

Committee Agenda



City of Westminster



THE ROYAL BOROUGH OF
**KENSINGTON
AND CHELSEA**

Title: **Health & Wellbeing Board**

Meeting Date: **Monday 16th December, 2019**

Time: **4.00 pm**

Venue: **Lord Mayor's Parlour - 19th Floor, City Hall, 64 Victoria Street, London, SW1E 6QP**

Councillor Heather Acton (Chairman)	Cabinet Member for Family Services and Public Health
Councillor Sarah Addenbrooke	RBKC - Lead Member for Adult Social Care and Public Health
Councillor David Lindsay	RBKC – Lead Member for Family and Children's Services
Councillor Nafsika Butler- Thalassis	Minority Group
Houda Al-Sharifi	WCC - Interim Director of Public Health
Olivia Clymer	Healthwatch Westminster
Robyn Doran	Central and North West London NHS Foundation Trust
Bernie Flaherty	Bi-borough Adult Social Care
Toby Hyde	
Philippa Johnson	Central London Community Healthcare NHS Trust
Dr Naomi Katz	West London Clinical Commissioning Group
Detective Inspector Iain Keating	Metropolitan Police
Hilary Nightingale	Westminster Community Network
Dr Neville Pursell	Central London Clinical Commissioning Group
Darren Tully	London Fire Brigade
Jennifer Travassos	Housing and Regeneration
Angeleca Silversides	Healthwatch RBKC



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Tristan Fieldsend Committee and Governance Officer.

**Tel: 7641 2341; Email: tfieldsend@westminster.gov.uk
Corporate Website: www.westminster.gov.uk**

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. WELCOME TO THE MEETING

The Chair to welcome everyone to the meeting.

2. MEMBERSHIP

To report any changes to the Membership of the meeting.

3. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

4. MINUTES AND ACTIONS ARISING

To agree the Minutes of Westminster City Council's and the Royal Borough of Kensington & Chelsea's Joint Health & Wellbeing Board meeting held on 10 October 2019.

(Pages 5 - 10)

PART A - HEALTH AND WELLBEING BOARD PRIORITIES

5. MENTAL HEALTH AND PERSONAL RESILIENCE

The Board to receive an update on:

- Mental Health and Personal Resilience; and
- the Children and Young People's Emotional Wellbeing and Mental Health Plan.

(Pages 11 - 84)

6. DEMENTIA UPDATE

To receive a verbal update.

PART B - OTHER IMPORTANT ITEMS SPONSORED BY THE BOARD

7. WINTER PRESSURES PLANNING

(Pages 85 - 88)

The Board to receive an update on planning for winter pressures.

PART C - MONITORING - STATUTORY ITEMS / OTHER

8. ANY OTHER BUSINESS

The Board also to consider any other business which the Chair considers urgent.

Stuart Love
Chief Executive, Westminster City Council

Barry Quirk
Chief Executive, RB Kensington & Chelsea

6 December 2019

MINUTES



CITY OF WESTMINSTER



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a concurrent meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Boards** held on 10 October 2019 at 4pm at The Small Hall, Chelsea Old Town Hall, King's Road, London, SW3 5EE.

Present:

Councillor Heather Acton (WCC - Cabinet Member for Family Services and Public Health)
Councillor Sarah Addenbrooke (RBKC – Lead Member for Adult Social Care)
Councillor Christabel Flight (WCC)
Councillor Jim Glen (WCC – Deputy Cabinet Member for Family Services and Public Health)
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)
Councillor Charles Williams (RBKC)
D.I. Seb Adjei-Addoh (Metropolitan Police Service)
Senel Arkut (Bi-Borough - Head of Health Partnerships and Development)
Dominic Conlin (Director of Strategy, Chelsea and Westminster NHS Foundation Trust)
Tristan Fieldsend (WCC – Senior Committees Officer)
Bernie Flaherty (Bi-Borough Executive Director of Adult Social Care)
Neil Hales (Deputy Managing Director - Central London CCG)
Simon Hope (Deputy Managing Director – West London CCG)
Toby Hyde (Imperial College NHS Trust)
Philippa Johnson (Central London Community Healthcare NHS Trust),
Jeffrey Lake (WCC – Deputy Director of Public Health)
Sarah Newman (Bi-Borough Executive Director of Family and Children's Services)
Odetta Pakalnyte (Healthwatch Westminster – deputising for Olivia Clymer)
James Partis (Programme Lead – Better Care Fund)
Anne Pollock (WCC – Principal Policy Officer)
Louise Proctor (Managing Director of the West London CCG),
Annabel Saunders (RBKC & WCC – Assistant Director of Integrated Commissioning - Children's Lead)
Angeleca Silversides (Healthwatch RBKC)

1. WELCOME TO THE MEETING

- 1.1 Councillor Addenbrooke welcomed everyone to the meeting and confirmed that as the concurrent Board meeting was being held within RBKC she would Chair the meeting in line with the agreed memorandum of understanding.

2. MEMBERSHIP

- 2.1 Apologies for absence were received from Councillor David Lindsay (RBKC - Lead Member for Family and Children's Services), Iain Cassidy (Open Age), Natalia Clifford (WCC – Public Health), Olivia Clymer (Healthwatch Westminster), Jules Martin (Central London CCG), Hilary Nightingale (Westminster Community Network), Dr Neville Pursell (Chair of the Central London CCG) and Jennifer Travassos (WCC – Head of Prevention, Housing and Regeneration).
- 2.2 Toby Hyde apologised for delayed arrival.

3. DECLARATIONS OF INTEREST

- 3.1 No declarations were made.

4. MINUTES

Angela Silversides wished to add that she had also attended the sovereign Westminster Health & Wellbeing meeting, as deputy for Olivia Clymer. Subject to the above it was: -

RESOLVED:

- 4.1 The minutes of the sovereign Westminster Health & Wellbeing Board meeting held on 3 July 2019 be agreed as a correct record of proceedings.
- 4.2 The minutes of the concurrent Royal Borough of Kensington & Chelsea and Westminster Health & Wellbeing Board meeting held on 3 July 2019 be agreed as a correct record of proceedings.

5. PRIORITIES UPDATES

- 5.1 Sarah Newman provided an update on **Serious Youth Violence**. Unfortunately, the situation was worrying with several violent incidents recently, particularly in the Northern part of Westminster. The various agencies were

working closely and Guidance to Parents and Carers had recently been issued. The Clerk would circulate this Guidance document to all Members of the Board.

- 5.2 Ms Newman detailed other actions. There was close work with schools to tackle exclusions, both fixed term and permanent (which were closely linked to gang involvement). New rapid response procedures in the event of incidents were being developed and further consideration was being given to ways to best reassure the community.
- 5.3 Members of the Board echoed these concerns. Issues of poverty/drugs/gangs were very complex and deeply entrenched. From the Metropolitan Police D.I. Adjei-Addoh commented that a lot of under-18s were being exploited, there were complex 'victim v perpetrator' issues. A multi-agency approach, engaging the community was necessary to tackle these issues. Ms Newman reassured the Board that there was cross London work taking place in respect of sharing intelligence and best practice.
- 5.4 Anne Pollock provided an update on the **Dementia Strategy**. Work was taking place to complete this and ensure it was as robust as possible. This issue would be on the Board's next agenda.

6. JOINT RBKC AND WESTMINSTER HEALTH AND WELLBEING BOARD SPEAKER PROTOCOL

- 6.1 Tristan Fieldsend introduced the Speaker Protocol. One Member thought 72 hours was a short window, but Mr Fieldsend responded that some questions could be of a technical nature. The Board agreed to trial the protocol with a 72 hours deadline. A member of the public pointed out that not everyone had access to computers and email.
- 6.2 Following a comment from a member of the Board Mr Fieldsend agreed to amend the Protocol to make it clearer that questions need not necessarily relate to matters on the agenda.
- 6.3 Subject to the above it was: -

RESOLVED:

That the Concurrent Health and Wellbeing Board approve the Speaker Protocol.

7. PRIMARY CARE NETWORK (PCN) ALIGNMENT

- 7.1 Simon Hope (Deputy Managing Director – West London CCG) introduced the report and drew attention to the network maps for the two boroughs. The networks were in place and from April they would be delivering to a high standard he asserted.

- 7.2 Councillor Charles Williams stated that he supported the direction of travel on PCNs but he had one major concern – the obvious location for a PCN was Chelsea and Westminster Hospital rather than the Violet Melchett hub. Dr Steeden responded that a PCN hub was not planned for Violet Melchett. Councillor Acton was disappointed that no PCN had linked Queens Park and Paddington with the rest of North Westminster and also that the PCN areas were of varying sizes and not defined on any geographic basis. Dr Steeden and Ms Proctor responded that PCNs were not statutory bodies. The proposed PCNs came from the practices themselves. Individual GP practices would retain responsibility for quality and safety standards on the understanding that each PCN would be developing some system to ensure patient experience was factored in. ChelWest and Imperial commented that they would be keen to help in order to increase agility in the system, make sure the right expertise was available and stressed the importance of involving the local authorities.
- 7.3 Other contributions welcomed the opportunities offered by PCNs. It was recognised that they were new organisations and needed to be supported in their formation, their choice of who to work with, and in their development their need to become agile (to move quickly and easily). It was noted that Healthwatch was happy to support the new networks.

8. BETTER CARE FUND (BCF) UPDATE

- 8.1 Senel Arkut recalled the discussion at the previous Board meeting, this report was an update. The two plans (for Westminster and RBKC) had been submitted over the Summer and it was believed that they would be close to reassurance in December. In response to a member's question it was confirmed that, although the BCF plan is reduced to 'minimum required' (in terms of investment), services had not been reduced but that things were now being jointly (where appropriate) delivered outside the BCF, via different governance arrangements.
- 8.2 From West London CCG Ms Proctor confirmed that the commitment to work together and make best use of resources was still very much in place. The Board's attention was drawn to paragraph 3.5 of the report and the agreed areas of joint work.
- 8.3 Ms Arkut confirmed that further update reports would be provided in due course.
- 8.4 It was requested and: -

RESOLVED:

That retrospective approval be given to the Westminster and RBKC Better Care Fund plans for 2019/20.

9. ANY OTHER BUSINESS

- 9.1 Councillor Acton informed the Board that Westminster had received additional grant funding to tackle homelessness. Discussions would take place with partner agencies as to how best to use these resources.
- 9.2 She also asked members to note the response from NHS NW London CCG (Mark Easton) to our comments sent regarding the 8:1 CCG proposal for NW London. We had proposed that should 8:1 be delayed until April 2021, then a Bi-borough Integrated Care Partnership (ICP) be piloted, which would entail working across the two boroughs as one integrated body, including one CCG. This proposal was supported by NHS NW London and work would begin to take this forward. Members were in support of this proposed pilot.
- 9.3 Annabel Saunders and Neil Hales notified of two documents that would require the approval of the Board Chairs (prior to the next meeting of the full Board): -
- (i) The Care Quality Commission (CQC) was inviting Health and Wellbeing Boards in England to self-assess local support services for children and young people with mental health problems against the recommendations made in their 'Are we listening?' report;
 - (ii) The Children and Adolescent Mental Health Services (CAHMS) Local Transformation Plan (LTP) 2019/20 refresh was being worked on currently.
- 9.4 Senel Arkut reported a recent meeting with the Local Government Association (LGA). There were people at the LGA who could usefully talk to this Board to assist with its development. (The name of Alyson Morley, Senior Adviser, Health Systems was specifically mentioned). The Board was happy for Ms Arkut to approach the LGA to pursue this.

The Meeting ended at 5.15pm.

CHAIR: _____

DATE _____

This page is intentionally left blank



Westminster Health & Wellbeing Board



RBKC Health & Wellbeing Board

Date:	16 December 2019
Classification:	General Release
Title:	Children's Mental Health and Wellbeing in Kensington and Chelsea, and Westminster
Report of:	Director of Public Health
Wards Involved:	All
Financial Summary:	Any expenditure that relates to Mental Health and Wellbeing is fully funded by the Public Health grant to each authority.
Report Author and Contact Details:	Jeff Lake- Deputy Director of Public Health Elizabeth Dunsford and Debbie Arrigon – Public Health Business Partners jlake@westminster.gov.uk Edunsford@westminster.gov.uk Darrigon@westminster.gov.uk

1. Executive Summary

- 1.1 This paper supplements the Joint CCG and Bi-Borough Children and Young People's Emotional Wellbeing and Mental Health Plan, providing an overview of those services and activities that promote emotional health and wellbeing and prevent mental ill health in children and young people.

2. Key Matters for the Board

- 2.1 The board is asked to note the importance of early intervention to promote mental wellbeing and address mental health concerns and the range of local services and activities which do this locally. The board is also asked to endorse

the coordination of provision to improve outcomes and ensure the best use of resources.

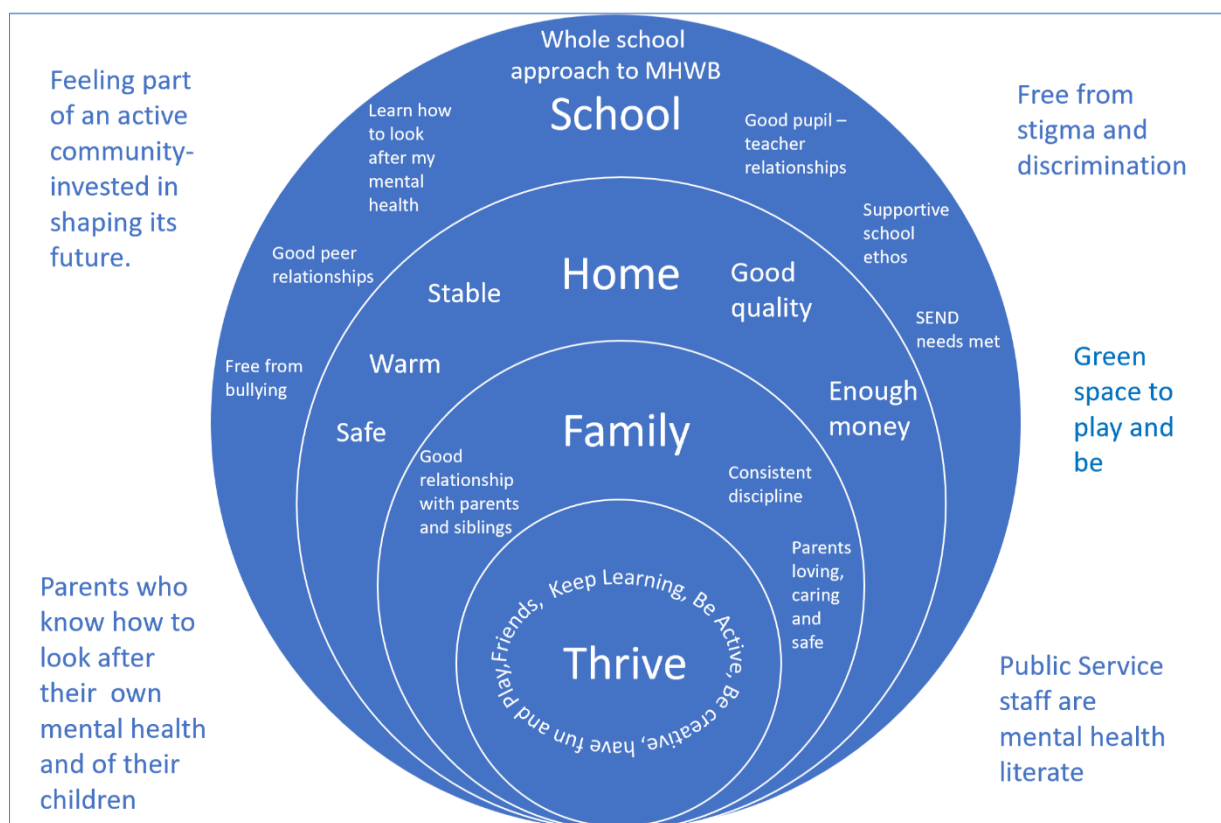
3. Background

- 3.1 A person's physical and mental health and wellbeing is influenced throughout their life by the wider determinants of health, which are a diverse range of social, economic and environmental factors, alongside behavioural risk factors. These factors can be categorised as either protective factors or risk factors.
- 3.2 Adopting a life course approach means identifying key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages; from preconception, to early years and adolescence, working age and into older age.
- 3.3 The prevention of mental ill health is a key policy driver for the local authority, Adult Social Care, Public Health, the NHS and other key partners, and has been highlighted in the recent publication of the NHS Long Term Plan. The Long-Term Plan sets out a vision for the NHS not just to treat illness but also to support people to live healthily, and to help people with long-term conditions to self-manage and prevent emerging issues from worsening. The Joint Health and Wellbeing Strategies for both Kensington and Chelsea, and Westminster prioritise the prevention of mental illness and promotion of mental wellbeing.
- 3.4 Mental health problems start early in life; half of all mental health problems have been established by the age of 14, rising to 75% by age 24. As such, the most important risk and protective factors for mental health problems and mental wellbeing lie in the family, the environment, the community and the society into which a child is born and raised.
 - Across the UK, those from the poorest areas are twice as likely to be at risk of developing mental health problems as those on an average income.
 - Children who have been neglected are more likely to experience mental health problems including depression, post-traumatic stress disorder, and attention deficit and hyperactivity disorder.

4. Creating the right conditions for children to Thrive

- 4.1 The graphic below illustrates the system of protective factors that together create the right conditions to maximise the chances of a child having good emotional health and wellbeing as they grow up. This system is important for all children and it is the foundation on which the additional help some children and families may need is built.

Figure A. An Emotional Health and Wellbeing Promoting System for Children and Young People

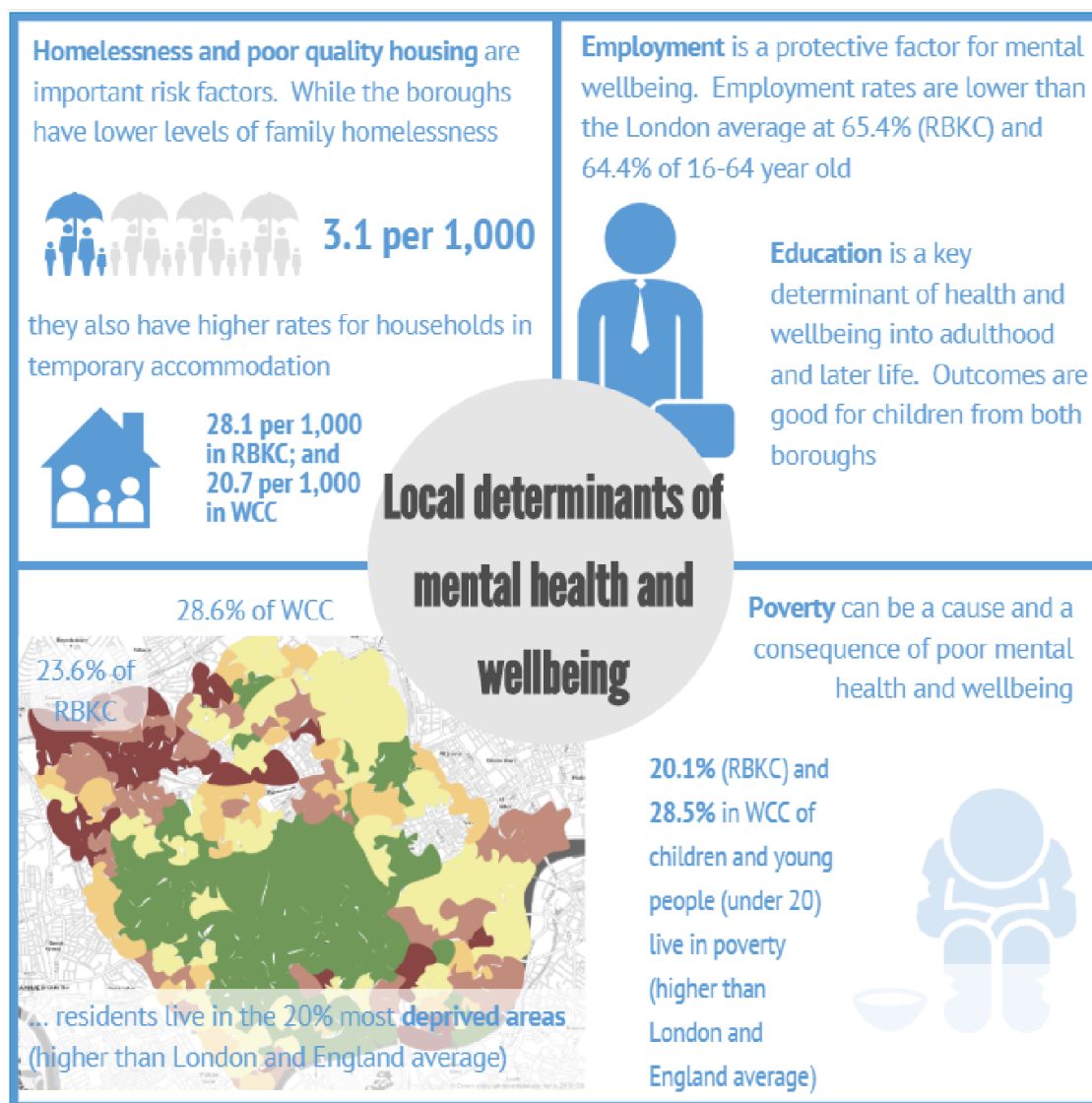


Opportunities to support children and young people to thrive are presented indirectly through action to address the wider determinants of health and directly during pregnancy and the early years of a child's life.

5. The Wider determinants of mental health

- 5.1 The health and wellbeing of an individual is influenced by their social circumstances and environment. Analysis of data for the local population indicates that deprivation, poverty and homelessness are particular challenges across Westminster and Kensington and Chelsea. This is summarised in the graphic below.

Figure B Local determinants of mental health and wellbeing



Source: Public Health England Fingertips (2019)

5.2 In addition to addressing the risk factors of deprivation, poverty and homelessness, there are protective factors (highlighted in the Emotional Health and Wellbeing Supporting System illustrated in Figure A), which we can enhance through local action. These protective factors are:

- Access to green space for families to play and be.
- Feeling part of an active community invested in shaping the future.
- A community free from mental health stigma and discrimination.
- Parents who know how to look after their own mental health and that of their children.

- Public service staff, schools, health, children's services etc that are mental health literate.

Green space

There is significant and growing evidence on the physical and mental health benefits of green spaces. Local authorities play a vital role in protecting, maintaining and improving local green spaces and creating new areas of green space to improve access for all communities. Both councils have incorporated references to protecting and enhancing the green spaces in their planning policies.

Stigma

Evidence suggests that stigmatising attitudes begin to form at a very young age, influenced by parents, peers and media depictions of mental ill-health. Research has found that young people perceive stigma to be the greatest barrier to accessing school-based mental health services and that young males were the least likely to access services.¹

Feeling part of a community, invested in its future

Taking an Asset-Based Community Development Approach to mental health improvement will encourage families and communities to take an active part in planning, prioritising and implementing changes in their local areas, including planning, regeneration and service re-design/investment. Children and young people particularly benefit from opportunities to get involved in their wider community through hobbies, interests, volunteering, youth organisations and community groups.

A Mental health literate workforce

The Public Mental Health Leadership and Workforce Development Framework: call to action was published in August 2018. Public Health England (PHE) and partners, including the NHS, Directors of Public Health, Health Education England and the Local Government Association, committed to work together to help build the capacity and capability of leaders and build a workforce that is confident, competent and committed to improving the public's mental health and wellbeing. Public Health's local training offer includes MECC (Making Every Contact Count), funding for Youth Mental Health First Aid training. A Mental Health First Aid training offer is in development. Public Health also promote other routes to improve mental health literacy such as free e-learning, national resources such Every Mind Matters and the Healthy Workplace Charter.

A mental health literate workforce is a crucial part of integrating health, mental health and social care so that the mental health needs of those with physical illnesses and the physical health needs of those with mental health problems are met. A mental health literate workforce will mean:

¹ Bowers, H., Manion, I., Papadopoulos, D., & Gauvreau, E. (2010). Stigma in school-based mental health: Perceptions of young people and service providers. *Child and Adolescent Mental Health*,

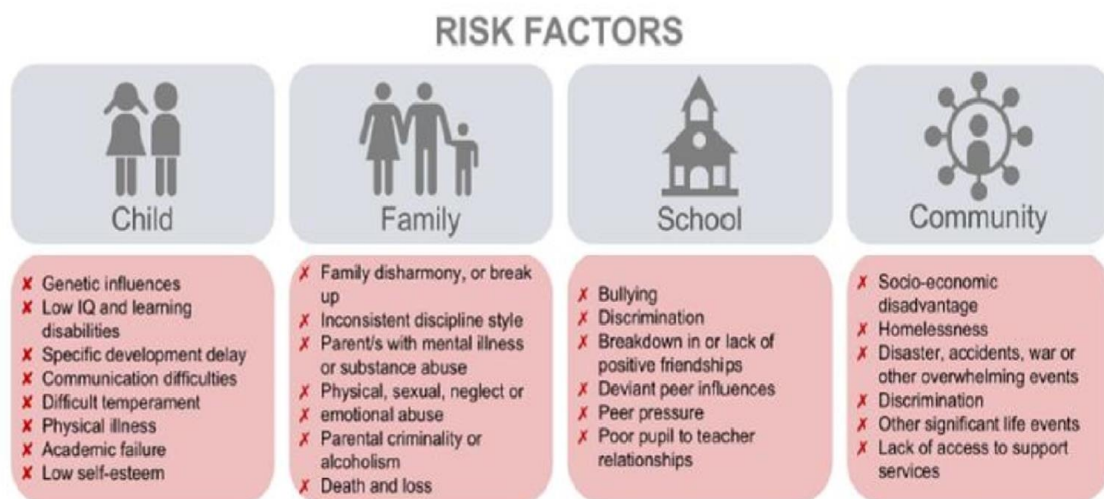
- We have a workforce that feels confident about supporting the mental health of children and young people with long term conditions and identify the physical health risks of those with mental health problems
- Helping children and young people to self-manage and in addition offering them the option of peer support

Schools have been offered training and support to better meet the mental health needs of their pupils by Healthy Schools and through Youth Mental Health First Aid training.

6. Prevention and promotion – the first stage of the life course

- 6.1** The primary predictor of mental health and wellbeing in children and young people is the quality of the parent-child relationship and parenting more broadly. Figure C summarises the risk factors associated with children and young people developing a mental illness.

Figure C: Risk factors associated with children and young people developing mental illness.



Source: Adapted from the mental health of children and young people in London (PHE, December 2016)

6.2 What Works - Perinatal Mental Health²

There is high quality evidence that the following are effective:

- Home visiting and peer support interventions for women at high risk of postnatal depression.
- Home visiting programmes are effective at promoting parenting and infant mental health

6.3 What Works – Children²

- Mental health promotion activities can help children develop positive mental wellbeing and prevent mental illness. Pre-school and early education programmes are highlighted in the Under 5's Healthy Child Programme and

² Mental Health and Wellbeing, Kensington and Chelsea, and Westminster, JSNA 2019

result in improvements in cognitive skills, school readiness, academic achievement and family outcomes, including amongst siblings. They are also effective in preventing emotional problems and conduct disorder.

- Targeted approaches such as home visiting programmes improve child functioning and reduce behavioural problems.
- School-based mental health promotion interventions can improve wellbeing, with resulting benefits for academic performance, social and emotional skills and classroom behaviour (NICE, 2008a). They can also result in reductions in anxiety and depression (NICE, 2009b). Targeted Mental Health Support in Schools (TaMHS) is also effective.

6.4 What do children say is important for their wellbeing?

The five ways to wellbeing for children and young people identified through research conducted by the New Economics Forum and The Children's Society are:

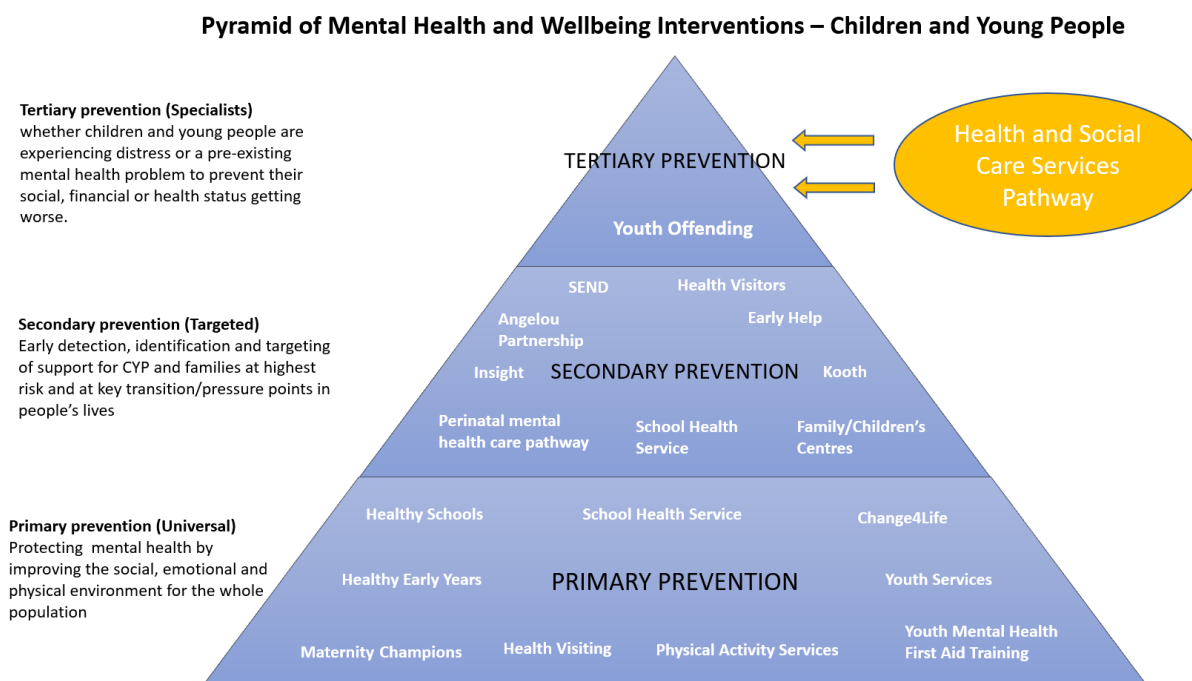
- Be creative and play – Draw, paint, act; Play more; Dream
- Connect – Talk with family, See friends; Share
- Be active- Walk; Cycle; Run around; Keep well
- Take notice – Look around you, Listen, Rest, Be.
- Keep learning – Read for fun; Teach yourself, Grow.



7. Local Prevention and Promotion Services

- 7.1 There are a variety of local prevention and promotion services that contribute towards improving mental health and wellbeing. The graphic below illustrates whether these are primary, secondary or tertiary prevention services. These are funded through a variety of routes. Details of those funded by Public Health are included in the financial implications section.

Figure C. Pyramid of Mental Health and Wellbeing Interventions- Children and Young People for Kensington and Chelsea, and Westminster.



7.2 Pre-birth to 5 (the Early Years)

Ensuring the best start in life is essential, evidence tell us that the period between conception and a child's second birthday are particularly significant in laying the foundation for future wellbeing and development. This is a time of rapid growth where relationships with parents and other care givers are vitally important.

A variety of local services support children and families during this period:

Perinatal Mental

A new perinatal mental health pathway commenced in April 2018, taking a holistic approach to addressing the psychosocial wellbeing of mothers, fathers, partners, infants, and families drawing on evidence for treatment and management of perinatal illness. The service links in with health visiting, maternity, children's centres and GPs.

Healthy Early Years London (HEYL)

HEYL is an awards programme supported by the Mayor of London which recognises achievements in children's health, wellbeing and development in early years settings. Locally, Health Education Partnership (HEP) are commissioned by Public Health to provide support to early years settings to assist them in achieving the Healthy Early Years London awards.

To date:

- 75 settings have achieved the Healthy Early Years London First Steps award (29 x RBKC, 46 x WCC).
- 2 settings have achieved the Healthy Early Years London Bronze award (1 x RBKC, 1 x WCC).

Health Visiting

Health visiting commissioned by Public Health is a universal service providing support to pre-school children and their families. Health visitors are key for supporting early identification of need e.g. parental mental health and speech and learning and signposting to support services, along with providing advice on vital topics such as physical activity and healthy eating.

Maternity champions

Maternity Champions provide support to new and expectant parents from pregnancy into the first year of a child's life. The aim of this specialised part of the Community Champions programme is to increase the uptake of ante and postnatal services, reduce social isolation and to guide and support and to encourage parents to form social groups to support each other. Maternity champions work with a wide range of partners such as hospitals, GP surgeries, midwifery and health visitors, family hubs and children's centres, libraries and community centres.

7.3 School age

The school years provide great opportunities for building resilience and promoting health and wellbeing.

The following local examples support this agenda:

School health service

The school health service (school nursing) provides health and wellbeing support to schools, individuals and families, for example in assemblies, at coffee mornings and small group work.

All schools are offered support with emotional health and wellbeing themes, such as stress management, healthy relationships. Mental health and self-harm awareness training, mental health first aid and support with transition are offered to schools.

The service also has a specialist Emotional Health and Wellbeing Lead Nurse who supports the mobilisation of Mental Health Trailblazer programmes across Central London and West London CCGs, which will implement mental health support teams in schools across the boroughs.

Healthy Schools

The evidence based Healthy School programme provides a framework for schools to improve the health and wellbeing of their pupils in four core themes: healthy eating, physical activity, emotional health and wellbeing and Personal,

Social and Health Education (PSHE). A key element is promoting the *whole-school* approach to health and wellbeing, for instance including leadership, policy, provision and curriculum.

Locally, Public Health commission HEP to support schools in achieving their Healthy School awards

To date:

- 58 schools have achieved a Healthy Schools London Bronze award (23 x RBKC, 35 x WCC).
- 44 schools have achieved a Healthy Schools London Silver award (17 x RBKC, 27 x WCC).
- 21 x schools have achieved a Healthy Schools London Gold award (7 x RBKC, 14 x WCC).

HEP provide a whole host of support to schools around PSHE including relationships and sex education and domestic abuse prevention. Last year, 139 school staff in Westminster received domestic abuse training.

HEP deliver themed conferences where schools and early years settings learn, share and hear from a wide range of organisations. Some of the most popular have been on Emotional Health and Wellbeing. As well as conferences they provide specialist training. The most recent example was training covering a whole-setting approach to emotional wellbeing and also attachment and self-regulation.

In addition, Children's Services have organised an Emotional Wellbeing and Mental Health Conference for Westminster Schools. It will bring together key partners and will provide the opportunity to share learning and best practice across the sector.

Schools also have access to training such as Youth Mental Health First Aid where individuals are trained to recognise the warning signs and symptoms of poor mental health in young people and can guide a young person to the appropriate support.

Trailblazer Programme

These new Mental Health Support Teams are working in many schools in both boroughs and are continuing to expand their reach. This programme will screen pupils at risk of exclusion, targeting children and young people with poor attendance and behaviour issues and making sure additional preventative work is put in place when needed.

Centre of Excellence for Educational Wellbeing

Queen's Park Primary School is a Centre of Excellence for Educational Wellbeing and continues to showcase best practice and support schools in Westminster to develop their whole school approaches to emotional wellbeing and mental health.

Change4Life local service

Public Health are currently procuring an innovative, evidence-based service to support children, young people and their families with healthy eating and physical activity -both of which are key components of thriving and feeling good. Emotional health and wellbeing is a golden thread in the service design. The emphasis is on fun and inclusivity.

This is a key front-line high impact service as we know that overweight young people are more likely to experience adverse mental health. This service is key for tackling health inequalities, ensuring the support is where the need is highest working with more vulnerable young people and their families.

Kooth

Free, safe and anonymous online counselling support for young people aged 11 to 18. Kooth provide assemblies and workshops to promote their service.

Insight

The young people's wellbeing service, Insight provide a range of prevention services specialising in substance misuse prevention and diversion, to young people aged up to 25 years old in Westminster and Kensington and Chelsea. Commissioned by Public Health, Insight provide advice and information directly to young people (12 to 25 years) within educational and community settings. Insight also offer training for professionals to enable attendees to identify needs and build confidence to address concerns including substance misuse. This is a key front-line service supporting some of the most vulnerable young people.

7.4 0-19

A Public Health-approach recognises the importance of taking action right across a child and young person's life course and the wider context to their lives. The below local examples support this:

The Angelou Partnership:

Provides Violence Against Women and Girls (VAWG) local support services – made up of 10 organisations supporting women and girls affected by domestic violence and abuse, including FGM.

Early Help

Early Help contributions to this agenda are vital including trauma informed systemic training, MECC principles and parenting support programmes. Family Hubs and Children Centres are key for promoting, educating and identifying emotional wellbeing and mental health needs.

Special Educational Needs and Disabilities (SEND)

Locally, social, emotional and mental health difficulties is a common reason a pupil with SEND might be receiving support, therefore ensuring services are inclusive and accessible is important. For example, the newly developed Change4Life programme has considered SEND throughout service-design.

Physical activity and Youth services

There are a range of fantastic, enticing and accessible youth and physical activity services in both boroughs that play key roles in providing and facilitating fun and safe activities for children and young people.

Youth Offending

Reducing youth offending and serious youth violence are high-profile priorities, particularly for London and locally is a priority for the joint Health and Wellbeing board. Taking a Public Health approach has been suggested as the best way forward (learning from the Glasgow and Manchester models) focusing on prevention and addressing the root causes of criminality.

A Public Health approach is a multi-agency, whole system approach to serious youth violence, looking at the root causes, wider and contextual influences of health and crime. Prevention and early intervention are key as well as working with a wide range of partners as part of a long-term, integrated multi-agency approach. Mental health is a key consideration throughout, shifting the narrative and lens from criminality to one of vulnerability

Producing a Joint Strategic Needs Assessment (JSNA) on youth offending and serious youth violence is a key part of the Public Health approach as it will help us better understand the health and wellbeing needs of this cohort of vulnerable children and young people and support action amongst stakeholders with evidence-based insights and recommendations for action.

8.0 Conclusion

8.1 The services and environment that families need so that children have the best opportunity to have good mental and emotional health, requires the vision and combined efforts of multiple stakeholders including health, education, sports and leisure, youth services, planning, housing and the third sector. Funding and capacity for this mental health promoting system comes from multiple sources including Public Health, Children's Services and the CCG. It is therefore important that the co-dependencies are understood, and decision taking is made in consultation with other parts of the system.

9.0 Mental Health and Wellbeing Partnership

9.1 The Mental Health and Wellbeing JSNA recommended the creation of a mechanism to promote collaboration and coproduction across the mental health and wellbeing economy. The Mental Health and Wellbeing Partnership has now been established to drive continuous improvement in the mental health and wellbeing of the local population in Kensington and Chelsea, and Westminster, and provide a formal mechanism to address the themes identified in the Mental Health and Wellbeing JSNA

- Theme 1: Mobilising local assets, services, and communities
- Theme 2: Prevention and Early Intervention
- Theme 3: Pathways
- Theme 4: Funding
- Theme 5: Primary care

- Theme 6: Recovery
- Theme 7: Innovation

9.2 The partnership is now identifying what areas of work they are in a unique position to focus on. It is the intention that any work undertaken by the partnership does not duplicate or carry out work that should be delivered by other existing bodies. The board will be updated on this at the February meeting.

10. Financial Implications

10.1 The table below provides an indicative summary of Public Health annual investment into key services that contribute to prevention and promotion of mental health.

Service	WCC	RBKC
Healthy Schools and Healthy Early Years	£115,100	£72,150
Health Visiting	£3,571,000	£2,420,000
Maternity Champions	£60,000	£60,000
School Health service	£1,508,857	£927,260
Change4Life	£395,000	£569,000
Kooth	£70,000	
Insight	£150,000	£150,000
Early Help	£832,000	£150,000
Children's Centres	£500,000	£500,000
TOTAL	£7,201,597	£4,848,410

If you have any queries about this report please contact:

Jeff Lake – Deputy Director of Public Health (jlake@westminster.gov.uk)

This page is intentionally left blank

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	16th December 2019
Classification:	General Release
Title:	Joint CCG and Bi-borough Children and Young People's Emotional Wellbeing and Mental Health Plan
Report of:	Sarah Newman – Acting Bi-Borough Executive Director of Children's Services – Bi-borough Neil Hales – Deputy Managing Director – NHS Central London Clinical Commissioning Group
Wards Involved:	All Wards
Financial Summary:	There are no financial implications
Report Author and Contact Details:	Jonathan Daly – Bi-borough Childrens Commissioner – Jonathan.daly@rbkc.gov.uk Simon Brauner-Cave – Central London CCG Children's Commissioner – Simon.brauner-cave@nhs.net

1. Executive Summary

- 1.1 This report summarises the key elements of the Joint CCG and Bi-borough Children and Young People's Emotional Wellbeing and Mental Health Plan ('the Plan').

2. Key Matters for the Board

- 2.1 The Board are asked to approve the Plan and agree to its publication following this meeting. The Board members are also asked to support the delivery of the vision, objectives and Joint Strategic Priorities set out in the Plan by committing to continuing to prioritise improved children and young people's emotional wellbeing

and mental health, both within their own organisations, and as a wider Health and Wellbeing Partnership.

3. Background

- 3.1 The Royal Borough of Kensington and Chelsea, Westminster City Council, West London Clinical Commissioning Group and Central London Clinical Commissioning Group collectively share the ambition of all children and young people in our boroughs having good emotional wellbeing and mental health. We believe that being mentally healthy is a core foundational need for children and young people to thrive and live happy and fulfilling lives.
- 3.2 Our shared vision for the emotional wellbeing and mental health of children and young people aligns with the strategic priorities of our Health and Wellbeing Board in Westminster to 'improve mental health outcomes through prevention and self-management' and in Kensington and Chelsea to 'support good mental health for all'. Our vision is also reflected in our Local Area Children and Young People's Mental Health and Wellbeing Strategy and Transformation Plans.
- 3.3 Nationally we are seeing an increasing focus on this area of need, accompanied by ambitious central government aspirations. Most notably, the NHS Long Term Plan sets out the intention that meeting people's mental health needs will be treated as importantly as meeting their physical health needs (parity of esteem). This will be achieved through a range of measures including a ringfenced local investment fund worth £2.3bn a year by 2023/24, a comprehensive offer for children and young people which will reach across children and young people and adult services up to the age of 25 and aims to identify and treat mental ill health at the earliest possible point, and significantly more children and young people accessing timely and appropriate mental health care. Most ambitiously of all, the Long Term Plan commits to ensuring that 100 per cent of children and young people who need specialist care are able to access it in the coming decade.
- 3.4 This Plan is intended to be a practical document that sets out our shared ambition, current provision and key next steps to improve our offer over the next 18 months. It focuses on children and young person emotional wellbeing and mental health need in the 'coping' Thrive category and above.
- 3.5 Looking firstly at the prevalence of mental ill-health in children and young people, we know that nationally prevalence of diagnosable mental health conditions is high and continuing to rise. Overall 1 in 8 (12.8 per cent) of children and young people aged between five and 19 have a mental disorder. This equates to over 3 children

in every classroom of 30. In the cohort aged 17 to 19 the prevalence of poor mental health is as high as one in six. This shows us the scale of the challenge we are facing.

- 3.6 Looking next at when mental health issues emerge and when people get help, we know that half of all mental health issues emerge before the age of 14 and three quarters by age 25. We also know that 10 years is the average delay between a young person first showing symptoms of mental ill health and getting help. This shows us the importance of prevention and early intervention and of actively challenging the prevailing stigma currently attached to poor mental health.
- 3.7 The impact of poor mental health in children and young people manifests itself in various ways. These include one in five young women and one in 13 young men aged 16 to 24 self-harming and suicide being the most common cause of death for people aged five to 19. The financial cost of the total impact of all age mental ill health across England currently stands at £105 billion per year.
- 3.8 When we look at the local picture, we know that an estimated 2,137 children and young people from Kensington and Chelsea and 3,416 children and young people from Westminster will have a mental, emotional or behavioural disorder at any given time. It is important to note that these figures do not include all of the children and young people locally who are struggling with their mental health, but who are below the diagnosable mental health condition threshold. Locally we meet our NHS England access targets.
- 3.9 Locally, some of our strengths include our enhanced school and community based emotional wellbeing and mental health offer for children and young people impacted by the Grenfell Tragedy, as part of the ongoing recovery in the North Kensington community. Our prevention and early intervention offer in schools, childrens centres, early help hubs and GP practices continues to evolve and strengthen – including through us successfully bringing Trailblazer Mental Health Support Teams to the majority of the schools in the Bi-borough. Having heard from young people that they are keen to access support through various different mediums we have extended the availability of our online counselling and emotional wellbeing support service (Kooth) to young adults aged 25. Another local strength is emotional wellbeing and mental health support embedded in our wider partnership service offer – those services that are not exclusively focused on emotional wellbeing and mental health but provide support focused on this as part of their wider offer. Examples include the Systemic Practice approach being delivered in Family Services and the support available to children, young people and families in both Early Help Services.

- 3.10 Locally, some of our current areas for development and gaps in provision include our offer relating to children and young people from birth to age four and aged 18 to 25. In addition, we need to increase the productivity of the existing CAMHS workforce to support children and young people to get better access and more rapid treatment.
- 3.11 We recognise that how well we work as a partnership will have a significant bearing on how successfully we deliver against our vision, as stated in the Plan, that our children and young people have good mental health, are thriving and resilient, and when they need support, help and treatment they are able to easily access excellent services in the right place and at the right time. This is because children and young people's emotional wellbeing and mental health is influenced by so many factors and impacts in so many areas, it doesn't abide by or align with service or organisational boundaries.
- 3.12 We will continue to foster a shared sense of responsibility and work together towards shared outcomes in this crucial area, making the best possible use of the collective resources that we have. We ask that the Board assist us in this aim by playing a key role in continuing to drive this crucial agenda at a strategic partnership level.

4. Options / Considerations

- 4.1 The Health and Wellbeing Board is asked to consider and commit to supporting the delivery of the vision for children and young people's emotional wellbeing and mental health in the Bi-borough, as set out in the Plan:
- 4.2 Our vision is that our children and young people have good mental health, are thriving and resilient, and when they need support, help and treatment they are able to easily access excellent services in the right place and at the right time.
- 4.3 The Health and Wellbeing Board is asked to consider and commit to supporting the delivery of our objectives, as set out in the Plan:
- Putting the needs of children and young people at the heart of our commissioning and provision
 - Ensuring mental health and wellbeing is everyone's business through training, workforce development and by embedding mental health services across our local provision and in our communities
 - Reducing the stigma around mental health for children and young people
 - Moving mental health towards parity of esteem with physical health through increased investment in children and young person EWMH

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

4.4 The Health and Wellbeing Board is asked to consider and commit to supporting the delivery of our Joint Strategic Priorities, as set out in the Plan:

1. Our early intervention offer
2. Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy
3. Our 18-25 year old offer
4. Our more vulnerable groups offer
5. Increasing our productivity and reducing our waiting times in our existing CAMHS services
6. Our crisis support offer

4.5 The Health and Wellbeing Board is asked to approve the Plan and agree to its publication following this meeting.

5. Legal Implications

5.1 There are no legal implications.

6. Financial Implications

6.1 There are no financial implications.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Jonathan Daly – Bi-borough Childrens Commissioner

Email: Jonathan.daly@rbkc.gov.uk

Telephone: 07739317012

APPENDICES:

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

BACKGROUND PAPERS:

Health and Wellbeing Strategy for Westminster, 2017-2022:
<https://www.westminster.gov.uk/sites/www.westminster.gov.uk/files/uploads/joint-he.pdf>

Kensington and Chelsea Joint Health and Wellbeing Strategy 2016-2021:
https://www.rbkc.gov.uk/sites/default/files/atoms/files/Kensington%20and%20Chelsea%20Joint%20Health%20and%20Wellbeing%20Strategy%202016-21_.pdf

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

2019 – 2020

Contents

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

Development of this Plan

Plan authors:

- Jonathan Daly (Children's Commissioner, Bi-Borough) Jonathan.daly@rbkc.gov.uk
- Simon Brauner-Cave (Children's Commissioner, Central London CCG) Simon.brauner-cave@nhs.net

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

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

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

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

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

Introduction

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

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

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

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

Our vision of good mental health and excellent services for all

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Local area needs assessment – Quantitative data and qualitative feedback

Information on need

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

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

Nationally

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

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

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

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

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

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

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

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

In addition, we know that:

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

Locally

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

Prevalence and socio-demographic factors²⁵

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

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

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

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

²⁰ Centre for Mental Health: Missed Opportunities report

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

²² Public Health England: Health Profile for England 2017

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

²⁴ MHFA England Impact Report 18/19

²⁵ Taken from:

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

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

Prevalence and risk factors²⁶

Prevalence

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

Risk factors

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

Child level

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

Family

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

²⁶Taken from:

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

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

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

School

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

Community

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

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

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

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

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

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

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

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

Through the recent consultation as part of the RBKC Youth Review³²

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

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

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

Through consultation as part of the development of this Plan

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

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

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

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

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

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

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

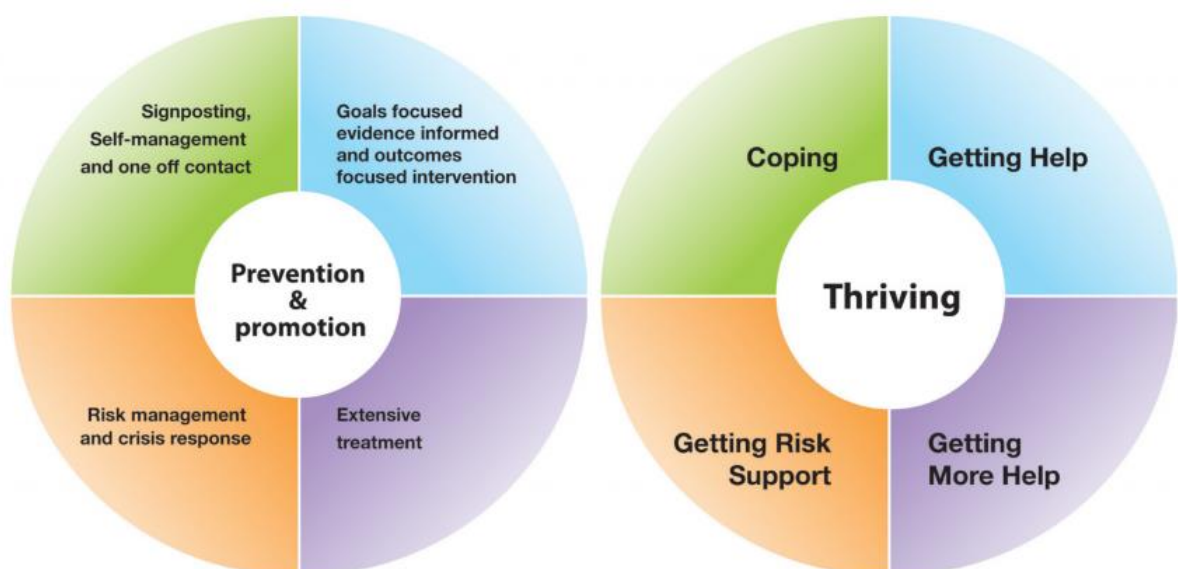
The Thrive model

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

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

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

The Thrive model looks like:



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

Our journey so far

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

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

Our recent areas of progress include:

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

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

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

Where we are now

The national context

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

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

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

Our current offer

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

CCG and Bi-Borough EWMH service budgets

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

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

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

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

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

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

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

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

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

Prevention and early intervention services focused on low to moderate need

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

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

Specialist CAMHS services focused on severe and complex need

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

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

Crisis and risk management support for children and young people

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

An enhanced offer for our more vulnerable groups

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

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

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

Examples of EWMH embedded in our wider partnership³⁸

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

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

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

Bi-Borough

Systemic Practice

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

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

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

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

The Education Psychology Service

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

The work of the borough's EPs includes:

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

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

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

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

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

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

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

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

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

The School Health Service

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

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

Pre-Birth to 5 Pathway Redesign

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

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

Young People's Health and Wellbeing Service

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

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

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

West London Zone

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

In Westminster

Early Help

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

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

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

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

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

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

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

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

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

The youth offer

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

The Young Westminster Foundation

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

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

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

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

In Kensington and Chelsea

Early Help

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

In RBKC our family hubs will:

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

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

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

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

Childrens Social Care

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

The youth offer

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

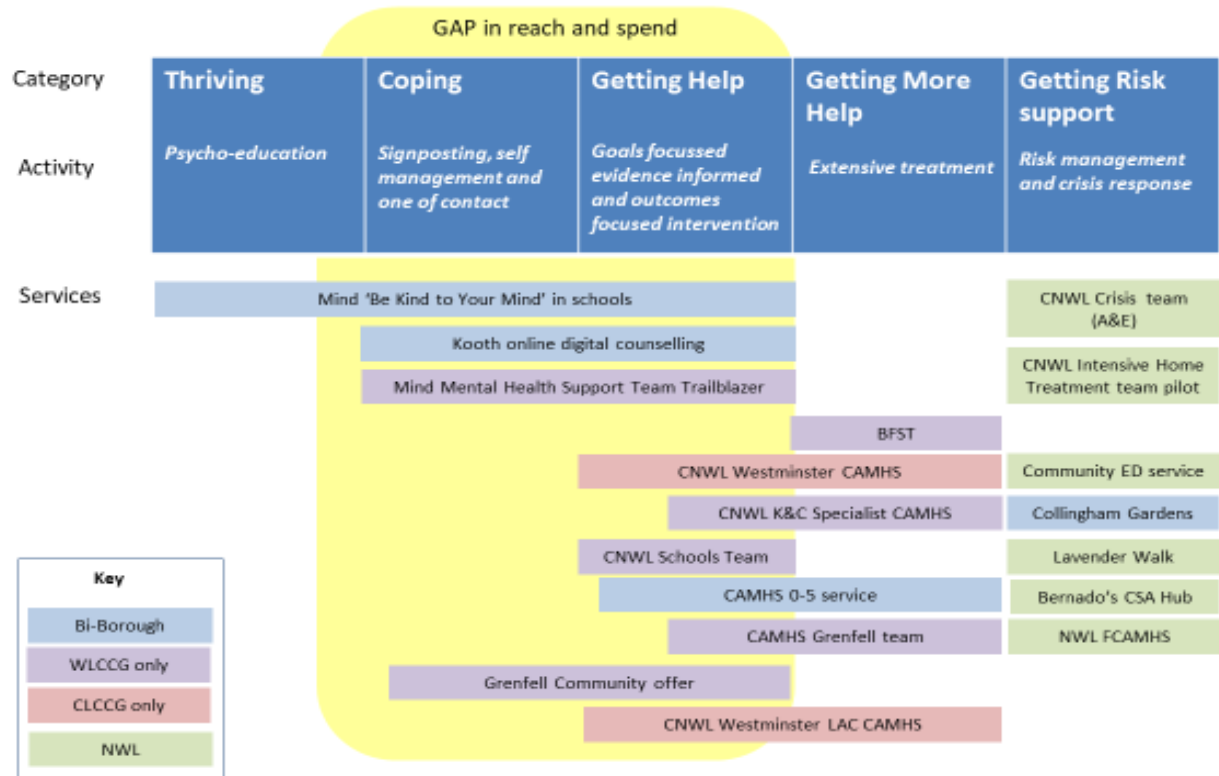
The implementation of the RBKC Youth Strategy will also see the development of Youth Networks to encourage local youth providers to collaborate and share best practice, training, and resources. Particularly in relation to staff capacity and training to support young people to live happy healthy lives,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

Overall analysis of the strengths and gaps in the current offer

Specific services funded through the LA and CCG Commissioning CAMHS budgets

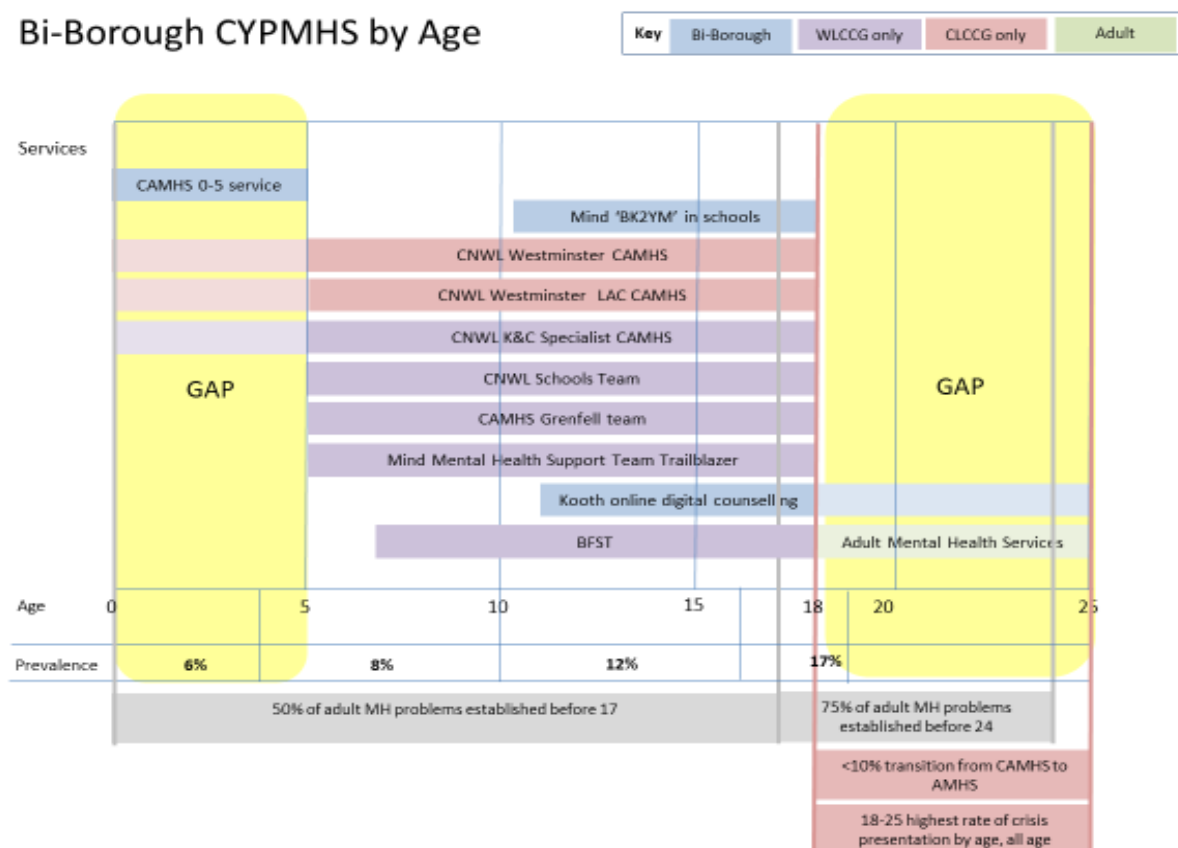
When we look at our commissioned EWMH offer by Thrive category we can see that the majority of the services offered are focused on children and young people who getting more help and getting risk support. It shows a gap in our current service offer relating to the children and young people who require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

Bi-Borough CYPMHS by Thrive Category



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

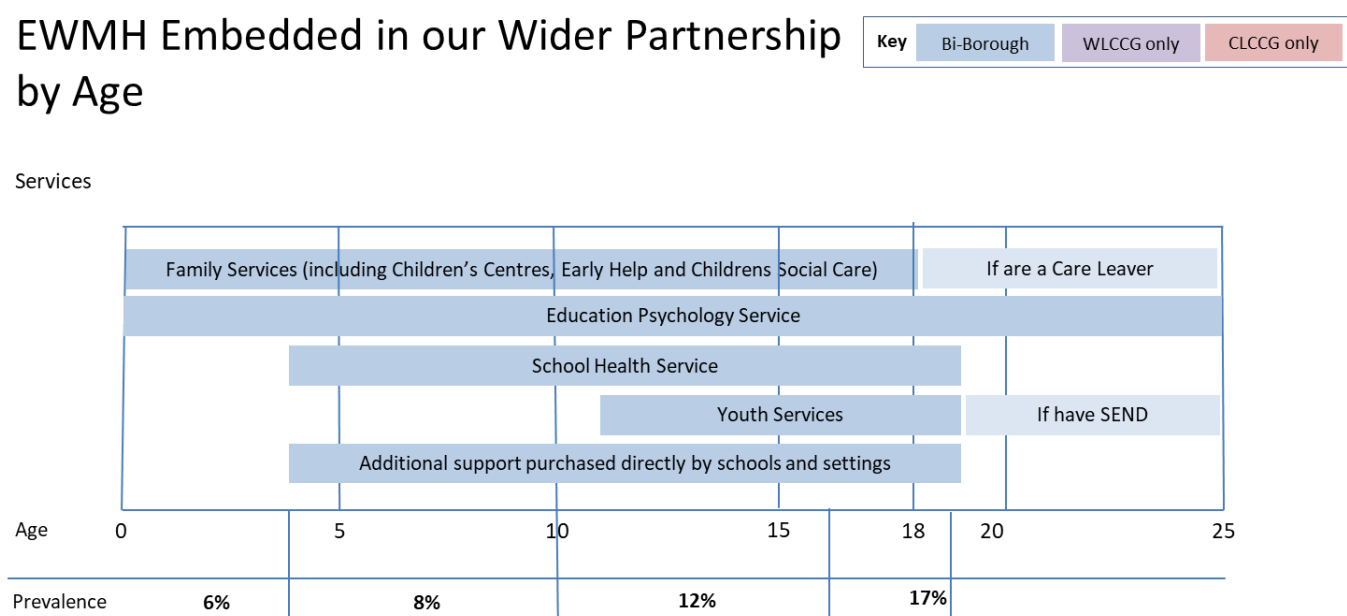
Bi-Borough CYPMHS by Age



The wider partnership offer

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

EWMH Embedded in our Wider Partnership by Age




Our Joint Strategic Priorities



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

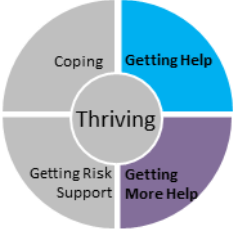
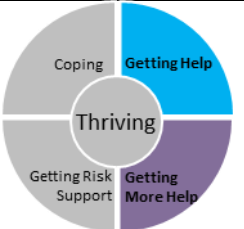
The Joint Strategy Priorities are described in summary below are relatively high level. Each workstream will address the different needs, conditions and the resulting service offer required and support provided for each cohort separately and in-depth. This is particularly the case with our more vulnerable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

Strategic Action Plan

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

		<p>50% of adult mental health problems established before age 14</p> <p>75% of adult mental health problems established before age 25</p> <p>The Government economic case for early intervention measures in the Green Paper suggests a 500% net return from early intervention spend</p>	<p>Our wider community offer – The delivery of an enhanced community-based offer (in addition to our school-based support) including that delivered through provision based in GPs, Early Help services, youth provision etc.</p>	<p>Supporting schools who are not part of the Trailblazer Programme to deliver an enhanced whole school approach to EWMH</p> <p>An increased understanding and improved approach to school staff EWMH</p> <p>A significant proportion of staff working with YP trained in Youth Mental Health First Aid training</p> <p>Explore the development of a MH awareness raising offer for young people</p> <p>Increased CAMHS provision based in WCC Family Hubs</p> <p>EWMH focus built in to a wider range of non-CAMHS focused services e.g. delivery of our universal and targeted youth services in both boroughs</p> <p>Better understanding the support needs of parents and siblings who are supporting young people with poor mental health and of young carers</p> <p>Further promotion of Kooth in schools and colleges and a renewed focus on year 6 pupils and GPs</p>
--	--	---	--	---

				Improved overall communication and promotion of the available EWMH offer – including through the Local Offer website
Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy		The Tragedy has and will continue to have a significant impact on the EWMH of those affected by it	Effective support for children and young people impacted by the Grenfell Tragedy, delivered through the NHS and voluntary sector providers	<p>Continue to strengthen alignment between the LA and CCG funded EWMH offer</p> <p>More widely share the learning around culturally appropriate/accessible EWMH services</p> <p>Plan effectively for the medium to long term EWMH impacts of trauma</p>
Our 18-25 year old offer		<p>Whilst there is some provision via Kooth there remains a treatment gap for 18-25 year olds with MH needs who are no longer eligible for CAMHS but are ineligible for AMHS</p> <p>The majority of CYP with a mental health need will not have previously accessed treatment</p> <p>The 18-25 cohort present in crisis more than any other age group</p>	Effective provision for 18-25 year olds – A focus on more effective transitions from Children's to Adult's MH services and access to adult services for those who currently have a MH need, as well as considering how we can provide additional EWMH support for young adults aged 18-25	<p>Where funding is available and its appropriate look at options for extending our provision to 18-25 year olds to address the access gap</p> <p>Ensure that clear transition expectations and pathways are built into all relevant service models and specifications</p> <p>Better understand how effective our current approach to transition is and develop options for an enhanced 18-25 years old EWMH offer</p>

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

Our crisis support offer		A proportion of CYP will need urgent and effective crisis support	Moving from crisis support in acute settings to home based treatment and a crisis line	Continue to build on recent LA/NHS meetings on crisis triage line with WLT Planning with CNWL about enhanced crisis support offer
---------------------------------	--	---	--	--

*An Action Plan is in development aligned to this, which will set out what needs to happen in more detail and the associated timescales

Key themes

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

Collaboration and coproduction

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

Communication

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

Coordination

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

The significance and impact of parental poor mental health

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

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

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

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

Annual Report of the Director of Public Health 2017-18⁴⁰

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

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

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

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

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

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

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

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

The RBKC Youth Review⁴²

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

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

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

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

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

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

Appendix 2 – EWMH service budgets

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

CCG and Bi-Borough EWMH service budgets

Westminster

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

*LA funding from Public Health

Kensington and Chelsea

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

Appendix 3 – EWMH commissioned service offer

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



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

Prevention and early intervention services focused on low to moderate need



Mind West London Mental Health Support Team

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

Needs, approach, support and treatment

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

Eligibility criteria and referrals

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

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

Contact

Address:

309 Lillie Rd, Fulham, London, SW6 7LL

Email: nana.owusu@hfmind.org.uk

Kooth – Online counselling service

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

Needs, approach, support and treatment

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

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

Eligibility criteria and referrals

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

Contact

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

Specialist CAMHS services focused on severe and complex need



CNWL Kensington & Chelsea CAMHS

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

Needs, approach and treatments

The type of difficulties dealt with by the teams includes:

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

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

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

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

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

Eligibility criteria and referrals

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

Contact

Address:

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

Telephone: 020 3317 3599

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

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

Behavioural & Family Support Team (BFST)

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

Needs, approach and treatments

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

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

Eligibility criteria and referrals

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

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

Contact

Address:

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

Telephone: 020 7598 4911

Crisis and risk management support for children and young people



CNWL Community Eating Disorders Service for Children and Young People

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

Needs, approach and treatments

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

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

Eligibility criteria and referrals

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

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

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

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

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

Contact

Address:

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

Telephone: 020 3315 3369

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



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

Prevention and early intervention services focused on low to moderate need



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

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

Needs, approach, support and treatment

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

Eligibility criteria and referrals

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

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

Contact

Email: ncalovska@bwwmind.org.uk

Telephone: 020 7259 8122

Kooth – Online counselling service

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

Needs, approach, support and treatment

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

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

Eligibility criteria and referrals

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

Contact

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

Specialist CAMHS services focused on severe and complex need



CNWL Westminster CAMHS

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

Needs, approach and treatments

The type of difficulties dealt with by the teams includes:

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

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

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

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

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

Eligibility criteria and referrals

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

Contact

Address:

7a Woodfield Road
London, W9 2NW
United Kingdom

Telephone: 020 3317 5999

Email: westminstercamhs.cnwl@nhs.net

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

Crisis and risk management support for children and young people



CNWL Community Eating Disorders Service for Children and Young People

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

Needs, approach and treatments

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

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

Eligibility criteria and referrals

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

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

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

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

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

Contact

Address:

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

Telephone: 020 3315 3369

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



This page is intentionally left blank

Adult Social Care Bi-Borough Winter Plan – 2019/20

LOCAL AUTHORITY	ESTIMATED COST
Westminster City Council (WCC)	£1,323,159
Royal Borough of Kensington and Chelsea (RBKC)	£866,806

SCHEMES / SERVICES	RESPONSIBLE TEAM	SYSTEM SUPPORT	PRIMARY OUTCOME	COST	DURATION
ADDITIONAL REABLEMENT CAPACITY	Strategic commissioning	3 providers have been identified to provide additional capacity throughout the winter period, for both WCC and RBKC. This is in addition to the current service arrangements	<ul style="list-style-type: none"> To support timely discharges Avoid admissions 	Hourly rate: £17.75	Initially for 6 months to measure demand If required, this will turn into BAU
				RBKC: £256,200	
				WCC: £580,900	
D2A PATHWAY 3 OVERNIGHT CARE	Strategic Commissioning CIS	This is to enable patients who need 24/7 care to go home with an intensive care package for 7 days, to be assessed at home. Aim is to reduce admission to care homes directly from hospitals and give people opportunity to remain at home as independently as possible.	<ul style="list-style-type: none"> To support timely discharges 	RBKC: £100,000	
				WCC: £100,000	

ADDITIONAL HOME CARE CAPACITY	Strategic Commissioning	To avoid gap in the service additional home care capacity is secured with the current providers	<ul style="list-style-type: none"> To support timely discharges Avoid admissions 	RBKC: £400,000	
				WCC: £600,000	
STEP DOWN NURSING BEDS	Strategic Commissioning	Additional 8 nursing beds for those with behavioural problems who are not suitable for Farm Lane. (7 days a week admission)	<ul style="list-style-type: none"> To support timely discharges 	£TBC	
STEP DOWN RESIDENTIAL BEDS	Strategic Commissioning	Additional 3 beds blocked + 2 bed spot added to current 10 step down beds to enable timely and safe discharges for those with dementia as well as some behavioural problems. (7 day admissions)	<ul style="list-style-type: none"> To support timely discharges 	3 homes identified at a cost of £850 pw per bed	
BEDDED REABLEMENT (For RBKC only)	Strategic Commissioning	Currently there is 1 flat used to reable patients after a period of hospitalisation. We are adding 2 more flats to give opportunity to more patients to gain independence before returning home	<ul style="list-style-type: none"> To support timely discharges 	£42,000 – One off refurbishment cost	
	CIS – RBKC Octavia Housing			Additional costs: <ul style="list-style-type: none"> Daily support plan costs as and when occupied Weekly rental Utilities 	
STEP DOWN MH BED CAPACITY	Strategic Commissioning	4 crisis beds secured in the new MH supported accommodation beds, Beds are currently available	<ul style="list-style-type: none"> To support timely discharges 	£TBC	

	Housing	(7 days a week admission)	<ul style="list-style-type: none"> Avoid admissions 		
STAFFING	TEAM	SYSTEM SUPPORT	PRIMARY OUTCOME	COST	DURATION
3 SWs for D2A	Hospital SW Teams – RBKC - WCC	To support timely and safe discharges	<ul style="list-style-type: none"> To support timely discharges 	£30ph - 36 hours per week	6 months
2 OTs to support D2A	Community Independence Service (CIS)	OTs will ensure the home environment is safe and equipment in place for timely and safe discharges – they will set goals for reablement	<ul style="list-style-type: none"> To support timely discharges Avoid admissions Ensure patients gain independence 	£110,000	6 months
1 SW FOR STEP DOWN 1 OT for STEP DOWN BEDS	Hospital SW Team	This is to add to already existing 3 SWs (+1team manager) to manage patient flow in the additional winter Step Down provision	<ul style="list-style-type: none"> To support timely discharges 	£110,000	8 months
1 SW FOR RBKC REABLEMENT TEAM	CIS RBKC	To increase SW assessment capacity for complex patients / safeguarding / Mental Capacity assessments in the team throughout the winter period	<ul style="list-style-type: none"> To support timely discharges Avoid A&E admissions 	£55,000	8 months

2 INDEPENDENT LIVING ASSESORS FOR THE REABLEMENT TEAM	CIS RBKC	Add goal setting and review capacity to the service to move patients on within 6 weeks of receiving reablement to avoid delays	<ul style="list-style-type: none"> To support timely discharges 	£110,000	8 months
	CIS WCC				
1 ADDITIONAL OT FOR THE WCC REABLEMENT TEAM	CIS RBKC	To work on double handed packages after hospital discharge to increase patients ability to become independent – provide equipment and adaptations for patients to remain at home	<ul style="list-style-type: none"> Avoid admissions 	£55,000	6 months
1 ILA FOR ST MARY'S – HOME RESETTLEMENT WORK	WCC - St Marys HSWT	This aims to add capacity to the current team capacity of 13 Qualified SWs + 2 TMs Additional unqualified capacity to deal with low level needs, for holistic support around home settlement, benefits, housing repairs, community inclusion etc	<ul style="list-style-type: none"> Avoid admissions 	£40,000	8 months