

NHS Brent Clinical Commissioning Group

Brent Health and Wellbeing Board 22 March 2016

Report from NHS Brent Clinical Commissioning Group Clinical Director and Brent Council Strategic Director - Children and Young People

For approval Wards affected: ALL

- Update on Children and Young People's Mental Health and Wellbeing Transformation Plan implementation
- Process and timeline for updating the joint plan

Link to publicly available plan:

https://www.healthiernorthwestlondon.nhs.uk/documents/mental-health/children-and-young-peoples-mental-health-transformation-plan

1.0. Summary

- 1.1. 'Future in Mind' was published in March 2015 following work by the Government-led Children and Young People's Mental Health and Wellbeing Taskforce, across education, health and social care. This provided a moral and economic case for change
- 1.2. In response, development of the Children and Young People's Mental Health and Wellbeing Local Transformation Plan (CYP-LTP) was led by the NHS Brent Clinical Commissioning Group (CCG) Clinical Director of Children and Mental Health, with input from Brent Council (Strategic Director Children and Young Peoples Services, Director of Public Health, Director of Adult Social Care, and elected members involved in the Health and Well-being Board). Coordination and production of a combined plan across the eight boroughs in North West London was via the 'Like Minded' team. Every borough plan and the combined plan were signed off by the respective CCG Chair and Council Leader. The Brent plan was approved by the Leader of Brent Council on 14th October 2015, and by the Chair of the NHS Brent Clinical Commissioning Group on 15th of October 2015. Additional clarification information was provided on 30th November 2015.
- 1.3. In December 2015, NHS England agreed to support the plan, and to provide an additional £573,052 to NHS Brent CCG for each of the financial years 2015/16, 2016/17, 2017/18, and 2018/19.

- 1.4. The Bent plan was presented at the 09 February 2016 Brent Council Scrutiny Committee. The report provided a list of the existing commissioned services, and the total investment mental health services for children and young people in Brent.
- 1.5. Existing investment from schools, Brent Council, NHS Brent CCG, and NHS England is around £3.4m in 2015/16. NHS Brent CCG and Brent Council confirmed there are no plans to disinvest in mental health services for children and young people in Brent. The plan will review existing arrangements with the intention of reshaping and improving the use of resources.

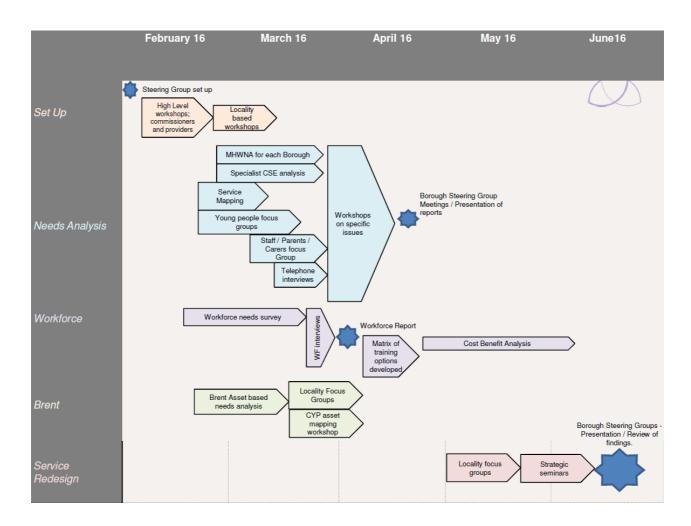
2.0. Recommendations

The Brent Health and Wellbeing Board are asked to:

- Note the progress to date on delivering the CYP-LTP;
- Endorse the principle that the additional funding from NHS England should be additional to the existing funding identified in the CYP-LTP;
- Agree to the proposed assurance sign off of CYP-LTP submission for 2016/17.

3.0. Achievement to date

3.1. Priority 1: Needs assessment. The Anna Freud Centre won a competitive tender to support the delivery of this priority. The specification included a bespoke 'asset based needs analysis' of Brent, to identify strengths within existing communities. The original proposal was to focus this effort in March and April 2016. A list of stakeholders is being developed so that the Anna Freud Centre can begin to make contact. As the Anna Freud Centre also provides direct support to some schools, Brent CCG and Brent Council are exploring ways to mitigate any potential conflict of interest by involving Brent HealthWatch in relevant aspects of work. The Anna Freud Centre will not be leading work on a local anti-stigma campaign, and alternative support is being considered to lead this.



Proposed timetable from the Anna Freud Centre for delivering the needs analysis (priority 1) and workforce development and training analysis (priority 2).

- 3.2. **Priority 2: Supporting co-production.** Existing engagement opportunities are being mapped. These will be supplemented throughout the delivery of the plan by targeted work to engage specific groups of children, young people, families, schools and wider communities. This work will build on existing approaches for Looked After children, and using the principles and workstreams being established by Brent CCG and Brent Council as part of the Brent Equality, Engagement and Self-care strategy.
- 3.3. **Priority 3: Workforce development and training.** The Anna Freud Centre won a competitive tender to support the delivery of this priority. A list of stakeholders is being developed so that the Anna Freud Centre can begin to make contact. As the Anna Freud Centre also provides direct support to some schools, Brent CCG and Brent Council are exploring ways to mitigate any potential conflict of interest by involving Brent HealthWatch in relevant aspects of work. The work will be coordinated alongside a training needs analysis of GPs, being led by Health Education England.
- 3.4. Priority 4: Specialist Community Eating Disorder Service for children. NHS England identified £163k to be directed by Brent CCG towards the establishment of North West London community eating disorder service for children as soon as possible. Currently, children with eating disorders are seen within mainstream specialist CAMHS, or by specialist inpatient services commissioned by NHS England. A service specification from NHS England has been locally adapted. The number of children who would be eligible has been established. An implementation plan for recruitment (including backfilling existing posts) is being developed. It is intended that an interim service is in place by the end of September 2016. Workforce issues may be a limiting factor in delivery, and a review is planned for September to determine

whether wider cooperation with other regions of London is required to deliver a viable service. NHS England will review progress in 2016/17 to determine whether the level of funding awarded in 2015/16 is justified going forward.

3.5. **Priority 5: Redesigning pathways – A tier free system.** This priority will be addressed after completing the needs assessment (Priority 1) and workforce review (Priority 3). It will be supported by ongoing community engagement and coproduction (Priority 2). Where possible, service redesign will be in line with the proposed national timescales in the Five Year Forward View for Mental Health (published February 2016). For 2015/16, non-recurrent funding has been provided to deliver increased capacity and reduce waiting lists ahead of any service redesign. Brent CCG is involved with the perinatal maternity pilot at Queen Charlotte's Hospitial, and is working with the Strategic Clinical Networks for maternity and mental health, and the Health London Partnership for children, to take forward the learning from this pilot.

Pat	thway	2015/16	2016/17	2017/18	2018/19	2019/20
Referral to treatment pathways	Psychological therapy for common mental health disorders (IAPT)					
	Early intervention in psychosis					
	CAMHS: community eating disorder services					
	Perinatal mental health					
	Crisis care					
	Dementia					
	CAMHS: emergency, urgent, routine					
	Acute mental health care					
	Integrated mental and physical healthcare pathways (IAPT / liaison / other integrated models)					
	Self harm					
	Personality disorder					
	CAMHS: school refusal					
	Attention deficit hyperactivity disorder					
	Eating disorders (adult mental health)					
	Bipolar affective disorder					
	Autistic spectrum disorder (jointly with learning disability)					
Recovery pathways	Secure care recovery (will include a range of condition specific pathways)					
	Secondary care recovery (will include a range of condition- specific pathways)					

Proposed mental health pathway and infrastructure development from The Five Year Forward View for Mental Health (published February 2016, p36). Highlights in yellow added to show workstreams most relevant to children's mental health.

3.6. **Priority 6: Enhanced support for learning disabilities and neurodevelopmental disorders.** This priority will be addressed after completing the needs assessment (Priority 1) and workforce review (Priority 3). It will be supported by ongoing community engagement and coproduction (Priority 2). Where possible, service

redesign will be in line with the proposed national timescales in the Five Year Forward View for Mental Health (published February 2016). For 2015/16, non-recurrent funding has been provided to deliver increased capacity and reduce waiting lists ahead of any service redesign. The specialist workforce market for neurodevelopmental disorders is very limited, making it a challenge for the provider to increase the capacity of the service quickly.

- 3.7. **Priority 7: Crisis and urgent care pathways.** The existing pilot out-of-hours service agreed in 2014/15 went live in January 2016, providing a better resourced crisis response service. The pilot will help quantify and gather evidence of the frequency, complexity, and severity of demand. Between November 2015 and January 2016, there have been further developments in adult mental health urgent care pathways. The intention in the CYP-LTP is to explore opportunities to combine these pathways into a crisis response service capable of responding to people of all ages.
- 3.8. **Priority 8: Embedding 'Future in Mind'.** To improve frontline services, funding for a specialist worker post within the Youth Offending Service has been agreed from April 2016, as an extension of the existing specialist CAMHS service provided by CNWL. To improve joint commissioning, an interim CAMHS commissioner has been appointed to help formally establish the CAMHS subgroup of the Brent Children's Trust Board. This group will oversee delivery of the plan, and ensure a joined up approach with other areas of children's service commissioning. A job description for a fixed-term joint CAMHS Commissioner role is being developed jointly between Brent CCG and Brent Council.

4.0. Assurance Timeline

- 4.1. An updated implementation CYP-LTP needs to be incorporated into the Sustainability and Transformation Plan. Draft submission is due in April 2016, with final submission by June 2016.
- 4.2. The proposal is that the Health and Well-being Board endorse continuing to progress the existing priorities in the CYP-LTP, and delegate sign off of the updated plan to the Brent CCG Chief Operating Officer, and the Brent Council Strategic Director Children and Young People.

5.0. Financial Implications

5.1. Existing investment from schools, Brent Council, NHS Brent CCG, and NHS England is around £3.4m in 2015/16. Current funding for children's mental health and well-being in Brent was detailed in the CYP-LTP submission to NHS England.

NHS Brent	NHS England	Brent Council		
£2,471,000	£403,629	£370,751*		

^{*} In addition to this figure, 17 schools are paying a total of £161,600 in 2015/16 for the TAMHS (Targeted Mental Health in Schools) project, with the Local Authority funding £105,000 towards this service. Public Health also gave a one off grant of £30,000 for a Mental Health in Schools Programme for 2015/16 to include training for school staff and workshops for parents.

5.2. NHS England has supported the CYP-LTP and provided an additional £573,052 to NHS Brent CCG for each of the financial years 2015/16, 2016/17, 2017/18, and 2018/19. Of this, £409k has been included in the Brent CCG baseline allocation of

- funding from 2016/17; a separate £163k for Community Eating Disorder Services for children, and is subject to further assurance by NHS England.
- 5.3. There are no plans to disinvest in children's mental health and well-being services in Brent. The CAMHS Local Transformation Plan will review existing arrangements with the intention of reshaping and improving the use of resources.

10.0. <u>Legal Implications</u>

The legal obligations on the Council changed with the passing of the Health and Social Care Act 2012 ("the Act"), which gave the Council new duties to:

- Improve the health of the people in its area; and
- Take steps to ensure that plan are in place to protect the health of the population.

The role of promoting integration and joint working in health and social care services across Brent is delegated to the Health & Wellbeing Board and the Brent Integration Board.

11.0. Diversity implications

The Children and Young People's Mental Health and Wellbeing Local Transformation Plan supports the Health and Well-being Board to deliver in a fair and equitable way to children and families in the community.

Named leads

Dr Sarah Basham, Clinical Director and Vice Chair, NHS Brent CCG Gail Tolley, Strategic Director - Children and Young People, Brent Council

Contact Officers

Duncan Ambrose, Assistant Director, NHS Brent CCG Graham Genoni, Operational Director - Children's Social Care, Brent Council