

	<b>Health and Wellbeing Board</b>  <b>15 September 2016</b>
<b>Title</b>	<b>Children and Adolescent Mental Health Services – CAMHS Transformation</b>
<b>Report of</b>	Interim Director of Commissioning Barnet CCG Commissioning Director-Children and Young People London Borough of Barnet
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	None.
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<h2>Summary</h2>
<p>Barnet, through its Children and Young People's Plan 2016-2020 (i), sets out a clear aspiration to make Barnet the most Family Friendly Borough by 2020 where all children and young people flourish. At the heart of this vision is the development of a consistent model of work which builds resilience in our communities, our families and our children and young people.</p> <p>In March 2015 the Government published a new policy for Children's and Adolescent Mental Health Services (CAMHS) 'Future in Mind'. This identified the growing levels of emotional problems among young people and the need to deliver fundamental change in CAMHS Services to meet this need.</p> <p>In late 2015, NHSE agreed the jointly developed Barnet Local Transformation Plan and made funds available to CCGs to transform Children and Adolescent Mental Health services. Key developments include:</p> <ul style="list-style-type: none"> <li>• Improving access to effective support</li> <li>• Care for the most vulnerable</li> <li>• Promoting resilience, prevention and early intervention</li> <li>• Accountability and transparency</li> </ul>

- Developing the workforce

Significant short term progress has been made to date and additional plans are in place for 2016/17 including work to reduce waiting times

The Barnet CAMHS Transformation Plan and Barnet Family Friendly vision establish the shared objectives of improving outcomes for children and young people by intervening early and building resilience.

London Borough of Barnet and Barnet CCG have identified the need to take a joint strategic and Barnet focused approach to the commissioning of CAMH services. This will involve:

- Alignment of contracts and pooling of budgets under a section 75 arrangement to take effect by 1 October 2017
- Commissioning of children and young people's mental health and emotional wellbeing services as a whole system under the leadership of London Borough of Barnet as per the existing Memorandum of Understanding
- The new CAMHS system to begin 1 October 2017
- Additional investment to be made in prevention, resilience based practice and early intervention
- Embedding of CAMHS into the wider children's service system including schools, primary care and children and family services

This paper outlines the progress to date, future plans and commissioning intentions to ensure the delivery of better emotional wellbeing outcomes to children and young people in Barnet.

## **Recommendations**

### **1. That the Health and Wellbeing Board approves the continuing work outlined in the report to transform CAMHS including**

- LB Barnet to extend the CAMHS contract for 6 months and bring into alignment with BCCG contract
- LB Barnet and Barnet CCG to jointly commission on a whole system basis led by LB Barnet
- This will be a Barnet specific process for Community CAMHS starting Autumn 2016 for implementation by 1 October 2017
- Commissioning intentions letter to providers September 2016
- LB Barnet maintain current funding for the 6 month extension subject to approval by the board
- Implementation of a Section 75 agreement including pooled budget arrangement and governance board

## **1. WHY THIS REPORT IS NEEDED**

### **BACKGROUND**

- 1.1. The Barnet Children and Young Peoples Plan 2016-2020 developed in partnership with local young people sets out our Family Friendly Vision for the area. It is based upon the key objectives of ensuring that 'children, young people and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to'. Good emotional wellbeing is an important aspect to achieving these goals and Barnet is committed to providing effective support through local service provision.
- 1.2. The Government has emphasized the need for further development of local children's mental health provision. Barnet CCG and LB Barnet have embarked on an ambitious programme to improve services and pathways. The work will feed into and be incorporated in the plans of the sub-regional programme for Sustainability and Transformation for North Central London for mental health development to embed effective transformation of local services and pathways to well-being.
- 1.3. The high cost of mental health within acute provision budgets has been highlighted as a spur to improving early intervention and prevention, as well as increasing general provision within the Under 18 population. Barnet is now the largest London borough by population and continues to grow. There are currently 94,940 children and young people in Barnet, increasing by 8.5% to 102,978 in 2018. Up to 75% of all mental health problems emerge before an individual's 18<sup>th</sup> birthday. Anxiety and depression appear to be increasing among young people in the last 10 years. Therefore the necessity to provide a high functioning emotional wellbeing support system (ii) is a priority to respond to changing population wide needs. We wish to remodel the CAMHS system to improve access to support including resilience based practice, increase early identification and reduce waiting times.
- 1.4. The need for effective patient care and support to individuals in the local community, delivered as close to home as possible and meeting their needs for physical and mental health care, remain key policy drivers from the governmental white papers No Health without Mental Health 2011 and the Five Year Forward View 2016. Barnet has the second highest number of Tier 4 residential placements for CAMHS in London. The local developments in Barnet set out in this paper are designed to meet the requirements for sustainability and to deliver services at the right time, of the right quality, in the right place. Effective emotional wellbeing support for children will enhance resilience in the population and may help stem demand for long term adult mental health services.

## **PROGRESS REPORT ON CAMHS TRANSFORMATION AND INVESTMENT**

- 1.5. Transformation Funding received by Barnet CCG = £800k per-annum 2015.16-2020.21. Allocations to date as follows
- 1.6. Eating Disorders: The objective in Barnet has been to reduce waiting times. Waiting Times improved from <4 weeks Q3 2015.16 = 32.5% - <4 weeks Q4 2015.16 = 78.6% and Q1 2016.17 = 86%. (Allocated £100k per annum additional funding). This is a mandatory area for investment identified by NHSE
- 1.7. Vulnerable Groups: A locally identified priority is to support vulnerable young people who are experiencing emotional distress and behavioural problems. New Pupil Referral Unit (PRU) CAMHS satellites have been set up which include dedicated mental health staff, psychologist input, group and 1-1 sessions and parental support (using £146k per-annum)
- 1.8. Crisis Service: A specification and tender pack have been developed to procure a new nurse led Out of Hours CAMHS Crisis Service to help support crisis and reduce admissions to hospital and long term residential placements (£275k per-annum)
- 1.9. CAMHS in Schools: Now offering a named Primary Mental Health Worker to all schools and a review of the general schools offer is under way including the development of a traded service. (£200k 2015.16 and 2016.17 only).
- 1.10. Other areas of transformation investment include
  - CYP-IAPT £22k 2015.16 per-annum
  - CAMHS IT and Website £88k 2015.16 only
  - Co-Design and Participation (£35k spread over 2 years)

## **PERFORMANCE MANAGEMENT AND TARGETS**

- 1.11. Barnet Commissioners along with Haringey and Enfield have agreed a new enhanced level of reporting with the CAMHS provider. This will offer a much better level of detail covering waiting time's referral to assessment and referral to treatment, data on discharges and onward referral. Targets for waiting times referral to assessment have been agreed to come down from < 13 weeks to < 8 weeks by the end of 2016.17 with further improvement thereafter.
- 1.12. Barnet will move to a more local level of performance management and disaggregation of CAMHS spend from the main mental health block contracts. This will support further development of service and performance management

## **2. REASONS FOR RECOMMENDATIONS**

2.1 The HWBB is key to supporting the commissioning of local services that affect local residents. The need to focus on early intervention, support for self-reliance and ensuring a partnership approach to deliver a multi-skilled workforce within primary care, in children and family services and including the voluntary sector is crucial to effective children's mental health pathway provision. Barnet CCG and LB Barnet wish to continue to engage and act in the best interests of the local community. We feel this will be achieved by a joint approach to commissioning support for children's mental health by:

- Develop an 'Emotional Well Being System'-in line with The Thrive Model more efficient, responsive, integrated and outcome focused approach
- Improve patient and family experience by better prevention, resilience building, and early intervention, reducing waiting times, and making accessing support less stressful.
- Co-Design with Children, Young People and Families/Carers
- Reducing Hospital and Residential Tier 4 admissions

2.2 CAMH services should be redesigned to meet the changing needs of Barnet Young People. Levels of anxiety and depression among young people nationally have increased by 70% in the last 25 years and presentations to A+E for psychiatric symptoms doubled between 2009 and 2013.<sup>14</sup> A new focus on early intervention, resilience and prevention is required. As a consequence opportunities to support children and young people at an early stage should be optimised. Clinical services have become silted up. Residential admissions are the second highest in London and typically double our neighbouring boroughs. Services have not been redesigned as a whole system to meet the changing needs of the population. The system must therefore be commissioned to meet need earlier in the pathways. Services must be embedded in the community and move out of hospital settings. CAMHS Transformation funding is an opportunity to radically overhaul the system.

2.3 A joint approach to developing a more integrated system can maximise the benefits for children, young people and their carers by shaping services to meet needs. Utilising existing participation structures such as Voice of the Child.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 The findings referenced in 'Future in Mind' 2015' highlighting the difficulties young people and families have in accessing CAMHS nationally and specific gaps such as Crisis Support are consistent with the picture in Barnet. Barnet could utilise the additional funding of £800k received under 'Future in Mind' to add capacity to the existing system. In the short term this has been the case and some improvements have been achieved. However it is recommended that to truly transform children's mental health service we should undertake a 'whole system' transformation process. This will be achieved through partnership approaches and engineering systems to work together and provide the best care and support possible at the earliest point of contact. Other similar developments around the country have shown benefits in

ensuring systems working together can achieve better integration for delivering cross-cutting transformation and outcomes.

#### **4. POST DECISION IMPLEMENTATION**

4.1 Members of the HWBB will continue to be updated and to input to the ongoing development of CAMHS transformation.

4.2 Services will be appropriately monitored through reports of service delivery and at the discussion of the Joint Commissioning Executive Group and progress on delivering planned transformation will be reported back to the HWBB at an agreed date including

- Commissioning intention letters
- Section 75 agreement
- Consultation process

#### **5. IMPLICATIONS OF DECISION**

##### **5.1 Corporate Priorities and Performance**

5.1.1 The Joint Health and Wellbeing Strategy 2015-2020 has been referenced in programme plans across the differing developments and will continue to inform the transformation process.

5.1.2 The Joint Health and Wellbeing Strategy 2015-2020 highlighted the requirement to support better integration across pathways and services for people with mental health needs and to ensure the right support at the right time to meet individual identified needs.

5.1.3 Barnet Children and Young People's Plan has helped shape the CAMHS Transformation process and this programme will support the key objectives of the 'Family Friendly' vision for children and families to:

- Keep themselves safe
- Achieve their best
- Be active and healthy
- Have their say

##### **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 London Borough of Barnet provides £770k funding per-annum for Community CAMHS services. Barnet CCG provides £3.8m to Community CAMHS and an additional £1.7m for specialist provision. The HWBB is not asked to consider any additional funding decisions at present over and above the continuation of the existing LB Barnet CAMHS contract for a six month extension. Current transformation is being achieved within agreed financial resources across all sectors. CAMHS Transformation funding was agreed prior to development as an investment in delivering change processes to ensure sustainability within the current financial envelope across health and social care. Barnet CCG CAMHS Transformation funds allocated by NHSE have been agreed and

signed off for 2016.17 in the Barnet Transformation Plan of December 2015.

5.2.2 The approach detailed in this proposal depends on the future commitment at all levels from the individual organisations to ensure the continued prioritisation of children's mental health to ensure quality standards are met.

### 5.3 **Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.3.2 The developments within the planned integrated approach ensure that services providing wellbeing, health and social care for children and families deliver benefits to individuals with mental health needs in a much more coordinated fashion, supporting people when they need it and providing the right amount of support to ensure individuals develop the skills they need to make choices for their own well-being in the future. Services working together derive social capital from each other and this in turn supports a collaborative approach towards sustainability within an ever-changing economy.

### 5.4 **Legal and Constitutional References**

5.5 The benefits of the planned transformation will be delivered in accordance with relevant statutes including the Equality Act 2010, the Care Act 2014, the Mental Health Act 1983 as amended and the Children (not Children's ) Act 1989.

5.5.1 The terms of reference of the Health and Wellbeing Board is set out in the Council's Constitution Responsibility for Functions (Appendix A) and includes the following responsibilities:

- To work together to ensure the best fit between available resources to meet the health and social care needs of children and families in Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBB and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to

health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.

- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for overseeing public health and developing further health and social care integration.

## 5.6 Risk Management

5.6.1 As part of the ongoing development of the services, the organisations have in place full Risk and Issues logs in managing the transformations from these approaches alongside the detailed implementation plans.

## 5.7 Equalities and Diversity

5.7.1 LB Barnet and Barnet CCG will be completing their own Equality and Diversity assessments to ensure services target communities most at risk of health inequalities in all wards and to ensure improvements within areas with individuals adversely affected by the effects of negative socio-economic and stigmatising approaches. Impacts will further be gauged through piloting services and measuring outcomes. All areas require improvements given the negative stigma that has hitherto surrounded daily reporting and societal attitudes towards mental health; however the government has targeted parity of esteem with physical health to ensure mental health is considered as part of everyone's right to care and support.

## 5.8 Consultation and Engagement

5.8.1 Extensive consultation will be undertaken in transforming CAMHS through Co-design groups and action learning Trailblazers with people with lived experience of mental health, the voluntary sector, statutory sector, schools, private not-for-profit organisations, statutory secondary care and social care services, primary care GPs and practice managers, commissioners, the Police, Probation Services, elected Members and Senior Council officers. The Children's Mental Health Transformation strategy was co-produced through key engagement meetings with all stakeholders including schools and children's voluntary sector organisations.

## 5.8 Insight

5.8.1 Data from the JSNA, UCL Partners review team, the Public Health team, local CAMHS Performance reports, the council's Insight team, Carnall Farrar review 2015, NCL STP Programme and the Children and Young People's Transformation Strategy has been used in this report.



## **6. BACKGROUND PAPERS**

- 6.1 Health and Wellbeing Board, 21 July 2016, Agenda Item 7: Children and Young People's Plan 2016-2020  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8713&Ver=4>
- 6.2 The Thrive Model  
[http://www.annafreud.org/media/2552/thrive-booklet\\_march-15.pdf](http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf)