



Barnet Children and Young People's Mental Health Local Transformation Plan 2019/20 (Refresh)

Foreword

Our vision is for children and young people in Barnet to be able to thrive. At the heart of our Family Friendly Barnet approach is the concept of resilient children, families and communities.

We are proud of the progress we have made so far. In 2018/19, we continued to embed our 0 – 19 Early Help Hubs, further expanded our Resilient Schools Programme and launched an Adolescent Crisis Team. In the first part of 2019/20 we have also significantly improved Children's Social Care (moving from inadequate to good) and achieved outstanding results in our schools.

But there is still more to do; from mapping exercises and needs assessments we have undertaken, we know ourselves well and are able to move forward with our service and pathway improvement plans.

We are delighted and proud about becoming a trailblazer delivery site and the opportunities this offers for early identification and prevention. In 2019/20, working closely with education partners, we will focus on the establishment of our Mental Health Support Teams where we know there to be higher prevalence of emotional and mental health issues.

Also this year, we will focus on improving support for young people in crisis to ensure that there is access to appropriate, high quality support which improves outcomes for young people.

These are only some of the highlights of what we expect to deliver in 2019/20. Our CYP MH Transformation Board will continue to monitor the delivery of the plan and our plans will continue to evolve as we receive feedback from young people, families and professionals.

Our 2019/20 Transformation Plan reflects our implementation of the THRIVE approach and contributes to priorities within our Children and Young People's Plan and Joint Health and Wellbeing Strategy to improve wellbeing and mental health of our young people and families

*Dr Charlotte Benjamin
NHS Barnet CCG, Chair and Vice-Chair of
the Health and Wellbeing board*

*Dr Louise Miller
NHS Barnet CCG, GP lead for Mental
Health*

*Dr Tamara Djuretic
Barnet Council and the Royal Free
London Group, Director of Public Health
and Prevention*

*Councillor Caroline Stock
Chair of the Health and Wellbeing Board*

*Kay Matthews
NHS Barnet CCG, Chief Operating Officer*

*Councillor David Longstaff
Chair Children, Education and
Safeguarding Committee*

*Chris Munday
London Borough of Barnet, Director of
Children's Services*

1 Executive Summary

1.1 Local transformation so far

In the last three years we have:

- Strengthened co-production and engagement with families and young people
- 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.
- Embedded Children's Wellbeing Practitioners (CWPs) in the 0 – 19 Early Help framework. The CWPs use a guided self-help approach with young people and parents based on Cognitive Behaviour Therapy (CBT) approaches
- Pioneered online support for local Children and Young People (Kooth) and implemented online support for professionals (QWELL)
- Exceeded our access target for those receiving mental health support – achieving 47.8% in 2018/19 against the 32% national target
- Established a strong programme of support to schools and early help through our resilient schools programme (hosted by Barnet Public Health) which is now supporting over 55 schools
- Invested in our Emotional Wellbeing Team and re-aligned our CYP MH 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
- Commissioned a range of services to provide advice to families of disabled children and those with special needs including attention deficit hyperactivity disorder (ADHD) / autism spectrum condition (ASC)
- Commissioned parenting support for children with ADHD/ASC provided via the Voluntary Community and Social Enterprise (VCSE) and the Educational Psychology Service
- Continued to grow VCSE activities and services through the Young Barnet Foundation led Space2Grow to support children and young people
- Established Adolescent Crisis Team (ACT) in November 2018 which supported 76 CYP (in the first nine months), reduced length of admissions at Barnet Hospital and increased the number of young people discharged home (from 59% to 80-89%)
- Our main specialist provider (Barnet, Enfield and Haringey Mental Health Trust, BEH) has co-produced a redesign of services to improve access to treatment waiting times
- Embedded transforming care (Autism Spectrum Disorder and Learning Disability Programme) through regular dynamic register review meetings, the establishment of a senior care coordinator post and piloting Transforming Care Prevention and Support Service (TCaPS) across North Central London.

In 2018/19, we mapped our prevention and early help offer as well as our specialist provision to review progress and to establish areas for further development. Our mapping exercises have further informed our plans and supported the embedding of the THRIVE principles and approach.

The voice of young people and families continue to be central in the development of our plans. We strengthened co-production through including parent representatives on our CYP MH Transformation Board, Local Authority consultations and BEH's redesign.

1.2 Plans for 2019/20 and beyond

In 2019/20 we aim to further develop and embed provision across the programme.

Plans for 2019/20	Lead
Getting advice	
The roll out of the Resilient Schools programme as a universal offer to schools and develop a website to embed whole school awareness.	Public Health
Development of whole school training to raise awareness of Mental Health signs and symptoms.	Public Health / Education
Continued promotion of the Special Education Needs and Disabilities (SEND) Local Offer.	Local Authority / CCG / Providers / Barnet Parent
Continue to develop ADHD support and psychoeducation for families, in conjunction with specialist CYP MH services and other multidisciplinary teams.	Family Services
Continued investment in the VCSE to strengthen our community offer.	Family Services / Young Barnet Foundation
Getting help	
Continue to increase access to mental health support; increasing access by at least 2% (to 50% by 2021), this will be achieved through our prevention and early help services as well as our specialist provision.	Barnet CCG / Providers
Review Prevention and Early Help services to ensure that the offer is meeting the needs of children, young people and families in the borough, is a coherent offer and addresses the gaps identified in the mapping	Family Services
Following evaluation, consider roll out of QWELL to parents / carers.	Public Health / Family services
Continue to embed the Integrated Clinical Service within the council.	Family Services
Development of new Mental Health Support teams (MHSTs) for Children and Young People's Mental Health with mild / moderate mental health needs. The two MHSTs will be in place from January 2020, first working in Resilient Schools in the west then expanding to further schools.	Family Services
Getting more help	
Improve response to and pathways for young people in crisis – considering the expansion of ACT and compliance with the Children and Young People's Mental Health crisis concordat.	Barnet, Enfield and Haringey Mental Health Trust (BEH)
Review the North Central London (NCL) eating disorder service and develop a specification that takes into account current demand.	Barnet CCG
Consider the local commissioning of Dialectical Behaviour Therapy (DBT) to reduce step-up to inpatient provision and to support step-down and community support for young people who have been admitted as an inpatient.	BEH

NCL, working with North East London (NEL), will develop new models of care for the local commissioning of specialist inpatient Children and Young People's mental health services (devolved from NHSE) through a NCL NEL provider collaborative.	Barnet CCG / BEH
Getting risk support	
Review liaison and diversion posts currently funded by NHS England.	Family Services
Tripartite; working across the partnership to improve local support to reduce the number of out of borough / residential placements particularly for children and young people with autism and learning disabilities.	Health, education and social care
Overarching	
Special educational needs and disabilities (SEND)	
<p>Embed new Senior Nurse post to promote the needs of children and young people with ASC / LD cohort to reduce hospital admissions.</p> <p>Work with the CYP Board to develop a borough wide, co-produced Autism Strategy which will cover:</p> <ul style="list-style-type: none"> • A redesign the diagnostic pathway (2019/20) • Support for children and young people with autism across health, social care and education including respite provision (2019/20) • Strategic co-ordination of services (2019/20) • Development of a team to support young people with ASC / LD (2020/21) • Working across NCL to explore: workforce development to support young people with ASC/LD and the development of a respite / crash pad facility (2020/21) 	<p>BEH / CCG</p> <p>Local Authority</p>
<p>Workforce – to ensure that our workforce is able to meet the need of our young people including:</p> <ul style="list-style-type: none"> • Ensuring sufficient capacity to meet and exceed the access target. • Recruit to our two MHSTs. • Training to support young people with ASC. • Training to increase the identification and support for young people with eating disorders especially for school staff and GPs. • Review the use of RMNs at acute sites and consider alternatives. 	<p>Barnet CCG</p> <p>Family Services Barnet CCG Royal Free</p>
<p>Pathways – in line with the “no wrong front door” principle of access to services including:</p> <ul style="list-style-type: none"> • Developing appropriate triage across the whole system. • Working with our specialist Children and Young People's Mental Health providers (BEH, RFL, Tavistock and Portman) to develop a borough-wide service with specialisms to move away from geographically led provision. • Improving transitions in line with the 0 – 25 agenda. 	<p>BEH / Local Authority</p> <p>Barnet CCG / BEH All</p>

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 CYP MH 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 CYP MH 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 Health and Wellbeing Board which includes leaders across the system
Financial Management	Resource pressures	S75 being developed to provide governance. Regular contract monitoring and financial review meetings.

See appendix A for more detail.

1.4 Alignment with North Central London (NCL)

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.

Through developing the NCL response to the NHS Long Term Plan, the system has undertaken collaborative discussions with system partners, including Expert by Experience (EbyE) representatives, to revisit the STP vision and confirm priority areas for investment in order to address increasing mental health population prevalence.

Withstanding the overarching vision that: “We will work with individuals and communities to build a model of care and support that enables our population to live well”, the STP is committed to prioritising care delivered in the community through integrated community models for adults with SMI and children and young people. The EbyE established ambitions have informed the work to respond to the Long Term Plan and the continued development of the local care and support offer. As such, the revised priority areas, across the whole programme, for investment are:

- Stabilisation, expansion and development of core community services for people with complex needs due to serious mental illness (psychosis, personality disorder and severe mood and anxiety disorders), in partnership with expanded primary care mental health and voluntary sector services;
- Achieve the ambition of 100% coverage of 24/7 children and young people crisis services; and
- Delivery of Early Intervention in Psychosis (EIP) services in line with national standards.

These revised priorities refocus and consolidate the five main initiatives identified for the STP programme during 2018/19 which were acute care pathway, primary care mental health including IAPT, CAMHS, mental health workforce and liaison psychiatry. Other areas of focus included community resilience, perinatal, student mental health and dementia.

The shared NCL CAMHS Transformation Plan Priorities, which are overseen by the NCL CAMHS Project Board, align with the STP submission for the Long Term Plan and continue to focus on producing improved outcomes for children and young people, and on ensuring the best use of resources to generate those good outcomes.

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, Future in Mind, and NHS Long Term Plan ambitions, the 5 NCL Boroughs will be working together on four priority areas as part of the NCL STP CAMHS programme. These build on work done in previous years.

Details of the NCL plans are outlined in appendix 2 and referred to throughout the plan.

2 Understanding local need (including access)

2.1. Demography

Barnet has an estimated 100,200 children and young people (CYP) aged 0 - 19 years, representing around 25% of the borough's total population. 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. 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. 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.

2.2 Prevalence of mental health disorders

Estimated prevalence for children aged 5 - 16 years has been calculated based on the prevalence from the survey *Mental health of children and young people in Great Britain* (2004). However, the estimates are only adjusted for age, sex and socio-economic classification. These estimates are included in the absence of an alternative and well validated approach, and therefore should be interpreted with caution.

The estimated prevalence of any mental health disorders among 5-16 year olds in Barnet is 8.3%, which is lower than that for both London Region and England (table 1).

Table 1: Estimated prevalence of any mental health disorders among 5-16 years olds (Source: ONS survey *Mental health of children and young people in Great Britain* 2004)

Estimated prevalence of mental disorders (%)				
	Emotional disorder	Conduct disorder	Hyperkinetic disorder	Any mental health disorder
Barnet	3,2	5,0	1,4	8,3
London Region	3,6	5,7	1,5	9,3
England	3,6	5,6	1,5	9,2

2.3 Subclinical mental health issues in children and young people in Barnet

There will be a large number of children in Barnet with subclinical mental health issues, which could still be significantly affecting their wellbeing. We have limited data about the levels of subclinical mental health issues in CYP in Barnet, but the 2014 What about Youth (WAY) survey provides information on local authority level about wellbeing among 15 year olds. The Warwick-Edinburgh Mental Wellbeing (WEMWBS) scale enables the monitoring of mental wellbeing at a population level. The WAY survey found that the average WEMWBS score among 15 years olds in Barnet were better than those for London and England. However, in Barnet 50% of WAY respondents reported being recently bullied, only 53.5% thought their body size was right and 37% did not report positive life satisfaction. This suggests that there are many young people in Barnet who may be at risk from subclinical mental health issues.

2.4. Prevalence of risk factors for mental health disorders in Barnet

Social, emotional and mental health needs

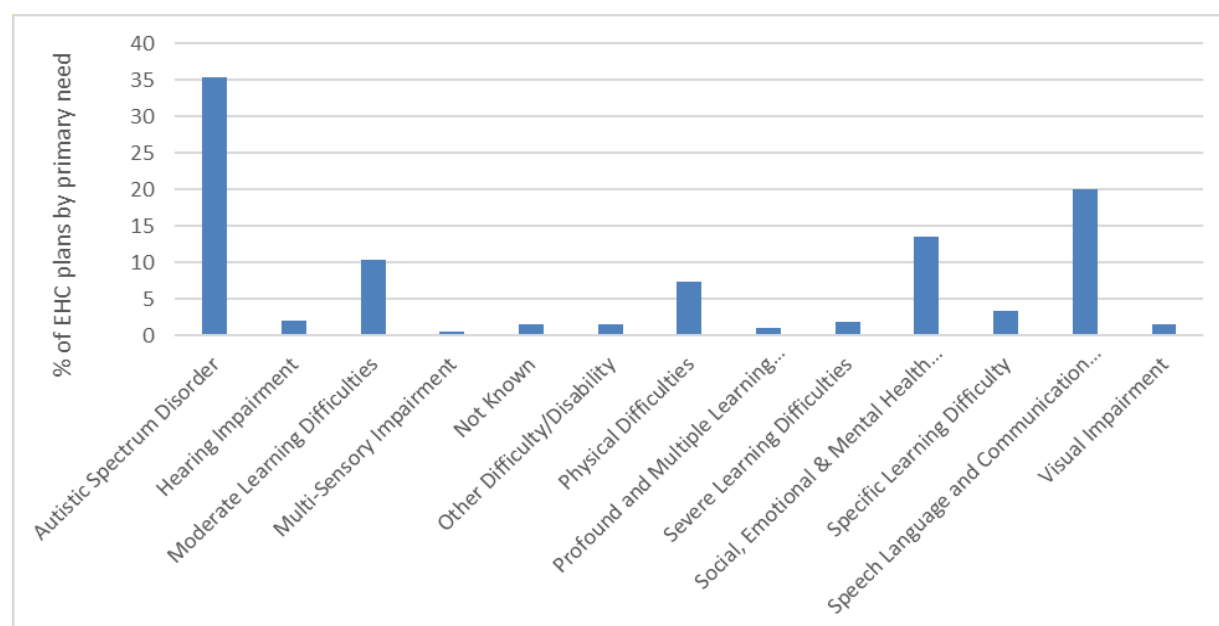
In 2018, 2.61% of school pupils in Barnet's public schools had social, emotional and mental health needs. The rate is slightly higher than in London Region and England, and has remained stable since 2015.

Special education needs

In 2018, there were 13.2% pupils with special education needs in Barnet's schools, which is slightly less than both in London and England (14.4%).

In Barnet, there were 2478 children with an education, health and care plan (EHCP) in early 2019. The most common indication for an EHCP was autistic spectrum disorder (35.3%), followed by speech language and communication needs (20%), and social, emotional and mental health needs (13.6%) (Figure 1).

Figure 1: EHC plans by primary need



NEET

In 2017, 3.7% of 16-17 year olds were not in employment, education or training (NEET). The percentage is lower than in both London Region (5.0%) and England (6.0%).

Low income families

In 2016, 14% of children under 16 years were living in low income families. This is less than in London (18.8%) or England (17%). However, when housing costs are considered, the estimated percentage of children living in poverty in Barnet increases significantly. In 2017/18 1.6/1000 families in Barnet were homeless, which is comparable to the average for England, but lower than that for London.

Homeless young people

In 2017/18, there were 0.48/1000 homeless young people aged 16-24 (total count: 71 people). This is similar to the average in England (0.52/1000), but lower than in London (7.3/1000).

Children and Young People looked after by the local authority

In March 2018, there were 37/10,000 young people in Barnet in care. This is significantly lower than both the number of children in care in England (64/10,000) as a whole and London (49/10,000).

Child protection plan

In 2018, there were 115 children (12.6/10,000) on a child protection plan in initial category of abuse. The rate is lower than in London region (21.3/10,000) and England (21.2/10,000).

Conceptions in women aged under 18 years

Conceptions in under 18 years old are decreasing nationally and regionally. According to the Office for National Statistics, in the first quarter of 2018 there were 10.5/1,000 conceptions in 15-17 year olds in Barnet. The rate is lower than in London Region (15.5/1,000) and England (17.3/1,000).

Persistent absenteeism

The percentage of persistent absentees in Barnet primary schools in 2016/17 was 6.8%, which is lower than in London area and England (8.3%). The numbers are higher in Barnet secondary schools with 11.3%, but are lower than in London (11.9%) and England (13.5%).

Exclusion from school

There were 6.9% of Barnet secondary school students excluded for a fixed period in year 2016/17. This rate is lower than in London (7.5%) and England (9.4%). The trend in rates of exclusion in Barnet over time is stable in Barnet.

Long term illness

According to the survey What about YOUth in year 2014/15, in Barnet there were 13.2% among 15 years old with a long-term illness, disability or medical condition diagnosed by a doctor. This is higher than in London (12.6%), but lower than the English average (14.1%).

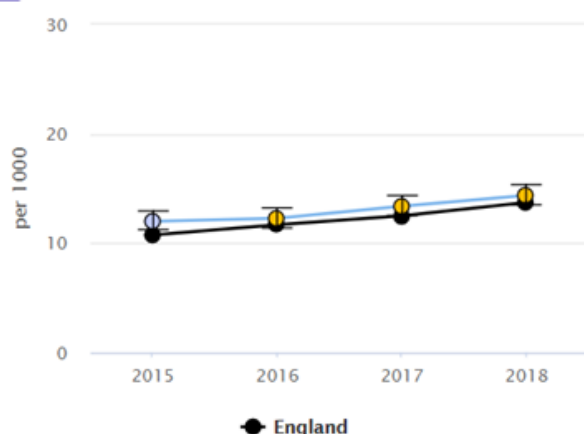
Children and young people in the justice system

In 2017, there were in total 79 children/young people aged 10-17 years, receiving their first reprimand, warning or conviction. This represents 218.3 children per 100,000, which is lower than both in London and England. The number of children receiving their first reprimand, warning or conviction has decreased over recent years.

Autism

In year 2018, there were almost 1,000 children with autism, known to schools, representing 14.4 children per 1,000. This proportion is similar to London Region (15/1000) and England (13.7/1000). The number of children known to schools with autism has increased over recent years (Figure 2).

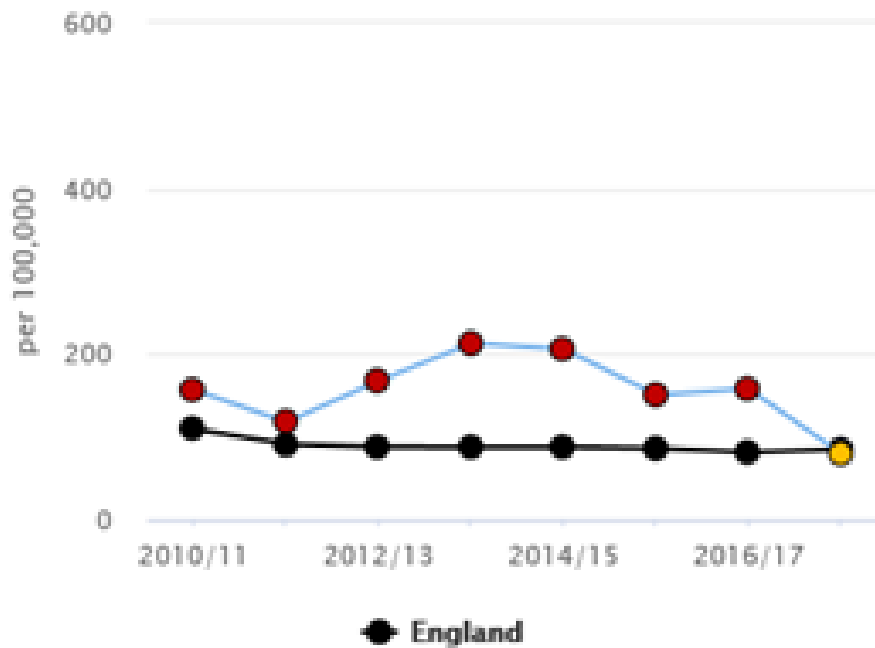
Figure 2: Children with Autism known to schools per 1,000 pupils



2.5. Hospital admissions

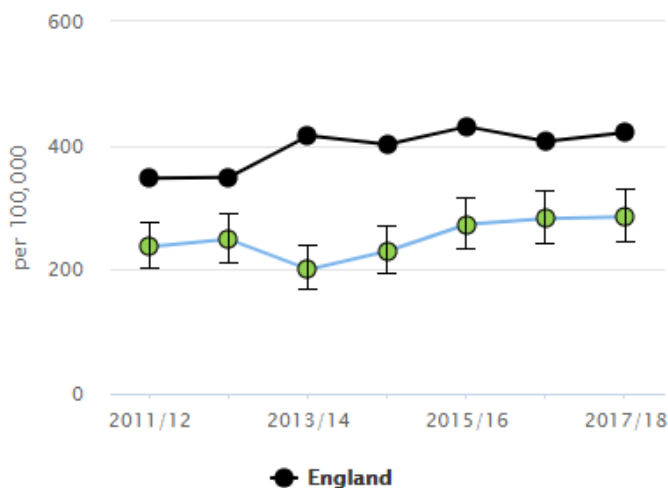
In previous years, Barnet had high rates of hospital admissions for mental health conditions compared to the national average. However, hospital admissions for mental health conditions in 0-17 years olds in Barnet have decreased recently (see Figure 3) and are now comparable to the English average. Further investigation of this may be required to establish if this represents a real fall in admissions (potentially due the establishment of an outreach service). Over the last four years, there was no statistically significant difference in admission rates between females or males. On the average over the last three years, Barnet admissions rates for 'unspecified mental disorder' (F99) were over three times higher than London and over 10 times higher than England. Further investigation of this may be required to establish if this represents a real picture, or it is related to coding practices.

Figure 3: Hospital admissions for mental health conditions in 0-17 years olds in Barnet, from year 2010/11 to 2017/18. Source: PHE fingertips.



The hospital admission rates among 10-24 years old for intentional self-harm in Barnet are higher (285.3/100,000) than in London Region (209,1/100,000), but lower than in England (421.2/100,000) (Figure 4). There was no statistically significant change in the proportion of Barnet 0-24 yr olds admitted for intentional self-harm between 2014/15 and 2017/18. The proportion of Barnet 0-24 yr olds admitted for intentional self-harm was five times higher for females than for males; this difference remains through all age groups.

Figure 4: Hospital admissions as result of self-harm (10-24 years). Source: PHE fingertips



2.6. Estimate of unmet need and access

Figure 5 below presents a summary of CYP accessing mental health services in Barnet. We know that in 2018/19 there were an estimated 99,125 0-19 years old living in Barnet. Therefore, in the absence of local prevalence data, the estimated rate for mental health disorders among 2-19 years olds (7.5%) was used to estimate need in the population, thus estimating that almost 7,500 CYP in Barnet have a mental health disorder. Using the numbers of presented in figure 5 (next page) it is estimated that about half to two thirds of CYP with

mental health issues are being seen at one the prevention and early help services, while at least one third are not seeking or getting help. However, this estimate is likely to underestimate the number of young people in Barnet with a mental health condition who are not accessing help, not least because we did not have service user data for each service, so will have double counted some of the young people who are accessing more than one service.

The annualised access target for CYP mental health care target for 2018/19 was 32%. In 2018/19, Barnet CCG achieved 47.8% as detailed in the overview below (figure 6); this has been achieved through the increase of our prevention and early help offer as well as providers working hard to ensure that data is flowing to the Mental Health Services Data Set (MHSDS). We have set the ambition to increase access to 50% by March 2021.

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 2019/20.

Figure 6: NCL access performance in 2018/19

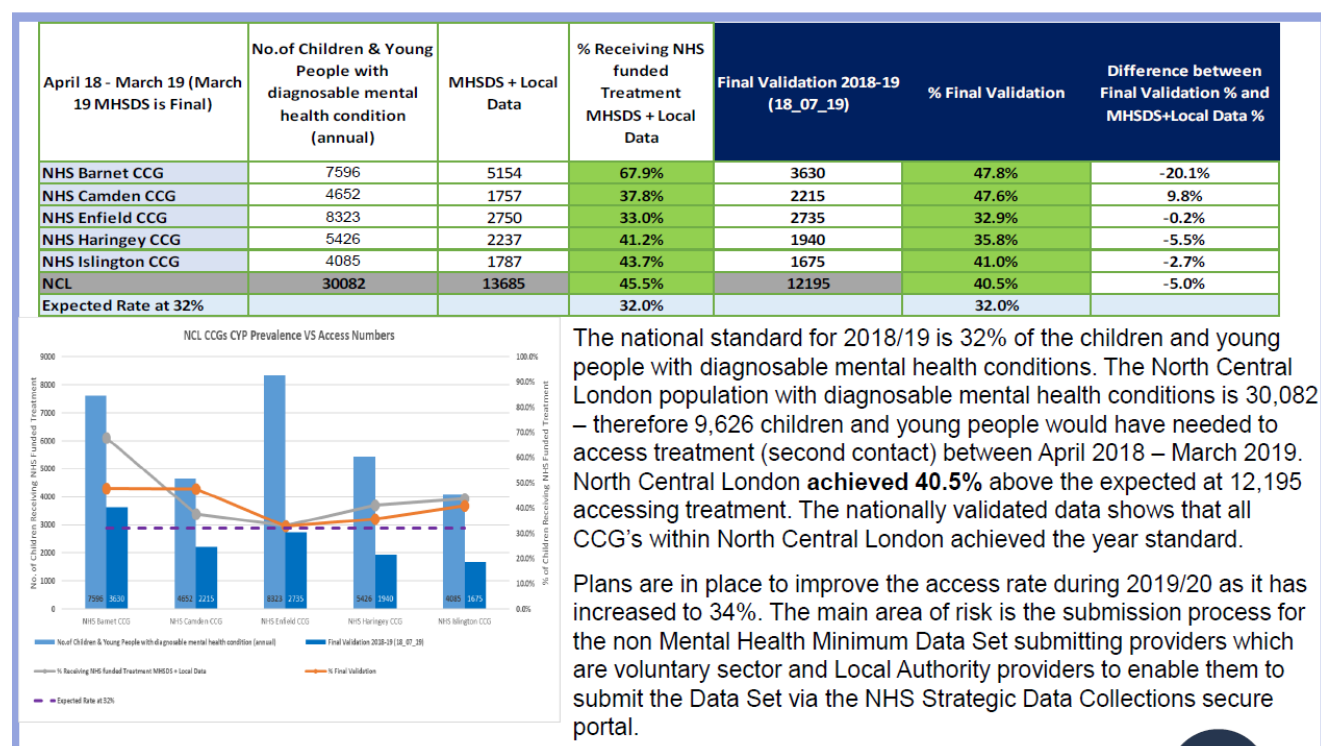


Figure 5: Number of CYP accessing provision in 2018/19

Year 2018/19														
CYP in MH Bed														
36														
SPECIALIST SERVICES Total: 2530 (2.6%)														
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST		CENTRAL AND NORTH-WEST LONDON NHS FOUNDATION TRUST		SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST		GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST		ROYAL FREE LONDON NHS FOUNDATION TRUST		TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST				
2100		10		5		10		230		175				
PREVENTION AND EARLY HELP Total: 4996 (4.8%)														
CAMBRIDGE EDUCATION (AUTISM SERVICE)	TERAPIA	RAPHAEL HOUSE	XENZONE (KOOTH)	BICS				LBB - 0-19 hubs	LBB- EDUCATIONAL PSYCHOLOGY TEAM	ADHD support provision	HOMESTART	MENCAP	RESOURCES FOR AUTISM	
				CWP	CAMHS in schools	Children in care								REACH team
58 (parents)	510	239	1321	162	196	260		109	744	569	135	App. 100	325	268
Our Time			Spear Programme		Fulfil your potential		Youth realities		Jami	Khulisa	Bridging the gap CILD		OTHER	
Estimated number of 2-19 years old, having a mental health disorder: 7406 (7.5%)														
UNIVERSAL OFFER: RESILIENT SCHOOLS, VCS organisations, UNITAS Youth Zone														
Total population of 0-19 years old: 99152														

Barnet, Enfield and Haringey MHT have improved waiting times standards; the number off CYP waiting over 18 weeks for a second appointment has reduced between 2018 (figure 8) and 2019 (figure 9). Improving access is a key focus on BEH's redesign (see "getting more help" section).

Figure 7: Waiting time to second appointment (BEH) July 2018

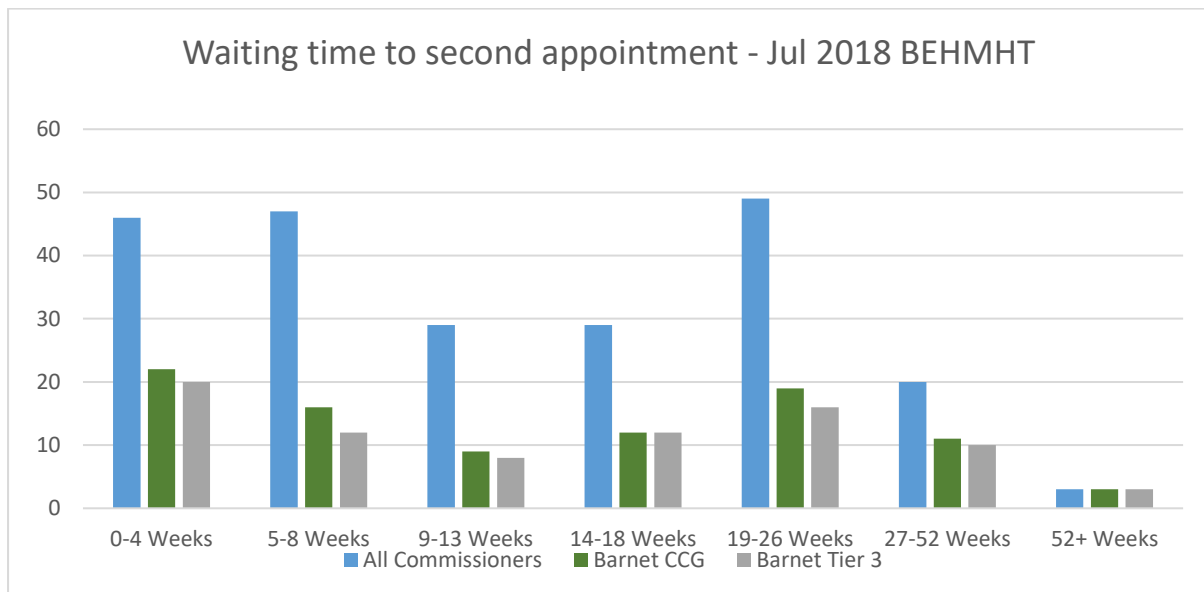
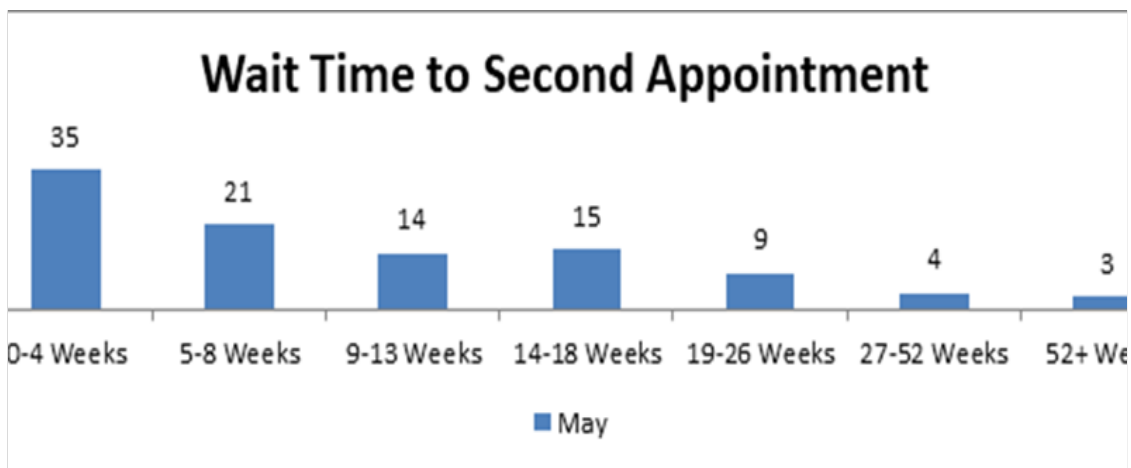


Figure 8: Waiting time to second appointment (BEH) May 2019



Transforming Care and Tripartite – 19/20

There are currently 28 CYP (aged 7 – 19) in residential placements; a third are 16 - 17 year olds with five over 18s.

Age and LOS

Data shows that the average length of stay is currently 692 days.

17 year olds making up the majority of this figure representing 3,825 days. 16 & 14 year olds being 2nd and 3rd representing 1,607 1,171 days respectively.

Providers and spend in 2019/20

Cotswold Chine represented the largest gross Tripartite costs totalling £444K & CAPP being the lowest at 90K (the latter was for a short stay not total year cost). The data includes 7 CYPs at Gloucester House (day provision).

Spend (projected for 19/20)

Tripartite gross spend CYP : £4,119,063

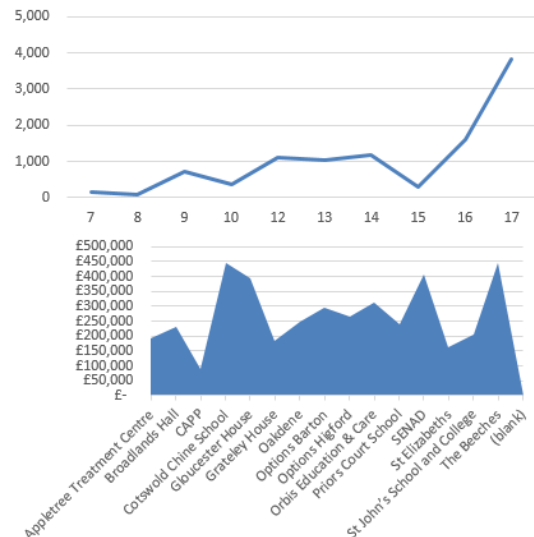
Tripartite gross Spend adults: £461,187

CCG spend CYP: £1,445,547

CCG spend adults: £461,187

30 CYP are currently known to our **transforming care programme**:

- 9 are 16+ and approaching transition in to adult services
- 9 are rated red (high risk of escalation)



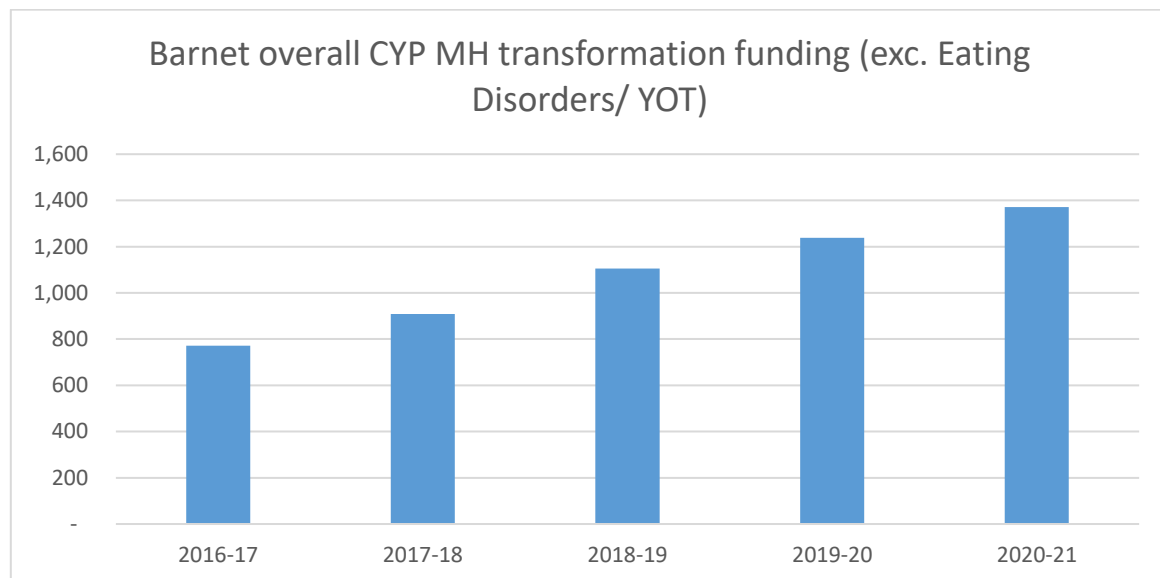
In 2019, a detailed mental health needs assessment was undertaken for children and young people in Barnet. The key findings and recommendations from this needs assessment have been used to inform our local transformation plans for 2019/20.

3 Overview of finance

3.1 Investment in to the local transformation plan

The CYP MH transformation fund has increased annually from 2016/17 up to 2020/21. In 2016/17 Barnet CCG received £772k to transform CYP MH locally. For 2019/20 the fund grew to £1.4m plus £154,816. See chart below:

Figure 9: Total (increase plus baseline value) CYP MH transformation funding

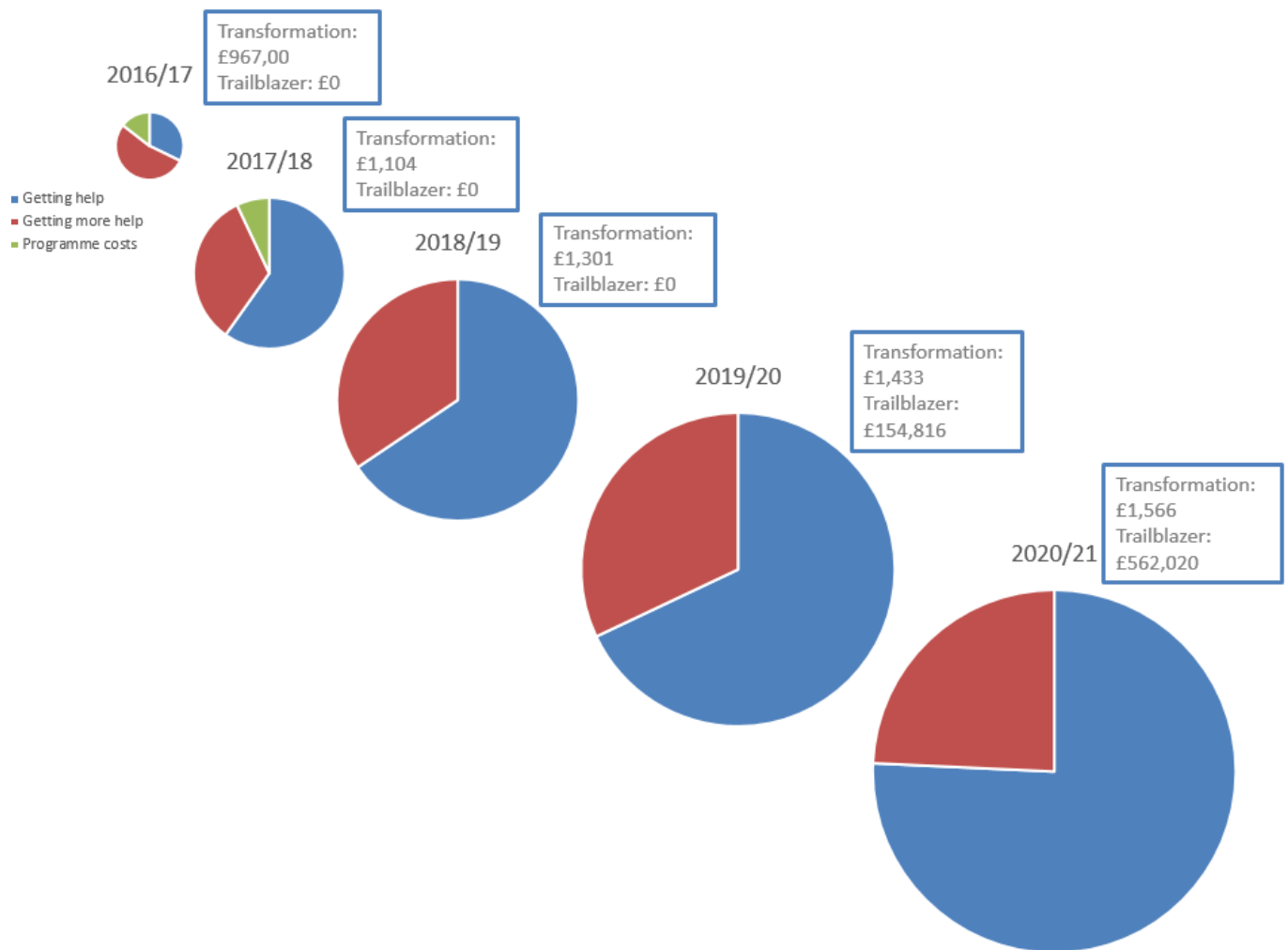


In 2019/20, the £925,000 from the transformation fund will be invested in prevention and early help provision covering Resilient Schools (including Kooth), counselling support (Rapheal House, Terapia), parenting programmes (ASD, ADHD), Children Wellbeing Practitioners (CWPs) and Space2Grow.

In 2019/20, Barnet CCG became a trailblazer wave 2 site for mental health support teams which has increased the investment into our “getting help” offer¹. The growth of the fund and the local area investment priorities are detailed in figure 10 below; this shows the move to increased investment and focus on prevention and early help.

¹ The majority of the 2019/20 trailblazer finance will go directly to HEE for the training of the Education Mental Health Practitioners

Figure 10: Charts showing increased total transformation fund and split between getting help and getting more help



3.2 Additional investment in mental health for children and young people

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

Barnet CCG invests circa £5.1m in community/ outpatient CYP MH services as detailed in table 2.

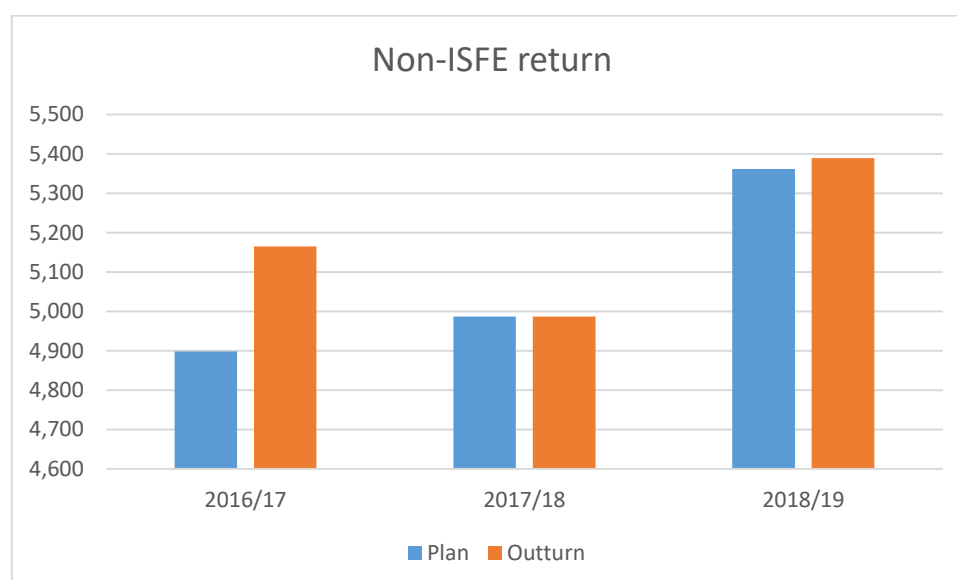
Table 2: Barnet investment in Specialist Outpatient CYP MH is as follows:

Provider	18/19 Outturn (£)	19/20 Projected Outturn (M6, £)
BEH MHT	3,899,166	4,670,134
South London & Maudsley	84,139	43,694
CNWL	53,827	70,524
Tavistock & Portman	542,796	466,510
Royal Free	296,552	343,060
Total	4,876,480	5,593,922

Barnet CCG spend an additional total of £771,993 on eating disorder provision as part of the NCL commissioned eating disorder provision this includes investment in access and waiting times and a specialist community provision.

Our 17/18 year end Non ISFE return does not match our actual mental health spend. This is due to a reporting error in our non ISFE report, where Learning Disability spend was included as mental health spend. This error was corrected in 2018/19.

Figure 11: Investment in mental health detailed in non-ISFE return



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.

Recognition of Barnet as a **UNICEF Child Friendly Community** is a key step towards Barnet being a Family Friendly Borough, which actively involves children and young people in shaping the place where they live. As part of the UNICEF Child Friendly Cities and Communities programme and the co-production of our new Children and Young People's Plan (CYPP) agreed in March 2019, we have engaged with over 1,900 children and young people across Barnet reaching out to a variety of different settings that young people attend. One key outcome focuses on improving how the Council and its partners communicates with children and young people. Their feedback has informed the new CYP communication strategy to start building our communication platforms and focusing on specific campaigns to address the issues they have raised, such as mental health and youth violence.

Family Services have also launched the Voice of the Child strategy which aims to ensure our offer is meaningful and developed based on what our young people are telling us. One of our aims is for 'Children and young people to feel valued, empowered and listened to and can see an outcome as a result of their participation. The Youth Assembly has proved to be a successful template for engaging with young people in Barnet and encouraging them to interact with the council and work for positive change in issues that affect them, having early access and prevention in mental health services being one of them.

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.

Thursday 10th October Barnet marked **World Mental health Day** with a partnership event between the London Borough of Barnet Family Services and a local youth charity, UNITAS. 16 young people in years 9 – 13 from three schools attended the workshop and contributed to a range of sessions including exploring perceptions of mental health, stigma, barriers to accessing services and what influences their mental health and wellbeing. The event also included two young people as co-facilitators. Young people provided detailed insight and their feedback and ideas will inform future service development including access routes, service locations and a local mental health campaign in the borough (see below).

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. From 2018, parents now attend the CYP MH Transformation Board. Subgroups have been established which feed into the Transformation Board and will undertake co-production and engagement.

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).

In 2019/20, Young Barnet Foundation have launched **Youth Voice** with the ambition of reaching 15% of Barnet 11 – 19 years old (~3000 CYP). This is a needs assessment which will include a survey, peer researchers and a monitoring and evaluation project lead. The output will inform delivery of VCSE activity as well as informing our transformation plans particularly shaping our Mental Health Support Teams.

Communication campaign

As part of the Children and Young People's Communications Strategy, in 2019 we have undertaken engagement with CYP to get their views on Mental Health ahead of a potential campaign. We workshopped with three groups of girls aged 11-17 during a World Mental Health Day event at Unitas Youth Zone. Key themes that came out in terms of what effects them most was school stress and anxiety. They also said they'd be most engaged with a campaign that had young people involved who had been through something similar. They explained they'd like to be able to know about the resources available and how to access them. A communication campaign based on young people's feedback and delivered in 2019/20 to de-stigmatise mental health and to signpost to available services.

Engagement resulting in improvements in specialist NHS CYP MH Provision

In February 2019, Barnet CCG's Designated Clinical Officer and the Parent/Carer forum delivered a health conference for 75 parents on the topic of CYP mental health. The event successfully shared changes to service development where professionals detailed service provision on offer and progress following parental co-production, with the CYP MH transformation. Updates on social, emotional and mental health needs to support children, young people and families and a Q & A dialogue with CYP MH and Therapies health professionals about the future of services were also positively received. Parents were

pleased to receive details about how they could become involved in co-produced events from providers and the Parent-Carer Forum membership increased following the event.

Parents said...	BEH MHT are ...
Accessing CYP MH again after discharge is difficult	Planning to be able to take self re-referrals 4 – 6 months following discharge – anticipated roll out of pilot in Jan 2020 for patients in the SCAN team initially.
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 are committed to an ethos of co-production and to have service user voices at the centre of their redesign work. This has included active engagement and coproduction with a young people throughout 18-19 and Barnet Parent Carer Forum representatives.

The NCL Eating Disorder service provided by Royal Free regular receive feedback from families and young people to inform the development of provision including the development of literature for young people.

Mental health support teams

A parent was involved in the development of bid to deliver mental health support teams. Since achieving trailblazer status, CYP have contributed to the development of the plans through engagement at our new Unitas Youth Zone. Young people gave their views on how they would like to access support, the variety of ways they would like to get support and who they would like to get support from. There are plans to engage young people in the schools in the west locality where the MHSTs will be operating as well as establish a young person representative on the Project Group and mechanisms for regular feedback to the Group so that young people's views are central in the development of the teams.

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 residents 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

In 2018, 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 with a Youth Zone area. Internal communication between health, social care, education and our providers has improved through a revised Transitions Tracking meeting, which aims to review the Borough-wide Preparing for Adulthood Protocol. The project was also supported by the DCO for SEND, who will be working with the Community 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 was 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 of leaving care. Onwards and Upwards now provides counselling support and links with adult mental health services are being explored. The service is also supported by 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

In 2018, 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 CYP MH 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.

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). Barnet's Parent Carer Forum and young people with SEND were 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 CYP MH governance locally to ensure it is fit for purpose. The proposed governance arrangements include a newly established CCG led CYP MH Transformation Board which brings together representatives from across Children's Mental Health services in Barnet to oversee the implementation of the CYP MH 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 governance structures.

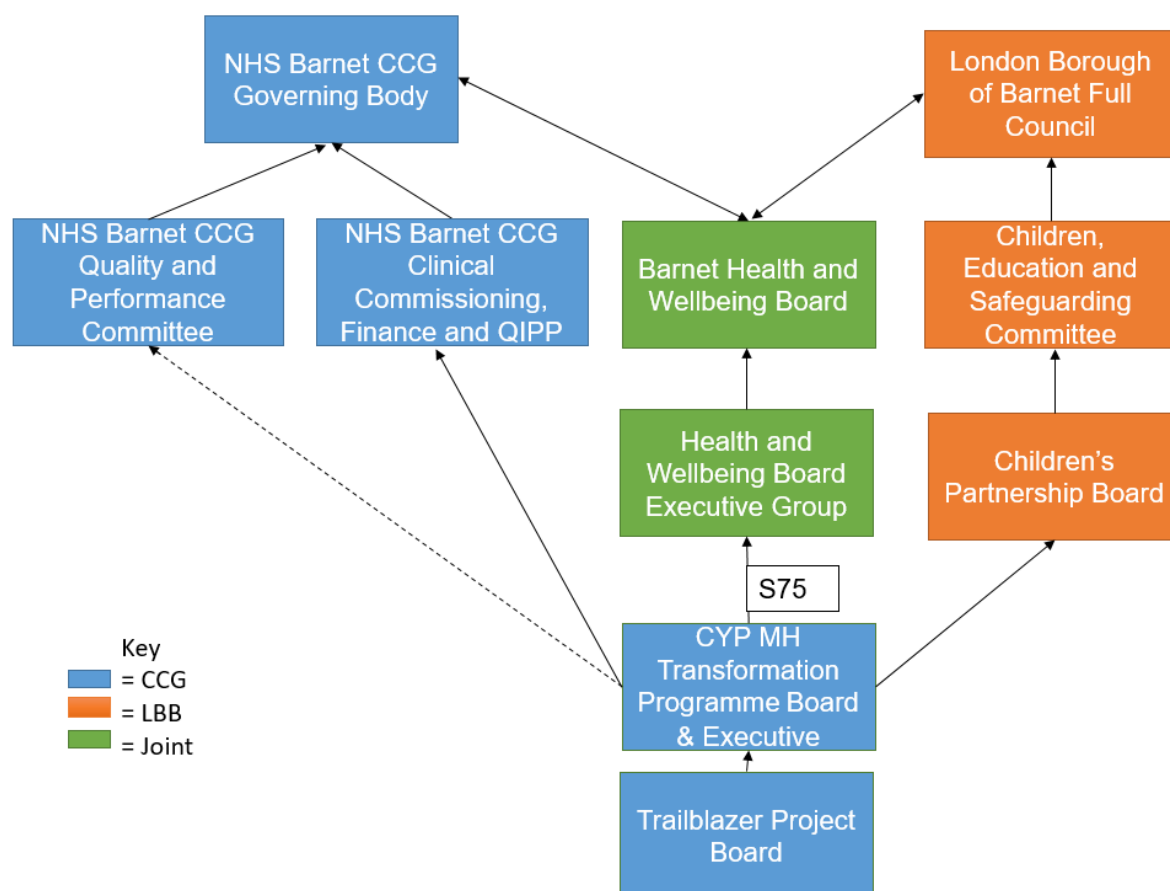
The CCG Governing Board is responsible for the delivery of the plan and the deployment of funding against it. It will do this through delegated responsibility to the Governing Body's committees for finance, commissioning and performance. The Transformation Programme Board is not a decision making body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

Figure 12. Reporting of CYP MH Transformation Programme Board



There are a number of other working groups taking forward the work detailed in our Transformation Plan:

Title	Aim	Lead	Attendees	Frequency
Specialist CYP MH	Move to a borough wide specialist mental health service	CCG	BEH /RFL / T&P	As needed
RMN	To review RMN offer across acute sites	CCG	CSU / RFL / NCL commissioners	As needed
CWP / IAPT	Share information between providers and improve pathways	CCG	LBB / voluntary sector / BEH	Quarterly
Youth Justice Board	To sustain intra/inter-agency collaboration to identify and protect	LA	LBB / Police / Housing / Probation / CCG /	Termly

	vulnerable CYP and meet their complex needs		Education / SLT	
Suicide and Self-Harm: Clinical Work Stream	To take forward the actions from the thematic review	Public Health	LBB / Public Health / CCG / Providers	As needed

7. THRIVE in Barnet: LTP ambitions for 2019/20 and beyond

In 2019/20, there are a number of key areas of development where the local partnership have agreed to focus on improving provision for young people taking into consideration local needs, required service improvements and national priorities. Our 2019/20 plans align with the i-THRIVE approach which is a national programme of innovation and improvement in child and young people mental health that is endorsed with the NHS Long Term Plan. i-THRIVE is the implementation of the THRIVE Framework for system change (Wolpert et al., 2019), translating the principles of the THRIVE Framework into local models of care using an evidence based approach to implementation. i-THRIVE has been designed to enable a move towards delivery of a population health model for children and young people's mental health.

The THRIVE Framework for system change principles are the basis for all support options that are provided by those implementing the THRIVE Framework. These principles are themes that are embedded in every example of care in both the service and community as seen below:

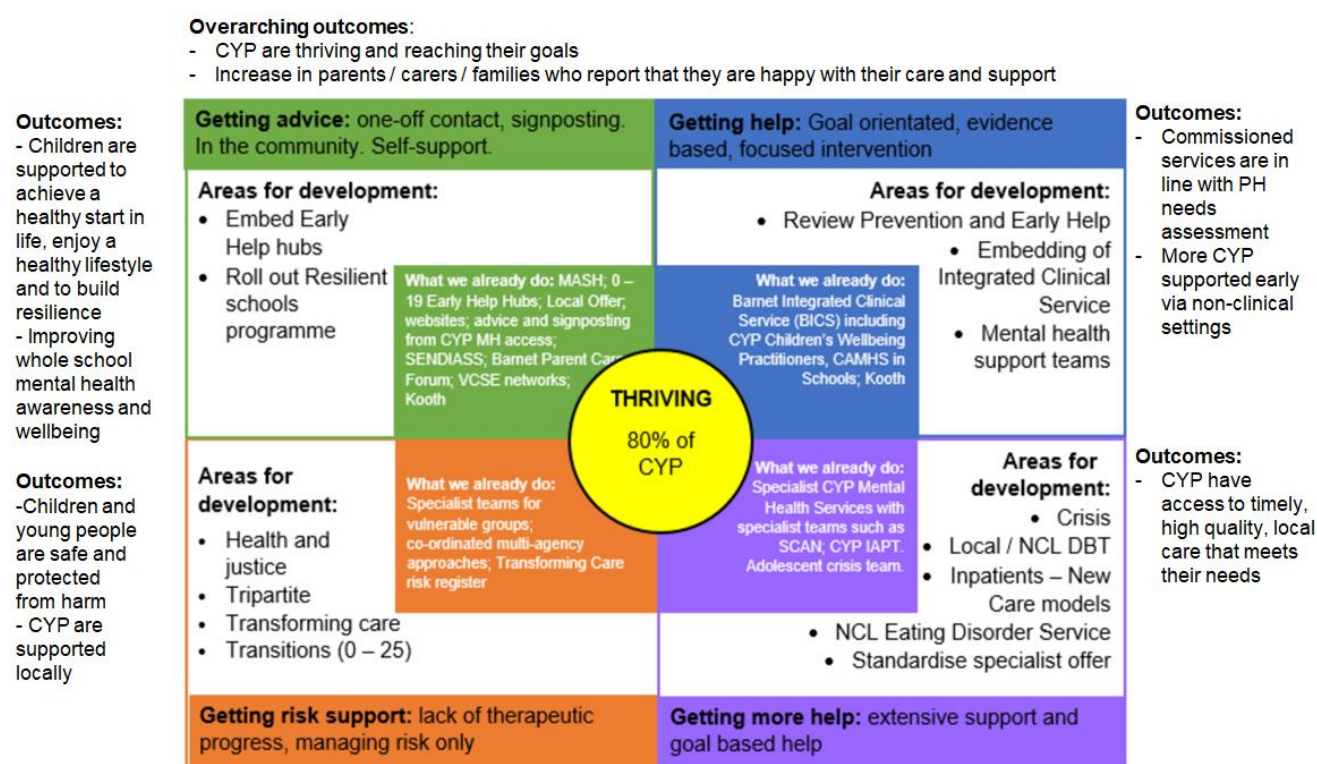
- Common language
- Needs-led
- Shared decision making
- Proactive prevention and promotion
- Partnership working
- Outcome-informed
- Reducing stigma
- Accessibility

i-THRIVE is organised into the following areas:

- Getting advice: One off contact, sign posting in the community and promoting self-support.
- Getting help: Goal orientated, evidence based focused intervention.
- Getting more help: The improvement of therapeutic progress and the management of risk.
- Getting risk support: Goal based help and extensive support.

The figure below details our transformation plans, mapped against the THRIVE quadrants with overarching outcomes.

Figure 13: THRIVE in Barnet



8 Getting Advice

Getting advice includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input. Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing.

8.1 What we already do

MASH - a single 'front door' for children in need of additional support and/or protection. Co-located partnership of professionals including the police, health, education, social care, early help, substance misuse, housing, probation and domestic violence services

Barnet children's 0-19yrs services have moved to a locality based Early Help multi-agency, multi professional structure with three Children's Early Help Hubs that went live at the start of October 2018. The hubs are established and coordinated through Barnet Council Children and Families 0-19 service. The Hubs take a whole family approach to providing support as soon as possible to tackle difficulties for children, young people and families before they become more serious.

The Hubs cover a range of early help 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.

At the end of 2017/18 LBB consulted on (see section 4 for details) and developed the **Barnet Integrated Clinical Service (BICs)**; 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 CYP MH 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. BICs also accepts self-referrals through an early help request which can be completed by young people, families and carers.

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 ran 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 eight 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 Dec 2019.

Phase 2 of a streamlined and sustainable core offer was offered to a further 11 schools, including seven faith schools and 2 ESMH schools and the 2017/18 control schools.

Phase 3 of a universal offer for all schools was further developed and launched with a roll out to 52 schools in October 2019.

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 summer 2020), Mindfulness training, Peer Mentoring and supportive therapies (Kooth and Qwell text based counselling services – see below). A Digital Resilience workshop to address online healthy as well as online safety will be offered.

Other examples of Resilient School initiatives include the promotion of daily activity, Resilience Boards (to address diversity, difference and promote Mental Health), development of Resilient Schools website to provide resources and shared expertise of 'school champions'

Outcomes to be achieved:

- Support Barnet schools to develop and maintain resilient communities for staff, pupil's families, including further co-development with the Family Resilience Team and CYP MH in school.to 'Pastoral 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' for a

sustainable model of support and training for schools and working in partnership with Local Authority and voluntary services.

We also have the following as part of Getting Advice:

- Coproduced a SEND Local Offer which sees an average of 1900 users a month and includes our prevention and early help services
- Tailored Information & Advice: commissioned a range of services to provide advice to families of disabled children and those with special needs including ADHD / ASC
- SENDIASS- offers parent/carers and young people access to confidential and impartial information, advice and support
- Barnet Parent Carer Forum - work closely with us to co-design services
- Voluntary, Community and Social Enterprise Sector network – work partnership to deliver early help offer, including a mental wellbeing hub for young people transitioning to adulthood and commissioned counselling services delivered in community settings.

8.2 Areas for development

- Roll out of resilient schools programme as a universal offer to schools:
 - Evaluation of pilot wave 2 (December 2020)
 - Develop of whole school training to raise awareness of Mental Health signs and symptoms in 2019/20
 - Develop a website to embed whole school awareness (March 2020)
 - All schools to have a Mental Health First Aider by 2020-21 (July 2020)
 - Fourth wave of the Resilient Schools programme with further schools joining the programme and resources created to support. Working towards at least 75% of Barnet's schools participating in the full Resilient Schools Programme (September 2020)
- Continue to embed Early Help Hubs
 - Map services available across hubs
 - Continue workforce training and development
- Continue promotion of SEND Local Offer and improve search ability
- Continue to develop ADHD support and psychoeducation for families, in conjunction with specialist CYP MH and other multidisciplinary teams
- Continued investment into VCSE.

9. Getting help

Getting Help comprises those who need specific interventions focused on agreed mental health outcomes. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group.

9.1 What we already do:

Children's services in Barnet were judged by **OFSTED** to be inadequate when Ofsted undertook a Single Inspection Framework (SIF) during April and May 2017. The Council fully accepted the findings of the report and has worked collectively with the partnership to drive the improvements needed to transform social care services for children, young people and their families from inadequate to good rapidly. Following six monitoring visit and a full inspection in May 2019, OFSTED found that the council is now delivering better outcomes for some of the borough's most vulnerable children and young people, and demonstrates the significant progress that has been made in a short space of time. The OFSTED report concluded that services for children in Barnet are good, and much improved from the services that were inspected in 2017.

OFSTED found "Children's physical and emotional health needs are well understood and met. Health assessments are up to date and timely and address known health histories. They identify all health needs and are actively followed up to ensure that these needs are met. Strengths and difficulties questionnaires inform assessments of children's emotional health, with additional support available from relevant clinicians and in-house specialists to enable carers to care for children with complex needs and histories".

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

- 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

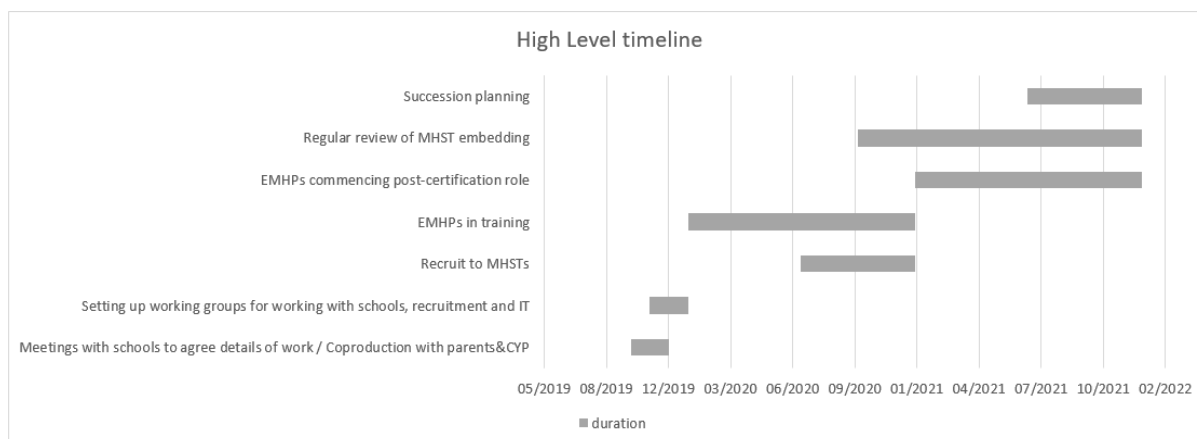
- **Children and Young People's Wellbeing Practitioners (CWPs):** CWP provide early intervention in the form of guided self-help which gives children, young people (CYP) and their families the skills, techniques and knowledge to deal with common difficulties facing CYP such as anxiety, low mood and behavioural difficulties. It is based across three hubs in the London Borough of Barnet, covering the West, South and East/Central localities. There are currently nine CWPs (6 permanent and 3 trainee). The CWPs work with young people from 12 – 18 years old and with parents of children under the age of 12.
- **CYP MH in Schools (CiS):** CiS offers early intervention to CYP experiencing difficulties with their emotional wellbeing and mental health. They also work with parents/carers to support their CYP's mental health. It offers a range of services including: short-term individual therapeutic intervention with CYP and their parents/carers; information and advice about MH to parents/carers, school staff, and other professionals; promotion of a better understanding of MH issues; and support and advice to schools following a critical incident. CiS works with low-to-moderate mood and/or anxiety impacting everyday life, low self-esteem, eating and sleeping difficulties, emotional difficulties impacting attainment and peer relationships, difficulties adapting following separation/divorce/bereavement, and family difficulties.

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 CYP MH Transformation Programme Board.

In 2019/20, Barnet achieved trailblazer status (wave 2) to deliver **mental health support teams (MHSTs)**. The two MHSTs will provide extra capacity for early intervention and ongoing help within 33 educational settings (including Barnet and Southgate College) in our West Locality where there is a higher prevalence of emotional and mental health issues. The MHSTs will focus on mental health issues arising from pressure to perform well at exams and for 14 years+ at point of transition to college. MHSTs will provide a year-round programme of work structured around building personal and community resilience. In the first year, Education Mental Health Practitioners (EMHPs) will work with four resilient schools whilst on their training and once qualified, expand to the 33 education settings. We are currently planning for integration with MHSTs and existing services (including CWPs) for the launch date (post-qualification) in January 2021.

Our 0-19 innovative Early Help services based in three multi-disciplinary, multi-agency community hubs provide integrated services to the local population and embed preventative approaches. The Local Authority is in a strong position to deliver MHSTs which will be based within the Clinical Service (BICs) and early help hub in the west which:

- Includes the boroughs most populous and deprived wards (Colindale, West Hendon and Burnt Oak)
- Has the most Children in Need (CIN) and Early Help referrals (CAF) as well as the highest prevalence of substance misuse (adults and young people)
- Has the two GP practices with the highest referral numbers to specialist CAMHS



We have established a Trailblazer Project Group, which reports, into our Transformation Board. The Trailblazer Project group is chaired by the GP lead for Mental Health and includes representation from education, social care, specialist CYP MH services, Barnet CCG and a parent. Young people's views have informed our plans through engagement and consultation detailed in section 4 and there are plans for young people to shape access to and delivery of the provision within schools.

We have a strong partnership with schools which has allowed for positive engagement with the trailblazer. MHSTs will work within a network of support within schools including our Resilient Schools programme, our digital wellbeing platform (Kooth), specialist CYP MH services, the Barnet Integrated Clinical team and community provision. Each locality has an advisory board, in the west this has strong engagement including ward councillors, schools and a large network of VCSE organisations. We also have provision within our trailblazer to run a specific Space2Grow (see below) fund to develop community provision which aligns with the needs identified by the MHSTs.

North London Partners (NCL STP) are committed to working towards a shared approach to delivering Mental Health Support in Schools across all five local areas. The NCL CAMHS Project Board has established an NCL wide Mental Health in Schools Board where Trailblazers will share learning and good practice to enable us to move towards our ambition of an effective and equitable Mental Health Support Offer in schools across the whole of NCL.

Kooth (online support) 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 Kooth achieved:

- 1869 new registrations
- 77% returning to use the service again
- 435 young people accessing counselling chat sessions
- 91% of young people reported that they would recommend Kooth to a friend
- Out of office log ins (between 5pm and 9am) represent 77% of log ins
- Young people identifying as BME represent 49% of registrations

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 of up to £10,000 per organisation per year 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 and in 2019-20, a further 10 projects have been approved for funding for a total of £75,000.

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.

Commissioned **Raphael house** to provide: 1:1 counselling for young people aged 13-19; play therapy sessions for 4-12 years; art and drama therapists as well as psychodynamic and integrative approaches

Parenting support and programme for Autism: Autism pre school parent carer programme (workshops and support for families of pre-school children under 5 with a confirmed diagnosis of autism): BEAM, Autism Advisory Service, Parent/carer support and training for parents of children and young people on the Autism Spectrum aged 5-18: Cygnets parenting programme

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 was 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 services provision.

Actions from **the Thematic Review of Suicide and Self Harm** are split into two workstreams, one focussing on school based actions and one on clinical pathways. To inform the schools based workstream a workshop was held with schools. As a result of this consultation resources were developed, including a template self-harm policy that can sit in either a school's safe-guarding or mental health policy. These resources will be launched at the Resilient Schools training event at the end of October 2019. Additionally, we are in discussion to include specific training about suicide prevention, and talking about suicide and self -harm, in safe-guarding training for those in contact with CYP. The clinical pathways workstream has been working towards developing a document for mental health professionals conducting safety planning, summarising good practice and a document for partners to raise awareness of safety planning.

9.2 Areas for development

Areas for development across Getting Help are as follows:

- Building on our early years offer through children centres, the Local Authority will look to develop a therapeutic offer for under 5s (2019/20)
- 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. Kooth has enabled improved access to support through the use of digital services. We will:
 - review full year data (2019/20) and outcomes data to gain further insight as to who is taking up the service and which groups are less likely to access Kooth.
 - work with the provider and develop further impact data, including case studies.
 - develop further targeted work with care leavers, young men and young people aged 16+. This is based on evidence of local need and feedback from young people we engaged with.
- QWELL was launched at the resilient schools event in June 2019 and is currently being piloted with school staff in Barnet. Following evaluation of pilot, will consider rolling out online to parent/carers. Key areas for future work include:
 - promotion to all school staff from September 2019
 - evaluation of the usage by school staff and access times, including counselling hours
 - identifying a parent/ carer cohort for piloting roll out to parents / carers (December 2019, depending on evaluation)
 - evaluation of Qwell access and outcomes across cohorts (September 2020)
- Evaluation of MH prevention activities, including Resilient schools and Space2Grow Grant funded projects.
- Roll out of education Mental Health School Teams in the West locality; launch MHSTs in January 2020 to support young people with mild/moderate mental health needs starting with four resilient schools (2 primary and 2 secondary) in year 1 and expanding to all education settings in the west from January 2021
 - Transformation Board to consider further expansion following learning from the trailblazer and through use of the transformation fund
- Review commissioned early help and prevention provision to ensure that the offer is aligned with our public health needs assessment
- Potential to develop self referral to CWP through– which links across both getting advice and getting help - providing guided self help approaches and cognitive behavioural therapy at a lower level of need

10. Getting more help

Getting More Help comprises of those children, young people and families who would benefit from focused, evidence based interventions with criteria for assessing whether aims have been achieved. It encompasses those young people and families who would benefit from extensive intervention.

10.1 What we already do

BEH, our main provider, manage all referrals into specialist outpatient mental health services for CYP through Barnet Access. In 2018/19, 4422 CYP were referred to Barnet Access. The Trust screens and triages referrals to ensure CYP receive the most appropriate support. The services are commissioned to see CYP from the age of 0 – 18.

Current provision:

Provider	Service	Description
The Royal Free NHS Trust	Out of Hours (NCL)	Royal free Hospital (RFH) provides an out of hours service for children and young people presenting at A&E at the RFH
	Eating Disorder (NCL)	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 CYP MH (Barnet)	Providing assessment, treatment and support of the mental health, behavioural and emotional wellbeing needs of those aged 0-18 years living in Barnet South
Tavistock & Portman NHS Trust	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 (VIPPSD).
	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. Available on a case-by-case basis

	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.
Barnet, Enfield and Haringey Mental Health Trust	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 CAMHS service	Generic CYP MH provides assessment and treatment to children and young people aged 0-18 years and their families for a range of moderate to severe mental health, behavioural and emotional well-being needs. The service offers a range of individual, family and group evidence based interventions within two clinical pathways – Emotional and Neurodevelopmental. Generic CAMHS offers two locality based teams in the West and East of the borough
	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 CYP MH 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)
	Adolescent Crisis Team	A team of Child and Adolescent Mental Health professionals providing rapid and intensive crisis response to young people aged 11-18 years.

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. The service continues to recruit to EIS nurse as this remains a gap.

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.

Specialist NHS CYP MH Services improvement

In late 2018/19, specialist providers, commissioners (including our GP clinical lead) and the Local Authority came together to review service delivery across the three providers. Each provider presented their service offer and pathways.

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

Service challenges to be met during Transformation include:

- Working to meet referral to treatment times and MHSDS target for access to treatment
- Waiting times and waiting lists
- Standardisation of evidence based care pathways and delivery of the service across the borough
- Earlier access to assessment and triage through developed access and triage model
- Integration with 0-19 Hub and community based provisions (see pathways below).

Barnet CYP MH 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 CYP MH to support the Thrive ideals of patient choice and treatment according to needs.

BEH Waiting times and redesign

BEH Children & Young People Mental Health [CYP-MH CAMHS]: In quarter 4 of 2018/19 BEH completed an NHS England funded waiting time initiative. A reduction from 188 to 88 CYP waiting for generic CAMHS and neurodevelopmental assessments was realised, In September 2019, BEH launched a service redesign to reduce variance of offer in Barnet and to support access to services within agreed waiting times. Through co-production with parents/carers and CYP, BEH have restructured their clinical pathways using usage data to create a clear offer to families accessing the service. Enhanced communication and clarity of offer are key components of the offer. In 2020, BEH will be piloting self re-referral into the service.

Transition CQUIN

2018-19 also saw focussed work under the National CQUIN for improvements in Transitions to Adult Mental Health Services. Working in partnership, BEH CAMHs and BEH AMHS developed new pathways for joint working during transitions and continue to develop improved transitions for all CYP aged 17.6 years from specialist and inpatient services. Outcomes reported by young people include improved communication, clear transition planning and more collaboration between services. Future work will include transition workers and Experts by Experience to support all young people leaving CAMHS services at 18 years.

Crisis and urgent care pathways

This is a priority for Barnet and NCL with the focus to achieve 24/7 age appropriate mental health crisis care service coverage for 100% children and young people by 2025 that combines crisis assessment, brief response and intensive home treatment functions. This includes additional crisis response lines, extended out of hours service, improved pathways in and out of community CYP MH and the extension of the crisis teams into intensive home treatment modalities across the STP (see appendix 2 for NCL plans).

In-hours crisis care – Adolescent Crisis 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 Crisis Team (ACT) 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 ACT 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 suites 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 ACT 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.

Early indicators for performance are very positive:

- From November 18 to August 19 the team supported 76 CYP (in the first nine months), reduced length of admissions at Barnet Hospital and increased the number of young people discharged home (from 59% to 80-89%).
- Crisis KPI for the service include response times of 4 hours for emergency, 24 hours for urgent and 5 days for routine referrals.
- 92% of all emergency referrals were met within the 4 hour timescale. 74% within 24hours and 85% within 5 days.

Following the introduction of the NCL OOH crisis team (see appendix 1) at BGH, the ACT provide an emergency response into A&E between 09.00 and 13.00 hours and work closely with the team providing follow up care for patients discharged from hospital and providing in reach into the hospital.

The ACT also work closely with the inpatient units supporting safe and earlier discharge into the community.

Paediatric Liaison services for children and young people who present in A&E departments also sits within this priority. Whilst there is an interface with crisis in terms of presentation at A&E depts. Paediatric Liaison is embedded into and works with existing medical teams across the Acute Setting in order to meet the psychological needs for physically ill patients / people with physical symptoms Paediatric Liaison also provide an essential service to the Neo Natal Unit at Barnet General Hospital, contributing to early intervention work with under 5's.

NCL jointly commission the specialist **Eating Disorders Service** which is provided by Royal Free London Hospital Trust (RFL), Barnet CCG is the lead commissioner. The service includes a Community Eating Disorder Service and an Eating Disorder Intensive Service (EDIS). In July 2015 NHS England published “Access and Waiting Time Standard for Children and Young People with an Eating Disorder”. 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 reduce waiting times. The service performs well against Eating Disorders Service Waiting Times and Access Targets (table 3).

Table 3: NCL performance between 2014/15 – quarter 1 2019/20

Year	NCL Target for waiting times non-urgent / urgent	Performance < 4 weeks for non-urgent	Performance < 1 week for urgent
2014/15	Baseline Year	54.0%	Not Known
2015/16	60%	69.2%	No Target
2016/17	80%/95%	85%	100%
2017/18	90%/95%	98.75	100%
2018/19	95%/95%	97.6%	91%
2019/20 Q1	95%/95%	100%	100%

In April 2019, RFL participated in a QNCC peer review. The peer review found the service to be of a high quality with a staff team with a wide range of skills. The feedback from parents was also positive regarding systematic working, benefits of support groups and young people said they were treated with respect. The 2019, the CCGs undertook a review of EDIS. Recommendations from both reviews are incorporated into the plans for 2019/20. See appendix 2 for more information.

10.2 Areas for development

- Develop a standardised, borough- wide specialist outpatient offer with improved pathways and reduced waiting timings by March 2020/21.
- Ongoing recruit to train submissions for CYP IAPT
- Through reduced specialising spend at Barnet Hospital, Barnet CCG to consider further expansion of ACT (in hours crisis) to increase reach to Royal Free Hospital
- Locally, clarify pathways of care for looked-after children
- Roll out-of-hours NCL crisis service (see details of NCL plans at appendix 2)
- Consider proposal proposals for future delivery and commissioning models defined and options appraisal undertaken for paediatric liaison– January to March 2020 (see details of NCL plans at appendix 2)
- Review NCL Eating Disorder Service and implement recommendations (see details of NCL plans at appendix 2)
- September 2019 launch of redesigned specialist CYP MH service offer within BEH to improve access and reduce waiting times

- 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 is being developed by BEH with plans to expand to NCL (see details of NCL plans at appendix 2)
- New Care Model for CAMHS T4 – Ensure care is delivered as close to home as possible for children and young people by commissioning local Tier 4 CAMHS to eliminate out of area placements for non-specialist acute care by 2020/21. This involves the rapid mobilisation of the North Central and East London Provider Collaborative aiming to take over the NHSE specialised commissioning budgets (see details of NCL plans at appendix 2)
- Continue to develop improved services for CYP at key transition points including 18+ into adult mental health services, working across NCL in line with our Long Term Plan ambitions (appendix 2)

11. Getting risk support

Getting Risk Support comprises children and young people who may have some or many of the difficulties outlined in Getting Help / Getting More Help BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others. What is provided is managing risk only.

11.1 What we already do

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, CYP MH, 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 allows 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 has a Forensic Psychologist who supports the overall response

to those with forensic and clinical needs. YOT also works closely with BICs to support young people at risk of contacting youth justice services.

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.

Growing Against Violence are delivering a public health and public safety programme, delivering evidence based preventative education sessions in Barnet Schools. Current funding ended in March 2019 but will be continued through Trusted Relationships funding over next four years.

Tripartite

In 2018/19, we strengthened decision-making pathways for out of borough, residential placements. Introduction of a pre-tripartite meeting allows for Heads of Service to challenge each other to consider and exhaust all local options to support young people being supported. For CYP in out of borough placements, the introduction of a Senior Care Coordinator to support this cohort will strengthen local oversight to ensure high quality, appropriate care is being provided as well as supporting transition back to borough where appropriate.

11.2 Areas for development

- Barnet's Liaison and Diversion officer has clearance to the Police custody suite; the programme will be evaluated at six monthly intervals to highlight themes and areas to develop
- The Youth Justice System Multi-agency Planning meeting ensures clinical support for young people who are identified to have complex and mental health needs and evaluates, oversees and contributes to the AssetPlus Assessment and Intervention Plans
- Meeting with BEH senior team to improve BEH involvement in young people placed out of borough including transitions to adulthood.
- Senior Nurse, Community Matron and LAC team to work together to ensure appropriate health oversight of young people in residential placements.

12. Special Education Needs and Disabilities

The Local Area is has implemented 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 CYP MH 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 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.

The SEND Development Group has structured the delivery of the SEND Strategy across a number of work streams including Joint Commissioning, Social Emotional Mental Health and 0 – 25 provision and pathways.

12.1 Autism Strategy

The number of children and young people with Autistic Spectrum Condition (ASC) living in Barnet has been increasing over the past five years. While a number of services and support for children and young people work well, there are a number of things that can work even better to support children and young people to achieve even better outcomes.

The Barnet Children's Partnership, covering health, social care, education and voluntary sector organisations, along with parent carers and young people, is leading the development of an Autism Strategy for children and young people aged 0-25, which will detail what is working well, and our plan to further improve. The experience of children and young people, and their parent-carers will shape this through:

- Developing the vision and priorities for the strategy
- Identifying what is working well, and what needs to improve
- Co-designing the recommended solutions in the Autism Strategy

Contained within this will be specific approaches and recommendations on how we support children and young people who have mental health issues and ASC, as well as put in early intervention and prevention services for them to prevent issues escalating, or occurring in the first place.

As of October 2019, the development of the strategy has started, and children, young people and parents/carers will be involved at each stage until sign off of the strategy in May 2020. This will include working in partnership with our specialist Autism providers in the borough the families that they support.

12.2 ASC and LD programme

ASC and LD programme (formerly 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 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

Barnet participate in the 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.

Locally, in 2019/20, Barnet CCG have match funded the part-time post funding from NHS England to establish a specific post to support this cohort. A newly appointed Senior Care Coordinator for Transforming care commenced in post in July 2019. This is an integrated position collaborating between Barnet CCG and Barnet, Enfield and Haringey (BEH) NHS Trust. The post holder is based in BEH, working with delegated authority from Barnet CCG. The post holder works with education and social care across Barnet and NCL as required, reducing hospital admissions, reviewing CYP in residential placements and designing and delivering training to improve local support for these cohorts.

We have established processes for identification of CYP potentially at risk of a specialist inpatient admissions which is led by our Senior Care Coordinator – working closely with partners. These processes enable us to identify potential trends/issues and gaps in service that we are working closely with our local CAMH service to consider.

Community CETRs are convened where a person is deemed clinically at risk of inpatient mental health admission, in order to consider appropriate least restrictive alternatives. CYP are discussed through our partnership review meetings and our Senior Care Coordinator is responsible for organising, chairing and following up on the outcomes of our CETRs.

The Transforming Care Prevention and Support Service (TCaPS) pilot service is in place across NCL, as part of the NHS England Accelerator site initiative, with 12 months pilot funding. Using a keyworker model the service provides flexible early intervention and crisis prevention support for young people and their families rated green and/or amber on the At Risk of Admission registers. The aim of the TCaPS service is to prevent escalation of crisis and ultimately prevent admissions and residential placements. The service also includes funding for Personal Health Budgets (PHBs). The service will be formally evaluated but early indications are positive.

Some admissions; of young people with LD/ Autism with behaviour that challenges and/or mental health needs, into Tier 4 services may have been avoided with better community crisis/intensive support provision. In response to this gap a business case, led by Haringey, is in development to explore options for a building-based NCL respite and crisis 'crash pad' facility. It is anticipated that this service will provide planned short breaks which will sit alongside key worker roles to reduce family breakdown at home which can result in unplanned admission and children and young people being taken into care.

12.3 Areas for development

- Deliver ASC training for frontline professionals through 2019/20
- Embed new Senior Care Coordinator post; to promote the needs of this cohort, ensure the register is complete (e.g. young people with ASC/LD in our eating disorder service) and to manage risks locally
 - Explore implementation of positive behaviour support, taking learning from NCL boroughs
- Evaluate TCaPS. In line with the expectations set out in the NHS Long Term Plan the NCL keyworker model will be well placed to extend into supporting young people in inpatient mental health units as indicated in the implementation plan. We await further detail and information regarding this proposal.

- Autism strategy to be developed led by the Local Authority in partnership with families, providers and the CCG including:
 - A redesign the diagnostic pathway (2019/20)
 - Support for children and young people with autism across health, social care and education including respite provision (2019/20)
 - Strategic co-ordination of services (2019/20)
 - Development of a team to support young people with ASC / LD (2020/21)
 - Working across NCL to explore: workforce development to support young people with ASC/LD and the development of a respite / crash pad facility (2020/21)

13. Pathways

We are committed to improving access to and pathways through mental health services for children, young people and their families. This includes ensuring that routes into care are clear and offer the right support first time as well as support transition out of services including to adult provision where appropriate.

What we already do:

- Promotion of mental health across all settings including primary care and schools
- Strong partnership Transformation Board and subgroups
- Mapping completed for prevention & early help and specialist provision
- Transitions QUIN to specialist adult MH services; monthly transition forums established, patient feedback improved by 20% (now at 60%)
- New pathway for neurodevelopmental services within specialist CYP MH

Areas for development

- Review of thresholds across services within getting help and getting more help to improve pathways across the system including for the delivery of MHSTs and for CYP discharged from specialist provision
- Enhanced focus on patient need and journey to enable smooth transitions from one service to another
- Review access across the mental health system to move towards an integrated front door which includes the local authority, specialist CYP MH and VCSE
- Review pathways from primary care
- Continue to embed appropriate transition planning and support for all CYP transitions to adult MH services in line with NICE guidance. Consider the development of a transitions team which includes experts by experience in key worker role. Taking learning from other areas e.g. Mind the Gap in
- Review and redesign the ASC diagnostic pathway across the system

14. Comprehensive NHS funded mental health service offer for Children and Young people aged 0-25 years by 2023/24

The NHS Long Term plan makes a commitment to extending current service models to create a comprehensive offer for 0 to 25-year-olds that reaches across mental health services for children, young people and adults, and which delivers an integrated approach across health, social care, education and the voluntary sector. By 2023/24 the Long Term Plan requires 345,000 additional children and young people aged 0-25 will have access to support via NHS funded services and school or college based Mental Health Support Teams.

NCL commissioners and providers across children, young people and adult services are coming together to undertake initial planning and scoping of a more defined programme of

work across the STP footprint, and with VSCE, sectors, primary care and service users. A first meeting of partners is planned for late October 2019 where there will be a focus on developing shared understanding of the ask, building shared expectations around challenges and principles for delivery, and early consideration of necessary governance and engagement approaches for the local system and service development. The NCL approach will build on locally driven initiatives and strengths, and link in with regional and national approaches and guidance.

Whilst the comprehensive service offer is not required to be mobilised before 2021/22, there are a number of initiatives already progressing locally across NCL which include:

- Extending the Mental Health Schools Provision to the college and university population.
- Expanding Minding the Gap like prevention and early intervention services out across the STP
- Hive Programme and model of targeted intervention
- Partnership approaches for crisis and community CAMHS
- Targeted model for SEND provision.

15. Workforce

Across NCL, there are two mental health NHS trusts and an Integrated Care Organisation that provide CYP MH 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*²' 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.

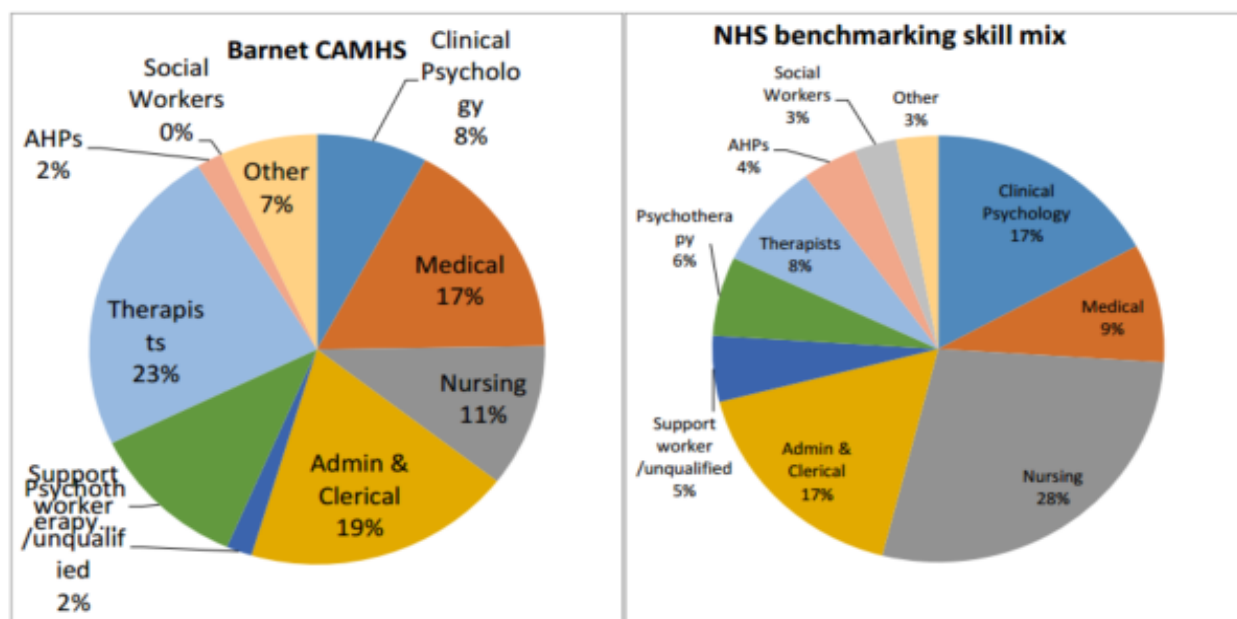
We need to understand what new roles may be required to address future demands on mental health services and what alternative ways of delivering support are required. Training will also be key to ensuring the workforce is adequately skilled to deliver the support required by children and young people 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 CYP MH system and network of service provision.

2

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

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 CYP MH and Perinatal initiative and current national policy drivers. The work also identified individual 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 CYP MH November 2017 with NHS Benchmarking average.



Following this work, we have been able to identify changes to the NCL CYP MH 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"> Each borough to review their own access performance, staffing and access to inform a benchmarking exercise Ensure a maximum wait for referral to first assessment (for 92% of CYP MH seen within 13 weeks) Understanding ethnicity and local population needs, and gaps that may exist
Ensuring the stability and sustainability of services	<ul style="list-style-type: none"> '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 Seek to avoid fixed term contracts to facilitate delivery of a stable and sustainable workforce
Upskill the NCL mental health workforce via digital avenues	<ul style="list-style-type: none"> Explore the potential to establish Kooth across NCL and how such solutions could dovetail with other interventions including face to face contacts Consider social media training for staff and how digital solutions (e.g. apps) could support CYP, and how social media impacts on CYP MH

Priorities	Tasks
Engage providers in developing services to deliver NCL shared priorities	<ul style="list-style-type: none"> Formally engage non-NHS/borough providers in local forums including the voluntary sector
Utilising capacity across NCL	<ul style="list-style-type: none"> 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
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"> Undertake borough level Training Needs Analysis and bring this together through an NCL requirement, securing economies of scale in delivering the identified training Undertaken annual workforce mapping to continually assess service needs, underpinned by consistent metrics and benchmark data
Involve practitioners from adult mental health services in training in working with adolescents with mental health problems	<ul style="list-style-type: none"> CYP MH commissioners to liaise with their adult mental health commissioners to identify training opportunities for adult staff in supporting CYP in acute environments

Since 2016/17, the local area has invested significantly in developing the workforce. We plan to continue to expand our workforce to support prevention and early help, particularly around schools and our capacity to support young people in crisis.

Developments in 2018/19

Barnet Integrated Clinical Service (BICs)

In 2018, in line with our Transformation Plan and following consultation with families, the Local Authority established an Integrated Clinical Service structure. which organises and distributes clinical expertise across Early Help, Schools, Children's Social Care and Youth Offending Services so that CYP MH 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. BICs establishment is shown in table 4.

Table 4: Barnet Integrated Clinical Service establishment (as is and growth)

Role	Wte
Clinical Lead	1.0
Clinical Manager	2.0
Team Manager / Deputy Team Manager	1.8
Staff Grade Psychiatrist	0.2
Clinical Practitioners (<i>including counselling/clinical/forensic psychologists, family therapists, counsellors</i>)	8.0
Primary Mental Health Workers (<i>including counselling psychologists, art/CBT therapists, integrative/psychodynamic/systemic psychotherapists, counsellors</i>)	9.0
Children's Wellbeing Practitioners	6.0
CWP trainees (see below)	3.0
Youth Justice Liaison and Diversion Worker	1.0
Assistant Psychologist	1.0
Administrator	2.0

TOTAL	35.0
NEW January 2020 (Mental Health Support team):	
MHST Team Manager – B8a	1.0
Higher Level Therapist (Supervisor) – B7	4.0
Education Mental Health Practitioner – B4 → B5	8.0
MHST Administrator	1.0
MHST TOTAL	14.0
NEW BICS TOTAL	49.0

The **Children and Young People's Wellbeing Practitioners (CWPs)** offer 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, CYP MH 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 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.

- In year 1 (2017/18), three 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 a further three trainees joined with a further three joining in 2019/20
- In 2020, six out of the nine CWPs will be funded as qualified, permanent posts within the Local Authority funded through the transformation fund.

Primary Mental Health Workers in CAMHS in Schools are band 7 equivalent, they receive regular clinical supervision from an appropriate Band 8 or above manager/supervisor. Some discipline specific supervision for systemic therapists and clinical leads – otherwise supervision is delivered and managed in-house.

LBB rolled out systemic year 1 PG training for social workers and clinicians, to continue over the next 4 years and will also be delivering year 2 of systemic training from 2020 to 2022. LBB are investing in systemic supervision models/approaches for social workers as part of this programme of workforce development.

Barnet, Enfield, Haringey Mental Health Trust

Our largest specialist CYP Mental Health provider is **Barnet, Enfield, Haringey Mental Health Trust (BEH)**. In 2018/19, BEH's workforce expanded with the recruitment to and launch of the Adolescent Crisis Team (ACT) from November 2018

Table 5: BEH workforce

Role	Wte
Consultant Psychiatrist	4.9
ST4 Trainee Psychiatrist	2.0
CT1-3 Trainee Psychiatrist	2.0
Clinical Psychologists	8.4
Assistant Psychologists	2.0
Counselling Psychologists	0.4
Child Psychotherapist	4.9
Family Therapists	4.6
Mental Health Nurse	6.0
Art Therapist	1.0
Adolescent/Primary Care mental Health Worker	3.1
CAMHS Manager	1.0
CAMHS Admin	10.5
TOTAL	50.5
From November 2018 (ACT)	
Team manager	1.0
Specialist Mental Health Practitioner	2.0
Team administrator	1.0
BEH TOTAL	55.5

Areas for development for 2019/20 and beyond (Local)

- Further three CWP trainees based in BICs
- Recruit to and establish two MHSTs (live from January 2020) to provide EMHPs and train staff in 33 education settings (NHE England funded)
- Apply for IAPT recruit to train posts (specialist providers; HEE funded)
- Establish Senior Care Coordinator for ASC / LD (part funded by NHS England and Barnet CCG and based in BEH) and consider expansion of with education and social care to increase support for this cohort
- Consider expansion of ACT to ensure appropriate support for young people in crisis in line with the Mental Health Crisis Concordat (Barnet CCG funded)
- Working with primary care to:
 - Strengthen identification and community support for CYP with eating disorders
 - Support young people in crisis
 - Review adult primary care link workers to consider a wider family approach
 - Implement integrated working between primary and secondary acute care with paediatricians from Royal Free London NHS Foundation Trust increasingly working from GP practices, delivering joint clinics with GPs, and building a network of support around the GP practice. This would include the development

of MDT discussions that would include a range of professionals including CAMHS, and would be based on a Primary Care Network (PCN) footprint to discuss CYP that are currently on the threshold between existing services and who may not have their needs well recognised and managed under current arrangements.

- Consider local development of DBT (Barnet CCG to consider BEH proposal), with potential to expand to NCL in line with crisis and New Models of Care (appendix 2)
- Workforce transformation is recognised as critical in delivery of the long term plan for NCL partners a significant programme of work within the STP partners will include a focus on:
 - Developing and retaining our existing staff; collaborating across NCL to commission and deliver training
 - Increasing the skill mix of integrated physical and mental health workforce capacity in the wider healthcare system, for example through mental health specific training via PCN's and VCSs;
 - Recruiting new mental health clinical staff; and
 - Developing existing models of peer support workers and other new roles (e.g. nurse associates)
 - Upskilling the NCL mental health workforce to deliver via digital avenues.
- Specific NCL plans with workforce implications include:
 - Junior intensive eating disorder service staff to be trained in FT:AN and CBT skills in 2019/20 (NHSE funded)
 - Expansion of out-of-hour crisis (appendix 2)
 - All-age liaison (appendix 2)
 - RMN resource at acute hospital sites including consideration for CYP with ASD / LD.

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 B – North Central London CAMHS Transformation Plan Priorities

Appendix A – Risk and issues log

ID	Director	Objective	Risk	Controls in place	Evidence of Controls	Overall Strength of Controls in Place	Consequence	Likelihood	Rating (Current)	Risk level
1	Sarah D'Souza/ Collette McCarthy	Successful delivery of the CYP MH 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 HWB. CCG, LBB and provider programme teams in place with sufficient engagement and stakeholder plans.	Terms of reference. Reports. Programme plans	Strong	3	2	6	Moderate
2	Sarah D'Souza/ Collette McCarthy	Successful delivery of the CYP MH LTP	Limited capacity to deliver transformation within the context of demand and service pressures	Prioritisation. Review of delivery at the Transformation Board. Review of finances to support additional capacity where possible. NCL working.	Terms of reference. Contract monitoring.	Strong	3	2	6	Moderate
3	Sarah D'Souza/ Collette McCarthy / Tina McElligot	Financial management	If the LTP does not have sufficient financial investment/ management of cost pressures to deliver.	S75 in place for early help and prevention transformation fund. Regular contract review and performance meetings regarding specialist inpatient provision. Monitoring of financial impact of programmes (e.g. ACT) to	Terms of reference. Contract monitoring meeting minutes. S75 agreement.	Strong	3	2	6	Moderate
4	Sarah D'Souza / Tina McElligot / Tina Read	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. Planning for recruitment to consider delays and interim plans in place. - STP wide work working with universities to support supply gaps.	Recruitment and JD info.	Strong	3	2	6	Moderate

Appendix B: North Central London CAMHS Transformation Plan Priorities

- 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.
- Through developing the NCL response to the NHS Long Term Plan, the system has undertaken collaborative discussions with system partners, including Expert by Experience (EbyE) representatives, to revisit the STP vision and confirm priority areas for investment in order to address increasing mental health population prevalence.
- Withstanding the overarching vision that: “We will work with individuals and communities to build a model of care and support that enables our population to live well”, the STP is committed to prioritising care delivered in the community through integrated community models for adults with SMI and children and young people. The EbyE established ambitions have informed the work to respond to the Long Term Plan and the continued development of the local care and support offer. As such, the revised priority areas, across the whole programme, for investment are:
 - Stabilisation, expansion and development of core community services for people with complex needs due to serious mental illness (psychosis, personality disorder and severe mood and anxiety disorders), in partnership with expanded primary care mental health and voluntary sector services;
 - Achieve the ambition of 100% coverage of 24/7 children and young people crisis services; and
 - Delivery of Early Intervention in Psychosis (EIP) services in line with national standards.
- These revised priorities refocus and consolidate the five main initiatives identified for the STP programme during 2018/19 which were acute care pathway, primary care mental health including IAPT, CAMHS, mental health workforce and liaison psychiatry. Other areas of focus included community resilience, perinatal, student mental health and dementia.
- The shared NCL CAMHS Transformation Plan Priorities, which are overseen by the NCL CAMHS Project Board, align with the STP submission for the Long Term Plan and continue to focus on producing improved outcomes for children and young people, and on ensuring the best use of resources to generate those good outcomes.
- 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, Future in Mind, and NHS Long Term Plan ambitions, the 5 NCL Boroughs will be working together on four priority areas as part of the NCL STP CAMHS programme. These build on work done in previous years.
- These are:

1a. Crisis & Urgent Care Pathways - 24/7 age appropriate mental health crisis care service coverage for 100% children and young people by 2025 that combines crisis assessment, brief response and intensive home treatment functions. This includes

additional crisis response lines, extended out of hours service, improved pathways in and out of community CAMHS and the extension of the crisis teams into intensive home treatment modalities across the STP.

1b. Paediatric Liaison services for children and young people who present in A&E departments also sits within this priority. Whilst there is an interface with crisis in terms of presentation at A&E depts. which is often picked up by liaison services it is crucial that the service is not seen as a crisis service and recognition is given to the importance of liaison being embedded into and working with existing medical teams across the Acute Setting in order to meet the psychological needs for physically ill patients / people with physical symptoms

2. New Care Model for CAMHS T4 – Ensure care is delivered as close to home as possible for children and young people by commissioning local Tier 4 CAMHS to eliminate out of area placements for non-specialist acute care by 2020/21. This involves the rapid mobilisation of the North Central and East London Provider Collaborative aiming to take over the NHSE specialised commissioning budgets.

3. Specialist Community Eating Disorder Services - dedicated eating disorder teams in line with the Long Term Plan ambition to maintain 95% CYP Eating Disorder referral to treatment time standards and address findings of the recently completed Eating Disorder Intensive Service Review.

4. Comprehensive NHS funded mental health service offer for Children and Young people aged 0-25 years by 2023/24 - One of the Long Term Plan deliverables is for 345,000 additional CYP aged 0-25 to have access to support via NHS-funded mental health services and school or college based Mental Health Support Teams. As NCL STP have already reached the 70,000 target for 0-18 year olds originally outlined in the Five Year Forward View Mental Health commitment, NCL CAMHS and adult mental health providers will now work together to develop additional services that ensure that CYP in the 16-25 age range will receive appropriate evidence based services, in line with the Long Term Plan ambition.

- Further detailed plans in relation to these priority areas are set out later in this chapter
- Other previously identified CAMHS priorities such as Transforming Care (which supports children and young people with challenging behaviours in the community to prevent the need for residential admissions) and Workforce Development are covered in the body of local plan updates. The STP are committed to ensuring children and young people mental health plans align with those for children and young people with learning disability autism, special educational needs and disability (SEND), children and young people's services and health and justice (from 2022/23) as per the Long Term Plan ambition and already have a number of initiatives in place to ensure alignment across multiple needs of children and young people.
- NCL partners also recognise that workforce transformation is critical in delivery of the long term plan and local transformation goals, and a significant programme of work within the STP partners will include a focus on:
 - Developing and retaining our existing staff;
 - increasing the skill mix of integrated physical and mental health workforce capacity in the wider healthcare system, for example through mental health specific training via PCN's and VCSs;
 - recruiting new mental health clinical staff; and

- developing existing models of peer support workers and other new roles (e.g. nurse associates).
- The transformation of children and young people's mental health and wellbeing services, will not necessarily bring savings during the time of the STP, but have been prioritised because of their future positive impact on the need for services. Particularly as we know that 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 18³.

NCL Prevalence Data

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

³ Cavendish Square Group

Priority 1a: Crisis & Urgent Care Pathways

Rationale for joint priority across NCL

- CAMHS crisis care is a focus area within Future in Mind, the Five Year Forward View, the Crisis Concordat, the HLP Children's Programme and the NHS Long Term Plan (LTP):
 - NHSE required assurance from CCGs that refreshed CAMHS Transformation Plans include a plan for extended hours community provision, to be available from April 2017, as phased implementation of 24/7 cover for children and young people
 - The FYFV requires NHSE to deliver effective 24/7 mental health crisis resolution and home treatment teams to ensure a community based mental health crisis response is available in all areas and are adequately resourced to offer intensive home treatment as an alternative to acute admission. An equivalent model for CYP (children and young people) should be developed within this expansion programme
 - Provision of crisis response is closely linked to the implementation of the all age Health Based Place of Safety specification and section 136 pathway as stipulated by the Crisis Concordat
 - Healthy London Partnership children's programme issued guidance setting out a pathway for rapid response and de-escalation of crisis not solely reliant on acute hospitals
 - The NHS Long Term Plan sets out 24/7 crisis response expectations.
- 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. The out of hours crisis response across the sector has been 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 workstream of the NCL mental health STP programme as it the type of service which, to achieve sufficient economies of scale and maximised effectiveness and efficiency, works best across the NCL-wide population.
- Provision of CAMHS crisis services across the STP footprint, and locally at borough levels, is the most pertinent priority for NCL CYP partners to address in delivery of the LTP.

Our ambition

- NCL STP will achieve 100% 24-hour crisis coverage by 2025, through additional crisis support lines, our extended out of hours service, improved pathways in and out of community CAMHS and the extension of the Crisis teams into intensive home treatment modalities across the STP. This will be also replicated for our Special Education and Needs Disability (SEND) population through the development of the home treatment programme - Transforming Care Prevention and Support (TCAPS). Whilst there are currently differing levels of resources, providers and capacity across NCL, the ambition is to align our provision to meet population needs.

- To improve the service to young people in crisis in the NCL area i.e. to: improve access to care; and improve experience of care
 - To meet the national guidelines and best practice guidance for crisis as much as practically possible
 - To provide a service within budget
 - To provide a safe service both for patients and staff
 - To provide a service that integrates with the ST rota, paediatrics, A&E departments and local CAMHS in a co-ordinated way
 - To have a service that covers the whole STP area
 - To have an equitable service across the STP area
 - That to ensure assessments are completed in partnerships with relevant providers e.g. the LA and at a time and place that ensures a safe and consistent assessment throughout the 24-hour period.
 - To reduce inpatient stays
 - To implement action log
 - To create a RMN bank so as to avoid RFH ECR costs
 - To share good practice
 - To provide accessible 136 suite within NCL

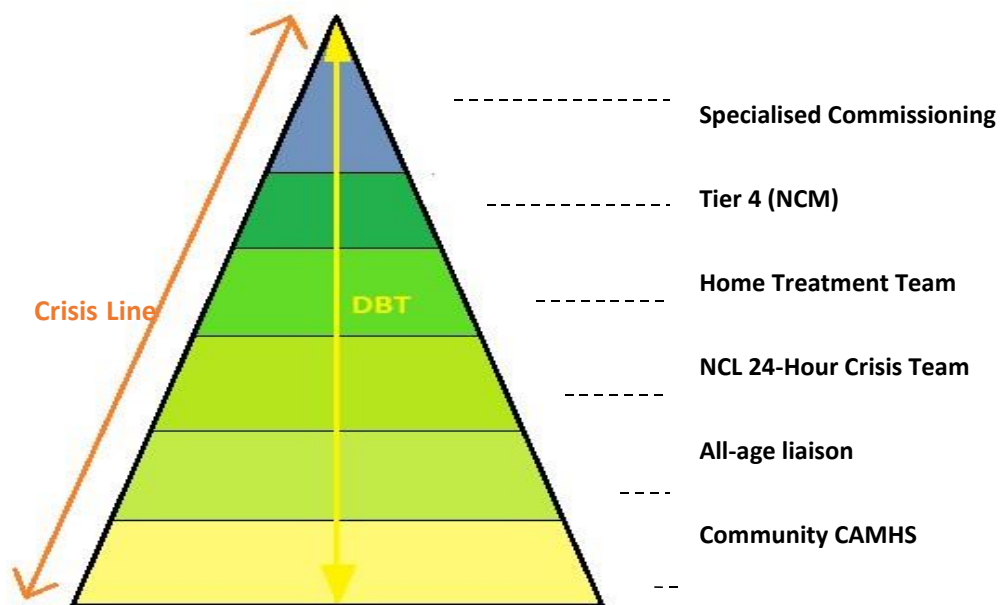
What we are aiming to achieve across NCL

- 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.
- Other initiatives currently being undertaken by NCL include:
 - STP wide data collections to scope programmes of work such as the Crisis workstream, Paediatric Liaison subgroup and STP workforce.
 - Seeking CYP / families' views to support development of strategies to improve experience of the crisis pathway as it develops.
 - Improving access to information online about CAMHS including local and digital mental health offers.
- Areas identified which the STP recognise also need addressing include:
 - i. A further focus on a suitable Health Based Place(s) of Safety for CYP in crisis, or subject to the power of section 136 of the Mental Health Act. This is currently a

system gap in terms of dedicated provision across the STP which requires attention. Consistent policy, communication of local arrangements, police training, cross-agency sharing of process and contact details and the development of street triage for CYP with police all remain ambitions for the STP.

- ii. Shared training opportunities and learning across different areas including blue light services. There is close working with blue light services through the Crisis Care Concordat meetings in the sector. As well-established multi-agency groups these groups have a range of key stakeholders from CYP and adult services, blue light services, local authority, public health, voluntary sector including senior representation from local NHS mental health providers. As the membership includes a focus on crisis care for both young people and adults it will also support the intentions around the local offer for 18-25s.
- 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.

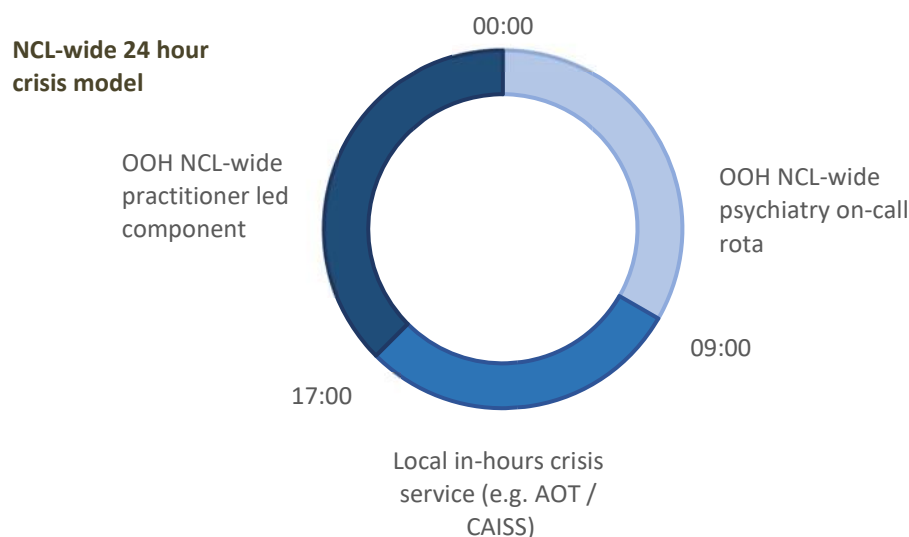
CAMHS Acute Care Pathway – a whole system approach to crisis care



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 patient's 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 practitioner-led crisis service; and out of hours NCL-wide on call psychiatry, as follows:



Out of hours NCL-wide CAMHS practitioner-led component

- Following consultation with key stakeholders, options appraisals and financial analysis, it was agreed the core out of hours component be provided by a CAMHS practitioner-led component delivering twilight cover 7 days a week, plus weekend cover from midday to midnight. The component is being delivered by Band 7 advanced CAMHS practitioners with Band 8a leadership and is integrated into Paediatric Liaison. The staffing model for the component was developed prior to mobilisation in July 2019 as follows:

Staffing												
Band	Times	hrs per week	no of people	total hours	cover 22%	wte	cost per wte	Cost (without unsocial)	unsocial hours	Unsocial (at 30%)	Unsocial (at 60%)	Total cost (inc. unsocial hrs)
8a	1 wte to manage team	37.5	1	37.5	0	1.00	74,623	74,623	0	0	0	74,623
*7	3pm-12midnight M-F	42.5	2	85	18.7	2.77	61,150	169,386	40 (30%)	12,829	0	182,215
*7	12midday-12midnight Sat	11.5	2	23	5.06	0.75	61,150	45,862	23 (30%)	7377	0	53,239
*7	12midday-12midnight Sun	11.5	2	23	5.06	0.75	61,150	45,862	23 (60%)	0	14,754	60,616
4	Team PA 9am-5pm M-F	37.5	1	37.5	6.75	1.00	35,117	35,117	0	0	0	35,117
**Additional on-costs for enhanced hours for 4.27wte (see calculation below)												10,521
Overheads												
	Support services @ 10% of above											41,633
	Estates @ 10% of above											41,633
Total cost												
												499,597

- 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 was signed and RFH began recruitment for the component in May 2019, with a view to commencing service delivery in July 2019. The model for this component comprises:
 - Twilight and weekend midday to midnight component integrated into the Paediatric Liaison team and the NCL on-call rota, to be provided by Band 7s with Band 8a 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 five NCL CCG's identified and agreed a total budget of £500k per year to invest in the NCL-wide practitioner-led out of hours component. In addition to this funding it is anticipated that the proposed NCM programme for NCL and NEL will realise savings from CAMHS Tier 4 which will be reinvested into the acute care pathway.
- This CAMHS out of hour's crisis service for NCL has been partially operational since July 2019 delivering an emergency (4hr) and urgent (24hr) crisis response between 15:00 hours to midnight on weekdays and midday to midnight on weekends has been at two acute sites (Barnet Hospital and North Middlesex University Hospital) with a view to expanding to include a weekend service across Royal Free Hospital, University College London Hospital and Whittington Hospital from November 2019. As a pilot, where a response is not available e.g. due to demand exceeding capacity, the pathway defaults to historical local protocols. There has been good support for the out of hours crisis service from the on-call consultant rotas.
- The practitioner-led component is expected to 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
- Another potential benefit of this development will be to facilitate parity of access across the sector, greater equity in workloads and responsibilities and more consistency in contracting arrangements for on-call psychiatry in line with the LTP ambitions tool workforce modelling. We envisage that additional LTP psychiatry, nursing and psychology resources will go into this service in order to prevent admissions. Future development of out of hours Crisis work will need to be developed in the context of the planned Long Term Plan investment as well as the Home Treatment and DBT Teams mobilising from the expected savings out of the New Models of Care for Tier 4 inpatients.
- NCL CYP crisis services will continue be developed in line with LTP ambitions and the London CYPMH Workforce Strategy to ensure an equitable crisis response is available

for children and young people across the sector that offers appropriate level of support where and when it is needed.

Milestones delivered

- Costing of six service models – October 2017
- Selection of three service models for wider consultation – October 2017
- Consultation on three possible service models – November to December 2017
- Agreement of preferred service model – December 2017
- Development of service and recruitment of staff – January to June 2019
- Launch date – July 2019

NCL-wide psychiatry on-call rota

- The success and safety of the practitioner-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.

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

- 4.23. 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). Recommendations from the Tavistock & Portman NHS Foundation Trust and Whittington Health review can be found in the Appendix.
- 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 is 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, their:

BEH	<p><i>Barnet</i> Have 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 BRSP and mental health specialists allocated to schools <i>Enfield</i> Alliance and SAFE teams Considerable reduction in OBD and inpatient bed usage Commissioner and Local Authority Multiagency forum CAMHS social care liaison role □ Use of text support (in hours) <i>Haringey</i> AOT QI forum Schools link pilot and findings <i>Tier 4</i> Improvements at Beacon Centre Bed Management Team</p>
T&P / Whittington	<ul style="list-style-type: none"> Assertive outreach on offer, particularly CAISS, the support provided and availability of staff etc. The single phone number (in hours) which GPs, parents, schools and youth clubs are able to utilise. The duty system phone number is often used by GPs seeking advice. The Brandon Centre offer a text and email service (with out of office response) and will call back or respond the next day when contacted OOH. Paediatric liaison on offer at each acute site and considerable joint working between PLT and CAMHS; the emphasis on consistency of care was praised with the same link person (one paediatrician and one Psychiatrist) throughout care. There are genuine shared protocols, which have been developed jointly, in place. The Royal Free refurbishment, witnessed as part of the site tour, was impressive, and now offers a good atmosphere and calm environment. There are now up to four rooms which can be used for mental health assessments as required, and break out rooms in inpatient areas. We Can Talk training has been rolled out at the Royal Free to improve the confidence of paediatric staff in caring for CYP with mental health conditions. In Camden there is a Liaison Diversion CAMHS nurse in Police stations which has improved the ability to seek advice, engagement with Police and their understanding to the pathway.
	<ul style="list-style-type: none"> All CYP have crisis plans which are co-produced and owned by CYP and their families. There is a process to develop a safety and coping plan for roll out and evaluate. There is also a digital in Islington (Good Things Foundation), and a crisis App for CYP is in development and will be piloted by the Brandon Centre.

- Representatives from the local pathways in all boroughs welcomed the feedback from the reviews and found them a positive experience which have generated ideas for improvement which have informed strategic planning.
- A detailed action plan was being developed based on the recommendations from the peer reviews and delivery of this plan will be overseen by the NCL CAMHS Board in 2019/20.

- Priority areas for NCL CYP crisis care work include:
 - the embedding of the NCL Out of Hours Crisis Service in 2019/20
 - a consistent NCL-wide offering for crisis response
 - additional training and development across CAMHS regarding crisis
 - a crisis roadmap
 - an NCL crisis line / single point of access for crisis support
 - standardising NCL crisis safety and coping plans across providers.

Key Stakeholders

- Young people and their families
- Accident and Emergency departments
- Paediatrics
- CAMHS
- Senior Psychiatric trainees on the rota
- Social Care / Emergency duty teams
- Bed managers

Priority 1b - Paediatric Liaison services for children and young people

Rationale for joint priority across NCL

- Extending mental health liaison is a key deliverable for the NCL STP and reflects the priority within the Five Year Forward View to ensure that 'good quality mental health liaison services will be available more widely across the country'.
- Through the development of the NCL crisis care pathway it has become apparent that there is significant variation in availability of and access to CAMHS liaison across the sector. The current model is based on historical arrangements that have been in place for many years; is unsustainable due to reliance on high numbers of trainees; and does not provide a consistent all-age offer, which has resulted in a lack of parity across the sector.
- We envisage LTP investment in CAMHS nursing and liaison services practitioner-led will ensure that there is a clear pathway that meets the mental health needs of young people attending hospitals, including those with comorbid physical health problems, linking closely to the practitioner-led Out of Hours service described above. A Task and Finish group is looking closely at the data with a view to making recommendations for CYP liaison service development to parity of access across NCL.
- It is important to recognise and differentiate between the distinct needs of children & young people presenting to hospitals with mental health crises, who should be assessed and managed by crisis services and followed up by community CAMHS teams; and those with comorbid physical illnesses or symptoms and mental health needs, who require a Liaison service embedded within Acute Hospital medical teams and where there is close liaison and shared decision making with the medical/surgical teams managing these patients' care. The latter group's needs would not be met by in-reach mental health crisis services.

Our ambition

- To improve the service to children and young people attending hospitals who require mental health assessments, interventions and support in the NCL area, i.e. to:
 - Improve access to care; and
 - Improve experience of care
- To meet the national guidelines and best practice guidance for all-age liaison as much as practically possible
- To provide a service within budget
- To provide a safe service both for patients and staff
- To provide a service that integrates with the ST rota, adult liaison, paediatrics, A&E departments and local CAMHS in a co-ordinated way
- To have services that cover the whole STP area, with equitable services across hospitals in the STP area, operating to at least minimum standards, and working towards established 'gold standards'.
- To identify and develop 'trailblazer' Liaison services that set standards for excellence and effectiveness to other services in the STP.

What we are aiming to achieve across NCL

- NCL will develop a local integrated all-age liaison service which will seamlessly interface with the comprehensive acute care pathway for children and young people. The development of the acute care pathway will take into consideration wider developments in relation to crisis care for children and young people. Developments will be underpinned by robust analysis of current and future workforce requirements, including staffing capacity and training implications of providing all-age liaison. The approach will need to ensure that:
 - Current investment across NCL is at least maintained at the same level as 2018/19;
 - Commissioning processes are streamlined and, if possible, there is a single process across NCL;
 - Contracting is on same footing as main NHS standard contracts, is aligned to same national and NCL timescales and is on a more sustainable footing for providers; and
 - The model of commissioning ensures integrated governance approach across mental health and acute providers and CCG commissioners.

Current picture

- There are five acute hospital sites in NCL which have a range of arrangements for the provision and commissioning of CAMHS liaison. This includes some Acute Hospital Trusts (e.g. UCLH, Whittington) investing directly in a Liaison service but who lack any community CAMHS in-reach, including for crisis; and others (e.g. Barnet, NM) relying on community CAMHS in-reach entirely for crisis presentations, and with a very small Liaison service to support medically unwell patients. There has been a general lack of new investment in these services and an indication that some, if not all, are currently under resourced. This has had a significant impact on staffing levels (recruitment and retention) within services. Data on current services is currently patchy and a full analysis of current clinical models, activity, performance and impact across the STP footprint needs to be commissioned. A Task and Finish group is currently working on mapping and gathering data for the current service provision, as well as agreeing service standards. In addition, there is a lack of consistency in contracting and monitoring, and a lack of consistent financial oversight, which hampers shared evaluation and limits opportunities for stakeholders to collectively drive service transformation. Through the programme, commissioners and providers will therefore define and agree a commissioning and delivery model which is sustainable.
- Improving the experience of young people in mental health crisis, as well as medically unwell children and young people with mental health difficulties, throughout the pathway is a priority that includes their care on acute paediatric wards and use of agency RMNs. Currently this varies across different locations and is dependent not only on liaison arrangements but also the staffing model of nursing, health care assistants and other key roles. A task and finish group has been looking at these different models and working with commissioning support unit colleagues to review this provision and develop improved models and treatment.

Proposal

- A Mental Health Liaison Stocktake was held on 4th October attended by representatives of acute and mental health providers, commissioners and members of the Mental Health Workstream Experts by Experience Board. The meeting agreed a number of principles for developing a joined up strategy for adult mental health liaison

across NCL, with a separate strategy suggested for Children & Young People. The strategy for adults embraced:

- Ambition
 - Immediate priorities for 2018/9
 - Contracting model
- For adults, it was agreed that the ambition of the STP should be to reach Core 24 standard by for mental health liaison by 2021 for all hospitals in NCL. This would entail:
 - A 24/7 service commissioned to operate as an on-site distinct service staffed at or close to the recommended level of staff numbers and skill mix to work on a 24/7 rota.
 - The service is commissioned to achieve national standards for response to emergency and urgent referrals and a 24-hour response to urgent referrals from inpatient wards including acute admissions units.
 - There is the system capacity to respond to the needs of cohorts of patients (including those with personality disorders) who are regular attenders at A&E with a particular focus on admission avoidance.
 - In terms of a contracting model the Group agreed:
 - The service could be commissioned either through acute contracts or directly from mental health providers but a consistent and transparent approach should be taken across NCL.
 - A long term commitment (5 years) should be made to the services.
 - It is proposed to pilot a model of teams directly employed by the hospital to work with children admitted in crisis to paediatric wards who will work with liaison and community teams to ensure the most effective care during assessment and discharge. The proposed team would incorporate a skills mix of roles to be able to address different levels of need from patients and provide appropriate support to children with ASD and LD. It is also intended that this model could offer some flexibility across the STP footprint for staff to be able to move between locations if needed based on capacity. This model is preferred by providers and commissioners to avoid repeated use of different agency staff who may not have a CAMHS specialism and would enhance the CAMHS skills base and resource across the acute paediatric sites.

Key milestones

- Convene task and finish group – October 2018
- Analysis of current provision, including clinical models, activity, performance, cost and commissioning arrangements – October 2018 to October 2019
- Developed minimum standards for NCL as well as Gold standards – December 2019
- Proposals for future delivery and commissioning models defined and options appraisal undertaken – January to March 2020.

Key Stakeholders

- Young people and their families
- Accident and Emergency departments
- Paediatrics
- CAMHS
- Adult mental health providers
- Adult mental health commissioners

- Acute commissioners
- Senior Psychiatric trainees on the rota
- Social Care / Emergency duty teams
- Bed managers

Funding

- It is anticipated that the financial contribution for the CAMHS element of an all-age service would be found within the existing financial envelope. This may entail some restructuring of current financial arrangements, options for which will be fully considered through appropriate options appraisal / business case processes.
- Consideration is being given to the possibility of submitting a bid to HEE for non-recurrent funding to pilot an all-age liaison model which includes an embedded CAMHS liaison post (as opposed to the current model of stand-alone CAMHS liaison). This would provide an opportunity to test of the effectiveness of the model to inform future planning.

Links to key policies and initiatives

Linked to key policies and initiatives:	Aims
<u>Five Year Forward View</u>	By 2020/21 no acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the 'core 24' service standard as a minimum.
<u>Long Term Plan</u>	3.96 ...We are also working to ensure that no acute hospital is without an all-age mental health liaison service in A&E departments and inpatient wards by 2020/21...

Rationale for a joint priority across NCL and NEL

- The development of New Care Models for CAMHS Tier 4 services has been a priority within the Five Year Forward View for Mental Health and 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.

Current picture

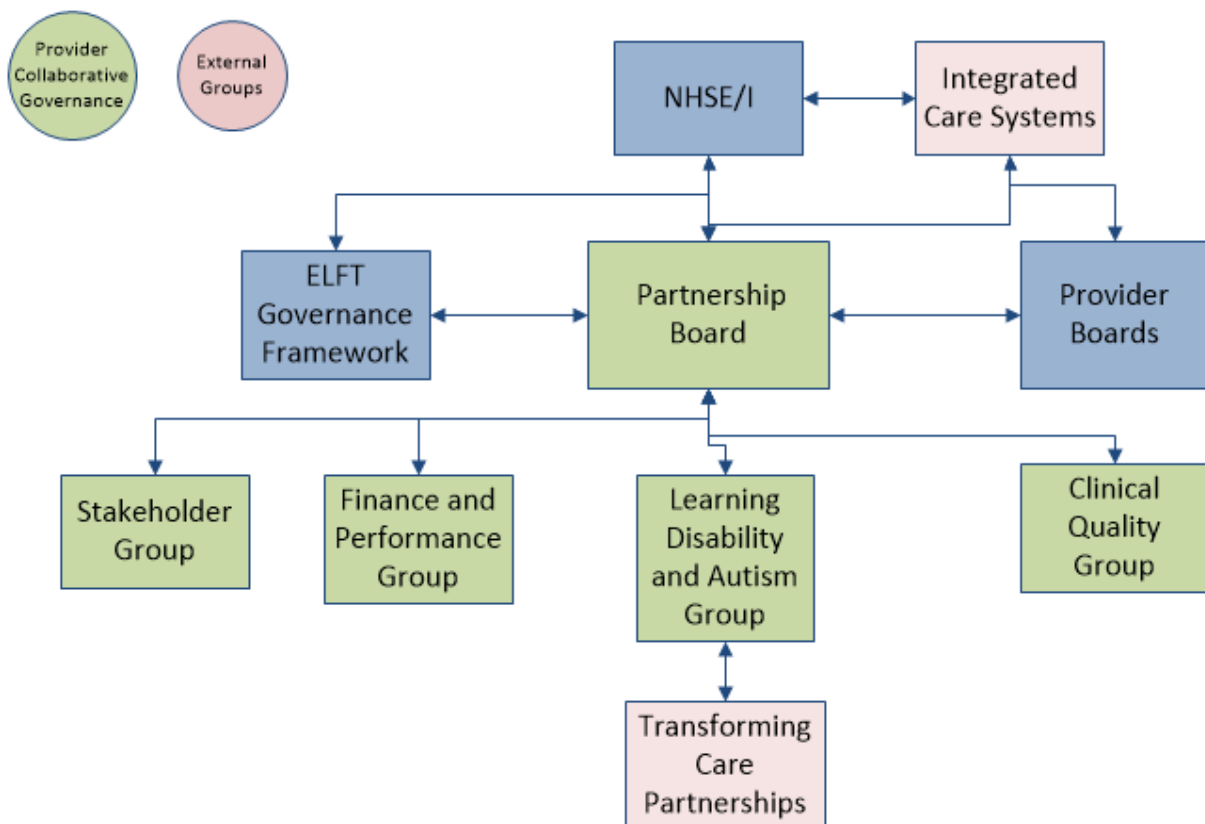
- Following unsuccessful bids in 2016/17 for an NCL wide NCM, NHSE Specialised Commissioning made a specific request to NCL and NEL to develop a collaboration between the STPs, with the view to improving outcomes for children and young people across a wide geographical area.
- In July 2019, a business case was submitted to NHSE from the NCL/NEL provider collaborative followed by clarifications and interviews. NHSE confirmed in September that the new NCEL collaborative had been recommended for fast track progression to an April 2020 start. The ambitions for the collaborative as set out in the business case are as follows:
 - Care that best meets patients' needs and is closer to home
 - The same high quality care and treatment wherever they are
 - Transparent and inclusive care and treatment decisions
 - Innovative joined up care that is in their best interest

The NCEL Provider Collaborative

- The NCEL CAMHS Provider Collaborative Partnership Board is made up of NCEL NHS providers of Tier 4 CAMHS, Tavistock and Portman as the community CAMHS provider in Camden and forensic CAMHS a representative of the NCL & NEL CAMHS commissioners:
 - East London NHS Foundation Trust (ELFT) – lead provider
 - Barnet, Enfield and Haringey Mental Health NHS Trust (BEH)
 - North East London NHS Foundation Trust (NELFT)
 - Whittington Health Foundation Trust (Whit)
 - Tavistock and Portman Foundation Trust (T&P) – As providers of forensic CAMHS
 - NCL & NEL CAMHS commissioner

Provider name	Unit name	Total bed capacity
Barnet, Enfield & Haringey (BEH) MH Trust	Beacon Centre	16
East London Foundation Trust (ELFT) (PICU and Acute)	PICU and Acute	34
North East London Foundation Trust (NELFT)	Brookside	32
Whittington	Simmons House	12
TOTAL		94

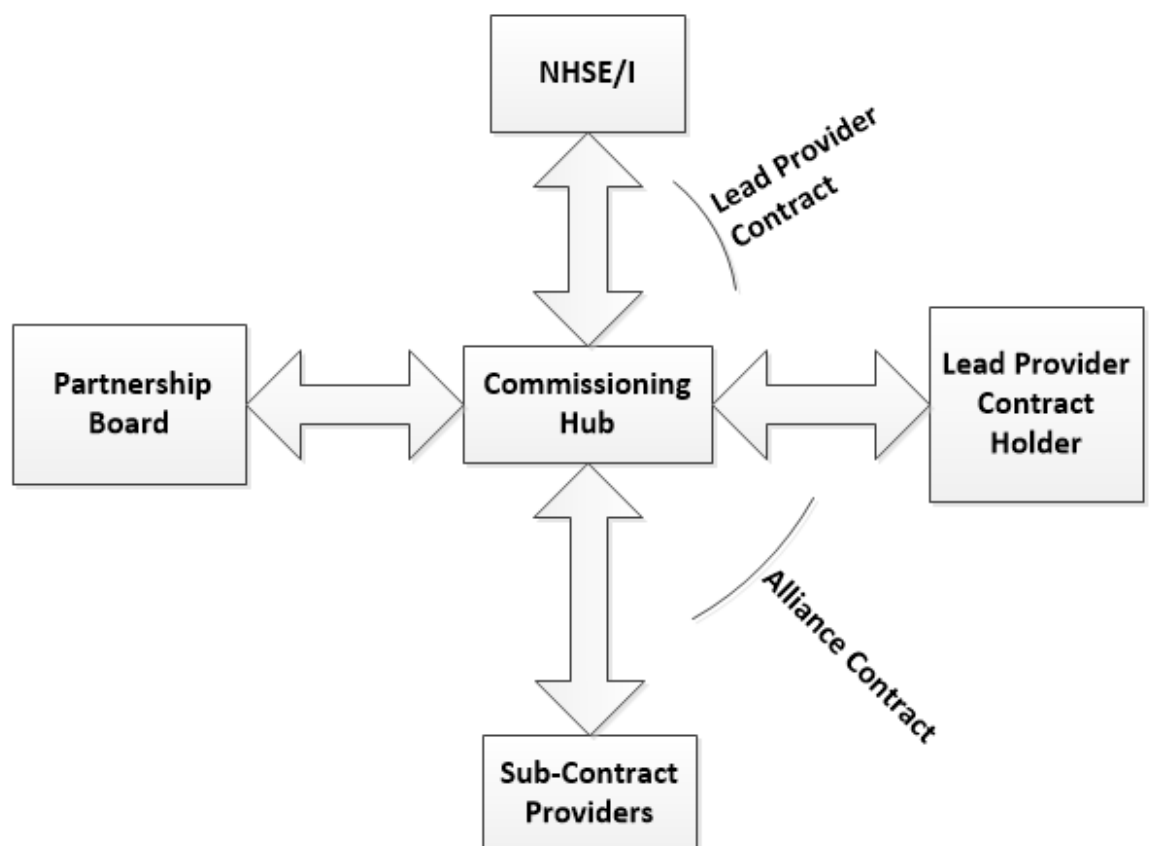
- The new care model will also include Eating Disorders, Autism and Learning Disabilities and private tier 4 provision including Ellern Meade will be factored into the collaborative via the commissioning hub.
- The collaborative partnership board first met on 10th September 2019. Actions included finalising risk share agreements and governance structures. The proposed governance structure includes the partnership board, steering committee, clinical and quality group, finance and performance committee and wider stakeholder group. People participation will be embedded throughout the development of the model from the partnership board through to quality assurance.



- Additional task and finish groups including bed management pathways and community service mapping will be formed when required. Acute trusts across NCL including The Royal Free Hospital Trust and UCLH and GOSH, who are not providers of Tier 4 beds will be involved in the collaborative and key contributors to the development of pathways into the provision and back in to community services.
- Further mapping of beds across NCL and NEL will be undertaken to identify the need to include private providers including Ellern Mede and the Priory and other specialised provision which may also include provision out of area.

The NCM Commissioning Hub

- The NCM Commissioning Hub will be an independent commissioning team with staff transferred from NHSE/I and recruited from across providers. The Hub will have a strong management and clinical leadership including a Managing Director (it is proposed that this role will work across the North London Forensic Collaborative (NCFC) and NCEL CAMHS commissioning hub) and a Clinical Director.
- The collaborative and commissioning hub will ensure engagement with local partners including CAMHS, social care and education, acute hospitals, paediatric liaison services and, 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.
- The aims for the collaborative in the development of the clinical model are as follows:
 - To reduce and stop avoidable admissions (admissions that could have been prevented if there had been intervention earlier in the patient journey, or access to a setting / service where treatment goals could be met other than by inpatient care (i.e. YPHTT or Day Hospital)
 - Reduce the number of current and future out of area admissions and prevent future
 - To reduce variability in length of inpatient stay and readmissions
 - To minimise the use of restrictive practices and length of stay in restrictive settings such as PICU and low secure
 - To ensure that young people and their families receive the best quality evidence-based treatments, both in community and hospital settings, to ensure that they do not become chronically disadvantaged by their conditions
 - To reduce repeated presentations to services
 - To reinvest savings to strengthen community CAMHS services, reducing wait times for treatment and access to a broader range of evidence based treatment. The focus of reinvestment will be in:
 - Bed management system
 - Home Treatment/Intensive Day Treatment
 - Strengthened community CAMHS and improved access to evidence based therapies.
- 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. The NCEL collaborative 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 the NCL commissioner with a lead for tier 4 is a member of the strategic group governance process. 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.

Average length of stay 2018/2019 M12 for all CAMHS episodes not including PICU

Provider name	Average Length Per Stay (days)	Cost per patient (£)
Barnet, Enfield & Haringey (BEH) MH Trust	20	10,959
East London Foundation Trust (ELFT) (PICU and Acute)	18	9,937
North East London Foundation Trust (NELFT)	20	11,126
Whittington	28	15,925
Independent Providers	23	16,408
TOTAL average across NCEL collaborative	20	12,825

NCEL CAMHS NCM Site Activity/Cost data 2018/19 M12

Provider name	Occupied Bed days	Cumulative Cost (£)
Barnet, Enfield & Haringey (BEH) MH Trust	3468	1,884,963
East London Foundation Trust (ELFT) (PICU and Acute)	5589	4,684,681
North East London Foundation Trust (NELFT)	3724	2,091,659
Whittington	3712	2,086,144
Independent Providers	11486	8,220,479
TOTAL average across NCEL collaborative	16493	10,747,447

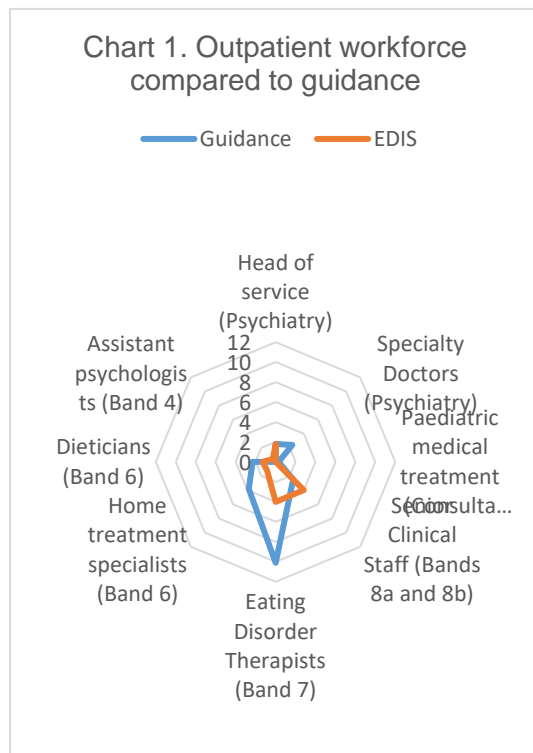
Data Source	NHS E			NHS E		
Year	16-17	16-17	16-17	17-18	17-18	17-18
Location	London	Out of London	Total	London	Out of London	Total
Barnet est popn 2016 aged 0-18 90,336 (ONS 2017)						
Admission	24	38	62	45	8	53
LOS London	2,994	2,013	5,007	4,093	691	4,784
Cost	£1,706,293	£1,435,152	£3,141,445	£2,425,269	£536,393	£2,961,662
Av Cost	£570	£713	£627	£593	£776	£619
Camden est popn 2016 aged 0-18 47,642 (ONS 2017)						
Admission	11	19	30	31	9	40
LOS London	1,290	1,839	3,129	3,038	1,283	4,321
Cost	£717,112	£1,202,571	£1,919,683	£1,669,684	£895,415	£2,565,099
Av Cost	£556	£654	£614	£550	£698	£594
Enfield est popn 2016 aged 0-18 83,773 (ONS 2017)						
Admission	8	12	20	26	5	31
LOS London	1,543	1,039	2,582	1,423	262	1,685
Cost	£1,137,356	£679,074	£1,816,430	£976,796	£211,515	£1,188,312
Av Cost	£737	£654	£703	£686.43	£807	£705
Haringey est popn 2016 aged 0-18 61,480 (ONS, 2017)						
Admission	11	23	34	23	15	38
LOS London	1,383	2,343	3,726	2,343	1,000	3,343
Cost	£896,881	£1,533,881	£2,430,762	£1,410,084	£741,021	£2,151,106
Av Cost	£649	£655	£652	£602	£741.02	£643
Data Source	NHS E			NHS E		
Year	16-17	16-17	16-17	17-18	17-18	17-18
Location	London	Out of London	Total	London	Out of London	Total
Islington est popn 2016 aged 0-18 40,819 (ONS 2017)						
Admission	12	18	30	34	10	44
LOS London	2,607	1,661	4,268	4,230	952	5,182
Cost	£1,606,839	£1,088,294	£2,695,133	£2,648,048	£744,087	£3,392,135
Av Cost	£616	£655	£631	£626	£782	£655
NCL est popn 2016 aged 0-18 324,050 (ONS 2017)						

Admission	66	110	176	156	50	206
LOS London	9,817	8,895	18,712	15,127	4,188	19,315
Cost	£6,064,481	£5,938,972	£12,003,453	£9,129,881	£3,128,433	£12,258,314
Av Cost	£618	£668	£641	£604	£747.00	£635

Priority 3 - Specialist Community Eating Disorder Services

- NCL jointly commission the specialist Eating Disorders Service which is provided by Royal Free London Hospital Trust (RFL), Barnet CCG is the lead commissioner. The service includes a Community Eating Disorder Service and an Eating Disorder Intensive Service (EIDS). In July 2015 NHS England published "Access and Waiting Time Standard for Children and Young People with an Eating Disorder". 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 reduce waiting times.
- In April 2019, RFL participated in a QNCC peer review. The peer review found the service to be of a high quality with a staff team with a wide range of skills. The feedback from parents was also positive regarding systematic working, benefits of support groups and young people said they were treated with respect. The 2019, the CCGs undertook a review of EDIS. Recommendations from both reviews are incorporated into the plans for 2019/20.

Staffing



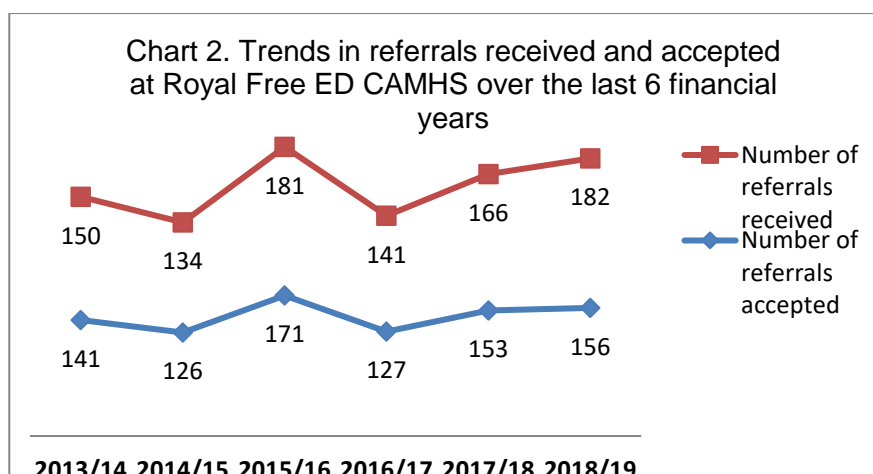
- Staffing recommendations from Access and Waiting Times (2015) guidelines compared with ED staffing are shown in the radar graph in chart 1. Of note, the main differences in numbers of staff in each cohort are eating disorder therapist, psychiatry and home treatment specialists. In addition to those staff employed in the outpatient services, EDIS has:

- Band 7 x 1 WTE: EDIS clinical manager
- Band 6 x 3 WTE: Junior sister/charge nurse. Paediatric nurse/ RMN
- Band 5 x 6 WTE: Mix of paediatric nurses/RMNs
- Band 4 x 5 WTE: Therapeutic care workers who have a non- clinical training and work under the supervision of registered nurses.

- EDIS also draws on a number of roles from outpatients including psychology, family therapy, dieticians, psychiatry who work across the whole service.

Summary of Service Activity

- Referrals accepted have been relatively stable over the past 6 years, peaking in 2018/19 with 182



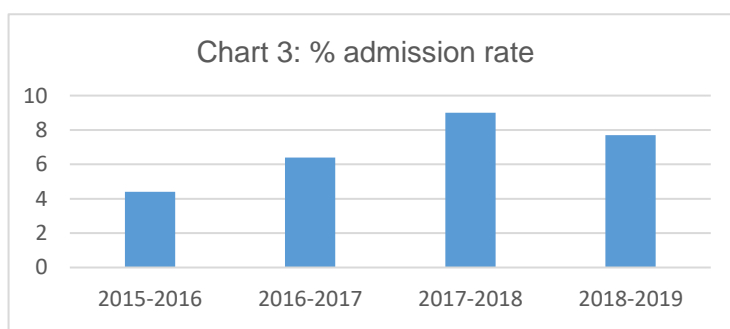
- The service performs well against Eating Disorders Service Waiting Times and Access Targets:

NCL performance between 2014/15 – quarter 1 2019/20

Year	NCL Target for waiting times non-urgent / urgent	Performance < 4 weeks for non-urgent	Performance < 1 week for urgent
2014/15	Baseline Year	54.0%	Not Known
2015/16	60%	69.2%	No Target
2016/17	80%/95%	85%	100%
2017/18	90%/95%	98.75	100%
2018/19	95%/95%	97.6%	91%
2019/20 Q1	95%/95%	100%	100%

Specialist inpatient referrals

- Onward specialist inpatient referrals have increased since 2015/16. Barnet has the most referrals, with Haringey the least. Admission rate is shown in chart 3 as a percentage of CYPs referred to the service each year.



Service improvements during 2018/19

- In line with NICE Guidance, RFL are working to implement anorexia-nervosa-focused family therapy for children and young people (FT-AN). FT-AN streamlines service delivery and reduces the need for internal waiting lists. FT-AN aims to improve parental skills in supporting young people and improve outcomes. RFL are currently piloting FT-AN in outpatients and when patients enter EDIS, they may continue with this support alongside the usual EDIS support. Following a year-long pilot, RFL report that there has been a 77% increase in average weight gain over the first three months of treatment.
- RFL have also:
 - Coproduced (with parents) an improved pathway through EDIS
 - Developed a clear process for referring CYP to specialist inpatient settings to reduce the length of stay on the ward for CYP
 - Developed a patient group from EDIS patients looking at service improvement including the development of a care booklet to support treatment
 - Meetings are now in place in all boroughs to review CYP in inpatient settings
 - Positive use of CETR for a young person in EDIS with positive outcomes; used learning to improved wider professional engagement (social care; education)
 - Training for schools regarding identification of eating disorders and effective support for young people within the school setting

NHS Long Term Plan

- NHS Long Term Plan directs local areas to continue to meet the access and waiting time standards for eating disorders and additional investment for workforce to be able to achieve this has been communicated. Our NCL ambitions include:
 - Continuing to meet access and waiting time standards within the context of increased demand
 - Mainstreaming FT-AN and FT-BN across the service
 - Training wider, interdependent workforce including GPs, schools to support early identification and local support
 - Developing an emergency, rapid treatment service within EDIS to support CYP in crisis
 - Setting up self-referrals
 - Improving transitions and support for 18 – 25 year olds.

Plans for 2019/20

Focus area	Description	Owner	Timescale
Training staff	Secure additional funding to support junior EDIS staff to be trained in FT:AN and CBT skills	RFL	August 2019
Referrals and promotion of service	Improve referral information; promote to GPs and other referrers	RFL	November 2019
Co-production and engagement	Develop service engagement / co-production approach including a reference group, CYP to be included in recruitment	RFL	December 2019
Transitions 0 – 25 / whole life course service	Develop a transitions policy for NCL eating disorder service Set up task and finish group involving adult providers to consider 0 – 25 provision, learning from other “whole life course” services	RFL / Barnet CCG RFL	December 2019 2019/20
Variability between boroughs in NCL	Develop a protocol for working between RFL and local CYP MH services (shared care protocol).	Barnet CCG	December 2019
Service delivery and monitoring	Develop and agree new specification and KPIs	Barnet CCG	January 2020
Rapid access EDIS	Continue to explore and adapt EDIS with consideration for a rapid four-week treatment placement under EDIS	RFL	March 2020

Support for CYP at 6North / admitted to hospital	<p>Explore dedicated paediatrician, with eating disorder specialism, on the ward</p> <p>Provide training to ward staff regarding eating disorders</p>	RFL	March 2020
Access including self-referrals	<p>Develop business case and plan to implement self referrals to discuss with commissioners</p> <p>Review staffing within the context of expanding to self-referrals whilst maintaining access and waiting time standards</p>	<p>RFL</p> <p>Commissioners</p>	<p>March 2020</p> <p>2020/21</p>
FT-AN	Continue to roll out FT-AN	RFL	March 2020 and onwards
Rapid access EDIS	The EDIS model is currently being adapted with consideration for a rapid four-week treatment placement under EDIS		
Continue to provide a training programme to wider workforce	Provide an ongoing programme of training to wider workforce including GPs to increase identification and school staff to enhance support for young people with eating disorders	RFL	Ongoing

Priority 4 - Services Comprehensive NHS funded mental health service offer for Children and Young people aged 0-25 years by 2023/24

- The NHS Long Term plan makes a commitment to extending current service models to create a comprehensive offer for 0 to 25-year-olds that reaches across mental health services for children, young people and adults, and which delivers an integrated approach across health, social care, education and the voluntary sector. By 2023/24 the Long Term Plan requires 345,000 additional children and young people aged 0-25 will have access to support via NHS funded services and school or college based Mental Health Support Teams.
- NCL commissioners and providers across children, young people and adult services are coming together to undertake initial planning and scoping of a more defined programme of work across the STP footprint, and with VSCE, sectors, primary care and service users. A first meeting of partners is planned for late October 2019 where there will be a focus on developing shared understanding of the ask, building shared expectations around challenges and principles for delivery, and early consideration of necessary governance and engagement approaches for the local system and service development. The NCL approach will build on locally driven initiatives and strengths, and link in with regional and national approaches and guidance.
- Whilst the comprehensive service offer is not required to be mobilised before 2021/22, there are a number of initiatives already progressing locally across NCL which include:
 - Extending the Mental Health Schools Provision to the college and university population.
 - Expanding Minding the Gap like prevention and early intervention services out across the STP
 - Hive Programme and model of targeted intervention
 - Partnership approaches for crisis and community CAMHS
 - Targeted model for SEND provision.

Conclusion

- As an STP, we have made significant progress in delivering our ambitions for CAMHS Transformation as set out in the documents published in 2018/19. Our CAMHS Project Board, which reports to the STP Mental Health Programme Board has developed a strong partnership approach across Providers and Commissioners and is well placed to drive through transformational change.
- Of note over the last year:
 - The improved and sustained performance against Community Eating Disorder Targets delivered by our specialist service at the Royal Free Hospital. The NCL increase of capacity to our eating disorders services coupled with improved performance monitoring, evaluation and management, has enabled us to consistently meet waiting times. We are now focused on ensuring this becomes embedded and is sustained. We plan to build on the excellent work of the Intensive Eating Disorder Service (IEDS) over the next year, so we only have to admit young people to a specialist ED bed when it is absolutely unavoidable and where possible treat CYP intensively in their local community.
 - Good progress has been made in relation to our commitment to improve services for young people in crisis. An NCL wide nurse led out of hour's crisis service for children and young people is now established and operational. Over the next year we will continue to develop and embed the service in line with targets set out in the NHS Long Term Plan developing a strong robust interface with our local Assertive Outreach Teams and local Emergency Departments. We also need to undertake more detailed analysis and then subsequent development of our local CYP Mental Health Liaison Services, particularly ensuring we meet the mental health needs of physically unwell patients being treated in acute settings as well as those presenting in crisis at ED.
 - We are now working in collaboration with NEL STP in order to develop our collaborative model for Tier 4 services. The shared geography, larger footprint and bed base will enable us to develop a robust pathway linked to community services to ensure young people are able to stay local to their families and communities and only stay in hospital for as long as they absolutely need to. At this point we anticipate that we will continue as a 'Fast Track' collaborative and will have a NMOC in place by April 2020.
 - Progress has also been made to ensure we are aligning the work of the Transforming Care Programme with the CAMHS work stream to ensure the needs of CYP with LD and or Autism are effectively being met in the community where at all possible. Over the next 2 years we are focused on the development of a local dedicated crisis service for this cohort of young people as well as increased short break provision.
 - There is more to be done and the focus for us moving forward is to ensure that we deliver the NHS Long Term Plan for CYP Mental health and that we do that in partnership with providers / commissioners but perhaps most importantly with our experts by experience.
- In conclusion, the NCL CAMHS plan is on track to deliver local ambitions and meaningful transformation to enable us to respond better to the needs of the local population of young people and their carers. This will not come without its challenges,

particularly, constraints to the financial envelop within health and social care in the context of health QIPPs and Local authority CIPs. This coupled with the very challenges of working cross organisationally with services and organisations that are guided by sometimes-conflicting statutory requirements will test what we deliver. Our ambition despite all these challenges remains that we aim to address variation in provision and improve care for our population in a sustainable way whilst ensuring that patient experience and better outcomes remain priority.