

Barking and Dagenham

**Children and Young People's Mental Health
Transformation Plan**

Updated October 2016

DRAFT

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Executive summary

This document provides a refresh of the Children and Young People's Mental Health Transformation Plan in Barking and Dagenham. The plan, produced in December 2015, was developed in partnership between the CCG and the London Borough of Barking and Dagenham and our local providers and stakeholders. The plan set out how the CCG would use the additional allocation of Transformation Funding to launch whole system change for children and young people's emotional and mental health.

Since the plan was approved by the Health and Wellbeing Board, we have seen both considerable progress in terms of delivery of the plan, and increasing and new challenges to which we have had to respond. Our vision, for all children and young people to enjoy good emotional wellbeing and mental health, remains. Our ongoing engagement with stakeholders, and our deepening understanding of our local resident's needs (as for example set out in the 2016 Barking and Dagenham Children and Young People's Mental Health needs assessment) validates this vision and reinforces the importance of this transformational work.

Having already ensured that we have a common vision across the three CCGs and boroughs of Barking and Dagenham, Havering and Redbridge, and working collaboratively with our neighbouring CCG and borough of Waltham Forest, we are extending our collaboration in 2016/17 across the STP area of north east London and in partnership with NHSE in relation to the commissioning of specialist services.

This document provides an update on delivery, describes some new challenges and requirements, and sets out a refined set of priority workstreams along with our commissioning plans to deliver these.

We always welcome comments and discussion on our plan and would be happy to hear from you. You can contact the CCG on b&dccg.bdccg@nhs.net

1. Introduction

The Mental Health Five Year Forward View Implementation Plan set out the requirement for Children and Young People's Mental Health Local Transformation Plans to be expanded, refreshed and re-published by 31 October 2016. This document is the October 2016 refresh of the Barking and Dagenham Children and Young People's Mental Health Transformation Plan that was first produced in December 2015. This document updates, rather than replaces the previous plan, which is available at

<http://www.barkingdagenhamccg.nhs.uk/Downloads/Our-work/CAMHS/Barking-and-Dagenham-CAMHS-report-v2-December-2015.pdf>

The plans respond to *Future in Mind*, the national report, produced by the Children and Young People's (CYP) Mental Health and Wellbeing Taskforce in early 2015.

The purpose of this document is to:

- Refresh the previous plan to take account of new information available, including the Barking and Dagenham needs assessment produced in 2016¹
- Remind stakeholders of the vision set out in previous plans
- Provide an update on progress and engagement in the last year
- Provide an update on changes occurring in the local environment during 2016
- Identify new challenges
- Provide refined commissioning plans for 2017/18 that respond to these factors as well as setting out how we will meet the new national "must dos" and balance these with local priorities.

2. Strategic alignment

Barking and Dagenham CCG already work with Redbridge and Havering CCGs under a single Chief Officer and shared management structure. A common vision for the Barking and Dagenham, Havering and Redbridge (BHR) footprint was shared in the previous plans, though with local variation to meet the different specific needs and priorities in each borough. BHR CCGs also work closely with Waltham Forest CCG to commission specialist services, including for example community eating disorders and early intervention in psychosis services, across a wider geographic footprint, allowing for greater economies of scale as well as consistency of offer.

This refreshed transformation plan is now also aligned with the north east London sustainability and transformation plan (STP). Workstreams relating to perinatal mental health, collaborative commissioning models for children and young people inpatient (tier 4) services, 24/7 crisis care for children and young people (CYP) and management of child sex abuse are currently being planned at STP level. Significant progress has been made in CYP mental health transformation. However, variation in performance (e.g. bed usage, placements) still exists across north east London and sustainably meeting the Five Year Forward View objectives requires transformation across the system. The local transformation plans for children's mental health services draw on *Future in Mind* and are focused on delivery of the Five Year Forward View targets. The STP work will ensure that mental health is a key component of all STP plans and not a stand-alone programme of work.

¹ https://www.lbbd.gov.uk/wp-content/uploads/2016/08/CAMHS_Needs_Assessment_web.pdf

3. Vision

3.1 Barking and Dagenham Vision

Our vision for children and young people in Barking and Dagenham has not changed since December 2015. It remains that our vision is for all children and young people to enjoy good emotional wellbeing and mental health.

Our vision is that children and young people in Barking and Dagenham are empowered to be resilient and able to cope with the challenges of everyday life. We envisage mental health being seen as 'everyone's business' and that people within a child's sphere of influence understand their role in promoting good mental health.

We want children, young people, their parents, and all professionals who work with them to be aware of local services and of how to access extra support where there are identified additional needs. Further, where those needs are indicative of underlying mental health conditions, support must be easily accessed and interventions be timely, evidence-based, and delivered by friendly, caring professionals.

We envisage services that are flexible and integrated, responding to varying levels of need including the additional needs of vulnerable children and young people, including looked-after children, children needing post-traumatic recovery support, and children and young people with special educational needs and disabilities.

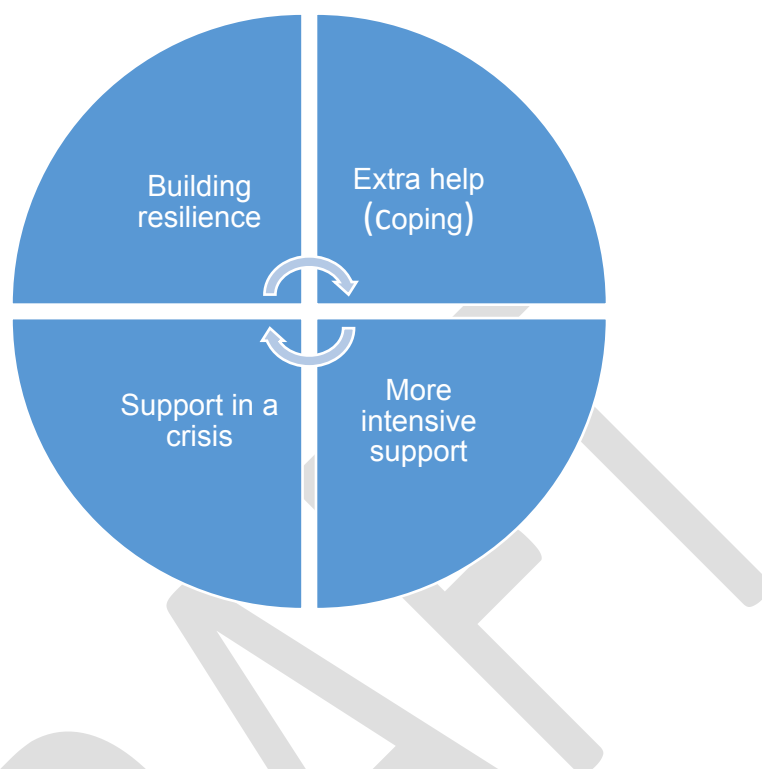
Our intention is to deliver seamless, integrated services that are flexible and graduated in their response to need. The support of CYP MH transformation funds will enable us to accelerate improvements, building capacity and capability and exploring new ways of working.

Barking and Dagenham Children and Young People's Mental Health Transformation Plan 2015

3.2 Barking and Dagenham ambition 2016-2020

The Transformation Plan published in 2015 set out our aspirations to develop a sustainable whole system approach to building resilience and better emotional wellbeing and mental health in children and young people. This approach aspires to draw on and enhance the assets found in our local community and services, in particular in health services, the council, schools, the third sector and youth justice. We are currently evolving from the traditional tiered approach to a seamless pathway into and out of four quadrants of service delivery, based on the Thrive model. Our ambition is to achieve the target of 35% of children and young people with diagnosable conditions accessing evidence-based treatment by 2020/21; to ensure that all children and young people with diagnosable conditions are encompassed within this approach and; to build resilience and promote prevention universally. The model is described briefly below and in diagrammatic form in Figure 1.

Figure 1: Thrive/Quadrant approach



Quadrant 1: Building resilience; preventing ill health and promoting wellbeing by working with parents, children and young people, schools, early help provision and other universal services to support emotional needs, provide early help and practical support.

Quadrant 2: Helping children, young people and families to cope; to practically build resilience, highlighting risk and protective factors and providing access to digital support, parental learning, online counselling and direct and timely access for routine assessment and treatment if needed.

Quadrant 3: More intensive support and specialist treatment; readily available from a single point of access for all needs, with integrated pathways into and out of specialist services including eating disorders, and with specific pathways in place for vulnerable children including looked after children and those in contact with the justice system.

Quadrant 4: Support and intensive interventions in a crisis; available when needed, fully integrated into other pathways, working towards a 24/7 offer and seeking to outreach and reduce need for higher levels of intervention.

4. Progress during 2015/16

4.1 Baseline

The case for change that underpins this plan was set out in the previous plan published in December 2015 which provided our baseline in terms of staffing, finance and activity (see pages 19 to 20 in the 2015 plan <http://www.barkingdagenhamccg.nhs.uk/Downloads/Our->

[work/CAMHS/Barking-and-Dagenham-CAMHS-report-v2-December-2015.pdf](#).) We have using these baseline data, along with our population data, to develop a working model to plan demand through the quadrants described above. We have modelled the demand that we expect to see through each quadrant and have ascertained the additional activity that will be expected to deliver the target of 35% of children and young people with diagnosable conditions accessing evidence-based treatment by 2020/21. The next step in this process is to map out the workforce required to deliver this activity and to test the model during 2016/17.

4.2 Progress on delivery

Overall we have seen significant progress on delivery of the transformation plans produced in December 2015. The CYP MH transformation funds allocated to the CCGs have enabled investment in new staff and services as well as the piloting and testing of new innovative approaches including digital support. We now have a deeper understanding of our population need and local priorities and are developing a range of enabling strategies to support the continued delivery of our plans. We have been able to extend and develop partnerships locally, as well as collaborative working across and beyond Barking and Dagenham, Havering and Redbridge, into the north east London STP footprint. We have progressed work with our main service provider, NELFT, incorporating our joint vision into the 2016/17 contract and are developing our contractual framework for 2017-19 to further support delivery. We have also made significant progress in developing our outcomes framework and mapping out our benefits realisations framework. Finally we have been able to secure significant additional funding for BHR from our successful Vanguard bid.

In summary, in Barking and Dagenham in 2016/17 an additional transformation fund of £444,000 was made available plus an allocation of £111,358 for eating disorders. This has delivered the additional staffing, training and piloting of new services and models as summarised in the table below.

Workstream area	Activity delivered	Organisations involved
Resilience and promoting prevention	Thrive Training delivered	Barking and Dagenham schools
	Positive Parenting (Triple P) programme delivered	NELFT and LBBB
	Additional 1 WTE social work post agreed to work on provision of Social, Emotional and Mental Health in schools	LBBB and schools
Vulnerable children pathways	Additional 1 WTE social work post to work with LAC	NELFT
Maximising digital support and guided self-support	Pilot started of online counselling service	Third sector, schools, GPs, LBBB
Wellbeing Hub	Redesign and review work started, additional staffing agreed of 3 WTE therapists	NELFT
Crisis care	Successful Vanguard bid for additional £847,000 for BHR	NELFT, BHRUT, BHR

	and mobilisation of new model of care	CCGs
Community Eating Disorder Service	Additional investment agreed to increase service capacity by 7.6 WTE across the 4 boroughs	Barking & Dagenham, Havering, Redbridge and Waltham Forest CCGs and NELFT
Early Intervention in Psychosis service	Additional investment agreed (outwith Transformation Funds) to increase service capacity by 16.5 WTE across the 4 boroughs	Barking & Dagenham, Havering, Redbridge and Waltham Forest CCGs and NELFT
Outcomes Framework	Outcomes framework commissioned	NELFT, third sector, LBBB, BHR CCGs

Further details of these areas of progress for Barking and Dagenham are provided below, and were reported to the Health and Wellbeing Board in July 2016².

In Barking and Dagenham the Children and Young People's Mental Health Transformation Plan has supported the development of the London Borough of Barking and Dagenham's Social, Emotional, Mental Health and Behaviour Guidance, which aims to build on the current PSHE work to promote mental health and wellbeing, with a focus on supporting whole school programmes as part of the local integrated offer.

Building Resilience and Promoting Prevention

As part of the delivery of the CYP MH TP in 2016, the CCG has jointly commissioned with London Borough Barking and Dagenham the following resilience programmes:

- Thrive training – this early intervention person centred approach to children and young people with mental health issues is being developed in Barking and Dagenham schools. To date it has been adopted by the Thomas Arnold school in Barking and Dagenham, with 35 practitioners trained to date. This will be developed further in the borough during 2017 and linked to the wider i-Thrive developments.
- The Positive Parenting Programme (Triple P) – this programme aims to build resilience and support children and young people with emotional and mental health challenges, lead to increased parental confidence, skill and knowledge in supporting child and family emotional resilience and ultimately result in fewer problems being experienced, better outcomes and less need for specialist support. Five members of staff from Barking and Dagenham additional resourced provision are included in this programme currently, with a further seven staff from the Interact service that works across Barking and Dagenham, Havering and Redbridge. This will mean that 20 people across BHR will be trained on the Triple P programme (four from Redbridge and four from Havering).

The CCG and LBBB have created a new mental health professional post to work directly on provision of Social, Emotional, and Mental Health with identified schools in the borough, this is an additional 1.0 Whole Time Equivalent (WTE) member of staff.

Better support for looked after children and those leaving care

² <http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=669&MId=8815&Ver=4>

A further 1.0 WTE new Mental Health Social Worker post has been created within NELFT to provide dedicated Senior Triage and Social Work support to Looked After Children from Barking and Dagenham with mental health needs as part of the single point of access/wellbeing hub development.

Developing a Wellbeing Hub

Progress is being made on developing the wellbeing hub, this includes the extension of capacity in services described above, and in particular has led to the agreement of a contract variation with NELFT to recruit additional staff that will include additional psychological wellbeing practitioner posts plus 3 additional therapy staff as indicated by the outcome of the Fundamental Service Review that is in in train, and to expand the Single Point of Access. These developments are being made in line with the agreed wellbeing hub development framework which is attached in Appendix A.

Eating Disorders service

BHR CCGs worked with Waltham Forest CCG to agree additional investment in the child and adolescent community eating disorders service provided by NEFLT to fund an additional 7.6 WTE staff. This 4-borough service, based in Barking and Dagenham, has recruited additional staff to greatly increase its capacity to provide evidence-based interventions to more young people. The service is also now reporting regularly on access and waiting times in preparation for the new access and waiting times standards³ that will be required in 2017-2019.

Urgent and emergency care vanguard

Since the development of the CYP MH TP, NHSE invited all 8 urgent and emergency care Vanguard sites (part of a national programme to test out new models of care) to bid for a £5 million pot of funding to test to out the best way of providing urgent and emergency support for young people in crisis, in particular to provide better support to young people attending A&E after self-harming. The Vanguard sites were asked to put in expressions of interest, showing how they would be testing out new models of care in line with their local transformation plans. BHR CCGs, working with NELFT, rapidly developed a BHR wide bid to the value of £846,627 as part of our local Vanguard. This funding has now been approved and is being used to mobilise this new model of care, which will be evaluated in 2017.

Early Intervention in Psychosis

BHR CCGs, working with Waltham Forest CCG, made significant additional investment in the Early Intervention in Psychosis service in 2015/16 from their wider mental health parity of esteem investment funds (not from within the CYP MH Transformation Fund allocation). This investment was made to increase the capacity of the existing service (by a total of 16.5 WTE clinical posts for the 4 boroughs) so that it could meet the population need for the service, based on prevalence estimates, and to do so within the new access and waiting time standards for Early Intervention in Psychosis, so that more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. The standard is '2-pronged', both conditions must be met i.e. a maximum 2-week wait from referral to treatment *and* treatment delivered in accordance with NICE guidelines. The standard applies to, and is monitored for, people of all ages, with the EIP service working specifically with people between the ages of 14 and 35 years old. People either older or younger than these ages experiencing first episode of psychosis will be seen by the appropriate service within the same timeframe.

³ <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

BHR CCGs have also developed a primary care psychosis pathway which was finalised in September 2016 and is being disseminated to GPs to facilitate rapid recognition of first episode psychosis and rapid access to EIP.

Outcomes framework

BHR CCGs have commissioned CORC (Commissioned Outcomes Research Consortium) to work with NELFT and the CCGs to support the development of an emotional and mental wellbeing outcomes framework that covers all aspects of the CYP MH Transformation including universal, targeted and specialist services. This will support our aspiration to ensure all services provided under the emotional and mental wellbeing hub are outcomes focused, holistic, and accessible and built around the needs of children, young people and their families and informed by their views. The intention is that these outcomes will cover strategic, service and operational outcomes, to see to what extent the plans have been able to: for example, build resilience, provide extra and early Help, and improve wellbeing and crisis care. The intention is to support the shift in thinking needed from understanding how a service operates (what it does) to the good that it accomplishes (what it achieves). Ideally this will lead to the development of a shared set of principles, with data, outcome measures and service standards that align across the whole system (NHS, public health, social care, youth service, education, voluntary and community sector) to deliver improvements in child mental health outcomes.

This work will report in 2017 and will inform the development of outcomes based commissioning.

4.3 Innovations

In 2015/16 we have started to test out some innovative approaches including digital support and a new model of home treatment. These are described in brief below.

Maximising use of Digital Resources & Guided Self Support

An online counselling service (Kooth) is currently being piloted in Barking and Dagenham (and in Redbridge) with schools identified by the Inclusion Team. This service has been co-produced with the Barking and Dagenham Youth Forum who will be involved in the evaluation of the service, which will inform future commissioning decisions around online support and digital resources. The pathways and links to the service are being developed in discussion with GPs, the Youth Forum, Local Authority and other partners.

Vanguard pilot of crisis care

A new model of care which is an extension of the home treatment team model is currently being tested. This builds on learning locally about how best to provide care for CYP and will integrate with the wider urgent and emergency care offer including mental health liaison services. The evaluation of the new model, due in Spring 2017, will inform future commissioning decisions.

4.4 Engagement

We continue to engage widely with all our stakeholders on refining and implementing our transformation plans.

Engagement has taken place throughout 2016 in Barking and Dagenham, including as part of the needs assessment process. This has highlighted the need to continue to focus on meeting the needs of looked after children in Barking and Dagenham and to continue to work closely with, and through, education and schools. Specific engagement has taken place with the Barking and Dagenham Youth Forum on 18 April 2016, which was attended by the Lead Member for Mental Health and the Public Health lead and led to the Youth Forum agreeing to

participate in the shaping of the online service and the future engagement with schools and GPs. In Barking and Dagenham we have well-established mechanisms of engaging with stakeholders on matters relating to Children and Young People through the Children and Maternity sub-group of the Health and Wellbeing Board, as well as the Barking and Dagenham Youth Forum and a range of family, parent and carer groups. The Young Inspectors are a particular source of engagement and scrutiny of services by young people.

The Barking and Dagenham CCG Patient Engagement Forum is a lively group which has had excellent representation from the Barking and Dagenham Youth Forum when discussing a range of commissioning strategies.

We held a series of engagement workshops as part of the refresh of the Transformation plans in each of the three BHR CCGs/boroughs which brought together representatives from health, education and social care. There was an overwhelming agreement that the transformation plan was long overdue and the focus on Children and Young People's Mental Health was very welcome. The core themes that emerged from these workshop were similar across BHR, and did align, in most cases with the existing transformation plans. There were however some additional areas of focus for Barking and Dagenham that delivery of this refreshed plan will need to address, these are summarised below:

- Collaborative Commissioning between Health, Education and Social care was needed.
- Early intervention for supporting children in schools that are displaying emerging behaviour difficulties to stop the escalations
- Support for out of Borough Looked After children as well as those in Borough
- Developing early screening approach for LAC to identify those at risk and putting in some targeted interventions to stop them becoming LAC.
- Develop more evidence based Foster Carer training and support packages
- A clear and robust approach to Crisis care and avoidance of hospital admission
- Improved access to Psychological therapies for all not just those in tier 3.
- An ambition to provide 24/7 Crisis support
- Look to develop technology as an enabler for both staff and service users.
- Workforce planning to encompass all agencies to ensure a whole system approach
- A focus on proper service user engagement to inform the transformation and design of work going on.

We also held a BHR workshop on the development of the wellbeing hub in March 2016 which provided an opportunity for stakeholders to share views on how the development of the hub could improve access and address existing problem areas.

5. Changing environment and new challenges

5.1 Local challenges

Our transformation plans are being delivered in a changing environment which presents new challenges. Our plans have to adapt to these. This includes decisions made by other partners which will affect the provision of services for children and young people. Decisions that will have a direct impact on service provision are summarised below, however these are being made within an overall context of reducing expenditure throughout social care in light of decreasing resource allocation.

In Barking and Dagenham the local authority has had to find significant savings, this has led to a decision by the Public Health Programme Board to disinvest in the children's centres primary care mental health workers by £150,000. Other factors that could affect the delivery of the Transformation Plan include the proposed review of the speech and language community network, and additional investment that is being sought from health for the multi-agency safeguarding hub.

A new, unexpected challenge that emerged in 2016/17 was the temporary closure of Brookside Adolescent Inpatient Unit between April and October 2016 due to concerns about staffing capacity and the environment. Although this service is commissioned by NHSE, a joint approach between NHSE, the BHR CCGs and NELFT was taken to put in place an alternative offer to young people and their families during this period and to develop a new model of care. This new approach includes the provision of a young people's Home Treatment Team to support young people in their own homes, and facilitating hospital admission when required. This approach, alongside full refurbishment, has allowed the unit to re-open and will be taken forward through new collaborative commissioning arrangements that will be developed between BHR CCGs and NHSE (see [section 6.5](#) below for more details).

5.2 Population needs

London Borough of Barking and Dagenham completed a child and adolescent mental health needs assessment in 2016⁴. This provided additional information on need in the borough and identified areas where a better response to the needs of children and young people could be developed. The needs assessment shows that in Barking and Dagenham the prevalence of some disorders is higher than the national average and that the risk and vulnerability factors associated with mental illness are apparent in the borough, including numbers living in poverty and numbers of lone parent households. Children that are at particular risk of developing mental health and emotional problems include Looked After Children, those in contact with the Criminal Justice System, those with a learning disability, children whose parents have mental health problems and children living in situations of domestic violence.

The needs assessment sets out recommendations to improve the response to children and young people in Barking and Dagenham, including the need for an increased emphasis on prevention and promotion – as found in the Thrive model – and building of resilience and emotional wellbeing. These recommendations have shaped this plan, and have influenced in particular the work planned to improve pathways for vulnerable children.

⁴ <http://moderngov.barking-dagenham.gov.uk/documents/s104536/BACKGROUND%20DOC%20-%20CAMHS%20NEEDS%20ASSESSMENT.pdf>

5.3 Health inequalities

This plan is intended to help mitigate against the impact of health inequalities by building resilience to deal with the risk factors that are experienced by our local population, by promoting protective factors, by facilitating better access to help when needed through the Thrive model and by improving pathways for the most vulnerable children.

5.4 New guidance and targets

The NHS Operational Planning and Contracting Guidance 2017-2019⁵ sets out national “must-dos” which include the following that are particularly relevant to this plan:

- More high quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018.
- Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE recommended package of care within two weeks of referral.
- Commission community eating disorders so that 95% of children and young people receive treatment within four weeks of referral for routine cases, and one week for urgent cases.
- Increase access to evidence-based specialist perinatal mental health care, in line with the requirement to meet 100% of need by 2020/21 and ensure that care is in line with NICE recommendations.

Improvements to crisis care are also expected, as set out by the Healthy London Partnership in: *Improving care for Children and Young People with mental health crisis in London: Recommendations for transformation in delivering high quality accessible care.*

6. Priority work streams

Our priority workstreams aim to balance the need to continue to support effective areas of service provision and recent transformation changes with those service areas that are more challenged. We have made progress in 2015/16 on delivering activities that build resilience and work across the whole system (quadrants 1 and 2), and in commissioning additional capacity in specialist services including eating disorders and early intervention in psychosis (components of quadrant 3). We have also had to undertake some rapid work to put in place our Vanguard pilot and to respond to the inpatient closure noted above (Quadrant 4). As such, we need to prioritise work in 2016/17 on further development of the integrated inpatient pathway and ensuring we have a robust plan for delivery of CYP IAPT and facilitating better access via quadrant 3 in particular.

We have refined our priority workstreams to 5 key service delivery workstreams and 5 enablers. These are described below.

⁵ <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

6.1 Priority workstream 1: perinatal services

We currently have a renowned service model for community perinatal mental health in north east London, provided by NELFT across Barking and Dagenham, Havering, Redbridge and Waltham Forest. However, the service is under-capacity to meet current need, meaning that the service tends to focus on the severe end of need and has less capacity to support women with mild to moderate needs. In order to provide the full range of NICE compliant interventions and to meet the projected demand caused by the rising birth rate in north east London, additional staffing will be required. BHR CCGs have worked with NEL CCGs to create a NEL wide bid for transformation funds (c £2.2m) that would enable services to be developed to sufficient capacity to provide access to specialist perinatal mental health service for an additional 2000 women in NEL by 2020. We are currently awaiting to hear about the outcome of this bid.

6.2 Priority workstream 2: eating disorders services

BHR and WF CCGs invested their additional allocation in child and adolescent community eating disorders services in 2015/16, with this investment recurring in 2016/17 and into the next contracting round. This enabled the service to increase their capacity significantly, by 6.6 WTE clinical staff (and 1 WTE non-clinical) equating to an additional 158 cases. This will also enable the service to provide the full range of interventions required by the new access and waiting time standards for community eating disorders services. However there remains insufficient capacity in the service to meet the entire projected population need to 2020/21. Further work is planned to agree how to manage these pressures and also how to integrate the eating disorders offer into the development of the wellbeing hub and the single point of access.

Barking and Dagenham CCG partners with Havering, Redbridge and Waltham Forest CCGs to commission the community eating disorders service. We are monitoring baseline performance as shown in table below, Barking and Dagenham has achieved 100% of urgent cases seen within 1 week in Q2 2016/17 and routine cases seen in 4 weeks. In Q1 there were no urgent cases for Barking and Dagenham and 60% of routine cases were seen within 4 weeks.

		Q1 2016/17	Q2 2016/17
CYP with eating disorders (urgent cases) - 1 week wait	Barking & Dagenham	0%	100%
CYP with eating disorders (routine cases) - 4 week wait	Barking & Dagenham	60%	100%

6.3 Priority workstream 3: EIP

Significant additional investment was made in 2015/16 to meet expected prevalence and waiting time standards for EIP including access to NICE recommended treatment for internal and external referrals. No additional investment in the service is planned in 2017-19 however extension of the current waiting time target to meet 53%, on the trajectory to 60% by 2020/21 will be sought via the service development and improvement plan, as will consideration of further integration in the wellbeing hub to ensure that there is a fully integrated pathway for all CYP. The EIP service is provided by NELFT for the 4 neighbouring boroughs of Barking

and Dagenham, Havering, Redbridge and Waltham Forest and is for people aged 14-35 years. We have agreed with NELFT that people younger or older than these ages will be provided with the same access standard of treatment, and will be supported by the most age-appropriate service.

Performance for Barking and Dagenham against the 50% target this year is shown below. A review process is in place if the target is breached to understand reasons for the breach and to address these.

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
60.0%	66.7%	66.7%	81.8%	76.9%	87.5%

6.4 Priority workstream 4: Wellbeing hub

The wellbeing hub encompasses a range of improvements that, over time, will result in a comprehensive offer that will in effect, lower thresholds for services and ensure a timely response for all. We have recently completed demand and capacity modelling that allows us to plan for the current and future predicted need in the local offer. This has been modelled across BHR as well as being available on a borough by borough basis and guides us to how we will our target of increasing access to evidence-based services to 32% by 2018 and then to 35% by 2020/21. There are 6 key components that we will be working on in 2016/17:

- **Developing the single point of access** – Ensuring all referrals are rapidly managed and get the most appropriate response
- **Improving the crisis response** - This will involve taking forward the outcome of the Vanguard pilot, incorporating the recommendations from the Healthy London Partnership, and achieving better standards of care and where possible accelerating plans to pump-prime crisis, liaison and home treatment interventions suitable for under 18s, with the goal of minimising inappropriate admissions to in-patient, paediatric or adult mental health wards and working towards a 24/7 offer.
- **CYP IAPT** - We will be seeking from our provider a clear plan to be fully IAPT compliant by 2018 and to ensure full membership and participation in CYP IAPT and its principles including routine outcome monitoring and improvement. We are also currently assessing how we can make use of the additional national funding to address waiting times and improve CYP IAPT. This funding, which will be non-recurrent and available in 2016/17 will be released to support CCGs to continue to invest in training existing staff through the CYP IAPT training programme, including sending new staff through the training courses. CYP IAPT collaborative are recruiting to training places now, so we are currently identifying with their partners the staff to send on training course and any additional resources required to release staff. We are committed in principle to offering this opportunity across the system, however need to do further work on assessing how to fund this.
- **Pathways for vulnerable children** - The LTP also aims to examine the pathways for vulnerable children and young people to mitigate the effect of any barriers to achieving good access and positive outcomes from services. Vulnerable cohorts identified are victims of Child Sexual Abuse (CSA); Looked After Children, children with learning difficulties/ASC; SEND and those in contact with the criminal justice system. NEL work is underway to work together to respond to Child Sexual Abuse (CSA) and to understand the financial support available through NHSE/MOPAC. As part of this BHR commissioners and local partners are initially scoping the setting up of a physical

or virtual 'hub' which brings together high quality medical and emotional support for the child and family from the first examination, and covers several CCG areas. This project is at an early stage and full cost implications need to be clarified and examined, however the process does allow BHR to look at the existing service offer and to consider issues of emotional support for CSA victims as part of the wellbeing hub including links to specialist CAMHS, local third sector agencies that provide services for children young people and families affected by child sexual abuse and the current role of adult mental health services. There will be a need to undertake local demand and capacity mapping, and an application has been made to the Social Care Innovation Fund for a grant to do the same in North East London (to be confirmed). It is proposed that this work is picked up as part of the FSR (Full Service Review) that will be completed this year in BHR. The second major issue is around the medical support provided to CSA victims; it is proposed in BHR that the medical support around CSA victims is contained within the Community Paediatrics SDIP groups that is looking at the whole service across BHR

- **Digital support** - We will be reviewing the outcomes of pilots undertaken in 2016 and make commissioning decision based on these.
- **Schools/SEMH** - We will review the outcome of work done in 2016 and build on this.

A summary of our proposed spending plans of the CYP MH allocation of £522,000 for 2017/18 is as follows:

Priority workstream	Related target	Proposed expenditure/activity	Cost
Perinatal	Increase in women accessing services	Increase in capacity if funds available	Depending on transformation fund availability
Eating disorders	Access and waiting times	Increase in capacity as per previous investment, developing access/integrate with SPA	No additional investment (previous investment is recurrent)
EIP	Access and waiting times	Increase in capacity and stretch waiting time target	No additional investment (previous investment is recurrent)
Wellbeing hub	Increase in access and CYP IAPT compliance	NEFLT additional practitioners (SPA and CYP IAPT)	£146,000
		Crisis	£195,000
		LAC practitioner	£58,000
		Digital support	£40,000
		Schools training	£21,000
		MH social worker	£40,000
Enabler: engagement		Support to B&D Youth Forum	£2,000
Enabler: implementation support		Contribution to programme management across BHR	£20,000

6.5 Priority workstream 5: Inpatient services/collaborative commissioning

The temporary closure of the child and adolescent inpatient unit, Brookside, run by NELFT in May 2016 brought forward a review of the service model for tier 4 CAMHS. Clinical evidence supports a different model of care for those young people with emerging personality disorders that often manifest as admissions to CAMHS inpatient units through serious self-harm and risk. A new model of care which is an extension of the home treatment team model has been put in place. Further work needs to be done on integrating this with the Vanguard outcomes and to develop collaborative commissioning arrangements with NHSE

It is expected that this work will include developing a local integrated pathway for children and young people that includes admission avoidance, and appropriate and safe discharge, and that joins up with health and justice commissioners where relevant to ensure appropriate transitions between secure settings and liaison and diversion

As part of the work around the LTP the issue of co-commissioning specialist inpatient services has been outlined with CCG partners across the STP as follows:

- Each CCG will include plans to strengthen local pathways to improve crisis response in the same plan as future inpatient requirements, and include local good practice examples; this will be part of the FSR in B&D
- CCGs will propose further work within the STP footprint (with each other and with providers) and NHS England to identify the scope for intensive and crisis models to impact on acute admission, including data. This will build on the productivity and proves mapping approach undertaken in acute services and for Urgent and Emergency care Vanguards. Working with local authorities will be essential.
- The further work will include review of service models and activity data, and a response to the recommendation of the London Healthy Partnership guidance on CYP crisis published In October 2016.

7. Enablers

We also have clear plans to ensure that we have the right engagement and governance processes in place to support delivery of our plans. Other key enablers are links with health and justice, workforce planning and data.

7.1 Engagement

We will continue to develop our engagement mechanisms, with a strong focus on engaging directly with young people and their families and carers. We intend to consider how we can best support the Barking and Dagenham Youth Forum and other key groups locally.

7.2 Governance

Across BHR we have a Mental Health Delivery Board that provides strategic oversight of the BHR CCG mental health transformation programme including the CYP MH Programme. The Board is chaired by the BHR CCGs Executive Lead for mental health and has representation from the three local authorities, NHSE and NELFT. Reporting to this Board there is the BHR CCG wide CAMHS Transformation Board which oversees the delivery of the CYP MH Transformation Plan.

In Barking and Dagenham CYP MH is overseen by a well-established Children and Maternity sub-group of the Health and Wellbeing Board.

The BHR Integrated Care Partnership provides us with a mechanism to work collaboratively across health and social care in the BHR footprint. We are also connected to the wider NEL STP footprint through those emerging governance processes.

7.3 Health and Justice links

Barking and Dagenham have already made progress on securing dedicated CAMHS input to the Youth Justice Board through the provision of a seconded clinical psychologist and community nurse. Additional plans include those to develop a speech and language therapy project with the targeted children's service and to develop and coordinate this response further in partnership with the Youth Justice Board.

Barking and Dagenham will receive non-recurrent funding for 2016/17 to identify any current gaps in provision; it is intended that this be used to fully map the current offer for CYP in the justice system; from prevention, arrest, community supervision within the YOT, to remand and custody and the resettlement pathway from both Young Offenders Institutions and Secure Children's Homes.

Recurrent funding is expected be allocated to B&D up to 2019/20 and plans around the use of this money will include;

- Mapping consultation with key partners through the YOS-COG
- Looking at existing data and JSNA for this vulnerable cohort
- Liaison & Diversion Data; arrest rates for CYP in the borough; Conviction rates for CYP in the borough and type of offence
- Identifying Gaps
- Presenting Proposal and
- Joint Commissioning with CCG/YJB

7.4 Workforce plans

Developing our workforce is perhaps the single most important enabler to the delivery of CYP mental health transformation.

There are three workstreams underway that will underpin workforce development planning, and that will deliver a multi-agency workforce plan which will include plans to recruit and train the additional staff needed to deliver the ambitions set out in this plan.

Fundamental Service Review

Our programme of work has started with the instigation of a Fundamental Service Review (FSR) in conjunction with our main service provider, NELFT. This will provide greater clarity about:

- coverage of the service against population need
- how statutory obligations are fulfilled
- outcome measures and achievements against these
- pathways and interdependencies
- caseload management and productivity
- value for money.

The FSR is due to report in March 2017.

Capacity planning

We have undertaken capacity planning to map need against the service model we are development. This provides us with the framework needed to plan service capacity and workforce numbers.

Workforce needs assessment

To understand the workforce needs in transitioning from the tiered model currently in place to the Thrive model we seek to achieve through the transformation programme, we have started a workforce review. This has been commissioned from Anna Freud Centre for Children and Families and will encompass CAMHS and the wider system that works to support CYP.

There will be two phases to the review. The first phase will gather quantitative data (including numbers of staff, vacancies, banding, and skills) and qualitative data (e.g. how well staff skillsets are being used, and the balance of face to face time with CYP. A survey of the 'THRIVE-like' working practices (shared decision making, use of the THRIVE quadrants, when to stop treatment, enabling self-management, skills for assessment and signposting and enabling self-care and management) will be carried out to ascertain to what extent practitioners feel able to use these skills currently. Following completion of this phase (by December 2016) the second phase will start in January 2017 and due to complete by 31st of March 2017. This will focus on building capacity and competency to work in and deliver a THRIVE like system, using the data gathered in phase 1 to undertake a gap analysis and devise plans to develop the workforce, including identifying any changes to job plans or movement around the system, as well as training and development that can be provided by the I-THRIVE academy – linking in with the developments required in CYP IAPT.

7.5 Data

Providers are expected to submit full accurate data returns for all routine collections in the MHSDS and IAPT MDS. These requirements will be included in full in the 2017-19 contracting process. We are developing greater shared understanding of local activity and needs and will continue to refine our local models accordingly.

8. Impact and outcomes

It is important that as part of the Transformation Programme we develop clear benefits realisation metrics and an outcomes framework. The Benefits Realisation Matrix (see table below) is a key product of the programme documentation suite. The benefits realisation plan will be developed alongside the programme plan to ensure alignment. The metrics attached will be refined further by the programme manager via the Programme Board as further intelligence and baselines become available. At the end of the programme, as the changes become embedded into business as usual, the metrics within the BRM will form the basis for the benefits realisation report.

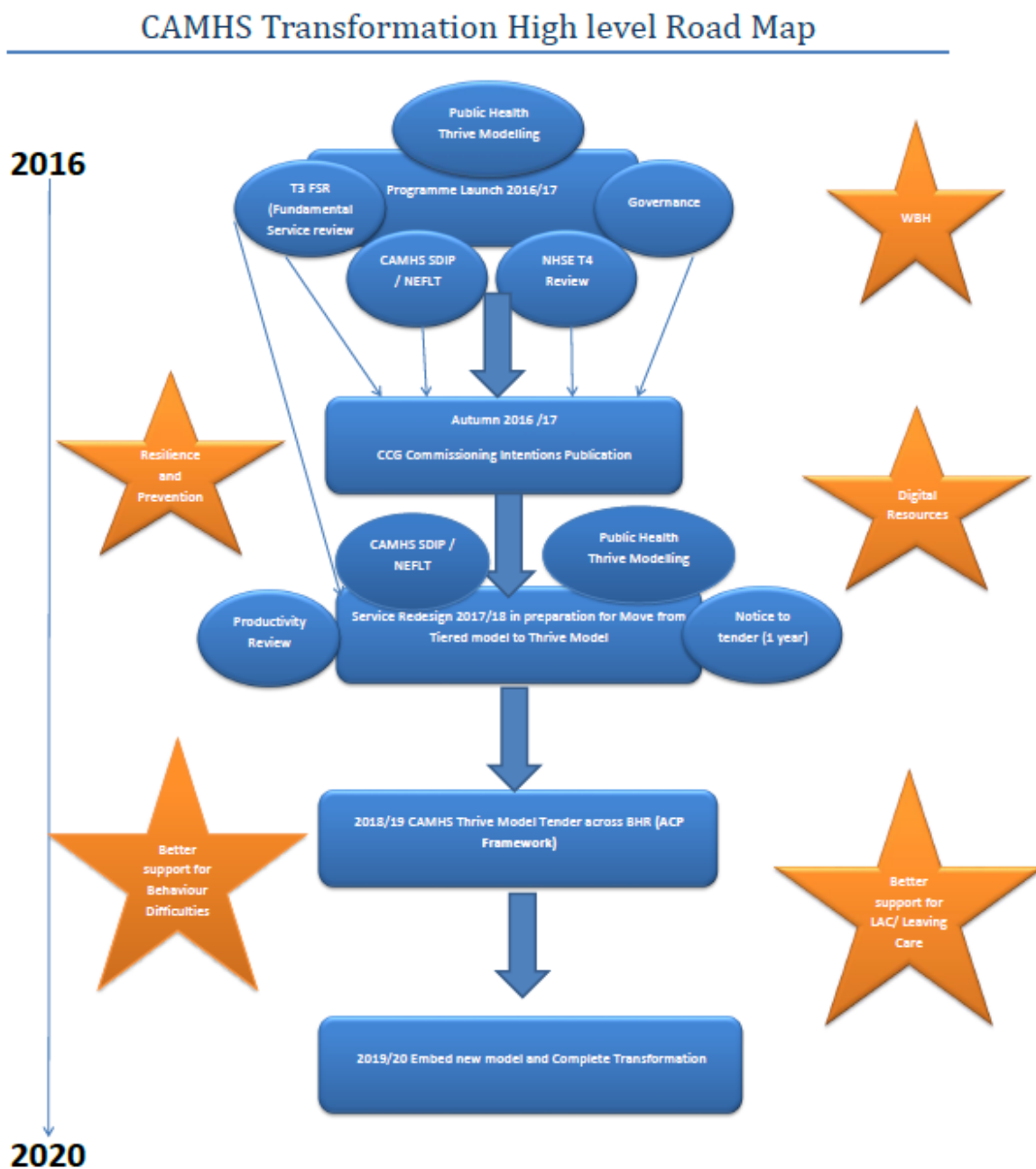
As noted above we have commissioned CORC (Child Outcomes Research Consortium) to develop an outcomes framework for the Transformation. Our aim is to use the outcomes developed by CORC in collaboration with the current providers to firstly feed into the wider outcomes for measuring the benefits of the programme once delivered but also to support the move from block contracting to outcome based commissioning.

Transformation Theme	Strategic Objectives	Who benefits	Type	Timescale	Measure
Wellbeing hub development	To have an integrated multiagency single door across BHR for children and young people accessible 27/7 and provides assessment at the lowest level for all referrals, signposting and case management.	CYP	Clinical benefit	2020	10% increase in CYP accessing support across all quadrants
Building Resilience and Promote Prevention	<p>To have every professional involved in the support of children and young people to be capable of offering first line support for any child or young person no matter where they are in the system before referring to the WBH.</p> <p>To improve the ability of families and young people to cope within their home and school environments, despite having ongoing mental health and emotional well-being needs.</p>	CYP	Clinical benefit	2020	60% of CYP with a need being supported outside of Quadrant 3 and 4.
Better support for CYP with behaviour difficulties	To have a coordinated system wide challenging behaviour support pathway that ensures that young people can stay in education whilst getting the right support by the right professionals	CYP	Clinical benefit	2018	% reduction in the number of exclusions
Transformation Theme	Strategic Objectives	Who benefits	Type	Timescale	Measure

Digital resources	To make mental health support more accessible for young people through development of a wide range of digital resources that can offer timely access to support no matter where the young person is.	CYP	Clinical	2020	10% increase in the number of young people accessing evidence based treatments
Crisis Support	To have a system capable of providing proactive and reactive support for children and young people in crisis no matter where they are 24/7. To provide appropriate alternatives to hospital admission through Home Treatment and Outreach support models develop robust and joined up transition support for 16-25 years' olds.	CYP	Clinical	2020	To provide early crisis support and outreach to 7,900 CYP per year across BHR by 2020.
Eating Disorders	To deliver evidence-based, high-quality care for eating disorders that can	CYP	Clinical	2020	Data collected in 2016 will inform trajectories for incremental percentage increases, with the aim of setting a 95% tolerance level by 2020. From 2016
CYP IAPT.	To make psychological interventions for Children and Young people more accessible, and delivered across all quadrants of the model	CYP	Clinical	2020	10% increase in the number of young people accessing evidence based Psychological treatments.

9. Implementation

We have a high level road map for implementation of the transformation across BHR, as set out in fig 2 below, detailed implementation plans are being produced by 2017/18 at a local level. Risks to delivery are reported through the Mental Health Transformation Programme risk register.



Appendix A. NELFT WBH Development Framework

	Transformation Work stream	Deliverable	Methodology	Who benefits	Timescale	Measure	Baseline
1a	Better support for CYP with behaviour difficulties	Build on the existing single point of access to receive professional referrals for children with additional emotional or mental health needs including those who would not currently be eligible for CAMHS. This includes a broader definition of crisis to include those that are not self-harming.	Develop a clear evidence based pathway for Behaviour difficulties with partners within the WBH	NELFT, Wider System, CYP	2016-2017	Behaviour Difficulty WBH pathway	Currently no defined pathway
1b	Better support for CYP with behaviour difficulties	Develop relationships and provide a named contact with all schools, children centre and other early years settings, GP practices, etc.	Develop school and Primary Care link workers within the WBH	CYP , schools, Primary care	2016-2017	Appointment of link workers	Currently not in place
1c	Better support for CYP with behaviour difficulties	Act as advisors and gatekeepers, redirecting back to universal services where appropriate, or providing the gateway to targeted early support or more specialist services	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place
1d	Better support for CYP with behaviour difficulties	To undertake an initial multi-disciplinary assessment including common assessment frameworks and agree the lowest level of	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place

		appropriate support for each child. This could include supervised self-management, telephone and online counselling, group therapy, behaviour pathway, or specialist treatment. Alternatives would be offered while on the waiting list if appropriate					
1e	Better support for CYP with behaviour difficulties	Have responsibility for case management and ensuring stepped care can occur so that children do not have to start again and be re-referred should their needs change while they are already in the system	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place
1f	Better support for CYP with behaviour difficulties	Provide and coordinate CAMHS key workers to supervise and provide strategic oversight for self-directed support that is actioned via the single route to care, such as telephone counselling and online CBT	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place
1g	Better support for CYP with behaviour difficulties	Work toward the ambition that support could be available 24/7, with intelligent staffing levels to reflect need over weekends and evenings	Development of this function within the WBH	CYP, schools. Wider system , NEFLT	2016-2017	Clearly defined role within the SOP	Currently not in place
1h	Better support for CYP with behaviour difficulties	Deploy higher grade, senior mental health specialist resources on the single route	Development of this function within the WBH	CYP, schools, wider	2016-2018	Clearly defined role within the SOP	Currently not in place

		to care in addition to other therapists and counsellors from the community voluntary sector.		system , NELFT			
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	Transformation Work stream	Deliverable	Methodology	Who benefits	Timescale	Measure	Baseline
2a	Enhanced SPA	Build on the existing single point of access to receive professional referrals for children with additional emotional or mental health needs including those who would not currently be eligible for CAMHS	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place
2b	Enhanced SPA	Develop relationships and provide a named contact with all schools, children centres and other early years settings, GP practices, etc.	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place
2c	Enhanced SPA	Act as advisors and gatekeepers, redirecting back to universal services where appropriate, or providing the gateway to targeted early support or more specialist service	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place
2d	Enhanced SPA	To undertake an initial multi-disciplinary assessment including common assessment frameworks and agree the lowest level of appropriate support for each child. This could include supervised self-	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place

		management, telephone and online counselling, group therapy, behaviour pathway, or specialist treatment. Alternatives would be offered while on the waiting list if appropriate					
2e	Enhanced SPA	Have responsibility for case management and ensuring stepped care can occur so that children do not have to start again and be re-referred should their needs change while they are already in the system	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place
2f	Enhanced SPA	Deploy higher grade, senior mental health specialist resources on the single route to care in addition to other therapists and counsellors from the community voluntary sector.	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place

	Transformation Work stream	Deliverable	Methodology	Who benefits	Timescale	Measure	Baseline
3a	Looked after children support	Develop a new local pre-specialist behaviour pathway based on evidence based practice	Development of pathway for LAC	LAC	2016-2017	TBC	Develop baselines in 2016-17
3b	Looked after children support	Augment the planned multi-disciplinary behaviour team with dedicated CAMHS	Development of this function within the	CYP, schools, wider system , NELFT	2016-2017	Clearly defined role within the SOP	Currently not in place

		support	WBH				
3c	Looked after children support	Develop an integrated pathway to guided or supervised support for the programme through the single route to support and integrate with existing specialists where needs are identified	Development of the ICP within the WBH	LAC	2016-2018	TBC (outcomes to be established)	Establish baselines in 2016-2017
3d	Looked after children support	A dedicated clinician-led service for looked after children and care leavers	Development of this role within the WBH	LAC	2016-2017	TBC (outcomes to be established)	Establish baselines in 2016-2017
3e	Looked after children support	Case consultation on cases where looked after children present with multiple and complex needs	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2018	Clearly defined role within the SOP	Currently not in place
3f	Looked after children support	Joint visits to encompass the emotional and psychological element to effectively assessing and understanding needs	Development of this function within the WBH	CYP, schools, wider system , NELFT	2016-2018	Clearly defined role within the SOP	Currently not in place
3g	Looked after children support	Assessment of sibling attachment relationships to consider placement needs	Development of this function within the WBH	LAC	2016-2017	Clearly defined role within the SOP	Currently not in place
3h	Looked after children support	Quick response to children in crisis	Development of the crisis function within the WBH	LAC	2016-2017	4 hour response time for LAC in crisis	Currently not in place
3i	Looked after children support	Flexibility in terms of where and when children are seen	Development of this function within the WBH	LAC	2016-2017	Clearly defined role within the SOP	Currently not in place

3j	Looked after children support	Supporting social workers' emotional resilience when working with complex cases	Development of this function within the WBH	LAC	2016-2017	Clearly defined role within the SOP	Currently not in place
3k	Looked after children support	Participating in and contributing to training and development of social work practitioners' understanding of emotional, mental and psychological needs	Development of this function within the WBH	LAC	2016-2017	TBC (outcomes to be confirmed)	Baselines to be established in 2016-2017
3l	Looked after children support	Flexibility in working with carers and the professional network	Development of this function within the WBH	LAC	2016-2017	Clearly defined function within the SOP	Currently not in place
3m	Looked after children support	Offer advice and support to leaving care workers	Development of this function within the WBH	LAC	2016-2017	Clearly defined function within the SOP	Currently not in place
3n	Looked after children support	Improved liaison with CAMHS services for children placed out of borough.	Development of this function within the WBH	LAC	2016-2017	Clearly defined function within the SOP	Currently not in place

Narrative and development Approach

1. This framework represents our development map for the journey from where the SPA is currently at the moment to where it needs to be in order to deliver the outputs and outcomes for the WBH as outlined within the BHR CAMHS Transformation plans.
2. It is envisaged that there will be phased approach over the next 2 years in the delivery of this framework
3. The Fundamental Service Review of all current services which is part of the SDIP will provide insight into opportunities for operational redesign that can facilitate the delivery of a different way of working to allow implementation
4. The BHR CAMHS Transformation Group which is represented by all the three LAs and the CCG will take the lead in agreeing any outcomes that still need to be developed. The work that NELFT is undertaking with CORC will also inform this. This group will also feed into the Children's and Maternity Board, Mental Health Transformation Board and BHR Mental Health Executive
5. NELFT will contribute to this via the SDIP and also be co-opted members of the BHR CAMHS Transformation Group.