This includes some Acute Hospital Trusts (e.g. UCLH, Whittington) investing directly in a Liaison service but who lack any community CAMHS in-reach, including for crisis; and others (e.g. Barnet, NM) relying on community CAMHS in-reach entirely for crisis presentations, and with a very small Liaison service to support medically unwell patients. There has been a general lack of new investment in these services and an indication that some, if not all, are currently under resourced. This has had a significant impact on staffing levels (recruitment and retention) within services. Data on current services is currently patchy and a full analysis of current clinical models, activity, performance and impact across the STP footprint needs to be commissioned. A Task and Finish group is currently working on mapping and gathering data for the current service provision, as well as agreeing service standards. In addition, there is a lack of consistency in contracting and monitoring, and a lack of consistent financial oversight, which hampers shared evaluation and limits opportunities for stakeholders to collectively drive service transformation. Through the programme, commissioners and providers will therefore define and agree a commissioning and delivery model which is sustainable.

Improving the experience of young people in mental health crisis, as well as medically unwell children and young people with mental health difficulties, throughout the pathway is a priority that includes their care on acute paediatric wards and use of agency RMNs. Currently this varies across different locations and is dependent not only on liaison arrangements but also the staffing model of nursing, health care assistants and other key roles. A task and finish group has been looking at these different models and working with commissioning support unit colleagues to review this provision and develop improved models and treatment.

Proposal

A Mental Health Liaison Stocktake was held on 4th October attended by representatives of acute and mental health providers, commissioners and members of the Mental Health Workstream Experts by Experience Board. The meeting agreed a number of principles for developing a joined up strategy for adult mental health liaison across NCL, with a separate strategy suggested for Children & Young People. The strategy for adults embraced:

- Ambition
- Immediate priorities for 2018/9
- Contracting model

For adults, it was agreed that the ambition of the STP should be to reach Core 24 standard by for mental health liaison by 2021 for all hospitals in NCL. This would entail:

- A 24/7 service commissioned to operate as an on-site distinct service staffed at or close to the recommended level of staff numbers and skill mix to work on a 24/7 rota.
- The service is commissioned to achieve national standards for response to emergency and urgent referrals and a 24-hour response to urgent referrals from inpatient wards including acute admissions units.
- There is the system capacity to respond to the needs of cohorts of patients (including those with personality disorders) who are regular attenders at A&E with a particular focus on admission avoidance.

In terms of a contracting model the Group agreed:

- The service could be commissioned either through acute contracts or directly from mental health providers but a consistent and transparent approach should be taken across NCL.
- A long term commitment (5 years) should be made to the services.

It is proposed to pilot a model of teams directly employed by the hospital to work with children admitted in crisis to paediatric wards who will work with liaison and community teams to ensure the most effective care during assessment and discharge. The proposed team would incorporate a skills mix of roles to be able to address different levels of need from patients and provide appropriate support to children with ASD and LD. It is also intended that this model could offer some flexibility across the STP footprint for staff to be able to move between locations if needed based on capacity. This model is preferred by providers and commissioners to avoid repeated use of different agency staff who may not have a CAMHS specialism and would enhance the CAMHS skills base and resource across the acute paediatric sites.

Key milestones

- Convene task and finish group – October 2018
- Analysis of current provision, including clinical models, activity, performance, cost and commissioning arrangements – October 2018 to October 2019
- Developed minimum standards for NCL as well as Gold standards – December 2019

- Proposals for future delivery and commissioning models defined and options appraisal undertaken – January to March 2020.

Key Stakeholders

- Young people and their families
- Accident and Emergency departments
- Paediatrics
- CAMHS
- Adult mental health providers
- Adult mental health commissioners
- Acute commissioners
- Senior Psychiatric trainees on the rota
- Social Care / Emergency duty teams
- Bed managers

Funding

It is anticipated that the financial contribution for the CAMHS element of an all-age service would be found within the existing financial envelope. This may entail some restructuring of current financial arrangements, options for which will be fully considered through appropriate options appraisal / business case processes.

Consideration is being given to the possibility of submitting a bid to HEE for non-recurrent funding to pilot an all-age liaison model which includes an embedded CAMHS liaison post (as opposed to the current model of stand-alone CAMHS liaison). This would provide an opportunity to test of the effectiveness of the model to inform future planning.

Links to key policies and initiatives

Linked to key policies and initiatives:	Aims
<u>Five Year Forward View</u>	By 2020/21 no acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the 'core 24' service standard as a minimum.
<u>Long Term Plan</u>	3.96 ...We are also working to ensure that no acute hospital is without an all-age mental health liaison service in A&E departments and inpatient wards by 2020/21...

Early Intervention in Psychosis

Safe Team

The Service for Adolescents & Families in Enfield (SAFE) team provides a borough-wide service for Enfield adolescents and families in crisis with acute mental health problems or concerns. The team also provides an early intervention in psychosis service for young people to support and stabilise. Although the generic CAMH teams also see adolescents, SAFE specialises in the treatment of adolescents with psychosis and provides a crisis support provision where the emphasis is on outreach work and rapid response. Response times are within one working day to a young person in an acute setting and two working days for other urgent referrals.

The Early Intervention in Psychosis (EIP) service delivers a full age range NICE compliant service including children and young people and all referrals. BEHMHT have been requested to undertake audit work on this area to ensure that the services are NICE compliant. We know that adult presenting with first time psychosis is in line with the expected national prevalence.

The SAFE Team provides the early intervention service for young people who present with signs of early onset psychosis aged 13 to 17 years.

The SAFE team offers interventions that follow the principles of the EIP model and use materials and tools from the NHSE guidance, Interventions are focused on the pathway that encompasses early treatment, intervention and response, support around recovery, and psycho-education around the illness bringing about relapse prevention.

There is good working relationship between CAMHS and the Adult Services and a protocol in place for many years describes how transition will work at 17+. This ensures there is a full pathway in place for all Enfield young people who experience first onset psychosis and require the services of the EIP service. The access rate performance to the EIP service is monitored on a quarterly basis against the annual operational plan submitted to NHSE.

Mental Health Support Teams

Partnership with Educational Settings

The expansion of the well received SEMH School Hub Pilot will support the development of the roll out of the MHST in Enfield and provide some of the baseline granular information vital in setting up teams and support the infrastructure for success in educational settings. The Educational Psychology will be a strategic contributor to supporting the development of the partnership with education. A MHST Steering Group has been established that will report into the Thrive Partnership Board, this will include key stakeholders from across Health, Education and Voluntary and Community Sector.

As outlined earlier in the document, Enfield has undertaken extensive work in partnership with educational settings. Relevant to the MHSTs:

Therapeutic and Therapeutically informed interventions

- June 2019 quality standards were agreed across schools for therapeutic and therapeutically informed interventions
- The SENCO Conference has been planned by the Thrive Partnership Board members and is structured and aligned fully with the THRIVE principles. This will be delivered in Spring term 2020.

To co-produce and pilot a collaborative approach across sectors for 'Getting Help' services to schools whilst maintaining a clear interface with specialist mental health services.

- Two Children's Wellbeing Practitioners (CWPs) were recruited and employed by BEHMHT in collaboration with LBE and have been in post since January 2019 as planned. However we had hoped for more CWPs to be placed in Enfield.
- One CWP is placed in the CAMHS Access Team with BEHMT CAMHS and the other CWP is placed in just the one SEMH Hub Pilot with LBE Educational Psychology Service & Schools Emotional Wellbeing Service (EPS&SEWS).
- The SEMH Hub Pilot involves **five primary schools** in Edmonton (one the most deprived areas in Enfield). The SEMH Hub comprises a trainee CWP, an Educational Psychologist (EP) and a Clinical Psychologist (CP). The Hub model is **fully aligned with the Thrive model**. During regular meetings, Hub schools are supported to:
 - Build on their understanding and confidence in supporting children with SEMH needs via facilitated case discussions which share good school practice.
 - Improve their advice and signposting by developing good relationships with external services included in the Local Offer and mental health providers that are already in their schools, e.g. Place 2 Be, DAZU
 - Develop their capacity to support mental health need via themed discussions e.g. broadening the interventions offered in school; measuring the impact of SEMH interventions.
 - Develop their awareness of local developments, projects and training, e.g. Mental Health First Aid Training, Attachment Lead Training, Sandwell Whole School Well-Being Chartermark.
 - Hub schools are able to request the CWP's involvement to provide clinical interventions for CYP experiencing low mood, anxiety or challenging

behaviour or other preventative interventions, e.g. at the request of Hub schools, the CWP is currently offering transition workshops for vulnerable Year 6 pupils. The CWP is jointly supervised by an EP and a CP, and the impact of the CWP's work is measured using routine outcome measures. Cases are opened on NHS procured case management system and data is included in the MHSDS

Feedback from a school

'My experience of the SEMH hub so far has been fantastic. The meetings have been very useful and have definitely developed my knowledge of local services and how best support children with SEMH needs in our school. Sharing resources been helpful too. Having access to a CWP has made a big impact on the families who are able to work with her. Without the CWP, it would be difficult to find support for these families. I think the most significant impact for me has been the dialogue between the professionals at the SEMH hub meetings- being new to the SENDCO role, discussing general issues and specific cases has been invaluable to me. Thank you very much for your support, and I am looking forward to the next meeting!'

SENDCO, Primary School in SEMH Hub Pilot.

Feedback from the CWP on her experience of SEMH Hub Pilot in Enfield

'I have had a very enriching experience since joining Enfield in January, through key documents provided as part of my induction such as Enfield's transformation plan, shadowing both my EP supervisor and clinicians working in CAMHS and building relationships with the 5 hub schools through individual and collective meetings on SEMH. I feel I have a growing understanding of Enfield schools SEMH needs. I have incorporated THRIVE in my role in quite an organic way and on reflection I feel this is partly due to the expertise and experience of the EP who I feel encompasses THRIVE and is very nurturing in her approach to SEMH in schools. I have been afforded a unique learning opportunity in that I have 2 supervisors, one an EP and the other a clinical psychologist. This has been essential in my learning, creativity and successful fulfilment of the CWP role, as I am provided knowledge from 2 different lenses.'

Trainee CWP, SEMH Hub Pilot

Targeting local need

In order to ensure the resource is being targeted in the areas of greatest need in Enfield, the schools who have expressed an interest in hosting the MHSTs will be graded against a selection criteria, which has been agreed at the MHST Steering Group. The selection criteria is as follows:

1. OFSTED Good and above (including teams that reach vulnerable groups such as those not attending school (NEET) or are Electively Home Educated (EHE);
2. Areas of need as identified by from Fair Access Panel and identifying high need using the Pupil Premium;
3. Prevalence of Schools that are high and low referrers to CAMHS;

4. Public Health data to identify schools with the following wider determinants of health: Deprivation.

For the identification of suitable sites for the training needs of the EMHPs, local knowledge will be used to identify appropriate educational settings.

Joint assessment to identify training and resource requirements for schools

A clear joint assessment will be part of the Standard Operating Procedure and care pathway developments across the MHST and schools. This will be developed during the first year of the pilot with EMHP in a handful of schools to ensure clear procedural protocols and guidance's are in place to embed.

Integrated referral pathways and advice systems

Integration will be as part of the Standard operating procedure and MHST will be part of the wider whole CAMHs offer both under governance and supervision and performance and access to specialist practitioners. The modality of the offer and structural systems in development will support the delivery of an integrated approach to ensure responsiveness access to getting support, advice and help where necessary. As the lead provider BEH MHT will provide the full governance and clinical supervision arrangements to support integration. The team will be co-located with wider CAMHs workforce to support a holistic approach. There will be strategic support provided by the Educational Psychology Service to ensure that there is an integrated approach across Health and Education.

Fidelity to Nationally Prescribed Core Functions

The three nationally prescribed core functions of the MHSTs are as follows:

- 1) Delivering evidence based interventions for mild to moderate mental health issues. The new teams will carry out interventions alongside established provision such as counselling, educational psychologists, and school nurses building on the menu of support already available and not replacing it.
- 2) Supporting the designated senior mental health lead in each education setting to introduce or develop their whole school or college approach;
- 3) Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education. Work as part of an integrated referral system with community services to ensure that children and young people who need it receive appropriate support as quickly as possible.

The work of the MHST will be managed, supervised and conducted by BEHMHT with involvement from local partner agencies. Each MHST will be directly linked into the Access team at BEHMHT and enhance the pathway for sub-threshold referrals to mental health services which currently includes a combination of individual and group work with families, young people and professionals. Clinical programmes will be guided and run alongside

provision, services and initiatives currently provided in schools, the voluntary sector, Early Help and the wider community to ensure partnership working.

NCL

All five boroughs in NCL had successful bids to be trailblazer sites for Mental Health Support Teams (MHSTs) in schools. Camden and Haringey were successful in Wave 1 and went live in late 2018. Islington, Barnet and Enfield all had successful bids in Wave 2. Enfield go live in September 2019. Islington and Barnet will go live in January 2020.

NCL plans to have an STP MHSTs shared learning group, this will enable sharing of best practice. The learning group will feedback to NCL STP CAMHS project board, who will provide the governance arrangements. The group will be established at the beginning of Q3 2019/20 with representation from health, care and education. We are confident that we will be able to ensure the improved access to community services through this extended provision and from 2021 we will increase the range of educational provisions able to access mental health support teams to colleges and universities in order to ensure the 16-25 age range have access to this provision

Appendix 1: Engagement Table

Enfield Children & Young People's Service (VCS)

Engagement Type	Description	Engagement Since last refresh (2018)
Local Champions	We have trained local women from BAME communities to be local champions for safeguarding with an emphasis on FGM.	They have been active since 2015 but we have expanded and refreshed training and outreach in 2019
Mindfulness Engagement	We have run a series of introduction programmes for school staff and those who work with CYP in other capacities throughout 2019 and from November 2019 onwards will be offered an 8 week training programme for those wishing to implement mindfulness tools in schools and other settings.	October 2018 with initial funding from CCG.
Young People's Consultation	We have consulted with over 800 young people on issues concerning health, social care, education and the local environment in order to feed into Children England's two year enquiry on 'ChildFair State' – which is a re-working of the welfare state.	August 2018
Local Community Drop Ins	We run regular drop in and open days at the Ark in Edmonton where local people can come in and talk to professionals about a range of issues. We have a weekly attendance of over 100 people at these events.	On-going

Healthy Lifestyles Engagement	We run a number of classes to engage parents who are isolated, have mental health issues or poor health to improve their general health and well being. These classes include : Swimming, Gym, Pilates, Zumba and Boxercise we also have a health trainer who offers basic health checks at our shop front drop in hub (blood pressure etc.) and the Terrence Higgins Trust comes in monthly to offer chlamydia and HIV testing as well as to offer sexual health and contraceptive advice.	We have over 100 people per week engaged on our exercise programme. This will continue into 2020 and we are seeking funding to expand as some of our classes are at capacity and we have a waiting list.
Healthy Lifestyles Engagement for Teenagers	We run a teenscheme in every school holiday which focuses on healthy bodies and healthy minds. It is led by a double Olympic athlete and incorporates a wide range of physical activity, counselling, healthy cooking and eating as well as therapeutic activities.	On-going
Healthy Lifestyles in conjunction with Dazu	We have monthly drop ins for families where one member of the family has cancer. This enables them to have talking space, therapeutic activities including group counselling, massage etc.	On-going
I Feel Good	These are ad hoc sessions for young people experiencing issues that impact mental well being and include activities,	On - going

counselling, therapies,
supper and consultation

Enfield Council

Engagement Type	Description	Engagement Since last refresh (2018)
Children/Young People, parents/carers and school staff	Through the Sandwell Whole School Wellbeing Chartermark, focus groups have been held in each partaking school with children and young people, asking for their views about emotional wellbeing and mental health and what would be helpful to develop in the school community. This is fed into a school action plan.	This is all being undertaken since the last LTP and ongoing
Head Teachers / Setting Leads and the MHSTs	Head Teachers and Leads from educational settings were involved in the consultation in preparing for the MHST bid. Their views will be taken on board in the planning of the future MHST	All done since last LTP. HTs will be on the MHST Steering Group
Local Offer refresh	Our Voice Parents From has provided feedback in the review of the Local Offer	Ongoing
SEND	Parents are on boards and are actively engaged with the development of processes in relation to SEND, e.g. SEND Board	Ongoing

SEND Action Plan
Development Group

ETCEF Board

EHCP review project

EP Interview Panels

Our Voice holds an annual conference on SEN. Director and Heads of Services across the Local Area are involved in this event.

Development of a film for parents and schools re EPS

Parents and school staff were part of focus groups with the EPS to support the develop of two films.

Ongoing.

One film is aimed for parents and for schools so that there is increased understanding of the service that is on offer in relation to supporting SEND (and Mental Health)

Barnet Enfield & Haringey Mental Health Trust

Engagement Type

Description

Engagement Since last refresh (2018)

CAMHS Young People's Participation Group

There is a thriving young people's participation project facilitated by CAMHS staff for young people who use the service. This provides a forum to consult YP and gather feedback to inform future service development. Recently this has covered areas ranging from choosing

On-going

décor for our new clinic, to planning community events promoting positive messages about mental health and recovery, and reducing stigma. We have also supported members of the group to join us in recruitment procedures, including contributing questions and joining panels on recent appointments.

Appendix 2: Enfield Children and Young People’s Mental Health Transformation Plan 2015 – 2020

VISION

We want to ensure that mental health is ‘everyone’s business’ and to co-produce a whole system approach to emotional wellbeing and mental health in Enfield, which transforms provision by 2020.

PRIORITY 1: Through the JSNA, to maintain oversight over whole system capacity and demand for children and young people’s mental health services.

ID	Actions	Progress to date	Lead Organisation	RAG rating
1.1	Children, young people and families to be involved in the refresh of the Joint Strategic Needs Assessment (JSNA)	The JSNA update is an ongoing activity, current amendments include data on emotional health and wellbeing. The Successor Joint Health and Wellbeing Strategy, which is currently in the process of being approved is informed by the JSNA and evidence of outcomes, including those relating to CYP emotional health and wellbeing are an intrinsic part of it’s multiagency plans.	Enfield Council	
1.2	The Public Health Intelligence Team to support development of a system wide data set/outcome measures framework	The Enfield Public Health Intelligence Team undertake a rolling programme of education and training for those engaged in both commissioning and provision of healthcare in Enfield, to	Enfield Council	

Understanding local need

improve their own use of the JSNA.

1.3	Perinatal Mental Health	New Action for 2019/20. Increase the referral/access from across the system (eg Health Visitors and Primary Care).Specialist Perinatal Mental Health Services in line with live birth rates.	Enfield CCG/Enfield Council
1.4	18-25	New Action for 2019/20: using cross system information develop a system approach, monitored through the Thrive Partnership Board to the 18-25 cohort.	System
1.5	Primary Care Networks	New Action for 2019/20: develop engagement strategy to ensure alignment of CYP and PCN outcomes	System

U O E

PRIORITY 2: To continue to develop and embed a whole system approach to transforming care for children and young people.

2.1 Ensure effective implementation of the Transforming Care Programme, Accelerator Pilot

The NCL Wide Accelerator Project: Transforming Care, Prevention and Support Service known as TCAPs. Is providing support for families and young people within our transforming care cohort pilot is ongoing and provides a key worker to support families to prevent children from requiring more intensive support and treatment.

NCL

Relevant Enfield staff have been PBS trained and we have a PBS Service, known as STAY. Enfield is one of few Boroughs in the country that has this intervention and has resulted in a low inpatient admission rate.

2.2 Development of a forum to support the network of staff who have been trained in Positive Behaviour Support.

NCL

2.3 Support external evaluation of the Supporting Team Around You (STAY) Project and Accelerator Pilot

NCL

3.1	Establish a system wide data set/outcome measures framework to monitor Thrive implementation	A thrive steering group has been established to monitor the progress of implementation. The Star Outcomes Framework has been successfully implemented in SEWS and STAY. A common approach across the Borough will be progressed over the coming year.	Enfield CCG
3.2	Start to structure local pathways to deliver care according to five THRIVE needs based groups		SYSTEM
3.3	Pilot use of i-THRIVE Grids to support shared decision making		SYSTEM
3.4	Thrive needs based groups recorded for all cases		SYSTEM

PRIORITY 4: To further develop the model of co-production with children, young people and their families.

4.1	Continue to develop participation groups, with a view to a further extension of existing activity: (see 4.1a and 4.1b)	Refer to engagement table	SYSTEM
4.1a	Service user feedback and participation in developing care planning at a user level	Refer to engagement table	SYSTEM
4.1b	Participation Group and CYP inclusion on interview panels	Refer to engagement table	SYSTEM

4.2	CYP to participate in staff training, e.g. use of outcome measures	Refer to the engagement table	SYSTEM
4.3	Ensure 'Our Voice' are substantive members of the CYP MH Partnership Group, and that service user participation is a regular standing agenda item (future developments as well as a feedback mechanism)	Yes	Enfield CCG

PRIORITY 5: To implement the Family Resilience Strategy and develop a Family Hub offer for 0-19 year olds.

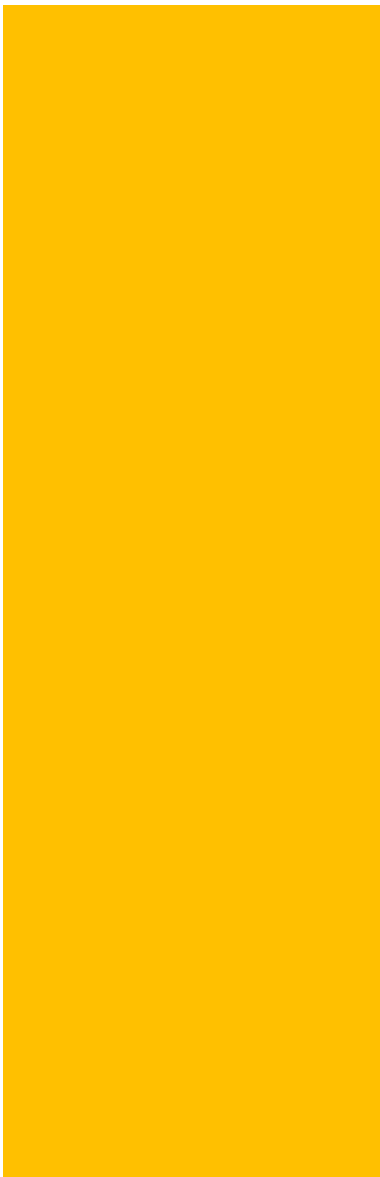
5.1	Early Help and Family Hub reporting to be aligned to GP localities	This has been completed and reflected in data collection systems. The annual early help report and children's centre KPIs reflect the localities.	Enfield Council
5.2	Develop a multi-agency panel to review referrals for children with identified needs	Ongoing – the initial plan reviewed and accepted by the Early Years Programme Board has been put on hold and changes have been made to the pathway for applying for and distributing the Early Years Inclusion Fund.	Enfield Council
5.3	Further development of the Play and Communication Programme	The Universal Play and Communication Assessment Toolkit (UPCAT) – developed from the original children's centre work – has	Enfield Council

		<p>been rolled out to over 30 PVI settings in the borough and training continues.</p> <p>A longitudinal study of 50 children who accessed the P&C offer in the children’s centre over the last five years is being carried out to establish the impact of the programme on preventing later casework for the SALT core service.</p>	
5.4	Development of the Early Help Module for casework recording across Early Help services and linking to the Child Portal referral system	All services which comprise the Early Help Family Hub are now using the Early Help Module for case management. This is complemented by a new triage system for referrals.	Enfield Council

PRIORITY 6: To implement an agreed quality standard across schools for therapeutic and therapeutically informed interventions.

6.1	Undertake a review of the existing quality standards in Enfield	<p>Quality Standards have bene updated by Clinical Lead for SEWS and Voluntary Sector. To be shared with Thrive Partnership Group</p> <p>ECYPS - We met and looked at the standards and also consulted on</p>	Enfield Council
-----	---	---	-----------------

		<p>them with the attendees at the Mental Health Forum in June.</p> <p>The consultation elicited a number of responses and suggestions around good practice, supervision and joint working that need to be discussed and included within the standards.</p> <p>A more in depth discussion on a multi agency basis in order to determine what can be included within a new standards framework. This work will be undertaken in the next six months with a view to producing new standards in 2020</p>	
6.2	Develop arrangements that will offer therapeutic interventions in line with the BPS Standards for Schools	<p>Services across organisations have accessed training through the CYPIAPT Learning Collaborative.</p> <p>HLP review of skilled workforce across Health and LBE has undertaken in April 2019</p>	Enfield Council
6.3	Working with Enfield schools, explore school liaison links to NHS CAMHS with a view to developing strong and coherent relationships, supported by effective	<p>CAMHS have presented at Secondary Head Teachers Conference.</p> <p>CAMHS to join SEMH Hub Pilot</p>	Enfield Council



	communication	schools meeting		
		CAMHS have coproduced SENCO Conference on Mental Health (date to be confirmed)		
6.4	CYP Mental Health Partnership Group to plan and deliver a Mental Health in Schools Conference for SENCOs in the Spring Term (2019).	The day has been planned by the partnership. Initial date in Spring Term 2019 was cancelled. To be rearranged.	Enfield Council	
PRIORITY 7: To co-produce and pilot a collaborative approach across sectors for 'Getting Help' services to schools whilst maintaining a clear interface with specialist mental health services.				
7.1	To set up and pilot SEMH hubs bringing together all mental health providers who are offering intervention in two school partnerships.	One SEMH Hub Pilot is up and running and is progressing well in the LBE's EPS/SEWS in collaboration with NHS CAMHS Not able to run two SEMH Hub Pilots due to limited CWPs recruited.	Enfield Council	
7.2	To introduce Children's Well Being Practitioners through recruit to train (in partnership with NHS CAMHS).	CWPs recruited. One is placed in NHS CAMHS Access Team One is placed in LBE SEMH Hub Pilot	Enfield Council/BEH MHT	

- 7.3 Provide evidenced parenting programmes for children with SEMH (particularly conduct disorders) in the early years and school age population. This will be aligned with the early help offer.
- Incredible Years Parenting Courses are offered through:
- Children’s Centres (Children’s Centre staff and EPS)
- Schools (EPS/SEWS/Primary Behaviour Support)
- Early Help (Parenting Support Unit/Change & Challenge Team)
- Tree of Life Parent Group is on offer in a school for Parents of children with PMLD
- Family Outcome Star training is being rolled to measure impact across all providers.
- 7.4 To ensure there is a high quality local area offer for children with SEMH aligned with key principles, including the commitment to raising awareness of mental health issues in CYP.
- Thrive is being implemented through SEMH Hub Pilot as the main conceptual model of access to support based on needs.
- This will provide a basis to roll out to further hubs and teams as appropriate.

Enfield Council



PRIORITY 8: To review systems to ensure vulnerable children access school and support.

8.1	<p>Reviewing the purpose and methodology of the primary Fair Access Panel and the multi-agency SEMH crisis response offer. The aim is to reduce the number of children at immediate risk of permanent exclusion. This ensures schools, parents and CYP receive appropriate support to put an effective plan in place so that they remain in an educational provision.</p>	In progress	Enfield Council
8.2	<p>Develop a coherent whole system approach for children who are provided with home tuition or are not in school and who are presenting with complex mental health needs. This will build on the education services Attendance Support Unit/Home Tuition Meeting.</p>	<p>There is a monthly meeting which is currently led by Education Department. This effectively reviews the cases and ensures that there is a robust referral process.</p> <p>Review to be planned to include Health and Social Care</p>	Enfield Council

PRIORITY 9: To offer a Whole School Well-Being Charter Mark to schools in Enfield, e.g. Sandwell

9.1	<p>Team to have signed up 10-15 Schools for October 2018 start (to include primary, secondary and special schools). The second phase to commence in January 2019.</p>	<p>First phase is well underway with 9 schools including primary, secondary, special and a PRU.</p>	Enfield Council
-----	---	---	-----------------

9.2	Agree Communication Strategy for reporting outcomes at the Health and Well- Being Board.	In progress	Enfield Council
9.3	Presentation of the first Sandwell Charter Marks by July 2019.	In progress	Enfield Council

PRIORITY 10: To co-produce a training programme with all providers including schools and the voluntary sector, young people and their parents

10.1	To have a workforce development and sustained training programme on SEMH for schools. Specific topics will include the most prevalent mental health issues, including ADHD, deliberate self harm, eating disorders, anxiety and depression, and Cognitive Behaviour Therapy (CBT) for exam stress.	<p>Training offered through the Education Services, Mental Health Network Forum and individual services as commissioned by schools (individual and school partnerships)</p> <p>Review of training needs of schools in relation to SEMH to be undertaken.</p>	Enfield Council
10.2	Schools to each have a named professional for providing advice on SEMH. This will be a protocol-led arrangement, supported by training and communication provided for schools. This will be built on from using existing professional relationships and contacts (e.g. EPS, SEWs, BSS).	<p>All schools have a named contract from EPS/SEWS and Primary BSS.</p> <p>The SEMH Hub schools have a half termly meeting with an named EP and CWP who have a role to provide advice and guidance on SEMH, in line with Thrive Needs Based Groupings.</p>	Enfield Council

10.3	Continue to roll out the Attachment Lead programme and support the Nurture Group, LASS interventions.	Attachment Lead network is provided to trained Attachment Leads in schools. Continued training and support for Nurture Group Staff through the Nurture Group Network (for schools that buy into the offer)	Enfield Council
10.4	The CYP Mental Health Partnership to plan and deliver a SENCO conference on schools mental health for March 2019.	The SENCO conference has been planned as a collaborative initiative involving: Education services (EPS/SEWS, Primary Behaviour Support Service, School & Early Years Improvement Service) CAMHS and schools. The conference was cancelled in the Spring Term 2019 (due to unforeseen circumstances). Date to be agreed	SYSTEM
10.5	Await and support the roll out of the Designated Mental Health Lead Training for schools. A member of the CYP Mental Health Partnership is on the DfE Professional Reference group related to this development.	Principal EP maintains links with the DfE and provides updates to the wider network Training provider for DSL for Mental Health yet to be finalised.	Enfield Council



10.6	Identify and develop specific training with continued support/supervision for Learning Support Assistants and Teaching Assistants, e.g. Health Mentors or ELSA	Proposal submitted to Education Department. No budget available at present. EPS/SEWS will develop offer to schools under traded services.	Enfield Council
------	--	--	-----------------

PRIORITY 11: To ensure ongoing transformation by continuing to embed CYP IAPT principles into the whole system of provision.

11.1	Improved access through advice, signposting and early intervention.	<p>Enfield Council</p> <p>The Local Offer has is under review</p> <p>Public Health have provided a schools Health & Wellbeing Brochure.</p> <p>Services continue to support with signposting.</p> <p>Making Every Contact Count is under development by Public Health</p> <p>SEMH School Hub pilot provided work discussions groups that promoted i-Thrive and increasing knowledge of the community services</p>	Enfield Council/BEH MHT
------	---	---	-------------------------

for MH.

Children's portal was launched to offer clear process to accessing Early Help. This includes a service directory

Distributed via ECYPS: Mind Kind Leaflet signposting the community to VCS and Statutorily provided MH services. *A Guide for Parents and Carers on affordable and free activities* to support good mental health

11.2 To link the CAMHS Access pilot to schools, the SEMH hubs and the work of the Child Wellbeing

Enfield Council:

SEMH Hub was set up with 5 schools in Edmonton as planned. This was a training placement and an opportunity to trial systems and processes that could be rolled out for the MHSTs. There were strong links

Enfield Council/BEH MHT



with the CAMHS Access

11.3 To consolidate the implementation of digital collection of ROMS, increase overall collection of paired measures and improve the feedback process from ROM data to quality improvement

Enfield Council

Enfield Council/BEH MHT

SEWS – appointment of a dedicated Clinical Lead for the Schools Emotional Wellbeing Service will support this area.

CYPIAPT trainees/ CWP trainees are in the EPS and SEWS and support the implementation.

11.4 To continue to strengthen service user participation in service design

Enfield Council

Enfield Council/BEH MHT

The Sandwell Whole School Wellbeing Chartermark has participation built into the research methodology and feeds into school development re emotional wellbeing.

Parents and young people are involved in recruitment and selection processes across services.

PRIORITY 12: To ensure that the number of children with a diagnosable mental health condition receiving CAMHs treatment achieves the incremental targets over the next three years.

12.1	Recovery plan implementation - To ensure that the number of children with a diagnosable mental health condition receiving CAMHs treatment increases to 30% in 17/18, 32% in 18/19, and 35% in 19/20	Enfield achieved the 32% target in 18/19 and qualified to be able to bid to be a MHST Trailblazer site. Enfield were successful in their bid and the implementation of the sites will contribute to the 35% target for 19/20	BEH MHT
------	---	--	---------

PRIORITY 13: To extend access, particularly for vulnerable young people who may be reluctant to engage with services, by making it easier to get an appointment at different locations including out of school hours AND to work with STP partners on the implementation of the proposed NCL CAMHS Liaison service

13.1 Implement the NCL crisis pathway in Enfield

NCL NARRATIVE

NCL



PRIORITY 14: To continue to promote the self-help phone apps and to complete the data warehouse and support to the voluntary sector around the use of I CAN.

14.1 Adoption of information technology to support collection of outcome measures during therapy sessions utilising ICAN information software (developed by North East London Foundation NHS Trust).

BEH MHT use ICAN to collect ROMs.

Enfield CCG



14.2 Ensure all information governance elements are addressed (including compliance with the latest version of the IG Toolkit)

Managed through Council governance processes

BEH
MHT/Enfield
CCG



14.3 Improved data collection as part of national recording for CYP IAPT including data flows as part of the MHSDS reporting requirements

Requirement of BEH MHT in NHS Contract

All Providers upload MHDS via web portal or HSCN connection where available to meet MHDS reporting requirements

Enfield CCG

PRIORITY 15: To co-produce a training programme with all providers including schools and the voluntary sector, and young people

and their parents and/or carers.

15.1	MH steering group continues to meet with all key partners, including health and social care, with dates scheduled for a minimum of six months ahead in the future	Thrive Partnership Board (formerly Childrens Mental Health Partnership Board) meets monthly.	Enfield CCG
15.2	Scope all current training courses to gain an overview in terms of duplication and gaps and establish a comprehensive training programme	Cross organisational training mapping exercise undertaken.	SYSTEM
15.3	Establish a secure central point for all Enfield employees to access training available	To be developed	SYSTEM
15.4	Introduce a mandatory CAMHS training programme for all new voluntary sector and school staff in Enfield	To be developed	SYSTEM
15.5	Increase community based clinical capacity and the range of evidence based therapeutic interventions offered through joint workforce planning and CYP IAPT	2 nd Cohort of CYP IAPT Trainees to start January 2020 2 MHST sites to be established to extend the reach into schools for the provision of 'getting help' interventions in schools	Enfield Council/BEH MHT

Provider	Service Name	Service Description	Funding Source
BEH MHT	Generic CAMHS Services	The two multi-disciplinary teams in Enfield have combined and are now accessed through a Single Point of Entry (SPoE). This has improved assessment, consistency of practice and is gradually impacting on waiting times. The team receives referrals from a range of agencies, including self-referrals. They provide a range of interventions according to the clinical needs of each client presenting with severe emotional and behavioural difficulties.	CCG/LTP Waiting List Initiative (non recurrent)
BEH MHT	SAFE Team	<p>The Service for Adolescents & Families in Enfield (SAFE) team provides a borough-wide service for Enfield adolescents and families in crisis with acute mental health problems or concerns. The team also provides an early intervention in psychosis service for young people to support and stabilise. SAFE specialises in the treatment of adolescents with psychosis and provides a crisis support provision where the emphasis is on outreach work and rapid response</p> <p>The SAFE team offers interventions that follow the principles of the EIP model and use materials and tools from the NHSE guidance¹⁰, Interventions are focused on the pathway that encompasses early treatment, intervention and response, support around recovery, and psycho-education around the illness bringing about relapse prevention</p>	CCG
BEH MHT	Alliance Team	As an enhanced crisis support team the Alliance team consists of three mental health nurses who have extensive experience in working with young people and their families in crisis. The main aims of the Alliance team are to respond to those young people who are or have been at risk of admission to an acute hospital service.	CCG
Enfield Council/BE	HEART Team	The CAMHS HEART team is fully integrated within the Local Authority led multidisciplinary HEART (Health, Education and Access to Resources Team). Referrals are	CCG/Council

Provider	Service Name	Service Description	Funding Source
H MHT		<p>accepted from young people’s social workers or foster carers’ supervising social workers. There is close liaison with the wider HEART team, which includes educational specialists in the Virtual School, physical health services and KRATOS, the young people in care council.</p> <p>HEART CAMHS provides services at all levels of the THRIVE model</p>	
BEH MHT	Service for Children and Adolescents with Neuro-developmental Disorders (SCAN) Team	This is a targeted service for children and young people who have been diagnosed with both a neuro-developmental disorder and mental health needs who attend special schools. It is a multi-disciplinary team made up of psychiatry and clinical psychology which works jointly with colleagues in Enfield Community Services including Paediatricians and a range of health therapies as required	CCG
BEH MHT	CAMHS in the Child Development Team (CDT)	This is a dedicated CAMH service provision for assessment and diagnostic services for children under the age of six with neuro-developmental problems, physical disability, learning disability and life-limiting conditions.	CCG
Every Parent & Child / BEH MHT	Enfield Parent and Infant Partnership (EPIP)	Enfield has developed a Parent and Infant Project in Enfield as part of a wider Parent Infant Mental Health Service. Enfield CAMHS & EPS (BEHMHT & LBE) initially worked with the Every Parent and Child (EPC) to secure a grant from PIP UK to support the start-up of EPIP, based on the commitment of the CCG and the LBE to provide match funding. This PIPUK grant has since ended and EPIP is now funded by Public	Enfield Council/CCG

Provider	Service Name	Service Description	Funding Source
Enfield Council/BEH MHT	CAMHS in the Youth Offending Unit	<p>Health and the CCG. EPIP is small specialist service providing therapeutic assessment and support to parents and their babies up to the age of 18 months where there are issues and difficulties around relationships and attachment, as a result of parental mental ill health and/or complex social difficulties. The team provides assessment and a variety of treatment interventions. There are links with the Specialist Perinatal Mental Health Service.</p> <p>The Youth Offending Unit (YOU) has an integrated health team consisting of a CAMHS Clinician, Speech and Language Therapist and Nurse. In addition two YOU workers have completed the CYP IAPT training. All clinicians offer evidence based interventions, and can facilitate access to the full range of CAMHS services. The team is completed a new Liaison and Diversion worker funded by the NHSE Health and Justice Team, who undertakes mental health screening for young people held in custody.</p> <p>There are plans in place to more fully integrate the Haringey and Enfield Liaison and Diversion Posts as there is one Wood Green Custody Suite.</p> <p>Enfield YOU has a strong focus on prevention when working with children and young people in the youth justice system including those on the edges of youth justice pathways, and processes are in place to ensure mental health and emotional wellbeing assessments are given to all young people in or on the edge of youth justice service. Further detail is set out in the borough's partnership response to tackling youth crime – Working Together for a Safer Enfield 2017 – 2020 and Enfield Youth Justice Plans, with a strong focus on co-production</p>	Better Care Fund
Enfield Council	SEWS (Schools Emotional Wellbeing in	<p>The Schools Emotional Wellbeing Service (SEWS) has developed from an offer made to all schools in the borough in 2014. An emotional well-being practitioner (i.e. Clinical Psychologist, Family Therapist, CAMHS Practitioner or Educational Psychologist) spends either a day or half day per week in each school providing:</p>	Schools

Provider	Service Name	Service Description	Funding Source
	Schools)	<ul style="list-style-type: none"> ✓ A direct assessment and intervention service for children young people and families ✓ Group work ✓ Consultation to individual or groups of school staff ✓ Staff training on issues such as attachment, trauma, ADHD, deliberate self harm, exam stress. <p>Currently this is targeted service and SEWS team members facilitate referral into Community Specialist CAMHS and other mental health providers where necessary in line with iThrive.</p>	
	Educational Psychology Service (EPS)	<p>The EPS works with schools and settings through a ‘consultation model’ of service delivery and offer guidance, assessment and intervention for children and young people aged 0 – 25 years across the whole spectrum of special educational needs, including social, emotional and mental health. EPS works in collaboration with schools, partners and the community to promote children’s emotional well-being.</p> <p>The EPS is funded by the Local Authority to fulfil its statutory duty under the Children and Families Act 2014. This includes providing psychological consultation and assessment in relation to:</p> <ul style="list-style-type: none"> ✓ the statutory assessment process for the provision of Education, Health and Care plans for the 0 – 25 age group; ✓ the Local Authority’s priorities in reviewing of EHC Plans where there is likely to be a change of placement or provision or when there has been a significant change in 	Enfield Council/schools/CC G

Provider	Service Name	Service Description	Funding Source
Enfield Council	Primary Behaviour Support Service (SWERRL)	<p data-bbox="647 261 1599 363">need; being an expert witness as requested by the Local Authority for Special Educational Needs and Disability Tribunals.</p> <p data-bbox="591 437 1697 571">The EPS is part of the Enfield CYPIAPT Learning Collaborative and has successfully trained EPs on practitioner, supervisor and the Leadership and Management Arm of the CYPIAPT programme. One EP is currently training to be a CWP/EMHP supervisor.</p> <p data-bbox="591 619 1727 788">The service is also commissioned to work in HEART, Youth Offending Unit, Primary and Secondary Behaviour Support Services, Nurture Groups, CAMHS Neurodevelopmental Pathway, Advisory Service for Autism, Evidenced based parenting, early years and (by the Schools Admissions Service) for children out of school.</p> <p data-bbox="577 863 1733 1129">The Primary Behaviour Support Service now identifies itself as the SWERRL team. Strengthening Wellbeing, Emotional health, Relationships and Readiness for Learning, outlines the essential focus of their activity. This multi-disciplinary team is commissioned by the Schools Forum and provides specialist consultation, training and intervention to Enfield primary schools. The service promotes the inclusion of pupils experiencing social, emotional and mental health (SEMH) needs, and integrates neuroscientific explanations, attachment awareness and trauma informed theory into all aspects of its work.</p> <p data-bbox="577 1177 1733 1283">The Service provides bespoke responses to ‘Requests for Involvement’ from schools, in relation to individual pupil cases and strategic school development. In addition to this the SWERRL team provide:</p> <ul data-bbox="651 1294 1715 1362" style="list-style-type: none"> ▪ Borough-wide Approach Training certification and refresher courses (Ethically-minded Physical Intervention training) 	

Provider	Service Name	Service Description	Funding Source
		<ul style="list-style-type: none"> ▪ Borough-wide NQT and Support Staff SEMH training ▪ Co-facilitation of the Incredible Years Parenting Programmes ▪ A range of CPD project opportunities supporting school-staff's SEMH knowledge and practices. 	
Enfield Council	Secondary Behaviour Support Service	<p>Secondary Behaviour Support Services (SBSS), including the secondary Pupil Referral Unit (PRU), work in partnership with schools, parents and the council to support the inclusion of all children and young people, and support remove barriers to learning.</p> <p>They assist children and young people experiencing social emotional behavioural difficulties (SEBD) and social and emotional mental health difficulties (SEMH) to access successful learning opportunities. The team may also:</p> <ul style="list-style-type: none"> · offer preventative interventions to support pupils at risk of exclusion · provide a support and training services in the primary sector and secondary sector · refer to the Enfield secondary tuition centre who work with learners in Key Stage three and four to ensure that young people receive a curriculum that enables them to reach their full potential 	Enfield Council
Enfield Council/BEH MHT	Improving Access to Psychological Therapy services (IAPT) Service	<p>The IAPT Service provides individual and group services for 16 years and over. IAPT practitioners provide stress and wellbeing training in local colleges. The work is being expanded to Sixth Form Colleges. Shortly, there will be other web based services available such as <i>The Big White Wall</i></p>	CCG
	EveryParent&Child	<p>Every Parent and Child works in the community and in schools and delivers counselling services</p>	

Provider	Service Name	Service Description	Funding Source
External Service Providers			
	The Tavistock & Portman NHS Foundation Trust	Enfield has a small contract with the Tavistock & Portman Trust to provide outpatient Tier 3 CAMH services to Enfield children & young people according to need. This has been useful if parents are employed in Enfield in related professions, or are seeking a second opinion.	CCG
	The Royal Free Foundation Trust	The RFH Eating Disorder Service is commissioned across NCL and provides a specialist Community Eating Disorder Service (CEDS) for Enfield children and young people. They address anorexia and bulimia but not obesity issues. The CEDS is signed up to NHS England's national quality improvement programme.	CCG
	South London and Maudsley NHS Foundation Trust	For second opinions, recommended by a CAMHS consultant or senior clinician, for complex neuro-developmental disorders, including autism.	CCG
Enfield Children and Young Persons Service	DAZU Young Carers Project	Dazu offers support to young carers in both community and school settings through group and individual counselling. A new e-counselling phone app is being trialled by DAZU.	CCG/LBE

Provider	Service Name	Service Description	Funding Source
	Place2Be	Place2Be is a children’s mental health charity providing school-based support and in-depth training programmes to improve the emotional wellbeing of pupils, families, teachers and school staff. Place2Be provides a volunteer counselling/therapy service with clinical supervision, and a project manager for schools. This service is funded partly by schools and partly by Place 2 Be’s charitable donations.	Schools
	The Brandon Centre	The Brandon Centre is commissioned to provide multi systemic therapy to children, young people and families on the edge of care. Eligibility criteria have been extended to include Multisystemic Therapy (MST) for young people exhibiting worrying sexual behaviour	
	The Beacon Centre	Commissioned by NHS England and provided by Barnet Enfield & Haringey Mental Health Trust to provide a twelve bed Tier 4 in-patient Acute Adolescent Unit. Other in-patient beds around the country are used for Enfield young people when the Beacon Centre is full or another unit offers a more appropriate treatment programme to meet the young person’s needs.	NHSE

Glossary

ACE	Adverse Childhood Experiences
BEH MHT	Barnet Enfield & Haringey Mental Health Trust
CAMH	Children & Adolescent Mental Health
CIN	Child In Need
CPD	Continuous Personal Development
CWP	Children's Wellbeing Practitioners
CYP IAPT	Children & Young People Improving Access to Psychological Therapies
DfE	Department for Education
DNA	Did Not Attend
ELSA	Emotional Literacy Support Assistants
EMPH	Educational Mental Health Practitioners
EPS	Educational Psychology Service
HEE	Health Education England
JSNA	Joint Strategic Needs Assessment
JSNA	Joint Strategic Needs Assessment
KPIs	Key Performance Indicators
LAC	Looked After Children
LGA	Local Government Authority
LGBT	Lesbian, Gay Bi-Sexual & Transgender
LTP	Local Transformation Plan
MASH	Multi Agency Safeguarding Hub
MHST	Mental Health Support Teams
MOPAC	Mayor's Office for Policing and Crime
NCL	North Central London
NEET	Not Engaged in Employment, Education or Training
NHS LTP	NHS Long Term Plan
NHSE	National Health Service England
NICE	National Institute for Health & Care Excellence

OFSTED	Office for Standards in Education
ONS	Office of National Statistics
PHE	Public Health England
PLAC	Previously Looked After Children
SAFE	Service for Adolescents & Families in Enfield
SARCs	Sexual Assault referral centres
SCAN	Social Communication and Neuro-Disabilities
SEMH	Social & Emotional Mental Health
SEND	Special Educational Needs and Disabilities
SEWS	Schools Emotional Wellbeing Service
SFTST	Supporting Families Towards a Safer Transition
SPOE	Single Point of Entry
STAY	Supporting Team Around You
STP	Sustainability and Transformation Partnership