

Foreword

In March 2015, the Government published Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing. The report sets out an ambition to improve mental health services for children and young people, and each CCG area was required to submit a Local Transformation Plan. Our first plan was submitted in October 2015.

Our original plan has been reviewed annually by all partners and has been refreshed in response to changing need, analysis of activity and outcome data, alongside service reviews.

During our consultation with Barnet children and young people they told us that ‘make it easy to ask for help’ was one of the most important things that needed changing to mental health services. The purpose of this document is to refresh our plans for transforming CAMH services in Barnet in line with what we have been told by children and young people. In this refresh document, we set out the wide range of activities which we have started or continued to improve mental health and wellbeing services for Barnet’s children and young people.

We then go on to say what we will do next to deliver the transformation we envisage through our whole system approach including areas such as prevention, resilience building, early-help for those with low to moderate needs, targeted work with vulnerable groups and evidence based treatment for complex needs. The services continue to be made up of a range of functions designed to best meet the needs of our diverse and increasing population.

Our Health and Wellbeing Board continues to be committed to ensuring that mental health is everyone’s business and to putting in place a whole system response to the issues faced by Barnet’s children and young people today and in to the future..



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NHS Barnet CCG, Chief Operating Officer



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Barnet CAMHS Local Transformation Plan 2017/18 (Refresh)

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1 Executive Summary

Barnet has made significant progress in transforming and expanding access to support services for Children and Young People's Mental Health and Emotional Wellbeing. In the last year we have achieved the following improvements and developments

- Increased the number of Children and Young People receiving commissioned mental health support by 30% during 2017/18 (No 1100)
- Commissioned Xenzone to deliver online digital support to 733 Young People in Q1-3 2017/18
- Achieved 100% of Waiting Times Target < 4 weeks for Eating Disorders
- Embedded a new team of 4 x trainee Children's Wellbeing Practitioners in Barnet Families First service with an additional 3 trainee's coming on-stream April 2018
- Funded specialist CAMHS staff within the local Youth Offending Service, Community CAMHS and Pupil Referral Units
- Reduced waiting times and waiting lists for main CAMHS services by 40% in 2017 and reduced the number of young people waiting for an ASD assessment by 70%
- Launched the Resilient Schools Programme pilot to 5 local schools (in partnership with Public Health)
- Jointly funded with the John Lyons Foundation a CVS 'Space2Grow' fund for developing mental health capacity and skills within the local 3rd sector

Some barriers to achieving further transformation and improved service delivery remain. Areas that require improvement include:

- Continue workforce development and expansion
- Integration and partnerships between NHS, Local authority and VCS providers
- Improvement to Mental Health Crisis Services and Assertive Outreach

2 Introduction

Barnet Local Transformation Plan 2015/16-2020/21 identified the key transformation priorities as:

- Develop a more balanced service system specifically by improving early help
- Increasing the numbers of Children and Young People who are accessing support by 30% by 2020/21
- Reduce Waiting Times to meet the aims of 'Future in Mind 2015'
- Improved Crisis Care and Assertive Outreach to help reduce CAMHS Hospital Placements and improve outcomes

Barnet made a commitment to use the CAMHS Transformation Funding allocation to deliver a whole system approach which includes resilience building for young children, early-help for those with low to moderate needs, targeted work with vulnerable groups and evidenced based treatment for complex needs. We identified specific areas of focus for the year and a progress report is summarised below.

3 Updated Summary of Local Needs

3.1 Prevalence of Mental Health Disorders in Barnet children and young People

Prevalence rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causing distress to the child or having a considerable impact on the child’s day-to-day life. Prevalence varies by age and gender, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and gender in Barnet. Note that the numbers in the age groups 5-10 years and 11-16 years do not add up to those in the 5-16 year age group as the rates are different within each age group.

Table 1. Estimated Number of Children with Mental Health Disorders by Age Group and Sex

Sex	Aged 5-10 yrs.	Aged 11-16 yrs.	Aged 5-16 yrs.
All	2,155	2,965	5,160
Boys	1,470	1,695	3,175
Girls	695	1,275	2,020

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics midyear population estimates for 2012 (local authority report). Green, H. et al (2004)

It is important to note that Barnet has a higher number of children and young people in mainstream school with a special educational need than London; 21% in Barnet primary schools compared to 17% in London, and for secondary schools in Barnet the figure is 22%, compared to 21% in London.

3.1.1 Prevalence Rates of Mental Health Disorders

The estimated proportion of children and young people to have conduct, emotional and hyperkinetic and less common disorders in Barnet are as follows:

- conduct disorder: 5.8% (3022, 5 – 16 year olds)
- emotional disorder: 3.8% (2,014 5- 16 year olds)

- hyperkinetic disorder: 2.2% (1,149, 5 – 16 year olds)
- other less common disorders (730)

The overall admission rate (per 100,000) for mental disorders for under 18 years in Barnet is 167.6, which is 2nd highest in London compared with London at 87.1 and England at 87.6 (see below).

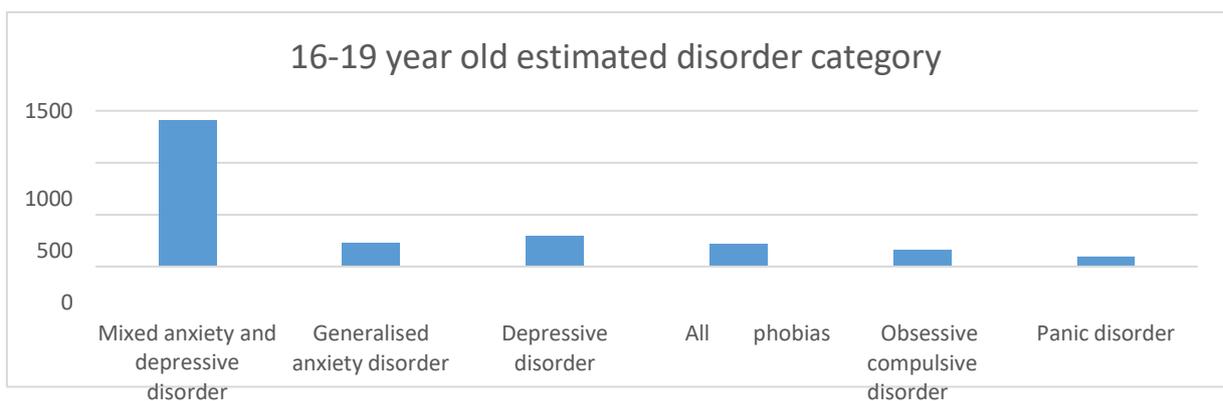
For Barnet, the most prevalent conditions are Conduct Disorder at an estimated 3,095 5-16 year olds and Mixed Anxiety and Depressive disorder at an estimated 1,405 16 – 19 year olds.

There is greater incidence of Mental Health Problems in young people with Learning Disabilities; with Special Educational Needs; who are looked after; homeless or sleeping rough; who attempt suicide or self-harm or; who are in the youth justice system.

Table 2 Estimated number of 16 to 19 year olds with neurotic disorders by gender

Disorder	Male	Female
Mixed anxiety and depressive disorder	435	970
Generalised anxiety disorder	135	90
Depressive disorder	80	215
All phobias	55	165
Obsessive compulsive disorder	80	75
Panic disorder	45	50
Any neurotic disorder	730	1,500

Chart 1. All estimated number of 16 to 19 year olds with neurotic disorders



3.2 Historic profile of Barnet CAMHS

- CAMHS Specialist Hospital Admission rate 167 per 100,000 (double London and National Average)
- Limited provision for Early Help less than 10% of funding and activity
- 400/500 Self Harm cases per year at Acute Hospitals
- Community CAMHS receiving 2500-3000 referrals per year
- Average waiting times was 130 days September 2016, has come down to 90 days as of September 2017

Commissioners have met with Barnet Parent carer forum and several parent/family advocacy groups. As a result of this process we have decided to increase support for families including:

- placement of counselling support in the 'Upwards and Onwards' leaving care team
- extension of specialist provision with Youth Offending service to include an in-house psychologist
- commissioning of specialist parent support programmes for ASD (Cygnet) and ADHD (123 Magic)
- increased investment in CAMHS neurodevelopment service (SCAN)

The new Kooth online support service has provided a wealth of new data that offers important intelligence to commissioners including:

- Over 53% of users are from BME community
- Most common age of first time user is 14 yrs. old
- 73% are female and 7% self-describe as a-gender or gender fluid
- Use of the site peaks on Monday evenings between 6-8pm
- Anxiety/stress are most commonly identified reason for use by females (25%)
- Self-worth/suicidal thoughts are most common among male 10%

3.3 Analysis of Need amongst the Barnet Jewish Community

In 2014 Barnet Council commissioned research into the needs and lack of service engagement of the local Jewish Community which indicate concerns around health inequality. The Jewish community in Barnet make up 18% (54,084) of the local population. The report concluded that there had been an 'increase' in mental health issues in recent years specifically among the strictly orthodox Jewish community. Several barriers were identified particularly in relation to the cultural competence of some CAMHS staff and lengthy delays in accessing services by which time a child or young person might have declined significantly. Moreover the degree of support available to young people once a crisis was over were regarded as inadequate.

Self-harming was reported across all areas of the Jewish community, including an increase among the strictly orthodox but the response is not always satisfactory. The Royal

Free Hospital has reported that there was a huge increase of self-harm among teenage girls. It was felt that the impact of greater awareness of mental health issues within the community was a factor in need coming to the surface. There was a sense from some respondents that it could be particularly difficult to encourage families from the strictly Orthodox communities to engage with services and that additional training in cultural sensitivity should be provided for local support services including CAMHS.

Following on from this report, Barnet has established a partnership group with local Jewish organisations including Interlink, a Jewish community group, several schools, CVS groups and community organisations. We have begun developing a plan to out-reach CAMHS and other support services into the Jewish community including stronger links with the strictly orthodox. Actions delivered to date include

- Training for 70+ children's service staff on cultural competency
- Investment in satellite provision of therapies based at two Jewish community groups
- Regular meetings with over 20 Jewish groups in a partnership forum jointly chaired between Barnet council and CEO of a Jewish community group

4 Barnet CAMHS services

4.1 London Borough of Barnet

4.1.1 Emotional Wellbeing Team: This team is part of the Early Help Service and provides support to children young people and their parents in managing anxiety, low mood and behavioural problems and supports the wider Family Resilience team in parenting and behaviour support

4.1.2 Youth Offending Service: The YOS currently has a small CAMHS workforce of 0.8 Psychologist and 1 WTE LD worker and contracts directly with CNWL for custody based screening and assessment.

4.2 Barnet, Enfield and Haringey Mental Health Trust

4.2.1 Primary and Secondary School Project: A team of specialist Child and Adolescent Mental Health Professionals who work with children, young people and families within the school setting to support emotional needs.

4.2.2 Children in Care and Adoption Team: A team that provides specialist mental health support to children and young people in the care system and adoptive families, and consultation to professionals and carers. The team applies a fast-track service and assessment to the clients referred and provides a comprehensive multi-disciplinary service to Children in Care of the London Borough of Barnet (LBB).

4.2.3 Service for Children and Adolescents with Neurodevelopmental Difficulties (SCAN): A service for children and young people with severe learning difficulties, neurodevelopmental disorders and autistic conditions where there is significant impairment coupled with mental health problems.

- 4.2.4 **Generic Tier 3 service:** Generic CAMHS provides assessment, treatment and support to children, young people aged 0-18 years and their families for a range of mental health, behavioural, and emotional well-being needs. The service offers a range of individual, family and group based interventions. There are two Generic CAMHS teams within Barnet (East and West).
- 4.2.5 **Barnet Adolescent Service (BAS):** A specialist multidisciplinary team working with young people between the ages of 13 and 17 facing complex, severe or chronic mental health issues. Often these young people find it hard to engage with other services and may be at a higher risk, with complex presentations including chronic self-harm and psychosis.
- 4.2.6 **Barnet Hospital Paediatric Liaison Service:** Specialist mental health provision and consultation for young people and families who are inpatients or outpatients under the care of the paediatric and neonatal services at Barnet Hospital.

4.3 The Royal Free NHS Trust

- 4.3.1 **Out of Hours:** Royal free Hospital (RFH) provides an out of hours service for children and young people presenting at A&E at the RFH, from 5pm to 9am, weekends and bank holidays
- 4.3.2 **Eating Disorder:** RFH service for young people with anorexia nervosa, bulimia or atypical variations of these disorders, providing support to assist recovery in the community, achieving good clinical outcomes and satisfaction ratings.
- 4.3.3 **Generic CAMHS:** Providing assessment, treatment and support of the mental health, behavioural and emotional wellbeing needs of those aged 0-18 years living in Barnet South.

4.4 Tavistock & Portman NHS Trust

- 4.4.1 **Adolescent and young adult psychotherapy:** A psychotherapy service for YP between the ages of 16 and 25, including a brief service to parents of adolescents
- 4.4.2 **Family Service:** A service to assess parenting and family interactions, and support for families through therapy and supervised contact.
- 4.4.3 **Fostering/adoption/kinship care/trauma service:** A service for looked after children and young people and their carers, adoptive families and children in the care of extended family or friends who are experiencing emotional or behavioural difficulties.
- 4.4.4 **Refugee service:** Providing a culturally sensitive service to refugees and asylum seeking people in Barnet and other boroughs, working closely with advocates and interpreters.

- 4.4.5 **Lifespan team** this is a multidisciplinary team that works with children and young people with learning disabilities and autism. The team is able to offer NICE approved diagnostic assessments for autism and autistic spectrum condition as well as providing therapeutic input to families and individuals where appropriate.
- 4.4.6 **Generic CAMHS:** Providing assessment, treatment and support of the mental health, behavioural and emotional wellbeing needs of those aged 0-18 years

4.5 Voluntary Sector/ Other providers

- 4.5.1 **Rephael House:** A VCS organisation funded to provide a counselling service for Barnet children and young people up to age 19
- 4.5.2 **Xenzone** VCS is funded to provide a free, anonymous, online counselling service for young people aged 11-26 years

5 Barnet CAMHS vision for an integrated model of care

We wish to put in place a system which is well integrated across its various functions. One of the main challenges of designing a children's mental health service is that it must respond to a wide range of needs, populations, localities and preferences for types of support. The new CAMHS system needs to be streamlined to avoid children needing to tell their story over and over again and experience delays in getting help.

We want a more integrated service based on the needs of each child where children's mental health support is working alongside Speech and Language Therapies and Community Child Health, Paediatrics.

Barnet Council is piloting a new approach to integrating children's services through a locality "Children's Hub" model of service delivery. This has begun with the East- Central locality in autumn 2017. The Children's Hubs will bring together targeted services from within Barnet Council, aspects of community health and the local VCS. Barnet Children's Hubs are an essential part of embedding mental health support within community based services and transforming the current CAMHS system.

We have also begun developing a Resilient Schools Programme (RSP) starting in May 2017 and led by our Public Health partners. RSP is being co-produced with education partners, teachers and children and aims to be a key platform for prevention, advice and early help. Below we describe this programme and the support that the provider will be required to offer into the programme...

The key principles of the model are early help, integration, the child/family at the centre of decision making and a wider partnership network. Services will be available to children and young people without regard to gender, sexuality, religion, ethnicity, social, or cultural determinants.

We will develop integrated working practices as part of their standard model, including as a minimum with the following partners:

- CAMHS specialist hospitals
- Schools, SEND services, School Nursing and partners
- CAMHS crisis teams at local hospitals
- Local Authority services including locality based children's Hubs, LAC, YOS, Barnet Families Resilience Team and others
- Community Child Health including Integrated Therapies
- Community and Acute Paediatrics
- REACH Service
- Adult Mental Health
- Perinatal Mental Health services
- Public Health
- CAMHS highly specialist services e.g. Eating Disorders N+S CAMHS
- Health Visiting

One of the objectives of our approach is to move away from the aspects of a tiered service system where these present barriers to getting help e.g. where there may be multiple assessment and delays in getting help. Where possible services should move toward a responsive engagement at the first opportunity, although we recognise that complex conditions or deterioration of condition may need a systems/threshold approach.

Services must be delivered as much as possible outside of hospital based clinical settings as young people and families have told us they don't like these types of location. Recent development of Children's Hubs in Barnet supports this change. Efficient mobile working will be a feature of the services provided.

For complex cases and targeted vulnerable groups, satellite provision, joint clinics and other measures to integrate assessment and treatment will be delivered. Provision will be delivered in innovative and flexible ways enhancing the use of technology e.g. using video conferencing, phone, online etc.

6 Consultation and Co-Production with Children, Young People and Stakeholders

Barnet commissioners have consulted extensively with managers in Barnet Children's Services (9 Head of Service and Assistant Directors), Community and Voluntary Sector organisations (30+) including faith groups, parent/family advocacy groups and providers. During January- April 2017 Barnet held an extensive programme of engagement events, workshops and consultation sessions with stakeholders including professionals, children, young people and families. We visited over 23 local schools and held workshops with 400+ children aged 10-19 yrs. old asking a range of questions on how CYP Mental Health services should be delivered. We organised a 'Youthorium' event with over 120 pupils from 14 schools and have produced a report on our findings. The process was based on the principles set out in 'Future in Mind 2015'.

Key findings from the process include:

- Young People want to be offered help in a variety of locations and in ways that are non-stigmatising, accessible and in a range of media including online and out of school hours
- They want to be able to access service directly not just through a referral by a professional or parent. Where possible they want services to be confidential
- GPs and other professionals want a system that is easy to navigate. They want to be able to ask and receive specialist advice quickly and easily
- Professionals want to see better engagement from CAMHS in Case Reviews EHCP plans, CAF assessments and for a more responsive partnership approach
- There is significant expertise and untapped resources within the local Voluntary and Community Sector that offers a range of potential benefits if engaged effectively
- Children and Families Services want more help for their support network including parents/carers and friends
- Managers in teams working with vulnerable groups including YOS, PRU's and LAC welcomed having satellite provision in their units and would like to see these expanded.

The new model of services that Barnet is developing includes five key components as follows:

- Resilient Schools Programme
- Community based Emotional Wellbeing and Mental Health Services
- Barnet Emotional Wellbeing Network (including Voluntary and Community sector)
- Expanded Adolescent Assertive Outreach and Crisis Support
- Increased provision for Specialist Pathways and Vulnerable Groups

7 Barnet CAMHS transformation road map

7.1 Incremental changes to the model of CAMHS locally:

7.1.1 2016/17 Initiatives:

- Specialist eating disorders provision
- Crisis prevention services at Barnet Hospital
- Perinatal mental health support

7.1.2 2017/18 additional initiatives:

- Resilient schools
- Parenting support programmes
- Xenzone (Kooth)
- Emotional Wellbeing Team (LBB)
- Terapia counselling in schools
- Pupil Referral Unit Outreach

7.1.3 2018/19 outline initiatives:

- Resilient schools (full year team roll out)
- Assertive Outreach Team
- NCL Crisis Intervention Service
- Xenzone (QWELL)
- Space to Grow
- Terapia counselling (Phase 2)
- Mental Health first aid to schools
- Transforming Care Programme – CYP ASD/ LD proactive community support to avoid Tier 4 admission
- Generic CAMHS tier 3 Transformation (Access & Triage and Redesign of treatment pathways)

8 Progress Report for 2016/17 Transformation Plan (Refresh)

Table 3 Summary of Progress

Priority	KPI's	Deadline	RAG
Commissioning	Needs Assessment: Completed	Dec 2016	
Service model	Develop a new model for services. Completed	April 2017	
Consultation	Consult with key stakeholder CYP/Families, education and social care partners. Completed	Jan-March 2017	
Resilient Schools Programme	<p>Piloting of high volume/low input digital support-Now in place.</p> <p>A comprehensive and standardised provision of training and engagement with schools-Now in place.</p> <p>Support around reducing the impact and occurrences of bullying, exam stress, depression/anxiety and eating disorders. Now in place.</p>	January 2018	
THRIVE in the Community CYP-IAPT	Breaking Down the Barriers' training for schools and primary care health workers. Completed	January 2018	

	Set up LB Barnet/CAMHS Psychological Wellbeing CYP-IAPT service from NHSE funding stream. Completed		
	Building CAMHS Pathways into CAF process/Family Support Model. Completed		
Enhanced support for Vulnerable Groups	Recruitment of a specialist CAMHS/Criminal Justice team including psychologist and LD worker. Plans signed off by Health and Justice Team. Completed.	September 2017	
Transition	Joint work between CAMHS and Adult MH services to support children and parents where the child is on the 'edge of care' (Q1 2017.18) Ongoing		
Access	Reduce waiting times in key bottlenecks – e.g. ASD. Achieved reduction in waiting list of 50%. Waiting times reduced by 40%	April 2017	
Extending Crisis Service	Deliver OOH Crisis Service January 2017. Additional capacity in place but remains below recommended levels. New proposal under review	April 2017	
Transition pathway for 17/18 year olds	Co-production of transition pathways with Adult MH commissioners Ongoing	April 2017	
Workforce	Workforce Development and Capacity Building Plan. Complete.	April 2017	

8.1 New Services 2017/18

Barnet has established a number of new services in the last 12 months. The 'Future in Mind 2015' report looked at innovation and the emergence of digital services, acknowledging the way that digital and technological advances have changed how mental health services are delivered. There are many reasons why digital counselling and emotional health support is an integral part of the future of CYP services, not least because it's a medium that most children and young people are comfortable with. Other obvious benefits include;

- The potential for client anonymity, which removes barriers to reaching out for support
- Ease of access
- Reduced waiting times

Many young people feel inhibited about accessing support using traditional routes such as a G.P. referral, this is likely to be exacerbated in certain contexts when services are based at location such as a hospital or other formal clinical settings. Young people have identified in our local engagement events that online help may reduce barriers to accessing support. Service users and professional are not satisfied with the level of early support available and the waiting times to accessing help. An effective system of support will include a blend of options leading up to and including intensive clinical interventions.

After consultation with 400 Barnet young people we decided to pilot an online support service. We commissioned an external consultant to review providers using a set of criteria provided by commissioners and based on evidence from consultation. The service chosen is 'Kooth' delivered by XenZone. In May 2017 Barnet launched Kooth, an online emotional support platform. KOOOTH provides an online counselling and support service 7 days a week 12noon to 10pm including.

Kooth is a well-established, award winning online counselling agency and is accredited by The British Association of Psychotherapy and Counselling (BACP). Kooth provides young people with a free, confidential, safe and anonymous way to ask for help from a team of highly qualified and experienced counsellors and support workers.

KOOOTH service includes:

- drop in chats with counsellors;
- booked 1:1 chats with a counsellor;
- themed message forums;
- secure web-based email;
- online magazine.

Kooth has been commissioned jointly by Barnet CCG and Barnet Council for 11-26 year olds who live in or attend a school in the borough of Barnet. This offer will support our new Resilient Schools Programme and the overall transformation of CAMHS. In the first 7 months since roll out in June 2017 733 individual young people have used the site a total of over 4000 times. 85% of users rate the service highly and would recommend to a friend.

We have commissioned Educational Psychology (EP) input to provide Barnet Youth Offending Team with support around identifying needs young people may be presenting with that impact on their learning and development. The young person themselves, their family and professionals working with them can gain a further understanding of their needs and consider ways forward. Parent and YOT officer consultation is offered. When indicated, intervention and group work is provided. Whole staff input in terms of training and team problem solving is also provided in the EP offer.

Table 4. Progress highlights

Programme	Lead	Start Date and Duration of Pilot	Progress Highlights
Online Counselling and Support	Kooth (Xenzone)	May 2017- 2 years	733 CYP used site in first 7 months 95% Recommend to a friend-94% returned more than once 4000+ Visits to site
Resilient Schools Programme	Public Health/Barnet Schools	April 2017-2 Years	5 Schools recruited 2 Primary, 2 Secondary and 1 Special provision school
Emotional Wellbeing Practitioners	Barnet Council Families First	April 2017- 2 Year	Established in Barnet Families First Team, holding cases identified through CAF or referred on from CAMHS access team-Projected to have 150 cases per year by 2019
Expansion of Counselling Sessions	Rephael House	January 2017- 2 Years	Self-referral access for 50+ young people not meeting CAMHS threshold
REACH Project	Barnet Council/MAC-UK	May 2017 – 3 years	Partnership project for hard to reach/gangs CYP

9 Improving Access to CYP Mental Health Support

Barnet CAMHS Activity 2015.16-2017.18

Table 5a CAMHS referrals received

Year	Referrals Received/Accepted	Initial Appts Attended	Follow Up Appts attended
2015/16	2194/2110	1584	14,160
2016/17	1844/1705	1429	16,107
2017/18 M10*	1587/1522	1273	14,467

As of end January 2018 = M10

Barnet reviewed CAMHS waiting times and the waiting lists in September 2016. An additional £186k funding was secured from NHSE to reduce waits and Barnet CCG also invested an additional £75k in 2017.18. Progress against targets are as follows

Table 5b CAMHS waiting times

Date of Review	Measure	Actual	Target
30.09.16	Average Wait: Referral To Treatment	131 Days	78.6 Days
30.09.16	Number of CYP on Waiting List	119 CYP	71.4
30.09.17	Average Wait: Referral To Treatment	78 Days	Achieved
30.09.17	Number of CYP on Waiting List	68 CYP	Achieved

In addition a specific bottleneck was identified for ASD and ADHD assessment and treatment with 51 cases on the waiting list and the average wait being over 1 year. Barnet CCG directed an additional £75k funding to reduce this delay and as of 30.09.17 only 5 cases of ASD or ADHD had been waiting more than 12 weeks for assessment and treatment-a reduction of 90%.

Barnet LTP 2015.16-2020.21 established a target to increase access to support to 35% (2700) of our estimated need of 7596 CYP. We expect to achieve this target by the end of 2017.18 3 years early. We have revised our target for 2020/21 to 3300 of 43% to be supported by an NHS commissioned service.

We have undertaken a deep dive review and improvement plan for activity reporting to MHMDS with all providers to reach a more reliable understanding of numbers accessing support. All NHS providers are now reporting correctly. A programme of work is in place for CVS providers to begin reporting to MHMDS and we anticipate this will be achieved in Q1 2018.19.

We are in the process of setting up a mental health dashboard across NCL and access data will be collected for all five CCGs. We have identified the need to raise the profile

of CYPMH Access rates at a corporate level with providers as the importance of this target must be recognised by all services. NHS Digital recently released 16/17 report for patients treated by CCG as a proportion of all referrals.

Table 5c Referral to Treatment

Barnet CYP Mental Health Services	Number of CYP Referred	Number of Treated (2 appointments+)	Percentage of Estimated Need that Receive Support
2015.16	4250	2035	Estimated 26%
2016.17	4330	2150	27%
2017.18	5000	2700	35%
2018.19 Projection	5300	3000	39%
2019.20 Projection	5800	3300	43%

10 Priorities for Phase 3 of CAMHS Transformation

Discussions between the London Borough of Barnet and Barnet CCG are ongoing to finalise how the transformation budget will be used to deliver the early help and preventative aspects of our agreed model into 2018/19 and beyond, however Barnet has identified the following as our outline objectives for Phase 3 (2018/19) of CAMHS Transformation. We will report back on our finalised list of transformation areas in our 2018/19 plan:

- Progress to second phase of Resilient Schools Programme (10 additional schools)
- Have a new Crisis and Assertive Outreach Service in place by January 2019
- Redesign CAMHS tier 3 treatment pathways
- Transformation of CAMHS tier 3 access and triage process
- Support an additional 400+ CYP during 2018.19 into accessing support services to achieve local targets
- Ensure all commissioned providers are flowing data correctly to MHMDS and outcomes portal
- Expand workforce by a further 10% by April 2019 (Dec 2017 baseline)

a. Priority 1: Expand Resilient Schools Programme

The Resilient Schools Programme has been co-produced with Barnet Public Health, Cambridge Education, Local Schools and Barnet CCG. The pilot phase started in May 2017 and will run until July 2019. Phase 1 has five member schools. The Programme has 8 strands designed to offer a holistic approach to children's and families need, which represents a partnership between the school and support services. Coordination and project management of the pilot is led by Barnet Public Health with support from Barnet CCG. Northampton University will be evaluating the project and reporting to commissioners by April 2019.

Outcomes to be achieved:

- Recruit and roll out to a further 10 schools including at least 1 faith school
- Recruit 2 control schools to support evaluation
- Support Barnet schools to develop and maintain resilient communities for staff, pupil's families.
- Deliver support to schools to assist them in responding to increased levels of need.
- Improve emotional wellbeing through increased early help.
- Roll out Mental health First Aid training to 50% teaching and pastoral staff across resilient schools by 31st March 2019

b. Priority 2: Adolescent Assertive Outreach and Crisis Support

Young people and their families who are experiencing a crisis in their mental health which, in the absence of enhanced support, may lead to serious harm, long term health impact or hospital admission and therefore need a responsive service. We wish to close the gap in current provision to meet the requirements of the Mental Health Crisis Concordat and HLP Guidance. A proposal is currently under development with local CAMHS providers and NCL CAMHS Commissioners and should be in place by January 2019. An agreement in principle has been reached to link CAMHS Crisis Service with NHS 111 systems

Outcomes to be achieved:

- Increase crisis prevention support available in the community
- Reduce levels of distress for children and families
- Reduce CAMHS Hospital Admissions
- Improve crisis follow up and repeat admissions to hospital

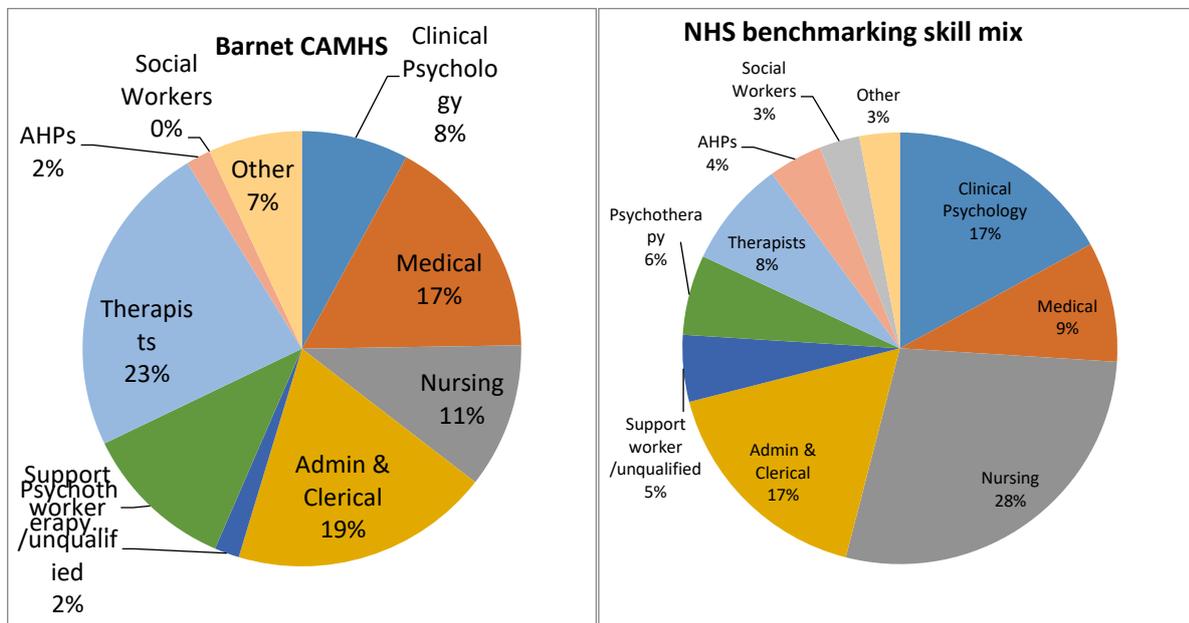
c. Priority 3: Specialist Pathways and Vulnerable Groups

Implementation of transforming care programme for Children and Young People on the autistic spectrum who present with complex mental health or learning disability needs and challenging behaviour who are at risk of admission to specialist hospitals or residential placements. The focus of the programme is to prevent admission and provide support to children, young people and their families.

d. Priority 4: Workforce Development

CAMHS services are provided by three main providers, Barnet Enfield and Haringey Mental Health Trust (BEHMHT), Tavistock and Portman NHS Trust (TP) and the Royal free NHS Trust (RFH). On 1st April 2018, Barnet Council is taking CAMHS in Schools and Looked After Children (LAC) services in house. There is a large and active VCS sector in Barnet with a wide range of services working with children and young people.

Barnet along with our STP partners commissioned a report into workforce development (see Appendix A for full report). Figure 1 contains charts comparing the professional mix in Barnet CAMHS November 2017 with NHS Benchmarking average.



In addition to the above workforce profile Barnet Council has 5 specialist Mental Health Social Worker posts that are seconded into BEH CAMHS. We have identified three key areas for further expansion/development

- Continue to increase the number of practitioners offering early help and support for low to moderate needs
- Additional staffing for crisis support and assertive outreach
- Skills development among the non-specialist workforce such as youth services, schools etc.

i. Mapping of staff already trained on the CYP-IAPT course in Barnet:

<p>First year (total 12)</p> <p>5 x CBT course (3 x CAMHS clinicians still in post; 2 x clinic social workers employed by LA)</p> <p>3 x Parenting course (3x staff from LA)</p> <p>1 x Supervisor for the Parenting supervisors course (staff from LA still in post)</p> <p>1 x Supervisor for the CBT supervisors course (staff from CAMHS still in post)</p> <p>2 x Manager’s course (1x CAMHS manager still in post; 1x LA manager)</p>
<p>Second year (total 7 staff)</p> <p>2 x IPT-A course (both CAMHS clinicians still in post)</p> <p>1 x Systemic Family Practice course still (clinic social worker still in post)</p> <p>3 x Evidence Based Practice Counselling course (staff from the Voluntary sector)</p> <p>1 x Supervisor for the systemic family practice supervisors course (staff from CAMHS still in post)</p>
<p>Third year (total 3 staff)</p> <p>3 x Parenting course (2x CAMHS clinicians still in post; 1 x staff from the voluntary sector)</p>
<p>Fourth year (total 2 staff)</p> <p>2 x CBT course (1 x CAMHS clinician; 1 x staff voluntary sector)</p>

Barnet CYP-IAPT Stocktake 2018 confirms that we have made significant progress in developing the local workforce in line with the Five Year Forward Plan for Mental Health

ii. Early Help

The majority of additional transformation funding allocated to Barnet will focus on providing staff to deliver lower level ‘early help’ interventions. Barnet will have four qualified CWP coming on stream in April 2018 with a further three trainee’s beginning at the same time. By April 2019 Barnet will have added a total of 7 CWP to the existing workforce. The team sits within the early intervention services and will be aligned to Children’s Hubs.

iii Crisis and Assertive Outreach

During Q1 2018.19 Barnet will create an additional 5.5 WTE CAMHS RMN posts to support our local crisis and outreach pathways. 2 WTE of these posts will be part of the NCL wide Out of Hours Crisis Team covering the entire STP footprint. The remaining 3.5 posts will be deployed to enhance the local adolescent team to take on an assertive outreach function.

iii Training and Workforce Development

The RFL Eating Disorder service is delivering a series of short training programmes to GPs, teacher and CVS organisations including among the local Jewish Community which represents 18% of the Barnet population. Barnet CCG is funding 4 strategic leaders in Public Health and education services to undertake the NHSE Mental Health First Aid ‘train the trainer’ programme in Q1 2018.19. As part of our Resilient Schools Programme (RSP) this training will then be rolled out to all teaching and pastoral staff across Barnet schools over the next two years using inset days and twilight sessions.

Over 80% of all CAMHS, staff have now been trained in using the outcomes monitoring and reporting tool I-CAN and this is now providing valuable data on local needs and pathways within CAMHS, which will be utilised to inform the next phase of Barnet LTP.

e. Priority 6 Data Recording and Reporting

During December 2017 Barnet reviewed MHMDS flow with all existing providers with the following findings identified

Provider	Status	Action Plan Headlines
BEH NHS		Monitor Only
Royal Free London NHS		Under Reporting. Review and Actions to resolve
Tavistock and Portman NHS		Under Reporting. Review and Actions to resolve
CNWL NHS		Monitor Only
SLAM NHS		Monitor Only
Rephael House		Not reporting. Begin reporting by April 2018
Barnet Council-Families First		Not reporting. Begin reporting by April 2018
Terapia		Not reporting. Begin reporting by April 2018

All NHS commissioned services are now correctly flowing data to the Mental Health Minimum Data set following a local improvement programme. Plans have also been finalised for all new CVS and LA providers to flow data. This process has been well support by NELCSU and we anticipate that reporting will begin by March/April 2018

As mentioned above I-CAN is now widely used across Barnet as of Q3 2017^{1.8} and is beginning to provide important granulated data into both the needs of service users but also the areas of service which appear to have the most effective outcomes. We anticipate that this will continue to develop and become an integral part of our planning process.

10 Governance and Planning

The overall aims of CAMHS transformation in Barnet remain unchanged, however partners are working through issues which relate to the process for achieving the desired transformation which have delayed sign off of the 2017/18 plan.

Barnet CCG are working with London Borough of Barnet and the Health and Wellbeing Board to ensure the Local Transformation Plan 2017/18 is formally signed off by October 2018.

11 STP Alignment

Barnet LTP is fully aligned with the priorities identified within the NCL STP plan for mental health. Barnet CAMHS Joint Commissioner meets monthly with NCL CAMHS colleagues. We have an ongoing programme of work that reports into formal STP structures and the Mental Health lead for NCL. Reporting CYP Mental Health access targets and other NHSE assurance processes are done through the STP Mental Health lead and Accountable Officer.

All NCL CAMHS commissioners discuss planning and joint commissioning opportunities across the area in order to optimise planning and use of resources. Barnet as part of North Central London STP has identified eight work streams that we manage across the locality. These are set out in Part Two of this document. In addition, areas of innovation e.g. digital support are discussed and ideas/successes shared.

12 CAMHS Finance

a. Barnet CAMHS Transformation Funding

CAMHS transformation funding is allocated to CCGs each year by NHS England. For Barnet the year by year transformation funding, plus additional allocations for other transformation is as follows:

Year	Description	£ funding
2016/17	CAMHS Transformation Funding	£1.1m
2017/18	CAMHS Transformation Funding incl ED/HnJ/HEE	£1.28m
2018/19	CAMHS Transformation Funding ED/HnJ/HEE	£1.41m

b. Incremental investment

Service area	2016/17	2017/18
Eating Disorders	£100,000	£100,000
Crisis prevention	£150,000	£150,000
Enhanced provision for vulnerable groups	£233,000	£235,000
Additional capacity community CAMHS	£125,000	-
Waiting times reduction	£176,000	£75,000
Perinatal Mental Health	£25,000	£50,000

CVS counselling	£25,000	£50,000
Project support	£30,000	£90,000
Stakeholder engagement	£30,000	-
CYP-IAPT Workforce Development	£50,000	£42,000
Website and IT equipment	£90,000	-
Resilient schools	-	£250,000
Parenting support	-	£40,000
Other CYP MH Support Programmes	-	£200,000
Total	£1,009,000	£1,282,000

c. CAMHS spending plan 16/17 – 17/18 (total investment)

Year	£ funding
2016/17	£7.3m
2017/18	£7.54m
2018/19	£7.72m

Appendices

Appendix A:	North Central London CAMHS Workforce Development Report 2017
Appendix B:	North Central London CAMHS Transformation Plan Priorities