

## **HEALTH AND WELLBEING BOARD**

**15 SEPTEMBER 2015**

### **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES LOCAL TRANSFORMATION PLAN**

Report from: Helen Jones, Assistant Director – Children and Adults

Author: Graham Tanner, Partnership Commissioning  
Programme Lead – Disabilities and Mental Health

#### **Summary**

This report sets out the requirement for CCGs, in partnership with Local Authorities, service providers, young people and families and other key stakeholders to submit a CAMHS Local Transformation Plan (LTP) to NHS England by 16 October 2015 and the steps that are necessary to attain sign-off and approval.

It also sets out the actions that Medway CCG and Council are taking to ensure that a clear and comprehensive LTP is developed that meets the explicit requirements of the guidance and adequately reflects the extensive consultation and engagement that has taken place in the preparation of Medway's Emotional Health and Wellbeing Strategy.

Significant additional and recurrent financial resources are available to CCGs to support Children and Young Peoples' Emotional Health and Wellbeing and deliver improved CAMHS services in line with the aims and objectives of '*Future in Mind*'. This report was published in April 2015 by the Children and Young People's Mental Health Taskforce which was jointly chaired by NHS England and the Department of Health. The report establishes a clear direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it.

The Local Transformation Plan provides a one-off assurance framework for this additional funding in 15/16. Thereafter, funding will be allocated to CCGs in conjunction with established annual planning rounds.

Guidance for preparation and submission of Local Transformation Plans was issued to CCGs on 3 August 2015. A draft plan is required to be submitted to NHS England's local (Kent, Surrey, Sussex and Medway) on 11<sup>th</sup> September 2015 as part of a local assurance process.

#### **1. Budget and Policy Framework**

- 1.1 The Medway Council Plan 2013-2015 includes the target that children and young people have the best start in life in Medway, including the commitment

to work with partners to ensure the most vulnerable children and young people are safe.

- 1.2 The Joint Health and Wellbeing Strategy for Medway 2012-2017 sets out five strategic themes, including working together to give every child a good start (Theme 1) and improving physical and mental health and wellbeing (Theme 4).
- 1.3 Priorities in relation to the health and wellbeing of children and young people are set out in the Medway Improvement Plan, the Looked After Children Strategy (1) and Medway Clinical Commissioning Group Operational Plan (2014-16).
- 1.4 Funding announced through *Future in Mind* and the associated development of Local Transformation Plans is additional to resources already available to local communities including through the NHS, local authorities, public health and education. It is not intended to replace all or part of this existing investment. CCGs are also able to draw on the funds agreed to deliver Parity of Esteem between mental and physical health.
- 1.5 Within this total funding envelope, *Future in Mind* articulates the need to be as ambitious as possible so that by 2020 the foundations have been laid for a sustainable system wide service transformation to improve children and young people's mental health and wellbeing including for the most vulnerable such as looked after children, adopted children or those who have learning difficulties, closing the treatment gap so that more children and young people with concerns about their mental health can access timely and high quality care coordinated with other support they are receiving.
- 1.6 The overarching themes and objectives of *Future in Mind* are very much aligned to the Medway Emotional Health and Wellbeing Strategy which was approved by Medway Council's Cabinet on 25 August 2015. The Cabinet delegated authority to the Director of Children and Adults Services to finalise the strategy's Delivery Plan in consultation with the Emotional Wellbeing Task Group and Portfolio Holder for Children's Services.
- 1.7 The Emotional Health and Wellbeing Strategy proposes the development of a Task Group to translate the broad themes and objectives of the Strategy into a detailed Delivery Plan. The necessity to submit a Local Transformation Plan (LTP) for submission in October 2015 will, therefore, bridge these two documents as there will be a need in the LTP to clearly articulate the direction of travel in respect of future investment and this will therefore set the framework for a detailed Delivery Plan. The Delivery Plan, however, will be a 'live' document and it is anticipated that there will be ample opportunity to further build upon the LTP in line with ongoing stakeholder involvement and engagement.
- 1.8 Whilst some of what needs to be done can be done now – requiring a different way of doing business rather than significant further investment - there is also some additional funding to support longer term system wide transformation and within that some specific deliverables in 2015/16. These specific deliverables include the development of evidence based community Eating Disorder services for children and young people.

- 1.9 An element of the new monies has been allocated alongside the publication of the guidance (see Section 8). Release of further funding will be dependent on the development and assurance of LTPs.

## **2. Background**

- 2.1 The recent report of the Children and Young People's Mental Health Taskforce, *Future in Mind*, establishes a clear and powerful consensus about how to make it easier for children and young people to access high quality mental health care when they need it.
- 2.2 The autumn statement (December 2014) and Budget (March 2015) contained announcements of significant extra funding to transform mental health services for children and young people and to allow these changes to 'move forward at scale and with pace'. The announcements align with recommendations set out in the NHS Five Year Forward View and are designed to build capacity and capability across the system so that by 2020 there will be measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes.
- 2.3 *Future in Mind* describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors working together to:
- place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
  - deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
  - improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;
  - deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
  - sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;
  - improve transparency and accountability across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making.
- 2.4 In May 2015 CCGs were asked to initiate work with local partners across the NHS, public health, children's social care, youth justice and education sectors to jointly develop and take forward local plans to transform the local offer to improve children and young people's mental health and wellbeing. This entails CCGs working closely with their colleagues in NHS England Specialised Commissioning, all local Health and Wellbeing Board partners, schools, colleges, youth offending services, children, young people and their families to

understand clearly where they are now, establish baseline information and develop an ambitious vision for the future aligning with the overarching principles and ambition set out in *Future in Mind*. In Medway this work has taken place through widespread consultation and engagement with stakeholders in developing the Emotional Health and Wellbeing Strategy and parallel work in relation to Early Help services delivered in conjunction with local schools.

- 2.5 The scope of LTPs should cover the full spectrum of service provision and address the needs of all children and young people including the most vulnerable, making it easier for them to access the support they need when and where they need it. They should include existing improvement initiatives such as the Crisis Care Concordat. That said Transformation Plans will also need to include an initial focus on some key deliverables for which the additional funding has been given.
- 2.6 Key objectives for this additional funding are to:
- Build capacity and capability across the system to make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes by 2020;
  - Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) so that by 2018, CAMHS across the country are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities;
  - Develop evidence based community Eating Disorder services for children and young people with capacity in general teams released to improve self-harm and crisis services;
  - Improve perinatal care. There is a strong link between parental (particularly maternal) mental health and children's mental health. Allocation for this will be made separately and commissioning guidance will be published before the end of the financial year.
  - Bring education (schools and colleges) and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme testing it over 15 CCGs. Medway Council and CCG have submitted an application to NHS England to participate in this pilot.

### **3. Advice and analysis**

- 3.1 The development of an LTP and the associated funding represents a significant opportunity for Medway to help bring the plans and objectives within its Emotional Health and Wellbeing Strategy to fruition. Whilst the CAMHS Tier 3 service in Medway is currently delivered under a joint contract with the 7 Kent CCGs and KCC, it is suggested that it is entirely appropriate for Medway to submit its own Local Transformation Plan, clearly reflecting the principles of the Emotional Health and Wellbeing Strategy and outline delivery plan and local needs and ambitions.

3.2 This is particularly the case for preventative and Early Help interventions, IAPT and Eating Disorder services which are currently not commissioned in Medway in a co-ordinated way. There are also opportunities to commission these services alongside substance misuse for children and young people. There are, however, challenging timescales involved in the submission of the LTPs and very clear milestones and processes which need to be adhered to. The lead CCG submitting the Plan and associated documentation on behalf of the local Health and Wellbeing Board and wider partners will need to confirm that the Plans cover and evidence:

- compliance with the core principles and ambition described in *Future in Mind* and reflected in this guidance;
- arrangements for engagement and partnership working including with children, young people and those who care for them;
- sign off by the local Health and Wellbeing Board represented by the HWB Chair, DCS, DPH, Lead Member for children and young people or the portfolio holder for health (to be agreed);
- sign off by the local NHS England Specialised Commissioning team;
- transparency about service provision and levels of investment, baseline information and ambitious stretch targets. CCGs and local partners must publish their Local Transformation Plans making sure these are clear and accessible to all;
- commitment to delivering a choice of best evidence based, outcomes focussed and values based interventions;
- governance arrangements including monitoring of progress and risks; and
- sound financial planning.

3.3 Local areas need to develop their Transformation Plans and complete the high level summary template and self-assessment checklist.

3.4 Development of a Community Eating Disorder Service for Medway, in line with the published guidance represents a possible challenge for Medway as the guidance advocates a minimum (all age) population of 500,000 for a viable and sustainable service. The funding available to Medway to commission the service is also likely to be insufficient for a stand alone provision. This could, therefore, necessitate collaboration with other CCGs, potentially on a Kent and Medway or 'north Kent' basis combined with Swale and DGS; or integration with other Emotional Health and Wellbeing services as part of a larger contract.

#### **4. Engagement activity**

4.1 As described above, good engagement was achieved during consultation on Medway's Emotional Health and Wellbeing Strategy with a wide range of stakeholders directly attending and taking part in 14 consultation sessions. The priorities set out in the strategy proposal received broad support. There was a call for the further development of Early Help and clearer pathways to services that are known about and accessible to children, young people and parents when these are needed. It is expected that this engagement will continue in the development of the associated Delivery Plan and that the Task Group established to oversee this will lead the development and submission of Medway's Local Transformation Plan.

## 5. Risk management

- 5.1. Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community. The following Risks and associated mitigation actions have been identified.

<b>Risk</b>	<b>Description</b>	<b>Action to avoid or mitigate risk</b>	<b>Risk rating</b>
Medway CCG / Council are unable to develop and submit a LTP within the required timescale.	The requirements of the LTP are quite explicit and require detailed financial planning and modelling of resource investment in the short and medium term. This may represent a challenge given the current lack of clarity about future CAMHS commissioning and the many potential calls on additional funding.	A Task and Finish group will be established in mid-August to take forward work on individual LTP components and, where possible the LTP will build on the established plans and principles of the Emotional Health and Wellbeing Strategy.	D2
Medway CCG/ Council are unable to engage effectively with local NHS England teams to attain the necessary approvals.	NHS England is required to ensure that the baseline finance and activity includes that commissioned directly by NHS England. We recognise that realigning the system will take time, but will look to see that planning includes a joined up approach across the whole care pathway indicated by Transformation Plans including content agreed with and signed off by a representative of the local Specialised Commissioning Team.	Partnership Commissioning will contact NHS England in August to agree meeting dates and milestones	D2
The LTP as submitted does not fully meet the requirements and funding is therefore not released.	The LTP guidance contains very explicit requirements which will need to be interpreted in the context of ongoing plans and proposals for C&YP Emotional Health and Wellbeing in Medway.	Guidance will be closely adhered to and NHS England recognises that LTPs will need to reflect local circumstances and commissioning plans.	C2
The LTP submission timescales conflict with plans in place for the development of a stakeholder Task Group to oversee the development of a Delivery Plan for the Emotional Health and Wellbeing Strategy	Development of the Emotional Health and Wellbeing Strategy has been very much stakeholder led, whereas the timescales involved in the development and submission of the LTP may negate equivalent consultation and engagement.	Medway Council and CCG will build the development of the LTP into existing plans for the establishment of a Task Group to oversee the development of an Emotional Health and Wellbeing Delivery Plan.	B3

Plans are not far enough advanced to enable the effective use of monies in year	Significant funding is available 'in year' to support the development of a community Eating Disorder service and provide support for the development of CAMHS. It will be a challenge to evidence additional investment over and above current resource base.	Medway Council/CCG will liaise closely to identify plans and opportunities which can be developed at pace but which don't compromise or prejudice future commissioning plans.	B3
Medway CCG is unable to secure buy-in and collaboration from neighbouring CCGs in support of the development of a Community based Eating Disorder Service	Commissioning guidance issued in respect of Community Eating Disorder Services makes it clear that an effective and sustainable service should operate with a minimum (all age) population of 500,000 people. This will require Medway to collaborate with neighbouring CCGs for the commissioning of this service.	Medway CCG will have early engagement with Swale and DGS CCGs to discuss collaborative opportunities.	C2

## 6. Consultation

- 6.1 Medway Council must comply with its obligations to equalities under the Equality Act 2010, to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by this Act. It must advance equality of opportunity and foster good relations between people. This involves removing or minimising disadvantages suffered by people, including taking steps to meet the needs of people from people who have a "protected characteristic" in the terms of this Act. It must encourage people from protected groups to participate in public life and other activities where their participation is disproportionately low. In order to comply with these equality duties, the Council is required to engage with service users, representative groups, staff and Trade Unions and to use the information and views gathered to assess the equality impact of any proposals made by the Council in relation to service provision.
- 6.2 Should a substantial change in the reconfiguration of services be considered through the delivery of this strategy, this will require an Equality Impact Assessment and formal consultation. Consultation with the Council's relevant Overview and Scrutiny Committees may also be required under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, if any reconfiguration of services constitutes a substantial development or variation to the health service .
- 6.3 Additionally, the guidance states that Transformation Plans should be signed off by the Health and Wellbeing Board.

## 7. Financial implications

- 7.1 Currently the combined annual direct expenditure on Medway CAMHS services by Medway Clinical Commissioning Group (CCG) and Medway Council is in the region of £1,850,000. This figure does not include Council and School expenditure on 'universal services' in schools; current Public Health education and promotion programmes; Medway CCG expenditure on Looked After Children nursing service; peri-natal mental health provision; and

other specialist services. The CCG has also recently agreed considerable investment for Tier 2 and LAC CAMHS under Parity of Esteem.

- 7.2 Additional funding available to Medway CCG through development and assurance of the LTP is as follows:

**Figure 1 – Local Transformation Plan Funding allocated to Medway CCG**

<b>Funding Line</b>	<b>Funding amount</b>
Initial allocation of funding for eating disorders and planning in 2015/16	£147,218
Additional funding available for 2015/16 when Transformation Plan is assured	£368,502
Minimum recurrent uplift for 2016/17 and beyond if plans are assured. Includes £30m for Eating Disorders	£515,720

**Source – Guidance Annex 4 Allocation of Mental Health Funding to CCGs**

- 7.3 NHS England is required to ensure that the baseline finance and activity includes that commissioned directly by NHS England. It is recognised that realigning the system will take time, but NHS England will look to see that planning includes a joined up approach across the whole care pathway indicated by Transformation Plans including content agreed with and signed off by a representative of the local Specialised Commissioning Team.
- 7.4 As part of ensuring that the proposed Plan is credible and supported by evidence that demonstrates sufficient resource and leadership is in place to make it happen, the assurance process will require CCGs and their local partners to establish and make publically available initial high level baseline information on workforce, activity and spend, key local performance indicators (KPIs) and desired outcomes. Local areas will need to outline how their plans will deliver in line with the national 2020 ambition to increase capacity and capability across the whole system.
- 7.5 A financial tracker template to monitor how the additional monies are being spent alongside how CCGs are working together in line with the new commissioning guidance for Eating Disorder is included with the guidance.

## **8. Legal implications**

- 8.1 The Health and Wellbeing Board has a statutory obligation under section 195 of the Health and Social Care Act 2012 to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner for the purposes of advancing the health and wellbeing of the people of Medway. Supporting the development of a CAMHS Local Transformation Plan and collaborative approaches with neighbouring CCGs in relation to the development of a Community Eating Disorder Service is therefore within the remit of the Health and Wellbeing Board. However the Health and Wellbeing Board does not have any executive decision-making powers. For the Council, responsibility for CAMHS sits within the portfolio of the Council's Cabinet Member for Children's Services. Therefore the formal sign-off the Medway LTP for CAMHS will be undertaken jointly by the CCG

under its governance arrangements and the Cabinet will be asked on 29 September to delegate authority to the Director of Children and Adult Services to sign off the LTP, in consultation with the Cabinet Member for Children's Services.

- 8.2 Provision for health scrutiny is made in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 together with a requirement on relevant NHS bodies and health service providers to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area.
- 8.1. Medway Council has a legal obligation under section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it.

## **9. Recommendations**

It is recommended that the Health and Wellbeing Board:

- (i) Support the proposal of a stand alone Medway Local Transformation Plan for Child and Adolescent Mental Health Services, reflecting Medway's unique needs and characteristics and the planned and proposed structure of supporting services. This does not prejudice any future decisions in respect of future CAMHS commissioning.
- (ii) Note that the formal sign off of the Transformation Plan will be by the CCG through its governance arrangements and that the Cabinet will be asked on 29 September to delegate authority for signing off the Plan to the Director of Children's and Adult Services on behalf of the Council, in consultation with the Cabinet Member for Children's Services and the Chairman of the Health and Wellbeing Board. The finalised plan will be presented to the Health and Wellbeing Board and Medway Council's Cabinet in November.
- (iii) Support collaborative approaches with neighbouring CCGs in relation to the development of a Community Eating Disorder Service, in line with published commissioning guidelines and/or potential integration with other linked services e.g. substance misuse and post abuse as part of a broader Emotional Health and Wellbeing contract.

### **Lead officer contact**

Helen Jones, Assistant Director of Partnership Commissioning.  
Tel (01634) 334049, Email: [helenm.jones@medway.gov.uk](mailto:helenm.jones@medway.gov.uk)

### **Appendices**

None.

## **Background papers**

Future in Mind - Promoting, protecting and improving our children and young people's mental health and wellbeing, DH and NHS England

Local Transformation Plans for Children and Young People's Mental Health and Wellbeing: Guidance and support for local areas, NHS England

Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guide, National Collaborating Centre for Mental Health (commissioned by NHS England)