ENCLOSURE: D

Agenda Item: 163/15

NHS Bexley Clinical Commissioning Group

Governing Body meeting (held in public)

DATE: 26 November 2015

Title	**Decision Log from other Fora**
This paper is for **the standing agenda**	
Recommended action for the Governing Body	That the Governing Body: **Note** 1. Decisions that have been made by the Governing Body in different fora or on behalf of the Governing Body. 2. Ratify the Transformation Plan for Children and Young Peoples' Mental Health and Emotional Wellbeing (attached).
Potential areas for Conflicts of interest	None.
Executive summary	Sometimes decisions need to be made by the Governing Body in private session that "having regard to the confidential nature of the business to be transacted, which relates to financial and commercial issues upon which would be prejudicial to the public interest." Section 1(2) of the Public Bodies (admission to Meeting) Act 1960. NHS Bexley CCG endeavours to be as open and transparent as possible and therefore will report decisions that have been made in fora other than a public meeting at the most appropriate time. This report covers decisions made since the Governing Body (public) meeting held on 24 September 2015. **TERMS and CONDITIONS FOR MEMBERS OF THE GOVERNING BODY MEMBERS** All non executive members of the Governing Body conflicted – Sarah Blow chaired. Sarah Blow confirmed that all members could discuss the meeting paper but only non-conflicted members could vote on the decision. The Governing Body **Approved** the Policy in relation to terms and conditions for members of the Governing Body.

	GP REFERRALS – ANALYSIS, FINDINGS AND RECOMMENDATIONS REPORT All GP members of the Governing Body conflicted – Keith Wood chaired this agenda item. GPs present were able to take part in the discussion but not the decision. The Governing Body **agreed** how to take the process forward. **Chairs Officer's Action No 4** Chairs Action was approved for the submission of the Transformation Plan for Children and Young Peoples' Mental Health and Emotional Wellbeing NHS Bexley Clinical Commissioning Group & London Borough of Bexley to NHS England. As per the CCG's constitution under Sub-subsection 3.2.21, Emergency powers and urgent decisions the Chair consulted with all voting members of the Governing Body and received the required approval. The submission of the Transformation Plan for Children and Young Peoples' Mental Health and Emotional Wellbeing NHS Bexley Clinical Commissioning Group & London Borough of Bexley to NHS England meeting the deadline and the governing body is asked to **ratify** the decision taken by the Accountable Officer.

How does this paper support the CCGs objectives	**Patients:**	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	People:	Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London.
	Pounds:	Delivering on all of our statutory duties and become an effective, efficient and economical organisation.
	Process:	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.

What are the Organisational implications	Key risks	None.
	Equality	None.
	Financial	None.
	Data	None.
	Legal issues	None.

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	NHS constitution	None.
Engagement	None.	
Audit trail	None.	
Comms plan	None.	
Author: Mary Stoneham Board Secretary	Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair	Executive sponsor: Simon Evans-Evans Director of Governance and Quality
Date	6 November 2015	

Date of Decision	Authorised Person	Reason the Decision was not taken at a public Meeting	Title	Decision
24.09.15	Governing Body Private meeting	Timeliness of decision	Policy in relation to terms and conditions for members of the Governing Body	Approval of Policy in relation to terms and conditions for members of the Governing Body
24.09.15	Governing Body Private Meeting	Discussion prior to publication needed to agree the way forward.	GP Referrals – Analysis, Findings And Recommendations Report	Agreed the production of monthly referral data (but using the parameters & conditions detailed under Section 3 in the meeting paper - GP referrals and data sources*) – this must be an imperative for monthly production.
24.09.15	Governing Body Chairs Action 2015/16 No.4	Decision needed due to time constraints	Transformation Plan for Children & Young Peoples' Mental Health and Emotional Wellbeing	Approval of Transformation Plan for Children & Young Peoples' Mental Health and Emotional Wellbeing in line with attached documentation.

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GOVERNING BODY

Chair's Action No. 4

Title: Transformation Plan for Children and Young Peoples' Mental Health and Emotional Wellbeing - Bexley Clinical Commissioning Group &London Borough of Bexley

Decision:
Dear GB member – we need to request Chair's action to approve the attached document before it is submitted to NHSE this Friday (at the same time we are seeking Chair's action from HWB).

As you will see this is around an additional investment of £442k per annum (now in our income).

Documentation:
Transformation Plan for Children and Young Peoples' Mental Health and Emotional Wellbeing - Bexley Clinical Commissioning Group &London Borough of Bexley

There is an extremely good Introduction and Exec Summary at the start of the document – the need for the submission of this plan (and the detail) was not fully made aware to us all until beginning of October (hence the Chair's action). The layout of the document is to reflect the sections required by NHSE (and the questions to be covered).

Decision made by:

After consultation with:
Governing Body members

By authorisation of: Dr Nikita Kanani
(for decisions made on behalf of Chief Officer or Chair)

Reason for Chair's Action:
Communicated to: **Locality Chairs on 26 November 2015**

Governing Body Public Meeting on 26 November 2015
Staff on 26 November 2015

Email 14 October 2015
Dr Nikki Kanani, Bexley CCG Chair
Bexley CCG Governing Body Member

Email 14 October 2015
Sarah Blow – Chief Officer
Bexley CCG Governing Body Member

Email 14 October 2015
Dr Varun Bhalla
Bexley CCG Governing Body Member
GP Locality Lead, North Bexley

Email 14 October 2015
Sandra Wakeford
Bexley CCG Governing Body Member
Lay Member, Patient and Public Involvement
And Chair of Bexley Patient Council

As set out within Bexley Clinical Commissioning Group Constitution 3.2.21 Emergency powers

3.2.21 Emergency powers and urgent decisions

3.2.21.1 It is recognised that there will be times when urgent decisions are required. The Chair has the discretion to define urgent decisions.

3.2.21.2 In an emergency, where a decision must be made by the governing body before its next meeting, the powers and duties of the governing body may be exercised by the Chair (Emergency Action).

3.2.21.3 or this purpose "emergency" means circumstances in which:-

3.2.21.4 The governing body will be unable to discharge its statutory functions or be exposed to a significant level of risk if urgent action is not taken; or urgent action must be taken to prevent loss, damage or significant disadvantage to the CCG.

3.2.21.5 To ensure transparency, any urgent decisions will be recorded and notified in the minutes of the next regular meeting of the CCG governing body, and a log maintained for inspection by the Audit and Integrated Assurance Committee

3.2.21.6 If decisions have an immediate impact on the wider CCG and constituent members, the locality chairs will be informed at the earliest convenience, so information can be shared with localities.

3.2.21.7 The Chair and/or the Accountable Officer have the authority to make an urgent decision without consultation with the localities or governing body.

3.2.21.7.1 Where possible, the Accountable Officer will always discuss decisions with the Chair, clinical vice-chair or Deputy Chair, and in their absence will notify a governing body GP lead.

3.2.21.7.2 If chair's action is required, the chair will consult with at least two other governing body representatives before confirming the action.

3.2.21.8 The Emergency Action functions of the Chair and Accountable Officer may be exercised by such other persons as the Chair and Accountable Officer may respectively nominate in writing.

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Transformation Plan for Children and Young Peoples' Mental Health and Emotional Wellbeing

Bexley Clinical Commissioning Group
&
London Borough of Bexley

By J Skinner

Content:

1. Introduction & Executive Summary:

INTRODUCTION

The Chancellor's autumn statement (December 2014) and Budget (March 2015) included announcements of extra funding to transform mental health services for children and young people. CCGs and providers were required to work together, with Academic Health Science Centres and Strategic Clinical Networks and to engage with Health and Wellbeing Boards to develop transformation plans including :

- Developing evidence based community Eating Disorder Services for children and young people;
- Roll-out of the Children and Young People's Improving Access to Psychological Therapies (IAPT) programme; and
- Improving perinatal mental health services.

Bexley's share of the funding allocation in 2015/15 (and recurrently) subject to approval of our Transformation Plan is:

Eating Disorders	£126,118
Transformation Plan	£315,687
Total	**£441,805**

Our plan is required 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**; and

- **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.

Although these announcements were made early in the year, the NHSE Guidance and the announcement of the funding allocations were only made available in September and further guidance emerged at a London event on 2 October 2015. As part of this we are also required to

produce a detailed transformation plan (but the timescale to produce the plan has been extremely short).

The Transformation Plan is expected to build on and be underpinned by local investment in CAMHS via the Five Year Forward View/ Mental Health Parity of Esteem funding.

In Bexley we have agreed to the following from this source:

Capacity building in Tier 3 specialist mental health services to enable safe caseload levels and maintain timely responses	£234,903
Out of hours on call service (on-site attendance rather than telephone advice)	£52,984
Tier 2 Primary Mental Health Workers to support schools and primary care (50% consultation/50% intervention) * linking to Health and Wellbeing Service below	£120,000
Peri-natal mental health (provision still to be determined)	£50,000
Total	**£457,887**

Therefore our Transformation Plan needs to show how these dual sources of investment are woven together to achieve the above requirement.

THE STARTING POINT IN BEXLEY

Bexley CAMHS is provided by Oxleas NHS FT.

Tier 4 (inpatient services and highly specialist out-patients including Eating Disorder services) are provided by South London and Maudsley NHS FT).

The Bexley service is a specialist Tier 3 and Tier 3.5 service. Tier 2 services (for children with mild to moderate difficulties) are only provided at a minimum level for targeted vulnerable groups such as Looked After Children, young people in the youth justice system and those with neuro-disability. Tier 2 services for the general population have not been commissioned since the cessation of Extended Schools funding some four years ago. The result of this is a perception among referring professionals (especially schools and GPs) that CAMHS are poor in Bexley. In fact the evidence is that outcomes are good but that thresholds are so high that services are only available to children who are already very unwell and therefore only around 60% of referrals are accepted. Even in the Tier 3 service caseloads are high and commissioners have been advised of unsafe staffing levels and risk of clinical burn-out. Of particular note is a 91% increase in in self-harm presentations via A&E within one year.

On a more positive the note, the Tier 3.5 assertive outreach service which Bexley CCG commissions is very effective and rates of in-patient admission in Bexley are low.

Therefore our Five Year Forward View investments have been targeted at building capacity in the Tier 3 service, responding to the rise in self-harm presentations and the Crisis Care Concordat, starting to introduce some Tier 2 services for children with mild to moderate needs, and responding to the national call around peri-natal mental health.

TRANSFORMATION PLAN

The above starting point was a known position in Bexley. However before either the Five Year Forward View monies or the Transformation Plan ("the Plan") funding were announced, Bexley Health & Well-being Board had decided to commission a JSNA deep dive needs assessment into children's emotional health and wellbeing. It is to some extent unfortunate that this process is in progress and not due to report until January 2016, because funding needs to be spent in the current year. However it is fortunate that the outcomes of the engagement and consultation work which has been initiated because of this project has been able to be fed into the Transformation Plan. There has been extensive engagement with schools, GPs, children and young people and other stakeholders such as the Youth Offending Team, the LBB Thriving Families Service and the Educational Psychology service. We can therefore be assured that the Plan has broad based support from the range of stakeholders expected by NHSE and that it responds to the identified needs.

The Plan shows how the national funding will be woven with the local funding to create a Health and Well-being service networked with LBB Early Help and Prevention services and Oxleas universal health visiting and school nursing services to address the needs of children and young people with mild to moderate mental health needs in the general population. The offer will encompass both consultation and advice to schools, GPs, social workers, youth offending services etc. and also direct intervention with children and young people. There will also be an increase in the neuro-disability team to reflect the demand for mental health services for children with ADHD and ASD.

In addition the Plan includes outline proposals for a local community eating disorder service. Further discussion is needed to finalise commissioning plans for this (which has not been identified as high priority in Bexley but is a national requirement). The dilemma for us whether to join with SEL wide commissioning plans in order to commission viable services across the region, when our needs are less than others, or whether to commission a local service to further redirect activity away from tier 4. The plan includes Oxleas' proposal for the latter in order to evidence progress in our planning.

NHS England has requested that our Plan includes details of the KPIs to be used to monitor the effectiveness of the new services. Due to the short time scales for the development of the Plan we have been unable to develop the potential KPIs fully. Rather than provide draft KPIs we have been clear in our response that we have yet to complete the KPI section, and wish to agree with NHS England a time scale that will allow for detailed analysis to be completed, to ensure that the KPIs ensure integration with our existing KPI dashboard.

Lastly we understand that further national resources to support peri-natal mental health service developments are due to be announced shortly, linking to specialist commissioning of mother and baby units (MBUs). So our plan includes reference to how CAMHS will work closely with adult mental health services to support infant and maternal health and promote attachment.

*Health and Wellbeing service (subsuming tier 2 above)	£315,687
Neuro-disability team	
Eating Disorder service	£126,118
Total Transformation Plan	**£441,805**

PERFORMANCE AND KPIs

The Transformation Plan submission includes a KPI framework and tracker with capacity for us to insert up to 20 KPIs. We have included the following wording in our plan.

We have noted the KPI framework which is part of the tracker. It is our experience that meaningful KPIs require careful consideration to ensure that they draw on data which is able to be collected by our existing information systems and do not place an onerous burden on clinicians. Because our plan builds on current provision and integrate with existing services, both within and outside the provider organisation, it will also be important not to double count outcomes or attribute outcomes appropriately when they rely on more than one service. Therefore we have not yet completed the KPI section of the tracker. We would welcome the opportunity to agree a deadline for this which allows for the detailed analysis required, and which enables us to ensure integration with our existing contractual KPI dashboard.

CONCLUSION AND RECOMMENDATION

The above describes the background to and details of the Bexley CAMHS Transformation Plan. This represents an exciting and much needed opportunity to improve mental health services for children in Bexley. The Plan which is attached is set out to respond to the NHSE requirements around:

- Engagement and Partnership
- Transparency
- Level of Ambition
- Equality and Health Inequalities
- Measuring Outcomes (progress)
- Governance
- Finance

2. Engagement & Partnerships:

Ref:	
1.1	***Designed with, and are built around the needs of, CYP and their families*** This plan has been developed through the involvement of all key stakeholders in Bexley including children, young people and families. We will ensure maximum transparency through the publication of Bexley Health and Wellbeing Board's review of child mental health and emotional wellbeing in Bexley in January in 2016. This review includes: • significant level of engagement with parents, young people, schools and other professionals including a public survey • needs assessment • service mapping • gap analysis • transformation planning as a result of using an ethical framework for decision making All the content listed above will be available in a public report which there will then be an opportunity to feedback on through a formal consultation. We have an active young people's participation programme across Bexley such that young people are engaged with commissioners and a range of provider services in strategic forums through to involvement in the delivery of care and support. Furthermore, specialist and targeted CAMHS form a CYP IAPT partnership in which children and young people play an increasingly active part. In forming our local Transformation Plan, we have drawn on the views and feedback of young people across a range of communities and services as well as undertaken specific young people stakeholder events. (See Appendix A). This feedback has helped us to better understand the needs, experiences and preferences in relation to the emotional wellbeing and mental healthcare needs, of local young people. We will continue to consult with children and young people throughout the development of CAMHS services and will include them in the evaluation of our projects. We have formed a core group of stakeholders in order to develop and coordinate the plan. This group includes: 1. Commissioners – CCG and local authority 2. Specialist CAMHS 3. Local Authority Corporate Policy and Communications Education Psychology Service Early help and prevention service (includes Targeted CAMHS) Bexley Youth Council 4. GP Clinical Lead for Children's Services 5. Public Health

The plan has also been disseminated to a wider group for comment including the Bexley Voluntary Service Council, a primary school Headteacher, the finance team in the CCG, Social Care, Youth Offending Service, the CCG Director of Commissioning and the LBB Deputy Director (Education and SEN).

In developing the plan we have analysed data from the JSNA to better understand the emotional wellbeing and mental health needs of children and young people in Bexley. In addition to the core planning group, wider stakeholder engagement has included the following:

- Bexley Youth Council
- School and Educational Improvement Team
- Youth Offending Team (YOT) lead
- Schools
- GPs
- Bexley Voluntary Service Council
- South London and Maudsley

The wider stakeholder engagement has been carried out using a variety of methods. These include:

- Survey and discussions with 250 young people
- Survey and discussions with 60 schools – Headteachers, Designated Safeguarding Leads and SENCOs (Appendix B)
- Bexley Youth Council consulted other young people and developed a short film (link)
- Surveys of parents and children from universal and targeted groups e.g. looked after children, young offenders, children and young people experiencing emotional health problems
- A professional focus group was held with GPs (Appendix C)
- Chi-Esq data and other feedback from Specialist CAMHS service users
- Feedback from CAMHS Young People's Health Forum – 'Breaking Stigma'
- Involvement from the CCG's Clinical Lead on the Project Board
- Support and ratification from the CCG's Governing body, and the Health and Well-Being Board .

In terms of the service response, we have received feedback from GPs, schools and other universal and early intervention/preventive children's services locally that there is a much greater need for embedded primary care liaison and consultation for children and young people with tier 1 and 2 needs who do not meet the access criteria for the multidisciplinary CAMHS service. Other concerns communicated through professional feedback include rising presentations of self-harm and the pattern of child sexual exploitation, although more data analysis is needed to enable greater understanding.

However, further consultation is planned to take place in the next 3 months - as we work to develop our whole system approach to Child Mental Health and Emotional Wellbeing including:

- Focus group with parents and carers of children with complex needs
- Focus group with parents and carers of general child population
- Borough wide survey to all families in Bexley.

- Focus group engagement with children in 5 primary schools and 7 secondary schools – with the support of Young Minds.
- One to one interviews with parents, local leaders of Council, CCG, Community NHS Trust, Voluntary Sector, Acute NHS Trusts.
- Professional focus groups with teachers / social care / voluntary sector/Educational Psychologists and other Early Intervention team staff and healthcare professionals.

The findings of the consultation exercises to date can be found in the appendices, however these are the high level recommendations:

- Create a viable mental health service for young people with mild to moderate needs that is accessible and non-stigmatising in the community.
- Create and communicate clear pathways for young people needing support for their emotional wellbeing and mental health.
- Create a single point of access for GPs and Schools to refer to for 'tier 2' which can also act as helpline with expert advice available to signpost families and offer advice to schools.
- Create supportive communities – e.g. consider the use of mindfulness in schools, a public health promotion scheme to de-stigmatise issues of mental health and workshops to support parents on Child Mental Health.

We have also worked with the following key stakeholders and analysed data from the JSNA to identify Bexley's needs for children and young people's mental health and emotional needs

- CCG Commissioners
- Oxleas NHS Foundation Trust
- Educational Psychologists
- Bexley Youth Council
- School and Educational Improvement team
- YOT lead
- Clinical lead for children and young people: Bexley CCG
- Schools
- Nurse Family Partnership
- GPs
- Health policy team
- Public Health
- Bexley Voluntary Service Council
- South London and Maudsley

As part of this work, to date, we have identified the following gaps:

1.We currently lack capacity to support Bexley's population of children and young people with mild to moderate mental health needs who do not meet the Specialist CAMHS threshold (for children and young people characterised as requiring extensive treatment and risk management and crisis response (Thrive Model, 2014)).

The child population in Bexley who may a need mental health intervention for mild to moderate level difficulties is estimated to be around 4000 per annum[1] . Whilst we know that the current capacity of the Thriving Families service is approximately 260 per annum, it is not known what capacity exists to meet these needs across the local system of children's services.

There is an absence of CAMHS trained professionals working in community and primary care settings such as GP surgeries, paediatric clinics, schools and youth services. Schools have a number of responsibilities under the new SEN Code. A group of school and local authority staff reviewed this area in 2014/2015 and found that the schools and the Local Authority did focus resources in this area, but that there was a gap between the need which could be met in school and the threshold for specialist CAMHS.

2. There is also an absence of consultation and a gap in training support to families, schools and GPs. This support would help them to identify how to get children the most appropriate level of help for their needs. It would help professionals to be more confident about distinguishing between cases where children have more severe or complex needs which require specialist assessment, interventions and treatment and where they require less intensive support.

3. The following represents the opinions and perceptions, supported by data that were also gleaned from our engagement with professionals :

- That there is a significant increase in self -harm presentations at A&E (91% in one year)
- That there is a high demand for local specialist CAMHS and children and young people are presenting with increasing complexity
- That there is a low level of funding in specialist mental health services and very little provision for mild to moderate level difficulties
- That there is a high prevalence of children and young people diagnosed with neuro-developmental disorders – ASD and ADHD and that additional capacity is needed to provide support and intervention for these young people and their families
- That there is a significant increase in young people accessing substance misuse treatment services
- That our clinically effective Tier 3.5 CAMH service results in low inpatient admissions and bed days when compared across London
- That there is a poor understanding by referring professionals of CAMHS thresholds

[1] Based on Kurtz (1996)

1.2	***Show evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector***

Joint working

Specialist CAMHS in Bexley is jointly commissioned by the local authority and Bexley CCG to provide Tier 3 and 3.5 specialist mental health care and targeted tier 2 mental health services for children and young people who are for looked after and adopted, those with learning disabilities and neuro-developmental disorders and those involved with the Youth Offending Service.

There are local joint commissioning arrangements for children and young people's services across Bexley CCG and the local authority. This ensures that services are targeted to address areas of greatest need.

We have recently reviewed the way that Early Help and Prevention is delivered in Bexley. As a result, there are plans to pilot a new model involving a number of agencies including children's social care, education, child and adult mental health services, children's universal health services, substance misuse services and voluntary sector services. The pilot will operate from October to April. The service model will involve multi-agency care networks being created, servicing neighbourhood child and family centres, targeting children exposed to domestic violence, parental substance misuse and mental ill-health and those at risk of exclusion from school.

The local authority provides guidance and support for schools on their responsibilities in terms of the school based stages of the SEN code of practice and the use of external experts. This service will enhance the support for schools and encourage implementation of the guidance. The SEN Code of practice requires schools identifying children and young people with social, emotional and mental health issues putting in appropriate provision and evaluating effectiveness. Where relevant they should be able to draw on the services of a range of external experts.

Similarly, there are other local care networks being developed in which we will aim to ensure that integrated pathways are created for children requiring rapid response and planned care with acute health needs to be cared for locally in their communities.

Strategic Planning and Stakeholder Engagement

The Health and Wellbeing Board has Child Mental Health and Emotional Wellbeing as a strategic priority in Bexley. We are undertaking a full review of the whole system and a wide range of partners are involved in carrying out and participating in the review. This includes:

- Council Teams - youth offending team, educational psychology team, early intervention team (schools based) and specialist teaching experts, public health, strategic partnerships team, thriving families and social care.
- Children, young people and their families
- Schools – primary, secondary and specialist provision as part of their

	duties under the SEN Code of Practice. They will deploy their own school based resources and also draw be able to draw on the additional 'external experts' as well as those they already work with, such as Educational Psychologists and specialist 'Social, Emotional and Mental Health' support staff. • Local Safeguarding Children's Board (LSCB). • CCG – GP Lead and Integrated Commissioning Unit. • Oxleas NHS Trust – Specialist CAMHS Service • Voluntary Sector – Healthwatch, Bexley Voluntary Service Council, Bexley Youth Voice, Bexley Moorings, Young Minds. For example: • Health Watch Bexley, Public Health and Young Minds are working together to develop a plan to engage with children in schools. • LSCB, schools, GPs and CAMHS are rolling out local guidance for practitioners on Self Harm and Suicidality. • CCG and LBB are jointly engaging GPs and their Practice Managers about practical solutions including CAMHS training opportunities that will support children and families. • The Youth Offending Team and Oxleas Specialist CAMHS are further developing their dual diagnosis services **<u>Local Care Networks and Wellbeing Hubs</u>** Parental and child mental health is a key priority for the Early Help and Prevention agenda of partners in Bexley. We have worked together as partners to re-design our Early Help and Prevention offer in Bexley so it is delivered in and around the children and family centres –ensuring an integrated approach to support services for families through a single point of access. Children and Family Wellbeing Hubs are now being established and will be aligned to the developing Local Care Networks. The Hubs bring together health visiting, parenting services , adult and children's mental health services, schools, police, Youth Offending Services and the voluntary sector to provide interventions for family violence, substance misuse, parent and child mental health; children missing from school and child sexual abuse .
1.3	***Include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams*** Children and young identified as at risk of offending/reoffending will be supported by community based services which will include the Primary Mental Healthcare Workers. The children's commissioner from the CCG attends the Youth Offending Board meetings and CCG commissioners worked with the YOS on the Bexley Youth Justice Strategic plan. The children's commissioner has attended meetings with NHSE on shaping the liaison and diversion service.

	The Bexley Youth Justice Strategic Plan and Youth Justice Prevention Strategy 2015-18 have very clear priorities which demonstrate collaborative approaches to the emotional and mental-ill health needs of young people at risk of entering the criminal justice system. These are: • To complete a liaison and diversion self-assessment against NHSEngland Guidance and ensure re-modelling of future liaison and diversion services is kept under review to enable the YOT to be well prepared to respond to the changes locally; • To review the YOT prevention strategy and recommendations in synergy with Strategy 2018 and the Early Help strategy. And from this to; • Develop and integrate YOT prevention services and commissioned targeted activities with Children's Services Inclusion, CAMHS, Thriving Families and Early Help services. The youth justice self- assessment for NHS England has been completed and some areas were identified as being 'part met'. For example: • A validated screening tool is used which covers the full list of Mental/emotional and other vulnerabilities as outlined in the specification. The YOT uses two screening tools- a locally developed vulnerability screening and health screening assessment (including CHAT where triggered), education and speech and Language therapy. These assessments are built from a range of agencies expertise to include other relevant lines of enquiry within a young person friendly style to promote discussion to support the identification of further concerns/support. The YOT is continuing to keep these tools under review as the sector develops practice in this area.
1.4	***To promote collaborative commissioning approaches within and between sectors*** CAMHS and substance misuse treatment services are jointly commissioned in Bexley. As discussed above to ensure services are provided in a way which is coordinated around the needs of families the LBB is remodelling its early help and prevention services to improve its approach to collaborative commissioning. Bexley is currently working with our commissioner partners in Greenwich with a view to developing a locally provided community eating disorder service. The Council and CCG are working together to develop commissioning approaches that look to promote long term sustainability within the local voluntary sector and encourage innovation. We are keen to put patients and residents at the heart of service design. Through the transformation plan we hope to increase the understanding and ownership across a wide range of service providers to support and improve emotional health and wellbeing of Bexley children and young people. We are

	seeking to bring about a whole system cultural change so that we can influence commissioning and delivery across sectors. As previously mentioned Bexley's Thriving Families team have developed a single point of entry into pathway for emotional health and wellbeing which has made access easier for service users. All referrals, including young people in crisis, enter services via a Single Point of Contact in this Service, and there are clear mechanisms for assessment and onward referral including fast track to CAMHS where appropriate. CAMHS continue to assess all young people presenting to A&E with self-harm. We are currently undertaking a review of the health and local authority estate , paying close attention to delivering services in a way that brings about optimal engagement and access for hard to reach groups, such as young people involved with the youth justice system
1.5	***Are you part of an existing CYP IAPT collaborative?*** **Yes** locally, a CYP IAPT partnership was formed in 2014 which joined the London CYP IAPT London and South East Collaborative in Wave 4. The partnership is led by Specialist CAMHS and involves a local voluntary organisation (Bexley Moorings) and the local authority prevention service, (Thriving Families). We see our CYP IAPT transformation as a key thread in our strategy to increase access to effective treatment and community resilience for young people.

3.Transparency:

Ref :	
2.1	***Outline the mental health needs of children and young people within your local population*** We acknowledge that there are gaps in data in Bexley which means that we do not hold a full picture of the level of mental health need amongst children and young people in our community. This situation comes about as a result of a number of factors, not least the lack of contemporary national prevalence data, the last study having been published in 2004. Emotional wellbeing and mental health interventions are delivered by a wide range of organisations and services across Bexley and there is currently no centralised approach to gathering intelligence. Therefore, in the context of high demand, increasing complexity of presentations and known gaps in provision, the Bexley Health and Wellbeing Board designated children and young people's emotional and mental health a priority in 2014 and commissioned an extensive review of needs and provision (see previous section). This review, *Child Mental Health and Emotional Wellbeing*, involving a number of key stakeholders is currently underway and will present its findings in January 2016 This review includes: • significant level of engagement with parents, young people, schools and other professionals including a public survey • needs assessment • service mapping • gap analysis • transformation planning as a result of using an ethical framework for decision making The demographic and socio-economic context for children and young people in Bexley is: • 25.8% of the Bexley population is aged 0-19 • Approximately 60,000 young people are aged 0-19 • Bexley's 0-19 population is expected to see a 17.4% increase by 2021 • Most significant increase will be seen in the 10-19 year age bands • Children aged under 5s makes up 6.2% of the Borough's population • Highest unemployment group was for 16-19 year olds (39.3%) • Increasing numbers of 13-19 year olds in the north of the Borough • Almost one-quarter of 0-19 year olds are from BME backgrounds • Highest concentrations of young people from BME backgrounds in Thamesmead East, Belvedere, Erith and Northumberland Heath • 34.2% of school children are from a minority ethnic group • 19.7% of children living in poverty • Children subject to a child protection plan is 201 • Children subject to a Children In Need plan is 1070 • 1,155 children are estimated to be eligible for the Early Learning for 2 years old child care offer. • 64.1% (higher than average proportion) of children are judged to have achieved a good level of development at the end of the foundation stage • In 2013 52% of children achieved a GLD(Good Level Development) • In 2013 the average score achieved on the EYFSP was 32.8 points. (34.0 is the equivalent of scoring the expected level across ALL ELGs

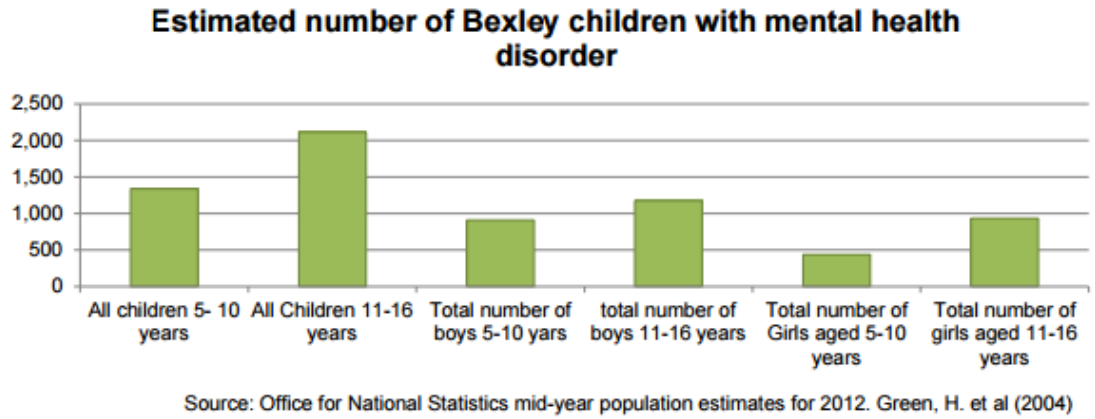
- In 2013 64% of children achieved a GLD (12% above the national outcome)
- In 2013 the average score achieved on the EYFSP was 34.5. (34.0 is the equivalent of scoring the expected level across ALL ELGs)
- Bexley's 64% GLD outcomes ranks the LA joint fifth highest attaining LA in England out of 152 local authorities nationally and joint third highest attaining of all London boroughs.
- At national level the achievement gap between the lowest attaining 20% of children and the mean is 36.6. The achievement gap in Bexley is 27.6. This represents a very positive 9% lower gap than the national and is one of the LOWEST achievement gaps nationally
- 12.6% of 4 -5 year old obese children and 26.8% of 4-5 year old with excess weight
- 24.3% of 10-11 year old obese children and 36.9% of 10-11 year old with excess weight
- 64.1% of children are considered at school readiness at end of Year R
- 47.4% of children on free school meals are considered school readiness at end of Year R

There is relatively little data about prevalence rates for mental health disorders in preschool age children. However a literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6% (Egger, H et al, 2006).

Applying this average prevalence rate to the estimated population within the area, gives a figure of 2,440 children aged 2 to 5 years inclusive living in Bexley who may have a mental health disorder.

Prevalence varies by age and sex, with boys more likely (11.4%) to experience a mental health problem than girls (7.8%). Young people aged 11 to 16 years are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. However research studies indicate the prevalence rate for mental health conditions in adolescence rises to 1:4 or 1:5.

Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and sex in Bexley.



Source: Office for National Statistics mid-year population estimates for 2012. Green, H. et al (2004)

Estimates of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 have been provided by Kurtz (1996). A description of the services offered at each tier can be found in the notes section below. The following table shows these estimates for the population aged 17 and under in Bexley.

Estimated number of children / young people who may experience mental health problems appropriate to a response from CAMHS

	Tier 1	Tier 2	Tier 3	Tier 4
Bexley	8,185	3,820	1,010	45

Source: Office for National Statistics mid-year population estimates for 2012. Kurtz, Z. (1996).

Evidence from the CAMHS Task Force indicated that increased presentation to CAMHS services with further research needed to ascertain whether there has been an increase in prevalence since the last study.

In Bexley we know that 1056 children and young people accessed the Specialist CAMHS during the year April 2014- March 2015. This service is commissioned to provide what is traditionally known as Tier 3 and Tier 3.5, with a *very* limited targeted tier 2 service.

Vulnerable Groups

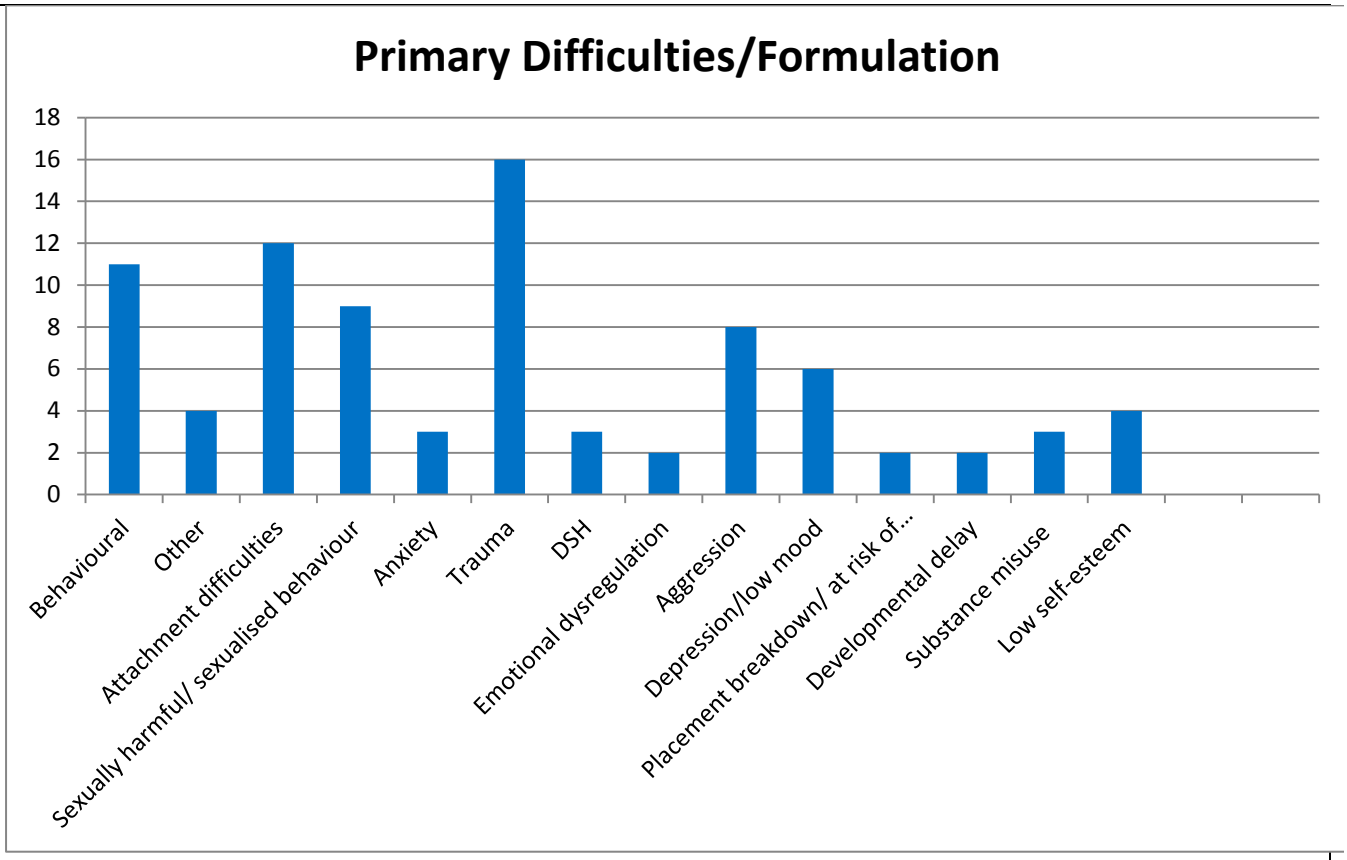
It is known that some groups of children are at greater risk to and from mental health conditions. The following outlines an overview of our local understanding of the mental health needs of these groups.

Looked after and adopted children

Although Bexley has lower than the national number of looked after children at 50 per 10,000 (under 18 years old) compared to the national figure of 60 per 10,000. The number has risen in recent years increasing from 254 at end March 2014, to 275 at end March 2015, to our current figure at the end of June 2015 of 285. The number of LAC children whose primary residence was Bexley are currently living out of borough is 269. Earlier intervention to prevent escalation is a key priority in Bexley.

Specialist CAMHS in Bexley provides a small dedicated service for adopted and looked after children. During the year 2014/15 146 adopted and looked after children and young people received a mental health service. Of these, 99 were looked after by LBB, 21 were looked after by local authorities other than Bexley and 26 were adopted.

The primary difficulties of LAC and adopted children and young people accessing specialist CAMHS are shown in the table below.



Attachment difficulties were a major factor in the child or young person's presentation and underlie the mental health difficulties for most of these young people. A key role of mental health interventions from Specialist CAMHS in relation to attachment is to help children and young people to develop and maintain attachments with their carers. Trauma was also a common area of difficulty. Other difficulties described were: confusion about identity, desire to run away, difficulties expressing wishes and emotions, difficulties with reflection and anticipation, emotional and cognitive impairment, engaging in abusive relationships, eating difficulties, poor understanding of his/her own and others physical and emotional responses, school difficulties (cognitive and behavioural), enuresis, adjustment difficulties, and sleep difficulties. In addition to the difficulties with mental health and emotional well-being, 13% of children also had neurodevelopmental disabilities (e.g. ADHD and ASD), 6% had a Learning Disability and 3% had both.

Young people involved with the Youth Justice System

A recent Health and Well Being Needs Assessment of the Youth Offending Population identified a significant link with mental health issues, with 60% of the population having significant mental health issues and 76% having medium or high risk of self-harm.

Young people at risk of sexual exploitation

Recently, there has been greater focus on child sexual exploitation. Bexley's Child Sexual Exploitation Strategy is currently being finalised with the Children's and Young People's Improvement Partnership which includes partners from Children's Social Care, Education, Police and Health. Between April 2014 and March 2015 there were 20 notifications to a Multi-Agency Sexual Exploitation Conference and child sexual exploitation was considered a factor in Children's Social Care assessment in 76 cases in the last year. In addition Bexley's Voluntary sector providers reported that they are working with 21 children where CSE is a concern.

	Disabled children and young people There is a lack of an agreed definition that supports the accurate identification of disabled children. Estimates vary significantly depending on the severity of the disability that is included in the estimate. However in the Bexley JSNA 2010/11 the estimated the number of children and young people with disabilities is 3,766. There are at least 477 moderately, severely or profoundly disabled children with at least 70 profoundly disabled. The number of children in Bexley diagnosed with ASD is as follows: • Pre-school – 60 • Primary – 362 • Secondary – 423 • Bexley Special Schools – 139 • Out of borough - 52 children at school in Bexley but who reside outside of the borough is 52 • The number of children accessing Bexley schools, including those who reside out of borough is 1036 Approximately 600 children have special educational needs and (SEN) and 1,250 under 16 year olds receive Disability Living Allowance. The highest proportions of children with disability live in Erith, Welling and Barnehurst; approximately 20% are from black and ethnic minority backgrounds. There are twice as many boys as girls identified with disabilities (Source: JSNA 2010/11). There is a higher than average rate of diagnosis of autism especially in the black African populations. There is a high incidence of children in SEBD settings with autism diagnoses. There is a higher level of children excluded from primary schools with autism.
2.2	***Describe the level of investment by all local partners commissioning children and young people's mental health services*** Tier 1 Investment in Tier 1 is not quantified or specifically commissioned but includes contributions from : • GPs • Health visitors • School nurses • Public health – health promotion in schools • School counselling and other services commissioned and directly provided by schools Tier 2 • LBB Thriving Families Service £80,000 • Five Year Forward View monies £120,000* Tier 3 and Tier 3.5 • £,1,965,000 current funding

	o Of which £1,636 ,000 Bexley CCG funding o £329,000 LBB funding • Five Year Forward View monies £337,887 which includes investment in the Transformation Plan of £50,000 for a primary mental healthcare worker and £53,000 for an out of hours service* Tier 4 o NHSE commissioned services
2.3	***Explain the plans and declaration which will be published on the websites for the CCG, Local Authority and any other local partners*** The following section outlines the plan and the background to the plan. In Bexley the Specialist CAMHS service is commissioned to provide what has traditionally been known as Tier 3 and Tier 3.5 services, thus servicing children and young people who present with significant to acute mental health difficulties. This service also provides a very limited targeted tier 2 service for some vulnerable groups, namely children and young people with learning disabilities, looked after children and those involved with the youth justice system, for whom a lower clinical eligibility threshold applies, in recognition of their vulnerability to and from mental health problems. Historically, Specialist CAMHS also provided broader 'Tier 2' services, addressing mild to moderate level needs and provided very effective community outreach services to schools and GPs. With reductions in funding (including the decommissioning of the former Children's Fund)accompanied by increasing demand and complexity of presentations, the scope of the commissioned service diminished to become a largely Tier 3 and Tier service some 5 years ago. This means that for children and young people in Bexley they will have high levels of mental health need before they are able to access evidence-based interventions from trained mental health professionals. For many years, provision for emotional wellbeing / mental health needs across the area has been characterised by a paucity of service provision (across all sectors) for children and young people with emerging mental health difficulties. Provision in schools is variable for 'Social, Emotional and Mental Health '. The majority of secondary schools have counsellors as part of their offer. This is less common in primary schools. However, they may have a range of interventions, which include lower level therapeutic support. The majority have something and all are required to discharge their duties re SEMH under the SEN Code of Practice. The Local Authority publishes guidance for schools on delivering its responsibilities under the SEN Code. Schools can also draw on the services of 'experts' from the local authority, including Educational Psychologists and Social, Emotional and Mental Health support staff (teachers and specialist teaching assistants). However it is agreed that there is a gap between what can be offered at this level and the current CAMHS thresholds. There is a small school nursing service (6 wte) which provides advice, support and interventions in both physical, sexual and emotional health to children and young people across 71 schools. The Health Visitor service offers universal and targeted interventions to families. A number of local authority employed professionals work with children and young people in the area of special educational needs / additional educational needs, many of

whom work with mental health in aspects of their role. There is a relatively small voluntary sector in Bexley and some services deliver part of the care pathway for a range of difficulties. Targeted tier 2 emotional wellbeing interventions are provided by the local authority Thriving Families Service which offers parenting interventions, individual and group support for young people who are considered Children in Need or on the edge of care or custody. Unfortunately, due to the level of resource available, children, young people and their families and the professionals in these services are not able to benefit from routine consultation and support from Specialist CAMHS.

Demand for services across the whole spectrum of need is exceeding capacity. With a shortage of tier 2 / early intervention services available, children and young people frequently come to CAMHS having not received an early intervention and there are few options available for step-down care for those who have completed treatment at CAMHS.

In light of the above, during the last 18 months we have worked collaboratively to develop a strategy to address areas of greatest need and pressure and to build capacity and capability into the local system. The strategy has 6 main elements.

In 2014, we created a local CYP IAPT partnership between Specialist CAMHS, the local authority early help service (Thriving Families) and the voluntary sector. Our aim was to increase our local offer of early intervention in mental health and wellbeing, to improve access for children and young people to effective help wherever they presented. The partnership was designed to build integrated care pathways for a range of emotional and mental health needs across the local system in which outcomes-focussed, evidence based interventions could be provided in partnership with service users. We have made good early progress with our CYP IAPT transformation and there is strong multi-agency commitment to build on this.

The second element of our strategy involved increasing capacity for specialist mental health interventions.

The predecessor to Bexley CCG , Bexley Care Trust, had made a significant additional investment in 2010 to develop a community intensive and outreach service for young people with acute mental health needs (Tier 3.5), (Risk Management and Crisis Response in the Thrive Model). This has resulted in a clinically and cost effective alternative treatment service to inpatient care, with one of the lowest inpatient admission rates across London. Whilst the treatment needs of young people with acute needs are well served in Bexley, there was a need to increase capacity for mental health interventions with children and young people with significant and complex difficulties.

Applying to Bexley, the needs-based approach to delivering evidence based practice in Specialist CAMHS developed by Kelvin et al (2005), we calculated that the staffing was at 46% of the critical mass of clinical staff required or Specialist Tier 3 CAMHS for 0-18 year olds or 43% of that required for Tier 2 and 3.

Consequently, using additional Five Year Forward View funding the CCG is currently increasing investment in Specialist CAMHS Tier 3 provision by £344,903, to address shortfalls in capacity as well as extending perinatal / infants and under 5s mental healthcare, improving out of hours crisis care in accordance with the Crisis Care Concordat.and establishing 2 clinical outreach posts to work into schools.

The additional investment is being used to commission :

- To increase clinical capacity by 3.5 wte clinicians to meet current levels of demand for children and young people with 'generic' mental health needs which are significant, pervasive and complex in nature.

- Re-establish an evidence-based perinatal mental health treatment service for infants and under 5s. This builds on excellent multi-agency structures (Bexley Under 5s Service) in which professionals come together to agree shared approaches and to fine-tune the care pathways for under 5s and their families, to deliver seamless care across services. An additional 0.5 wte clinical capacity has been created to provide evidence-based treatment for the most vulnerable infants and under 5s. Typically, these are young children whose care-givers are mentally un-well and / or traumatised and where the attachment relationship is at risk of significant impairment

- Investment is planned to support perinatal mental healthcare which will target mothers and infants where the development and wellbeing of the infant is placed at risk by the mothers experiencing significant or acute mental health difficulties. This service will develop integrated care pathways with adult mental health and universal health services (Midwifery and Health Visiting), with the provision of evidence based parent–infant treatment interventions

- Crisis care for young people presenting out of hours. A new clinician on-call out of hours service is being developed to provide the first-line face to face assessments in A&E for emergency presentations out of hours. A recent pilot in a neighbouring borough has taught us that this is likely to improve the experience and outcomes for young people in crisis, hastening their access to a CAMHS assessment and will reduce avoidable admissions to acute paediatric beds

- To establish 2 clinical posts which will provide community-based clinical outreach, working into schools. This will deliver consultation and liaison to schools to improve identification of emerging mental health needs and build the capability and capacity for schools to support young people with emotional wellbeing and mental health needs in school. These posts will work collaboratively with other schools based services.

A key strand in the local plan relates to the need to further develop early identification and intervention across Bexley – focussing on the 'Getting Help' stage in the Thrive Model. We aim to create an integrated network of professionals, linking primary care (e.g. GPs, Health Visitors) with key professionals working in education, health, social care and the voluntary sector with CAMHS professionals.

We plan to develop a **'Community Health and Well-Being Service',** establishing a team of community outreach CAMHS professionals who are integrated with School Nurses with links to Health Visitors and named link professionals to GPs and schools. Our vision is to create an integrated team which moves away from service delivery based on traditional organisational or professional structures, but comes together to offer more joined up care pathways for children , young people and their families. We believe this will enhance the early identification of need and facilitate children and young people being able to access the right support at the right time.

Through the Transformation Plan, we would commission 5 wte CAMHS practitioners to work in an outreach capacity, providing specialist mental health advice, consultation and training to the network of community children's services and evidence-based, outcomes focussed interventions to children and young people with emerging mental health difficulties.

The Health and Well-Being service will provide:

- Mental health consultation and advice - available to the community of children's services across Bexley, with dedicated named CAMHS professionals allocated to local care networks, clusters of schools and GPs. Their role will be to provide timely advice to facilitate early identification, support community resilience / offer self-help and management strategies, referral, joint assessments and co-working. These posts will work collaboratively with other school based services.

It is proposed that specialist CAMHS works in a much more integrated way with universal services. We believe that through integration, the CAMHS professionals will offer oversight, consultation and care planning, enabling support and early intervention to be offered to children and young people in schools through a combination of the CAMHS clinicians and /or school nurses. This can add real value locally, increasing access for children to early help with emotional wellbeing issues. Similarly, by linking with Health Visitors, the team will be able to support identification and support for under 5s who present with emotional well-being vulnerabilities. In Bexley, these services are provided by one NHS provider, with a unified governance structure in place which we anticipate will facilitate the development of these integrated care pathways.

We envisage that the service to schools will form part of a wider forum with other local authority and education professionals, meeting regularly with school staff. This will enable those schools and the other staff to enhance their knowledge and skills in mental health; enhancing school awareness and responsibilities in relation to mental health as well as supporting them to know when to draw on an 'external expert' (SEN Code of Practice).

In-reach to schools will create a system to support children and young people with psychological difficulties that impact on their learning, attainment and participation in school life. CAMHS clinicians will triage (with the use of psycho-metric measures), advise, signpost, provide targeted consultation to parent and school and formulate plans for maintenance/ relapse prevention or step-up/ referral on; the precise nature of this help will be tailored to the needs of the children, young people and the school staff. The service will also provide specialist mental health support for developing and maintaining whole school approaches to promote and maintain emotional well-being.

The aim of the service is to promote emotional well-being and resilience, prevent difficulties from arising or becoming habitual and entrenched. It will be delivered by trained mental health professionals who are able to identify emerging mental health conditions and ensure that children and young people can access the right support at the right time. It is known that this approach improves access through working jointly with school counsellors, learning mentors and other school based professionals; by delivering timely non-stigmatic services with trusted front-line professionals, engagement with vulnerable groups can also be enhanced.

Through the Transformation process, we plan to work with GPs, Social Care, YOS and CAMHS to identify the best ways to structure the liaison so that timely advice, joint assessments / interventions can be available when the need arises. Clinical in-reach and liaison will target areas of greatest need to enable flexible and tailored responses to the needs of vulnerable young people including those accessing the new Early help and Prevention Wellbeing Hubs who experience domestic violence and those at risk of sexual exploitation as well as communities experiencing high levels of deprivation. We see this as a key strand in reducing health inequalities caused through the wide range of vulnerability factors which contribute to poor mental health outcomes.

The second element of the service will involve:

- Evidence-based, outcomes focussed interventions for children and young people

It is known from the local needs analysis and stakeholder consultation that there is a gap in the provision in Bexley for children and young people who have mild to moderate level mental health needs. Our aim is to develop our local offer to children and young people so that they can access a programme of evidence-based, outcomes-focussed interventions. The programme will provide brief individual and group interventions for a range of mental health difficulties.

The Health and Wellbeing Service will work as part of a network of services which have a role in promoting and supporting the emotional health and wellbeing of children and young people in Bexley. For example, they will contribute to the new Early Help and Prevention Service which is being developed in Bexley to support children where there is parental ill health, substance misuse or domestic violence. Together with partners, the mental health contribution aims to prevent escalation of the child's difficulties.

The CAMHS practitioners will work as part of an integrated professional network within the CYP directorate within Oxleas NHS FT, which includes health visitors and school nurses. This will enable timely and responsive step-up/step-down arrangements to be put in place for young people.

The focus on building resilience and prevention is supported by a recently launched innovative website-portal developed by Oxleas NHS FT called HeadScape. This website provides emotional wellbeing and mental health information and self-help tools, 'quizzes' (validated screening tools) which provide young people with their 'HeadScape' and self – referral to Bexley CAMHS for those who meet clinical thresholds.

Bexley has previously operated a very successful CAMHS Primary Mental Health Worker (PMHW) service as part of the Extended Schools Project (2007-2010). It was also funded for a Targetted Mental Health in Schools (TaMHS) project, which produced excellent outcomes in terms of improving the capacity and skills of school staff to support young people as well as improving outcomes for young people themselves. Some elements of the TaMHS project (e.g. Therapeutic Intervention Assistants working in schools and in some schools The Marlborough (Multisytemic Family Therapy) Project are still being delivered. These are part of the school offer for Social, Emotional and Mental Health in the SEN Code. This proposal builds on this work.

Through further development of our Transformation Plan, we will identify the most effective organisation of service delivery to achieve the greatest impact. We envisage that in the early stages, greater emphasis will be placed on providing training for the children's workforce and establishing good access to specialist mental health consultation, support and advice, as well as working across the system to integrate the community assets to strengthen care pathways. We will undertake further work to establish the interventions element of the service and we envisage the review of emotional wellbeing and mental health in Bexley will provide reliable evidence on which to base our plans, along with collaborative work with stakeholders.

As discussed earlier, there is a high prevalence of children and young people in Bexley with a diagnosis of ASD and ADHD and our stakeholder engagement has indicated that additional support for these children and their families would help them to attend local schools, have their needs met by their families and improve their outcomes. We therefore propose to extend the current service with additional clinical input to the integrated service for children with learning disabilities and neuro-developmental disorders.

There is an existing specialist CAMHS service for children and young people with learning disability and neurodevelopmental disorders. However, the size and capacity of this service means that there is a need for a broader range of treatment interventions to be available to this cohort of young people. The aim is to commission an additional mental health trained practitioner to increase the treatment capacity and range offered to young people and their families.

Within Bexley there is a strategy to integrate services so that they can be delivered flexibly and in a way that is coordinated around the needs of the child and family. Accordingly, 18 months ago, the local CAMHS team co-located within the Child Development Centre, as part of an integrated physical and mental healthcare service alongside specialist community children's services (community paediatrics, speech and language therapy, occupational therapy, community nursing team etc). The plan in Bexley is to move to a fully integrated physical and mental healthcare community service for children and young people with integrated care pathways and a new building is in development. The service will be accessed via a Single Point of Access (SPA) which will provide multi-professional clinical triage. Integrated care pathways will operate so that the right professionals come together to provide coordinated care organised around the patient's needs and in partnership with families. This will reduce duplication of assessments, streamline interventions, make the provision of care simpler, easier to understand and to navigate for families.

Our aim is to further develop individual and group intervention and treatment programmes which increase the local offer to children and young people, their siblings with psycho-education for parents/carers.

As stated above, this service is delivered according to CYP IAPT principles and so the use of evidence based interventions and routine outcome measures play a key role in ensuring effectiveness. Within the CYP directorate in Oxleas, there is a wide-ranging programme of young people's participation which all groups of children access. In addition, there is a process of continuous service development in relation to children and young people's involvement in their care which ensures that all children have a voice in their treatment.

Eating disorder service

Bexley CCG and Greenwich CCG are working with Oxleas NHS Foundation Trust to explore options to enable the setup of a community based eating disorder service.

We have developed a proposal for a change in the care pathway for children and adolescents from Bexley and Greenwich boroughs who present with symptoms of an Eating Disorder. Currently this client group is referred directly from Primary Care or Tier 3 to a regional specialist services (Michael Rutter Centre (MRC), SLaM).

We plan to invest in the local community specialist CAMHS service in order that this cohort of young people can access care and treatment locally, in line with the NHS England 5 year Transformation Plans for Children and Young People's Mental Health. We envisage that by developing a local specialist service we can deliver value for money, evidence based assessment and treatment, close to home and thus in keeping with the key messages from NHS England regarding the provision of Eating Disorder Services for Children and Young People. Our aim is for young people to access evidence based interventions in a timely manner, waiting no more than 4 weeks for treatment and in urgent cases no more than 1 week by 2020. The care pathway would involve close collaboration between the local and regional service with the vast majority of young people being seen locally and only those whose needs mean that they need day or inpatient care accessing the regional specialist service.

The local service will have a role in working in an outreach capacity across the community – in schools, colleges and other settings, to train and support professionals and offer early intervention to stop needs escalating. Further, care will be provided in close partnership with the young persons' local familial and professional networks, thereby building community resilience to support young people with eating disorders. Through this, we envisage that young people's needs will be recognised and supported early, thereby preventing the need for inpatient admissions. In line with NHS England requirements, this proposal will give commissioners an opportunity to consider whether the potential for these changes will increase capacity across the Tier 4 estate that could be freed up to be utilised for general Tier 4 CAMHS especially those who self-harm and are in crisis and at risk in the community.

A phased approach will be taken to transition to the new service and as the expertise of the local specialist CAMHS service develops, a further stage could be considered, extending into local day patient care.

Service user feedback

Feedback received from children and families who have attended the MRC for interventions indicates a preference for accessing a local Eating Disorders team. Reasons for this include convenience, reduced time off school and work, and the advantages of integrating care with other agencies e.g. schools. Some young people with an Eating Disorder have been unable to engage with the MRC because of travel issues and other factors. In these cases care has been delayed because of the need for a re-referral to the local community CAMHS. Frequently, children with Eating Disorders have co-morbid disorders, including anxiety and depression. All of these children currently begin their care at the MRC and are then transferred to the local specialist CAMHS the treatment of the co-morbid conditions. The recent publication of considerations for commissioners from NHS England includes the need to increase the capacity, resilience and expertise at a local level to improve early detection, reducing waiting times and deliver high quality evidence based care. It is likely that by having a local specialist service this will also improve access to education and consultation for GP's, schools and others who work directly with Children and Young people.

In planning the local specialist pathway, consideration will need to be given to how we ensure good links are still available for the most complex presentations into the Tier 4 estate. This is also an opportunity at an early stage to consult with our acute Paediatric colleagues about how we can best work together in partnership to support immediate medical needs that both continue to meet the mental health needs of the young person but also reduce the length of admission for example short periods of re feeding or assessment for physical conditions where anxiety and stress about new routines and eating habits can cause disruption on a ward and delay necessary procedures or assessments.

House et al 2012 "Comparison of specialist and non-specialist care pathways for adolescents with anorexia nervosa and related eating disorders" concluded that "in areas where specialist outpatient services were available, 2–3 times more cases were identified than in areas without such services. Where initial outpatient treatment was in specialist rather than non-specialist services, there was a significantly lower rate of admission for inpatient treatment and considerably higher consistency of care."

If this proposal is taken forward, in line with NHS England considerations a service user and carer group should be set up in the early stages to ensure that their views and requirements are taken into account. It would be an excellent opportunity to consider a co-production model of service design ensuring that service users and carers are fully involved at all stages.

The evidence base for treatment as outlined in the NICE guideline in 2004 is currently being reviewed and due for publication in April 2017 scholarly papers thus far do not indicate a change far from the current of CBT and family therapy (group and individual) with medical review, education and dietetic support at the core. Cognitive remediation Therapy is the only likely new addition as research has commenced on its efficacy (Lask and Wood 2011)

Further work is required to ensure appropriate dietetic input to the service.

Referrals made to MRC

Greenwich:	2012-13 **18**	2013-14 **12**	2014-15 estimate **15** based on trend
Bexley:	2012-13 **9**	2013-14 **19**	2014-15 **15**
Bromley:	2012-13 **44**	2013-14 **42**	2014-15 **45**

The proposed Oxleas Community teams aims are as follows:

- Core team will accept all referrals and requests for consultation/advice on a daily basis to ensure no delay
- Core team will assess in the **home borough CAMHS base** the service aims to provide assessment and treatment close to home.
- Core team will treat in home borough CAMHS base and where necessary/appropriate link with CAMHS worker treating co-morbidity.
- The team will deliver high quality assessment using evidence based tools and measure progress using outcome measures and medical monitoring
- The team will deliver evidence based treatments as per the NICE guidelines and CYP IAPT.

In developing out local proposal, we have consulted with Professor Simon Gowers, the author of the original NICE guidance who has given his support to the plan and has agreed to offer further consultation on the plan going forward.

Whilst proposals are being considered Bexley will continue to work with SLAM (South London and Maudsley NHS Trust) to ensure there is continuity in the care pathway. SLAM have identified gaps between their service and the standards (which are to a large extent based on the SLAM model of care)

- Self-referral/ Open Access to screening for anyone concerned about a CYP with suspected ED
- Access to specialist support and advice by telephone for those already in the service
- 7 day working
- Likely capacity issues with training other professionals (currently booked 1 year ahead)

The CCG is also considering a proposal from the regional service (SLAM) for the south east region and we will continue to work with commissioners from Greenwich and Bromley to determine the most viable opportunity to take forward.

	Perinatal mental health care We have begun to work on development of local models of care to improve perinatal mental healthcare. In Bexley there is an existing multi-agency structure (Bexley Under Fives) in which practitioners working across sectors come together to plan and fine tune care pathways for individual vulnerable infants and under 5s who require psychological interventions. We also have established links between universal services (Maternity, Health Visiting) Social Care and adult mental health services. Our model will seek to create an integrated service which brings together multi-agency and multi-professional specialists to support early identification, pre-birth planning and diagnosis, care planning, risk assessment and safeguarding, pharmacological, psychological and psychotherapeutic parent-infant interventions as well as training, consultation, awareness raising and step –up / step-down support. This provides an exciting opportunity to deliver an integrated care pathway, with the contribution of child mental health expertise, to provide evidence-based, effective interventions to improve the outcomes and life chances for infants and young children. We have allocated funds from Five Year Forward View funding (£50,000) and we anticipate guidance and further funding as indicated by NHSE.

4.Level of ambition:

Outline here that the transformation plan is:

Ref:	
3.1.	***Delivering evidence based practice*** As outlined previously, Bexley have been part of CYP-IAPT since the end of 2014. A key principle in relation to CYP-IAPT service transformation is Evidence Based Practice (CYP-IAPT, 2013). Evidence Based Practice takes into consideration not only what the literature demonstrates as being effective (e.g. NICE guidelines), but also the expertise of clinicians (practice based evidence) in collaboration with what young people and their families want. Within specialist CAMHS, the Oxleas Clinical Effectiveness Group have developed Evidence Based care pathways for the teams and boroughs. All pathways and interventions are based on assessment and shared formulation with families, taking into account NICE guidelines. Since the development of the CYP-IAPT partnership with the Early Help and Prevention service and Voluntary sector (Bexley Moorings), evidence based care pathways for conduct and emotional difficulties (depression/low mood and anxiety) have been developed across agencies to ensure integrated and streamlined services for young people with these types of presentations in Bexley. There is a strong emphasis and commitment for delivering evidence based interventions and this will be extended and developed in the proposed 'Community Health and Well–Being Service', which will be focussed on addressing the needs of young people who are experiencing 'mild' to 'moderate' mental health difficulties. Clear criteria and normed and validated outcome measures will be used to assess this. The two main areas of the service will be: a) Mental health consultation and advice b) Evidence Based and outcomes focussed interventions **Mental health consultation and advice** Within the consultation meetings, the conversations will be focussed on helping professionals think about the young person's presentation in terms of a bio-psychosocial model. The advice, self-help and strategies/signposting that are offered will be in line with what the most effective intervention is for that type of difficulty. For example, for a person with low mood, exercise/CBT self-help might be recommended or where bullying is a factor, thinking with professionals about putting in place anti-bullying strategies. Through this process of consultation, the aim is to also educate professionals around mental health and promote mental health awareness and early identification. It will also encourage more integrated ways of working and allow easy and timely access to Specialist CAMHS services (or other services), if that is what is indicated. Training will also be provided for staff, which again will be focussed on early intervention and prevention as well as for evidence based

interventions (e.g. training school nurses to jointly run CBT groups for anxiety).

Evidence Based and outcomes focussed interventions

In relation to the interventions, there are a number of mild-moderate mental health difficulties that may be identified by school nurses and other agencies involved with CYP. Similarly to the consultation and advice model, all CYP's presentations will be thought about in terms of a shared formulation and NICE recommended interventions provided. Supervision with the senior CAMHS clinician will be a key part of this process.

The following are some of the difficulties/presentations that may be seen and the interventions that could be recommended/offered.

<u>Anxiety Disorders (including OCD)</u>
Cognitive Behavioural Therapy (CBT) Individual or group – up to 8 sessions
CBT Parent Group – up to 10 sessions

<u>Depression/low mood</u>
Individual or group CBT – up to 10 sessions
Family Therapy
Brief Psychotherapy

<u>Challenging behaviour/mild mental health difficulties in the context of moderate-severe Learning Disability</u>
Behavioural Intervention working with school and home – up to 6 sessions
Consultation

<u>Conduct and Oppositional behaviours</u>
Parenting group or individual interventions (NVR/IY or parent child-game)
Social Skills groups for CYP – up to 8 weeks

<u>ADHD or ASD with mild mental health disorder</u>
Consultation
CBT individual or group – up to 6 sessions

<u>Self-Harm</u>
Parent workshops – 6-8 sessions
Family Therapy/CBT – up to 10 sessions

<u>PTSD</u>
EMDR or Trauma focussed CBT – up to 12 sessions

<u>Tics/Tourettes</u>
Psycho education for school
Psycho-education for parent and child – group

3.2 This is not an exhaustive list of the difficulties, and all interventions and recommendations will be tailored to the CYP and family's needs (whilst taking into consideration what the evidence shows will be most effective). Regular supervision will be given to clinicians to ensure that evidence based interventions are being offered with adherence to models, as well as

monitoring clinical outcomes.

Demonstrate that the services will be focused on demonstrating improved outcomes –

Another key principle of CYP-IAPT is around the use of outcome and feedback tools (CYP-IAPT, 2013). Research has shown that the use of outcome measures has a number of benefits including helping to reduce 'drop out' (Miller et al, 2006), help clinicians detect when symptoms are getting worse (Lambert, 2010), providing information that may have been missed (Worthman & Lambert, 2007) and decrease the time taken to reach positive outcomes (Bickman et al, 2011). Using these tools can be an efficient and effective way of demonstrating improved outcomes, whilst also involving CYP/parents in this process.

Outcome and feedback tools are used routinely in specialist CAMHS and would also be used within this service. Workshops and training would be provided to help school nurses and professionals from other agencies to use and understand these measures meaningfully with CYP and families.

As discussed, assessment and formulation is a crucial part of understanding of difficulties in order to ascertain which interventions (and services) are most appropriate. The following range of measures can be used pre and post intervention:

- Revised Child Anxiety and Depression Scale (RCADS)
- Strengths and Difficulties Questionnaire (SDQ) – CYP, Parent and teacher versions
- Goals based outcome
- Clinician Complexity Tool/Current View (completed by clinician)
- Education, Employment and Training
- Experience of service questionnaire (at post intervention only)

During intervention, goals which were agreed with CYP/parent will be regularly tracked (to assess progress) and well as *either* a symptom tracker (e.g. depression/anxiety), *or* an Impact tracker (how much the difficulties are affecting the CYP in different areas of their life) *or* an Outcome Rating Scale (measure of how the CYP subjectively feels things are going in different areas of their life). This will be discussed in sessions with CYP and the work will be goal focussed with the aim of reducing the difficulties and improving functioning. CYP and Parents will also be able to complete session feedback scales/questionnaires to feed back their experience of the session and intervention.

Not all of these measures are needed or appropriate at all times and through discussions in supervision as well as with the CYP, it will be agreed which will be tracked and monitored. For the consultation process, SDQs, goals based outcomes and feedback measures can also be used to assess and demonstrate outcomes. Feedback from professionals about outcomes will also be sought.

Quarterly reports using these clinical outcomes will be developed (with the support of the Oxleas Data Manager and Assistant Psychologists) and disseminated to ensure that the service is demonstrating improved outcomes.

References

Bickman L., Kelley S. D., Breda C., de Andrade A. R., Riemer M., (2011) Effects of routine feedback to clinicians on mental health outcomes of youths: results of a randomized trial. Psychiatric Services, 62(12), 1423–1429.

Children and Young People's Improving Access to Psychological Therapies Programme National Curriculum for Core, Cognitive Behavioural Therapy, Parenting Training (3–10 year olds), Systemic Family Practice, Interpersonal Psychotherapy for Adolescents, Supervision, and Transformational Service Leadership (2013) http://www.cypiapt.org/national-curriculum.php.

Lambert, M.J. (2010). *Prevention of Treatment Failure: The use of measuring, monitoring and feedback in Clinical practice*. American Psychological Association (APA).

Miller S. D., Duncan B. L., Brown J., Sorrel R., Chalk B., (2006) Using outcomes to inform and improve treatment outcomes. Journal of Brief Therapy, 5, 5–22.

Worthen V. E., Lambert M. J., (2007) Outcome oriented supervision: Advantages of adding systematic client tracking to supportive consultations. Counselling and Psychotherapy Research, 7(1), 48-53.

5.Equality and Health Inequalities:

Ref:	
4.1	***Outline that the plans make explicit how we are promoting equality and addressing health inequalities –*** We know that children and young people experience health inequalities for a wide range of reasons including when they : • Are looked after • In the youth justice system • Disabled • From a BME group • Out of school • Had a poor start in life – (1001 Days) • Experiencing the stigma of mental health problems • Living with domestic violence • Living with parental mental ill health and substance misuse Our Transformation Plan is linked with a whole systems approach to early intervention and prevention and enables us to reach more children at an earlier stage to prevent inequalities in line with 'Future in Mind' . Our plan specifically includes more capacity offer evidence based interventions to looked after children, children with neuro-disability and those in the youth justice system. **In addition we will:** **1. Promote mental health in the early years of a child's life** There is a need in Bexley for increased focus and commitment around perinatal mental health and under 5s. From April 1st 2014 – March 31st 2015 there were over 600 cases of post natal depression reported to Bexley CCG. Pregnancy is a crucial time for beginning healthy child development and it is essential that the mother is healthy, both physically and mentally, with easy access to support and care if needed. Through improved assessment and joint working between child and adult mental health services and maternity services to ensure maternal and infant health is fully supported. Bexley CCG is currently exploring options for the delivery of dedicated peri-natal mental health support. The CCG will commit £50,000 from the 5 year forward view fund to support the funding from the NHSE. This funding allocation and guidance is due to be sent to CCGs in January 2016. **2. Mitigate the risk of stigma** The LBB is currently developing local care networks, children and family centres and children's wellbeing centres to ensure a whole system and coordinated approach to social and care pathways. If children, young people and adults continue to live in a society where there is stigma and discrimination around mental health, they are less likely to identify, manage and seek support for their mental ill-health. These centres will be set up to be non-stigmatising and children and young people are being consulted on where and how they would like to receive services in the community. **3. Improve mental health promotion and develop emotional resilience in**

	children and young people Although emotional health is part of the PSHE curriculum, there could be a far higher and more regular focus on emotional health and 'psychological exercise' which could have the potential to enable students to become more aware of their emotions and their own unique ways of experiencing, expressing and managing them. The transformation fund will enable us to base primary mental healthcare workers in the community. These PMHW will train professionals in the referral pathway and techniques to enable them to manage locally some emotional health issues to prevent escalation to high end services. **4. Offer training to the children's workforce, including the Well-being and Prevention service, schools and GPs** The provider will deliver training to increase awareness and understanding of emotional health and well being and how to promote resilience through every day interventions

6.Measuring Outcomes (progress):

Outline here that the transformation plan will:

Ref:	
5.1	**Published and included your baselines as required by this guidance and the trackers in the assurance process -** We have noted the KPI framework which is part of the tracker. It is our experience that meaningful KPIs require careful consideration to ensure that they draw on data which is able to be collected by our existing information systems and do not place an onerous burden on clinicians. Because our plan builds on current provision and integrate with existing services, both within and outside the provider organisation, it will also be important not to double count outcomes or attribute outcomes appropriately when they rely on more than one service. **Therefore we have not yet completed the KPI section of the tracker.** We would welcome the opportunity to agree a deadline for this which allows for the detailed analysis required, and which enables us to ensure integration with our existing contractual KPI dashboard. In the meantime the below shows the outcomes we currently commission. All service providers for children and young people in Bexley must to be committed to providing coordinated services that enable children and young people to achieve the best possible health, educational and social outcomes . The primary task of CAMHS is to improve the emotional wellbeing and mental health outcomes for children and young people with significant, complex mental health difficulties. Local CAMHS are commissioned to achieve the following outcomes: • Children and young people make good progress towards achieving treatment goals measured using routine outcome measures. • Children, young people and their families report satisfaction with the service • Children and young people with emotional and mental health needs have these met in community settings, avoiding the need for hospital admissions where appropriate. • Young people are helped to transition to adult services where this is needed • Improve the mental health of children and young people from vulnerable groups who access the service In order to achieve our overarching priorities for children and young people we expect CAMHS to deliver services that contribute to improvements in the following population outcomes: • Children and young people attend school regularly, achieve well and secure employment • Fewer young people commit offences or re-offend • Fewer children and young people are in care, and more achieve permanence • Fewer children and young people run away from home or care

	• More vulnerable children and young people (looked after children, care leavers, disabled children and young offenders) are supported to lead healthy lives In addition the eating disorder service proposed by Oxleas NHS Foundation Trust aims to improve both life expectancy and quality of life for Children and Young people (CYP) with an eating disorder by: • Making timely and accurate diagnosis • providing appropriate treatment in line with best practice (Team members will be trained or working toward accreditation as CYP IAPT practitioners with this specialism) • providing high quality proactive treatment and care • ensuring smooth and managed transition from CYP's services to Adult services care • Support parents, carers and families of CYP with an eating disorder, as well as the affected CYP. • Support CYP to manage their eating disorder independently in order that they can aspire to a lifeless hindered by their condition. • Ensuring effective communication between CYP, families and service providers. • Provide a personal service, sensitive to the physical, psychological and emotional needs of the CYP and their family.
5.2	***Please see attached tracker for the cover sheet only*** We have noted the KPI framework which is part of the tracker. It is our experience that meaningful KPIs require careful consideration to ensure that they draw on data which is able to be collected by our existing information systems and do not place an onerous burden on clinicians. Because our plan builds on current provision and integrate with existing services, both within and outside the provider organisation, it will also be important not to double count outcomes or attribute outcomes appropriately when they rely on more than one service. **Therefore we have not yet completed the KPI section of the tracker.** We would welcome the opportunity to agree a deadline for this which allows for the detailed analysis required, and which enables us to ensure integration with our existing contractual KPI dashboard.

7.Governance:

Ref:	
6.1	***Describe the arrangements in place to hold multi-agency boards for delivery –*** The governance of this plan is through the Bexley CCG's Governing Body and the Health & Well-being Board. The Steering Group for the 'Review of Children and Young People's Mental Health and Wellbeing in Bexley' currently reports to the Health and Wellbeing Board. It is suggested that this steering group takes on the strategic development of Child Mental Health Services in Bexley required to deliver this transformation plan. This group will monitor progress and risks associated with the delivery of the plan and work to embed the plan into wider local strategies and report to the Health & Wellbeing Board and to the CCG governing body via the Integrated Commissioning Board.
6.2	***Outline the London Borough of Bexley's local implementation set up / delivery groups to monitor progress against the plans, including risks –*** This project will be coordinated by officers of the integrated commissioning unit which sits jointly across the London Borough of Bexley and Bexley CCG. The lines of accountability feed directly to both the Council and CCG – this is primarily achieved through the CCG Governing body and the Integrated Commissioning Board which is co-chaired by Director of Commissioning at CCG and Director of Adult Social Care. The commissioners responsible for the coordination of this plan will ensure that this work is aligned to the delivery of the Family Nurse Partnership / Early Help and Prevention Model and the healthy communities' partnership.

8.Finance:

Please complete the following section in the box below:

Ref:

7.1 ***1) been costed***

7.2 ***2) that they are aligned to the funding allocation that you will receive -***

7.3 ***3) taken into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem) -***

Outline here that the transformation plan has clearly:

The costings are shown below and take into account posts funded through the Bexley CCG Five Year Forward View monies and the Transformation Plan allocation. Also shown is an over view of the new funding shown alongside the existing to show the expected total funding of Bexley CAMHS

	5YFV Funding	**Transformation Funding**
CAMHS Tier 2 /training & consultation to Tier 1.	120,000	
		255,781
CAMHS Generic Tier 3 Service	202,692	
CAMHS Neuro-disability Team		59,906
CAMHS Under 5	32,211	
perinatal MH	50,000	
OOH clinical on-call	52,984	
Sub Total		
CAMHS Eating Disorder Service		126,118
Sub Total		
Total	**457,887**	**441,805**

Full details are in the attached spreadsheet

9.Agreement on behalf of the parties

Sarah Blow
Chief Officer
NHS Bexley CCG

Teresa O'Neil
Chairperson
Bexley Health & Wellbeing Board

Date 15th October 2015

Annex 2: Self assessment checklist for the assurance process

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	**Y/N**	**Evidence by reference to relevant paragraph(s) in Local Transformation Plans**
1) Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1.1 Have been designed with, and are built around the needs of, CYP and their families	Y	Ref 1.2 – pages 3 - 6
1.2 Provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	Ref 1.2 – pages 7 - 8
1.3 Include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	Ref 1.3 – pages 8-9
1.4 Promote collaborative commissioning approaches within and between sectors	Y	Ref 1.4 – page 9-10
1.5 Are you part of an existing CYP IAPT collaborative?	Y	Ref 1.5 – page 10
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?		
2) Transparency		
Please confirm that your Local Transformation Plan includes:		
2.1 The mental health needs of children and young people within your local population	Y	Ref 2.1 - page 11-15
2.2 The level of investment by all local partners commissioning children and young people's mental health services	Y	Ref 2.2 – page 15-16
2.3 The plans and declaration will be published on the websites for the CCG, Local Authority and any other local	Y	Ref 2.3 – page 16-24

partners		
3) Level of ambition		
Please confirm that your plans are:		
3.1 based on delivering evidence based practice	Y	Ref 3.1 – page 25-26
3.2 focused on demonstrating improved outcomes	Y	Ref 3.2 – page 26-28
4) Equality and Health Inequalities		
4.1 Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	Ref 4.1- pages 29-30
5) Governance		
5.1 Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	Ref 5.1 – pages 31-32
5.2 Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	Ref 5.2 – page 32
6) Measuring Outcomes (progress)		
6.1 Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	Ref 6.1 page 33
6.2 Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	Ref 6.2 page 33
7) Finance		
Please confirm that:		
7.1 Your plans have been costed	Y	Ref 7.1 Table 1
7.2 that they are aligned to the funding allocation that you will receive	Y	Ref 7.2 Table 1
7.3 take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	Ref 7.3 Table 1 (all financials including activity and workforce are attached)

……

Name, signature and position of person who has signed off Plan on behalf of local partners

……..

Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

NHS
Bexley
Clinical Commissioning Group

NHS BEXLEY CLINICAL COMMISSIONING GROUP

Policy in relation to terms and conditions for members of the Governing Body

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Excellent healthcare – locally delivered

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Author's name & Title:	Simon Evans-Evans, Director of Governance and Quality
Sponsor's name & Title:	Simon Evans-Evans
Review date:	April 2017
Supersedes:	new
Description:	Terms and conditions for non-employed members of the governing body
Audience:	Public

Consultation:		
Date	**Name**	**Title and /or Organisation**
June 2015	Lay member governance, Executive and HR	NHS Bexley CCG and South East CSU
30 July 2015	Members of the governing body	NHS Bexley CCG
13 August 2015	Conflicts Panel	NHS Bexley CCG

Approved by:		**Date:**	
Ratified by:		**Date**	

(**Version control**

First version should be labeled 'V0.1', once ratified, please label 'V1.0')

Name	Date	Version	Reason	Status
Person making the entry	*Date of entry*	*Version control*	*New / revision / consultation etc*	*Draft / for approval / approved*
SEE	10/08/2015	1.00	new	discussion

NHS
Bexley
Clinical Commissioning Group

SEE	13/08/2015	1.01	Revised	approval

Contents

1. Introduction and Purpose

1.1. The purpose of this policy is to lay out the terms and conditions of governing body members. These are to be read in conjunction with The National Health Service (Clinical Commissioning Group) Regulations 2012 (the Regulations) which contain provisions in respect of the governance of CCGs including membership of the governing body, HMRC guidelines in respect of GP remuneration and the NHS Very Senior Manager (VSM) and Agenda for Change (AFC) pay schemes.

1.2. This policy, as amended from time to time will be attached to offer letters for new members of the governing body. Terms and conditions may change as a result of changing guidance or legislation or by a decision of the governing body.

1.3. For the purposes of this policy we have 3 types of Governing Body Member: Employed, GP/elected member representative (of which one is the Chair) and Independent (of which 2 are unremunerated).

	GP/elected member representative	Independent	Employed
Chair	2-3 days per week (104-156 days pa)		
Locality Lead x 3	1 day per week (52 days pa)		
Locality Representative x 3	1 day per week (52 days pa)		
Lay – PPI		2.5 days per month (30 days pa)	
Lay Governance		2.5 days per month (30 days pa)	
Secondary Care Dr		2.5 days per month (30 days pa)	
Nurse		2.5 days per month (30 days pa)	
Chief Officer			Full Time (VSM)
Chief Financial Officer			Full Time (AFC)
	Non-voting members		
Director of Governance and Quality			Full Time (AFC)
Director of commissioning			Full Time (AFC)

Patient Council Representative	n/a
Director of Public Health	n/a

1.4. Members of the Governing Body who are employed by the CCG are on VSM or AFC terms and conditions and this policy is therefore only relevant for the GP/elected member representative and Independent members.

1.5. The CCG needs to ensure that all payments are treated correctly for tax and national insurance and will follow HMRC guidance; governing body members are responsible for their own tax affairs.

2. Employment status

2.1. As holders of statutory positions, members of the governing body tend to be regarded as analogous to non-executive directors, being appointed to an office (office holders), rather than employed to fill a position (employees).

2.2. NHS Bexley CCG intends that (other than the VSM or AFC staff on the governing body) all members of the governing body should be office holders, nothing within these terms and conditions shall render the office holder as an employee of the CCG, the office holder should not conduct themselves as an employee during their term of office, in particular this means that the office holder shall not sign any documents or make any commitments or promises on behalf of the CCG unless authorised to do so.

2.3. To be complaint with David Nicholson's letter (20/8/12), elected GP members will also be engaged via a letter of appointment as office holders and placed on the payroll in order that PAYE and NI deductions and contributions can be applied.

2.4. HMRC requires that office holders are taxed in the same way as employees. If the Member is a GP then the payment will be pensionable under the NHS Pension Scheme and the CCG should use the SOLO form to record the pensionable pay and make the appropriate contributions.

2.5. Under the Regulations only the Chief Financial Officer must be an employee of the CCG. NHS Bexley CCG has enshrined within the constitution that the Chief Officer should be an employee and that the Chair should be an elected member.

3. Office holder responsibilities

3.1. The detailed responsibilities are contained in the office holders' job description.

4. Annual allowance

4.1. Members of the governing body will receive an annual allowance, as advertised and amended from time to time by the governing body on the advice of the remuneration committee, any changes will be notified to the member in writing.

5. Working days (annualised work requirement)

5.1. Different roles on the governing body have different time commitments, members are therefore expected to undertake different numbers of days, expressed as an average number of days per month, over a year; this enables maximum flexibility for members in planning their work load, provided that members carry out their responsibilities at such times as reasonably required by the CCG to meet the expectations of the role.

5.2. To facilitate members' holidays and sickness members are expected to attend 80% of governing body meetings, and 80% of committee and sub-committee meetings (where they are members of that committee).

6. Maternity, paternity and adoption pay

6.1. As officer holders, members of the governing body are able to claim statutory payments, allowances and benefits on the birth or adoption of a child.

6.2. However, as an office holder, s/he will not be eligible for enhanced NHS occupational maternity, paternity or adoption provisions and leave (see section on fairness below).

7. Sick pay

7.1. As officer holders, members of the governing body are able to claim statutory sick pay (SSP) but are not entitled to NHS occupational sick pay (see section on fairness below).

7.2. As members are part time and not required to work on set days, it is expected that they are able to allocate work time within the annualised work requirement. Where this is not possible then the CCG will pay SSP.

8. Holiday Entitlement

8.1. As office holders, members do not have holiday entitlement. As members are not required to work on set days, it is expected that they are able to allocate work time within the annualised work requirement to cover any periods of

leave, however, where this is not possible the CCG should make pro-rata remuneration adjustments.

9. Pension contributions

9.1. Office holders will not normally be entitled to employer pension contributions.

9.2. Special rules apply to General Practitioners (GPs). CCGs will be liable to make pension contributions on behalf of GP members regardless of their employment status, provided the GP is a member of the NHS Pension Scheme.

9.3. Where the GP is placed on the CCG's payroll as an office holder, the CCG will similarly be liable to make pension contributions/deductions on the payment. The GP members will be given "officer" status for pension purposes.

9.4. Where the GP is an office holder but not on payroll, e.g. where the CCG pays a fee to the GP practice which is pooled between the partners) this payment to the practice will include a sum in respect of the employer's pension contribution.

9.5. NHS Pensions has confirmed that payments to GPs via limited companies/personal services companies will not be pensionable. Therefore the CCG will not make pension contributions in this instance.

9.6. Where the GP is appointed as an office holder with no fee but with locum cost being reimbursed by the CCG, the practice will be responsible for paying Employer's pension contributions on the locum's fees. The payment to the GP practice includes a sum in respect of the Employer's pension contributions, which then needs to be paid by the practice to the locum (rather than the GP member).

10. Expenses

10.1. For the purpose of travel expenses the normal place of work for members of the governing body is 221 Erith Road, Bexleyheath, Kent DA7 6HZ. Costs of travel to and from the normal place of work will not be paid (see section on fairness below).

10.2. Mileage expenses will be paid for any distance travelled on authorised CCG business that is over and above the members usual commute to the normal place of work (e.g. a member drives 10 miles to a meeting, but normally would drive 3 miles if the meeting was held at the normal place of work, they can claim for 7 miles).

10.3. Travel on public transport (the cheapest reasonable option) will be paid in full.

10.4. Only expenses for legitimate conducting of CCG business are claimable.

11. Other benefits

11.1. Other benefits for members will be in line with the statutory rights of office holders.

11.2. Members will not be entitled to other benefits afforded to CCG staff, however to assist them with understanding the organisation and building relationships with staff teams, members will be invited to some social and other events primarily organised by or for CCG staff, on the same cost basis as the staff.

11.3. Members will also have access to relevant training programmes in line with the Organisational Development Plan or their individual appraisal for personal development, as well as having access to training, learning and development events and to IT or other equipment that will enable them to undertake their duties as an office holder.

12. Fairness

12.1. Double Payments

The CCG will not make payments when the member of the governing body is being paid for the same purpose through another scheme (for instance through a private insurance policy).

12.2. Enhanced benefits

Where an individual has reduced their normal paid employment in order to stand for election as a member of the governing body, and that reduction in normal employment results in a reduction in enhanced payments for maternity, sick or other standard employments benefits, the CCG will, via the remuneration committee, review the potential lost benefit and ensure that the governing body member is not disadvantaged as a result of their commitment to the governing body.

12.3. Travel expenses

The nature of some of the statutory roles on the governing body are such that it is likely that the secondary care doctor and nurse are not local to the CCG base and for these positions significant travel may be required.

Therefore full travel costs from home to normal place of work will be paid to these members (subject to appropriate deductions for tax and NI if they need to travel further than 15 miles to base or incur other significant charges (e.g. toll payments).

12.4. Special circumstances

Reasonable adjustments to the payment of travel expenses will be considered for governing body members with a disability in line with the principles of the Disability Discrimination Act (DDA) 1995 which aims to end the discrimination that faces many people with disabilities. This Act has been significantly extended, including by the Disability Discrimination (NI) Order 2006 (DDO). The legislation requires public bodies to promote equality of opportunity for people with disabilities. For instance this may include payment for taxis or first class travel.

12.5. Maximum benefit

Any enhanced benefit should not exceed the amount that would be payable if the recipient were on NHS Agenda for Change terms and conditions.

13. Discrimination

13.1. Under the Equality Act 2010, office holders benefit from protection against discrimination because of any protected characteristic (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

14. Standards in public life

14.1. Members of the governing body should adhere to the Nolan principles of public Life and abide by the probity policies of the CCG including but not limited to conflicts of interest, gifts and hospitality, bribery, counter fraud, information governance and other policies designed to protect the CCG, staff, members and governing body members.

15. Resignation, termination and suspension

15.1. Resignation

Members may give 6 months' notice to retire, but are expected to serve their full term of office.

15.2. Termination

Members will automatically cease to hold office at the end of their term.

15.3. Grounds for removal from office;

15.3.1. <u>Elected members;</u>
Material failure to comply with the terms of the constitution and / or the passing of a vote of no confidence by a simple majority of those eligible to vote on the governing body.

15.3.2. Independent members

Material failure to comply with the terms of the constitution and / or as reasonably determined by the chair of the governing body.

Unexplained or unreasonable non-attendance of three consecutive governing body, committee or sub-committee meetings may lead to the office holders' tenure being terminated.

15.4. Material failure to comply with the terms of the constitution would include (but is not limited to):

- A change of circumstance that would lead to the member no longer meeting the National Health Service (Clinical Commissioning Groups) Regulations 2012, detailing the persons able to be members of governing bodies;
- For a clinical member to be suspended from their registering authority or NHS England;
- A gross breach of CCG policies in relation to standards in public life;
- Being declared bankrupt;
- Being dismissed from any other NHS Body.

15.5. Suspension

The Accountable officer or the Chair may suspend a member of the governing body if they have reasonable concerns over a member's conduct or actions, pending an investigation. Suspension is a neutral act and the member will continue to receive their annual or other allowance, but may not attend meetings or represent the CCG in any way whilst under suspension.

16. Administration

16.1. Members of the governing body will be supported in their role through the Governing Body Secretariat.

16.2. Members will be accountable to the Chair. The chair will undertake performance development meetings and develop any necessary actions plans. The chair may delegate administrative functions to the Accountable Officer or nominated nominee.

16.3. For ease of administration all notifications when a governing body member is not available for planned or short notice meetings should be referred to the board secretariat.

16.4. All claims for expenses, SSP, SMP should be made to the Accountable Officer or named nominee.

16.5. All applications for enhanced payments or any other matter under the fairness provisions of these terms and conditions should be made to the Accountable Officer or named nominee.

Simon Evans-Evans
Director of Governance and Quality
August 2015