

Summary 2018/19



Brent



Brent

Clinical Commissioning Group



LikeMinded
WORKING TOGETHER FOR MENTAL
HEALTH AND WELLBEING IN NW LONDON



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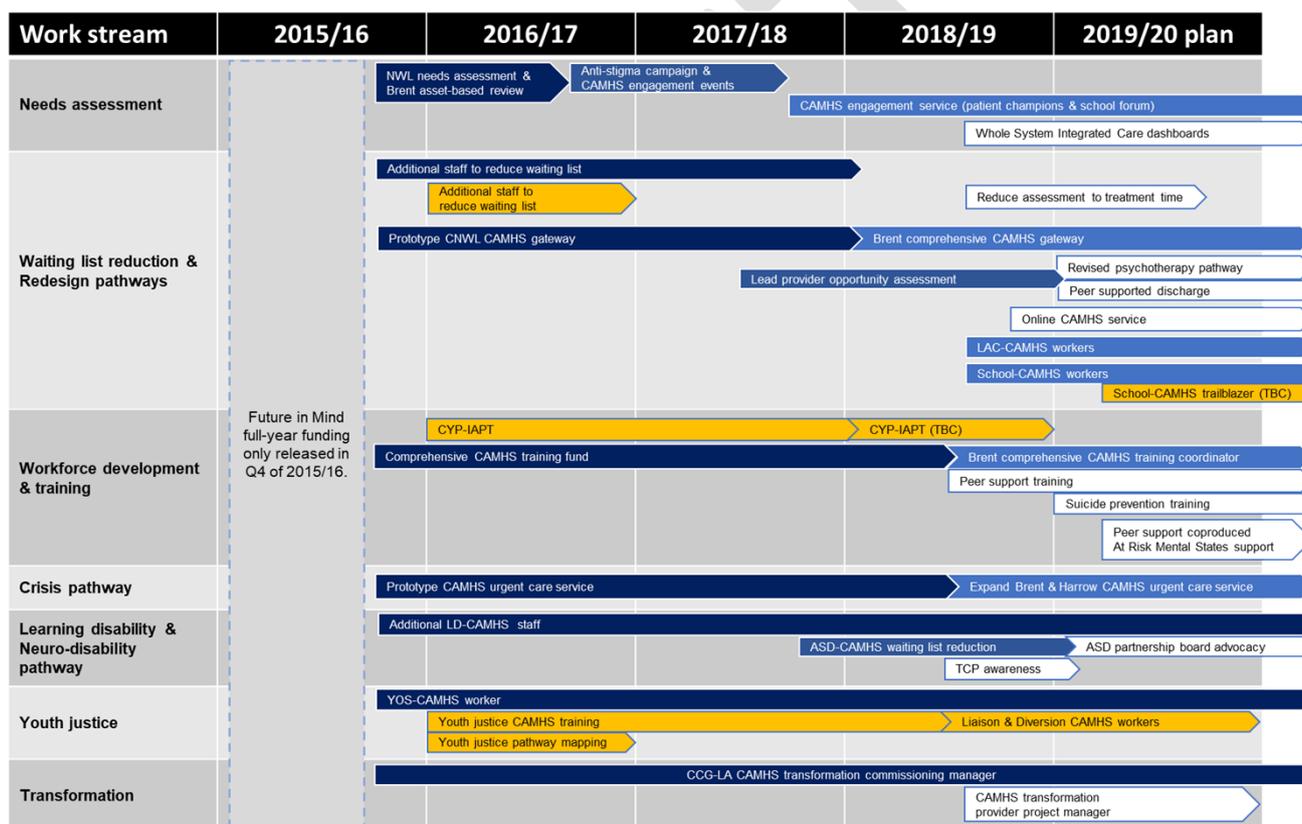
1. Summary 2018/19

1.1. Progress and challenges

NHS Brent CCG and Brent Council have delivered a joint transformation plan to improve local child mental health services. The initial focus from 2015/16 to 2017/18 was on understanding local needs, reducing waiting times, and establishing an effective crisis response service. In addition to transformation funding from NHS Brent CCG, additional funding was provided by NHS England. NHS Brent CCG and Brent Council have committed to maintain the existing level of investment in mental health and emotional wellbeing services while seeking to improve value for money.

Roadmap of milestones in Brent’s Children and Young People’s Mental Health and Wellbeing Local Transformation Plan

Yellow = NHS England time limited funding; Blue = CCG funding in progress/ committed; White = CCG funding proposed.

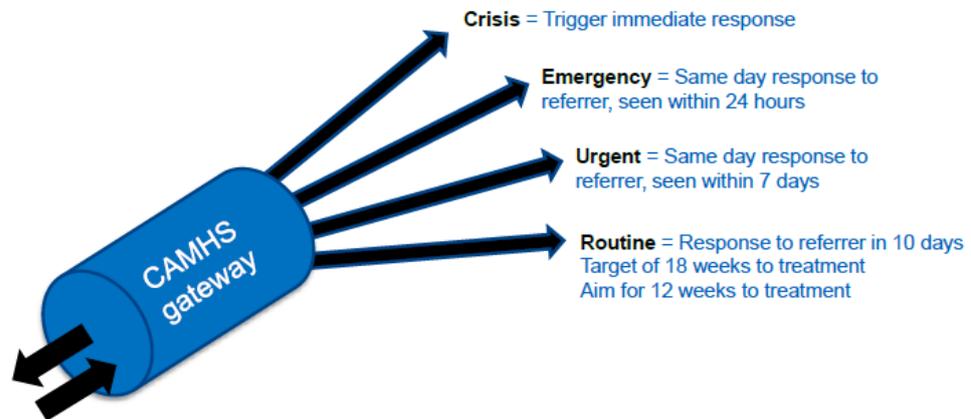


Since 2015, Brent specialist child and adolescent mental health service (CAMHS) waiting list size has more than halved, even though referral numbers have increased. A new screening and triage process was prototyped so that children with a possible diagnosable mental health condition were prioritised as emergency, crisis, urgent, or non-urgent. Brent specialist CAMHS achieved compliance for 85% of cases with the NHS Constitution standard of 18 weeks from referral to consultant-led treatment for non-urgent conditions. Urgent cases are seen within 1 week, and emergency cases are seen within 24 hours. Further throughput efficiency can be achieved by reviewing internal processes from assessment to treatment, and improving the aftercare support available on discharge.

In 2018/19, we are revising the CAMHS gateway to be a consistent access route for all commissioned CAMHS in Brent. We are exploring options for lead provider or Alliance Agreements to further reduce barriers and gaps between organisations.

CAMHS gateway

Simplified routes for access
Lower barrier for entry
More opportunity to identify diagnosable mental illness
Clear response times



In 2018/19, having successfully reduced waiting times, our focus changed to designing and implementing new services for children with suspected autistic spectrum disorder, Looked After Children, and schools.

It has been very difficult to ensure the transformation funding has had the intended impact to frontline services. Multiple attempts to recruit to existing vacancies and to these new roles highlighted the extreme workforce challenges facing child and adolescent mental health services. Not only is the number of psychiatrists and mental health nurses falling dramatically, but training places for developing alternative roles are severely limited. Brent CAMHS made job offers more attractive by offering additional training and development support. Rather than continue to recruit from a very limited labour market, there is a clear need for local development of peer support roles that can supplement and support non-specialist elements of care. Additionally, other boroughs have found online support has been shown to be effective in giving children and families accessible and quality assured support without creating additional demands on the existing CAMHS staff.

Staff retention in Brent has been complicated by increasing number of attractive opportunities across England, and the high cost of living associated with London. As a result some good staff have left to find more affordable housing elsewhere. Housing and keyworker options need to be revisited in Brent, if we are to improve our likelihood of retaining staff.

A further complicating factor in 2018/19 delivery has been the multiple, competing demands on specialist CAMHS staff to deliver more clinical work, and also give up clinical time to be involved in service redesign. A dedicated, time-limited CAMHS transformation manager working within specialist CAMHS is being recruited in 2018/19 to increase the pace of change.

1.2. Local Context

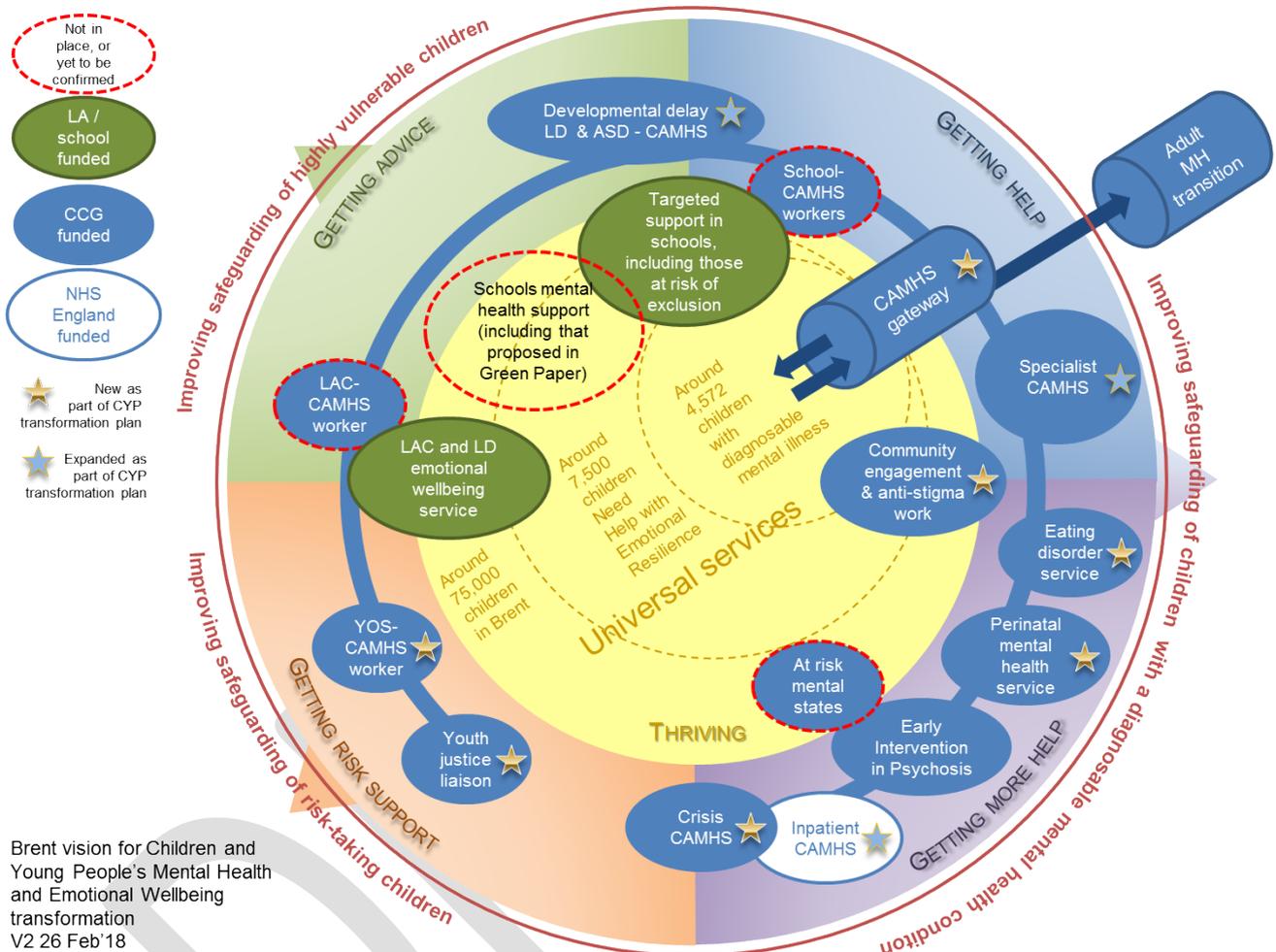
The local transformation plans (LTP's) sets out a vision for transformation and describes how the allocated funding will be spent over 5 years by Brent CCG. This local plan forms part of main North West London Plan that will be submitted to NHS England. The original plans were finalised in October 2015 and outlined a sustainable, phased approach to implementation.

This formal refresh aims to; provide assurance, demonstrate how progress is being made, provide evidence on how services are being transformed and ensure funding is being spent as plans develop further.

NHS Brent CCG and Brent Council have committed to maintain the baseline investment in child mental health care. This was noted in a joint report to the Community and Wellbeing Scrutiny Committee (Feb'16), and presentation to the National Audit Office (May'18). The National Audit Office was made aware of this commitment in May'18. The CCG has committed to maintain our CAMHS transformation after Mar'21.

During 2016/17, significant progress has been made toward achievement of Five Year Forward View (5YFV) targets for CAMHS; performance for 2016/17 indicates that Brent is on track to meet targets. Stakeholders across Brent continue to explore opportunities to enhance the programme of delivery for CAMHS transformation, identifying new areas of focus whilst driving forward the implementation of the priorities described in the original LTP. Their remains a commitment to reducing stigma about mental ill health and normalising conversations about difficulties and how to get help. Work continues on building a whole system approach to commissioning and delivery of services, improving access to evidence-based treatments and timeliness of intervention. The refreshed plan also provides an opportunity to explore options for mainstreaming and embedding innovative practice to ensure the sustainability of transformation beyond 2020/21. CAMHS commissioners continue to collaborate across the North West London STP footprint to better deliver system-wide change through combining resources and joint planning.

1.3. Brent Child And Adolescence Mental Health Service Vision



This proposal has been developed through our multi-agency CAMHS steering group, as part of Brent Children's Trust Board. A common vision was agreed in Feb'18 to guide local transformation.

There is a dedicated CAMHS engagement service seeking input from schools, children, parents and professionals as part of our transformation programme.

The Brent's vision for children and young people is based on the THRIVE model, which defines five population groups:

- Those **thriving**;
- Those who are vulnerable and need **advice**;
- Those who are actively taking **risks** but do not want to get clinical help;
- Those who need **specialist CAMHS help**; and
- Those who need **more specialist CAMHS help**.

Brent priorities and delivery plan 2018/2020

While collaboration is at the core of our delivery, we recognise that Brent has specific local needs. Aligned with NW London's delivery scope, Brent shares the four priority areas, with an emphasis on implementing a new model of care. In this significant piece of work we seek to address:

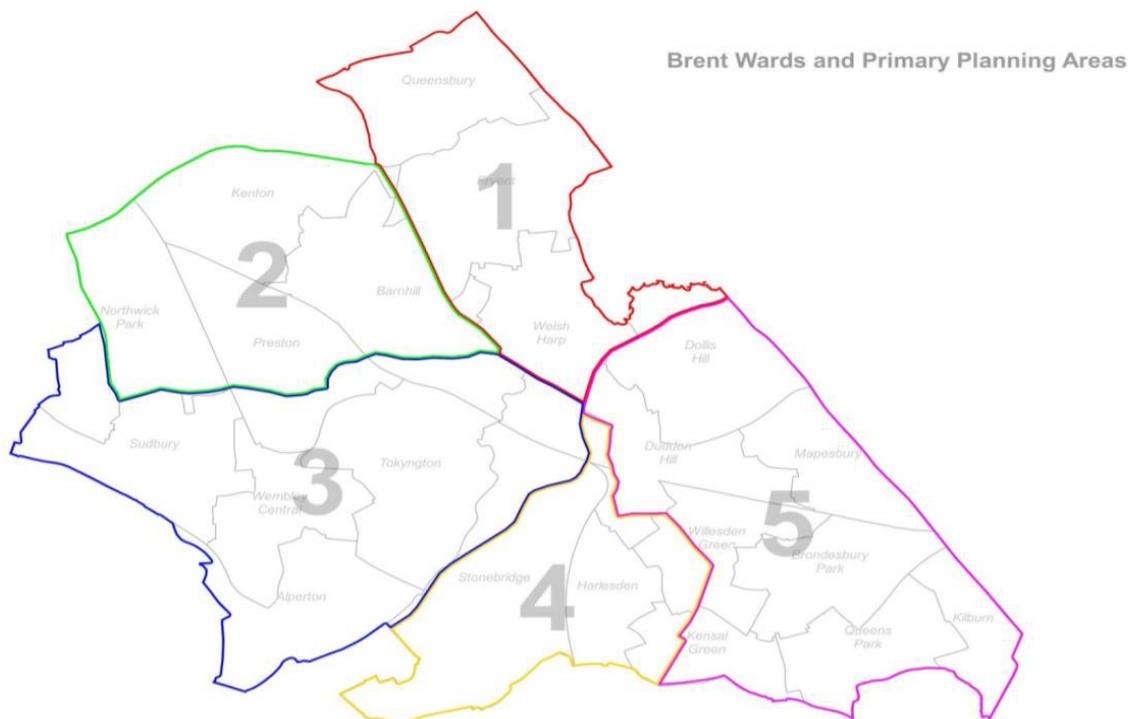
- How we can keep prevention and reduction of risks factors at the core of our approach
- How adult and children's services need to work differently to get transition right
- An emphasis on managing referrals as well as supporting discharge
- How we work differently with critical partners in schools and primary care, including specialist support in schools aligned with Educational Psychology
- Review and consider opportunities digital solutions can provide
- How we address parental and family needs when we think about children's needs
- Determine whether the current funding approaches help or hinder joined up working and how we can be more innovative and collaborative
- How we can redesign the inpatient care to ensure it is an integral part of the joined up pathway.

1.4. Brent Characteristics

Brent is one of 19 Outer London boroughs (there are 14 Inner London boroughs including the City of London Corporation) and has an area of 4,324 hectares.

Map of Brent with Wards and Primary planning areas.
Our school trailblazer bid is based on these 5 planning areas.

<http://democracy.brent.gov.uk/documents/s35225/school-place-planning-app1.pdf>



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<http://democracy.brent.gov.uk/documents/s35225/school-place-planning-app1.pdf>

Population

Brent is an outer London borough in North West London (figure 1). It has a population of 328,800 and is the most densely populated outer London borough, with a population density of 75.2 persons/ha. The population has grown significantly since 2001 and is predicted to continue

to grow.

Population Projection

People	263,500	311,000	328,800	345,400	359,700
Year	2001	2011	2016	2021	2026

The CCG registered population in July 2015 was 367,589. This is the number of people registered with a Brent CCG GP practice. The CCG is responsible for its registered population. A patient does not necessarily have to live in Brent to be registered with a Brent GP.

Age Profile

Data suggests that children and young people living in Brent experience a higher than average number of environmental risk factors for poor mental health. For example, there are an increased number of children and young people living in poverty compared to other areas in London. Rates of mental health problems among children increase as they reach adolescence. Disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15, and 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15. This means that in Brent, there could be 8,341 children and young people who have a mental health disorder.

There are an estimated 24,600 children under 5 years living in Brent (comprising around 8% of the population). This number has increased by 2,500 since 2010. The primary pupil population (Reception to Year 6) has grown from 21,427 in May 2008 to 26,028 in May 2015. The under 18 population makes up 22.9% of the population. Brent has a young population with 35.1% aged between 20 and 39. The 16-64 (working age population) makes up 68.2% of the population. The 65 and over population makes up 11% of the population.

Table showing Brent population by age group compared to England CCGs average

<https://fingertips.phe.org.uk/profile/general-practice/data#page/1/gid/2000005/pat/120/par/E54000027/ati/152/are/E38000020/iid/643/age/173/sex/4>

Research also shows that Brent has lower percentages of children achieving a good level of development at the end of reception than London and England, suggesting that children in the borough are not getting the best start developmentally during early years.

Brent has a young population with 35.1% aged between 20 and 39

- The under 18 population makes up 22.9% of the population
- The 16-64 (working age population) makes up 68.2% of the population
- The older population is growing at a higher rate than other adult age ranges.

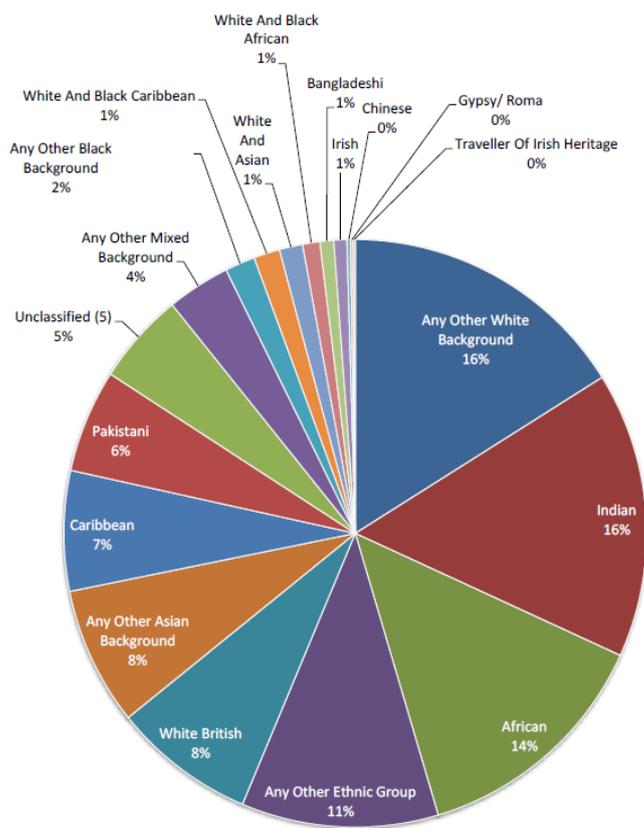
Ethnicity

Brent has the highest number of children living in poverty compared to neighbouring boroughs. 92.5% of school children in Brent are from minority ethnic groups.

There are many different languages spoken in Brent. English is the main language for 62.8% of the population. Gujarati is the main language for 7.9% of the population NHS Brent Clinical Commissioning Group (CCG). Brent is ethnically diverse: 66.4% of the population is Black, Asian or other minority ethnicity (BAME). This has increased since 2011, when BAME groups made up 63.7% of the population.

Therefore as CCG we want to ensure we provide services that meet our diverse population needs.

Ethnicity of children in Brent, 2018



Health Inequalities

In the census, 1 in 7 (14.5%) Brent residents considered that their health had a limiting impact on their day to day activities. 18% of the working age population say their day-to-day activities are limited.

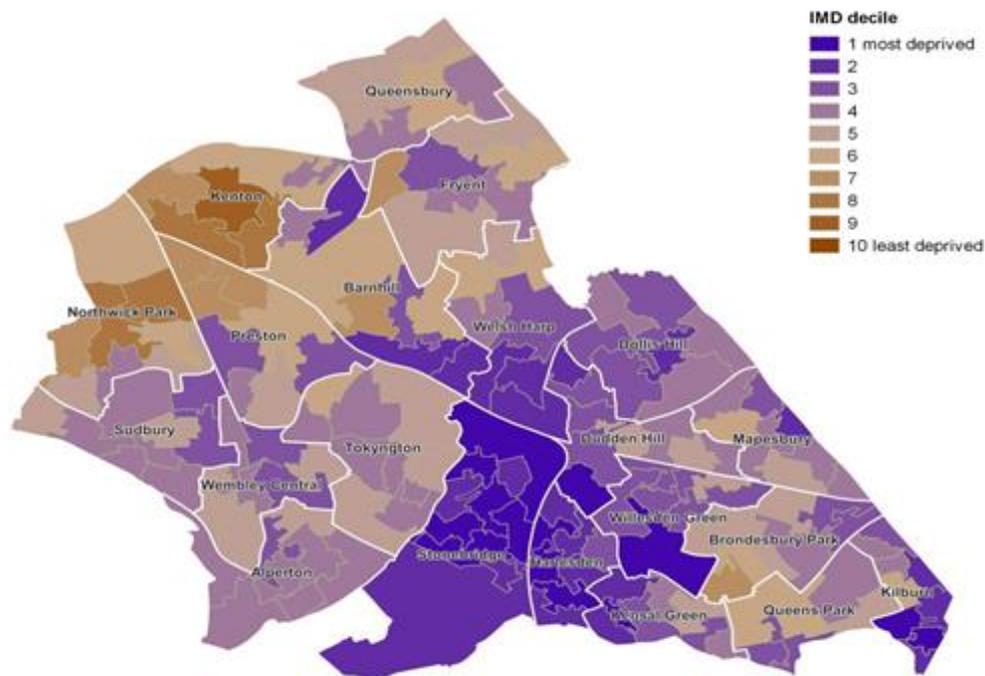
Brent is one of the most deplete boroughs in England (2015 data). There are areas of high and low deprivation. Children in areas of high deprivation are at particular risk of becoming involved in gang activity.

<https://intelligence.brent.gov.uk/BrentDocuments/Brent%202011%20Census%20Profile.pdf>

<https://intelligence.brent.gov.uk/BrentDocuments/Brent%20Diversity%20Profile.pdf>

Deprivation levels by ward

Brent is one of the most deprived boroughs in England (27th of 326 districts for children affected by deprivation). Each Planning Area has different demographics, and vastly different levels of deprivation.



Given the demography and wide range of health inequalities that exist in Brent, the CCG has focused its commissioning plans on narrowing health inequalities within the context of national and local policy drivers. The context is also informed by Brent CCG's commissioning principles (which guide the CCG on how services should be commissioned as well as some of the key outcomes) and the Health and Wellbeing Board priorities. The key national and local drivers are:

- Five Year Forward View
- The North West London Sustainability and Transformation Plan (STP)
<https://www.healthiernorthwestlondon.nhs.uk/news/2016/11/08/nw-london-october-stp-submission-published>
- Brent's 'Big Ticket' Items

The organisation has developed robust governance structures to provide assurance to the Governing Body, that in working within the parameters set nationally and locally, the organisation meets all of its statutory duties including those related to the equality legislation. Actions taken can be summarised under the following three areas:

- 1) Embedding equalities in its governance structures and business processes
- 2) Progressing its equality objectives
- 3) Using national and local health inequalities insight to inform its Equality Impact Assessments (EIAs) and commissioning plans

Effective and early interventions for mental health difficulties can be an important part of reducing inequalities in other outcomes for example, education attendance and attainment for groups of children and young people with multiple and complex needs, such as adopted children, those not in education or training and children and young people in and leaving care.

1.5. National Audit Office inspection May 2018

NHS England is assured of the NWLCCGs transformation plan financial achievement following a robust, independent audit in 2017/18, and will be looking at further financial assurance against that audit as the baseline position. NHS England national team has modelled how the Mental Health Five Year Forward View savings and investments were expected to impact on each CCG in England. To support increasing level of spend in other areas (including children's mental health), the NHS England national team has made assumptions about savings for CCGs to deliver in physical health care (due to improve talking therapy support for adults with long-term physical health conditions, and improved annual health reviews for adults with serious mental illness a physical long-term condition).

NHS England and CCGs recognise that no investment in children's mental health has been ring-fenced within CCG baselines, and no assumed savings in other areas of the Mental Health Five Year Forward View are guaranteed. NHS England and CCGs are committed to ensuring investment in child and adolescent mental health care is increased sustainably, as it has been to date, and that this leads to meaningful benefits to children, families, and local communities. The NHS England London Regional Team will review NWLCCG transformation plans to assure the expected level of investment is in the plan. As in previous years, once the plan has been assured it will be formally published on CCG websites, so it is available to members of the public. We expect this publication to be no later than 31 January 2019.

Brent - CAMHS transformation financial summary

	2015/16	2016/17	2017/18	2018/19	2019/20 plan
Allocation					
Eating disorders	£163,584	£173,000	£173,000	£173,000	£173,000
Future In Mind transformation	£409,468	£420,000	£420,000	£432,032	£451,905
Waiting list reduction		£75,000			
CYP-IAPT		£15,000	£22,500	£13,000	£15,000
Youth justice mapping		£27,784			
Youth justice liaison & diversion		£85,106	£85,106	£85,106	£85,106
Perinatal mental health					
School CAMHS Trailblazer (tbc)					
Subtotal	£573,052	£795,890	£700,606	£690,138	£710,011
Transformation plan					
Needs Assessment	-£36,000	£0	£0	£0	£0
Community Eating Disorder services	-£163,584	-£173,000	-£173,584	-£173,584	-£173,584
Redesigning Pathways	-£154,468	-£109,000	-£112,000	-£90,120	-£35,324
LD & ND services	-£96,000	-£62,000	-£63,550	-£64,186	-£67,139
Crisis & Urgent Care Pathway	-£10,000	-£110,000	-£111,725	-£112,110	-£117,267
Engagement & Communication	-£32,000	-£12,000	-£12,000	-£12,120	-£12,678
Workforce Development & Training	-£41,000	-£36,000	-£29,141	-£25,198	-£22,929
Embedding Future in Mind	-£40,000	-£91,000	-£91,000	-£92,820	-£97,090

Other initiatives					
Waiting list reduction		-£75,000			
CYP-IAPT		-£15,000	-£22,500	-£13,000	-£15,000
Youth justice mapping		-£27,784			
Youth justice liaison & diversion		-£85,106	-£85,106	-£87,000	-£91,002
Perinatal mental health					
Subtotal		-£573,052	-£795,890	-£700,606	-£690,138
Total variance		£0	£0	£0	£0

Assurance of increased spend in CAMHS

The table above reflects planned transformation spend. NHS England monitors the monthly totality of spend by NHS Brent CCG on CAMHS through the non-Integrated Single Financial Environment (non ISFE) submissions. At the end of 2017/18, NHS Brent CCG reported a spend of £3.409m (excluding eating disorders). The forecast spend by the end of 2018/19 is £3.776m (excluding eating disorders), which is greater than the minimum growth in spend expected by NHS England. For our CAMHS redesign we know we need to reduce assessment to treatment waiting times.

In Sep'18, Brent provided CAMHS finance data for a Statutory Information Request from the Children's Commissioner for England.

- CCG CAMHS total funding of £3,954,000 includes specialist CAMHS and non-specialist CAMHS.
- Brent Council 2017/18 accounting data shows £1,153,987 spend on CAMHS.
- NHS England funds c£400,000 for inpatient CAMHS for Brent children.
- Schools directly purchase services, c£160,000 using pupil premium.

Mental health services schools directly buy-in:

- **Targeted Mental Health in Schools** (jointly funded by some schools and Brent Council). Provided by Central and North West London NHS Foundation Trust, which also provides specialist CAMHS, and has participated in this bid.
- **Place2Be** (directly funded by some schools). Engagement planned as part of a successful bid.
- **Brent Centre for Young People** (funded by some schools, also commissioned by NHS Brent CCG).

Brent CCG is in the process of rapid prototyping school CAMHS link workers that would improve links to specialist and universal services.

Background



2. Background

2.1. Levels of need

With 75,000 children and young people aged 0-18 living in the borough, Brent has the highest rate of children and young people in North West London and the highest number of children living in poverty compared to neighbouring boroughs.

Brent ranks 11th of 33 boroughs and has the second highest estimated number of children with diagnosable mental health conditions in North West London (4,572). Brent ranks eighth highest in London and second highest in North West London for children who self-harm (1,526) and joint highest in NW London for males (655) and the second-highest for females (1,350) aged 16-19 year olds estimated to have neurotic conditions.

2.2. Operating Plan trajectory for 2018/2020

Targets were set for improving access to NHS funded community mental health support. Brent has met these targets for the year 2016/2017 and 2017/2018.

NHS England introduced a deflator during 2018/19 which affected the overall target. Therefore in 218/19 we will aim to exceed the target set by NHS England (see table below). To mitigate this we will explore how we will achieve this. Brent Centre for Young People (Voluntary Sector provider) through formal arrangement is now able to submit data directly to NHS England.

Year	2016/17	2017/18	2018/19	2019/20	2020/21
Target percentage of prevalence	28%	30%	32%	34%	35%
Target numbers based on an estimated prevalence of 4,572 children with a diagnosable mental illness	1,280	1,372	1,463	1,554	1,600

Brent has around:

- 7,500 children and young people aged under 18 years need help with emotional resilience (Tier-2 mental health support) and these are addressed in the school-CAMHS trailblazer bid.
- 1372 children and young people aged under 18 years requiring Tier 3 level responses
- 60 children and young people aged under 18 years requiring Tier 4 level responses

Data suggests that children and young people living in Brent experience a higher than average number of environmental risk factors for poor mental health. For example, there are an increased number of children and young people living in poverty compared to other areas in London. Brent also has lower percentages of children achieving a good level of development at the end of reception than London and England, suggesting that children in the borough are not getting the best start developmentally during early years.

In Brent there is continued work to transform CAMHS in line with our local vision and NWL plan. This will include the strengthening of the current crisis and gateway points of access, and development of online support. Brent CCG is committed to meeting, and if possible exceeding, the access rates expected in Implementing the Five Year Forward View for Mental Health. We hope to be successful in our bid for school CAMHS Trailblazers, and will work closely with NHSE and voluntary sector providers to deliver this. Brent is exploring ways to improve transition from CAMHS to adult mental health services, as is particularly keen to extend the local Early Intervention on Psychosis offer to include 'at risk mental state' support for siblings of teenagers experiencing a first episode of psychosis.

In June 2018, CNWL completed extensive validation for NHSE of the figures for numbers of CYP Accessing MH Services in 2017-18 produced by NHS Digital from the MHSDS. The commissioners

signed off the figures produced by CNWL. In August 2018, NHS England asked for CCGs to begin monthly submissions of CYP access data. CNWL provided the data requested for the first monthly submission in advance of the deadline.

Currently the data shows we are on target for the year 2018/19.

Brent is dedicated to improve outcomes for children with mental health needs by delivering the following:

Implement the new model of care for people with serious and long term mental health needs, to improve physical, mental health and increase life expectancy

- Addressing mental health needs in developing work in local services and acute reconfiguration programmes
- Rapid access to evidence based Early Intervention in Psychosis for all ages
- Support the development of a day programme as component of the integrated NW London General Adolescent Unit of Tier 4
- More support available in primary care through locally commissioned services

Crisis support services, including delivering the 'Crisis Care Concordat'

- Embed our 24/7 crisis support service, including home treatment team, to ensure optimum usage by London Ambulance Service (LAS), Metropolitan police and other services – meeting access targets
- Round the clock mental health teams in our A&Es and support on wards, progress towards 'core 24'
- Extend out of hours service initiatives for children, providing evening and weekend specialist services (CAMHS service)

Implementing 'Future in Mind' to improve children's mental health and wellbeing

- Significant work has been carried out in Brent to introduce tier-free Emotional Wellbeing and Mental Health services and adapting THRIVE model.
- Funding for 2017/18 has been used to improve engagement, communication and co-production with our communities, schools, parents, carers, young people and stakeholders.
- Training has been part of our programme that has been rolled out from Anna Freud's needs assessment and Brent will continue to deliver this agenda.

2.3. Examples of engagement with young people and families

Brent CCG was rated 'outstanding' for effective patient engagement. In addition to working with Brent Youth Parliament, our current CAMHS transformation has a dedicated service 'Brent Young People Thrive' to engage young people and families in co-design and coproduction of services. Work is carried out to develop champions and will include them to take events out across Brent. FAQ is being developed as well as feedback from the events will feed into commissioning decisions. Further information in 4.1.

Notes from the Youth Parliament session, and the presentation given are attached separately.

Local Implementation of North West London Priorities



3. Local Implementation of North West London Priorities

3.1 Priority One: Access and Waiting Times

Our Progress and Performance

Increasing Access

Nationally, two out of three children with a diagnosable mental illness are not identified and do not access specialist support. The gateway screens for diagnosable mental illness. Some referrals do not require specialist CAMHS support and are redirected to other local services (for example, mild cases of social anxiety can be addressed through structured social activities).

In comparison to the NHSE target of 2% increase every year, Brent has not only met the target but exceeded for the period 2017/18.

The forecast was 30% whilst actual has been over 31%. The numbers of referrals in Brent have reduced, however the acceptance rate has significantly increased from 46% in 2016/17 to 71% in 2017/18.

The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period 01 Apr'17 to 31 Jan'18 = 427 actual children. Forecast for end of year 2017/18 = 512 children

- 2017/18 Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.
- Target:
- 1,372 children 01 Apr'17 to 31 Jan'18 = 1144 actual children
- Forecast for end of year 2017/18 = 1,546 children
- 1,373 Central & North West London NHS Foundation Trust
- 111 Brent Centre for Young People*
- 53 West London Mental Health NHS Trust
- 9 Tavistock & Portman NHS Foundation Trust
- No data from Barnet, Enfield, and Haringey Mental Health NHS Trust

MHSD submission by providers is done monthly. As CCG we routinely access KPIs to services to ensure children and young people are accessing services in timely manner. This are monitored at local contract meeting and CQUIN is considered in these meetings.

*NHS England in unable to accept data returns that are not part of the new Mental Health Data Set, currently only accessible to NHS Trusts

Referral to Assessment Waiting Times

CNWL CAMHS Waiting time from referral to assessment:

Time Period	Under 4 weeks	5 - 11 weeks	over 11 weeks
May 2016 to March 2017	181	80	35
April 2017 to March 2018	263	32	9
April 2018 to September 2018	93	5	5

Reducing Waiting Times

In 2016 Brent's waiting list was around 400 CYP. There has been continuous work and resources invested to reduce this number. The waiting time is January 2018 – July 2018 this target was achieved, however there has been some challenges since August. In Brent there has been high focus to meet the NICE guideline target of 18 weeks.

NHS Brent CCG established a weekly teleconference CNWL, to help align commissioning activity. This is particularly effective in giving a single route for raising and addressing areas for improvement in children's mental health.

CNWL CAMHS Waiting time from assessment to treatment:

Time Period	Under 4 weeks	5 - 11 weeks	over 11 weeks
May 2016 to March 2017	112	124	223
April 2017 to March 2018	82	129	195
April 2018 to September 2018	31	17	90

CNWL Access Data

CNWL CAMHS External Referrals per financial year, broken down by outcome of referral

Time Period	Accepted	Not Accepted	Not Recorded	Grand Total	% acceptance rate (excludes referrals where outcome is not recorded)
April 2016 to March 2017	1029	698	0	1727	59.58%
April 2017 to March 2018	1008	792	4	1804	56.00%
April 2018 to September 2018	465	363	20	848	56.16%

CNWL CAMHS External Referrals per financial year, broken down by referral priority

Time Period	Routine	Routine Plus	Urgent	Emergency	Grand Total
April 2016 to March 2017	1531	2	95	99	1727
April 2017 to March 2018	1531	0	148	125	1804
April 2018 to September 2018	704	0	47	97	848

Next Steps

Review access, waiting times, reasons for DNA and identify ways to improve services for cases with non-diagnosed category by March 2019.

School trailblazer bid would enable to resolve above listed issues.

Localise the Gateway to introduce single point of access across Brent with a lead provider model.

Increase awareness within the school workforce to support self-help.

Increase community service to avoid A & E admissions.

3.2 Priority Two: Community Eating Disorders (ED) Service

Our Progress and Performance

The Eating Disorder service is delivered across all 8 CCG's and outlined in the overarching transformation plan. CNWL offer and ageless ED service, with the aim of offering continuous service. The initial aim of the pilot was to substantially improve access the community services for children and young people who require urgent and routine assessment. The audit of outcomes shows the service is beginning to demonstrate effective outcomes. Of those discharged, young people with Anorexia Nervosa are weight restored, Children's Global Assessment Scale (CGAS) has improved. Currently the majority of families receive a Family Based Intervention. A small proportion receives tailored interventions

External Referrals to CNWL CAMHS Eating Disorders Services per financial year, broken down by outcome of referral

Time Period	Accepted	Not met threshold	Not Recorded	Grand Total across 8 CCGs
April 2016 to March 2017	8	3	0	4379
April 2017 to March 2018	9	4	0	321
April 2018 to September 2018	3	0	0	0

Autistic Spectrum Disorder (ASD)

As part of a CAMHS ED service line Transformation, CNWL in Brent has implemented a change in team structure and leadership and this directly relates to referrals for ASD assessment. Brent CAMHS is moving from a service largely defined by age boundaries (under 15 and over 15) for the core teams to sub-teams that are defined by the specific needs of the children and young people being seen in CAMHS. The caseload for this sub-team will consist of children and young people with neurodevelopmental difficulties with other co-occurring difficulties. There are two main care pathways for children and young people in this sub-team, the ADHD pathway and the ASD pathway. Some children present with both ADHD and ASD as well as other difficulties and they will also be seen within this pathway with the exception of children and young people with moderate to severe LD who will continue to be seen within the LD team. Moving to this structure will mean that capacity can be more easily mapped directly to the specific need for these children.

Next Steps

NHSE to confirm recurrent funding.
Improve data collection, particularly in relation to recording goals and outcomes.
Involving service users in delivery and design.
Increase proportion of BME groups representation.
Deliver sessions to schools to raise awareness within 2018/19 and continue in 2019/2020.

3.3 Priority Three: Redesigning the System

Our Progress and Performance

In Brent the Thrive model has been well adopted in partnership with our stakeholders. In addition Brent has created a local vision with 17 areas under the 5 categories (diagram 1). There are overlaps in some of the areas.

Under Getting Advice we have following services:

a) Learning disability (LD) & Autistic Spectrum Disorder (ASD)- CAMHS

In Brent Local paediatric and mental health teams have a joint approach for autistic spectrum disorder diagnosis. This can be a complex process, particularly for younger children. Speech and language therapy is offered where need has been identified. Some members of the specialist CAMHS team have expertise in assessing and treating mental illness in children who also have learning disabilities.

b) Looked After Children (LAC) - CAMHS worker

The definition of vulnerable group has been widened that has improved accessibility for Brent's most vulnerable Children and Young People including LAC.

CNWL system does not enable us to routinely receive detailed reports of services our LAC population currently receive. This is done manually until automated system in place for CNWL. NHS Brent CCG to commission a specialist LAC-CAMHS worker who will act to coordinate the mental illness treatment and emotional wellbeing, and to facilitate any learning and development needed to help contain anxiety between professionals.

The Council has additional support services for LAC cohort that includes support to practitioners, foster carers and some 1: 1 sessions.

Demand for core LD has remained steady, however there has been significant increase in Neurodevelopmental Disorders referrals in Brent.

Brent will be prototyping a specialist mental health worker as part of the Looked After Children's placement team. Social workers, and teams of professionals (particularly for the >150 children placed outside Brent) would get advice on suitable services and care planning.

Next Steps

Recruit LAC worker for out of borough placement by November 18. This would allow more swift service in place for CYP placed outside of Brent.

Progress with the recruitment of school link workers to enable schools to improve early identification.

Provide training in schools to support to identify behavioural issues.

c) LAC & LD emotional wellbeing service

Brent has a dedicated service to offer support and advice to foster carers and parents, as well as providing some direct support to children placed outside Brent. This is commissioned by Brent Council. LAC provision by LA was moved to Central & North West London NHS Foundation Trust, to align with other Brent CAMHS developments in September 2018.

Next Steps

As the LAC out of area is new post we will be prototyping this work during 2018/19.

For 2019/20 to evaluate and use findings for more sustainable service. The impact expected is proportion of CYP having timely access to the service.

d) Targeted mental health in schools

Focussed interventions for target populations

Mental health support is being enhanced for Looked After Children, Young Offenders, children with Special Needs and Disabilities, and Children In Need through our CAMHS transformation plan.

Breakdown by vulnerable group	Number of Children
Looked After Children	311
Children with an Education Health Care Plan	1,874
Children with special educational needs support	4,594
Young Offenders	186
Children In Need	2,364

- Expanded CYP IAPT with evidence based practice and collaboration and participation
- Pilot online counselling support service for 11-19 year olds
- LAC – Will have a specialist LAC worker for out of borough placements (@ of 50%) that will have an impact on improving placements as will co-ordinate with local services
- YOS – a dedicated CAMHS clinician is in post to support young offenders.
- Youth Justice Service Liaison and Diversion supports YP at risk of offending and reoffending ensuring needs are identified early, assess and direct to faster appropriate intervention/support where appropriate
- Rapid prototyped Early Intervention in Psychosis for 14-19 years
- Prototype school Link workers that would be key point of contact for schools

Brent Council and schools have provision for targeted services for CYP. Brent CCG is working with CNWL to recruit for 2 school link workers that will co-locate within the Council's provision to compliment the team to carry out assessments.

A range of services are bought in by schools and Brent Council to provide counselling to pupils from number of organisations like CNWL, Places2B, Anna Freud, BCYP and Pupil's Premium.

Next Steps

The school link workers role will continue and enhance the MHSD teams. In 2019/20 the Council will be tendering their provision with offer of core service provision to all schools and option to buy additional. CCG and Council will align commissioning arrangements and help schools to get better value for money.

Presentation was made to head teachers on Green Paper/trailblazer where it was agreed to form schools CAMHS working group.

e) School mental health support

In Brent currently there are 2 CWPs working with some schools with the intention to expand annually by working in partnership with HEE. In addition Brent has submitted school trailblazer bid to NHS England for funding to pilot a service working with schools and colleges in Brent and is awaiting results which will be made in mid-Oct'18. This will enhance support in school so children and young people will be able to access services with a Designated Mental Health Officer in schools and colleges. All referrals will be through Brent's Gateway.

Next Steps

Subject to winning the bid and for what amount the implementation period will start which may involve going to the market for procurement.

Risks and mitigation

To deliver MHSD within timescales and recruitment. To mitigate this will adapt a phase implementation approach.

Failing to win the bid in phase 1, will apply for future submission.

Under Getting Help we have following services:

f) School-CAMHS workers

Brent will be prototyping a specialist mental health working as part of the educational psychology team. Schools would get consistent advice about supporting a pupil's resilience and attainment. Where a diagnosable mental illness was suspected, the school-CAMHS link worker would act as part of the CAMHS gateway to action the referral without delay.

Next Steps

There has been delay in prototyping due to conflicting priorities and recruitment. A project Manager post has been identified and will support to achieve this.

g) CAMHS gateway

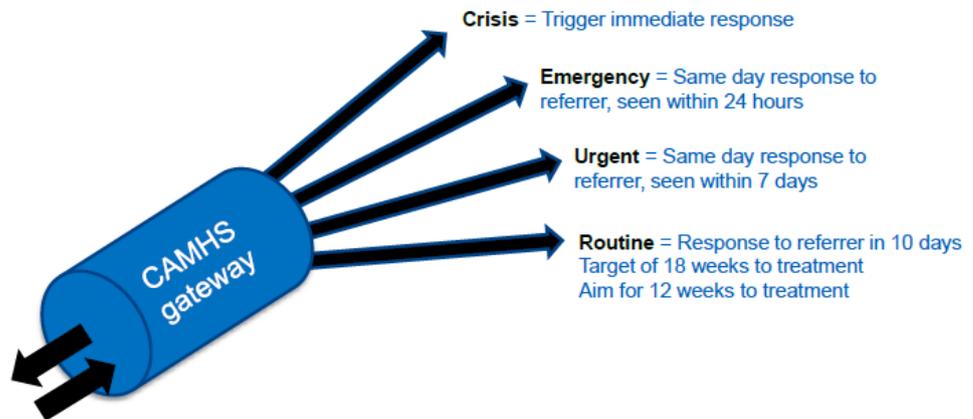
Brent's waiting times have improved significantly since 2015. Currently, referral to assessment for emergency referrals in 24 hours; Urgent referrals in 1 week. A small number of referrals wait more than 18 weeks for assessment.

Description	Reporting frequency	Threshold	in mnt/qtr 2	YTD
assessment undertaken within 4 hours	Monthly	95%	100.00%	100.00%
Urgent Face to Face assessment undertaken within 24 hours	Monthly	95%	94.70%	98.90%
Routine Face to Face assessment undertaken within 28 days	Monthly	95%	81.30%	72.80%

There has been a dip in the routine assessment due to summer period as well staffing. However there is plan to address this by using agency staff.

CAMHS gateway

Simplified routes for access
Lower barrier for entry
More opportunity to identify diagnosable mental illness
Clear response times



Next Steps

The Gateway needs to be localised and integrated into all CAMHS as part of redesign.

Risk and mitigation

Workforce recruitment and contract negotiations with providers. Develop a joint strategy with local authority and schools.

h) Adult mental health transition

Brent identifies children with learning disabilities and/or mental health who are transitioning to adult services with serious and long-term mental illness, such as psychosis. Children are referred to the service on their 17th birthday and they are prioritised in order of complexity.

Complex cases are shared with case managers and care co-ordinators who then get involved at agreed interventions until the young person turns 18 and can be transferred to adult services. Adult mental health support for common mental disorders is mainly through individual talking therapy, for people aged 18+.

For the financial years 2017/18 and 2018/19, CNWL have agreed to deliver the National CQUIN Indicator 5. This CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CAMHS). Transition out of CAMHS can be a period of high risk for the individual and, if not managed appropriately, can lead to the young person dropping out of services and emergency admissions.

The CQUIN lays out key criteria to support achieving the safe transfer of patients out of CAMHS, as is reflected in NICE guidance (NG43) 'Transition from children's to adults' services for young people using health or social care services'. A number of improvements have now been implemented, and the re-audit of Cohort 3 has begun to show improvements, the Moving On Questionnaire has been updated, and is now available for young people to complete on-line (www.oc-meridian.com/cnwl/survey/MovingonfromCAMHS).



Moving On.pdf

Next Steps

We will explore range of psychological support for people aged 18-25 with personality disorder, bipolar, psychosis and post traumatic disorder. To help them develop mental health self-care skills, build resilience, and develop crisis prevention plans.

Risk and mitigation

Raise awareness on psychological services available. Retain an element of current psychosis service whilst redesigning the current provision.

Include CAMHS in our SEND strategy.

Specialist CAMHS

The number of young people accessing specialist CAMHS (30% more in 2017/18 compared to 2014/15) has increased in Brent and projection is more CYP will need the service. 2017/18 1,372; 2018/19 1,469; 2019/20 1,555; 2020/21 1,600. The service offers multi-disciplinary assessment and treatment for diagnosable mental illness. Interventions are based on evidence of best practice, and work towards agreed goals. Treatment options include talking therapies, medication, expressive therapies, and psychotherapy. Effectiveness of treatment is monitored. Most care is provided by Central and North West NHS Foundation Trust, and Brent Centre for Young People, with some additional specialist support available from Tavistock & Portman NHS Foundation Trust.

BYCP contract ends May 19, option appraisal will need to be explored.

Next Steps

To reduce waiting times from assessment to treatment and meet the targets and carry out effective monitoring. Increase workforce for which recruitment process in progress as at October 18.

Ability to have planned home treatment.

To reduce waiting times from treatment to discharge.

Increase space of transformation and increase level of activity by funding project manager post dedicated for Brent service provision.

Review skills.

Action delivery of psychotherapy service following decision from options appraisal.

Risk and mitigation

Staff retention is challenging. To overcome this provider will offer part-time/flexible working arrangements and training.

Recruitment is key issue and some incentives would be to offer relocation costs, development posts, training.

Housing affordability will need to be addressed as currently Brent does not have key workers provision.

Redesign to offer peer support, CWP roles, explore alternative skills for pathway.

i) Community engagement & anti-stigma work

In March 2017 Brent CCG funded Community Barnet to work with the local schools, communities to raise awareness and obtain wide range of views from young people, parents, carers, professionals, and the wider community. Young People named this service as Brent Young People Thrive

(BYPT) and since have developed postcards, posters and are participating in events. Schools are on board and engaging.

These views are fed into the CAMHS steering group to help reshape services. Expert Group is formed and will help to input in strategic vision.

Next Steps

Raise awareness to make services accessible.
 Engage young people to shape the services and be champions.
 Evaluation of BYPT programme will be done to develop for further year and increase number of young champions. Champions will be involved in the Council’s targeted services development.

Under Getting More Help we have following services:

j) Eating disorder service (refer to priority 2 in main document)

The service commenced from 1st April 2016 across North West London with the aim to support implementation of new and enhanced community intervention, improve the capability and capacity of the workforce and delivery eating disorder service to CYP and their families. The service offers specialised support for eating disorders in line with Marsipan model. These conditions can have serious short-term and long-term physical.

Due to the small numbers of cases, and need for specialist facilities, the service is run from Northwick Park Hospital (Brent) and Vincent Square (Fulham) for young people from across north west London. Brent’s take up for 2017/18 was 17%-18%. Urgent referrals are seen within 1 week, and routine referrals are seen within 4 weeks.

Next Steps

Increase advice available and raise awareness.
 Feedback from schools was to provide awareness sessions in schools. Series of sessions will be delivered in schools over next 2 years.

k) Perinatal mental health service

This service works with families, midwives, and health visitors during pregnancy, and up to one year after birth. Some women with mental illness are worried about continuing to take medication while pregnant. For some women, pregnancy and the birth of a child can trigger mental illness. The number of specialist mental health staff is being increased to match the birth rate in Brent. The service works across Brent and Harrow, and works closely with Northwick Park Hospital.

Period	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Trajectory	67	99	99	102	102	102	99	154	154	154
Number seen	0	0	90	121	137	103	69	68		
Cumulative total (per year)	0	0	90	211	348	446	505	573		

Next Steps

To confirm funding period from NHSE.
 To increase take up of the service.

l) Early Intervention in Psychosis & at risk mental states

Current service works with people aged 14 plus. Offers intensive support for 3 years following the first episode of psychosis. Brent has high psychosis rates. These can be due to family history, and have increased risk from the use of cannabis, and from stressful life events.

Next Steps

Develop peer support to siblings of service users, to reduce their risk of psychosis, or the impact should they develop a psychotic illness.

Promote access to family members to learn more about psychosis and how to reduce risk factors.

m) Inpatient CAMHS

In 2017/18 ,11 inpatients, total of 1,952 beddays, costs Brent CCG £1.3m.

First adolescent inpatient CAMHS unit, Lavender Walk in North West London to open in late 2018 (near the existing inpatient service for u13s). Includes home treatment teams to reduce the reliance on inpatient care. Fewer children will need to travel outside north west London to get inpatient mental health care.

Next Steps

Work with NHSE, CNWL AND LBB to ensure health and hospital school arrangements are agreed. Monitor closely and look for alternatives where possible.

Monitor throughput

Developing specialist learning disability CAMHS inpatient unit, which will be based in Brent.

Under Getting Risk Support we have following services:

n) Crisis and Urgent Care CAMHS (refer to priority 5 in main document)

The integrated 24/7 service Crisis CAMHS is currently available through A&E departments. Young people are seen by a CAMHS clinician at first point of contact (often A&E or an Urgent Care Centre) no matter what time of day or night. The service provides intensive crisis and community intervention to prevent hospital admission, facilitate early discharge with suitable plan. Brent has the second highest number of referrals compared to other North West London. Expansion in Oct'18 will allow more home treatment options.

CAMHS Urgent Care Pathway. Provider: CNWL	
Contact Details	Monday to Friday: CAMHS Gateway: 0203 028 8475 Out of Hours: Weekdays after 5pm and at weekends: 0800 0234 650
Reasons for Urgent Referral	The introduction of the service means that children from Brent, Harrow, Hillingdon, Kensington and Chelsea and Westminster will have access to a dedicated crisis and liaison service and people are seen by a CAMHS clinician at first point of contact no matter what time of day or night. Reasons for urgent referral include: <ul style="list-style-type: none">• Following an overdose• Following an incident of deliberate or threat of self- harm• Acute anxiety

- A dramatic and unexplained change in mood or behaviour

Exclusion criteria

- Children and young people known to CAMHS who present to the Emergency Department with a medical problem
- Children and young people who are intoxicated with alcohol or illicit substances and there is no indication of a mental health problem
- Children and young people who present with social problems and there is no indication of a mental health problem

Next Steps

Figure 1 below outlines the process CNWL will be using to review crisis and urgent care pathway.

Figure 1 Crisis and Urgent Care Pathway

DRAFT

Referral received

Accepts NWL referrals by telephone from:
 Self-referral (parent or child); NHS 111; GP; mental health crisis line staff; school teacher; social worker, other NWL children's service professional

↓ 90 minutes referral to initial assessment

Initial assessment

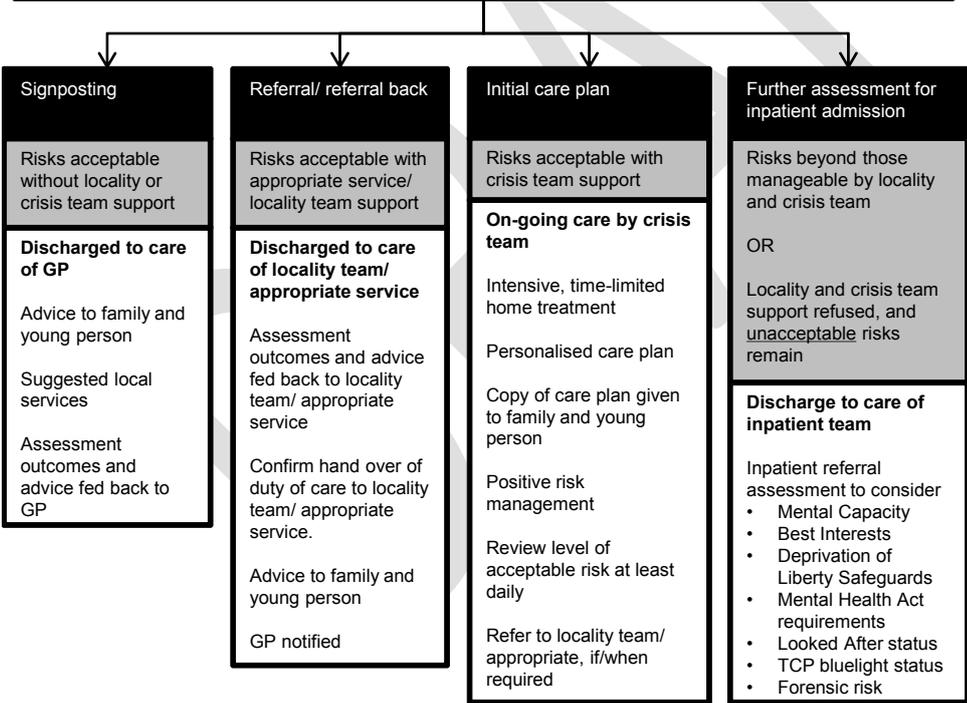
Preparation for assessment

- Location accessible, safe and suitable for a child or young person
- Safety of staff (consideration of need for two clinicians, and/or police intervention)
- Use of standardised tools
- Need for interpreting services
- Ability to undertake a comprehensive mental state examination

Assessment to include

- The presenting problem/need;
- Comprehensive assessment of risk;
- Clinical signs and symptoms;
- Family and carers needs and views;
- Level of need and appropriateness of on-going involvement;
- Level of intervention required;
- Risk management with regard to unsafe/inappropriate behaviour;
- Past psychiatric history/response to interventions;
- Social supports and needs;
- Mental capacity, willingness and ability to engage and cooperate with service and give consent and;
- Safeguarding needs and risks.

Notify GP in writing within 48 hours of assessment outcome



o) CAMHS Eating Disorder

Description	Reporting frequency	Threshold	in mnt/qtr 2	YTD
% of CYP with ED (urgent cases) referred with a suspected ED will access NICE concordant treatment within 1 week of referral	Monthly	100%	NO ACTIVITY	75.0%
% of CYP referred (routine cases) with suspected ED that started treatment within 4 week of referral in the reporting period	Monthly	>50%	100.0%	87.5%

Next Steps

- Introduce 24/7 telephone counselling service which will include, advise, information, as well as 1:1 sessions.
- Increase community based work with the aim to reduce A & E admissions.

p) YOS – CAMHS Worker

In 2015, 130 children entered the youth justice system for the first time. This gives a higher rate than the England average for young people receiving their first reprimand, warning or conviction.

Brent has a specialist mental health worker as part of the Youth Offending team. Young offenders are known to have high rates of undiagnosed mental illness. The specialist worker provides screening, advice, direct support, and onward referral as necessary.

For the year there has been extensive YOS-CAMHS training in trauma and attachment delivered.

Next Steps

To explore setting targets for year 2019/2020.

Issues identified - housing affordability as no housing provision for key workers in Brent.

q) Youth justice liaison

Brent has a specialist mental health worker as part of the Youth Offending team, funded by NHS England. The specialist worker provides screening, advice, direct support, and onward referral as necessary for young people attending court. NHS England is working to define the role. Post holder started in July 2018.

Next Steps

To develop more effective coordination and information sharing especially at the point where young person has initial interactions at the police station and court.

Issue – Have been problems in receiving timely information from CNWL, to mitigate there is regular weekly teleconferences.

Project manager will also help to address this issue.

r) Universal (THIRVING) Services

With 79,300 children and young people in living in Brent, around 7,930 need help with emotional Resilience. Emotional wellbeing and minor mental health support can be addressed by early help and intervention. In Brent CCG services are been aligned with local authority, schools, health visitors, school nursing, children centres.

In partnership with Public Health mental health First Aid training programme for schools is planned. This will aim to help build resilience and self-help as well sign posting.

The Recovery College is also available for support for children and families.

Next Steps

Raise awareness within above workforce to enable making referrals to the Gateway.

Introduce 24/7 counselling and support service which targets CYP with emotional wellbeing and/or emerging mental health problems, many of whom will require a low level/targeted/short-term intervention and CYP who are hard to reach and do not engage with services through traditional routes. We aim to have this service by January 2019.

Key Enablers, Risks, and Mitigations



4. Key Enablers, Risks, and Mitigations

The table below outlines how key enablers will support transformation specific to Brent CCG

4.1. Enabler one: Co-production

Our Progress and Performance

In Brent Parents are fully involved in planning of CAMHS /SEND services. Series of focus groups were organised for their input into shaping service for year 2017/18. At the Health Partnership forum on 28th August 2018 wide range of stakeholders including parents and carers were consulted for their input in commissioning intentions for CAMHS services for 2019/20.

In March 2018 Community Barnet has been contracted to support this work, including establishing expert referenced group. The aim is to empower young people to become champions and influence in shaping services. Local events involving local communities, schools, GPs and children's centre are held to raise awareness, de-stigmatisation.

Attached Appendix 1 shows events held and planned events.

Next Steps

- Continue to engage with schools, multi-faith organisations, Parent/carers
- Evaluate the data & information from this programme to plan for 2019/20 intentions.
- Young champions actively involved in shaping and delivering CAMHS services.
- Peer support and community champions involved in shaping and delivering CAMHS services.

4.2. Enabler two: Workforce Development and Training Strategy

Our Progress and Performance

Training

Following needs assessment work done by Anna Freud in 2016, Local authority is funded to identify and deliver training to practitioners and frontline staff. The focus is on update needs assessment, understanding emotional resilience setting up training programme and supporting bids from local organisations.

Next Steps

Local Authority to implement the training programme and offer online training as part of the programme to professionals & practitioners from November 2018.

Workforce -

However there has been concerning issues nationally about the workforce and skills development to deliver the transformation agenda. The table below shows the workforce currently for Brent services. As seen the number of vacancies is around 20%. In addition the recruitment process is longer than anticipated, and in some instances the job has been re-advertised number of times before successful recruitment.

CNWL are exploring various options for staff retention including Peer Support, development posts, ADOS training as an incentivisation to attract as well as retain mixed skills workforce.

Next Steps

Brent workforce is detailed in table below:

Specialist CAMHS Staffing for Brent			
Update October 2018	2017/18	2018/19	2019/20
Service manager (Across Boroughs)	1.0 WTE	1.0 WTE	1.0 WTE
Team manager	1.0 WTE	1.0 WTE	1.0 WTE
Clinical lead	0.8 WTE	0.8 WTE	0.8 WTE
Therapy lead	0.7 WTE	0.7 WTE	0.7 WTE
Emotional disorders	7.0 WTE	7.0 WTE (2.7 WTE vacant)	7.0 WTE
Enhanced treatment team	5.6 WTE	5.6 WTE (1.5 WTE vacant)	5.6 WTE
Neurodevelopmental team	5.2 WTE	5.2 WTE (1.0 WTE vacant)	5.2 WTE
Learning disability team	4.2 WTE	4.2 WTE (2.1 WTE vacant)	4.2 WTE
Urgent care team	6.0 WTE	6.0 WTE	6.0 WTE
CAMHS Transformation Project Manager		1.0 WTE (new post recruitment Nov 2018)	1.0 WTE
Child and wellbeing Practitioners	2.4 WTE	2.4 WTE	2.4 WTE
LAC-CAMHS worker		1.0 WTE (new post recruitment Nov 2018)	1.0 WTE
School CAMHS Link workers		2.0 WTE (new posts recruitment Nov 2018)	2.0 WTE
YOS CAMHS worker	1.0 WTE	1.0 WTE (1.0 WTE vacant)	1.0 WTE
Court Liaison & Diversion worker	1.5 WTE	1.5 WTE (0.5 WTE vacant)	1.5 WTE
Total	36.4 WTE	36.4 WTE (12.8 WTE vacant)	40.4 WTE

The national and local debate about the provision of Children and Young People’s Mental Health and Wellbeing services has acknowledged that development of the workforce in children and young people’s mental health services is essential to enable the delivery of the national priorities outlined in Future in Mind and the Five Year Forward View both describe a vision where a workforce with the right mix of skills, competencies and experience deliver a service to children and young people that makes a “real and lasting difference to their lives”.

To deliver the ambition of the Future in Mind, the Five Year Forward View and the North West London Children and Young People’s Mental Health and Wellbeing Transformation Plan, it is essential children and young people can access the right help and support at the right time. Locally in Brent we are working in partnership with CNWL to develop new ways of working to facilitate early intervention by improving and utilising alternative pathways and up skilling generalist staffing to ensure our children and young people receive timely access to any interventions. This includes being able to access non specialist care much earlier and in an environment which meets the

individual needs of children. It is therefore recognised those who have a relationship with children, both in a professional and non-professional context can effectively provide support and signpost to appropriate local services. The number of referrals received by the service tells us, there is a lack of confidence, knowledge and skills within universal services to meet the needs of children and young people with mild to moderate emotional, behavioural and mental health difficulties.

The interventions provided by Tier 2 & 3 (Specialist CAMHS) are effective but there is insufficient capacity to meet existing and increasing demand, along with a more complex service user profile. There is identified un-met need within the pathway of care for children displaying behavioural difficulties and a absence of local provision for children and young people with specific needs which the service is working with local agencies to address this.

4.3. Risk Register

Below are the local risks identified in Brent with mitigation plan.

	Description	Impact	Inherent Risk Rating	Avoidance / Mitigation	Residual Risk Rating
R1	There is a risk that sufficient workforce is not available to meet the roles (volume and skills/ capability) within the new service delivery framework.	Full implementation may not be possible and cost and quality improvements will not be fully achieved.	16	In Brent we propose to introduce peer support, development posts, training, ADOS training as an incentivisation to attract as well as retain mixed skills workforce.	9
R2	Limited outcome measures model in place	Difficult to demonstrate we are receiving value for money	9	Work with CORC to adapt outcomes model relevant to the services	6
R3	Limited buy in, capacity, priorities and engagement from other agencies e.g. education and local authority.	Difficulty developing, new ways of working and aligning pathways.	12	Working closely with wider organisations and actively participating in joint commissioning and being on project groups for LA's commissioning services.	6
R4	1 in 4 children have a undiagnosed mental health condition	Expected level of investment and activity to monitor through school trailblazer.	12	Early and longer interventions avoid children and young people falling into crisis to avoid expensive long term treatments.	9
R5	Limited Access to CAMHS services	Expected level of investment and activity	10	Provision of online access	3