# North West London Clinical Commissioning Groups

# Children and Young People's Mental Health and Wellbeing Transformation Plan

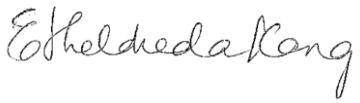
In response to *Future in Mind*

October 2015

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

## Declarations of Support

**Brent**

| | |
|---|---|
| Name: Dr Etheldreda Kong<br>Position/Organisation: Chair, NHS Brent CCG and Vice Chair of Brent Health & Well Being Board<br><br>Date: 15/10/2015  | Name: Cllr Muhammed Butt<br>Position/Organisation: Chair of Health and Wellbeing Board for Brent<br><br>Date: 14/10/2015  |

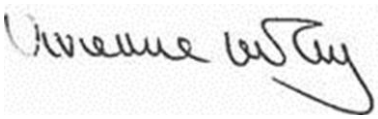
**Central London**

| | |
|---|---|
| Name: Matthew Beazley<br>Position/Organisation: Managing Director, Central London CCG<br><br>Date: 15/10/2015  | Name: Cllr Rachael Robathan<br>Position/Organisation: Chair of Health and Wellbeing Board for Westminster<br><br>Date: 16/10/2015  |
| Name: Andrew Christie<br>Position/Organisation: Tri-borough Executive Director for Children's Services<br><br>Date: 15/10/2015  | |

**Ealing**

| | |
|---|---|
| Name: Dr Mohini Parmar<br>Position/Organisation: Chair, Ealing CCG<br><br>Date: 16/10/2015  | Name: Councillor Julian Bell<br>Position/Organisation: Leader of Ealing Council and Chair of Ealing Health and Wellbeing Board for Ealing<br><br>Date: 6/10/2015  |

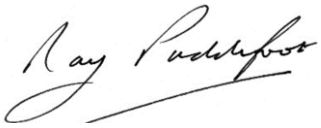
**Hammersmith and Fulham**

| | |
|---|---|
| Name: Cllr Sue MacMillan<br>Position/Organisation: Lead Member for Children and Young People, The London Borough of Hammersmith and Fulham<br><br>Date: 15/10/2015  | Name: Cllr Vivienne Lukey<br>Position/Organisation: Chair of Health and Wellbeing Board for Hammersmith and Fulham<br><br>Date:15/10/2015  |
| Name: Janet Cree<br>Position/Organisation: Managing Director, NHS Hammersmith and Fulham CCG<br><br>Date: 15/10/2015  | Name: Andrew Christie<br>Position/Organisation: Tri-borough Executive Director for Children's Services<br><br>Date: 15/10/2015  |

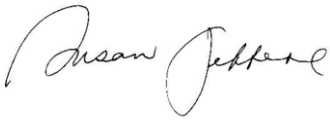
**Harrow**

| | |
|---|---|
| Name: Dr Amol Kelshiker<br>Position/Organisation: Chair of Harrow CCG<br><br>Date: 16/10/2015  | Name: Cllr Anne Whitehead<br>Position/Organisation: Chair of Health and Wellbeing Board for Harrow<br><br>Date: 14/10/2015  |

**Hillingdon**

| | |
|---|---|
| Name: Cllr Ray Puddifoot<br>Position/Organisation: Leader of London Borough of Hillingdon and Chair of Health and Wellbeing Board Hillingdon<br><br>Date: 14/10/2015  | Name: Dr Ian Goodman<br>Position/Organisation: Chair of Hillingdon CCG<br><br>Date: 15/10/2015  |
| Name: Jeff Maslen<br>Position/Organisation: Chair of Hillingdon Healthwatch Board<br><br>Date: 14/10/2015  | |

**Hounslow**

| | |
|---|---|
| Name: Cllr Steve Curran<br>Position/Organisation: Leader of the London Borough of Hounslow<br><br>Date: 15/10/2014  | Name: Sue Jeffers<br>Position/Organisation: Managing Director, NHS Hounslow CCG<br><br>Date: 15/10/2015  |

**West London**

| | |
|---|---|
| Name: Louise Proctor<br>Position/Organisation: Managing Director, NHS West London CCG<br><br>Date: 15/10/2015  | Name: Cllr Mary Weale<br>Position/Organisation: Chair of Health and Wellbeing Board for Kensington and Chelsea<br><br>Date: 15/10/2015  |
| Name: Cllr Elizabeth Campbell<br>Position/Organisation: Lead Member for Children and Young People, The Royal Borough of Kensington and Chelsea<br><br>Date: 15/10/2015  | Name: Andrew Christie<br>Position/Organisation: Tri-borough Executive Director for Children's Service<br><br>Date: 15/10/2015  |

## 1.0 Supporting improved mental health and wellbeing for children and young people in North West London

The 8 Clinical Commissioning Groups (CCGs) in North West London (NWL) are committed to improving mental health and wellbeing for their populations in the widest sense. In February 2015 they launched the development of Like Minded – the NWL strategy for Mental Health and Wellbeing. The publication of *Future in Mind* was timely – and the CCGs have framed their work on Children and Young People to focus on how we implement *Future in Mind* across our 8 boroughs.

To that end we are submitting a single plan – which defines where we have joint priorities, and where we will undertake specific local work to respond to local needs and current service configuration. Through working together we can learn from good practice – and ensure best value and flexible services for our populations.


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

We have agreed shared priorities – but also principles for how we work: addressing inequalities and responding to specific needs across our diverse populations, co-producing, working jointly where possible and focusing on clear outcomes.

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

We have joined together as a collaboration of 8 CCGs in NWL as we see a number of clear benefits from working together on our mental health priorities. These include:

- An over-arching perspective of the picture across NWL: instead of reviewing the health needs and services available for young people in one borough, we can get a clear picture of the situation across our wider geographical area. This gives us a richer understanding of the demands on our services, the challenges we face, and the different areas in which we can benefit from working closely with our neighbouring boroughs with similar needs;
- Economies of scale: allowing us to pool our resources and jointly invest in project management, commissioning of needs assessments, and buying of services such as communication campaigns;
- Sharing of learning: we can draw on the experience of other CCGs, learning from Harrow and Hillingdon's recent needs assessments, and from the Child and Adolescent Mental Health Services (CAMHS) school link pilot in Hammersmith and Fulham;
- Reduction of duplication: instead of each borough developing draft specifications for new CAMHS services, we can work as one to develop services that reflect the needs of all our children and young people which reduces duplication and ensure consistency of

approach across boroughs. This is particularly beneficial for our transient young population;
- Equity in provision across NWL: by working together to ensure our CAMHS services, crisis response offers, and Eating Disorder (ED) services are all working to the same specifications, we can ensure that young people in NWL receive good quality mental health care and support, irrespective of which borough they live in;
- Collaborative working with our 2 mental health trusts: working together to develop ED services that cover several boroughs not only makes sense in terms of footprint coverage, but also frees up time and resource for our trusts to deliver services rather than negotiate contracts and performance management with 8 different CCGs;
- Links to the Like Minded Mental Health Strategy for NWL: working in collaboration with the Like Minded team, we can ensure that any of the developments we are planning for children and young people are both informed by, and also inform the development of the NWL strategy.

Alongside our collaborative approach, we continue to keep a local focus to ensure the specific needs of each borough are reflected in our overall plans. The 8 priorities of our Transformation Plan are shared across our CCGs; the individualised approaches to delivering these priorities are summarised in each section of this report and in further detail in each CCG's local annex. For more detail on each CCGs local plans, please refer to:

- Annex A: Brent CCG
- Annex B: Central London CCG
- Annex C: Ealing CCG
- Annex D: Hammersmith and Fulham CCG
- Annex E: Harrow CCG
- Annex F: Hillingdon CCG
- Annex G: Hounslow CCG
- Annex H: West London CCG

Following the recent report of the Children and Young People's Mental Health Taskforce, *Future in Mind*, the Government announced increased funding for children's mental health services to the total of £1.25 billion over five years. The allocation for NWL is below:

| | Eating Disorders 2015/16 | Transformation Plan 2015/16 | 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 |
| **Harrow** | £121,785 | £304,840 | £426,625 |
| **West London** | £116,621 | £291,914 | £408,534 |
| **Total** | **£1,108,577** | **£2,774,879** | **£3,883,454** |

It is important to note that this Transformation Plan is an evolving document; as we produce our needs assessments and begin our implementation planning, the details of what, how, and when we deliver against each work stream may change to reflect new information, new approaches, and new constraints. We will work flexibly within these priorities to ensure that the overall objectives of each of our priorities are met for the 5 years of this plan. Once agreed with NHSE, we will publish our plans and updates on our Healthier NWL website.

## 2.0 Our Ambition and Vision for the Future

We want to be bold about the need for change for our children and young people. We recognise the unique opportunity to design a new system which, in 5 years, looks substantially different from our current services – and addresses the needs and issues our young people tell us currently exist. We want to resist being constrained by traditional boundaries – of tiers, organisations, funding mechanisms and criteria – and develop clear, co-ordinated, whole system pathways that improve co-ordination between agencies and stop young people falling through the gaps.

We are working in partnership across NWL to capitalise on shared learning, improve co-ordination, and benefit from economies of scale. Jointly we believe that our plans will mean that by the end of 2020 the Children and Young People of NWL will see a transformed service that better suits their needs, and they will be able to access services at the right time, right place 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.

The core principle of our single Transformation Plan has been to work together on a joined up approach, whilst always ensuring we recognise and build on specific local needs and differences in current service provision across health, education and social care. In taking a new and ambitious approach we will need to ask some challenging questions:

- About the age of young people within our services – can we extend services to young people up to 25 years of age?
- About the provision of inpatient beds currently funded via NHS England – can we ensure that our inpatient beds are used only by our local young people?
- About the potential for smoother pathways through joined up commissioning and management – can we work together to remove the barrier between organisations and funding streams?
- About the extent to which Local Authorities (LAs) continue to fund the range of services to which they have historically committed – can we ensure that our CCGs and LAs work together on these plans to develop new, innovative approaches rather than plugging funding gaps created by budget cuts?

We have asked ourselves these questions and developed our plans to reflect our shared commitment to a co-ordinated, whole system pathway for children and young people's mental health.

Our priority areas reflect both some short-term immediate areas of impact – and a commitment to an ambitious programme of transformational change. We provide detailed plans for our work in 2015/16 and into 2016/17. This work will inform our future models and our proposed funding and associated resource will be further refined for future years as we continue to co-produce new ways of working across the system.

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 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 ED 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.

## 3.0 Understanding local needs

In NWL, ensuring good mental health and wellbeing for our children and young people is a priority. We know there is a need to reach out to more young people and to improve the services children and young people receive when they have mental health needs. A snapshot of mental health needs across the UK shows us that:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class[1];
- 75% of mental health problems in adulthood (excluding dementia) start before 18 years[2];
- Between 1 in 12 and 1 in 15 children and young people deliberately self-harm[3];
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time[4].

Our population for children and young people is described below. For 6 of our 8 NWL CCGs, the CCG and borough boundaries are coterminous. West London CCG covers the borough of Kensington and Chelsea, and the Queens Park and Paddington areas of Westminster. Central London CCG covers the remainder of Westminster.

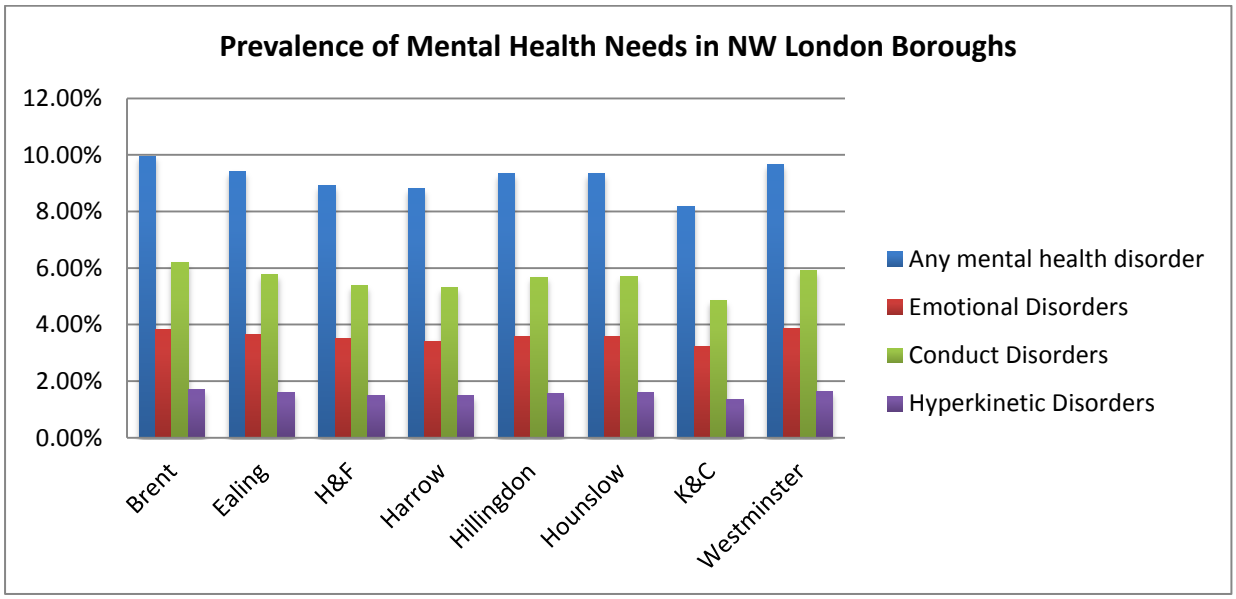
| **Key population details** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **CLCCG** | **WLCCG** | **H&F** | **Ealing** | **Hounslow** | **Hillingdon** | **Brent** | **Harrow** | **TOTAL NWL** |
| Number of children [5] | 27,480 | 40,175 | 33,705 | 80,520 | 61,945 | 69,860 | 73,325 | 57,200 | 444,210 |
| | **W'minster** | **K&C** | **H&F** | **Ealing** | **Hounslow** | **Hillingdon** | **Brent** | **Harrow** | **TOTAL NWL** |
| Number of children[6] | 35,288 | 27,322 | 33,328 | 80,520 | 61,945 | 69,860 | 73,325 | 57,200 | 444,210 |
| Number of school children[7] | 22,460 | 25,935 | 20,071 | 57,682 | 43,273 | 53,993 | 50,142 | 38,316 | 327,072 |
| Rate of LAC[8] | 46 | 36 | 60 | 49 | 53 | 55 | 48 | 30 | 48 |

[1] Green, H., McGinnity, A., Meltzer, H., et al. (2005). *Mental health of children and young people in Great Britain 2004*. London: Palgrave.
[2] Future in Mind (2015)
[3] Mental Health Foundation (2006). *Truth hurts: report of the National Inquiry into self-harm among young people.* London: Mental Health Foundation.
[4] Kim-Cohen, J., Caspi, A., Moffitt, TE., et al (2003): *Prior juvenile diagnoses in adults with mental disorder*. Archives of general psychiatry, Vol 60, pp.709-717.
[5] ONS 2012 based population projection for 2015, children aged 0-17
[6] For Westminster, K&C and H&F: ONS mid-year projections: Table SAPE15DT8: Mid-2013 Population Estimates for 2013 Wards in England and Wales, by Single Year of Age and Sex (experimental statistics). For all other boroughs: ONS 2012 based population projection for 2015, children aged 0-17
[7] For Westminster, K&C and K&F: DfE School rolls 2015. For all other boroughs: DfE SFR16/2015 pupils by Local Authority January 2015 Census
[8] DfE SFR36/2014 Number of looked after children aged 0-17 per 10,000

In 6 of our 8 NWL CCG areas, we do not have up-to-date information on the health, educational, and social care needs of our children and young people. We are therefore committed to investing some of our Transformation Plan funding in producing needs assessments to further guide our local priorities. In the meantime, we have based our proposals and priority areas for 2015/16 on our understanding of local needs from consulting with our children, young people, parents, and professionals, and drawing on prevalence data.

Estimates for NWL suggest that around 25,000 5-16 year olds will have a mental health disorder[9]. The most common mental health issues in boys are conduct and hyperkinetic disorders, whereas emotional disorders are more common amongst girls.

| Estimated Numbers of Mental Health Disorders (Public Health England, 2014) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Brent** | **Ealing** | **H&F** | **Harrow** | **Hillingdon** | **Hounslow** | **K&C** | **West-minster** | **TOTAL NWL** |
| Any mental health disorder | 4572 | 4692 | 1828 | 3171 | 4051 | 3468 | 1440 | 2417 | **25639** |
| Emotional Disorders | 1763 | 1819 | 723 | 1232 | 1560 | 1327 | 569 | 964 | **9958** |
| Conduct Disorders | 2842 | 2877 | 1104 | 1909 | 2466 | 2123 | 852 | 1482 | **15654** |
| Hyperkinetic Disorders | 781 | 798 | 307 | 533 | 688 | 593 | 239 | 408 | **4346** |




Self-harm is also more common amongst young people with mental health needs. Among 11-16 year olds, 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[10]. Deliberate self-harm is more common among girls than boys[11]. Between

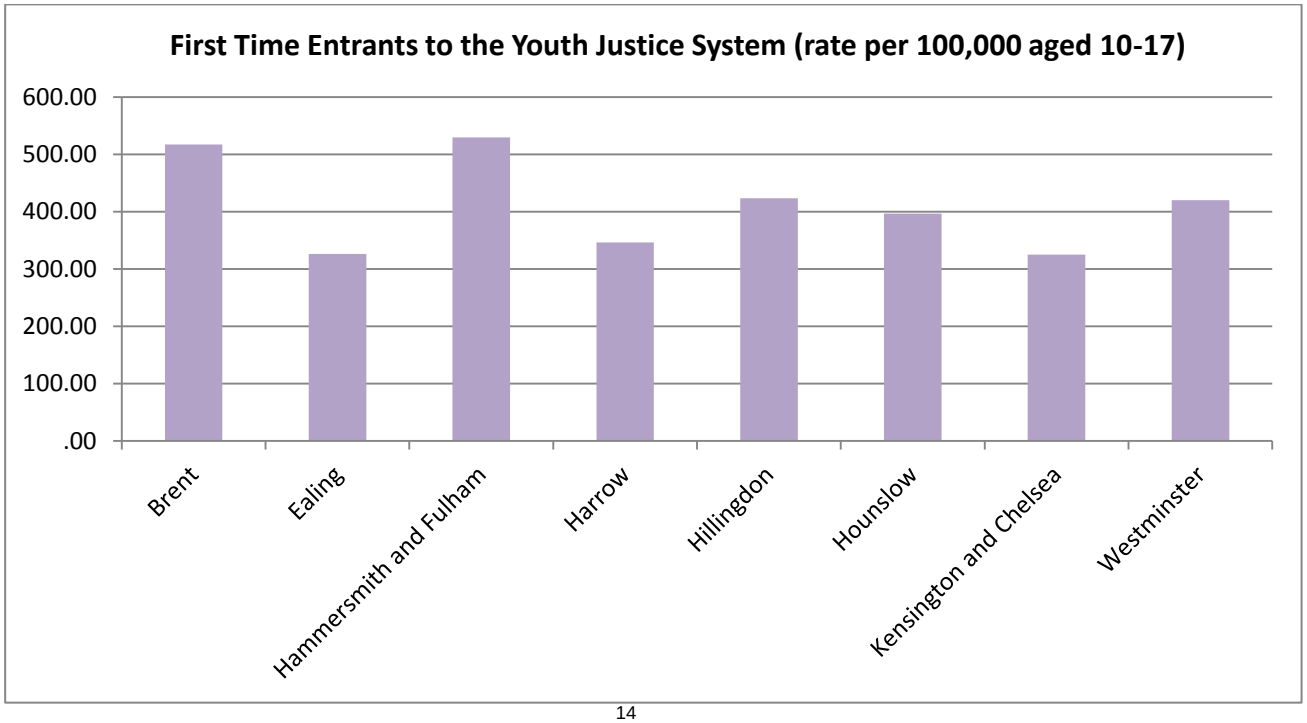
[9] Public Health England Fingertips Tool (2014). Accessed at http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/9/gid/1938132753/pat/6/par/E12000007/ati/102/are/E09000005

[10] ONS (2005). Mental Health of Children and Young People in Great Britain. Accessed at http://www.hscic.gov.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep2.pdf.

[11] Royal College of Psychiatrists (2015). http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/depression/self-harm.aspx

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)[12].

There are a number of specialised areas of mental health need that are relevant in certain areas of NWL. For example, some areas have large number of looked after children. The rates of looked after children vary by borough from 55 in Hillingdon to 30 in Harrow; the national rate is 60 and for inner London is 64[13]. National research has found that among Looked After Children, 38%-49% (depending on age) have a mental health disorder. Mental health problems are also more common among young offenders. This is thought to be associated with the offending behaviour, in over three-quarters of the young people who had a full assessment in 2014/15. Rates for first time entry to the youth justice system across NWL are shown in the graph below.



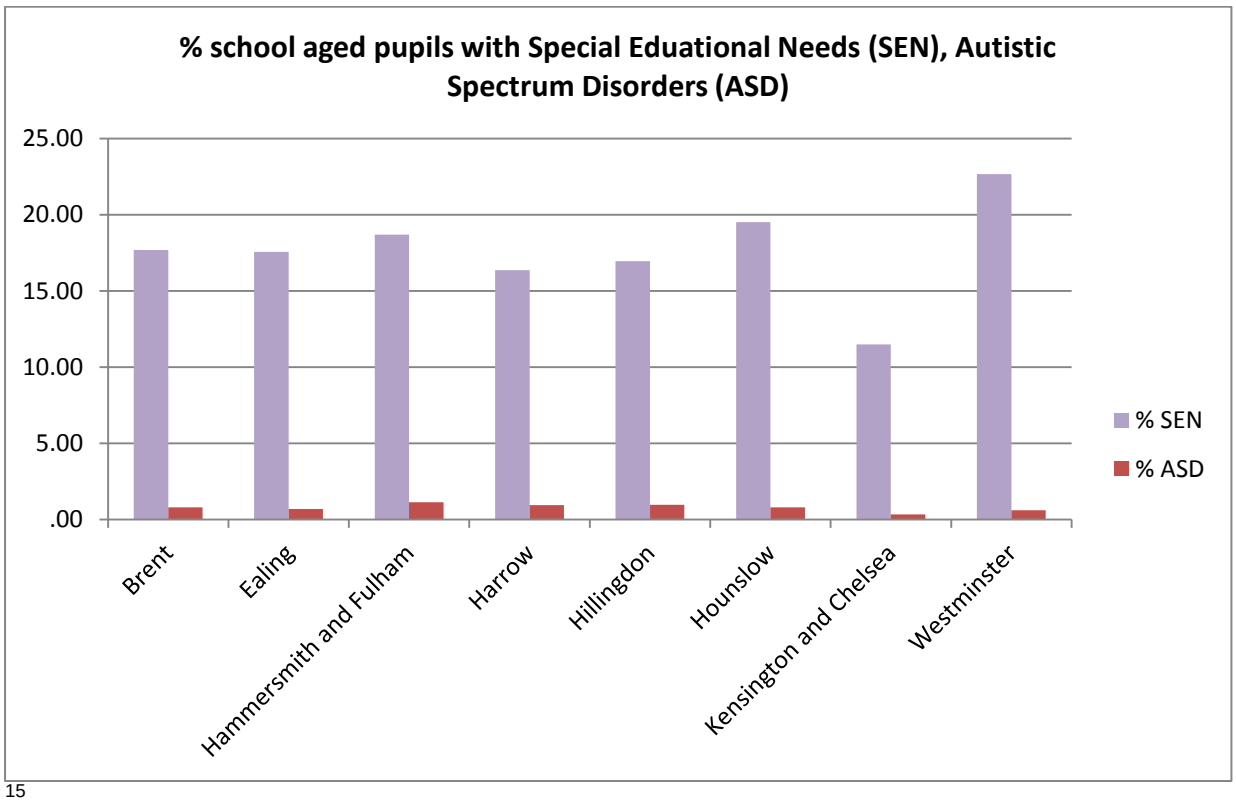

[14]

Children with special educational needs may be at higher risk of developing mental health needs. Across NWL, the percentage of school aged children with special education needs, including autistic spectrum disorders, ranges widely as demonstrated in the graph below.

[12] Hospital episode statistics. Sourced from chimat.org.uk.

[13] DfE SFR36 2014 Number of Looked After Children aged 0-17 per 10,000

[14] Public Health England Fingertips Tool (2014). Accessed at http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/9/gid/1938132753/pat/6/par/E12000007/ati/102/are/E09000005



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## 4.0 Current Service Provision

### 4.1 Current Services

To support the development of this plan we have collated details on our current services in each borough (Annexes A-H). What is clear, and reflected in *Future in Mind* recommendations, is that we do not always have easy access to the information we need to assess the quality of the services available across the entire pathway. Instead, below we describe the services currently available in all NWL boroughs to provide background for the proposed changes that make up our Transformation Plan.

#### 4.1.1 Core Service - Children and Adolescent Mental Health Services (CAMHS)

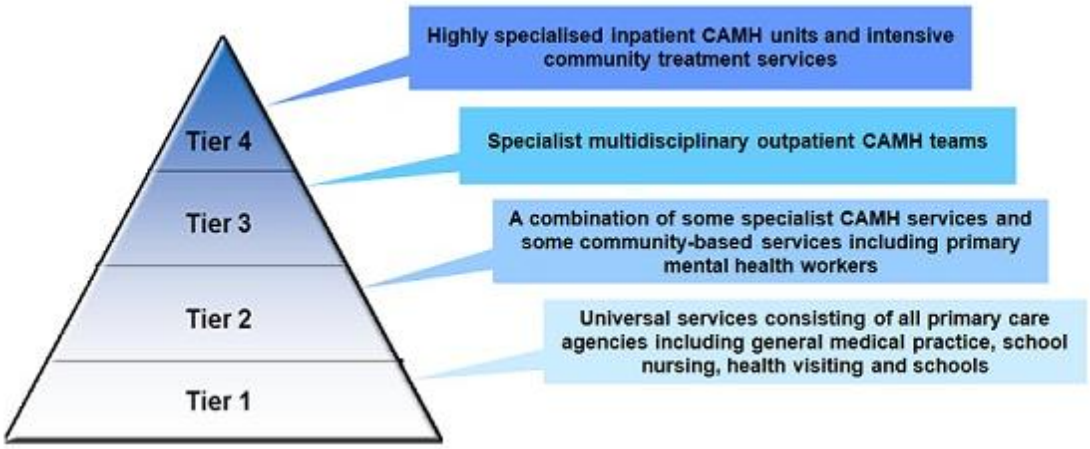
CAMHS provide a specialist service for children and young people up to the age of 18 years where there is likelihood that the child or young person has a severe mental health disorder and/or where symptoms, or distress, and degree of social and/or functional impairment are severe. CAMHS services assess and treat children and young people who are experiencing serious risks to their emotional and psychological wellbeing and development. The current threshold for referral to specialist CAMHS is that the suspected mental health difficulties are urgent, persistent, complex or severe.

CAMHS teams are multidisciplinary and consist of consultant child and adolescent psychiatrists, clinical psychologists, child psychotherapists, systemic family therapists, clinical nurse specialists and junior doctors from the CAMH training scheme. The teams

[15] Public Health England Fingertips Tool (2014). Accessed at http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/9/gid/1938132753/pat/6/par/E12000007/ati/102/are/E09000005

provide a range of therapeutic and psycho-pharmacological interventions, consultation and liaison with other services including the paediatric liaison, and out of hours services. Referrals can be made to CAMHS by any professional working with a child, young person or their family.

CAMHS have traditionally been described in 4 'tiers', which have primarily been defined by how the service is provided. Tier 4 includes highly specialised inpatient CAMH units, commissioned by NHS England.




Increasingly this approach is seen to promote a dis-integrated approach to service provision. Alternative models have been proposed which are framed around needs and resources rather than services.

### 4.2 Other Support for Mental Health

In NWL we have a number of other providers and services that support our CAMHS teams, providing community and schools based support for mental health needs. The full offer in each borough is outlined in Annexes A-H.

In addition to the CAMHS described above, other local mental health support includes:

- Early intervention in psychosis services to offer quick identification of the first onset of a psychotic disorder and appropriate treatment including intensive support, crisis intervention, assertive outreach and home treatment in the early phase.
- Specialist learning disability services
- Looked After Children (LAC) services
- Youth Offender Team (YOT) services

Across NWL, the provision of these services differs from borough to borough; further information can be found in the annexes of local services.

Public mental health services are also commissioned by local authorities across NWL, focusing on health promotion.

Many agencies and providers – and many of our universal services have contact with children and young people who may have risk factors for mental illness or have mental illness. This includes primary care, schools, leisure services, voluntary sector providers, acute hospital services, health visiting etc. The support offered by each of these agencies and providers also contributes to the local mental health support network across NWL.

### 4.3 Activity Levels

The table below outlines the activity data for our core mental health support services in NWL, providing an indication of the demand for services in each NW London borough or CCG area. Our core services provide the majority of local activity, and hence this activity data is used to give an indication of local demand.

| | CLCCG | WLCCG | H&F | Ealing | H'slow | H'don | Brent | Harrow | TOTAL NWL |
|---|---|---|---|---|---|---|---|---|---|
| Number of admissions for mental health conditions 2014/15 [16] | 26 | 33 | 45 | 51 | 31 | 55 | 66 | 31 | 338 |
| Admission rate per 10,000 children | 9.5 | 8.2 | 13.4 | 6.3 | 5.0 | 7.9 | 9.0 | 5.4 | 7.6 |
| | | | | | | | | | |
| Referrals made 2014/15 [17] | 579 | 975 | 897 | 1741 | 1213 | 1114 | 1548 | 936 | 9003 |
| Referrals accepted 2014/15[18] | 467 | 808 | 748 | 1533 | 856 | 785 | 1137 | 784 | 7118 |
| Referrals per 10,000 children | 211 | 243 | 266 | 216 | 196 | 159 | 211 | 164 | 203 |
| | | | | | | | | | |
| First Attendances | 606 | 850 | 662 | 824 | 627 | 689 | 1,280 | 1,207 | 6,745 |
| Follow Up Attendances | 4,118 | 6,052 | 5,156 | 7,181 | 6,088 | 4,546 | 5,066 | 4,309 | 42,516 |
| **Total Attendances [19]** | **4,724** | **6,902** | **5,818** | **8,005** | **6,715** | **5,235** | **6,346** | **5,516** | **49,261** |
| | | | | | | | | | |
| First Attendances per 10,000 children | 221 | 212 | 196 | 102 | 101 | 99 | 175 | 211 | 152 |
| Follow Up Attendances per 10,000 children | 1,499 | 1,506 | 1,530 | 892 | 983 | 651 | 691 | 753 | 957 |
| **Total Attendances per 10,000 children** | **1,719** | **1,718** | **1,726** | **994** | **1,084** | **749** | **865** | **964** | **1,109** |
| | | | | | | | | | |

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

[17] WLMHT and CNWL Referrals dataset. Includes rejected referrals.

[18] WLMHT and CNWL Referrals dataset.

[19] All attendance data source: Trust Minimum Data Set.

| CAMHS Waiting Times June 2015[20] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | CLCCG | WLCCG | H&F | Ealing | H'slow | H'don | Brent | Harrow | TOTAL NWL |
| Referral – Assessment: Under 4 weeks | 26 (66.7%) | 17 (60.7%) | 15 (55.6%) | 3 (25%) | 2 (7.7%) | 10 (21.3%) | 16 (29.6%) | 8 (18.6%) | 97 (35.1%) |
| Referral – Assessment: 5 - 11 weeks | 7 (17.9%) | 10 (35.7%) | 10 (37%) | 4 (33.3%) | 9 (34.6%) | 9 (19.1%) | 16 (29.6%) | 28 (65.1%) | 93 (33.7%) |
| Referral – Assessment: over 11 weeks | 6 (15.4%) | 1 (3.6%) | 2 (7.4%) | 5 (41.7%) | 15 (57.7%) | 28 (59.6%) | 22 (40.7%) | 7 (16.3%) | 86 (31.2%) |
| Assessment – Treatment: Under 4 weeks | 30 (83.3%) | 12 (60%) | 17 (68%) | 6 (66.7%) | 8 (57.1%) | 11 (45.8%) | 23 (79.3%) | 5 (83.3%) | 112 (68.7%) |
| Assessment – Treatment: 5 - 11 weeks | 5 (13.9%) | 6 (30%) | 5 (20%) | 1 (11.1%) | 6 (42.9%) | 9 (37.5%) | 3 (10.3%) | 0 (0%) | 35 (21.5%) |
| Assessment – Treatment: over 11 weeks | 1 (2.8%) | 2 (10%) | 3 (12%) | 2 (22.2%) | 0 (0%) | 4 (16.7%) | 3 (10.3%) | 1 (16.7%) | 16 (9.8%) |

### 4.4 Current Staffing

In NWL we have 2 NHS providers who provide the majority of our CAMHS service:

Central and North West London NHS Foundation Trust

West London Mental Health NHS Trust

They predominantly provide services for Central, West, Harrow, Hillingdon and Brent (CNWL) and Hammersmith & Fulham, Ealing and Hounslow (WLMHT). The staffing component for each area is outlined in the table below. This table shows total staffing levels (WTE) for each service, irrespective of funding source.

Our Mental Health Trusts currently undertake training needs analysis for their staff on a regular basis to facilitate the on-going professional development of their workforce. However we recognise that to deliver transformational change for children and families we need to work across the whole system of health, education and social care to develop a better understanding of skills gaps and requirements for development – and fully engage the voluntary sector. We have outlined our ambition and plans for this workforce development in priority 3.

[20] CNWL and WLMHT Monthly Information Return, June 2015

| Staffing headlines (WTE) – CNWL and WLMHT | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Position** | **Central London** | **West London** | **H&F** | **Ealing** | **Hounslow** | **Hillingdon** | **Brent** | **Harrow** |
| Medical Staff<br><br>(Consultant Psychiatrists, SHOs, Staff Grade) | 7.9 | 3.3 | 4 | 13.4 | 7.4 | 2.8 | 5 | 5.1 |
| CNS | 1 | 1 | | | | 1.6 | 3 | 5.3 |
| Nursing | 6.4 | 1.6 | 1 | 8.83 | 6.52 | 0.73 | | 0.8 |
| Play Therapist | | | | | | | 1 | |
| Psychotherapists | 3.8 | 2.6 | 2.3 | 1 | 0.8 | 1.6 | 2.4 | 1.5 |
| Family Therapy | | | 3.17 | 8.8 | 6.61 | 1.9 | 2.8 | 1.6 |
| Psychologists | 2.6 | 9 | 6.0 | 29.73 | 11.75 | 3.2 | 7.2 | 4.5 |
| Systemic Therapist | 3.9 | 4.37 | | | | 0.8 | | |
| CAMHS Practitioner | | | 5.8 | | | | | |
| Support Worker | | | | | | | 1 | 1 |
| Social Worker | | | | | | 0.7 | | |
| Art Therapist | | 2.6 | | | | | | |
| AHP<br>(Dietitian, SALT) | | | 0.05 | 0.8 | 0.1 | | | |
| OTs | | | | 0.6 | | 0.7 | 0.4 | 0.4 |
| Participation worker | 0.5 | 0.5 | | | | | | |
| Admin and Managerial | 6.4 | 5 | 6.6 | 6.15 | 5.8 | 4 | 6 | 5.8 |
| **Rate (per 10,000) for ALL WTE staff** | **11.83** | **7.46** | **8.58** | **8.61** | **6.29** | **2.58** | **3.93** | **4.55** |
| **Rate (per 10,000) for CLINICAL WTE staff** | **9.32** | **6.09** | **6.62** | **7.84** | **5.36** | **2.01** | **3.11** | **3.53** |

### 4.5 Current Investment in Services

The following is described by borough showing specific investment into mental health services for children and young people and is shown in each borough appendix and collectively below.

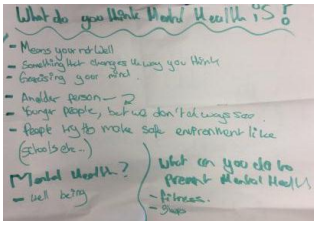
| Current Investment in Children and Young People's Mental Health | | | |
|---|---|---|---|
| **North West London Area** | **Clinical Commissioning Group** | **NHSE (Tier 4 CAMHS)** | **Local Authority** |
| Brent | £2,471,000 | £403,629 | £235,751 |
| Ealing | £2,300,000 | £464,145 | £1,824,971 |
| 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** |

Although not reflected in the table above, each CCG acknowledges the contribution made by Public Health to the mental health of children and young people through health visiting, school nursing, and other health promotion initiatives.

## 5.0 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.

There's now much less stigma about Mental health – but still a lack of knowledge




In April, May and July, the Like Minded team facilitated three co-production workshops for NW London, focussing on children and young people's mental health services. The workshops were well attended with representatives from health services (CAMHS), public health, local authority, schools, as well as local young people and parents (both those using local services, and those not engaged with services). The workshops focussed on *Future in Mind*'s recommendations and took on board feedback from participants to identify high priorities for immediate action and longer term priorities. More detail on these events can be found at http://www.healthiernorthwestlondon.nhs.uk/mental-health. This feedback has influenced the choice of priorities in our transformation plan.

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.

The development of this plan collaboratively across the 8 CCGs has been led by a working group of CAMHS commissioners – supported by the NWL Mental Health and Wellbeing Transformation Board. Local leads have ensured that their local governance forums (see Annexes A-H for further details) and multi-agency forums have had the chance to input to priority areas formulated below.

## 6.0 Key interdependencies

Key to the success of our Transformation Plans is joint working – between agencies, across sectors, and beyond traditional boundaries. For this reason, we are working together as a collaboration of NWL CCGs and Local Authorities to develop this plan. This joint working encourages us to share learning, work together with our providers that cross borough boundaries, achieve economies of scale by, for example, procuring needs assessment or training requirements across several boroughs, and develop a more equitable service offer for our young people.

In developing this plan we have been mindful of the complex environment and key supporting work streams nationally, across London and locally as well as the current funding restrictions that our partner organisations are facing. Our plans take into consideration the following aligned or interdependent developments:

- Like Minded: The Mental Health and Wellbeing Strategy for NWL, with particular links to the Wellbeing and Prevention work stream that will focus on supporting parents of children with conduct disorder
- Crisis Care Concordat and commitments to change across NWL
- Parity of Esteem, increasing mental health funding
- Further roll out of CYP IAPT
- Local development of CQUINs and other joint commissioning arrangements
- The seven day NHS
- Development of Adult Mental Health services through Like Minded and within our providers
- Planned restructuring of Local Authority commissioned service to respond to funding reductions
- School based services
- Re-commissioning of public mental health services by our Public Health teams
- Implementation of the paediatric review of children's sexual abuse services

In addition to the above, there is extensive work underway in NWL to improve perinatal mental health, including the development of new perinatal specifications and parental mental health services. Work is already underway in Hammersmith and Fulham, Ealing, and Hounslow where new best practice, NICE compliant pathways will launch in March 2016 and outcomes-based contracting models are being considered. We recognise the interdependency of this work with our Transformation Plan and we will draw on the learning from these areas.

The priorities outlined in this document are the key steps to transforming current services. In combining a joint vision that has diverse stakeholders we can unite to bring together resources, capacities and expertise to develop collaborative solutions. It is by the adoption of a clear, shared agenda that we can improve the mental health of young Londoners in our boroughs.

## 7.0 Equality and Health Inequalities

Our approach to defining our common priorities has been bottom-up, meaning they are based on locally identified need reflected in shared solutions. We know that our formal assessments of need (and the prevalence of risk factors that can drive need) are mostly out of date. We stress as our first priority the need to better understand our populations – and their needs. This will enable our teams across the 8 boroughs to more accurately commission and provide services targeted at those with the greatest need.

That not-withstanding, we do have good local intelligence on the needs of our communities and the groups that our current services under-serve. We know this because of what our partners tell us – from schools, voluntary sector and of course from young people themselves. We know that good mental health and flourishing mental wellbeing are not equally distributed across our population. Similarly, mental health problems and mental illness are not randomly distributed across populations. We have benefited from good input from our public health teams to develop our plans – ensuring we build on assets within our community and reflect the need to develop resilience across our population as much as expanded service provision.

To engage with our population in its widest sense, we have worked via local groups building on existing work (with Health Watch, schools via the Healthy Schools Partnership and current service providers' user groups). We know this does not enable us to reach a

representative view of our wider population, and so our second priority reflects our commitment to support and further develop local co-production.

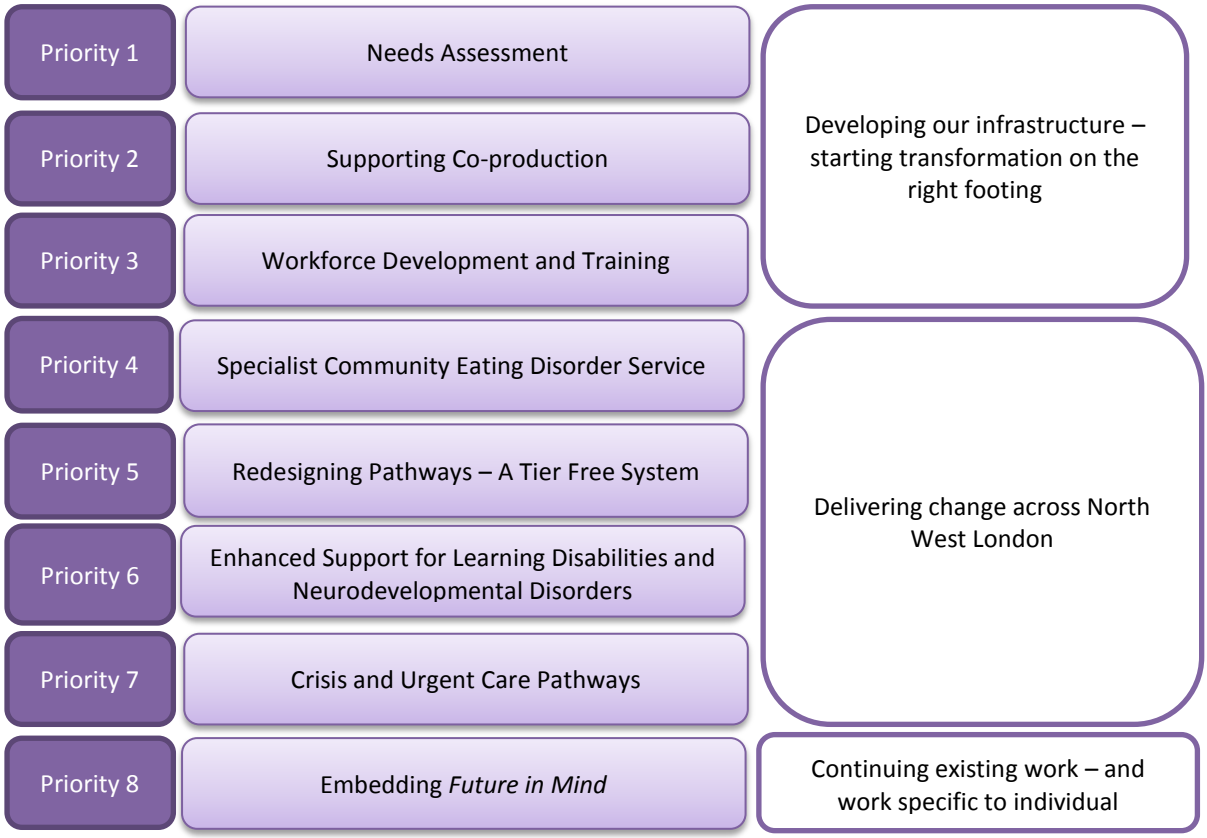
Across NWL we undertake Equalities Impact Assessments when we undertake large change programmes. At this stage in the programme we have completed the screening phase of this process which provides a structure to address firstly who our changes will impact and any gaps in our plans, and secondly how we have worked with a representative community to develop our plans (as outlined above). Our screening assessment reflects the needs of certain groups, but also highlights that some of the real challenges are hidden within our available data; bulimia prevalence in Brent, the increased migrant population in Hounslow and challenges specific to deprivation across all our boroughs. We recognise that our boroughs have specific groups of young people who are more vulnerable to mental health concerns, including young offenders and looked after children. Our plan outlines how our universal services respond to the specific needs of vulnerable groups in our approach to workforce development in priority 3 and in local initiatives in priority 8.

## 8.0 Our common priorities across NWL

Through a process of understanding specific local needs and shared priorities we identified considerable overlap in the areas we want to develop.

A core principle has been to always ensure that within a single overall plan we recognise and build on specific local needs and differences in current service provision – across both health and social care.

Our priority areas reflect both some short term immediate areas of impact – and a commitment to an ambitious programme of transformation change. It needs to be noted that the detailed plans for year on year spend will be formulated over the coming months. These can be supplied at a later date once the development phase is complete.



**8.1 Priority One: Needs Assessment**

Needs Assessment to update understanding of the populations we serve.

### 8.1.1 Why we have chosen this area

All boroughs currently undertake some analysis of Children and Young People's Mental Health requirements each year, but this priority is dedicated to reviewing the data for Children and Young People's Mental Health trends over time and gaps in commissioning of services. 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. We will ensure that the needs of emerging vulnerable groups such as refugees and asylum seekers are addressed in this assessment process. This will enable the individual CCGs and boroughs to further develop and refine service requirements for years Two to Five (2016-2020).

### 8.1.2 The Ambition

The development of needs assessments that concentrate wholly on Children and Young People's Mental Health needs.

### 8.1.3 Realising the Ambition

We can underpin effective commissioning of both health and other non-health services, including those from education, children's services and public health, with robust data. This will enable us to map need, commission more effectively and monitor outcomes and impact.

Working as a collaboration of 8 CCGs and LAs, we can share learning on what approaches to needs analysis have worked best for the complex landscape of children's services, we can commission support on a larger scale across several boroughs, we can take a more strategic view of services that cover several boroughs, and we will develop a clearer NWL picture that will support collaborative delivery of our transformation plans.

### 8.1.4 Key Milestones

| 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|
| Needs assessments completed | Updates made to needs assessment as new data sources are published. | | | |

### 8.1.5 What we will achieve

- Pooling our assessment information across North West London to show patterns of need across a larger population, helping to identify opportunities to align a pan-borough response to common issues (such as suicide prevention);
- 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;
- 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;
- Assurance that all commissioned treatment is evidence based;

- Development of further understanding of the requirements of transitional services.

### 8.1.6 Funding

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| **Central** | £25,000 | £0 | £0 | £0 | £0 |
| **West** | £25,000 | £0 | £0 | £0 | £0 |
| **H&F** | £25,000 | £0 | £0 | £0 | £0 |
| **Ealing** | £25,000 | £0 | £0 | £0 | £0 |
| **Hounslow** | £25,000 | £0 | £0 | £0 | £0 |
| **Hillingdon** | £0 | £0 | £0 | £0 | £0 |
| **Harrow** | £0 | £0 | £0 | £0 | £0 |
| **Brent** | £36,000 | £0 | £0 | £0 | £0 |

### 8.1.7 Localising Joint Priorities

**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[21] 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 partnership with other CCGs and acute providers, will seek to improve identification of self-harm incidents[22] 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.

A **Harrow** Mental Health Needs Assessment was completed in 2014 along with an updated JSNA. Harrow CCG will work with Harrow Public Health colleagues to refresh this data in 2015/16 and in the following years will update and revise the JSNA in line with the CAMHS Transformation.

**Hillingdon** have recently completed new CAMHS specific JSNAs.

The **Ealing, Central London, Hammersmith and Fulham, Hounslow and West London** are committed to investing in a collective resource to conduct a comprehensive needs assessment, following the examples of Brent, Hillingdon and Harrow to ensure any work enables comparison across the 8 CCGs. The added value of work across North West London as part of the Like Minded strategy will be to pool intelligence generated and inform strategic commissioning plans for the remaining years of this Transformation Plan.

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.

[21] 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.

[22] 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.

**8.2 Priority Two: Supporting Co-production**

Supporting service users, carers and family members to engage with and co-produce support services.

### 8.2.1 Why we have chosen this area

The importance of co-production is widely recognised across the full range of public services, not just social care and health in NWL. This demonstrates the widespread acknowledgement that each individual has a vital role to play in achieving positive outcomes from public services; especially mental health services.

Emerging outputs of the National Mental Health Taskforce demonstrate the benefits of fully engaging with our population to develop services – as well as supporting on-going monitoring of quality and experience.

We have worked with stakeholder, including children, young people, parents, clinicians, teachers, and youth services to develop this transformation plan. This has ensured that our plans reflect what our service users and key partners want. Now we need to ensure that all the work we take forward continues to reflect their views and opinions.

Implementing co-produced service redesign is challenging and complex. It involves looking at every aspect of how an organisation works from a wide variety of perspectives. This approach enables the views from a wide range of sources including managers, practitioners, people who use services and carers to shape and develop mental health services that are accessible and achieve the outcomes that stakeholders have identified as important.

### 8.2.2 Our Ambition

Our ambition is to develop a mental health support offer for NWL that has been designed by the children, young people, and parents who will use it and reflects the opinions of the clinicians and professionals who will work within it. Each borough will also aim to have at least one young persons' Mental Health representative at relevant NWL meetings to ensure co-production is embed in on-going service evaluations and future commissioning. We will consider how best to do this for children of different ages. We will seek advice and specialist input into the most effective approaches to engaging all our stakeholder groups, especially our vulnerable groups including young offenders, looked after children, and care leavers.

### 8.2.3 Realising our Ambition

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. Although we have had good engagement for the purposes of developing this plan, we recognise that we have not at the moment got a systematic, on-going way for co-producing with parents for example. We would aim to develop this further by reviewing co-production for different groups, learning from the work done in other boroughs across NWL and sharing our learning on the engagement approaches that work best for different groups of children, young people, and parents. This funding will enable us to work with local organisations to ensure that this becomes sustainable and that their input is embedded into our mental health work across the 8 CCGs.

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.

### 8.2.4 Key Milestones

This priority area will be taken forward with a single approach across NWL – but recognising where local differences warrant a different local implementation plan.

| 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|
| Scope potential support partners + procure | Continue funding + Evaluate | Continue funding | | Continue funding + Evaluate |

### 8.2.5 What we will achieve

- Children, young people and parents are engaged with the development of new pathways and services.
- Co-design arrangements are understood and used effectively by all stakeholders.
- Children, young people, parents, and professionals know about support options for children and young people's mental health needs, know how to access them, and feel confident and comfortable in seeking support when it is needed.
- Children, young people and parents report improved experience in using mental health support services.

### 8.2.6 Funding

The funding outlined below reflects different local approaches to delivering our shared objective.

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| **Central** | £14,175 | £27,175 | £27,175 | £27,175 | £27,175 |
| **West** | £24,913 | £34,913 | £34,913 | £34,913 | £34,913 |
| **H&F** | £28,000 | £28,000 | £32,000 | £32,000 | £32,000 |
| **Ealing** | £40,000 | £40,000 | £34,514 | £34,514 | £34,514 |
| **Hounslow** | £10,000 | £35,000 | £35,000 | £35,000 | £35,000 |
| **Hillingdon** | £25,000 | £25,000 | £25,000 | £25,000 | £25,000 |
| **Harrow** | £20,000 | £10,000 | £10,000 | £10,000 | £10,000 |
| **Brent** | £32,000 | £12,000 | £12,000 | £12,000 | £12,000 |

### 8.2.7 Localising Joint Priorities

All NWL CCGs are committed to investing in co-production of children and young people's mental health support services, working with service users, parents, carers, and colleagues in the CCGs and local authorities. Where individual CCG plans have been further developed, these are outlined below.

**Brent** will follow its new public and patient engagement strategy 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.

**Ealing** 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.

**Hammersmith and Fulham, Central London** and **West London** will also undertake co-production work incorporating peer support pilots, transformation champions, training, co-production in commissioning and service redesign, and personal budget pilots for young people's mental health. A Young People's Emotional Wellbeing Conference is also planned to focus on co-produced service redesign. Investment is identified for development of new technology, including apps and online advice.

**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.

In **Hillingdon** this will involve working with local organisations to support co-production in the design of children and young people's mental health pathways. All carers will be offered a carer's assessment.

In **Hounslow**, some of this resource will be invested in Hounslow CAMHS to support the Young People's Panel and the exciting projects already underway (such as the LGBTQ group) by providing staff backfill and a budget for resources, and some will be used to commission co-production support from an independent organisation such as Rethink or Young Minds, informed by the positive work recently completed by Rethink in Hammersmith & Fulham.

### 8.3 Priority Three: Workforce Development 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.

#### 8.3.1 Why we have chosen this area

In developing this plan and working with local young people, CAMHS teams, GPs and schools, the common theme we heard was that there is a need for development – in the broadest sense. This includes non-specialist training to support greater awareness of mental illness, and the ways to identify and support early signs. It also spans more specialist needs for particular teams – for example following the development of the Community Eating Disorder Service ensuring that all members of CAMHS teams have the required competence to support eating disorders within lower tier services.

We also know from work with our public health colleagues that the evidence base for investment in certain development activities is strong. Below we demonstrate the life time savings – which are of particular importance as we strive to influence the whole life outcomes of our young people, and the current impact of mental ill-health on all aspects of our communities.

| Intervention | Total return for every £1 spent[23] | Savings to public sector (excluding NHS) | Saving to non-public sector[24] | Saving to NHS |
|---|---|---|---|---|
| School based social and emotional learning programmes | £84 | £17.02 | £57.29 | £9.42 |
| GP training for suicide prevention | £44 | £0.05 | £43.88 | £0.08 |

Recent research carried out by Amplify (the Children's Commissioner's young people's advisory group) highlighted that although most young people seek support from their friends for mental health worries, other common sources of support are parents (43.7%), mental health professionals (40.9%), teachers (20.2%) and school nurses (18.1%)[25]. Teachers and staff in the voluntary sector tell us that they often lack confidence in broaching the subject of mental health and emotional difficulties partly due to stigma and partly due to lack of expertise and support.

The Department of Education has recently issued guidance (*Counselling in schools: A blueprint for the future)*[26] for the appointment of counsellors in schools highlighting the importance of teaching coping skills for those with sub-clinical emotional health and wellbeing issues and increased effectiveness of a whole school approach. In our schools

[23] Rounded to nearest pound

[24] E.g. voluntary sector, victim and crime costs not attributable to public sector, workforce productivity

[25] Children's Commissioner (2015). *Everyone has a mental health: A project looking at what young people want if they, or someone they know, have a mental health need or worry.* Accessed at http://www.childrenscommissioner.gov.uk/sites/default/files/publications/amplify-mental-health-report.pdf.

[26] Department for Education (2015). *Counselling in schools: A blueprint for the future.* Accessed at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416326/Counselling_in_schools_-240315.pdf.

locally there are great examples of close working with specialist teams – there are also gaps and challenges as the workload on teachers can be challenging.

Our two local Mental Health Trusts have recently worked closely with their service user groups to redesign their websites and the information available; there is however no comprehensive communication strategy in NWL around how to access CAMHS, or information on mental health for children more generally.

Health Education NWL (HENWL) is also very involved in considering, planning, and delivering health service training in a number of areas related to CAMHS, including GP leadership programmes. HENWL support our proposals and will be a key player in the delivery of this work stream. Also in NWL, the Imperial College Health Partners Academic Health Science Network will be involved in monitoring and evaluating the impact of different training approaches. There is much interest in developing a local offer that can meet the needs of professionals who work with young people, and parents, to improve mental health outcomes.

### 8.3.2 Our Ambition

Our ambition is that we have a workforce (directly engaged in CAMHS, but also all those who have contact with children and young people) who are confident to identify and support mental illness, who have the right level of specialist training, and who know how to access more support when needed. We are committed to supporting a step change in the way services are delivered for children and young people by supporting our workforce to work differently, using their specialist knowledge and skills in more joined-up ways. We also aim to provide training and support for parents in identifying and responding to signs or symptoms of mental distress in their children and their peers.

We also see huge opportunities for peer support work to empower young people but we know this is only safe and effective when peer support workers have the right training and support – we will ensure this is embedded in any new service models. By investing in training and development of young people, professionals and parents, we can support achievement of all the ambitions within this transformation plan.

### 8.3.3 Realising the Ambition

As a first step we will ensure that we have a better understanding of the skills gap across the workforce. Our Mental Health Trusts currently undertake training needs analysis however we recognise that to deliver transformational change for children and families we need to work across the whole system of health, education and social care – and fully engage the voluntary sector.

A review of the current skills, training and development programmes that are available to multiple partners and stakeholders will take place over the remainder of this financial year. A project manager will be employed to oversee the development of this work. The training programme will address professional competencies relevant to health providers and all 8 CCGs, as well as the wider range of social care and education agencies that have contact with children and their parents. Where appropriate, professional bodies and Royal Colleges will be involved to advise and support professional development. Parents will also be consulted, as part of our co-production plans, on the education and support that could be beneficial in identifying and responding to mental health concerns in children and young people.

Available training packages and approaches will be reviewed, drawing on the existing evidence base for mental health training in CAMHS including local examples from neighbouring London boroughs such as the CYP IAPT wave 4 training delivered in Brent and Harrow. Training and development programmes (for workforce and for parents) will be then be agreed and commissioned and will be available from 1st April 2016.

Working together as 8 CCGs allows us to join resources to fund joint needs assessments and project management resource for this element of our plan. However, we remain cognisant of the fact that different boroughs have different needs, so we will develop a framework that local providers can draw down on. Where different boroughs do adopt different approaches to address local needs, the experiences can be shared across NWL, and the potential costs and benefits understood.

The resulting packages of workforce development are likely to have multiple elements including, but not limited to:

- how to recognise signs of children and young people requiring mental health and well-being support, what services are available and how to access them, different referral and acceptance criteria
- how to cope and support children/young people who have challenging behaviour
- first line interventions and/or support for Children and Young People whilst referrals are in process
- peer support roles
- specialist mental health training

For parents, this package will address:

- how to recognise signs of children and young people requiring mental health and well-being support, what services are available and how to access them, different referral and acceptance criteria
- how to cope and support children/young people who have challenging behaviour
- how and where to access parenting support programmes

These training packages will be available to all professionals who work with young people in NWL, as well as parents. We will specifically reach out to the following audiences:

- School staff
- Children's Centre staff
- Social care staff
- Youth services staff
- Parents/carers
- GPs
- Allied Health Professionals including school nurses and health visitors
- Agency leaders – CCG MDs, Cllrs, SC Directors
- Voluntary sector

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 sustainability of this workforce development.

As the training needs analysis is completed, this plan may be amended to incorporate learning from this analysis.

### 8.3.4 Key Milestones

We propose developing a single training and development framework across NWL - where different boroughs will then be able to draw down on a range of development activities for different roles within the overall pathway.

| 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|
| Scope available providers – working with HEE/ HENWL, professional bodies, and procure providers | Deliver T&D | Deliver T&D and Evaluate | Deliver T&D | |

### 8.3.5 What we will achieve

- Development of a training and development programme that is accessed by multiple partners, stakeholders and parents;
- A demonstrable improvement in stakeholders knowledge and confidence in accessing CAMHS.
- Application of a common 'train-the-trainer' approach across NWL to create the critical mass of CAMHS expertise in frontline teams to sustain future training.

### 8.3.6 Funding

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| **Central** | £30,000 | £30,000 | £30,000 | £30,000 | £30,000 |
| **West** | £30,000 | £35,000 | £35,000 | £35,000 | £35,000 |
| **H&F** | £30,000 | £35,000 | £35,000 | £35,000 | £35,000 |
| **Ealing** | £88,200 | £40,000 | £40,000 | £40,000 | £40,000 |
| **Hounslow** | £95,000 | £0 | £0 | £0 | £0 |
| **Hillingdon** | £30,000 | £10,000 | £10,000 | £10,000 | £10,000 |
| **Harrow** | £20,000 | £4,840 | £4,840 | £4,840 | £4,840 |
| **Brent** | £41,000 | £33,000 | £33,000 | £33,000 | £33,000 |

### 8.3.7 Localising Joint Priorities

All boroughs will invest in a training needs analysis and project resource in 2015/16 to identify the demand, available options, and develop a NWL framework. Each borough may then take a localised approach to delivering training. The description below highlights any further specific needs that boroughs have identified at this stage.

**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. 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.

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, as their perceived willingness to help is a known factor influencing whether young people go on to seek further help.

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.

**Ealing** are investing in training for the social care and SAFE skills mix children's workforce. This training is commissioned from SLAM/Anna Freud centre and will train 80 members of the skills mix teams in children's emotional health and wellbeing and engagement skills and techniques. In the following years, training resource will be used for the wider children's workforce.

**Hammersmith and Fulham, Central London and West London** have allocated funding for 12 events, including clinical backfill to encourage attendance, and training will also cover Dialectical Behaviour Therapy skills. The package will build on the work of the NHSE and H&F CCG CAMHS schools link project.

For **Harrow**, this will be a localised priority with Harrow LA, PH, VCS and providers, with the possibility to buy-in from cross borough training offer. Locally they 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.

For **Hillingdon**, this will involve undertaking a training needs analysis to inform a 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.

**Hounslow** will procure a programme of training informed by the needs analysis in year one, with training to be delivered across the local workforce in subsequent years.

**8.4 Priority Four: Community Eating Disorders (ED) Service**

Specialist Community ED service for children and young people

### 8.4.1 Why we have chosen this area

- There is limited access to services for people with eating disorders across NWL.
- There is currently variable provision of lower intensity specialist Eating Disorders services for residents.
- Well-regarded specialist multidisciplinary tertiary and inpatient services are funded for residents at various locations; however, the distance by public transport makes the service inaccessible for many and somewhat impractical for the provision of outpatient treatments.

The new national specification demonstrates the journey NWL must complete to deliver a best practice service, despite some good local work.

Initial analysis suggests:

- Lack of a community ED services in most area
- Inconsistent input from Paediatricians
- Lack of capacity for work with atypical eating disorders, which are one of the most common presentations in young people;
- Lack of capacity to provide cognitive behavioural therapy and family interventions, both are which are indicated by NICE as effective interventions;
- Limited capacity for input from dieticians;
- Provision on weekdays only

### 8.4.2 Our Ambition

We want to provide the right pathway for children, young people and their families – based on need, provided locally and with the right escalation for those children who need it. As with all our CYP services, ensuring a safe transfer from into suitable adult services will be an important part of this pathway.

We want to have consistent standards and outcomes for our population - against the measures in the recent guidance, but also using patient reported measures.

Access is critical and a core part of our new model will be ensuring that the wider system knows about the availability of support – for all levels of need – and that services are available at times and locations that work for the children, young people, and parents who need them.

### 8.4.3 Realising our Ambition

At present children and young people with eating disorders are seen within the CAMHS service. 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.

Whilst our work in 2015/16 will continue to refine the pathway with our two local NHS providers, we have developed an outline plan for our full service from 2016/17 that will include the following:

- Rapid, single point of low-threshold access to community eating disorder services.
- Comprehensive assessment and care planning for people with suspected / confirmed eating disorders guide in line with the providers.
- Evidence-based treatments for people with anorexia nervosa, bulimia nervosa and binge eating disorder who can be treated safely and effectively close to home and without recourse to the specialist multidisciplinary team.
- Advice, information and sign-posting to people with eating problems who do not wish to access treatment services (or who are not eligible for treatment under the current funding arrangements).
- Specialist consultancy to GPs whether or not the service is able to offer treatment.
- Seamless onward referral to treatment services for people whose needs cannot be met within a primary care-based service (e.g. those at higher risk or requiring multi-disciplinary treatment and care).
- The service will be administered from a central point with clinical delivery dispersed to possibly satellite clinics based in Primary Care / GP Surgeries.
- Appointments will be available at each of the satellite clinics on a weekly basis and provide both assessment and treatment services.
- Close partnership with GPs to ensure comprehensive physical and psychological care.
- Services will operate using a shared care model: physical health will be managed by the client's GP (with support and guidance from NPCEDS); psychological care will be managed by eating disorder service.
- There will be a focus on comprehensive, specialist assessment and early intervention.
- Referrals to crisis services and specialist multidisciplinary eating disorder services will be constrained.

- The assessment process will determine whether the client's needs and preferences are best provided for within the eating disorder service or by onwards transfer to the specialist MDT.
- The service will be compliant with NICE Guidance (CG9).
- The service will employ a stepped care model informed by the client's readiness to engage in treatment and provide interventions based on motivational state, need, clinical severity and prior treatment outcomes.
- Cognitive behavioural therapy and other evidence based treatment will be offered.
- Appointments will be proactively managed to reduce waiting times, enhance attendance, and maximise delivery.
- Clinical measurement tools will be used strategically at key points to assess outcomes, processes and client satisfaction.
- The service will liaise effectively with other providers and partners to ensure joined-up care.
- The service will develop a recruitment and retention strategy and robust training plans.

In developing our model, we will consider the research into ED services and consult with other London services, including the Royal Free, to understand their models and key enablers. We will also use our co-production resources identified in Priority Two to ensure that the community eating disorder model for 2016/17 reflects the needs and preferences of our local young people and parents.

We will evaluate the new service against a range of performance indicators, including patient experience and demonstrated ability to free up capacity within the core CAMHS service to support urgent access and self-harm. Whilst we will have a consistent agreement on outcomes and standards across NW London, there is likely to be some local variation within the service in response to specific local needs. For example, 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.

### 8.4.4 Key Milestones

We propose a joint NWL approach to delivering services in 2015/16, using dedicated project management aligned to our two existing NHS providers. This will allow for timely mobilisation and avoidance of duplication across a range of providers over the 8 NWL boroughs. Utilising existing providers also allows us to keep a local focus, using the current local expertise to inform the new service. In 2015/16 we will further develop our plans and approach for the remaining four years, using co-production to develop a service model and reviewing our procurement options.

| 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|
| Review of the current services and pathways. Commence recruitment and delivery of new service | Market testing. Procurement and mobilisation (if required). On-going phased implementation. | Evaluation and service development | Evaluation and service development | Evaluation and service development |

### 8.4.5 What we will achieve

- Develop a clear care pathway for eating disorders – agreed with key stakeholders
- Improve access to services at the earliest point for ED
- Improve the referral to treatment time for this service
- Improve the treatment to discharge time by providing care closer to home and right time, right offer, right place
- Offer a choice of treatment options which the child/young person will want to access
- Improve the support to parents/carers

### 8.4.6 Funding

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| **Central** | £91,557 | £91,557 | £91,557 | £91,557 | £91,557 |
| **West** | £116,621 | £116,621 | £116,621 | £116,621 | £116,621 |
| **H&F** | £100,744 | £100,744 | £100,744 | £100,744 | £100,744 |
| **Ealing** | £211,543 | £211,543 | £211,543 | £211,543 | £211,543 |
| **Hounslow** | £152,983 | £152,983 | £152,983 | £152,983 | £152,983 |
| **Hillingdon** | £149,760 | £149,760 | £149,760 | £149,760 | £149,760 |
| **Harrow** | £121,785 | £121,785 | £121,785 | £121,785 | £121,785 |
| **Brent** | £163,584 | £163,584 | £163,584 | £163,584 | £163,584 |

### 8.4.7 Localising Joint Priorities

**Ealing, Hounslow and Hammersmith & Fulham** are working together to commission the new model from WLMHT. In year one, each CCG will contribute £15,000 for project resource and a further £10,000 to backfill clinical input into the service design. The remaining budget will be used for staffing, training, publicity and other costs related to the new model. In the following years, the annual allocation will be used for running the new service. In years two to five, the whole of the allocation for eating disorders will be invested in the local service. Managers at WLMHT have already completed preliminary work on the design, and skills mix and cost of the service utilising the skills and expertise of existing staff currently working on eating disorders. The commissioners will adapt the national specification and the CCG mental health contract manager is working on the contract variation with WLMHT. The three CCGs, working with WLMHT and the three relevant Local Authorities, have set up a local Transformation Implementation Board which has met three times to date and for which the implementation of the community eating disorder service will be a key early deliverable.

**Brent CCG, Central London CCG, Harrow CCG, Hillingdon CCG and West London CCG** will work with CNWL in a similar way as outlined above. An initial planning meeting has taken place, and Harrow CCG (as contract lead) will consider the experience of Ealing in working with WLMHT in developing CNWL implementation plans. CNWL are working to have a service operational within 2015/16. Market engagement will take place during 2016/17 to further develop and co-design the model with local people.

## 8.5 Priority Five: Redesigning pathways – a tier free system

### 8.5.1 Why we have chosen this area

The single greatest cause of concern amongst our young people and the professionals they interact with is about the barriers between different parts of the system – the unnecessary hurdles to get to the support needed and the lack of a clear understanding about what is available, and where.

In recent years we have sought to augment the current system; we have schools commissioning a wide variety of counselling and other support; local authorities funding on a non-recurrent basis different 'add-ons' to address particular needs; and health services seeking to improve – both face to face care and also the data we have available.

What Future in Mind tells us, is that this tinkering is not going to be enough – rather we need to start a fresh with an approach which is meaningful for children and young people.

### 8.5.2 The Ambition

In this significant piece of work we will seek to address the following:

- How can we keep prevention and reduction of risks factors at the core of our approach?
- How do adult services need to work differently to get transition right?
- Is the age that we transition young people right? Could we extend the age of young people's service to 25 years?
- What does 'no-wrong door' really mean – and how can the whole of the community respond to needs?
- Do we need a single point of access for CAMHS – or children's services more broadly?
- How do we work differently with critical partners in schools and primary care?
- Access is critical – what opportunities do digital solutions provide?
- When we think about children's needs we have to address the parental and family needs – how can this be reflected?
- Do current funding approaches help or hinder joined up working?
- When our children need inpatient care how can we make this a more integrated part of the joined up pathway?

Ultimately we want children and young people to report a substantially better experience of their mental health care and support. And more boldly we want to shift where we prioritise funding to invest in early interventions and prevention, where we know we can most impact on the whole life experience of our population as a whole and individual children and their families.

### 8.5.3 Realising the Ambition

We will take a Whole Systems approach to CAMHS and connected services – meaning we need to think differently about how we commission across education, social care and health. Importantly we will also think about the wider context and impact on children, young people and their families – access to leisure services and parental mental health for example.

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 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 launch a phased approach for the **Single Point of Access** from 1st April 2016, within each of our two providers and across 8 boroughs and will look to triage referrals quickly, efficiently and also ensure that patients receive a service that is right first time. We will work with our providers to ensure seamless transfer of referrers between adults and children's services as a fundamental element of this SPA.

More importantly there will be '**no wrong front door',** with clear pathways between services and an ethos of working together to meet the needs of children and young people, particularly during transition to adult services.

We will continue the roll out of **CYP IAPT** services across NWL through the collaborative (including CNWL and WLMHT), 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.

We can intervene earlier to **prevent the development** of more serious or chronic mental health problems by working with families in partnership with a wide range of universal services, including across schools, children's centres, youth services, GP surgeries and VCSOs. We will also link up with the work underway on early years/early help initiatives commissioned by our NWL local authorities. Alongside this, children and young people with a higher level of need, including looked after children, should be provided with immediate access to specialist services.

Young people who do not meet the threshold for adult mental health services may be best **supported by primary care,** other agencies such as Youth Counselling services, or may be discharged with a clear plan which tells them and their families what to do if they become unwell. Currently, many receive no such plan and are left to re-contact primary care services if further advice, treatment or care is required.
Based on our planning to date, we expect our new model to include:

- **Clear navigation** and pathway referrals with simple access to the appropriate service;
- **No duplication** of services or gaps between services;

- **Common pathways and standards** across all services to reduce variation in quality of services;
- Service providers **working together** effectively in support of individual needs whilst continuing to recognise the statutory duties of each organisation and ensuring that these are met;
- More people **avoiding unnecessary hospital admissions** by being supported in the community and those that do go into hospital are supported to return home quickly following admission;
- Adequate staffing to support a **flexible engagement** and appointment approach to young people (extended evenings and Saturday mornings);
- A strong and well defined **school service** out reaching into local schools and colleges with the flexibility to integrate with local authority 'early help' services, which may be based within Education;
- **Increased clinical capacity** to respond to young people with complex and life threatening conditions e.g. clinical capacity to locally deliver dialectical behaviour therapy;
- Support for **new roles** within the Young People's Community Mental Health Service;
- Strengthening the prevention and early intervention support available to young people by in collaboration with Local Authorities and Public Health, commissioning the **Voluntary Sector** to provide easy access services aimed at providing emotional support to young people, but with clear and active links to the Community Mental Health Service, should young require additional expertise.

### 8.5.4 Key Milestones

The proposed outcomes of this work stream will require significant lead time to deliver – whilst some aspects of the pathway can be transformed more quickly.

Within 2015/16 we propose commencing some elements of a new model but committing time and resource – especially clinical backfill and support - to developing the right foundation and looking at different options for a radically different model of CAMHS.

| 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|
| Commence SPAs<br>Develop Whole Systems approach to CAMHS | Implement increased capacity to underpin future change | Agree ways of working across NHSE for Tier 4 integration | | |

### 8.5.5 What we will achieve

- Clear navigation and simple access to the appropriate service;
- No duplication of services or gaps between services;
- Service providers working together in different ways in support of individual needs
- A range of preventative initiatives that promote resilience and actively target people at risk of ill health and reduce the disease burden;
- A wide range of primary care, intermediate and rehabilitation services leading up to hospital care.
- More people avoiding an unnecessary hospital admission and being supported to return home quickly following admission

### 8.5.6 Funding

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| **Central** | £60,000 | £60,000 | £60,000 | £60,000 | £60,000 |
| **West** | £88,000 | £88,000 | £88,000 | £88,000 | £88,000 |
| **H&F** | £56,000 | £56,000 | £56,000 | £56,000 | £56,000 |
| **Ealing** | £150,000 | £105,000 | £120,000 | £120,000 | £120,000 |
| **Hounslow** | £127,930 | £142,930 | £142,930 | £142,930 | £142,930 |
| **Hillingdon** | £120,000 | £140,000 | £140,000 | £140,000 | £140,000 |
| **Harrow** | £170,000 | £270,000 | £270,000 | £270,000 | £270,000 |
| **Brent** | £154,468 | £106,000 | £106,000 | £106,000 | £106,000 |

### 8.5.7 Localising Joint Priorities

Working as a NWL collaborative, we will map the current pathways across our 8 boroughs, and will work collaboratively with our two mental health trusts to quickly implement some access initiatives in 2015/16 – beginning with a single point of access for mental health services and reductions in waiting times through increased funding for staffing. It is out aim that by April 2016, no NW London child or young person will have to wait longer than 1 week for an urgent assessment and 4 weeks for a routine assessment.

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 (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, 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 funding will be allocated for CAMHS waiting list reduction and associated caseload throughput in 2015/16, with particular attention on children looked after by the Local Authority. This will facilitate pathway redesign in 2016/17 onwards.

Joint/aligned health and social care commissioning will be essential for specialist pathways for post-traumatic stress disorder associated with abuse (particularly that associated with Child Sexual Exploitation[27], Female Genital Mutilation[28], and the emotional trauma of seeking asylum).

[27] 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.

[28] 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.

Brent will draw on the NWL 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).

**Hillingdon** will do further investigation into the current emotional health and wellbeing support in schools, and then further develop commissioning of these services in schools and colleges. They also plan to embed the outcomes based model into the CNWL CAMHS contract; develop a directory of services for children and young people with emotional, behavioural and mental health issues; and develop a localised pathway and model of care (drawing on the NWL framework) for a primary care service for time limited interventions, advice and support for CYPS/professionals that will be commissioned in 2016/2017.

**Hammersmith and Fulham, Central London, and West London** will draw on the work done to date by NHSE and H&F CCG on the CAMHS School Link Pilot to inform their transformed CAMHS model. In addition, **Central London** will pilot a CAMHS Connected Care GP village project that will involve integrating young people's mental health into primary care and paediatric planning for young people with complex health care. In developing their local offer, these CCGs will explore with local authority partners whether there is a clear business case to develop and/or contribute to a **Young People's Hub** or **Drop in Service**, where clusters of health, voluntary and council services (including access to sports and leisure pursuits) could be accessed by families. This builds on ambitions emerging in both Hammersmith & Fulham and Westminster City Council and the ground breaking Connected Care for Children approach which brings paediatricians out of hospitals to support young people with complex needs in primary care.

**Hounslow** will invest £10k in year one and £25k in year two towards project resource to develop and implement the 'Tier-free' model and single point of access. The main resource for this priority is allocated to adding staffing capacity at the 'early help' end of the mental health pathway which is a major priority for Hounslow; in year one this will involve allocating £100k for recruiting temporary staff to address waiting lists in the existing Tier 2 CAMHS service, and from year two onwards £110-135k will be spent on delivering a new model for early help which is closely linked with schools and primary care. The remaining resource, £17,930 in year one and £7,930 in subsequent years, will be ear-marked for digital technology projects to improve accessibility and support health promotion. Hounslow will also invest in digital/technology projects to improve access and engagement from children and young people. There is currently a SPA to early help services in Hounslow and another key part of this work will be to develop this so that there is a SPA into the mental health pathway. This development should not incur any additional costs.

**Ealing** are committed to working with schools for the duration of this funding to develop and embed a whole school approach to children's emotional health and wellbeing.

In **Harrow** transition is a joint and local priority. Their 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.

Harrow has a further local priority to develop a joint Emotional Health and Wellbeing Targeted Service (Tier 2/2.5). This will be an early intervention/prevention provision, offering open access for young people with an identified need. Working to target identified vulnerable children and young people in Harrow such as: Children in Need, Children Looked After, and

children and young people with challenging behaviour, bereavement, life events, school exclusion, OCD, difficulties with eating/sleeping, ADHD and ASD. 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 management of this local priority and the other priorities stated. In the following years, the annual allocation will be a contribution to implement and run the new service. This service will be jointly commissioned 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. Harrow CCG will also work with local stakeholders to plan and deliver an Integrated Single Point of Access across Harrow, that will intake and triage referrals quickly, efficiently and ensure that patients receive a service that is right first time.

## 8.6 Priority Six: Enhanced support for learning disabilities (LD) and neurodevelopmental (ND) disorders

### 8.6.1 Why we have chosen this area

As outlined in our introduction, learning disabilities and neurodevelopmental disorders such as autistic spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD) are prevalent in NWL to varying degrees across our 8 CCGs. People with learning disabilities who have mental health needs experience a wide range of problems and therefore require a wide range of services. They can have the full range of mental illnesses seen in the general population such as schizophrenia, bipolar disorder, depression, anxiety disorders, specific phobias, agoraphobia, obsessive compulsive disorder and dementia.

Some of the main drivers for change include:

- The increased prevalence of mental health problems among people with learning disabilities, compared to the general population;
- The large number of people with LD and mental health problems that have behaviours described as challenging, developmental disorders, or other conditions;
- The critical need for improvements in services for people with learning disabilities;
- The current limited capacity of LD services to cope with increasing demand;
- The significant cost of current LD/ND services to health, social care and education providers and commissioners.

### 8.6.2 The Ambition

We will develop an enhanced service within each of the 8 CCGs, streamlining the current service offering and filling the gaps. The design of the service locally will vary because the starting position is different and the needs of each borough differ somewhat based on prevalence and population. The NWL approach will ensure consistent quality and shared learning.

### 8.6.3 Realising our Ambition

We will **map local care pathways** for children and young people with learning disabilities and mental health difficulties to ensure a seamless experience of care for all children in their local area. This may involve reconfiguring services or commissioning additional local provision where there are gaps, commissioning an integrated service from CAMHS and Community Paediatrics.

As well as working closely with Community Paediatrics when screening referrals and undertaking assessments, there should be 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.

We will **enhance the capacity of CAMHS** to meet the increasing demand for ASD and ADHD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams.

**Specialist support embedded in the network -** In some areas such as Ealing the model of co-located services for children with disabilities enables fast access to specialist mental health practitioners for advice, consultation and joint working. This model should be explored in other areas and if physical colocation of entire services is not feasible we will consider embedding mental health practitioners in services that work closely with children and young people with LD.

Specialist mental health practitioners should be available to 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.

Vulnerable groups including those with disabilities can find it more difficult **to access specialist services** when they need them, so it is crucial that all measures included in the wider plan to improve accessibility of specialist mental health services (such as single point of access, user involvement etc.) apply equally to young people with LD and neurodevelopmental difficulties.

We will ensure that specialist services for children and young people with learning disabilities, neurodevelopmental disorders and mental health difficulties are **sufficiently resourced** to enable efficient access in line with national waiting time targets, to a workforce with the right expertise to meet their needs.

The **crisis pathway** (Priority 7) developed through this NWL Transformation plan should ensure access to support from staff who are appropriately trained to work with young people with LD, whether through direct access or a consultation model. This will ensure that admissions to residential care are avoided wherever possible and that discharge back to the community is well supported.

There should be clear agreements in place between specialist services and primary care to **support shared care** for young people with LD/ND who require medication.

CCG commissioners will 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 (2015/16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In Year Two (2016/17), the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. Year Three (2017/18) to Year Five (2019/20) will be used to embed the model, develop sustainability and further refine according to borough need.

### 8.6.4 Key Milestones

We propose that due to the importance of local pathways and links with local agencies that this priority is taken forward by each CCG – the CAMHS commissioners group provides a forum for sharing learning and joining up pathways where needed.

| 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|
| Map current provision and identifiable gaps. Develop service specification. | Revise and redevelop new service. Commence service. | Embed the model, develop sustainability, evaluate and further refine. | | |

### 8.6.5 What we will achieve

- Children and young people access assessment and treatment for LD and ND in a timely manner.
- Children and young people with LD or ND achieve improved health and educational outcomes.
- Children, young people and parents report an improved experience of engaging with LD or ND services.

### 8.6.6 Funding

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| **Central** | £52,000 | £52,000 | £52,000 | £52,000 | £52,000 |
| **West** | £30,000 | £30,000 | £30,000 | £30,000 | £30,000 |
| **H&F** | £79,174 | £79,174 | £79,174 | £79,174 | £79,174 |
| **Ealing** | £94,314 | £60,000 | £75,000 | £75,000 | £75,000 |
| **Hounslow** | £91,000 | £55,000 | £55,000 | £55,000 | £55,000 |
| **Hillingdon** | £100,000 | £100,000 | £100,000 | £100,000 | £100,000 |
| **Harrow** | £54,840 | £0 | £0 | £0 | £0 |
| **Brent** | £96,000 | £60,000 | £60,000 | £60,000 | £60,000 |

### 8.6.7 Localising Joint Priorities

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 appropriate processes and systems are in place for the transition of children and young people into adult services by developing 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 services and provision for children and young people age 0-25 with SEND with and without an EHC plan**.**

**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.

**Hillingdon** CCG will be working with LBH and a number of Special Schools to develop a Joint team to work with children and young people with MH/LD/AD/complex needs. The service will focus upon those children and young people at risk of family breakdown; residential school/care, hospital admission due to their challenging behaviour.

## 8.7 Priority Seven: Crisis and Urgent Care Pathways

Development of a new 24/7 crisis and urgent care pathway

### 8.7.1 Why we have chosen this area

Even with the best possible mental health care and support, there will always be children and young people who experience mental health crises. During a crisis, quick access to support and treatment is vital to improve mental health outcomes.

Evidence from the UK suggests that families benefit from having an alternative choice to inpatient admission; European evidence suggests that treatment effectiveness can be equivalent to inpatient care in some cases, and that costs are lower for those cases[29]. Although there are no direct financial savings to the CCG, we recognise that the ability to offer seven-days-a-week CAMHS capacity as part of the local home treatment rapid response service would reduce inappropriate admissions to adult wards, and provide less restrictive care options for children.

There have been issues identified for service users in accessing mental health services. This is an on-going issue and NHSE have identified that despite policies and protocols being in place, these often do not appear in practice. Across NWL, we are committed to improving urgent care and support options for children and young people experiencing a mental health crisis, at any time of the day.

### 8.7.2 The Ambition

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.

NWL has recently agreed a new urgent care and assessment pathway for adults. This demonstrates an excellent collaborative approach across commissioners and providers, with service user input and involving wider stakeholders such as the LAS and Metropolitan Police. In addition since 2012 we have been working to deliver a CAMHS Out of Hours model across all NWL boroughs.

We now want to build on these successes – and associated learning – to ensure we have a robust and sensitive approach for any child or young person in crisis. To avoid unnecessary duplication, and to make best use of the learning from the recent adult service redesign, where clinically appropriate, the CAMHS crisis and urgent care pathway will be aligned or part of the adult mental health teams.

[29] 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.

### 8.7.3 Realising the Ambition

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.

The CAMHS, adult mental health services (AMHS) and early intervention services (EIS) services will work together to benchmark themselves against the processes and standards below. They will be expected to identify new policies and procedures where required and an action plan to work towards having the processes in place.

- Co design the care pathways with CAMHS, EIS and AMHS young people and families and the receiving service in designing and reviewing the transition pathway to ensure timely referral needed for a safe and smooth access and transition;
- Include GPs in the pathway development to ensure GPs have the relevant information to support people (and their parent carers) during and after treatment;
- Agree the aim and goal of interventions with service user or parent and carer, where appropriate and monitor the changes to agreed and shared goals and to symptoms, amending therapeutic interactions as a result to deliver the best possible outcome;
- Provide information at all stages of the pathway about interventions or treatment options to enable service users and families to make informed decisions about their care appropriate to their competence and capacity;
- Co-produce the care plan and ensure a copy is given to the service user /parent / carer. The care plan should include clear written information not only on their current care plan and named professional contacts but also how to access the services routinely and in a crisis;
- Provide written assessments, care plans etc. that are jargon free (where any technical terms defined);
- Ensure that people leaving the service have a written and agreed discharge plan that supports self-management where possible and explains how to access help if this becomes necessary.
- Where a person is moving to another service, whether to adult mental health services or to a different service, the provider will ensure that the agreed transition protocol is followed with, as a minimum, a joint meeting between the provider and new service that includes the service user and/or family member, a written discharge summary, followed up after six months to check the transition has proceeded smoothly.

### 8.7.4 Key Milestones

We propose investing project management resource to support the development of this pathway across NWL, linking to local teams across all boroughs – recognising that models of care are likely to be specific to our two mental health trusts. Implementation will occur through two different teams – facing each trust.

| 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|
| Scope current provision and identifiable gaps. | Design and consult on new service.<br><br>Commence service. | Evaluate and continue with service provision | | |

**8.7.5 <u>What we will achieve</u>**

- Reduction of inappropriate admission of under 18s to adult wards when CAMHS beds are unavailable, and reduced demand for CAMHS beds.
- Viable alternatives to inpatient care for some cases.
- Supported discharge from CAMHS beds by allowing contingency plans to include crisis team response.
- Children and young people in crisis or with significant needs remain at home where possible.
- Parents and other carers are supported to look after young people in crisis.
- Reduction of A&E attendances and admissions acute hospital due to deliberate self-harm or overdose.

**8.7.6 <u>Funding</u>**

Funding will be included for each CCG – as locally determined based on current needs.

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| **Central** | £0 | £60,000 | £60,000 | £60,000 | £60,000 |
| **West** | £65,000 | £104,000 | £104,000 | £104,000 | £104,000 |
| **H&F** | £0 | £50,000 | £50,000 | £50,000 | £50,000 |
| **Ealing** | £42,000 | £170,000 | £170,000 | £170,000 | £170,000 |
| **Hounslow** | £34,000 | £150,000 | £150,000 | £150,000 | £150,000 |
| **Hillingdon** | £100,000 | £100,000 | £100,000 | £100,000 | £100,000 |
| **Harrow** | £40,000 | £20,000 | £20,000 | £20,000 | £20,000 |
| **Brent** | £10,000 | £108,000 | £108,000 | £108,000 | £108,000 |

**8.7.7 <u>Localising Joint Priorities</u>**

All CCGs will use 2015/16 to review their current urgent care pathways and develop a plan for the remaining years to improve urgent care and crisis support pathways. Ultimately we are all aiming to develop a multi-agency crisis service, linked to existing paediatric liaison and out of hours services to ensure a seamless crisis pathway for children and young people. In some CCGs, existing funding for crisis care will be used for this work, and in other CCGs further work will be done in 2015/16 to pilot proposed approaches to care pathway redesign, as outlined below.

**Brent** will enhance the existing CAMHS-out-of -hours service to develop a multi-agency crisis intervention and home treatment capability, linked with adult crisis and home treatment services, paediatric liaison, and youth offending services, and working across CCGs for cost efficiency where appropriate.

**Ealing** will commit a further £32,000 to out-of-hours services provided by WLMHT on behalf of Ealing, Hounslow and Hammersmith and Fulham CCGs.

**Hammersmith and Fulham, Central London and West London** have some indicative plans for years 2 to 5 including re-integrating provision of in-patient beds (possibly to be explored on a pilot basis) for young people with psychiatric conditions, and resuming local commissioning and performance management through a re-constituted NWL Consortium. This would strengthen the admission and discharge links (step and step down), significantly improve engagement with local schools and Social Care services, reduce the fragmentation of commissioning and re-establish the local incentive to develop alternatives to hospital admission: e.g. building on our Out of Hours nursing capacity, developing Home Treatment Team(s).

**Harrow** will develop an early intervention pathway for personality disorder and align with the integrated pathways for challenging behaviour and other identified needs. We anticipate that this pathway will align with Priority 5 & 6 and will form part of the joint Emotional Health and Wellbeing Targeted Service as well as the SPA and developing pathways work across NWL.

**Hillingdon** CCG will develop a self-harm crisis and intensive support service. Hillingdon has the highest level of self-harm in NW London and was highlighted as a significant issue in the JSNA and Healthwatch report in 2015.

**Hounslow** will invest £24k of year one funding to supplementing the CAMHS Out of Hours pilot which is currently being commissioned from WLMHT, and £10k towards project resource to develop and implement a comprehensive multi-agency crisis pathway in the borough. From year two onwards Hounslow will spend £150k on adding capacity to the crisis pathway, which will tie together the Out of Hours service, existing paediatric liaison functions, and a model for crisis support and home treatment.

**West London** plans to develop psychiatric paediatric liaison at Imperial Hospital to complement Out of Hours developments and fill a current gap in provision.

## 8.8 Priority 8: Embedding *Future in Mind* Locally

Continuing and building on existing good work – to address specific local needs

### 8.8.1 Why we have chosen this area

In the preceding 7 priorities, we have outlined our plans to deliver on *Future in Mind*'s main areas of focus. In this priority, we recognise that across NWL, our CCGs are working hard on a range of projects and programmes that support the development of children and young people's mental health that may not be reflected above. These programmes have been developed based on local engagement with stakeholders and understanding of local needs from activity and prevalence data. We are using this priority to demonstrate the work we plan to do in addition to the priorities above that is localised and based on each borough's specific needs, and that will support the delivery of *Future in Mind* and reinforce the development of a comprehensive mental health support offer across NWL.

### 8.8.2 The Ambition

By describing our local priorities here, we are aiming to develop a comprehensive mental health support offer across NWL that reflects the needs of our local populations, whilst also allowing for joint working across our 8 CCGs and local authorities.

Importantly, we are working closely with our local authority colleagues to ensure that our transformation plans create innovative solutions to local issues, rather than filling gaps that have resulted from reduced local authority funding. We hope that by working collaboratively, we will address the systemic barriers that we face across health and social care, and by outlining our local priorities we can develop a needs-led, comprehensive, joined up mental health pathway for children and young people in NWL.

### 8.8.3 Realising the Ambition

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, Ealing, 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.

We will continue to work together across the 8 CCGs to deliver on our commitments to the *Future in Mind* implementation in NW London. We will also progress local projects in parallel,

sharing learning with our NWL colleagues and linking up local projects with NWL projects where possible. These local projects are outlined below.

### 8.8.4 Key Milestones

| 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|
| Deliver on local projects. Evaluate pilots and link local projects to NWL projects. | Continue funding good practice models and projects | | | |

### 8.8.5 What we will achieve

- Effective links between borough level actions and NWL-wide strategy development
- Locally owned strategic plans that draw on and are supported by the Like Minded strategy

### 8.8.6 Funding

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| **Central** | £48,000 | £0 | £0 | £0 | £0 |
| **West** | £29,000 | £0 | £0 | £0 | £0 |
| **H&F** | £34,000 | £0 | £0 | £0 | £0 |
| **Ealing** | £90,000 | £114,514 | £90,000 | £90,000 | £90,000 |
| **Hounslow** | £0 | £0 | £0 | £0 | £0 |
| **Hillingdon** | £0 | £0 | £0 | £0 | £0 |
| **Harrow** | £0 | £0 | £0 | £0 | £0 |
| **Brent** | £40,000 | £90,000 | £90,000 | £90,000 | £90,000 |

### 8.8.7 Localising Joint Priorities

In 2015/16, **Brent** will allocate resource for project management support to build the links between Brent Children's Trust and the NWL Like Minded Strategy Group, and establish and progress work streams for each priority area in Brent. In addition funding will be allocated for CAMHS waiting list reduction and associated caseload throughput, with particular attention on children Looked After by the Local Authority. From 2016/17, Brent CCG will contribute £30,000 annually towards a joint fixed-term post providing support a link and joint commissioning support. In 2016/17 Brent CCG will provide £60,000 to support a dedicated YOS-CAMHS worker.

**Ealing** will allocate for each year of this plan:

- £40,000 for specialist CAMH input into young people in the youth justice system, including those who have offended and those at risk of offending and working closely with other team members focussing on physical health and substance misuse;
- £50,000 for commissioning and project management capacity for the whole transformation programme and supporting the work of the CCG and Local Authority.

**Hammersmith and Fulham** will fund a short term project to map and implement improvements in data accuracy and collection. This will include timely and high quality provision of reports for education health care plans.

**Harrow** will continue to embed CYP IAPT in Harrow and support the perinatal priority led by adult mental health.

The priorities in **Hounslow** and **Hillingdon** are incorporated within the previous 7 priorities.

**West and Central London** also plan to deliver a short term project looking at early years, attachment, and early intervention, working with CNWL. The outcomes and learning from this project will inform future commissioning.

## 9.0 How We Will Deliver this Plan – Governance and Risks

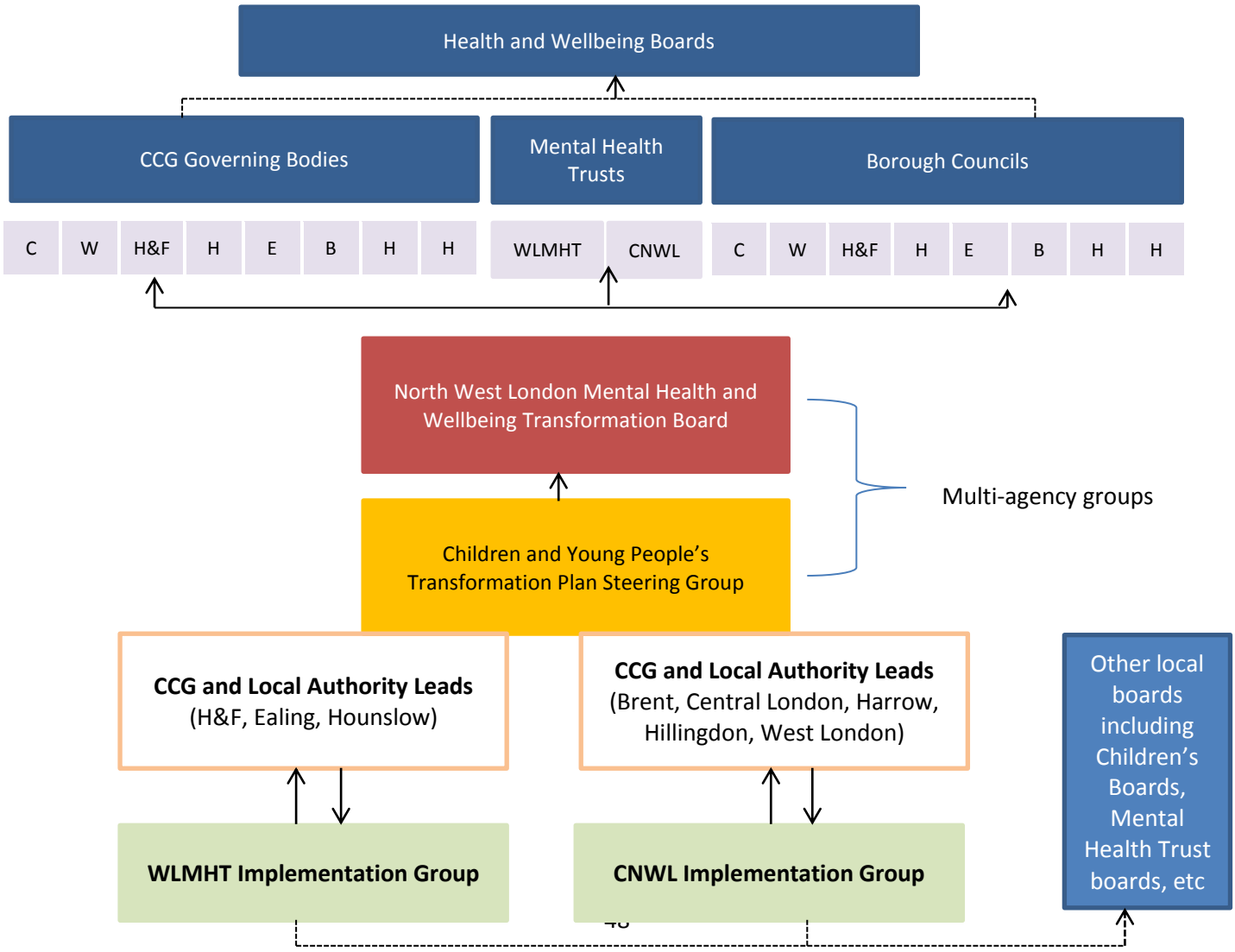
The Steering Group supporting the development of this plan has brought together the key representatives from the 8 boroughs – as well as tasking the leads to engage locally with the wider teams not represented at the table. The Steering Group reports formally to the NWL Mental Health and Wellbeing Transformation Board – which is accountable to its constituent CCGs and Health and Wellbeing Boards. The Board is multi-agency and has oversight of the entirety of mental health and wellbeing strategic development across NW London.

We propose that during 2015/16 this Steering Group continues to meet to oversee the transition from developing plans into implementation – and quickly onto business as usual.

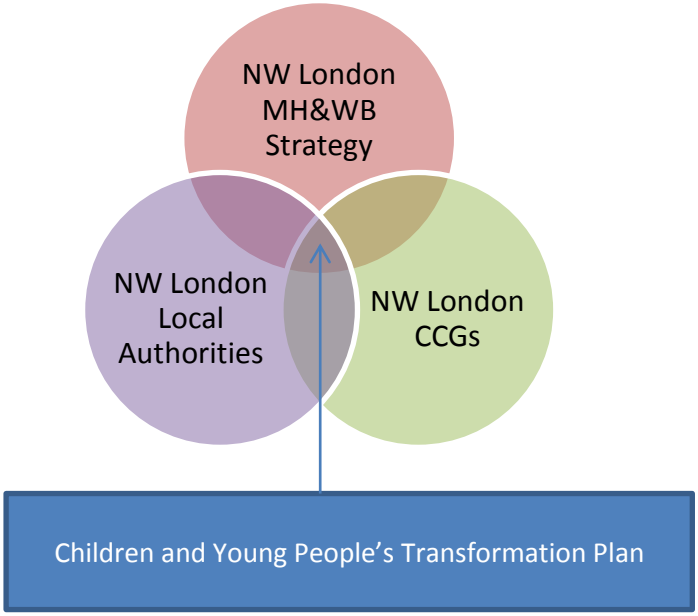
We have also formed (or re-started) 2 dedicated multi-agency implementation groups to support the development and delivery of projects with our local mental health trusts:

- WLMHT facing CCGs (Ealing, Hammersmith & Fulham and Hounslow)
- CNWL facing CCGs (Brent, Central London, Harrow, Hillingdon and West London)

As well as reporting to the Steering Group, these groups will have a clear link to local governance structures.



Our over-arching governance model links the NWL Mental Health and Wellbeing Strategy with the 8 NWL CCGs and Local Authorities, with clear governance and reporting to ensure shared ownership of delivery of our transformation plans (as shown below).




As with the wider NWL transformation programmes, we will continue to focus on a robust process of risk management. Our current risks are outlined in the table below:

| RISK REGISTER | | | | | |
|---|---|---|---|---|---|
| | **Description** | **Impact** | **Inherent Risk Rating** | **Avoidance / Mitigation** | **Residual Risk Rating** |
| R1 | The wider context of risks of funding cuts to CCGs and LAs will impact on activity and resource for Transforming mental health services for children and young people. | We will not achieve the level of transformational change required to improve the quality of care for children and young people whilst ensuring financial sustainability across the system. | 12 | Working with multi-agency colleagues to ensure we describe a joined up approach but ensuring we do not dilute the ambition through funding gaps in service rather than transformation. | 12 |
| R2 | Need to commence Eating Disorders service in 2015/16 | Doing so requires dedicated resource and quick implementation | 6 | Both trusts already working with local commissioners to commence work. TP should enable additional funding for this work. A single tender waiver sought to enable continued work with current providers and rapid service development. | 6 |
| R3 | Skill shortage/lack of appropriate staffing for ED services due to national investment in CYP ED services and associated recruitment. | We may not be able to staff new, dedicated CYP ED services with appropriately specialised staff. This may delay implementation. | 16 | We are working with current MH trust staff who treat ED to train other CAMHS staff. We will consider relocating ED trained CAMHS staff and recruiting other CAMHS practitioners to fill this gap. | 12 |
| R4 | Short timescales for spending 2015/16 financial allocation means we don't secure maximum benefit from 15/16 funding. | If we do not access all available funds, we may not set appropriate foundations for transformation in the coming years. | 12 | We are working with existing providers to agree arrangements for funding projects in year and agreeing tender waivers with our CCGs and have commenced early planning for new work in 15/16. | 9 |

**ANNEX A: Brent CCG** (attached as a separate document)

**ANNEX B: Central London CCG** (attached as a separate document)

**ANNEX C: Ealing CCG** (attached as a separate document)

**ANNEX D: Hammersmith and Fulham CCG** (attached as a separate document)

**ANNEX E: Harrow CCG** (attached as a separate document)

**ANNEX F: Hillingdon CCG** (attached as a separate document)

**ANNEX G: Hounslow CCG** (attached as a separate document)

**ANNEX H: West London CCG** (attached as a separate document)

## ANNEX I – Consultation Log

In the development of this plan we have consulted widely with our Children and Young people, their parents and carers, our and key partners across schools, social care and health teams. Evidence can be supplied on request. The table describes the key groups and populations we have actively engaged with – however at a local level our developments have been informed by on-going discussions with a far greater range of people.

| |
|---|
| **Brent CCG** |
| **Central London CCG** |
| **Ealing CCG** |
| **Hammersmith & Fulham CCG** |
| **Harrow CCG** |
| **Hillingdon CCG** |
| **Hounslow CCG** |
| **West London CCG** |
| **NHS England Specialised Commissioning (CAMHS)** |
| **NHS England Mental Health Team** |
| **Brent Council** |
| **Westminster City Council** |
| **The Royal Borough of Kensington and Chelsea** |
| **The London Borough of Hammersmith and Fulham** |
| **Ealing Council** |
| **Harrow Council** |
| **The London Borough of Hillingdon** |
| **The London Borough of Hounslow** |
| **Healthwatch Brent** |
| **Healthwatch Central London** |
| **Healthwatch Ealing** |
| **Healthwatch Hammersmith and Fulham** |
| **Healthwatch Harrow** |
| **Healthwatch Hillingdon** |
| **Healthwatch West London** |
| **Central and North West London Mental Health Trust** |
| **West London Mental Health Trust** |
| **Health Education North West London** |
| **Youth Justice Teams** |
| **Healthy Schools Partnerships** |
| **Rethink Young People** |
| **Imperial College Healthcare NHS Trust** |
| **Central London Community Healthcare NHS Trust** |