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| <b>REPORT TO:</b>  | HEALTH AND WELLBEING BOARD (CROYDON)<br>9 September 2015                                   |
| <b>AGENDA ITEM:</b>  | 10   |
| <b>SUBJECT:</b>  | CAMHS Local Transformation Plan  |
| <b>BOARD SPONSOR:</b>  | Paula Swann<br>Chief Officer, Croydon CCG<br>Paul Greenhalgh<br>Executive Director, People |
| <b>BOARD PRIORITY/POLICY CONTEXT:</b>  |  |
| <p>The purpose of this report is to provide the board with information on the national direction of travel for the reform of Emotional Wellbeing and Mental Health services for children and young people, in light of the NHS England guidance published in August 2015. Nationally, Child and Adolescent Mental Health Services (CAMHS) are being remodelled in response to well documented challenges for children and young people in accessing specialist mental health support. The guidance requires CCGs, in partnership with local agencies, to produce a Transformation Plan which will address all aspects of CAMHS service delivery and infrastructure.</p> <p>Local Transformation Plans need to cover the whole spectrum of support for children and young people's mental health and wellbeing from health promotion and prevention work, to interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services. Croydon's current Emotional Wellbeing and Mental Health action plan under the Children and Families Partnership will be developed into the area's Local Transformation Plan, to be held by the Clinical Commissioning Group in collaboration with local partners and monitored through NHS England from the second half of 2015-16.</p> |  |
| <b>FINANCIAL IMPACT:</b>   |  |
| <p>The minimum recurrent new investment into children and young people's emotional wellbeing services from 2016/17 until 2019/20 if Croydon's Local Transformation Plan is assured is £733,589.</p>  |  |

## 1. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Note the national process for the development of Local Transformation Plans and the short timescales for their agreement and submission.
2. In line with the national guidance, to delegate the Health and Wellbeing Board's sign off of the Local Transformation Plan to the Lead Member for children and young people, Chair of the Board, the statutory Director of Children's Services and the Director of Public Health.
3. Note that any proposed pathway changes will be discussed and considered with the CCG's Clinical Leadership Group on the 4<sup>th</sup> September 2015.
4. Note the high-level timetable for the development of the Plan.

## **2. EXECUTIVE SUMMARY**

### **National context – policy**

- 2.1 One in four people on average experience a mental health problem, with the majority of these beginning in childhood. A report by the Chief Medical Officer in 2014 found that 50% of adult mental health problems start before the age of 15 and 75% before the age of 18; however, less than 10% of national funding for mental health is apportioned to Child Adolescent Mental Health Services (CAMHS).
- 2.2 In response to growing evidence of the difficulties faced by CAMHS nationally, the Department of Health (DH) and NHS England (NHSE) established a Children's and Young People's Mental Health and Wellbeing Taskforce which reported in March 2015, with the aspiration for driving tangible improvements in services by 2020. The Taskforce report gave rise to the Future in Mind strategy in April 2015, and this has led to a nationwide requirement for the development of a Local Transformation Plan for CAMHS in each CCG area.
- 2.3 In parallel with the heightened focus on CAMHS by DH and NHSE, the Department for Education (DfE) is leading a drive to improve the provision of mental health support in schools. In June 2014, the Dept. for Education published guidance for schools on identifying and supporting pupils who may have mental health problems. This was followed in March 2015 with the publication of Promoting children and young people's emotional health and wellbeing: A whole school and college approach. The aim of this guidance is to raise the profile of emotional wellbeing issues in schools, linking them to success against the Ofsted inspection framework. Future in Mind also places a focus on the role of nominated school leads for mental health.

### **National context – financial commitments to CAMHS**

- 2.4 In the Spring Budget 2015, the Government announced an investment of £1.25bn in children's mental health over the next 5 years (£250m per year).
- 2.5 This money represents additional funding and is not within the current CCG baseline.
- 2.6 The government has communicated its intention to direct this additional funding towards improving access to mental health services for children and young people; improving perinatal mental health; expanding the CYP IAPT programme; and building workforce capacity across the economy of children's services professionals. Plans for improvement against these areas should be included in Local Transformation Plans.
- 2.7 The national £1.25bn financial commitment is in addition to the already announced In the Autumn Statement 2014 additional funding of £30m recurrent for 5 years to be invested in a central NHS England programme to implement improved access for children and young people to specialist evidence based community CAMHS eating disorder services. Part of this programme funding will be used to develop an access and waiting time standard. As Croydon has a

robust clinical pathway for eating disorders, we expect will be able to use this funding for crisis / acute care. This funding is dependent on the submission of a Transformation Plan to NHSE. CCGs are not required to match fund against this strategy.

- 2.8 Following the publication of Future in Mind earlier this year, guidance for Local Transformation Plan was published on 3rd August by NHS England, setting out that local areas should submit their plans by a final date of 16th October. Funding has been released alongside the Local Transformation Plans to enable a step change in the delivery of local services. The initial allocation of funding for eating disorders and planning for Croydon in 2015/16 is £209,411, with this being released on 3rd August alongside the LTP guidance. Additional funding available to Croydon for 2015/16 at the point that Croydon's Transformation Plan is assured will amount to £524,178. The minimum recurrent uplift for 2016/17 if plans are assured is £733,589.

### **3. DETAIL**

- 3.1 Croydon completed its Joint Strategic Needs Analysis on Emotional Wellbeing and Mental Health in 12/13. In 2011, it was estimated that there were 21,000 children and young people in Croydon, with some form of mental health need. This rises to approximately 24,000 by 2021.
- 3.2 The JSNA indicated that the most prevalent disorders in Croydon are conduct disorders, such as aggression and anti-social behaviour. The highest prevalence is seen amongst boys aged 11 – 16. This is followed by emotional disorders, such as depression and anxiety. Here the prevalence is highest amongst girls aged 11 – 16. Hyperkinetic disorders, such as Attention Deficiency Hyperactivity Disorder (ADHD) are more common in boys than girls, with highest prevalence in boys aged 5 – 10. The number of children with ASD looks set to continue to rise, with services both clinically and allied support services will need to reconfigure service priorities in order to meet this challenge.
- 3.3 The child population in Croydon is growing rapidly. The LGA's analysis of 2012 local authority school places planning returns to the DfE showed that Croydon has the highest percentage growth of school aged population of any authority in the country. As a borough, Croydon has the largest children's population in London. Meanwhile, Census 2011 information shows that the population has become more deprived in the decade to 2011. There are indications this trend has been exacerbated by the recent benefit reforms.
- 3.4 The Home Office's main immigration centre is based within Croydon, which means that Croydon has an unusually high number of unaccompanied asylum seekers, main with high levels of mental health needs. These are addressed both within the statutory and voluntary sector.
- 3.5 There is a wealth of evidence and good practice to build on. Key documents that have been used to inform the review of Emotional Wellbeing and Mental Health services and the emerging Local Transformation Plan are:

- Mental health problems in children and young people. Murphy M and Fonagy P (2012) which is in the Annual Report of the Chief Medical Officer 2012.
- The Children and Young People’s Health Outcomes Forum and Chief Medical Officer’s Annual Reports in 2012 and 2013 have maintained the focus on improving children’s mental health outcomes at national level.
- Future in Mind (2015) Dept. of Health

3.6 Following the publication of Future in Mind earlier this year, guidance for Local Transformation Plan was published on 3rd August by NHS England, setting out that local areas should submit their plans by a final date of 16th October.

3.7 In addition to meeting local objectives, there is an expectation that this additional funding will:

- Build capacity and capability across the system so that we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people’s mental health outcomes by 2020;
- Roll-out the Children and Young People’s Improving Access to Psychological Therapies programmes (CYP IAPT) so that by 2018, CAMHS across the country are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities;
- Develop evidence based community Eating Disorder services for children and young people with capacity in general teams released to improve self-harm and crisis services;
- Improve perinatal care. There is a strong link between parental (particularly maternal) mental health and children’s mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one year cohort of births in the UK – nearly three quarters of this cost relates to adverse impacts on the child rather than the mother. Allocation for this will be made separately and commissioning guidance will be published before the end of the financial year;

3.8 We are working to the following governance timetable, in order to comply with NHS England deadlines.

Table 1: **Governance timetable for submission**

|   |  |                   |
|---|--|-------------------|
| 1 | Publication of the Transformation Planning and Eating Disorder commissioning guidance with initial | w/c 3 August 2015 |
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|---|--|---|
|   | allocation of Eating Disorder Monies   |   |
| 2 | CCGs working closely with HWBs, local partners and NHS England Specialised Commissioning to develop their Local Transformation Plans | From August onwards and by no later than 9 October 2015 |
| 3 | First window for submission for assurance at regional level  | 18 September 2015                                       |
| 4 | Second window for submission for assurance at regional level   | 16 October 2015   |
| 5 | Assurance process completed and further funding released   | By the first week of November 2015                      |
| 6 | Transformation Plan published locally  | October to November 2015                                |
| 7 | Transformation Plan inform 2016 / 17 CCG commissioning intentions  | Q3 and Q4 2015 / 16                                     |
| 8 | Review and development of Transformation Plans embedded in mainstream planning processes across local agencies                       | From 2016 /17 onwards                                   |

### **Strategic direction – Local Transformation Plan**

- 3.9 Emotional Wellbeing and Mental Health (EWMH) services in Croydon will benefit from a system wide approach to improvement that is broader than a sole focus on access to specialist mental health services.
- 3.10 The additional Transformation funding will enable a step change in how care is delivered. In keeping with the latest government policy set out in Future In Mind, this constitutes a move away from a system defined in terms of the services and / or organisations provide (the ‘tiered’ model) towards one built around the needs of children, young people and their families. A stepped care model will focus on creating greater coherence between a young person needs, evidence of what works and the realignment of service provision accordingly.
- 3.11 Integral to the model is the emphasis on prevention, early intervention and proactive recovery. This approach is patient focused and aims to deliver the appropriate level of care at the earliest point that best meets the assessed needs of the child or young person, while enabling them to move up and down the ‘tiers’ as their needs change.
- 3.12 The initial investment in to local services will concentrate on access to specialist services, eating disorders, crisis care and IAPT, which is in line with the guidance.
- 3.13 There remain significant challenges ahead. In addition to this, it is proposed the following areas are prioritised locally:
- Promoting recovery through education.
  - Developing a whole school mental health strategy with all the education partnerships in Croydon.

- Strengthening our infrastructure and clinical pathways
- Reducing waiting times and improving access into specialist mental health services
- Ensuring that we have robust commissioning contracts arrangements with neighboring boroughs, confirming that all revenue is reinvested into Croydon CAMHS services.
- Develop a single point of access that manages thresholds into services, ensuring that there is proactive management of the most vulnerable into appropriate service.
- That the clinical pathway for ASD are integrated with education, speech and language, early support, social care and the voluntary sector, so that support for families is easy to navigate and inclusive.
- Delivery of the National Crisis Care Concordat for those experiencing a mental health crisis, focusing on co-ordination between mental health and emergency services.
- Ensuring that children and young people are actively managed from long term placements back into the community.
- That the transition into adult services for young people with ASD and / or Learning Difficulties are planned for in joint panel meetings from when they are 14 and are reviewed annually.
- Proactive workforce planning, development and support, for the entire children's workforce
- Promoting and delivering quality and performance across all statutory and voluntary sector mental health services
- Ensuring that we are system ready for the national targets related to talking therapies.
- Acting on feedback from staff, service users and carers to deliver continuous improvements

3.14 These priorities will be further developed through the Local Transformation Plan process.

## **4. CONSULTATION**

### **Service user and clinical engagement**

- 4.1 SLaM has implemented a number of initiatives as part of the Did Not Attend (DNA) strategy, all of which are directly related to the feedback from young people.

You said, we did:

- Could not get through to change the appointment – now we have two admin staff on duty throughout the day – with telephone exchange now able to be diverted to dedicated admin
- ‘I’m not going to talk to a stranger!’ – now when the appointment is sent – a short bio of the therapist is sent, including some personal data i.e. what football team they support so that it feels less clinical and more outward facing service
- Young People wanted testimonials on whether it was worth going to CAMHS – now we include anonymised feedback from YP that have received treatment from the service and what can help
- Waited to long for an appointment – didn’t feel that we were a priority for them – new monitoring key performance indicators (KPIs) have been developed that actively review the waiting list by presenting issue so that commissioners and clinicians can discuss ‘flow’ within the service.
- Self-management – working with Improving Access to Psychological Therapies (IAPT) collaborative to develop a range of apps and web based resources for self-help, screening and self-management of MH conditions

- 4.2 In terms of clinical engagement, the Service Redesign Manger and SLaM Psychiatrist are attending GP networks presenting on waiting list, thresholds, referral requirements, answering questions on any aspects of CAMHS services. From this engagement we are developing a training programme on the screening and management of ASD and ADHD within the community.

- 4.3 We have also developed a Telephone Helpline, whereby GPs can have direct access to a psychiatrist, who can support either access into CAMHS services or support clinical management in the community.

## **5. SERVICE INTEGRATION**

- 5.1 The NHSE monies will permit further stabilisation of the system, during which a transformation of the entire model of care and access to services for children and young people across Croydon can be undertaken. The monies will enable a step change in how care is delivered. In keeping with the latest government policy set out in Future In Mind, this is a move away from a system defined in terms of the services and / or organisations provide (the ‘tiered’ model) towards one built around the needs of children, young people and their families. A stepped care model will focus on creating greater coherence between a young person needs, evidence of what works and the realignment of service provision accordingly. Integral to the model is the emphasis on prevention, early

intervention and proactive recovery. This approach is patient focused and aims to deliver the appropriate level of care at the earliest point that best meets the assessed needs of the child or young person, while enabling them to move up and down the 'tiers' as their needs change.

- 5.2 Tier 3 CAMHS services will continue to be commissioned by the CCG as part of the SLaM block contract. We do not anticipate any changes in the commissioning arrangements during the coming financial year.

## **6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 6.1 The report does not require a financial decision to be made as the funding has been allocated at a national level based on population. The Local Transformation Plan will be meeting guidance that has been set by NHSE as part of its emerging national mental health strategy.
- 6.2 Funding has been released alongside the Local Transformation Plans to enable the necessary step change in the delivery of local services. The initial allocation of funding for eating disorders and planning for Croydon in 2015/16 is £209,411, with this being released on 3rd August alongside the LTP guidance. Additional funding available to Croydon for 2015/16 when Croydon's Transformation Plan is assured will amount to £524,178. The minimum recurrent uplift for 2016/17 if plans are assured (i.e. sum of the two tranches of money for 15/16, including Eating Disorder monies is £733,589.
- 6.3 The funding is recurrent for the period of the Future In Mind guidance, i.e. until 2019-20.

## **7. LEGAL CONSIDERATIONS**

There are no legal considerations for the Local Authority arising from this report.

## **8. EQUALITIES IMPACT**

- 8.1 The Local Transformation Plan replaces the Emotional Wellbeing and Mental Health action plan, which makes a key contribution to the refreshed Children and Families Partnership Plan (CFPP) 2015-16. The CFPP is informed by a full Equality Impact Assessment. Where service changes are proposed as a result of the action plan, these will be considered individually through the appropriate governance routes and these will be subject to their own impact assessments.

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**BACKGROUND DOCUMENTS** CCG Equalities Impact Assessment (attached)