ANNEX A: BRENT CCG

Local information and implementation plans for Brent CCG and Brent Council

1. Background

In March 2015 the government published *Future in Mind*, their strategy for promoting, protecting and improving our children and young people's mental health. With the guidance comes funding to invest in children and young people's mental health services. In order to access this funding, CCGs have been tasked with developing local transformation plans, in collaboration with their local authority colleagues, which clearly outline how this money will be invested.

Across North West London we are collaborating, with support from the Like Minded team, to submit a single plan that defines where we have joint priorities, and where we will undertake specific local work to respond to local needs and current service configuration.

The priorities outlined in the document above are the key steps to transforming current services. In producing a joint vision that has diverse stakeholders, we can bring together resources, capacity and expertise to develop collaborative solutions.

Collaboration is at the core of how we will work – but we recognise that each borough has specific local needs. These are outlined in this Annex. For clarity we are not proposing that there is any cross-subsidisation across North West London. The funding described below, ear-marked for each CCG, will be invested locally in the children and young people in that CCG.

Our ambition for this transformation plan is that by the end of 2020 the children and young people of North West London will see transformed services that better suit their needs, and they will be able to access services at the right time, in the right place and with the right offer in a welcoming environment. We want our new model to be sustainable beyond 2020 – to ensure that future children and our future workforce continue to receive and provide the best quality care we know makes a significant difference.

We will firstly get the basis right – embedding co-production, refreshing our needs assessments and undertaking workforce needs analysis. We will then reduce the waiting times for specialist Child and Adolescent Mental Health Services (CAMHS), ensure a crisis and intensive support service is in place in each borough, develop a comprehensive learning disability (LD) service for children with challenging behaviour and autism, and improve access to community eating disorder services.

We will enhance the role of schools and further education establishments in emotional well-being and commissioning services such as counselling, to support them in their role as the first line response to many children and young people in need.

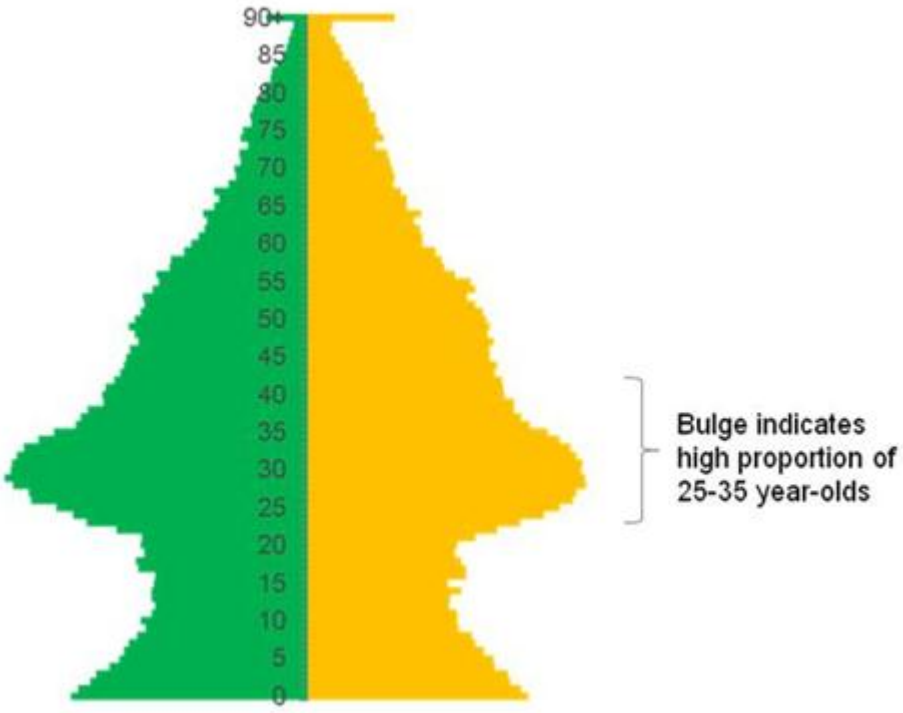
In combination we will take large strides to deliver a fundamental change – as described in *Future in Mind* – and reiterated in the voices of our children and young people in NWL.

The financial allocation for North West London and Brent CCG specifically, is as follows:

	Eating Disorders 15/16	Transformation Plan 15/16	Recurrent uplift
Brent	£163,584	£409,468	£573,052
Central London	£91,557	£229,176	£320,732
Ealing	£211,543	£529,514	£741,057
Hammersmith and Fulham	£100,744	£252,173	£352,918
Hillingdon	£149,760	£374,863	£524,623
Hounslow	£152,983	£382,931	£535,913
Brent	£121,785	£304,840	£426,625
West London	£116,621	£291,914	£408,534
Total	**£1,108,577**	**£2,774,879**	**£3,883,454**

2. Population information

The Brent 2014 Joint Strategic Needs Assessment showed that a quarter (25%) of the population in Brent is below the age of 16. Brent's population in the age group 0-15 years was 73,325 in 2013 (Table 1), 50,142 of who are school age. A total of 33,537 or 92% of school children in Brent are from minority ethnic groups. The percentage of children (aged 16 and under) living in poverty in Brent in 2011 was 28%. This is higher than both the London (26.5%) and England (20.6%) averages.



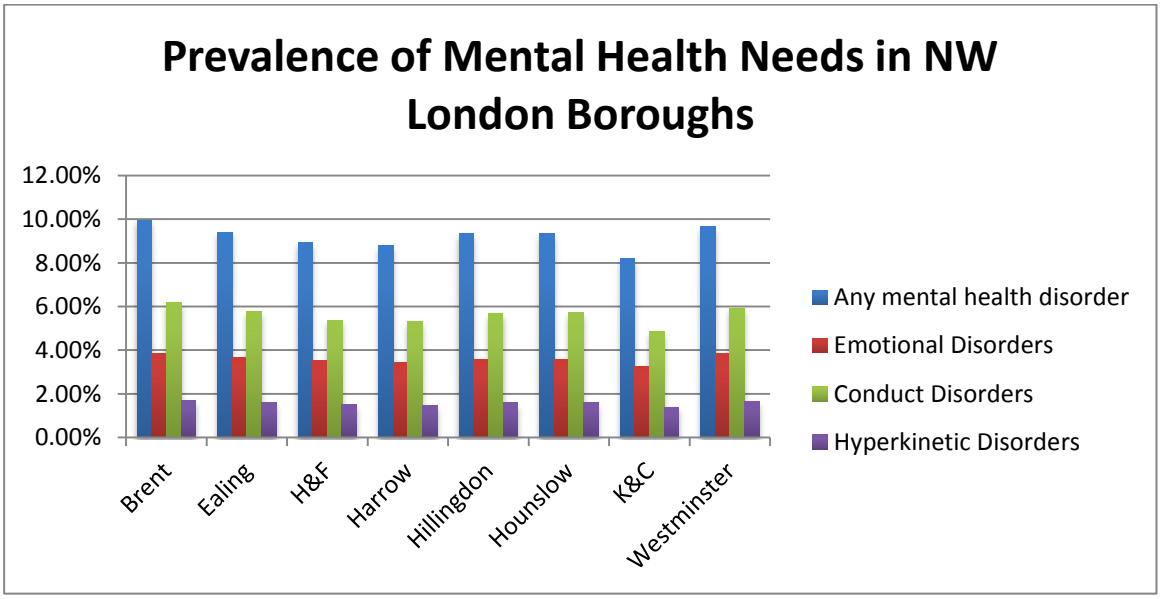
Source of data: GLA SHLAA based population projected population for Brent 2014 (female = yellow, male = green).

Hospital admissions in Brent due to mental health conditions were lower than the England average in 2012/13 among individuals aged 0-17 years. There were a total of 45 admissions for mental health conditions in Brent in 2012/13 among children and adolescents. This represents a crude rate of 62.8 per 100,000 of the population. The England rate was 87.6 per 100,000 of the population.

There were 65 hospital admissions for self-harm related incidents in Brent in 2012/13. This represents a crude rate of 110.9 admissions per 100,000 of the population. The England rate was 346.3 per 100,000 of the population.

The rate of hospital admissions due to alcohol related harm in Brent was lower than the England average during the period 2010/11 to 2012/13. During this period, there were 11 admissions in Brent which represents a rate of 16.1 per 100,000 under 18 years. The England average rate was 42.7 per 100,000 under 18 years of age.

Key population details 2013		
	Brent CCG	**Total NW London**
Number of children	73,325	444,210
Number of school children	50,142	327,072
Rate of LAC	48	48



CAMHS Activity	Brent	NWL
Number of admissions for mental health conditions 2014/15 [1]	66	338
Admission rate per 10,000 children	9.0	7.6

[1] SUS 2014/15. Patients aged 0-17 admitted with a primary diagnosis in ICD Chapter F (Mental and Behavioural Disorders)

Referrals made 2014/15 [2]	1548	9003
Referrals accepted 2014/2015[3]	1137	7118
Referrals per 10,000 children	211	203
First Attendances	1,280	6,745
Follow Up Attendances	5,066	42,516
Total Attendances [4]	**6,346**	**49,261**
First Attendances per 10,000 children	175	152
Follow Up Attendances per 10,000 children	691	957
Total Attendances per 10,000 children	**865**	**1,109**
WAITING TIMES[5]		
Referral – Assessment: Under 4 weeks	16 (29.6%)	97 (35.1%)
Referral – Assessment: 5 - 11 weeks	16 (29.6%)	93 (33.7%)
Referral – Assessment: over 11 weeks	22 (40.7%)	86 (31.2%)
Assessment – Treatment: Under 4 weeks	23 (79.3%)	112 (68.7%)
Assessment – Treatment: 5 - 11 weeks	3 (10.3%)	35 (21.5%)
Assessment – Treatment: over 11 weeks	3 (10.3%)	16 (9.8%)

3. Our local offer

Current Investment in Children and Young People's Mental Health			
	Clinical Commissioning Group	NHSE (Tier 4 CAMHS)	Local Authority
Brent	£2,471,000	£403,629	£235,751
Total	**£3,110,380**		

[2] WLMHT and CNWL Referrals dataset. Includes rejected referrals.
[3] WLMHT and CNWL Referrals dataset.
[4] All attendance data source: Trust Minimum Data Set.
[5] CNWL and WLMHT Monthly Information Return, June 2015

4. Children and young people's mental health transformation plan

As a collaboration of CCGs, we have 8 shared priorities. The table below outlines the shared components of our plans, as well as local detail specific to Brent CCG/Brent Council.

Priority	Priority Description	Implementation Plans	Allocated Investment
1	Needs Assessment	**North West London Common Approach:** The current prevalence, need, services and interdependencies will be mapped out in detail, by either working with Public Health colleagues to refresh existing JSNAs, or commissioning new analysis of local need and provision. This will enable the individual CCGs and boroughs to further develop and refine service requirements for years Two to Five (2016-2020). All CCGs will also work with local Public Health teams to update the assessments if and when new data is available throughout the 5 year period.	
		Brent CCG/Brent Council Local Approach: **Brent** recognises a number of key local priorities (child sexual exploitation, Female Genital Mutilation, and gangs) that warrant further analysis, and will undertake a comprehensive asset based needs assessment[6] to build on existing strengths and social capital within the borough, consider the whole system of children's mental health and wellbeing, and identify opportunities to promote good mental health. In addition Brent, in	2015/2016: £36K No investment in future years.

[6] Foot, J., & Hopkins, T. (2010). A glass half-full: how an asset approach can improve community health and well-being. Local Government Improvement and Development, 32.

		partnership with other CCGs and acute providers, will seek to improve identification of self-harm incidents[7] using a statistical model that draws on the existing Clinical Record Interactive Search system for electronic health records used in A&E departments (linked to Hospital Episode Statistics, HES). This approach has been shown to more than double the number of self-harm incidents that could be identified. This is still likely to be a four-fold under estimate of the level of self-harm, as not all cases are seen by A&E. However, this will give more insight into areas where self-harm and suicide prevention work could be targeted most effectively. This is likely to include targeted awareness raising and training for health and other professionals.	
2	Supporting Co-Production	**North West London Common Approach:** Across the 8 boroughs, we propose to fund local organisations (to be agreed) with particular relevance to local needs, and needs of specific under-served groups, to support young people, parents, and other key stakeholders to be involved in co-production. We will build on the current approach in Hammersmith and Fulham with Rethink – training and supporting young people cross NWL to engage in all children and young people's (CYP) development projects. This will include a youth-led conference on Young People's Mental Health to be held in 2016. We will also build on the good work of our two current Mental Health Trusts in developing and supporting young people who will engage with their peers and input into our transformation work. Working as a collaborative of CCGs, we will share the learning from each area to understand which co-production approach works best with our local communities, and will work jointly with our shared service providers to deliver co-production, where appropriate, on a large scale to reduce duplication.	

[7] following the work of Polling, C., Tulloch, a., Banerjee, S., Cross, S., Dutta, R., Wood, D. M., Dargan, P., Hotopf, M. (2015). Using routine clinical and administrative data to produce a dataset of attendances at Emergency Departments following self-harm. **BMC Emergency Medicine**, 15(1), 15.

		Brent CCG/Brent Council Local Approach: Brent will follow its new public and patient engagement strategy[8] to invest £32,000 in the remainder of year one in improving its multi-agency systems for insight, outreach and communication to children and parents in different segments of its large and very diverse population, and will invest £12,000 annually to sustain engagement and co-production specifically to support the voice of the child in Brent through a combination of in-borough work (involving outreach supported by Brent Council for Voluntary Services), and NWL-wide initiatives.	2015/2016: £32K 2016/2017: £12K 2017/2018: £12K 2018/2019: £12K 2019/2020: £12K
3	Workforce and Training	**North West London Common Approach:** Workforce development and training is one of the eight priority areas for the Children and Young People's Transformation Plan. All 8 CCGs have noted that there is a need for non-specialist training to support greater awareness of mental illness and the ways to identify and support early signs, as well as more specialist needs for particular teams (e.g. eating disorders specialised training for CAMHS staff to increase capacity and reduce recruitment burden). Our workforce development and training plan has three components: 1. Needs analysis – to understand the skills gaps in the current workforce (including voluntary sector). To be completed in 2015/16. 2. Review of current training programmes and packages and commissioning of appropriate options for local needs. To be completed in 2015/16. 3. Delivery of training to workforce and parents (to ensure parents feel confident to recognise signs of mental health needs and seek support). To be commenced in 2016/17 and continued until 2020. A key element of the training packages will be the delivery of a "train the trainer" component to ensure that the local NWL workforce can continue to train their colleagues and peers in how to recognise and respond to mental health needs. This will ensure	

[8] Coulter, A. (2014) Independent Review Of Brent Clinical Commissioning Group's Arrangements For Meeting Its Statutory Duties On Equality, Diversity And Engagement. NHS Brent CCG

		sustainability of this workforce development. As the training needs analysis is completed, this plan may be amended to incorporate learning from this analysis. Each CCG has earmarked a funding allocation for training and development from the Transformation Plan funding, as per the table below.	
		Brent CCG/Brent Council Local Approach: **Brent** recognises the need for multi-systemic training to address the multi-systemic nature of problems for many vulnerable young people involved in gangs and other complex situations that limit their use of mainstream services. The CCG will arrange training (such as AMBIT) to improve inter-agency network effectiveness and evidence-based practice. This training would involve professionals across agencies, and include staff from relevant voluntary sector organisations. Refresher training in future years will be a combination of in-house and bought in sessions. Future years training will also address local priorities that have been identified. It is anticipated that competencies for the managing post-traumatic stress disorder associated with human trafficking, Female Genital Mutilation, and asylum seeking will be a key area. Building on previous work around 'Mellow Parenting', Brent will commission multi-systemic training to deal with the complex needs of younger children and families, particularly when fostering or adopting a child with emotional or mental health issues, is also an area of development, and Brent will work with multi-agency partners to use the training (such as the Solihull Approach) to train-the-trainer. In 2016/17, Brent will consider the findings of work on deliberate self-harm identified in A&E (in Priority One) to consider the particular training needs of A&E staff[9], as their perceived willingness to help is a known factor influencing whether young people go on to seek further help. Funding also will be available to draw on the local training framework to address other priorities that emerge in future years.	2015/2016: £41K 2016/2017: £33K 2017/2018: £33K 2018/2019: £33K 2019/2020: £33K

[9] Mackay, N., & Barrowclough, C. (2005). Accident and emergency staff's perceptions of deliberate self-harm: Attributions, emotions and willingness to help. British Journal of Clinical Psychology, 44(2), 255–267.

		In parallel, Brent CCG will be submitting a bid to Health Education North West London to develop a skills escalator to encourage volunteering to lead to work in voluntary organisations.	
4	Community Eating Disorder Service	**North West London Common Approach:** A new, separate eating disorders service will be developed that will have care pathway provision and seamless referral routes to ensure quick, easy access to and from the current CAMHS service providers, and from referrers outside of CAMHS. This service will be developing to reflect the new national specification for eating disorder services, offering a 7 day service for young people aged 18 or under who have a suspected or confirmed eating disorder diagnosis of: ▪ anorexia nervosa, ▪ bulimia nervosa, ▪ binge eating disorder, ▪ atypical anorexic and bulimic eating disorder The proposed model will include: • Family interventions to be a core component of treatment required for eating disorders in children and young people. • CBT and enhanced CBT (CBT-E) in the treatment of anorexia nervosa, bulimia nervosa and related adolescent presentations. In order to commence this much-needed service quickly we will work with our current providers, CNWL and WLMHT, to commence service provision in 2015/16. As a NWL collaborative, we are developing a tender waiver to share across our CCGs that will specify the need to mobilise services this year, and our intention to market test this service in 2016/17. We will also work with our current providers to develop specialisms of team members who work full time in ED within the current CAMHS service, so that patients can be seen within the current model in addition to the specialist service.	

		Brent CCG/Brent Council Local Approach: Brent CCG, led by Harrow as the contract lead, will work with CNWL to develop the design, skills mix and cost of the service utilising the skills and expertise of existing staff currently working on eating disorders[10]. The commissioners will adapt the national specification and the CCG mental health contract manager will work on the contract variation. A local Transformation Implementation Board will be set up to oversee the implementation of the community eating disorder service. Brent recognises that it has a large 10-29 year old population (the highest risk group for eating disorders), and that while eating disorders have an associated high risk of mortality they are often unrecognised and under diagnosed. Engagement and co-design with young people and frontline professionals in Brent would follow the principles outlined in Priority Two, and would be supported by staff training, and awareness raising, including GP refresher training.	2015/2016: £163,584 2016/2017: £163,584 2017/2018: £163,584 2018/2019: £163,584 2019/2020: £163,584
5	Transforming Pathways – A Tier free system	**North West London Common Approach:** We will move away from tiered services to services that meet the needs of the child/young person and the family. To do this we will need to address particular pinch points - as well as building a new overall model without tiers. Broadly, our proposed model will include: • A Single Point of Access (SPA) across each CCG area or where there is a common provider across several CCG areas, a central SPA • Referral, assessment, treatment, discharge that is evidence based • School based work – both to develop emotional wellbeing and resilience and to identify and support young people with mental health needs • Maintenance – it is crucial to include continued maintenance even after discharge	

[10] Espie, J., & Eisler, I. (2015). Focus on anorexia nervosa: modern psychological treatment and guidelines for the adolescent patient. Adolescent Health, Medicine and Therapeutics, 6, 9–16

		to prevent a young person being re-referred into a CAMHS service The redesigned service will seek to address existing quality and capacity concerns regarding access and **transition**. Providing for a seamless provision a young person is more likely to remain engaged in the service, which will enable them to participate further in education, training or employment. We will continue the roll out of **CYP IAPT** services across NWL, ensuring that all young people have equitable access to this support. We will ensure that our pathways and referral routes incorporate all CYP IAPT providers. All assessment and treatment options will be evidence based, and delivered by a trained and competent workforce who specialise in working with children and young people.	
		Brent CCG/Brent Council Local Approach: In Brent local providers will hold complex case meetings to share learning and agree protocols for collaborative working. Brent also recognises a need to improve targeted services from 2016/17 onwards supporting schools and youth groups, ideally through the voluntary sector who can build on the social capital identified in the asset based assessment (in Priority One). By joint/aligned health and social care commissioning, and reviewing existing investments, mental health advice can be provided to communities and schools and teachers. Brief clinical input can help children cope with mental illness, and reduce the risk of exclusion related to mental health, emotional and behavioural problems. Helping schools improve the pastoral care they offer can reduce the risk of relapse for some children, and support improved wellbeing across the school. The model will be developed with schools and young people (Priority Two) and draw on the experiences of other services supporting schools in NWL. In the context of wider CAMHS system changes, the skill mix of the existing Brent CAMHS team will be reviewed, with consideration of ways to have greater diversity of clinical approaches and professional backgrounds. Where specialist skills are required, there would be consideration of the critical mass across neighbouring CCGs. In addition £134,500 will be allocated for CAMHS waiting list reduction and associated caseload throughput, with particular attention on children Looked After by the Local Authority.	2015/2016: £154,468 2016/2017: £106K 2017/2018: £106K 2018/2019: £106K 2019/2020: £106K

		Joint/aligned health and social care commissioning will be essential for specialist pathways for post-traumatic stress disorder associated with abuse[11][12] (particularly that associated with Child Sexual Exploitation, Female Genital Mutilation, and the emotional trauma of seeking asylum). Brent will review with other CCGs the demand for out-of-area therapy for emergent personality disorder, and explore options to instead develop Multi-Systemic Therapy capability closer to home. Brent will draw on the North West London shared experience to promote awareness to Brent schools, parents and young people of self-help resources (such as Banardo's free 'Wud U?' app to raise awareness, identify and reduce the risk of child sexual exploitation).	
6	Enhanced support for Learning Disabilities and Neuro Development Disorders	**North West London Common Approach:** We will develop an enhanced service within each of the 8 CCGs, streamlining the current service offering and filling the gaps. We will: ▪ **Map local care pathways** and where appropriate reconfigure services or commission additional local provision, commissioning an integrated service from CAMHS and Community Paediatrics; ▪ Develop an **effective strategic link** between CAMHS LD/ND services and special educational needs (SEN) departments, to ensure coordinated assessment and planning of education, health and care (EHC) plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be defined with close working amongst frontline services, clearly defined lead professionals and shared care plans. ▪ **Enhance the capacity of CAMHS** to meet the increasing demand for ASD and	

[11] Mulongo, P., Hollins Martin, C., & McAndrew, S. (2014). The psychological impact of Female Genital Mutilation/Cutting (FGM/C) on girls/women's mental health: a narrative literature review. Journal of Reproductive & Infant Psychology, 32(5), 469–85.

[12] Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women. American Journal of Public Health, 100(12), 2442–2449.

		ADHD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams. ▪ **Provide advice and support to special schools and specialist units** to support early identification of mental health difficulties, advise on behavioural management strategies, and signpost to specialist support if needed. ▪ Develop be clear agreements in place between specialist services and primary care to **support shared care** for young people with LD/ND who require medication. ▪ Connect with **local voluntary sector services** and support groups for young people with LD/ND and their families (e.g. parent-run ASD support group). This will be determined over the course of the first year of funding. In year (15-16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In Year Two (16-17), the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. Year Three (17-18) to Year Five (19-20) will be used to embed the model, develop sustainability and further refine according to borough need.	
		Brent CCG/Brent Council Local Approach: In 2015/16, all NWL CCGs will fund short-term additional staffing capacity to address long waiting times for neurodevelopmental assessments. In the remaining years of the plan, the majority of CCGs will continue some investment in additional capacity for LD and ND pathways to enable sustained improvements in access and post diagnostic treatment and behaviour management plans. Through the 2015/16 planning work, we anticipate that this pathway will align with Priority 5 & 7 and will form part of the joint Emotional Health and Wellbeing Targeted Service as well as the SPA and developing pathways work across NWL. Brent will ensure there is sufficient dedicated clinical capacity for joint paediatric and CAMHS case-management, and appropriate processes and systems for the transition of children and young people into adult services. We will develop a consistent and co-ordinated multi-agency approach to health and social care support for children and young people with SEND from age 0-19 and age 19-25. A SEND joint commissioning strategy has been agreed between health, social care and education to improve the quality of	2015/2016: £96K 2016/2017: £60K 2017/2018: £60K 2018/2019: £60K 2019/2020: £60K

		services and provision for children and young people age 0-25 with SEND with and without an EHC plan.	
7	Crisis and Urgent Care Pathways	**North West London Common Approach:** We aim to ensure that our local offer of support and intervention for young people reflects the Mental Health Crisis Care Concordat. We will also implement clear, evidence-based pathways for community-based care, including home treatment treats and crisis response services to ensure that unnecessary admissions to inpatient care are avoided. We will develop an enhanced service across all 8 CCGs to prevent a crisis leading to inpatient admission and deliver home treatment to children and young people, streamlining the current service offering and filling the gaps. A new service will comprise crisis response and home treatment services and will build on existing work to develop a complete urgent care pathway. We will also work with colleagues in locality authority, public health, and schools to ensure that the prevention of self-harm and crisis avoidance via good mental health promotion forms part of this pathway. Where possible, we will look to work with existing home treatment teams to incorporate CAMHS skills and training into existing services. This would reduce unnecessary duplication, and ensure child/parent issues were effectively covered.	
		Brent CCG/Brent Council Local Approach: Brent will enhance the existing CAMHS-out-of -hours service to develop a multi-agency crisis intervention and home treatment capability[13], linked with adult crisis and home treatment services, paediatric liaison, and youth offending services, and working across CCGs for cost efficiency where appropriate.	2015/2016: £10K 2016/2017: £108K 2017/2018: £108K 2018/2019: £108K 2019/2020: £108K

[13] Boege, I., Corpus, N., Schepker, R., Kilian, R., & Fegert, J. M. (2015). Cost-effectiveness of intensive home treatment enhanced by inpatient treatment elements in child and adolescent psychiatry in Germany: A randomised trial. European Psychiatry: The Journal Of The Association Of European Psychiatrists, 30(5), 583–589.

8	Embedding Future in Mind Locally	**North West London Common Approach:** In addition to the collaborative priorities described above, across all 8 CCGs we will also: - Drive forward delivery of the **CYP IAPT** programme. Within our CQUINs and within Trust plans team members are already working to release staff to attend training increase deliver of CYP IAPT; - Invest in developing more robust **data capture and clinical systems** to enable teams to have a better understanding of current activity; - Link with **specialised commissioning teams for Youth Offending** to understand the levels of youth offending in each borough and the local offer for this group of young people. We will then develop a strategy for ensuring young offenders needs are met by our NWL mental health care and support pathways; - Develop new **perinatal** specifications and implement new parental mental health services. Work is already underway in Hammersmith and Fulham, Brent, and Hounslow where new best practice, NICE compliant pathways will launch in March 2016 and outcomes-based contracting models are being considered. Across NWL we will draw on the learning from these areas.	
		Brent CCG/Brent Council Local Approach: Brent is the exception in North West London for not having a CAMHS-lead role jointly appointed by the CCG and Local Authority; this is a strategic weakness locally. Developing this post will allow us to draw on the economies of scale offered by the North West London 'Like Minded' strategy. In 2015/16, Brent CCG will allocate £40,000 for interim support for the remainder of the year (October to April) to build the links between Brent Children's Trust and the North West London Like Minded Strategy Group, and establish and progress work streams for each priority area in Brent. From 2016/17, Brent CCG would contribute £30,000 annually towards a joint fixed-term post to drive a joint approach to CAMHS development, and provide dedicated commissioning support and capacity. In 2016/17 Brent CCG will provide £60,000 to support a dedicated CAMHS clinical capacity to support young offenders.	2015/2016: £40K 2016/2017: £90K 2017/2018: £90K 2018/2019: £90K 2019/2020: £90K

5. Consultation

On 19 March 2015, the Brent Health and Wellbeing Board held a public event to promote and help develop the Like Minded strategy. This included table discussions on children's mental health services. An update was provided to the Health and Wellbeing Board in June 2015.

Brent Children's Trust was formed to help align commissioning plans between Brent CCG and Brent Council. The Children's Trust has explored issues of mental health in a local context, reflecting local priorities around child sexual exploitation, Special Education Needs and Disabilities.

Brent CCG and Brent Council are members of the 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 NW London 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 NW London Like Minded Strategy.

In light of this it was agreed at the NW London 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 NW London as well as local priorities for each of the boroughs.

Draft plans were discussed with NHS England on 02 October 2015, and the feedback shared with members of the Health and Well-Being Board on 05 October 2015. The NW London joint plan, and the local annex were discussed, with an opportunity for clarification, and to agree sign off arrangements.

6. Next Steps

1. All CCGs and Health and Wellbeing Boards will be asked to sign off the joint North West London Transformation Plan by Thursday 15th October.
2. Like Minded will submit the joint North West London submission to NHSE on Friday 16th October.
3. Feedback will be received from NHSE in November, either requesting further information or approving the plan.
4. If approved, funding will be released to CCGs in November 2015.
5. A local Transformation Implementation Team will oversee the commissioning and delivery of the improvement described in the plan.
6. An update report will be provided to the Brent Health and Wellbeing Board before the end of 2015/16.