

**BHH**

Brent  
Harrow  
Hillingdon  
Clinical Commissioning Groups



---

# Report

---

CAMHS  
Transformation-  
Future in Mind

---

Harrow CCG

---

## 1.0 Background

Future in mind is a national report that was published in March 2015, its purpose is; promoting, protecting and improving children and young people's mental health and wellbeing. The report was produced by the Children and Young People's (CYP) Mental Health and Wellbeing Taskforce, who were mandated to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided. Working towards preventative integrated provision to maximise CYP's health outcomes.

The report makes 49 recommendations to improve young people's mental health services over the next five years and to enable an additional 70,000 young people to be treated by 2020. The recommendations are grouped under five headings:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care of the most vulnerable
- Accountability and transparency
- Developing the workforce

## 1.1 Strategies

### National

The national mental health strategies underpin the work of the Children and Young People's Mental Health and Wellbeing Taskforce that produced the **Future in Mind** vision leading to planning transformation of children and young people's mental health services.

In January 2010 the Department of Health, and the Department for Children, Schools and Families published **Keeping Children and Young People in Mind**, a response by the Government to the independent review of CAMHS which reported in November 2008. In addition in February 2010, the Department of Children, Schools and Families published **Promoting the Emotional Health of Children and Young People**, guidance for Children's Trust Partnership, and how to deliver National Indicator 50 (the emotional Health of Children and Young People). The document also makes reference to National Indicator 51 (The effectiveness of CAMHS) and National Indicator 58 (Emotional and behavioural health of looked after children).

**No Health without Mental Health**- is a cross-Government mental health outcomes strategy for people of all ages. The strategy was published in 2011 its objective is for all people with mental health needs to have improved outcomes. The strategies that have followed No Health without Mental Health are **Crisis Concordat** (2014), **Closing the Gap: Priorities for essential change in mental health** (2014) and **A Call to Action: Achieving Parity of Esteem** (2014).

### Regional

**Like Minded** is the Mental Health and Well Being Strategy across North West London. The Like Minded initiative has identified a set of mental health and wellbeing priorities for the North West London strategy. Like Minded NW London Mental Health and Wellbeing Strategy promotes; improving the mental health offer for children and young people and supports the Future in Mind transformation work.

The Government has committed capitated borough funding for 5 years to support achievement of the ambitions set out in Future in Mind and has requested that CCG's lead on the CAMHS transformation agenda. In order for the CCG to receive the allocated funding a Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing must be defined in partnership with key

stakeholders and endorsed via individual governance process, Transformation Plans must be signed off by the HWB Chair or by Director Children Services or Public Health.

Guidance was released in August 2015, with a first submission deadline for transformation plans of September 2015 and the second deadline 16<sup>th</sup> October 2015, Harrow and partner organisations are working towards the second submission date.

The full guidance on the development and requirements of Children and Young People's Mental Health Transformation Plans was published in early August 2015. Key elements of the Plans must include:

- A strong focus on creating best evidence based community Eating Disorder teams, with details of how capacity freed up by specialist teams will be redeployed to improve crisis and self-harm services;
- Work with collaborative commissioning groups in place between specialised commissioning teams and CCGs; commitments to transparency, service transformation, meeting legal duties with regard to equality and health inequalities and demonstrating improvement
- Commitments to:
  - Transparency
  - Service transformation including data and IT infrastructure
  - Outcomes monitoring improvement

Transformation plans will be submitted to NHSE, supported by a tracker that will identify the investment and intended outcome and self-assurance checklist. All documents will be published in the public domain and late submissions and/or incomplete plans will cause a delay in the funding being released.

NWL collaborative CCG's acknowledged the tight timeline for submissions and the volume of work required to submit a robust plan and opted to pool resources and expertise to produce a high level sector transformation plan. Appropriate themes that align across all 8 boroughs will be managed jointly, with outcomes aligned to local transformation plans. This arrangement has been agreed in partnership with stakeholders. This option provides the opportunity to scope for example the Eating Disorder Service requirements which is a national priority. This maximises resources to undertake engagement, co-production and service specification once a number of our priorities are shared and it is acknowledged that we have shared CAMHS providers and services. However, commissioners will preserve the sovereignty of individual CCGs and will align services to individual needs and priorities of local boroughs.

## **2.0 Purpose**

This report of the Harrow CAMHS transformation plan; it is presented to the Health & Wellbeing Board for review and endorsement. Children and young people's mental health and wellbeing are a national, regional and local priority. The Future in Mind report offers CCG's and key stakeholders the opportunity to work together to bring about real transformation in the provision of services for this cohort of our population.

The CAMHS transformation plan, priorities and recommendations that are presented in the report have been compiled both across North West London (NWL) and at a borough level.

## **3.0 Case for change**

In Harrow over £1.5 million is spent each year addressing mental health issues for young people, while the wider health, social and economic impact of mental health is far greater. Tackling the cost of mental illness has been identified as a priority and poses a unique challenge in delivering this across Harrow. The overarching transformation plan and Harrow's local priorities describes the future of mental health provision for young people in Harrow and NW London that has been generated through a process of engagement with key stakeholders.

### **3.1 NWL estimated CAMHS need**

Estimates for North West London suggest that around 25,000 5-16 year olds will have a mental health disorder. Conduct and hyperkinetic disorders are more common among boys and emotional disorders among girls with an estimated need of 12,000 children and young people. There are estimated to be around 7,000 young people aged 16-19 with neurotic disorders (including anxiety, depressive episodes and phobias), most of which are more common among girls.

Mental health problems are also more common among young offenders; this is thought to be associated with the offending behaviour, as endured by over three-quarters of the young people who had a full assessment in 2014/15. National research has found that among Looked After Children, 38%-49% (depending on age) have a mental health disorder.

Among 11-16 year olds, the ONS survey found that over a quarter of those with emotional disorders, and around a fifth of those with conduct or hyperkinetic disorders or depression said that they had tried to harm themselves. Deliberate self-harm is more common among girls than boys and in girls is more common in the mid-teens, while among males it is more common in 19-24 year olds. Between 2001/02 to 2010/11, rates of hospital admission due to deliberate self-harm have increased nationally by around 43% among 11-18 year olds (to around 17,500 in 2010/11).

**To support the development of this plan details have been collated on Harrow’s current services and prevalence rates and NWL prevalence rates.**

### 3.1 Harrow children and young people’s population 2014/15

Harrow’s CYP population	Population
GP registered	251,168
Resident 0-19yrs	55,800
<b>Vulnerable Groups</b>	
Children Looked After	165
Care Leavers	140
Young Offenders	133
Special educational needs (total) of which:	5,814
Access special schools	391
Moderate learning difficulties	464
ASD	354
Profound and multiple disability	42

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid-year population estimates for 2012 (local authority report). Baird, G. et al (2006). Baron-Cohen, S. et al (2009).

### 3.2 Harrow CAMHS referrals 2014/15

CNWL Harrow CAMHS service referral snapshot year 2014/15	
Harrow CAMHS referral data	Total for year
Number of referrals received from GP that have been initiated from the CYP’s school	Not measurable from CNWL’s Jade data.
Number of Harrow CYP referred to Harrow CAMHS	1012
Average waiting time from GP referral to 1st appointment	37 days *
<b>Number of referrals received by:</b>	
GP	700
School Nurse & Educational Service	24
Consultant paediatric	76
CAMHS clinician	39
Other health professional	141

Other referral source	32
Total number of referral refused	162
Reason for referral refusal	
Client Refused	23
Inappropriate Referral	106
Other	6
Out of Area	26
Referral to Adult Mental Health Services	1
Hospital admissions	
Mental health disorder admissions (2011/12)	30
Self-harm emergency admissions	32

Source: CNWL referral data 2015

### 3.3 CAMHS performance months 3 & 4 2015/16

CAMHS	Threshold	M3 15/16	M4 15/16	YTD
DNA 1st appointments	<15%	12.5%	12%	11.3%
DNA follow-up appointments	<15%	10.6%	12.3%	11.1%
Care plan /CPA review	90%	88.6%	93.1%	79.4%
LD care plan /CPA review	80%	88.9%	100%	83%
Outcome measure completed on acceptance	80%	75%	88.3%	79.6%
Outcome measure completed on discharge	80%	88.2%	100%	90.3%
Outcome measure improvement	60%	75%	64.3%	72.1%
Appointment times- offer outside by CAMHS Tier 3 & 2 outside of 9am -5pm	10%	1.6%	2.9%	2.2%
Location - 1st appointments- locations other than CAMHS clinic buildings	10%		9.7%	9.7%
Location - follow-up appointments - locations other than CAMHS clinic buildings	10%		11.1%	14.8%

Source: CNWL performance data 2015

### 3.4 Harrow Eating Disorder provision case load 2014/15

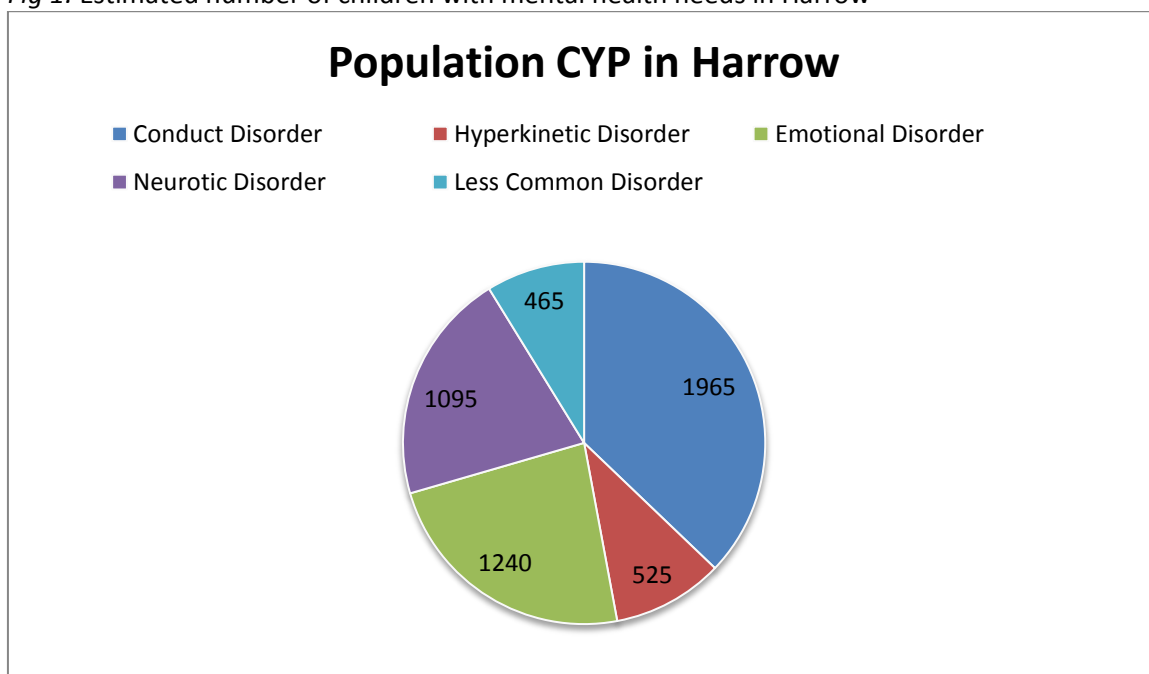
CNWL current ED Service	Number of EDS Cases Currently on Caseload	Number of Appointments/Consultations/Meetings per Month Used for CYP with ED	Eating Disorder Diagnosis (i.e. Anorexia Nervosa, Atypical Eating Disorder, Bulimia)	Total Caseload Number for Team (Including ED)	Total Number of Appointments for the Month (Including ED)
Harrow CAMHS Adolescent Team	1	4	Eating disorder, unspecified (1)	132	103
Harrow CAMHS Child and Family	14	19	Anorexia nervosa (7), Atypical anorexia nervosa (4), Bulimia nervosa(1), Eating disorder, unspecified (1), Other eating disorders (1)	519	324

Source: CNWL performance data 2015

### 3.5 Harrow’s prevalence rates

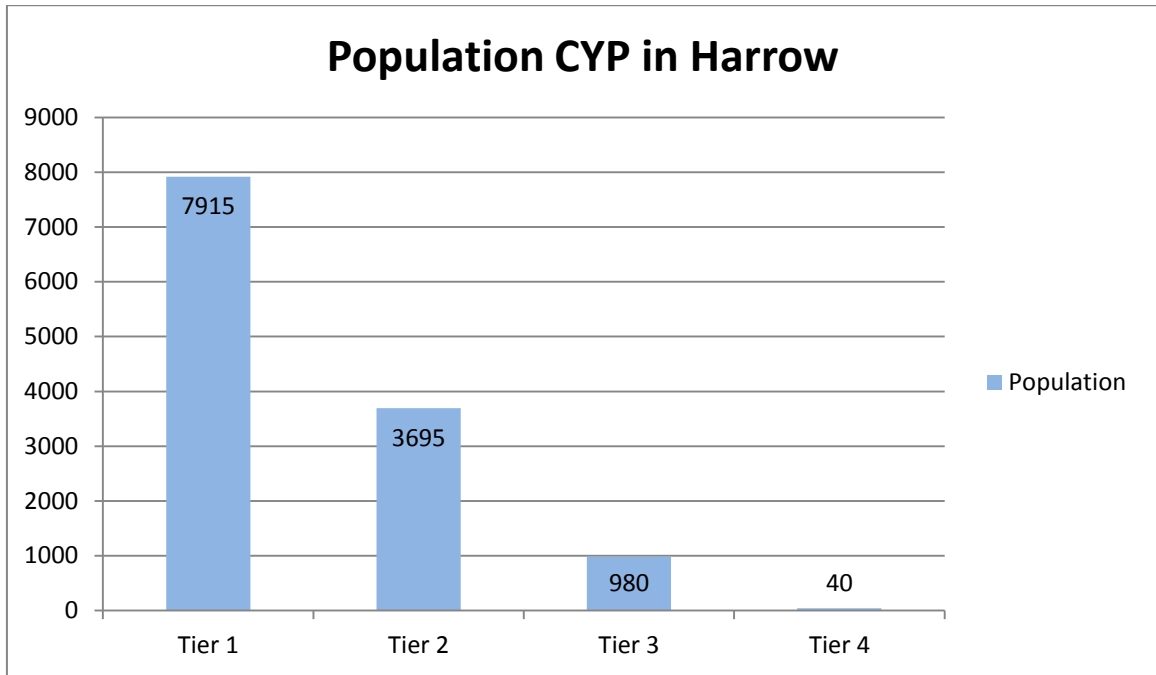
Below are the expected number of CYP with Mental Health conditions at any one time, calculated using prevalence estimates from ‘Paying the Price’ (Kings Fund, 2008). Data is presented for three relevant CYP population cohorts where possible - resident, registered, and CYP attending borough schools.

Fig 1: Estimated number of children with mental health needs in Harrow



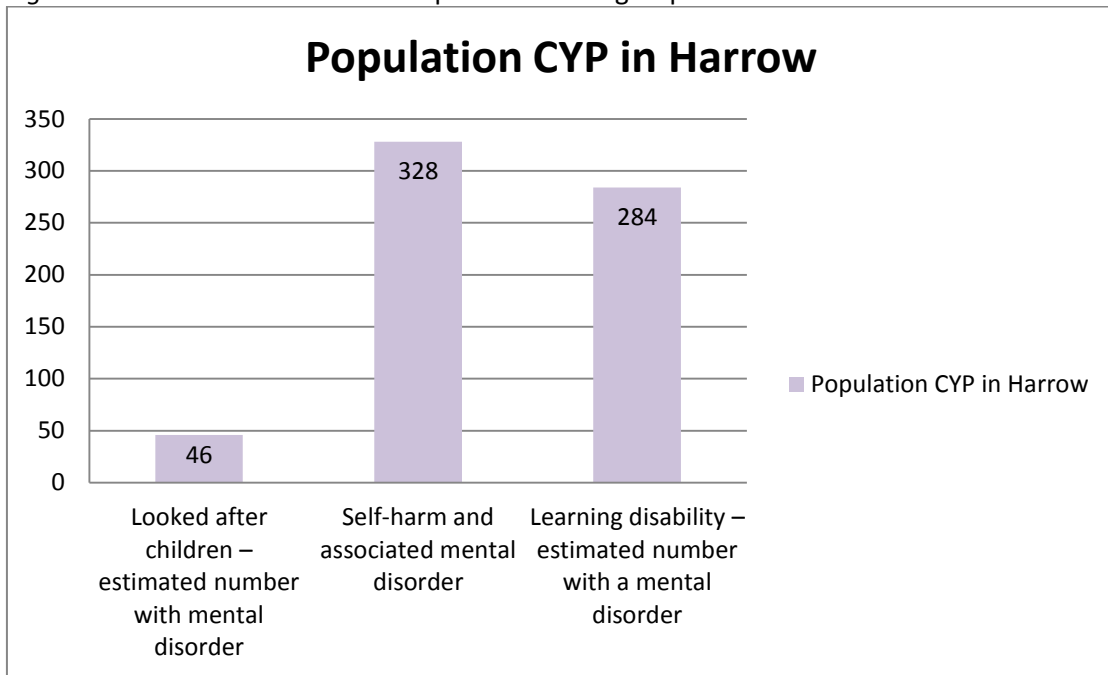
Source: Office for National Statistics mid-year population estimates for 2012. Green, H. et al 2004

Fig 2: Estimated total of children resident who may experience mental health problems appropriate to a response from CAMHS; ‘Paying the Price’ (Kings Fund, 2008)



Source: Office for National Statistics mid-year population estimates for 2012. Green, H. et al 2004

Fig 3: Estimation of need in Harrow per vulnerable group



Source: provided by Kurtz (1996)

### 3.6 Current identified CYP mental health investment across Harrow 2015/16

Agency	Total investment in CYP MH	Provision covered
Harrow CCG	£1,600,000	<ul style="list-style-type: none"> <li>- Community CAMHS</li> <li>- CAMHS OOHS</li> <li>- Eating Disorder provision</li> <li>- Clinical Nurse Specialist ADHD</li> <li>- 3.5 Specialist Learning Difficulties provision</li> <li>- YOT CAMHS nurse (joint funded with LA)</li> </ul>
Local Authority	£270,000	Consultation with social workers and directly with families for systemic training and intervention
Schools	Unknown spend	In school counselling provision

**NB.** Figures do not include services that interact with CYP with mental health & wellbeing needs and services, such as; Health Education Partnership: Promoting Pupil Wellbeing and Mental Health in Schools, School nursing, Health visiting, Social care early intervention, children in need & Adult transition services.

The evidence in section 3 highlights the need for transformation in Harrow, CYP currently have an inconsistent approach to services depending on the area, school, and GP they have. We want an integrated solution which provides a different sort of service for CYP and their parents.

To support the development of this plan more details have been collated on Harrow's current services.

### 3.7 Harrow Local Offer

Harrow's local offer sets out the services and support available in our borough for children and young adults under the age of 25 including CYP with special educational needs and those who are disabled.

**Education:** schools for children & young people in Harrow

- Primary Schools in harrow:40
- Secondary Schools in Harrow: 12
- Special Schools in Harrow: 4 each one offers special teaching arrangements for a certain range and combination of needs
- Special Resourced Provision in Mainstream Schools:
  - Hearing impaired provision is offered within 2 Harrow Schools
  - A Language Resource is available at 2 Harrow schools for children who have specific speech and language needs
  - There are pre-school settings and schools in each area with good accessibility and all special schools are fully accessible. Children who have Complex Physical Needs may be offered provision at 1 Harrow Primary School and 2 Harrow Secondary Schools.
  - Specialist Autism provision is available in 3 Harrow Schools. Further provision for children with autism and additional learning needs is in the process of being developed in a further 3 schools.
- Specialist Support in Schools: sensory, physical, medical and teaching service promotes educational achievement and social and emotional development for children and young people with vision, hearing or physical/medical needs up to the age of 19. Their teams include:
  - Harrow Children's Sensory Team
  - Advisory Teachers - Autistic Spectrum
  - Harrow Educational Psychology Service

#### Advice and support services

- Harrow Youth Stop: multi-agency centre providing access to:
  - careers information, advice and guidance



- sexual health and contraception clinic
- drug and alcohol clinic
- wellbeing advisor

**Health services:** available to children and young people

- ADHD Service (Attention deficit hyperactivity disorder)
- Children's Community Nursing Service
- Harrow Child and Adolescent Mental Health Service (CAMHS)
- Harrow Children and Young People's Tripartite panel (individual funding requests)
- Harrow School Nursing Service
- Paediatric Nutrition and Dietetic Service
- Paediatric Occupational Therapy: Preschools, primary & secondary Schools
- Paediatric Physiotherapy: Preschools, primary & secondary Schools
- Paediatric Speech and Language Therapy: Preschools, primary & secondary Schools
- CYP Harrow Improving Access to Psychological Therapies (IAPT)
- Child Health Medical Team
- Harrow Children and Young People's Continuing Care Service
- Harrow Early Intervention in Psychosis Service (EIS)
- Health Visiting Service

**Health services for young adults available in Harrow**

- Compass: Integrated specialist drug and alcohol treatment service for adults and young people including drop in sessions
- Alexandra Avenue Health and Social Care Centre: provides services for those with LD and special needs including mental health difficulties
- Assessment and Brief Treatment Services at Honeypot Lane Clinic: Psychotherapy, Behavioural Support and LD nurse, they work with service users new to mental health services
- Kingswood Centre - Inpatient assessment unit: Multidisciplinary team consisting of nurses, trained support workers, psychologists, psychiatrists, an occupational therapist, physiotherapists, a physical exercise coach, a speech and language therapist, a music therapist, an independent advocate
- Harrow College
- Harrow Learning Disabilities Community Health Team
- Stanmore College

#### **4.0 Investment from NHSE**

The Government has allocated additional funding of £30m nationally to help meet the ambitions of Future in Mind. This will be used in two ways:

- £5m recurrent for five years to establish community services for young people with eating disorders
- £250m recurrent for five years to deliver the transformation outlined in Future in Mind

The funding allocation announced with the transformation guidance is tabled below.

Harrow has been allocated:

- £121,785 recurrent for 5 years to establish a specialist eating disorders service
- £304,840 recurrent for 5 years for transformation

This is subject to assurance of the Local Transformation Plan.

**NB.** The allocation for 2015/16 will need to be spent between November when the plans are assured and March 2016 –no ability to carry forward.

*Fig.4 funding allocations across NWL CCG*

CCG	Total weighted populations with SMR<75 adjustment and uplifted by ONS population growth to 2015	Shares of weighted populations	Initial allocation of funding for eating disorders and planning in 2015/16	Additional funding available for 2015/16 when Transformation Plan is assured	Minimum recurrent uplift for 2016/17 and beyond if plans are assured (i.e. sum of 121,785 + 304,840). Includes £30m for Eating Disorders.
Harrow	232,471	0.41%	121,785	304,840	426,625
Brent	312,261	0.55%	163,584	409,468	573,052
Hillingdon	285,871	0.50%	149,760	374,863	524,623
Hounslow	292,024	0.51%	152,983	382,931	535,913
Ealing	403,808	0.71%	211,543	529,514	741,058
H&F	192,308	0.34%	100,744	252,173	352,918
Central	174,770	0.31%	91,557	229,176	320,732
West	222,614	0.39%	116,621	291,914	408,534

**4.1 Key objectives outlined by NHS England for this additional funding are to:**

- **Build capacity and capability across the system** so that we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people’s mental health outcomes by 2020;
- **Roll-out the Children and Young People’s Improving Access to Psychological Therapies programmes (CYP IAPT)** so that by 2018, CAMHS across the country are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities;
- **Develop evidence based community Eating Disorder services for children and young people** with capacity in general teams released to improve self-harm and crisis services;
- **Improve perinatal care.** There is a strong link between parental (particularly maternal) mental health and children’s mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one year cohort of births in the UK – nearly three quarters of this cost relates to adverse impacts on the child rather than the mother. Allocation for this will be made separately and commissioning guidance will be published before the end of the financial year;
- **Bring education and local children and young people’s mental health services together around the needs of the individual child through a joint mental health training programme** testing it over 15 CCGs.

The new funds announced are in addition to resources already available to local communities including through the NHS, local authorities, public health and education.

**5.0 Transformation plans**

NWL collaborative commissioners proposed and agreed to have a joint transformation plan with local priorities; this was agreed by senior management and stakeholders at the NWL Mental Health

Transformation Board in August 2015, on the principle that as a collaborative all CCGs, partners and providers agreed to work to:

- Collaborative commissioning for best outcomes and increase impact
- Driving change through the collaborative commissioning arrangements
- Service users being at the heart of all that we do
- Using contract systems to support integration
- Improving data
- Creating new services

This approach has a number of advantages including driving up common standards across 8 CCGs and local authorities, simplifying contracting and implementation with our two mental health providers, fitting with the Eating Disorder service requirement to address a population of at least 700,000 or more, and developing lean, bureaucracy light services in line with 'breaking the cycle' initiatives.

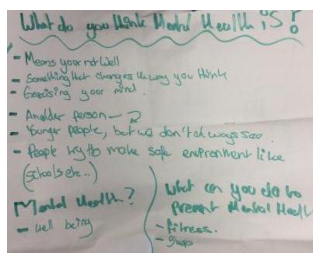
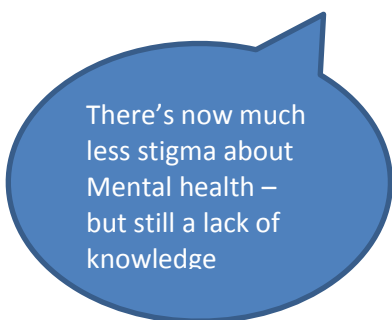
A Steering Group has been established with representation from the 8 CCGs, local authorities, NHS England and service users, and is meeting fortnightly to develop the plan, which will then be pulled together by the Like Minded team. The steering group is chaired by a GP lead, who is a member of the Mental Health Transformation Board.

Harrow CCG will ensure the transformation plans submitted cover and evidence as requested by NHSE:

- Compliance with the core principles and ambition described in *Future in Mind* and reflected in NHSE transformation guidance
- Arrangements for engagement and partnership working including with children, young people and those who care for them
- Sign off by the local Health and Wellbeing Board represented by the HWB Chair, DCS, DPH, Lead Member for children and young people or the portfolio holder for health
- Sign off by the local NHS England Specialised Commissioning team
- Transparency about service provision and levels of investment, baseline information and ambitious stretch targets. CCGs and local partners must publish their Local Transformation Plans making sure these are clear and accessible to all
- Commitment to delivering a choice of best evidence based, outcomes focussed and values based interventions
- Governance arrangements including monitoring of progress and risks
- Sound financial planning.

### 5.1 Identifying needs through co-production and capturing service user view

In addition to reviewing data we have committed to a process of co-production in the development of our plans. This builds on innovative work across the 8 boroughs such as work led by the Council in Hammersmith and Fulham working with Rethink.



Both at an NWL level and locally we have sought to work with colleagues in Social care and wider Local Authority services, schools, voluntary sector – and critically young people, their families and carers.

### 5.2 Stakeholder involvement and engagement

Stakeholder engagement is central to ensuring Harrow’s priorities for transformation are meaningful and achievable, therefore commissioners began engagement at the earliest opportunity. However it is recognised that the transformation plan is a collaborative piece of work and will require on-going engagement and coproduction.

The table below (fig.5) highlights the stakeholders that have been engaged and involved in forming Harrow’s local priorities.

*Fig.5 stakeholder engagement and involvement on transformation plans*

Stakeholder engagement meetings/ forums	Attendees/ representatives
NWL CAMHS Commissioning board	Children & Young People, NHSE specialist commissioning, LA, PH,
CCG internal governance; Mental Health work stream, seminar, executive & Governing Body	CCG members and clinical leads
Like Minded Transformation Board	Senior NWL members from CCG, LA, PH
Joint Children’s Commissioning Executive	Senior members from LA, PH, CCG, School rep & Chaired by DCS
Clinical Quality Group	Providers, NWL CCG members
Emotional, Behavioural & Mental Health Board	Providers, CCG, PH, LA, school primary and secondary representative
Health & Wellbeing Joint Executive	Senior Harrow members CCG, LA, PH & HWBB members
Schools Head teachers meeting	Head teachers from Harrow’s primary and secondary schools
Meetings with CNWL, CCG clinical leads, Local Authority managers, Public Health, NHSE.	
Survey asking Harrow GPs their thoughts on CAMHS transformation; October 2015	Harrow GPs

Harrow will further engage with children and young people and other stakeholders such as; Youth Justice Board, voluntary & community sector via our priority: **Supporting Co-production** from November 2015 and throughout the five year plan. As well as continuing to engage with the stakeholders cited above.

### 5.3 NWL joint priorities

The priorities for transformation are articulated clearly in the 49 recommendations of Future in Mind, however the Transformation Plan allows the 8 CCGs to describe how we will prioritise and deliver these recommendations. The following priority areas have been identified for NW London:

- **Needs Assessment:** To update understanding of the populations we serve
- **Supporting Co-Production:** Supporting service users, carers and family members to engage with and co-produce support services
- **Workforce and Training:** Developing training and support for parents and all professionals in contact with children and young people to identify and respond to mental health needs.
- **Community Eating Disorder Service:** Specialist Community Eating Disorders Services (EDS) for children and young people
- **Transforming Pathways :** A Whole Systems approach to CAMHS and connected services

- **Enhanced support for Learning Disabilities and Neuro Development Disorders:** The development of an enhanced service within each of the 8 CCGs, streamlining the current service offering and filling the gaps
- **Crisis and Urgent Care Pathways:** Development of a new 24/7 crisis intervention and home treatment service, based in the community, and working with children and young people in crisis and their families and carers, providing immediate and intensive community support
- **Embedding Future in Mind Locally:** Continuing and building on existing good work – to address specific local needs

It should be noted that each NWL joint priority will have a localised approach and may not materialise in a standardised transformation. However there will be an opportunity for joint learning and localised consideration of sector activity.

#### 5.4 Harrow Local priorities

Harrow CCG has worked collaboratively with key stakeholders across the mental health and wellbeing provisions for children and young people ensuring that the opinions of children and young people are paramount in the identification of Harrow’s local priorities.

The success of this early collaboration has meant that stakeholders such as the; Local Authority and Schools have committed to supporting the priorities with future resources and funding. Harrow’s local priorities align with the NWL priorities, Harrow CCG want to ensure that funding is utilised locally.

NWL joint priorities	Harrow Local priorities	Expected Outcomes
<p><b>Transforming Pathways</b></p>	<ul style="list-style-type: none"> <li>● <b>Transition</b> is a joint and local priority, our ambition is to increase the transition age up to 25years. Harrow CCG will commit funding for a joint project resource to plan this priority and to scope possibility to join cross-borough and to work with Adult Mental Health. Harrow CCG will commit further funding for the following years to implement and deliver Transition up to 25years.</li> <li>● Harrow’s local priority for a <b>joint Emotional Health and Wellbeing Targeted Service (Tier 2/2.5)</b>. This will be an early intervention/prevention provision, offering open access for Harrow CYP with an <b>identified need</b>. Working to target identified vulnerable CYP in Harrow such as: Children in Need, Children Looked After, and CYP with challenging behaviour, bereavement, life events, school exclusion, OCD, difficulties with eating/sleeping, ADHD and ASD.</li> </ul> <p>To initiate this work Harrow CCG will commit funding in 2015/16 for a Tier 2 clinician (Pilot piece) to begin assessments and for project</p>	<ul style="list-style-type: none"> <li>● Children, young people and parents are engaged with the development of new pathways and services</li> <li>● Children, young people, parents, and professionals know about support options and how to access them, and feel confident and comfortable in seeking support</li> <li>● CYP have a positive experience of mental health services</li> <li>● CYP and their families feel listened to by mental health services</li> <li>● CYP feel safe from harm</li> <li>● Improved access and early intervention</li> <li>● CYP physical health needs are considered alongside their mental health needs</li> <li>● Reduce inequalities</li> <li>● CYP and their families do not feel they are treated differently on account of their mental health</li> <li>● Professionals and referrers have a straightforward and effective way to refer a CYP</li> </ul>

	<p>management of this local priority and the other priorities stated.</p> <p>In the following years, the annual allocation from Harrow CCG will be a contribution to implement and run the new service.</p> <p>This service will be a jointly commissioned service with the Local Authority and buy-in from local schools. Further investment from; the CCG is planned through service redesign, the Local Authority and Schools.</p> <ul style="list-style-type: none"> <li>• Harrow CCG with local stakeholders plan and deliver an Integrated <b>Single Point of Access</b> across Harrow, that will intake and triage referrals quickly, efficiently and also ensure that patients receive a service that is right first time.</li> </ul>	
<p><b>Supporting Co-Production</b></p>	<p>Harrow CCG will invest funding for improving communication with the public utilising young people friendly communication processes and focussing on mental health promotion, information about services and conditions and peer support.</p>	<ul style="list-style-type: none"> <li>• Children, young people and parents are engaged with the development of new pathways and services</li> <li>• Children, young people, parents, and professionals know about support options and how to access them, and feel confident and comfortable in seeking support</li> </ul>
<p><b>Workforce and Training</b></p>	<p>This will be a Localised priority with Harrow LA, PH, VCS and providers, with the possibility to buy-in from cross borough training offer.</p> <p>Locally we will plan to develop and deliver training and support for parents and all professionals in contact with children and young people to identify and respond to mental health needs.</p>	<ul style="list-style-type: none"> <li>• Development of a training and development programme that is accessed by multiple partners, stakeholders and parents</li> <li>• A demonstrable improvement in stakeholders knowledge and confidence in accessing CAMHS</li> </ul>
<p><b>Community Eating Disorder Service</b></p>	<p>The development of an eating disorders service that will cover all ages until 18 years old across all 5 CCGs in line with the new national specification.</p> <p>In order to commence this much needed service quickly we will work with our current provider – CNWL with the potential to market test the service at an early opportunity in 2016/17.</p>	<ul style="list-style-type: none"> <li>• Develop a clear care pathway for eating disorders – agreed with key stakeholders</li> <li>• Improve the awareness of mental health promotion and prevention, supporting a child to access a service at the earliest point for ED</li> <li>• Redress the stigmatisation of mental health support by re-badging it non CAMHS specialist provision as eating disorder services</li> <li>• Improve the referral to treatment time for this service</li> <li>• Improve the treatment to discharge time by providing care closer to</li> </ul>

		<p>home and right time, right offer, right place</p> <ul style="list-style-type: none"> <li>• Offer a choice of provider which the child/young person will want to access</li> <li>• Improve the support to parents/carers</li> <li>• Clear navigation and simple access to the appropriate service</li> <li>• No duplication of services or gaps between services</li> <li>• Service providers working together in different ways in support of individual needs</li> <li>• A range of preventative initiatives that promote resilience and actively target people at risk of ill health and reduce the disease burden</li> <li>• A wide range of primary care, intermediate and rehabilitation services leading up to hospital care</li> <li>• More people avoiding an unnecessary hospital admission and being supported to return home quickly following admission</li> <li>• An integrated service and pathway for all CYP in Harrow with an emotional health or wellbeing need</li> <li>• CYP are not bounced around services</li> </ul>
<p><b>Enhanced support for Learning Disabilities and Neuro Development Disorders</b></p>	<p>Harrow CCG with local stakeholders will develop an integrated pathway for challenging behaviour, ASD and ADHD. Harrow CCG will allocate funding in year 2015/16 to specifically concentrate on mobilising the pathway for ASD and ADHD across Harrow Health and Social Care to prevent escalation of need and offer project resource capacity to the cross-borough, to support alignments where possible in the five years.</p>	<ul style="list-style-type: none"> <li>• More CYP will have access to the appropriate mental health &amp; emotional wellbeing support</li> <li>• Fewer CYP will need to access higher tiered MH services</li> <li>• More support for parents and CYP accessing ADHD &amp; ASD services</li> <li>• Consistent approach to CYP crisis care, building on existing services</li> </ul>
<p><b>Crisis and Urgent Care Pathways</b></p>	<p>Harrow CCG will commit to a joint funded project resource for the financial year 2015/16 to support the development of crisis care pathways and capacity, building on the existing CAMHS-out-of -hours service. Locally Harrow will develop early intervention pathway for personality disorder and align with the integrated pathways for challenging behaviour and other identified needs.</p>	<ul style="list-style-type: none"> <li>• Reduction in admissions to tier 4 beds</li> <li>• Delayed transmissions to allow time for other interventions to be tried</li> <li>• Speedier discharge when children and young people are admitted to tier 4 beds</li> <li>• Children and young people in crisis or with significant needs remain at home where possible</li> <li>• Supporting parents and other carers to look after young people in crisis</li> </ul>

		<ul style="list-style-type: none"> <li>• Prevention of A&amp;E attendances and acute hospital admissions</li> </ul>
<b>Needs Assessment</b>	A Harrow Mental Health Needs Assessment was completed in 2014 along with an updated JSNA. Harrow CCG will work with Harrow Public Health to update and revise the JSNA in line with the CAMHS Transformation.	<ul style="list-style-type: none"> <li>• Identification of joined up services, and gaps in joint working where collaborative commissioning approaches between CCGs, local authorities and other partners can enable all areas to accelerate service transformation</li> <li>• Identification of the skill mix required to address lower level support as part of a preventative programme of support, and identification of services providing prevention and wellbeing services</li> <li>• Assurance that all commissioned treatment is evidence based</li> <li>• Development of further understanding of the requirements of transitional services</li> </ul>
<b>Embedding Future in Mind Locally</b>	Harrow will continue to embed CYP IAPT in Harrow and support the Perinatal priority led by Adult mental health.	

It is recognised that reaching this local aim requires a partnership approach of working, planning and funding between stakeholders. Harrow CCG must lead this priority and ensure the agreed integrated outcomes for this provision are clearly articulated in the transformation plans. To effectively achieve this Harrow partners will be required to share organisational and agency information needed to plan the service going forward and identify their financial contributions to deliver the service.

The joint transformation plan is in draft format, the in-depth joint plan will detail the requirements set out in the transformation guidance, the evidence to support the NWL priorities and the local priorities for each borough.

### 6.0 Governance

In June 2015 a briefing paper on Future in Mind transformation in Harrow was presented to the; Harrow CCG Mental Health Work Stream and Joint children and families commissioning executive board. The report made recommendations to; commit to a NWL transformation plan with local priorities, formally agree the proposed governance structure<sup>1</sup> and to provide a steer on local priorities. Both boards were in agreement of the recommendations based on the proposal being agreed at the NWL Mental Health Transformation Board.

At the NWL Mental Health Transformation Board in July 2015 the Like Minded Mental Health and Wellbeing Strategy for North West London was presented. It was recognised by the NWL Transformation Board and the Like Minded team that much of the young people’s agenda for change is



clearly articulated in the Future in Mind report and there was no need to repeat this work. Therefore the work on Future in Mind CAMHS transformation would constitute the children and young people's element of the NWL Like Minded Strategy.

In light of this it was agreed at the NWL Mental Health Transformation Board on 19th August 2015 that the 8 CCGs across NW London will work together to develop one Local Transformation Plan, which will include a high level strategy for NWL as well as local priorities for each of the boroughs.

The agreed governance for the joint transformation plan is:

- Every CCG is to agree the local governance and sign-off procedure including the HWBB
- Like Minded will oversee final drafted plans
- Plans are signed-off locally through agreed governance
- After local sign-off, transformation plans are to be signed-off at the NWL Mental Health Transformation Board
- Plans are submitted to NHSE for approval.

Harrow CCG has agreed the local governance structure; transformation plans will follow the CCG's internal governance and the agreed structure seen in Appendix 1.

### **6.1 Assurance Process**

It is anticipated that the joint plan will be available for review by the end of September 2015. The NWL Transformation Plan will need to be signed off in each borough by the HWB Chair or by the Director Children Services or Public Health. In light of the tight timescales it may not be possible for the final version of the plan to be passed through all of the formal governance structures prior to submission so a bespoke approach is required to sign off the plan.

The Health & Wellbeing Board are asked to accept this report as the evolving local plan of the transformation work in Harrow, along with the high level priorities and estimated spend for 2015/16. Acknowledge the overarching NWL transformation plan (tabled) will not be available to table at all the governance bodies prior to the submission date. However any changes will be agreed and circulated to the Health & Wellbeing Board and stakeholders, prior to final submission. The Health & Wellbeing Board is asked to delegate the final review before submission to the Like Minded strategy team, who will seek final approvals virtually.

The transformation plan will then be submitted by the deadline of 16th October 2015 along with a self-assessment template, financial tracker and baseline data about current provision. The plan will need to be published in the public domain to ensure transparency and accountability. Following submission the plan will go through a rigorous assurance process at NHSE and the outcome should be communicated to CCGs by the end of October 2015.

NHSE guidance is explicit that the funding awarded to CCGs must be costed against actual transformational work, CCG's are not permitted to use the investment to fund any funding gaps identified in existing services within the CCG or other agencies without a plan to transform the provision.

### **7.0 Next steps for implementation**

Alongside the development of the NWL Transformation Plan the Emotional Behavioural & Mental Health Board will be the Local Implementation Group, to manage delivery of the plan in partnership with local providers. This group will report to the Children's Executive Board each month. Some of the delivery will be Harrow-specific in order to address local gaps, for example the gap in Tier 2 provision.

However, much of the work will be delivered in partnership with Brent and Hillingdon CCGs as aligned neighbours, as well as Central and West CCGs to ensure efficiency and equity. This is imperative for the Eating Disorder service as guidance stipulates that delivery must be managed in this way.

The plan will need to inform CCG commissioning intentions and contracting requirements for 2016/17.

### 8.0 Submission date

On the 16<sup>th</sup> October 2015 Harrow CCG will need to submit the following:

- Local Transformation Plans together with a high level summary
- A completed self-assessment checklist
- A completed tracking templates which will be used to evidence and monitor progress

The period from November 2015 to March 2016 will involve mobilisation of the various aspects of the Transformation Plan, including establishing the necessary infrastructure, recruiting project support to undertake the initial mapping exercise. Implementation and monitoring will continue for the following 4 years.

The funding released for 2015/16 will need to be spent before the end of March 2016, this presents a challenge for CCGs to commit the funding during the months of November 2015-March 2016. NHSE guidance is clear that the funding for transformation plans **must** be spent on transformation. NWL commissioners are currently costing the price for mobilisation of the joint priorities, however we recognise that locally there will be options to spend the funding in order to mobilise the local priorities.

Below are the proposed priorities and estimated costs, these have been discussed with Harrow stakeholders.

### 9.0 Priorities and funding allocation considerations

- The total to spend for transformation for 2015/16 is £304,840.
- The total to spend for EDS for 2015/16 is £121,785

The allocated funding detailed below **ONLY** accounts for the CCG investment from the NHSE Transformation funding. Additional investment to meet some of the priorities below will be from further investment by the CCG through planned service redesign, the Local Authority and Schools.

Priority Number	Priority Description	Implementation Plan	CCG Allocated Investment (draft)
<b>NWL Joint and Harrow Local Priorities</b>			
1	<b>Transforming Pathways – A Tier free system</b>	<ul style="list-style-type: none"> <li>• <b>Transition</b> is a joint and local priority, our ambition is to increase the transition age up to 25years. Harrow CCG will commit £20,000 in 2015/16 for a joint project resource to plan this priority and to scope the possibility to join cross-borough and to work with Adult Mental Health. Harrow CCG will contribute a further £20,000 for the following 4 years to implement and deliver Transition up to 25years. It is expected that other agencies internal to the CCG and external will contribute to this priority through system change.</li> <li>• Harrow’s local priority for a <b>joint Emotional Health and Wellbeing Targeted Service (Tier 2/2.5)</b>. This will be an early intervention/prevention provision, offering open</li> </ul>	<p><b>2015/16:</b> £170,000</p> <hr/> <p><b>2016/17:</b> £270,000</p>

		<p>access for Harrow CYP with an identified need. Working to target identified vulnerable CYP in Harrow such as: Children in Need, Children Looked After, and CYP with challenging behaviour, bereavement, life events, school exclusion, OCD, difficulties with eating/sleeping, ADHD and ASD.</p> <p>To initiate this work Harrow CCG will commit £50,000 in 2015/16 for a Tier 2 clinician (Pilot piece) to begin assessments. A further £80,000 will be committed in 2015/16 to begin the project management of this local priority and the other priorities stated.</p> <p>In the following 4 years, the annual allocation from Harrow CCG will be £230,000 this will be a contribution to implement and then run the new service.</p> <p>This service will be a jointly commissioned service with the Local Authority, with buy-in from local schools. Further investment from the CCG is planned through service redesign, the Local Authority and Schools.</p> <ul style="list-style-type: none"> <li>• Harrow CCG with local stakeholders plan and deliver an Integrated <b>Single Point of Access</b> across Harrow, that will triage referrals quickly, efficiently and also ensure that patients receive a service that is right first time.</li> </ul> <p>Harrow CCG will allocate £20,000 2015/16 towards project planning resource and a further £20,000 for the following 4 years towards implementation and delivery.</p>	<p>2017/18: £270,000</p>
			<p>2018/19: £270,000</p>
			<p>2019/20: £270,000</p>
<b>2</b>	<b>Supporting Co-Production</b>	<p>Harrow CCG will invest £20,000 in year one and £10,000 year on year for improving communication with the public utilising young people friendly communication processes and focussing on mental health promotion, information about services and conditions and peer support.</p>	<p><b>2015/16:</b> £20,000</p>
			<p>2016/17: £10,000</p>
			<p>2017/18: £10,000</p>
			<p>2018/19: £10,000</p>
			<p>2019/20: £10,000</p>
<b>3</b>	<b>Workforce and Training</b>	<p>This will be a Localised priority with Harrow LA, PH, VCS and providers, with the possibility to buy-in from cross borough training offer.</p> <p>Locally we will plan to develop training and support for parents and all professionals in contact with children and young people to identify and respond to mental health needs.</p> <p>Harrow CCG will allocate £20,000 2015/16 towards project planning resource and a further £4,840 each year for the following 4 years to deliver and/or buy-in training based on the training plan.</p>	<p><b>2015/16:</b> No Joint investment. Local £20,000</p>
			<p>2016/17: £4,840</p>
			<p>2017/18: £4,840</p>
			<p>2018/19: £4,840</p>
			<p>2019/20: £4,840</p>
<b>4</b>	<b>Community Eating Disorder Service</b>	<p>In year one, Harrow CCG will contribute £10,000 for project resource to implement the new model, working with CNWL but hosted by Harrow CCG as Contract leads. A further £10,000 is allocated for clinical input into the service</p>	<p><b>2015/16:</b> £121,785</p>
			<p>2016/17: £121,785</p>

		design. The remaining £101,785 will be used for staffing, training, publicity and other costs related to the new model. In the following years, the whole annual allocation will be used for running the new service, commissioned from CNWL.	2017/18: £121,785 2018/19: £121,785 2019/20: £121,785
5	<b>Enhanced support for Learning Disabilities and Neuro Development Disorders</b>	Harrow CCG with local stakeholders will develop an integrated pathway for challenging behaviour, LD, ASD and ADHD. Harrow CCG will allocate £54,840 in year 2015/16 to specifically concentrate on mobilising the pathway for ASD and ADHD across Harrow Health and Social Care to prevent escalation of need and offer project resource capacity to the cross borough, to support alignments where possible in the five years. Through the 2015/16 planning work, we anticipate that this pathway will align with transforming pathways & crisis care priorities and will form part of the joint <b>Emotional Health and Wellbeing Targeted Service</b> as well as the <b>SPA</b> and <b>developing pathways</b> work across NWL.	<b>2015/16:</b> £54,840 2016/17: in priority 5 2017/18: in priority 5 2018/19: in priority 5 2019/20: in priority 5
6	<b>Crisis and Urgent Care Pathways</b>	Harrow CCG will commit £20k to a joint funded project resource for the financial year 2015/16 to support the development of crisis care pathways and capacity. A further £20,000 for the following 4 years towards implementation, delivery and alignment to the CAMHS OOHS service. Locally Harrow will develop early intervention pathway for personality disorder and align with the integrated pathways for challenging behaviour and other identified needs. Harrow CCG will allocate £20,000 2015/16 towards project planning resource. Through the 2015/16 planning work, we anticipate that this pathway will align with Priority 1&5 and will form part of the joint <b>Emotional Health and Wellbeing Targeted Service</b> as well as the <b>SPA</b> and <b>developing pathways</b> work across NWL.	<b>2015/16:</b> £40,000 2016/17: £20,000 2017/18: £20,000 2018/19: £20,000 2019/20: £20,000
7	<b>Needs Assessment</b>	Harrow CCG will work with Harrow Public Health to update and revise the JSNA in line with the CAMHS Transformation	No investment for the 5 years
8	<b>Embedding Future in Mind Locally</b>	The local priorities for Harrow CCG are listed above	As above
<b>Total funding allocations. *NB. This is only LTP allocated funding, additional investment from agencies is expected to achieve priorities</b>			
Total Funding allocation committed			£426,625 inc EDs funding

2015/16 funding applied locally/ jointly across NWL	Outcome
£20,000 applied jointly but delivered locally for engagement	More CYP and stakeholders are involved & engaged in Harrow's transformation plan

<b>£20,000 applied locally</b> for provision to project plan training & access/offer training	An understanding of training needs/ gaps in Harrow, some training delivered/planned
<b>£10,000 applied jointly</b> across 5 NWL boroughs to implement the new model. The remaining £101,785 will be used for staffing, training, publicity and other costs related to the new model	A new ED service is planned for April 2016, with interim delivery Jan-Mar 2016
Transition: <b>£20,000 applied jointly</b> across NWL boroughs to plan transition	A plan for transition priority over next 5 years with milestones and timelines
Joint Emotional Health and Wellbeing Targeted Service (Tier 2/2.5): <b>£50,000 applied locally</b> for a Tier 2 clinician (Pilot piece) to begin assessments/ triage of complex cases. <b>£80,000 applied locally</b> for project management of this local priority and the other local priorities	Full engagement and agreement of new service, with a clear project plan. The pilot piece will be embedded into the new service
Single Point of Access: <b>£20,000 applied jointly</b> across NWL boroughs to plan SPA with a local input	A project plan to mobilise SPA in Harrow locally & NWL
<b>£54,840 applied locally</b> to specifically concentrate on mobilising the pathway for LD, ASD and ADHD across Harrow Health and Social Care	An agreed pathway for LD, ASD & ADHD with a plan for implementation
<b>£20,000 applied jointly</b> across NWL boroughs to support the development of crisis care pathways and capacity	A project plan to develop Crisis care across NWL

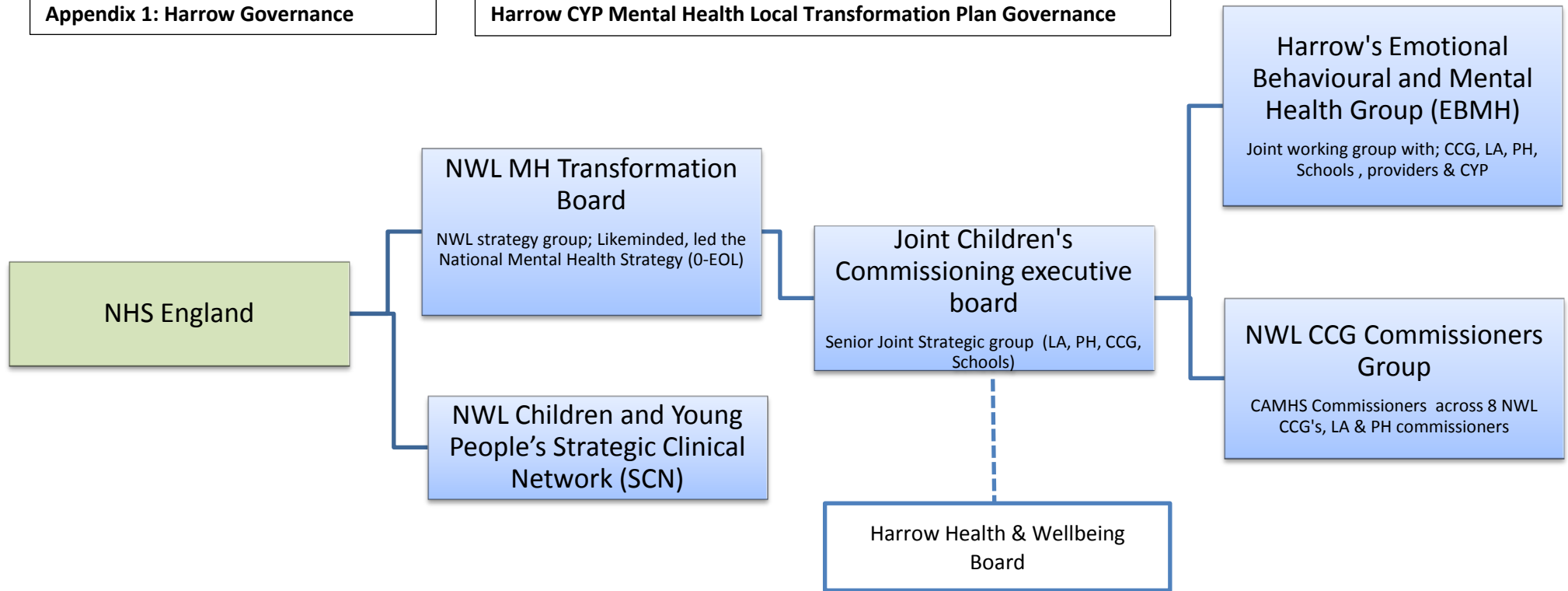
No formal financial commitments have been made to the priorities presented in the report.

#### 10.0 Areas for decision/discussion

- The Health & Wellbeing Board is asked to comment and advise on funding allocations
- The Health & Wellbeing Board are asked to note the details above and provide feedback on any local issues in delivering this plan
- The Health & Wellbeing Board are asked to endorse and adopt the NWL and local priorities for Harrow
- Consider that this is an evolving plan over 5 years, the Health & Wellbeing Board will continue to steer the plans developments
- The Health & Wellbeing Board are asked to sign-off the plan as an evolving document to support the NHSE submission deadline 16th October 2015, and implementation of the transformation plan from October 2015 onwards

**Appendix 1: Harrow Governance**

**Harrow CYP Mental Health Local Transformation Plan Governance**



**Leading National Strategies**

National Mental Health & wellbeing Strategy

Future in Mind Report  
0- 25 years

Harrow Local Transformation Plan governance has representatives from:  
 Harrow CCG • Harrow Local Authority • Harrow Public Health • Harrow Schools • NHSE • Harrow Health & Wellbeing Board • Harrow Providers incl VCS • CYP  
 Representatives from agencies involved in the transformation plan are expected to use their agencies internal reporting governance procedures.

Appendix 1.1: Harrow CCG Governance

# Quality and Safety

