

MUNICIPAL YEAR 2015/2016	
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MEETING TITLE AND DATE Health and Wellbeing Board 10 December 2015	Agenda - Part: 1	Item: 7
	Subject: Enfield CAMHS Future in Mind Transformation Plan	
	Wards: All	
Report of: Graham MacDougall, Director Strategy & Partnerships	Cabinet Member consulted: N/A	
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SUMMARY:

In March 2015 the Government published a wide-ranging report on child and adolescent mental health, *Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing*. The report sets out a national ambition to improve mental health services for children and young people. *Future in Mind* stipulates that each CCG area is required to submit a Transformation Plan. Enfield submitted on 16 October 2015. The national timeline required the assurance process to be completed in the first week of November, and feedback was received on the 9th November 2015. Enfield was asked to resubmit our plan to provide additional assurance, and this was done as required on 24th November 2015.

The CCG is awaiting further advice from NHS England following its resubmission and the Transformation Plans formed the basis of the recent Mental Health Stocktake with NHSE across Barnet, Enfield and Haringey CCGs, with the Trust and with local authority representation from LBE. Many CCGs have been required to resubmit with either additional information, ensuring a link between needs assessment, vision, strategic aims and investments with some areas being presentational. NHSE has stated it is confident that plans will be assured following resubmission.

Transformation Plans had to include information on services currently available, levels of local investment, areas for service transformation and arrangements to review implementation of the plan and monitor improvement. We were required to submit a high level template, supported by more detailed plans. A high level template, was submitted with the Joint Commissioning Strategy for Emotional Well-being and Child and Adolescent Mental Health and a *Future in Mind* Transformation Action Plan. Development of the plan was led by the CCG and Council, working closely with our providers and other partners, including children and young people.

Our plans clearly address the five key areas required by *Future in Mind*:

- Accountability and transparency;
- Improving access to effective support;
- Care for the most vulnerable;
- Promoting resilience, prevention and early intervention;
- Developing the workforce

Funding allocations

All CCGs have been allocated three areas of funding which are shown in the table below.

Initial allocation of funding for eating disorders and planning in 2015/16 (Already released)	Additional funding available for 2015/16 when the Transformation Plan is assured	Minimum recurrent uplift for 2016/17 and beyond if plans are assured (includes eating disorders)
£169,378	£423,970	£593,348

Children and Young People's IAPT

In addition to the funding shown above, Enfield has received £426K in the form of training places and funding for backfill so that we can participate in the children and young people's IAPT programme.

Future in Mind recommends implementation of CYP IAPT, as the major transformation programme for existing CAMH services and partner agencies. CYP IAPT aims to:

- Improve access and choice of NICE approved best evidence based therapies
- Create a service culture of full collaboration between child, young person and/or their parent/carer (where appropriate) and therapist
- Improve access through self-referral
- Use of a range of outcome measures to guide therapy and support service monitoring and decisions about service development

Eating Disorder Service

For CCGs who already commission Eating Disorders Services that comply with statutory guidance, then there is provision for the additional investment to be used in improving self harm and crisis intervention services.

The contract with the Royal Free Hospital for the Eating Disorder Service is currently worth £265,817, and in 2013/14, 25 young people were referred to the service and 23 accepted and in 2014/15, 31 were referred and 29 accepted. Outcomes for the service are good and there were no inpatient admissions to Tier 4. There are issues with compliance with statutory guidance for non urgent waiting times, self referrals, and therapeutic mix, but the service has reported vacancies which have impacted on waiting times and indicated that service improvements could be made from existing resources. We believe our current level of investment is consistent with numbers of young people seen, and given the increase in numbers of young people with deliberate significant self-harm leading to admission to hospital, investment into self harm crisis intervention is seen as the greater priority.

Perinatal Mental Health

Perinatal mental health is one of the priorities for 2015/16 identified in *Future in Mind*, and additional funding is anticipated but has yet to be announced.

NHS Enfield CCG has worked with other NCL CCG's to develop a joint Perinatal Mental Health Strategy and the need for a specialist perinatal mental health service co-commissioned with Haringey and Barnet CCGs at NCUH and Barnet Hospital has been identified as a priority.

The cost options currently being looked at include a specialist psychiatrist sited with the maternity unit (£70k per CCG) and a specialist team sited within maternity services (£200k per CCG). This will be further examined once funding is announced.

Additional priorities for transformation

Many of the elements of *Future in Mind* are already in place, our main CAMH service is well thought of, and is a joint service across the Council and BEH MHT with good working relationships with schools and staff embedded in social care, youth justice, the looked after children team and children's centres.

However there have been increased pressures on the service, and waiting times have grown. The dramatic increase in numbers of young people admitted to hospital with deliberate self-harm in particular is a concern. In 2015/16 we have stated that want to focus on establishing platform for further development. Therefore priorities for investment in 15/16 include continuation of self-harm and crisis intervention work with NMUH and Barnet, a waiting list initiative, infrastructure to support implementation of the plan, and development of a peer mentoring scheme proposal and voluntary sector capacity.

Priorities thereafter are to increase capacity in the service to develop a whole system response to crisis intervention, autism and neuro-developmental/mental health services, and a focus on developments that will support early identification and intervention, such as the parent and infant mental health service.

Implementation

The Transformation Plan has been discussed in detail with a wide range of stakeholders, including the voluntary sector and children, young people, and parents and carers, the level of sign up is good, and implementation has started. Implementation will be the responsibility of the Enfield CAMHs Partnership Group, which meets monthly, supported by the CYP IAPT Steering Group and Task and Finish Groups that will be set up to drive individual work streams. The Partnership Group reports the Joint Commissioning Group, which is a Sub-Committee of the Health and Wellbeing Board. Ultimate accountability is to the Health and Wellbeing Board. It is important to note that this is a jointly developed plan across the CCG, LBE and providers and has strong clinical approval.

SUPPORTING PAPERS:

None

RECOMMENDED ACTION:

Health and Wellbeing Board is asked to note the contents of this report and will receive the full plan following further advice from NHS England