

# **Nurturing for emotional well-being**

**Strategy for children and young  
people's emotional well-being and  
mental health**

**2014 – 2016**

**Jan 2014**



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## **SECTION 1: INTRODUCTION & BACKGROUND**

### **1.1 Introduction and background**

This Strategy provides a clear direction for promoting the emotional wellbeing and mental health of Croydon's Children & Young People, from conception to their 18<sup>th</sup> birthday, for the period 2014 to 2016. It is recognised that for some young people with significant special educational needs (SEN), the Council will maintain its responsibility until 25 years.<sup>1</sup>

The JSNA 'deep dive' on the Emotional Health and Well Being of Children & Young People aged 0-18 was completed in August 2013. This included a detailed needs analysis and a key recommendation for a strategy to be developed in order to progress the wider recommendations of the JSNA. The Executive Group of the Children and Families Partnership accepted the recommendations of the JSNA and agreed to establish a task and finish group to develop the Strategy and action plan. This was endorsed by Croydon's Health and Well-being Board. The strategy details the response of Croydon's Children & Families Partnership to the needs and recommendations outlined in the recent Joint Strategic Needs Assessment (JSNA) which assessed the Emotional Health and Well Being of Children and Young People aged 0-18. The Partnership has seized this opportunity to develop a shared set of principles and clear strategic direction to provide a coherent and effective 'whole systems' approach to promotion, prevention, early intervention and treatment of mental health conditions to ensure the best possible outcomes for Croydon's Children & Young People.

The commissioning responsibility for CAMHS services is shared between a number of agencies, as illustrated below:

Stage 1: Primary Care National Health Service England and individual services such as children's centres and schools.

Stage 2: Agencies across the partnership, including individual children's centres and schools.

Stage 3: Clinical Commissioning Group and Local Authority

Stage 4: National Health Service England.

The Children and Families Partnership supports the above agencies in bringing together commissioning plans in a co-ordinated way.

This strategy should also be seen in close alignment with the Mental Health Strategy for adults, both in terms of prevention and transition from children's to adult services and in terms of the impact of parental mental health issues on children's health.

### **1.2 Aim of the strategy**

The Strategy aims to set out our multi-agency approach to promoting children's emotional wellbeing and mental health, along with an action plan which sets out clearly what we will do to achieve this. The strategy articulates how we will co-ordinate the response of the partnership in ensuring our collective resources are used in the most effective way, to achieve the best possible emotional

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<sup>1</sup> It is acknowledged that partnership organisations in the borough have different definitions of when adulthood starts, Croydon University Hospital view those aged 16+ years as an adult.

wellbeing and mental health amongst Children & Young people in Croydon. The strategy is designed to help all partners to work together collaboratively, promote a mutual understanding and to encourage all partners to ensure their professional behaviour is in line with the strategy, so that together we can achieve the best impact for children and young people.

### **1.3 The importance of emotional well-being and early intervention**

Children's emotional development is critical to their overall development and significantly affects life-chances. The development of emotional health starts before a child is born, and the first two years of life are a critical period for laying the foundations for emotional health throughout childhood and into adult life. It is widely recognised that children who experience parenting which could not be described as 'good enough' and other forms of adversity in early life, are at a particular risk of a number of poor outcomes later on, including mental health problems.

All those who work with children and young people contribute to their emotional development, through the nature of their relationships, which affects the child's capacity to trust and to build emotional resilience. In universal settings, staff will be concerned to promote good emotional growth for all children, for example in schools through the Social and Emotional Aspects of Learning and Personal and Social Education. Where children exhibit early signs of emotional stress the universal provider personalises the approach, and provides additional tailored support to those who are vulnerable. Where stress becomes more entrenched, unless responded to effectively through more targeted and specialist services, the impact may continue into adult life. Most mental illness begins before adulthood. Half of all lifetime cases of diagnosable mental illness begin by the age of 14 and three quarters by the mid-20s. Poor mental health in children and young people is associated with teenage pregnancy, bullying, violent and criminal behaviour and substance misuse.

Prevention and early intervention makes sense, both ethically and financially. Intervening as early as possible can help to prevent those early indicators of problems occurring or escalating. While the benefits of intervening early are not doubted, in the context of limited resources, investing further in this end of the spectrum remains challenging and the focus must be on ensuring that all available resources are prioritised appropriately to both meet existing need and prevent need from arising.

### **1.4 National context**

The Government's 2011 mental health strategy *No Health without Mental Health* places considerable weight on early intervention to stop serious mental health issues developing, particularly amongst children. The strategic direction for local areas is to strike the right balance between commissioning services for those with mental health needs whilst working to achieve the broader priorities of effective education and prevention, alongside early identification and intervention.

The recent *Children & Young People's Health Outcomes Framework (2012)*<sup>2</sup> report particularly highlighted the importance of awareness raising and training. The report noted that those who work with children outside of the NHS, such as youth workers, children's centre workers and teachers

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<sup>2</sup> Department of Health (2012) *No Health without Mental Health: Implementation Framework*. Centre for Mental Health, Department of Health, Mind, NHS Confederation Mental Health Network, Rethink Mental Illness, Turning Point <http://tinyurl.com/9zhey4>

have an important contribution to make to improving health outcomes, but that their training in emotional development and mental health is often too limited.

*The Children and Families Bill* includes reforms to legal provisions for children with SEN. Subject to parliamentary approval of the Bill, a revised SEN code of practice will be issued. This is expected in September 2014. *The Draft SEN Code of Practice (0-25)* that is currently being consulted on, places a strong emphasis on improving outcomes for children and young people with social, mental and emotional health needs. Key headlines from the draft Code of Practice are as follows:

- Special educational needs and provision can be considered as falling under four broad areas.
  - Communication and interaction
  - Cognition and learning
  - Social, emotional and mental health
  - Sensory and/or physical
- Partners are advised to include levels of mental health and wellbeing in their joint analysis, in order to focus on the right outcomes.
- Local services should identify needs and offer effective support as soon as possible for children or young people who need it, which includes mental health problems.
- The Local Offer must include information on services relating to mental health.
- Schools, colleges and early years providers should identify clear processes to consider how they will support children with social, mental and emotional health issues, as well as how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils.
- Pastoral support should be described in Schools' published SEN policy and schools should ensure a solid evidence base for any interventions offered.

There is a large amount of *NICE guidance* relevant to emotional well-being and mental health in children and young people. This includes emotional health and well-being in the early years, the neurodevelopmental conditions (ASD/ADHD), peri-natal mental health and psychosis in childhood among others.

Key evidence is summarised in the recent NICE public health briefing *Social and emotional wellbeing for children and young people*, Sept 2013. It is essential that NICE health/public health evidence base informs both this strategy and future commissioning strategies.

Appendix 2 includes a list of relevant NICE guidance.

## SECTION 2: CROYDON CONTEXT

### 2.1 Children & Families Plan & partnership arrangements

Croydon's Children and Families Partnership brings together all those working in organisations responsible for services for children, young people and families. The partnership works closely with our colleagues across the Local Strategic Partnership, particularly the Safer Croydon Partnership and the Health and Well Being Board, to ensure that we all contribute to shared priorities.

Improving the emotional health and well-being of children and young people in Croydon and improving the outcomes of looked after children and young people are key priorities for the Children & Families Partnership. As a consequence, specific actions have been identified and included in the Croydon Children & Families Plan.

Responsibility for improving the emotional well-being and mental health of children and young people lies with the Children and Families Partnership through its sub-group arrangements. The governance section of this strategy sets out a change to these sub-group arrangements. Responsibility for improving the emotional health and well-being of looked after children is additionally supported by actions developed and agreed by the LAC Strategic Partnership.

Other aspects of the work of the partnership contribute to emotional and mental health outcomes. For example our 'Primary Prevention Plan: Conception to Five' has five priorities:

- Developing resilience and autonomy of families
- Promoting the learning and development of babies and children
- Improving parenting skills
- Improving maternal and child maternal and emotional health
- Developing an integrated and transformative development programme

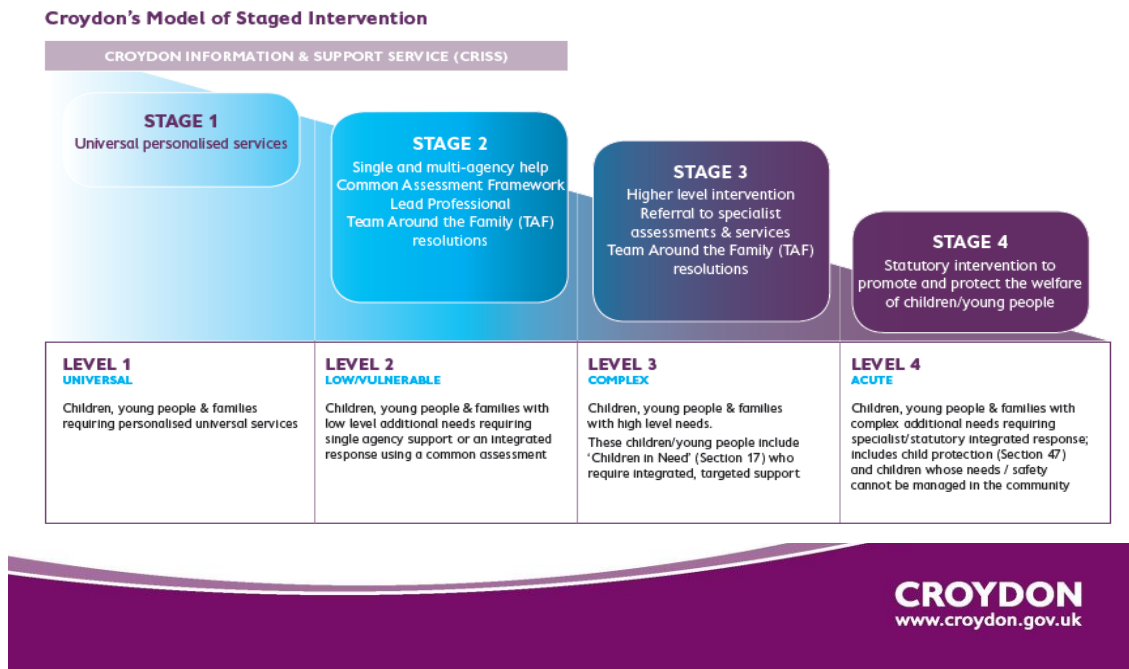
There are two previous strategy documents, which provide a backdrop for this strategy:

- No Worries: Every Young Mind Matters - Croydon's Child and Adolescent Mental Health Strategy (2005-2008 and beyond)
- Towards a Croydon Strategy for Children and Young People with Autistic Spectrum Disorder (2010)

Additionally, Croydon has been nominated as one of 20 Early Intervention Places. This commitment to early intervention and prevention through evidence based programmes and practice will support children and young people's emotional well-being and mental health.

### 2.2 Croydon's Staged Intervention Model

Croydon's Children & Families Partnership utilise a 'staged intervention' model, which was set out in autumn 2011. This is an inclusive approach, involving parents/carers, children and young people, relevant staff and support services, which allows practitioners to make an informed and proportionate response to needs. There are four stages Universal, Vulnerable, Complex and Acute. At each stage partners are encouraged to provide a solution-focussed approach to meeting needs at the earliest opportunity, with the most appropriate and least intrusive level of intervention.



A range of services contribute to the delivery of services at each stage, and examples are set out in the table which follows. This is a complex environment and one of the purposes of this strategy is to help ensure that each service makes an appropriate contribution in the context of the whole system, so that collectively we maximise the benefit to children and young people.

As a result of recent developments (such as the introduction of the Multi-Agency Safeguarding Hub), the partnership is revising early help pathways, and these will be set out in a document expected to in early 2014. This will provide a guide for all practitioners on understanding roles and responsibilities at each of the stages 1-4.

**Croydon's Service to support children and young people's emotional well-being and mental health**

<b>Stage 1: UNIVERSAL</b> Screening & preventative work in universal services	<b>Stage 2: VULNERABLE</b> Targeted services enhancing the work of universal services	<b>Stage 3: COMPLEX</b> Multi-disciplinary specialist services	<b>Stage 4: ACUTE</b> Specialist services for the highest levels of need
<p><b>Healthy Child Programme 0-5</b></p> <ul style="list-style-type: none"> <li>• Ante-natal &amp; post natal services (Midwifery &amp; Health Visiting)</li> <li>• Maternal mental health (Midwifery &amp; Health visiting)</li> <li>• Child health &amp; development reviews (Health Visiting)</li> <li>• Children's Centres</li> <li>• Primary care services - GPs</li> <li>• A&amp;E</li> <li>• Speech &amp; Language Therapy (early years only)</li> </ul> <p><b>Schools</b></p> <ul style="list-style-type: none"> <li>• School Nursing (Healthy Child Programme 5-19)</li> <li>• Healthy Schools Programme</li> <li>• Restorative Approaches</li> <li>• Emotional literacy support assistance</li> <li>• Social and Emotional aspects of Learning</li> <li>• Personal, Social and Health Education</li> <li>• Healthy Schools programme</li> <li>• Roots of Empathy (Limited) Learning &amp; Behaviour Mentors</li> <li>• Empowering parents, empowering communities</li> <li>• Pastoral support network</li> <li>• School based inclusion teams</li> </ul>	<ul style="list-style-type: none"> <li>• Midwifery</li> <li>• Health Visiting</li> <li>• School Nursing</li> <li>• Community Paediatricians</li> <li>• Children's Centres</li> <li>• Primary Care – GPs</li> <li>• A&amp;E</li> <li>• Speech &amp; Language Therapy (early years only)</li> <li>• Family Engagement Partnerships</li> <li>• Victoria House – behaviour support</li> <li>• Special schools outreach</li> <li>• Primary behaviour team</li> <li>• Education psychology service</li> <li>• Support to young carers</li> <li>• The Place2Be and other school based provision, e.g. counselling incl. Place to Parent</li> <li>• Nurture groups</li> <li>• SLAM CAMHS EI Service &amp; Schools Service</li> <li>• Off the Record (Counselling)</li> <li>• Croydon Drop In – Counselling, advice &amp; advocacy</li> <li>• Youth offer through Early Intervention &amp; Support service</li> <li>• 2-5 provision for children with social &amp; communication difficulty</li> <li>• Team around setting</li> <li>• Support provided through Springboard provision (alternative education)</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced learning provision</li> <li>• Pupil Referral Unit</li> <li>• Family Nurse Partnership</li> <li>• Family Resilience Service</li> <li>• Functional Family Therapy</li> <li>• Domestic violence</li> <li>• Family Justice Centre</li> <li>• Social Care Children in Need</li> <li>• Youth offending service</li> </ul> <p><b>SLAM specialist &amp; targeted CAMHS services (assessment &amp; treatment)</b></p> <ul style="list-style-type: none"> <li>• Child &amp; Adolescent Specialist Service Team</li> <li>• Young Offenders Service</li> <li>• Looked After Children's Service</li> </ul>	<p><b>SLAM CAMHS Specialist services</b></p> <ul style="list-style-type: none"> <li>• Tier 4 in-patient CAMHS services</li> <li>• Tier 4 outpatient provision</li> <li>• Tier 4 highly specialist outpatient services. SLAM.</li> <li>• LAC CAMHS</li> </ul> <p>Special school Provision for children with social, emotional and behavioural needs</p> <p>Social Care – Stage 4 Child Protection Services</p> <p>Placements for LAC with mental health needs</p> <p>Continuing Care (OoB Placements, additional care in community settings)</p>

A number of services will work more than one stage, and in some cases all stages, although this is not necessarily reflected in the table above.



## SECTION 3: NEEDS ANALYSIS

### 3.1 A summary of prevalence and need

In July 2013, Public Health released the *Croydon Joint Strategic Needs Assessment 2012 – 13, Key Topic 1: Emotional Health & Wellbeing of Children & Young People aged 0-18*.

This section is a summary of the key data on need contained within the JSNA 'deep dive'<sup>3</sup>. Please refer to the full JSNA for further detail.

The JSNA was clear in stating the limitations of the needs analysis due to the lack of up to date data from both local and national datasets. There was limited data available to conduct a clear local needs analysis, and much of the needs analysis, which was extensive in the JSNA document, was dependent on extrapolation from national data. Improvements in the recording and reporting of data across the partnership will be a key action resulting from this strategy.

The level of emotional need that is experienced in the population is on a continuum. Just as Warnock argued some decades ago that 20% of children have a special educational need at some point in their education, extrapolation from national data would suggest that approximately 21,000 children and young people in Croydon with some form of mental health need. Given the growth of the child population it has been estimated that this figure will rise to approximately 24,000 by 2021.

There is relatively little data about prevalence rates for mental health needs in pre-school children. However, applying prevalence rate estimates generated from available research, it has been calculated that currently there are an estimated 4,198 children aged 2-5 years inclusive living in Croydon who may have a significant mental health need. Similarly, research based prevalence estimates applied to school aged children aged 5-16 years of age has suggested are approximately 6400 boys and 4400 girls who have a significant mental health need. Children aged 11-16 years of age are more likely to experience mental health problems than those aged 5-10 years of age.

In relation to specific mental health needs, the most prevalent type are conduct disorders, such as aggression and anti-social behaviour. It is estimated that there are currently 3,300 children and young people with these types of disorders in Croydon, with the highest prevalence seen amongst boys aged 11-16. The second most prevalent disorder type are emotional disorders, such as depression and anxiety. Approximately 2,100 young people in Croydon have emotional disorders, with the highest prevalence seen in girls aged 11-16 years. Hyperkinetic disorders are 6-7 times more common in boys than girls, with the highest prevalence in boys aged 5-10 years.

**Croydon's Looked After Children population:** Looked-after children are more likely to experience mental health problems. It has been found that among children aged 5 to 17 years who are looked after by local authorities in England, 45% had a mental health need, 37% had clinically significant conduct disorders, 12% had emotional issues, such as anxiety or depression, and 7% were hyperkinetic.

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<sup>3</sup> Kate Naish, *Croydon Joint Strategic Needs Assessment 2012 – 13, Key Topic 1: Emotional Health & Wellbeing of Children & Young People aged 0-18*, (July 2013)

The main tool to understand the level of mental health need amongst our LAC is the Strengths & Difficulties Questionnaire (SDQ). Use of the SDQ has been improving in Croydon, but its relatively low use does not yet accurately reflect the level of mental health need in Croydon's LAC population. This has been recognised and plans are being put into place to address this issue.

Unaccompanied refugee and asylum seeking minors (UASC) are an often neglected group that have a complex set of needs. They are at great risk of mental health problems and exploitation without adequate support. Although the number of unaccompanied minors in Croydon has dropped over recent years, Croydon has one of the highest unaccompanied minor populations in the country and as a consequence, specific consideration is needed to ensure that sufficient provision of appropriate mental health services are provided for this vulnerable group of young people.

### **Stages 1 and 2: universal provision and targeted services for early vulnerabilities**

Evidence from the completion of the Common Assessment Framework in Croydon indicates that, for universal services, concerns about children's behaviour and emotional development rank the most highly.

Data collated by voluntary sector providers of Stage 2 / Stage 3 advice and counselling services (Croydon Drop In & Off the Record) demonstrates that whilst funding for these services has decreased, need has increased. Additionally cases are more complex and there appears to be greater levels need amongst younger age groups than previously. The JSNA includes full analysis of this data.

### **Stage 3: Complex - Multi disciplinary specialist services**

A key trend in demand for this provision relates to Autism spectrum disorders. The number of children with autistic spectrum disorders (ASD) is set to rise significantly by 2021, with the number of children with autism (diagnosed) amongst 0-18 year olds expected to increase from 881 in 2012 to 1414 in 2021.

### **Stage 4: Specialist - Specialist services for the highest level of need**

Comparative data collated by SLaM between Q1 11/12 to Q2 13/14 demonstrates that Croydon has a much higher number of admissions to both SLaM adolescent wards and all other wards (including the private sector).

### **SLaM: Q1 11/12 to Q2 13/14**

**Table: Admissions to SLaM adolescent wards and all wards (including private sector)**

	<b>Numbers of admissions to SLaM adolescent wards</b>	<b>Number of known admissions to all wards (includes private sector)</b>
<b>Croydon</b>	77	83
<b>Average per borough across Lambeth, Southwark and Lewisham</b>	43	45

**Table: Tier 4 Inpatients**

<b>Borough</b>	<b>Total population</b>	<b>0-18</b>	<b>Ave. no of referrals per year</b>	<b>% 0-18 population</b>	<b>No. of referrals per 50,000 - 18 population</b>
<b>Croydon</b>	363,378	89,044	33	0.04	<b>19</b>
<b>LSL &amp; BBG</b>	1,663,200	366,917	91	0.02	<b>12</b>
<b>Kent &amp; Medway</b>	1,727,665	383,690	202	0.05	<b>26</b>

Further work is required on comparative data, for example comparisons with authorities which are most statistically similar to Croydon.

## SECTION 4: PRINCIPLES & STRATEGIC INTENT – THE CROYDON APPROACH

### 4.1 Our vision – our Croydon Principles

The following principles have been developed to guide how the partnership will work to support the best possible emotional health and well-being for Croydon’s Children & Young People.

#### Nurturing for emotional well-being: our Croydon principles

1. In line with Croydon’s Children & Families Plan, **we want all children and young people to be safe and the ‘best they can be’**. We aspire for our children and young people to achieve high outcomes compared to similar areas and for vulnerable groups to achieve in line with their peers.
2. We seek to **build the resilience and independence of children & young people and families** through enabling those supporting them to work preventatively as well as in response to greater levels of identified need.
3. We seek to **understand the meaning behind presenting need and behaviours** in order to enable appropriate, effective and timely support.
4. We seek to **work with children from a whole-system perspective** – to understand the child’s experience in the context of their family, their wider community, and their universal provision, and not solely as ‘within child’ factors.
5. We recognise that children & young people with challenging behaviours or those who are anxious or withdrawn require a **skilled and confident workforce**, trained and supported to deliver effective interventions.
6. We aim for interventions to help Children & Young People, families (where appropriate) and our workforce to both **manage behaviours and recognise and work with associated feelings** to ensure that our children and young people have the best possible emotional wellbeing and mental health.
7. We will ensure that all interventions utilise an **evidence based approach** and have an impact through the creation of measurable change.
8. All **partners work together collaboratively** to maximise our collective impact with children, young people and families.

### 4.2 Strategic intent & desired outcomes

In order to effectively describe Croydon’s strategic approach to emotional wellbeing and mental health for children and families, it is necessary to tailor this across Croydon’s staged model of intervention.

- Stage 1: Universal - Preventative work in universal services, ‘personalised’ universal services
- Stage 2: Vulnerable - Targeted services enhancing the work of universal services
- Stage 3: Complex - Multi disciplinary specialist services

- Stage 4: Specialist - Specialist services for the highest level of need

This enables the partnership to fully understand the contribution of all services at these stages as part of a 'whole systems' approach.

## STAGE 1: Universal

### Strategic intent

Those working in universal settings can promote and support good emotional wellbeing and mental health through the environment they create and the relationships they have with children, young people and their families. They will provide early advice and have a key role in screening and identifying those with greater levels of need. They will have sufficient resources and information to enable them to feel confident in providing this support. Self-help and awareness will be encouraged through enabling families to have appropriate access resources such as training and information.

### Outcomes

1. Children & Young people in Croydon are emotionally healthy and able to achieve their full potential.
2. Children & Young people in Croydon are resilient in coping with the adversities they may face and are less willing to engage in risky behaviour.
3. Parents, carers, school staff and all those working in universal settings are skilled and confident to promote and support good emotional wellbeing and mental health and are able to respond to need as early as possible.

### What do we need to do?

**(The detailed actions below are summarised in Section 8: Action Plan)**

1. **Promote a wider understanding** of children and young people's emotional health and well-being which recognises and supports the role of families, communities and services.
2. Work with **Stage 1 services to clearly define and develop their offer**, specifically in relation to emotional health & wellbeing to enable them to deliver their contribution.
3. **Strengthen the capacity of universal services** to support emotional wellbeing and mental health and identify issues early, through **information, training and development**.
4. Ensure professionals, families, children and young people are **fully aware of the services available across the partnership** and the referral pathways.
5. Recognise the **specific contribution made by those services working with families with children aged 0-5**, as effective parenting, good maternal mental health and the development of good communication skills within the early years stages are crucial to ensuring good emotional wellbeing and mental health.
6. Help schools to **develop a whole school approach** to supporting the emotional health and well-being of all pupils and providing targeted support for those with identified mental health needs, including using opportunities to integrate emotional health & wellbeing into the curriculum and providing a good pastoral system

### Who needs to be involved?

**Commissioners:** CCG, Schools and the Local Authority (e.g. through commissioning of Children's Centres and Health Visiting), schools – through their use of Pupil premium.

**Providers:** Croydon community health services (Health Visiting, Midwifery, School Nursing, A&E), Children's Centres & Schools, Primary Care, Local Authority (Early intervention, School Improvement & Inclusion).

## STAGE 2: VULNERABLE

### Strategic intent

All partners delivering services within universal settings will enable children with greater emotional wellbeing and mental health needs to be supported at Stages 1 and 2. Practitioners are able to identify issues early and are effective and confident in providing support to children and families.

#### **Outcomes**

1. Children with greater needs and vulnerabilities are effectively supported within universal settings, preventing escalation to Stage 3 services where appropriate.
1. Through rapid access to appropriate assessment and support (in line with advice on early help pathways), families develop the skills and confidence to manage need independently.
2. Where needs are identified that cannot be managed at Stage 2, children and young people are able to rapidly access Stage 3 services.

#### **What do we need to do?**

**(The detailed actions below are summarised in Section 8: Action Plan)**

1. Work with **Stage 2 services to clearly define and develop their offer**, specifically in relation to emotional health & wellbeing to enable them to deliver their contribution.
2. CCG to **review unit currencies and capacity in community medical services** to release efficiencies for potential re-investment at this stage.
3. **Strengthen the capacity of practitioners** to support families and children where additional needs have been identified.
4. **Within Schools ensure use of the Pupil Premium and other schools resources** to secure evidence based, effective interventions that make a **measurable impact**.
5. Ensure that **Croydon's Early Help Pathway is used effectively**, and all services working with Children & Young People undertake an Early Help Assessment if the needs of families require a planned multi-agency response.
6. Enable Children & Young People to **step down** from Stage 2 to Stage 1 where appropriate.

#### **Who needs to be involved?**

**Commissioners:** CCG, Schools and the Local Authority (e.g. through commissioning of Children's Centres and Health Visiting)

**Providers:** Croydon community health services (Health Visiting, Midwifery, School Nursing, A&E), children's centres & schools, providers of support, e.g. Place 2 Be, parenting support providers, Primary Care, Croydon Drop-in & Off the Record (Advice & Counselling), Local Authority (Early intervention, School Improvement & Inclusion).

### **STAGE 3: COMPLEX**

#### **Strategic intent**

High quality and effective Stage 3 services for those Children & Young People with complex needs/mental health issues are provided by multi-disciplinary teams. Interventions are innovative and evidence based and delivered in a range of settings. The focus remains on ensuring that Children & Young People can be enabled to continue to achieve the best possible outcomes and prevent further escalation to Tier 4 services, where this is appropriate. We wish to see the needs of the child in the context of the whole family and, for example, ensure an effective integration of services where parents have mental health issues.

#### **Outcomes**

1. Children & Young people requiring Stage 3 interventions have their needs responded to quickly, effectively and appropriately.
2. Children & Young people requiring Stage 3 interventions are enabled to continue to achieve the best possible outcomes.

3. Where a child or young person needs to access Stage 3 interventions (especially specialist CAMHS services), their experience of these services are positive.

#### **What do we need to do?**

**(The detailed actions below are summarised in Section 8: Action Plan)**

1. **Robustly commission Stage 3 services** to ensure they are of the highest quality and delivering the best value for money, including an in depth review of **current access and take up of Stage 3 CAMHS SLAM provision**.
2. Ensure Children & Young People receiving Stage 3 services (especially specialist CAMHS services) are **enabled to influence and shape delivery**.
3. Ensure **clear, accessible referral pathways** into these services and appropriate thresholds to ensure the right levels of need are being prioritised.
4. Improve integration of services **where parents have mental health issues**.
5. Enable Children & Young People to **'step down'** from Stage 3 to Stages 1 and 2 where appropriate.

#### **Who needs to be involved?**

**Commissioners:** Local Authority, CCG, Schools

**Providers:** Croydon community health services (Family Nurse Partnership), Schools (Enhanced Learning Provision), Family Support Providers, Local Authority (Stage 3 Services in Social Care and Family Support division), SLAM CAMHS.

### **STAGE 4: SPECIALIST**

#### **Strategic intent**

Services at this stage are provided for Children & Young people with the most serious problems who may require day units, highly specialised out-patient teams and/or in-patient provision. Services must be effective, timely, high quality and evidence based. There must be continuity of care for those Children & Young People at key transition points. Whilst services are commissioned directly by NHS England, there is a key role for the Partnership to play in understanding need at their level and influencing provision to ensure it is meeting need locally.

#### **Outcomes:**

1. Children & young people with Stage 4 mental health issues, and their families, have their needs recognised and responded to effectively through a multi-agency and multi-disciplinary approach.
2. Early intervention and effective service provision at stages 1 – 3 reduce the numbers of Children & Young people requiring Tier 4 services, but only where this is appropriate.

#### **What do we need to do?**

**(The detailed actions below are summarised in Section 8: Action Plan)**

3. Ensure that effective working with NHS England (commissioner of Tier 4 services) results in the commissioning of the best possible services for Croydon's children and young people.
4. Where the Local Authority has responsibility for the commissioning of services at this stage (for example out of borough school places), these services are commissioned effectively to ensure the best possible outcomes for those children and young people.
5. Ensure that the most effective treatment is identified at the earliest point.
6. Enable Children & Young People to **'step down'** from Stage 4 to Stages 3, 2 & 1 where appropriate.

#### **Who needs to be involved?**

**Commissioners:** NHS England – influenced by Local Authority, CCG

**Providers:** CAMHS Tier 4 providers, including those services delivered by SLAM

## SECTION 5: COMMISSIONING ARRANGEMENTS

This section will focus on the current commissioning arrangements and future commissioning intentions & strategic direction.

### 5.1 Financial climate

We need to transform our services to secure sustainability of services at this time of significant financial change. This means making best use of the funding available, having good data to demonstrate areas of need, and adjusting the way we deliver services to take account of changing funding streams. Like all areas the local authority and the CCG are facing severe financial challenges which present difficult choices in the prioritisation of resources. At the same time, schools are being allocated greater levels of funding to address the needs of those eligible for free-school meals, a group that is at a high degree of risk of having additional emotional needs that may form barriers to their learning. It is essential that the current financial envelope is utilised in the most effective way to guarantee that available resources are meeting existing need and preventing need from arising as far as possible.

It is also vital for the Partnership to accurately understand the levels of investment in our services. The table at Appendix 1 gives estimated service costs but this needs to be fully reviewed to ensure complete accuracy.

Alongside this, the Partnership needs to undertake benchmarking with other boroughs which must be coupled with internal benchmarking to understand spend across the stages and to identify whether current investment remains appropriately prioritised. A comprehensive understanding of need and spend for adults mental health services is also required. This information will create a total picture of need.

One of the recommendations made by OFSTED in the 2012 safeguarding inspection related to the underfunding of statutory CAMH services in Croydon. Since then some amelioration has been gained, but in a time of severe financial challenge in the CCG and local authority, the shift has not yet been sufficient to bring spend in line with similar London boroughs. Financial input to commissioning is provided from both the NHS and the Local Authority. In 12/13, the total amount allocated to statutory CAMH services was £4,732k (£4,133k CCG & £600k Local Authority).

The tables below show data collated by SLAM on the comparative need and funding gap between Croydon and other boroughs at Tier 3.

#### Tier 3: Funding comparison between SLAM boroughs (includes admin staff)

Borough	Population	Child pop	WTE	Staff per 100,000 child pop	13/14 £	£ per child
Croydon	363,378	89,044	44	50	3,403,387	38
Average of LSL.	289,085	60,969	50	82	3,517,234	58



### Tier 3: Funding comparison between SLAM LAC teams (includes social work staff)

Borough	Child pop	Caseload	LAC WTE	Funding	£ per child
Croydon	89,044	101	4.0	222,436	2.5
Average of LSL.	60,969	159	6.7	334,009	5.5

From April 2013 NHS England has been responsible for the commissioning of stage 4 (i.e. inpatient) services.

A Resourcing Strategy is required to accurately define levels of need and investment across the partnership and inform future commissioning strategies and prioritisation of resources. This will need to analyse the potential for strategic shifts within the total resource available across the Local Authority, for example comparative investment in adult's mental health services versus children's mental health services.

## 5.2 Commissioning for outcomes

To guarantee that the Partnership is harnessing available resource in the best possible way, services must be robustly commissioned against need, with clear specifications and defined outcomes. The on-going contract management and monitoring of services is then critical in ensuring need is being met and outcomes are achieved.

## 5.3 'Whole systems' approach

As described throughout this strategy, the need for a 'whole systems' approach is required to maximise the utilisation of resources. As far as possible our service offer at Stages 1 & 2 should be responding to need and preventing escalation.

When Stages 3 & 4 services are required these must be highly effective in meeting the needs of the right children and young people in order to prevent further escalation and to reduce the length of interventions.

## 5.4 Need

A major issue at present is a lack of useful local data on need. This presents a real challenge to the partnership in prioritising services at this stage and understanding how far need is currently met and the true reality of levels of unmet need in the borough. Further work must be undertaken in this area as part of a full commissioning review of CAMHS services.

## 5.5 Commissioning enablers

An effective joint commissioning approach is required to ensure that all resources available to the partnership are being utilised to achieve maximum impact and the best possible outcomes. Through the children's unit of the Integrated Commissioning Unit of the Council and the Clinical Commissioning Group, we want to ensure the following commissioning enablers are in place:

- Develop a Resourcing Strategy to define need and investment across the partnership, which will take account of the total commissioning landscape for mental health services across the Local Authority, including Adult's Mental Health Services. This will inform future commissioning strategies and prioritisation of resources.

- Ensure the continued and on-going development of a robust needs analysis at all stages (1-4) to inform service development and the prioritisation of resources.
- Develop robust and effective specifications for all services that encompass clear performance and outcome measures.
- Develop strong contract management approaches to understand if services are delivering value for money and outcomes.

A significant part of the action plan to deliver this strategy relates to the improvement of commissioning arrangements, particularly for statutory CAMHS provision at stage 3.

## 5.6 Accountability – LA, CCG & NHS England

The table below describes the key roles to be undertaken by the Local Authority, the CCG and NHS England in the commissioning of services to meet needs.

<b>STAGE</b>	<b>Local Authority</b>	<b>CCG</b>	<b>NHS England</b>
<b>Stages 1 &amp; 2</b>	Support universal services and settings to develop the skills and capacity to promote positive emotional wellbeing and mental health and to effectively manage need at this stage where appropriate.		Commission primary care
<b>Stage 3</b>	Commission Stage 3 statutory CAMHS services jointly with the CCG, through the ICU.  LA remains budget holder of LA contribution at this stage.	Commission Stage 3 statutory CAMHS services jointly with the LA, through the ICU.  CCG remains budget holder of CCG contribution at this stage.	
<b>Stage 4</b>		Commission Stage 4 statutory CAMHS Outpatient services through the ICU.	Commission Stage 4 Inpatient Services.

## SECTION 6: OPERATIONAL ARRANGEMENTS

### 6.1 Operational arrangements

#### 6.1.1 Information

It is essential that information on services at all stages is clearly accessible to families and professionals. The Croydon partnership uses two web-sites to provide information for both practitioners and families: [PractitionerspaceCroydon](#) and [FamilySpaceCroydon](#).

#### 6.1.2 Clear pathways

The information available must define clear pathways and thresholds for accessing services. This is especially important for any panels that will determine allocation of resource for families / children where there are emotional wellbeing and mental health needs. In light of the implementation of the Multi-Agency Safeguarding Hub, the partnership has been re-working its early help pathways and intends to publish guidance for practitioners early in 2014. This generic guidance on pathways will also apply to children with emotional and mental health needs.

#### 6.1.3 Governance

To oversee the delivery of this strategy and the accompanying action plan, the Children and Families Partnership: Emotional Health & Wellbeing in schools sub-group and the CAMHS Partnership Commissioning Group will be merged to create the **CYP Emotional Wellbeing & Mental Health Group**. Responsibility for improving the emotional health and well-being of looked after children will continue to be additionally supported by actions developed and agreed by the LAC Strategic Partnership.

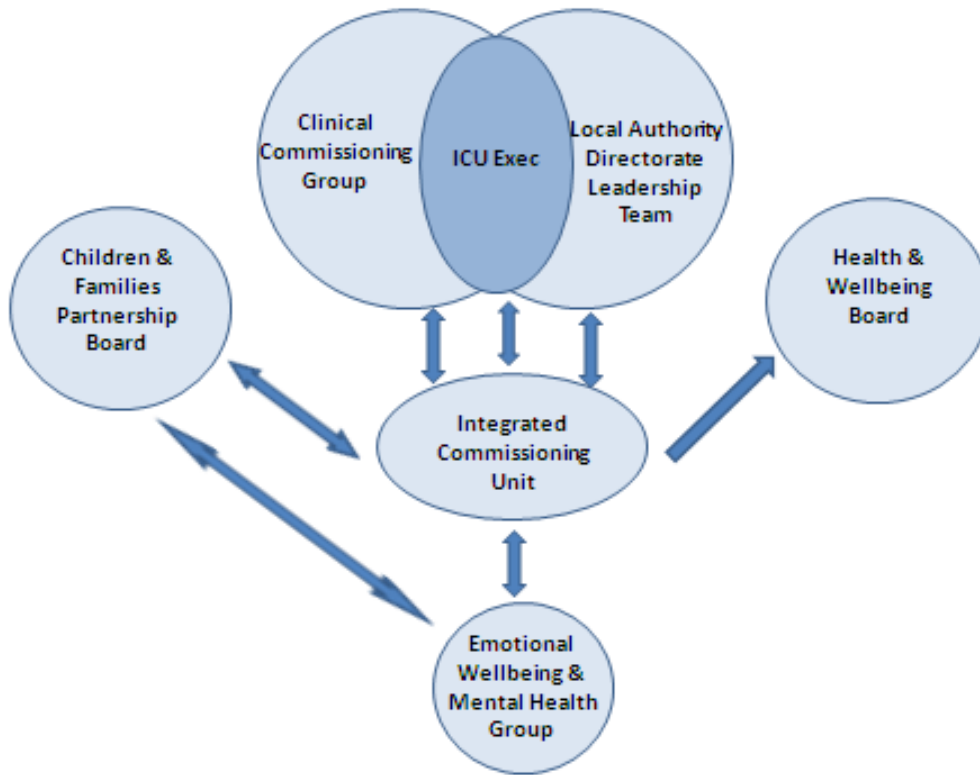
#### **CYP Emotional Wellbeing & Mental Health Group and the Integrated Commissioning Unit (ICU)**

The respective roles of these the CYP Emotional Wellbeing & Mental Health Group and the Integrated Commissioning Unit are described in the table below.

Area	Role of CYP Emotional Wellbeing & Mental Health Group	Role of Integrated Commissioning Unit
<b>Implementation of this strategy</b>	Take forward the implementation of the strategy & action plan within partner organisations, including the local authority, CCG, NHSE, primary care, health and early years providers, schools and the voluntary sector	Monitor the delivery of the strategy & action plan and provide regular reports to the CYP EWB & MH Group, CCG and LA
<b>Commissioning decisions / prioritisation of resources</b>	Provide recommendations to the CCG and LA through the ICU on commissioning decisions and prioritisation of resources	<ul style="list-style-type: none"> <li>• Make recommendations in relation to the commissioning of services and prioritisation of resources to the CCG, LA, schools and other partners</li> <li>• Develop commissioning options</li> <li>• Directly commission Stages 3 CAMHS services on behalf</li> </ul>

		of the CCG and LA and liaise with NHSE for stage 4 services
<b>Needs Analysis</b>	Provide information for the ICU <ul style="list-style-type: none"> <li>• Contribute to Needs Analysis</li> <li>• Review Trends</li> <li>• Provide evidence</li> </ul>	Develop Needs Analysis
<b>Development of specifications</b>	Influence the development of other specifications that may impact on EH&WB across the partnership	Develop robust specifications for stages 3&4 CAMHS services and other services at Stages 1&2 on behalf of the CCG and local authority
<b>Evidence based practice</b>	Keep oversight of successful evidence-based approaches for partners to promote	
<b>Performance management</b>	Review performance reports provided by the ICU	Develop robust specifications for Stages 3&4 CAMHS services and other services at stages 1&2 on behalf of the CCG and local authority
<b>Contract management</b>	Influence commissioning decisions and the prioritisation of resources	Undertake contract management for Stages 3&4 CAMHS services and other services at stages 1&2 on behalf of the CCG and local authority
<b>Training and development</b>	Support the development of multi-agency training and development in line with the principles of this strategy	

The CYP Emotional Wellbeing & Mental Health Group will act as a key stakeholder group for the Integrated Commissioning Unit (ICU). The ICU will refer items to the ICU Executive, Local Authority Directorate Leadership Team (DLT) and Clinical Commissioning Group Senior Management Team (SMT) where appropriate. The ICU and the CYP Emotional Wellbeing and Mental Health Group will also report progress to the Children & Families' Partnership Board and the Health & Wellbeing board on an agreed basis. **The structure chart below illustrates the proposed governance arrangements**



## SECTION 7: TRAINING, DEVELOPMENT & CAPACITY BUILDING

### 7.1 Principles for Training & Development

Effective training and development will be essential in enabling the partnership to realise the outcomes that are intended through the delivery of this strategy. Options will need to be developed in the context of the resource climate.

#### Nurturing for emotional well-being: Principles for training and development

- All training & development specific to emotional well-being and mental health is in line with the principles of this strategy, generating a **shared approach** across agencies in Croydon
- The training and development offer is **coherent in providing for needs across the whole system**, through both multi-agency and single-agency opportunities
- Training and development **builds capacity**, enabling staff to understand the dynamics of promoting emotional growth and learning, and creating a chain of environments which provide effective emotional holding for children and families
- Training & development is based on **evidence based** approaches to enable staff to remain at the forefront of developments in this area and deliver best practice

### 7.2 Addressing training issues in this field of work

**Single agency:** This strategy recognises that individual agencies will have specific needs in relation to the professional orientation of the work of specific agencies. It encourages individual agencies to take responsibility to ensure that these needs are addressed, in line with the principles above. Individual agencies are more effective in meeting emotional needs where they have a **whole-organisational response**. In relation to universal services such as schools, there are a number of support opportunities in place to develop a whole organisation approach, e.g.:

- Team around the school
- Behaviour Support Team interventions
- Developing Centre of Excellence in the Wadden Inclusion Network
- Network of Place2Be schools
- Croydon Healthy Schools
- Voluntary Sector

**Building capacity across the partnership:** One of the most significant issues in effectively dealing with emotional well-being and mental health is the need for professionals to be able to recognise, manage and effectively work with the anxiety that is generated in professionals by children and young people who present these sorts of needs. The biggest strategic contribution that the partnership can make is by enabling staff across the partnership to develop understanding of, and strategies for, these dynamics. We propose to do this in two ways:

- By encouraging the extension of use of work discussion groups, for example those facilitated by SLAM, to enable staff (including those staff working in the voluntary sector) to consider their work on particular cases: this approach strengthens the understanding of

staff about working with the dynamics around the child, and builds the capacity of staff for reflection and the containment of anxiety that can be aroused when working with situations that can be troubling for staff.

- By strengthening, across the partnership training offer, the development of a shared understanding of the underpinning approaches for effective work. We are seeking to develop greater synergy between the various training offers that are in place, to make sure that all training offers are in line with the principles of this strategy, and all reflect the Croydon approach to understanding the dynamics behind presenting needs and behaviours. Initiatives to support work of this type include the following:
  - Termly Emotional Health and Well-Being Network (for schools)
  - Work discussion groups: multi-agency (to start summer 13) and Woodside/Keston Cluster of schools
  - Restorative approaches to anti-bullying work and train the trainer courses
  - Emotional literacy support assistants (5 days, delivered by EPS)
  - For social workers – systemic family therapy

## SECTION 8: ACTION PLAN for 2014

<b>Actions</b>	<b>Responsibility</b>	<b>Officer</b>	<b>By When</b>
<b>Resourcing</b>			
1. Develop a Partnership Resourcing Strategy to inform future commissioning strategies and the prioritisation of resources.	<b>Head of Integrated Commissioning Unit</b>	Amanda Tuke	July 2014
<b>Information</b>			
2. Strengthen the effectiveness of information and guidance on Emotional Wellbeing and Mental Health for all settings, through the improvement of PractitionerSpaceCroydon and Family Space Croydon, in collaboration with stakeholders across the Partnership.	<b>Head of Early Intervention &amp; Family Support Service</b>  +  <b>Partnership representatives on Emotional Wellbeing and Mental Health Sub Group of Children &amp; Families Partnership.</b>	Dwynwen Stepien  +  Partnership representatives on Emotional Wellbeing and Mental Health Sub Group of Children & Families Partnership.	June 2014
3. All partners to cascade information to new starters on Croydon's strategy and approach to Children & Young People's Emotional Wellbeing & Mental Health.	<b>Partnership representatives on Emotional Wellbeing and Mental Health Sub Group of Children &amp; Families Partnership.</b>	Partnership representatives on Emotional Wellbeing and Mental Health Sub Group of Children & Families Partnership.	From January 2014 (ongoing)
<b>Training, development &amp; capacity building</b>			
4. Training and development: develop a cohesive approach to	<b>Early Intervention &amp;</b>	Debby	June 2014



capacity building across the partnership which draws on the strength of different initiatives.	<b>Family Support</b>  <b>Children's Community Health Services, Croydon CHS</b>  <b>Fostering &amp; Adoption</b>  <b>SLaM</b>  <b>Improvement Officer SEN Behaviour</b>  <b>Public Health</b>  <b>GPs</b>	MacCormack  Lynne Reay  Kelly Henry  Nick Topliss  Denise Dyer  Kate Naish  Dr Khan	
5. Extend understanding across the partnership of developments in systemic family therapy	<b>Head of Quality Assurance Safeguarding</b>	Gavin Swann	Dec 2014
<b>Governance</b>			
6. Implement new governance arrangements	<b>Executive Director, Children, Families and Learning</b>	Paul Greenhalgh / Stephen Warren	April 2014
<b>Stages 1 &amp; 2</b>			
7. Develop resource bank of evidence based programmes (in relation to Emotional Wellbeing & Mental Health) for schools to consider in using their pupil premium (accessible through Practitioner Space)	<b>Head of Early Intervention &amp; Family Support Service</b>  <b>Improvement Adviser Effectiveness of SEN Interventions</b>	Dwynwen Stepien  Judith Lunnon	June 2014

	<b>GPs</b>	Dr Khan	
	<b>Croydon Community Health Services</b>	Lynne Reay	
	<b>SLAM</b>	Nick Topliss	
	<b>Public Health</b>	Kate Naish	
8. Funding issues: Use of Pupil Premium by schools: Promote awareness of recent review of Pupil Premium by schools and develop case studies on schools that are effectively using their Pupil Premium in relation to emotional wellbeing and mental Health (accessible through Practitioner Space)	<b>Improvement Adviser Effectiveness of SEN Interventions</b>	Judith Lunnon	June 2014
9. The Local Offer for children with additional needs: Develop the mental health element of the Local offer (in response to the Children & Families Bill)	<b>Head of Inclusion, Learning Access and SEN</b>	Linda Wright	July 2014
10. Define the Early Help offer in relation to Mental Health	<b>Team Around The Family Manager, Early Intervention &amp; Family Support Service</b>	Debby McCormack	April 2014
11. Clarify roles of Community Paediatricians in relation to GPs & SLAM	<b>Head of Integrated Commissioning Unit</b>	Amanda Tuke	July 2014
12. Finalise, publish and promote Early Help Pathways	<b>Strategy and Planning Manager Strategy, Commissioning, Procurement and Performance</b>	Sarah Bright/ Dwynwen Stepien	April 2014
13. Promote cultural changes necessary to deliver the strategy	<b>Executive Director Children Families and</b>	Paul Greenhalgh, with Children and	July 2014

	<b>Learning</b>	Families Partnership	
<b>Stages 3 &amp; 4</b>			
14. Ensure improved integration of services from a 'think family' perspective, where parents have mental health issues	<b>Director of Social Care and Family Support</b>	Ian Lewis	Dec 2014
15. Improve quality of commissioning at Stages 3 & 4 to inform future prioritisation of resources <ul style="list-style-type: none"> <li>• Conduct Needs Analysis (to include in depth analysis of ASD / ADHD)</li> <li>• Consider where capacity can be improved through commissioning of work with parents</li> <li>• Improve specifications</li> <li>• Improve contract management</li> <li>• Improve performance management to inform commissioners of activity and outcomes</li> <li>• Influence NHS England in relation to the commissioning of stage 4 services</li> </ul>	<b>Head of Integrated Commissioning Unit</b>	Amanda Tuke	Dec 2014
16. Undertake engagement with service users to ensure their views shape the commissioning of services	<b>Head of Integrated Commissioning Unit</b>	Amanda Tuke	Dec 2014
17. Ensure the joint commissioning of support for individual children through the new Single Assessment Process (across Health, Social Care and Education) effectively meets the needs of CYP with mental health issues	<b>Head of Inclusion, Learning Access and SEN</b>	Linda Wright	July 2014
18. Ensure the improvement of Transition between Children's & Adults Services takes account of Emotional Wellbeing & Mental Health.	<b>Head of Inclusion, Learning Access and SEN</b>	Linda Wright	July 2014

## APPENDIX 1 – SPEND ACROSS STAGES

This appendix is designed to give an overview of the funding available across the system which can be used to support emotional well-being and mental health – in some cases where such issues present barriers to learning. Some services will deliver at more than one stage, not all services are repeated at all of the Stages.

<b>STAGES 1 &amp; 2</b>		
<b>Commissioner</b>	<b>Services</b>	<b>Commissioning &amp; funding arrangements</b>
<b>NHSE</b>	<ul style="list-style-type: none"> <li>Primary Care</li> </ul>	NHSE Commissions Primary Care
<b>CCG</b>	<ul style="list-style-type: none"> <li>Midwifery</li> <li>Community Paediatricians</li> <li>A&amp;E</li> </ul>	The CCG commissions these services, which contribute to supporting the emotional wellbeing and mental health of CYP and their families.
<b>Local Authority</b>	<ul style="list-style-type: none"> <li>Health Visiting</li> <li>School Nursing</li> <li>Children’s Centres</li> </ul>	The Local Authority commissions these services, which contribute to supporting the emotional wellbeing and mental health of CYP and their families. Health Visiting will be commissioned by the Local Authority from April 2015.
	<ul style="list-style-type: none"> <li>Support to schools such as Special Schools Outreach and the Primary Behaviour Team</li> </ul>	The Local Authority directly provides these services to Schools through the School Improvement & Inclusion Team.
	<ul style="list-style-type: none"> <li>Counselling, Advice &amp; Advocacy</li> </ul>	The Local Authority and CCG commissions providers such as Off the Record and Croydon Drop in to provide these services, which equates to approximately £120,000 per annum.
<b>Schools</b>	Initiatives / programmes in schools such as: <ul style="list-style-type: none"> <li>Restorative Approaches</li> <li>Emotional literacy support assistance</li> <li>Social and Emotional aspects of Learning</li> <li>Personal, Social and Health Education</li> <li>Behaviour mentors</li> </ul>	Schools commission various initiatives and resources to enable pupils to overcome emotional barriers to their learning. These are in part funded through the Pupil Premium, the total of which equates to approximately £9,016,000 per annum.

<b>STAGES 3 &amp; 4</b>		
<b>Commissioner</b>	<b>Services</b>	<b>Commissioning &amp; funding arrangements</b>
<b>CCG</b>	Community Paediatricians	The CCG commissions this service.
	Continuing Care	The CCG will commission placements and support in the community as

		required to meet needs.
<b>Local Authority</b>	Pupil Referral Unit	The Local Authority provides and commissions services which contribute to supporting the emotional wellbeing and mental health of CYP and their families.
	Family Nurse Partnership	
	Early Intervention & Family Support	
	Children's Social Care	
<b>CCG &amp; Local Authority</b>	<p>CAMHS services</p> <ul style="list-style-type: none"> <li>• CAMHS Early Intervention Service <ul style="list-style-type: none"> <li>○ Schools Service</li> <li>○ Headstart</li> </ul> </li> <li>• Child &amp; Adolescent Specialist Service Team</li> <li>• Young Offenders Service</li> <li>• Looked After Children's Service</li> <li>• Tier 4 Outpatient Services</li> </ul>	<p>CCG and the Local Authority jointly commission these services from SLAM.</p> <p>Total funding for statutory CAMHS services is <b>£4,733,000</b>.</p> <p>The CCG contributes approximately £4,133,000 and the Local Authority contributes £600,000 per annum.</p>
	Special School Provision for CYP with social, emotional and behavioural needs.	The Local Authority commissions these services, and the CCG will make a financial contribution where appropriate.
	Placements for LAC with Mental Health needs.	The Local Authority commissions these services, and the CCG will make a financial contribution where appropriate.
<b>NHS England</b>	Tier 4 Inpatient Services	NHS England currently commissions these services, which are funded through the CCG allocation. In 12/13 spend was approximately £980,000.

## APPENDIX 2 – NICE GUIDANCE

### **NICE guidance relating to emotional health and wellbeing of children and young people**

There is considerable evidence available in relation to the prevention and treatment of the wide variety of mental health conditions and the promotion of positive mental health and well-being in children and adolescents. Key evidence is summarised in the recent NICE public health briefing Social and emotional wellbeing for children and young people, Sept 2013.

#### **NICE guidance is listed below:**

##### **Clinical Guidelines**

- Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults; NICE, Sep 2008, (CG72)
- Autism spectrum disorders in children and young people - Assessment & diagnosis; NICE, Sept 2011, (CG128)
- Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders; NICE, Jan 2004, (CG9)
- Depression in children and young people: identification and management in primary, community and secondary care; NICE, Sep 2005, (CG28)
- The management of PTSD in adults and children in primary and secondary care; NICE, Mar 2005, (CG26)
- Psychosis with coexisting substance misuse: Assessment and management in adults and young people: NICE, Mar 2011, (CG120)
- Conduct disorders in Children and Young People : NICE April 2013 (CG158)
- Self-harm: the short term physical and psychological management and secondary prevention of self-harm in primary and secondary care: NICE, July 2004, (CG16)
- Self-Harm Longer Term Management (8 yrs and older): NICE, Nov 2011, (CG133)
- Pregnancy and complex social factors: NICE, Sep 2010, (CG110)
- Psychosis and schizophrenia in children and young people: NICE Jan 2013, (CG155)
- Borderline personality disorder: NICE, Jan 2009, (CG78)
- Antisocial personality disorder: NICE, Jan 2009, (CG77)
- Drug Misuse –psychosocial interventions: NICE, Jul 2007, (CG51)
- Drug Misuse- opioid detoxification: NICE, Jul 2007, (CG52)
- The management of bipolar disorders in adults, children and adolescents in primary and secondary care: NICE, Jul 2006, (CG38)
- Obsessive –compulsive disorder: core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder: NICE, Nov 2005, (CG31)
- Common Mental Health Disorders: NICE May 2011 (CG123)
- Autism - management of autism in children and young people: NICE, Aug 2013, CG170
- When to suspect child maltreatment: NICE, July 2009, (CG89)
- Antenatal and postnatal mental health: NICE, Feb 2007 (CG45)

##### **Public Health Guidance**

- Social and Emotional well-being –early years: NICE Oct 2012, (PH40)

- Promoting children's social and emotional wellbeing in primary education; NICE, Mar 2008, (PH12)
- Promoting young people's social and emotional wellbeing in secondary education - nurturing young people's social and emotional well-being: NICE, Sept 2009, (PH20)
- Promoting the quality of life of looked-after children and young people; NICE, Oct 2010, (PH28)
- Interventions to reduce substance misuse among vulnerable young people: NICE, Mar 2007, (PH4)
- Alcohol-use disorders-preventing harmful drinking: NICE, Jun 2010, (PH24)
- School-based interventions to prevent smoking: NICE, Feb 2010, (PH23)
- Promoting physical activity for children and young people: NICE, Jan 2009, (PH17)
- Preventing the uptake of smoking in children and young people: NICE, Jul 2008, (PH14)
- Maternal and child nutrition: NICE, Mar 2008, (PH11)
- School based interventions on alcohol: NICE, Nov 2007, (PH7)
- Social and emotional wellbeing – early years: NICE, Oct 2012 (PH40)
- Managing overweight and obesity among children and young people: NICE, Oct 2013 (PH47)

### **Quality Standards**

- Alcohol dependence and harmful alcohol use: NICE, Aug 2011, (QS11)
- Drug Use disorders: NICE, Dec 2012, (QS23)
- Health and well-being of looked after children: NICE, Apr 2013 (QS31)
- Self Harm: NICE, June 2013, (QS34)
- Attention deficit hyperactivity disorder (QS39), Jul 2013
- Depression in children and young people (QS48), Sept 2013
- Conduct disorders (Children and Young People): NICE (QS58) Expected March 2014
- Autism in children, young people and adults, Expected Jan 2014

### **NICE Guidance in development (with estimated publication date)**

- Preventing and reducing domestic violence, Feb 2014
- Sexually harmful behaviour among young people. Publication date to be confirmed
- Offenders: prevention and early treatment of mental health problems. Publication date to be confirmed
- Marginalised individuals and groups with a mental and physical illness: improving access to health and social services. Publication date to be confirmed
- Social and emotional wellbeing in primary and secondary education (update of PH12 and PH20). Publication date to be confirmed

### **Other key evidence base guidance and reports**

- Promoting emotional health and wellbeing through the National Healthy School Standard (NHSS), HDA (2004) Promoting emotional health and well-being through the National Healthy School Standard

### **APPENDIX 3: PROPOSED MEMBERSHIP OF EMOTIONAL WELL-BEING AND MENTAL HEALTH SUB-GROUP OF CHILDREN AND FAMILIES PARTNERSHIP**

- Chair
- Director, Social Care and Family Support
- Schools representation
- Principal Educational Psychologist
- Schools Adviser for Special Educational Needs
- Third sector representation
- Early Intervention services
- Public Health
- GP representation
- Integrated Commissioning Unit, children's team
- Croydon Health Services:
  - Head of School Nursing and Health Visiting
  - Designated doctor, as representative of paediatrics
- South London And Maudsley reps for CYP & Adults mental health services
- Commissioner Adults Mental Health Services
- College Representatives
- Young people: engagement mechanisms will be utilised to understand the experience of young people, making clear links to current IAPT work in the borough.