

ANNEX B: CENTRAL LONDON CCG

Local information and implementation plans for Central London CCG and Westminster City Council

1. Background

In March 2015 the government published *Future in Mind*, their strategy for promoting, protecting and improving our children and young people's mental health. With the guidance comes funding to invest in children and young people's mental health services. In order to access this funding, CCGs have been tasked with developing local transformation plans, in collaboration with their local authority colleagues, which clearly outline how this money will be invested.

Across North West London we are collaborating, with support from the Like Minded team, to submit a single plan that defines where we have joint priorities, and where we will undertake specific local work to respond to local needs and current service configuration.

The priorities outlined in the document above are the key steps to transforming current services. In producing a joint vision that has diverse stakeholders, we can unite to bring together resources, capacities and expertise to develop collaborative solutions.

Collaboration is at the core of how we will work – but we recognise that each borough has specific local needs. These are outlined in this Annex. For clarity we are not proposing that there is any cross-subsidisation across North West London. The money described below, ear-marked for each CCG, will be invested in the children and young people in that CCG.

Our ambition for this transformation plan is that by the end of 2020 the children and young people of North West London will see a transformed service that better suits their needs, and they will be able to access services at the right time, right place with the right offer in a welcoming environment. We want our new model to be sustainable beyond 2020 – to ensure that future children and our future workforce continue to receive and provide the best quality care we know makes a significant difference.

We will firstly get the basics right – embedding co-production, refreshing our needs assessments and undertaking workforce needs analysis. We will then reduce the waiting times for specialist Child and Adolescent Mental Health Services (CAMHS), ensure a crisis and intensive support service is in place in each borough, develop a stronger learning disability (LD) service for children with challenging behaviour and autism, and establish a community eating disorder services.

We will enhance the role of schools and further education establishments in emotional well-being, supporting their commissioning of services such as counselling, and enabling easy access to clinical guidance as the first line response to many children and young people in need.

In combination we will take large strides to deliver a fundamental change – as described in *Future in Mind* – and reiterated in the voices of our children and young people in NWL.

The financial allocation for North West London, and Central London CCG specifically, is as follows:

	Eating Disorders 15/16	Transformation Plan 15/16	Recurrent uplift
Brent	£163,584	£409,468	£573,052
Central London	£91,557	£229,176	£320,732
Ealing	£211,543	£529,514	£741,058
Hammersmith and Fulham	£100,744	£252,173	£352,918
Hillingdon	£149,760	£374,863	£524,623
Hounslow	£152,983	£382,931	£535,913
Harrow	£121,785	£304,840	£426,625
West London	£116,621	£291,914	£408,534
Total	£1,108,577	£2,774,879	£3,883,455

The Central London CCG covers the majority of Westminster. GPs in the Queens Park and Paddington area are part of West London CCG. This is acknowledged by a 22.8% adjustment to budgets so that Westminster young people will benefit from approximately 22.8% of the Transformation funding allocated to neighbouring West London CCG. This accounts for a further £26,589 for Eating Disorders and £66,556 for Transformation funds.

Central and West London CCGs collaborate to commission the local mental health provider, Central and North Westminster Mental Health Trust (CNWL).

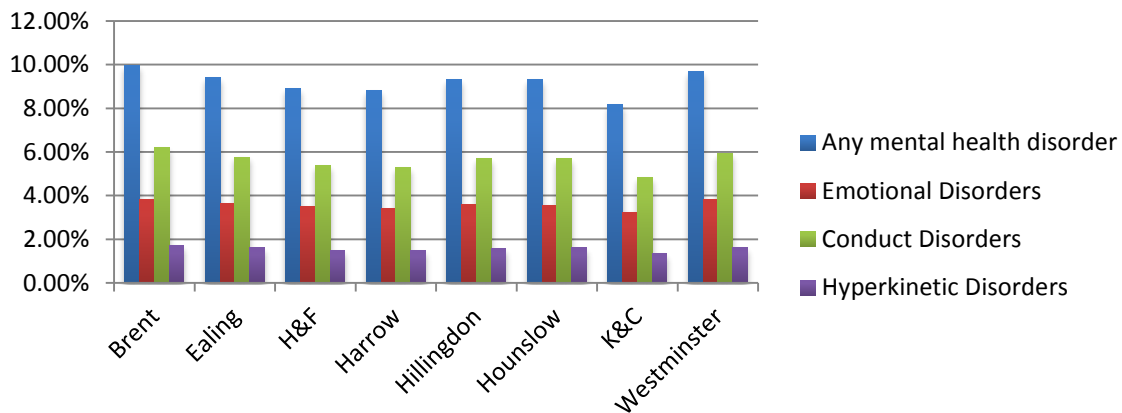
2. Population information

Almost 40,000 children and young people live in Westminster and national prevalence estimates suggest that 1 in 10 children or up to 3 young people in each school class may at some time experience poor mental health. The weakness of data on young people's mental health has been acknowledged nationally and for Westminster the last needs analysis was completed in 2013. This suggested that the 1,110 referrals¹ to the local mental health service were in line with prevalence estimates. The first priority in this Transformation Plan is to update the Westminster Needs Analysis to strengthen our understanding and to inform future investment decisions.

Key population details		
	Central London CCG	Total NW London
Number of children	27,480	444,210
	Westminster LA	Total NW London
Number of children	35,288	444,210
Number of school children	22,460	327,072
Rate of LAC	46 per 10,000 pop	48 per 10,000 pop

¹ 2011-12 data.

Prevalence of Mental Health Needs in NW London Boroughs



CAMHS Activity	CLCCG	NWL
Number of admissions for mental health conditions 2014/15 ²	26	338
Admission rate per 10,000 children	9.5	7.6
REFERRALS MADE		
Referrals made 2014/15 ³	579	9003
Referrals accepted 2014/2015 ⁴	467	7118
Referrals per 10,000 children	211	203
REFERRALS ACCEPTED		
First Attendances	606	6,745
Follow Up Attendances	4,118	42,516
Total Attendances⁵	4,724	49,261
ATTENDANCES PER 10,000 CHILDREN		
First Attendances per 10,000 children	221	152
Follow Up Attendances per 10,000 children	1,499	957
Total Attendances per 10,000 children	1,719	1,109
CAMHS Waiting Times⁶		
Referral – Assessment: Under 4 weeks	26 (66.7%)	97 (35.1%)
Referral – Assessment: 5 - 11 weeks	7 (17.9%)	93 (33.7%)
Referral – Assessment: over 11 weeks	6 (15.4%)	86 (31.2%)
Assessment – Treatment: Under 4 weeks	30 (83.3%)	112 (68.7%)

² SUS 2014/15. Patients aged 0-17 admitted with a primary diagnosis in ICD Chapter F (Mental and Behavioural Disorders)

³ WLMHT and CNWL Referrals dataset. Includes rejected referrals

⁴ WLMHT and CNWL Referrals dataset

⁵ All attendance data source: Trust Minimum Data Set.

⁶ CNWL and WLMHT Monthly Information Return, June 2015

Assessment – Treatment: 5 - 11 weeks	5 (13.9%)	35 (21.5%)
Assessment – Treatment: over 11 weeks	1 (2.8%)	16 (9.8%)

3. Our local offer

Westminster young people requiring mental health services are supported by Central and North West London Mental Health Trust (CNWL) who deliver both a school focused early intervention service (tier 2) and specialist diagnosis and treatment (tier 3). The CNWL team of approximately 30 includes psychiatrists, psychiatric nurses, family therapists, psychotherapists and psychologists. In 2014 caseload data indicated that the CNWL team supported 600 Westminster young people. Westminster City Council fund several mental health staff to co-ordinate mental health support for looked after young people⁷ with placements further afield. The council also supports mental health work in Westminster schools. Current council investments are not guaranteed beyond 31st March 2016.

A mental health specialist contributes to the Westminster Youth Offending Team, providing advice and support to offenders and their families. The council and the CCG also fund a mental health post in the Integrated Gangs Unit.

In-patient psychiatric beds for young people are commissioned by NHS England's Specialist Commissioning and NHS E data indicates that 30 Westminster young people were admitted in 2014-15.

Westminster CAMHS Task & Finish Group - In November 2014 young people supported by the national charity Rethink, as well as local commissioners, presented the findings and recommendations of the Westminster CAMHS Task & Finish Group. The report made recommendations on improving out of hours crisis support, access to advice and consultation, a stronger training offer and better transition to adult mental health services. There has already been progress locally on a number of fronts and all of these areas have been echoed in the national *Future in Mind* report and have underpinned the investment proposals laid out below.

The call for a sustainable training programme for schools, young people and families, GPs and other allied professionals has recently also been endorsed by reports from Public Health. Furthermore, based on the contribution from local young people as 'champions' we have endorsed 'co-production' as a central principle of our approach to redesigning and 'transforming' mental health services for young people.

Current Investment in Children and Young People's Mental Health		
	Clinical Commissioning Group	Local Authority
Westminster	£1,631,347	£638,420 ⁸
Total	£2,269,767	

Investments - The proposed investments summarised in the table that follows reflect the priority areas for improvement singled out in the Future in Mind report and also local experience documented in the Westminster CAMHS Task & Finish Group report. These proposals are

⁷ 179 Westminster looked after children (31 March 2015) and 160 care leavers.

⁸ This figure is for the whole of Westminster, including the Queens Park and Paddington (QPP), whose GPs are part of neighbouring West London CCG

deliberately indicative as they have to be put forward before the new Westminster Needs Analysis has been completed. Any subsequent changes will be informed by the findings of the Needs Analysis.

These areas of investment will seek to take account of the particular needs of vulnerable groups in as far as the current new funding allows. This includes young people recovering from abuse or exploitation, the needs of young carers, looked after young people and young people with Education, Health and Care Plans.

4. Children and young people's mental health transformation plan

As a collaboration of CCGs, we have 8 shared priorities. The table below outlines the shared components of our plans, as well as local detail specific to Central London CCG/Westminster.

Priority	Priority Description	Implementation Plans	Allocated Investment
1	Needs Assessment	<p>North West London Common Approach:</p> <p>The current prevalence, need, services and interdependencies will be mapped out in detail, by either working with Public Health colleagues to refresh existing JSNAs, or commissioning new analysis of local need and provision. This will enable the individual CCGs and boroughs to further develop and refine service requirements for years Two to Five (2016-2020).</p> <p>All CCGs will also work with local Public Health teams to update the assessments if and when new data is available throughout the 5 year period.</p>	
		<p>Central London CCG/Westminster City Council Local Approach:</p> <p>Central London are committed to investing in a collective resource to conduct a comprehensive needs assessment, following the examples of Brent, Hillingdon and Harrow to ensure any work enables comparison across the 8 CCGs. The intelligence generated will inform commissioning plans for the remaining years of this Transformation Plan.</p>	<p>2015/2016: £25,000</p> <p>No further investment for the remaining years.</p>
2	Supporting Co-Production	<p>North West London Common Approach:</p> <p>Across the 8 boroughs, we propose to fund local organisations (to be agreed) with particular relevance to local needs, and needs of specific under-served groups, to support young people, parents, and other key stakeholders to be involved in co-production. We will build on the current approach in Hammersmith and Fulham with</p>	

		<p>Rethink – training and supporting young people cross NWL to engage in all children and young people’s (CYP) development projects. This will include a youth-led conference on Young People’s Mental Health to be held in 2016.</p> <p>We will also build on the good work of our two current Mental Health Trusts in developing and supporting young people who will engage with their peers and input into our transformation work. Working as a collaborative of CCGs, we will share the learning from each area to understand which co-production approach works best with our local communities, and will work jointly with our shared service providers to deliver co-production, where appropriate, on a large scale to reduce duplication.</p>	
		<p>Central London CCG/Westminster City Council Local Approach:</p> <p>Central London will also undertake co-production work incorporating peer support pilots, transformation champions, training, co-production in commissioning and service redesign, and personal budget pilots for young people’s mental health. A Young People’s Emotional Wellbeing Conference is also planned to focus on co-produced service redesign. Investment is identified for development of new technology, including apps and online advice.</p>	<p>2015/2016: £14,175 2016/2017: £27,175 2017/2018: £27,175 2018/2019: £27,175 2019/2020: £27,175</p>
3	Workforce and Training	<p>North West London Common Approach:</p> <p>Workforce development and training (schools, GPs, social care, voluntary sector, CAMHS and allied health staff) is one of the eight priority areas for the Children and Young People’s Transformation Plan. All 8 CCGs have noted that there is a need for non-specialist training to support greater awareness of mental illness and the ways to identify and support early signs, as well as more specialist needs for particular teams (e.g. eating disorders specialised training for CAMHS staff to increase capacity and reduce recruitment burden). Our workforce development and training plan has three components:</p> <ol style="list-style-type: none"> 1. Needs analysis – to understand the skills gaps in the current workforce (including voluntary sector). To be completed in 2015/16. 2. Review of current training programmes and packages and commissioning of appropriate options for local needs. To be completed in 2015/16. 3. Delivery of training to workforce and parents (to ensure parents feel confident to 	

		<p>recognise signs of mental health needs and seek support). To be commenced in 2016/17 and continued until 2020.</p> <p>A key element of the training packages will be the delivery of a “train the trainer” component to ensure that the local NWL workforce can continue to train their colleagues and peers in how to recognise and respond to mental health needs. This will ensure sustainability of this workforce development.</p> <p>As the training needs analysis is completed, this plan may be amended to incorporate learning from this analysis. Each CCG has earmarked a funding allocation for training and development from the Transformation Plan funding, as per the table below.</p>	
		<p>Central London CCG/Westminster City Council Local Approach:</p> <p>Central London have allocated funding for 12 events, including clinical backfill to encourage attendance, and training will also cover Dialectical Behaviour Therapy skills. The package will build on the work of the NHSE and H&F CCG CAMHS schools link project.</p>	<p>2015/2016: £30,000 2016/2017: £30,000 2017/2018: £30,000 2018/2019: £30,000 2019/2020: £30,000</p>
4	Community Eating Disorder Service	<p>North West London Common Approach:</p> <p>A new, separate eating disorders service will be developed that will have care pathway provision and seamless referral routes to ensure quick, easy access to and from the current CAMHS service providers, and from referrers outside of CAMHS. This service will be developing to reflect the new national specification for eating disorder services, offering a 7 day service for young people aged 18 or under who have a suspected or confirmed eating disorder diagnosis of:</p> <ul style="list-style-type: none"> ▪ anorexia nervosa, ▪ bulimia nervosa, ▪ binge eating disorder, ▪ atypical anorexic and bulimic eating disorder <p>The proposed model will include:</p> <ul style="list-style-type: none"> • Family interventions to be a core component of treatment required for eating 	

		<p>disorders in children and young people.</p> <ul style="list-style-type: none"> • CBT and enhanced CBT (CBT-E) in the treatment of anorexia nervosa, bulimia nervosa and related adolescent presentations. <p>In order to commence this much-needed service quickly we will work with our current providers, CNWL and WLMHT, to commence service provision in 2015/16. As a NWL collaborative, we are developing a tender waiver to share across our CCGs that will specify the need to mobilise services this year, and our intention to market test this service in 2016/17. We will also work with our current providers to develop specialisms of team members who work full time in ED within the current CAMHS service, so that patients can be seen within the current model in addition to the specialist service.</p>	
		<p>Central London CCG/Westminster City Council Local Approach:</p> <p>Central London CCG, led by Harrow as the contract lead, will work with CNWL to develop the design, skills mix and cost of the service utilising the skills and expertise of existing staff currently working on eating disorders. The commissioners will adapt the national specification and the CCG mental health contract manager will work on the contract variation. A local Transformation Implementation Board (TIB) will be set up to oversee the implementation of the community eating disorder service. The TIB will have local authority, GP, Rethink young people champions, providers, Public Health and voluntary sector representation.</p>	<p>2015/2016: £91,557 2016/2017: £91,557 2017/2018: £91,557 2018/2019: £91,557 2019/2020: £91,557</p>
5	Transforming Pathways – A Tier free system	<p>North West London Common Approach:</p> <p>We will move away from tiered services to services that meet the needs of the child/young person and the family. To do this we will need to address particular pinch points - as well as building a new overall model without tiers. Broadly, our proposed model will include:</p> <ul style="list-style-type: none"> • A Single Point of Access (SPA) across each CCG area or where there is a common provider across several CCG areas, a central SPA • Referral, assessment, treatment, discharge that is evidence based • School based work – both to develop emotional wellbeing and resilience and to identify and support young people with mental health needs 	

		<ul style="list-style-type: none"> • Maintenance – it is crucial to include continued maintenance even after discharge to prevent a young person being re-referred into a CAMHS service <p>The redesigned service will seek to address existing quality and capacity concerns regarding access and transition. Providing for a seamless provision a young person is more likely to remain engaged in the service, which will enable them to participate further in education, training or employment.</p> <p>We will continue the roll out of CYP IAPT services across NWL, ensuring that all young people have equitable access to this support. We will ensure that our pathways and referral routes incorporate all CYP IAPT providers. All assessment and treatment options will be evidence based, and delivered by a trained and competent workforce who specialise in working with children and young people.</p>	
		<p>Central London CCG/Westminster City Council Local Approach:</p> <p>Central London will draw on the work being developed by NHSE and H&F CCG on the CAMHS School Link Pilot to inform their transformed CAMHS model. We will also pilot a CAMHS Connected Care GP village project that will involve integrating young people’s mental health into primary care and paediatric planning for young people with complex health care. In developing their local offer, the CCG will explore with local authority partners whether there is a clear business case to develop and/or contribute to a Young People’s Hub or Drop in Service, where clusters of health, voluntary and council services (including access to sports and leisure pursuits) could be accessed by families. This builds on ambitions emerging in Westminster City Council services and the ground breaking Connected Care for Children approach which brings paediatricians out of hospitals to support young people with complex needs in primary care.</p>	<p>2015/2016: £52,000 2016/2017: £52,000 2017/2018: £52,000 2018/2019: £52,000 2019/2020: £52,000</p>
6	Enhanced support for Learning Disabilities and Neuro Development Disorders	<p>North West London Common Approach:</p> <p>We will develop an enhanced service within each of the 8 CCGs, streamlining the current service offering and filling the gaps. We will:</p> <ul style="list-style-type: none"> ▪ Map local care pathways and where appropriate reconfigure services or commission additional local provision, commissioning an integrated service from CAMHS and Community Paediatrics; ▪ Develop an effective strategic link between CAMHS Learning 	

		<p>Disabilities/Neurodevelopmental (LD/ND) services and special educational needs (SEN) departments, to ensure coordinated assessment and planning of education, health and care (EHC) plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be defined with close working amongst frontline services, clearly defined lead professionals and shared care plans.</p> <ul style="list-style-type: none"> ▪ Enhance the capacity of CAMHS to meet the increasing demand for ASD and ADHD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams. ▪ Provide advice and support to special schools and specialist units to support early identification of mental health difficulties, advise on behavioural management strategies, and signpost to specialist support if needed. ▪ Develop be clear agreements in place between specialist services and primary care to support shared care for young people with LD/ND who require medication. ▪ Connect with local voluntary sector services and support groups for young people with LD/ND and their families (e.g. parent-run ASD support group). <p>This will be determined over the course of the first year of funding. In year (15-16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In Year Two (16-17), the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. Year Three (17-18) to Year Five (19-20) will be used to embed the model, develop sustainability and further refine according to borough need.</p>	
		<p>Central London CCG/Westminster City Council Local Approach:</p> <p>In 2015/16, all NWL CCGs will fund short-term additional staffing capacity to address long waiting times for neurodevelopmental assessments. In the remaining years of the plan, the majority of CCGs will continue some investment in additional capacity for LD and ND pathways to enable sustained improvements in access and post diagnostic treatment and behaviour management plans. Through the 2015/16 planning work, we anticipate that this pathway will align with Priority 5 & 7 and will form part of the joint Emotional Health and Wellbeing Targeted Service as well as the SPA and developing pathways work across NWL.</p>	<p>2015/2016: £60,000 2016/2017: £60,000 2017/2018: £60,000 2018/2019: £60,000 2019/2020: £60,000</p>
7	Crisis and Urgent Care	North West London Common Approach:	

	Pathways	<p>We aim to ensure that our local offer of support and intervention for young people reflects the Mental Health Crisis Care Concordat. We will also implement clear, evidence-based pathways for community-based care, including where resources allow, home treatment teams and crisis response services to ensure that unnecessary admissions to inpatient care are avoided.</p> <p>We will develop an enhanced service across all 8 CCGs to prevent a crisis leading to inpatient admission streamlining the current service offering and filling the gaps.</p> <p>A new service will comprise crisis response and home treatment services and will build on existing work to develop a complete urgent care pathway. We will also work with colleagues in locality authority, public health, and schools to ensure that the prevention of self harm and crisis avoidance via good mental health promotion forms part of this pathway. Where possible, we will look to work with existing home treatment teams to incorporate CAMHS skills and training into existing services. This would reduce unnecessary duplication, and ensure child/parent issues were effectively covered.</p>	
		<p>Central London CCG/Westminster City Council Local Approach:</p> <p>Central London have some indicative plans for years 2 to 5 including re-integrating provision of in-patient beds (possibly to be explored on a pilot basis) for young people with psychiatric conditions, and resuming local commissioning and performance management through a re-constituted NWL Consortium⁹. This would strengthen the admission and discharge links (step up and step down), significantly improve engagement with local schools and Social Care services, reduce the fragmentation of commissioning and re-establish the local incentive to develop alternatives to hospital admission: e.g. building on our Out of Hours nursing capacity, developing Home Treatment Team(s).</p>	<p>2015/2016: £0 2016/2017: £60,000 2017/2018: £60,000 2018/2019: £60,000 2019/2020: £60,000</p>
8	Embedding Future in Mind Locally	<p>North West London Common Approach:</p> <p>In addition to the collaborative priorities described above, across all 8 CCGs we will also:</p>	

⁹ Subject to agreement with NHS E and additional funding being agreed.

		<ul style="list-style-type: none"> - Drive forward delivery of the CYP IAPT programme. Within our CQUINs and within Trust plans team members are already working to release staff to attend training increase delivery of CYP IAPT; - Invest in developing more robust data capture and clinical systems to enable teams to have a better understanding of current activity; - Link with specialised commissioning teams for Youth Offending to understand the levels of youth offending in each borough and the local offer for this group of young people. We will then develop a strategy for ensuring young offenders needs are met by our NWL mental health care and support pathways; - Develop new perinatal specifications and implement new parental mental health services. Work is already underway in Hammersmith and Fulham, Ealing, and Hounslow where new best practice, NICE compliant pathways will launch in March 2016 and outcomes-based contracting models are being considered. Across NWL we will draw on the learning from these areas. 	
		<p>Central London CCG/Westminster City Council Local Approach:</p> <p>Central London also plan to deliver a short term project looking at early years, attachment, and early intervention, working with CNWL. Short term scoping work on utilising new technologies and social media opportunities will also be undertaken. The outcomes and learning from these projects will inform future commissioning.</p>	<p>2015/2016: £48,000 2016/2017: £0 2017/2018: £0 2018/2019: £0 2019/2020: £0</p>

5. Consultation

In November 2014 young people supported by the national charity Rethink, as well as local commissioners, presented the findings and recommendations of Westminster's CAMHS Task & Finish Group to the Health and Wellbeing Board. The report made recommendations on improving out of hours crisis support, access to advice and consultation, a stronger training offer and better transition to adult mental health services. There has already been progress locally on a number of fronts and all of these areas have been echoed in the national *Future in Mind* report and have underpinned the investment proposals laid out below. Furthermore, based on the contribution from local young people as 'champions' we have endorsed 'co-production' as a central principle of our approach to redesigning and 'transforming' mental health services for young people.

The Chair and Managing Director of Central London CCG have also completed an initial review of the draft plan. Westminster Council have also had representation on the transformation plan working group, contributing to the on-going draft development.

6. Next Steps

1. All CCGs and Health and Wellbeing Boards will be asked to sign off the joint North West London Transformation Plan by Thursday 15th October.
2. Like Minded will submit the joint North West London submission to NHSE on Friday 16th October.
3. Feedback will be received from NHSE in November, either requesting further information or approving the plan.
4. If approved, funding will be released to CCGs in November 2015.
5. A local Transformation Implementation Team will oversee the commissioning and delivery of the improvement described in the plan.
6. An update report will be provided to the Westminster Health and Wellbeing Board in March 2016.