

Appendix 2

Barnet Child and Adolescent Mental Health and Emotional Wellbeing Transformation Plan 2015-2020: Refresh 2016

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Part 1: Barnet Focus

1.1 Introduction

The Barnet CAMHS Transformation plan refresh is set out in two parts. Part 1 reflects the priority areas with a Barnet focus and the strategic vision we have established. It deals primarily with community CAMHS provision, commissioning intentions and refresh local priorities. Part 2 has been developed with NCL wide partners and sets out our joint transformation planning for those areas with high interdependencies, opportunities for increased efficiency or which are jointly commissioned across the STP

footprint. We have updated local needs assessment data where this is available or was not included in the original plan. We have not undertaken a redrafting of the whole transformation plan. The refreshed Barnet CAMHS LTP will be presented for approval at the Health and Wellbeing Board on 9th March 2017 and as such will be published online on Barnet Council and CCG websites.

1.2 Executive Summary

Barnet has made progress in a number of priority areas which we identified in the Child and Adolescent Mental Health Service Transformation Plan 2015-2020 published in February 2016. An update of progress and is set out in section 1.3 of this plan. Key areas of progress include

- Embedded our strategic approach to Family Friendly Barnet
- Established resilience based practice at the heart of vision for children and young people
- New CAMHS satellite provision at Pupil Referral Units
- Significant reduction in waiting times for the Eating Disorders Service
- Improved performance management of services and new targets
- Participation with NCL partners in a successful bid for Child House Model
- Successful funding bids for additional capacity to reduce waiting times, develop CAMHS for Young Offenders, employ four trainee Psychological Wellbeing Practitioners and develop a new perinatal Mental Health Service

Whilst some progress has been made to date we feel that the challenges and vision described in 'Future in Mind' 2015 to transform services requires a more 'whole system' remodeling approach. Therefore we have decided to jointly re-commission Community CAMHS services within a Section 75 agreement. We will redesign our services based on the concepts and principals of our resilience based model using the THRIVE approach (see page 9). We have begun a wide ranging review of our needs assessment, mapping of provision and development of a new model of services. We will consult widely as part of a procurement process running for one year (1st October 2017 completion). Our goal is to achieve a more balanced provision of services in order to improve service user experience and achieve a long term sustainable Emotional Wellbeing and Mental Health System for children and young people.

We will use transformation funding and existing local resources to achieve the vision set out in 'Future in Mind' 2015 by focusing on developing open, responsive and outcome orientated services based on evidenced based resilience focused practice. Through innovative approaches to delivering high volume/low unit cost support for example via web based delivery and an increased emphasis on population wide needs we will take a different approach to emotional wellbeing of Children and Young People. We will do so while improving the quality and efficiency of specialist clinical services.

We will publish a refreshed needs assessment alongside this plan. We have included key highlights and findings from the updated needs assessment to support the new priorities identified in this plan.

In support of the remodeling process we will direct additional one off NHSE funding to reduce waiting times in Barnet and take the pressure of the 'front door' while CAMHS is redesigned and transformation is embedded. We will initiate a performance improvement plan with BEH-Community CAMHS as part of this process.

Barnet aims to increase the number of children and young people receiving a 'new treatment episode' from locally commissioned services by over 125% by 2019/20 with an overall increase in the total number of young people receiving support of 80%+ (see modelling document attached as appendix 8)

Financial planning to deliver local priorities

Barnet will be undertaking an ambitious and complex recommissioning and procurement process. Therefore we will not be publishing a detailed allocation of spend against our priorities listed as this may negatively impact upon the procurement process and transgress procurement regulations. Barnet will continue increasing investment in children's mental health and emotional wellbeing services and we fully anticipate delivering increased value for money across the system.

1.3 Progress Update on CAMHS Transformation Priorities 2015-16

Activity Data 2015.16*

Referrals	2382
Initial Assessments	1386 of which 963 Tier 3
CYP in Treatment	TBC
Discharges	1621 of which 1175 Tier 3
Waiting Times	TBC

*As recorded on local performance reports

Schools, promoting mental health and wellbeing, resilience, PSHE and counselling services in schools.

*Resilience based approach - THRIVE in Schools-Jointly managed with Public Health, plan under development
New satellites at PRU and named CAMHS link workers for schools*

Enhancing existing maternal, perinatal and early years health services	Partnership bid submitted- see Part 2 Additional £25k invested in psychiatry sessions at maternity services
Supporting self-care utilising evidenced based apps and digital tools;	Review of options under way and new work strand in place.
Moving away from the current tiered support	New resilience based Model of practice with services under development based on THRIVE and flexible, responsive services
Eating Disorders: Reduce Waiting Time, increase workforce and progress toward meet NICE Guidelines (also see Part 2)	Performance 2015.16 Q3 <4 weeks = 32.5% 2015.16 Q4 <4 weeks = 78.6% 2016.17 Q1 <4 weeks = 85%
Vulnerable Groups: Improve engagement of vulnerable groups with behavioural problems New Pupil Referral Unit (PRU).	CAMHS satellites set up psychologist input, group and 1-1 sessions and parental support. 25 CYP engaged and 12 Parents
Commissioners and providers across education, health social care and youth justice sectors working together to develop appropriate and bespoke care pathways	New PRU satellites established –see above CAMHS Health and Justice Proposal drafted
Progress Mental Health Crisis Care Concordat	A specification and tender pack have been developed to procure a new nurse led Out of Hours CAMHS Crisis Service to help support crisis and reduce admissions to hospital and long term residential placements

Improving communications, referrals and access to support through and CAMHS in Schools	Barnet CAMHS offer a named Primary Mental Health Worker to all schools. New model now under consideration Improved data reporting confirms 190 CYP engaged per year 150 appoints attended per month.
Co-Design and Participation including Co-design film project under way	CYP Participation films have begun production We have an CYP CAMHS Service User Group New service model will have extensive input from Voice of The Child CYP Groups
Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services Performance Management and Targets;	New targets agreed for < 8 weeks Referral to Assessment and < 13 Weeks Referral to Treatment (see also Section 5.2). A new standardized reporting template has been agreed across NCL
Reduce Waiting Times	Waiting Times reduction plan now in place
Development of Drop-In:	Barnet will be progressing this objective in the new service model
Enabling clear and safe access to high quality information and online support for children, young people and parents/carers, for example through a national, branded web-based portal.	New BEH CAMHS Website almost completed-Soft Launch December 2016 and full launch January 2017
Improving Follow Up of CYP who do not attend appointments	New access policy in place for BEH CAMHS as of September 2016. Evidence of improvement not yet confirmed
Comprehensive assessment and referral to appropriate evidence-based services for Children Sexually Abused	New hub in Place and Child House model funding secured

<i>and or Exploited</i>	
<i>Making the investment of those who commission children and young people's mental health services fully transparent.</i>	<i>CAMHS Funding has been published on CCG and Council websites</i>
<i>Improve understanding of the CAMHS funding flows across health, education, social care and youth justice</i>	<i>Funding arrangements now clear and coordinated across partners</i> <i>Agreement reached for Section 75 pooled Budgets to begin 1st October 2017</i>
<i>Improving commissioning</i>	<i>Additional commissioning capacity in place. Improved performance management, commissioning systems and coordination with other commissioners</i>
<i>Extending the CYP-IAPT curricula and training</i>	<i>Additional training places have been recruited to CYP-IAPT</i> <i>Planning has not been coordinated and a new steering group will be in November 2016 which will include more input from the voluntary and social care sector.</i>
<i>Developing a comprehensive workforce strategy, including an audit of skills, capabilities, age, gender and ethnic mix.</i>	<i>Some services mapped but not yet completed.</i> <i>Workforce plan not yet fully in place</i>

1.4 Governance, Commissioning and Overview of Needs Assessment

Barnet, through its Children and Young People's Plan 2016-2020 sets out a clear aspiration to make Barnet the most Family Friendly Borough by 2020 where all children and young people flourish. At the heart of this vision is the development of a consistent model of work which builds resilience in our communities, our families and our children and young people. 'Future in Mind 2015' identified the growing levels of emotional

problems among young people and that fundamental change in CAMHS and emotional wellbeing services more generally were required to meet these emerging needs.

Children's Mental Health is identified as a priority area with the North Central London Sustainability and Transformation Programme (STP). CAMHS Commissioners across NCL have identified eight priority areas for development across the STP footprint and these are covered in Part Two of the plan. Some of these priorities are also elaborated on in the Barnet specific section of this document.

Governance arrangements are now in place with a Children's Mental Health and Wellbeing Transformation Governance Board. This is chaired by the Director of Children's Service and includes Barnet CCG Director of Commissioning, BCCG GP Clinical Lead for Mental Health and the lead Public Health Consultant. (See Appendix 1 for governance and membership). Children and Young People discussed this plan at the Barnet Children's Partnership Board and extensive consultation is taking Place January/February 2017 on proposed plans for the new service.

On 15th September 2016 Barnet Joint Health and Wellbeing Board received a report jointly sponsored by the respective commissioning directors of Barnet Council Children and Family Services and Barnet CCG. This paper proposed that Barnet move to a more transformative approach to redesigning services to support emotional wellbeing for children and young people in the locality. The JHWP agreed the following recommendations:

- Alignment of all commissioned contracts and pooling of budgets across Barnet under a Section 75 arrangement with oversight from the governance board
- Re-commissioning of children and young people's mental health and emotional wellbeing services, as a whole system under the leadership of London Borough of Barnet
- A Barnet specific process for re-modelling Community CAMHS starting Autumn 2016 for implementation by 1 October 2017
- Additional investment to be made in prevention, resilience based practice and early intervention based around THRIVE 'Coping' and 'Getting Help' segments-see below.
- Embedding of CAMHS into the wider children's service system including schools, primary care and children and family services

To initiate this process Barnet is:

1. Refreshing our Children and Young Peoples Mental Health Needs Assessment (by 1st December 2016),
2. Undertaking an extensive stakeholder consultation on provision and delivery of service (by 1st December 2016)
3. Process mapping of all local capacity (1st December 2016)

4. Demand modelling of services (November 2016)
5. Engaging Public Health (October 2016-completed)
6. Increasing dedicated commissioning capacity for one year (October 2016-in place)
7. Develop a Procurement Plan and Timetable (December 2016)

Overview of Needs Assessment

It is now recognized that the level of mental health need among young people has increased significantly over the last 20 years. Levels of anxiety and depression among young people nationally have increased by 70% in the last 25 years and presentations to A+E for psychiatric symptoms doubled between 2009 and 2013.¹⁴ (Future in Mind 2015).

Therefore we must increase access for young people with emerging low and moderate level mental health needs who may deteriorate further if not supported. A review /critique of previous needs assessments is that they focus on already pathologised populations to design services. Barnet JSNA and national data suggest that 26% of young people in the UK experience suicidal thoughts (2). When applied to Barnet with a U18 yrs population of 94,000 this suggests that currently 24,684 children and young people in Barnet are at risk of experiencing suicidal thoughts. By 2018 this will rise to 26,774. This paints a picture of significant distress that will require a shift in the provision of services to meet needs.

It is estimated that 30% of children and young people are experiencing low grade (sub clinical) mental health problems (3). This indicates that currently in Barnet 28,482 are experiencing a level of distress that can in time become a more significant condition. This will rise to 36,293 by 2030. A future service will need to innovate and use a range of technological high volume/low intensity to meet this need.

We believe that this calls for a coherent and systematic response by all stakeholders. We feel that the challenges presented are best addressed by a joint approach to commissioning support for children's mental health and wellbeing. We wish to design efficient, responsive, integrated and outcome focused services into a coherent system. We will redesign community CAMHS provision within the borough on a whole system basis. In addition we will ask our specialist providers for Eating Disorders (Royal Free London) and Specialist Therapies (Tavistock and Portman) to participate in this process and review provision alongside the core community redesign process. In eight key North Central London priorities detailed in Part 2 of this plan we have aligned developments with our Barnet focused process to ensure robust pathways and sustainable services.

An extensive range of stakeholders have been consulted by teleconference and face to face meetings in order to gain a better understanding of what our new priorities should be, including:

Organisation	Who	How	When
Barnet CAMHS Providers	BEH NHS Trust lead clinicians and local senior management	Face to face/Telephone	Sept/Oct 2016

	Royal Free Hospital Lead Clinicians and Management Tavistock and Portman – Lead Clinician		
Barnet Council	Director of Children and Family Services 2 x Assistant Directors and 3 Heads of Service Voice of The Child – Strategic Lead	Face to face	October 2016
	Public Health Consultant and 2 PH Strategists	Face to face	October 2016
Education	Pupil Referral Unit Head Teacher	Telephone	September 2016
	Northgate Schools Alliance-14 head teachers	Face to face	July 2016
	Cambridge Education-head of Education Psychology	Face to face	September 2016
Vol Sector	Community Focus Manager Raphael House-CEO Community Barnet - CEO The Young Barnet Foundation – Lead manager	Face to face	September 2016
Children and Young People	Barnet Children's Board Extensive consultation planned January and February 2017		See attached Children and Young People consultation plan appendix xxx

Aims and Objectives of Service Redesign

The core objective of this process is to improve patient and family experience by better prevention, resilience building, and early intervention, reducing waiting times, and making accessing support less stressful. We will commission services with targets based more on outcomes and that are co-designed with Children, Young People and Families/Carers. We will achieve the objectives described by redirecting more of our resources to prevention, early intervention and in-reach to non-clinical settings. We are reviewing options for commissioning high volume digital support such as KOOTH, Silent Secret etc. We will design this procurement process to be co-produced with young people in Barnet.

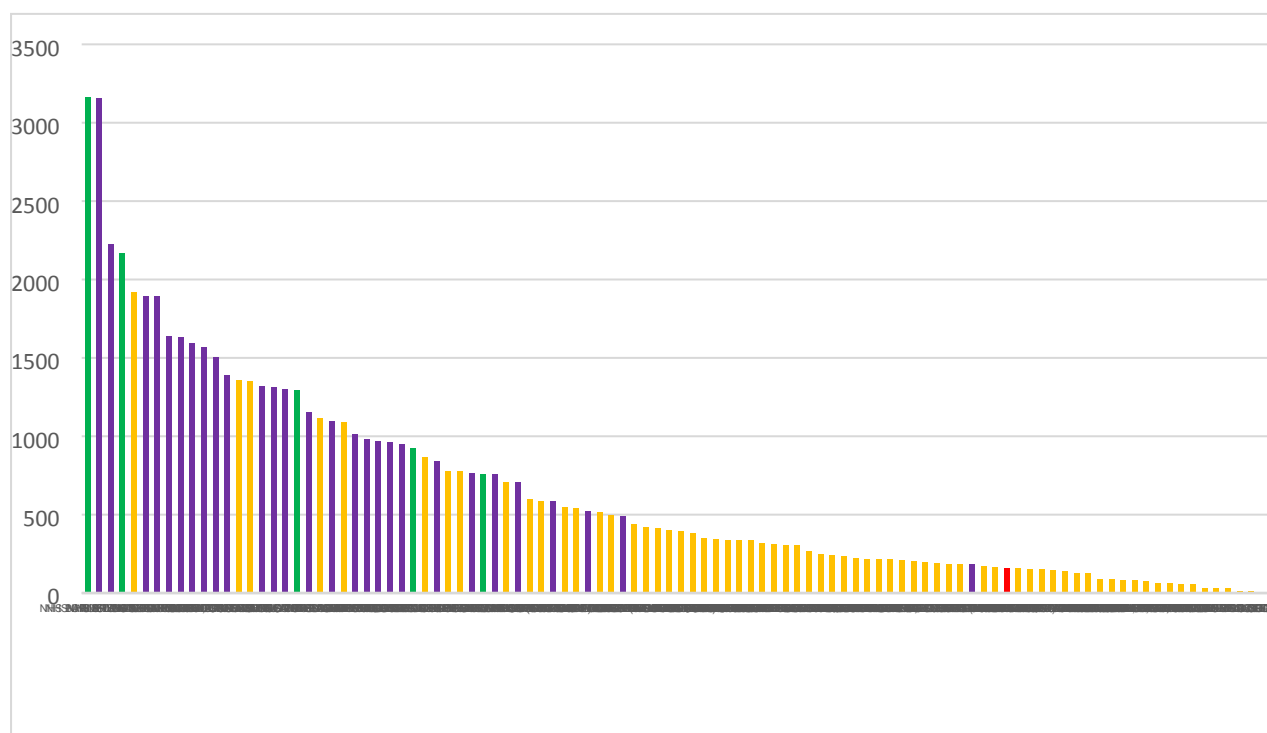
In 2016 The Care Quality Commission undertook a review of BEH Community CAMHS in Enfield and Haringey. While Barnet CAMHS was not specifically inspected it was recognised that the findings of this report related across the services. Local data from our updated needs assessment indicates that young people wait an average of 9 weeks for Referral to Assessment (RTA). The findings of our demand modelling process and needs assessment confirm an average wait for Referral to Treatment of 131 days. CAMHS local reporting in Barnet indicates waiting times of 6 months+ for Psychology Referral to Treatment (RTT) with over 55 CYP waiting for neurodevelopmental assessments for up to 6 months. CAMHS clinical services are receiving on average 2350 referrals in Barnet per-year. Demand modelling indicates that less than 50% make it into treatment. While there are likely to be a number of causes there is some evidence that productivity could be improved across CAMHS services in Barnet to reduce waits.

The updated needs assessment confirms that ‘non pathologised’ cohorts of young people with moderate level depression, anxiety and self-harm are poorly served by the current system and account for a substantial proportion of the 50% of CAMHS referrals that do not make it into treatment. Therefore a priority for Barnet is to significantly develop and extend CYP-IAPT services and increase capacity further upstream. This should in turn reduce front door pressure on complex care CAMHS.

The under provision of CAMHS early intervention is possibly contributing to excess demand for specialist clinical services and the high attrition rate across entry pathways. We will continue this analysis to support service improvement. Residential CAMHS admissions are among the highest in England and typically double our neighbouring boroughs. It is likely that delays in accessing specialist community support may in turn be exacerbating demand at Tier 4-see below .

Table 1: CAMHS admissions to London Based Residential Units (including Eating

Disorders)



	NCL CCGs
	Rest of London CCGs
	Outside of London CCGs
	Unknown Invalid CCG

Provision of Crisis support requires further development. At present Barnet CAMHS provide day time self-harm rota (Mon-Fri) cover whereby the local CAMHS clinicians will respond within 2 hours to a self-harm crisis presentation. In addition a psychiatric liaison service (Monday-Thursday day time hours only) and an on call consultant led rota responds to crisis Out of Hours including Early Intervention in Psychosis (EIP). An onward pathway including assessment and referral for EIP into community or Tier 4 hospital provision exists. However this does not provide a full comprehensive pathway for EIP and requires further development.

Two strands of work are progressing for enhancing CAMHS Crisis care. Barnet with NCL partners wishes to develop a long term sustainable North Central London wide Crisis Service covering both day time and 'Out of Hours' provision. This involves resolving a complex set of interdependencies and while it is hoped we can achieve a deliverable plan in 2017 (see Section 2 Priority 5). As an enhancement of interim arrangements we are in discussion with the Royal Free London NHS Foundation Trust to extend local provision at Barnet Hospital to 9am-9pm 7 days per week from April 2017 and we will seek continue the Out of Hours Rota until an NCL wide service is in place.

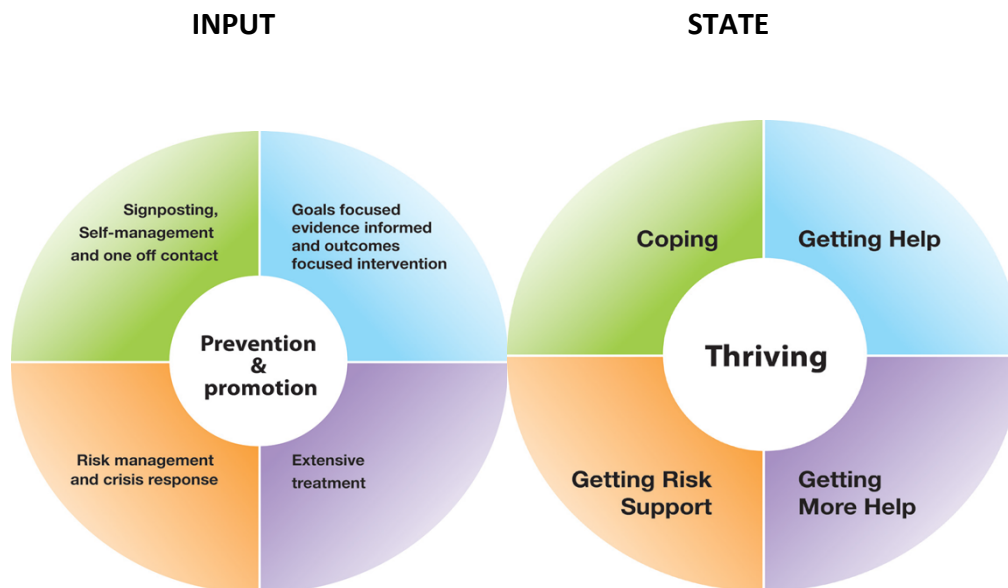
Services in Barnet have not been designed as a whole system to meet the changing

needs of the population. The system requires more of a public health focus. The non-specialist workforce including schools, social work and primary care staff must be offered extensive training and liaison support to enable them to identify problems earlier and support those not yet in need of clinical interventions by building resilience. We must re-commission services to meet needs earlier in the pathways. Support must be embedded in the community and among services for vulnerable groups e.g YOS, PRU's, LAC at the same time as flowing into specialist CAMHS. Some of this development has been achieved in the last year. However to radically overhaul the system we recognize that many challenges will need to be overcome. We will work in collaboration with partners, clinicians, providers and families/CYP to re-commissioning CAMHS toward a CYP Mental Health and Wellbeing System based on the principles of resilience based practice using the THRIVE approach and with an outcomes focus.

We aim to create a culture of high expectations, ambition and forward thinking services that attract a multi-skilled and motivated workforce. We will establish challenging performance targets for our providers and ourselves as commissioners and will invite and priorities service users, young people and families to participate in this process and challenge us to do better.

Resilience is the state we are seeking to achieve when we provide support for children and young people in relation to their emotional wellbeing through THRIVE. Services should be helping with prevention, promotion, awareness raising work in the community to support the ability of children and young people to be resilient and to thrive. An important underpinning of this process is a person's level of resilience. Therefore an emotional wellbeing system must not only provide treatment but also support to build resilience. This will involve consultation, advice, training and influencing the environment that children inhabit in order to promote a healthy emotional wellbeing culture. Support should not just be focused on particular children or families.

The THRIVE framework supports building resilience and conceptualises five needs-based groupings for young people with mental health issues and their families (see below). The image on the left describes the input that is offered for each group; that on the right describes the state of being of people in that group – using language informed by consultation with young people and parents with experience of service use.



Current Barnet Provision based on 5 THRIVE segments

- Limited levels of CAMHS Prevention, Promotion and Resilience Building
- 85% of local CCG CAMHS resources go into specialist clinical services (Extensive Treatment)
- The workforce is skilled but does not reflect a balanced system
- Schools based work is not geared toward prevention and culture change
- CYP-IAPT has delivered limited additional capacity and access and needs to be given more focus to deliver additional evidenced based support
- Lack of provision at the THRIVE Coping and Getting Help segments is placing unnecessary demand on clinical community CAMHS (Getting More Help) and Crisis/Tier 4 (Getting Risk Support)
- A lack of proper provision of home/community based crisis support across NCL is placing a strain on Tier 4 services and acute hospitals.

Toward THRIVE in Barnet

In the future we will take a more public health orientated perspective regarding the need to improve the mental health and wellbeing of children and young people in Barnet. A review /critique of previous needs assessments is that they focus on already pathologised populations in order to design services. This approach has limitations and contributed to the absence of a strategic approach to commissioning.

Based on national research we estimate that in Barnet

- Around 25,000 children and young people in Barnet are experiencing suicidal thoughts.
- 28,000 are experiencing a level of distress that can in time become a more significant condition. This will rise to 36,000 with increase in the local population is
- It is estimated that in Barnet 5,146 16-24 yr olds have two or more indicators of an Eating Disorder that would require further investigation ((Adult Psychiatric Morbidity Survey 2007 <http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>).

A future service will need to innovate and use a range of technological high volume/low intensity to meet this need.

Aims

- Towards the a THRIVE model that offers greater choice and shared decision making principles aimed at providing improved services for children and young people with learning disabilities and mental health difficulties to build resilience
- Towards a greater emphasis on resilience
- Towards much greater use of technological modalities that fit with the way that young people get and use information
- Towards further self-referral options in order to really enable young people to access help when they need it
- Towards support schools and families in encouraging a compassionate culture among children and young people to promote resilience
- Toward an expanded and more flexible workforce provision

Developing a CYP-IAPT Hub and Network

The new Barnet model under development will include an extended range of CYP-IAPT provision across NHS, Barnet Council, Schools/Colleges and Voluntary Sector providers. A single lead provider will be chosen by procurement to coordinate this network and be responsible for coordinating training, governance, capacity building, outcomes monitoring/reporting and pathways development. All funded CYP-IAPT providers will be required to sign a Memorandum of Understanding agreeing to work within the network.

Part of this new network will be developed using recently confirmed funding including the four HEE funded Psychological Wellbeing Practitioner trainee's. These trainee's will be recruited by London Borough of Barnet and will be managed within the Family Support Service. Each practitioner will initially be offered a 1 year fixed term contract to run over the course of the training programme. They will be embedded within Children and Family service structures. Barnet CCG will fund one additional senior practitioner/team leader (B7 or equivalent) who will be employed in LB Barnet to create a Children and Young People Psychological Wellbeing Team. This and other aspects of the new model being developed in 2017 will be designed to then plug into the new Hub when it goes live later in the year.

Workforce Development and Capacity Building

In our view the workforce for children's mental health presents one of the biggest challenges to real transformation of the system. There is abundant evidence of both a workforce shortage in certain key professions (Clinical Psychology and Psychiatry) and a broader skills deficit among the wide. These factors are exacerbated by recruitment barriers related to cost of living in London and the rapidly growing U18 yrs population of Barnet. We are therefore developing a four year workforce development plan to address this. Our initial analysis is that

- Increased capacity will need to largely come from CYP-IAPT workforce of between 30-40 additional staff by 2020/21
- This workforce expansion should be generally deployed outside of existing CAMHS service location but be integrated with it. Locations will focus on Schools, Primary Care and Children and Family Services
- CYP-IAPT practitioners must be supported and work alongside specialist senior clinicians, social workers and school staff
- Knowledge exchange, clinical supervision and career progression must all be at the heart of these developments in order to attract the new workforce for the future
- Salary support will be funded by the CCG transformation funding to support development
- Barnet will invest in training and liaison support post training for non-specialist staff in order to support young peoples mental health needs

The workforce development plan is still under development and will be widely consulted on before publication in April 2017.

Health in the Justice System

Barnet has been awarded additional funding to support the needs of CYP at risk of offending or already committing crime. We plan to develop new capacity with the Youth Offending Service:

Areas under consideration for Barnet Model for Health and Justice CAMHS

Aspects of new service model

- Mental Health Assessment at diversion stages
- Single point of access for YOS/CAMHS referrals
- Service design based on in-reach to YOS and strengthening pathways into community and specialist CAMHS
- YOS CAMHS capacity as part of the new Gangs Unit in Barnet
- Early intervention for Sexually Harmful Behaviours
- Support for transition from secure settings into community CAMHS
- Development of Specialist Child and Adolescent Mental Health Services for

High Risk Young People with complex needs and/or involved in Gangs

1.5 Barnet Transformation Priorities: Refreshed 2016-2018

Priority	KPI's	Deadline	RAG
Re-commissioning	Needs Assessment Completed	Dec 2016	
Procurement	Procurement Plan Confirmed	Jan 2017	
Service model	Develop a new model for services	April 2017	
Service model consultation	Consult with key stakeholder primarily CYP/Families, education and social care partners	Jan-March 2017	
THRIVE in SCHOOLS	<p>Piloting of high volume/low input digital support such as Kooth, Silent Secret, Big White Wall and linking with evidence based initiatives such as Action for Happiness (Q4 2016.17)- http://www.actionforhappiness.org/10-keys-to-happier-living</p> <p>A comprehensive and standardised provision of training and engagement with schools, youth services and children centre's (Q4 2016.17)</p> <p>Specific provision for support around reducing the impact and occurrences of bullying, support around exam stress, depression/anxiety and eating disorders (Q1 2017.18)</p>	January 2018	
THRIVE in the Community CYP-IAPT	<p>Breaking Down the Barriers' training for schools and primary care health workers.</p> <p>Set up LB Barnet/CAMHS Psychological Wellbeing CYP-IAPT service from NHSE funding stream</p> <p>Building CAMHS Pathways into CAF process/Family Support Model</p>	January 2018	
Enhanced support for Vulnerable Groups	Submission of a joint CCG/YOS proposal to NHSE Health and Justice for specialist CAMHS/Criminal Justice provision (December 2016)-see attached appendix 7	September 2017	

	Joint work between CAMHS and Adult MH services to support children and parents where the child is on the 'edge of care' (Q1 2017.18)		
Accessing	Re-direction of resource towards a Primary Care Link Worker model that embraces THRIVE and provides a conduit between, schools, social care, primary care and CAMHS clinical services	April 2018	
Access	Reduce waiting times in key bottlenecks based on the findings of the demand modelling process (April 2017	
Extending Crisis Service	Deliver OOH Crisis Service January 2017	April 2017	
Transition pathway for 17/18 year olds	Co-production of transition pathways with Adult MH commissioners	April 2017	
NCL wide redesign of services	Actions set out in Part Two of this plan on the eight STP priorities	See attached section 2	
Workforce	Workforce Development and Capacity Building Plan	April 2017	

Appendix (1)

CYP MENTAL HEALTH & WELL BEING GOVERNANCE BOARD

STRUCTURES AND TERMS OF REFERENCE

PURPOSE OF THE GOVERNANCE BOARD

- To provide oversight and lead the remodelling of Mental Health and Emotional Wellbeing Services
- To provide oversight of the re-commissioning of CAMHS
- Agree and sign off the service specification
- To set up S75 arrangements and pooled budgets
- To monitor progress and delivery of the above
- To provide oversight of provider performance outcomes and to provide remedial direction and intervention when required
- To report to the H&WB Board on progress and issues
- To be responsible for monitoring resource allocation for emotional health and well Being services

The Board will also:

- Sign off and provide oversight of the CAMHS Transformation plan and associated funding allocation to ensure the transformation money is targeted effectively
- To approve reporting of the CAMHS Transformation Plan tracker prior to submission to NHSE.

MEMBERSHIP

- Director of Children's Services, LBB (Chair)
- Director of Commissioning, Barnet CCG
- Assistant Director Family Services, LBB
- Head of SEN/Principle Psychologist, LBB
- Head of Children's Joint Commissioning, LBB/BCCG
- Public Health Consultant, LBB
- CAMHS Commissioning Transformation Manager, LBB/CCG
- Clinical Lead for mental health
- Mental Health & Wellbeing/CAMHS expert
- CYP service user

Core members are required to ensure delegated representation is maintained in their absence as key decisions will not necessarily be deferrable.

PAPERS

- Agenda items may be nominated by the membership no later than 2 weeks prior to the meeting.
- Agenda and papers will routinely be emailed one week prior to the date of scheduled meetings. Hard copies may be requested in advance.
- Minutes of each meeting will be issued within 2 weeks or 10 working days.
- Papers will be circulated and read in advance where possible in order to effectively utilise the meeting time

FREQUENCY OF MEETINGS

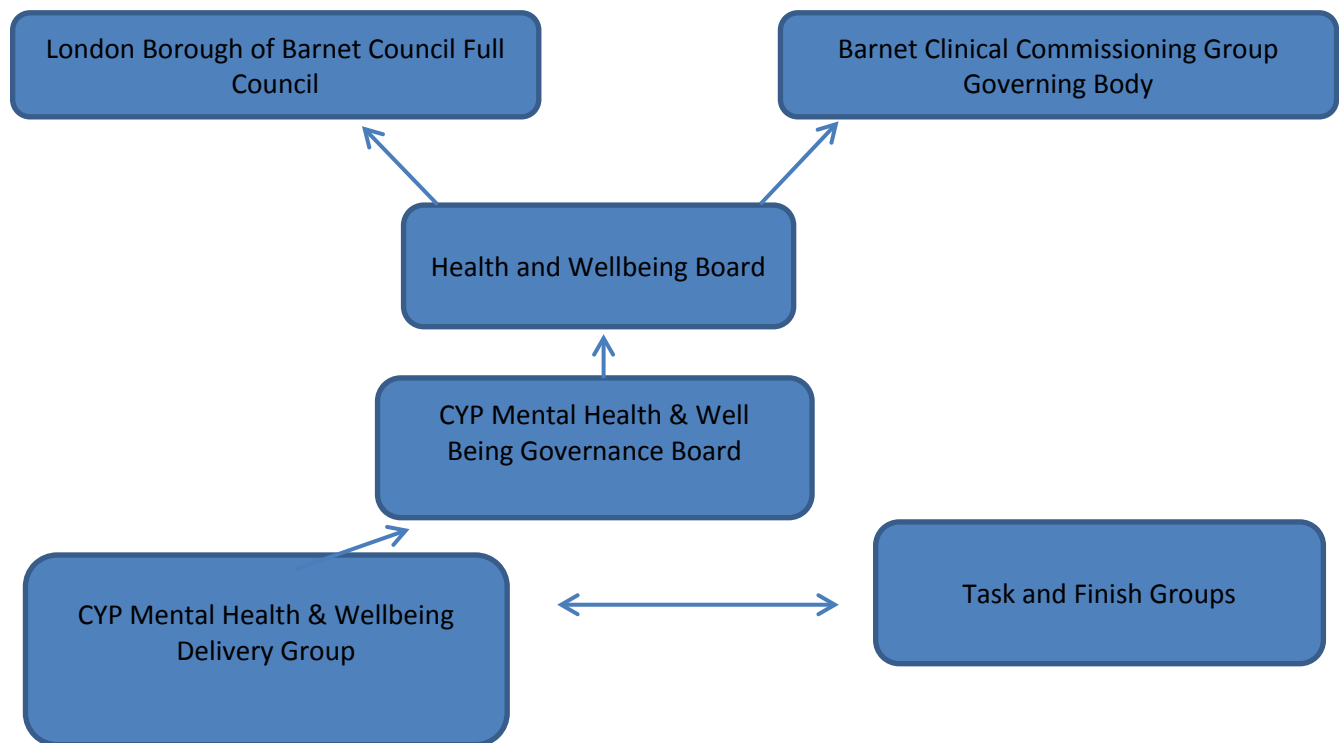
- The Governance Board will meet monthly

CONFLICTS OF INTEREST

Declarations of Interest will be recorded at the start of every meeting, and members will recuse themselves from any agenda item in which they have a conflict of interest.

GOVERNANCE & REPORTING MECHANISMS

- This group reports into HWBB and will provide regular updates and will escalate issues and disputes as necessary.



Appendix (2)

Key findings from local Needs Assessment

1. Looked After Children and children on the edge of care

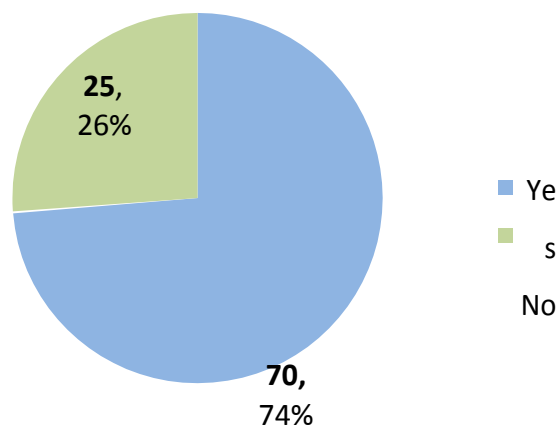
We have audited cases of children who entered care over 2015-16 in which we identified that parental mental health was a factor in 60% of cases (**Ref Resilient Futures 2016**). A sample of 10 cases were reviewed in more detail for additional learning. In 9/10 parental mental health was assessed as the key risk factor and contributed to the child becoming looked after. The quality of the multi-agency interventions was found to be 'variable', with limited evidence of early help. Early intervention for parents with mental health needs should be improved.

2. Children At Risk of Offending

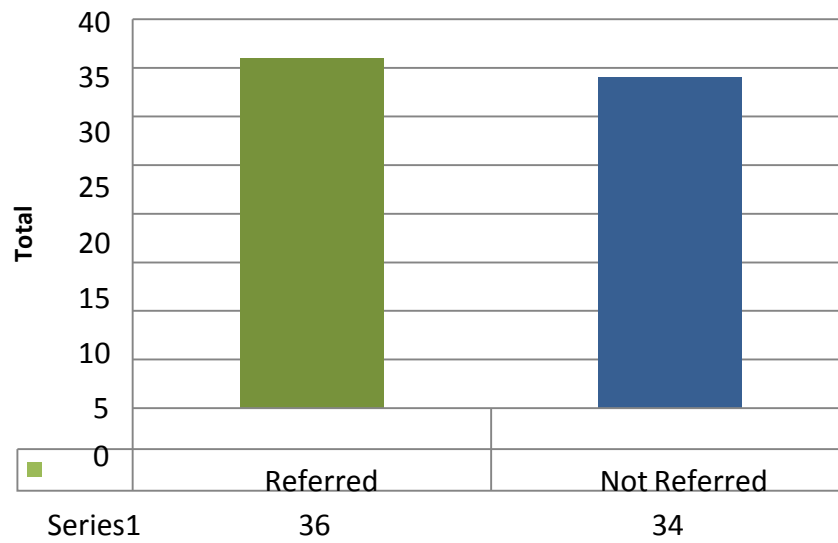
The 'Health and Justice Specialised Commissioning of Children and Young People's Mental Health Services' transformation work stream aims to address this gap. Barnet has conducted a local review of needs within the YOS caseload (see appendix 1) which confirms the high level of mental health needs among young offenders. Barnet will prioritise the following in line with NCL partners

- Single point of access for all YOS/CAMHS referrals
- Service design based on in-reach to YOS and strengthening pathways into community and specialist CAMHS
- Measure outcomes using YJS performance monitoring and CAMHS minimum data set
- Support for individuals involved in gangs who have MH needs
- Benchmarking reported outcomes across NCL by 2017.18
- Early intervention for Sexually Harmful Behaviours
- Self-Harm and Crisis Care
- Transition from secure settings into community CAMHS

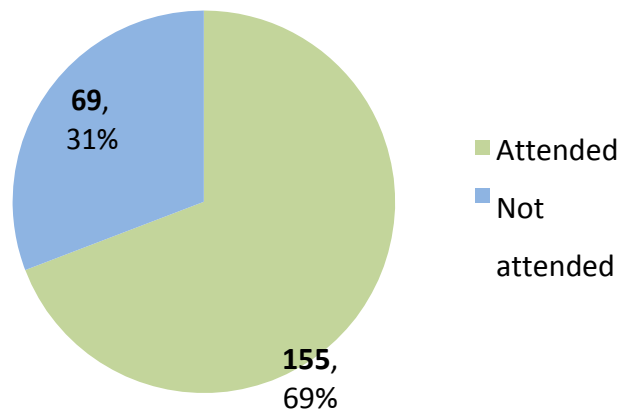
**Figure 1: Barnet YOS cases with mental health needs
28-09-15 to 28-09-16**



**Figure 2: Referrals to CAMHS of those with known MH need
28-09-15 to 28-09-16**



**Figure 3: Appointment attendance YOS cases referred to CAMHS
28-09-15 to 28-09-16**



APPENDIX (3)

BEH-MHT Barnet CAMHS Workforce (August 2016)

	Barnet CAMHS Tier 3				Barnet CAMHS Tier 2		Adolescent Pathway	ACCESS
	CAMHS West	CAMHS East	SCAN	LAC/Adoption	Paed Liaison	Primary/Secondary	BAS	
Registered Mental Health Nurse	0.6	1.2	0.4		0.6		1.0	0.15
Consultant	1.195*	0.7*	0.5	0.5	0.4*		0.7	0.05
Trainee Psychiatry	1.1							
CT1-3	0.7	0.7					0.7	
Non Trainee Medical								
Clinical Psychologist	1.2	2.4	1.0	0.6				
Counselling Psychologist								
Child & Adolescent Psychotherapist	1.4	1.4	0.5	0.4	0.2		1.4	
Family Therapist	1.0	1.5	0.3	0.5			0.5	0.3
Art Therapist	0.25			0.6				0.15
Adolescent/Primary Care Mental Health Worker	0.5					7.9**	1.6	0.3
Dance Movement Therapist							0.5	
CAMHS Social Worker	1.0	1		0.5				
Clinical Total (wte)	8.945	8.9	2.7	3.1	1.2	7.9	7.4	0.95
BARNET CAMHS CLINICIAN TOTAL	41.095							
<i>Trainees (non-medical)</i>								
Clinical Psychology Trainee	1.2		0.6	0.6				
Psychotherapy Trainee	0.46							
Art Therapy Trainee	0.3			0.1				
Trainee Total (wte)	1.96		0.6	0.7				
CYP IAPT	0.9							

Assistant Psychologist				0.1		1.0		
CAMHS Admin	2.1	2.6				1.0	1.0	1
CAMHS ADMIN TOTAL	7.7							

Total .5 FTE included in the above totals.

1 WTE Consultant Psychiatry vacancy/0.4 maternity leave Band 6 nurse/ 0.7 Clinical psychology maternity leave Vacant posts: 2.8 WTE PMHW/0.7 Asst Psychologist Vacant 0.4 WTE MHW (reduced hours return to work) - 0.5 Psychology/0.8 long term sick Band 6 nurse

Rate (per 10,000) for ALL WTE staff	5.26
Rate (per 10,000) for CLINICAL WTE staff	4.41

Appendix (4)

Barnet CAMHS Finance Outturn 2015.16

Barnet CCG	4,598,000
London Borough of Barnet	970,000
Transformation Funding	696,000
Total	6,264,775