



ANNEX E: HARROW CCG

Local information and implementation plans for Harrow CCG and Harrow 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. Additional funding was allocated with the guidance to invest in children and young people's mental health services. In order to access this funding, CCGs were tasked with developing local transformation plans, in collaboration with their local authority colleagues that clearly outlined how this money would be invested.

The local transformation plans (LTP's) set out a vision for transformation and describe how the allocated funding will be spent over 5 years. The original plans were finalised in October 2015 and outlined a sustainable, phased approach to implementation. This formal refresh aims to; provide assurance, demonstrate how progress is being made, provide evidence on how services are being transformed and ensure funding is being spent as plans develop.

Across North West London CCG's collaborated, with support from the Like Minded team, to deliver a single plan that defined 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 LTP 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.

In the original LTP 8 priority areas were specified:-

- Priority 1: Needs Assessment
- Priority 2: Supporting Co-production
- Priority 3: Workforce Development and Training
- Priority 4: Community Eating Disorders Service
- Priority 5: Redesigning Pathways
- Priority 6: Enhanced Support for Learning Disabilities and Neurodevelopmental Disorders
- Priority 7: Crisis and Urgent Care Pathways
- Priority 8: Embedding Future in Mind Locally





In April 2016, to address Priority 1, the Anna Freud Centre (AFC) was commissioned to undertake a needs assessment across North West London. The aim of the exercise was to:-

- Undertake an in-depth analysis of the mental health needs of children and young people in Harrow
- Evaluate the range of services and supports that are available, including the skills and knowledge of staff working with children and young people.
- Identify the needs in Harrow in relation to the provision of services offered.

Following an interim report, a strategic seminar took place in September 2016. The seminar aimed to facilitate identification of local priorities and promote an integrated approach to service delivery. The findings are scheduled to be delivered in a final report by the end October 2016. The report will provide an in-depth analysis of findings and provide recommendations which will support transformation in Harrow. As the needs assessment is almost complete, this is no longer a priority.

As the plans to address the remaining priorities progressed, it became clear three priorities: coproduction, workforce development and needs assessment underpinned the transformation programme as a whole and facilitated the delivery of the ambition of *Future in Mind.* as a whole. It was therefore decided at a LTP review meeting in early September to reduce the priority areas from 8 to 4, focussing on pathway redesign the following agreed areas:

- Priority 1: Community Eating Disorders Service
- Priority 2: Transforming Pathways and redesigning services
- Priority 3: Enhanced Support for Learning Disabilities and Neurodevelopmental Disorders
- Priority 4: Crisis and Urgent Care Pathways

Transformation plans in 2015-16 focused on:-

- Embedding co-production, refreshing our needs assessments and undertaking workforce needs analysis.
- Reducing waiting times for Specialist Child and Adolescent Mental Health Services (CAMHS)
- Ensuring a crisis and intensive support service out of hours was implemented.
- Improving access and developing new children and young people's comprehensive, evidence based community eating disorder services.
- Enhancing the role of schools in emotional well-being services to support them in their role as the first line response to many children and young people in need.
- **Developing a delivery plan to develop mental health training** to build capacity and enhance knowledge and skills in the whole children's workforce across CCG areas.
- **Delivering large strides to ensure a fundamental change** as described in *Future in Mind* and reiterated in the voices of our children and young people in NWL.

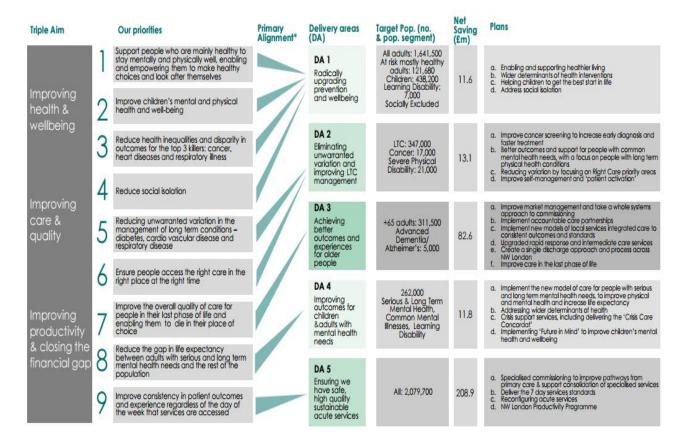
2. Interface with Local STP and priorities

The LTP aligns with Harrow's 2016/17 Key Priority 9 (Harrow Clinical Commissioning Group Commissioning Intentions 2016-17): 'We will work with other commissioners and providers to develop better and more integrated mental health and children's services (Children's, Mental Health Workstreams)', and sits within Service Area 5, Children and Young People. In particular, the local projects relates to the following action: 'offer more children's services to children and young people (CYP) at home and in educational settings' (Harrow Clinical Commissioning



Group Commissioning Intentions 2016-17, p. 43), as priority 2 will be offering support for children's emotional health and wellbeing needs within schools and the community.

The planned Future in Mind local activity also aligns to Delivery Area 2 'Improve children's mental and physical health and well-being' (below) of the North West London Sustainability and Transformation Plan currently being consulted on (draft, June 2016) – through an emphasis on prevention and emotional health and wellbeing.



3. Financial allocation and spend

The financial allocation for North West London, and Harrow CCG specifically for 15/16 was 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	£741,057
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	£3,883,454

The financial allocation for North West London, and Harrow CCG specifically for 16/17 is as follows:



	Eating Disorders 16/17	Transformation Plan 16/17	Recurrent uplift
Brent	£173,000	£420,000	£593,000
Central London	£91,557	£307,823	£399,380
Ealing	£211,543	£630,997	£842,540
Hammersmith and Fulham	£100,744	£328,186	£428,930
Harrow	£121,785	£304,840	£426,625
Hillingdon	£149,760	£374,863	£524,623
Hounslow	£152,983	£382,931	£535,913
West London	£116,621	£369,509	£486,130
Total	£1,117,993	£3,119,149	£4,237,141

3.1 Harrow CCG planned financial spend for 2016/17 is as follows:

CAMHS	Future in Mind 16/17 funding- planned spend	
Priority	Activity	16/17
	Planned spend	
2	Project Manager 1yr fixed term Salary CCG (until March 2017)	£ 47,280.00
2	Engagement Lead 1yr fixed term Salary CCG (until March 2017)	£ 41,203.00
1	Eating Disorder service	£ 121,785.00
2	continuation of project management Salary CCG (QTR 4-into 2017)	£ 60,000.00
3	Specialist CAMHS LD post integrated with Social care	£ 56,000.00
4	CAMHS crisis pathways investment (NWL)	£ 47,517.00
2	Mobilisation & delivery of EHWB service	£ 100,000.00
	Total spend	£ 473,785.00
	Total awarded funding	£473,785
	Remaining funding	£0
	NHSE YOT total funding awarded	£19,000
	Planned spend	£19,000

3.2 Additional funding from NHSE

Harrow CCG plans to spend any additional investment from NHSE to reduce the waiting times and access to treatment within core CAMHS and the specialist CAMHS LD service:

- Harrow commissions within its Core CAMHS an Intensive Community Treatment Team, this
 team works with CYP who meet the threshold for hospital admission, or shortly will and
 therefore are currently experiencing a crisis of their mental health. Additional funding would
 be used to invest in the team's WTE to support this intensive work and CYP in need of
 access to this provision.
- Reduction in the waiting times and access to treatment within Harrow 3.5 specialist CAMHS LD service (4.3)



3.3 current CYP mental health investments across Harrow 2016/17

Agency	Total investment in CYP MH	Provision covered
Harrow CCG	£1,600,000	 Community CAMHS CAMHS OOHS Eating Disorder provision Clinical Nurse Specialist ADHD 3.5 Specialist Learning Difficulties provision YOT CAMHS nurse (joint funded with LA)
Harrow CCG	£473,785	- FiM investment
Local Authority	£270,000	Consultation with social workers and directly with families for systemic training and intervention
Range per School	<£10,00- >£100,000	In school counselling provision

NB. Figures do not include services that interact with CYP with mental health & wellbeing needs and services, such as; Health Education Partnership: Promoting Pupil Wellbeing and Mental Health in Schools, School nursing, Health visiting, Social care early intervention, children in need & Adult transition services.

Current Investment in Children and Young People's Mental Health						
	Clinical	NHSE (Tier 4 CAMHS)	Local			
	Commissioning Group		Authority			
Harrow	£1,600,000	£*	£270,000			
Total		£				

^{*}As NHS England has not yet provided the 2016/17 Tier 4 investment, we are unable to provide the spend. Plans will be updated upon the receipt of the information.

4. Harrow performance

CAMHS performance months 5 & 6 2016/17¹

CAMHS	Threshol d	M5 16/17	M6 16/17	YTD
CAMHS 18 weeks waiting times	85%	65.2%	77.4%	73.3%
DNA 1st appointments	<15%	21%	8.8%	8.8%
DNA follow-up appointments	<15%	11.7%	9.8%	11.7%
Outcome measure completed on acceptance	80%	84.6%	81.1%	76.2%
Outcome measure completed on discharge	80%	25%	12.5%	23.1%
Outcome measure improvement	60%	66.7%	12.5%	31.3%
Eating disorder: Routine referrals seen within 4 weeks	50%	100%	50 %	60%

¹ CNWL performance data 2016



4.1 Harrow Eating Disorder provision case load 2014/15

Harrow unlike other NWL boroughs has existing Disorder provision²

CNWL 2015/16 ED Service	Number of Appointments/ Cases Consultations/ Currently on Meetings per Month Used for CYP with ED		Eating Disorder Diagnosis (i.e. Anorexia Nervosa, Atypical Eating Disorder, Bulimia)	Total Caseload Number for Team (Including ED)	Total Number of Appoint ments for the Month (Includin g ED)	
Harrow CAMHS Adolescent Team	1	4	Eating disorder, unspecified (1)	132	103	
Harrow CAMHS Child and Family	14	19	Anorexia nervosa (7), Atypical anorexia nervosa (4), Bulimia nervosa(1), Eating disorder, unspecified (1), Other eating disorders (1)	519	324	

4.2 Harrow additional capacity expected in core CAMHS

Harrow CCG reinvested the additional capacity expected from commissioning the joint eating disorder service to Harrow core CAMHS team to reduce access to treatment.

ccg	Overall activity CAMHS M9 incl Eating Disorders cases	Current caseload M9 Eating Disorders cases	Staffing	F2F Activity average p/m Apr – Dec Eating Disorders cases	Revised expected capacity *sessions may be longer in time and/or length of intervention due to complexity	Estimate of increased activity in <u>core CAMHS</u> (review Q2)	Revised estimated increased activity in core CAMHS
Harrow	401	20	1.5 WTE from core CAMHS	32 attended appointments	70 sessions available per month	21 attended appointments p/m	70 sessions available per month

² Source: CNWL performance data 2015



4.3 Harrow CCG CAMHS provider waiting list data

Narrative summary of local plans for reducing average waiting times for treatment by March 2017	CNWL are undertaking a number of actions in efforts to reduce the number of children waiting and ensure that the services are running as productively, efficiently and safely as possible. The key challenges in Harrow is to ensure the local target for treating people within 18 weeks is achieved despite increasing changes to demographic and health needs across NW London.						
Figures are inclusive of CAMHS LD							
Service Description:	Column A	Column B	Column C	Column D	Column E		
Numbers on CYP under 18 on waiting list	Latest position known as at	Quarter 3 31/12/2016		Quarter 4 31/03/2017			
	30/09/201 6	Planned reduction	Actual reduction	Planned reduction	Actual reduction		
Total number of CYP waiting for assessment	55	45		35			
Total number of CYP waiting for treatment	46	40		30			
Average waiting time from referral to treatment (days)	84	84		84			
Total number of CYP referred in last quarter	122						
Mental Health Services Data Set	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17			
Average waiting time from referral to treatment (days)	57	84			Indicative data		
Number of CYP waiting for treatment for 4 - 6 weeks	14	7			items. These		
% waiting for 4 -6 weeks	12%	7%			data will		
Number of CYP waiting for treatment for 6 - 8 weeks	18	11			be provided		
% waiting for 6 - 8 weeks	15%	11%			from the		
Number of CYP waiting for treatment for 8 - 10 weeks	14	9			MHSDS in Q3		
% waiting for 8 - 10 weeks	12%	9%			2016/17 to		
Number of CYP waiting for treatment for more than 12 weeks	49	48			support comparis on and analysis		
% waiting more than 12 weeks	42%	48%			with CCG- reported informati on.		





5. Local collaboration

Harrow's Future in Mind LTP has proven to be the lever to undertake some strong collaborative working with Harrow Council, Harrow Schools, VCS and CYP and their families. Our plan to jointly commission early intervention children and young people's emotional health and wellbeing targeted service to support children and young people with emotional health and wellbeing needs in Harrow, has grown significantly in interest, support and funding. This local piece of work has offered us the opportunity to work with Harrow Council on other transformation projects and align these services where possible.

Engagement

Harrow CCG recruited with FiM funding a dedicated local engagement officer to work with CYP, parents and stakeholders to; work collaboratively to design the emotional health service, inform wider health and social care service redesign and improvement and underpin our priority as recommended in FiM for co-production.

Early Support

The Local Authority have in collaboration with Harrow CCG and key stakeholders redesign their Early Support offer, by undergoing this work collaboratively we have been able to align the forth-coming procurement and service model for the emotional health service with the Early Support offer. Thus ensuring services do not duplicate offer to the population and ensure that CYP and their families will access the right service at the right time.

Youth Justice

Harrow CCG and Harrow Council are working in partnership with NHSE on the Health and Justice/Specialised commissioning CYP Mental Health workstream. A key aim of this workstream is to improve the health and justice outcomes of young people in the borough who are in or at risk of the justice system. NHSE have allocated central funding to this borough for the purpose of commissioning liaison and diversion services and enhancing the health and wellbeing pathway for this group. We plan to conduct a needs analysis and mapping exercise in partnership with the Youth Offending team and other relevant partners in the borough to identify needs and gaps in provision. Once these are understood we will formulate a commissioning proposal to NHSE by 31 st December outlining the development of the pathway and what services we plan to commission with the central allocation.

New Model of Care pilot

Harrow is part of the NWL successful bid to pilot the new model of care via NHSE, the pilot is to look at current inpatient usage and management and model a '3.5' provision. This work will align with what Harrow is delivering locally via LTP and the NWL LTP.



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

Harrow CCG has worked collaboratively with key stakeholders across the mental health and wellbeing provisions for children and young people ensuring that the opinions of children and young people are paramount in the identification of Harrow's local priorities. The success of this early collaboration has meant that stakeholders such as the; Local Authority and Schools have committed to supporting the priorities with future resources and funding. Harrow's local priorities align with the NWL priorities, Harrow CCG want to ensure that funding is utilised locally.

	Priority Description	Implementation Plans 2016/17 delivery	Access/Activity/workforce	Milestones	Revised investm ent 2016/17	Investm ent 2017- 2020
1	Community Eating Disorder Service	The implementation and mobilisation of an eating disorders service that covers all ages until 18 years old across all 5 CCGs in line with the new national specification. This is a phased implementation.	 Harrow CCG contribution is 19% of total cost of service. 1.54 WTE 24 avrg monthly caseload Contribution to 1WTE project manager 	The service will be evaluated in 2017/18 with market testing/ procurement. Expected delivery in 2017/18 72 average monthly sessions offered in ED service Additional 70 sessions offered in core CAMHS	£121,785	£121,785 Per year





2	Redesigning Pathways	Pilot Harrow CCG in partnership with Harrow council is commissioned a CYP's Pilot emotional health & wellbeing service. The pilot is informing the project planning for the new joint emotional health & wellbeing service. Harrow's pilot is delivering an innovative and flexible service, offering short to medium term intervention to CYP with an identified (low- moderate) emotional/ mental health need to prevent further escalation of the needs and enable the CYP to be empowered and more resilient. The pilot is spilt in two parts; one delivering for CYP with mild LD and two delivering for CYP in mainstream school. Harrow's CCG in partnership with Harrow Council, Schools, CYP, Parents & professionals has developed a joint Emotional Health and Wellbeing Targeted Service Model. It will be an early intervention provision, offering: Open access for CYP EHWB need Single point of access A clinical assessment of need	Pilot Two providers delivering the pilot: CNWL delivering in 1x primary special school & 1x Secondary special school Brandon Centre delivering across a 6 school cluster of primary and secondary Expected 87 CYP/parents seen via the pilot Pilot WTE 4.6 Service 1WTE Project Manager 1WTE Engagement lead Local Authority funding commitment of £270,000 over 3 years Planned collective school investment of £540,000 per year for 3 years	•	Evaluation of the pilot Implementation of the Joint Emotional Health and Wellbeing service	£248,483	£270,000
		Open access for CYP EHWB needSingle point of access					



		Working to target identified vulnerable children and young people in Harrow such as: Children in Need, Children Looked After, and children and young people with challenging behaviour, bereavement, life events, self-harm, school exclusion, OCD, difficulties with eating/sleeping, LD, ADHD and ASD. The model is at procurement stage with implementation planned for March 2017.				
3	Enhanced support for Learning Disabilities and Neurodevelo pmental Disorders	Harrow has combined this priority locally into the priority above both within the Pilot and new service model to support mild LD CAMHS needs. We have begun working to deliver an integrated specialist CAMHS LD post into Harrow's newly formed Children and Young People's with Disability 0-25 years (CYAD). This would be to support reduction in the waiting times for CAMHS LD, referral and joint working for CYP with an SEND/LD/CAMHS need.	 Planned for 1wte specialist LD CAMHS post based in the CYAD social care team Mild LD EHWB support as detailed above 	Harrow CCG with local stakeholders will continue to develop an integrated pathway for challenging behaviour, ASD and ADHD to align with the NWL plan.	£56,000	£56,000



4	Crisis and Urgent Care Pathways	North West London CCG's have evaluated both Trusts' Out-of-Hours services and are currently working collaboratively with the trusts to design a new Crisis and Urgent Care service and pathway. Pilot across NWL with NHSE tier 4 CAMHS new models of care.	281 referrals into OOHs CNWL service	Implement new Crisis and Urgent Care service and pathway across NWL	£47,517	£26,000
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Total funding allocations. *NB. This is only LTP allocated funding, additional investment from agencies is expected to achieve priorities.

Funding allocated is for delivery of the LTP, additional investment from agencies is expected to achieve priorities. Additional investment to meet some of the priorities below will be from further investment by the CCG through planned service redesign, the Local Authority and Schools.



	Enabler Description	Implementation Plans 2016/17 delivery	Access/Activity/workforce	Milestones	Revised investm ent 2016/17	Investm ent 2017- 2020
1	Needs Assessment	Harrow CCG worked in collaboration with; Harrow Council Education and key stakeholders understand the Mental Health needs in the borough. These findings are being incorporated into the: • Harrow engagement report • Harrow Future in Mind business case • Harrow Transforming Care Plan • Harrow LD and SEND strategy • Harrow suicide prevention strategy		2017/18 collective findings to be updated in the JSNA	£0	£0
2	Supporting Co- Production	Harrow CCG invested in a CYP Engagement and participation lead who has worked towards improving communication with the public utilising young people friendly communication processes and focussing on mental health promotion, information about services and conditions and peer support. CYP, families, carers and professionals in Harrow have co-produced the Joint Emotional Health and Wellbeing service model.	1WTE Engagement and participation lead	Harrow CCG is working towards an engagement sustainability plan to embed the learning and good practices from coproduction in Harrow. As co-production underpins the transformation programme as a whole, it is incorporated into the four remaining priorities.	£42,000	£0

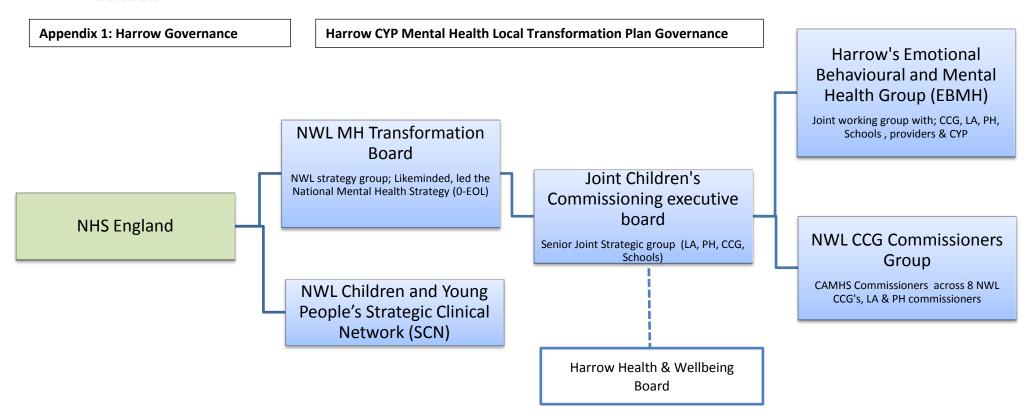




3	Workforce Development and Training	Following the North West London Common Approach the outcome of the training needs analysis will inform the offer of training in Harrow. The local engagement work with Education, Parents, and professionals has led to Harrow incorporating a training element in the Emotional Health and Wellbeing model.	NWL jointly commission Anna Freud Centre to deliver training needs analysis Delivery plan for Harrow: Harrow final letter.pdf	The plan may be amended to incorporate learning from this analysis once completed. As this threads through the transformation programme as a whole it has been incorporated into the four remaining priorities.	£0	£0
8	Embedding Future in Mind Locally	As with other boroughs Harrow will continue to embed CYP IAPT in Harrow and support the Perinatal priority led by Adult mental health. Harrow CCG have endorsed CNWL bid to expand the Perinatal offer across Harrow, Brent and Hillingdon		Delivering the ambition of future in Mind is a fundamental component of the transformation programme and therefore has been incorporated into the four defined priorities.	£0	£0







Leading National Strategies

National Mental Health & wellbeing Strategy

Future in Mind Report 0- 25 years Harrow Local Transformation Plan governance has representatives from:

Harrow CCG • Harrow Local Authority • Harrow Public Health • Harrow Schools • NHSE • Harrow Health & Wellbeing Board • Harrow Providers incl VCS • CYP

Representatives from agencies involved in the transformation plan are expected to use their agencies internal reporting governance procedures.



Appendix 1.1: Harrow CCG Governace

Quality and Safety

