North West London Clinical Commissioning Groups

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

In response to *Future in Mind*

October 2015
Revised January 2016 following NHS England feedback
Refreshed October 2016

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

Declarations of Support

Brent

Name: Position/Organisation: Date:	Name: Position/Organisation: Date:

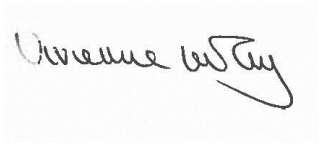
Central London

Name: Elizabeth Campbell Position/Organisation: Deputy Chair Health and Well-being Board  Date: 20.10.16	Name: Position/Organisation: Date:
Name: Position/Organisation: Date:	

Ealing

Name: DR MOHINI PARMAR Position/Organisation: CHAIR, NHS EALING CCG  Date: 28.10.2016	Name: Cllr Julian Bell Position/Organisation: Leader, London Borough of Ealing; Chair, Ealing Health & Well-being Board  Date: 25/10/2016

Hammersmith and Fulham

Name: Cllr Lukey Position/Organisation: Chair Health and Well-being Board.  Date: 27.10.16	Name: Position/Organisation: Date:
Name: Position/Organisation: Date:	Name: Position/Organisation: Date:

Harrow

Name: Position/Organisation: Date:	Name: Position/Organisation: Date:

Hillingdon

Name: Position/Organisation: Date:	Name: Position/Organisation: Date:
Name: Position/Organisation: Date:	

Hounslow

Name: Susan Jeffers Position/Organisation: Managing Director Hounslow CCG  Date: 25th October 2016	Name: Position/Organisation: Date:

West London

Name: Mary Weale Position/Organisation:  Date: 28.10.16	Name: Position/Organisation: Chairman Health and Well-being Board Date:

Preface

Following guidance from NHS England, all local areas are to refresh their Children and Young People's Mental Health and Wellbeing Transformation Plans to demonstrate work done to date, the impact of this work, and the revised trajectories that are expected from on-going transformation. All plans are to be refreshed and published by 31st October 2016, and incorporated into each area's Sustainability and Transformation Plans. The eight North West London (NWL) Clinical Commissioning Groups (CCGs) and Local Authorities have worked together to produce this refreshed Transformation Plan to reflect updates to work completed in 2015/16 and in 2016/17 and planned refinements to ensure alignment to the Five Year Forward View for Mental Health.

To reflect the work done on transformation of children and young people's mental health services, refreshed Transformation Plan now includes the following:

- An aspiration to increase access to services with at least 35% of those with diagnosable mental health conditions accessing NHS community based treatment by 2020/21;
- Plans for the training and expansion of workforce to meet the increase in access for mental health services;
- Allocation of the new funding for children and young people's services to support delivery of the Local Transformation Plans and wider improvements to services;
- Baseline data to further map 'how' 95% of children and young people with eating disorders will receive treatment within 1 to 4 weeks;
- A plan on how by 2020/21 there will be a reduction in inpatient stays (only where clinically appropriate). The plan will include 24/7 crisis resolution and liaison mental health services;
- Insight into how CYP IAPT staff training targets will be reached;
- A commitment to work towards implementing evidence based treatments pathways.

It should be noted that we are still awaiting NHS England confirmation of new uplift amounts. These will be confirmed in November 2016 and the Transformation plans will be further updated where required.

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

The eight Clinical Commissioning Groups (CCGs) in North West London (NWL) are committed to improving mental health and wellbeing for their local communities. In February 2015 the CCGs launched '*Like Minded'* – the NWL strategy for mental health and wellbeing. The publication of the Government's mental health strategy for children and young people, '*Future in Mind',* was timely and the CCGs have framed their work on children and young people to focus on ways of implementing '*Future in Mind'* across our eight boroughs.

To support both the local and national strategy we are submitting a single plan which defines where we have joint priorities, and where we will undertake specific projects to respond to local needs and current service configuration. Through working together we can learn from good practice, ensure best value and develop flexible services for our populations.

The priorities outlined in this document are the key steps to transforming current services. In combining our joint vision, resources, expertise and working with our stakeholders we can develop collaborative solutions and services together.

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 work – but we recognise that each borough has specific local needs, set up and infrastructure. For clarity we are not proposing that there is any cross-subsidisation across NWL. The funding outlined in this Plan is ear-marked for each CCG, and will be invested in the children and young people in local area of that CCG.

We have joined together as a collaboration of eight 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, 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 two 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 eight different CCGs.
- Links to the '*Like Minded'* mental health strategy for NWL: working in collaboration with the Like Minded Strategy and Transformation 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 four 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 from 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.

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 five 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 have been asking 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?

- Do we have the right data systems in place to capture the data that we require for contractual and quality monitoring purposes?

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 provided detailed plans for our work in 2015/16 and into 2016/17. We have further reviewed our plans for 2017/2018. This work will continue to 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 maximise 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; Our Starting Point

Knowing and understanding the local needs of our boroughs was pertinent to understanding the changes and transformations required across North West London. Our initial needs assessment provides the backdrop to understand what is working and where the gaps were within our boroughs. We have commissioned Anna Freud Centre to undertake needs assessment for each of our CCG area and we have used the initial findings to inform our priorities going forward. The final analysis will be completed in January and we will review our local plans to ensure alignment with 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 children and young people population can be seen in the below table. For six of our eight boroughs, the 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

[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.

	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	438,788
Number of school children[7]	22,460	25,935	20,071	57,682	43,273	53,993	50,142	38,316	311,872
Rate of LAC[8]	46	36	60	49	53	55	48	30	48

We have invested our Transformation Plan funds into six out of our eight boroughs, to gain up to date information on the mental health and emotional well-being of our children and young people. In 2015/16 based our initial proposals and priority areas for 2015/16 and 2016/17 based on our understanding of local needs from consulting with our children, young people, parents, and professionals, and drawing on prevalence data. We now have interim reports that provide us with up-to date data on the local needs of our children and young people.

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. We are committed to ensure that by 2020 35% of children with a diagnosable mental health disorder receive treatment.

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	**9957**
Conduct Disorders	2842	2877	1104	1909	2466	2123	852	1482	**15655**
Hyperkinetic Disorders	781	798	307	533	688	593	239	408	**4347**

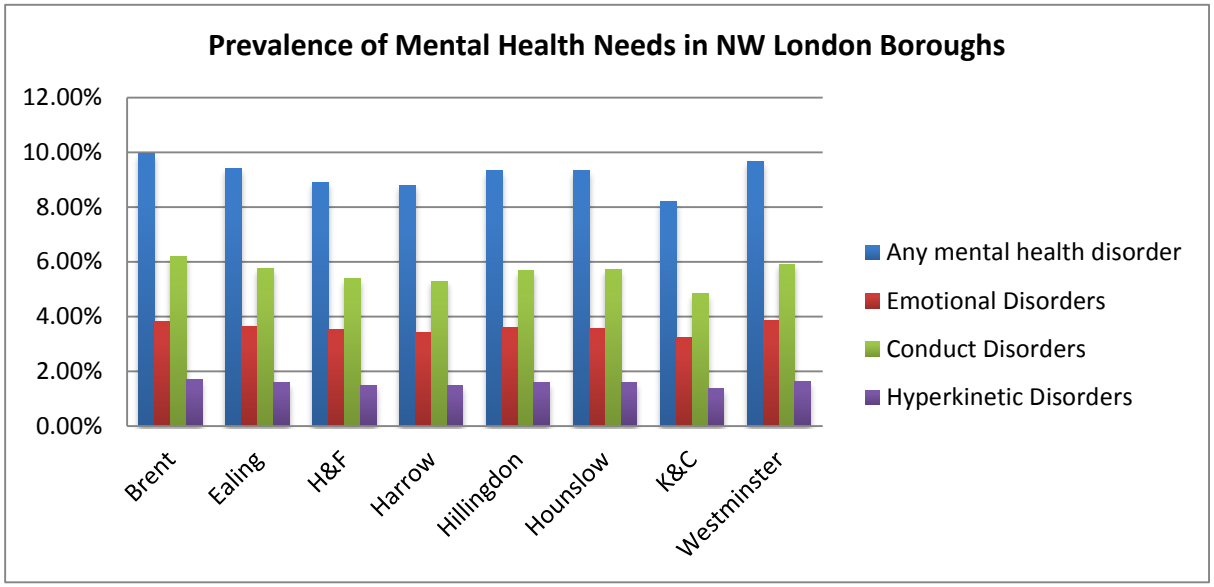
[5] ONS 2012 based population projection for 2015, children aged 0-17

[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

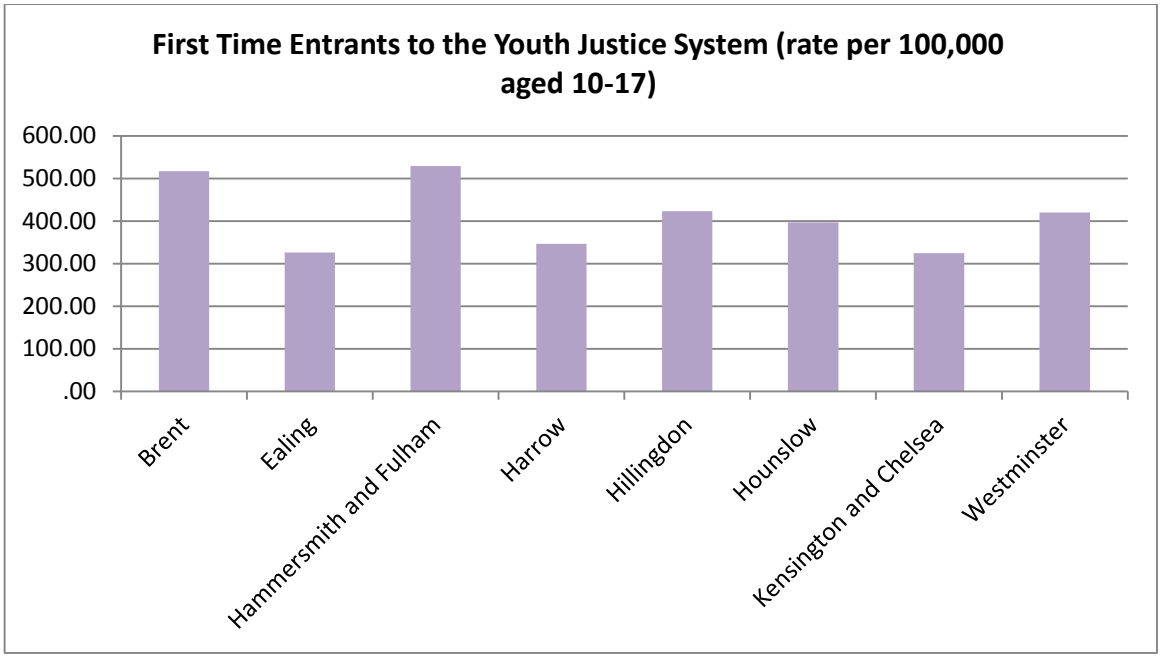
[9] Public Health England Fingertips Tool (2014). Accessed at http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/9/gid/1938132753/pat/6/par/E12000007/ati/102/are/E09000005



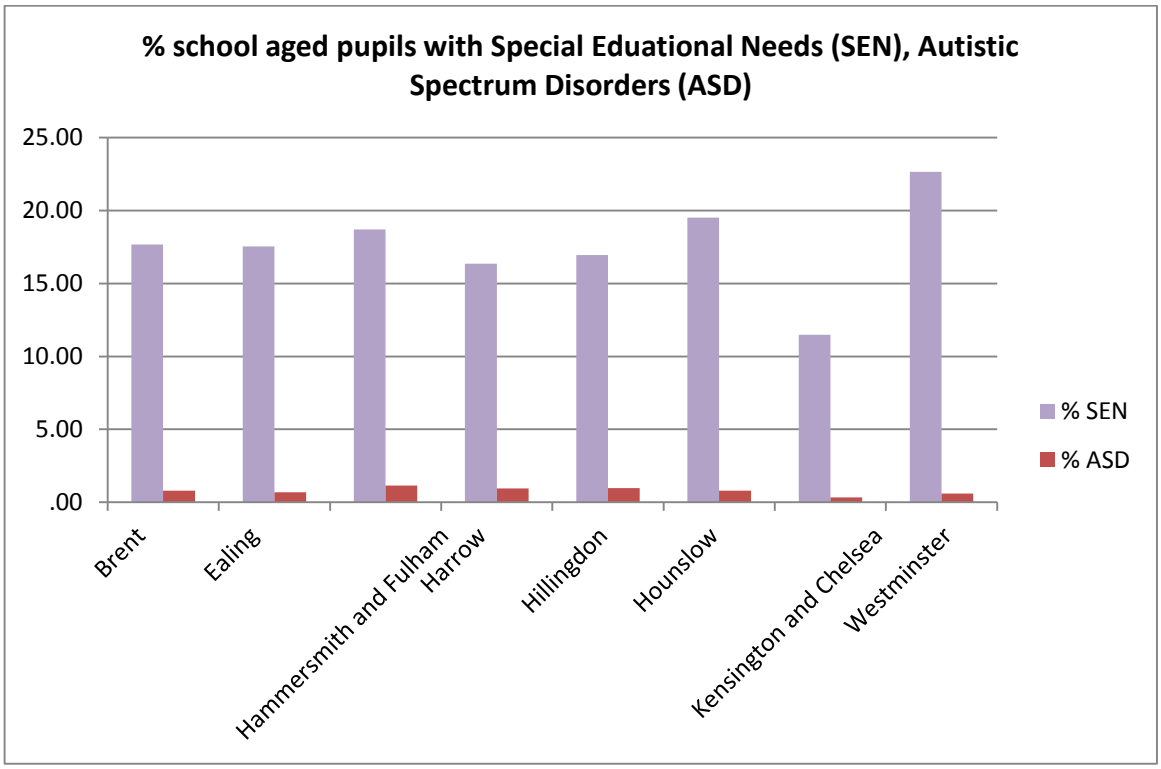
Self-harm is also more common amongst young people with mental health needs. Among 11-16 year olds, over a quarter of those with emotional disorders and around a fifth of those with conduct or hyperkinetic disorders or depression said that they had tried to harm themselves[10]. Deliberate self-harm is more common among girls than boys[11]. Between 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 needs 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.

[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
[12] Hospital episode statistics. Sourced from chimat.org.uk.
[13] DfE SFR36 2014 Number of Looked After Children aged 0-17 per 10,000



Children with special educational needs may be at higher risk of developing emotional and 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.[14]



[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

4.0 Service Provision

4.1 Services: Our Starting Point

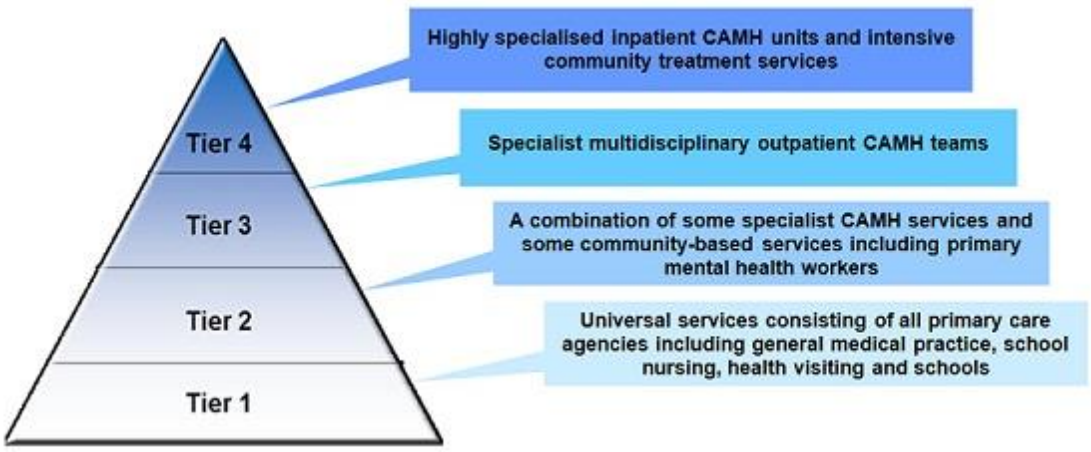
The below details provide a background to services prior to the implementation of the transformation of our CAMHS services. This information has been used as a baseline to identify what was working and where changes in needed.

4.1.1 Core Service – Specialist Children and Adolescent Mental Health Services (CAMHS)

Specialist CAMHS provides an assessment and treatment 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. Specialist 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 medical training scheme. The teams 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 specialist CAMHS by any professional working with a child, young person or their family.

CAMHS have traditionally been described in four '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. Although we refer to tiers within this paper, we will, however, be aiming to move away from a tiered structure; with plans to fulfil this goal in 2017/2018.

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[15] 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 Prior to the Start of Our Transformation Plans

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 prior to the start of our Transformation plans for NWL.

[15] West London CCG – Young people over the age of 16+ are seen at the Adult IAPT and Adult Community Living Well Service

	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%)

We recognise that the data above is affected by the inclusion of waiting times for some specialist CAMHS clinics such as neurodevelopmental disorder assessments. Therefore we have provided more detail on the waiting time (in days) for general CAMHS clinics and for neurodevelopmental assessments. Please note that the table above shows numbers and percentages of cases that are seen within 4 weeks of referral, 5-11 weeks of referral, and over 11 weeks from referral whereas the data below is shown in days from date of referral.

CURRENT WAITING TIMES – SPECIALIST/URGENT CARE SERVICES IN CAMHS[21]***					
CNWL					
	Brent	**CLCCG**	**Harrow**	**Hillingdon**	**WLCCG**
Referral to treatment time (in days) for GENERAL CAMHS	93	25	39	30	26
Referral to treatment time (in days) for NEURODEVELOPMENTAL DISORDER assessment	49	77	35	35	42
Referral to treatment time (in hours) for EMERGENCY referrals	82	8	NA	NA	0.3
Referral to treatment time (in hours) for URGENT referrals	315	52	160	72	80
Number of CYP on CAMHS tier 3 waiting list	472	159	120	200	153
Number of CYP on NEURODEVELOPMENTAL assessment waiting list	98	1	0	0	9

***NOTE: This data was refreshed by CNWL in January 2016 and shows some different trends to the data originally submitted in October 2015. We are working with CNWL to understand the discrepancies and trends over time.

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

[21] Data reports provided by Trusts, January 2016

CURRENT WAITING TIMES – SPECIALIST/URGENT CARE SERVICES IN CAMHS[22]			
WLMHT			
	Ealing	**Hammersmith and Fulham**	**Hounslow**
Referral to treatment time (in days) for GENERAL CAMHS	28	14	28
Referral to treatment time (in days) for NEURODEVELOPMENTAL DISORDER assessment	365	182.5	365
Referral to treatment time (in hours) for EMERGENCY referrals	4	4	4
Referral to treatment time (in hours) for URGENT referrals	24	24	24
Number of CYP on CAMHS tier 3 waiting list	39	44	115
Number of CYP on NEURODEVELOPMENTAL assessment waiting list	97	25	222

Within both of our existing CAMHS providers there are small teams providing specialised support for children and young people with eating disorders. Their current activity and staffing levels are outlined below.

CENTRAL & NORTH WEST LONDON NHS FOUNDATION TRUST (CNWL) – EATING DISORDER SERVICE[23]						
	Brent	**CLCCG**	**Harrow**	**Hillingdon**	**WLCCG**	**TOTAL**
Current number of patients with ED on caseload (month snapshot)	9	11	15	22	12	**69**
Number of appointments use for children and young people with ED (month snapshot)	11	25	23	31	37	**127**
Monthly average number of appointments per patient	1.2	2.3	1.5	1.4	3.1	**1.8**

WEST LONDON MENTAL HEALTH NHS TRUST (WLMHT) – EATING DISORDER SERVICE[24]				
	Ealing	**Hammersmith and Fulham**	**Hounslow**	**TOTAL**
Current number of patients with ED on caseload (month snapshot)	26	11	17	**54**
Number of appointments use for children and young people with ED (month snapshot)	56	24	36	**116**
Monthly average number of appointments per patient	2.2	2.2	2.1	**2.15**
Current number of referrals per annum to children and young people's ED services	24	6	16	**46**

[22] Data reports provided by trusts, January 2016

[23] Data reports provided by trusts, November 2015

[24] Data reports provided by trusts, November 2015

5.0 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 acknowledged that our assessments of needs (and the prevalence of risk factors that can drive need) were mostly out of date and we emphasised the importance of better understanding our populations – and their needs. The Anna Freud Centre has been commissioned to undertake a Needs Assessment; initial reports have been used to shape the refresh of this Transformation Plan and the final reports will be published in the latter part of 2016. This will enable our teams across the eight CCGs 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.

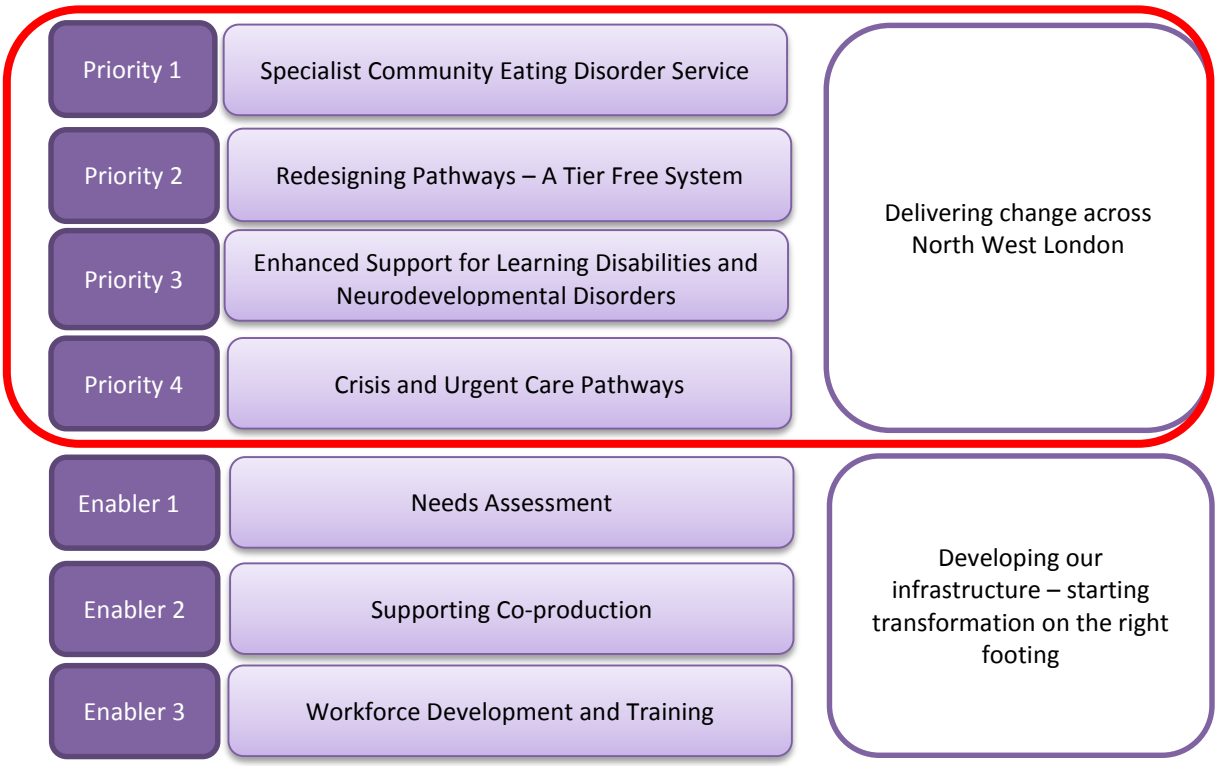
To engage with our population in its widest sense, we have worked via local groups building on existing work (with Health Watch, schools via the Healthy Schools Partnership and current service providers' user groups). We know this does not enable us to reach a representative view of our wider population,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

6.0 Our Shared 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. This originally resulted in the formulation of 8 priority areas. It was originally sensible to ensure that priority areas such as Needs Assessment, Supporting Co-Production, Workforce Development and Training, and Embedding Future in Mind, were seen as stand-alone priorities. This was to ensure that prime attention was paid to these areas. Following the work completed so far and informed by our learning, it has become clear that these areas are key enablers to ensure service transformation and design priorities and as such we now revised our strategic framework to support the delivery.



It needs to be noted that the detailed plans for year on year spend will continue to be formulated over the coming months with confirmation of increased funding.

6.1 Priority One: Community Eating Disorders (ED) Service

Specialist community eating disorder services for children and young people

6.1.1 Why We Have Chosen This Area

Prior to the Transformation of our services, there was limited access to services for people with eating disorders across NWL. We did not have implicit Eating Disorder teams; instead CYP with suspected or diagnosed eating disorders were seen by local CAMHS teams. There was also variable provision of lower intensity specialist Eating Disorders services for residents. Well-regarded specialist multidisciplinary tertiary and inpatient services were funded for residents at various locations; however, the distance by public transport made the service inaccessible for many and somewhat impractical for the provision of outpatient treatments.

Although there is a good local support is available, the new national specification outlined the best practice service provision that the NWL Collaboration need to aspire to.

The initial analysis and review of ED service provision, in 2014/15, outlined a number of issues and gaps as outlined below:

- A lack of a community ED services
- 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 the National Institute for Health and Care Excellence (NICE) as effective interventions;
- Limited capacity for input from dieticians;
- Provision on weekdays only

6.1.2 The 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.

We will be working towards ensuring that 95% of children and young people with eating disorders are to receive treatment within 1 to 4 weeks. Local areas will

baseline their current performance against new waiting time standards for eating disorders and plan for improvement. They will be measured against the standards from 2017/18.

We are keen to ensure that we offer a choice of NICE Guidelines treatment options which the child/young person will want to access whilst also improving the support to parents/carers

6.1.3 Where We Are Now

In March 2016 both trusts, WLMHT and CNWL, developed two separate pilots for a new Eating Disorders service. They provide 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. These services reflect the new national specification for eating disorder services. It currently provides 5 days of 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 current and new model includes:

- Family interventions as a core component of evidence based treatment required for eating disorders in children and young people.
- Cognitive behavioural therapy (CBT) and enhanced CBT (CBT-E) for the treatment of anorexia nervosa, bulimia nervosa and related adolescent presentations.

Both services are fully staffed and in the 8th month of the pilot timeline. The services now provide:

- A rapid single point of low-threshold access to community eating disorder service
- Accessibility – within waiting time guidance (1 week for urgent and 4 weeks for routine)
- 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).
- A service compliant with NICE Guidance (CG9).
- The service will liaise effectively with other providers and partners to ensure joined-up care.

CNWL and WLMHT have been able to provide us with data to reflect current staffing models, activity and current waiting and referral times for the two new Eating Disorder pilots. We will be evaluating the services in March 2017, however, the current data sets provides us with useful baseline information; particularly around waiting time standards. An overview of current baseline data is below.

CNWL Eating Disorder Service

The service has a WTE of 7.71 staff, including family therapists and psychiatry input.

Eating Disorders WTE	Brent CCG	Central London CCG	Harrow CCG	Hillingdon CCG	West London CCG
2014/2015	0	0	0	0	0
2015/2016	0	0	0	0	0
2016/17	1.96	1.10	1.46	1.79	1.40

Referrals into the new service have doubled from previous financial years and on track to receive 100 referrals in 2016/17. Analysis will be required to determine why referral rate has doubled. It should be noted, however, that we have undertaken an extensive new service marketing exercise which we can assume may have increased the referral rate.

Eating Disorders Referrals Accepted	Brent CCG	Central London CCG	Harrow CCG	Hillingdon CCG	West London CCG	Total
2014/2015	8	17	12	18	8	63
2015/2016	7	7	11	8	16	49
2016/17	24	18	20	22	22	106

Activity has remained consistent from previous years. However this is expected to increase in the second half of 2016/17 now the service is fully recruited and refers become more aware of the service.

Eating Disorders	Brent CCG	Central London CCG	Harrow CCG	Hillingdon CCG	West London CCG	Total
2014/2015	51	343	223	247	227	1091
2015/2016	157	258	349	217	168	1149
2016/17	192	230	308	194	136	1060

Waiting times performance are submitted monthly to commissioners and are in line with national and local targets for seeing urgent referrals (one week) and routine (four weeks). This is also submitted nationally each month on Unify to NHS England. Overall, 70% of the waiting time targets have been met.

Eating Disorders Urgent Waiting Times	Under 1 Week	Over 1 Week	Grand Total	Performance
Central London CCG	3	0	3	100%
Brent CCG	2	2	4	50%
Harrow CCG	0	1	1	0%
Hillingdon CCG	0	1	1	0%
West London CCG	2	0	2	100%
Grand Total	**7**	**4**	**11**	**64%**

Eating Disorders Routine Waiting Times	Under 4 Week	Over 1 Week	Grand Total	Performance
Brent CCG	6	2	8	75%
Harrow CCG	6	3	9	67%
Hillingdon CCG	7	3	10	70%
West London CCG	7	2	9	78%
Central London CCG	6	0	6	100%
Grand Total	**32**	**10**	**42**	**76%**

WLMHT Eating Disorder Service

The WLMHT trust service has a dedicated staffing model as below:

CAMHS Eating Disorders Service

The newly developed CAMHS Eating Disorders Service has been operational since 1st April 2016. This service covers Ealing, H&F and Hounslow and data is now recorded under one work-unit on RiO. Due to the merging of data to reflect the new service, it is not possible to provide information for 2014/15 or 2015/16 as historically cases were not recorded in a specific EDS work-unit, but across the work-units (teams) teams in each Borough.

Staffing Model

Eating Disorders WTE	Service Description	Hounslow	Ealing	Hammersmith and Fulham
2014/15	Separate Services	N/A	N/A	N/A
2015/16	Separate Services	1.4wte but not dedicated resource	3.55wte dedicated resource	Cases were picked up but no dedicated resource
2016/17	Integrated Service	8 WTE – multi-disciplinary team across the three boroughs		

MDT team that is fully recruited to, as of October 2016, consists of Consultant Psychiatrist and Staff Grade Psychiatrist, Family Therapy, Psychology, Nursing, Psychotherapy, Dietician and admin. The current service comprises of 8WTE.

Referrals into the service

Eating Disorders referrals accepted	Hounslow	Ealing	Hammersmith and Fulham	Total
2014/15*	N/A	N/A	N/A	N/A
2015/16*	N/A	N/A	N/A	N/A
2016/17	6	17	9	32 received 30 accepted

*As above not able to provide historic data due to merging of all cases under new EDS work-unit on RiO. This would require manual data review – resource not currently available to support this

Activity

Eating Disorders Urgent Waiting Times	Under 1 Week	Over 1 Week	Grand Total	Performance
Ealing CCG	3		3	100%
H&F CCG	2		2	100%
Hounslow CCG	2		2	100%

All urgent referrals seen within 1 week as per access and waiting times specification

Eating Disorders Routine Waiting Times	Under 4 Week	Over 4 Weeks	Grand Total	Performance
Ealing CCG	13		13	100%
H & F CCG	5	1	6	95%
Hounslow CCG	4		4	100%

Average waiting time – referral to assessment – only 1 case out of 23 waited for more than 4 weeks

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

6.1.4 Our Next Steps

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 (of required). On-going implementation stage Nov 16 - Create plan with a focus that 95% of waiting times for Eating Disorders are met.	Implement plan to ensure that 95% of waiting times for Eating Disorders are met. Evaluate.		

Our next steps will primarily focus on evaluating our current pilot service models and furthermore reviewing our waiting time procedures so that we can meet the national standard waiting time guidelines.

Service Model

Though the current two services are within pilot stages there is an on-going plan to ensure that we have an Eating Disorder service for the on-going future.

To ensure that the services are fit for purpose, meet the needs for children and young people, adhere to waiting national standard guidelines and meet NICE guidelines we will undertake a comprehensive evaluation of the service in March 2017. We will also need to ensure that the evaluation of the service is co-produced. As such Hammersmith and Fulham have commissioned Young Champion from Re-think to be involved in the evaluation of the service.

Parameters of the evaluation will be set in January, commencement of the evaluation in March, and the final evaluation report will inform what is working and what service changes are required.

In conjunction to the above we will begin to create strategy plans to:

- Develop a recruitment and retention strategy and robust training plans
- Undergo a service re-model exercise with view of providing appointments outside of current core operating hours (9am-5pm) and further enhancing accessibility by providing a seven day service.

Waiting Times

We have identified baseline waiting time data which will be used to further map how 95% of children and young people with eating disorders will receive treatment within 1 – 4 weeks. At present CNWL are meeting 70%, and WLMHT 100%, of waiting time targets. We propose the following milestones by 2020.

Milestones	2016/2017	2017/2018	2018/2019	2019/2020
No. of children being seen between 1 to 4 weeks.	85% of children are currently being seen within 1-4 weeks	89%	92%	95%

Our trusts will work together with CCGs to identify a written strategy to ensure that we meet 95% of referrals. Strategies may include:

- Increasing workforce to meet need (based on modelling)
- Review waiting time policies and procedures
- Flag and investigate any waiting time breaches
- Review operating hours with view of extending to evening and weekend opening hours
- Plot external circumstances that may impact on reaching national waiting times goals.

6.2 Priority Two: Redesigning Pathways – (including a tier free system)

6.2.1 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.

The Five Year Forward View for Mental Health further tells us that evidence based treatment needs to be developed to cover the journey from referral to recovery. These will include expectations of referral to treatment times, interventions provided and outcomes measured.

6.2.2 The Ambition

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
- Whether we need to review the 'transition age' and we extend the age of young people's service to 25 years
- Explore 'no-wrong door' concept – and how the whole community respond to needs
- Review and agree our access strategy and points
- How we work differently with critical partners in schools and primary care
- 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

Ultimately we want children and young people to convey 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.

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 or Multiple Points of Access
- 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.

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 training programme** across NWL through the collaborative (including CNWL and WLMHT), ensuring that all young people have the opportunity to outcome based measures to evidence effectiveness of their assessment and treatment. We will ensure that our pathways and referral routes incorporate all CAMHS 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 voluntary and community sector organisations. 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.

We recognise that further joint working with our Health and Justice teams would strengthen our plan and we welcome recent offers of input from the central team. By working with specialist colleagues, we want to develop models of care and support that are fully integrated with key justice services including Liaison and Diversion, Feltham Young Offenders Institute (and other all ages sites such as Wormwood Scrubs), and police custody units.

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;
- **A tierless model** that reflects need rather than unintentionally creating barriers between services or/and embed service division or fragmentation of care;
- **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
- 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.

6.2.3 <u>Where We Are Now</u>

CCGS have begun to work on local level and across NWL to begin to further re-align services and pathways to provide seamless care and support for children and young people with mental health challenges. In some areas new services have been commissioned (see local annexes). Details of NWL system changes can be viewed below.

Clear navigation of Services

CNWL have proposed a Single Point of Access service and have provided a business plan to this effect. CCGs are currently reviewing the model to further decide on what will be feasible within the financial envelope and to consider options.

Other options include integrating the CYP SPA with the current adult function (which provide an assessment, referral and signposting mechanism)- and having Multiple Access Points – as suggested by the Anna Freud Centre whereby different access points can provide shared responsibility of access points.

It should be noted that at current the WLMHT OOH service is accessed through the adult SPA telephone number.

Tierless System

One of the initial recommendations specified in the interim needs assessment carried out by the Anna Freud Centre, suggests how we can work together to deliver a system without tiers. Recommended is THRIVE, a needs based person centred conceptual framework which looks to ensure children young people and their families receive the right intervention at the right time. The THRIVE Framework is a collaborative initiative developed in partnership by the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust.

Attempts have been made to conceptualise CAMHS, the most long-lasting and influential of which is a model dividing service provision into four tiers as outlined and described below:(6)

Tier 1: consists of non-specialist primary care workers such as school nurses and health visitors working with, for instance, common problems of childhood such as sleeping difficulties or feeding problems. Tier 2: consists of specialised Primary Mental Health Workers (PMHW's) offering support to other professionals around child development; assessment and treatment in problems in primary care, such as family work, bereavement, parenting groups etc. This also includes Substance Misuse & Counselling Services. Tier 3: consist of specialist multidisciplinary teams such as Child & Adolescent Mental Health Teams based in a local clinic. Problems dealt with here would be problems too complicated to be dealt with at tier 2 e.g. assessment of development problems, autism, hyperactivity, depression, early onset psychosis. Tier

4: consists of specialised day and inpatient units, where patients with more severe mental health problems can be assessed and treated.

No duplication

An alignment mapping exercise has been undertaken to reflect current and proposed services. CCGs on a local level are also undergoing processes to develop asset maps incorporating existing services, undertaking service reviews and making commissioning decisions based on community borough needs. Details can be found in local annexes. Anna Freud Centre has also undertaken an asset mapping exercise – details of which will be available in November 2016.

Working together

Our Steering Group provides the forum for our main providers, our trusts, to work together across the eight boroughs. The New Model of Care further enhances the opportunity for our current trusts to work together.

Avoiding Unnecessary Hospital Admissions

Our current Out of Hours service model provides the opportunity to aid the process of avoiding unnecessary hospital admissions.

All current transformational community CAMHS and workforce development initiatives are geared with a focus with decreasing likelihood of a mental health challenge escalating to the point of needing hospital admissions. Details of local priorities can be found in the annexes.

Flexible Engagement

CNWL now provide appointments outside of core hours (9am-5pm) which provides the opportunity for CYP and parents to be able to access services within more flexible hours. This thus increases capacity.

6.2.4 <u>Our Next Steps</u>

<table>
<tr><th>2015/16</th><th>2016/17</th><th>2017/18</th><th>2018/19</th><th>2019/20</th></tr>
<tr><td>Commence SPAs
Develop Whole Systems approach to CAMHS</td><td>Anna Freud Centre needs assessment and recommendations to inform reconfiguration across NW London to deliver needs based, person-centred integrated intervention for CYP

Implement increased capacity to underpin future change

Agree ways of working across NHSE for Tier 4 integration

CCGs to create Local Funding cuts risk minimisation strategy protocols.</td><td colspan="3">Implement and evaluate</td></tr>
</table>

We have had a number of developments over the last 12 months and furthermore need to review feedback from Anna Freud Centre, as well as, to ensure that our services align.

It is envisioned that in February 2017 a Transformation Seminar will be held with our colleagues to begin to further develop our current plans for the following:

Clear Navigation of Services

We will identify options and develop business cases. This is will include analysis of the sustainability of having a SPA and MAPs. If models are viewed as feasible, implementation will be aimed for 2017/18.

No Duplication

Within our Implementation meetings and Steering Group we will continue to evolve our services whilst providing clears maps of 'where we are' which in essence inform 'where we want to get to.'

We will also provide increased time for local CCGs to align and share their current local priorities and developments. Like Minded Strategy & Transformation Team will oversee this process with the alignment exercise a core focus of the Transformation Seminar in February 2017.

Working Together in Partnership with NHSE on the Health and Justice/ Specialised Commissioning CYP Mental Health Workstream

We are working in partnership with NHSE on the Health and Justice/Specialised commissioning CYP Mental Health workstream. A key aim of this workstream is to improve the health and justice outcomes of young people in the borough who are in or at risk of the justice system. NHSE have allocated central funding to this borough for the purpose of commissioning liaison and diversion services and enhancing the health and wellbeing pathway for this group. We plan to conduct a needs analysis and mapping exercise in partnership with the Youth Offending team and other relevant partners in the borough to identify needs and gaps in provision. Once these are understood we will formulate a commissioning proposal to NHSE by 31st December outlining the development of the pathway and what services we plan to commission with the central allocation.

Avoiding Unnecessary Hospital Admissions

Proposed Out Of Hours Service models will be confirmed in November 2016. We will to undertake an impatient activity modelling exercise to provide a comparative analysis of the impact of the OoH service on the New Models of Care.

WLMHT will also outline their plans to implement the New Models of Care including the how to avoid unnecessary hospitals admissions, as well as, plans as to how funding can be shifted from savings to decrease in number of tier 4 beds.

Flexible Engagement

We will be working with WLMHT in February 2017 to review the current staffing model and propose plans to extend working hours as a first step towards a seven day service. CNWL currently provide flexible working hours from Monday to Friday; in February 2017 we plan to review the model with a proposition that weekend appointments are offered.

Understanding Local Authority Reductions

Our local authority partners face significant funding challenges which result in service reductions. We are keen to understand how those decisions affect our priorities, pathways and services and will be working very closely with our partners to monitor the impact of those on children and young people. We recognise the importance of not utilising the Transformation funds to address the gaps through these reductions.

Funding

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£60,000	£207,045	£187,045	£187,045	£187,045
West	£88,000	£244,509	£195,509	£195,509	£195,509
H&F	£56,000	£189,026	£189,026	£189,026	£189,026
Ealing	£206,700	£328,765	£318,514	£318,514	£318,514
Hounslow	£127,930	£246,902	£199,846	£199,846	£199,846
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	£166,000	£166,000	£166,000	£166,000

6.4.5 Localising Priorities

In **Ealing** pathways are being designed which include a 'consultancy' element which offers advice and support to a wide range of professionals and ensures children and young people are sign posted to the most appropriate help, support and intervention.

Central London, Hammersmith and Fulham and **West London** are rolling out several training packages for schools including an Emotional Literacy Support Assistants (ELSA) training package which facilities early intervention in schools for CYP with attachment disorder; and work with schools to develop their own mental health strategy and action plans.

Hounslow are implementing a Mental Health in Schools programme to improve mental health promotion and early intervention. The programme is being delivered in partnership with 8 schools from September 2016 until April 2017. The aim is to build capacity at through consultation, training and support from Specialist CAMHS practitioners.

Hillingdon CCG and London Borough of Hillingdon are proposing to work towards developing an integrated pathway moving away from 'Tiered Model' to ensure CYP receive the right intervention at the right time. This initiative will firstly focus on emotional wellbeing, support to schools and parents before considering more specialised services.

Harrow CCG in partnership with Harrow Council has commissioned a CYP Pilot emotional health and wellbeing service delivering flexible short to medium term intervention together with a targeted service model offering early intervention.

6.3 Priority Three: Enhanced Support for Learning Disabilities (LD) and Neurodevelopmental (ND) Disorders

6.3.1 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 eight boroughs. 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

6.3.2 The Ambition

We will develop an enhanced service within our eight boroughs, 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.

We are currently mapping 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 will be explored in other areas and if physical co-location 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.

We will be considering recommendations from the Anna Freud Centre particularly recommendations for pathway re-configuration as well as transition mechanisms to enhance the link between child LD/ND services and adult LD/ND services.

We will consider models where specialist mental health practitioners will 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 we will take all measures in our 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 2) developed through this NWL Transformation plan will 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 will 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).

As part of our redesign of LD and ND services, we will ensure that the principles of ‘Transforming Care’ are incorporated into our new pathway and service models. We have furthermore been liaising with adult commissioners to ensure that our pathways align. Explicitly, we will develop pathways that ensure that when a hospital admission

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

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

6.3.3 Where We Are Now

Current Services

In 2015/16 the current services and interdependencies were mapped out in detail. A number of workshops were arranged including workshops with CNWL and CCGS, WLMHT and CCGS and an Anna Freud Centre LD/ND workshop. All the workshops were successfully co-produced with different agencies, such as health, social care, education and parents attending.

The original aim was to create uniform standards across the eight boroughs, however, this has been deemed challenging considering that different boroughs are at different starting points.

We did find, however, that CCGs wanted to work towards the same vision (as outlined below):

- 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.

It has thus been agreed that the boroughs will work on a local level (though the inner London group of CCGs will work collectively) to align their current service provision with the collective vision.

Referrals, Patient Contact and Waiting Times

Our waiting times from referral to assessment were considered concerning. Extra workforce was required to bring down referral to assessment times waits. Each CCG allocated transformation funds to decrease waiting times. An overview of impact can be seen below.

CNWL LD/ND Waiting Times 2015/2016/2017

CNWL have received additional investment into CAMHS services to manage patients with Learning Disabilities and Neurodevelopmental conditions. CNWL have recruited to these posts in early 2016/17 and there has been a positive impact on the children with these conditions.

Funding for Waiting Times

Additional funding (£)	Brent CCG	Central London CCG	Harrow CCG	Hillingdon CCG	West London CCG	Total
2016/17	96,000	52,000	118,0000	155,155	30,000	614,084

Due to the additional funding into CAMHS, and the ability to provide the service to a wider cohort of children, there has been a 50% increase in referrals for children with Learning Disabilities in 2016/17 compared to the previous financial year.

Learning Disabilities Referrals	Brent CCG	Central London CCG	Harrow CCG	Hillingdon CCG	West London CCG	Total
2014/15	49	11	37	18	13	128
2015/16	33	10	41	29	12	125
2016/17 (forecast based on M1 to M6 actuals)	38	6	78	56	6	184

Furthermore there has been a clear increase in activity levels with twice as many contacts with Learning Disability patients in 2016/17 than in previous financial years. This is expected to increase further in the second half of 2016/17 as not all newly recruited staff started at the beginning of the financial year.

Learning Disabilities Patient Contacts	Brent CCG	Central London CCG	Harrow CCG	Hillingdon CCG	West London CCG	Total
2014/15	33	12	59	24	18	145
2015/16	35	22	67	33	16	172
2016/17 (forecast based on M1 to M6 actuals)	61	30	131	91	40	353

The Harrow Learning Disabilities School Pilot has commenced at the beginning of the new academic year, and detailed performance information will be shared shortly with commissioners to allow evaluation of the pilot.

There have also been positive improvements in access for children with Neurodevelopmental conditions. This is reflected in activity levels which have increased by 60%. However the increase is not reflected in referral numbers as children with Neurodevelopmental conditions are coded on our clinical system following diagnosis, not at referral. This can take multiple appointments for a Neurodevelopmental disorder is diagnosed. Therefore the referral numbers below for 2016/17 is lower than reality as a number of children have been seen but not coded as Neurodevelopmental on the system yet.

Neurodevelopmental patient contacts	Brent CCG	Central London CCG	Harrow CCG	Hillingdon CCG	West London CCG	Total
2014/15	578	403	862	269	323	2435
2015/16	666	516	733	289	341	2545
2016/17 (forecast based on M1 to M6 actuals)	1258	510	1002	396	980	4146

Neurodevelopmental referrals	Brent CCG	Central London CCG	Harrow CCG	Hillingdon CCG	West London CCG	Total
2014/15	67	19	79	39	32	236
2015/16	65	21	49	19	29	183
2016/17 (forecast based on M1 to M6 actuals)	16	12	30	4	20	82

There has also been a significant reduction in waiting times for children with Learning Disabilities and Neurodevelopmental conditions with minimal waiting lists at the time of reporting with 11 children waiting to be seen in Brent, 0 in Harrow, 4 in Hillingdon, 3 in West London and 0 in Central London. In September all children with both LD and ND waiting were seen within three weeks of referral with the exception of Brent who had two children from the backlog before funding waiting to be seen.

WLMHT LD/ND Waiting Times

There has been a decrease in the number of new appointments on a like for like comparative basis.

Funding for Waiting Times

Additional funding (£)	Ealing CCG	H&F CCG	Hounslow CCG
2015/16	91,729		
2016/17	16,166 (Q1)		

LD ND

Due to the additional funding into CAMHS, and the ability to provide the service to a wider cohort of children, there has been an increase in the number of children seen with Learning Disabilities / Neurodevelopment conditions, which in turn has had an impact on waiting lists. Funding into WLMHT to date has focused on waiting list initiatives into the ND element of the pathway; LD has not had additional resource to date.

To note that in H&F the work for ND team is currently recorded under one work-unit which includes all Tier 3 referrals and therefore it has not been possible to separate out the waiting time averages, referral to treatment times and number on waiting list as this would require manual data sorting.

In Ealing the waitlist initiative reduced the waiting list by 20% with clinicians seeing over fifty new contacts. In recognition of the demand placed on the services and the transformation work commenced in 2015/16, the CCG has approved funding for an additional two sessions of consultant time, caring for families whose children have a learning disability.

Hounslow Neurodevelopmental Services

Investment: 16/17 funds to reduce waiting time, caseloads and improve accessibility:

Implementation:

- Q1: 4 x Saturday morning clinics: Consultant Psychiatrist, B8a Family Therapist, B6 Nurse, B5 Administrator - Completed
- Q1: B8a WTE 0.8 Agency Clinical Psychologist - Completed
- Locum Psychiatric trainee WTE 0.4 (April-Aug) - underway
- B7 WTE 1.0 Clinical Psychologist – Appointed, HR clearance underway.

Impact:

Activity Data	May-16	Jun-16	Jul-16	Aug-16
Avg wait to Assessment (wks)	48	35	36	34
No of Accepted Referrals	27	43	44	16
No of Discharges	30	19	20	27
No of Contacts (F2F / TC)	306	320	298	130
No of Patients on Waiting List	162	231	258	246
No of First Assessments	19	12	8	15
Longest Wait (wks)	50	48	50	51

- Number of contacts fell in August due to annual leave.
- Number of patients on the waiting list and longest wait is unchanged.

	Ealing CCG	H&F CCG	Hounslow CCG
ND referrals 2015/16	328 accepted	Not able to report due to set-up on clinical system	299 accepted

CYP IAPT

No. of proposed staff (supervisors and clinicians separately) to be trained with new initiative	1 Supervisor (CBT) 1 Trainee ((CBT)

6.3.4 Our Next Steps

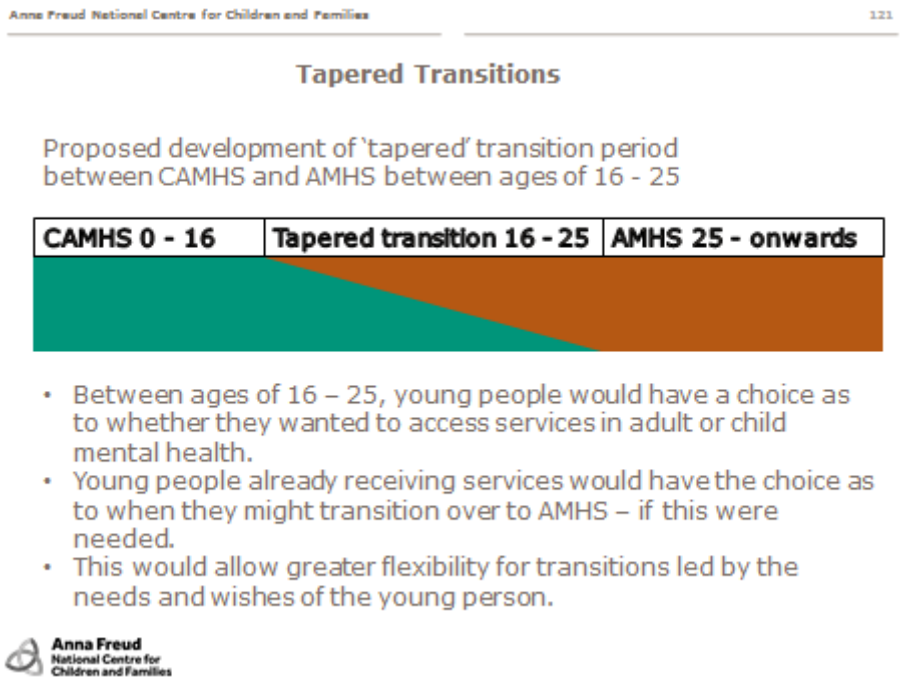
2015/16	2016/17	2017/18	2018/19	2019/20
Map current provision and identifiable gaps. Develop service specification.	Revise current services and provide business plans for new services	Develop and commence new services. Embed the model, develop sustainability, evaluate and further refine.		

Between November 2016 and March 2017 CCGs will work with partners including trusts, health, education, and local authorities to re-design their current pathways. CCG commissioners will also 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). Within this period of time an analysis will also be undertaken to determine how we can further decrease waiting times whilst increasing access to services.

Like Minded Strategy and Transformation Team will also aid to coordinate an adult and CYP LD/ND transitions workshop in Q4 of 2016/17. CCGs will need to work with our adult commissioners to define the transition pathways; this will be joint work with the Transforming Care Plan programme of work. Business plans will need to be drawn to propose how we can use shared funds to aid sustain and coordinate the transition process.

One of the most advisable models, for transitions, as recommended by the Anna Freud Centre, is the Transitions Model which provides a backdrop to transitions to adult services identified as early as 16 years of age with support provided, where required, up until the age of 25. The below model reflects the process of tapered transitions.

It is expected that CCGs will begin to finalise their commissioning intentions in March 2017.



Funding

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£52,000	£60,778	£60,778	£60,778	£60,778
West	£30,000	£85,000	£70,000	£70,000	£70,000
H&F	£79,174	£99,160	£99,160	£99,160	£99,160
Ealing	£91,729	£64,916	£66,000	£66,000	£66,000
Hounslow	£91,000	£61,028	£61,028	£61,028	£61,028
Hillingdon	£100,000	£100,000	£100,000	£100,000	£100,000
Harrow	£54,840	£20,000	£20,000	£20,000	£20,000
Brent	£96,000	£60,000	£60,000	£60,000	£60,000

6.3.5 Localising Priorities

Central London, Hammersmith and Fulham and **West London** are working together with community partners to develop an integrated model with pooled budgets and virtual team services.

Hounslow are increasing the workforce capacity within the CAMHS Neurodevelopmental Service to reduce waiting times.

A full overview of local priorities can be found in the annexes (A-H)

6.4 Priority Two: Crisis and Urgent Care Pathways

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

6.4.1 Why We Chose 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[25]. 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.

By 2020/21, inpatient stays for CYP will only take place where clinically appropriate. This will be achieved through improved access to CYP appropriate 24/7 crisis resolution and liaison mental health services.

6.4.2 The Ambition

We aim to ensure that our local offer of support and intervention for young people reflects the Mental Health Crisis Care Concordat (whereby we are broadly compliant). We will also implement clear, evidence-based pathways for community-based care, including home treatment 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.

We want to ensure that we build on our 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.

[25] 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.

We will develop an enhanced service across all eight boroughs 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.

The overall plan is to develop a new service which will comprise of crisis response and home treatment services and will build on existing work to develop a complete urgent care pathway. It is vital that we also work with colleagues in local 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 the Mental Health Trusts, 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;
- Ensure that the crisis services are appropriately aligned;
- 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.

6.4.3 Where We Are Now

CCGS and trusts have been working collaboratively within a number of different areas related to the crisis pathway model. Below is an overview of current services and plans.

Out of Hours (OOH) Service

We recognised the need for an OOH service to provide a 24/7 crisis response to our children and young people in NWL. Subsequently the eight CCGs commissioned 2 pilot Out of Hours across NWL. The pilots provided different service structures as seen below.

	CNWL OOH Service	WLMHT OOH Service
Operating Hours	4pm – 8am	4pm – 12am
Staff	2 WTE	2 WTE
CCG Areas Covered	Hillingdon, Harrow, WL, CL, Brent	H&F, Ealing, Hounslow

The services have now been evaluated and anecdotal evidence implies a decrease in inappropriate paediatric admissions and decreased anxieties in the system. At present, however, it is not possible to calculate a direct impact on decreasing inappropriate specialist service inpatient stays, and, we plan to further undertake an analysis as an extended part of our evaluation processes.

Both OOH staff and paediatric staff have also self-reported that the service has decreased service level anxieties and provides an excellent resource to streamline assessment and support for children and young people in crisis. Children and young people report that although there has been an improvement for children and young people they would like to see communication training improvements.

CQUIN

A bed management CQUIN service has been devised by CNWL and CCGs with funding from NHS England. The plan is to utilise the service to streamline process when aiding children and young people, who require a bed, to access inpatient services.

Collaborative Commissioning with NHSE: New Models of Care

WLMHT have been awarded a New Model of Care Pilot site which has been designated to aid map out the pathway from identification of crisis, to assessment of need, access to specialist beds (tier 4), followed by discharge back to CAMHS. This mapping will enable trusts and commissioners to identify new and creative ways of managing an integrated crisis pathway. WLMHT are also currently working collaboratively with CNWL with a further plan to procure beds in NWL.

Whole Systems Crisis Pathway

CCGs have been keen to ensure that the whole crisis pathway model is reviewed to ensure that children and young people can access services 24/7 when in a crisis, as well, as a system that support this mechanism.

Funding

CCGS had originally allocated the below funding for re-designing the crisis model prior to receiving transformation funds. As such it should be noted that the OOH pilot service was funded from savings gained in previous years, however, going forward further funding will need to be allocated to ensure that the necessary crisis provisions can be met.

It should also be noted that it is deemed that the New Model of Care pilot and OOH will ideally decrease expenditure, by 2020, at the inpatient level (by proper management of crisis) and thus shifting funding down from tier 4 (specialist services) with an aim that this will fund a crisis response or home treatment team services. Modelling is required in 2017 to provide accurate projections of trajectories of clients into and out of crisis services, expenditure and how we can move resources to better meet the needs of children and young people.

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£0	£40,000	£60,000	£60,000	£60,000
West	£65,000	£40,000	£104,000	£104,000	£104,000
H&F	£0	£32,600	£70,000	£70,000	£70,000
Ealing	£32,000	£237,316	£145,000	£145,000	£145,000
Hounslow	£34,000	£75,000	£122,056	£122,056	£122,056
Hillingdon	£100,000	£100,000	£100,000	£100,000	£100,000
Harrow	£40,000	£14,840	£14,840	£14,840	£14,840
Brent	£10,000	£108,000	£108,000	£108,000	£108,000

6.4.4 Our Next Steps

2015/16	2016/17	2017/18	2018/19	2019/20
Scope current provision and identifiable gaps.	Design and consult on new service. Commence service. Embed new OOH Model New Models of Care Programme will begin to aid map out how to decrease inappropriate inpatient admission	Evolve OOH Model to create include a crisis pathway Begin to review the potential need for a Home Treatment/ Crisis Service Procurement of beds in NWL	Implement a pilot crisis model that provides a 3.5 tier crisis response team	Review and mould the model.

CCGS are committed to ensure:

- A clear plan on the reduction of inappropriate admission of under 18s to adult wards when CAMHS beds are unavailable, and reduced demand for CAMHS beds.
- A viable alternative 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.

We plan to deliver the above through the following strategies:

Collaborative Commissioning: OOH and Crisis Model – A 24/7 service

CNWL and WLMHT facing CCGS plan to utilise November 2016 to January 2017 to draw together a new OOH service model.[26]

CCGs will then plan to evolve the model over a one year period from 2017 to 2018 to meet the above commitments. CCGs will be reviewing best possible models to achieve their proposed aims.

We propose to continue with a 24/7 model to ensure that our children and young people have access to CAMHS services. We have found, however, that the number of children and young people seen after 2am in the morning rapidly declines. As such, we will be altering (through our pilot) our OOH service operating hours, however will ensure CYP access to crisis services through our night time SPR function.

Collaborative Commissioning: New Models of Care/ Tier 4/Tier 4.5

August 2016 – August 2018 will provide the opportunity for WLMHT, in collaboration with CNWL, to pan out requirements needed for an enhanced service model to decrease the number of inappropriate inpatient (paediatric and inpatient beds) stays, streamline the process of admission to discharge with clear plans for CYP back into the community, and to ensure that CYP and their parents are involved in their care. WLMHT will further be advancing in procuring beds within NWL as we currently do not hold any inpatient beds in London – which is not conducive of the needs of CYP, in NWL, and their families. NHS England currently holds the funds to commission beds nationally for our CYP in NWL; the aim is for bed procurement funds to be released to our trusts.

[26] This will include Hammersmith and Fulham, in the short term, joining with CNWL, rather than WLMHT, to deliver the service. This is following evaluation reports identifying that children and young people from Hammersmith and Fulham have been presenting to Chelsea and Westminster hospital.

2017 will see the CCGS decide on the most suitable model to provide a crisis treatment response. The proposed plans have been; a Home Treatment Team, team around the child, and a tier 3.5 service (for example, a crisis house). The eventual service will need to meet the needs of CYP in NWL whilst being cost-effective, sustainable and in alignment with our other services available.

A clear plan on how by 2020/21 there will be a reduction in inpatient stays (only where clinically appropriate). The plan will include 24/7 crisis resolution and liaison mental health services.

Like Minded Strategy & Transformation Team will continue to provide project management capacity for this aim.

Collaborative Commissioning Networks: Health Justice

We are working in partnership with NHSE on the Health and Justice/Specialised commissioning CYP Mental Health workstream. A key aim of this workstream is to improve the health and justice outcomes of young people in the borough who are in or at risk of the justice system. NHSE have allocated central funding to this borough for the purpose of commissioning liaison and diversion services and enhancing the health and wellbeing pathway for this group. We plan to conduct a needs analysis and mapping exercise in partnership with the Youth Offending team and other relevant partners in the borough to identify needs and gaps in provision. Once these are understood we will formulate a commissioning proposal to NHSE by 31st December outlining the development of the pathway and what services we plan to commission with the central allocation.

How We Further Plan to Reduce Tier 4 Bed Stays

In order to reduce the number of inpatient beds stays we recognising that we:

a) Need to catch mental health challenges early
b) Provide the opportunity for children and young people to receive intervention at the best possible earliest stage
c) Ensure that we liaise with our partners to provide them with the skillset to aid our children and young people to address mental health challenges.

We have dedicated ourselves to this aim as seen in our ‘Re-designing Pathways’ priority which focuses on:

a) Ensuring that our local Early Interventions teams are intervening at the earliest possible stage
b) Providing Nice Guideline training for professionals, including in the extended network, who work with children and young people (e.g. in schools)
c) Providing training and parental intervention for parents and care givers of children and young people with mental health challenges
d) Aiming to provide access points for CYP – e.g. through implementing a Single Point of Access or Multiple Points of Access
e) Review the possibility of having MENCOS in our schools; we recognise that teaching teachers how to recognise early signs of mental health, intervention

skills and sign-posting mechanisms may reduce the impact of mental health challenges in children and young people.

6.5 Enabler One: Supporting Co-production

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

6.5.1 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.

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.

6.5.2 The Ambition

Our ambition is to continue 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 now 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 continue to 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.

6.5.3 Where We Are Now

Local organisations have been funded across the eight boroughs 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.

There have also been a number of local initiatives that feed into the NWL collaborative services. For example, Re-think, funded by the Tri-borough have undertaken an evaluation of the Out of Hours service (details can be found in the Crisis Evaluation section) to ensure that feedback from children and young people, as well as staff, is captured to further improve the service.

We have also had a number of conferences and workshops which have been attended by young people and their parents. This has enabled us to further co-

produce our project such as the Out of Hours Crisis service and our upcoming children's conference.

6.5.4 Our Next Steps

2015/16	2016 - 2021
Scope potential support partners + procure	As co-production underpins the transformation programme as a whole it has been incorporated into the remaining 4 priorities.

Local annexes are able to provide the finer detail regarding how co-production with continue to be embedded into the strategy and transformation of services from 2016 – 2020. CCGs are committed to continue to ensure that:

- 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.
- Young people and parents are invited to attend NWL CCG Steering and Implementation Groups

Whilst we have been engaging with our key user groups to redesign services and produced this Plan, we have agreed that upon the publication of the Transformation Plan we will provide an opportunity for key stakeholders, including children and young people, to further feedback on the transformation of services.

Our Steering Group provides the opportunity for a number of professionals to meet and steer the transformation of services collaboratively and locally across NWL. We want to further open up the remits of invite to children and young people and to further provide a solid process to ensure that they are invited, and that their views are captured at each meeting. This will aid our ambition to work jointly with our shared service providers to deliver co-production, where appropriate, on a large scale to reduce duplication.

Funding

At the beginning of the Transformation Plan CCGs allocated the following funds to ensure the embedding of co-production into the strategy behind the transformation of local and NWL plans. CCGs will continue to allocate funds to the transformation of services; however, these monies have now been embedded and allocated to support the four main priorities for 2017-2021.

	2015/16	2016/17
Central	£14,175	£27,175
West	£24,913	£34,913
H&F	£28,000	£28,000
Ealing	£13,601	£28,8000
Hounslow	£10,000	£35,000
Hillingdon	£25,000	£25,000
Harrow	£20,000	£10,000
Brent	£32,000	£12,000

6.6 Enabler Two: Needs Assessment

Needs Assessment to update understanding of the populations we serve.

6.6.1 Why We Have Chosen This Area

It was vital to ensure that we captured the needs of each borough, across North West London, to review the data for children and young people's mental health trends. The data could then provide a backbone to potential gaps in the commissioning of services.

6.6.2 The Ambition

The ambition is to utilise Needs Assessments to underpin effective commissioning of both health and non-health services, including those from education, children's services and public health with robust data. This will enable us, year on year, to map need, commission more effectively and monitor outcomes and impact.

We can also commission support on a larger scale across several boroughs, we can take a more strategic view of services that cover several boroughs and continue to develop a clearer NWL picture to support collaborative delivery of our transformation plans.

6.6.3 Where We Are Now

The Anna Freud Centre was commissioned to map out, in detail, current prevalence, demand, services and interdependencies. UCL Partners have further provided individual Needs Assessments, which will be used to analyse local need and provision. The analyses also provide focus on the needs of emerging vulnerable groups such as refugees and asylum seekers are addressed in this assessment.

Upon publication - the Needs Assessments will further enable the individual CCGs and boroughs to further develop and refine service requirements for the remainder of the plan including:

- Local and community CAMHS provision
- How we can extend support to our multi-agencies who work with children and young people
- Informing our commissioning intentions

6.6.4 Our Next Steps

2015/16	2016 - 2021
Scope potential support partners + procure	CCGs to utilise the Needs Assessment to underpin transformation of CAMHS services across NWL.

Upon publication of the Needs Assessment CCGs will work collectively to see how we can further align a pan-borough response to issues (such as suicide prevention, child sexual abuse and exploitation and child neglect) whilst ensuring access to

mental health services for these cohorts in alignment with the Five Year Forward View for Mental Health.

We will furthermore use the needs assessment as a basis to inform our understanding 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.

The Needs Assessment should also shed light on understanding the requirements of transitional services.

Funding

CCGs had allocated funds to 2015/16 (not including Harrow and Hillingdon as they had already commissioned recent Needs Assessments) to ensure that they accommodated the assessment of currents needs within local boroughs. There will be no further funding allocated by each CCG as this priority has now been met.

	2015/16
Central	£25,000
West	£25,000
H&F	£25,000
Ealing	£21,656
Hounslow	£25,000
Hillingdon	£0
Harrow	£0
Brent	£36,000

6.7 Enabler Three: Workforce Development and Training Strategy

Developing training and support for parents and all professionals in contact with children and young people to identify and respond to mental health needs.

6.7.1 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 long term savings of interventions per £1 spent).

Intervention	Total return for every £1 spent27	Savings to public sector (excluding NHS)	Saving to non-public sector28	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%)[29]. 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 for Education has recently issued guidance (Counselling in schools: A blueprint for the future)30 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

[27] Rounded to nearest pound

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

[29] 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.

[30] 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.

schools 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 England NWL (HEENWL) is also very involved in considering, planning, and delivering health service training in a number of areas related to CAMHS, including GP leadership programmes. HEENWL 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.

6.7.2 Our Ambition

In line with implementing the Five Year Forward View by 2020/21, we should be meeting the need of at least 35% of children and young people with a mental health diagnoses. This means we will need to increase our workforce accordingly to meet this need. All services should also be working within CYP IAPT, resulting in at least 3,400 staff (nationally) being trained in specific therapies, supervision, organisational change and team development. We are currently working with our trusts to ascertain the number of staff in NWL who should be trained in CYP IAPT.

Our ambition is to ensure that our partners who work with children and young people with mental health diagnoses are also trained based on NICE guidelines. We are keen that our training not only focuses on professionals, but also on those who have a relationship (whether personal or professional) with children and young people with mental health.

As such we know (from research and work undertaken with Anna Freud Centre) that we need to ensure that training is not limited to the following persons:

- CAMHS professionals
- 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 Managing Directors, Councillors, Social Care directors
- Voluntary sector

Workforce Strategy for CAMHS Professionals

In line with the Implementing the Five Year Forward we want to ensure that we increase the training and expansion of the workforce by recruiting and training new therapists and supervisors. On a national level this will be a target of 1,700 new therapists and 334 supervisors by 2020/21.

CYP IAPT

By 2020/21, all services should be working within the CYP IAPT framework, resulting in at least 3,400 staff (nationally) being trained in specific therapies, supervision, organisational change and team development. On a NWL level this means identifying, year on year, staff for CYP IAPT training and subsequently working with trusts and other services to ensure that staff can be released (with NHS E/ CCG backfill allocations) to ensure that this target is met.

Other Training Types

We are ambitious in supporting a step change in the way services are delivered for children and their young people by supporting our workforce to work differently, using their specialist knowledge and skills in more joined up ways. Our aim is to review our current available training packages and draw upon existing evidence base for mental health training in CAMHS

Other Professionals

Each day we have a number of other professionals who come in contact with children and young people. We feel that in many circumstances professionals benefit from relevant training, for example youth teams and drug and alcohol teams. We are committed to analysing the need, at a local level, and furthermore filling the training need gap. In some circumstances this may be CCG funded training or the provision of an available menu of training options that can be 'brought in' by services.

Parents

We are keen to consult with parents and provide, where required, suitable training programmes and intervention support. These packages will include items such as:

- 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

6.7.3 <u>Where We Are Now</u>

CCGs undertook the following steps: Pin-pointing common concerns across NWL, as well as, addressing local gaps in training and development.

A common concern across NWL were the extended waiting times for referral to assessment for children and young people with learning disabilities. CCGs worked closely with trusts to work towards bringing down waiting times. This involved the re-modelling of staff structure, as well as, the employing additional workforce across the boroughs.

6.7.3.1 Overview of Training Investments in Trusts

The impact of the workforce changes on staffing can be seen below:

Investment for Brent and Harrow CYP IAPT in the first year was £355k. As at month 6 2016/17 there is £55k remaining. This is projected to be all spent during 2017/18. The year 2 investment was £80k which as at month 6 there is £45k remaining, is expected to be all spent during 2017/18.

CNWL

Investing training (2016 – current)	Number of Staff
CBT	6
Supervisors in Parenting Interventions	1
Parenting Interventions	1
Systemic Family Practise for Eating Disorders	1
Systemic CYP IAPT	2
Management Course	3
IPTA	1

Planned Training for 2016/2017	Number of Staff
IPTA	1
CBT	1
Systemic Trainee Course	1

We are awaiting information from WLMHT regarding overview of current workforce training investments. This data will be received in October 2016.

6.7.3.2 Training Investments Locally

CCG have also responded to local gaps in training. A full view of interventions and training plans can be found in local annexes.

6.8 Our Next Steps

2015/16	2016/17	2017/18	2018/19	2019/20
Undertake Training Needs Analysis Begin to implement local training plans for professionals	Sep '16 – Nominate staff for CYPIAPT Training Oct/Nov '16 – Create 5 year plan for no. of staff who will be trained in CYP IAPT Nov'16 – Utilise AFC Training Needs Analysis to identify local 5 year staff and professionals training plans	2017 – 2018 Scope available providers – working with HEE and HENWL, professional bodies and procure providers Implement and evaluate Increase workforce to meet 35% of need (from 28%) by 2020.		

6.8.1 Joint Agency Workforce Plans: Development and Training

The Anna Freud Centre were commissioned to undertake a number of strategic seminars, with multiple agencies and stakeholders, to further pin down borough training and workforce development requirements.

These reports will be available in November 2016 and will further enhance commissioner knowledge and complement on-going plans in alignment with past and current workforce developments.

The Anna Freud Centre has also drafted a workforce analysis and the final version will include workforce training recommendations based on best practise and NICE guidelines. These recommendations will thread into commissioning intentions, as well as, inform us what training packages we should pre-dispose our staff, agencies and parents to, to further capitalise on ensuring that individuals are appropriately trained to recognise signs of mental health and to further support children and young people with mental health.

6.8.3 Increasing Workforce to Meet 35% of Need By 2020

We know, from the Five Year Forward View (August 2016) that we need to meet 35% of mental health need (based on prevalence) by 2021. We further know that we will need to expand our workforce to match this need. We will work together, with trusts, by December 21st to draw and map out plans to increase workforce to meet needs of CYP with Mental Health diagnoses. The chart below shows expected numbers of children who will receive treatment by 2021. We will be calculating current need met (by asking our providers to provide data) and subsequently calculating workforce expansion needs required to meet this need. We will be using the £25million to help us to begin to meet this need. We will also utilise part of these funds to further bring down waiting times.

The table below shows expected number of additional CYP treated by 2021 based on prevalence data.

			Expected percentage of CYP treated				
			2016/17	2017/18	2018/19	2019/20	2020/21
Borough	**Estimated prevalence (2014)**	**Current no. of CYP Treated**	28%	30%	32%	34%	34%
Brent	4572		1280	1372	1463	1554	1554
Ealing	4692		1314	1408	1501	1595	1595
H&F	1828		512	548	585	622	622
Harrow	3171		888	951	1015	1078	1078
Hillingdon	4051		1134	1215	1296	1377	1377
Hounslow	3468		971	1040	1110	1179	1179
K&C	1440		403	432	461	489.6	490
Westminster	2417		677	725	773	822	822

CCGs are currently working with trusts to identify both a) the number of which the workforce will need to increase by and b) the plan to increase the workforce to meet the needs of 35% of children and young people by 2020. We will create a Local Workforce Action Board (LWAB) as a mechanism to help us to reach our aims. This modelling exercise will be completed in November 2016 and trusts have provided NHS England data to this effect. NHS will further be confirming additional funds for waiting times initiatives.

6.8.4 CYP IAPT

By 2020/21, all services should be working within CYP IAPT, resulting in at least 3,400 staff (nationally) being trained in specific therapies, supervision, organisational change and team development.

In November 2016 CCGs will be further working with trusts and the Anna Freud Centre to determine how many staff needs to be trained in CYP IAPT by 2020. Staff training backfill is at a cost of £10k per staff member. It is essential that CGGS are able to ensure that they are able utilise their transformation funds to support staff support funds.

7.0 Governance and Risks

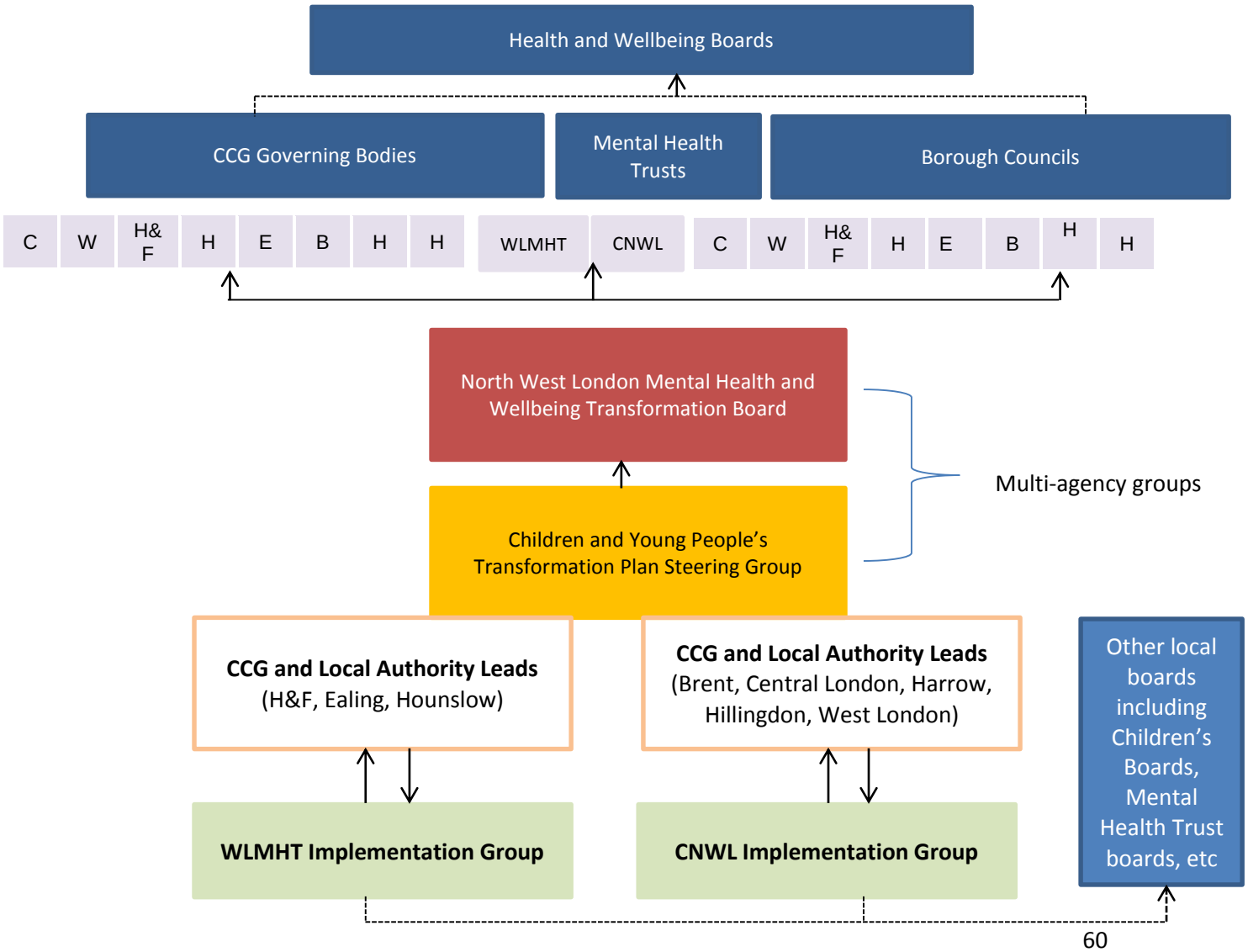
The Steering Group supporting the development of this plan has brought together the key representatives from the eight CCGs – as well as tasking the leads to engage locally with the wider teams not represented at the table. The Steering Group reports formally to the NWL Mental Health and Wellbeing Transformation 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 this Steering Group continues to meet to oversee the transition from developing plans into implementation – and quickly onto business as usual.

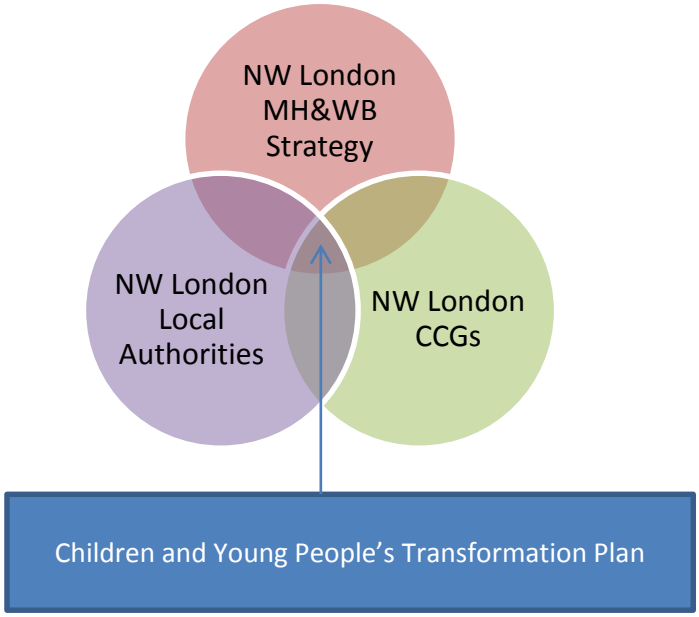
We have also formed (or re-started) 2 dedicated multi-agency implementation groups to support the development and delivery of projects with our local mental health trusts:

- 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).

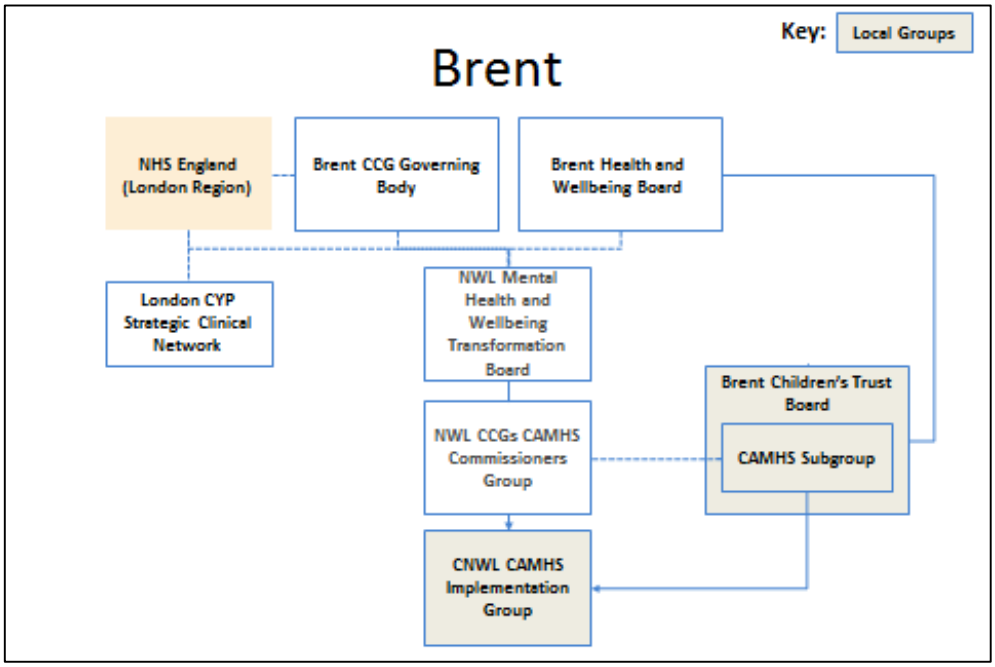


In developing our plans – and in ensuring we continue to work collaboratively across North West London - we have a clear governance structure at the NWL level. We also know that transformation happens at the local level and much of our plans will be delivered locally. Each CCG has a clear structure for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

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

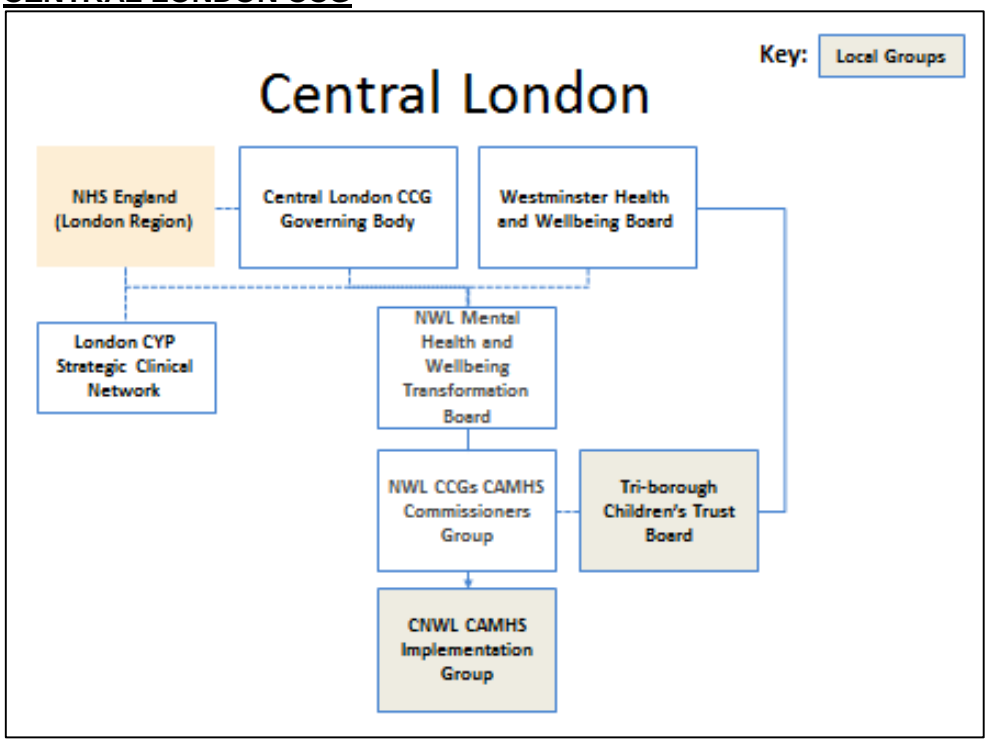
Further to our over-arching governance arrangements, the governance structures of each CCG are outlined in detail below.

BRENT CCG



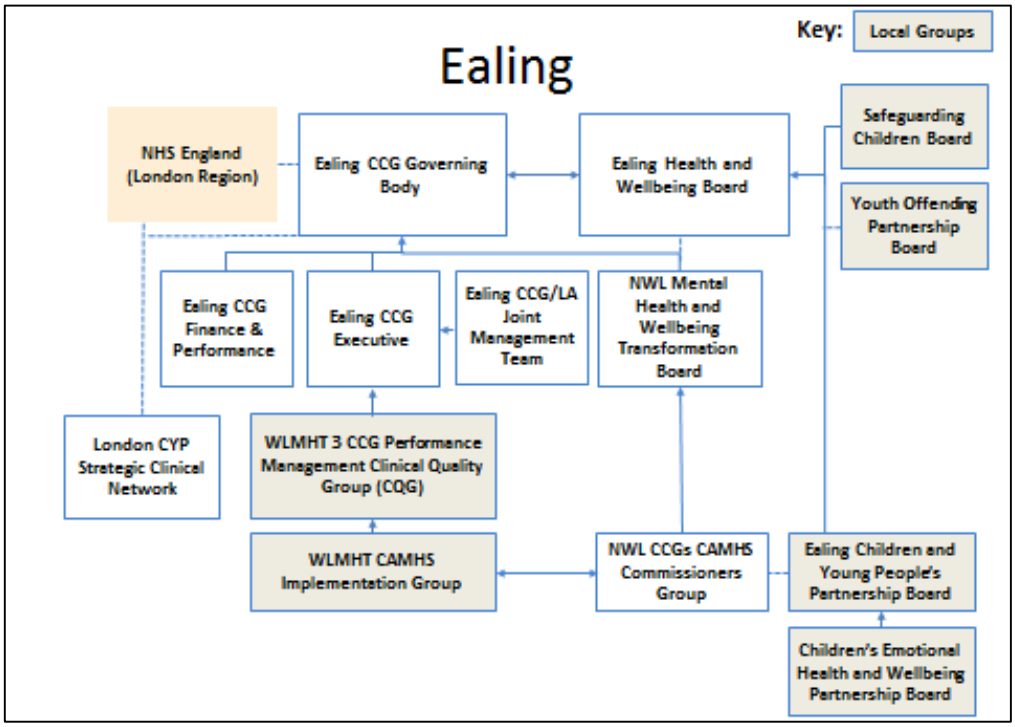
Brent's Children's Trust Board provides a multi-agency governance structure for coordinating work on children's services, and has agreed to establish a new sub-group for CAMHS to deliver the local Transformation Plan. A reviewed commissioning framework has been agreed. The Health and Well-being Board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

CENTRAL LONDON CCG

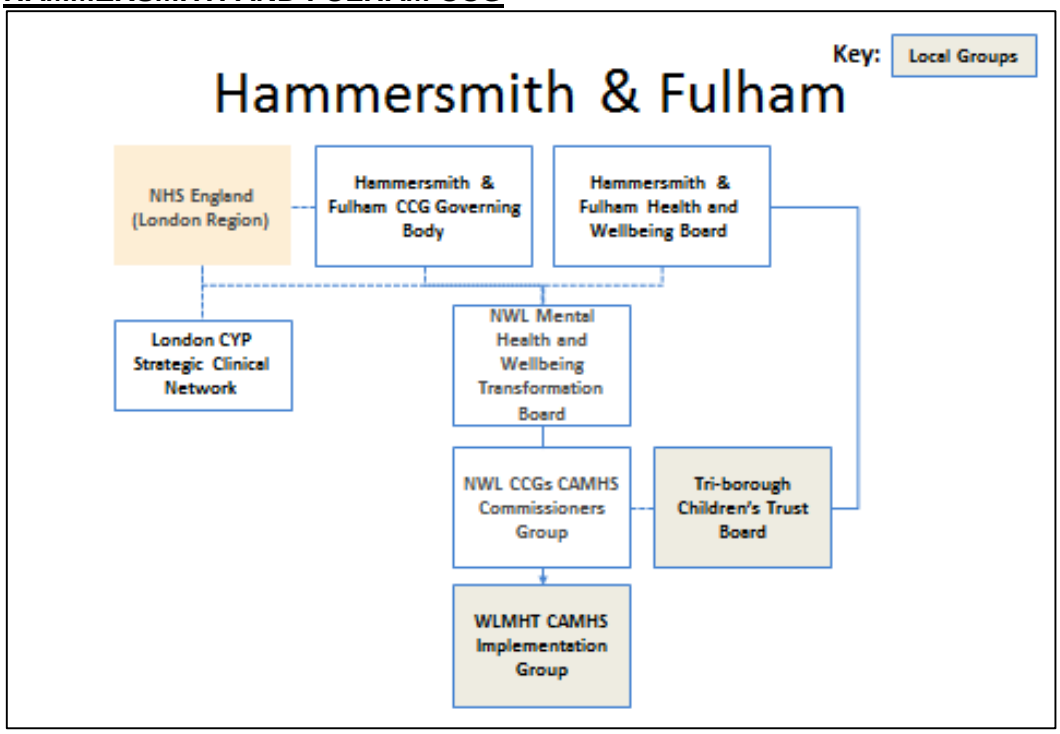


EALING CCG

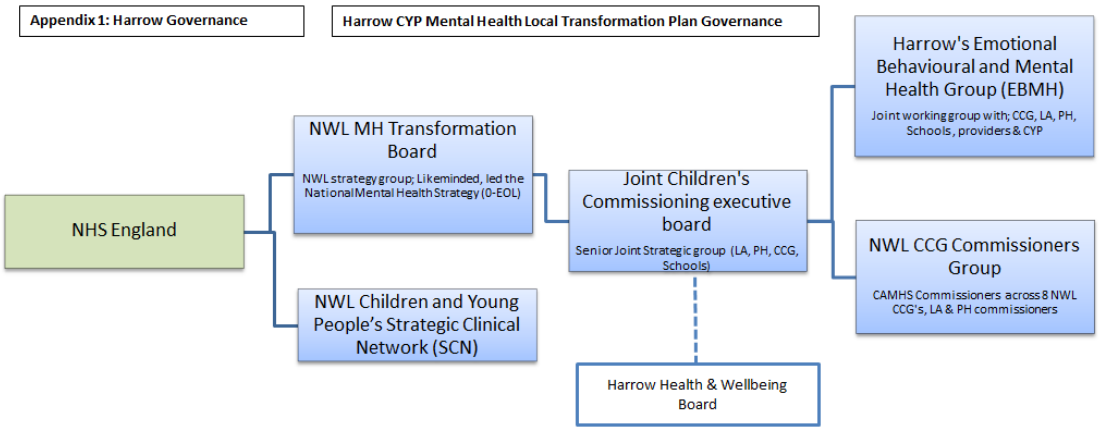
Ealing CCG is represented by the Health of Children's Commissioning (Maggie Wilson) on the local performance management board and has worked with the team to devise health action plans.



HAMMERSMITH AND FULHAM CCG

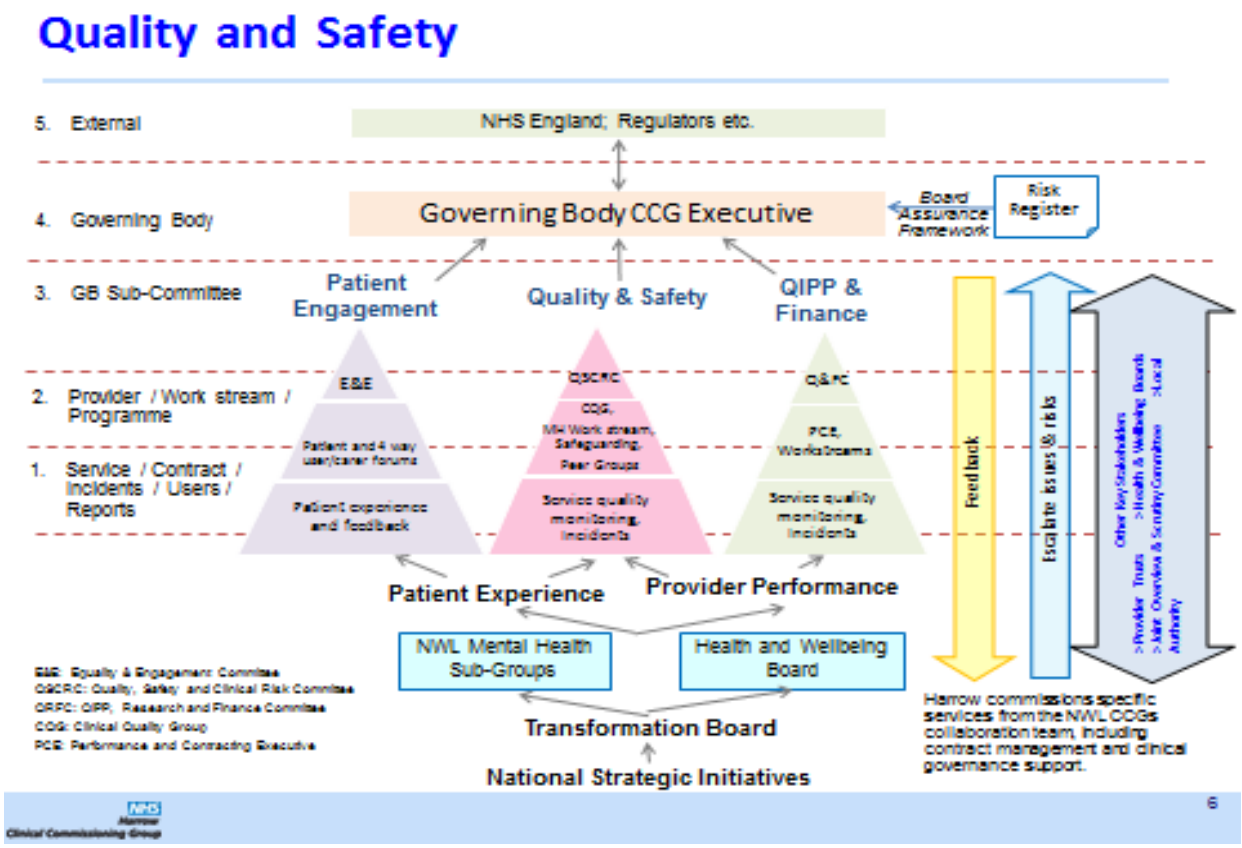


HARROW CCG

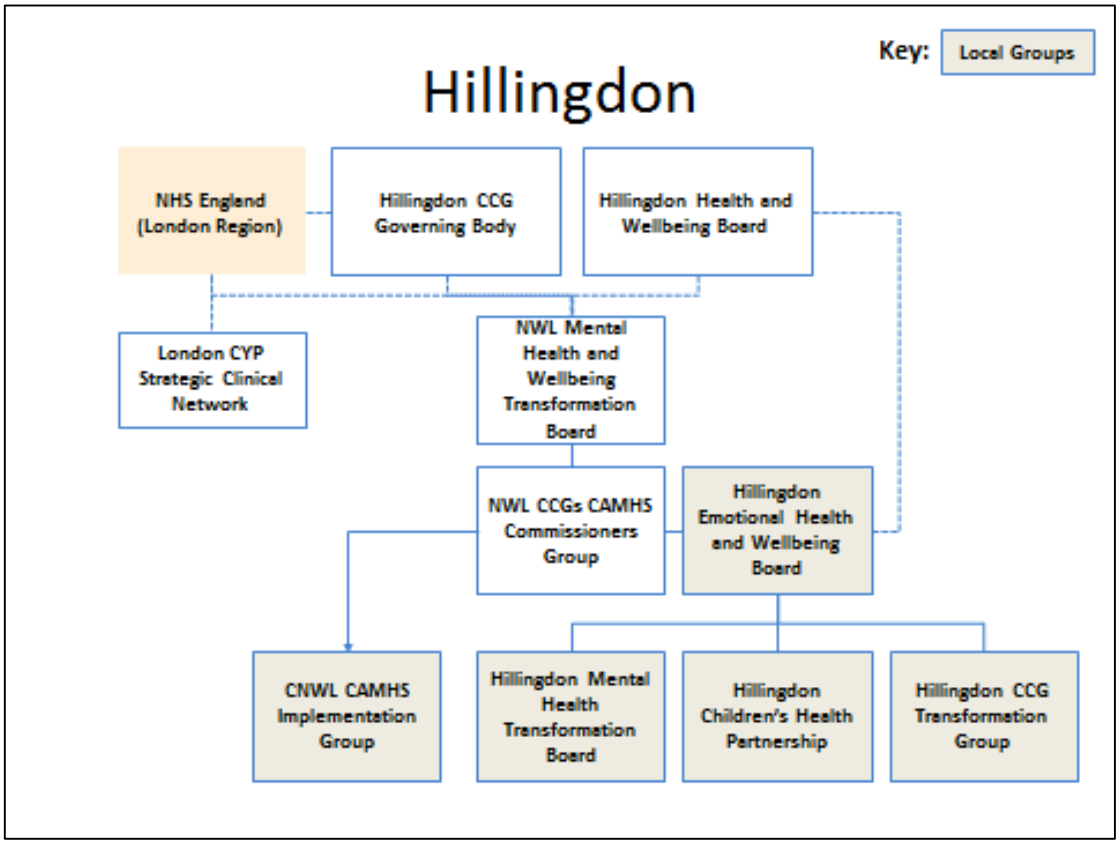


Leading National Strategies
National Mental Health & wellbeing Strategy
Future in Mind Report 0- 25 years

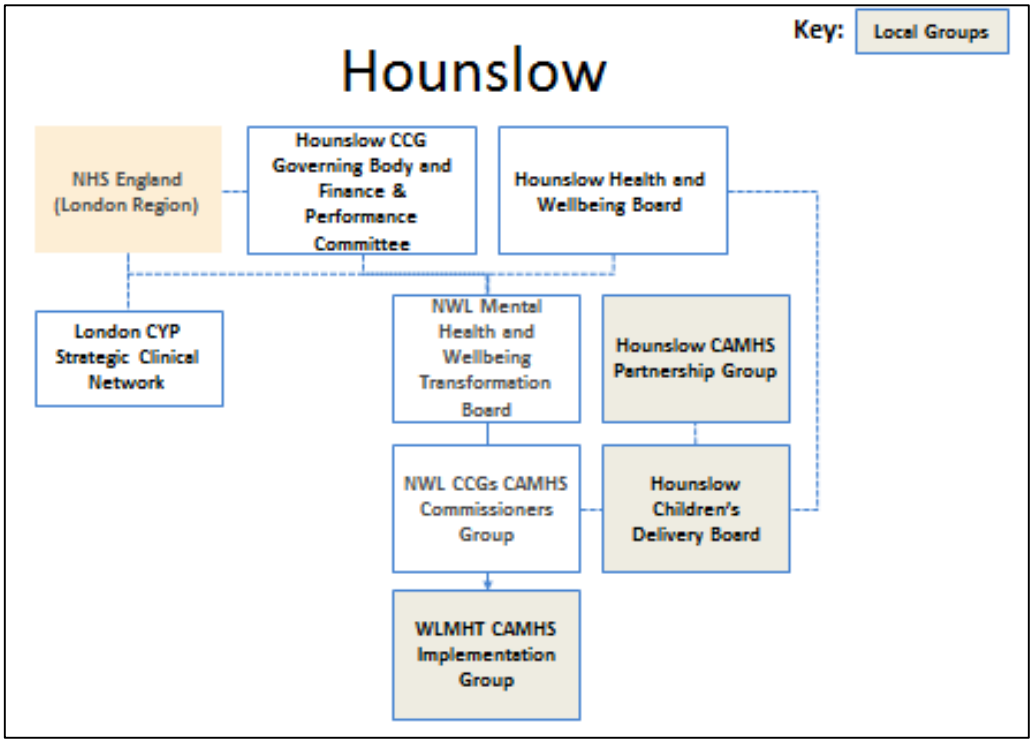
Harrow Local Transformation Plan governance has representatives from:
Harrow CCG • Harrow Local Authority • Harrow Public Health • Harrow Schools • NHSE • Harrow Health & Wellbeing Board • Harrow Providers incl VCS • CYP
Representatives from agencies involved in the transformation plan are expected to use their agencies internal reporting governance procedures.



HILLINGDON CCG



HOUNSLOW CCG



8. RISK MANAGEMENT

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
R4	Short timescales for spending 2016/17 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 – Engagement 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

ANNEX J – Glossary of Terms

ADHD	Attention deficit hyperactivity disorder	A group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.
ASD	Autistic spectrum disorders	A condition that affects social interaction, communication, interests, and behaviour.
CAMHS	Child and adolescent mental health services	Services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.
CBT	Cognitive behavioural therapy	A talking therapy that can help you manage your problems by changing the way you think and behave.
CCG	Clinical commissioning group	Groups of local GPs and other health professionals who commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed and ensuring that they are provided.
CLCCG	Central London clinical commissioning group	The clinical commissioning group responsible for commissioning health care services for the residents of the borough of Westminster (excluding the areas of Queens Park and Paddington).
CNWL	Central and North West London NHS Foundation Trust	An NHS provider of mental health, sexual health, physical health, addictions, eating disorder and learning disability services.
CORC	CAMHS outcome research consortium	A group of mental health providers, schools, service users and researchers to work together to develop and improve the effective and routine use of outcome measures in work with children and young people (and their families and carers) who experience mental health and emotional wellbeing difficulties.
CQUIN	Commissioning for quality and innovation	A payment framework that enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.
CYP IAPT	Children and young people's increasing access to psychological therapies	A service transformation programme delivered by NHS England that aims to improve existing child and adolescent mental health services working in the community.
DBT	Dialectical behaviour therapy	A type of talking therapy based on cognitive behavioural therapy (CBT) that has been adapted to meet the particular needs of people who experience emotions very intensely.
DfE	Department for Education	The government department responsible for education and children's services in England.
ED	Eating disorder	A mental health condition characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour. The most common eating disorders are anorexia nervosa, bulimia, and binge eating

		disorders.
ESCAN	Ealing service for children with additional needs	A joint initiative between Ealing Primary Care Trust and Ealing Council, working towards a single point of information with improved access to referral, assessment and appropriate interventions for children and young people with disabilities in the borough.
Future in Mind	The Department of Health's policy on promoting, protecting and improving our children and young people's mental health	The policy makes a number of proposals the government wishes to see by 2020 including tackling stigma and improving attitudes to mental illness, introducing more access and waiting time standards for services, establishing 'one stop shop' support services in the community and improving access for children and young people who are particularly vulnerable.
GP/s	General Practitioner/s	Doctors who deal with a whole range of health problems and provide health education, offer advice on smoking and diet, run clinics, give vaccinations and carry out simple surgical operations.
H&F	Hammersmith and Fulham	The London borough of Hammersmith and Fulham.
JSNA	Joint strategic needs assessment	A process by which local authorities, clinical commissioning groups, and other public sector partners jointly describe the current and future health and wellbeing needs of its local population and identify priorities for action.
LA	Local authority	An administrative body in local government responsible for providing a range of services for local residents including children and family services and health and adult social care.
LAC	Looked after children	A child who is accommodated (which means that the council is looking after them with the agreement, at the request or in the absence of their parents) or subject to a Care Order made by the Family Courts.
LD	Learning disability	A reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.
Like Minded	The mental health and wellbeing strategy for North West London	A strategy that encourages working in partnership to look at how we can deliver excellent, joined up services that improve the quality of life for individuals, families and communities who experience mental health issues.
MDT	Multidisciplinary team	A team of professionals with different qualifications and experience who work together to provide a total package of care.
ND	Neurodevelopmental disorder	Disorder that can affect children and young people's development, including their intellectual, motor, communication, behaviour

		and / or social development. The most common neurodevelopmental disorders are attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD).
NHS	National Health Service	The universal healthcare system in the United Kingdom.
NHSE	National Health Service England	The leadership organisation of the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.
NICE	National institute for health care and excellence	A non-departmental public body, accountable to to but independent of government that provides national guidance and advice to improve health and social care.
NWL	North West London	The north west region of London that includes the London boroughs of Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster.
OOH	Out of hours	Outside of normal business hours of 9am to 5pm Monday to Friday.
ROMS	Reported outcome measures	Measures that provide a means of gaining an insight into the way patients perceive their health and the impact that treatments or adjustments to lifestyle have on their quality of life.
SAFE	Situational awareness for everyone	A two year programme led by the Royal College of Paediatrics and Child Health which, in partnership with 12 hospitals, is developing and trialling a suite of quality improvement techniques.
SEND	Special educational needs and disabilities	Learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age.
TAMHS	Targeted mental health in schools	A national project to transform the way that mental health support is delivered to children aged 5 to 13, to improve their mental well-being and tackle problems more quickly
WLCCG	West London clinical commissioning group	The clinical commissioning group responsible for commissioning health care services for the residents of the boroughs of Kensington and Chelsea and the Queens Park and Paddington areas of Westminster.
WLMHT	West London mental health NHS trust	An NHS provider of mental health services for a range of conditions or illnesses affecting people's psychological wellbeing.
WTE	Whole time equivalent	A unit that indicates the workload of a full time employed person.
YOT	Youth offending team	Teams of professionals that work with young people that get into trouble with the law, are arrested, or taken to court, and help them stay away from crime.