

BARNET CHILD ADOLESCENT MENTAL HEALTH SERVICE TRANSFORMATION PLAN 2015 - 2020

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1. Foreword to the Child, Adolescent and Mental Health Services (CAMHS) Transformation Plan

We are really pleased to present the Barnet CAMHS Transformation Plan.

This captures Barnet's response to the government's policy "Future in Mind" (March 2015) and outlines how we aim to meet the challenges and opportunities to enhance the delivery of an excellent CAMH service as set out in the Transformation Guidance (August 2015).

Throughout we have involved professionals involved in delivering services and importantly, the children and young people, families' carers and communities receiving those services in the design of this Plan.

We will continue to use their insights to shape develop and co - produce the Plan as it is presented here today. This Plan is a "living document", a starting point on a five year journey from 2015 to 2020 and will evolve over time as more detailed intelligence and insights emerge.

CAMHS are, by their very nature complex and multifaceted in terms of the needs they have to meet and the different services, systems and structures that have evolved to meet them. To tackle this complexity we are seeking to build on existing partnerships and services and develop innovative and radical solutions to the challenges ahead.

We are committed to the priorities set out in this plan and will be working hard to provide excellent services for all children and young people including the most vulnerable children and young people, their families and carers who are affected by mental health difficulties.

Director of Children's Services

Chief Operating Office (Interim)



Chris Munday

Regina Shakespeare

2. Executive Summary

High quality and accessible mental health support for children and young people is vital to improve outcomes for children, and by intervening early and building young people’s resilience we can improve both life chances for individuals and reduce the reliance (and cost) on public services later in life. The Transformation Plan outlines practical steps for how Barnet will improve mental health support to young people by 2010.

As reported by UCL Partners the current CAMH service in Barnet provides high quality care to over 2,000 young people per year, but there is more we can and must do to improve the lives of young people in the Borough. The Council and CCG have worked closely together to review services and develop clear priority areas, aligned to national policy drivers outlined in Future In Mind, for transformation to improve our local CAMH services.

The executive summary outlines the headlines from the local Transformation Plan including the vision, local need and local priority areas as well as key information about the current service such as activity levels, expenditure and workforce statistics.

The plan builds on these priority areas outlined in Future in Mind and aligns them to local need;

- Improving access to effective support
- Care for the most vulnerable
- Promoting resilience, prevention and early intervention
- Accountability and transparency
- Developing the workforce

Delivery of the plan will be led by Barnet Clinical Commissioning Group (“Barnet CCG”) and London Borough of Barnet (“LBB”) working closely with a range of partners, and with children and young people at the centre of services, co-producing the transformation of Children and Adolescent Mental Health services in Barnet.

The document is iterative and will continue to be developed over the timeframe of the five year plan. The plan has been based on national priorities, service reviews, and key stakeholders’ and children’s and young people’s views and needs assessment.

A. Vision

Our vision is to transform mental health services in Barnet by 2020, building the resilience of children and young people and their families and improving their mental well-being therefore enhancing the life chances of children and young people in Barnet.

The 5 key elements of the vision are;

- **A focus on prevention** – working with families from the earliest opportunity to support parenting and de-stigmatising mental health.
- **Services focused on children and young people and their families/carers** – a service which is centred “on” children and young people and involves them in everything about the service they receive, allowing them to reach their full potential.

- **A focus on outcomes and evidence based support** – using interventions that have been proved to work and deliver the outcomes children, young people and their families/ carers want to achieve. Implementing NICE and best practice guidance by revising pathways of care. Alongside this we will put improve the systems we have in place for measuring the effectiveness of these interventions.
- **A focus on developing seamless services from pregnancy to adulthood** – making sure agencies work together to offer a joined up service for young people that always aims to achieve independence.
- **A service fit for the 21st Century** – a flexible service which allows children, young people and their families/carers to access it how and when they want to and using technology to support young people; we will ensure they remain contemporaneous

To deliver this vision, commissioners will focus on priority areas to improve outcomes for children and young people.

B. Local Need and Demographics

Barnet is now the largest London borough and continues to grow. There are currently 94,940 children and young people in Barnet, increasing by 8.5% to 102,978 by 2018. The increase in children and young people is largest in the south and west of the borough, where there is also a high level of deprivation, child poverty and unemployment as identified in the updated 2015 JSNA.

It is estimated that in Barnet 12,800 young people require tier 1 CAMH services, 5,975 require tier 2 services, 1,580 tier 3 services and 65 tier 4 services. According to National prevalence data (extrapolated to Barnet Population) conduct disorder is present in 5.8% of young people, followed by emotional disorder 3.8% of young people; and the data also suggest a significantly higher prevalence in boys between the age of 5-10 years than girls.

C. Current Commissioning and Services

CAMH services are currently commissioned primarily by the Joint Commissioning Unit (JCU), a team of commissioners from the London Borough of Barnet and Barnet CCG. The largest spend is through a block contract with the main provider Barnet Enfield and Haringey Mental Health Trust (BEHMHT). In total there are currently 3 key providers of CAMH services in Barnet: Barnet Enfield Haringey Mental Health Trust, Tavistock & Portman NHS Trust and Royal Free Foundation Trust.

- Barnet, Enfield and Haringey Mental Health Trust provides generic tier 3 services, primary/secondary projects in schools, looked after children, Service for Children and Adolescent with Neuro Developmental Difficulties (“SCAN”) Barnet Adolescent Service (“BAS”) and paediatric liaison.
- Royal Free Hospital provide out of hours, paediatric liaison and eating disorder service and general CAMHS.
- Tavistock and Portman provide brief therapy, family service, refugee service, autism team and fostering, adoption, kinship care and trauma service.

D. Finance and Performance

In 2014/15 approximately £5.6m was spent on commissioning CAMHS, including spot purchasing, with an estimated 88.61 FTE deployed across the services. The largest spend is with BEHMHT (£3.4m) with Royal Free Foundation Trust (£614k) and Tavistock and Portman (£306k).

Compared to other London boroughs, expenditure rates per 100,000 in Barnet are:

- high on primary prescribing
- mid-range on secondary care
- low on community care and social care, non-health/social care, care provided in other settings and prevention/health promotion for people with mental disorder¹

Across CAMH services there were 3,132 referrals in 2014/15 with 2,212 receiving treatment. This equates to 71% of those referred receiving treatment, with over a quarter not requiring a CAMHS treatment. This information is based on the data available, although there is national recognition that the data is not as complete or accurate as is desired. Which is why the Barnet Transformation Plan includes a work stream on data improvement.

E. Local Priorities

Based on guidance outlined in “Future in Mind”, along with a number of service reviews that have been carried out, Barnet has developed a range of local priorities for services, as well as a number of enablers to achieve change within these services.

The overarching priorities for CAMH services is to improve access for young people with mental health issues, supporting them at the right time and in the right place with the long term aim to reduce the number of children and young people requiring CAMH services by 2020.

Key service priorities are;

Improving access to perinatal mental health service

By 2020 Barnet aims to have a local specialist team, with integrated health coaches and have a knowledgeable and skilled workforce to support the prevention of perinatal mental health.

Perinatal mental health problems range from mild to severe disorders, with 10-20% of women suffering from depression and anxiety during pregnancy and post-natal period and 10% of fathers suffering post-natal depression. To ensure specialist services to support parents is available from inpatient units to community services commissioners will;

- Implement the local community specialist based team
- Work with Barnet paediatric liaison team to integrate care
- Support children centres to provide peer led support groups
- Working with Adult IAPT providers in Barnet to identify what training is required and support and improve access to services.
- To build work through the team on developing effective attachments between the child and primary care giver

¹ Barnet Mental Health Need Assessment: Dr Jonathan Campion: UCL Partners: 2014

Improving crisis care

By 2020 Barnet aims to have the right care, at the right time in the right place for young people, providing a 24/7 service and having follow up support for young people who miss appointments.

There is a significant challenge to get crisis care right. Working with London partners to scope potential new models of care, Barnet is currently developing a new service that can deliver care in the community, with a multi-disciplinary team response to allow for rapid stabilisation for a young person in crisis.

Improving self-harm support

Barnet aims to develop a more integrated support service for young people who self-harm, preventing self-harming and improving access to emotional support, self-help, family help and professional referral. Issues of self-harm are linked directly to wider emotional support, especially in regard to the early intervention and prevention agenda. Supporting young people to build resilience and improve their mental health and wellbeing is a key component of service delivery.

Early intervention and prevention

Priority areas for improving early intervention and prevention focus on improving access to services, including improved CAMH services in children centres and schools, developing drop in sessions and developing a peer support service.

Throughout our early intervention and prevention work it is important to work closely with universal services, schools and social care so they can identify and support children, young people and families effectively by ensuring there is access to appropriate education and training. Support will focus on how to build young people and their family's protective factors (stable relationships, good school attendance, skills and employability etc.), supporting young people to build resilience in adulthood.

CAMHS in schools

By 2020 Barnet aims to develop a CAMHS schools network, increasing schools ability to retain pupils with emotional and behaviour needs and reducing the number of exclusions. Working with providers and the third sector Barnet aims to develop a quality offer which schools can buy into, providing advice, guidance and support to schools. The offer will include short term therapy, training for staff, families and peer supporters.

The plan is to also develop a team of CAMHS clinicians to extend our work with the most vulnerable children and young people, working with pupils on the edge of exclusion and providing targeted support to students with mental health difficulties and/or challenging behaviour. Support will be targeted around crisis times and priorities areas such as exam result stress, self-harm, alcohol, substance misuse and child sexual exploitation.

This work will build on the primary and secondary projects, creating a wider team based on Barnet school pupils building capacity across the education system.

Drop-in

Barnet is currently working with young commissioners to develop a drop-in service that meets the needs of children and young people in the Borough. Our ambition is

to build accessible drop-in services for the school aged population, working with and stimulating the third sector, developing social enterprises and or traded services for sustainability. Children, young people and families will develop these as a co-production work stream.

Peer support

By 2020 Barnet aims to have developed a range of peer support programmes which are academically accredited. Barnet will work closely with CommUNITY Barnet voluntary sector and partners to ensure the right training is provided to those who offer peer support and the service is developed and commissioned for children young people their families and cares.

Eating Disorders

Barnet currently has a high quality eating disorder service but through transformation plans proposes to continue to improve the service by reducing waiting times to meet new guidance requirements, with treatment starting within a maximum of 4 weeks from first contact, or 1 week for urgent cases. By 2020 Barnet will have improved the number of children able to access services, preventing hospital admissions by increasing community provision.

As part of the Transformation Plan Barnet will roll out training for all eating disorder staff as part of the “Improving access to Psychological Therapies for children” (CYP-IAPT), provide outreach education training for eating disorders and provide telephone support for General Practitioners.

Care for the most vulnerable

The Transformation Plan will make sure the most vulnerable children and young people are included every step of the way; and that prevention and services meet their needs and if they need to move into adult services their transition is clear, easy and makes sense to them. This runs across all service areas, to ensure their mental health is appropriately supported, by timely assessment and treatment by the right level professionals. These young people will not be made to feel different from their peers, Barnet aims to ensure they have equal opportunities to their peers and are not disadvantaged due their emotional health and wellbeing.

Caring for the most vulnerable will focus on key vulnerable groups of children and young people, including children with learning disabilities, looked after children, young carers, children in need, children on child protection plans as well as first time entrants to the justice system and pupils at risk of exclusion. Early intervention in Psychosis will be developed working with sector colleagues as we address the out of hours emergency work stream, linking with adult services to ensure that transition is fully addressed.

F. Enablers for Change

To achieve the improvement in services across the priority areas outlined above there are some key changes required to enable real change, including building capacity, improved use of technology, improve ICT and an improved use of data.

Building Capacity

Over the next 5 years Barnet will develop a skilled workforce to improve identification of need and support to families across the borough. Barnet will also

work with families to build their resilience and capacity to prevent mental ill health and develop peer support networks.

To achieve this Barnet will build CAMHS capacity by providing education and training for professionals, especially across universal and universal plus services (tiers 1 and 2) from children’s centres and early year’s settings through to secondary schools and colleges.

Data quality, intelligence, outcomes and IT

A key enabler for change in mental health services for children and young people is a high quality information system that collects accurate data to inform service delivery and service user outcomes. The local health system is reliant on access to data from providers that demonstrate their effectiveness in meeting local needs and national standards of care high quality data and agreed outcomes are essential to improve services and to inform commissioning decisions. However the current data provided is not as robust as it could be, which reflects the national position and is why this is a “Future in Mind” and a local priority for Barnet.

Barnet will work with providers to implement the national minimum data sets and develop and agree local performance indicators and outcome measures. Barnet will also work with providers to develop the IT infrastructure and improve connectivity between partners. This will require specialist expertise in order to ensure effective delivery of change.

Technology

Children, young people and their families increasingly use technology and social media as their main form of communication, we recognise that they expect the services they are involved with to do the same. To engage our service users effectively Barnet will improve client facing technologies to provide services fit for the 21st century. Technology should be used to provide services, collect feedback, increase capacity and provide information for children, young people, professionals and families and carers.

Evidenced Based Practice

Working with practitioners, families/carers, children and young people and using NICE and best practice guidance and recommendations Barnet are revising care pathways from access to outcome. This work will need to be expanded to include families/carers, children and young people.

Barnet will benchmark current service provision against NICE and best practice guidance and quality standards, including “Delivering with and Delivering Well.”² Once a benchmark is established, a work plan will be included into the Transformation Plan.

G. Approach

To deliver the Transformation Plan over the next five years the commissioning of CAMH services will include;

- **Co-production of CAMH services** with children and young people and their families and carers. Barnet has trained a number of young commissioners who will work directly with the council and CCG to develop services, as well as

² Delivering With and delivering Well: CYaPT Principles in Child & Adolescent Mental Health Services: Values and Standards. CAMHS press. ISBN 978-09572096-9-5

having a range of participation forums including the Barnet Youth Board, Role Modal Army, Youth Shield and UK Youth Parliament.

- Continue with **joint working** when developing services, working closely with providers and other public sector organisations to deliver change across services for young people.
- Work closely with other local authorities and sector level management through the North Central London sector forum and across the local tri-borough (Barnet, Enfield and Haringey) to share best practice and develop joint commissioning arrangements.
- Develop a **system based approach grounded on children and young peoples’ needs** and not service boundaries, removing boundaries and delivery services based on the life course, from early years through to adulthood.
- Ensure assurance of the Barnet CAMHS Transformation Plan through sign off from the Health and Wellbeing Board and effective governance.
- Commit to **transparency**, publishing financial information, performance metrics and other relevant information.

There will be two key groups who will deliver the action plan outlined in the transformation plan. These are;

- A senior strategic CAMHS group (CCG and LBB) - to achieve an agreement on the way forward with the provider in regard to LBB contract and service re-modelling.
- The CAMHS core group, to deliver the service improvement plans

H. Transformation Funding

Some of the proposed changes outlined above are achievable without additional funding, whilst others require transformation funding to enable service change. The table below outlines the proposed planned spend of transformation funding.

Indicative budget 2015/16	New funding available	Investment planned
NHSE funding for plan when assured	497,773	
Eating Disorders	198,863	100,000
Crisis/Self Harm		158,636
Perinatal mental health allocation to be confirmed		TBC Additional funding is expected from NHSE
Child Sexual Assault		10,000
Early Intervention and Prevention		
Improving CAMHS support in schools (including peer support)		200,000
App/technology Communications		50,000
Developing a CAMHS Drop in		118,000
CYP-IAPT roll out completion		TBC additional funding will be available for training

Governance and “change management”: such as buying in national expertise.		20,000
Data, connectivity infrastructure		40,000
Totals	696,636	696,636

I Next Steps

The next steps to continue to deliver the Transformation Plan are to;

- Develop a detailed local implementation plan
- Engage with and incorporate service user, carer and community to facilitate Co Production of the Transformed local system
- Manage provider and service alignment to Transformation Plan locally and at sector level
- Recommission an out of hours offer for CAMHS
- Streamline CAPA and CYP-IAPT for better reporting of health outcomes measurements.
- Strengthen overall data collection and information systems and connectivity.

3. Introduction

The Barnet CAMHS Transformation Plan has been developed in response to the letter from Sir Bruce Keogh and Richard Barker³ in May 2015 which calls for “a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in *Future in Mind*”

‘Future in Mind’ clearly articulates the local Transformation Plan should cover all mental health for children and young people. *“Delivering the national ambition will require local leadership and ownership. We therefore propose the development and agreement of Transformation Plans for Children and Young People’s Mental Health and Wellbeing which will clearly articulate the local offer. These Plans should cover the whole spectrum of services for children and young people’s mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services”*.⁴

Barnet’s Transformation Plan aims to set a future vision for mental health services for Children and Young People and clearly articulate our offer and what we are going to do to improve services.

A review of Barnet CAMH services by UCL Partners in 2013/14 recognised that Barnet has a broad range of CAMH services, which are rated as good by service users but that there were opportunities for improvements across the service. A work plan was developed based on key recommendations from the review and is articulated in the Transformation Plan. Key areas for development were;

Early Intervention and Prevention: increasing evidence demonstrating investment in mental health services prevents short and long term costs. The average potential savings from early intervention in conduct disorders is estimated at £150,000 per child/adolescent who has conduct problems and are likely to be diagnosed to have a conduct disorder⁵.

Improving Barnet’s Resilience and Health and Wellbeing: Providing Parenting interventions, social and emotional learning programmes, school-based interventions to reduce bullying and other mental health interventions are known to produce substantial returns on investment⁶. These are key themes throughout the Transformation Plan. This plan will be reviewed on an ongoing basis for the five years from 2015 to 2020.

³ See www.england.nhs.uk/wp-content/.../transformation-plans-guid-lett.pdf

⁴ Future in Mind 2015: Section 1.14

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

⁵ Knapp M, Mcdaid D, Parsonage M. [homepage on the Internet]. 2011 [cited 2014 May 19]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215626/dh_126386.pdf

⁶ Knapp M, Mcdaid D, Parsonage M. [homepage on the Internet]. 2011 [cited 2014 May 19]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215626/dh_126386.pdf

4. The Vision for CAMHS in Barnet:

In consultation with children and young people Barnet has outlined a high level vision for the future of CAMH services which underpins every aspect of the Transformation Plan. The 5 key elements of the vision are;

- **A focus on prevention** – working with families from the earliest opportunity to support parenting and de-stigmatising mental health.
- **Services focused on children and young people and their families/carers** – A service which is centred “on” children and young people and involves them in everything about the service they receive, allowing them to reach their full potential.
- **Outcomes and evidence based support** – Using interventions that have been proved to work and deliver the outcomes children, young people, their families/ carers want to achieve
- **Seamless service from pregnancy to adulthood** – making sure agencies work together to offer a joined up service for young people that always aims to achieve independence.
- **A service fit for the 21st Century** – a flexible service which allows children, young people and their families/carers to access how and when they want to and using technology to support young people.

Inspired by the vision, the following key principles have guided the development of this document:

- **Children and Young Peoples Participation is central to the plan** – Trained Young Commissioners and the wider children and young people population, including the most vulnerable will continue to be the central voice guiding the Transformation Plan
- **Communications, Partnership and Accessibility:** a communication plan will be published on LBB and CCG web sites and will include a range of methods of contributing and feeding into the transformation of CAMHS.

Other key features of the transformation plan Transformation Plan are;

- **A system based on CYP need and not service boundaries:** removing barriers to service access and changing the nature of assessment, practice and delivery to develop service’s based on CYP “Life course⁷” needs and not just tiers of service provision.
- To have a skilled workforce and population who are able to **prevent mental ill health in children & young people**, by **building resilience** and by

⁷ The Life Course approach is a framework covering from pre conception and pregnancy to a child’s 19th birthday, or to 25 years old for young people in special circumstances, such as those with a disability who remain in education. The life course framework approach includes:

- Pre pregnancy
- Antenatal
- Early years and school readiness
- School years
- Emerging adulthood, adolescence to adulthood and independence

recognising early when help is needed and by making **access** to early help as easy as one click, phone call or walk-in or e-mail away.

- The most **vulnerable children young people**⁸ are included every step of the way; and that prevention and services meet their very special needs and if they need to move into adult services their **transition** is clear, easy and makes sense to them.
- Building CAMHS capacity by **education and training for professionals, developing a workforce which is skilled and knowledgeable.**
- Focus on promoting resilience, supporting parents to “do it yourself” and enabling children and young people to learn how to take care of themselves and where to find help and advice.
- To ensure the right services are in the right place and respond at the right time, including **crisis services 24/7** – following up when appointments are missed
- Barnet’s commissioners will work to **pool budgets, develop social enterprise, traded services, mutual and trusts** where possible to ensure sustainability. Strong commissioning and monitoring arrangements and reporting to the appropriate local governance structures representing both the NHS and Local authority.
 - No child attending a service unnecessarily
 - Keeping children and young people safe from harm

5. National Guidance and Local Service Reviews

This plan has been informed by national guidance and a series of local service reviews which are detailed below;

The following national guidance has informed the Transformation plan;

Future in Mind: promoting, protecting and improving our children and young people’s mental health.	2015
The Parliamentary Health Select Committee Report CAMHS Report	2014
Crisis Care Concordat	2014
September Government Task Force	2014
The Health Select Committee, following the report from the Chief Medical Officer	2013
NHS England Review of Inpatient bed	2013
Report on the Children and Young People’s Mental Outcomes Forum – Mental Health sub Group	2013
Children and Young People’s Health Outcomes Strategy	2012
No Health Without Mental Health: Implementation Framework	2012

⁸ Definition of vulnerable –Young carers, LAC, CIN, YOS, Physical and Learning dis, Sex Exploitation, Gang members, children of prisoners, children exposed to the toxic trio

The following local service reviews and assessments have informed the plan;

Health and Well-Being Strategy 2016 – 2020	June 2015
Barnet Joint Strategic Needs Assessment Refresh	June 2015
Children and Adolescent Mental Health Services (CAMHS) – Barnet: (26.01.2015) Dr Neel Bhaduri, DRAFT v2	Jan 2015
London borough of Barnet Early Intervention and Prevention Strategy	Aug 2014
Barnet: Child and Adolescent Mental Health Service – Action Plan	2014
Barnet Mental Health Need Assessment: Dr Jonathan Campion: UCL Partners	2014
Barnet CAMHS Needs Assessment and Scoping of Care Pathways	Dec 2013
Barnet Child and Adolescent Mental Health Services Strategic Direction and Action Plan	2013/16
Barnet’s Children and Young People’s Plan	2013/16
CAMHS Needs Assessment	2013
Barnet’s Health and Wellbeing Strategy, ‘Keeping Well, Keeping Independent’	2012/15

The plan has also been informed by:

- Review of current contracted services with activity
- Review of spot purchased services for specialist provision that is not available in current contracts
- Outcomes where available [limited due to poor quality of outcomes based data]
- The views of service users and the general population
- The views of professionals and those with expertise in the field.
- Self-assessment using the “Future in Mind” assessment tool kit that accompanied “Future in Mind”. This allows local areas to assess current status against 49 different key recommendations. The initial priority findings can be found in section 15. The self-assessment will be refreshed on an annual basis over the next five years to ensure we are making progress against this baseline.
- The Plan has been developed as a response to both national and local policy drivers and needs assessments as outlined below.

6. Communications and Partnership

Working in partnership to deliver services that are flexible and relevant to the needs of children, young people and their families is essential. This plan takes a partnership approach, which includes working across health, education, social care and the voluntary sector and with children, young people and their families/carers.

CCG and LBB officers have been working on this, and will continue to broaden the communication and engagement plan required to underpin the overall Transformation Plan.

6.1. Voice of Children and Young People

Barnet delivers a diverse range of participation forums which enable children and young people to have their voices heard.

- **Barnet Youth Board** - A representative panel of young people aged 13- 24 years acting as a voice for the wider youth community of Barnet. **Role Model Army (RMA)** - The RMA is Barnet's Children in Care Council.
- **Youth Shield** - Youth Shield is Barnet's Youth Safeguarding Panel for young people aged 14-25 years run by CommUNITY Barnet on behalf of Barnet Safeguarding Children Board (BSCB).
- **Barnet Young Commissioners** – A group of children and young people embedded within the commissioning cycle providing their unique voice and insight in to service specification and design
- **UK Youth Parliament (UKYP)**

Barnet residents, children and young people when consulted as part of the council's recent consultation on the 'Strategic Plan to 2020' where asked when faced with funding cuts, what the priorities for Barnet should be: residents felt there should be more investment in mental health services for children and young people. For full report of budget planning 2015/16 – 2019: Full council 14th March 2015. See link: <http://barnet.moderngov.co.uk/documents/s21538/Appendix%20B%20Consultation%20Headline%20Findings%20UPDATED.pdf>

Children and young people also chose mental health as a top priority at a recent Children's Trust Board event (March 2015).

6.2. Barnet Young Commissioners

Since April 2015 Barnet has a group of young people who have been “trained” in commissioning and are central to supporting the commissioning cycle. A recent brief includes young commissioners scoping what a “drop-in” provision, as suggested by Future in Mind - could look like. They will continue to play a central role in the five year plan.

Engagement with these groups is developing but already we have begun to understand some of the key issues and challenges young people have including:

- Young people voted mental health as one of their top service/needs priorities at a Children's Trust Board event.
- Young people support the ideas behind the implementation of the CAPA and improving Access to Psychological Therapies
- Young people are supportive of the re-modelling of CAMHS that invests in prevention and early intervention
- Transition to adult services is a challenge

6.3. Partnership Working

A communication work stream is in place to support the delivery of the Transformation Plan. This will include partnership engagement, consultation and inclusion. Methods under consideration include technology approaches such as innovative use of SMS or other web technologies such as social media and online resources and or “apps”.

Alongside co-producing the plan with children and young people, key will be that the Plan is both produced and owned by a multi-agency collaborative operating within Barnet which includes:

- NHS Barnet Clinical Commissioning Group
- The London Borough of Barnet
- Barnet Public Health
- Healthwatch Barnet
- NHS England (London)
- The Royal Free Hospital
- Barnet Enfield and Haringey Mental Health Trust
- Tavistock & Portman NHS Trust
- Central London Community Health NHS Trust
- Community Barnet

This will be widened as part of the five year plan.

7. Governance and Transformation Plan Development

7.1. Governance

The assurance process will require the Barnet CAMHS Transformation Plan to be signed off by the Health and Wellbeing Board.

NHSE in recognition that local Health and Wellbeing Boards (HWBB) may not “fit” within the timeframe required by the guidance for submission have agreed that the plan can be signed by any of the following the Chair of the HWBB, the Director of Children’s Services, the Director of Public Health, lead member for children’s services or the portfolio holder for health.

Operationally two key groups are in place to take forward this work;

- A senior strategic CAMHS group (CCG and LBB) - to achieve an agreement on the way forward with the provider in regard to LBB contract and service re-modelling.
- The CAMHS core group, to deliver the service improvement plan

The CAMHS Transformation Plan will be presented to:

- The CCG Clinical Cabinet for approval in October 2015.
- The Strategic Commissioning Board / Commissioning Board for approval in October 2015
- Health and Wellbeing Board for approval in November 2015

Submission of the Barnet CAMHS Transformation Plan to NHS England Directors of Commissioning and Operations is scheduled for October 16.

NHSE will be aiming to deliver ratification or amendments and further support to local Plans prior to resubmission in November 2015. The plan will need to be assured by NHSE to release funding to deliver the plan.

7.2. Development of the Transformation Plan

The table below outlines some of the key activity undertaken to development the Transformation Plan in its current form;

Date	Activity	Outline	Key Outcomes/ Messages
April 2015 onwards	Engagement with LBB Young Commissioners	Six sessions held with Young Commissioners to develop an awareness of priority issues in CAMHS and to hear their views on next steps and current issues for CYP	Want to see investment and no cuts for children with mental health issues. Supporting vulnerable seen as a good use of resources, especially prevention. Young Commissioners scoping what a “one stop shop” or “drop in” offer needs to look like in order to be effective
July 2015	Alignment with the Reimagining Mental Health work stream	This aligns to the “reimagining mental health” work stream and ensures transition planning is incorporated into the Transformation Plans (See Appendix 1 for “reimagining mental health”)	Focus on schools and access.
August 2015 onwards	North Central London CAMHS Network Teleconferences	Fortnightly teleconferences chaired by Barnet CCG in support of NCL based CAMHS commissioners engaged in creating local Transformation Plans	Need to align commissioning plans across areas of current collaboration is identified – i.e. Tri-Borough ⁹ commissioning (i.e. Eating Disorders) and across areas impacting on all North Central London (i.e. Crisis services or Child Sexual Abuse)
25 August 2015	Barnet CAMHS Core Group Consultation meeting	Barnet Clinicians and Third sector representatives involved in the delivery of CAMHS were consulted on areas of development, issues to address barriers to change and priorities.	Widespread agreement on priority areas of IT and infrastructures to address Minimum data set and information issues, CYP-IAPT model. Assessment of local and national level performance to inform priorities. Next steps for the engagement plan.
August 2015	BCCG Commissioning intentions engagement event	Public engagement event where Barnet residents were consulted on commissioning intentions for 2016/17	Maternal, Child Health and CAMHS commissioning intentions included. Publically agreed.
September	Out of Hours	This group is meeting over	Draft model, accident and

⁹ Tri-Borough refers to Barnet, Enfield and Haringey

2015	Service task and finish group	the next 6 to 12 months to assess the most appropriate model for local Out of Hours services, which may be rolled across the tri-borough.	emergency based. Future developments of an outward facing response.
August 2015	Crisis Care Concordat	Work on a sector and local crisis care concordat has commenced – with an initial focus on adult mental health. Work with NHSE London region covering crisis care and a potential sector level model are under development including CAMHS.	To include CAMHS and transition
30 September 2015	Barnet CAMHS Transformation Plan Engagement event	Launch of Barnet Transformation Plan - and consultation prior to its submission to NHS England. Attendees include local commissioners, statutory and third sector service providers, consultative groups, children young people representatives to contribute to the draft plan.	First of a series of public facing opportunities to encourage engagement and involvement with the development of the Transformation Plan
16 October 2015	The Barnet Transformation Plan submission to NHSE is scheduled by the 16 th October		Submission of the finalised Transformation Plan to NHSE
October/ November 2015	Publication of the Transformation Plan		

8. Local Needs

The Transformation Plan has been developed based on the local need within Barnet. There is a wide range of data available that has been used alongside professional advice and service user input to develop the transformation plan.

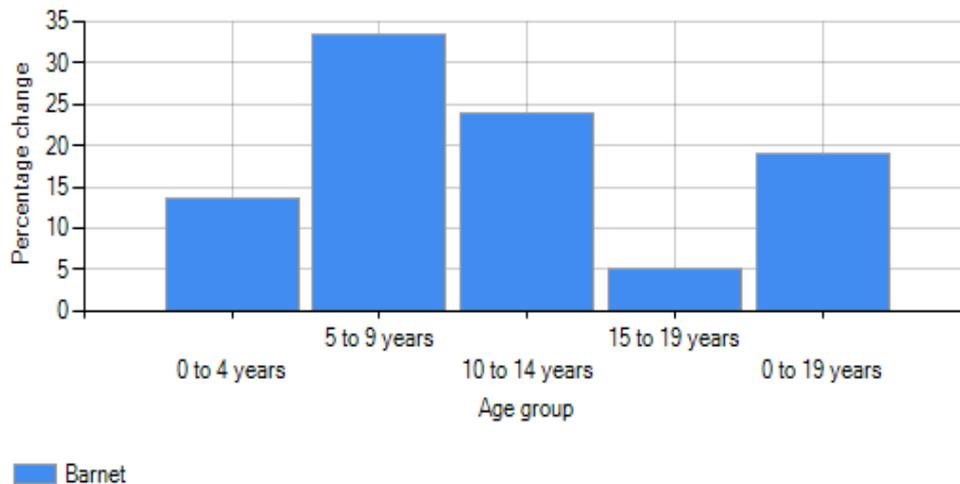
8.1. The Barnet Joint Strategic Needs Assessment (JSNA) 2015 and UCL Partners 2014/15

Barnet is now the largest London borough and still growing.

- There are around 94,940 children and young people in Barnet.
- The population of children under the age of 19 is projected to increase from 94,940 in 2013 to 102,978 by 2018, - 8.5%; which has implications for service provision, as shown in the graph below.

- The greatest population growth is in the 5-9 year olds followed by 10-14 year olds.
- There are more boys than girls in all age groups.

Projected population: percentage change between 2011 and 2021



UCL Partners

UCL Partners Mental Health Informatics Platform was commissioned to assess the mental health needs of Barnet in primary care, secondary care, social care and public health. Highlight findings are outlined below.

Child and adolescent mental disorder

- Estimated annual costs of crime by adults in Barnet who had childhood conduct disorder or sub-threshold conduct disorder: £381.8m
- Expenditure rate per 100/000 in Barnet (£1.1m) was mid-range for London boroughs
- Estimated net savings from parenting interventions to every parent of a child with conduct disorder in Barnet would be £28.1m with £22.6m of savings accruing to criminal justice

Social care

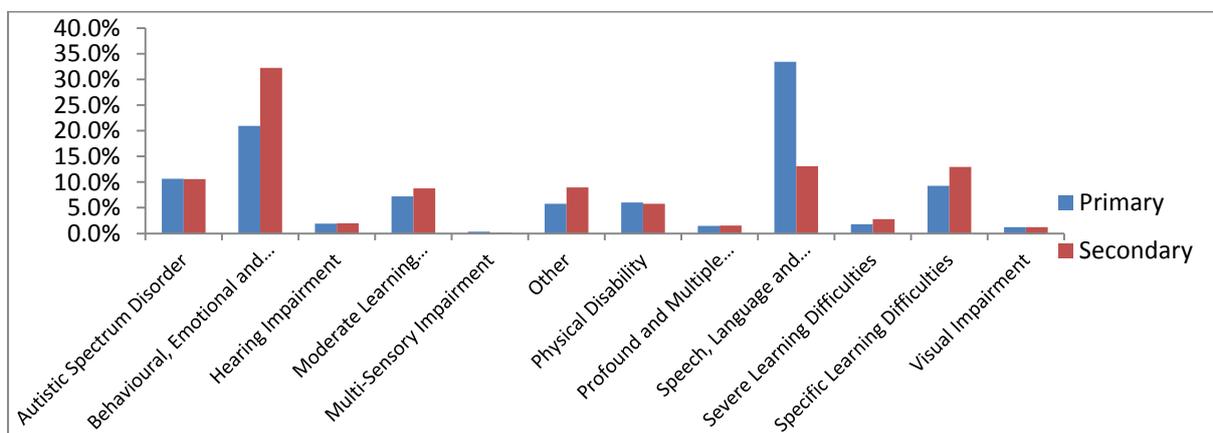
- Social care mental health clients receiving services per 100,000 population in Barnet was mid-range for London

Local level of risk factors/groups

Certain factors are associated with increased risk of mental disorder and poor wellbeing. Addressing such factors can reduce associated risk such as parental mental disorder which affects more than 36,000 parents in Barnet. Child abuse, another risk factor in Barnet amounts to:

- More than 12,000 11-17 year olds estimated to have experienced abuse
- More than 6,000 under 18's estimated to have experienced non-consensual sexual intercourse or touching before age 16
- Proportion of children and adolescents in Barnet who have experienced different types of abuse who were subject of a Child Protection Plan: 1.6%

- Higher risk child and adolescent groups
 - Looked after children: Average mental health score of looked-after children worse in Barnet (13.9) is similar to national average (13.8)
 - Children with Special Education Need: Higher proportion in Barnet (20.7%) than London (19.1%) or national (18.7%)
- Special education needs: Barnet has four State-funded special schools and three Pupil Referral Units. Across all pupils with Special Educational Needs (SEN) in Barnet, the highest proportion of needs in primary schools are Speech, Language and Communication; in secondary the highest proportion of needs are in Behavioural, Emotional and Social Difficulties.
- Of the 1,751 school aged pupils with special education needs, 57% (997) are in mainstream schools. The graph below shows the percentage of children in mainstream primary and secondary schools with a special education need in 2014.



Joint Strategic Needs Assessment 2015

The JSNA 2015, also outlined the following headline findings about children and young people in Barnet;

- **The high rates of population growth for children and young people (CYP) will occur in wards with planned development works and are predominantly in the west** of the Borough. The growth of CYP combined with **benefit cuts will place significant pressure on the demand for services** from children’s social care and specialist resources from other agencies (notably health).
- Domestic violence, parental mental ill health and parental substance abuse (toxic trio) are the most common and consistent contributory factors in referrals into health and social care. **Effective prevention and early intervention could help to reduce impact on CYP and their families** and minimise referrals to children’s social care and other specialist services within health and criminal justice system.
- **Child poverty is entrenched in specific areas of Barnet (notably west);** targeted multi-agency, locality based interventions could better support families.

- **The Young Carers Act and Children and Families Act 2014** represent significant reform of care and support to children and young people with special educational needs and disabilities, and those caring for others. It is expected to raise the expectations of parents and carers. This **will represent a challenge to the Local Authority and partner agencies.**
- The number of post-16 pupils remaining in special schools is placing **pressure on the availability of places for admission of younger pupils.**
- **Neglect** is the primary reason for children and young people to have a child protection plan.
- Key characteristics have been youth violence or gang related activity, male adults ‘talking’ to young females and boys through the internet.
- There is a strong correlation between children who go missing and those known to be victims and or at risk of CSE

8.2. Estimated Need for Services in Barnet

The table below shows, an estimate of the number of Barnet, children and young people potentially requiring a CAMH service by tiers based on national data. Although the proposal aims to move on from the tiered model, the current need information is presented in tiers as this is how it has been collected historically.

Barnet estimated need for services across the CAMHS tiers for Barnet children under 17 years^[1].

	Tier 1	Tier 2	Tier3	Tier 4
Barnet	12,800	5,975	1,580	65

Prevalence of Mental Health Disorders in Barnet Children and Young People calculated from national prevalence data where available, estimates are rounded up the nearest five.

PRE-SCHOOL CHILDREN

Children aged 2-5 years living in Barnet with a mental health disorder estimated to be 4,120 children^[2]

SCHOOL-AGE CHILDREN

“Prevalence rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria, the disorder causing distress to the child or having a considerable impact on the child’s day to day life.

Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems.

Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and sex in Barnet. Note that the numbers in the age groups 5-10 years and 11-16 years do not add up to those in the 5-16 year age group as the rates are different within each age group”.

^[1] Children and Adolescent Mental Health Services (CAMHS) – Barnet: (26.01.2015) Dr Neel Bhaduri, DRAFT v2

Estimated number of children with mental health disorders by age group and sex

	Aged 5-10 years	Aged 11-16 years	Aged 5-16 years
All	2,155	2,965	5,160
Boys	1,470	1,695	3,175
Girls	695	1,275	2,020

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid-year population estimates for 2012 (local authority report). Green, H. et al (2004).

Prevalence Rates of Mental Health Disorders ¹⁰

It is important to note that the prevalence dates are out of date, but will be reviewed and plans will be altered in line with the findings from the new perseverance data due out in 2017.

As an indication of future service requirements the estimated proportion of children and young people to have conduct, emotional and hyperkinetic and less common disorders in Barnet are as follows:

- conduct disorder: 5.8% (3022, 5 – 16 year olds¹¹)
- emotional disorder: 3.8% (2,014 5- 16 year olds)
- hyperkinetic disorder: 2.2% (1,149, 5 – 16 year olds)
- other less common disorders¹² (730)
- overall admission rate (per 100,000) for mental disorders for under 18 years in Barnet is 167.6, which is 2nd highest in London compared with London at 87.1 and England at 87.6 (see below).
- expenditure rate on child and adolescent mental disorder was £1.1m which was mid-range compared to most other London Boroughs
- the most prevalent conditions are Conduct Disorder at an estimated 3,095 5- 16 year olds and Mixed Anxiety and Depressive disorder at an estimated 1,405 16 – 19 year olds.
- Nationally known higher rates of mental ill health are found in young people with Learning Disabilities; with Special Educational Needs; who are looked after; homeless or sleeping rough; who attempt suicide or self-harm or; who are in the youth justice system.
- For Children in Need with a disability, the highest percentage had a learning disability (25%) or autism (25%)¹³.

Estimated number of 16 to 19 year olds with internalising disorders in Barnet¹⁴

	Males	Females
Mixed anxiety and depressive disorder	435	970
Generalised anxiety disorder	135	90

¹⁰ Extracted from Children and Adolescent Mental Health Service (CAMHS) – Barnet (26.01.2015) Dr Neel Bhaduri, Draft V2

¹¹ Children and Adolescent Mental Health Services (CAMHS) – Barnet DRAFT (14.01.2015) Dr Neel Bhaduri, Draft V1

¹² Barnet CAMHS NEEDS ASSESSMENT V2

¹³ Barnet public health 2015 - tbc

¹⁴ Source: Office for National Statistics mid-year population estimates for 2013.

Depressive episode	80	215
All phobias	55	165
Obsessive compulsive disorder	80	75
Panic disorder	45	50
Any internalising disorder	730	1,500

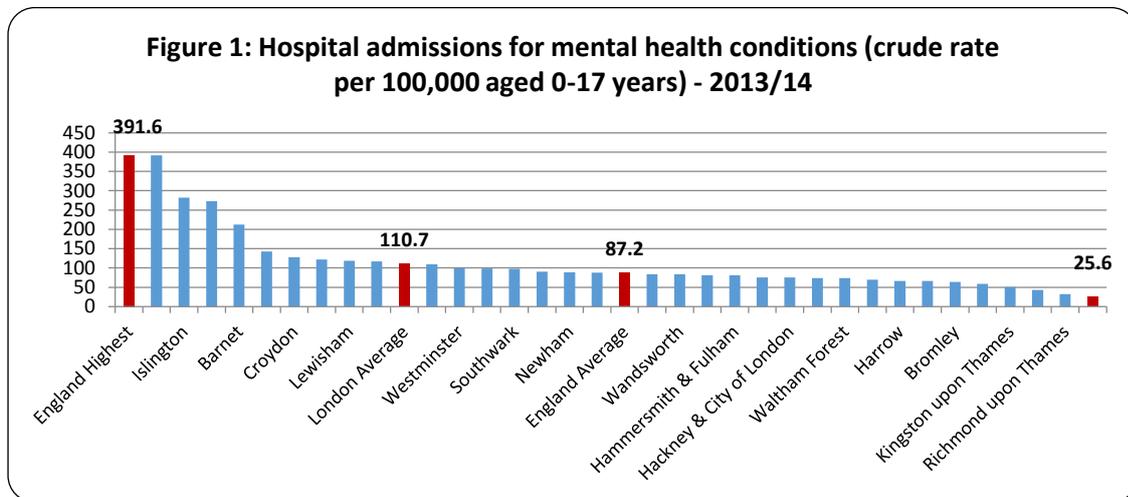
8.3. Current Activity

Although the level of activity does not directly demonstrate the prevalence of mental health issues or local need, it gives a good indication of local demand for services.

Hospital admissions for mental health conditions

The table below shows the number of hospital admissions for under 18 year olds recorded as having a mental health condition, compared by London boroughs. Barnet is 4th highest. This highlights the importance of working with the wider commissioning network.

Admissions for under 18 year olds in Barnet with mental disorder (2013/14)



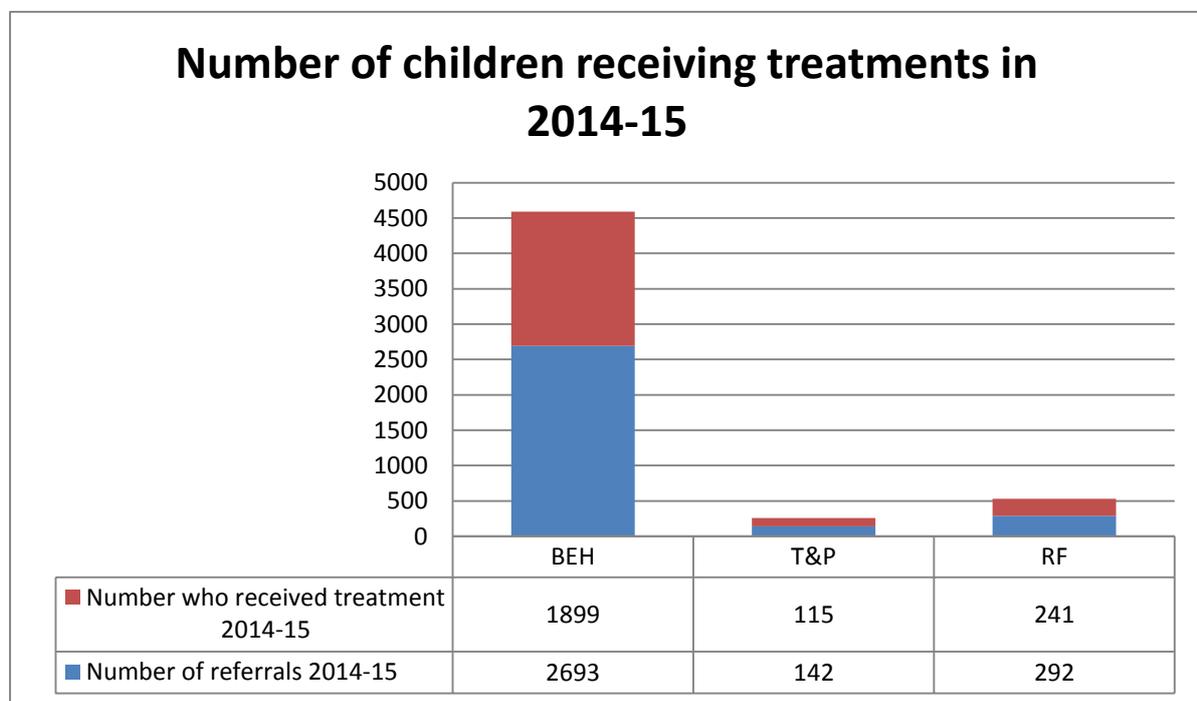
8.4. CAMHS Referrals

The table and graph below shows the number of referrals made to Barnet CAMH services with the number and percentage of accepted referrals for 2013-14 and 2014-15.

The table demonstrates that the number of referrals increased from 2709 in 2013/14 to 3127 in 2014/15 (an increase of 15%), whilst the number receiving treatment increased from 2078 in 2013/14 to 2255 in 2014/15 (an increase of 8%). Hence there is a decrease in the number who were referred who received treatment in 2014/15.

The table also illustrates that in 2014/15, the percentage who received treatment who were referred was highest for service provide by the Royal Free (83%) and lowest in services provide by the Tavistock and Portman (49%).

Provider	Number of referrals 2013-14	Number who received treatment 2013-14	% received treatment 2013-14	Number of referrals 2014-15	Number who received treatment 2014-15	% received treatment 2014-15
BEH	2288	1720	75%	2693	1899	71%
T&P	152	115	76%	142	115	80%
RF	269	243	90%	292	241	83%
Total	2709	2078	77%	3127	2255	72%



9. Current Commissioning Arrangements

Barnet has a joint approach across NHS, Barnet CCG and the London Borough of Barnet to commission CAMH services. Commissioning of CAMHS is led by the Head of the Children’s commissioning who works across both organisations.

CAMHS provision is funded by both LBB and Barnet CCG and provided through a range of contracts with three main provides (Barnet Enfield, Haringey Mental Health Trust (BEHMHT), Tavistock and Portman NHS Trust and Royal Free London NHS Trust) as well as “spot purchasing” for specialist assessments and services that are not provided within current contracts.

Barnet services currently commission: tier 1 as part of the Healthy Child Programme 0-19 delivered by Health Visitors, Children Centre staff and School Health Services, and Tier’s 2 and 3 services. Tier 4 services are commissioned directly by NHS England with liaison via a Case Manager from the Specialised Commissioning section of NHS England’s Area Team.

This section of the Transformation Plan includes an overview of the current services we offer, the current investment in service and the number of children and young people who currently access services, as well as local population need.

The pace of change in terms of CAMHS strategic and policy development is rapid, and Barnet have commissioned a number of CAMHS reviews and strategies over the last three years. From these a CAMHS Action Plan was developed in January 2015. This has been substantially updated based on recent publications and evidence base to develop this Transformation Plan 2015-2020.

It is worth noting the considerable synergy between the original action plan and both Future in Mind and the Transformation Plan guidance.

10. Sector Wide Work, TRI Borough (Barnet, Enfield and Haringey) and Local Management

There is a record of good working across local boroughs to commissioning CAMHS, with a range of sector level and cross borough arrangements.

Sector Level Management: A quarterly Commissioners meeting for North Central London sector is a forum that provides an opportunity for aligning actions that are common across the area. Performance data is provided on a monthly basis.

Tri Borough Management: Tri borough meetings (Barnet, Enfield and Haringey) take place quarterly – these meetings are currently held to review the Key Performance Indicators and data reporting mechanisms for areas of tri borough operation

Priorities for joint commissioning across the tri-borough are:

- Crisis services
- Paediatric liaison
- Autistic Spectrum
- Council commissioned services
- Eating Disorders across the five boroughs

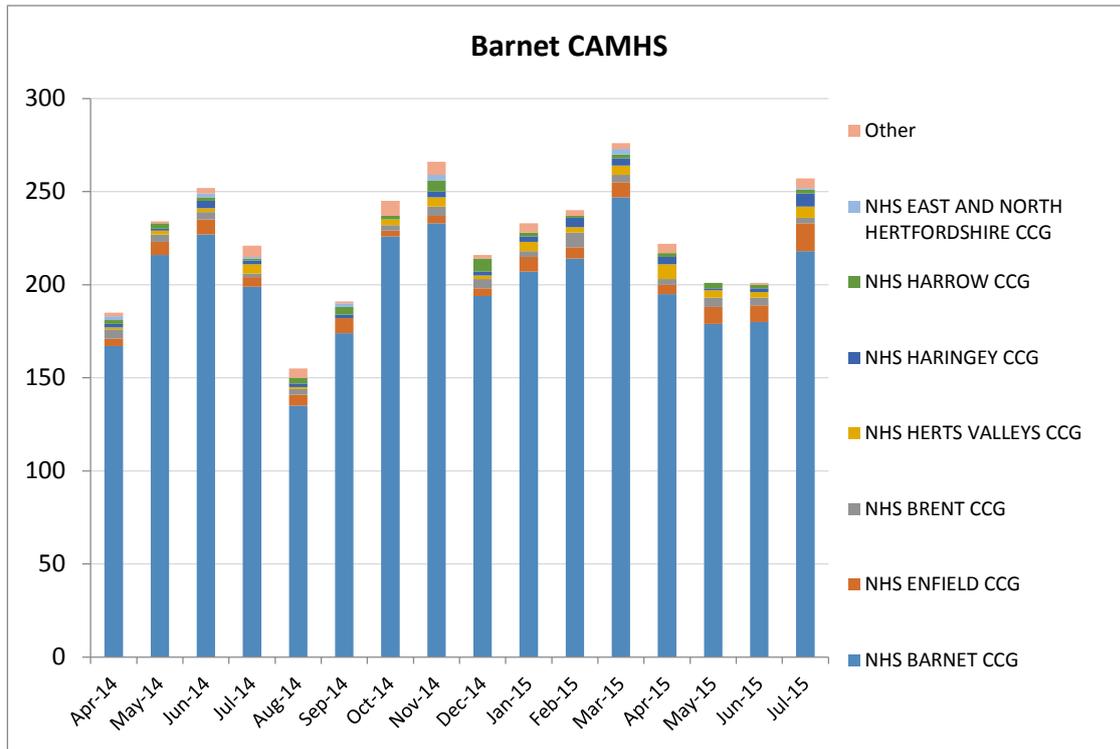
Local management: The CAMHS Core Group meets bi monthly; this is an operational group taking responsibility for implementing and monitoring the Transformation Plan. The Health and Wellbeing Board will receive regular progress against prioritised areas.

The table below highlights sector wide contract arrangements and lead responsibilities.

Contract	Lead
Tri-borough contract, Barnet Enfield and Haringey (large block contract including adult services)	Locally Enfield commissioners
Royal Free London Eating Disorders Service a five borough arrangement (as part of the acute block contract)	Locally Barnet commissioners

In Barnet CAMHS approximately 10.7% of referrals are from other CCGs. On average Brent and Herts Valley are the main referrers. Therefore working across a wider range of CCGs is essential, this is particularly important when developing emergency and crisis care services. Accident and emergency departments accept all attendees, which includes CAMHS emergencies.

The table below shows the referral pattern across local CCGs.



10.1. Voluntary and Community Sector Involvement in CAMHS

There is a large and active voluntary and community sector in Barnet, with a wide range of services working with children and young people. The sector has regular “CYPNet” forum supported by CommUNITY Barnet, which facilitates information sharing and joint working. Three voluntary sector representatives are represented on the CAMHS Core Group, and an update on the Core Group’s work programme is provided at each “CYPNet” meeting.

The Voluntary and Community Sector have an important role in supporting mental health and wellbeing across universal and universal plus services. In order to improve early intervention and prevention services Barnet must work closer with the community and voluntary sector, building their capacity to support children and young people in Barnet.

10.2. Finance - Current Position

Barnet Children’ Adolescent Mental Health Service (CAMHS) is currently funded between the London Borough of Barnet (LBB) local authority and Clinical Commissioning Group (CCG), with the CCG funding the majority of the service.

The current expenditure of CAMHS is estimated to be **£5,625,105.00**

Of that the contributions are:

LBB	£1,141,823.00	20.3% of the total
CCG	£4,483,282.00	79.7% of the total

To date the estimated contract breakdown is as follows;

- Barnet Enfield Haringey Mental Health Trust, Tier 3, CCG expenditure value is 90% **£3,394,510** which crudely equates to **£214 per contact**
- Barnet Enfield Haringey Mental Health Trust, tier 2, LBB expenditure value **£970,000**
- The contract for Tavistock & Portman NHS Trust, Tier 3, expenditure value 6% has been renegotiated from a cost and volume to a block contract. The new contract value is **£582,806** (Adult and Children block contract).
- Royal Free Hospital, Tier 3, 3.5 and 4: 4% **£613,645**
- Tavistock and Portman tier 3, 3.5 or 4 for education behaviour management at Gloucester House :**£306,360**
- Both the CCG and LBB undertake a small number of spot purchases – that is individual case by case funding where requirements are not with in current contractual provision - full cost is to be established.

10.3. Specialised Commissioning (Tier 4) Expenditure and Activity

- Tier 4 services provide care for the most complex children and young people. The provision includes low to medium secure services, eating disorders, intensive care and highly specialised services for deaf children and young people. In 2014/15 NHSE reports that over £900k was spent for children and young people placed in a Tier 4 setting.
- Data from NHS England Specialised Commissioning shows that the total spend for 2015/16 (Q1) for Barnet CCG CAMHS Tier 4 is £314,092 which is the highest in London.
- Barnet CCG CAMHS bed days for 2015/16 is ranked as the highest in London with 591 bed days in Q1. 18% of the national number of beds is in London.
- Barnet CCG will work with NHSE to commission relevant admission to tier 4 beds, identify local service developments to support young people in borough.

The table below shows the London tier 4 providers with the number of in-patient and type of provision beds for 2015-2016.

London/Regional T4 CAMHS Inpatient Services 2015-16

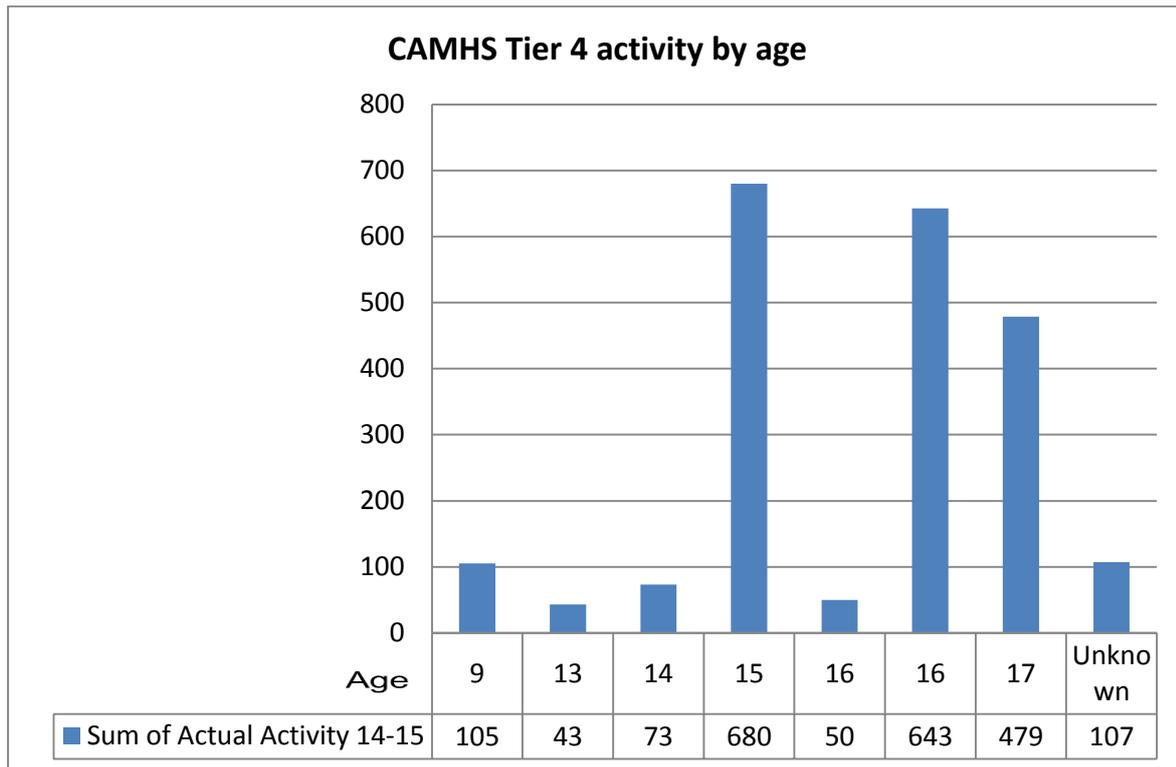
Reported by NHS England October 2015

Provider	Unit	Beds	Contract
Barnet Enfield & Haringey MHT	Beacon Centre	13 acute adolescent 3 high dependency (HDU)	London
Central & north West London FT	Collingham Gardens Children & Family Unit	10 for under 12's only	
East London FT	Coborn Centre	12 Acute adolescent 3 psychiatric intensive Care (PICU)	
Great Ormond Street FT	Mildred Crook Unit	10 acute care	
North East London FT	Brookside Adolescent Unit	14 acute adolescent 3 HDU	
Oak tree Common Ltd	Ellern Mede	22 eating disorders	
South London & Maudsley FT	Acorn Lodge Children's Unit, Bethlem Adolescent Unit, Snowsfield Adolescent Unit	10 for under 12's only 12 acute adolescent 12 acute adolescent	
SW London & St George's MHT	Aquarius Unit Wittena Unit	10 acute adolescent 12 eating disorders	
Whittington Health NHS Trust	Simmons House	12 acute adolescent	
West London MHT	Wells Unit	10 medium secure	
Partnerships In Care	Oakview Hospital London, Rhodes Farm	15 low secure 22 eating disorders	East Anglia
Cygnets Healthcare	Cygnets Ealing	28 eating disorders (16-18)	BNSSSG
Priory Hospital Group	Priory North London Priory Roehampton	20 acute adolescent 12 acute adolescent 10 eating disorders	Wessex

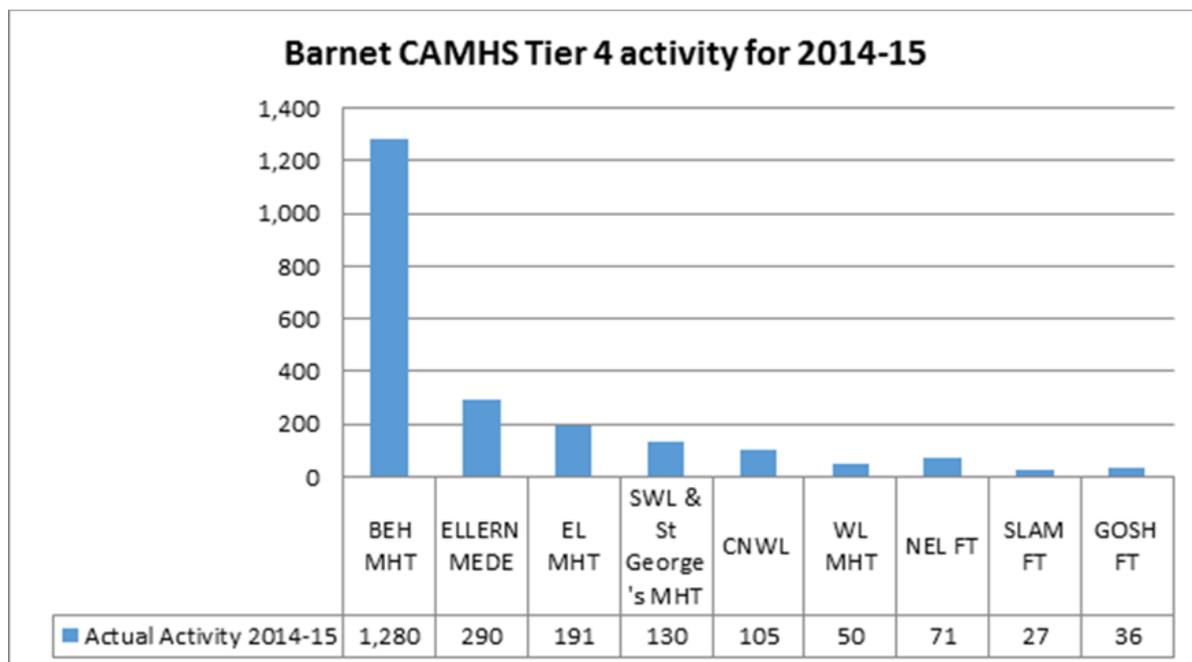
In 2014-15, for Barnet there were:

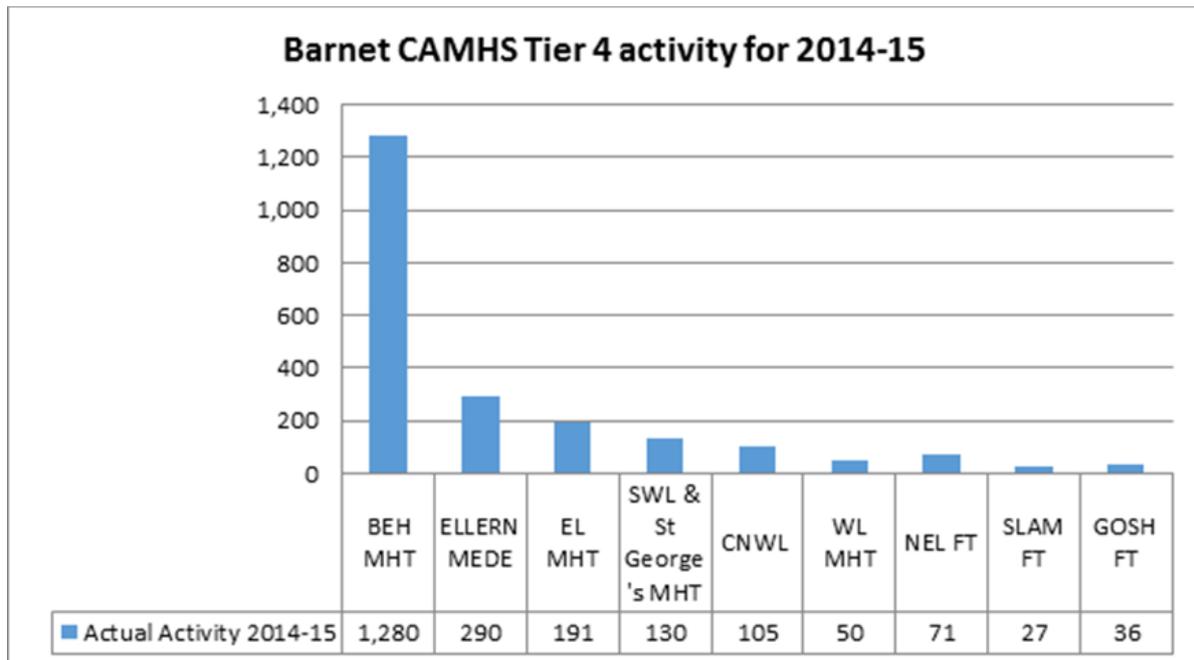
- 2,180 – number of young people in an inpatient facility, 50 were in a secure setting

The graph below shows that of the 2,180 children, the majority were in the 15-17 year old age group.



For 2014-15 the total activity by provider is shown in the table below.





Barnet will:

- Work with NHSE to understand what can be done locally to prevent children and young needing inpatient beds.
- Work with NHSE to do a deep dive of cases, across the child's life course to identify preventative measures that could be provided locally
- Working with tier 3 providers and NHSE, using the learning from the above understand what local services could be developed to meet identified issues.
- Using the learning from above, working with health, education and social care partners, identify prevention and early interventions that may have prevented the inpatient admissions

11. Current Service Model

The Social Care Institute for Excellence in 2011 described CAMHS as;

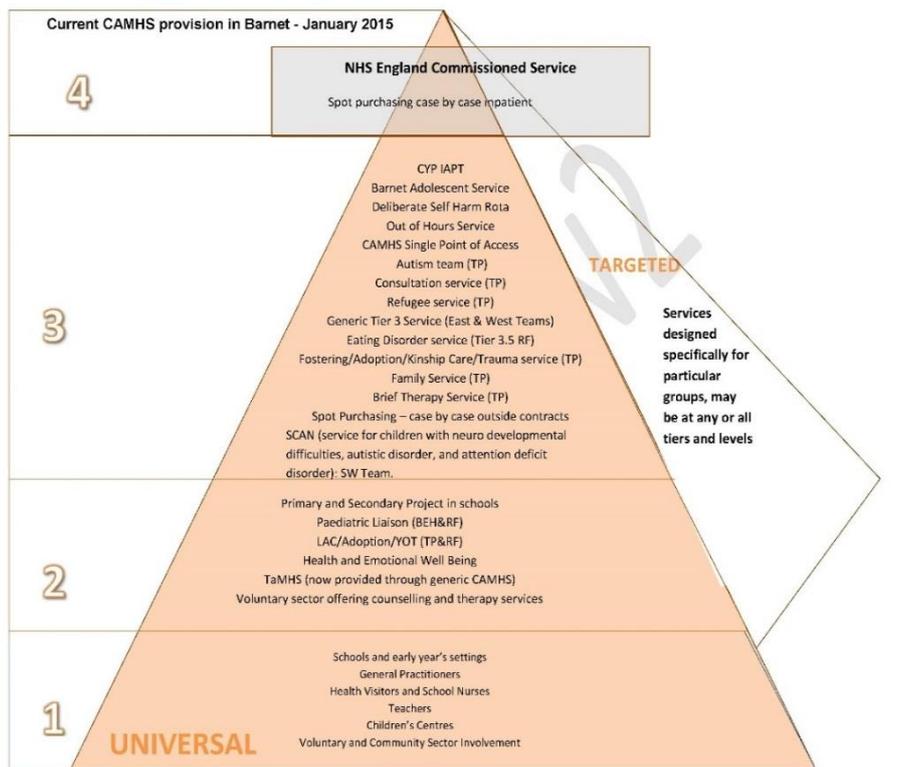
"... is made up of targeted, specialist services for children and adolescents, in addition to primary care (e.g. GPs, school nurses and child health), along with other services based in non-health sectors. These include youth offending teams, behaviour and education support teams, pupil referral units, looked-after children services, along with secure and other residential settings, including youth justice."

CAMHS is usually described in four tiers:

- **Tier 1:** General advice and treatment for less severe problems, provided by universal services (e.g. GPs, health visitors, teachers, social workers).
- **Tier 2:** Practitioners offer consultation to families, outreach to identify severe or complex needs which require more specialist interventions. Practitioners tend to be CAMHS specialists working in the community and primary care

- **Tier 3:** Provide specialist services for children and young people with more severe, complex and persistent disorders. This is usually provided by multi-disciplinary team.
- **Tier 4:** Tertiary level services for children and young people with the most serious problems, such as day units, specialised outpatient and in-patient teams.

The diagram below demonstrates the current Barnet CAMH services across the tiers



As recommend in “Future in Mind” Barnet are moving to a needs based approach which may be the THRIVE model. However the Early Years, Health and Wellbeing sub-group are remodelling the Children’s Centre local offer using the “Healthy Child Programme¹⁵” framework. This will form a work stream in the Transformation Plan. The model will be designed and agreed, with children and their families/cares through the Barnet CAMHS Core Group, and then presented across health, education and social care to Barnet wide agreement.

Following on from the above model, Barnet CAMHS provides a wide range of services which are generally recognised in all reviews as providing:

...a “broad range of CAMH services”, which are rated as good by service users.

Services commissioned are shown in the table below with the name of the service and provider with their function (as of September 2015)

Barnet Commissioned services

¹⁵ <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

http://www.rcpch.ac.uk/system/files/protected/education/HCP_from-5-19-years-old.pdf

Service	Provider	Function
Single Point of Access	ALL	All providers meeting weekly to review, triage and process all referrals.
Primary/Secondary Projects in schools	Barnet, Enfield & Haringey Mental Health Trust (BEH)	A multi-disciplinary team of mental health professionals working closely with children's services (schools, Social Care, youth services, Youth Offending, Safeguarding teams and community groups)
Looked after children	BEH	A multi-disciplinary team including clinical psychology team to provide assessment and short term therapeutic interventions and monthly consultation sessions for social workers, and staff in residential children's homes.
Paediatric Liaison	BEH	The team offers an emergency and routine in-patient and out-patient service to Galaxy ward and Starlight Neonatal Unit. The remit is to work with young people and families where there are psychological difficulties in relation to physical health problems, where the young person is under the care of Paediatrics.
Service for children and adolescent with neuro developmental difficulties, autistic, and attention deficit disorder (SCAN)	BEH	Provides a service for children/young people with severe learning disabilities and neuro-developmental and autistic conditions where the degree of impairment is significant and coupled with mental health problems.
Generic Tier 3 Service	BEH	Provide assessment, treatment and support of the mental health, behavioural and emotional well-being needs of children and young people aged from 0-18 years.
Barnet Adolescent Service (BAS)	BEH	The service is for children and young people aged from 13-18 years and their families. For young people with a wide range of mental health problems, disorders and illnesses, who require the help of a multi-disciplinary mental health service
Out of Hours	Royal Free Hospital (RF)	To provide an out of hours service for children and young people experiencing mental health difficulties from 5 pm to 9 am weekends and Bank Holidays, presenting in accident and emergency in RF
Paediatric Liaison	RF	The CAMHS paediatric liaison service focuses on the mind/body interface. This service offers consultation to a range of referrers at the Royal Free London NHS Foundation Trust and GPs who are working with children and adolescents with acute, chronic or life-limiting physical conditions. The team commonly receive referrals from colleagues in paediatric gastroenterology, diabetes, haemophilia and the neonatal unit. Assessments and therapeutic interventions are offered.
Eating Disorder	RF	The service provides young people with anorexia nervosa, bulimia nervosa or atypical variations of these disorders, to recover fully in the community. The service consistently achieves excellent clinical outcomes and satisfaction ratings from our patients and their parents.

Generic CAMHS	RF	Provide assessment, treatment and support of the mental health, behavioural and emotional well-being needs of children and young people aged from 0-18 years.
Brief Therapy	Tavistock & Portman NHS Trust (TP)	Offers a psychotherapy service.
Family Service	TP	This is a service to assess parenting and family interactions, and support for families through therapy and supervised contact to help children and young people achieve their potential.
Fostering/adoption/kinship care/trauma service	TP	Service for looked-after children and young people and their carer's, adoptive families and children in the care of their extended families or friends (kinship carers) who are experiencing emotional or behavioural problems.
Refugee service	TP	The Refugee Service provides a culturally sensitive service to refugees and asylum-seeking people in Barnet and other London boroughs. They work closely with cultural advocates and interpreters.
Autism Team	TP	A range of different therapists who provide therapy for children and young people with developmental difficulties

11.1. Workforce

The table below shows the staffing breakdown by provider delivering the model above (as of September 2015)

Discipline	BEH	RF (Eating Disorder)	RF (General CAMHS)	RF (Funded)	T&P*	TOTAL WTE
Medical	10.7	2.4	3	5.12		
Dietetics		0.43		0.43		
Nursing	5.45	14	0.8	14.8		
Clinical Psychologists	26.6	1.4	2.3	3.7		
Art Therapists	1					
Counsellors	2.5					
Child & Adolescent Psychotherapists		1.2	1.6	2.8		
Associate Practitioner		4		4		
Parent Infant psychotherapists						
Psychologists						
Family Therapists				1.9		
CBT therapists						
MST therapists						
Educational Psychologists						

Social Work						
Assistant Psychologists						
Administrators	7.13			3.5		
Secretary	4.1					
TOTAL	57.48	23.43	7.7	36.25		88.61

**For the Tavistock and Portman Services cases are allocated case by case, therefore staff are not identified as a service specific professional.*

New Approaches to CAMH Service Provision;

Barnet will, with, sector wide commissioners move away from a tired approach. We are at the early stage of considering how this will be developed and then implemented. Children, young people and their families/carers are essential to co-produce the new approach. We anticipate that building on our single point of access and the plans for a drop-in service will facilitate a needs based approach that is responsive and appropriate.

“Future in Mind” recommends building the transformation of CAMHS using quality standards and service improvement methodologies, which include Children’s IAPT¹⁶, THRIVE Model¹⁷ and CAPA¹⁸ <http://www.capa.co.uk/> and ‘You’re Welcome’ standards, <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>.

This sets the ambition for a new model as the Barnet vision is to move away from tiers to providing a quality needs based service.

Barnet will continue to roll out children’s CYP-IAPT and CAPA, revitalise the use of Your Welcome Standards and work with the sector to move away from tiers.

Barnet will also explore adopting the THRIVE Model and National CAMHS Dynamic modelling system to improve services.

THRIVE Model¹⁹

Developed by the Anna Freud Centre and the Tavistock and Portman NHS Trust. Thrive aims to replace the Child and Adolescent Mental Health Services (CAMHS) tiered model with a conceptualization that is aligned to emerging thinking on payment systems, quality improvement and performance management.

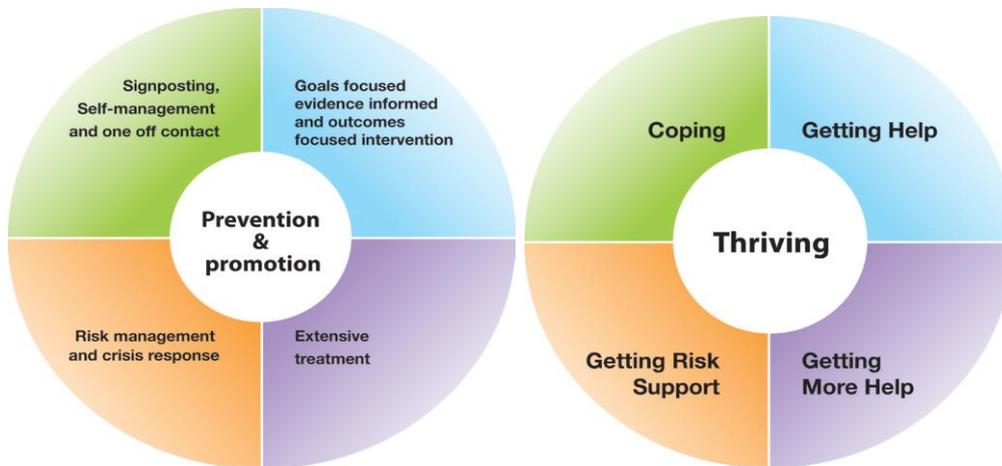
The term THRIVE reflects a service model that is committed to provision that is **Timely, Helpful, Respectful, Innovative, Values-based** and **Efficient**. The THRIVE MODEL is shown below:

¹⁶ See <http://www.cypiapt.org/children-and-young-peoples-project.php>

¹⁷ See http://www.ucl.ac.uk/ebpu/docs/publication_files/New_THRIVE

¹⁸ <http://www.capa.co.uk/>

¹⁹ See http://www.ucl.ac.uk/ebpu/docs/publication_files/New_THRIVE



The model outlines groups of children and young people based on the type of support they may need and attempts to draw a clearer distinction between treatment and support. Rather than an escalator model, as in tiers of increasing severity or complexity, the “Thrive model” seeks to identify resources to meet the current needs and choices of children and families.

The CAMHS Dynamic Modelling Tool:

The CAMHS Modelling Tool helps NHS commissioners and local authority partners to plan and improve child and adolescent mental health services (CAMHS) in their area. The modelling tool enables commissioners to devise and test plans to improve services to meet the needs of under-18s with mental health problems. It is designed to work across all service areas including health, education, local authority and the third sector.

Barnet has signalled an expression of interest in accessing and utilising the National CAMHS Dynamic modelling system. Further details on the availability of support to use the tool are anticipated in early October 2015.

12. [The Transformation Plan: Priorities, Headlines and Actions](#)

This section outlines Barnet’s priority areas and how the CCG and council plan to invest the transformation funding to deliver its vision for improved CAMH services by 2020.

Barnet has developed its key priorities aligned to those outlined in the ‘Future in Mind’ report. The priority areas for focus in the Future in Mind report, detailed in the self- assessment tool, are;

- Improving access to effective support
- Care for the most vulnerable
- Promoting resilience, prevention and early intervention
- Accountability and transparency
- Developing the workforce

Within these priority areas, the following key themes are emphasised;

- Improve technologies and data collection
- Accountability and governance
- Prevention early identification and evidenced based interventions
- Promoting resilience

- Care of the most vulnerable
- Eating disorders or crisis, self-harm emergency care
- Perinatal Mental Health
- The roll, out of children's CYP-IAPT

Barnet's Transformation Plan priorities have been guided by the above recommendations from Future in Mind, alongside a detailed understanding of local need. Barnet's local service priorities are to improve;

- Access to Perinatal Mental health service
- Crisis care
- Self-harm support
- Early intervention and prevention services (including CAMHS in schools, drop-ins and peer support)
- Eating disorders
- Care for the most vulnerable

The following enablers are priority areas for Barnet improvement in order to transformation the services outlined above;

- Data, intelligence and IT
- Building Capacity
- Technology
- Governance and change management

12.1. Transformation Priorities

Access to Perinatal Mental Health Service

Perinatal mental health services are to prevent, detect and manage mental health problems that complicate pregnancy and the year following the birth of the baby.

Perinatal mental health problems range from mild to severe disorders which are met within general services, however because of the uniqueness of pregnancy there is a requirement for special services. The current pathway is that specialist services for the most severe range from inpatient mother and baby units to community services for the less severe non psychiatric conditions such as depressive illness and anxiety.

Future in Mind (2015) set out proposals to support the improvement in children's and young people's mental health, maintaining that by 2017, every birthing unit should have access to a specialist perinatal mental health clinician.

The level of Barnet need is calculated on the number of births in 2015. This has been used, to estimate the yearly number of women experiencing perinatal mental health needs, shown below:

North London: Barnet, Haringey and Enfield Camden and Islington by condition	North London Estimated number of cases	Barnet Estimated number of cases by condition
Postpartum psychosis	39	10
Chronic serious mental illness	39	10
Severe depressive illness	589	157
Post traumatic disorder	589	157
Mild-moderate depressive illness	1963-5058	524-786

As part of the North London sector (Barnet, Enfield, Haringey, and Camden & Islington) work, Barnet will contribute towards every birthing unit having access to a specialist perinatal mental health clinician by 2017.

To support the sector wide business case with the transformation funding Barnet will commission a local specialist service, consisting of a specialist health visitor, CMAHs psychiatrist, clinical psychologist and administrator. A financial contribution will be made to the sector model.

To support the specialist community team locally, Barnet are researching and are initiating discussions with Parent Infant Partnership (PIP) UK (<http://www.pipuk.org.uk/>) which provides a training monitoring and best practice framework. PIPS UK bring “match funding” if a voluntary sector provider applies as lead agent.

See below for more detail section 4 in item 15.3.

Funding: National Future in Mind tbc

Care for the vulnerable

All work streams focus on the most vulnerable, ensuring their mental health is appropriately supported, by timely assessment and treatment by the right level professionals. These young people will not be made to feel different from their peers, Barnet aims to ensure they have equal opportunities to their peers and are not disadvantaged due their emotional health and wellbeing.

Caring for the most vulnerable will focus on key vulnerable groups of young people, including children with learning disabilities, looked after children, young carers, children in need, children on child protection plans as well as first time entrants to the justice system and pupils at risk of exclusion.

Funding: existing system

Improving Crisis Care

The proposal is for a new out of hours Crisis model, that will include over the life of the Transformation Plan an outward, preventative component. This will include early intervention in psychosis linking with the adult crisis team, to shape a seamless path.

Improving self-harm support

There is a significant challenge to get crisis care right for children and young people. Self-harm does not happen in Accident and Emergency departments. Barnet is currently developing a new service that can become outward facing; in other words has the ability to deliver care in the community. There is also a role for the voluntary sector in reaching marginalised groups. There is more work to do to identify an integrated model that includes social care, police and ambulance services, children young people and their families/cares. Services are designed to support young people to build resilience and improve their mental health and wellbeing.

Funding (both self-harm and crisis): Future in Mind £158,636

Eating disorders

There is, “a critical window for intervention – for patients with a relatively recent onset of ED, the first 3-5 years represent a critical window for intervention – after this period, the likelihood of recovery is reduced”²⁰. New standards for access and waiting times are being introduced, which is treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases”²¹ Barnet will increase funding for eating disorders, to improve and meet the waiting times and to enhance the community delivery of this service.

Barnet has a contract with the Royal Free London NHS Foundation Trust to provide an eating disorder service. This service is commissioned by five CCGs, Barnet, Enfield, Haringey, Camden and Islington.

Eating disorders account for nearly a quarter of all psychiatric child and adolescent inpatient admissions (Tulloch et al., 2008) and have the longest length of stay of any psychiatric disorder, averaging 18 weeks (Royal College of Psychiatrists, 2012). Admissions of 13 to 19 year-olds have almost doubled since 2011, increasing from 959 to 1,815 in 2014”

Based on the Barnet needs assessment the estimated number of cases is difficult to calculate as there are a number of research papers that use a wide variance for data calculation, which suggests there could be between 14, to 697 - 1,395 excluding males.

In 2014-15 there were **49 Barnet** referrals to the service, all referrals were accepted.

Of those the wait in weeks was:

Wait in weeks	Percent
0-3	48.2
4-6	43.1
7-9	5.2
10-12	3.4

²⁰ <http://www.jcpmh.info/resource/guidance-commissioners-eating-disorder-services/>

²¹ Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guide: Version 1.0: July 2015: National Collaborating Centre for Mental Health, 2015. Funding NHS England

Part of the transformation funding will be used to meet waiting times and to continue to offer the community service and telephone support for GP's. See below for more detail section 6 in item 14.4.

Funding: Future in Mind £100k

Early Intervention and Prevention

Priority areas for improving early intervention and prevention includes a focus on improving access to emotional support services, and where necessary improving access to CAMH services for schools, developing drop in sessions and a peer support service.

Throughout our early intervention and prevention work it is important to work closely with universal services so they can identify and support young people and families effectively. Support will focus on how to build young people and families' protective factors (stable relationships, good school attendance, skills and employability etc.), supporting young people to build resilience in adulthood.

CAMHS in schools

By 2020 Barnet aims to develop a CAMHS schools network, increasing schools ability to retain pupils with emotional and behaviour needs and reducing the number of exclusions. Working with providers and the third sector Barnet aims to develop a quality offer which schools can "buy into", providing advice, guidance and support to schools. The offer will include short term therapy, training for staff, families and peer supporters.

The plan is to develop a team of emotional health and wellbeing experts to extend our work with the most vulnerable children and young people, working with pupils on the edge of exclusion and providing targeted support to students with mental health difficulties and/or challenging behaviour. Support will be targeted around crisis times and priorities areas such as exam result stress, self-harm, alcohol, substance misuse and child sexual exploitation.

This work will build on the primary and secondary projects model, creating a wider team based on Barnet school pupils building capacity across the education system we will ensure that every school has access to a named emotional health and wellbeing adviser

Funding: £200K per year (reviewed yearly)

Drop-in

Barnet is currently working with young commissioners to develop a drop-in service that meets the needs of children and young people in the Borough. Our ambition is to build accessible drop-in services for the school aged population, working with and stimulating the third sector, developing social enterprises and or traded services for sustainability. Children, young people and families will develop these as a co-production work stream.

Funding: £118k per year

Peer support

By 2020 Barnet aims to have developed a range of peer support programmes which are academically accredited. Barnet will work closely with the voluntary sector and partners to ensure the right training is provided to those who offer peer

support and the service is developed and commissioned for children young people their families and cares.

Funding: Included in CAMHS Schools allocation

12.2. Enablers

Data quality, intelligence, outcomes and IT

Data collection is essential to inform service delivery and client outcomes, this is an area of weakness for Barnet. In order to measure the effectiveness of the transformation we are implementing an early priority will be to improve our data collection.

We will work with other relevant commissioners and providers to implement the national minimum data sets.

Building on our current key performance indicators we will improve clinical, client satisfaction and outcome measures.

As well as rolling out CYP-IAPT, we will agree outcome measures based on a “Guide to using Outcomes and feedback Tools with Children, Young People and Families, formally known as COOP Document”²², using a number of recommended tools. For details see section 13.4 item 36 of the self-assessment below. Barnet will also work with all providers on IT infrastructures, to ensure that the current baseline data is improved and that accurate data collection is achieved.

Current data collection includes local Key Performance Indicators, CORC and CYP-IAPT, which is currently limited. We will work with experts to stimulate the market to develop a system that has connectivity with all partners; the council, health, GP’s voluntary sector and users. This will require significant **specialist expertise** and therefore will require a proportion of the *Future in Mind* funding over the course of the five years.

Client facing technologies, to providing services, collect feedback, increase capacity and provide information for children, young people, professionals and families and carers.

Other expertise that may be required is a skill set that can “turn around” challenged services.

Funding: Future in Mind Year 1 - £40K (decreasing over the years to maintenance by year 5)

Building capacity

²² Guide to using Outcomes and feedback Tools with Children, Young People and Families, formally known as COOP Document: Dr Duncan Law & Dr Miranda Wolpert. V2 December 2014: Press CAMHS. ISBN 978-0-9572096-6-4

Working with early years and schools by providing training education and developing networks. This will include parenting programmes and improving access to the programmes.

Barnet is reviewing its early year’s provision and children’s centres to develop a new integrated local offer of services, this will include perinatal mental health services, low to medium depression support for mums and dads.

As part of the implementation of the healthy child programme we are integrating developmental checks and other services, which provides an opportunity for training the wider workforce, creating a common language and Barnet aspiration for an early identification and prevention service.

Our ambition is to build accessible drop-in services for the school aged population, working with and stimulating the third sector, developing social enterprises and/or traded services for sustainability. Children, young people and families will develop these as a co-production work stream. Peer support programmes, academically credited will be developed and commissioned for children young people their families and cares.

Funding: Allocation through early intervention and prevention

Governance and change management

Barnet will identify key champions, across the system, these champions will be passionate about improving the health and wellbeing of children and young people, be as senior as possible and have the ability to think “outside of the box” we will have children and young people champions who will be supported to ensure the widest voice of the child is heard. We will use technologies and any relevant mechanisms to make this happen.

Funding: 20Kper year

Evidenced Based Practice

Working with practitioners, families/carers, children and young people and using NICE and best practice guidance and recommendations Barnet are revising care pathways from access to outcome. This work will need to be expanded to include families/carers, children and young people.

Benchmarking best practice

Barnet will benchmark current service provision against NICE and best practice guidance and quality standards, including “Delivering with and Delivering Well.”²³ Once a benchmark is established, a work plan will be included into the Transformation Plan. For more detail see section, 15 item 36 below.

12.3. Planned Transformation Funding Spend

The table below summarises the planned spend of the transformation funding;

	New funding available (£)	Investment planned (£)
Indicative budget 2015/16		

²³ Delivering With and delivering Well: CYaPT Principles in Child & Adolescent Mental Health Services: Values and Standards. CAMHS press. ISBN 978-09572096-9-5

NHSE funding for plan when assured	497,773	
Eating Disorders	198,863	100,000
Crisis/Self Harm		158,636
Perinatal mental health allocation to be confirmed	tbc	tbc
Primary secondary school expansion & peer support		200,000
App/technology		
Communications		50,000
Data, connectivity infrastructure		40,000
CAMHS Drop in		118,000
CYP-IAPT roll out completion	tbc	tbc
Governance and change management		20,000
Child Sexual Assault		10,000
Totals	696,636	696,636

12.4. Detailed Information on Priority Areas

This section includes detailed information on priority areas, with the CCG and council’s response to key questions set out in the Future in Mind self-assessment tool.

The plan will be reviewed on an ongoing basis for the five years from 2015 to transformation by 2020 and will evolve in line with any new or emerging national policy and local population needs as and when they occur.

Barnet aim to be fully compliant with all 49 recommendations from Future in Mind by 2020.

The Future in Mind tracker, high level summary, and action plan check list along with this plan will be submitted to NHS England by 16th October 2015.

See APPENDIX 2 for the Barnet the high level summary and action plan check.

Below highlights the identified priorities. The numbering is linked to the self-assessment number. The rag rating is automatically calculated once data is completed.

<i>Theme: Resilience, prevention and early intervention for the mental wellbeing of children and young people</i>	RAG Rating Self-assessment baseline number/s
2. Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education’s current work on character and resilience, PSHE and counselling services in schools.	Partially Implemented
Barnet position	
<ul style="list-style-type: none"> Population to Increase significantly in the 5-14 year age group - circa 6,600 children, including a 23% increase in 5-9 year olds by 2016. 	

- 82 Primary, 7 Junior and 24 Secondary schools.
- Barnet also has the second highest number of CYP hospital admissions for mental health in London²⁴.

Barnet Primary and Secondary Projects: working in schools.

Barnet’s Health and Care services have a historically strong working relationship with schools. This has proven to be valuable to school professionals and the expertise in working alongside school is invaluable in extending the reach.

Barnet’s universal plus formally Tier 2 CAMHS provision is the Primary and Secondary Projects, which are provided by the Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT). The service offers assessment and short to medium term intervention to children and families within schools, alongside consultation, advice, liaison and referral to other agencies, including tier 3 CAMHS. The offer is currently a mix of evidence based interventions, however there is limited outcome measure applied.

Each Barnet school has an allocated project worker. The Primary Project has been running since 2004, and the Secondary Project became operational in 2008.

Core aspects of current work in schools:

- Enhanced outcomes for CYP through early identification, maximised support to minimise impact of poor mental health arising due to longer term issues
- Enhanced relationships with education and voluntary sector partners to help identify the needs of Barnet’s CYP earlier and faster – indicated by impacts, severity of referrals, organisational engagement and the appropriate use of the support services planned.
- Increased engagement — treatment sessions are held in a local children’s centre or in the Home Tuition Education Base for CYP who are too anxious to attend CAMHS clinics, increasing access and reducing stigma.
- Increased level of skill in non-mental health professionals to support CYP in a wider range of settings—such as groups run jointly with a teacher from the Home Tuition service joining the CAMHS clinician for the young people’s group and a worker from the local authority joining the parallel groups for parents
- Increased/earlier uptake of support services and impact on service referrals level and severity of condition

Increased efficacy in the use of resources so they are targeted at the right level of provision for all CYP.²⁵

Barnet has recently also submitted an expression of interest for the Department of Education and NHS schools link project, which aims to build on the existing Barnet schools primary and secondary project.

Activity

During 2014-15 there were **427** referrals to the primary and secondary schools project. Since 2012 circa 40 CYP per year have been referred with a diagnosis of Mental Health difficulties including:

²⁴ Barnet: Mental Disorder Treatment Needs Assessment: Dr Jonathan Campion Director of Population Mental Health, UCL Partners Visiting Professor of Population Mental Health UCL. September 2014.

²⁵ Historically if they were referred with mental health issues individual treatment sessions would have been offered 1-2-1 sessions with a psychiatrist which would not always have been appropriate.

- Anxiety; Depression
- Anxious school refusal
- Additional medical conditions /past traumas (domestic violence or childhood abuse) -frequently encountered.

An overview of 130 students illustrates the complexity of the caseload:

- 75 PRU students - permanently excluded from school for challenging behaviour and with emotional and behavioural difficulties mental health worker for 3.75 hours each fortnight, a youth worker from the young people's drug and alcohol service also supports the unit.
- 27 of these known to the YOT
- 19 referred to CAMHS but disengaged or failed to attend
- 8 "Looked After Children"
- 2 are adopted
- 2 are in custody
- 55 students referred with medical and /or emotional problems

The PRU is supported by a Primary/Secondary CAMHS

What will we do?

As part of the Transformation Plan, working with providers and the third sector Barnet aims to scope the potential of developing a quality based offer that schools can "buy into." This will be built on recognised quality standards, such as ACE-Value,²⁶ Youth Wellbeing Directory, The You're Welcome Standards²⁷

Barnet will develop traded services or a social enterprise approach, stimulating the private and voluntary sector to provide;

- Advice and guidance and support, establishing a local network across all schools and pupil referral units
- Training for staff, families/carers and children and young people, peer led programmes
- Provide evidence based assessment and short term interventions
- Work with the most vulnerable to provide assessments and short term interventions

Outputs include:

- Mental health expertise for the school age population including the most vulnerable
- Raising awareness /improve knowledge of mental health issues amongst school staff, reducing stigma and enabling schools to support pupils
- Provision of early and brief interventions.
- Engaging CYP not traditionally engaged with CAMHS using appropriate evidenced based interventions and innovative approaches
- CaF initiations and referrals
- Key Performance Indicators will be agreed in year one of the transformation plan.

The model and staff requirements are unknown, however the aspiration is to increase capacity within universal plus, (formally known as Tier 2), which prevents referral into targeted services (formally Tier 3)

²⁶ <http://www.youthwellbeingdirectory.co.uk/author/ywd/>

²⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf

School nurses will form an integral part of supporting mental health in school. As the newly awarded contract is mobilised, the role and function will become “live”.

By 2020 Barnet will:

- Prevent school exclusions, increasing schools ability to retain pupils with emotional and behaviour needs
- A developed CAMHS Schools Network will be in place

Key Performance indicators will include:

Barnet aims to increase the number of children and young people supported in schools by 75% by 2017, from baseline data 2014-15

- Number of families per school advice given
- Number of professionals provided with advice
- Training sessions provided:
 - Professionals
 - Families
 - Children and young people
- Number of:
 - Evidenced based assessments carried out
 - Short interventions completed, outcomes to be measured and reported
 - Referrals to other agencies

4. Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support.	Partially Implemented
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Perinatal mental health

Barnet position

Health visitors, midwives and a range of professionals are taking part in training provided by the perinatal mental health network, as part of the sector wide training.

Working with the Early Years Health and Well-being sub group Barnet is developing a revised local offer through children centres: bringing services together in a coordinated way local to families, to enable easy wrap around access to a range of services. Parent infant mental health support is included.

The commissioning of health visitor services is currently being transferred from Public Health to the Joint Commissioning Unit, which will assist the delivery of change in this area. The JCU is also working closely with Public Health who is commissioning Perinatal mental health coaches, for 2 years.

What will we do?

The following actions are planned to support the improvement of per-natal services;

- Working with the Adult IAPT providers Barnet will work to identify what perinatal mental health training is required and support and plan access.

- Barnet will negotiate co-locating substance misuse sessions in maternity services, as in other parts of the sector.
- To support the sector wide business case and with the transformation funding Barnet will commission services to be delivered through children centres and other appropriate venues:

Sector wide contribution to be determined			
Community Specialist based team		tbc	
Psychiatrist		0.5	50K
Psychologist	7	1.0	55K
Health Visitor	7	1.0	55K
Administration	4	0.5	20K
TOTAL funding estimate			150K

To support the specialist community team, an under-fives curriculum is being developed as part of the CYP-IAPT programme, which Barnet will participate in. Barnet are researching and are initiating discussions with Parent Infant Partnership (PIP) UK (<http://www.pipuk.org.uk/>) which provides a training monitoring and best practice framework. PIPS UK bring “match funding” if a voluntary sector provider applies as lead agent. Barnet will;

- Apply for HENSEL funding to enhance the perinatal mental health education and training programme across the local workforce
- Implement the local community specialist based team
- Work with Barnet paediatric liaison team to integrate care
- Re-introduce the use of a depression assessment and listening service through health visiting and children centres
- Support children centres to provide peer led support groups

By 2020 Barnet will:

- Be part of the sector wide perinatal mental health service
- Have a local specialist team, with integrated health coaches as part of the UK PIP service

Have a knowledgeable skilled workforce to support the prevention of perinatal mental ill health and to support improved child/infant outcomes.

Key Performance indicators will include:

100% of birth units to have access to perinatal mental health clinician and a community based specialist team.

Locally KPI to be agreed using Achieving Better Access to Mental Health Services by 2020: DoH: 2014 and other relevant standards specifically for perinatal mental health

5. Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a kite marking scheme in order to guide young people and their parents in respect of the quality of the different	Not Ready/ Anticipate Some Barriers to Change
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offers.	
Barnet position	
<p>Barnet is conducting a rapid review of available apps and digital tools to support self-care and early access to support. This is due to deliver an options appraisal by December 2015.</p>	
<p>The scope of the work will include:</p> <ul style="list-style-type: none"> Your person support and counselling services online Information and support for parents/ carers Information support and training programmes for schools and other professionals 	
What will we do?	
<p>Barnet will commission both Big White Wall and Silent Secret and will scope other relevant provisions to offer accessible, evidenced based counselling and mental health support at universal plus level. See question 18 below for more information on technological support options.</p> <p>Quality Standards and Improvement methodologies are either already in place in Barnet where they are not these will form part of a quality and key performance plan.</p> <p>The Barnet ambition is to ensure all services provided are kite marked as a local standard.</p>	
Theme: Improving access to effective support	
6. Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice	Partially Implemented
Barnet position	
Moving away from tiers	
<p>Barnet are currently remodelling the local children centre offer. As part of the remodelling the council and CCG are working towards using a common language, derived from the Healthy Child Programme and are considering THRIVE.</p> <p>The new model of needs based delivery can be understood as interrelated levels of delivery for Universal, Targeted and Specialist services.</p> <p>A child and family, who have increasing levels of need, receive support across the whole framework. The future service model in Barnet will be based on the principles of early intervention and prevention as a continuous theme and area of focus. The single point of access will be the cornerstone of multidisciplinary access for young people who are identified as having an emotional wellbeing concern ensuring they are sign posted to the appropriate care pathway. The teams will deliver support at the different stages of development and transition with the aim of building emotional resilience in children young people and their families. We will be adopting an approach to service development that is based on the THRIVE model and utilises existing CAPA and CYP-IAPT service models.</p> <p>To ensure a sector wide approach we will develop this model with North London commissioning colleagues.</p>	
Best practice service delivery	
Eating disorders	
<p>Barnet has a contract with the Royal Free NHS Trust to provide an eating disorder</p>	

service. This service is commissioned by five CCGs, Barnet, Enfield, Haringey, Camden and Islington.

“The number of people directly affected by eating disorders in the UK increased significantly between 2000 and 2009 (Micali et al., 2013). The King’s Fund report, Paying the Price: The cost of mental health care in England to 2026 stated that ‘service costs for eating disorders in 2007 were estimated to be £15.7 million, with 95 per cent of this related to anorexia nervosa. Costs are projected to increase to £23.8 million by 2026. Including lost employment costs brings the total to £50.6 million in 2007 and £76.4 million in 2026. Lost employment is estimated to account for 69 per cent of total costs’ (McCrone et al., 2008a).

Eating disorders account for nearly a quarter of all psychiatric child and adolescent inpatient admissions (Tulloch et al., 2008) and have the longest length of stay of any psychiatric disorder, averaging 18 weeks (Royal College of Psychiatrists, 2012). Admissions of 13 to 19 year-olds have almost doubled since 2011, increasing from 959 to 1,815 in 2014”

We intend to work with Public Health to establish a better understanding of the need based on Barnet’s population in relation to eating disorders.

Referrals to the service for all five boroughs was:

- 119 for 2012-13
- 157 for 2013-14
- 146 for 2014-15

In 2014-15 there were **49 Barnet** referrals to the service, all referrals were accepted.

Year	Number of referrals received	Number of referrals accepted	Percentage
2013/14	64	62	97%
2014/15	49	49	100%

Of these referrals the waiting times to first appointment were as follows²⁸:

Wait in weeks	Percent
0-3	48.2
4-6	43.1
7-9	5.2
10-12	3.4

The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases²⁹

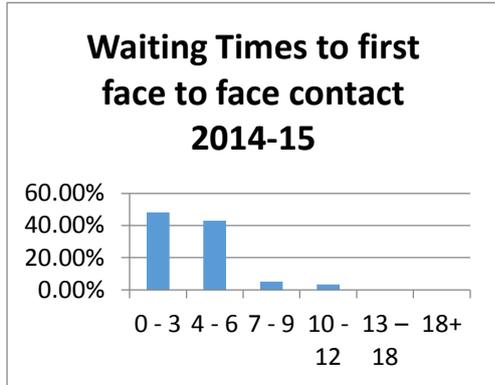
There is, however “a critical window for intervention – for patients with a relatively recent

²⁸ Extract from Royal Free hospital CAMHS Service summary Report for: 2013/14 and 2014/15

²⁹ Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guide: Version 1.0: July 2015: National Collaborating Centre for Mental Health, 2015. Funding NHS England

onset of ED, the first 3-5 years represent a critical window for intervention – after this period, the likelihood of recovery is reduced”³⁰. As can be seen waiting times for the service have worsened.

Waiting times for first appointment for ED patients seen in 2014/2015:



Waiting Times to first face to face contact (weeks)	Number of patients	Percentage of patients
0 - 3	28	48.2
4 - 6	25	43.1
7 - 9	3	5.2
10 - 12	2	3.4
13 - 18	0	0
18+	0	0

In addition there were 3 Referrals to tier 4 were for both 2013/14 and 2014/15.

What will we do?

Based on this Barnet propose to increase the Eating disorder funding by £100,000 to reduce waiting times to meet new guidance requirements and to enhance the day service.

As part of the increased funding Barnet expect:

- Increase ED service time by employing additional staff
- Training to be rolled out for all eating disorder and generic CAMHS staff as part of “Improving access to Psychological Therapies for children”
- Outreach education training for eating disorders to be co-delivered with Barnet local CAMHS and
- Finally telephone support for General Practitioners to be co-delivered with Barnet local CAMHS

The remaining transformation funding will be for crisis, self-harm and liaison services.

By 2020 Barnet will:

Retain and continue to develop the local eating disorder service so that it is fully compliant with NICE guidance.

Key Performance indicators will include:

The sector wide KPI is 95% of routine cases will be seen within 4 weeks from referral to treatment from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.

7. Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector.	Changes Agreed but Not Started
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Barnet position

³⁰ <http://www.jcpmh.info/resource/guidance-commissioners-eating-disorder-services/>

Historically Barnet has had a well-developed drop in service and has experience in developing drop in systems. Sustainable development scoping for the Barnet Drop in is underway.

What will we do?

Barnet are working with the young commissioners, who are currently scoping what a “drop-in” facility could “look like”. Building on and working with the voluntary sector and Health Watch we plan to develop an accessible service that will enable self and family referral, with support from CAMHs practitioners. The service will offer a wide range of young people’s services and not be problem related. The drop-in will include:

- Peer education, training and support
- The use of technologies, such as an App “welcome to secondary school – take care of yourself” and related Web assets like <http://www.silentsecret.uk/> and <https://www.bigwhitewall.com/landing-pages/landingV3.aspx>
- Targeted work around crisis times and agenda – i.e. exams result stress, self-harm, alcohol and substance misuse, Child Sexual Exploitation, et al
- Supportive Aps to enable access to support and services – potentially on a sector or London Level

As this is at the scoping stage the model and cost is yet to be determined. This will be year two and three of the transformation plan. However discussions are taking place with local voluntary providers with a view to developing this service as a social enterprise and or a part traded service to ensure sustainability.

10. Strengthening the links between children’s mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).	Not Ready/ Anticipate Some Barriers to Change
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Barnet position

Services for children with learning disabilities are provided by BEHMHT, through its Social Communication and neuro difficulties service, and for children with autistic spectrum conditions by both BEHMHT and the Tavistock Clinic.

SCAN has a clinical establishment of 4.6 WTE posts, and accepted an average of 12 referrals per quarter, or slightly less than 1 per week, in 2012/13. In Quarter 3 2012/13, 38 Barnet children and young people received a service from the Tavistock Clinic’s Autism Team.

BEHMHT have proposed a new model for SCAN, which would focus on children placed in special schools, however the joint commissioning team want to see a wider integrated provision based on the needs assessment. There is significant capacity within the system, and given an increase in the number of children in Barnet with autistic spectrum conditions, this pathway will be a priority area for the Transformation Plan. Barnet plan to work with Enfield as they develop a local service.

By 2010 Barnet will have an established integrated provision, in commissioning partnership with other relevant boroughs.

Key Performance indicators will be determined locally once model has been decided.

12. Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented.	Changes Agreed but Not Started
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Barnet position

Work on a sector and local crisis care concordat has commenced with an initial focus on adult mental health.

Work with NHSE London region covering crisis care and a potential sector level model are under development and new models for delivery are under consideration.

Deliberate Self Harm Rota

Senior clinicians and social workers from BEHMHT operate a rota system to provide assessments of children and young people who present at the Accident and Emergency Unit of Barnet General Hospital. This means that a joint assessment can take place of mental health and social care needs, with referrals made to Children’s Social Care if indicated. Based on 2012/13 activity levels, there are approximately 180 cases per year, or 3.5 a week

What will we do?

- We will continue to develop the Crisis Care model for Barnet in 2015/16 and beyond, and are working with the sector and London partners to scope potential new models of care including the development of a revised pathway and establishment of a “safe place “ multidisciplinary team response to allow for rapid stabilisation of CYP in crisis. Enhanced working practices with the London Ambulance Service and police in line with work by the London Strategic Clinical network.
- Enhanced paediatric liaison services (currently being modelled as the Barnet approach – cost dependent) to be in place by Dec/January 2015-16. Early plans are to develop an emergency CAMH service with a transition component (by 2017-19) of the service with CAMHS working alongside adult emergency provision.

From 2016-17 an outreach component will be developed.

Key Performance indicators will be determined locally once model has been decided.

16. Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.	Partially Implemented
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Barnet position

One in four people on average experience a mental health problem, with the majority of these beginning in childhood. The Clinical Medical Officer Report³¹ in 2011 found that 50% of all adult mental health problems started before the age of 15 years and 75% before the age of 18 years.

The school age population will increase significantly in the 5-14 year age group - circa 6,600 children, including a 23% increase in 5-9 year olds by 2016.

Barnet has 82 Primary, 7 Junior and 24 Secondary schools.

³¹

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141769/CMO_Annual_Report_2011_Introduction_and_contents.pdf

We have a strong schools based offer and in partnership with LBB a strong CAMHS presence in schools – in particular through the Primary and Secondary Schools Link works that is described above.

Barnet has a single point of referral for CAMHS as described earlier.

What will we do?

We are seeking to use MindEd <https://www.minded.org.uk/> for the new Barnet 0 to 25 workforce on early identification of CAMHS issues and broaden the offer available to schools.

Building on the “Child and Adolescent Mental Health Service and Schools Link Pilot Scheme (unsuccessful) bid and existing work. We see an opportunity to organise a team of CAMHS clinicians to extend our work with the most vulnerable children and young people. The aim is to work with vulnerable pupils on the edge of exclusion, and the Pupil Referral Unit, directly with individuals, student groups, parents, teachers, education psychologists and youth workers to provide targeted support to students with mental health difficulties and/or challenging behaviour. This team will build the primary and secondary projects, creating a wider team based on Barnet school pupils building capacity across the education system.

This team will lead on the development of networks and training and provide rapid access to appropriate advice about mental health difficulties from a senior mental health clinician for schools. Providing assessment, short term interventions, preventing referral to targeted services (formally Tier 3), to support the Schools Link and will act as an early implementer of the wider programme of service refocussing and capacity building flowing from the Transformational Action Plan:

Outputs include:

- Provide mental health expertise for the vulnerable school age population
- Raising awareness /improve knowledge of mental health issues amongst school staff, reducing stigma and enabling schools to support pupils
- Eliciting and listening to the views of CYP and their families who have not/are unable to engage with traditional CAMHS.
- Provide short term interventions.
- Engaging CYP not traditionally engaged with CAMHS using appropriate evidenced based interventions and innovative approaches, such as MACuk, <https://www.mac-uk.org>
- Visiting CYP and families at home to help with engagement with mental health and emotional wellbeing services
- Linking with a range of relevant professionals referring to other services where appropriate
- Preventing school exclusion
- CaF imitations and referrals Key performance indicators will be agreed in year one of the transformation plan.

By 2020 Barnet will:

- Reduce the number of referrals to the pupil referral unit
- Prevent school exclusions, increasing schools ability to retain pupils emotional and behaviour needs
- Put in place a Network
- Established education and training programmes for school staff and families

Key Performance indicators will be determined locally once model has been decided.

17. Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services.	Partially Implemented
Barnet position As part of a sector approach we will continue to implement NICE and other relevant guidance to meet waiting times, specific work for Eating Disorders is described above. Monitoring continues on a three Borough and local approach as part of contract monitoring.	
What will we do? Develop new agreed outcome monitoring assessments to inform success of interventions. Continue to challenge provision as part of contract monitoring. Use the Transformation Plan to reshape services based on outcomes. By 2020 Barnet will: Continue to monitor and challenge outcomes. Have developed and reshaped service provision based on successful outcomes, discontinuing things that do not work.	
18 Enabling clear and safe access to high quality information and online support for children, young people and parents/carers, for example through a national, branded web-based portal.	Not Ready/ Anticipate Some Barriers to Change
Barnet position: Communication plan, using technologies to access as wide a range of children young people and their families/carers as possible. Methods under consideration include technology approaches such as innovative use of SMS or other web 2.0 technologies such as social media and online resources and or “aps”. Produce regular communications Bench mark for quality all service delivery for all, creating an online directory.	
What will we do? Barnet will develop local branded web-based portal, in year 2 of the plan. Commission evidence based web based treatments Kite mark quality checked online services, linking to London wide programmes and national services. By 2020 Barnet will Have high quality information that is up to date and kite marked. The population of Barnet will be able to find services easily and be able to trust the quality of that provision. Funding unknown.	
Theme: Caring for the most vulnerable	
20. Making sure children & young people who do not attend their appointments are not discharged from services. Instead their reasons for non-attendance should be followed up and they should be offered further support to help them engage. This can apply to all children & young people.	Partially Implemented
21. Commissioners and providers across education, health social care and youth justice sectors working together to develop appropriate and bespoke care pathways that	Partially Implemented

<p>incorporate models of effective, evidence based intervention for vulnerable children and young people, ensuring that those with protected characteristics such as learning difficulties are not turned away</p>	
<p>Barnet position</p> <p>Barnet has a specialist CAMHS clinical psychology service for Looked After Children and adopted children and children in the Youth Offending service</p> <p>The primary and secondary school link project work with the most vulnerable in schools, Social Care, youth services, Youth Offending, Safeguarding teams and those in community groups.</p> <p>Evidenced Based Practice: Barnet has a gap in baseline data in relation to evidence based practice, this has led to a review of care pathways with clinical professionals. This review is for all CMAHS as well as to focus on the vulnerable population.</p>	
<p>What Barnet will we do?</p> <p>Research, review evidence based interventions and the Barnet offer. Develop a separate service specification with evidence based interventions, key performance indicators to measure non- attendance and what has been done to enable CAMHS attendance Continue to review care pathways with all contracted clinical professionals, education and social care and services users across including all children and young people with a focus on working with the vulnerable population.</p> <p>Benchmarking best practice for 2016</p> <p>Barnet will benchmark current service provision against NICE and best practice guidance and quality standards, including “Delivering with and Delivering Well.³²” Once a benchmark is established, a work plan will be included into the Transformation Plan. For more detail see section.</p> <p>Review of care pathways and the benchmarking against best practice will be carried out with sector commissioning colleagues and locally.</p> <p>By 2020 we will:</p> <p>Have an agreed approach for all vulnerable children and young people, that includes evidence based interventions, and using key measures and outcome monitoring a provision that is continually changing to meet the emerging needs of this client group. There will be a baseline that will continue to be used to ensure progress against the Transformation Plan priorities.</p>	
<p>24 Ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to appropriate evidence-based services. Those who are found to be more symptomatic who are suffering from a mental health disorder should be referred to a specialist mental health service.</p>	<p>Partially Implemented</p>
<p>Barnet position:</p> <p>Services are currently provided locally or from University College London.</p>	

³² Delivering With and delivering Well: CYaPT Principles in Child & Adolescent Mental Health Services: Values and Standards. CAMHS press. ISBN 978-09572096-9-5

We are currently working with NHSE Commissioned Haven forensic services, and offer follow up therapy on a needs led basis to survivors of CSE. We are participating in a London wide review of Sexual Assault and surrounding services in partnership with NHSE (London) and Health in the Justice System leads.

Locally Barnet need to develop this pathway working with the safeguarding teams, social care and education. We need to work from prevention to post treatment. Working sensitively with children and young people who have experienced the system.

See also Needs assessment above

What will we do?

Barnet will continue to work with the London wide network to improve sexual assault services.

Carry out a local review in 2016-of evidence based practice. Local pathways will be developed based on evidence, including mental health support.

Child Sexual Abuse

The “*Review of Child Sexual Assault Pathway for London*” mapped the pathway for children and young people following sexual abuse, pan-London and both in acute and historic cases. The findings included variation in services available across all London boroughs and gaps in medical aftercare, long-term emotional support and the prosecution process.

The recommendations included the establishment of five “Child Houses” in London and an enhanced paediatric service at the Havens (sexual assault referral centres). The Child Houses are described as a child friendly building where children and young people will be able to access medical examination, sexual health aftercare, counselling, therapy and advocacy. These houses also aim to provide early joint investigative interviews with police and crown prosecution services. Children or young people only having to tell their story once and complete their court cross-examination within weeks of disclosure, instead of waiting for court appearances up to a year later.

Barnet CCG is committing an initial £10k to support scoping of the works on CSA that are being led by NHSE and the Metropolitan Police. We will be working closely with sector partners in NCL to ensure that this vital work stream develops at a pace and a scale that supports the local delivery of the SARC Pathway for London.

Key Performance indicators will be, as part of the sector work, a project lead will be appointed and a project plan put in place.

Theme: To be accountable and transparent

<p>35 Department of Health fulfilling its commitment to complete a prevalence survey for children and young people’s mental health and wellbeing, and working with partner organisations to implement the Child and Adolescent Mental Health Services dataset within the currently defined timeframe.</p>	<p>Changes Agreed but Not Started</p>
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Barnet position

This is a National level requirement that we are preparing for locally.

Data sets: Barnet is working with its commissioning colleagues in Enfield and Haringey to ensure that commissioned providers are prepared to implement minimum data sets in January 2016. Barnet have not yet implemented a minimum data set, although work is

intensifying.

What will we do

This agenda is addressed both through our ongoing operational and contract monitoring work both in Borough at Tri Borough (Barnet, Enfield and Haringey) and at North Central London sector level which specifically features the following:

Strengthening data and Intelligence

Good data is essential to improve services and ensure that they are working for people in the way they need to. Robust service planning needs good quality information to succeed. The local health system is reliant on access to data from providers that demonstrates how effective they are being in meeting local needs and meeting national standards of care. This data needs to be of high quality and needs to show both outputs, the things providers actually do for people and how this affects those people, their health outcomes.

NHS England is developing a combined data set covering both the Mental Health and Learning Disabilities Data Set (MHLDDS) v1.1 and CAMHS v2.0, forming the new Mental Health Services Data Set (MHSDS), across the whole of CAMHS. This new data set will include the specifications for specialist providers to use to measure referral to treatment pathway activity and outcomes for the assessment and treatment of children and young people. The Information Standards Notice which mandates the NHS and system suppliers to make the relevant changes was published on 16 July 2015. Providers are mandated to begin collecting the relevant data no later than 1 January 2016 and we will be ensuring these data set and system changes are in place by then.

Data will include:

Goal based outcome to rate progress towards personalised care goals of Children and Young people and their families/carers clinical outcomes using a standardised PROM to measure clinical change and service satisfaction, to measure and monitor the experience of service.

Outcome: an agreed data set in place

36 Developing and Implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at a national level, in line with the vision set out in Achieving Better Access to CAMHS by 2010 and 36.1 the introduction of new waiting times for standards for early intervention in psychosis

Not Ready/
Anticipate Some
Barriers to Change

Barnet position

Data quality, intelligence, outcomes and IT:

Data collection is essential to inform service delivery and client outcomes, this is an area of weakness for Barnet. For example: waiting times are currently recorded across a number of measures for CAMHS, psychosis is recorded along with other conditions, and therefore this area requires considerable work.

Current data collection includes local Key Performance Indicators, CORC and CYP-IAPT, which is currently limited. This is limited because CYP-IAPT is in its second year and it has been very difficult to extract data from the "Commit" system. There are plans in place to, use the current electronic patient system (Open RIO) to communicate with the new data base which, will reduce data entry duplication.

Evidenced based practice: this is a weakness for Barnet and a baseline needs to be established.

What we will do

We will continue to develop local challenges and measures where needed, in partnership with other commissioners across London. Barnet will seek examples of good practice for early implementation.

Working with other relevant commissioners in the sector and with all our commissioned providers we will implement the national minimum data sets.

Building on our current Key Performance Indicators we will include clinical and client goals, satisfaction and clinical outcome measures.

As well as rolling out CYP-IAPT, we will agree outcome measures based on a “Guide to using Outcomes and feedback Tools with Children, Young People and Families, formally known as COOP Document³³”, such as:

- Revised Children’s Anxiety and Depression Scale (RCADS)
- Strengths and Difficulties Questionnaire (SDQ)
- Health of the Nation Outcome Scale (HoNOSCA)
- Children Global Assessment Scale (CGAS)
- Outcome Rating Scale (ORS) for children and young people
- Goal setting and Goal Based Measures

An integral part of outcomes, for Barnet, will include feedback measures, such as family and friends test, and a Session Feedback Questionnaires (SFQ). We will use this feedback to improve the CAMH service provision.

Barnet will also work with all providers on IT infrastructures, to ensure that the data collection is achieved. We will work with experts to stimulate the market to develop a system that has connectivity with all partners; the council, health, GP’s voluntary sector and users. This will require significant **specialist expertise** and therefore will require a proportion of the *Future in Mind* funding over the course of the five years.

Client facing technologies, to providing services, collect feedback, increase capacity and provide information for children, young people, professionals and families and carers.

Other expertise that may be required is a skill set that can “turn around” challenged services.

Evidenced Based Practice

We are revising and updating all pathways using NICE and best practice guidance, with clinical practitioners. This work needs to include families/carers, children and young people, social care, education and the voluntary sector.

Barnet will benchmark current service provision against NICE and best practice guidance and quality standards, including “Delivering with and Delivering Well.³⁴” in 2016. Once a benchmark is established, a work plan will be included into the Transformation Plan.

By 2020 Barnet will;

Have detailed waiting time measures in place, which are challenged and monitored and

³³ Guide to using Outcomes and feedback Tools with Children, Young People and Families, formally known as COOP Document: Dr Duncan Law & Dr Miranda Wolpert. V2 December 2014: Press CAMHS. ISBN 978-0-9572096-6-4

³⁴ Delivering With and delivering Well: CYaPT Principles in Child & Adolescent Mental Health Services: Values and Standards. CAMHS press. ISBN 978-09572096-9-5

can be provided for national benchmarking.	
38 Making the investment of those who commission children and young people's mental health services fully transparent.	Changes Agreed but Not Started
<p>Barnet position</p> <p>We are developing a nuanced communication and engagement action plan to support the next five years work. We are scoping the avenues for publicising and promoting the Transformation Plan via NHS, Local authority and wider community resources and a schedule for publishing relevant performance and development data is under development.</p> <p>Disaggregation of funding is to continue and to be agreed for local publication.</p> <p>The commissioning team will continue to be developed, through courses, mentorship and experience.</p>	
<p>What will we do?</p> <p>Barnet is committed to a transparent and widely publish transformation process including key metrics and financial information. Upon ratification of the Transformation Plan, subsequent publications will be publicised via the Local NHS and Local authority web. All providers commissioned by the CCG and council will be required to publish relevant key information.</p> <p>A central web resource to support the Barnet CAMHS Transformation Plan is under development providing public facing updates and materials and opportunities to get involved in the five year plan</p> <p>By 2020 Barnet will;</p> <p>Have a fully transparent CAMHS commissioning arrangements in place, with an agreed communication plan. There will be agreed budgets.</p> <p>A trained and further skilled commissioning team will be in place.</p>	
38.2 Further work is undertaken to improve understanding of the CAMHS funding flows across health, education, social care and youth justice to support a transparent, cohesive, whole system approach to future funding decision and investment	Not Ready/ Anticipate Some Barriers to Change
<p>Barnet position</p> <p>Commissioners have begun to identify all funding across the system.</p>	
<p>What we will do</p> <p>This work will continue, by bringing together all finance leads to ensure no funding streams are lost, including "spot purchasing" for individual care.</p> <p>By 2020 Barnet aims to have an agreed financial position in place.</p>	
<i>Theme: Developing the workforce</i>	
42 By continuing investment in commissioning capability and development through the national mental health commissioning capability development programme.	Partially Implemented
<p>Barnet position</p> <p>Barnet has recently recruited extra capacity into commissioning. There is a wide experience base within the unit encompassing national and local and national strategic and experience, with CYP focussed commissioning and programme management available.</p>	
What will we do?	

Through 2015 and 2016 Barnet CCG is supporting local commissioning expertise through the support of officers through the Institute of Public Care Children's Commissioners Certificate in Commissioning and Purchasing for Public Care³⁵ and PRINCE 2 Foundation and Practitioner /Revalidation Courses. Funding is available for this through core CCG Continuing Professional Development resources.

43.5 Extending the CYP-IAPT curricula and training programmes to train staff to meet the needs of children and young people who are currently not supported by the existing programmes and

Changes Agreed but Not Started

44 Building on the success of the CYP-IAPT transformation programme by rolling it out to the rest of the country and extending competencies based on the programme's principles to the mental wellbeing workforce, as well as providing training for staff in schools.

Barnet position

CYP-IAPT

Barnet became part of the CYP-IAPT programme in 2013-14

Funding for the programme was provided directly to BEHMHT to support engagement and developing the capacity to deliver evidence based practice and the use of feedback and outcomes monitoring. The total is £440,000 over two years.

Spend to date and staff trained includes

Funding for CYP-IAPT 2013 to 2015	Amount
Service Development (assistant psychologist) IT, Participation (2013-2014)	£85,000
Service development (assistant psychologist) (2014-2015)	£30,000
Therapist Backfill (2013-2014) 3 CAMHS clinicians (nurse, mental health worker) 2 clinic social workers 3 LA workers	£240,000
Supervisor Backfill (2013-2014) 1 CAMHS worker (clinical psychologist) 1 LA worker	£60,000
Therapist Backfill (2014-2015) 1 clinic social worker 2 CAMHS clinicians (psychotherapist, clinical psychologist)	£82,000
Supervisor Backfill (2014-2015) 1 CAMHS clinician	£20,000
Enhanced Evidence Based Practice (2015) 3 Voluntary sector workers	£15,000

³⁵ see http://ipc.brookes.ac.uk/courses/documents/current/short/Commissioning_Course_flyer.pdf

Funds to support EEBP (2015)	£10,000
1 CAMHS worker (clinical psychologist)	

What will we do?

We are committed to encouraging the sign up of providers to the centrally issued Memorandum of Understanding due mid-October
 An agreed staff prioritised project plan is being developed by the main CAMHS provider BEHMHT.
 We will identify the next tranche of trainees, this may include more staff and voluntary sector from 2015-16 onwards.
 Discussions have started with RFL Eating disorders team to include staff in the CYP-IAPT roll out.
 Schools: We will review the Training Needs for local services to ensure that the next wave of trainees is prioritised.

Take advantage of ongoing support from the CYP-IAPT programme, including take up of training for the new curricula being developed.

By 2020 Barnet will have a compliant CYP-IAPT work force

45 Developing a comprehensive workforce strategy, including an audit of skills, capabilities, age, gender and ethnic mix.	Not Anticipate Ready/Some Barriers to Change
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Barnet position

We have begun in August 2015 to audit the skills mix and deployment of the provider workforce and will be requesting information to inform a bespoke approach to deployment, succession planning and service transformation, alongside the profiling of staff in terms of age, ethnicity and gender.

What will we do?

Develop a workforce strategy with sector colleagues and all providers to ensure we are commissioning an appropriate sustainable workforce to meet the needs of CYP in Barnet.
 Barnet needs to carry out a workforce analysis, working with staff training departments. A prioritised approach to roll training out will be taken.
 We will use available audit tools such as:
 We will use a skill set audit tool: Self Assessed Skills Audit Tool (SASAT) (CHIMAT)
 CHIMAT provides a range of tools and evidence based programmes that we will use.
<http://www.chimat.org.uk/camhs/workforce/development>

This will be a new work stream for Barnet and is in its infancy.

Theme Making Change Happen

46 Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.	Partially Implemented
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Barnet position

There is a draft plan, which includes but requires further development and agreement of costs to deliver the programme. The plan has been developed on earlier needs

assessments and service reviews from the last three years. This work has been updated following assessment against the 49 Future in Mind recommendations. The plan includes local sector and pan London priority areas.

What will we do?

We have established the Plan, governance and engagement mechanisms, costed initial priority areas for 2015/16 and will continue to develop this action Plan in line with progress made and reviews against the 49 recommendations.

By 2020 Barnet will meet all 49 Future in Mind recommendations.

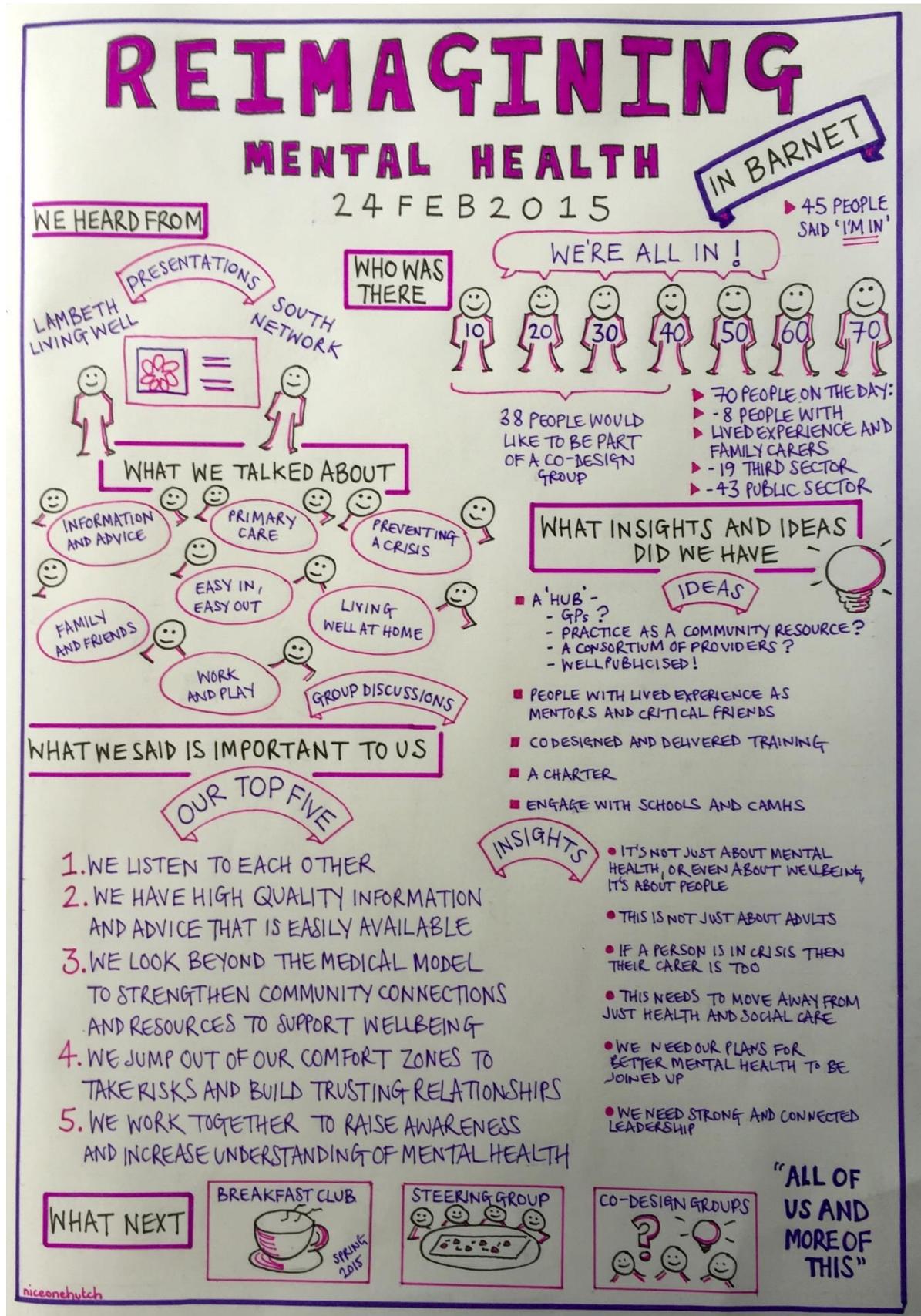
13. Next Steps Summary

Action	Due date
Gain local in principle and final approval for the CAMHS Transformation plan	September to November 2015
Submit Plan to NHSE	16 October 2015
Received feedback and approval or development feedback from NHSE	November 2015
Develop detailed local programme plan	November 2015
Engage with and incorporate service user carer and community to facilitate Co Production of the Transformed local system	September 2015 and ongoing
Manage provider and service alignment to Transformation Plan locally and at sector level	September 2015 and ongoing
Urgently strengthen an out of hours offer for CAMHS	September 2015 and ongoing

Appendices

Appendix 1

Reimagining Mental Health Summary



Appendix 2

Barnet the high level summary and action plan check.

ANNEX 1: LOCAL TRANSFORMATION PLANS FOR CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people’s mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people’s mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

Barnet CCG is working in partnership with the London Borough of Barnet to deliver the CAMHS Transformation Programme outlined in the Plan.

Partnership arrangements that support this are as follows:

Lead body: Barnet CCG with London Borough of Barnet Local Authority

Lead contact: Judy Mace Head of Joint Childrens Commissioning

Contact Details:

Judy.Mace@barnetccg.nhs.uk

Barnet Clinical Commissioning Group and Barnet Council

North London Business Park

Oakleigh Road South

New Southgate

London N11 1NP

CCG Central Telephone 0203 688 2299

Direct Line 0203 688 1866

Mobile 0793 9977 289

CAMHS Core Group:

- Head of Joint Commissioning NHS Barnet CCG and LBB
- Joint Commissioning Manager NHS Barnet CCG and LBB
- Commissioning Manager NHS Barnet CCG
- Consultant Family and Systemic Therapist NHS Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) - CAMHS West Team
- Consultant Child and Adolescent Psychiatrist NHS Barnet Enfield and Haringey Mental Health Trust - CAMHS East Team
- Service Manager Childrens Services NHS BEHMHT
- Clinical Psychologist (project lead for CYP-IAPT) and acting head of the Clinical Psychology Service for BEH MHT
- Parenting Consortium Coordinator Community Barnet London Borough of Barnet (LBB)
- Clinical consultants from BEHMHT, Tavistock and Portman NHS Trust and The Royal Free London.
- Head of Children with Disabilities LBB
- Commissioning Lead children LBB
- CommUNITY Barnet and Voluntary Sector
- Common Assessment Framework lead LBB
- Family Intervention Lead LBB

Other members, invited as and when

- Barnet Young Commissioners
- Wider representation of Children and Families/cares under development
- Head of Education
- Head of Social Care
- Public Health

The wider multi-agency collaborative operating within Barnet that are integral to the design and delivery of the Plan includes:

- Barnet Young Commissioners
- NHS Barnet Clinical Commissioning Group
- The London Borough of Barnet
- Healthwatch Barnet
- NHS England (London)
- Central London Community Health NHS Trust
- Community Barnet
- Barnet Mind
- Barnet Youth Parliament
- London Ambulance Service
- Barnet Safeguarding, including MASH
- Metropolitan Police

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people’s mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

The initial key features of our Transformation Plan are;

- ***Children young people (CYP) and their families and carers will be at the centre of the Transformation Plan and CAMHS developments: Communication, co-production and engagement***

will be integral to all work streams ensuring as wide a range of views and experience is included in the design of the programme as possible.

- **A system based on CYP need and not service boundaries:** removing barriers to service access and changing the nature of assessment, practice and delivery to develop a service based on CYP “Life course” needs and not just tiers of service provision
- To have a skilled workforce and population who are able to **prevent mental ill health in children & young people**, by **building resilience** and by **recognising early when help is needed** and by making **access** to early help as easy as one click, phone call or walk-in or e-mail away
- The most **vulnerable children young people**³⁶ are included every step of the way; and that prevention and services meet their very special needs. If they need to move into adult services their **transition** is clear, easy and makes sense to them.
- Building CAMHS capacity by **education and training for professional’s children young people and their families/cares.**
- To ensure the right services are in the right place and respond at the right time, including **crisis services 24/7** – following up when appointments are missed.
- Barnet’s Joint Commissioning Unit will work to **pool budgets**, monitor commissioning arrangements and report to the appropriate local governance structures representing both the NHS and Local authority.

Principle CAMHS developments include:

- A shift in service model over the next five years from a tiered CAMHS system towards a needs based system ranging from Universal, Universal Plus, and Targeted to Specialist provision utilising, THRIVE, CAPA and CYP-IAPT principles.
- Development of the Eating Disorder service at the Royal Free Hospital to ensure full compliance with NICE and associated standards by 2016/17, reducing waiting times and focussing on the community model. Communication and expert advice for General Practitioners, schools, children and young people and their families/cares.
- Acceleration of the development of local Crisis Care, Out of Hours and Self Harm related services
- Participation in the North Central London Perinatal strategy and development of local system/pathways to assist in early identification diagnosis treatment and support
- Acceleration of CYP-IAPT, to ensure the progress to date is built on. The future cascade of the programme, targets priority service delivery areas to maintain and embed CYP-IAPT in CAMHS by 2018-20
- Improving access; we will continue to work with children and young people in Barnet to develop a drop-in type facility (currently being scoped by Barnet Young Commissioners). Young people have told us

³⁶ Definition of vulnerable –Young carers, LAC, CIN, YOS, Physical and Learning dis, Sex Exploitation, Gang members, children of prisoners, children exposed to the toxic trio

this needs to be a neutral facing provision and not specific issue related. The facility will act as a self-referral point.

- **Development of technological systems to support:**
 - service access, development and co-production
 - online support, delivery and access
 - CYP resilience and self-efficacy,
 - CYP experience measures (PROMS)
 - outcomes and agreed quality measures
 - data and information systems that has connectivity across providers and service users

- **Work plans focussed on getting it right for vulnerable groups in addition to the above including:**
 - Children with Learning Disabilities
 - First Time Entrant to the Justice System/Youth Offenders
 - Pupils at risk of exclusion/within the PRU
 - Looked After Children
 - Children in Need
 - CYP in Transition between CAMHS and AMHS
 - Children at Risk of and or exposed to and or surviving Child Sexual Exploitation/Abuse
 - CYP at risk of Health Inequity and worse mental ill health/outcomes through gender, sexuality, ethnic, cultural or disability or access issues.
 - Young carers

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

We are mapping services, pathways and systems and are improving engagement across the system 2015 Highlights include:

Date	Activity	Outline
January	Head of Joint Commissioning appointed	Remit joint working NHS and Local Authority Creation of CAMHS Action Plan and pathways review based on 21013/14 UCLP CAMHS Needs Assessment
March	Re-establishment of CAMHS Core Group	Multi Agency partnership re-established to deliver Action Plan members NHS/education, social care/voluntary partners
March to July	Crisis Care	Interim arrangements agreed (£131,000)
April	LA/CCG CAMHS	LBB CAMHS funding secured, signed contract

	Funding	
April onwards	Training Young Commissioners	Six sessions with Young Commissioners to develop priority CAMHS issues
May onwards	Reimagining Mental Health ³⁷	Access is a key work stream for co-production
July	Joint Commissioning Manager appointed	Remit includes CAMHS Baseline Future in Mind Self- Assessment commenced Pan London Commissioner engagement
July	Reimagining Mental Health	Aligning work stream to include transition
August onwards	North Central London CAMHS Network	Fortnightly NCL Transformation Plan teleconferences chaired by Barnet CCG Scoping CAMHS training for LBB 0 to 25 Service ³⁸
August	Core Group Consultation	Core group consulted on priorities
August	BCCG Commissioning Intentions consultation	Public consultation, chapter on children and young people
September	Crisis Care, CSA Health in the Justice system	Participation in sector and Pan- London work to inform local plans
September	Out of Hours Service task and finish group	Task and finish group to help design local and NCL Out of Hours services.
August	Crisis Care Concordat	Sector and local Crisis Care concordat initial focus on adult mental health. Work with NHSE London on crisis care towards a potential sector model.
30 September	Transformation Plan	Public consultation

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

By April 2016:

Improve and secure local Governance, champions and co-production arrangements.

The plan will be monitored by the CAMHS core group. External “turn around” expertise will be used to inform years 2-5 of the plan.

Priority areas:

Eating disorders: increase capacity to meet waiting times Provide ready to deliver.

Self-harm/Crisis care: a new crisis emergency care contract will be established, clarifying the extent of need. This will inform wider developments with other commissioners. Service

³⁷ A local co-production approach to turning around mental health services in Barnet.

³⁸ This is a new service development for the most complex children and young people in Barnet aged 0-25 years

variation in place.

Schools Work: agreement on scope and staffing required. Drop-in model and approach identified with funding and specification in place.

Perinatal mental health: transformation funding dependent, contribute to the sector wide developments, enhance local existing provision using the new funding to establish specialist local provision.

CYP-IAPT, a prioritised sustainable project plan for 2016/17 with staff identified for training 2015-16 to18, in place.

Financial modelling based on local economic modelling, agreed evidence based approaches and outcome measures; commence roll out.

Communications and Engagement: A five year communication and engagement plan in place by December 2015.

Technology and Data intelligence Plan: commissioned service's to deliver therapies such as Big White Wall.

Education / training tools / programmes in place for, families, children and young people and professionals.

Data collection, intelligence and connectivity: identified expertise established with funding.

Workforce Development Plan: A five year development plan agreed identifying NHS, LA, Education and third sector partners and needs.

Transition modelling identified through co-production as part of the 0-25 service work and pathway revision.

Tier 4 Strengthened relationship will be established.

Vulnerable Cohorts (See section 2 above): launched revised pathways, including CSA and transitions for the most vulnerable children and young people.

Funding:

Eating disorders and out of hours provider ready to recruit and deliver

Technology services and training programmes – to commission on assurance of plan

Q5. What do you want from a structured programme of transformation support?
Please tell us in no more than 300 words

We will need support to achieve some of the intractable issues in play. Where possible support should be Pan London in nature and where needed locally customised/accessed:

Programme support in the following areas could include:

- Strategic Clinical Network oversight and engagement for priority areas such as vulnerable cohorts, eating disorders i.e. creation of models of care/best practice reviews. Streamlining approaches and information, prevention of duplication by existing networks e.g. perinatal network co-ordination
- Responsive network engagement to support skills and practitioner development across London
- Organisational “turn around” expertise
- Financial support and clarity on mechanisms for payment
- Procurement advice to support five year plan such as rapid procurement processes/waivers
- Support in IT and systems integration to allow interoperability of systems to enhance data flow within CAHMS

- Identification of best IT and communications assets that can support local systems – already approved for NHS procurement – or fast track access to ensure they are on central supplier lists for procurement
- A pan London Information Agreement to support system wide data and information governance issues
- Pan London Task and Finish working groups on system and sector wide areas for collaboration – i.e. CSA/Crisis Out of Hours services
- Pan London Communications resources, exemplars and case studies media releases, branding, templates, anti-stigma campaigns
- London/national focus groups/service user engagement/concept testing
- Exploration of links with aligned organisations (PHE/MOPAC/LGA/LAS/ MPS etc.) where Pan London response will be beneficial
- Workshops/seminars on specific transformation campaign areas - i.e. reducing stigma in children mental health, widespread SMS CYP PROMS/experience measures reporting implementation
- Local support for plan assessment/development/detailed action planning year to year
- Exemplar Outcomes and metrics/commissioning intentions

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (e.g., for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list

ANNEX 2: SELF-ASSESSMENT CHECKLIST FOR THE ASSURANCE PROCESS

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1. Have been designed with, and are built around the needs of, CYP and their families	Y	<p>Page 9/Para 9: Co-production of CAMH services</p> <p>Page 13/Para 8: Children and Young Peoples Participation is central to the plan</p> <p>Page 16/Para 7: Barnet Young Commissioners</p> <p>Page 18/Para 1: Development of the Transformation Plan</p> <p>Page 19/Para 2: The Barnet Joint Strategic Needs Assessment (JSNA) 2015 and UCL Partners 2014/15</p> <p>Page 21/Para 5: Joint Strategic Needs Assessment 2015</p> <p>Page 22/Para 6: Estimated Need for Services in Barnet</p>
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	<p>Page 7/Para 6: CAMHS in Schools</p> <p>Page 16/Para 13: Partnership Working</p> <p>Page 27/Para 2: Voluntary and Community Sector Involvement in CAMHS</p> <p>Page 47/Para 8: Public Health</p>
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	<p>Page 28/Para 7: Specialised Commissioning (Tier 4) Expenditure and Activity</p>
4. promote collaborative commissioning approaches within and between sectors	Y	<p>Page 26/Para 4: Sector Wide Work, TRI Borough (Barnet, Enfield and Haringey) and Local Management</p>

		Page 56/Para 1: Barnet Position Page 67/Para 3: CAMHS Core Group
Are you part of an existing CYP IAPT collaborative?	Y	Page 61/Para 2: CYP IAPT Barnet became part of the CYP IAPT programme in 2013-14
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?		
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	Page/ Para 6: Estimated Need for Services in Barnet
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	Page 10/Para 9: Transformation Funding Page 27/Para 4: Finance - Current Position
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	Page 15/Para 3: Communications and Partnership
Level of ambition		
Please confirm that your plans are:		
4. based on delivering evidence based practice	Y	Page 12/Para 1: The Vision for CAMHS in Barnet Page 43/Para 6: Evidenced Based Practice Page 49/Para 5: Item 6 (Moving away from tiers) Page 56/Para3: What will Barnet do
5. focused on demonstrating improved outcomes	Y	Page 4/Para 1: Executive Summary Page 13/Para 1: The Vision for CAMHS in Barnet Page 49/Para 5: Item 6, Moving away from tiers Page 58/Para 5: item 36
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	Page 8/Para 5: Care for the most vulnerable Page 13/Para 8: Children and Young Peoples Participation is central to the plan Page 37/Para 4: The Transformation Plan: Priorities, Headlines and Actions Page 38/Para 1: Care for the vulnerable

		Page 55/Para10: Item 20 and 21
Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	Page 17/Para 3: Governance and Transformation Plan Development
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	Page 17/Para 3: Governance and Transformation Plan Development Page 63/Para 6: Item 46
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	Please see attached document entitled 'Barnet transformation Plan Tracker'
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	Page 47/Para 3: Key Performance Indicators will include: Page 48/Para 6: Key Performance Indicators will include: Page 51/Para 5: Key Performance Indicators will include:
Finance		
Please confirm that:		
6. Your plans have been costed	Y	Page 43/Table 12.3: Planned Transformation Funding Spend
7. that they are aligned to the funding allocation that you will receive	Y	Please see attached document entitled 'Barnet transformation Plan Tracker'
8. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	N	Page 53/Para 1: Item 12 (Crisis care concordat)

Director of Children's Services

Chief Operating Officer (Interim)




Chris Munday

Regina Shakespeare

Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

Friday, 16 October 2015