

North West London Clinical Commissioning Groups

Children and Young People's Mental Health and Wellbeing Transformation Plan – Supplementary Clarifications

30th November 2015

Supported by Like Minded – The Mental Health and Wellbeing Strategy for North West London



- Brent CCG
- Central London CCG
- Ealing CCG
- Hammersmith and Fulham CCG
- Harrow CCG
- Hillingdon CCG
- Hounslow CCG
- West London CCG

Summary of updated plans

We are naturally keen to update plans for local publication – but for the purpose of providing rapid assurance of the areas raised in our feedback we have collated this supplementary information pack.

Once plans are agreed the details here will be confirmed through local governance processes and slotted into the main Transformation Plan document and CCG specific documents.

The table below cross references feedback where actions required – and the pages in this supplementary document and original submission where detail can be found:

Feedback	Supplementary information	Transformation Plan reference
<ul style="list-style-type: none"> ○ Engagement and partnership – The plan could be further strengthened with inclusion of specific examples of work with Specialised Commissioning and Health in Justice Teams in NHS England as well as work with Youth Justice and the Police. ○ Governance – More detailed governance information for each individual CCG is required. ○ Finances – Further detailed financial information is needed, for example a clear breakdown of costs, current levels of investment in services and a mitigation strategy for any potential underspend. ○ Perinatal service development – Further clarification should be provided in relation to the £1.25 million allocated by Ealing CCG for perinatal health. 	<p>Page 5</p> <p>Page 26</p> <p>Page 16 and trackers</p> <p>Page 11</p>	<p>Page 15</p> <p>Page 48</p> <p>Trackers</p> <p>Not covered</p>
Engagement and partnership		
<p>Inclusion of plans of how North West London plan to continue engagement in the future as well as opportunities for further engagement would be beneficial.</p> <p>The assurance team felt that the plan could have included more detail on joint commissioning - particularly for Hounslow and West London CCGs), and on Crisis Care and IAPT.</p> <p>The assurance team would also like to see evidence that Youth Justice and the Health and Justice team in NHS</p>	<p>Page 7</p> <p>Page 12</p> <p>Page 5</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered in detail</p>

England were involved in the development of the transformation plan.		
Transparency		
Current investment in services is set out in section 4.5. This is broken down by CCG, NHS England specialised commissioning and the Local Authorities. It is suggested that this section of the plan be furthered strengthened as the funding breakdown does not reflect the contribution of Public Health funding or that of funding via youth justice or schools.	Page 16 onwards	Not covered
Level of ambition		
The plan should contain specific references to Transforming Care and how the principles will be reflected throughout the CAMH service.	Page 12	Not covered
Governance		
The governance of the North West London plan is set out in section 9.0, including clear diagrams setting out the formal and informal links. Further detail could be included about how specialised commissioning, youth justice and service users feed into the governance structure.	Page 5	Not covered
Harrow CCG sets out a clear governance structure, representing governance arrangements schematically is helpful in clarifying structures and monitoring risks. However, it is the only CCG who has included this in the individual annexes. Assurers would like to see this information for each CCG.	Page 26	Not covered
Measuring outcomes (Progress)		
Quantifiable information and baselines should be added to those KPIs where it is not included, if that information is not available, the plan should give an indication of when it will be.	Page 15/ Tracker updated	Trackers
The assurance team understands that agreeing KPIs will be an ongoing process, but KPIs could be improved to reflect patient reported outcome measures, goal based outcomes and clinical measures.	Tracker updated	Trackers
Accurate up-to-date information on performance against the CYP IAPT programme should be available and included. It is expected that this data is used to set KPI baselines.	Page 13	Not included
Ealing CCG is requested to clarify the KPI stating that "A new evidence based perinatal pathway is developed and	Page 10	

operations”.		Not covered
Finance		
<p>Further detail is required on the following:</p> <ul style="list-style-type: none"> ○ Given a large proportion of spend is allocated for the Oct-Dec (Q3) period, there is a significant risk of underspend. The assurance team would like to see a mitigation strategy within the plan for any potential underspend ; ○ Spend should be identified as recurrent or non-recurrent costs; and ○ A summary of baseline (current investment) information for each local priority should be provided. 	<p>Page 22</p> <p>Page 18 – limited updates to address this point</p> <p>Page 18</p>	<p>Not covered</p> <p>Page 14</p>
Reviewing the Tracker		
<ul style="list-style-type: none"> • It is suggested that the evidence base for priority 8 in the tracker <i>Embedding Future in Mind</i> Locally should be clarified. • Ealing CCG has allocated £1.25 million funding for improvements to perinatal health services. Given the size of this figure, the assurance team would like further information on how this funding will be used. • Hillingdon CCG has identified priority number 10 in the tracker <i>Reducing long waiting times for assessment and treatment in Tier 3 CAMHS</i>. It is request that this priority is reflected in the action plan. 	<p>Trackers</p> <p>Page 12</p> <p>Page 15</p>	<p>Tracker</p> <p>Tracker</p> <p>Tracker</p>
Eating Disorders		
<p>The assurance team would like to see more quantifiable milestones and goals for the eating disorder service. For example:</p> <ul style="list-style-type: none"> ○ Baseline figures; and • Quantifiable milestones and goals, for example the number of people the service is planning on treating. 	<p>Page 8</p>	<p>Page 28</p>

Engagement with Specialist Commissioning and health in justice teams

In addition to the extensive coproduction identified in our original submission we provide below a summary of additional work specifically to address feedback on engagement and partnership:

We have benefitted from Specialist Commissioner input on the steering group progressing this work this far – and now moving into implementation. In addition NHS England has had a seat on the overall Mental Health and Wellbeing Transformation Board for North West London to ensure a good link to central teams.

We recognise that further work is needed with Health and Justice teams and welcome recent offers of input from the central team. Within ‘Priority 5 – redesigning pathways’ we need to ensure developing models are fully integrated with key services including Liaison and Diversion, Feltham Yol (and other all ages sites such as Wormwood Scrubs) and police custody.

We detail below borough specific work both with health in justice teams and specialist commissioning:

Brent Children's Trust Board provides a multi-agency governance structure for coordinating work on children's services, and has agreed to establish a new sub-group for CAMHS to deliver the Local Transformation Plan. A revised commissioning framework has been agreed. The Health and Well-being Board members contributed to the development of the plan, and have formally recognised the need to make mental health (all ages) an area of focus.

Contact has been made Angela Chigwell (Head of Youth Support Services) to progress development of the YOS-CAMHS role (psychiatric nurse working across the YOS and specialist CAMHS teams). This builds on existing discussions.

The potential to improve children's safeguarding (such as enhancing out-of-hours CAMHS) has been discussed with Mike Howard (Local Safeguarding Children Board Chair) to ensure appropriate multi-agency involvement and overview. This builds on developments in the Local Children's Safeguarding Board governance arrangements.

An existing school counselling service has offered to help engage individual schools in delivering the plan. This builds on their existing infrastructure and relationships.

The local specialist CAMHS team has been involved in developing the proposals, and is supportive of the plan. A further exceptional meeting has been set with the Natalie Fox (Brent Borough Director, Central and North West London NHS Foundation Trust) to consider the immediate local issues for 2015/16, and local proposals for 2016/17, for CAMHS and other services in Brent. This builds on existing discussions on CCG investments and delivery.

Coordination of the joint CAMHS Local Transformation Plan will have dedicated support, and work is in progress to ensure immediate capacity is put in place ahead of substantive recruitment.

Across **Triborough (Central London CCG, West London CCG and Hammersmith and Fulham CCG)** in 2015-16 there have been a series of meetings with NHS E Specialist Commissioning Managers to improve admission and discharge planning and co-ordination. This has included presentations to the Central West Hounslow Hammersmith and Fulham and Ealing (CWHHE) Quality Committee and plans have been made to develop a MOU to improve communication and pathways between inpatient and community provision.

NHS England Case Managers have also met regularly with NWL commissioners as part of the Future in Mind Transformation Plan preparation and also assist regularly with problematic admissions or bed shortage issues.

A CAMHS professional is embedded in each of the three Youth Offending Teams and their roles were reviewed in 2014-15. This work now needs to be revisited in the light of Future in Mind and contact has been established with Betty McDonald the Tri-B Youth Offending Manager with this objective.

The Youth Offending Service (YOS) is also heavily involved with the Tri-B Multisystemic Therapy (MST) team and provides a significant proportion of the referrals. YOS managers are part of the steering group.

Rethink Mental Illness have also completed a piece of work with the YOS to look at co-production and priorities for young people using the service who have MH issues.

The Tri-B CAMHS Commissioner has also been attending the Tri-B Suicide Prevention Group, led by Central London CCG which involves regular discussion and planning with the Police, Public Health and national and local voluntary groups (e.g. CALM, Samaritans etc).

The Tri-B CAMHS Commissioner has also been closely involved in developing the use of Care and Treatment Reviews with NHS England, Senior CCG Managers, LA social care staff, Police and independent and local clinicians and GPs.

Ealing CCG is represented by the Head of Children's Commissioning (Maggie Wilson) on the local performance management board and has worked with the team to devise a health action plans.

The CCG is also represented by the Head of Children's Commissioning on the Think Family Board which has overall responsibility for managing the Troubled Families Programme.

The CCG is represented on the local Vulnerable Adolescents Panel which takes a problem solving/risk sharing approach to planning for vulnerable young people, who are often at risk as victims or as perpetrators.

Ealing Youth Justice Team, NHS England and the CCG have recently met to agree how the new Liaison and Diversion role will support the YJS. A nurse has taken up this role which is being funded by NHS England. Tier three specification for WLMHT is being developed to continue the pathway once young people have been screened and assessed by the Liaison and Diversion nurse. Details of treatment and care planning by WLMHT are to feed in to the YJS integrated plan and enhanced school services. There is also a new complimentary bid to MOPAC to fund alternative places for police interview outside of custodial settings.

The Ealing CCG CAMHS Commissioner has met with Specialised Commissioning, WLMHT and CAMHS Commissioners from Hounslow and Hammersmith and Fulham to solve

problems and share information about processes. The new youth offending project will streamline referral processes for young offenders requiring tier 4.

Harrow CCG currently has a joint funded post with the Local Authority for a CAMHS nurse that is based in the Youth Offending Team. Both the CCG and the Local Authority have agreed to continue to fund this post.

Harrow has a Youth Justice Board (YJB) with good attendance from CAMHS and health safeguarding, going forward the CCG commissioner will attend this board and work with the YJB on planning and implementing the transformation priorities. A member from Harrow YJB will also attend the Emotional Behavioural Mental Health Board in Harrow, which has been identified as the working group for the transformation work in Harrow.

Harrow CCG has put in place a data sharing agreement with Tier 3 services: Tier 3 services gain and share the Step-up (Tier 4) & step- down (Tier 3) of patients with Harrow CCG. The CCG Commissioner has formed a working relationship with the new dedicated Case Manager for NWL (Tier 4), this has already proven to help in assuring appropriate placements for Harrow patients.

The CCG Commissioner also attends and is part of the Troubled Family Programme.

Hillingdon CCG fund 0.5 CAMHS post within the Youth Offending Team and the CCG are represented on the Youth Offending Team Board.

Hounslow CCG is represented by the Joint Commissioner for Children on the Hounslow Youth Crime Management Board and has worked with partners to address key priority areas including commissioning a mental health nurse into the YOS in 2015, and overseeing delivery of the new Liaison and Diversion provision in partnership with NHS England.

The Joint Commissioner for Children works closely with the Case Manager from NHS England Specialised Commissioning regarding Tier 4 placements; trouble-shooting difficulties in identifying suitable placements, jointly attending CTRs for young people with LD/ASD, and planning discharge arrangements for children and young people with complex needs.

Ongoing future engagement with partners

To ensure delivery of our ambitions we will continue to engage

- As NWL through the wider Like Minded programme
- Through co-production with young people and their families (see priority 2)
- Through formal governance arrangements incorporating key local agencies

Specific service additional information

Eating Disorders

Since submitting the original Transformation Plan 6 weeks ago considerable work has taken place with our local providers – and working across North West London. This means we are in a better position to provide additional details of planned services – activity, staffing and models.

	CNWL				
	Brent	Central London	Harrow	Hillingdon	West London
Current number of patients with ED on caseload (month snapshot)	9	11	15	22	12
Number of appointments used for CYP with ED (month snapshot)	11	25	23	31	37
Average number of appointments per patient	1.2	2.3	1.5	1.4	3.1

	WLMHT		
	Ealing	H&F	Hounslow
Current number of patients with ED on caseload (month snapshot)	26	11	17
Number of appointments used for CYP with ED (month snapshot)	56	24	36
Monthly average number of appointments used for CYP with ED (av over M1-M6 15/16)	224	95	147
Average number of appointments per patient	2.2	2.2	2.1
Current number of referrals per annum to CYP ED services	24	6	16
Predicted number of patients with ED on caseload (per month) in 16/17 when new service is operational	39	16	26
Predicted number of appointments used for CYP with ED (per month) in 16/17 when new service is operational	335	142	219

Predicted number of referrals per annum to ED service	36	9	24
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Please note activity occurs within CAMHS clinics and is not routinely captured.

Based on expected prevalence for the 5 CNWL boroughs we would anticipate c.120 cases per year. Similar data for the WLMHT 3 CCGs would suggest 70 cases – therefore a total of c. 190 cases across North West London.

Current WLMHT staffing for ED services:	Ealing and Hammersmith and Fulham	Hounslow
WTE Consultants	0.6	0.1
WTE SPR	1.3	0
WTE Paediatrician	0	0
WTE Clinical Nurse Specialists	0	0.1
WTE Family therapists 8B	0.6	0.4
WTE Family therapists 8A	1	
WTE Psychotherapists	0.2	
WTE Dietitian	0.3	0.2
WTE Admin	0	
TOTAL WTE Staff	4	0.8

Ealing, Hounslow, Hammersmith & Fulham			
Proposed WLMHT staffing for ED services:	Band	WTE	
Service manager	8b	0.1	
Consultants	Cons	0.1	
Specialty Dr	Sp Dr	0.5	
Clinical Psychologist	7	1.6	
Assistant Psych/Admin	4	1	
Family therapist	7	1	
Nurse	7	1	
Nurse	6	1	
Dietitian	6	0.4	
TOTAL Staff		6.7	£370,562
		Non-pay	£20,938
		Overheads	£74,112
		TOTAL	£465,613

Proposed CNWL Staffing based on *Access and Waiting Time Standard for Children and Young People with an Eating Disorder. Commissioning Guide. NHSE. July 2015.*

The workforce below describes plans during ramp up phase to establish team

Proposed CNWL Workforce	WTE
Consultant Psychiatrist	1
Paediatric Consultant	0.2
Team Manager & Therapy lead (8b)	1
Therapy Lead (8a)	1
Therapists (7)	3
Dietician	0.5
Admin	1
	7.7

Perinatal

The original Transformation Plan submission was not clear that the new investment is part of the WLMHT contract held by Ealing CCG, but supports delivery of a new service across Ealing, Hammersmith & Fulham and Hounslow. We provide full details below

Ealing, Hammersmith and Fulham and Hounslow CCGs are working together to commission a perinatal mental health service for local women.

This will be a brand new service for Ealing but will build on existing but small scale services in the other two CCG areas.

The full year equivalent investment is as follows:

- Ealing CCG £501,414
- Hammersmith and Fulham CCG £197,220
- Hounslow CCG £360,297
- Total: £1,058,932.

The differential in the financial contributions bears a relationship to live annual birth rates which are as follows (based on 2013 data):

- Ealing 5,845
- Hammersmith and Fulham 2,299
- Hounslow 4,200

For Ealing, the aim is to fund this service recurrently - though the model may change as a result of lessons learnt from and evaluation of the model.

For Hammersmith and Fulham £100k of the committed funding is recurrent

The service will be delivered by West London Mental Health Trust via a contract variation and will be trialling a community based model of intervention using a multi-professional team approach. A hub and spoke model will be used with administrative bases in each of the three areas and community based service delivery points.

Key milestones achieved

- The specification is agreed
- Staff are very actively being recruited – with successful recruitment taking place in mid-November
- Administrative and service delivery bases are being negotiated
- A communications plan has been developed

The aim is to have the service fully operational for February 2016

Perinatal services in CNWL

Central and West London CCG are enhancing the current service provision with additional resources as an interim measure whilst a full service review is taking place. A series of co-production workshops are in process with the aim of developing a new service model by quarter 2, 2016.

Hillingdon CCG have reviewed the existing service and as a consequence of the review increased the resource to the service to ensure demand meets capacity. Hillingdon provide £153K for perinatal services.

Brent and Harrow have a limited perinatal outreach service from Coombe Wood which was in place prior to NHSE assuming commissioning responsibility for Tier 4 services and this provision continues to be in place.

The NWL Perinatal Innovation and Design Group is working across NWL to share learning from new service developments with commissioners and key stakeholders.

Learning Disabilities and Transforming Care

As part of our redesign of LD and ND services, we will ensure that the principles of Transforming Care are incorporated into our new pathway and service models. Explicitly, we will develop pathways that ensure that when a hospital admission is required for a person with LD or ND, all providers will first ensure that there is no other alternative to admission. Once this challenge has been passed, the person will have an agreed discharge plan developed at the point of admission to ensure they are discharged into community settings as soon as possible. We will also ensure that care and treatment reviews form a fundamental part of our LD and ND pathways and services.

Service Users, providers and commissioners recently came together at an all day workshop to look at adults Learning Disability provision – a key theme of the day is the need to ensure transition is well managed and supported. 35 of the participants volunteered to be part of a network addressing transition issues – reflecting the commitment to change.

Joint Commissioning – Hounslow and West London

The Joint Commissioning Team has been in place in **Hounslow** since November 2014. The Joint Commissioner for Children leads on the commissioning of CAMHS in Hounslow and coordinates the Hounslow CAMHS Partnership Group and Hounslow Children's Delivery Board which bring together the key partners across health, social care, public health, education, the voluntary sector and the local providers to address all issues relating to children and young people and to oversee delivery of the Joint Children and Young People's Strategy, in which mental health is a priority area. The Joint Children's Commissioner works closely with the Joint Commissioners for Children in Ealing and Hammersmith & Fulham to ensure a joined-up approach to commissioning from the local CAMHS provider, and also works closely with the Joint Commissioner for adult mental health in Hounslow to ensure a joined-up approach regarding areas such as perinatal mental health.

West London CCG as part of arrangements with West London and Hammersmith & Fulham CCGs - within the 3 boroughs of Westminster, Kensington & Chelsea and Hammersmith & Fulham has an integrated Joint Commissioning team. In addition to CAMHS commissioning the team also supports wider Childrens joint commissioning.

CYP IAPT

Current performance is described below:

	CNWL				
	Brent	Central London	Harrow	Hillingdon	West London
Number (and %) of supervisors trained in the use of outcome measures for CYP IAPT	2	4	3		5
Number (and %) of clinicians trained in the use of outcome measures for CYP IAPT	3	5	4	*see narrative	7
Funding received for CYP IAPT implementation	£355k*	£415K	*jointly funded	NIL	£370K
Funding utilised for CYP IAPT implementation	£355k*	£325K	*	NIL	NIL

	WLMHT		
	Ealing	H&F	Hounslow
Number (and %) of supervisors trained in the use of outcome measures for CYP IAPT	0	0	1 = 30%
Number (and %) of clinicians trained in the use of outcome measures for CYP IAPT	4.5 = 100%	4.5 = 100%	3 = 100%
Funding received for CYP IAPT implementation	£292k		£85k
Funding utilised for CYP IAPT implementation	£292k		£85k

CORC training has also been used to support teams to roll out use of ROMS as part of CYPIAPT training for those staff who did not go on formal 1 year trainings therefore the numbers do not reflect what has been supported in the teams. CNWL have 5 people who completed CYPIAPT leadership training specifically. With natural churn and move of staff within London, CNWL have 4 trained staff who have subsequently moved to other Trusts meaning the need to provide ongoing training has an impact on the service. Likewise for WLMHT there have been 8 trained supervisors who have since left the service.

Crisis Care

As part of NWL's Crisis Care Concordat plans a number of developments support an improved crisis response. For adults we have agreed plans for a Single Point of Access phone number 24/7, 365 days of the year. CAMHS out of hours services were developed as part of the previous NWL mental health strategy and service are being implemented in both Trusts.

This includes dedicated CAMHS nurse during extended evening hours whilst 24/7 demand is assessed. The aim is to develop and set up a nursing team which will provide the first point of contact for Children and Young People with mental health problems presenting out of hours. The service will cover all paediatric services in the acute hospitals in the trust area including A&Es.

The service will also be the first point of contact for Urgent Care Centres, 136 suites, GPs, other stakeholders OOH, and adult mental health wards where young people are admitted. The service will provide training to staff working in Paediatric services and an advice and support service to Paediatric services where there may children in need of mental health support on the wards who do not meet the threshold for a referral to a community CAMHS team. The service model was coproduced with Young People who had used Out of Hours services previously.

CAMHS Baseline Waiting times

	CNWL				
	Brent	Central London	Harrow	Hillingdon	West London
Current referral to treatment waiting time (in days) for general CAMHS services	79	60	68	77	39
Current referral to treatment waiting time (in days) neurodevelopmental disorder assessment	260				
Current referral to assessment waiting times for emergency referrals (in hours)	4	4	4	4	4
Current referral to assessment waiting times for urgent referrals (in hours)	24	24	24	24	24
Current number of CYP on CAMHS waiting list				228*	

*Hillingdon will use funding from 2015/6 to employ a band 7 nurse to undertake treatment for those on the waiting list at Tier 3 CAMHS. He will see 25 patients per week, on average. There are 49 CYPs on the current waiting time for treatment, with waiting times of 46 weeks. In the tracker document this is referred to as priority 10

Response times are in hours - emergency response to A&E are within 1 hour

Waiting for specific presentations eg neurodevelopmental is described by outlier as CNWL focus on those exceptions.

IT systems - we have the issue of double entry for COMMIT and JADE (CNWL clinical system) however we do have the ability to enter ROMS on the clinical Ipads purchased with CYPIAPT budget. The Trust is moving to SystmOne next year and the CYPIAPT/COMMIT IT needs has been raised and is being worked with as that project moves forward.

	WLMHT		
	Ealing	H&F	Hounslow
Current referral to treatment waiting time (in days) for general CAMHS services	28	14	28
Current referral to treatment waiting time (in days) neurodevelopmental disorder assessment	365	182.5	365
Current referral to assessment waiting times for emergency referrals (in hours)	4	4	4
Current referral to assessment waiting times for urgent referrals (in hours)	24	24	24

Outcomes

Waiting times are a critical outcome for Service Users – but we recognise that more work is needed with our Service Users and other stakeholders to define the right measures for our services – Patient Reported measures and meaningful outcomes. Our KPIs listed in the Tracker suggested where we believe our early work should focus and on some ‘outputs’ from 2015/16. We believe a refreshed set of outcomes will be needed as we move into future years of service planning and delivery

Activity and financial position – mitigation strategies

In our original submission we provided some information in the Tracker document – this has been updated (see attached) but we also provide more detail below – and our agreed plans to fill the gaps working jointly across the system, where data is not routinely collected and we do not have easy access to the information we need

In particular we provide more detail in Eating Disorder as this is the area that we have been pushing to make rapid strides on in the short term to enable the new service to commence on a solid footing as soon as possible:

We described the overall current spend on Children and Young People’s Mental health services:

Current Investment in Children and Young People’s Mental Health			
North West London Area	Clinical Commissioning Group	NHSE (Tier 4 CAMHS)	Local Authority
Brent	£2,471,000	£403,629	£235,751
Ealing	£2,300,000	£464,145	£1,824,971
Harrow	£1,600,000	£366,564	£270,000
Hillingdon	£2,079,226	£388,866	£667,700
Kensington & Chelsea	£2,762,562	£403,040 (West London CCG)	£379,328
Westminster	£1,631,347	£389,130 (Central London CCG)	£638,420
Hammersmith & Fulham	£2,010,863	£409,212	£512,000
Hounslow	£2,629,659	£74,009	£717,000
Total	£17,484,657	£2,898,595	£5,245,170

We have been working to establish more detail – including clarifying with Local Authority which includes Public health to clarify planned changes to investment in 2016/17 and beyond. It is fair to say that we have more detail from some CCGs/boroughs than from others. It is recognised that we need to have a comprehensive understanding of spend across all sectors and we have commitment from our Directors of Childrens Services to work with us to develop this fuller picture. There is considerable sensitivity about releasing information. Where we have joint commissioning functions it has been possible to secure more details – see Harrow example below – but this is not always the case.

Harrow example		
Public Health	Youth Justice	Schools
£110,000	£32,000 (CCG & LA)	£400,000 (unconfirmed)

We provide below details of existing spend (in addition to Transformation Plan Funding). We recognise that there are still gaps from schools and also public health. There is currently some reluctance from some local authorities to release details of funding which may be subject to significant change. We have requested funding details from youth justice teams and are working with public health teams. School based provision will be a longer term piece of work since this requires conversations at a school based level.

Timeline to establish full current spending:

	Target date	Note
Public Health	January 2016	Details provided by below where possible
Education and schools	Ongoing	Challenging due to individual nature of funding decisions at school level
Youth Justice	December 2015	
Local authority – plans for 2016/17	January 2016 following agreement in December	Details provided by Ealing, Westminster, K&C and H&F

Triborough information:

Public Health have no dedicated CAMHS preventative spend. There are a series of initiatives that impact on CAMHS, and Public Health have consulted with local clinicians and commissioners. This includes

1. Re-commissioning school nursing
2. PH report of training needs and YPs Mental Health
3. Re-commissioning Substance Use Services
4. Prevention of Suicide Group

Youth Offending Teams across the three CCGs have an embedded CAMHS worker supporting young offenders.

There are almost 200 schools across the three local authorities. A 2014 Triborough Task and Finish Group engaged with schools in all three LAs and found a mixed picture. Schools, on an ad hoc basis, have purchased input from counsellors, art therapists, family therapist and psychotherapists. These are individually contracted arrangements between schools and individuals. Mapping these initiatives (and spend) accurately with significant school autonomy is difficult if not impossible.

Brent detail

17 schools are paying a total of £161,600 in 2015/16 for the TAMHS project The Local Authority is paying £105,000 towards this service.

Public Health gave a one off grant of £30,000 for a Mental Health in Schools Programme for 2015/16 to include training for school staff and workshops for parents.

15 schools in the borough have The Place to Be (cost unknown by LA)

Many schools have their own school counsellors employed, and use a range of agencies for CAMHS support: e.g. Brent Centre for young people, Anna Freud Centre (cost of these unknown by LA)

Current spend in each CCG (without planned additional investment from Transformation Plans)

Priority	Harrow 15/16	Hillingdon 15/16	Hounslow 15/16	Ealing 15/16	Brent 15/16	Central 15/16	West 15/16	H&F 15/16
2. Co-production						Investment with Rethink Mental Health to support young champions across all three CCGs. £25k		
3. Workforce training and development				Annual Young People's health conference for health professionals. Spring conference 2016 to promote integrated whole school approach to emotional wellbeing and mental health needs.				H&F local authority fund joint Educational Psychology and CAMHS training for school staff and other professionals . £33k
4. Eating disorders	£104k (approx)							
5. Redesigning Pathways		Waiting lists £120k	Schools fund 31% of the Youth Counselling Service at present (total budget £280k so approx. £86,800) and	The Local Authority/CCG funded healthy schools team works on a number of mental health related issues. For example				

			the education department employs 4 specialist teachers as part of the CAMHS team.	suicide and self harm guidance has been developed for schools. An emotional resilience pack is also being developed for schools. FGM guidance and training has been provided to schools as well as guidance on radicalisation.			
6. ND and LD	£97k (approx.)	£199k		LA funded team providing intensive support to families (DGV) CCG funding is contained within block contract £94k	The LA commission WLMHT to provide direct interventions for children with LD and support to carers of Children Looked-After (CLA) in a single contract, this has been broken-down on very approximate activity basis. PH £0 LA £200K CCG £130k	LD and ND services are delivered by both CNWL and WLMHT as part of their block contract. In each CCG area 1-2 staff are dedicated to LD and ND work. Figures provided are therefore indicative: £70,000 to 100,000 for each CCG area. £225k to 300k	

7. Crisis and urgent care	£104k (approx)	OOH services £330k		CCG funds CNWL to provide out of hours support. £42,000	CCG £140k	<p>NWL CCGs committed to improving out of hours crisis care in 2015-16. CL, WL and H&F CCG have increased investment with CNWL and WL MHT to provide waking psychiatric nurses in the evenings, weekends and bank holidays. Services are still being developed (recruitment underway) by CNWL and WL MHT. Figures are indicative.</p> <p>£99k (HF) £89k (CL) £82k (WL)</p>	
8. Embedding Future in Mind			<p>In 2015/16 Hounslow CCG has invested £133k in a new CAMHS Out of Hours model, £87k in CAMHS Paediatric Liaison, £58k in a CAMHS Nurse in the YOS, £93k in adding capacity to the neurodevelopmental service, £15k in adding</p>	<p>The Liaison and Diversion role in the Ealing YJS is funded by NHS England and is one FTE Band 7 nurse post (about £50k).</p>	<p>£10938 is the support to carers of CLA and the children's social workers £40,512 is CAMHS input to a Family assessment service (now decommissioned) provided by Tavistock & Portman Trust</p>	<p>CL & WL plan to deliver a joint short term project on early years, attachment, and early intervention, working with CNWL. Short term scoping work on utilising new technologies and social media opportunities will also be undertaken.</p> <p>£48k (CL) £29k (WL)</p>	<p>HF will fund short term project to map improvements in data accuracy and opportunities presented by new technologies and social media. This will include timely and high quality provision of education health and care plans. 34,000 (HF)</p>

			capacity in the Youth Counselling Service, £25k in a public health Resilience programme (all funded through parity of esteem investment) – posts still in recruitment so spend not expected until Q4.				
CYP IAPT	NHSE £22k (approx.)			NHS E £28k	NHSE £26.5k		
General points		The remaining CCG spend is the block contract of £1.43M		LBE Public Health spend focusses on adult mental health not children's mental health services.			

Mitigation plans for 2015/16 spend

In addition to the overarching mitigation plan detailed below each CCG has adapted this to address specific local challenges. The approach described reflects the dispersed leading we have applied to progressing priorities locally, across the MHT patches and across NWL.

In the original Transformation Plan we provided details of risks to delivery – the table below is a subset of our overall risk register which specifically addresses the risks relating to in year spend. The risks register is a dynamic document and as such may not be appropriate to publish within the final Transformation Plan.

The monthly CAMHS Steering Group reviews the risk register – and financial projections and actuals.

Priority No	Element	Risk	Probability	Severity of Impact	Impact Rating	Status	Date Logged	Owner	Mitigation Plan/Status
1. Needs Assessment	JNSA for CYP for 5 CCGs (excludes Brent, Hillingdon & Harrow)	Appropriate provider unable to complete detailed JNSA within timescales	2	1	2	Open	23/11/2015	Like Minded	Like Minded have drafted specification for comment. Once agreed, provider to be procured through existing routes. Possibility to extend period for completion of the assessment in to Q1 2016/17
2. Co-production & Engagement	Co-production	Infrastructure or resource to meet specification requirements not agreed	2	3	6	Open	23/11/2015	Local CAMHS Commissioners	Discussions taking place with local organisations within each CCG. A spec drafted to support these discussions and ensure rapid agreement.

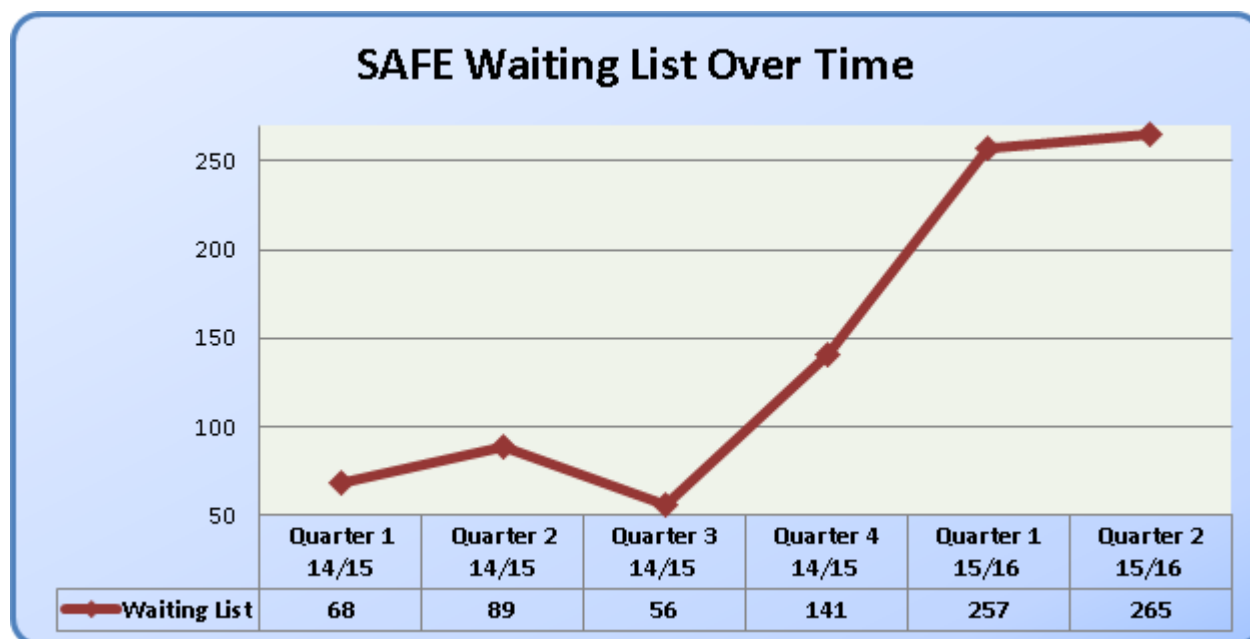
3. Workforce & Training	Training needs analysis & training programme review	Appropriate provider unable to complete detailed TNA and programme review within timescales	2	1	2	Open	23/11/2015	Like Minded	Like Minded have drafted specification for comment. Once agreed, provider to be procured through existing routes. Possibility to extend period for completion of the assessment in to Q1 2016/17. Any developing short fall will be considered for a short term primary care preventative young people's mental health initiative.
3. Workforce & Training	Selected number staff to be trained	Training does not cover wide enough spread	3	4	12	Open	23/11/2015	Local CAMHS Commissioners	Staff training starts on booked in 15/16. Discussion to take place with providers/voluntary sector providers re provision.
4. Community Eating Disorder Service	New eating disorder service to be commissioned by 3 CCGs from WLMHT and 5 CCGs from CNWL.	Lack of baseline activity from WLMHT will impede contractual process Baseline activity received from CNWL.	4	3	12	Open	23/11/2015	WLMHT /CNWL/ Local CAMHS Commissioners	Plan in place to gather baseline data and set clear expectations re service delivery in Q3/Q4.
4. Community Eating Disorder Service	New eating disorder service to be commissioned by 3 CCGs from WLMHT and 5 CCGs from CNWL.	Inability to recruit staff to work within ED service will impact on new service development	3	4	12	Open	23/11/2015	WLMHT /CNWL/ Local CAMHS Commissioners	Agency staff to be employed on interim basis. Providers to consider hiring on an interim basis a Project Manager, administrator and psychology assistant(s) to support

									data processing and service outcomes in 2015/16
5.Transforming Pathways	Redesign of CAMH pathways	Scoping exercise is not completed satisfactorily within given timescales	2	2	4	Open	23/11/2015	Like Minded/ Local CAMHS Commissioners	Like Minded have drafted a specification for the pathway redesign project.
5.Transforming Pathways	Clearing waiting lists	Inability to recruit staff to reduce waiting lists	3	4	12	Open	23/11/2015	Local CAMHS Commissioners	A plan is being negotiated presently to address recruitment issues and waiting list targets for community CAMHS.
6. Learning Disabilities & Neuro Development Disorders	Clearing waiting lists	Inability to recruit staff to reduce waiting lists	3	4	12	Open	23/11/2015	Local CAMHS Commissioners	A plan is being negotiated presently to address recruitment issues and waiting list targets. Agency staff to be utilised to speed up delivery.
8. Embedding Future in Mind Locally	CAMH input in to youth offending	WLMHT Specialist Tier 3 Practitioner not in post until end of March 2016 CNWL YOT plans for increased capacity not realised	3	4	12	Open	23/11/2015	CNWL/ WLMHT /SB/AC/ TP	Specification to be finalised by end November 2015. 20K allocated for agency cover on interim basis, including money for resource development across the Trusts/LA for client electronic record systems.
8. Embedding Future in Mind Locally	CYP IAPT programme continues and delivers robust data capture and clinical delivery.	CYP IAPT programme stalls. Data collection is inadequate.	2	2	4	Open	23/11/2015	CNWL/ WLMHT /SB/AC/ TP	Across the Tri-borough, 45K allocated for 2 WTE Assistant Psychologists for manual data collection, whilst robust data systems are further developed.

Ealing example of local mitigation – priority 5

100K 15/16 funding to be used over 13 weeks Q4

1. Employ interim staff – 2.5 wte Band 7 Clinical Psychologists plus 1 wte Band 3 Administrator
2. Waiting list currently in SAFE



3. Reduce the waiting list down from current 6 months to 28 day target
4. Enable the service to re-organise its practices to focus on throughput

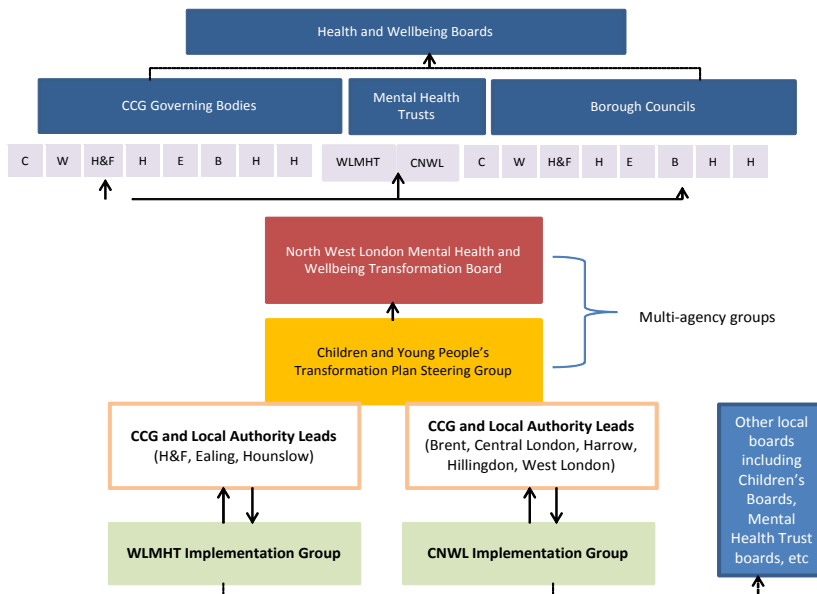
9.0 Governance – NWL and locally

In developing our plans – and in ensuring we continue to work collaboratively across North West London - we have a clear governance structure at the NWL level. We also know that transformation happens at the local level and much of our plans will be delivered locally. Each CCG has a clear structure for engaging different agencies in delivering change – these ensure connections to local decision making bodies in CCGs and Local Authorities as well as the right links to wider Childrens work and Mental health developments:

The Transformation Board at a NWL level has NHS England representation providing a clear link to specialist commissioning and Health in Justice teams.

We provide below local governance charts (excluding Harrow that was previously submitted) for each CCG/borough in NWL.

NWL Governance (as per submitted Transformation Plan)



Brent

Key: Local Groups

