

ANNEX E: Harrow CCG (Version October 2019)

Local information and implementation plans for Harrow CCG and Harrow Council

NHS Harrow CCG and Harrow Council working in partnership with local providers, Voluntary sector and CYP and families and have delivered a joint transformation plan to improve local child mental health services. The initial focus from 2015/16 to 2017/18 was on understanding local needs, reducing waiting times, and establishing an effective crisis response service. NHS Harrow CCG and Harrow Council have committed to maintain the existing level of investment in mental health and emotional wellbeing services while seeking to improve value for money.

The Harrow vision for children and young people is based on the THRIVE model, which defines five population groups:

- Those thriving;
- Those who are vulnerable and need advice;
- Those who are actively taking risks but do not want to get clinical help;
- Those who need specialist CAMHS help; and
- Those who need more specialist CAMHS help.

All agencies work together to ensure a whole system approach with clear pathways to ensure appropriate care, with a step up and step down process that is tailored to individual children to ensure their MH needs are met.

The refreshed plan also provides an opportunity to explore options for mainstreaming and embedding innovative practice to ensure the sustainability of transformation beyond 2020/21. CAMHS commissioners continue to collaborate across the North West London STP footprint to better deliver system-wide change through combining resources and joint planning

1.1 Understanding local need

Children with a persistent mental health problem face unequal chances in life. Harrow along with its partners is committed to ensuring that we take action to promote and protect the mental wellbeing of our children and young people.

We know that mental health problems affect a significant number of children and young people, with the most recent data suggesting that one in ten children and young people has some form of clinically diagnosable mental health disorder. This level of prevalence equates to around 850,000 children and young people with a diagnosable mental health disorder in the UK today. In Harrow this equates to 3,171 CYP.

Approximately 57,300 Children and Young People (CYP) under the age of 18 years live in Harrow. Of which 41,251 is school age CYP, an increase of 2.5% on the previous year, this is the largest increase across NWL CCG Collaborative. This is 23% of the total population in the area. 87% of the school population is classified as belonging to an ethnic group other than White British. The top five most recorded community languages spoken in the borough are English, Gujarati, Tamil, Romanian and Arabic.

Harrow is an extremely diverse and fast-changing borough. The population of Harrow is one of the most diverse in England, with established Gujarati and Irish communities and more recently other Asian, African and Eastern European communities. Harrow does not have a majority ethnic group. Community cohesion is strong and this is an important success to build on. Recent studies demonstrate increasing poverty.

Harrow is considered a borough of “contrasts”, with some high levels of affluence but with contrasting areas of deprivation and this proves that there are ‘Hidden Mental Health Inequalities in Harrow’.

Harrow has 59 schools specifically 1 nursery, 41 primary, 13 secondary and 4 special schools, 33 GP practices, 61 pharmacies and 9 children’s centers supporting children, young people and their families.

Approximately 18% (8,400) of children in the Harrow live in low income families and by the end of primary school some 20.4% (512) of children are classified as obese. Among adults the rate of TB and recorded diabetes is worse than that seen across the rest of the country and life expectancy is 6.6 years lower for men and 4.3 years lower for women in the most deprived areas of Harrow compared with the least deprived areas. 36% of children aged 5 years have one or more decayed or missing teeth, this is above both London and National data.

Harrow has Children and Young People’s Mental Health and Emotional Well-Being Board. This meets regularly with a focus on transforming local mental health provision, including the implications of the NHS Ten Year Plan. The Board has representation from the CCG, education, Local Authority, Voluntary sector and Public Health. This then feeds into the Joint Children Young People and Vulnerable Adults Commissioning Executive Board and the Health and Well-Being Board as appropriate. The board also works with partners to map services provided in schools and to coordinate the services to ensure the needs of Harrow CYP are met and that there is equity across the borough.

Public Health England estimates for Mental Health Disorders in Harrow, for 5-16 year olds which are slightly below national and London averages, but has increase slightly since previous year’s estimates, are as follows:

Estimated Numbers of Mental Health Disorders (Public Health England)		
	2016/17	2017/18
Any mental health disorder	3,187	3,190
Emotional Disorders	1,237	1,237
Conduct Disorders	1,920	1,992
Hyperkinetic Disorders	521	521

Harrow Inpatient admission rate for mental health disorders per 100,000 population aged 0-17

2014/15	61.8
2015/16	66.7
2016/17	83.7
2017/18	79.6

Harrow has seen a small decrease in admission rates and reflects the continued work being done locally.

Updates since 2018-19

- The number of 4 to 10 year olds has increased from 20,364 in 2011 to 23,473 in 2017, and they are projected to continue rising from 23,925 in 2018 to 25,422 by 2032.
- The number of 11 to 15 year olds has remained quite steady, with slight increases from 14,561 in 2011 to 15,091 in 2017. The projections are indicating quite a significant increase from 15,630 in 2018 to 18,138 by 2032.
- Harrow's self-harm hospital admission rates (10-24 year olds per 100,000) have increased from: 50 to 81 (62% increase). Children Looked After (CLA) numbers in Harrow have increased slightly by 7 during 2018 (166)
- Harrow care leavers 18-24 is 163
- First time entrants to youth justice system in Harrow aged 10 to 17 (per 100,000) fell between 20017 and 2018: 255 to 179.
- In 2018/19 405 CYP were subject of an initial child protection conference (ICPC) (373 were Harrow and 32 were transfer in conferences) of these 339 needed child protection plans.
- The percentage of pupils with special educational needs (SEN) has increased across Harrow's state funded schools from 12% (4,203) in 2016 to 12.9% (4,630) in 2017. This increase contrasts with the decline witnessed over the preceding three years.¹
- The numbers of pupils with Education Health and Care Plans (EHCPs) has increased again in 2018 (1,623pupils with EHCPs in Jan 2018) this represents a 37% increase since 2015.
- For SEN pupils with an EHCP in Harrow the most common primary need is Autistic Spectrum Disorder.

Reducing Inequality

Public Health evidences that there are significant challenges in our local area. In Harrow there are a number of environmental risk factors for poor mental health, for example, there is increasing deprivation, particularly affecting children and young families, and significant health inequality. The 2011 census data confirmed the extent of growth in the child population as it revealed a 33% increase in children 0-4 years old

since the 2001 census. This is the largest increase of any age group by a significant margin (5 percentage points) and reflects Harrow's incoming population and higher birth rates, particularly amongst mothers who were not born in the UK

A number of steps have been taken to address reducing inequalities across mental health services for young people. Harrow Horizons, the local area's early intervention and preventative therapeutic service continues to meet the needs of CYP, working in partnership with the local CAMHS services, schools, colleges and the voluntary sector. The SEND inspection found that *“Leaders ensure that most children and young people with SEND have their needs identified at the earliest possible stage. Generally, parents say that the identification of their child's needs is swift and accurate”*.

Additionally, out of hour's crisis support is now in place with CNWL waking night nursing staff supported by Registrars and on call CAMHS consultants. As of July 2019 CNWL Harrow CAMHS now have a separate home treatment/supported discharge team launched late 2019 and communication is going out about this independent of Urgent Care. CAMHS Urgent Care team are a 24/7 service offering A&E liaison and mental health assessment and review to CYP's on paediatric wards admitted in an acute mental health crisis (e.g. incident of self-harm, suicidal behaviour, acute psychotic crisis).

The team assess, risk manage and formulate an immediate care plan in partnership with the acute hospital, local CAMHS team and any other relevant agency (e.g. social care).

CAMHS Urgent Care can offer a 7-day follow up and also brief intervention to those CYP's that would benefit from further input and/or are not receiving intervention already from a local CAMHS team.

ACTS – Adolescent Community Treatment Service is a Trust-wide home treatment team working Mon-Fri 9-5. The service is an alternative to Tier 4 inpatient admission working with CYP's at home/in the community who would have otherwise been admitted to hospital. ACTS is an MDT with the skill set to offer psychological interventions and family work. They focus on hospital admission avoidance and reducing length of stay via supported discharge working in partnership with Lavender Walk adolescent unit, Priory North London and Priory Roehampton.

Both services form the crisis pathway for CNWL. They have key interfaces with the local CAMHS teams transitioning CYP's back safely to their local teams.

Assessments								
Central London	West London	H'don	Brent	H'w	H&F	Ealing	H'slow	TOTAL NWL
82	66	200	153	135	110	137	112	1008

The integrated Dynamic (all age) Support Register for young people with ASD, LD and challenging behaviour, supports families in crisis and prevents A&E admissions. This ensures a person centered approach and appropriate support is put in place. The multi-agency working has also identified gaps and enabled joint commissioning including personalised care packages.

Commissioners have been working with colleagues to have the health passport available to families and also working with Young People to identify how their needs can be met and any adjustments needed.

Primary and Secondary Heads continue to engage in developing options for Mental Health Support Teams in local schools. Finally, voluntary groups in Harrow have established a 'Heads Up' coalition to improve access and co-ordination of support for vulnerable young people across the borough including; young people with ASD, refugees, self-harm and the LGBT community. Kooth transformational digital mental health support service has been available since 2017 for over 16's in Harrow College, the CCG has further commissioned Kooth to offer provision to all 11-25 year olds in Harrow giving access to a community of peers and a team of experienced counselors. In line with NWL CAMHS LTP commitment to developments identifying lower cost interventions such as digital based access.

Additionally, with the expansion of the Kooth service will further improve the health and wellbeing of a targeted group i.e. Children and Young People aged 11-25 years, which include vulnerable groups such as looked after children, young people involved in the criminal justice system, those who have been neglected and abused, those with Autistic Spectrum Disorder (ASD) and Learning Disabilities (LD). This suite of activities continues to improve early intervention and access to services for vulnerable young people in Harrow and makes an important contribution to reducing health inequalities.

The Local Area review for SEND identified that Harrow has effective arrangements with the child and adolescent mental health service (CAMHS) ensure that young people who have social, emotional and mental health (SEMH) needs are fast tracked. This means that their emerging needs are responded to as quickly as possible.

Universal drop-ins and groups facilitated through the early support hubs provide further opportunities to identify children requiring additional support. Children and young people known to the youth offending team benefit from a variety of health assessments. This supports the identification of previously unmet needs in speech, language and communication (SLCN) and SEMH.

Across the NWL Collaborative there are commissioned services that further help prevent and support CYP who have experienced CSE and Trafficking. Since October 2018, **14** Harrow young people have accessed this service and received therapeutic interventions. There are plans to develop a NWL Hub which will support CYP who have been sexually abused.

CCG Transformation Plan Refresh New Models of Care (NMOC) 2019/20

The North West London CAMHS New Models of Care (NMoC), which was set up following a successful application to become one of the pilot sites for the NHS E national new models of care programme, has been operating in North West London since April 2017. It is a partnership made up of West London NHS Trust (Lead Provider), Central and North West London NHS FT (CNWL) the Priory Group, and the 8 NWL CCGs; 8 NWL Local Authorities and working closely with a number of independent sector providers.

In its two full years of operation, the pilot has successfully delivered demonstrable results against the key NMoC aims and objectives of reducing length of stay and bringing Children and Young People's care closer to home.

It has also delivered significant efficiencies and savings against the CAMHS Tier 4 budget through reduced hospital admissions and length of stay. This has enabled the Partnership to make significant investment into community services including Crisis response and rapid assessment teams (CNWL's Urgent Care Team) and intensive community support teams, in terms of the frequency and therapeutic impact (CNWL's Adolescent Community Team Service ACTS) and facilitate supported discharge from Tier 4 in-patients. The partnership has also increased the number of beds in London for CYP with MH issues, general adolescent beds are to open in November18, and LD beds in May 2019

Following a successful application to NHS E, the Partnership has been fast tracked to develop a Provider Collaborative, which will oversee all aspects of Tier 4 commissioning for adolescents across NW London. This will include placements for young people with Autistic Spectrum Disorders and Learning Disabilities. The Provider Collaborative is developing the commissioning and provider models that will support this development.

The Provider Collaborative will work alongside the NW London commissioners as part of the commissioning cycle and review to identify the long term sustainability and resourcing for the crisis care pathway and model. Harrow has been an active partner in the development of new programmes and has advocated the needs of CYP with learning disabilities and ASD to be included in the programme. We understand that this will begin in early 2020.

Vision

Harrow CCG, Harrow Council and local partners are highly committed to extending and improving emotional wellbeing and mental health support services for local young people. This objective continues to be championed across Harrow and this summer the CCG and the Council received enthusiastic support from Secondary and Primary School Heads when submitting the second Harrow 'trailblazer' proposal to develop Mental Health Support Teams in schools.

To realise local ambitions Harrow CCG shares the NWL STP's aim to improve young people's mental health services by addressing five clear priorities.

Harlow and NWL CAMHS Transformation Priorities:

1. Access and waiting times
2. Continuing to develop the specialist Community Eating Disorder Service delivered by CNWL
3. Improving service access and support for vulnerable groups of young people
4. Providing targeted support for vulnerable groups including Children Looked After, Young People in contact with the justice system and CYP with LA/ASD and Autism
5. Ensuring strong Crisis and Urgent Care pathways are available and equipped to meet need

In addition three enabling work streams are also prioritised:

- Supporting Co-production
- Performance Monitoring and Reporting
- Workforce Development and Training

Risks, issues & mitigations for these priorities 2019/20

Challenge		Mitigation
1	There are increasing numbers of CYP with ASD only requiring PBS assessment/plans	Look at potential models and also resources within the local area, including opportunities to further jointly commission services with the Local Authority
2	Having available a range of interventions that offer flexibility and choice to CYP and their families	Successful trial of Kooth which will now be expanded to meet the 11-25 cohort of YP
3	There is a risk that sufficient workforce is not available to meet the roles (volume and skills/ capability) within the new service delivery framework	Working with our providers and voluntary sector agencies to consider peer support, development posts, and training as an incentivisation to attract as well as retain mixed skills workforce.
	Vulnerable groups may require more specialist provision	Map available resources across Harlow and NWL, including non NHS provision and identify any gaps/specific groups that may need additional support.

Engagement with CYP and families

Harrow is committed to engaging with CYP and their families and this is evolving from participation to co-production, where children, young people and families are active in the design and delivery so support is responsive to needs and fit for purpose. The CCG and our providers works with the Local Authority and the strong partnerships that we have with the local voluntary sector to ensure the “voice of CYP and their families” are that it ensures both people delivering and planning services and those using them are equal partners in the design, delivery and review of services. It recognises that all parties have vital contributions to make, to improve the quality of life for people and communities.

Within Harrow CCG and partners including but not exclusive of all engagement:

- Harrow Parent Forum
- Harrow Youth Parliament
- CAMHS Hubs (CYP group work to discuss service improvements)
- CCG CYP Engagement Youth Representatives
- Patient Stories where CYP discuss their lived experiences of CAMHS local services (1 CYP discussed her experience of mental health through the local CAMS and another CYP discussed his journey around SEND support he is diagnosed with ASD)
- Parent involvement in updating the Harrow Children’s ASD Pathway
- Commissioners attend conferences where the local area are informing of how locally commissioned services are delivering and identifies gaps to improve the local area’s needs
- Young Harrow Foundation

SEND Joint Working

- CCG, LA, education leads, Public Health, Harrow Parent Forum and our Designated Clinical Officer and key stakeholders work in partnership to enhance the SEND provision in Harrow.
- Mapping of local offer including the provision for CYP with mental health needs.
- Ofsted and CQC stated that Harrow local area *“are strongly committed to working together as a strategic partnership between education, health and social care”*. *“A comprehensive analysis of areas of strength is augmented by analysis of areas where further work is needed. Through this process, leaders have accurately identified aspects of the local area’s work that require further improvement”*.

Online Digital Platform Innovation Update

- Harrow CCG has trialed Kooth to support in a 1 year pilot (commencing 01/07/2018) CYP in Harrow College. This confidential online counseling service is provided by Xenzone. Online counseling has the potential to revolutionise the way in which we provide support to

CYP aged 16-18 years old. A total of 243 new registrations from July 2018 to June 2019 and 814 log-ins over this 1 year period. In October 2019 Kooth is now commissioned to provide support for all 11-25 year old CYP in Harrow. This service is universal and offer early help and has successfully addressed the escalation of need and early intervention with no referrals or signposting to external service (CAMHS) from 242 new registrations.

Harrow CCG has a Health App and this is signposting to Harrow's Health, Care and Support Services for the local area. The Young Harrow Foundation has an interactive website that allows CYP and their families to search a range of mental health support services and provision. This offers early help, destigmatises and is easily accessible. The range of provision also meets the needs of vulnerable groups for example gangs and those at risk of knife crime, as well as a range of services that build resilience in the local area.

Summary 2018-19

2018-19 achievements across Harrow include:

- Joint commissioning by Harrow of CCG and Harrow Council of mental health services for young people continues to flourish which is supported by a Tripartite Funding Panel; an Emotional Wellbeing Board and a Joint Commissioning Executive.
- Strong engagement with families and young people in identifying support for CYP and their families who are in need of support, including working with them on a review of the ASD pathway, understanding the needs of parents while their CYP are on a waiting list for services. CYP patients' stories presented at CCG Governing Body.
- Harrow has also developed a strong all age Dynamic Support Register which brings together multi-agency planning to deliver coordinated support and treatment to promote good health and avoid unnecessary admissions for young people with learning disabilities, ASD and mental health concerns. The joint working also identifies gaps and informs future commissioning intentions.
- Harrow SEND Local Area inspection identified that leaders know their communities well. They understand and respond to the implications of increased demand for services and the challenge of meeting a broad range of needs. Leaders have developed effective systems for joint commissioning. They identify the right priorities which inform service delivery and design.
- Harrow Horizons the jointly commissioned early intervention MH service has embedded within the area and has increased access to CYP by offering interventions to 730 CYP this equates to 51% of the total 35% access target. The recent SEND inspection found "*The jointly commissioned Harrow Horizon's service provides timely support for children and young people with emerging mental health needs who do not meet the threshold for specialist CAMHS. Only a small number of children and young people who access interventions go on to require specialist support*".

- The SEND inspection stated “*The CAMHS learning disability team offers a wide range of services to parents, carers and families of those with a learning disability. Specialist sessions for siblings provide them with a safe place to discuss emotions, needs and lived experiences. This practice plays a vital part in preventing family breakdowns*”.
- The Children’s Wellbeing Project ,Project Brent, Harrow & Hillingdon is a new service aiming to increase mental health support for young people at the earliest signs of difficulties and prevent future mental health issues.
- Harrow CCG secured Transforming Care funding to commission positive behavior support training for a local care provider’s to support care staff who work with children. 15 staff completed the training and a number of staff were identified as a PBS champion to further deliver training to other team members as they will recruit in the future.

Harrow CCG, Harrow Council and our partners CNWL and Barnardo’s Harrow Horizons, together with a strong local voluntary sector are utilizing CAMHS transformation to build a coalition of early intervention, treatment and support for young people across the borough. This ensures that all children and young people in Harrow who experience mental health problems needs are met. Harrow’s Dynamic Support Register, Tripartite panel and other multi agency panels identify and meet the needs of those who may be vulnerable; including looked after children, adopted children and care leavers. In addition the local authority commission Coram who offer support to prospective adoptive parents.

Our refreshed plan strengthens the service developments already implemented and ensure prospective proposals will deliver fully aligned and integrated pathways and interventions. Our “whole-system” approach and clear care pathways provide and signpost to health promotion, early intervention and prevention, including universal settings, schools, colleges and primary care networks.

In addition MIND in Harrow, Mosaic LGBT Youth Centre, Paiwand² and CAAS (Centre for ADHD and Autism), WISH and Young Harrow Foundation, local clinicians and Harrow Public Health work together to develop plans to improve local collaboration, services available and improved outcomes for Harrow CYP.

Harrow’s Local Vision incorporates several key aspects designed to develop child and adolescent mental health services to manage increasing demand and improve access, to build resilience and intervene earlier, to develop the workforce, to continue to provide 24/7 crisis support, to monitor outcomes on the Eating Disorder service. Furthermore the Harrow’s local vision also incorporates an increasingly joint approach between the CCG and Local Authority, joint funded arrangements for early intervention, mental health and emotional wellbeing. Within the challenging financial context for public services, a new model is required in which resource is invested further up-stream to support more children and young people at an earlier stage before their needs escalate: this fits within the wider strategic direction of the CCG and the Local

² Support for young refugees and asylum seekers

Authority, with a shift towards proactive rather than reactive care, with greater use of community supports. Harrow has a strong partnership with the local voluntary sector, schools and early year's provision.

All CNWL CAMHS pathways are based on evidence and the use of outcome measures e.g. ROMS which are monitored Harrow Horizons use a selection of evidence based programmes and practices and outcome measures included CORC, PCOMS and CORS. All Harrow NHS's commissioned services **including non-NHS providers** are now able to submit data to the MH Services Data Set (MHSDS).

Harrow Children Looked After

Within the scope of the service provision for Child Looked After (CLA) nursing team, promoting access and accessibility for both mainstream and specialist clinical services. Also contributing to the ongoing discussion about targeting resources for the diverse needs of children and young people in the care system. Promoting the establishment of a good evidence base for treatment interventions and facilitating further thought on specific outcome measures in looked-after children, linking in with other professional networks focusing on this client base.

The team is committed to:

- The delivery of the National Institute of Clinical Excellence (NICE) Social Care Institute for Excellence (SCIE) guidelines on the physical and emotional
- Health and wellbeing of looked-after children and young people
- training program for carers on attachment
- screening and intervention for looked after children 0-5 years
- managing behaviour with attachment in mind
- working creatively with leaving care and after care young people within CAMHS
- managing transition between CAMHS and AMHS for looked after children

Harrow CCG has a statutory duty to ensure the mental health needs of CLA are met, this includes CLA placed out of borough, and there is a designated budget that is overseen by the Designated Nurse for safeguarding and CLA

Harrow Horizons received 32 LAC referrals during 2018/19 financial year, and currently have had 32 referrals since December 2018.

Harrow's tripartite panel focusses on the needs of complex CYP with education, health and social needs. The multi-agency panel work collaboratively to simplify and improve the work with CYP with complex health, social and educational needs, which require a multi-agency approach to particular difficulties they may be experience, including Harrow LAC and care leavers. The panel considers and reviews those cases that involve complex co-ordination and a need for professionals to work together, including agreement of funding splits.

Harrow Health and Justice

As part of the support for CYP who have entered the justice system, Harrow has jointly funded with the LA a dedicated CAMHS worker who forms part of the YOT. This post offers a forensic lens to the youth offending team. The CAMHS worker, who see/assess young people in the community as well as in custody.

First time entrants to youth justice system aged 10-17³ (per 100,000)	
2016	336
2017	225
2018	179
2019	

Harrow's numbers have continued to reduce with 157 less CYP entering the youth justice system over the past 3 years

Youth Justice Liaison Diversion Caseload

Unfortunately we do not have data from the first quarter of the year however Harrow YOT has submitted monthly YJLD practitioner returns to NHS England and data from the last three quarters illustrate the work being undertaken:

<u>Quarter 2 July 2018 – September 2018</u>
13 Young people were referred to Harrow Youth Justice Liaison & Diversion (YJLD).
1 young person declined engaging with the service.
<u>Quarter 3 October – December 2018</u>
21 young people were referred to Harrow Youth Justice Liaison & Diversion (YJLD)
6 young people declined engaging with the service
<u>Quarter 4 January 2019- March 2019.</u>
25 young people were referred to Harrow Youth Justice Liaison & Diversion (YLJD)
no one declined engaging with the service.

³<https://fingertips.phe.org.uk/cypmh#page/0/gid/1938133096/pat/6/par/E12000007/ati/102/are/E09000005/iid/10401/age/211/sex/4>

YOT CAMHS Caseload

Prior to the departure of the YOS CAMHS worker in November 2018 the team recorded an increasing caseload over five months:

June	9
July	13
August	18
September	19
October	23
6 young people were successfully referred to either Harrow CAMHS or Harrow Horizons.	
Please note that in the quarter 4 any screening that would have normally been done by the CAMHS worker was completed by our YJLD Worker between (22 in total without an intervention).	

Specialist or forensic CAMHS (specifically high-risk young people with complex needs)

There is a clear referral pathway into FCAMHS and also directly into CAMHS (despite there currently being no CAMHS officer). YOT Officers have been provided with the FCAMS contact number and also with the duty number of CAMHS .A representative from CAMHS also attends the YOT Team meeting (to provide a health update) on a fortnightly basis. This is also an opportunity for YOT staff to approach informally a CAMHS professional to discuss concerns about high young people on their caseloads interacting with liaison and diversion services Quarterly YJLD meetings are held in which the service is reviewed, In addition meetings are held quarterly with the YOT service manager. A fulltime liaison diversion worker is in post and has been so since January 2018. The YOT are also currently actively taking part in a self-review of the service being carried out by the central and North West London trust.

Presenting at sexual assault referral centres (SARCs)

These are specialist medical and forensic services for anyone who has been raped or sexually assaulted. YOT staff have been made aware of them and will advise young people accordingly in the appropriate circumstances.

Young People in crisis care related to police custody (including those with complex needs)

Young people in crisis care due to police custody are offered a service via the Youth Justice Liaison diversion worker. If assessed as appropriate the YJLD worker will refer to CAMHS for a mental health assessment. This has happened on one occasion in the past financial year. The YOT continues to refer all appropriate cases to either the YJLD worker or the CAMHS. For those young people requiring specialist therapeutic services, appropriate referrals in addition to CAMHS can be made to the Tavistock or Maudsley clinics. These arrangements are monitored via local arrangements such as ongoing service reviews and attendance at relevant risks panels

Processes in place to record data from youth justice services, Including:

- Re-offending rates

- First time entry into the Youth Justice system

CYP's, who are in contact with youth justice services, engagement with their CYPMH intervention plans

There is a specific YOT SPOC (single point of contact) who upon request shares information/data via secure email in relation to re offending rates and first time entrants. The data is collected and presented in a user friendly format by the YOT business intelligence officer. Young people plans are also shared via the CAMHS/YJLD worker via secure email. As the YOT CAMHS worker and YJLD worker have access to Health data bases CYPMH plans can be viewed on site as each worker has their own Trust laptop.

Processes in place to ensure mental health and emotional wellbeing assessments are given to all young people in or on the edge of youth justice services

All young people subject to pre court disposals (at all levels) are assessed by the YJLD worker. To be noted is that the YJLD worker sits on the out of court disposal panel. During this panel appropriate out of court disposals are agreed for young people following careful consideration of the facts regarding their low level offences. For those young people being issued with community resolutions (otherwise known as Street Restorative practice) they are now all being contacted and offered a screening. Those young people subject to statutory court orders, if the need is highlighted are assessed by the CAMHS worker and offered a service or signposted.

Co-production with young people who have been in contact with or at risk of contracting youth justice services

Young people (from diverse groupings) in Harrow are currently being approached to offer their thoughts and ideas on how they view mental health services and how the services should be shaped/delivered. This work is ongoing and is being carried out by the CCG in partnership with the YOT, Early support and associated agencies such as the harrow youth parliament.

Community Eating Disorder Services

CAMHS Community Eating Disorder Services were launched on 1st April 2016, following a year-long pilot service. Services are underpinned by the National Specification for Eating Disorder Services and are compliant with the NICE Guidance (CG9). The services are part of an ED cluster with Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster, and are provided by CNWL, the service is accessible Monday to Friday 9am to 5pm with additional support provided by the out of hours' teams based in a number of EDs across NW London, and both Trusts. There is a wide ranging support available for CYP and their families, including:

CYP mental health services work in partnership with educational settings

We acknowledge that our local schools and college undertake a significant amount of work in supporting and commissioning services to meet the emotional well-being needs of their pupils. We know that this is a challenge as they manage competing pressures and reducing budgets. In Harrow we endeavour to listen and support our schools, promoting available local community provision and easy access to NHS commissioned services including CAMHS, Harrow Horizons and Kooth.

On two occasions to date, NHS England have sought expressions from CCG's, working collaboratively with partners, to create new, local Mental Health Support Teams (MHST) as part of a Trailblazer programme. The aim of the MHST's are to:

- Deliver evidence-based interventions in or close to schools and colleges for those with mild to moderate mental health issues
- Help children and young people with more severe needs to access the right support
- Work with and within schools and colleges, providing a link to specialist NHS services
- Build on and increase support already in place, not replace it.

Unfortunately Harrow's bids to be a Trailblazer site were unsuccessful on both occasions. However, the CCG and partners, understanding the importance of developing mental health support in schools, will ensure that we continue to submit EOI for this programme.

The Children's Wellbeing Practitioner Programme (CWP Programme)

The Children's Wellbeing Practitioner Programme (CWP Programme) has been developed in response to the target outlined in Implementing the Five Year Forward View for Mental Health of offering evidence based intervention to 70,000 more children and young people annually by 2020, by training up 1700 new staff. Harrow CAMHS were successful in their bid and have 2 CWPs (Band 4) in place who are in their training phase (attending University) as part of cohort 3.

From March 2019 (cohort 3) to date the Harrow Child Wellbeing Practitioner (CWP) Team, consisting of two trainees, based at the Ash Tree Clinic Harrow CAMHS) have assessed the needs of 52 children and young people, living in Harrow or attending a Harrow School. Consequently the CWPs have offered CBT based Guided Self Help intervention to 45 of the assessed children and young people.

The CWP's worked closely with the 4 Participating schools that were able to refer directly to the project. The CWPs also accepted referrals via Harrow CAMHS and the children and young people who were offered the intervention via the CAMHS route came from the 7 other Harrow schools.

The CBT Guided Self Help intervention is administered by working with the child directly and involving the parent as 'the backup team' for all cases of adolescent anxiety and low mood (24 Harrow Young People), and via the parent, involving the child in some of the sessions for all cases of child anxiety and challenging behaviour (21 Harrow Children).

Children and young people who are assessed but found not to be suitable for the intervention will be signposted to other services in the area that are in a better position to support them with the presenting issues.

CNWL is continuing with cohort 4 (October 2019) and cohort 5 (January 2020) intake of trainees and will support the project to closure.

Harrow Horizons core offer will offer CYP services in a range of settings including schools and work closely with schools to support them. Within the Harrow Horizons contract Harrow schools can "buy in" additional bespoke packages designed in line with individual school requests which is age specific and subject specific support (above the core offer) between 2017 and 2019 £150,680. Schools also commission other providers that offer a range of universal and targeted services for example mindfulness

Voluntary Sector Mental Health services

Harrow benefits from a wide range of local services that work in schools and colleges and also within the community. This is able to identify and offer early help to CYP, particularly groups that may not access statutory and NHS provision.

HeadsUp is a free and confidential service for young people aged 14-25 in Harrow. The service aims to support young people in Harrow to improve their mental health, resilience and to build their self-esteem. The service provides peer-led mental wellbeing workshops and specialist one-to-one and group sessions tailored for young people from the LGBT and refugee communities and those with ADHD and Autism support needs.

Mind in Harrow provide peer-led mental wellbeing workshops to 14-25 year olds in schools, colleges and youth services. These workshops will support young people to learn coping strategies, helping them look after their mental health and build emotional resilience.

The Mosaic LGBT Youth Centre support LGBT+ young people to build self-esteem and confidence through a mix of one-to-one sessions and weekly youth club sessions that provide a variety of workshops

Centre for ADHD and Autism support provide a mix of one-to-one mentoring sessions, courses and groups to help young people build their resilience and learn mental health coping strategies.

Paiwand offers culturally tailored one-to-one and group therapeutic support to young refugees, asylum seekers and unaccompanied minors to help young people manage stress and build self-esteem and resilience.

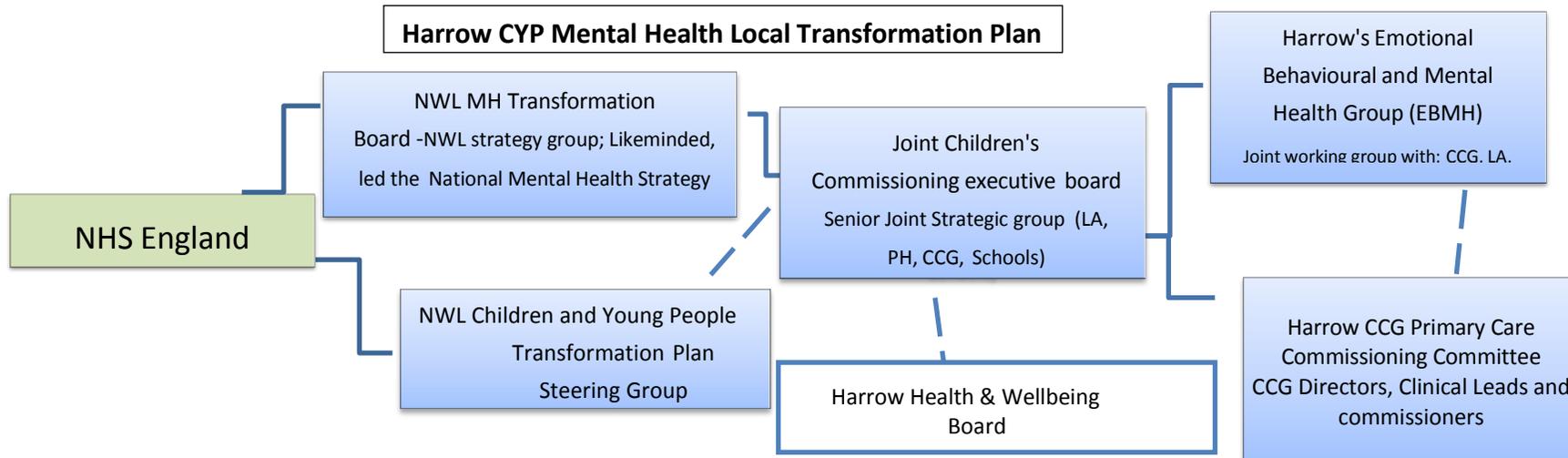
WISH Centre

The WISH Centre supports young people ages 10-19 years who self-harm through a combination of peer support programmes, therapy, outreach and out of hours digital help, youth projects and campaigning. The work we do has been developed with young people who self-harm and we understand that part of a healing journey involves finding a voice in the public domain which is why we also have a focus on media and awareness raising projects.

A number of Harrow schools have taken part in the Wellbeing Award for Schools. Developed in partnership with the National Children's Bureau, the programme prepares and equips schools to promote emotional wellbeing and positive mental health across the whole-school community.

CYP engagement has highlighted the need to have more support in schools and to support the school workforce to develop knowledge and skills to support CYP's mental health. This needs to be in place to enable schools to manage CYP, particularly those with ASD/Autism and LD to stay in school and to reduce exclusions.

Governance



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 •
 Representatives from agencies involved in the transformation plan are expected to use their agencies internal reporting governance procedures. CYP and their families views are gathered via parent/carer forums/engagement groups /patient stories and co-production.

Transformation Funding Allocations

Assurance of increased spend in CAMHS the table above reflects planned transformation spend. NHS England monitors the monthly totality of spend by NHS Harrow CCG on CAMHS through the non-Integrated Single Financial Environment (non ISFE) submissions.

CAMHS LTP Funding Overview

	Harrow Clinical Commissioning Group	Harrow Local Authority	Transformation funding	Totals
15/16	-	-	£426,625	-
16/17	-	-	£426,625	
17/18	£1,850,000	£270K	£507,696	£2,627,696
218/19	£2,080,307	£270K	£500,693	£2,851,000

In addition between 2017-2020 Harrow Schools have invested £150,680 in Harrow Horizons “buy in” service

Total Local Investment 2018/19 & 2019/20

	Harrow Clinical Commissioning Group	Harrow Local Authority	Harrow Schools	CAMHS Transformation including Eating Disorders and waiting list initiatives	Totals
2018/19	£2,080,307	£270,000	£19,380	£500,693	£2,870,380
2019/20	£2,114,307	£270,000	£42,900	£581,693	£3,008,900

Harrow has continued to increase funding over the years of the plan from 2018/19 and 2019/20 in accordance with the increased allocation in CCG baselines.

The total CCG spend on CYPMH in 2017/18 was **£2,581,000**, with a planned spend of **£2,696,000** by the end of 2019/20

Local Priority		
2018/19		
	Redesigning the system, including CYP with neurodevelopmental disorders	£270,000 £5,000
	CYP in the Youth Justice System	£27,888
	Eating disorders	£131,000
	Crisis & Urgent Care	£40,112 £26,000
	Total	£500,693

Harrow CCG's Commitment to increase Mental Health Funding

Meeting commitment to increase mental health funding		Reporting period	Indicator value	Standard met	Trend	Better is...
MHF(i)	CCG spend on MH as a % of CCG base allocations	2018/19	15.4%	N/A		▲
MHF(ii.a)	Mental health actual spend in 2017/18 ^	2017/18	£38.7m	N/A	N/A	▲
MHF(ii.b)	Mental health actual spend in 2018/19 ^	2018/19	£44.8m	N/A		▲
MHF(iii)	MH investment standard achieved? ^^	2018/19	Y	N/A		■

Local Implementation of Harrow and North West London Priorities

Workstream*	Achievements in 2018/19	Next Steps for 2019/20	Associated funding for 2019/20 (and detail of funding source)
Waiting time improvements	Reduction of 110 children from our early intervention service	Continue to work with providers to explore sustainable model that will continue to show WT improvements	NHSE waiting time initiative funding NWL wide to carry out a demand and capacity review to better understand current and future issues and patient flows across the eight boroughs. trial implementation of digital solutions to improve access to CYP MH services
Redesigning the system	<p>Strong and proactive engagement with Transforming Care programme and New Models of Care.</p> <p>Harrow Horizons early intervention and prevention targeted service has improved access for CYP, offers a variety of interventions in a range of venues including schools</p>	<p>Continue to work with both programmes and access opportunities for future funding. Work towards an integrated care programme and linking with our local Primary Care Network. Further work with stakeholders, providers and CYP and Families to review core specification and pathways and integration of all local MH provision. STP Workforce Planning Group has just started to meet to address retention and skills shortage - chaired by STP and Brent CCG. CNWL and WL are members of this group. This group has a workplan developed.</p>	<p>CAMHS Transformation/NMOC/TCP Opportunities to access available funding to offer alternatives to A&E including development of a crisis house that could support CYP but also families to manage behaviours and learn strategies to support them needed to access A&E. The development of a crisis line across the NWL crisis care service will also benefit and reduce the need for CYP to go to A&E unnecessarily</p> <p>Transformation funding which is matched by the local authority.</p>
Eating disorders	Waiting time targets met	Continue to meet targets and work to ensure children are provided with a consistent offer across the locality.	CAMHS Transformation
CYP with neurodevelopmental disorders	Redesign of the pathway with engagement of families, young		Within current CCG resources

	people and stakeholders		
Crisis & Urgent Care	Crisis care is provided in the community, preventing admissions to hospitals and facilitating discharge of children and young people to return to home at the earliest opportunity.	Work towards an integrated care programme and linking with our local Primary Care Network	CAMHS Transformation/New Models of Care
CYP in the Youth Justice System	Transformation funding with the LA to jointly fund a CAMHS YOT worker		CAMHS Transformation (some joint LA funding)
LAC, Care Leavers and CYP with CPPs	Joint commissioning arrangements and close collaborative working with the LA has improved outcomes for this group	Further work to understanding the needs of this cohort of CYP. Work with current providers to identify any targeted services for this group	Within current CCG funding resources including transformation funding
Comprehensive 0-25s offer	2 MH commissioned services are available to up to 25years All age DSR/transision planning meetings with provider/commissioners and LA	Work towards an integrated care programme and linking with our local Primary Care Network. Link with AMH and LA	CAMHS Transformation (some joint LA funding)

The CCG's position statement can be accessed via the following link:

<https://www.harrowccg.nhs.uk/news/update-on-north-west-london-children-and-young-peoples-mental-health-and-wellbeing-local-transformation-plan-3350/>

The latest version of the NWL plan can be found here, along with the Harrow annex:

https://www.harrowccg.nhs.uk/publications?media_folder=1194&root_folder=CYP%20Mental%20Health%20Transformation%20Plan