

HEALTH & WELLBEING BOARD

Subject Heading:

Local Transformation Plan

Board Lead:

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Following the recent report of the Children and Young People's Mental Health Taskforce, *Future in Mind*, the Government announced increased funding for Children's mental health services to the total of £1.25 billion over five years. Havering's allocation of the funding will be £507,000 per annum. The purpose of the additional funding is to improve quality and access of children to mental health services by 2020. Specific ringfences exist for perinatal mental health, eating disorders and children's psychological therapies.

Release of funding is subject to approval of a local Transformation Plan. Plans are required to enhance and extend new and existing services and projects, through a multi-agency approach of commissioners, providers, schools, families and other stakeholders. Plans also require a named local commissioner for children's mental health to be identified. The deadline for submission of Transformation Plans is 16th October. Havering CCG, London Borough of Havering and partners have begun early work to commence development of the Havering Transformation Plan for children's mental health, and ask the Health and Wellbeing Board to approve the proposed approach and sign off process ahead of the national deadline.

RECOMMENDATIONS

The recommendations of this report are that Health and Wellbeing Board members:

- a) note the opportunity presented by the national call to develop Children and Young People's Mental Health Transformation Plans for local areas, in the context of local challenges
- b) approve the proposed approach to developing the local Transformation Plan
- c) approve the proposed sign off process for the Plan ahead of the 16th October deadline

REPORT DETAIL

The local position of children's mental health

An in-depth assessment of needs and current provision for children's mental health can be found in the Havering JSNA. Key findings include:

- There are an estimated 3,275 children with mental health problems in Havering; with the most common conditions being conduct, emotional and hyperkinetic disorders
- The rate of children with a learning difficulty, moderate learning difficulty or autistic spectrum disorder is significantly lower than the England rate; but the rate with severe difficulties is similar to England as a whole
- There are 230 Havering Looked After Children and more living here from other boroughs; this is a cohort who are significantly more likely to have mental health problems
- There are 443 children were identified as carers through the 2011 census, but the true number is likely to be greater as many would not self-identify or disclose their caring roles
- There is increasing youth offending and gang activity in Havering as the borough's demographics changes; again there is a significant correlation between youth offending and mental health problems
- There are 8,800 children living in relative poverty; and an association between poverty and behavioural problems
- The rates of breastfeeding in Havering are low and smoking in pregnancy is high; so there are many families where children's health is not being given the best start in life
- Queen's Hospital is experiencing increased numbers of children with behavioural difficulties brought into A&E by parents who are unable to cope with their behaviour, and GP doesn't know what to do. This is boosting avoidable paediatric A&E attendances

The opportunity of the Transformation Plan

"There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven't kept up. The treatment gap and the funding gap are of course linked."

Simon Stevens, *Future in Mind*, March 2015

The recent report of the Children and Young People's Mental Health Taskforce, *Future in Mind*, jointly chaired by NHS England and the Department of Health, establishes a clear direction and key principles about how to make it easier for children and young people to access high quality mental health care when they need it. Within the report, there were 49 recommendations for improving children's mental health, covering the five key themes of:

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

Within the report, and subsequently the Chancellor's autumn statement (December 2014) and Budget (March 2015), the Government announced increased funding for Children's mental health services. A total of £1.25 billion over five years will be provided (£250 million per year) to implement the recommendations of the review. This money is additional and not within the CCG baseline. Of the total, £15 million per year will be ringfenced for perinatal mental health. In addition to this funding, a further £120 million (£30m per year) has been ringfenced for eating disorders.

In addition to perinatal mental health and eating disorders, the Transformation funding is intended to focus on catalysing roll-out of the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT). By 2018, it is envisaged that CAMHS will be delivering a choice of evidence based, outcomes focussed interventions, and working collaboratively with children, young people and their parents or carers. The additional funding will also extend access to training for staff working with children under five and those with autism spectrum disorder and learning disabilities. New access targets and a new waiting times standards are also expected as an outcome of the Future in Mind review.

Future in Mind recommends that CCGs take ownership and become the lead organisation around Children and Young People's emotional health and wellbeing across all tiers. CCGs have been invited to produce Transformation Plans for children's mental health services over the next five years with key partners (such as Public Health, Local Authorities, NHS England, voluntary sector and acute, community and mental health provider Trusts).

This is set in a national context running in parallel to the *Future in Mind* recommendations, of new national Key Performance Indicators (KPIs) and calls to action to improve access to services. Aimed at achieving major national systemic change across children and adult services, these include:

- A new KPI to ensure that 50% of Children and Adolescents referred for psychosis begin treatment within 2 weeks
- A focus on developing a culture of 'parity of esteem' to ensure that there is a culture of improving mental health in line with physical health and closing the gap between people with mental health problems and the wider population
- Mental Health Crisis Care Concordat plans set out local ambition for adult and children in terms of emotional and mental health and can be used as a starting point to build a Transformation Plan for Children and Young People. The Concordat is key to ensuring systemic changes in improving emergency care including place of safety for adults and children

Requirements of Transformation Plans

Full guidance on the development and requirements of Children and Young People's Mental Health Transformation Plans was published in early August 2015. Key elements of the Plans will need to include:

- a strong focus on creating best evidence based community Eating Disorder teams, with details of how capacity freed up by specialist teams will be redeployed to improve crisis and self harm services
- work with collaborative commissioning groups in place between specialised commissioning teams and CCGs; commitments to transparency, service transformation, meeting legal duties with regard to equality and health inequalities and demonstrating improvement
- commitments to:
 - transparency
 - service transformation including data and IT infrastructure
 - outcomes monitoring improvement

The guidance advises that Transformation Plans should demonstrate clear local ownership and co-commissioning across health, local authority and schools, and with clear evidence of

collaboration with children, young people and their families. The Plans are required to name a lead commissioner for children’s mental health in each local area, which might be the CCG or local authority.

Finally, the guidance explicitly states that new ideas, projects and innovations are not required within the Plans. The funding can be used to extend and advance existing services and projects that are already in place.

Early thinking on Transformation Plan content

From early discussions between the CCG, council and NELFT, and based on July 2015 guidance on transforming children’s mental health services, a proposed transformation model has been drafted. The key principles and partners within the model, subject to impending discussions, multi-stakeholder engagement and development, are:

Whole systems approach	Other key principles	Key partners
<ul style="list-style-type: none"> • Joint working between agencies • Co-location of workers • Support for self-help and self-management • Health promotion, prevention and early intervention • One single point of access • Integration with NHS 111 at single point of access • Close working relations with LAS and police • 24/7 availability • Emphasis on keeping people at home and treating them as close to home as possible • Services developed around patient needs • Integrated electronic records with modern ways where patients can carry their records as apps on their phones • Development of digital directory of services • Modern ways of communication with patients as well as use of digital platforms in assessing outcomes and for use in clinical applications 	<ul style="list-style-type: none"> • Stratification and care navigators for the 10% highest service users • Care co-ordination to ensure seamless transfer between quadrants • Has whole pathway outcome measurement including a goals based approach that’s compatible with new CAMHS PBR and personal budgets • Is digitally enabled • Focuses on harnessing community assets and opportunities to improve self-care. • Focuses on early intervention through effective outreach into schools, primary care and hard to reach groups 	<ul style="list-style-type: none"> • Primary care • NELFT • Local authorities of Redbridge, B&D and Havering, both as commissioners and providers of children’s services • CCGs • Public health • Youth justice • Education • Health watch and other relevant patient groups • PELC and LAS • Police • Relevant third sector groups such as CVS of the three boroughs • UCLP • Care city

Financial allocations

The following below shows the allocations of funding to the BHR boroughs, as set out in annexe 4 of the Local Transformation Planning Guidance. These are initial allocations and additional funding available for 2016/17 when the Transformation Plan is ‘assured’.

	Eating Disorders Service 15/16	Local Transformation Plan 15/16	Minimum recurrent uplift from 2016/17 if plans are assured
Barking and Dagenham	£111,358	£278,739	£390,097
Havering	£144,659	£362,096	£506,755

Redbridge	£146,066	£365,619	£511,685
BHR CCGs	£402,083	£1,006,454	£1,408,537

Proposed approach to developing the Transformation Plan

The proposed approach to developing the Transformation Plan is set out in the following table of processes and milestones.

Please note that this will be a multi-agency, multi-disciplinary approach, drawing on the expertise and input of commissioners, clinicians, providers and other professionals from across Havering's health and social care system. Also note that there will be a coordinated approach across the six BHR CCGs and local authorities to ensure our plans align where we share common challenges, and to maximise the benefits of sharing one provider (NELFT) across the patch. This coordination will have regular oversight by the CCG Joint Management Team (JMT).

Activities	Lead	Timeline
Agree engagement and sign off process for the local transformation plan	CCG Chief Operating Officer	At the 19 th Aug HWB
Development of an 'as is' position statement	Joint children's commissioner	By 28 th Aug
Development of a core offer / plan based on guidance	Joint children's commissioner	By 28 th Aug
Service gaps to be identified – GP clinical lead engagement	Joint children's commissioner with Dr Adur (MH)/Dr Deshpande (CYP)	By 28 th Aug
Provider view to be gathered on gaps identified – secondary care clinical engagement	Joint children's commissioner with NELFT and BHRUT	Meeting arranged for 25 th Aug
Service values to be identified and aligned to investment	BHR Finance	By 30 th Aug
Develop plans to deliver the Plan and secure services	Joint children's commissioner with clinical leads and Procurement advice	By 14 th Sept
Stakeholder engagement with service users / carers	Joint children's commissioner	Begin in Aug until 25 th Sept
Consistency check and joint working coordination across BHR	Joint Management Team (JMT)	Throughout Aug-Oct
First draft plan for discussion / dissemination	Joint children's commissioner and comments invited from all stakeholders	Draft plan by 11 th Sept; feedback until 25 th Sept
Draft Plan is taken for discussion at the HWB Chair's briefing	CCG Chief Operating Officer	For 30 th Sept
Delegated authority for sign off	To be agreed (see below)	By Fri 9 th Oct
Final draft Plan is taken for information to the HWB	CCG Chief Operating Officer	14 th Oct
Deadline for submission	CCG Chief Operating Officer	16 th Oct

Proposed sign off process

This paper proposes the following sign off process for the Transformation Plan:

- The draft Plan is taken for discussion at the HWB Chair's briefing of Wednesday 30th September

Health and Wellbeing Board, 19th August 2015

- Delegated authority for sign off is given to the Health and Wellbeing Board Chair (Cllr. Kelly), the LBH Director of Adults, Children's and Housing (Isobel Cattermole) and the CCG Accountable Officer (Conor Burke). This will take place by Friday 9th October
- Optional: The final draft Plan is taken for information to the Health and Wellbeing Board meeting of Wednesday 14th October (although this will be too late to make any significant amendments)
- Deadline for submission is Friday 16th October 2015

NHS England assurance process

A bespoke assurance process is currently being developed for 2015/16 (year 1) by NHS England. This will be integrated within the mainstream planning framework from 2016/17 onwards. Guidance has been explicit that assurance will need to include that CCGs have worked closely with key stakeholders to develop their local Transformation Plans. NHS England have advised that the assurance process will be co-ordinated by regions (London region in our case) and led by DCO teams locally with support from a central team of expert clinicians. It is envisaged that, from September, progress against locally set objectives will become an integral part of CCG assurance discussions. From 2016/17, the intention is that any refresh of Transformation Plans and the continuing development of services will be embedded within mainstream planning and assurance processes.

Next steps

The Health and Wellbeing Board is asked to agree the approach to developing the Havering Children and Young's Mental Health Transformation Plan and agree the sign off process of the Plan ahead of the submission deadline of 16th October. Once approved, delivery of the action plan will commence to ensure the Havering Plan is developed robustly and jointly across the CCG and council and consistently across BHR.

IMPLICATIONS AND RISKS

Financial implications and risks:

If successful, Havering's Plan will yield award of over half a million pounds for children and young people's mental health per annum for the next five years. Securing the money requires approval of the submitted Transformation Plan. Therefore the Plan will need to be high quality, clear and robust, and have been formed through engagement with the range of stipulated stakeholders. It will need to meet with NHS England requirements as set out in the August 2015 guidance. To mitigate this risk, the proposed approach to developing the Plan for Havering includes engagement with stakeholders as required and adherence to published and any forthcoming guidance during the period between now and 16th October.

Legal implications and risks:

There are no legal implications at this time.

Human Resources implications and risks:

There are no HR implications at this time.

Equalities implications and risks:

Financial investment and delivery of a local Transformation Plan for children's mental health is aimed at having a positive impact of health inequalities within the child and young person population of Havering. This will benefit local children (especially at-risk groups such as those with learning difficulties, Looked After Children, children in poverty, potential young offenders and carers) and lead to a longer term reduction in health inequalities between those with mental health conditions and those without. There are no negative equalities implications at this time.

****All risks will be reviewed throughout the process of development of the local Transformation Plan, and subsequent delivery of the Plan, and flagged as appropriate to the Health and Wellbeing Board.****

BACKGROUND INFORMATION

1. The key document that provides the overall strategy for this work is the Children's Mental Health Taskforce report:
 - [Future in Mind](#)
2. NHS England guidance published on 3rd August 2015:
 - Local Transformation Plans for Children and Young People's Mental Health and Wellbeing <http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>
 - Access and Waiting Time Standard for Children and Young People with Eating Disorder, July 2015 Commissioner Guide. <http://www.england.nhs.uk/wp-content/uploads/2015/02/mh-access-wait-time-guid.pdf>
3. BHR CCGs have been working together to agree common areas of development for children's services including CAMHS within the NELFT service contract. This has taken place against a background of significant change in the commissioning of children's services as well as new legislation (the Children and Family's Act 2014). BHR CCGs each have joint children's commissioning post in place with their respective councils
4. There will be a number of interdependencies between the CYP MH Transformation Plans and the work that is underway on mental health more broadly, particularly in relation to the development of the Early Intervention in Psychosis services and the delivery of the Crisis Care Concordat