



Primary Care and Early Help Children and Young People's Mental Health Compendium

September 2018

Transforming London's health and care together

About Healthy London Partnership

Our aim is to make London the healthiest global city by working with partners to improve Londoners' health and wellbeing so everyone can live healthier lives.

Our partners the NHS in London (Clinical Commissioning Groups, Health Education England, NHS England, NHS Digital, NHS Improvement, trusts and providers), the Greater London Authority, the Mayor of London, Public Health England and London Councils.

All our work is founded on common goals set out in [Better Health for London](#), [NHS Five Year Forward View](#) and the [Devolution Agreement](#).

About this document

Healthy London Partnership (HLP) has worked with UCLPartners to develop evidence-based good practice summary guidance for children and young people's (CYP) mental health care in primary care.

There are two parts to this work:

1) A summary of a review of the literature, undertaken by UCL Partners.

Fifty-one primary studies, six reviews, and one tool were included in this review. Thirty-eight of included primary studies describe service delivery or organisation models, pathways or commissioning with or without an evaluation, commissioning with or without an evaluation.

2) Primary Care and Early Help CYP Mental Health Compendium (this document)

During spring 2018 the HLP CYP Programme collected good practice examples of how primary care/early help enhances the care for CYP with mental health problems. We asked contacts in London and across England to tell us, via a survey, about models that were effective, innovative and supported by evaluation data. Our aim is to share this good practice to support improvement.

Included in this compendium is a one page summary of each model that was submitted. You will find summary information of the type of service and contact details should you wish to understand more or gain greater detail.

As you will see, all of the models submitted have a strong focus on integrated working across the local system, reducing fragmentation and gaps, facilitating easy access and clear pathways.

We are very grateful to everyone who took the time to tell us about the excellent work that they are doing in their areas.

If following review of this compendium you would like your service or model to be included in future revised versions of this compendium please contact andy.martin3@nhs.net.

THRIVE is a conceptual framework of delivering access to CYP Mental Health support without the use of the familiar tiers of service, which we know can result in blocks and barriers between parts of a system pathway. **i-THRIVE** describe the approach to implementation across the country, including several areas in London.

Contact / Service Details:	
Webpage	www.implementingthrive.org
Email	a.moore@ucl.ac.uk (Anna Moore, i-THRIVE Evaluation Lead)
Geographical area covered	UK
Provider details (Including NHS, voluntary or community)	Community of Practice (COP) includes NHS, LA, voluntary & schools
Commissioned by (e.g. LA, CCG, jointly commissioned)	Mixed
Description of Team / Service:	
What is delivered and how?	We support the implementation of the THRIVE conceptual framework (Wolpert et al). Our approach to implementation helps sites to translate these concepts into models of care for CYP that balance fidelity to the THRIVE framework with local needs, using an evidence based approach to implementation.
What makes the team / service an example of positive practice?	Our approach to sharing learning using a community of practice model, evidence based approach to implementation, emphasis on whole system, needs led, person centred approach.
Evidence to support this	Case studies, on-going national evaluation data and COP knowledge database.
Members of the Team	Clinical Psychologists, Psychiatrist, Research and project management staff.
CYP / family involvement:	
Person centred holistic care	Yes
Support for family and carers	Yes
Co-design and service development	Yes
Provide peer support	Yes
Effective transition processes:	
Step up and step down processes with mental health services (including with third sector, LA, schools)	When implemented, the model is without tiers
Transition planning and management	Yes
Ability to have a named key worker	Yes
Collaborative intra / inter-agency working and information sharing. Does the model demonstrate:	
Management of complex cases (for example, with social care and specialist mental health services)	Yes
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	Yes
Increased access:	
Flexible service delivery (for example, evening and weekend appointments)	Yes
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	Yes
Integrated physical and mental health care	Yes
Crisis	Yes
Demonstrating impact:	
Has an evaluation of the model of care been undertaken?	Partially
Is an evaluation report available to share?	No
How has the impact of the model of care being delivered been assessed?	An evaluation of CAMHS transformation is currently being undertaken, in particular the i-THRIVE approach. This project is funded by North Thames CLAHRC (NIHR) and includes 10 THRIVE sites and 10 non-THRIVE sites which are based across England. The design is mixed methods and includes collaboration with NHS Benchmarking. We are exploring: Does THRIVE lead to improvement in outcomes in CYP mental health services? Which elements of the service lead to improvements? Who benefits from THRIVE, and what are the consequences for equity? What approaches to implementation have been employed by sites? Is more effective implementation associated with better outcomes, or a more 'THRIVE-like' service? Is i-THRIVE associated with better implementation? What are the barriers and facilitators to implementation? What resources are required? Reports will be available in March 2019 and interim data will be available prior to this.
What measures have been put in place to help assess the impact?	
Use of online and digital platforms:	
Online booking	Yes
Online step up / step down referrals	Partially
Phone and Skype appointments	Yes
Services information, helplines and online chat	Yes
Facebook page, apps, online forums	Yes
Additional support for service users:	
Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	Yes

The Well Centre in Lambeth provides access to wide range of mental health, health and wellbeing care for young people, all delivered under one roof at a GP practice.

Contact / Service details:		
Webpage	www.thewellcentre.org	
Email	andrew.eadie@thewellcentre.org (Andrew Eadie – Service Manager)	
Geographical area covered	Lambeth (and surrounding areas)	
Funding Source	Lambeth CCG & BBC Children In Need.	
Provider details (Including NHS, voluntary or community)	Redthread Youth Ltd & Herne Hill Group Practice	
Description of Team / Service:		
What is delivered and how?	A holistic health and wellbeing service supporting young people.	
What makes the team/service an example of positive practice?	We have a multi-disciplinary team that brings together youth workers, GPs and a psychiatric nurse under one roof.	
Evidence to support this	We have carried out an external evaluation and won a number of awards.	
Members of the Team	GP, Mental Health Nurse and Youth Workers	
CYP and family involvement:		
Person centred holistic care	Yes	
Support for family and carers	Partially	
Co-design and service development	Yes	
Provide peer support	Yes	
Effective transition processes:		
Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes	
Transition planning and management	Yes	
Ability to have a named key worker	Yes	
Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:		
Management of complex cases (for example, with social care and specialist mental health services)	Yes	
Work in schools and other universal services	Yes	
Links with voluntary sector services	Yes	
Joint working with paediatric services	Yes	
Increased access:		
Flexible service delivery (for example, evening and weekend appointments)	Partially	
CYP friendly service delivery	Yes	
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	Partially	
Integrated physical and mental health care	Yes	
Crisis	No	
Demonstrating impact:		
Has an evaluation of the model of care been undertaken?	Yes	
Is an evaluation report available to share?	No	
How has the impact of the model of care being delivered been assessed?	We have developed a (registration) monitoring form that uses a mix of bespoke outcome measures alongside validated measures such as the Child Outcomes Rating Scale and the Cantril Self-Anchoring Scale. Additional measures are used for our counselling service, including RCADS and PHQ-9.	
What measures have been put in place to help assess the impact?	An external evaluation of our service was completed in 2013 by London South Bank University.	
Use of online and digital platforms:		
Online booking	No	
Online step up / step down referrals	No	
Phone and Skype appointments	No	
Services information, helplines and online chat	Partially	
Facebook page, apps, online forums	Partially	
Extra comments	Our website contains a "Useful Contacts" page with links to a range of other services. We also have a Facebook page and a Twitter account, although the latter is aimed more at professionals.	
Additional support for service users:		
Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	Yes	

The Andy Research Clinic (University of Reading) is delivered in schools and clinics. It provides time limited, evidence-based treatments for anxiety and depression. All CYP in school are screened.

Contact / Service Details:

Webpage	https://andyresearchclinic.com/
Email	s.a.reynolds@reading.ac.uk (Shirley Reynolds – Professor)
Service provided	Targeted treatment for anxiety and depression
Geographical area covered	Berkshire
Size of population covered (all-age)	600,000
Funding Source	Various – CCG, charity, University of Reading
Provider details (Including NHS, voluntary or community and other partners)	University clinic
Commissioned by (e.g. LA, CCG, jointly commissioned)	Combined (some CCG)

Description of Team / Service:

What is delivered and how?	Targeted, time-limited evidence based treatment for anxiety and depression in schools / clinic.
What makes the team/service an example of positive practice?	Excellent collaboration with schools and NHS CAMHS, 100% ROMs, evidence based treatments, research informed and CYP IAPT compliant.
Evidence to support this	ROMs from all CYP/carers and patient feedback.
Members of the Team	Clinical Psychologists, Qualified Psychological Wellbeing Practitioners (PWPs - Adult) and trainee CYP PWPs.

CYP and family involvement:

Person centred holistic care	Yes
Support for family and carers	Yes
Co-design and service development	Yes
Provide peer support	Yes

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	Yes
Ability to have a named key worker	Yes

Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:

Management of complex cases (for example, with social care and specialist mental health services)	No
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	No

Further comments:	Work closely with other organisations to step up / step down.
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Increased access:

Flexible service delivery (for example, evening and weekend appointments)	No
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	No
Integrated physical and mental health care	No
Crisis	No

Further comments:	By being located in schools (as well as our clinic) and by screening all children increases access to treatment.
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Demonstrating impact:

Has an evaluation of the model of care been undertaken?	Yes
Is an evaluation report available to share?	Yes

How has the impact of the model of care being delivered been assessed?	60% of our completed cases have recovered (based on session by session ROMs) and a further 20% have significantly improved. 10% of cases have required further input from CAMHS (been stepped up).
What measures have been put in place to help assess the impact?	We use CYP IAPTUS as our data management system and report outcomes as well as activity levels to our commissioners (and internally).
Further comments:	Parents and young people are very positive about the care they receive at the clinic and in schools.

Use of online and digital platforms:

Online booking	No
Online step up / step down referrals	No
Phone and Skype appointments	Yes
Services information, helplines and online chat	No
Facebook page, apps, online forums	We are currently, piloting a 4 session intervention for sleep (2 face to face, 2 phone/ Skype) and are about to test the feasibility of internet based delivery of the parent delivered intervention 'Overcoming your child's fears and worries' for children (under 12) with anxiety disorder.

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	No
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Extra information:

The first year of the service has met the aims and offers an efficient way of meeting the needs of CYP with anxiety and depression promptly and effectively. The current main problem is identifying sustainable funding so that we can maintain and ideally extend the service (i.e. assess and treat many more CYP), improve their quality of life and reduce demand on NHS CAMHS.
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The **BU (Being Yourself)** programme is located in the North East of England, delivered mainly in schools but also other settings. It was developed with young people and aims to build resilience. It has received positive external evaluation.

Contact / Service Details:

Webpage	www.children-ne.org.uk
Email	lynn.renwick@children-ne.org.uk (Lynn Renwick – Service Manager – Young People)
Geographical area covered	North East
Funding Source	Can be bought in as a spot purchase
Provider details (Including NHS, voluntary or community and other partners)	Voluntary Sector
Commissioned by (e.g. LA, CCG, jointly commissioned)	Currently grant funded in Newcastle

Description of Team / Service:

What is delivered and how?	The BU Programme is a 6 week plus group intervention which aims to build young people's resilience to cope with the emotional challenges of everyday life and develop the foundations for positive mental health.
What makes the team/service an example of positive practice?	Developed in partnership with young people, it aims to address the widely identified need to enhance prevention and early intervention in the field of young people's mental health and overcome emotional barriers to learning.
Evidence to support this	Barefoot Research carried out external evaluation in 2011, young people and school staff feedback. My Star (The Outcomes Star) is used to measure impact.
Members of the Team	Family Therapist, Youth Worker, Mental Health Worker, Teachers

CYP and family involvement:

Person centred holistic care	Partially
Support for family and carers	Partially
Co-design and service development	Yes
Provide peer support	Partially

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Partially
Transition planning and management	Partially
Ability to have a named key worker	Yes

Collaborative intra and inter-agency working and information sharing. Does their model demonstrate:

Management of complex cases (for example, with social care and specialist mental health services)	Partially
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	No

Increased access:

Flexible service delivery (for example, evening and weekend appointments)	Partially
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	Partially
Integrated physical and mental health care	Partially
Crisis	No

Further comments: Mainly delivered in schools but the BU programme has been run in the community on evenings and weekends.

Demonstrating impact:

Has an evaluation of the model of care been undertaken?	Partially
Is an evaluation report available to share?	Yes - External evaluations carried out by Barefoot Research in 2011 and by North East Wellbeing in June 2017.
How has the impact of the model of care being delivered been assessed? What measures have been put in place to help assess the impact?	The project uses My star to evaluate individual impact and additional evaluations from teachers and young people.

Use of online and digital platforms:

Online booking	No
Online step up / step down referrals	Partially
Phone and Skype appointments	No
Services information, helplines and online chat	Partially
Facebook page, apps, online forums	No

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	Partially
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CAMHS West in Seisdon, South Staffordshire, provides accessible tier 2/3 services and support to schools for young people living in a rural community.

Contact / Service Details:

Email	Pippa.gray@nhs.net (Pippa Gray - Senior Primary Mental Health Worker/Play Therapist)
Geographical area covered	Seisdon Peninsula, South Staffordshire
Funding Source and provider details	NHS
Commissioned by (e.g. LA, CCG, jointly commissioned)	CCG

Description of Team /Service:

What is delivered and how?	Tier 2 early intervention and prevention services and tier 3 direct work.
What makes the team / service an example of positive practice?	The service is easily accessible to a rural community; quick response (weeks); very good working relationships with schools; wide range of training/workshops about mental health issues to staff and pupils by request.
Evidence to support this	Use of outcome measures and service user satisfaction questionnaires; feedback from training; initial and final measures taken for workshops (e.g. recent 6 week sandtray/story making and telling workshops with Year 3 pupils).
Members of the Team	Play Therapist, Allied Health Professionals and primary mental health worker - social work background. We are part of the wider CAMHS team located in Stafford and Cannock which includes a wider range of professionals to whom the team have access.

CYP and family involvement:

Person centred holistic care	Yes
Support for family and carers	Yes
Co-design and service development	Yes
Provide peer support	Partially
Comments / further Information	Service users and their parents are involved in care planning and recruitment.

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	Yes
Ability to have a named key worker	Yes

Collaborative intra and inter-agency working and information sharing. Does the model demonstration:

Management of complex cases (for example, with social care and specialist mental health services)	Yes
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	Yes

Increased access:

Flexible service delivery (for example, evening and weekend appointments)	Partially some late appointments are offered to meet the needs of working parents, and pupils who do not want to miss school.
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	No
Integrated physical and mental health care	Partially
Crisis	No

Demonstrating impact

Has an evaluation of the model of care been undertaken?	No
Is an evaluation report available to share?	No
How has the impact of the model of care being delivered been assessed?	Routine outcome measures, service user feedback, feedback forms after training and feedback sought from partner agencies (e.g. schools, local support team). Occasional self-designed surveys regarding satisfaction, outcome, need etc.
What measures have been put in place to help assess the impact?	

Use of online and digital platforms:

Online booking	No
Online step up / step down referrals	No
Phone and Skype appointments	Partially
Services information, helplines and online chat	Partially - web pages, online info; a list of helpful websites and helplines, self-help info and apps.
Facebook page, apps, online forums	Partially

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	No
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Peer Mentoring service in Newcastle, provided by Children North East. The service has achieved the National Mentoring and Befriending Approved Provider Standard and several other accreditations.

Contact /Service Details

Webpage	www.children-ne.org.uk
Email	lynn.renwick@children-ne.org.uk (Lynn Renwick / Service Manager – Young people)
Geographical area covered	Newcastle, South East Northumberland
Size of population covered (all-age)	Approximately 700,000
Funding Source	Local Authority and Grants
Provider details (Including NHS, voluntary or community and other partners)	Voluntary Sector
Commissioned by (e.g. LA, CCG, jointly commissioned)	LA and Grants

Description of Team / Service

What do is delivered and how?	Peer mentoring service for young people aged 11-18 years. Youth Link - Each young person is matched to a trained mentor a few years older, together they explore difficulties such as not getting on with parents, dealing with bullying and social isolation. The peer mentor will help the young person find solutions to these problems and create an action plan to evidence their progress and achievements.
What makes the team / service an example of positive practice?	The young people's needs are at the centre of the work. They set their own goals and the package of support is tailored to their individual needs.
Evidence to support this	The Youth Link project has achieved the National Mentoring and Befriending Approved Provider Standard and the young people's service has Investing in Volunteers, Investors in People, Investing in Children and You're Welcome accreditations.
Members of the Team	Youth Workers, Social Workers and Mental Health project workers. The Project is supported by the counselling and management team.

CYP and family involvement:

Person centred holistic care	Yes
Support for family and carers	Partially
Co-design and service development	Yes
Provide peer support	Yes

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	Yes
Ability to have a named key worker	Yes

Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:

Management of complex cases (for example, with social care and specialist mental health services)	Partially
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	No

Increased access:

Flexible service delivery (for example, evening and weekend appointments)	Yes
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	Partially
Integrated physical and mental health care	Yes
Crisis	No

Demonstrating impact:

Has an evaluation of the model of care been undertaken?	Partially
Is an evaluation report available to share?	Yes Barefoot Research externally evaluated Youth Link in 2013. Re-assessed for Approved Provider Standard in 2017.
How has the impact of the model of care being delivered been assessed? What measures have been put in place to help assess the impact?	Use outcomes star 'Youth Star' to measure individual impact. End of service evaluations from young person, parent/carer, referrer and volunteer mentor.

Use of online and digital platforms:

Online booking	Yes
Online step up / step down referrals	Partially
Phone and Skype appointments	Partially
Services information, helplines and online chat	Partially
Facebook page, apps, online forums	Partially

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	Partially
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The Adolescent Team in Islington (London) - Community CAMHS Service Whittington Health - provides a community link role for CYP with eating disorders. The aim is to support schools and primary care to recognise eating disorders early and to support step down back into the community after treatment.

Contact / Service Details:

Email	sheron.hosking@islington.gov.uk (Sheron Hosking – Head of Children's Commissioning)
Geographical area covered	Islington
Size of population covered (all-age)	42,000 CYP aged 0 – 18 years old
Funding Source	CYP mental health Local Transformation Plan
Provider details (Including NHS, voluntary or community and other partners)	Whittington Health Community CAMHS
Commissioned by (e.g. LA, CCG, jointly commissioned)	Islington CCG

Description of Team / Service:

What is delivered and how?	Eating disorder community specialism based within Adolescent Outreach Team.
What makes the team / service an example of positive practice?	Supports step down from specialist services (including Tier 4) back into community CAMHS. Link into universal services, schools and primary care to support early identification and timely onward referral. Training days made available by the Trust.
Evidence to support this	At present it's too early to state as it is a relatively new post.
Members of the Team	Mental Health Nurse

CYP and family involvement:

Person centred holistic care	Yes
Support for family and carers	Yes
Co-design and service development	No
Provide peer support	No

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	Yes
Ability to have a named key worker	Yes

Further comments:	This role also supports transition back into education or into adult services
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Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:

Management of complex cases (for example, with social care and specialist mental health services)	Yes
Work in schools and other universal services	Yes
Links with voluntary sector services	Not known
Joint working with paediatric services	Yes
Further comments	This role works across a range of key settings essentially following and supporting the CYP through their journey using a flexible assertive outreach model.

CYP friendly service delivery	Yes
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Demonstrating impact:

Has an evaluation of the model of care been undertaken?	New post
Is an evaluation report available to share?	Not yet
How has the impact of the model of care being delivered been assessed?	Timeliness of referrals into specialist services from primary care and schools.
What measures have been put in place to help assess the impact?	

Use of online and digital platforms:

Online booking	Not at this stage
Online step up / step down referrals	Not at this stage
Phone and Skype appointments	Not at this stage
Services information, helplines and online chat	Not at this stage
Facebook page, apps, online forums	Not at this stage

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	No
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Extra information:

This post is an additional function located within our CAMHS adolescent outreach team commissioned by Islington CCG for CYP mental health Local Transformation Plan funds to enhance our community eating disorder pathway and link services from universal through to targeted and specialist.

This **Single Point of Access in Croydon (London)** is an example of integrated provision by the NHS, third sector and Local Authority. It is manned by a range of professionals from a range of services.

Contact / Service Details

Webpage	www.croydonccg.nhs.uk/your-health/mental-health/Pages/Child-and-Adolescent-Mental-Health-Services.aspx
Email	lyndsey.hogg@swlondon.nhs.uk (Lyndsey Hogg - CAMHS Redesign Pathways Manager)
Geographical area covered	London Borough of Croydon
Size of population covered (all-age)	381,000 - Approximately 84,000 young people under 15 years old
Funding Source	Integrated CCG / LA
Provider details (Including NHS, voluntary or community and other partners)	NHS, voluntary and local authority
Commissioned by (e.g. LA, CCG, jointly commissioned)	Clinical Commissioning Group

Description of Team / Service

What this delivered and how?	Emotional Wellbeing & Mental Health Services (CYP) SPoA (embedded within CAMHS).
What makes the team / service an example of positive practice	Strong joint working, collaborative shared decision making and understanding of thresholds, with robust IG agreement in place to support sharing of information to ensure CYP are offered the right help in a timely way.
Evidence to support this	Regular reviews held by CCG, feedback from other allied services and positive roll out of SPoA from initial 2 pilot areas to borough wide. Ensures no referral is declined which would have previously been the case.
Members of the Team	Psychiatrist, Therapists, Allied Health Professionals, Other trained therapist or counsellor. Service is attended by counselling leads from voluntary sector organisations, clinical psychiatry lead from NHS CAMHS, lead Early Help manager from local authority - with data and admin support.

CYP and family involvement:

Person centred holistic care	Yes
Support for family and carers	Yes
Co-design and service development	Partially
Provide peer support	Yes

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	Partially
Ability to have a named key worker	Partially

Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:

Management of complex cases (for example, with social care and specialist mental health services)	Yes, also work with paediatric services as required
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	Partially

Increased access:

Flexible service delivery (for example, evening and weekend appointments)	Yes
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	Yes
Integrated physical and mental health care	Partially
Crisis	Yes

Further comments The SPoA is the front door to a continuum of services - part of a referral route and pathway designed to ensure all CYP are responded to appropriately and in a timely way depending on presenting need.

Demonstrating impact:

Has an evaluation of the model of care been undertaken?	Partially
Is an evaluation report available to share?	No
How has the impact of the model of care being delivered been assessed?	Data is regularly monitored including flow of referrals through the SPoA - uptake into separate various providers, CYPIAPT monitoring outcomes and experience data and tracking outcomes re. end of care.
What measures have been put in place to help assess the impact?	
Further comments	Service is in infancy and being rolled out borough wide.

Use of online and digital platforms:

Online booking	No
Online step up / step down referrals	No
Phone and Skype appointments	Partially
Services information, helplines and online chat	Partially
Facebook page, apps, online forums	Yes - Separate service providers have shared referral process, but also own referral routes and service provision. This includes online workshops, online counselling, service website with online contact forms, service information and links to social media platforms (Facebook, Twitter etc.).

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	Yes, advice and advocacy support and interpretation available as required.
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The CYP Joint Commissioning Team in Lewisham (London) supports joint commissioning for all CYP.

Contact / service details:	
Email	Caroline.hirst@lewisham.gov.uk (Caroline Hirst - Service Manager - CYP Joint commissioning team)
Geographical area covered	LB of Lewisham
Size of population covered (all-age)	292,000
Funding Source	Government / NHS England and other funding sources
Provider details (Including NHS, voluntary or community and other partners)	Local Government
Commissioned by (e.g. LA, CCG, jointly commissioned)	Lewisham Council and NHS Lewisham CCG
Description of Team and Service:	
What is delivered and how?	Joint commissioning provision for all CYP services - which includes procurement, contract management and strategic planning.
What makes the team/service an example of positive practice?	Range of provision available (LAC / SEND / Mental Health / Maternity / Community Health / Early Intervention) and partnership working.
Evidence to support this	Benchmarking, patient feedback, audits, evaluation, service specifications etc.
Members of the Team	Commissioners
CYP and family involvement:	
Person centred holistic care	Yes
Support for family and carers	Yes
Co-design and service development	Yes
Provide peer support	Partially
Effective transition processes:	
Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	Yes
Ability to have a named key worker	Yes
Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:	
Management of complex cases (for example, with social care and specialist mental health services)	Yes
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	Yes
Increased access:	
Flexible service delivery (for example, evening and weekend appointments)	Yes
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	Yes
Integrated physical and mental health care	Yes
Crisis	Yes
Further comments:	All of the above relates to commissioned services (we are not direct providers of CYP services)
Demonstrating impact:	
Has an evaluation of the model of care been undertaken?	Partially
Is an evaluation report available to share?	No
How has the impact of the model of care being delivered been assessed?	Through contract management and key performance indicators.
What measures have been put in place to help assess the impact?	
Use of online and digital platforms:	
Online booking	No
Online step up / step down referrals	No
Phone and Skype appointments	No
Services information, helplines and online chat	Yes
Facebook page, apps, online forums	Partially
Extra info	The answers above refer to commissioned mental health services
Additional support for service users:	
Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	Partially

The Early Help for Mental Health Service in Devon is a collaborative between NHS Virgin Care, Community Young Devon and Kooth. The focus is on early help and education and has been running since 2015.

Contact / Service Details:

Webpage	www.eh4mh.co.uk
Email	Sarah.lewis22@nhs.net (Sarah Lewis – Operational lead)
Geographical area covered	Devon, (excluding Torbay and Plymouth)
Size of population covered (all-age)	Approximately 1 million.
Funding Source	Public Health, Devon County Council and Education.
Provider details	Collaborative between NHS Virgin Care, Community Young Devon and Kooth.
Commissioned by (LA, CCG, jointly)	Public health and LA.

Description of Team / Service

What is delivered and how?	Support to school staff: clinical supervision, expert mental health consultation and training (Virgin Healthcare), direct counselling, participation workshops and training to 11-18 year olds (Young Devon) and online counselling/magazine/forums to ages 11-18 (Kooth).
What makes the team/service an example of positive practice?	A collaborative service that provides early mental health care and education. A service that audits trends and threads development alongside public health and CAMHS.
Evidence to support this	Termly reporting, annual reporting, external research, customer feedback and operational award within Virgin Care.
Members of the Team	Psychiatrist, Learning Disabilities Nurse, Mental Health Nurse Occupational Therapist and other trained therapist or counsellor

CYP and family involvement:

Person centred holistic care	Yes
Support for family and carers	Partially
Co-design and service development	Yes
Provide peer support	Yes

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	Yes
Ability to have a named key worker	Yes

Further comment	Operational leadership within the Virgin Care strand of the Early Help for Mental Health Service (EH4MH) also holds operational management within Devon CAMHS service covering all referral routes into CAMHS and the primary mental health service. This allows the step up/step down model to be robustly reviewed and developed.
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Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:

Management of complex cases (for example, with social care and specialist mental health services)	Partially
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	Partially
Further comment	The role of the EH4MH counselling sits at an early intervention level. Where appropriate liaison occurs however for our more complex CYP their needs may be better met with a higher intensity service.

Increased access:

Flexible service delivery (for example, evening and weekend appointments)	Yes
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	Partially
Integrated physical and mental health care	Yes
Crisis	No

Demonstrating impact:

Has an evaluation of the model of care been undertaken?	Yes
Is an evaluation report available to share?	Partially
How has the impact of the model of care being delivered been assessed? What measures have been put in place to help assess the impact?	Feedback measures, school staff progress and culture. Young Devon use CYPIAPT ROM's and feedback through participation groups. All feedback is robustly reviewed and used to shape delivery and developments.

Use of online and digital platforms:

Online booking	Yes
Online step up / step down referrals	No
Phone and Skype appointments	Partially
Services information, helplines and online chat	Yes
Facebook page, apps, online forums	Partially - phone appointments possible via Kooth. Online forum via Kooth is provided.

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided	Yes
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Extra information:

Young Devon bring added value in their wider service offer where mentors and advocates can be accessed. Virgin Care provides a 24/7 on call advice line and 9am-5pm pre referral advice line. The green paper highlights the need for focus of support in the very areas that the EH4MH service delivers.

City and Hackney CAMHS (London) and FIRST STEPS provide a 6 session early intervention model, with outreach into communities who traditionally find it harder to come to more traditional services.

Contact / Service Details

Webpage	www.cityandhackneycamhs.org.uk
Email	debbieforman@nhs.net (Debbie Forman, Team Lead/Clinical Psychologist)
Service provided	6 session early intervention for 0 to 18 year olds and their families
Geographical area covered	City and Hackney
Size of population covered (all-age)	Approx.63,871 CYP ages 0-19 in the borough
Funding Source	NHS

Provider details	Homerton University Hospital Trust/ Community CAMHS Homerton
Commissioned by (e.g. LA, CCG, jointly commissioned)	CCG

Description of Team / Service:

What is delivered and how?	6 session early intervention in community settings for mild to moderate emotional / behavioural / mental health problems and consultation to primary care.
What makes the team/service an example of positive practice?	There is an open-door policy; accept self-referrals. CYP-IAPT embedded, regular outcome monitoring and participation (dedicated staff member). Outreach into hard to reach communities.
Evidence to support this	Annual CORC report - 100% satisfaction with our service (ESQ).
Members of the Team	HCPC registered Psychologists, Clinical Psychologists, Counselling Psychologists, Educational Psychologists, Psychotherapists, Mental Health Nurse and Assistant Psychologists.

CYP and family involvement:

Person centred holistic care	Yes - interventions are based on collaboratively agreed personal goal(s).
Support for family and carers	Yes
Co-design and service development	Yes - service users on interview panels, develop leaflets and website.
Provide peer support	No

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	Yes
Ability to have a named key worker	Yes
Further comment:	Part of a wider CAMHS Alliance project aimed to build up better working relations and pathways between all services offering mental health support to children and young people.

Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:

Management of complex cases (for example, with social care and specialist mental health services)	Partially
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	Partially
Further comment:	Work closely with specialist mental health services; co- located with community paediatric services such as SALT and physiotherapy.

Increased access:

Flexible service delivery (for example, evening and weekend appointments)	Yes
CYP friendly service delivery	Yes - early and 5pm appointments available in community settings
Increased engagement and provision of services for black / ethnic minority groups and vulnerable groups	Yes - Run adapted parent groups for the orthodox Jewish Community and co-develop services with Minik Kardes (Turkish family support service).
Integrated physical and mental health care	Partially
Crisis	Yes - protocols in place. A duty clinician is available each day.

Demonstrating impact:

Has an evaluation of the model of care been undertaken?	Yes
Is an evaluation report available to share?	Yes
How has the impact of the model of care being delivered been assessed?	PROMS and PREMS used. Outcome data submitted to CORC and benchmarking reports are reviewed.
What measures have been put in place to help assess the impact?	

Use of online and digital platforms:

Online booking	No
Online step up / step down referrals	No
Phone and Skype appointments	Yes
Services information, helplines and online chat	Partially
Facebook page, apps, online forums	Partially - A newly developed website is in place. Webinars are used to provide support to a wider audience. Offer telephone consultations as initial contact.
Extra info	

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	Yes – Interpreters are used where required and each child has named clinicians who provided the intervention work and can guide and support them through their care with our service.
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HeadStart Newham (London) is a partnership between the Local Authority, CCG, CAMHS, schools and the third sector. It is part of a national programme of HeadStart provisions which are being robustly evaluated.

Contact / Service Details:

Webpage	www.headstartnewham.co.uk
Email	simon.munk@newham.gov.uk (Dr Simon Munk - HeadStart Head of Service) or ProgrammeTeam@newham.gov.uk
Geographical area covered	Newham, East London
Size of population covered (all-age)	350,000 (22,000 10-16 year olds)
Funding Source	Big Lottery
Provider details	Local Authority led partnership service with CCG, CAMHS, schools and voluntary sector

Description of Team /Service:

What is delivered and how?	HeadStart Newham is a Big Lottery funded service which is piloting, evaluating and refining facilitation of evidence based group based interventions which build positive mental health and wellbeing. The service is delivered by trained non-clinical staff who receive clinical supervision from local CAMHS and provide coaching and training to senior staff in schools to develop and implement whole school approaches.
What makes the team / service an example of positive practice?	Focus on youth workers, peer mentors and peer parents who can provide effective early mental health interventions for young people. Self-referral is available.
Evidence to support this	Emerging qualitative and quantitative findings (will be published on the website); case studies.
Members of the Team	Clinical Psychologists, Youth workers, advisory teachers and peer mentors. These individuals are all trained and supervised as early mental health support workers.

CYP and family involvement:

Person centred holistic care	Yes
Support for family and carers	Yes
Co-design and service development	Yes
Provide peer support and further comments	Yes, the service is co-designed, co-delivered and co-evaluated by current or previous service users.

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	No
Ability to have a named key worker	No
Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:	
Management of complex cases (for example, with social care and specialist mental health services)	No
Work in schools and other universal services	Yes, the community based provision and online provision provides access to support for CYP outside of school hours.
Links with voluntary sector services	Yes
Joint working with paediatric services	No

Increased access:

Flexible service delivery (for example, evening and weekend appointments)	Yes, the community based provision and online provision provides access to support for young people outside of school hours.
CYP friendly service delivery	Yes, by being delivered by peer mentors and by youth workers, the interventions are very engaging and accessible for vulnerable young people. Self-referral is available.
Increased engagement and provision of services for black/ethnic minority groups and vulnerable groups	Yes, the provision has high engagement with BAME / vulnerable groups.
Integrated physical and mental health care	No
Crisis	No

Demonstrating impact:

Has an evaluation of the model of care been undertaken?	Yes
Is an evaluation report available to share?	Yes, part of a national evaluation of HeadStart led by a consortium of UCL, Anna Freud Centre, University of Manchester and LSE.

How has the impact of the model of care being delivered been assessed?	Each of the service interventions are being subjected to robust qualitative, quantitative and economic evaluation.
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Use of online and digital platforms:

Online booking	Yes, referrals come through the website - which includes a referral quiz to screen for appropriate referrals.
Online step up / step down referrals	No
Phone and Skype appointments	Yes
Services information, helplines and online chat	Yes online counselling and online peer support is provided as part of our service.
Facebook page, apps, online forums	Yes, a number of social media platforms are used - Facebook, YouTube and Twitter to market the service to the target population.

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	Yes, the team of youth workers help to engage / guide CYP through the group based interventions provided. Additionally, the advisory teachers support school staff to effectively identify / support pupils with mild mental health difficulties.
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The **Primary Mental Health Service team in Devon** offers an early intervention service, linking closely with public health nursing and Emotional Health for Mental Health (eh4h) across Devon (em4mh is described above in a separate example).

Contact / Service Details:	
Email	Sarah.lewis22@nhs.net (Sarah Lewis / Operational lead, senior manager)
Geographical area covered	Devon (Excluding Torbay and Portsmouth)
Size of population covered (all-age)	Approximately 1 million
Funding Source	Health
Provider details (Including NHS, voluntary or community and other partners)	NHS Virgin Care
Commissioned by (e.g. LA, CCG, jointly commissioned)	CCG
Description of Team / Service:	
What is delivered and how?	An early intervention service.
What makes the team/service an example of positive practice?	Development of a service providing a menu of evidenced based early intervention and CAMHS referrals screening service.
Evidence to support this	Referrals screening audits, ROMs and participation.
Members of the Team	Psychiatrist, Psychotherapist, Nursing, Children's Nurse, Mental Health Nurse, Occupational Therapist and other trained therapist or counsellor.
CYP and family involvement:	
Person centred holistic care	Yes
Support for family and carers	Yes
Co-design and service development	Yes
Provide peer support	Yes
Effective transition processes:	
Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	Yes
Ability to have a named key worker	Yes
Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:	
Management of complex cases (for example, with social care and specialist mental health services)	Yes
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	Yes
Increased access:	
Flexible service delivery (for example, evening and weekend appointments)	Yes
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	No
Integrated physical and mental health care	Yes
Crisis	Partially
Demonstrating impact:	
Has an evaluation of the model of care been undertaken?	Partially
Is an evaluation report available to share?	No
Use of online and digital platforms:	
Online booking	No
Online step up / step down referrals	No
Phone and Skype appointments	Partially
Services information, helplines and online chat	Partially
Facebook page, apps, online forums	No
Additional support for service users:	
Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	No

Sunderland community CAMHS is embedded in schools, offering a range of provision. They also train school staff to deliver evidence based programmes in school.

Contact / Service Details:

Webpage	www.sunderlandcommunitycamhs.nhs.uk
Email	Anne.loadman@stft.nhs.uk (Anne Loadman – Specialist teacher)
Geographical area covered	Sunderland, Washington, Hetton, Sunderland
Size of population covered (all-age)	0-18 in the area (approx. 60,000)
Funding Source	CCG and Local Authority
Provider details (Including NHS, voluntary or community and other partners)	NHS and Sunderland Counselling Service
Commissioned by (e.g. LA, CCG, jointly commissioned)	Jointly commissioned

Description of Team / Service

What is delivered and how?	Evidence-based interventions to CYP and their families, from 0-18, according to need. The service delivers a mix of assessment, observation, advice/liaison, one to one and group interventions and training to professionals.
What makes the team/service an example of positive practice?	The service is embedded in schools and has a successful multi-disciplinary team, who work well together to deliver the most appropriate intervention for young people. The service is accessible and has good links with many of the local schools, who telephone for advice when required. The service is part of the Cascade Project, promoting better links between CAMHS and schools.
Evidence to support this	Patient feedback; service feedback; audits; attendance at cluster meetings; the service has gained a number of awards including national awards.
Members of the Team	Family Therapist , Mental Health Nurse and Teachers.

CYP and family involvement:

Person centred holistic care	Partially
Support for family and carers	Yes
Co-design and service development	Partially
Provide peer support	Yes

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Yes
Transition planning and management	Yes
Ability to have a named key worker	Yes

Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:

Management of complex cases (for example, with social care and specialist mental health services)	Yes
Work in schools and other universal services	Yes, the service is flexible and work as needed in the best interests of the child. Staff attend school meetings, Early Help meetings etc. The work in school is strong, and school staff are trained in basic mental health, but also in evidence-based programmes which they can then run in school. The service is accredited.

Links with voluntary sector services	Yes
Joint working with paediatric services	Yes

Increased access:

Flexible service delivery (for example, evening and weekend appointments)	No
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	Partially
Integrated physical and mental health care	No
Crisis	No, the service is a planned intervention service, with the emphasis on early intervention and prevention; health promotion and training.

Demonstrating impact:

Have you undertaken an evaluation of your model of care?	Yes
How do you assess the impact of the model of care you are delivering?	This is an area of development, but feedback is monitored quarterly for the service as a whole and after each session of the group treatments. Also, patients fill in sessional evaluations and end of treatment evaluations which again help the service to improve.
What measures have you put in place to help assess the impact?	Standard outcome measures are used: SDQ RCADS CHIs amongst others, as well as informal evaluations. To monitor effectiveness statistics and activity stats are monitored.

Use of online and digital platforms:

Online booking	No
Online step up / step down referrals	No
Phone and Skype appointments	Partially
Services information, helplines and online chat	Partially
Facebook page, apps, online forums	No

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	Yes
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South Camden Community CAMHS (London) provide a direct service into a GP practice, supporting families who otherwise would not access a clinic setting.

Contact and Service Details:

Email	ecohen2@tavi-port.nhs.uk
Named Contact	Esther Usiskin Cohen - Family systemic psychotherapist and supervisor
Service provided	Primary care outreach
Geographical area covered	Kentish Town area (from the GP practice)
Step up and step down processes with mental health services (including with third sector, LA, schools)	NHS

Description of Team and Service:

What they deliver and how	An outreach service in the GP practice.
What makes their team/service an example of positive practice	CAMHS advice and support offered from the practice.
Evidence to support this	Reaches families who would not attend the clinic.
Members of the Team	Family Therapist

Children and young person and family involvement:

Person centred holistic care	Not known
Support for family and carers	Yes
Co-design and service development	Not known
Provide peer support comments / Further Information	Yes - Initial CAMHS assessments and treatment advice to GPs.

Effective transition processes:

Step up and step down processes with mental health services (including with third sector, LA, schools)	Not known
Transition planning and management	Not known
Ability to have a named key worker	Not known

Collaborative intra and inter-agency working and information sharing. Does your model demonstrate:

Management of complex cases (for example, with social care and specialist mental health services)	Yes
Work in schools and other universal services	Yes
Links with voluntary sector services	Yes
Joint working with paediatric services	Partially

Increased access:

Flexible service delivery (for example, evening and weekend appointments)	Yes
CYP friendly service delivery	Yes
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	Yes
Integrated physical and mental health care	Yes
Crisis	Partially

Use of online and digital platforms:

Online booking	No
Online step up / step down referrals	No
Phone and Skype appointments	No
Services information, helplines and online chat	No
Facebook page, apps, online forums	No

Additional support for service users:

Is extra support (key workers, advocates) to help guide and support children and young people through the mental health pathway provided?	Not known
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The **SEN Assessment Team in Bexley** (London) is a multi-professional team that supports SEN assessments, EHCP and special school provision.

Contact /Service Details:	
Email	michael.garcia@bexley.gov.uk (Michael Garcia – SEN)
Geographical area covered	London Borough of Bexley
Funding Source	Education
Description of Team / Service:	
What they deliver and how	SEN assessments, EHCP, special school provision.
Evidence to support this	Feedback Forms.
Members of the Team	Teachers and other allied professionals.
CYP and family involvement:	
Person centred holistic care	Yes
Support for family and carers	Partially
Co-design and service development	Partially
Provide peer support comments / further information	No
Effective transition processes:	
Step up and step down processes with mental health services (including with third sector, LA, schools)	No
Transition planning and management	No
Ability to have a named key worker	Yes
Collaborative intra and inter-agency working and information sharing. Does the model demonstrate:	
Management of complex cases (for example, with social care and specialist mental health services)	Partially
Work in schools and other universal services	Yes
Links with voluntary sector services	Partially
Joint working with paediatric services	Partially
Increased access:	
Flexible service delivery (for example, evening and weekend appointments)	Partially
CYP friendly service delivery	Partially
Increased engagement and provision of services for black and ethnic minority groups and vulnerable groups	Partially
Integrated physical and mental health care	Partially
Crisis	No
Demonstrating impact:	
Has an evaluation of the model of care been undertaken?	No
Is an evaluation report available to share?	No
Use of online and digital platforms:	
Online booking	No
Online step up / step down referrals	No
Phone and Skype appointments	Partially
Services information, helplines and online chat	Partially
Facebook page, apps, online forums	No
Additional support for service users:	
Is extra support (key workers, advocates) to help guide and support CYP through the mental health pathway provided?	Partially