

CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND WELLBEING UPDATE

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Organisation	Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH)
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Papers with report	Appendix 1 - Latest performance levels Appendix 2 - Implementation Plan 2018/19 to 2020

1. HEADLINE INFORMATION

Summary	This paper presents: <ol style="list-style-type: none"> 1. An update on progress of the children and young people's emotional health and mental health transformation. 2. The implementation plan 2018/19 towards 2020.
Contribution to plans and strategies	Hillingdon's Health and Wellbeing Strategy Hillingdon's Sustainability and Transformation Plan Hillingdon CCG's Commissioning Intentions 2017/18 Hillingdon Children and Young Persons Emotional Health & Wellbeing Transformation Plan Hillingdon Children and Young People's Needs Assessments National: 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing' (2015) The Five Year Forward View For Mental Health – report from the independent Mental Health Taskforce to the NHS in England (February 2016) Implementing the Five Year Forward View for Mental Health (NHSE 2016) NHS ENGLAND specialised commissioning Children & Adolescent Mental Health Services (CAMHS) case for change (NHSE August 2016)
Financial Cost	This report does not seek approval for costs but the Board may wish to note that 2018/19 indicative funding for Hillingdon's Children and Young People Mental Health and Emotional Wellbeing: Care domain: Getting Advice & Help Indirect funding e.g. Early Help, School Nursing, Health Visiting, Primary Care, Schools, Child Development Centre, Therapy support, counselling, sexual health, substance misuse and targeted programmes. Hillingdon CCG budgets for Children and Young People Mental

	Health (CYP MH) Care Domain: Getting More Help. Specialist Community Emotional and Mental Health £2,079,000 Eating Disorders, Learning Disability and Crisis Emergency Services £524,623 (over 5 years) Liaison & Diversion £169,801 (for two years) Care domain: Getting Risk Support Perinatal mental health funding £123,000 Child sex abuse hub £251,200 (for two years) Indirect funding NHSE/specialised commissioning inpatient support
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Ward(s) affected	All
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2. RECOMMENDATION

That the Health and Wellbeing Board:

- a) notes Progress to date in achieving the Transformation Plan
- b) notes and agrees the Implementation Plan for 2018/9 towards 2020
- c) notes the refreshed 2017/18 Hillingdon Local Transformation Plan (Appendix 1)

3. INFORMATION

Background

This paper provides a performance update against the commitments made in the Hillingdon Children and Young Peoples Mental Health and Emotional Wellbeing Local Transformation Plan. This is a five year plan, agreed by HWB December 2015 and since refreshed annually.

The transformation plan is supported by 5 years (non -recurrent) transformation funding to support reducing in-patient care, and improving access to evidence based care closer to home, specifically:

- Community Eating Disorders Service
- Crisis: urgent care, emergency and out of hours service including self-harm
- Learning Disability
- Access to Waiting times

Summary of Progress

Overall there has been significant progress since the Hillingdon Transformation Plan was first developed in 2015.

The key focus of the plan was to improve specialist services and address gaps in provision and fragmentation of care. To ensure economies of scale, work has taken place across the North West London 8 CCGs and boroughs as well as locally.

New services commissioned became operational during 2016-17 and continue to be developed and embedded. An evaluation has been completed for both the Community Eating Disorder and pilot Crisis Care out of hour's service, which has informed the next steps set out below.

Hillingdon is keen to ensure that as well as sufficient access, services are of high quality and represent value for money.

Managing waiting times has been a significant challenge for Hillingdon; good progress has been made and the number of non-urgent people referred who are waiting for assessment over 18 weeks has significantly reduced; performance is expected to be within the 85% target by the end of November 2017. This has been achieved despite an increase in the number of referrals to the service. Going forward focus will shift to sustaining improvement in access to treatment times. There is no waiting list for urgent referrals.

Additional NHSE funding has been secured during 2017 to provide a focus on two specific vulnerable population groups:

- Young Offenders, for Liaison and Diversion work
- Child Sexual Abuse Hub

Hillingdon is leading on the development of a North West Child Sexual Abuse London Hub.

This additional resource contributes to delivery of one of the priority work streams; to ensure that all Hillingdon vulnerable children and young people receive appropriate timely services.

For 2018/19 increasing access and minimal waiting times will remain a priority. In addition the proposal that a Hillingdon Single Point of Referral/Access offering early intervention will be fully developed within existing resources and based on a model that better meets the needs of children and families as identified in our work to date.

The THRIVE model will be taken through to implementation. We already offer services across thrive including those outlined above which fall within the 'Getting More Help' and 'Getting Risk Support' sections as well as :

"Getting Advice" - provided through existing services, such as Early Help, School Nursing, Health Visiting Primary Care, Schools, Child Development Centre, Therapy support, counselling, sexual health, substance misuse and targeted programmes.

"Getting Help" - provided as part of Early Help, parenting support, 0-19 service etc.

To ensure that Hillingdon is providing the full THRIVE framework model, mapping will highlight the current provision in place and identify any gaps or duplication. This work will enable us to determine next steps including service re-development, re-modelling (with contract variations) and possible re commissioning.

The summary below shows on a page progress and priorities.

Summary of progress since 2015

From 2015:

Tiered service:

Tier 1: Wide number of providers, disparate uncoordinated and unconnected system. Some evidence based practice

Tier 2: Providers and service is fragmented & an uncoordinated system. Some evidence based practice.

Tier 3: Long waiting times.

Tier 4: 8 young people in the highest level of inpatient care

Oct 2017

Training has taken place in the providers and is to be delivered in schools

Work has been focussed on Specialist & Community CAMHS, as follows:

Increased investment (35% increase) providing new evidence based services:

- Reduced waiting times – 85% seen in 18 weeks, despite 14% increase in referrals
- Eating disorders NICE compliant
- Emergency services 24/7
- Learning difficulty
- Peri-Natal Mental Health service (£123K)
- CSA hub funding £240K (2 yrs)

Getting risk support: 3 young people in the highest level of inpatient care

2018 to 2020

Redesigning the system removing tiers,

1. THRIVE MODELLING to DELIVERY Priorities:

2. Access :

- Local Single Point of referral/access
- Minimal Waiting Times
- Using technology

3. Workforce Training

- Training Early help intervention & support Children Centres, Schools, GP Practices

4. With NWL Review newly commissioned services

5. Vulnerable Groups expanded focus

6. Sustainability beyond 2020: THRIVE MODEL



Progress

3.1 Community Eating Disorders Services

The Hillingdon Community Eating Disorders Service was commissioned as a pilot in April 2016. CNWL NHS Foundation Trust (CNWL) provide the service. The aim of the pilot was to substantially improve access and meet quality standards (NICE) for children and young people for assessment and treatment for eating disorders. Hillingdon CCG contribute £154,000 per annum to this service.

NHS England published Times Experimental Statistics for 2016/17 which showed that CNWL are the best performing London Trust with 93.3% of urgent cases seen within one week and 83.5% of routine cases seen within four weeks (July 2017).

Twenty Nine Hillingdon children and young people were referred to the service in the first 16 months from April 2016 - July 2017.

Month 6 2017-18 reporting shows that for:

Non urgent cases - 87.5% were seen and had treatment started within 4 weeks. Performance is above the target of more than 50%.

Urgent cases - 83.3% were seen within one week, below the 100% threshold. The exception was due to one young person where the family chose an appointment outside of the waiting time target.

Outcome measures show improvements for those children and young people accessing the service (Appendix 2 Performance).

Next Steps:

- Review the value for money of this service (efficiency, economic and effectiveness) to inform the future direction of the service.

3.2 Crisis: urgent care, emergency and out of hours service

In April 2016 Funding was allocated by the 8 NWL CCGs to CNWL and West London Mental Health Trust (WLMHT) to develop and implement a pilot out of hours' crisis service. The aim was to bring parity of esteem for children & young people (CYP) presenting with mental health issues in Accident and Emergency Units (A&E'S) during Out of Hours.

The services enable CYP up to the age of 18, in crisis to be assessed and supported by CAMHS qualified nurses in a timely manner. All CYP who present in crisis and when an emergency admission is sought, are assessed. In 2016/17 878 CYP accessed the NWL service. Hillingdon was the second highest user of the service with 123 CYP accessing the service, this is in line with the Hillingdon CYP population and levels of deprivation.

Initial evaluation of the pilot took place in September 2016 with further evaluation in July 2017. These showed the majority of cases assessed were for self-harm, suicidal ideation and overdose. Other issues include:

- Difficulty recruiting staff on an out of hours shift pattern leading to over reliance on agency staff;
- Challenges with capacity due to delivering services over a large geographical area leading to reliance on existing staff such as Psychiatric Liaison Services to review CYP within contacted timescales;
- Fragmented service provision with out of hours not linked to “in” hour’s crisis services;
- Health focussed with limited social care input;
- Capacity to support training of A&E staff limited in some areas;
- Ability to fully support other colleagues i.e. police, paramedics limited due to capacity;
- Intensive community service focussed on reducing unnecessary admission not in place in all areas.

Recent feedback from The Hillingdon Hospital consultants confirmed that this service has improved.

Next steps:

- Enhance the current crisis service to provide a 24 hours per day/365 days per year rapid response within four hours of referral. Providing clinical and risk assessment, and where appropriate, delivering evidence based intensive time limited interventions. (Anticipated to be fully operational 1.4.2018)
- Monitor the development of the new Crisis and Out of Hours.
- Agree the timetable for the evaluation of the new service for Hillingdon children.
- Implement Develop a dashboard with key outcomes to be monitored.

Hillingdon CCG funding for 17/18 is £227,113.

3.3 Learning Disability

A learning disability service was commissioned in 2016, this was recognised by CQC during the Ofsted SEND inspection in January 2017:

“The new specialist CAMHS team working specifically with children and young people who have a learning disability (CAMHS LD) is working well with families and achieving good outcomes. A multi-disciplinary team assesses each case at the point of referral to make sure the child or young person receives the most appropriate support”.

The service provides:

- Monthly Learning Disability Forum meetings with all agencies in the Borough
- Consultation sessions either for specific agencies such as schools, or round specific families.
- Assessments (Functional assessment for challenging behaviour, diagnostic assessments for mental health difficulties)
- Intervention (Medication, Individual/ CBT work, systemic implementation of behaviour support plans)

- Training for special schools around positive behaviour support/ mental health difficulties –whole school and specific classes.
- Training for other agencies including respite services and social workers.
- User groups and consultations

Access to Assessment and Treatment for CYP with a Learning Disability

Referrals and contacts are increasing as demonstrated below:

Learning Disability Hillingdon referrals per annum

2014/15	18
2015/16	29
2016/17	39
2017/18 (Forecast)	36

Number of Learning Disability Contacts per annum

2014/15	706
2015/16	807
2016/17	1369
2017/18 (Forecast)	1406

Next steps

- Review the value for money of this service (efficiency, economic and effectiveness) to inform the future direction of the service.
- Implement new ways of working, pathways and service delivery models in line with national and local plans.

3.4 Referrals and Waiting times performance

Referrals to Community Specialist CAMHS: (THRIVE - Getting help, Getting more help, Getting risk support):

All referrals, including referrals from A&E, for self-harm and or anxiety, for services commissioned by the CCG and provided by CNWL are screened by duty senior clinicians on the same day for urgency and appropriateness.

Referrals determined as clinically urgent are prioritised and the complex care element of the service respond.

The time frames determined by the clinician are:

- 2 hours,
- 24-48 hours or
- 2-3 weeks

Priorities include psychosis or suspected psychosis, severe depression and deterioration in functioning.

The remainder are discussed in a weekly Multi-Disciplinary Team meeting and are reviewed and prioritised by the clinicians.

Referrals average 100 per month, with an average case load of 722 (M7 2017) and have increased by 14%.

Although it is difficult to compare boroughs service activity, due to child demography and child population Hillingdon is similar to other boroughs such as Brent.

Waiting times

The 18 week target definition:

'A child or young person must have had a two contacts from the service. The assessment includes the beginning of treatment'.

Considerable progress has been achieved at M7 (October 2017) the month end performance was 78%, this is marginally below the 85% target. At M7 there were 44 children who had were outside of the 18 week target, this is a reduction from 206 March, 176 in July and 63 in September. Given the reduction of children waiting, the service is optimistic the target will be met in November.

The reduction has been achieved by increasing staff, providing increased hours by offering the service in the evenings and at weekends.

The table below shows that of the 44 children waiting, 43 have been seen once however they have not had their second contact and therefore fall outside of the 18 week target.

Weeks Wait	Number of patients waiting		
	Waiting for assessment (1st Appointment)	Waiting for treatment (2nd Appointment)	Total
4	6	2	8
5	2	1	3
6	2	2	4
7	1	3	4
8	1	1	2
9	5	1	6
11	1		1
12	1		1
13	1	1	2
14	4		4
15	3		3
16	1		1
19	1		1
24		1	1
33		2	2
45		1	1
Grand Total	29	15	44

While Families are waiting they are informed they can contact the specialist CAMH service if there is any concerning change in a CYP and the clinical situation will be reviewed, family are able to approach the service or GP again.

Families are given self-help guides e.g. Young Minds, BEAT, National Autistic Society (NAS), LBH local offer pages.

NHSE has provided two tranches of waiting list money for Hillingdon CCG £64,000 per annum, the total funding of £128,000 is allocated for waiting list reduction.

Reduction of children and young people in “Getting Risk support” in patient care (formally tier 4): there are currently 4 young people in inpatient care, this has reduced from 8.

3.5 Mental Health Training

Training is provided across the system as part of professional development. Specific training commissioned during 2017/18 as part of the transformation plan are highlighted below.

Mental Health First Aid Training

The Youth Mental Health First Aid (MHFA) in Schools programme is a three year programme launched in Easter 2017 which is fully funded by the Department of Health with a value of £200 per person trained. Every secondary school in England is invited to one place.

In the programme’s first year Mental Health First Aid England aim to train a member of staff in over 1000 secondary schools to become a **Youth MHFA Champion**.

By the end of 2020 every secondary school in England will have been offered the opportunity to attend this training.

Hillingdon have liaised with Mental Health First Aid England to provide training courses in Hillingdon during 2017/18. Every Hillingdon secondary school have been offered a place. It is expected that those attending the course become Youth MHFA Champions within the school.

Young MINDs Practitioner Training

'Young Minds' Practitioner training events for Schools, five all day events are being commissioned. The training supports awareness of emotional health, building resilience and supporting children and young people.

Hillingdon local specialist CAMHS service; all staff have received training, this has resulted in the remodelling of service provision, resulting in improved productivity such as providing out of hours services including weekends.

The CYP IaPT training programme has enabled the service and commissioners to have a measurable outcome measure during and following treatment.

4 Priorities and Implementation Plan 2017/18 towards 2020

The agreed priorities for 2017/19 are:

1. THRIVE MODELLING to DELIVERY Priorities:

2. Access :

- Local Single Point of referral/access
- Minimal Waiting Times
- Using technology

3. Workforce Training:

- Training Early help intervention & support Children Centres, Schools, GP Practices

4. With NWL Review newly commissioned services

5. Vulnerable Groups expanded focus

6. Sustainability beyond 2020

Below shows a summary of the Implementation Plan, with drivers, objectives and resources and enablers.

The detailed plan is available in Appendix 3.

The Implementation Plan on a page:

DRIVERS

Population: Growing, aged 0-19 living in Hillingdon 26% of the population. Estimated to grow to 88,300 by 2021

Increasing child mental ill health and developmental disorders

Workforce:

Increasing workload 14% increase in referrals to specialist CAMHS
An ageing workforce
Education & training needs

Prevention & building resilience

Reducing higher level need

Policy: Drivers in place for change Future in mind.

Five year forward view for mental Health.
Implementing the five year forward View.
THRIVE model

Finance National transformation funding **ends 2020**

OBJECTIVES

Enabling self-care, so that the children, young people and their families/carers are emotionally able with resilience to deal with emotional distress – **THRIVING***

A **workforce** that feels connected and is able to **provide emotional support**, recognising when and where to **get advice* and help*** in a timely way.

Improving **access** to the appropriate level service. Including using technological solutions.

Working towards sustainability, developing capacity in the system reducing the need for **risk taking support***

*THRIVE model

RESOURCES

Getting Advice & Help Indirect funding e g Early Help, School Nursing, Health Visiting Primary Care, Schools, Child Development Centre, Therapy support

Hillingdon Council budget for CYP MH tier 2 services (Getting help*) is £667,700

(Getting more help) Hillingdon CCG budget for Specialist Community emotional and mental health is £2,079,000 and

Eating disorders, Learning disability and emergency services £524,623

Learning & Diversion £169,801

(Getting Risk Support)

Perinatal mental health funding £123,000

Child sex abuse hub £251,200 (for two years)

ENABLERS

Working with: Children, & Young People. Families/carers

THRIVE Framework for providing the full range of emotional and mental health services, from prevention to specialist support

Needs Assessment updated 2016

Technology.

National and local focus on children and young people's emotional and mental health, IaPT

Partnership CCG, council and partners

Workforce Development and Training Strategy

Children Centres, Schools, specialist services for vulnerable and General Practice. Peers and volunteers.

5 FINANCIAL IMPLICATIONS

This paper does not seek approval for costs but the Board may wish to note the indicative funding for Hillingdon's Children and Young People Mental Health and Emotional Wellbeing.

This paper is not seeking Financial implications are highlighted thought out the paper.

6. EFFECTS ON RESIDENTS, SERVICE USERS & COMMUNITIES

The effects of the plan. The transformation of services that provide emotional health and wellbeing and mental health services as a total system affect the total child population across the THRIVE framework from prevention to high level mental health provision.

Consultation has been presented in previous papers.

7. BACKGROUND PAPERS

July 2017 and September 2017

Appendix 1

ANNEX : Hillingdon CCG

Local information and implementation plans for Hillingdon CCG and London Borough of Hillingdon

1.0 Background

Hillingdon is now in the third year of its five year Transformation Plan for Children and Young People's (CYP) Mental Health Services. We have been working in collaboration with children, young people, their families and service providers to implement the new model focusing on the North west London (NWL) priorities identified in 2015 and revised in 2016 namely :

1. Minimal Waiting Times
2. Specialist Community Eating Disorder Service
3. Redesigning the system
4. Vulnerable Groups
5. Crisis and Urgent Care pathways

Implementation of the transformation programme is supported by three enabling work streams :

- a) Supporting Co-production
- b) Workforce Development and Training
- c) Needs Assessment

We completed our Joint Strategic Needs Assessment (JSNA) for Children and Young Peoples Emotional and Mental Health and Wellbeing in 2016 and subsequently undertook some co-production with a group of Children and Young People and will continue to use the findings to develop and implement the changes to the local system.

2.0 October 2017 update

2.1 Minimal Waiting Times

Following the initial tranche of NHSE 'improving waiting list' monies received in 2016, Hillingdon achieved the target set for year 1 and was able to access the year 2 funding. The total funding available over two years was £128,000 (£64,000 per year). Over this period Hillingdon CCG in partnership with Central North West London (CNWL) our specialist Children & Adolescent Mental Health service (CAMHS) provider, CYP and families have reviewed and refined the specialist CAMHS services to support access to the right staff with the right skills in a timely way including evening and weekend working. We are exploring options to expand online support available across the Borough.

Since 2014 there has been a 14% increase in referrals to the Specialist CAMH services and although there was been an improvement in the numbers of young people seen within the required timescale, and more young people seen than originally envisaged; at the point of this refresh, the target of 85% of referrals being seen within 18 weeks is not expected to be met until the end of November 2017.

During 2018/2019 HCCG will continue to monitor waiting times for assessment and treatment and continue to refine the service and working with the Children and Young Peoples Mental Emotional Health and Wellbeing Steering Group (CYP steering group) we will identify new ways of working to support long term sustainable improvements to waiting times. Elements of how this will be achieved are addressed below in our plans described in 2.4 'Redesigning the System'.

2.2 New services

We have invested in new services Perinatal (£123,000 and additional NWL investment in 2016/7), Community Eating Disorder (£150,000), Crisis and Liaison including Self Harm (£195,000) and Learning Disability Services (£155,000) have been established and have had positive initial evaluations. Hillingdon remains a significant user of all these services and will continue to work in partnership with all stakeholders regarding ongoing evaluation and performance management.

2.3 Vulnerable Groups

As outlined in the NWL Transformation Plan Hillingdon has recognised the need to expand the groups considered under the 'Vulnerable Groups' scope and focus on those with additional risk factors for poor mental health and emotional wellbeing including:

- Looked After Children
- Those in or at risk of contact with the Criminal Justice System
- Young carers'
- Children who have been abused or neglected
- Children presenting in Crisis and admitted to Tier 4 Facility

Discussions are at an early stage between Community Paediatric services and Specialist CAMHs to identify gaps and develop co-ordinated pathways that will improve the outcomes of all CYP through establishing 'joint clinics'. It is thought this new approach will support an improvement in waiting times. The next phase of this work will involve working collaboratively with a wider stakeholder group to include Social Care, Special Education Needs and Disability teams, Education and Criminal Justice services to consider how to integrate pathways and processes improve the outcomes of children and young people and their families.

The NHSE Health and Justice Collaborative Commissioning project aims to facilitate better integration between Children's and Young Peoples Mental Health and Emotional Wellbeing and the Youth Justice Service. NHSE allocated £101,000 funding, of which £74,000 is recurrent for three years to support the work. The first stage of the project was to complete a 'deep dive' needs assessment and to test the potential to establish a Child and Young Person Liaison and Diversion service. The second stage due to commence this winter, is to pilot a service that will work in collaboration with young people and seek to collect and collate information and experience about what works and improves the outcomes of CYP at risk or in contact with the Criminal Justice system to support the future shape and model of the service.

Hillingdon CCG is a joint signatory to the local Place of Safety S136 Protocol and data is reviewed at a monthly interface meeting. If a young person is detained then a review is undertaken to determine the circumstances leading to the presentation and what lessons could be learnt especially if the Young Person was known to local services. There have been no presentations of CYP this year.

Children sometimes present in crisis, cannot be managed by local services and are admitted to 'Tier 4' inpatient facilities. These are often some distance away. The table below shows the reduction in admissions over the last three years.

Year	14-15	15-16	16-17
No of CYP	55	43	36

Even with this improving picture Hillingdon's rate of admissions is 85 per 10,000 children slightly above the London average of 82. In recognition of this issue the CCG has further invested in the CAMHs Crisis and Liaison Team, offering rapid 24/7 Assessments and support to further reduce the rate of admissions from Hillingdon.

The NSPCC Report published in September 2017 highlighted that many Transformation Plans overlooked the needs of children and young people who have been abused or neglected and by focusing primarily on acute interventions rather than prevention or early intervention missed an opportunity to improve their life chances. In Hillingdon we are including this group in our priorities for prevention and in our collaborative and integrated approach to early intervention going forward.

2.4 Redesigning the System

During 2017 the CCG and Local Authority have begun to jointly review Specialist CAMHs services with involvement of a group of children, young people and parents with experience of the services to discuss their ideas and priorities for how this intensive element fits within a proposed model of service that is fit for purpose in Hillingdon.

The proposed Thrive Model of Care (developed by the Anna Freud National Centre for Families) is made up of three complementary principles, Needs Led, Integrated and Effective and Transparent, the model was endorsed by LBH and the CCG and other stakeholders in 2016.

1. Needs Led: The Thrive Model provides our starting point for designing services which is consistent with this approach. It provides a way of focusing the resources on the needs of the child, ensuring that services are focused on the needs of the child and make explicit the needs based offer to the family and young person. We will use this principle to explore potential synergies available amongst the most vulnerable such as Young Offenders, Looked after Children and those with Autism Spectrum Disorder.
2. Integrated: Ensure that different parts of the system including commissioners, service providers and stakeholders work effectively together, sharing expertise and knowledge in the best interests of the Child or Young Person and recognise the importance of Family/Carer support. We expect a diversified system with a collaborative multiagency approach that is community based and with clear links to Stakeholders. We want individual professionals to be clear about their role and the role of others in this work.
3. Effective and Transparent: We expect services to be able to demonstrate the impact they have on CYP, using proven, best practice or evidence based interventions where they exist at any element of the part Thrive model. We expect all partners to share learning and implement rigorous outcomes monitoring to measure the effectiveness of interventions in different parts of the system.

Since April 2017 HCCG commissioned a number of externally facilitated Co-Produced workshops to support making the next steps of implementing the vision in Hillingdon. The outcome of the workshops saw attendees support the NWL priorities (above) and propose additional details and areas to focus the work. The initial findings from stakeholders are shown below and have been classified into the 4 areas considered at the workshops. We will continue to test the development and implementation of these concepts and aspirations including funding and timeframes for delivery going forward:

1. Prevention and Mental Health Promotion

Hillingdon based website: There was a consensus, especially from young people, to develop a Hillingdon based website that contains up to date information on mental health and emotional wellbeing activities within the Borough that included signposting and on-line support for both young people and parents.

Programmes of Mental Health Support in schools: those who took part in the co-production wanted

to see effective mental health promotional work, potentially in partnership with the Healthy London Programme, schools and LBH and the CCG and to develop and test models of young people peer to peer support as well as providing more training and support for staff in schools

Children & Young People's Well-Being Coordinators: This was identified as a priority not only in respect of promoting CYPs health but also a key point of liaison and support for those requiring additional support.

2. Advice and Support

As well as a webpage helping with advice and support those that took part agreed a Central point of referral/Single Point of Access (SPA) should be considered to improve the speed of response and the access to support, information and treatment. This central point of referral/SPA should consider:

- Being centrally located so that people could access easily and avail services such as parenting classes together with receiving initial advice and support.
- Have access to a range of Practitioners with core mental health expertise offering advice and support to CYPs, Parents and staff in mainstream services.
- Offer some Group and training interventions with an emphasis on early interventions.
- Offer clear information and signposting for those families of children with additional support needs such as ASD.
- Be a core point of referral for CAMHs and other specialist services - but to also continue to work with and support CYPs, families and relevant professionals whilst such referrals were being made.

3. Getting Help In Mainstream Settings

Website/Social Media: The importance of building on existing resources e.g. information and support currently delivered via websites was highlighted as well as bringing together the information and updating the content.

Mental Health Coordinators: This is seen as a core source of support and advice for parents and CYPs in mainstream settings. There was agreement that this role should not be an additional role but a formalisation of an existing role in early years/schools. This role is to co-ordinate all emotional wellbeing and mental health support delivered in schools, manage Peer to Peer support, deliver training and act as a point of co-ordination of referrals.

Training for professionals working in mainstream settings: A train the trainer's model was proposed with training being delivered to Mental Health Coordinators in the first instance who could then train other staff e.g. in schools, early years etc.

'Inclusion' (Wellbeing Strategy/ Behaviour Strategy): It was suggested that this Strategy should be developed and endorsed by schools in the Borough, particularly focused on pupils most at risk of exclusion as a result of social, emotional and mental health difficulties and or ASD and Challenging Behaviour. Work on this is underway and is being led by LBH.

Integrated Pathway for ASD/Mental Health: Building on existing developments over recent year's further high quality and accessible advice and support for parents and carers and CYPs should continue to be developed. This work is underway and is being led by LBH

4. Getting Help in Targeted and Specialist Settings:

Young People's Health Passport: Young people highlighted this as a priority that would support both the CYP in crisis as well as those who come into contact with a CYP by making them aware easily of the difficulties that the CYP is experiencing, likely triggers and what support would be most helpful.

All those who attended the sessions agreed that the provision of specialist CAMHs input for young people should be delivered, where appropriate, in community based settings. Enabling CYPs to access such services in new ways would involve a redesign of existing services and co-location.

3.0 Objectives and Expected Outcomes

3.1 Minimal Waiting Times

We will continue to work with CNWL, CYP and families who use services to monitor the specialist CAMHS 'waiting list' in terms of time to assessment and time from assessment to treatment. We note the work that CNWL has begun to support the cultural change and refining of the service needed to achieve and maintain minimal waiting times.

The CCG will continue to monitor this objective via the CNWL contract meetings and through wider system and stakeholder discussions.

3.2 Vulnerable Groups

We recognise the need to encourage collaboration and where appropriate integration across different sectors and services to support a 'holistic' approach to mental and emotional health and wellbeing to recognise and respond to the specific and additional mental health and emotional wellbeing support needs of particular groups of CYP.

Community Paediatric services and Specialist CAMHs are working together to facilitate the development of coordinated pathways that will support CYP and families. Additionally a working group with representation from, Social Care, SEND, Education and Criminal Justice services is to be set up and will consider how to address the needs of vulnerable children and young people and their families.

The CCG will lead the implementation of the NHSE Health and Justice Collaborative Commissioning project locally and ensure that as the pilot is implemented over the next 9 - 12 months, the information and experience collected through the pilot evaluation and key performance indicators are used to shape and model the service for the future.

LBH is leading the work with schools and wider stakeholders to develop a behaviour management strategy for pupils at risk of exclusion.

Developing an integrated pathway and services for CYP with ASD and Mental Health difficulties is underdevelopment led by LBH.

3.3 Hillingdon 'Local Offer' Website development

This website will provide a fully comprehensive, easy to access information tool for young people and their families. It is expected the new website will go-live from the end of October 2017 and building on the coproduction work already undertaken, local professionals will be invited from mid-September onwards to trial the new site and scope requirements whilst also creating a project plan monitoring progress on amendments they suggest.

The expected outcome is an improvement in access to advice and support for children, young people, families and wider community and will support the implementation of the Thrive model in Hillingdon. The KPI's and measurements to test success are part of the project implementation.

3.4 Development of a central referral point for Specialist CAMHS (SPA):

A central referral point for specialist CAMHS would support speedier access to support and treatment for CYP and professionals working in the system. This will require integration of out of hours, crisis services and the integrated referral management system across the Barnet, Hillingdon and Harrow area.

It is expected that outcomes of delivering this objective will be increased numbers of CYP as well as speedier access to services and reduction in waiting times; however the level of improvement possible and determining other benefits will be tested in the development phase.

3.5 Programme of Support within Schools

We will build on the mental and emotional health and wellbeing advice and support available in schools through a number of initiatives including;

Facilitating A 'Young Minds' Practitioner training event for Schools across Hillingdon developed in partnership with schools and the schools improvement team during the autumn term. This training workshop will be used to develop the scope of a CYP wellbeing Co-ordinator role as well as agree the evaluation process for the role going forward. Discussions are taking place to ensure CYP and families are involved throughout the development and implementation of this work.

We will consider the potential of other opportunities such as the Mental Health and Schools link programme run jointly by the Department of Education and the Anna Freud National Centre for Children and Families, and work undertaken by the Schools and Brunel University to support the development of advice and support for CYP and their families.

3.6 Early Intervention and Peer Support - Clinical Peer Support Lead

We will work with the 'Thrive London' programme part of the wider Healthy London programme to test the potential to develop Peer Support approaches that provide guidance and advice within schools.

The expected outcomes of this work are improved access to advice, support and information for Children, Young People, Families and professionals in schools and the wider health and care system.

3.7 Co-production

We recognise the importance of co-production with Children and Young People and Families and are currently developing a business case that incorporates Child and Young People Mental activity within the wider CCG health information programme and seeks to pilot a self-sustaining co-production model via one year pilot targeting geographic areas of high referrals to Specialist CAMH services.

We will have continue further discussions with CYP and their families about how they would like to see the plan implemented and monitor the objectives going forward.

4 Transformation Funding Allocation

4.1 Previous Funding Allocation

CCG	Eating Disorders 15/16	Transformation Plan 15/16	Recurrent uplift	Eating Disorders 16/17	Transformation Plan 16/17	Recurrent uplift
Brent	£163,584	£409,468	£573,052	£173,000	£420,000	£593,000
Central London	£91,557	£229,176	£320,732	£91,557	£307,823	£399,380
Ealing	£211,543	£529,514	£741,057	£211,543	£630,997	£842,540
Hammersmith and Fulham	£100,744	£252,173	£352,918	£100,744	£328,186	£428,930
Hillingdon	£149,760	£374,863	£524,623	£121,785	£304,840	£426,625
Hounslow	£152,983	£382,931	£535,913	£149,760	£374,863	£524,623
Harrow	£121,785	£304,840	£426,625	£152,983	£382,931	£535,913
West London	£116,621	£291,914	£408,534	£116,621	£369,509	£486,130
Total	£1,108,577	£2,774,879	£3,883,454	£1,117,993	£3,119,149	£4,237,141

4.2 Transformation Funding Allocation 17/18

CCG	Eating Disorders 17/18	Transformation Plan 17/18
Hillingdon	£149,760	£350,000

4.2 Total Local Investment

Investment in Children and Young People's Mental Health			
	Clinical Commissioning Group	NHSE (Tier 4 CAMHS)	Local Authority
15/16	£2,27m		
Total			
16/17	£2,23m		
Total			
17/18	£2.45m		£678,000 *
Total			

- *The total does not include the contribution to the Mental Health and Emotional Wellbeing agenda made by general or universal services e.g School nursing, Health Visiting, Primary Care etc.

5 Children and young people’s mental health transformation plan

The table below outlines the local transformation Plans specific to Hillingdon CCG.

Priority	Current Position	2017-18 Investment and Implementation Plans
Minimal waiting times	Trajectory in place for service to achieve 18 week waiting time target by the end of November 2017. Further development and expansion of Getting Advice and Getting Help activity e.g. online information and advice, developing schools activity etc -	<ul style="list-style-type: none"> • Investment in place • Continue to monitor performance and support cultural change via the monthly CNWL contract meetings and wider stakeholder forums • Increase networking and liaison across the local system • Embed joint Community Paediatric and Specialist CAMHS clinics • Complete development pathways work across Community Paediatric and Specialist CAMHS • Build collaborative and integrated approach across Health, education, SEND, Social care etc. mechanism to be agreed. <p>See ‘redesigning pathway’s’ section below</p>
Community Eating Disorder Service	In place with positive evaluation.	<ul style="list-style-type: none"> • Investment in place • Continue to monitor and assess the impact of the service on the wider specialist CAMHS pathway
Redesigning Pathways - A Tier free system	<ul style="list-style-type: none"> • Continue to revise the care pathway ensuring it designed with all key stakeholders including service users and carers. Potential market engagement exercise of Specialist CAMHS to ensure awareness of best practice from elsewhere. • Supporting the development of the Hillingdon ‘Local Offer website 	<ul style="list-style-type: none"> • Investment in place for 2017/18 • Consider evaluation and impact assessment of new Specialist CAMHS services during 17/18 to determine gaps and future requirements • See actions outlined in Minimal waiting times above • Engage with Children and Young People mental

	<ul style="list-style-type: none"> • Explore the Thrive London potential to trial peer support models in the Borough • Explored potential to express interest in joining the National Mental Health and Schools Programme • Planning 'Young Minds' practitioner training for schools in Hillingdon • Support the work undertaken by LBH and Brunel University raising the awareness of mental health issues in schools 	<p>& emotional health support providers to ensure their information is incorporated into the website</p> <ul style="list-style-type: none"> • Work with Brent and Harrow to test the potential to establish a centralised referral point for specialist CAMHS (phase1). • Develop a borough wide communication plan • Applications for DOE programme due in by 201017 to start in January 2018 • Ensure the training supports the DOE National programme
<p>Vulnerable Groups Enhanced Support for Learning Disabilities and Autistic Spectrum Disorders</p>	<ul style="list-style-type: none"> • Learning Disability service in place and support the work with LBH to enhance the offer for CYP and families ASD and Mental Health and emotional well-being issues. • Continue to support developments in the understanding of evidence based mental health interventions for neurodevelopment conditions. • Current mapping of the gaps between core services such as CAMHs CDC and LD services and an assessment how best to address the identified gaps. • CYP Youth justice needs assessment completed. Service model being discussed with CNWL and will be implemented by the end of 17/18. 	<p>Investment of £155,000 and £101,000 in 17/18</p> <p>Ensure all stakeholders support the development and implementation of the Behaviour Management strategy for children at risk of exclusion in schools being developed by LBH and Schools s.</p> <p>Implement and monitor the new Crisis and Liaison service and ensure the model is based on co-production</p>
<p>Crisis and Urgent Care Pathways</p>	<ul style="list-style-type: none"> • Comprehensive service in place end of November 2017, but under pressure from increasing referrals. 25% of all referrals currently come from Hillingdon 	<p>Investment of £195,000 with additional £32,113 PYE 17/18)</p> <p>Monitor the new service and KPIs to ensure the service is robust and delivers increased access and support</p>

6 Key Enablers

The table below outlines how key enablers will support transformation specific to Hillingdon CCG.

Enabler	Current Position	2017-18 Investment and Implementation Plans
Supporting Co-production	<p>This has already been progressed this year during the care pathway developments externally facilitated. A number of new CYPs and Parents have expressed an interest in joining t the CYP Steering Group which will become the agreed forum for taking forward transformation in a Co-produced manner</p> <p>Further work is underway to develop a business to embed co-production in the wider Hillingdon Health promotion work and pilot a one year project.</p>	<p>£5000</p> <p>Business case in development</p>
Needs Assessment	Completed September 2016, no plans to re-fresh this year	None required
Workforce Development and Training Strategy	<p>Training Needs Assessment has been undertaken identifying general mental health awareness and Transition as the major issues Stakeholders wished to progress. Young Minds commissioned to provide 5 days Training on a range of CYP Mental Health Issues</p> <p>Other training programmes including Mental Health First Aid training for schools and parent training programmes are in place</p> <p>CYP IAPT is funded within contractual requirements</p>	£6000

Appendix 2

Performance

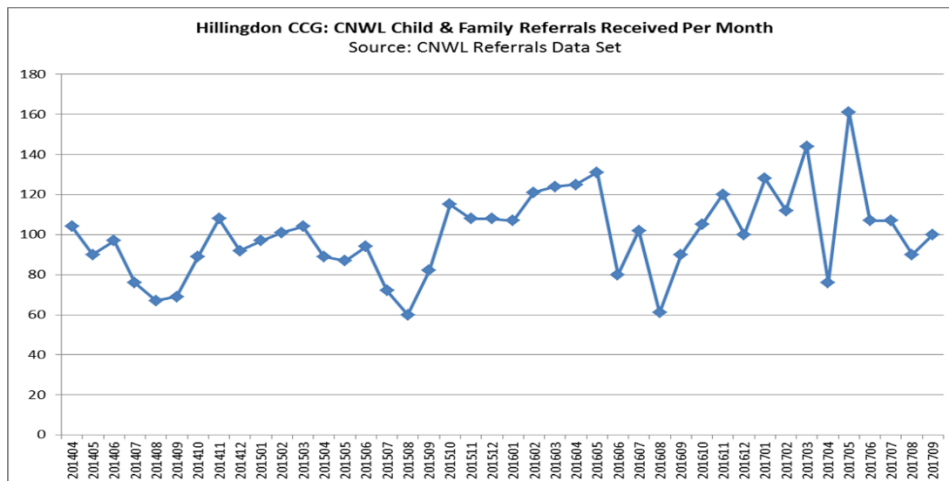
Eating Disorders

Referrals, started treatment to outcome improvement measures by CORC

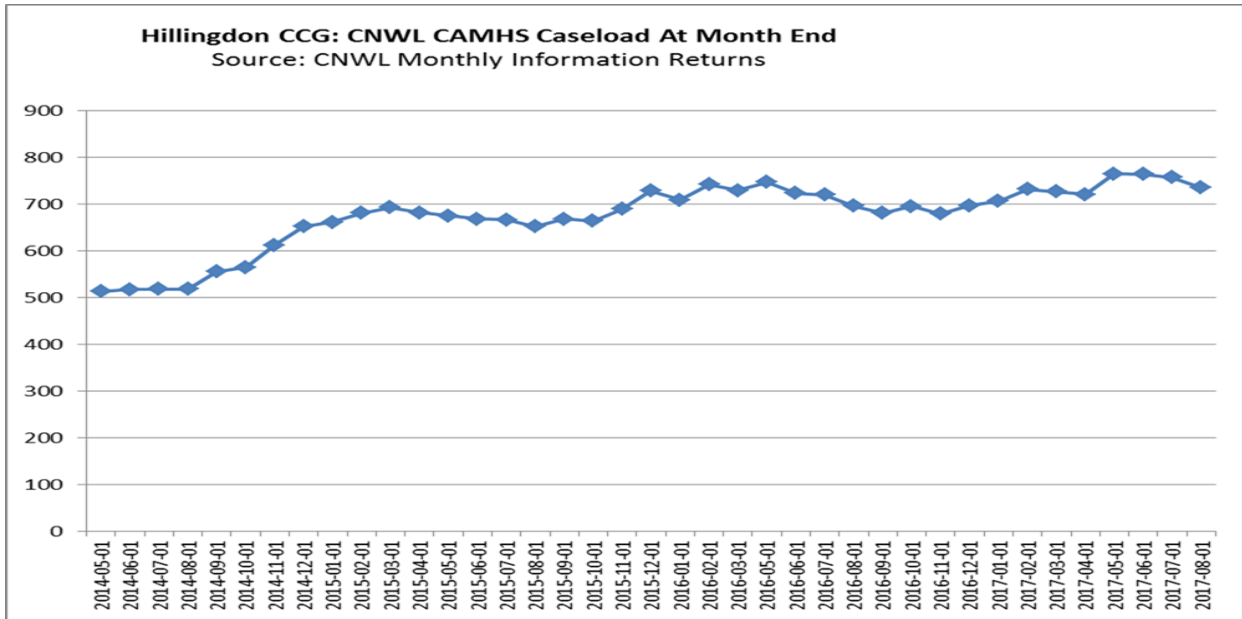
Requirement	Description	Threshold	In month Q	Year to date	Exception
Routine referrals Seen within 4 weeks	% of CYP referred (routine cases) with suspected ED that started treatment within 4 week of referral in the reporting period	>50%	87.5%	81.8%	None
Urgent Referrals Seen within 1 week	% of CYP with ED (urgent cases) referred with a suspected ED will access NICE concordant treatment within 1 week of referral	100%	No data	83.3%	This was due to one family choosing to book outside the target date.
Outcome measure improvement	% of young people discharged with CYPIAPT/ CAMHS Outcome Research Consortium (CORC) measure showing improvement between acceptance and discharge	>45%	57.1%	75.9%	None

Referrals

Referrals per month average 110.5 since 2014 M4-2017 M7



Caseloads have been increasing since 2014 and now average 674 (M7 2017)



Crisis: urgent care, emergency and out of hours service

OOH Service 1st April 2016 to 31st March 2017

	Central London	West London	H'don	Brent	H'w	H&F	Ealing	H'slow	TOTAL NWL
Assessments	40	80	123	117	102	84 (4 WLMHT 80 CNWL)	170 (91 WLMHT and 79 CNWL)	162 (WLMHT 158 and 4 CNWL)	878

Implementation Plan 2017 Q3 to 2018/19

*CCG clinical commissioning Group ** London Borough of Hillingdon

All relevant work streams are and will continue to be co-produced with children, young people and their families / carers.

Priority 1 THRIVE – redesign the system from tiers	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
Actions:							
THRIVE modelling to identify: <ol style="list-style-type: none"> 1. Full scope of current provision across partners based on THRIVE Framework 2. Gaps, what needs to change : define the "To -Be" 3. Action planning 	CCG* with LBH **	THRIVE Map key stakeholders CAMHS Users Schools early years Specialist services e.g. YOS, LAC Third sector, Voluntary and religious organisations.	Map and confirm across the borough: What is already being provided across the THRIVE framework Gap analysis.	Design and agree actions Map and plan implementation of model Model estimated numbers across THRIVE re capacity: contract variation or commission to fill gaps where funding is available	Implementation	Implementation Publication Communicate Model Addendums to relevant contracts	By the end of 2019: THRIVE model is in place and working across the system and is recognised as framework in Hillingdon
Integration: what where and how	CCG and LBH			As part of the modelling identify integrated models	As part of implementation above		As part of the THRIVE Model services will be integrated where it makes sense to families C&YP ¹

¹ C&YP – children & young people

Continue to reducing stigma Labelling and messaging – avoid labelling	CCG with LBH	Continue to work across communication teams to build positive emotional health & wellbeing messages across Hillingdon		From the above workshop plan identify current gaps/issues and disseminate messages			Children’s emotional and mental health have parity of esteem with physical health.
“Yearly review workshops” – to critically review and identify service across THRIVE with key stakeholders including children young people and their families/carers/ first date Q1 2019	CCG with LBH	Set dates. Agree stakeholders. Book venues for September 2019	Send out invites. Plan presentation: What’s been progress, what’s planned?	Deliver Review workshops 1	Develop plan to resolve gaps.		Developments and progress will be held to account by key stakeholders and users.
Agree system wide performance score card	CCG and LBH	Scope score card and KPI’s	Agree score card and leads responsible for monitoring and system	Implement new score card			There will be an agreed score card across the system that informs progress and issues

Priority 2 Access	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
Actions:							
1 Stream line referral process, with appropriate sign posting. Supporting C&YP and their families to receive the <i>“right help at the right time”</i>	CCG	Scope and plan SMART referral and sign-posting system		Implement model	Monitor		There will be a SMART referral and sign posting system making referral simple with sign posting for these requiring alternative services.
2 Scope the model of Single Point of Access/ Referral, capacity, viability and cost	CCG with LBH	Model scoped with options appraised	Map and plan implementation of preferred option	Establish project plan for implementation based on agreement of options. Cost analysis.	Implement	Implementation/ monitoring	By 2019 there will be one route into Specialised CAMHS services
3 Continue to reduce waiting times for specialist CAMHS. <ul style="list-style-type: none"> All referrals are screened by duty senior clinicians on the same day for urgency Clinically urgent are prioritised and progressed to the complex care element of the service for urgent response. Urgent response times: <ul style="list-style-type: none"> 2 hours 24-48 hours 2-3 weeks Non-urgent 85% to be seen within 18 weeks. 	CCG and LBH	Maintain referral targets	Maintain referral targets	Maintain referral targets Determine proposed waiting times across THRIVE and agree data collection fit		Work to continue to reduce the waiting time targets, across THRIVE	Waiting times consistently within targets. Sufficient capacity in work force to meet need across THRIVE

<p>4 Online Support & Technology CCG Technology Solutions working with LBH Lead Officer will develop a tailored, interactive website covering local CAMHS provision.</p>	<p>CCG and LBH</p>	<p>Implement quick wins e.g. NHS recommended web sites and apps and other local CCG systems. Identify if funding stream available</p>	<p>With LBH and CCG communication teams develop local site. Link with other local CCG's where appropriate.</p>	<p>Test</p>	<p>Implement</p>	<p>Communication/ launch</p>	<p>By 2019 there will be the foundation of a matrix of electronic provision – across THRIVE</p>
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Priority 3 Workforce Training	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
Actions:							
Actions identified from needs assessment, prioritised work plan.	CCG with LBH	Continue training programme across the system: Children Centres Early intervention Schools General Practice Social Care C&YP – Peers Families / carers Scope Webinars provided across the borough provided by existing team/serve providers.	Deliver programmes within existing budgets. Develop training matrix with in current contracts – to encourage take up credit for validation and continuing professional development.		Launch training matrix		Programme of workforce training available year on year
Schools: Young MINDs Practitioner, by Q4, Q1: funding £5K Mental Health First Aid Training – NHSE offer one free place for training per secondary school.	CCG with LBH and schools	'Young Minds' Practitioner training event for Schools. 5 all day events. Oct 17. Every secondary school take up training offer from NHSE for MHFA Continue working with Heads Forum representatives.	Number of schools participated – Who trained by Primary and secondary school. Identification next steps and funding streams working with schools.	Based on funding availability, as for Q1 and Q3 in Priority 3. MHFA			Five full day events attended. Mental Health Training attended with identified MHFA champion per secondary school. To inform key worker/ coordinator, Menco type role.
Explore and test the concept of Co-ordinator/ key worker/ Menco role within existing workforce.	CCG and Schools	Scope evidence based approaches and models.	Building on MHFA champion model.				Hillingdon model agreed and developed for all schools

Priority 4 Review newly commissioned services for impact	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
Actions:							
Review : ED LD and Crisis new services	CCG	Scope review criteria and measures; Hillingdon focus	Carry out review		Analysis of findings and implement improvements, within existing resource		Hillingdon CCG will be assured that quality and Value For Money are received for investment
Sustainability for Specialist Getting More Help based on: Outcomes Activity model sustainability – see Priority 6	CCG	As for priority 6 below					
Young people passport for crisis – young people suggested that they would like a passport system to access Getting More Help. “Test the concept”	CCG		Working with young people in crisis scope what would constitute a passport approach. With providers develop concept – validate with young people	Redesign and implement – within existing budgets			Young people will have a validated “passport” approach for access and support
Identify peer support programme with cost analysis.	CCG with LBH	Funding dependent develop Peer support programs	Actions: Within budget				Peer support in place – wit identified budget.

Priority 5 Vulnerable** children and young people	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
Actions:							
Review and scope emotional health and mental health gaps across the vulnerable cohort	CCG and council	Identify key leads across the vulnerable cohort groups Current provision per group. Gap identification:	Implement easy wins. Evidence based interventions, how to fill gaps	Close gaps	Close gaps	No gaps: Monitoring outcomes	All children and young people in the identified vulnerable groups to have access to emotional health and wellbeing and mental health care appropriate to needs.
CSA Hub NWL development:	CCG with NWL	Rapid review: Estates Consultant Rota Commission support for children and young people. Commission voluntary sector to work with young people to identify if technology solution Present update to the NWL commissioners.	Evidence based Support in place. Secure estates and rota	Agree service specification and conditions of provision across NWL.	Sign off and implement provision across NWL including sustainability requirements.	Provision in place.	There will be a NWL CSA hub approach in place. Children will be supported from disclosure to resolution and will feel safe and supported.

<p>CYP Liaison & Diversion Hillingdon development</p>	<p>CCG with LBH</p>	<p>Current provider to recruit based on NWL model.</p> <p>Agree training programme with priority staff</p> <p>Research and Model technology solutions</p> <p>Data reporting in place to NHSE.</p>	<p>Deliver training.</p> <p>Update and promote pathways, including criteria and support.</p> <p>Full model in place.</p>	<p>Continue development, monitoring and sustainable model.</p>			<p>Young people will be diverted from crime, and feel they have and support to positively change their future.</p>
<p>Integrated pathways Specialist CAMHS and Children's Development Centre</p>	<p>CCG and CNWL</p>	<p>Provider to work to integrate current provision.</p> <p>Gap identification – already in place</p>	<p>Agree model</p> <p>Identify what / how to fill gaps.</p>		<p>Launch new pathways</p>		<p>There will be an integrated pathway</p>

<p>Behaviour: There is a number of support approaches in place, which are however fragmented. Teams currently providing behavioural support: Inclusion team Virtual schools team Early intervention & prevention Parenting SEND outreach Troubled families Parenting programs NWL - Person Centred Planning (e-learning) for carers supporting people with autism. Positive Behavioural Support training for CYP/Adult health and social care staff.</p> <p>To be prepared for bids as they become available.</p>	<p>CCG with LBH and partners</p>	<p>Clarify existing provision across the system, e.g.</p> <p>Identify gaps.</p> <p>Within existing resources: Agree evidenced based approach across the life course.</p>	<p>Map shared model of pathways.</p> <p>Matrix of service provision across existing services.</p>	<p>Training and develop identified across the borough.</p> <p>Methods to provide and meet gaps.</p>			<p>There will be an agreed approach to behaviour management and systems across the borough within existing resources.</p> <p>Successful bid applications.</p>
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**vulnerable Children & young people includes, those with physical, learning and sensory disability, those with mental health issues, long-term conditions, palliative care needs, looked after, young carers, CIN, and young offenders, child carers and others not included here.

Priority 6 Sustainability	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
Actions:							
Business case identification across funding gaps and following reviews	CCG		Development and process as soon as identified.				Funding decisions for all work streams.
Develop sustainable financial model for system wide THRIVE model. Sustainable financial modelling will be in place, with corresponding business case a THRIVE emotional health and wellbeing and mental health THRIVE model for Hillingdon children young people their families and carers beyond 2020.	CCG with Council	Develop specialist task and finish group: Data Finance and analysts to support modelling. Or agree the process to secure sustainability.			Business case with financial modelling in place and being processed through the relevant governance systems.		By Q 4 2019/20 THRIVE will be in place and understood across Hillingdon.

Risks and Mitigation

Priority	Risk	Mitigation	Lead Responsible
1 THRIVE – redesign the system from tiers	Demand continues to outstrip capacity. Nationally difficult to recruit staff.	Prevention and pathway transformation. Education and training for families and children and young people to self-manage at “low” level to prevent escalation of issues. Early identification – crisis service.	All partners across the system.
2 Access	Limited innovation using 21 st century solutions to increase capacity and early intervention.	Remodelling based on learning across the country.	CCG
3 Workforce Training	Capacity change management - Behaviour / skills may be slow to embed.	Identify champions and leaders in the system Training programs, within system. Children’s laPT training. Scope webinar	All partners across the system and individual statutory organisations e.g CCG, LLBH, CNWL, Schools
4 Review newly commissioned services for impact	May not provide value for money for Hillingdon, unable to disaggregate provision.	Ensure Hillingdon representation at NWL Monitoring reviews, developments as progressed to ensure Hillingdon interests met.	NWL and CCG with LBH
5 Vulnerable children and young people	Limited funding across the system for specific provision.	Bid for national funding and developments. Scope bid template ready for timely response for funding. Develop economic model demonstrating invest to save across the system.	CCG with LBH
6 Sustainability	Economic Modelling highlighting funding gaps.	Business case development by the end of 2019, processed through governance decision making processes. Financial control system in place.	CCG for specialist commissioned services. LBH and Schools for relevant elements NWL for eight borough approaches