


MEETING DATE:	8 October 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 6.1	
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JOB TITLE:	Director of Commissioning	
DEPARTMENT:	CCG	

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) TRANSFORMATION PLAN BRIEFING

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Integrated Commissioning Partnership Emotional Health and Wellbeing Group Square table event with children and young people Potential providers or commissioning partners
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

This report briefs Governing Body members on the requirements and timelines in relation to agreeing the Local Transformation Plan for Children and Young Peoples Mental Health and Wellbeing in response to the national requirements of "Future in Mind".

The Future in Mind Report (FiM) was published in May 2015 and sets out a clear national ambition to transform the design and delivery of a local offer of services for children and young people with mental health needs. Future in Mind describes an integrated **whole system approach** to driving further improvements in children and young people's mental health outcomes with the NHS, Public Health, Local Authority Children's Services, Education and Youth Justice working together.

The local transformation plan is being developed from the existing Children and Young Peoples Emotional Health and Wellbeing Strategy for North Lincolnshire, including its existing actions and timescales. The transformation plan integrates the additional requirements of "Future in Mind" into that existing strategy.

The attached sets out in more detail the expected content of the plan and proposed priorities for transformation.

CCG Plans are required to be submitted to NHS England by the 16 October 2015, and will be subject to a national assurance process, which will release the resources to the CCG for investment.

Plans are required to be signed off on behalf of the Health and Wellbeing Board.

The detailed plan, at the time of writing this report is still underdevelopment working towards the submission by the 16 October 2015. Governing Body is therefore asked to support the Chair and Chief Officer in agreeing the final plan in conjunction with North Lincolnshire Council and the Chair of the Health and Wellbeing Board.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	x

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		No	x
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4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
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5. LEGAL IMPLICATIONS:

Yes		No	x
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6. RESOURCE IMPLICATIONS:

Yes	x	No	
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Extra Funding for North Lincolnshire has been allocated as follows:

- **Eating Disorders** – initial allocation of **£93,243** for 2015/16 (released immediately)
- **Additional Funding of £233,375** (subject to assurance of a local CAMHS Transformation Plan)
- Extra funding relating to **Perinatal Mental Health** will be released, but this will part of a separate process later in 2015.
In order to receive the additional £233k funding identified above the local plan will need to be assured by NHS England.

7. EQUALITY IMPACT ASSESSMENT:

Yes		No	X
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8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	x	No	
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The Children’s and Young Peoples Emotional Health and Wellbeing Strategy for North Lincolnshire was developed with the support of a ‘Square Table event’ for Children’s and Young People.

9. RECOMMENDATIONS:

The Governing Body is asked to: -

- Receive the briefing on the requirements of the CAMHS transformation plan
- Receive the update on progress
- Support the Chair and Chief Officer in agreeing the final plan for submission in conjunction with North Lincolnshire Council and the Chair of the Health and Wellbeing Board

Overview and requirements for the CAMHS Transformation Plan

1. Background

The Future in Mind Report (FiM) was published in May 2015 and sets out a clear national ambition to transform the design and delivery of a local offer of services for children and young people with mental health needs.

Future in Mind describes an integrated **whole system approach** to driving further improvements in children and young people's mental health outcomes with the NHS, Public Health, Local Authority Children's Services, Education and Youth Justice working together to:

- Place the emphasis on **building resilience, promoting good mental health, prevention and early intervention;**
- Deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one **built around the needs of children, young people and their families;**
- **Improve access** so that children and young people have easy access to the right support from the right service at the right time;
- **Deliver a clear joined up approach:** linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- Sustain a culture of **continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;**
- **Improve transparency and accountability** across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

The FiM report was structured around 5 key themes:-

- **Promoting resilience, prevention and early intervention.**
- **Improving access** to effective support – a system without tiers.
- **Care for the most vulnerable.**
- **Accountability and transparency.**
- **Developing the workforce.**

NHS England has agreed to release extra funding to transform mental health services for children and young people, in line with the FiM report and the Five Year Forward View.

Extra Funding for North Lincolnshire has been allocated as follows:

- **Eating Disorders** – initial allocation of **£93,243** for 2015/16 (released immediately)
- **Additional Funding of £233,375** (subject to assurance of a local CAMHS Transformation Plan)
- Extra funding relating to **Perinatal Mental Health** will be released, but this will part of a separate process later in 2015.

In order to receive the additional £233k funding identified above, NLCCG will lead and is required to develop a local CAMHS Transformation Plan, along with other stakeholders including;

- North Lincolnshire Council including Public Health
- NHS England
- Local providers including Rotherham Doncaster and South Humber Foundation Trust as the provider of specialist CAMHS and School Nurses
- Youth Justice
- Education/Schools
- Third sector organisations: MIND, National Autistic Society etc.
- Humberside Police
- Children and Young People being consulted with and involved in, the development of the Transformation Plans.

2. The CAMHS Transformation Plan

The Transformation plan will include high level baseline information which will provide a **‘shared local vision for a 5 year programme of transformation’**.

It will cover the full spectrum of services including Health, Education and Social Care and include current existing initiatives such as the Crisis Care Concordat and Children’s and Young peoples Improving Access to Psychological Therapies (CYP IAPT).

Key deliverables will include:-

- **Building Capacity & capability** across the system.
- **Roll-out of CYP IAPT**. And including training for staff working with children under 5 & with Autism & LD.
- **Evidence based Community Eating Disorder services** – releasing capacity to improve ‘self-harm & Crisis services.
- **Improved Perinatal Care** – but separate financial allocation & commissioning guidance will be published before the end of the financial year.
- Links to the **Schools/CAMHS Pilot**.

The Transformation Plans should:

- Cover the **whole spectrum of services** – prevention, intervention, existing & emerging problems, transitions & Inpatient care.
- Address needs of **most vulnerable patients** – Learning Disability, Looked after Children (LAC), Care Leavers, Child Sexual Exploitation (CSE).

- Align with **LD transformation Plans** in LD ‘fast track’ areas.
- Clarify local **leadership & governance** arrangements.
- Evidence **joint working & collaborative commissioning**.
- ‘Describe the working arrangements with collaborative commissioning oversight groups in place between NHS England specialised commissioning teams and CCGs and with NHS England Health and Justice teams who have direct commissioning responsibility for the Children and Young People’s Secure Estate. This includes transition to and from secure settings to the community for children placed on both youth justice and welfare ground; robust care pathways from Liaison and Diversion schemes and from Sexual Assault Referral Centres’
- Set out steps for agreeing **role for schools & colleges**, including delivery of services.
- Ensure coherence with **local priorities in existing joint planning guidance**.
- Set out **clear ‘metrics’** so success is measured & transparent.
- Include explicit reference to requirements of **Equality Act 2010**.
- Include **high level baseline information** on;
 - a. workforce,
 - b. activity & spend,
 - c. KPIs & outcomes.
- They should also explain how they will meet the **2020 ambition for increased capacity & capability**.

Key drivers for the plans will be the **local JSNA & Joint Health & Wellbeing Strategy**.

They should link to any requirements around joint commissioning & the **SEND** agenda (& care plans). This will mean a specific reference to the 0-25 year age group.

There will be a requirement to work with the **local (NHS England) Specialised Commissioning Teams**, so that plans reflect:-

- The need to treat as **close to home** as possible.
- Supporting children to stay in the community (more **intensive community support**)
- **Access to Inpatient care** when required.

Plans will need to demonstrate the following:

- **Transparency** - Commissioning agencies to give; ‘annual declaration’ of current investment & needs of population. Providers to give details of services provided, including staff numbers, skills & roles, activity, waiting times & access to information. Annual declaration should cover 1st April 2014 to 31st March 2015.
- **Service Transformation** – signup by all parties to agreed principles covering:-
 - a. Range & choice of treatments/interventions available.
 - b. Collaborative practice with C&YP & families, schools & colleges.
 - c. Use of evidence based interventions.
 - d. Regular feedback of outcome monitoring to C&YP and families.
- **Improving the Data & IT infrastructure** –

- e. Development of combined MHSDS – providers to put plans in place to start collecting data no later than 1st January, 2016. In particular will include plans around clinical outcome data.
- **Monitoring Improvement** – through development of a ‘shared action plan’ with appropriate governance structures.

Summary – Local Transformation Plans should:

- Be designed with and built around the **needs of, CYP and their families;**
- Be based on the mental health needs of children and young people within your local population;
- Provide evidence of **effective joint working** both within and across all sectors including NHS, public health, LA, social care, youth justice, education and the voluntary sector;
- Include reference to **other improvement initiatives** such as the Crisis Care Concordat;
- Include evidence that **plans have been developed collaboratively** with NHS England Specialised and Health and Justice Commissioning teams;
- Promote **collaborative commissioning approaches** within and between sectors
- Clarify status within the CYP IAPT programme
- Include the **level of investment by all local partners** commissioning children and young people’s mental health services for the period April 2014 to March 2015;
- Include **spend on services directly commissioned by NHS England** on behalf of the CCG population;
- Will be published on the websites for the CCG, Local Authority and any other local partners;
- Are based on delivering **evidence based practice** and focused on demonstrating improved outcomes;
- Make explicit how you are **promoting equality and addressing health inequalities;**
- Will be **monitored by multi-agency boards** for delivery supported by local implementation / delivery groups to monitor progress against your plans, including risks;
- Include baseline information for April 2014-March 2015 on referrals made, accepted, and waiting times;
- Include **workforce information, numbers of staff including whole time equivalents, skills and capabilities;**
- Include **measurable, ambitious KPIs;**
- Have been costed and are **aligned to the funding allocation** that you will receive;
- Take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem).

3. Governance & Assurance Process

- Plans need to be signed off on behalf of the Health & Wellbeing Board prior to submission
- NLCCG and North Lincolnshire Council to sign off plans internally prior to sign-off by H&WB.
- A bespoke assurance process has been developed for 2015/16 which will involve all plans being assured by NHSE. The process will be integrated within the mainstream planning framework from 2016/17.

4. Outputs

- **Local Transformation Plan**
- **High level summary** (Annex 1 of the guidance)
- **Self-assessment checklist** (Annex 2 of the guidance)
- **Completed tracking templates** (Annex 3 of the guidance)

5. Timeline

1	Submission of complete bid to NHS E	16th October 2015
2	Assurance process completed and further funding released.	By first week November 2015
3	Transformation Plans published locally	October to November 2015
4	Transformation Plans inform 2016/17 CCG commissioning intentions	Q3 and Q4 2015/16
5	Review and development of Transformation Plans embedded in mainstream planning processes across local agencies	From 2016/17 onwards

Progress and Priority Actions

A first draft plan has been produced and circulated to all partners' agencies for input and comment. Following consideration of the Children and Young Peoples Emotional Health and Wellbeing Strategy for North Lincolnshire and the Children's and Young Peoples Plan the following areas have been identified as priorities for North Lincolnshire.

- Building system capability
- Providing accessible child friendly information to children and young people utilising a range of existing and emerging media
- We will deliver a range of training opportunities to staff or agencies working with children and young people, including health visitors and school nurses, to improve the recognition of emotional needs and appropriate routes to access support as required
- We will adapt the "Time to Change" materials to increase awareness of mental health issues with children and young people, reducing the associated stigma
- We will work with families and carers to support their understanding of mental health and wellbeing through the delivery of awareness raising and training and aligned to the local carers strategy.

Transformation of Existing Services and Pathways

- We will review our services and pathways as a part of the local Crisis Care Concordat, focussing on the needs of specific vulnerable groups including care leavers, those within the criminal justice systems, children in care and those with known mental health problems.

- We will improve connectivity by providing named CAMHS professionals for schools and GPs providing support, education, case advice and liaison
- Named CAMHS workers will work with schools to develop a comprehensive, organisation wide approach to the promotion of social and emotional wellbeing
- We will commission services that recognise children as individuals, utilising individual and person centred transition plans based on need and circumstance.
- All children and young people at risk of inpatient admission will have a multi-agency plan that also includes crisis strategies developed in partnership with schools and youth agencies
- We will review our access routes for mental health and wellbeing services, delivering non-stigmatised and simple routes to access support for children and young people including locality based access

Delivering New Skills and Capacity

- We will work in partnership with neighbouring CCG areas to develop a community based eating disorder services delivered to an estimated 15 people per year who would otherwise have required an inpatient admission, releasing capacity elsewhere within the system to improve crisis and self-harm services and deliver preventative services to those with a less severe presentation.
- We will develop capacity to work in a proactive outreach setting, acting as a bridge between inpatient and community based care, providing intensive multi-agency support to children, young people and their families, preventing inpatient admission, supporting earlier discharge and engagement
- We will enhance 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.

Within these identified priorities, a pragmatic approach has been required to identify the timescales for delivery of each element of the five year plan.

It is proposed that earlier actions will make use of available funding on a non-recurrent basis prior to implementation of longer term recurrent commitments, making use of the opportunities presented to deliver training packages, awareness raising schemes and other system capability objectives as the detailed planning of the national requirements for community based eating disorder services CYP IAPT and proactive outreach approaches are developed.

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