

## Foreword

We want Barnet to be the most Family Friendly Borough in London by 2022. At the heart of that approach is the concept of resilient children, resilient families and resilient communities. This is at the core of our Child and Adolescent Mental Health Services (CAMHS) transformation programme.

We are proud of the progress we have made so far against our plan to improve CAMHS in Barnet such as increased investment in early help, reduced waiting times and our progress in moving services out of clinical settings and into the community.

We know there is more to do and this plan reflects our commitment to continue to improve provision for young people and their families. Across the whole pathway, from prevention to the whole population to clinical services, for those who need it most. We are committed to implement Thrive model across the pathway.

In 2018/19 we will continue to embed our early help provision (Integrated Clinical Services), expand our Resilient Schools Programme, move to a Thrive model of Specialist NHS CAMHS provision and work with our neighbouring boroughs to explore the local commissioning of inpatient care.

These are only some of the highlights of our ambitions for the next year; our CAMHS Transformation Plan continues to evolve as we receive feedback from young people, families and professionals, which inform the direction of our developments.

The CAMHS Transformation Programme Board has been strengthened in 2018 to provide leadership across the whole mental health and wellbeing system. The partnership Board is committed to whole system, integrated working. As members of the Health and Wellbeing Board, we see this Transformation Plan as central to our priority of improving mental health and wellbeing for all through a life course approach.

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**Barnet CAMHS Local Transformation Plan 2018/19 (Refresh)**

## 1 Executive Summary

### 1.1 Local transformation 2017/18

To inform our transformation plans, in 2017, we undertook engagement exercises with children, young people and stakeholders. Through strong partnerships between health, local authority and the voluntary sector, we have started to transform services for CAMHS in Barnet. In the last two years, we have:

- pioneered online support for local Children and Young People (Kooth) and exploring rolling out online support for professionals and parent/carers (QWELL)
- exceeded our reach target for those receiving mental health support
- began work to develop a strong programme of support to schools and early help through our resilient schools programme (hosted by Barnet Public Health),
- invested in our Emotional Wellbeing Team and re-aligned our CAMHS in schools team within our multi-agency locality based approach to providing Early Help so both these teams are embedded within London Borough of Barnet's Early Help service (see below)
- commissioned parenting support for children with ADHD/ASD provided via the voluntary sector and the Educational Psychology Service.

To support our vision of becoming the most Family Friendly Borough in London by 2020, we are taking a resilience based approach across the whole system. We have remodelled our 0-19 early help services into three multi-disciplinary, multi-agency locality based hubs. Weekly Multi-Agency Early Help Panels are held in each locality, which explore holistic needs of young people requiring early interventions to meet their needs.

Programme	Lead	Progress Highlights
Online Counselling and Support	Kooth (Xenzone)	733 CYP used site in first 7 months 95% Recommend to a friend-94% returned more than once 4000+ Visits to site
Resilient Schools Programme	Public Health/Barnet Schools	5 Schools recruited 2 Primary, 2 Secondary and 1 Special provision school
Emotional Wellbeing Practitioners	Barnet Council Families First	Established in Barnet Families First Team, holding cases identified through CAF or referred on from CAMHS access team-Projected to have 150 cases per year by 2019
Expansion of Counselling Sessions	Rephael House	Self-referral access for 50+ young people not meeting CAMHS threshold
REACH Project	Barnet Council/MAC-UK	Partnership project for hard to reach/gangs CYP

### 1.2 Local transformation 2018/19

In 2018/19 we aim to further develop and embed provision across the programme.

Programme	Lead	Plans for 2018/19
Early Help, Children, Young People and Family Hubs	London Borough of Barnet – Family Services	<p>Local Authority and its partners continue to develop prevention and early help provision into a coherent, joined up and embedded offer.</p> <p>Further embedding 0 – 19 model which launched on the 1 October following a pilot period; strengthening the panel approach as a framework for mental health and wellbeing early help.</p> <p>Focus on promotion and communication of the service offer as well as improving pathways to specialist provision.</p>
Primary mental health workers and Mental health and wellbeing practitioners in Family Services	London Borough of Barnet – Family Services	The reach of these teams has been expanded and opportunities for further expansion will be explored in 2018/19.
CAMHS in schools	London Borough of Barnet – Family Services	Continue to establish the provision, ensuring equitable, quality service offer across Barnet schools.
Resilient Schools Programme	London Borough of Barnet - Public Health/Barnet Schools	<p>Expand offer to a further 11 schools</p> <p>All schools to have Mental Health First Aiders by 2020/21</p> <p>All schools to have a Youth Mental Health First Aider with the further development of whole school training to raise awareness of Mental Health signs and symptoms in 2019/20</p>
Resilient Schools Programme	Xenzone (QWELL / KOOH)	Continue to offer KOOH, expanding text based support to school staff and parents (QWELL)
Space to Grow	Young Barnet Foundation	Provide further waves of funding for project's supporting young people's emotional and mental wellbeing

Transforming Care	Barnet CCG / NCL	Embed CETRs and admissions avoidance risk registers to avoid tier 4 admissions Work with Enfield to deliver Accelerator Project (key workers) Consider roll out of Positive Behaviour Support service
Specialist NHS CAMHS Provision	BEH MHT	Implement Stepped Care based on Thrive Model. Assertive Outreach Team in place from January 2019.
NCL Crisis Intervention Service (out of hours)	Royal Free Hospital	Nurse-led crisis out of hours provision to commence in January 2019
Inpatient and Specialist Care	Barnet CCG / NCL	Explore local commissioning, with NEL, for tier 4
Eating disorder services	Barnet CCG	Review of eating disorder services across NCL focusing on care pathways and including the introduction of self-referral
Workforce	Barnet CCG	Establish NCL CAMHS training forum Upskill via digital avenues Recruit to train and seek to avoid fixed term contracts Utilise workforce across NCL, including the voluntary sector

### 1.3 Identified risks, issues and mitigations

Each partner will hold their own risk register in relation to their aspects of the Plan and report these to the CAMHS Transformation Board. The Board will review individual and system risks and ensure appropriate controls and mitigations are in place.

Objective	Risk	Controls
Successful delivery of CAMHS Transformation Plan	Unable to deliver commitments in the plan	Senior Commissioning Manager (CCG) responsible for the delivery of the plan. Programme Board Strengthened. CCG Clinical Lead chairing the Programme Board. Plans to be signed off by CCG Governing Body, LBB Children, Education and Safeguarding Committee and Health and Wellbeing Board.
Financial Management	Resource pressures	S75 being developed to provide governance (overseen by the Joint Commissioning Executive Group)

See appendix A for more detail.

### 1.4 Alignment with the STP and other LTPs

Mental Health is identified as a priority area in the North Central London (NCL) STP Case for Change. This has resulted in the development of the NCL Mental Health Programme as part

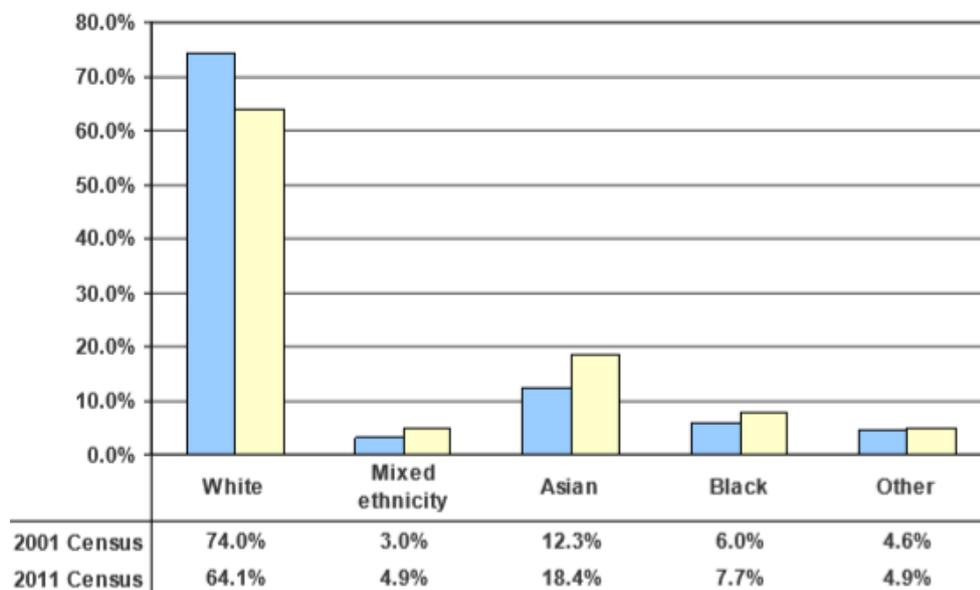
of the NCL STP, which covers mental health support for all age groups. The programme currently has five main identified initiatives for 2018/19: acute care pathway, primary care mental health including IAPT, CAMHS, mental health workforce and liaison psychiatry. Other areas of focus include community resilience, perinatal, student mental health and dementia.

## 2 Understanding local need

### 2.1. Barnet's Population

Barnet has 99,152 children and young people aged 0-19 years, representing 25% of the Borough's total population<sup>1</sup>. Barnet is an increasingly ethnically diverse borough, in the 2011 census only 45.4% of its population identified as White British, compared to 58.6% of the population in 2001. Figure 2.1. shows the ethnicity of Barnet's population in 2001 and 2011, as illustrated the proportion of Barnet's population who were from non-white ethnic groups increased over this time. In the 2011 census, 14.4% of households in Barnet reported that no one in them spoke English as their first language; this figure is slightly higher than the proportion for London as a whole. Barnet also has a great religious diversity; for the 2011 census 41.2% of the population identified as Christian, 15.2% as Jewish, 10.3% as Islamic, 6.2% of Hindu, and 16.2% as having no religion. Barnet has the largest Jewish population in the country.<sup>2</sup> It will be important to ensure that mental health service provision for children and young people in Barnet is developed in consultation with the local community and faith groups, is culturally sensitive, and is accessible to people for whom English is not their first language.

Fig 2.1. Change in ethnicity in Barnet 2001-2011



Source: Barnet census information briefing note 2.2, available at: [www.barnet.gov.uk](http://www.barnet.gov.uk)

### 2.2. Understanding local prevalence of mental illness amongst children and young people.

<sup>1</sup> Barnet Joint Strategic Needs Assessment, available at <https://www.barnet.gov.uk/jsna-home/children-and-young-people.html>

<sup>2</sup> Barnet census information briefing note 2.2, available at: [www.barnet.gov.uk](http://www.barnet.gov.uk)

The most recent nationwide survey of diagnosable mental health disorders amongst children in Great Britain was undertaken by the Office for National Statistics in 2004.<sup>3</sup> Estimates for the level of mental illness among young people in Barnet are modelled by Public Health England using data from this 2004 survey adjusted for the age, sex, and socio-economic classification of Barnet's population. It is estimated that around 8.3% of children and young people in Barnet aged 5-16 will have a mental health disorder that meets ICD10 diagnostic criteria, this would represent around 4,776 children and young people in Barnet<sup>4</sup>. When looking at prevalence for 0 – 17 year olds regarding common mental health disorders, the figure rises to 7,565<sup>5</sup>.

In 5 -16 year olds, It is estimated that around 5% of children in Barnet will have conduct disorder and around 3.2% of children in Barnet an emotional disorder meeting ICD10 criteria (see table 1).<sup>6</sup>

Table 1 Estimated prevalence of mental health disorders in children, aged 5-16 (2015)

Geographical Area	Estimated prevalence of mental disorders			
	Emotional disorder	Conduct disorder	Hyperkinetic disorder	Any mental health disorder
<b>Barnet</b>	3.2%	5.0%	1.4%	<b>8.3%</b>
<b>London Region</b>	3.6%	5.7%	1.5%	<b>9.3%</b>
<b>England</b>	3.6%	5.6%	1.5%	<b>9.2%</b>

Source, Fingertips. Available at: [www.fingertips.phe.org.uk/profile-group/mental-health](http://www.fingertips.phe.org.uk/profile-group/mental-health)

The 2004 Office for National Statistics survey found that mental health disorders varied by gender, with overall boys more likely (11.4%) to experience a mental health problem than girls (7.8%), but girls slightly more likely to experience an emotional disorder than boys. The 2004 survey also found that prevalence of mental health disorder varied by age, with 11 to 16 years olds more likely to experience mental health disorders than 5-10 year olds.<sup>7</sup>

As there are probably a significant number of children living with undiagnosed mental health disorders, clinical diagnoses from service use in Barnet are likely to underestimate the burden of mental ill health in the Borough. Therefore the 2004 Office for National Statistics survey is currently still the best source for an estimates of mental health disorders in children and young people under 16 in Barnet. However, there is evidence that the prevalence of mental health disorders in young people may be increasing. The 2017 0-19 Health Needs Assessment for Children and Young People in Barnet found that since 2013 there had been a rapid increase in referrals to Barnet CAMHS from the local authority and significant rise in the number of young people presenting with deliberate self-harm.<sup>8</sup> This local finding is in line with the national

<sup>3</sup> Green H. et al, Mental health of children and young people in Great Britain, 2004. Office for National Statistics, 2005.

<sup>4</sup> Children and Young People's Mental Health and Wellbeing, Fingertips, Public Health England. Available at: [www.fingertips.phe.org.uk/profile-group/mental-health](http://www.fingertips.phe.org.uk/profile-group/mental-health)

<sup>5</sup> ONS – Source 2017: Office for National Statistics licensed under the Open Government Licence.

<sup>6</sup> Children and Young People's Mental Health and Wellbeing, Fingertips, Public Health England. Available at: [www.fingertips.phe.org.uk/profile-group/mental-health](http://www.fingertips.phe.org.uk/profile-group/mental-health)

<sup>7</sup> Green H. et al, Mental health of children and young people in Great Britain, 2004. Office for National Statistics, 2005.

<sup>8</sup> London Borough of Barnet 0-19 Needs Assessment 2017-2020, 2017.

increase in hospitals admissions for deliberate self-harm in children and young people.<sup>9</sup> In addition to the children and young people in Barnet living with mental ill health meeting diagnostic criteria for a mental health disorder, many more children in the Borough could potentially benefit from primary mental health interventions; the recent “What about Youth Survey” of 15 year olds found that in Barnet 1 in 2 participants were unhappy with their body shape; 5% of participants had low satisfaction with life, and 1 in 2 had been bullied at least once in the previous few months.<sup>10</sup>

In 2016/17 there were 184 hospital admissions for deliberate self-harm (DSH) amongst children and young people aged 16-14 in Barnet, representing 179 admissions/100,000, which is a lower than the national rate of admissions for DSH in young people of 407 admissions/100,00. However, the rate of first hospital admission for mental health conditions in 0-17 year olds in Barnet is significantly worse than the English average, 158/ 100,000 for Barnet compared to 82/ 100,000for England (and 77/100, 000 for the London region).<sup>11,12</sup>

### **2.3. Understanding of the needs of children with special educational needs and disabilities (SEND)**

The In 2016, 8,637 students in Barnet were identified as having SEND, this represents 13.6% of pupils in Barnet, which is slightly lower than the London and England averages. Also in 2016 1.8% of Barnet’s resident population had a statement of Special Educational Needs (SEN) or an Education, Health and Care Plan (EHC). The most common reason for children to have a SEN or EHC in Barnet in 2016 was a diagnosis of an autistic spectrum disorder (33%), with speech and language communication needs and other learning difficulties the next most common reasons for a SEN or EHC.<sup>13</sup> In addition to any needs specific to their individual diagnosis, children with learning difficulties are at an increased risk of developing anxiety and conduct disorders.<sup>14</sup> Children and young people with physical disabilities are also at an increased risk of developing mental health problems.<sup>15</sup> Any mental health services commissioned for children and young people in Barnet should ensure that they are easily accessible to all children and young people in the Borough, including those with physical disability or specific learning needs.

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<sup>9</sup> Children and Young People's Mental Health and Wellbeing, Fingertips, Public Health England. Available at: [www.fingertips.phe.org.uk/profile-group/mental-health](http://www.fingertips.phe.org.uk/profile-group/mental-health)

<sup>10</sup> London Borough of Barnet 0-19 Needs Assessment 2017-2020, 2017

<sup>11</sup> Children and Young People's Mental Health and Wellbeing, Fingertips, Public Health England. Available at: [www.fingertips.phe.org.uk/profile-group/mental-health](http://www.fingertips.phe.org.uk/profile-group/mental-health)

<sup>12</sup> London Borough of Barnet 0-19 Needs Assessment 2017-2020, 2017.

<sup>13</sup> SEND Joint Strategic Needs Assessment, London Borough of Barnet

<sup>14</sup> Emerson E. Prevalence of psychiatric disorders in children and adolescents with and without intellectual disability. *Journal of Intellectual Disability Research*, Volume 47, Issue 1, 2003.

<sup>15</sup> Murphy M. Mental health problems in children and young people. Chapter 10, Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pay.

## 2.4. Impact of health inequalities on mental health disorders in children

Although Barnet has low levels of socio-economic deprivation compared to the national average, there are still areas of high socioeconomic deprivation in Barnet, as outlined in figure 2.2 and 2.3.<sup>16</sup>

Figure 2.2. Percentage of the population living in areas at each level of socioeconomic deprivation in Barnet compared to England (2015)

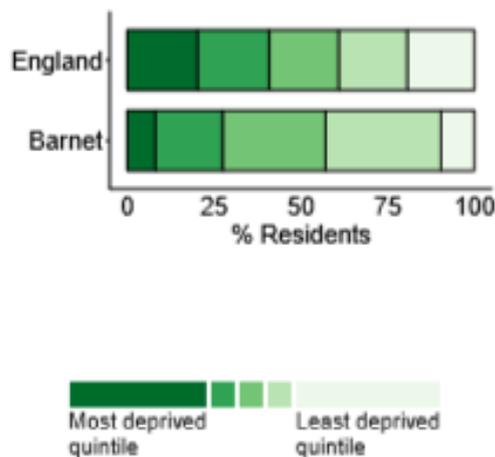
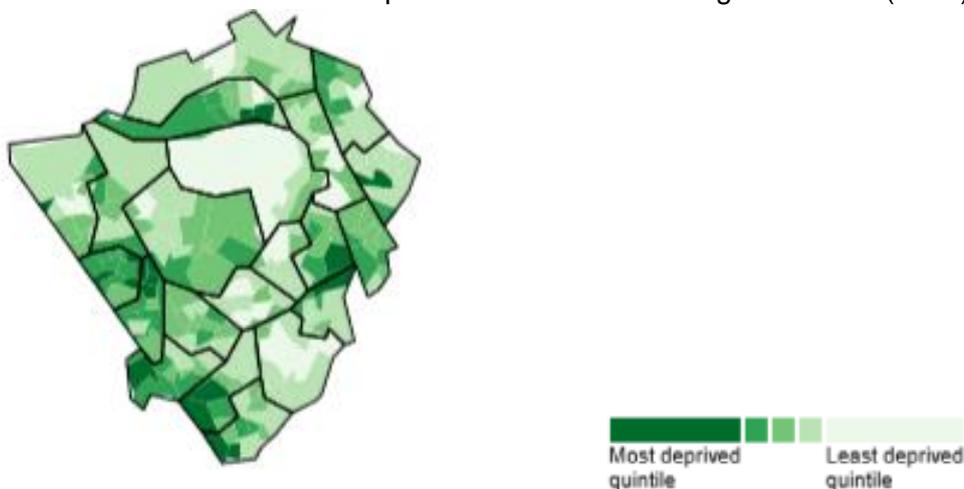


Figure 2.3. Differences in levels of deprivation within the Borough of Barnet (2015)



Source for figure 2.1 and 2.2. The PHE Local Authority Health profile for Barnet 2018

It is well established the social disadvantage and adverse life events are strongly associated with an increase the risk of developing mental health problems.<sup>17</sup> The 2004 ONS survey of the prevalence of mental health disorders in children and young people found that prevalence of mental health disorders was higher in children and young people where:

<sup>16</sup> Local Authority Health profile for Barnet 2018. Fingertips, Public Health England. Available at: [www.fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000007?search\\_type=list-child-areas&place\\_name=London](http://www.fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000007?search_type=list-child-areas&place_name=London)

<sup>17</sup> Murphy M. Mental health problems in children and young people. Chapter 10, Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pay.

- there were lower levels of parental educational attainment.
- neither of their parents were working.
- they were living in households with a low household income.
- they were living in areas of socio-economic deprivation.

Thus, it is important that Barnet offers a comprehensive mental health provision for children, that is easily accessible to all children at an appropriate level; this would include ensuring access to high quality specialist mental health services locally, to reduce the need for travel and inpatient placements far away from their homes. The provision of a universal mental health resilience programme and where appropriate counselling in schools, will help to ensure that all children have access to basic mental health provision. Additionally, Barnet is commissioning a comprehensive healthy child programme to work with families and schools to provide a positive, healthy environment for children. It is important that Barnet Borough Council, Barnet CCG and other stakeholders work together to reduce health inequalities and improve wider determinants of health to ensure that all children have a positive start in life.

## **2.5. Recommendations from the 2017 0-19 Health Needs Assessment.**

The recent SEND and 0-19 health need assessments for Barnet have identified a need to increase the Barnet's capacity to deliver preventative and early intervention mental health services for young people in Barnet. The 2017 0-19 health needs assessment for Barnet made the following recommendations:

- Ensure that the transformation of the CAMHS is completed and children and young people have a service that is based on prevention and early intervention with better pathways enabling access to specialist services where required.
- Move away from the traditional tiered working to more prevention and early intervention. Hence, developing THRIVE in schools (Resilient Schools); THRIVE in the community (development of a Wellbeing Hub) and THRIVE in recovery (specialist services).
- Reduce waiting times for CAMHS services by providing specialist services in Barnet.<sup>18</sup>

## **3 Overview of finance and activity**

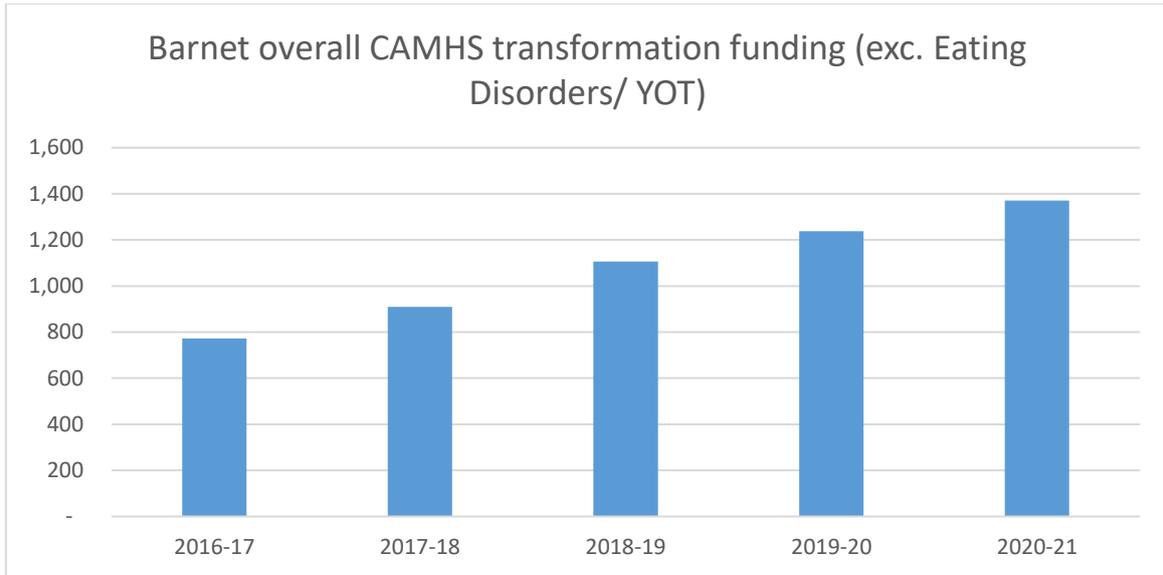
### **3.1 Investment in to the local transformation plan**

The CAMHS transformation fund has increased annually from 2016/17 up to 2020/21. In 2016/17 Barnet CCG received £772k to transform CAMHS locally. For 2018/19 the fund grew to £1.1m. See chart below:

Chart 1. Total (increase plus baseline value) CAMHS transformation funding

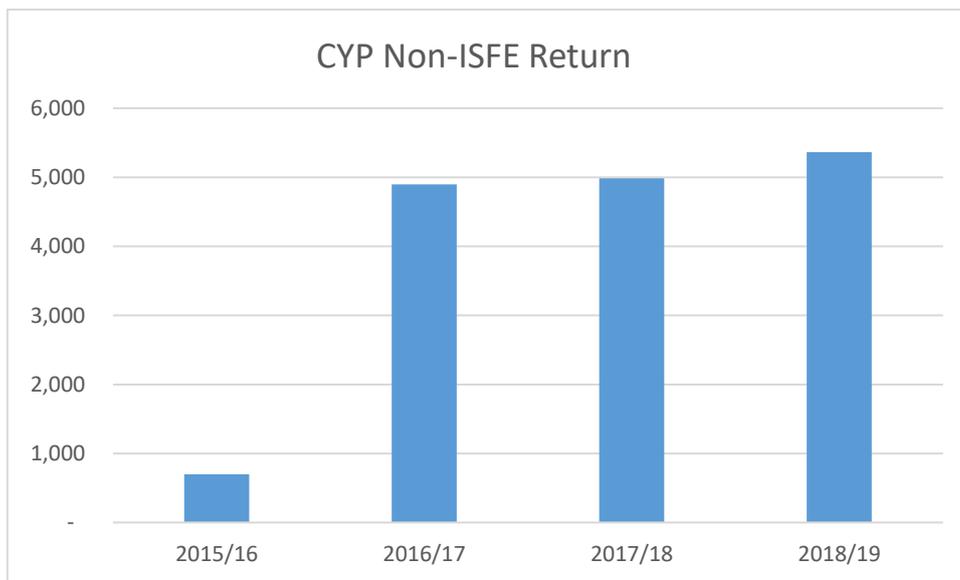
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<sup>18</sup> London Borough of Barnet 0-19 Needs Assessment 2017-2020, 2017.



The above investment is in line with non-ISFE return shown below:

Chart 2: Investment in mental health detailed in non-ISFE return



In 2018/19 the £925,000 from the transformation fund will be invested in prevention and early help provision covering Resilient Schools (including Kooth), counselling support (Rapeal House, Terapia), parenting programmes (ASD, ADHD) and Space2Grow.

In addition, the London Borough of Barnet invests circa £1m in early help and prevention services.

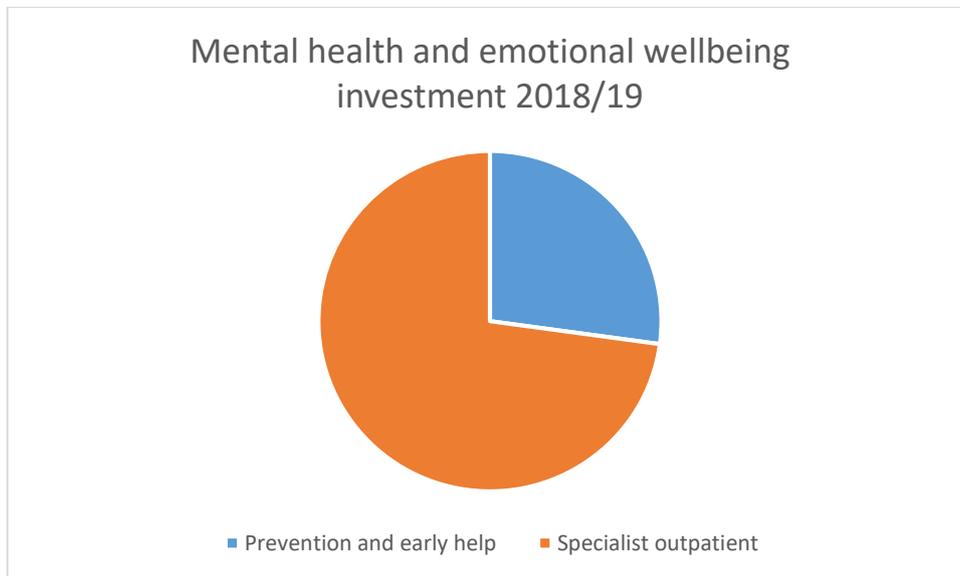
Barnet CCG invests circa £4.6m in community/ outpatient CAMH services as detailed in table 2.

Table 2. Barnet investment in Specialist Outpatient CAMHS is as follows:

Provider	18/19 Forecast outturn
BEH MHT	£ 3,492,310
South London & Maudsley	£ 113,944
CNWL	£ 134,079

Tavistock & Portman	£	592,473
Royal Free	£	135,998
Total	£	4,468,805

The chart below provides an overview of the transformation fund and additional investment in mental health and emotional wellbeing across the local area:

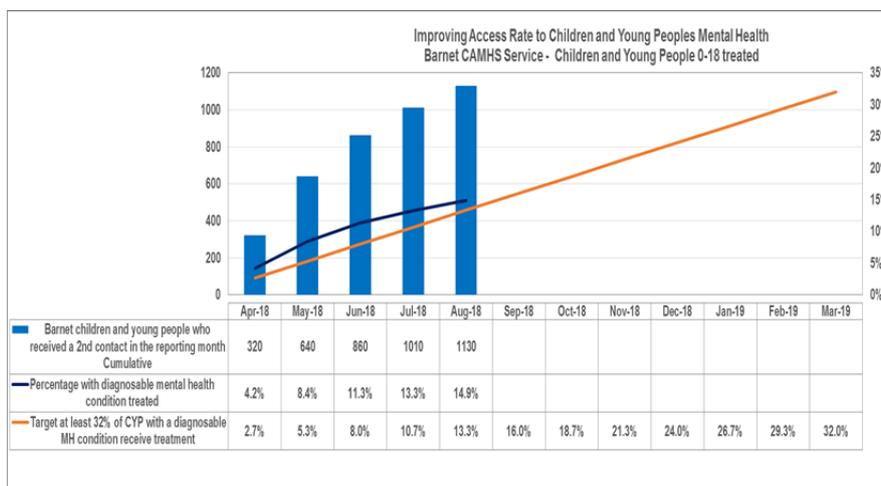


The investment has been used to improve outcomes as detailed in section 6 – 9 of the plan.

### 3.2 Activity

The annualised access target for CYP mental health care target for 2018/19 was 32%. According to a one-off data collection exercise carried out in May 2018, NHS England reported that nationally the access rate was 30.5% and in London the rate was 27.6%. Barnet recorded an access rate of 33%, above target (see chart 2 below for trajectory).

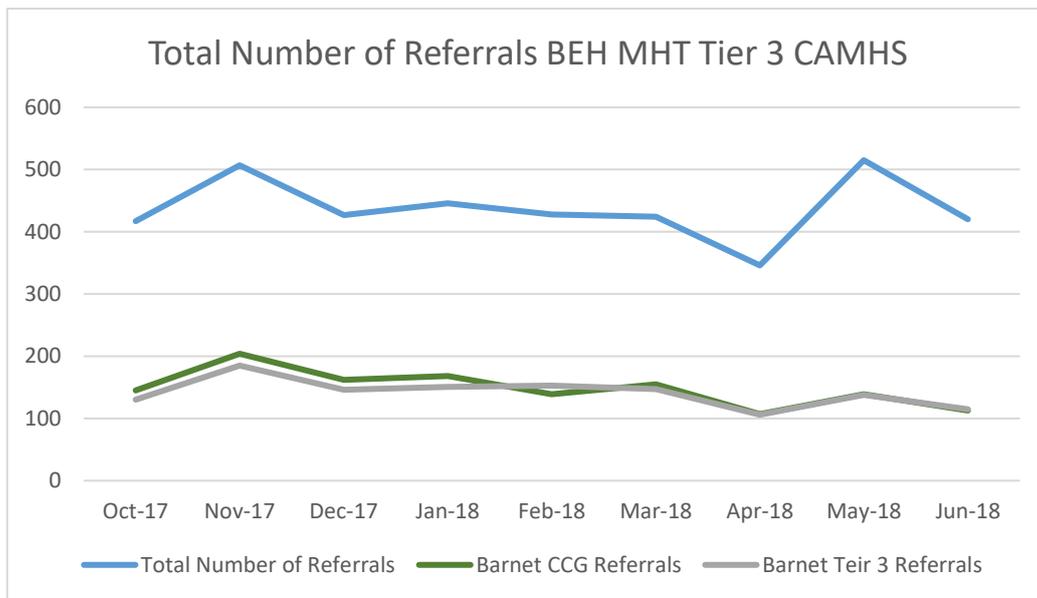
Chart 2: access rates (monthly)



Whilst according to NHS England's one-off data collection process in May 2018, Barnet CCG are ahead of plan, the CCG and partners are working with providers to ensure information on access is provided in an accurate and timely manner to ensure performance can be monitored.

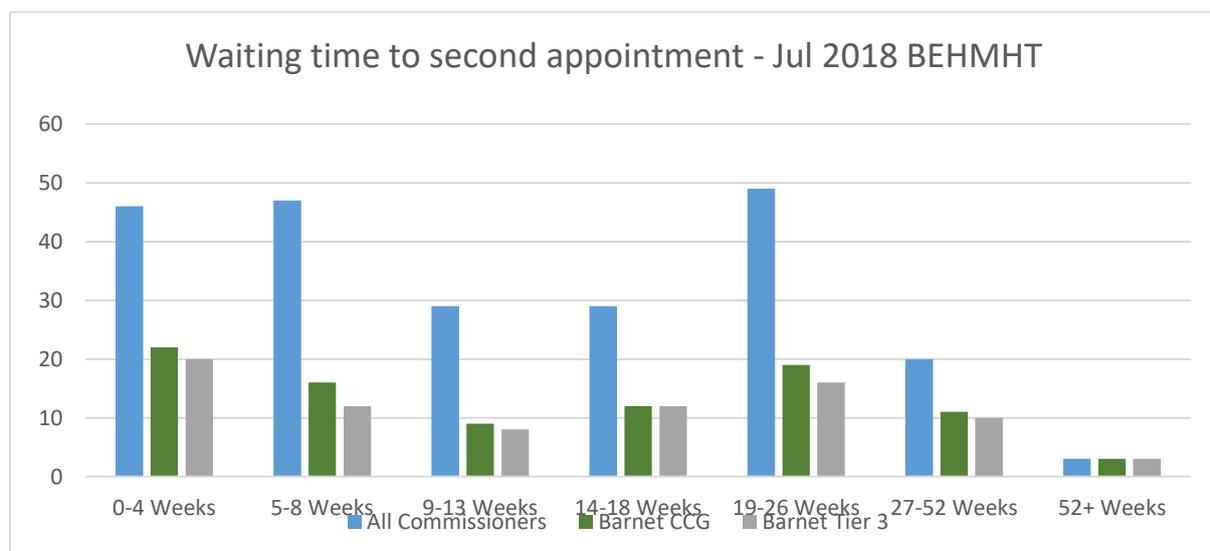
As is shown in chart 3 below, referral rates to Barnet, Enfield and Haringey MHT are relatively stable month on month.

Chart 3. Monthly referral numbers BEHMHT



Barnet, Enfield and Haringey MHT have improved waiting times standards in recent months, however as is shown in chart 4 below, we continue to see larger proportions of patients waiting longer periods for their second appointment with the Trust, an issue which is being directly addressed as part of Transformation plans for this area of CAMHS, mentioned later in the plan.

Chart 4. Waiting time to second appointment



Data quality

### **3.3 Data and access**

At the end of quarter 2 (2018/19), Barnet achieved 36.6% against the NHS England access target of 32%.

Barnet have been working with providers to ensure accurate data is flowing to the Mental Health Services Data Set (MHSDS). In quarter 2 2018/19, 58% of data was flowing to the MHSD. From October, Xenzone (Kooth) will be submitting to MHSDS, which will increase dataflow by 14% for quarter 3.

Activity will continue to be monitored on a monthly basis to ensure accurate data flow. Work will continue to ensure that all activity is being flowed and accurately recorded through MHSDS, part of which will be looking at collaboration across NCL to support providers in the voluntary sector to submit data.

Outcomes are being reported but there is work to do to with providers to ensure that the correct tables are submitted. This issue is raised at technical and performance meetings to ensure that outcomes are accurately reported by the end of 2018/19.

Data and reporting is regularly discussed at the NCL CAMHS STP Board to support improvements in reporting. The Board has clinical and commissioning representation.

## **4 Engagement**

The Local Area is committed to engaging with young people and their families and carers. We take a holistic approach to enable us to fully understand young people's experiences such as considering the impact of council tax and housing on young people's mental health and wellbeing.

Our engagement also takes into account the demographics of the borough including the introduction and engagement in the Orthodox Jewish Children and Young People's Forum, which is attended by BEH MHT and the council's Family Services.

There are also examples of young people and parents being involved in interview panels such as a young people interviewing for a new clinical practitioner in the Youth Offending Team and a parent interviewing for the borough's Designated Clinical Officer.

### **Make Your Mark**

Most recently just under 5000 (4783) young people in Barnet engaged in the Make Your Mark vote which is a national voting engagement tool for young people- over 1 million votes across the UK were counted this year- the highest ever. This year, mental health support for children and young people received the second highest vote in Barnet, after reducing knife crime.

### **Communication and wellbeing**

The perception of knife crime rates in Barnet is higher than the actual statistics. With national daily coverage of youth violence and knife crime in the news and papers- the overwhelming responses that young people have regarding their top fears locally- tell us that children and young people are deeply impacted by what is going on in London. Despite Barnet being relatively low in terms of the rates of youth violence and knife crime- it is clear that communication on these topics and specifically what we- LBB and partners- are doing to

counter/deal with the issues- needs to greatly improve. This would serve to counter the fear factor and make children and young people aware of the support available to them.

#### **4.1 Summary of engagement activities related to CYP which have impacted governance**

In 2017, the Local Authority undertook a review of the Corporate Parenting Advisory Panel (CPAP), which is where elected members scrutinise and improve provision for looked-after children and care leavers. The revised Panel, launched in early 2018, now sits outside of the council’s constitution as a more informal engagement Panel which also includes foster carers and young people.

Our Care Leavers Joint Strategic Needs Assessment (JSNA), published in February 2017, led to the development of the Corporate Parenting Strategy and action plan, which is the main work on the Corporate Parenting Officers Group (CPOG). The Group, which reports to CPAP, was established and embedded during 2017/18. The Group often meets at Onwards and Upwards (the care leavers service) where young people are invited to join the discussions.

CYP and their families currently contribute to the LTP via organisation level engagement structures such as through the council and BEH. Coproduction and engagement structures feeding into the CAMHS Transformation Board are being developed and should be established by April 2019.

#### **4.2 Summary of engagement activities related to CYP which have impacted needs assessment, service planning/delivery, treatment/supervision and evaluation**

##### **Needs assessments**

Barnet Parent Carer Forum was involved in the development of the SEND JSNA which was developed by the SEND Development Group. Young people and families comment on needs assessments which inform commissioning (see section 4.3 below).

##### **Engagement resulting in improvements in specialist NHS CAMHS Provision**

In February 2018, the Borough’s Designated Medical Officer and Young People’s Joint Commissioner coproduced a health-training event with the Barnet Parent Carer Forum. The event was attended by 40 parents as well as professionals from across local area provision.

<b>Parents said...</b>	<b>BEH MHT are ...</b>
Accessing CAMHS again after discharge is difficult	Planning to be able to take self re-referrals 4 – 6 months following discharge
Communication with us is poor and the service offer is not clear	Coproducing new leaflets with parents Continue to embed a “doing with” not “doing to” culture with young people and their families Coproducing a Health Passport when a young person enters the service.

BEH MHT continue to have service user voices at the centre of their redesign work which includes active engagement and coproduction with a young people’s reference group and Barnet Parent Carer Forum representatives.

## **Council tax relief for care leavers**

There are currently more than 200 care leavers in Barnet, many of whom have experienced challenges in childhood and adolescents. We asked if you thought we should help these Care Leavers (up to the age of 25) by providing Council Tax Relief. Residents were invited to complete an online questionnaire to give their views. Twenty-one residents completed the questionnaire with 90% agreeing Barnet Council should help Care Leavers by providing Council Tax Relief. Through the consultation, we heard of that, for care leavers, having to pay council tax has adverse effects on their emotional and psychological wellbeing due to the high levels of stress and anxiety associated with debt. Young people also participated in the analysis of the consultation results. The results of this questionnaire, along with additional supporting evidence, were taken to a full meeting of the authority on 31 July 2018 and approved meaning that for the first 2 years of independent living or until their 25th birthday (whichever is shorter). We will also be giving care leavers the additional support required to help prepare them for independence, as any good parent would want.

## **Transition**

Recent work has been undertaken to review the transition from paediatric to adult health services. Focus groups were conducted with young people and parents and 20 people completed a survey. Some of the key findings from the survey results were:

- 50% of respondents strongly disagreed that they/ their child received adequate information about transition to adult health services
- 33% of respondents strongly disagreed that they were clear when they/their child would leave paediatric services
- The top two answers to where respondents would look for information about transitions were don't know/not sure and their current paediatric healthcare professional.

As a result of the consultation, the information on our Local Offer has been improved and internal communication between health, social care, education and our providers has improved through a revised Transitions Tracking meeting. The project was also supported by the Clinical Lead for Children who will be working with the paediatricians in Barnet to explore ways of using the Learning Disability Health check from age 14 to handover care more effectively to GPs as young people approach adulthood. BEH MHT have also updated their transition policy.

Onwards and Upwards has responding to care leavers who have said that they feel like their emotional wellbeing is not considered and support services are inadequate at the point when young people are leaving care. Onwards and Upwards now provides counselling support and links with adult mental health services are being explored, the service is also supported a care leaver to develop peer support groups and networks for care leavers.

## **CFC and CYP Plan engagement**

As part of the UNICEF Child Friendly Cities and Communities programme and the co-production of the new Children and Young People's plan; we have engaged with over 1900 children and young people across Barnet, to listen to their priorities, feedback and ideas on how to make the Barnet community, its' services and programmes more accessible, relevant and child/youth friendly. We have delivered 5 events, 28 focus groups and 2 borough-wide

surveys over the past 10 months. Reaching out to a variety of different settings that young people attend (both formally- ie. schools and informally- ie. youth clubs/groups).

One of the key themes that young people felt passionate about was mental health support. Specifically around improving:

- access to support services for children and young experiencing low level and high level needs
- visibility and clarity of the different support services through a borough-wide campaign led by/with young people
- consistency of support (including better partnership work to ensure children, young people and their families are getting the appropriate support at the right stages, across different settings)

This will inform the update of the boroughs Children and Young People's Plan.

### **Integrated Clinical Service**

The Integrated Clinical Service was developed in consultation with a wide range of stakeholders, including 27 Barnet schools, 25 community and voluntary providers and 150 professionals and on-line consultation with 8000 young people and more than 400 face to face who overwhelmingly responded that CAMH provision needed to become much more accessible to children and young people.

### **Self-harm and suicide prevention**

The thematic review, commissioned by the Executive Safeguarding Board, has considered, through interviews and focus groups, what professionals and service users feel are the issues that face Barnet when considering prevention of suicide and self-harm and completed suicides. The review was presented in September 2018 and detailed 12 recommendations, which are being considered by Public Health and partners which are being considered as two working groups considering actions for schools (including links to Resilient Schools) and pathways (including information sharing agreements and data collection).

### **4.3 Summary of engagement activities related to CYP which have impacted commissioning decisions**

More than 100 children and young people from across the borough gathered in February 2017 to voice their views during Barnet's 'Youthorium'. Participants from the borough's schools, colleges, youth groups and charities took part, voicing their opinions on a range of topics from young people's emotional wellbeing, to youth services and the best ways for young people's voices to be heard. There was also a 'voxpath booth' to capture participants' views on video. Feedback at the Youthorium event led to the development and commissioning of online support (Kooth) and to improving emotional wellbeing support in schools (Resilient Schools programme).

Building on previous engagement of young people in the commissioning process, such as young people's involvement in improving placements (regional level feedback), in 2017, training was provided to 10 young people to become "young commissioners". Subgroups are formed for key projects and young people are provided with training as appropriate. Barnet's Parent Carer Forum have also been involved in commissioning such as our Integrated Therapies Service in 2018 and recommissioning of short breaks. There are ambitions to develop mechanisms for parents and families to be able to involve in monitoring of provision.

## **5 Governance arrangements for managing implementation of the plan**

### **5.1 Governance arrangements**

Partners have been working together to review CAMHS governance locally to ensure it is fit for purpose. The proposed governance arrangements include a newly established CCG led CAMHS Transformation Board which brings together representatives from across Children's Mental Health services in Barnet to oversee the implementation of the CAMHS Transformation Plan. The Board is chaired by the GP lead for Mental Health (Barnet CCG Governing Body member) and is now responsible for the whole mental health and wellbeing system for children and young people. The Local Authority lead delivery for prevention and early help and the NHS lead delivery of the specialist provision. The Board has been strengthened and will have a crucial role in scrutinising outcomes and delivery across the system.

The diagram below provides an overview of the proposed governance structures.

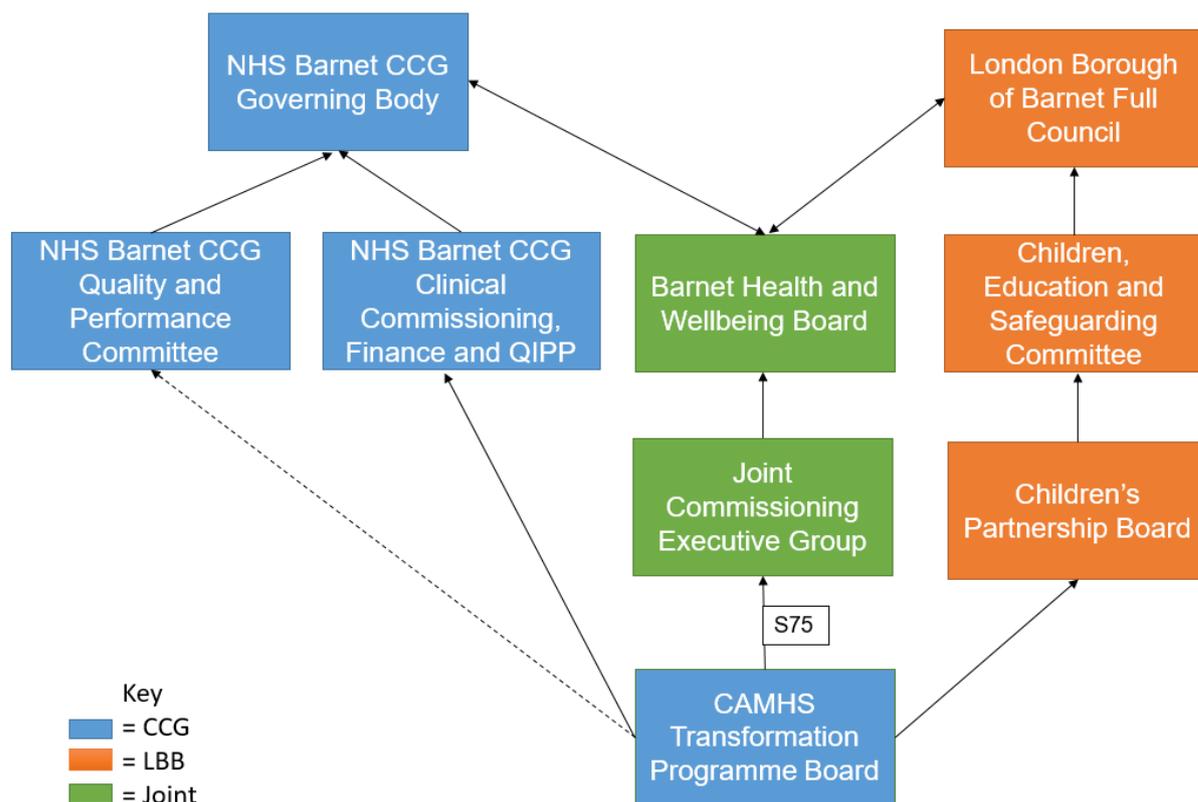
The CCG Governing Board is responsible for the delivery of the plan and the deployment of funding against it. It will do this through delegated responsibility to the Governing Body's committees for finance, commissioning and performance. The Transformation Programme Board is not a decision making body of the CCG but it will make commissioning recommendations to the CCG Governing Body.

The Local Authority will oversee the delivery of their elements of the plan via Children's Partnership Board which reports to the Children, Education and Safeguarding Committee. The Children's Partnership Board has oversight of the local area's Children and Young People's Plan which has mental health and emotional wellbeing as a key priority.

The Joint Commissioning Executive Group oversees the Section 75 agreements between the Council and CCG.

The Health and Wellbeing Board provides joint oversight of the programme. In line with the Board's priority of improving mental health and wellbeing for all through a life course approach, the Board will oversee the programme and ensure that the changes being proposed are embedded in the wider system.

Diagram 1. Reporting of CAMHS Transformation Programme Board



## 5.2 SEND reforms and Transforming Care

The Local Area is committed to implementing the Special Educational Needs and Disabilities (SEND) Reforms detailed in the Children and Families Act 2014. The SEND Development Group is a multi-agency, partnership Board overseeing the implementation of the SEND improvement plan, which has been developed from our SEND Strategy and SEND JSNA. The SEND Improvement Plan has a key focus on reducing waiting times for services across education, social care and health – this has included CAMHS and ASD diagnosis. There is also a strong focus on early identification and improving access to services as well as improving outcomes for our children and young people.

The CCG work with the LA to commission services in an integrated way and recently have jointly commissioned an integrated therapies service (SLT, OT and PT), the contract includes a transition therapist role who can support 19-25 year old still in Education and training with EHC therapy provision. There is a strong partnership between the CCG and LA in matters relating to SEND provision.

Recent work has been undertaken to review the transition from paediatric to adult health services. This includes engagement with young people and parents, research into best practice. This has resulted in recommendation and actions that the CCG will be taking forward in partnership with LA and health providers.

### Transforming Care

Transforming Care is a national driven programme to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This programme aims to drive system-wide change to prevent unnecessary admission to hospital beds and the use of residential provision, to enable more people to live in the community, with the right support and care close to home.

CCGs are working together across North Central London (NCL), in collaboration with Local Authority Children and Young People's Services, to realise our ambition to: Keep Children and Young People with their families through commissioning an appropriate range of community and respite provision that reduces the need for residential and inpatient admissions

We have established a CYP Sub Group of our NCL Programme Board, led by an identified lead Children's Commissioner for NCL who is driving forward our agreed programme of work.

Achievements to date across NCL:

1. North Central London Admission Avoidance Register and NCL Care, Education and Treatment Reviews (CETRs) Protocol:
  - The single process developed for NCL is being embedded in Barnet. The appointed Senior Care Co-ordinators started in 2018 to maintain an overview of the CETR process and the At Risk of Admission Registers. This work provides an opportunity to support YP and collate needs and experiences across NCL from CETR process and to share learning across NCL to help to prevent the need for tier 4 and for expediting step down.
2. Information to be placed on Local Offers to ensure consistency of information to service users and parents and carers
3. Positive Behaviour Support Services
  - In NCL we are working towards a consistent model of positive behaviour support (PBS) services that are able to support families intensively in the home at times of crisis to implement PBS interventions and strategies. What is crucial is that these interventions are applied across the whole network involved in working with the YP so there is consistency of approach and reinforcement across all settings.
  - The main part of the new service uses Key Workers who will work with families (who are part of the Transforming Care cohort) for 3 months, to support them in a personalised way; what the actual service looks like will be different for each family, and we are keen to make available a wide-ranging offer to ensure the families are supported in a way that best meets their needs and helps them to achieve their outcomes. Consultation with families to understand and develop what that offer might look like; this could be practical or emotional support, and may be targeted directly at the young person, parents, siblings, or the family as a whole.
  - Barnet is actively engaging in PBS training offer as part of the Transforming Care programme; front line colleagues from trusts, education, social care and the voluntary sector will be trained in quarter 4 of 2018/19.
  - Barnet is working closely with Enfield to learn from their implementation of PBS with plans for the Key Workers to work closely together and for Enfield to provide mentoring for the Barnet programme.
4. Market Development
  - In order to deliver a flexible model of community provision to avoid admission to hospital or residential units, we need to develop the market across the sector. NCL CYP commissioners have started to do some of this work with the involvement/facilitation of Oxford Brooks. Commissioners' have started a dialogue with local providers to understand what is currently available, and what is possible, so we can develop services that are led by what our service users tell us and what local data tells us. A particular priority for us in 18/19 is to think about how we can support CYP and their parents and carers at times of crisis and how we can offer intensive support, possibly as a shared care arrangement, that prevents family breakdown.

## 5. Accelerator Pilot

- NCL has recently been successful in becoming an Accelerator Site for the CYP Transforming Care Programme; securing additional funding to develop a pilot of early intervention and intensive key worker support to families and CYP as an early intervention programme. The pilot aims to measure impact of intensive key worker support provided on a 3 month (in some cases 6 month) basis to families identified as amber on the at risk of admission register to prevent escalation to a RAG rating of red and therefore moving into CETR process. Alongside intensive key worker support the programme will also develop parent to parent support opportunities as well as making family therapy available to parents/carers and siblings. The pilot programme will be formally evaluated with the intention of being able to demonstrate an invest to save opportunity for CCGs and LAs.

### NCL Transforming Care Programme – Key Priorities for 18/19

- Continue to embed local protocol and consistent process for admission avoidance register
- Improve data through work with providers to record LD/ASD and through better use of and profile of admission avoidance register
- Develop a clear engagement plan to ensure patient/family rep are engaged as partners at all stages and levels of decision making
- Continue market development work to consider development of NCL crisis Crash pad and shared care short break provision
- Deliver NCL acceleration pilot and share learning from pilot
- Consider how we can roll out PBS service across NCL as a whole and develop an investment proposal for Transforming Care Programme Board

## 6 LTP ambition from 2018/19 to 2020/21

The CAMHS Transformation Board will ensure that outcome have measurable impacts on the mental health and wellbeing of children and young people.

### 6.1 Prevention and Early help provision in universal settings, schools, colleges and primary care

At the end of 2017/18 LBB consulted on (see section 3 for details) and developed the Integrated Clinical Service; this reflects investment in early help, enhancing our prevention offer. Integrated Clinical Service structure organises and distributes clinical expertise across Early Help, Schools, Children's Social Care and Youth Offending Services so that CAMH clinicians are embedded with the wider children's workforce offering direct support to children, young people and families, as well as clinical consultation, supervision and training.

Barnet children's 0-19yrs services are in the process of moving to a locality based structure with three Children's Hubs which went live at the start of October 2018. The hubs are established and coordinated through Barnet Council Children and Families 0-19 service. They will cover a range of provision and are also 'inviting in' partners to become part of the Hub provision. This provides an opportunity to develop a more integrated model for Children and Young people's mental health with youth services and other positive support.

In April 2018, the staff from two BEH MHT services TUPEd into the Local Authority (Schools and the Looked-After Children CAMHS provision), this has allowed for service integration and development. The following services are now available, provided by the Local Authority:

- Barnet Family Services provide 8 whole time equivalent Primary Mental Health Worker (PMHW) posts which are co-located with the Early Help, Children, Young People and Family Hubs. PMHW's can meet with teachers, parents, children and young people in schools or other community based settings or at home. Referrals are made directly by the schools via the Head/ Deputy Teacher, Special Educational Needs Coordinator (SENCO) or Inclusion Manager. The reach of this team has been expanded and opportunities for further expansion will be explored in 2018/19.
- Clinical Practitioners are co-located with Children's Social Care and Youth Offending Teams. The integrated approach allows for psychologically and systemically informed practice and joined up, assessments, planning and interventions for children, young people and their families. Each of the service areas have designated Clinicians that are available for consultation or requests for individual, family or group clinical work with children, young people and their families directly from the social work teams without the need for a referral system.
- The Duty and Assessment and Intervention & Planning Teams (including REACH) have 4 whole time equivalent Clinical Practitioner posts linked to the service. The Children in Care/Onwards & Upwards/Fostering & Adoption Teams have three whole time equivalent Clinical Practitioner posts linked to the service. The Youth Offending Service has 2 Clinical Practitioners linked to the services and 8 whole time equivalent Clinical Practitioners are linked to the Early Help Service

Following the development work in 2017/18, the Local Authority and its partners continue to develop prevention and early help provision into a coherent, joined up and embedded offer. Opportunities to develop the programmes will be explored and discussed at the CAMHS Transformation Programme Board.

The **Youth Offending Team's (YOT's)** health provision contributes to its ability to address its three Key Performance Indicators (KPI's). These are to reduce first time entrants, reduce re-offending and reduce the number of young people who receive custodial sentences. The YOT's Youth Justice Plan outlines its key priorities, which are overseen by its management Board, and the Youth Justice Board, who receive performance information related to the KPI's on a quarterly basis. Information in relation to re-offending and first time entrants are taken from the Police PNC data, which become out of data quickly, therefore YOT is working to establish a "live" dataset to allow for a more dynamic review of service provision. The Youth Justice Board monitor's YOT via local data submitted and is working to improve data collection and cohort tracking.

The YOT has a clinical panel attended by L&D, SALT, CAMHS, YOT clinical practitioner and chaired by the EP and YOT operations manager. This panel discusses and recommends actions and oversees the delivery to ensure the health provision is suitable and successful. The minutes are recorded on the young person's case notes.

The YOT has recently re-established its school nurse provision, which will initially be in the form of weekly drop in sessions (as from November 2018). This will allow young people to receive support and to be signposted to services related to sexual health, managing anxiety, trauma, healthy eating and other related health matters. The intention is to develop this into a 0.8 post, which will then offer assessments and direct support for young people.

NHS England funding has enabled the YOT to employ a full time Liaison and Diversion worker who completes a series of emotional, mental and physical health screening whilst the young people are detained at the Police station. The intention is to utilise the information to deter a criminal charge but also, to signpost and support young people into prevention services. The funding also supports a 0.8 clinical practitioner, who is able to complete assessments and to work directly with young people who have entered the criminal justice system including when

young people are in crisis. The clinical practitioner is also able to support staff with training and clinical supervision. YOT are also in the process of recruiting a Forensic Psychologist who will support the overall response to those with forensic and clinical needs.

Furthermore, the YOT's health provision is enhanced by Educational Psychology (EP) input with support around identifying needs young people may be presenting with that impact on their learning and development. The young person themselves, their family and professionals working with them can gain a further understanding of their needs and consider ways forward. Parent and YOT officer consultation is offered. Whole staff input in terms of training and team problem solving is provided in the EP offer.

The youth justice system acknowledges the importance of effectively managing transitional periods for young people such as from custody to community, from youth to adult services, from one authority to another. Barnet YOT ensures that it works to National Standards, liaises well and incorporates all the relevant health information and support into its transitional arrangements, so services can follow young people and be seamless, where possible.

**Resilient Schools Programme** has been co-produced with parents, pupils, Barnet Public Health, Cambridge Education, Local Schools and Barnet CCG. The programme aims to:

- Help schools, parents and pupils to recognise their own mental wellbeing needs and be confident to access information to support themselves and others
- De-stigmatise mental health in schools
- Intervene early to prevent escalation of mental health problems
- Involve parents, pupils and schools in tackling issues

The pilot phase started in May 2017 and will run until July 2019, with a roll out offer to all schools in Barnet in 2019/20. Phase 1 has five-member schools with the Programme having 8 strands designed to offer a holistic approach to school staff, children's and families need; which represents a partnership between the school and support services. Coordination and project management of the pilot is led by Barnet Public Health with support from Barnet CCG. Northampton University will be evaluating the project and reporting to commissioners by April 2019.

A streamlined and sustainable core offer has now been offered to a further 11 schools, including 7 faith schools and 2 ESMH schools and the 2017/18 control schools.

A core package of support comprising of a menu of whole school interventions (for pupils, parents/carers and staff) is offered to the schools. Key elements included are Mental Health Youth First Aid (aiming for all schools to have Mental Health First Aiders by 2020/21) and Resilience Training, Peer Mentoring and supportive therapies (Kooth and Qwell text based counselling services) and the Digital Resilience Award to address online healthy as well as online safety. Kooth was launched in assemblies in Barnet's Resilient Schools then through Barnet's social care and education teams with further promotion through the voluntary sector and clubs. Kooth is available to all Barnet children and young people. In 2018/19 (quarter 2) Kooth achieved:

- 408 new registrations
- 493 unique contacts with young people with 83% returning
- 89% of young people reported that they would recommend Kooth to a friend
- Out of office log ins (between 5pm and 9am) represent 72% of log ins
- Young people identifying as BME represent 41% of log ins

Other examples of Resilient School initiatives include the Mayors Golden Kilometre, Resilience Boards (to address diversity, difference and promote Mental Health) and the development of 'school champions' to share expertise.

Outcomes to be achieved:

- All schools to have a Youth Mental Health First Aider with the further development of whole school training to raise awareness of Mental Health signs and symptoms in 2019/20 with a particular focus on self-harm and suicide ideation (Resilient Schools actions taken from the Safeguarding Boards thematic review on suicide and self-harm).
- School staff and parents with a child with SEMH or SEN needs to be able to access Qwell (on line counselling) to support staff and families' mental health and resilience
- All young people between 11-26 to be able to continue to access Kooth (on line counselling) with plans for targeted promotion to young males and looked-after children.
- Support Barnet schools to develop and maintain resilient communities for staff, pupil's families, including further co-development with the Family Resilience Team and CAMHS in school to 'Practitioner Groups' for networking and training for school staff on the frontline of working with vulnerable pupils.
- Deliver support to schools to assist them in responding to increased levels of need through co-ordination of the programme further develop 'Champions of Expertise' for a sustainable model of support and training for schools and working in partnership with Local Authority and voluntary services.

With 135 schools, our trailblazer Green Paper proposal is to situate 6 Mental Health Support Teams (MHSTs) (2 within each of 3 locality based early help hubs) working alongside 0-19 early help services providing support to approximately 45 schools within each hub area. Our schools have shown demonstrable commitment to providing pastoral support to address low level mental health issues over many years with 32 school based staff having completed mental health youth first aid training. The proposal builds on the Resilient Schools Programme and Primary Mental Health Workers and would, if successful, enhance the further development of resilience in Barnet's whole school based population. Schools are aware of this Expression of Interest we have submitted and are currently in the process of expressing their interest in becoming potential host sites. Given our growing child population, our proposal is proportionate to reach our whole school population. Our proposal builds on existing structures and services from which we can develop 6 MHSTs, increasing capacity by 48 wte staff members.

**Children and Young People's Wellbeing Practitioners (CWPs)** work with children and young people who have mild to moderate mental health needs i.e. low mood, low level anxiety or behavioral difficulties. The CWPs use a guided self-help approach with young people and parents based on Cognitive Behaviour Therapy approaches and is embedded in the 0-19 Early Help framework. The service also works with schools providing groups for young people, parents and teachers on specific topics such as exam stress and managing anxiety. The aim is to increase self-awareness, create a toolkit of self-help strategies and develop stronger family and community support; preventing escalation of need and requirement for further, higher level interventions.

In year 1 (2017/18), four trainees completed post-graduation training with the team and became and have been embedded in permanent roles within the Early Help CWP team. Trainee CWPs are also in-situ studying through the University College London and Anna Freud/Tavistock and Portman NHS Foundation Trust. In line with ambitions to grow the provision to support the three 0 - 19 Hubs, in 2018/19 and 2019/20, a further three trainees

will join the team each year. Currently plans to make further permanent posts are being considered.

**Space2Grow, led by the Young Barnet Foundation, aims to:**

- Support local voluntary and community groups, who are members of the Young Barnet Foundation and are working with children and young people (and their families).
- Grow activities and services for children and young people in the London Borough of Barnet.
- Give priority to community organisations with limited access to other sources of funding. However, decisions will be on a case by case basis, based on the purpose of the grant and outcomes it will achieve for beneficiaries.

Using joint grant funding to grow capacity in children and young people’s mental health; awards have been given to a variety of local community and voluntary sector providers. As part of the third wave of funding 8 projects were funded for a total of £90,000. Further funding waves have been made available.

**Terapia** trains child and adolescent psychotherapists for children of all ages; Terapia is providing trainee psychotherapists under a one year agreement to hard to reach groups i.e. Onwards & Upwards (Leaving Care) and London Jewish Family Centre until December 2018.

**Parenting support** is also available through courses for parents of children and young people with ASD and ADHD.

**Rephael House:** A VCS organisation funded to provide a counselling service for Barnet children and young people up to age 19 who do not meet the CAMHS

**Health visiting and school nursing provision** (0 – 19 public health nursing) are a key part of our early help and provision model. In 2018/19 training will be offered to school nurses regarding mental health and wellbeing (including self-harm and suicide prevention) to increase early identification and appropriate referrals.

Work for 2018/19 includes ensuring equity in our approach across the boroughs and across settings such as schools and improving pathways between prevention and specialist provision.

**6.2 Transforming Specialist NHS CAMHS Provision**

6.2.1 Current provision:

Provider	Service	Description
The Royal Free NHS Trust	Out of Hours	Royal free Hospital (RFH) provides an out of hours service for children and young people presenting at A&E at the RFH
	Eating Disorder	RFH service for young people with anorexia nervosa, bulimia or atypical variations of these disorders, providing support to assist recovery in the community, achieving good clinical outcomes and satisfaction ratings

	Generic CAMHS	Providing assessment, treatment and support of the mental health, behavioural and emotional wellbeing needs of those aged 0-18 years living in Barnet South
<b>Tavistock &amp; Portman NHS Trust</b>	Adolescent and Young Adult Service	A specialist psychoanalytic psychotherapy service for young people between the ages of 14 and 25. The service is multi-disciplinary, and offers group and individual weekly and intensive psychoanalytic psychotherapy. AYAS also offers brief psychoanalytic psychotherapies, including: Dynamic Interpersonal Therapy (DIT), short-term psychoanalytic psychotherapy for depression (STPP), psychoanalytic family therapy, parent work, and consultation to professional networks.
	Family Mental Health Team Service	A multi-disciplinary team providing assessment, treatment and support of the mental health, behavioural and emotional wellbeing needs of those aged 0-18 years, including group psychotherapy, intensive psychotherapy, interpersonal psychotherapy (IPT), STPP, Eye Movement Desensitisation and Reprogramming (EMDR), Non Violent Resistance (NVR) groups, Parents as Partners Groups, couple psychotherapy, mindfulness, and Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD).
	Fostering, Adoption and Kinship Care Team	A specialist multi-disciplinary team for looked-after children and young people in foster or kinship care or who are living in adoptive or special guardianship families, who are experiencing emotional or behavioural difficulties.
	Refugee Service	A culturally sensitive multi-disciplinary service for refugee and asylum seeking families, working closely with advocates and interpreters.

	Lifespan team	A specialist multi-disciplinary team that works with children and young people experiencing psychological difficulties as a result of having an autism spectrum condition and/or a learning disability. The team provides NICE approved diagnostic assessment for autism and autism spectrum conditions (ASD), and individual, family and group therapeutic input for young people with ASD and learning disabilities where appropriate, alongside consultation to professional networks.
<b>Barnet, Enfield and Haringey Mental Health Trust</b>	Service for Children and Adolescents with Neurodevelopmental Difficulties (SCAN)	A service for children and young people with severe learning difficulties, neurodevelopmental disorders and autistic conditions where there is significant impairment coupled with mental health problems.
	Generic Tier 3 service	Generic CAMHS provides assessment, treatment and support to children and young people aged 0-18 years and their families for a range of mental health, behavioural and emotional well-being needs. The service offers a range of individual, family and group based interventions. There are two Generic CAMHS teams within Barnet (East and West).
	Barnet Adolescent Service (BAS)	A specialist multidisciplinary team working with young people between the ages of 13 and 17 facing complex, severe or chronic mental health issues. Often these young people find it hard to engage with other services and may be at a higher risk, with complex presentations including chronic self-harm and psychosis.  <i>further information below</i>
	Barnet Hospital Paediatric Liaison Service	Specialist mental health provision and consultation for young people and families who are inpatients or outpatients under the care of the paediatric and neonatal services at Barnet Hospital.
	Barnet CAMHS in Specialist Schools	A team of Child and Adolescent Mental Health professionals supporting young people in Barnet's Specialist Schools (Pavilion, Meadway and Oak Hill Campus)

Early intervention in psychosis (BAS)

Barnet Adolescent Service offers EIS to Barnet CCG cases under 18 years. This is a multidisciplinary consultant psychiatry led service offering urgent assessment and treatment of young people presenting with psychotic symptoms (meeting NICE first contact guidance) and offering a range of NICE guidance appropriate care for young people with psychotic illness. The service offers intense psychiatric supervision with psycho-education as well as antipsychotic medication, as well as psychology led CBT, family therapy and close links with local tier 4 if necessary.

Eight young people were supported by the service in 2018, case studies show:

- Access to a range of services including psychiatry, counselling, depot treatment, family therapy and psychological support
- Effective working with families including siblings and parents with evidence of engagement in treatment
- Good transitions to adult services including planning, joint working and effective handover of cases when appropriate
- Strong working across settings and with acute providers.

### 6.2.2 Specialist NHS CAMHS Services improvement

The NHS providers are working together to reduce service variation across the borough and to enable BEH CAMHS to provide a service that is timely and responsive and maximises the scope for an integrated and co-produced CAMHS with our partners,

Service challenges to be met during Transformation include:

- Meeting new access to treatment standards (2 appointments within 6 weeks of referral and/ or within 6 weeks between T1 and T2)
- Waiting times and waiting lists
- Standardisation of evidence based care pathways.
- Earlier access to assessment and triage through developed access and triage model
- Stepped Care based on Thrive Model
- Integration with 0-19 Hub and community based provisions
- Co-production culture.

To achieve this, Barnet CAMHS has developed a new service model and is working closely with Inclusion Barnet, Service users and the Parent Carer Forum to create a fully co-produced model of care. We expect to go to consultation on our changes in early 2019, followed by a graduated roll out throughout the following year. The introduction of new access and triage services has already delivered a significant reduction in response times to first and second appointment and this is something we will build on throughout the year. .

Barnet CAMHS is working closely with our Local Authority partners, the Integrated Clinical Services, and the voluntary sector, supporting the creation of new pathways between the newly commissioned services and Specialist CAMHS to support the Thrive ideals of patient choice and treatment according to needs.

## **7 Urgent and emergency (crisis) mental health care for CYP**

Barnet requires significant enhancement of assertive outreach and crisis responses due to current gaps in provision.

Whilst we have been proactive in establishing early warning and preventative initiatives and services, we continue to see increasing demand for crisis interventions in CYP, as well as

demands of services out of hours, the latter which requires liaison between the acute hospitals, CAMHS and social care.

### **Healthy London Partnership (HLP) children and young people's mental health crisis peer reviews**

Building on the HLP guidance on Improving care for children and young people in mental health crisis in London (October 2016), and the HLP CYP mental health crisis services self-assessment (2017), in autumn 2017, HLP invited local areas to participate in a series of peer reviews of CYP MH crisis services. In NCL, HLP undertook two peer reviews of CYP MH crisis services, of Barnet, Enfield & Haringey Mental Health Trust (February 2018), and a combined peer review of services provided by the Tavistock & Portman NHS Foundation Trust and Whittington Health (May 2018).

The HLP found many positives in the services provided by BEH, T&P and the Whittington. The review praised the knowledge and understanding that representatives from the pathway organisations have in relation to what the challenges are and what it working well. The report highlighted the progress that has been made in transforming the crisis pathway but noted that there is still variation in the service provided across the three boroughs.

The HLP review highlighted that the NCL STP programme and the associated CYP mental health work stream has aligned the transformation and created a strong vision for future transformation, with a focus on improving community and outreach provision to reduce inpatient stays, reducing variation in medical rotas and delivering a consistent extended hours service. The investment each CCG has agreed to fund this transformation jointly across the STP was highlighted as a strength. In addition the potential opportunity to develop a North Central and North East London New Care Model and deliver to further transformation across a wider geography in the future, was seen as a positive. The joint HBPOs bid for NCL was also seen to be a positive although it was noted that there is no plan B, if this bid is unsuccessful.

The review praised the amount of feedback sought from CYP across all boroughs and the way that this is being used to try to improve the experience for CYP. For Barnet, the following was noted:

- Having a crisis service even if this this is not commissioned, and make best use of what is in place
- Fantastic and cooperative relationship with paediatric staff ward
- Barnet Adolescent Service
- Commissioning and implementation of Kooth
- Barnet Resilience Schools Programme and mental health specialists allocated to schools.
- For tier 4, improvements at the Beacon Centre and Bed Management Team.

Representatives from the local pathways in all boroughs welcome the feedback from the reviews and found them a positive experience which have generated ideas for improvement which are informing strategic planning going forward; a detailed action plan is being developed based on the recommendations from the peer reviews and delivery of this plan will be overseen by the NCL CAMHS Board.

The following developments (7.1 and 7.2) show Barnet's response and ongoing commitment to improve crisis care.

## 7.1 In-hours crisis care - Assertive Outreach Team

Barnet requires significant enhancement of assertive outreach and crisis responses due to current gaps in provision. Young people and their families who are experiencing a crisis in their mental health which, in the absence of enhanced support, may lead to serious harm, long term health impact or hospital admission and therefore need a responsive service

In 2017-18, Barnet Commissioned the adolescent outreach team (AOT) from BEH to deliver high quality emotional wellbeing and mental health support to children and young people (CYP) who are in mental health crisis and are at risk of presenting to A&E and admission to Tier 4 if the crisis remains unmanaged.

A mental health crisis, as defined by the Healthy London Partnership Children and Young People Mental Health and Wellbeing Implementation Group, is as follows:

*“A mental health crisis occurs when the level of distress and risk presented by a young person is not supported or contained by the care system that is in place for them. It may be the view of the young person themselves and/or the view of those involved in their care, that their current condition and situation represents a crisis. The crisis might be triggered by a worsening of the young person’s condition, a weakening of the support system, or both. In reality, these are not independent factors and the young person’s experience of weakened support frequently triggers a worsening of their condition”.*

The AOT will support CYP in times of mental health crisis and improve quality of care and outcomes by offering:

- A faster response to young people in crisis
- Increased accessibility through flexible approach (i.e. safe meeting locations agreed with CYP and/or carer, at a time that suits them)
- Prevention of crisis escalation
- Assertive approach to engagement (i.e. persistent approach with repeated attempts to make contact, including immediate follow-up of DNA)
- Planned intensive intervention (i.e. 2-3 contacts a week in addition to care as usual until the need for intensive input is resolved)
- Brief to mid-term interventions
- Tailored evidence based therapy interventions in line with NICE guidance
- Promote resilience and self-management for CYP in crisis
- Support for parents/carers
- Continuity of care post intensive crisis intervention
- Collaborative relationships (i.e. liaison with other agencies as required)
- Liaison with other professionals via the 0-19 Hub model
- Reduction in referrals on Tier 4 admissions.

The AOT will also:

- Close the gap in current provision to meet the requirements of the Mental Health Crisis Concordat and HLP Guidance. Reduce the negative impact on long term outcomes for children who have a mental health crisis.
- Reduce Length of Stay (LOS) at acute hospitals for children awaiting a specialist assessment. Young people and families experiencing a crisis will be able to have

swift access to a responsive service. Reduce the number of admissions to mental health related hospital presentations and admissions for young people

The primary goal of the Assertive Outreach Service is to offer an accessible, flexible, community-based child and adolescent mental health assessment and treatment service by a specialist team to children, young people and their families in crisis. The service will be delivered in hospitals, clinic settings, schools, community and in homes and will be running in January 2019. Quality assurance measures (including feedback from the family, young people and professionals) will inform the development of the provision.

## **7.2 Out of hours**

### Rationale for joint priority across NCL

CAMHS crisis care is a focus area within Future in Mind, the Five Year Forward View (24/7 mental health crisis response and community based crisis response), the Crisis Concordat, the HLP Children's Programme (rapid response and de-escalation) and expected national guidance currently in DH gateway:

In NCL there is variable day time crisis care with some CCGs having active outreach services into A&E and the community, and others less able to provide outreach, often for complex reasons such as funding, staff recruitment and retention. Additionally the out of hours crisis response across the sector is extremely variable with the hospitals in the south of the borough having access to a comprehensive psychiatric registrar rota, but the service in the north unable to access this level of support. Commissioners and providers from across NCL have therefore been collaborating closely to develop a model based on new guidance and drawing on good practice examples from elsewhere.

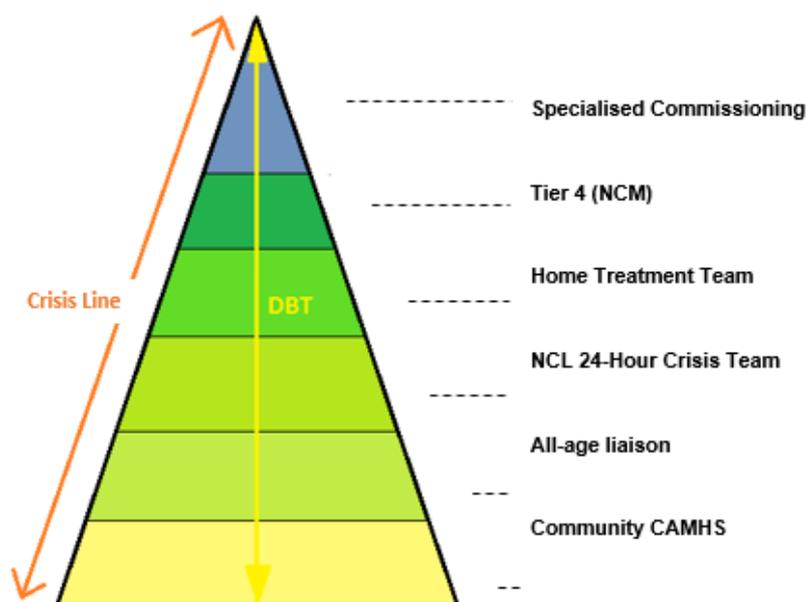
The development of out of hours crisis has been included in the CAMHS work stream of the NCL mental health STP programme as it is a service which, to achieve sufficient economies of scale and maximised effectiveness and efficiency, would work best across an NCL-wide population. The aim is to provide a service covering the whole STP area which is equitable across the patch.

### What we are aiming to achieve across NCL

NCL will develop a local integrated pathway for children and young people with higher tier mental health needs which includes rapid community-based and out-of-hours responses to crisis. There will be investment in expanding the crisis workforce and in training for the crisis response team, with a focus on Dialectical Behaviour Therapy (DBT) as the core treatment modality. This will result in admission prevention, reduced length of stay and support appropriate and safe discharge and a reduction of admission to acute paediatric beds across the footprint. NCL will work closely with Specialised Commissioning and jointly with Health & Justice Commissioners to develop local integrated pathways including transitioning in or out of acute, specialist and secure settings. Over the lifespan of the LTP programme until March 2021, the aspiration of NCL is to develop a comprehensive acute care pathway for children and young people experiencing a mental health crisis. The development of the acute care pathway will occur in phases as additional LTP investment comes on stream and savings are realised through the proposed New Care Model (NCM) programme for CAMHS Tier 4 across NCL and North East London (NEL). This is an iterative programme of work taking a long term view of service development and delivery of the ambition to better meet the needs of those children and young people experiencing mental health crisis.

The role of the NCL CAMHS Project Board in overseeing this work ensures that commissioners and providers work collaboratively with service users and that there is service user challenge and oversight as proposals are developed.

**CAMHS Acute Care Pathway – a whole system approach to crisis care**

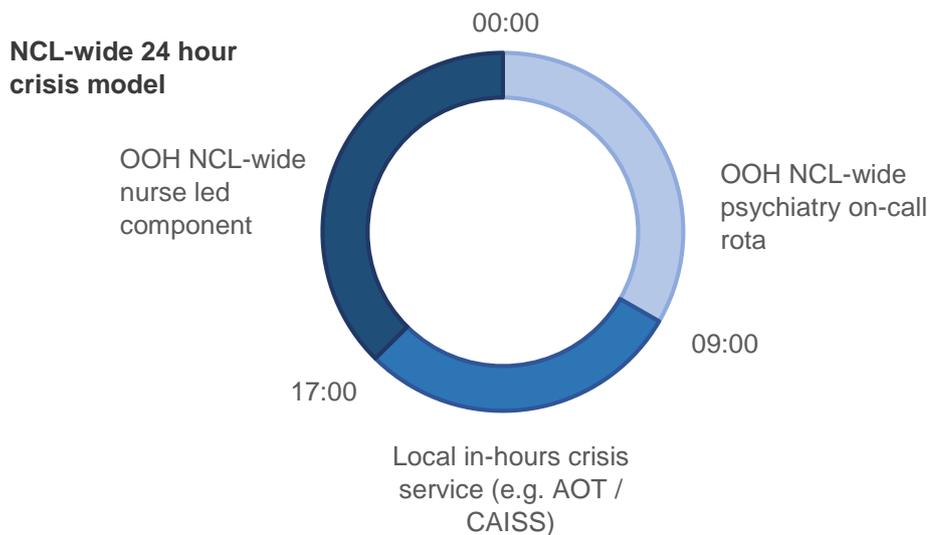


**NCL-wide 24-hour crisis service**

During 2017/18, commissioners and providers collaborated closely to develop and agree a model for 24-hour CAMHS crisis care that would meet as much of the vision as possible, within a set of parameters, which include:

- The financial envelope
- Keeping staff and patients safe
- Having a service that is accessible to the whole NCL
- Having a service that has the capacity to ensure that children and young people are enabled to be kept safe and secure until the morning or when a full and timely assessment can be completed if not possible immediately
- Interface with current, and any new arrangements for the collaborative commissioning of local CAMHS Tier 4 provision

To ensure full coverage across 24 hours, seven days a week, commissioners and providers have agreed a service model that comprises three services elements, local in-hours crisis services; an NCL-wide out of hours nurse led crisis service; and out of hours NCL-wide on call psychiatry, as follows



### Out of hours NCL-wide nurse-led component

Extensive work has been undertaken to develop proposals for an NCL-wide Out of Hours crisis service, in response to new HLP guidance. Following consultation with key stakeholders, options appraisals and financial analysis, it was agreed the core out of hours component be provided by a nurse-led component delivering twilight cover 7 days a week, plus weekend cover from 9am to midnight. The component will be delivered by Band 6 nurses with Band 7 leadership and will be integrated into Paediatric Liaison.

Each NCL CCG has invested £100,000 in the provision. A Single Tender Action (non-OJEU) was run during 2018 and the Royal Free Hospital was awarded the contract to deliver the component for an initial pilot period on the basis that they:

- Are able to mobilise in short timeframes;
- Have established working relationships with other CAMHS providers operating across NCL to ensure coordinated daytime and out of hours services; and
- Have an identified local base from which to operate which includes provision of paediatric A&E to ensure safe management of any co-morbid physical health needs.

A contract variation for the component has been signed and RFH has begun recruitment for the component, with a view to commencing service delivery in April 2019. The model for the nurse-led component comprises:

- Twilight and weekend 9am to midnight component integrated into the Paediatric Liaison team and the NCL on-call rota, to be provided by Band 6s with Band 7 leadership
- Nightshift covered by on-call junior doctor to enable children and young people to stay safe through the night
- Provision of mental health and paediatric assessments as and when required
- Advice, information and consultation to be provided to clinicians from other agencies when needed.

The nurse-led component will deliver the following outcomes:

- Reduction in time spent in A&E
- Improved CYP and family experience
- Timely response to CYP in out of hours crisis
- Reduction in numbers of CYP requiring specialist RMN Support on paediatric wards
- Reduction in length of admission to paediatric beds
- Improved outcomes for CYP
- Faster access to MH assessment

### **NCL-wide psychiatry on-call rota**

The success and safety of the nurse-led OOH component is contingent on robust supervision from an on-call psychiatrist of senior-training grade or higher (consultant). Historically there have been a number of on-call psychiatry rotas operating across NCL with varying workloads and consultant remuneration for out of hours work is also variable. As part of the development of the 24-hours crisis offer it has therefore been proposed that a single rota for consultants across NCL be developed. A particular focus for this work is to ensure parity of access across the sector, greater equity in workloads and responsibilities and more consistency in contracting arrangements for on-call psychiatry.

### **7.3 Mental health liaison services**

Currently NCL partners are working together to deliver mental health liaison services across NCL which meet the minimum core 24 service standards by 2021/22. As part of this work Commissioners are considering how best to ensure that there is improved access to liaison mental health services for all ages in line with the requirements set out in the Five Year Forward View for Mental Health and, that needs of young people with mental health problems presenting in urgent and emergency care settings are being met appropriately and well. In agreeing the way forward, commissioners will be considering the impact of current plans to introduce a nurse led CAMHS crisis service across NCL and the move to a common out of hours CAMHS rota which will inform how best this resource will interface with adult mental health liaison teams to best meet the needs of patients of all ages.

## **8 Inpatient and specialist care**

The development of New Care Models for CAMHS Tier 4 services is a priority within the Five Year Forward View for Mental Health and is a priority within the North Central London (NCL) Sustainability & Transformation Plan. It is recognised that the outcomes for children and young people experiencing severe mental illness can be both poor and inconsistent. Through joint work across NCL, the STP aims to improve population based health outcomes for children and young people experiencing mental health crisis and/or those with complex and enduring mental health needs. The wider collaboration across the STP provides an exciting opportunity to share learning and resources to better meet the mental health needs of children and young people across the system and tiers of need.

### **Our ambition**

- Improve quality and reduce variability of Tier 4 experience for our patients
- Reduce distress to young people
- Reduce length of stay for a significant proportion of young people

- Smooth transition in and out of Tier 4, including reduced waits for CYP to access Tier 4 beds when required

### Current picture

During 2016/17, two bids were submitted to NHSE under the New Models of Care programme for the development of NCL-wide arrangements for the co-commissioning of CAMHS Tier 4. Unfortunately, both bids were unsuccessful, with feedback from NHSE indicating that the proposed models were not sufficiently ambitious or transformative and that a wider footprint, beyond NCL boundaries should be considered.

Looking beyond NCL, North East London (NEL) is the only other London STP area that has not developed local commissioning for Tier 4. NHSE Specialised Commissioning therefore made a specific request to NCL to develop a sub-regional shadow-NCM collaboration between NCL and NEL STPs, with the view to improving outcomes for children and young people across a wide geographical area. NHSE have indicated that the following adolescent specialist services would be involved in the shadow-NCM programme (table 3):

Provider name	Unit name	OBDs commissioned	Commissioned beds	Total bed capacity
Barnet, Enfield & Haringey (BEH) MH Trust	Beacon Centre	4,976	13.63	14
East London Foundation Trust (ELFT)	Acute T4 CAMHS	4145	11.36	12
	PICU	5103	13.98	16
	Day care service	2264	NA	
North East London Foundation Trust (NELFT)	Brookside	9483	25.98	30
Ellern Mede	Ridgeway Unit	7975	21	26
Whittington	Simmons House	TBC	12	TBC
Great Ormond Street Hospital (GOSH)	Mildred Creek	TBC	10	TBC
Royal Free Hospital	(Eating Disorders)	TBC	TBC	

In response to this request, Chief Executive Officers of the four NHS providers of general acute CAMHS Tier 4 services and the corresponding community CAMHS (BEH MHT, Whittington Health, NELFT and ELFT), plus the Tavistock & Portman NHS FT as the SRO for the NCL programme, have commenced a joint programme of work to identify the number of beds required within and across NCL/NEL and the potential savings from preventing out of area placements as well as reduced lengths of stay. A Non-Discloser Agreement (NDA) has been drafted in order to release the contract with NHSE to commence the programme; the NDA is currently awaiting signature.

### What we are aiming to achieve across NCL

Through the shadow-NCM programme, the STPs will develop a sub-regional CAMHS pathway across NCL and NEL which will increase integration between locally provided community CAMHS, social care and education, acute hospitals and paediatric liaison services. In addition, through the delegation of specialised commissioning functions in relation to contracting and payment of children and young people's psychiatric inpatient care, the programme will achieve greater integration with adolescent inpatient services for general acute, eating disorders, learning disability and psychiatric intensive care.

The programme will result in a more preventative approach and ensure that care is provided in the most appropriate place at the right time, preventing Tier 4 admissions, reducing lengths of stay and supporting appropriate and safe discharge through improved integration across the children's health, education and care system. By working across a larger geographical footprint, the programme will increase efficiency and equity of access to high quality community, acute and inpatient services, improving population based mental health outcomes for children and young people and realising savings that will be reinvested into community services.

We will develop a local integrated pathway for CYP requiring beds that includes rapid community based response to crisis. This will result in admission prevention, reduced length of stay and support appropriate and safe discharge and a reduction of admission to acute paediatric beds across the footprint. NCL and NEL will work closely with Specialised Commissioning and jointly with Health and Justice Commissioners to develop local integrated pathways including transitioning in or out of secure settings, SARCs plus liaison and diversion provision.

The NCL CAMHS Project Board is currently overseeing this work and a wider NCL/NEL programme board is being established to lead the work. The programme board will be responsible for ensuring that commissioners and providers work collaboratively with service users and that there is service user challenge and oversight as proposals are developed.

#### **Key Milestones**

- Signing of contract with NHSE Specialised Commissioning – September / October 2018
- Baselineing of in area and out of area 2017/18 month 12 full year outturn to set NCM budget for 2019/20 – November / December 2018
- Establish forecast activity for 18/19 – November / December 2018
- Undertake modelling to inform phasing of implementation and potential financial implications of implementation, e.g. including any options for pump-priming of community crisis services – January to March 2019
- Commence delivery of shadow place-based commissioning of CAMHS Tier 4 – April 2019

## **9 Eating disorders**

NCL (Barnet, Enfield, Islington, Haringey and Camden) jointly commissions the specialist Eating Disorders Service at the Royal Free Hospital, Barnet CCG is the lead commissioner.

The Eating Disorders Service is in line with model recommended in NHS England's commissioning guidance, and consists of a community team and intensive service to meet the needs of the NCL population. The service is a member of the Quality Network for Community CAMHS Eating Disorders (QNCC-ED) and is due to receive their first peer review in February 2019.

All referrals for assessment or treatment of an eating disorder will access NICE concordant treatment within 1 week for urgent cases and 4 weeks for routine cases. The pathway and service is set up to deliver evidence-based interventions at varying levels of intensity that covers children and young people with a range of needs.

Following NHS England's "Access and Waiting Time Standard for Children and Young People with an Eating Disorder" in July 2015, the initial phases of transformation for NCL focused on improving data recording and reporting, investing in additional specialist staff to meet gaps in capacity and reducing waiting times.

A key focus of our service development plans will also include exploring the options available to implement self-referrals.

Summary of Progress against priorities identified in Transformation Plans 2015.16 and 2016.17 (table 4):

Priority	Summary of Actions to Progress	RAG Rating
1. Increase capacity and reduce waiting times to meet key requirements of NICE Guidance	<ul style="list-style-type: none"> <li>• Additional staffing across MDT achieved – see table below</li> <li>• Waiting Times Targets – see table below</li> </ul>	<b>Achieved</b>
2. Outreach education training for eating disorders to primary care health and education staff	<ul style="list-style-type: none"> <li>• Two training sessions held – one for primary Care and one for Schools-30 attendee's</li> </ul> <p>The Service Manager of the Eating Disorder service reports:</p> <ul style="list-style-type: none"> <li>• A seminar was held for the Jewish schools in spring 2018. The seminar was delivered to eight schools.</li> <li>• The Eating Disorder service regularly goes into schools to support young people and staff to manage eating disorder issues and concerns.</li> </ul>	<b>Achieved</b>
3. Offer telephone support for General Practitioners	<ul style="list-style-type: none"> <li>• Is available but requires further evidence of wider knowledge by GP's.</li> <li>• The provider reports that clinicians are always available to speak to GP's.</li> <li>• Plan to record GP contacts going forward in 18.19.</li> <li>• This area will also form part of the service review and service developments going forward.</li> </ul>	<b>Partially achieved</b>
4. Improved performance monitoring and management	<ul style="list-style-type: none"> <li>• Quarterly performance reports and contract meetings taking place.</li> <li>• Disaggregation of Urgent and Non-Urgent cases. A Service review is now taking place of the Intensive Eating Disorder Service and is due to report early 2019.</li> <li>• Outcomes data routinely captured and reported.</li> <li>• Length of stay in Intensive Eating Disorder Service reported.</li> </ul>	<b>Achieved</b>

Performance against Eating Disorders Service Waiting Times and Access Targets (table 5a):

<b>CCG</b>	<b>Year of Performance</b>	<b>NCL Targets for Eating Disorders Service-Waiting Times RTT Non-Urgent/Urgent</b>	<b>Performance &lt; 4 weeks RTT non-urgent</b>	<b>Performance RTT &lt; 1 week urgent</b>
<b>All NCL CCGs</b>	<b>2014.15</b>	Baseline Year	54.0%	Not Known
	<b>2015.16</b>	60%	69.2%	No Target
	<b>2016.17</b>	80%/95%	85%	100%
	<b>2017.18 Q1</b>	90%/95%	95%	100%
	<b>2017.18 Q2</b>	95%	100%	100%
	<b>2017.18 Q3</b>	95%	100%	100%
	<b>2017.18 Q4</b>	95%	100%	100%
	<b>2018.19 Q1</b>	95%	94.1%	100%

Barnet specific performance (table 5b):

<b>CCG</b>	<b>Year of Performance</b>	<b>NCL Targets for Eating Disorders Service-Waiting Times RTT Non-Urgent/Urgent</b>	<b>Performance &lt; 4 weeks RTT non-urgent</b>	<b>Performance RTT &lt; 1 week urgent</b>
<b>Barnet</b>	<b>2017.18 Q4</b>	95%	100%	100%
	<b>2018.19 Q1</b>	95%	88.9% (1 / 9)	100%

## Summary of Service Activity

**Table 6**

Referrals for all five boroughs 2015.16, 2016.17 and 2017.18 Q1		
CCG	Number of referrals received	Number of referrals accepted
All NCL	181	171
All NCL	141	127
All NCL	166	153

## Phase 3 of Eating Disorders Transformation

To support our planning process and identify the next phase of transformation Healthy London Partnership (HLP) asked hospitals and community providers to complete a self-assessment tool to reflect the eating disorder service they provide. The outcomes for NCL covering eight themes reported in July 2017. Subsequently a Self –Assessment was undertaken in 2018. This along with discussion with, Commissioners, providers, clinical partners and families have informed our new priorities as set out in Table 7:

**Table 7**

RFL Eating Disorder Service Progress in 17.18	RAG	NCL Local Transformation Plan-Priorities 2018.19
<p><b>Co-morbidities management.</b></p> <ul style="list-style-type: none"> <li>The Service provider reports very strong links with community paediatrics. RFL ED team currently sits within Paediatrics at RFL accordingly.</li> <li>Care pathways have been developed and are closely monitored. Care pathways developed for patients with eating disorders requiring feeding and medical stabilisation.</li> <li>Care pathway for patients with eating disorders who self-harm.</li> </ul>		<ul style="list-style-type: none"> <li>The review of the Intensive Eating Disorder service will also be looking at this area of practice more closely.</li> <li>In particular, there will be a focus on care pathways with generic CYPMH as it is recognised that this is an area that needs to be developed across NCL.</li> </ul>
<p><b>Needs and provision</b></p> <ul style="list-style-type: none"> <li>This is reported as maintained and full compliance.</li> </ul>		<ul style="list-style-type: none"> <li>To be monitored in Performance Management meetings.</li> </ul>

<b>Evidence based care</b>		<ul style="list-style-type: none"> <li>The implementation of self-referrals will form part of future service developments during this period.</li> </ul>
<b>Community model</b> <ul style="list-style-type: none"> <li>Reported as moved to full compliance.</li> </ul>		<ul style="list-style-type: none"> <li>Additional training for schools and primary care.</li> </ul>
<b>NICE Concordant treatment standard</b>		<ul style="list-style-type: none"> <li>Engage with peer review through QNCC. Application has been submitted. Initially a one year process to complete application.</li> <li>To be reviewed in quarterly performance management meetings.</li> <li>Referral to treatment will continue to be performance managed.</li> <li>The intensive service will also review this component of the service.</li> </ul>
<b>Engagement with CYP, families and carers.</b> Currently any new family that is referred to the service is given the option to participate in Carer and Family courses which focus on eating disorders and how they are managed and treated. Families and Carers are then invited to a follow up sessions consisting of 6 ½ day workshops. The programme consists of a series of four workshops programs delivered during the course of the year.		<ul style="list-style-type: none"> <li>Exploring the options available for Self-referral for families to form part of future service development plan.</li> <li>Signposting and navigation for families and professionals to access support will be monitored.</li> </ul>
<b>Demonstration of evidence based care.</b> Engage with peer review through QNCC		<ul style="list-style-type: none"> <li>The service has now made an application to the QNCC- ED. The process is likely to take a year to complete.</li> </ul>

<b>Transition and partnership working</b>		<ul style="list-style-type: none"> <li>• Will be monitored in performance management meetings.</li> <li>• Will also form part of service review.</li> </ul>

## 10 Workforce

### Rationale for a joint priority across NCL

Across NCL, there are two mental health NHS trusts and an Integrated Care Organisation that provide CAMHS services for the five boroughs. In addition, the specialist Eating Disorder Service for the five boroughs is provided by Royal Free London NHS Trust. Due to the shared provider landscape, along with the migration of our population within the NCL patch, it has been agreed to conduct workforce mapping across the entire patch as this is seen as the most beneficial and efficient method of doing so, while also allowing for local variations in workforce need. The result will be a multiagency strategy to develop the workforce for the NCL STP footprint.

We will continuously review the current workforce provision across NCL which will enable the effective planning for the workforce requirements in order to address the mental health and psychological wellbeing needs of children and young people in NCL. We will use the '*Stepping forward to 2020/21: The mental health workforce plan for England July 2017*<sup>19</sup>' report to steer our work. This document sets out the high level road map for regions, STPs and local areas from which to build their regional workforce plans to 2021 that reflect local needs and strengths.

We need to understand what new roles may be required to address future demands on mental health services and what alternative ways of delivering support are required. Training will also be key to ensuring the workforce is adequately skilled to deliver the support required by children and young people with mental health needs. We also need to consider the impact on physical health that mental health issues can have and how we seek to ensure our workforce can address those aspects of mental health too. Addressing these questions may see care and support being delivered in alternative ways, such as further collaborative working with the voluntary sector, schools and colleges. We do not envisage moving to a single workforce model but will share ideas, expertise and learning to develop a more efficient CAMHS system and network of service provision.

### Workforce mapping outcomes

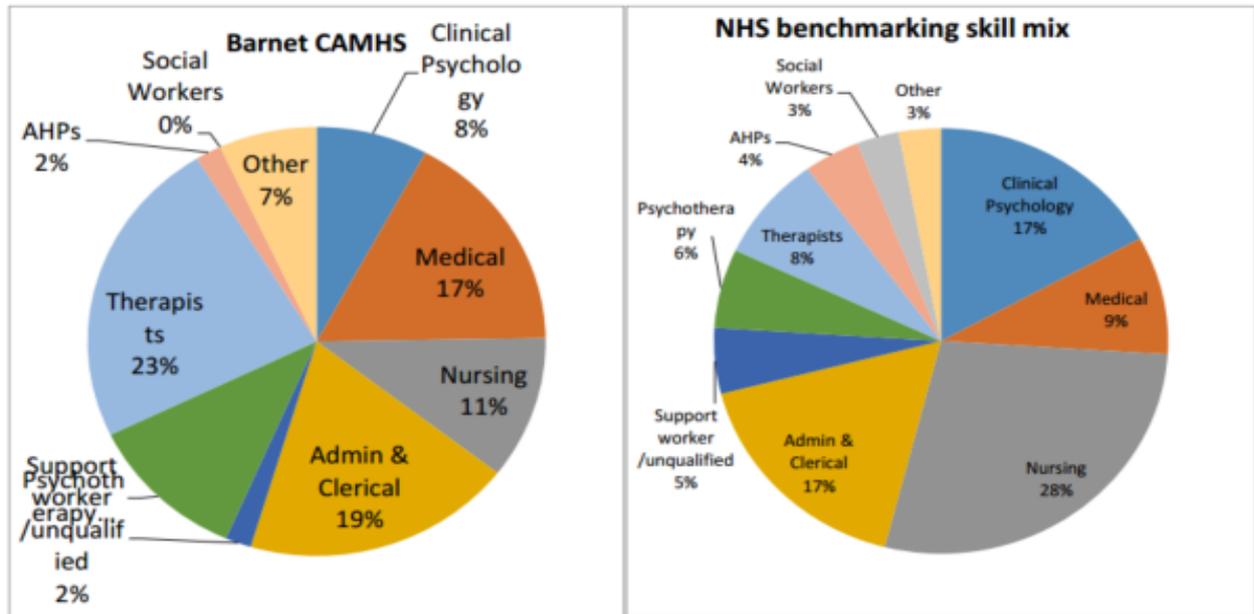
In 2017, an independent mapping exercise was undertaken across the five NCL CCGs. Whilst specific issues were identified in each CCG, the report concluded that some areas commission a broader range of services than others which may lead to a more diverse range of roles and skills and a broader scope for workforce development in line with the NCL CAMHS and Perinatal initiative and current national policy drivers. The work also identified individual

<sup>19</sup>

<https://hee.nhs.uk/sites/default/files/documents/Stepping%20forward%20to%20202021%20-%20The%20mental%20health%20workforce%20plan%20for%20england.pdf>

CCGs' skill mix and staffing models, how they compare across NCL, but also in relation to wider benchmarks.

The charts below compare the professional mix in Barnet CAMHS November 2017 with NHS Benchmarking average.



Following this work, we have been able to identify changes to the NCL CAMHS workforce required in order to achieve the ambitions of the Five Year Forward View plan, the Mental Health Taskforce and Future in Mind. These include the following specific priorities and tasks aligned to the recommendations in the mapping report:

Priorities	Tasks
Ensuring equity of access	<ul style="list-style-type: none"> <li>Each borough to review their own access performance, staffing and access to inform a benchmarking exercise</li> <li>Ensure a maximum wait for referral to first assessment (for 92% of CYP MH seen within 13 weeks)</li> <li>Understanding ethnicity and local population needs, and gaps that may exist</li> </ul>
Ensuring the stability and sustainability of services	<ul style="list-style-type: none"> <li>'Recruit to train' - implement across all boroughs, and sharing learning, e.g. CWP posts. Aim to establish a five borough-wide resource through economies of scale</li> <li>Seek to avoid fixed term contracts to facilitate delivery of a stable and sustainable workforce</li> </ul>
Upskill the NCL mental health workforce via digital avenues	<ul style="list-style-type: none"> <li>Explore the potential to establish Kooth across NCL and how such solutions could dovetail with other interventions including face to face contacts</li> <li>Consider social media training for staff and how digital solutions (e.g. apps) could support CYP, and how social media impacts on CYP MH</li> </ul>
Engage providers in developing services to deliver NCL shared priorities	<ul style="list-style-type: none"> <li>Formally engage non-NHS/borough providers in local forums including the voluntary sector</li> </ul>
Utilising capacity across NCL	<ul style="list-style-type: none"> <li>Undertake a full service review through a demand and capacity model that reflects the needs of the local population, and considering the use of Voluntary Care Sector (VCS) providers wherever possible</li> </ul>

Priorities	Tasks
Collaborate across the system to ensure that workforce mapping, skills and training needs are more robust and accessible; and that processes are in place to commission and deliver training	<ul style="list-style-type: none"> <li>Undertake borough level Training Needs Analysis and bring this together through an NCL requirement, securing economies of scale in delivering the identified training</li> <li>Undertaken annual workforce mapping to continually assess service needs, underpinned by consistent metrics and benchmark data</li> </ul>
Involve practitioners from adult mental health services in training in working with adolescents with mental health problems	<ul style="list-style-type: none"> <li>CAMHS commissioners to liaise with their adult mental health commissioners to identify training opportunities for adult staff in supporting CYP in acute environments</li> </ul>

### **CAMHS training programme**

We recognise the training is a key component of the delivery of safe and effective care and support and we will continue to pursue a proactive programme of training across NCL. One area where we have been successful in securing Health Education England (HEE) funding is to establish an STP-wide clinically-led CAMHS training forum, linked to an agreed rolling programme of in-sourced training. The intention is to develop targeted training programmes to upskill registered professionals and others to take on extended and advanced roles in priority service areas: mental health, learning disabilities, long term conditions, urgent and emergency care, and leadership.

This supports the five year forward view priority area of Mental Health. In particular, talent management and recruitment and retention of staff is an STP priority. It will also feed into the programme of CAMHS clinician rotation being developed.

Once we have agreed the scope of training and high impact staff groups, we will be developing training materials prior to implementing the programme through the rest of the year and into 2019/20.

### **Children and Young People's Wellbeing Practitioners (CWPs)**

The Children and Young People's Wellbeing Practitioners a new role that offers evidence-based interventions in the form of low intensity support and guided self-help to CYP with mild to moderate mental health problems.

CYP IAPT Collaboratives throughout the country have set up CWP programmes in response to the target of offering evidence based intervention to 70,000 more children and young people annually by 2020, by training up 1,700 new staff in evidence based treatments, as outlined in 'Implementing the Five Year Forward View for Mental Health'.

In the first year, CWP services have been set up under the guidance of senior CWP Leads in 15 localities or 'partnerships', including Barnet, in services tailored to provide mental health support to children depending on local needs as part of local provision. A variety of service models were established in that time, including the CWP program being offered within schools, CAMHS services, Local Authority and Third Sector organisations. As CWPs are rolled out across other CCGs, we will be learning from those 15 partnerships which will help to inform the development of this program over the next few years and how we will therefore configure the workforce in support of it.

In Barnet, trainee CWPs are also in-situ studying through the University College London and Anna Freud/Tavistock and Portman NHS Foundation Trust (see page 23).

In 2018, Healthy London Partnership reviewed NCL CYP IAPT workforce training, Barnet had achieved 37.5% against the 2015 target for staff trained in evidence based practice.

### **Supporting Crisis and Out of Hours services**

We are increasing staffing capacity in the NCL-wide crisis service to better meet demand. We will also be reviewing the effectiveness of the current on-call rotas and use of specialist registrar doctors grades to ensure greater consistency and more efficient and effective working arrangements across the five CCGs.

As part of the work to develop NCL-wide all-age liaison provision, we will need to review the staffing capacity of existing CAMH services and consider potential restructuring of existing resources to improve parity of access across the sector. We will also need to establish effective cross-training between adult and children's mental health services to ensure both staffing cohorts have the skills / competencies to deliver within an all-age service. To support this, we expect to bid to HEE for a short term pilot for having an embedded CAMHS liaison post within a combined all-age service, as opposed to the current model of stand-alone CAMHS liaison. This would give us an opportunity to test the effectiveness of the model to inform future planning, ensuring a strong all-age liaison service.

### **Vacancy management**

Whilst we will always be looking to recruit and retain the best staff in NCL, inevitably they do leave for a variety of reasons, taking on new roles, and moving to new organisations in new areas. So there will always be an element of staff turnover which we will need to manage in order to minimise the time that a post remains vacant.

Linked to the outcomes of the workforce mapping audit mentioned earlier in this section, we will use our NCL wide networks to constantly monitor vacancies within our commissioning functions as well as our providers, both NHS and non-NHS.

We will look at any emergent trends as vacancies arise and we will take whatever actions may be necessary to mitigate the risks associated with long term vacancies, seeking support from NHSE and Health Education England as necessary.

### **Appendices:**

Appendix A – Risks and issues log

## Appendix A – Risk and issues log

ID	Director	Objective	Risk	Controls in place	Evidence of Controls	Overall Strength of Controls in Place	Consequence	Likelihood (Current)	Rating (Current)	Risk level (Current)
1	Sarah D'Souza/ Collette McCarthy	Successful delivery of the CAMHS LTP	If the LTP does not have sufficient clinical and political support and suitable capacity and resource to deliver.	CCG GB clinical lead in place and chair of programme board. Plans to be signed off by CCG Governing Body and HWBB. CCG, LBB and provider programme teams	Terms of reference. Reports. Programme plans	Strong	3	2	6	Moderate
2	Sarah D'Souza/ Collette McCarthy	Financial management	If the LTP does not have sufficient financial investment/ management of cost pressures to deliver	S75 proposed for management of T1/2 transformation. Crisis/ AOT budgeted for and financial plans in place over period of investment and signed off by FPQ. Regular contract review and performance meetings regarding T3 provision.	Terms of reference. Contract monitoring meeting minutes. S75 agreement.	Strong	3	2	6	Moderate
3	Sarah D'Souza/ Collette McCarthy/ Dr Jonathon Stephen	Workforce	If the LTP does not have sufficient workforce to manage the LTP programme	Senior Commissioner responsible for Children's transformation in place (CCG). LBB and BEH capacity deployed to transformation within LTP	Recruitment and JD info.	Strong	3	2	6	Moderate
4	Sarah D'Souza	New Models of Care	Unsuccessful bid for local commissioning of Tier 4 CAMHS	NHSE to develop alternative plans for NCL	NCL CAMHS Transformation Board	Strong	3	2	6	Moderate