PART 2

North Central London
CAMHS Transformation Plan Priorities

1.1 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 seven identified initiatives: community resilience, primary care mental health, acute pathway, female psychiatric intensive care unit, CAMHS and perinatal, liaison psychiatry, and dementia.

1.2 The CAMHS Transformation Plan Priorities are focussed on producing improved outcomes for children and young people, and on ensuring the best use of resources to generate those good outcomes. The transformation of children and young people's mental health and wellbeing services, and of perinatal mental health services, will not necessarily bring savings during the time period of the STP, but have been prioritised because of their future positive impact on the need for services. 50% of all mental illness in adults is associated with mental health needs that begin before 14 years of age, and 75% are associated with needs that are expressed by age 18[1]. Similarly, the negative impact on a child's mental wellbeing[2] associated with perinatal mental ill health confirms that these are two key service areas for ensuring improved long term mental health outcomes for our population.

Borough	Population aged 5-16	Est. prevalence of any MH disorder, aged 5-16 (2014)	
		Count	Percentage
Barnet	56,063	4,691	8.4%
Camden	27,904	2,546	9.1%
Enfield	52,460	5,195	9.9%
Haringey	37,905	3,745	9.9%
Islington	23,981	2,417	10.1%

Source: Fingertips, 2014

1.3 Across the 5 boroughs of NCL (Barnet, Camden, Enfield, Haringey and Islington) there are varying rates of mental ill health prevalence, and varying services and outcomes across the 5 boroughs; such as:

- Three of our boroughs have the highest rates of child mental health admissions in London (Fingertips, 2014/15)
- There is limited perinatal community service in NCL, with no specialist team in the North and in the southern boroughs the service does not meet national standards (Maternal Mental Health Everyone's Business)
- Most of the liaison psychiatry and CAMHS services in hospitals in NCL do not see children within one hour at weekends and overnight (Mental health crisis care ED audit, NHS England (London), 2015).

[1] Cavendish Square Group

[2] Centre for Mental Health and London School of Economics

1.4 In order to address variation and improve care for our population, as well as to meet the requirements set out in the Five Year Forward View and Future in Mind, the 5 NCL Boroughs will be working together on 8 areas as part of the NCL STP CAMHS and Perinatal initiative.

1.5 These are:

1. **Shared Reporting Framework** - to enable comparison and shared learning across the 5 boroughs
2. **Workforce Development and Training** - planning for the workforce in order to meet the mental health and psychological well-being needs of children and young people in NCL; including CYP IAPT workforce capability programme
3. **Specialist Community Eating Disorder Services** - dedicated eating disorder teams in line with the waiting time standard, service model and guidance
4. **Perinatal Mental Health Services** - to develop a specialist community perinatal mental health team that serves the NCL population and the physical health acute trusts within NCL
5. **Crisis and Urgent Care Pathways** - 24/7 urgent and emergency mental health service for children and young people with care delivered as close to home as possible for children in crisis; this includes local commissioning of Tier 4 CAMHS to eliminate out of area placements for non-specialist acute care by 2020/21; and review of S136 facilities for children and young people.
6. **Transforming Care** - supporting children and young people with challenging behaviour in the community, preventing the need for residential admission
7. **Child House Model/Child Sexual Assault (CSA) Services** - following best practice to support abused children in NCL
8. **Young People in the Youth Justice System** - working with NHS E to develop co-commissioning model for youth justice

1.6 In the development of the NCL CAMHS work, the principles of THRIVE will be used as an overarching approach with the aim of at least 32% of children with a diagnosable condition being able to access evidence-based services by April 2019 as set out in the Mental Health Taskforce.

Priority 1: Shared Reporting Framework

Rationale for Joint priority across NCL:

2.1 In order to better plan across a broader NCL footprint we are working with providers to develop a minimum data set for local reporting on key indicators including quality indicators such as DNA rates and clinical outcomes. Importantly, we also wish to embed approaches such as the Thrive model with evaluation embedded in the process.

Our Ambition

- To better understand activity, performance and quality through the use of a set of metrics that support us to benchmark and combine consistently measured data
- To drive significant improvements in performance, requiring providers to demonstrate the production of better outcomes for children and young people, and holding them to account where they are failing to meet agreed outcome, output and quality targets.

Current picture

2.2 Across NCL there are currently a range of providers including:

- Barnet and Enfield Mental Health NHS Trust
- Tavistock and Portman Foundation Trust
- Whittington Health NHS Trust
- Royal Free NHS Foundation Trust
- Voluntary Sector Organisations unique to each Borough

2.3 Each provider uses a different Electronic Patient Record (EPR) system and has different reporting and monitoring arrangements with commissioners.

What we are aiming to achieve across NCL:

2.4 Currently we have a range of providers both within the NCL Boroughs and across them. We are working with all providers to agree a data set using definitions from the mental health minimum data set where available to ensure consistency. This will provide a mechanism for local reporting that will pick up a set of basic indicators to better monitor activity and performance across multiple providers, both for each borough and across the broader STP footprint.

- Agree a dataset with providers for more consistent and comparable monitoring
- Agree a methodology for recording RTI and RTT waiting times from the perspective of the Child/Young Person based on NICE Guidelines

2.5 Improving access is a key driver for us. In order to better ensure that access is improving we are working on waiting time standards and an agreed methodology for measuring waiting times which takes into account the wait from the perspective of the family. Waiting times will be measured from the first point of contact with the system, rather than from the first point of contact with a particular service. This will ensure that people being redirected or passed to an alternative provider are not disadvantaged.

Key Milestones

- Development of Dataset (Completed)
- Agreement of Dataset with Providers (Partially Completed)
- Implementation of Dataset (2016/17)

- Reporting on Dataset (2017/18)

Funding

2.6 The changes to reporting do not require any additional funding and will be managed through the contracts.

3 Linked to key policies and initiatives

Future in Mind	• Mental Health Minimum Dataset (CAMHS) • Children and Young People's IAPT Programme

Priority 2: Workforce Development and Training

Rationale for Joint priority across NCL:

3.1 Across NCL, there are three mental health trusts that provide CAMHS services for the 5 boroughs. In addition, the specialist Eating Disorder Service for the 5 boroughs is provided by Royal Free London NHSE 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.

Our Ambition:

3.2 To review the current workforce provision which will enable the planning for the workforce requirements in order to meet the mental health and psychological well-being needs of children and young people in NCL; including the CYP IAPT workforce capability programme. It is anticipated this will result in more children and young people being able to access support, with more professionals able to support children and young people with mental ill health.

What we are aiming to achieve across NCL

3.3 From undertaking the mapping of the current workforce, we will be able to identify what changes to the NCL CAMHS workforce will be required in order to deliver the new model of care and support contained in the 8 sections of the NCL CAMHS and Perinatal STP initiative, and achieve the ambitions of the Five Year Forward Plan, the Mental Health Taskforce and Future in Mind. Questions to be addressed are: what additional staff are required, and how will we recruit these; what new roles are required; what alternative ways of delivering support are required; and what training is required to ensure the workforce is adequately skilled to deliver the support required by children and young people with mental health needs. The mapping will also inform plans and commissioning intentions.

3.4 This multiagency workforce plan will be developed across partners and wider stakeholders, looking at how care can be delivered to maximise support. This may result in care and support being delivered in alternative ways to how it is delivered currently, such as increasingly through the voluntary sector, school and colleges. We do not envisage moving to a single workforce model for each area but will share ideas, expertise and learning across the area in order to produce a more efficient CAMHS system.

Key Milestones

- Secure funding – September 2016
- Appoint resource to conduct mapping – October 2016
- Completed mapping to be reviewed and next steps agreed – November 2016
- Wider stakeholder engagement – January 2017
- Completed workforce plan – March 2017

Funding

3.5 Commissioners are seeking funding for initial mapping work from NCL MH STP Programme funding.

Linked to key policies and initiatives

Linked to key policies and initiatives:	Aims
Five Year Forward View	• Reduce waiting times • Increase access to meet 35% of need
Future in Mind	• Promoting resilience, prevention and early intervention – across sectors with schools, GPs etc. • Developing the workforce • Roll out CYP IAPT – incl. training via CYP IAPT for staff under 5, autism, and LD • Make MH support more visible and easily accessible • Professionals who work with children and young people trained in child development and MH

Priority 3: Specialist Community Eating Disorders Services

Our Ambitions

4.1 All NCL CCG's submitted plans for improving provision for eating disorders across the area in our Local Transformation plans 2015 / 16. NCL jointly commissions the specialist Eating Disorders Service at the Royal Free Hospital, Barnet CCG is the lead commissioner. The services comprise of the Intensive Eating Disorder Service (IEDS) and the Community Eating Disorder Service. Priorities we identified in Transformation Plans 2015.16 included

- Increase capacity and reduce waiting times to meet key requirements of NICE Guidance
- Outreach education training for eating disorders to primary care health and education staff
- Offer telephone support for General Practitioners
- Improved performance monitoring and management

4.2 Baseline performance for referrals under 4 weeks was 54% 2014.15. NCL and RFL agreed milestone for improvement at 60% Q4 2015.17, 80% 206.17

Progress against Ambitions

4.3 Overall the number of referral in 2015.16 (181) increased by 50% since to 2012-13 (119) and increased 26% compared to the two previous years. 94.5% of referrals received were accepted in 2015.16.

Referrals for all five boroughs for 2015.16		
CCG	**Number of referrals received**	**Number of referrals accepted**
Barnet	63	60
Camden	35	33
Enfield	22	21
Haringey	32	31
Islington	29	26
TOTAL	181	171

4.4 Waiting times for first appointment for ED patients seen in 2015/2016: In 2015/2016, 69.2% of patients were seen within 3 weeks and 6 days of referral and 97.5% within 6 weeks. This was a significant improvement from previous year (54%).

CCG	Waiting Times to first face to face contact (weeks)	Number of patients (Percentage of patients)
All NCL CCGs	**0 - 3**	69.2%
	4 - 6	28.3%
	7 - 9	2.5%
	10 - 12	0%
	13 – 18	0%
	18+	2.2%

4.5 The table below shows the waiting times for first appointment for patients referred in Q4 of 2015/2016 which evidences progress in the first period after the additional investment was made. At this time referrals were not categorised in the RFL reporting system as 'urgent' or 'non-urgent'.

	Waiting Times Q4	Performance
All NCL CCGs	**0 - 3**	36 (75.6%)
	4 - 6	9 (22.2%)
	7 - 9	1 (2.2%)
	10 - 12	0 (0%)
	13 – 18	0(0%)
	18+	0 (0%)

4.6 NCL led by Barnet CCG initiated performance monitoring meetings in Q1 2016.17 with a new set of targets and data reporting. RFL began reporting urgent and non-urgent referrals separately and further progress was made in reducing waits with 100% of urgent referrals seen with 1 week and 85% of non-urgent with 4 weeks so a total of all referrals seen with 5 weeks of 97%

		Waiting Times Q1 2016.17	***Waiting Times Q1 2016.17***
All NCL CCGs		**Urgent**	**Non-Urgent**
	0 – 1	4 (100%)	2 (7.4%)
	1 – 2	0 (0%)	8 (29.7%)
	2 – 3	0 (0%)	7 (25.9%)
	3 – 4	0 (0%)	6 (22.2%)
	4 – 5	0 (0%)	3 (11.1%)
	5 – 6	0 (0%)	0 (0%)
	6 – 12	0 (0%)	1 (3.7%)
	12+	0 (0%)	0 (0%)

Workforce Capacity NCL/RFL Eating Disorders Services: Roles	***Grade***	***Existing funding WTE CAMHS and Eating Disorders***	***+Transformation Funding additional WTE Eating Disorders***
Clinical Psychologist	***7***	***1.4***	***1***
Clinical Psychologist	***8a***	***1.2***	
Clinical Psychologist	***8c***	***1***	
Psychotherapist	***8d***	***.6***	
Psychotherapist	***8a***	***1.9***	***.4***
Family therapist	***8a***	***.8***	
Family therapist	***8b***	***.6***	
Family therapist	***8c***	***.4***	
Psychotherapist	***7***		***.8***
Family therapist	***7***		***.8***
Assistant Psychologist	***4***	***4.6***	
Health Care Support Worker	***3***	***1***	
Reception/Med sec	***3-5***	***3.1***	***.4***
Dietician	***7***	***.4***	***.6***
Consultant		***4.4***	
Junior Medical Staff		***1***	***.6***
Nursing outpatient	***6***	***1***	***.87***
Nursing outpatient	***7***	***1***	
Nursing	***8a***	***2***	
Nursing	***7***	***1***	
Nursing	***6***	***2***	
Nursing	***5***	***7***	

Next Steps	Targets	Performance milestones
Service Improvement	RTT Non-Urgent < 4 weeks Urgent < 1 week	90% 2017.18 95% by 2018.19
Performance Management	Quarterly reports and Meetings Change from Reporting RTA to RTT (Referrals to Treatment)	Ongoing By Q4 2016.17
Workforce Capacity	Recruit to vacancies	Ongoing
Transformation and Development	RFL Service Review More community based work and prevention Community facing training events in place for school and primary care practitioners starting 18th November 2016.	Q4 2016.17 Q4 2016.17 Q3 2016.17

Linked to key policies and initiatives:	Aims
Five Year Forward View	• Reduce waiting times • Increase access to meet 35% of need
Future in Mind	• Promoting resilience, prevention and early intervention – across sectors with schools, GPs etc. • Developing the workforce • Improving access and reducing waiting times • Make support more visible and easily accessible • Professionals who work with children and young people trained in child development and MH
NCL Sustainability and Transformation Programme	

Priority 4: Perinatal Mental Health Services

Rationale for Joint Priority across NCL

5.1 The population of NCL is approximately 1.4 million people. There are 4 acute Trusts, three mental health Trusts and a range of community providers. In 2014-15 there were approximately 20,000 births to NCL residents and 24,000 births delivered by the local Trusts. Within this provider geography are specialist maternity services centred around a single tertiary level neonatal unit, as well as a number of midwifery led units and home births.

5.2 This is a population with high levels of risk and vulnerability to mental health problems. The population is diverse and growing and experiences significant churn as people using health and care services move in and out of the city. The network covers areas of deprivation and includes women who are older, more likely to be overweight and obese and to experience gestational diabetes during pregnancy when compared with national averages. There are high numbers of households in temporary accommodation across the patch and around a quarter of the population in NCL do not have English as their main language.

5.3 Suicide is one of the leading indirect causes of death (CMACE 2011). In a recent audit by BEH Mental Health Trust there were two maternal suicides in 2014/2015.

Our Ambition

5.4 Our ambition for 2020 is to improve the care pathways so that there is better continuity of care. This may involve redesign and investment. As part of the redesign services should be co-located with maternity services e.g. IAPT, drug and alcohol services. All CCGs will have parent infant services.

5.5 There is an NCL working group led by the Tavistock and Portman Clinic. The work of this group is informed by stakeholder involvement e.g. Cocoon, the NCL maternity services participation groups, the Family Nurse Partnership in the Maternity Services Liaison Committee.

Current picture

5.6 There is no specialist community mental health service in NCL despite having some good parent-infant and psychology services. The majority of the local maternity services have perinatal mental health specialists. The continuity of care and the care pathways is very complex across several mental health providers and local community services. In Barnet, Enfield and Haringey Mental Health Trust there is no specialist perinatal mental health service and BEHMHT is one of two mental health trusts in London without a dedicated service.

5.7 The availability of services for families affected by perinatal mental illness in North Central London is dependent on where a woman lives and where she chooses to have her baby. Only women who choose to give birth at the Whittington can expect to have access to a comprehensive, specialist perinatal mental health service. Services are in effect provider delivered, rather than effectively commissioned.

5.8 NCL partner organisations have calculated that 1,200 women a year will be supported by a proposed perinatal mental health service model. This is equivalent to 5% of all women giving birth in NCL and includes women that have a previous history of serious

illness, those experiencing psychosis, serious depression or other complex difficulties. The service will focus resources and develop approaches to engage people who find help harder to access including teenagers and mothers from some BME groups including those for whom English is not their first language.

5.9 Outlined below are the rates of perinatal psychiatric disorder per thousand births and the numbers that would be expected by borough.

2014 births ONS			Barnet 5244	Enfield 4824	Haringey 4006	Camden 2700	Islington 2879
Disorder	Established rate per 1000 births	% women affected	Expected cases	Expected cases	Expected cases	Expected cases	Expected cases
Postpartum psychosis	2/1000	0.2%	10	10	8	5	6
Chronic serious mental illness	2/1000	0.2%	10	10	8	5	6
Severe depressive illness	30/1000	3%	157	145	120	81	86
Mild-moderate depressive illness	100-150/1000	10-15%	524-786	482-724	400-601	270-405	287-431
Post-traumatic stress disorder	30/1000	3%	157	145	120	81	86

Birth Data: ONS, July 2015

What we are aiming to achieve across NCL

5.10 This ambition is dependent on additional funding. An NCL application has been submitted to NHS England by Islington CCG and clinically led by the Tavistock and Portman Trust.

5.11 We are proposing a hub and spoke model for North Central London. The hub will be primarily administrative with a central meeting place for training and to oversee and maintain quality and equity across the patch and co-ordinate activity and outcome data. Accommodation has already been provisionally identified on both the St Ann's and Whittington sites. There will be five spokes each relating to one of the five maternity units in NCL so that each maternity unit has clinicians with whom to make effective relationships but facilitating cross cover and a capacity to respond to urgent referrals. Although the maternity units are best placed to identify early vulnerability throughout pregnancy and the early post-natal period, we anticipate that many women will be identified by other professionals including GPs, adult MH workers including IAPT, HVs, CAMHS, Children's Centre staff, etc. The work strand will overlap with, and be included in, work being undertaken on pathways.

Key Milestones

5.12 In addition to the proposed implementation plan submitted as part of the NCL application, the key milestones have been identified:

1. Continue to develop NCL Perinatal Mental Health partnership and workstream
2. Secure additional NHSE funding for community based perinatal mental health service
3. Continue mapping of care pathways
4. Continue improving communication between providers
5. Continue improving care pathways from pre-conception to one year after birth
6. Continue NCL/Pan London perinatal training programme
7. Continue NCL/Pan London perinatal mental health champions programme
8. Ensure each service provider has perinatal mental health champions

Funding

5.13 Below are the proposed costs for implementing the community perinatal health services within NCL.

	2016/17		**2017/18**		**2018/19**	
Costs Staffing, building, equipment and training	£163k		£1,233k		£1,218k	
Existing and proposed North Central London annual resource	Barnet Camden Enfield Haringey Islington	- - - - -	Barnet Camden Enfield Haringey Islington	£ 50,000 £ 40,000 Resource to be identified through redesign of existing services. £ 80,000 £ 150,000	Barnet Camden Enfield Haringey Islington	£ 100,000 £ 40,000 Resource to be identified through redesign of existing services. £ 80,000 £ 150,000

Note: There are other costs associated with the care pathways and part of the NCL Perinatal Mental Health Group will be to identify existing services, current expenditure and gaps.

Linked to key policies and initiatives

- NCL Perinatal Mental Health Strategy
- Healthy Child Programme
- NICE Guidance on Perinatal Mental Health

Priority 5: Crisis and Urgent Care Pathway and Collaborative Commissioning proposal of Tier 4 beds.

Rationale for an NCL wide approach

6.1 Local management of CAMHS beds and the development of 24/7 community based rapid response service for children and young people experiencing mental health crisis are national and regional priorities. The North Central London Sustainable Transformation Plan, mental health work stream, includes out of hours crisis response for children and young people across all boroughs. Our ambition to deliver this will work best across NCL wide population to deliver economies of scale and an effective, efficient service.

Aim

6.2 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. We 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.

I. Local management Tier 4 beds (Collaborative Commissioning)

6.3 The Tavistock and Portman NHS FT is co-ordinating a provider led bid to NHSE to manage inpatient stays of children and young people across NCL. The stakeholder partnership includes Barnet, Enfield and Haringey Mental Health NHS Trust, Whittington Health, Royal Free NHS Foundation Trust, CAMHS commissioners from all boroughs. The data we have on admissions and length of stay in CAMHS beds across NCL is shown on the next page.

Appendix 3

NCL Tier 4 CAMHS Admissions

Data Source	NHS E	NHS E	NHS E	NHS E	NHS E	HLP	HLP	HLP
Year	2013-14 London	2014-15 London	15-16 London	15-16 Out of London	15-16 total	15-16 HLP London	15-16 HLP Out of London	15-16 HLP total
Barnet est popn 2016 aged 0-18 **48,471** (GLA, 2015)								
Admission	33	39	34	7	41	35	6	41
LOS London	1,923	2,220	2,740	749	3,489	2,852	735	3,587
Cost	£958,686	£1,007,955	£1,595,878	£467,354	£2,063,232	£1,597,062	£459,307	£2,056,369
Av Cost	£499	£454	£582	£624	£591	£560	£625	£573
Camden est popn 2016 aged 0-18 **22,597** (GLA, 2015)								
Admission	5	19	9	14	23	11	10	21
LOS London	650	1,218	701	1,064	1,765	1,049	1,021	2,070
Cost	£143,739	£601,102	£630,340	£663,904	£1,294,244	£631,263	£645,020	£1,276,283
Av Cost	£221	£494	£899	£624	£733	£602	£632	£617
Enfield est popn 2016 aged 0-18 **44,312** (GLA, 2015)								
Admission	20	23	5	6	11	4	5	9
LOS London	1,187	1,165	185	213	398	473	207	680
Cost	£663,675	£625,566	£291,389	£132,906	£424,295	£291,389	£174,103	£465,492
Av Cost	£559	£537	£1,575	£624	£1,066	£616	£841	£685
Haringey est popn 2016 aged 0-18 **31,504** (GLA, 2015)								
Admission	22	16	10	4	14	9	2	11

Appendix 3

LOS London	1,331	1,532	435	151	586	833	148	981
Cost	£679,371	£821,833	£500,394	£94,219	£594,613	£500,394	£90,018	£590,411
Av Cost	£510	£536	£1,150	£624	£1,015	£601	£608	£602
Islington est popn 2016 aged 0-18 **21,344** (GLA, 2015)								
Admission	13	17	7	2	9	7	3	10
LOS London	697	1,591	857	81	938	1,234	81	1,315
Cost	£142,332	£810,165	£786,502	£50,542	£837,043	£786,502	£53,600	£840,102
Av Cost	£204	£509	£918	£624	£892	£637	£662	£639
NCL est popn 2016 aged 0-18 **168,226** (GLA, 2015)								
Admission	93	114	65	33	98	66	26	92
LOS London	5,788	7,726	4,918	2,258	7,176	6,441	2,192	8,633
Cost	£2,587,803	£3,866,621	£3,804,503	£1,408,924	£5,213,427	£3,806,609	£1,422,048	£5,228,657
Av Cost	£447	£500	£774	£624	£727	£591	£649	£606

Note

- 15-16 out of London cost base assumed at £623.97 per unit
- Data excludes ED, CLD, PICU, Low Secure, Medium Secure, Daycare, SCAAND (GOSH, Ellern Mead excluded)
- For HLP OOA where NHS E had provider cost as £0, updated to £623.97
- Before managing tertiary budget locally, would need support from NHS E to validate data as variances between data sets
- Due to LOS and cost coming from different sources for in London placements, cannot be 100% sure that the LOS and costs align. Admissions and costs do align.

II. Community based rapid response to young people experiencing crisis

6.4 A mental health crisis is defined as when someone is in an emotional or mental state where they need urgent help. A mental health crisis can be unpredictable. A person in crisis may need support at any time of day or night. They may seek help from a GP, or medical attention from a local hospital, or the crisis may result in an intervention by the police.

6.5 We are in the process of gathering data about the numbers of children and young people presenting to emergency departments and those being admitted in all boroughs.

6.6 The picture at the moment is that at least **350** children and young people were admitted to acute paediatric wards in 15-16. However at this stage the data is incomplete. We are also consulting with children and young people to inform both proposals for the local management of inpatient beds and development of crisis care provision.

III. Crisis Concordat and young person appropriate Place of Safety

6.7 Crisis Care Concordat planning is taking place across North London Central (NCL) with local forums developing action plans for Camden & Islington and for Barnet, Enfield & Haringey. This has led to work on revising local S136 pathway protocols and exploration of options to further young person appropriate develop local place of safety provision.

6.8 Simultaneously work is being undertaken by the NCL stakeholder partnership group to review places of safety currently provided across NCL, focussing on the appropriateness of provision for children & young people.

Key Milestones

1. Project plan locally to pilot extended hours for community based out of hours crisis response across NCL. November 2016
2. Recruitment plan with identified provider Trust December 2016
3. Proposed go live date of April 2017
4. NHSE approval to develop local management of provider led CAMHS inpatient beds
5. Project plan to implement local management of inpatient beds. January 2017

Summary

1. NCL boroughs will develop jointly a whole system pathway to respond to children and young people experiencing mental health crisis as required. This will include primary care.
2. The system wide pathway includes local management of inpatient beds for children and young people as required
3. Outcomes will include reduced attendance and admissions to acute hospital beds; reduced admissions and length of stay to T4 beds; improved patient experience and patient outcome measures
4. The timescale for delivery of 24/7 response is by 2020.

Priority 6: Transforming Care Programme

Rationale for Joint priority across NCL

7.1 Transforming Care is a nationally 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 will drive system-wide change and enable more people to live in the community, with the right support, and close to home.

7.2 The Transforming Care programme focuses on the five key areas of:

- Empowering individuals
- Right care, right place
- Workforce
- Regulation
- Data

7.3 We are working together across North Central London, and in collaboration with Local Authority Children and Young People's Services, in order to deliver this programme and have identified a number of areas in common for joint work.

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.

What we are aiming to achieve across NCL

I. Care and Treatment Reviews (CTRs) and Admission Avoidance Register

7.4 When someone is identified as being at risk of admission they are placed on an 'admission avoidance register'. This enables professionals to arrange a Care and Treatment Review meeting with the child/young person and/or their parent/carer to think about what can be done to support them in the community and to retain oversight and regular review of the case. In NCL we are working towards a single process for this. Guidance is being completed for professionals to support the identification of those at risk and how to seek consent from the family to join the register. We are also looking at how we can also support those at risk of requiring a residential placement, through additional support to enable families to stay together.

II. Early support for behaviour

7.5 There are different models for delivering behaviour support across NCL. We intend to undertake a sufficiency audit to look at those different models, and numbers of children and young people accessing this support against identified need.

III. Intensive Family Support

7.6 Enfield are currently developing an intensive family support model based on the Ealing model, using positive behaviour support. The proposal is for an Intensive Behaviour Therapeutic & Assessment Service (IBTAS) to develop a viable local alternative to for a cohort of young people with challenging behaviours so that they are intensively supported preventing such behaviours deteriorating to the point where external placement become the only solution. The new service aims to avoid permanent residential accommodation for approximately four children / young people per year

through a combination of timely and intensive therapeutic support and the provision of regular, planned short breaks. With small numbers such as these across each of the Boroughs consideration is being given to the possibility of a jointly commissioned service, or roll-out of a single model across the five CCGs.

IV. Shared Learning to inform Commissioning

7.7 The Care and Treatment Review process enables colleagues across NCL to share learning about what is helpful in both preventing the need for Tier 4 services, including hospital admissions, and for expediting step down. We aim to monitor the approaches tried across NCL to inform future commissioning intentions. For example we are looking at the possibility of mentors who visit the young person in hospital and then support them when they return to area. As admissions are very small numbers, this is an area which would be better considered across the larger NCL footprint.

V. Improving Pathways and Models of Care

7.8 We are currently working across adult's and children's services to look at the pathways for ASD, from pre-diagnosis to post-diagnosis support, looking at any opportunities for joint working. Additionally we will be considering the different models of CAMHS delivered to those with learning disabilities and/or ASD. There are a number of teams across NCL using different models, we will be working closely to review these models in order to take a view as to which functions are better delivered locally (for example support into special schools) and which could create improved quality and efficiency through jointly planning for (for example specialist assessments).

VI. Workforce

7.9 Integral to the pathway review outlined above is the workforce. This will be reviewed in the context of the pieces of work to look at current services and pathways and in the context of the HEE and CYP-IAPT opportunities for staff development. Some of the presenting issues which our teams support are quite rare, providing an ability to call on a wider workforce mean that specialist expertise are available to a larger range of families, reducing the need for high cost specialist assessment and treatment services which may currently be contracted on a cost per case basis, and enabling that resource to be used to invest in local services.

VII. Market Development

7.10 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. This will involves stimulating the market and working jointly to attract providers who can provide innovative solutions. Commissioning intentions will be led by the outcomes of the sufficiency audit around early help, and the learning from CTR processes.

VIII. Capital and Housing

7.11 NCL will have a representative on the pan- London Capital and Housing sub-group to support the development of capacity on a regional basis.

Key Milestones

- Establish 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

- Complete sufficiency audit of current behaviour support and complete any required business cases for funding
- Market Testing
- Develop a new service model (avoidance of admission)
- Develop a new service model (moving individuals back to the community)
- Reduce the use of hospital beds in line with the TC assumptions from 43 in April 2016 to no more than 21 in March 2019

Funding

7.12 We will be seeking to bid for Transforming Care funding in order to support this area of transformation. We will also be looking locally at developing business cases to support this work through the reduction of costly residential placements.

Linked to key policies and initiatives:

- Transforming Care: A National Response to Winterbourne View - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf
- Care and Treatment Review: Policy and Guidance - https://www.england.nhs.uk/wp-content/uploads/2015/10/ctr-policy-guid.pdf

Priority 7: Development of local Child Sexual Assault (CSA) Services / Child House Model

Our ambitions

8.1 This priority area sets out the work to date at a pan-London level and locally in North Central London to progress towards the Child House model for victims of child sexual abuse (CSA), including sexual exploitation. The 2015 "Review of the pathway following Children's Sexual Abuse in London" recommended the Child House model based on the Icelandic Barnahus[1]. This model has been subsequently been supported by Children's Commissioner for England, Home Secretary and the London Mayor.

8.2 It was estimated by the NSPCC study[2] that 9.4% of 11 to 17 year olds had experienced sexual abuse (including non-contact) in the past year. The same incidence as childhood asthma (9%) and more common than diabetes (2.5%), and yet these children are hidden from sight. When they do come forward, the minimum that all children and young people that experience sexual abuse should expect includes:

- A safe place to live
- Being listened to and believed
- Ability to develop a narrative
- Early emotional support is available before therapeutic interventions start e.g. strategies for coping with feelings, emotional resilience and symptoms that impact on returning to normal daily life – such as night terrors, flashbacks, self-harm
- Reducing risk of further abuse

8.3 Following the publication of the Review of services in London, a North Central London sector steering group was established, one of 5 across London, to look at the outcomes of the review and take forward recommendations across a sector wide partnership. CAMHS services are central to this piece of work and NCL CAMHS Commissioners have come together to support this initiative and ensure the sector wide work is reflected in CAMHS transformation plans as well as being linked into our NCL Sustainability and Transformation Plan.

- **A single pathway for C&YP across NCL who have experienced child sexual assault**

8.4 The partnership is working to bring clinicians together from existing services, identifying resources to ensure CAMHS and Advocacy support is available as part of the pathways, and agreeing access for young people is based on what makes sense for them rather than geographical boundaries. This is viewed as the first step in improving available support and initial funding has been made available from DH to support a 1 year pilot of providing CAMHS and Advocacy into these pathways.

- **Development of the Child House Model**

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[1] Link to Children's Commissioner report on Barnahus
https://www.childrenscommissioner.gov.uk/sites/default/files/publications/Barnahus%20-%20Improving%20the%20response%20to%20child%20sexual%20abuse%20in%20England.pdf

[2] Radford L, Corral S, Bradley C et al. Child abuse and neglect in the UK today, 2010

8.5 Ultimately the ambition is to develop the Child House Model in NCL. Following the development of this initiative, we would envisage a reduction in service demand on tier III CAMHS, and reduced wait times, through early intervention to minimize the risk of severe and enduring mental health conditions. Safeguarding teams and children's social care teams will be supported by a streamlined process to access all health and police investigations immediately after disclosure, as well as through a case management and advocacy service in the Child House.

Current picture

8.6 NCL Commissioners previously invested CAMHS Transformation funding in a demand and capacity mapping project of CSA/CSE services. This work was commissioned to map current commissioning arrangements and service provision, estimate future demand, and provide an options appraisal and business case for the CSA hub and Child House model.

8.7 Early intervention emotional support services are being designed as part of the CSA Hubs in North Central and South West London, funded by the Department of Health and local CCGs respectively. This evidence-based support gives immediate access to CAMHS or advocacy services and is predicted to reduce progression to PTSD and the need for long-term CAMHS intervention.

8.8 In the North Central Sector:

- CSA medical examinations are being provided by two CSA Hubs at University College Hospital and St Ann's Hospital.
- The Department of Health has funded an early intervention emotional support service for all children and young people accessing the CSA Hubs. The service will be provided by the Tavistock and Portman and Solace Women's Aid, and will consist of 1 WTE CAMHS clinician and 0.8 WTE Child Advocate. The service is currently being designed and is due to launch in September 2016.
- 3 of the 5 North Central CCGS have funded demand and capacity mapping to be completed in August 2016
- A multiagency co-design workshop ran in March 2016 with more than 50 professionals attending. A smaller multiagency group is now working to develop the detail of the Child House model for the sector
- Engagement with children and young people is ongoing with consultations already conducted with Barnet Youth Board, Enfield Youth Parliament, and Islington In Care Council

8.9 Funding has been secured from MOPAC to support the development of two Child House Pilots in London. We are currently awaiting a decision as to where these pilots will be sited.

8.10 If successful in the first instance this will be done by looking to redesign existing resources and services to enable CAMH services to be delivered from a Child House to support C&YP across NCL accessing services here.

8.11 We will also be utilising the findings of the NCL mapping to consider the data and the projected numbers of C&YP expected to access services (it is thought this project will uncover current unmet need) and jointly consider commissioning arrangements to further support the model with CAMHS input

Benefits

- Clear pathway for children and families to use existing commissioned services in paediatrics, CAMHS and early help as well as third sector provision
- Reduced pressure on CAMHS specialist inpatient and outpatient services, through early emotional support and stabilisation of child and family, reducing the risk of progression to long-term mental health conditions and emergency presentations in mental health crises
- High quality medical examinations – sufficient throughput to meet the RCPCH guidelines in all boroughs
- Children and families less traumatized
- Doubling of conviction rates at trial [3] [4]
- Significant long-term savings for the health and social care economy through reduction in chronic mental health, drug and alcohol use, further abuse and sexual violence, school refusal and unemployment, dependency. NSPCC estimates London Alone spends £0.4billion on the outcomes of unsupported victims of CSA.

Next Steps

- October 2016 – Notification of decision re location of MOPAC funded pilot sites for Child House Model
- December 2016 – Discussion with existing providers re service reconfiguration to support implementation by April 2017 (if successful pilot area)
- April 2017 – Review and consider how the current CSA CAMHS and Advocacy services (1 year funding from DFE) are mainstreamed into our local pathways.
- December 2017 – review Child House reconfigured pilot and numbers of C&YP access data to consider additional funding to be made available across the sector for April 2018.

Funding

8.12 Commissioning intentions reflect a commitment to service redesign to reconfigure existing pathways in the first instance to support the Child House Model

8.13 We are awaiting the outcome of the funding decision by The Mayor's office regarding the location of the 2 proposed pilot sites in London.

8.14 Further funding decisions will then be made across NCL re identification of additional funding if and where required.

Linked to key policies and initiatives:	**Aims**
Five Year Forward View	• Increase access to meet 35% of need
Future in Mind	• Promote early Intervention • Improving access and reducing waiting times • Make support more visible and easily accessible

[3] Link to Children's Commissioner report on Barnahus https://www.childrenscommissioner.gov.uk/sites/default/files/publications/Barnahus%20-%20Improving%20the%20response%20to%20child%20sexual%20abuse%20in%20England.pdf

[4] http://www.bvs.is/media/barnahus/Dublin,-sept.-2013.pdf

NCL Sustainability and Transformation Programme	• MH Workstream

Priority 8: Pathways for Young People in the Youth Justice System

Our Ambitions

9.1 Future in Mind 2015 outlined the need to transform 'care for the most vulnerable' which includes mental health of children who come to the attention of criminal justice system. The 'Health and Justice Specialised Commissioning of Children and Young People's Mental Health Services' transformation work stream aims to address this gap.

9.2 We wish to ensure timely assessment and support for vulnerable young people with mental health problems before they become ingrained with offending culture. Since 2007, there have been 82% fewer young people coming into the formal Youth Justice System as a result of diversionary activity. Furthermore, the number of young people aged 10-17 years in custody has fallen by 70% over the last decade. Therefore we will develop an NCL offer that reaches young people in the early stages of contact and provide assessment and treatment where needed including those already in YOS caseloads.

Mental Health Needs of Young Offenders

Youth Justice Board research (2005) found that 31% of a 300 sample of CYP had mental health needs, which included:

- 18% having problems with depression
- 10% suffering from anxiety
- 9% reporting a history of self-harm within the last month
- 9% suffering from post-traumatic stress disorder
- 25% identified as having learning difficulties
- Individuals involved in gangs have higher chances of diagnosable difficulties and poorer general mental health than other young people (Coid, et al., 2013).

North Central London STP

9.3 NCL CCG's and YOS Managers are working with Health and Justice partners in the London region across their STP footprint to enhance the local health offer for CYP that come into contact with the justice system. We have agreed and signed a Memorandum of Understanding with the NHSE Health and Justice Team in relation to roles, responsibilities, funding and governance that jointly ensure a comprehensive local response is in place for CYP in the justice system. Detailed proposals for local service provision will be submitted by December 2016 for assurance in order to release resources for commissioning of new capacity

Priorities and Outcomes for the Health & Justice work stream

9.4 Due in part to the success of liaison and diversion schemes in keeping young people out of formal court proceedings we believe that additional capacity for mental health within youth justice must also extend to exploring options for pre-court interventions Our objective is to close the treatment gap and promote integrated commissioning in line with the national health and justice work stream priority areas:

- Development of Specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs
- Development of Collaborative Commissioning Networks between Health & Justice regional teams and CCGs

9.5 Across NCL STP we wish to achieve a reduction in variation in care for CYP in London in contact with the justice system. CYP Mental health pathways will seek to support diversion of individuals, where appropriate, out of the youth justice systems into health, social care, education and training, or other supportive services. We will offer a mental health assessment to every young person at second appointment to support a reduction in re-offending and/or escalation of offending behaviours.

9.6 Each CCG will develop KPI's with their local providers and YOS managers. Some of these will be congruent across the STP footprint while others will have a local focus to reflect the different starting positions of each area. NCL will aim to establish a greater level of consistency across the STP footprint by ensuring all areas have:

Principals of NCL CCG Model for Health and Justice CAMHS
• Single local 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 • Benchmarking reported outcomes across NCL by 2017.18 • Each YOS/CCG area to develop bespoke aspects of provision based on local needs

NCL also exploring options for STP wide work including:
• Early intervention for Sexually Harmful Behaviours • Self-Harm and Crisis Care • Transition from secure settings into community CAMHS

Linked to key policies and initiatives:	**Aims**
Five Year Forward View	• Increase access to meet 35% of need
Future in Mind	• Promoting resilience, prevention and early intervention – across sectors with schools, GPs etc. • Developing the workforce • Improving access and reducing waiting times • Professionals who work with children and young people trained in child development and Mental Health
NCL Sustainability and Transformation Programme	• Efficient use of resources and provision with a view to future proofing local health services.