

ANNEX E: HARROW CCG

Local information and implementation plans for Harrow CCG and Harrow Council

1. Background

In March 2015 the government published *Future in Mind*, their strategy for promoting, protecting and improving our children and young people's mental health. With the guidance comes funding to invest in children and young people's mental health services. In order to access this funding, CCGs have been tasked with developing local transformation plans, in collaboration with their local authority colleagues, that clearly outline how this money will be invested.

Across North West London we are collaborating, with support from the Like Minded team, to submit a single plan that defines where we have joint priorities, and where we will undertake specific local work to respond to local needs and current service configuration.

The priorities outlined in the document above are the key steps to transforming current services. In producing a joint vision that has diverse stakeholders, we can unite to bring together resources, capacities and expertise to develop collaborative solutions.

Collaboration is at the core of how we will work – but we recognise that each borough has specific local needs. These are outlined in this Annex. For clarity we are not proposing that there is any cross-subsidisation across North West London. The money described below, ear-marked for each CCG, will be invested in the children and young people in that CCG.

Our ambition for this transformation plan is that by the end of 2020 the children and young people of North West London will see a transformed service that better suits their needs, and they will be able to access services at the right time, right place with the right offer in a welcoming environment. We want our new model to be sustainable beyond 2020 – to ensure that future children and our future workforce continue to receive and provide the best quality care we know makes a significant difference.

We will firstly get the basis right – embedding co-production, refreshing our needs assessments and undertaking workforce needs analysis. We will then reduce the waiting times for specialist Child and Adolescent Mental Health Services (CAMHS), ensure a crisis and intensive support service is in place in each borough, develop a comprehensive learning disability (LD) service for children with challenging behaviour and autism, and improve access to community eating disorder services.

We will enhance the role of schools and further education establishments in emotional well-being and commissioning services such as counselling, to support them in their role as the first line response to many children and young people in need.

In combination we will take large strides to deliver a fundamental change – as described in *Future in Mind* – and reiterated in the voices of our children and young people in NWL.

2. Population information

Estimates for North West London suggest that around 25,000 5-16 year olds will have a mental health disorder. Conduct and hyperkinetic disorders are more common among boys and emotional disorders among girls with an estimated need of 12,000 children and young people. There are estimated to be around 7,000 young people aged 16-19 with neurotic disorders (including anxiety, depressive episodes and phobias), most of which are more common among girls.

Mental health problems are also more common among young offenders; this is thought to be associated with the offending behaviour, as endured by over three-quarters of the young people who had a full assessment in 2014/15. National research has found that among Looked After Children, 38%-49% (depending on age) have a mental health disorder.

Among 11-16 year olds, the ONS survey found that over a quarter of those with emotional disorders, and around a fifth of those with conduct or hyperkinetic disorders or depression said that they had tried to harm themselves. Deliberate self-harm is more common among girls than boys and in girls is more common in the mid-teens, while among males it is more common in 19-24 year olds. Between 2001/02 to 2010/11, rates of hospital admission due to deliberate self-harm have increased nationally by around 43% among 11-18 year olds (to around 17,500 in 2010/11).

Below are the expected number of CYP with Mental Health conditions at any one time, calculated using prevalence estimates from 'Paying the Price' (Kings Fund, 2008). Data is presented for three relevant CYP population cohorts where possible - resident, registered, and CYP attending borough schools.

Fig 1: Estimated number of children with mental health needs in Harrow¹

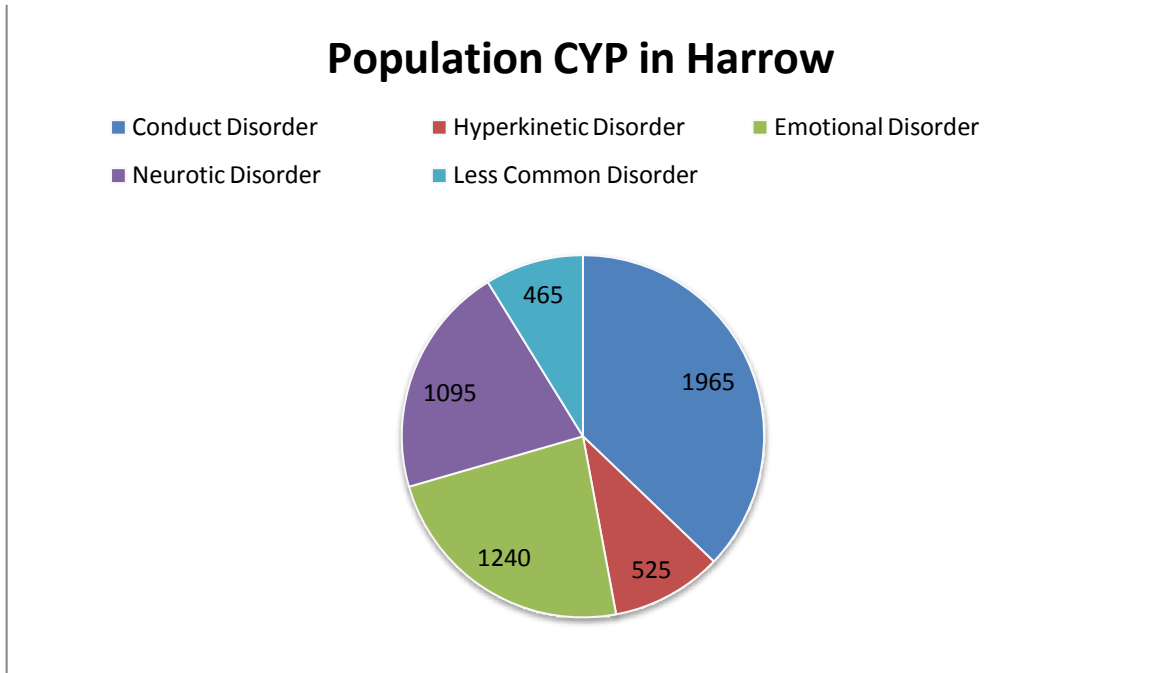
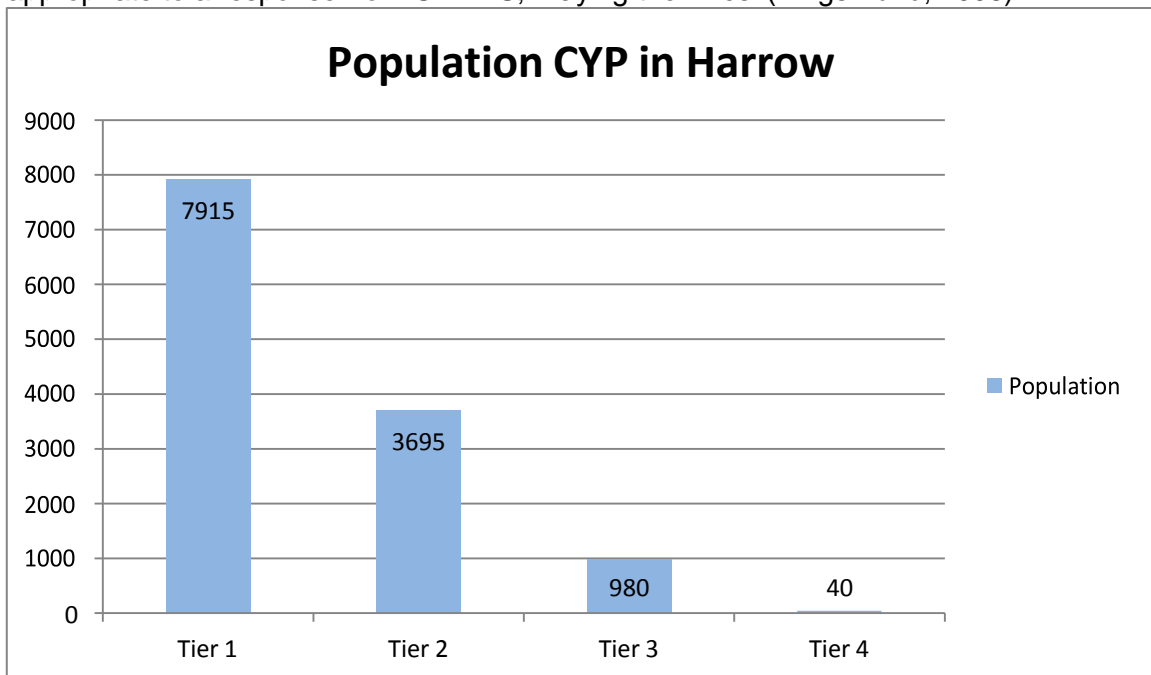


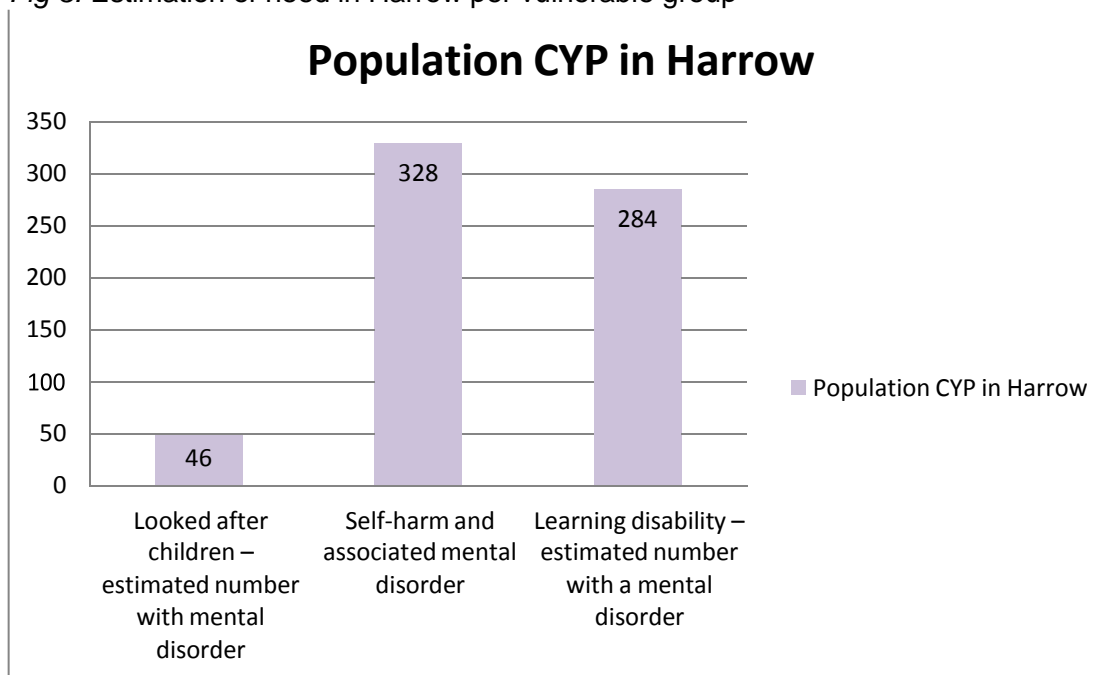
Fig 2: Estimated total of children resident who may experience mental health problems appropriate to a response from CAMHS; 'Paying the Price' (Kings Fund, 2008)²



¹ Office for National Statistics mid-year population estimates for 2012. Green, H. et al 2004

² Office for National Statistics mid-year population estimates for 2012. Green, H. et al 2004

Fig 3: Estimation of need in Harrow per vulnerable group³



To support the development of this plan details have been collated on Harrow’s current services and prevalence rates and NWL prevalence rates.

2.1 Harrow children and young people’s population 2014/15⁴

Harrow’s CYP population	Population
GP registered	251,168
Resident 0-19yrs	55,800
Vulnerable Groups	
Children Looked After	165
Care Leavers	140
Young Offenders	133
Special educational needs (total) of which:	5,814
Access special schools	391
Moderate learning difficulties	464
ASD	354
Profound and multiple disability	42

³ Kurtz (1996)

⁴ General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid-year population estimates for 2012 (local authority report). Baird, G. et al (2006). Baron-Cohen, S. et al (2009).

2.2 CAMHS Referral snapshot 2014/2015

CNWL Harrow CAMHS service referral snapshot year 2014/15 ⁵	
Harrow CAMHS referral data	Total for year
Number of referrals received from GP that have been initiated from the CYP's school	Not measurable from CNWL's Jade data.
Number of Harrow CYP referred to Harrow CAMHS	1012
Average waiting time from GP referral to 1st appointment	37 days *
Number of referrals received by:	
GP	700
School Nurse & Educational Service	24
Consultant paediatric	76
CAMHS clinician	39
Other health professional	141
Other referral source	32
Total number of referral refused	162
Reason for referral refusal	
Client Refused	23
Inappropriate Referral	106
Other	6
Out of Area	26
Referral to Adult Mental Health Services	1
Hospital admissions	
Mental health disorder admissions (2011/12)	30
Self-harm emergency admissions	32

2.3 CAMHS performance months 3 & 4 2015/16⁶

CAMHS	Threshold	M3 15/16	M4 15/16	YTD
DNA 1st appointments	<15%	12.5 %	12%	11.3 %
DNA follow-up appointments	<15%	10.6 %	12.3%	11.1 %
Care plan /CPA review	90%	88.6 %	93.1%	79.4 %
LD care plan /CPA review	80%	88.9 %	100%	83%
Outcome measure completed on acceptance	80%	75 %	88.3%	79.6 %

⁵ CNWL referral data 2015

⁶ CNWL performance data 2015

Outcome measure completed on discharge	80%	88.2 %	100%	90.3 %
Outcome measure improvement	60%	75 %	64.3%	72.1 %
Appointment times- offer outside by CAMHS Tier 3 & 2 outside of 9am - 5pm	10%	1.6 %	2.9 %	2.2%
Location - 1st appointments- locations other than CAMHS clinic buildings	10%		9.7 %	9.7%
Location - follow-up appointments - locations other than CAMHS clinic buildings	10%		11.1 %	14.8 %

2.4 Harrow Eating Disorder provision case load 2014/15

Harrow unlike other NWL boroughs has existing Disorder provision⁷

CNWL current ED Service	Number of EDS Cases Currently on Caseload	Number of Appointments/ Consultations/ Meetings per Month Used for CYP with ED	Eating Disorder Diagnosis (i.e. Anorexia Nervosa, Atypical Eating Disorder, Bulimia)	Total Caseload Number for Team (Including ED)	Total Number of Appointments for the Month (Including ED)
Harrow CAMHS Adolescent Team	1	4	Eating disorder, unspecified (1)	132	103
Harrow CAMHS Child and Family	14	19	Anorexia nervosa (7), Atypical anorexia nervosa (4), Bulimia nervosa(1), Eating disorder, unspecified (1), Other eating disorders (1)	519	324

3. Our local offer

Harrow's local offer sets out the services and support available in our borough for children and young adults under the age of 25 including CYP with special educational needs and those who are disabled.

⁷ Source: CNWL performance data 2015

Education: schools for children & young people in Harrow

- Primary Schools in Harrow:40
- Secondary Schools in Harrow: 12
- Special Schools in Harrow: 4 each one offers special teaching arrangements for a certain range and combination of needs
- Special Resourced Provision in Mainstream Schools:
 - Hearing impaired provision is offered within 2 Harrow Schools
 - A Language Resource is available at 2 Harrow schools for children who have specific speech and language needs
 - There are pre-school settings and schools in each area with good accessibility and all special schools are fully accessible. Children who have Complex Physical Needs may be offered provision at 1 Harrow Primary School and 2 Harrow Secondary Schools.
 - Specialist Autism provision is available in 3 Harrow Schools. Further provision for children with autism and additional learning needs is in the process of being developed in a further 3 schools.
- Specialist Support in Schools: sensory, physical, medical and teaching service promotes educational achievement and social and emotional development for children and young people with vision, hearing or physical/medical needs up to the age of 19. Their teams include:
 - Harrow Children's Sensory Team
 - Advisory Teachers - Autistic Spectrum
 - Harrow Educational Psychology Service

Advice and support services

- Harrow Youth Stop: multi-agency centre providing access to:
 - careers information, advice and guidance
 - sexual health and contraception clinic
 - drug and alcohol clinic
 - wellbeing advisor

Health services: available to children and young people

- ADHD Service (Attention deficit hyperactivity disorder)
- Children's Community Nursing Service
- Harrow Child and Adolescent Mental Health Service (CAMHS)
- Harrow Children and Young People's Tripartite panel (individual funding requests)
- Harrow School Nursing Service
- Paediatric Nutrition and Dietetic Service
- Paediatric Occupational Therapy: Preschools, primary & secondary Schools
- Paediatric Physiotherapy: Preschools, primary & secondary Schools
- Paediatric Speech and Language Therapy: Preschools, primary & secondary Schools
- CYP Harrow Improving Access to Psychological Therapies (IAPT)
- Child Health Medical Team
- Harrow Children and Young People's Continuing Care Service
- Harrow Early Intervention in Psychosis Service (EIS)
- Health Visiting Service

Health services for young adults available in Harrow

- Compass: Integrated specialist drug and alcohol treatment service for adults and young people including drop in sessions
- Alexandra Avenue Health and Social Care Centre: provides services for those with LD and special needs including mental health difficulties

- Assessment and Brief Treatment Services at Honeypot Lane Clinic: Psychotherapy, Behavioural Support and LD nurse, they work with service users new to mental health services
- Kingswood Centre - Inpatient assessment unit: Multidisciplinary team consisting of nurses, trained support workers, psychologists, psychiatrists, an occupational therapist, physiotherapists, a physical exercise coach, a speech and language therapist, a music therapist, an independent advocate
- Harrow College
- Harrow Learning Disabilities Community Health Team
- Stanmore College

Current identified CYP mental health investment across Harrow 2015/16

Agency	Total investment in CYP MH	Provision covered
Harrow CCG	£1,600,000	<ul style="list-style-type: none"> - Community CAMHS - CAMHS OOHS - Eating Disorder provision - Clinical Nurse Specialist ADHD - 3.5 Specialist Learning Difficulties provision - YOT CAMHS nurse (joint funded with LA)
Local Authority	£270,000	Consultation with social workers and directly with families for systemic training and intervention
Schools	Unknown spend	In school counselling provision

NB. Figures do not include services that interact with CYP with mental health & wellbeing needs and services, such as; Health Education Partnership: Promoting Pupil Wellbeing and Mental Health in Schools, School nursing, Health visiting, Social care early intervention, children in need & Adult transition services.

The evidence in section 2 highlights the need for transformation in Harrow, CYP currently have an inconsistent approach to services depending on the area, school, and GP they have. We want an integrated solution which provides a different sort of service for CYP and their parents. To support the development of this plan more details have been collated on Harrow's current services.

5. Children and young people’s mental health transformation plan

Harrow CCG has worked collaboratively with key stakeholders across the mental health and wellbeing provisions for children and young people ensuring that the opinions of children and young people are paramount in the identification of Harrow’s local priorities.

The success of this early collaboration has meant that stakeholders such as the; Local Authority and Schools have committed to supporting the priorities with future resources and funding. Harrow’s local priorities align with the NWL priorities, Harrow CCG want to ensure that funding is utilised locally.

Priority	Priority Description	Implementation Plans
1	Needs Assessment	<p>North West London Common Approach:</p> <p>The current prevalence, need, services and interdependencies will be mapped out in detail, by either working with Public Health colleagues to refresh existing JSNAs, or commissioning new analysis of local need and provision. This will enable the individual CCGs and boroughs to further develop and refine service requirements for years Two to Five (2016-2020).</p> <p>All CCGs will also work with local Public Health teams to update the assessments if and when new data is available throughout the 5 year period.</p>
		<p>Harrow CCG/Harrow Council Local Approach:</p> <p>A Harrow Mental Health Needs Assessment was completed in 2014 along with an updated JSNA. Harrow CCG will work with Harrow Public Health colleagues to refresh this data in 2015/16 and in the following years will update and revise the JSNA in line with the CAMHS Transformation.</p>

2	Supporting Co-Production	<p>North West London Common Approach:</p> <p>Across the 8 boroughs, we propose to fund local organisations (to be agreed) with particular relevance to local needs, and needs of specific under-served groups, to support young people, parents, and other key stakeholders to be involved in co- production. We will build on the current approach in Hammersmith and Fulham with Rethink – training and supporting young people cross NWL to engage in all children and young people’s (CYP) development projects. This will include a youth-led conference on Young People’s Mental Health to be held in 2016.</p> <p>We will also build on the good work of our two current Mental Health Trusts in developing and supporting young people who will engage with their peers and input into our transformation work. Working as a collaborative of CCGs, we will share the learning from each area to understand which co-production approach works best with our local communities, and will work jointly with our shared service providers to deliver co- production, where appropriate, on a large scale to reduce duplication.</p>
		<p>Harrow CCG/Harrow Council Local Approach:</p> <p>Harrow CCG will invest funding for improving communication with the public utilising young people friendly communication processes and focussing on mental health promotion, information about services and conditions and peer support.</p>
3	Workforce and Training	<p>North West London Common Approach:</p> <p>Workforce development and training is one of the eight priority areas for the Children and Young People’s Transformation Plan. All 8 CCGs have noted that there is a need for non-specialist training to support greater awareness of mental illness and the ways to identify and support early signs, as well as more specialist needs for particular teams (e.g. eating disorders specialised training for CAMHS staff to increase capacity and</p>

		<p>reduce recruitment burden). Our workforce development and training plan has three components:</p> <ol style="list-style-type: none"> 1. Needs analysis – to understand the skills gaps in the current workforce (including voluntary sector). To be completed in 2015/16. 2. Review of current training programmes and packages and commissioning of appropriate options for local needs. To be completed in 2015/16. 3. Delivery of training to workforce and parents (to ensure parents feel confident to recognise signs of mental health needs and seek support). To be commenced in 2016/17 and continued until 2020. <p>A key element of the training packages will be the delivery of a “train the trainer” component to ensure that the local NWL workforce can continue to train their colleagues and peers in how to recognise and respond to mental health needs. This will ensure sustainability of this workforce development.</p> <p>As the training needs analysis is completed, this plan may be amended to incorporate learning from this analysis. Each CCG has earmarked a funding allocation for training and development from the Transformation Plan funding, as per the table below.</p>
		<p>Harrow CCG/Harrow Council Local Approach:</p> <p>For Harrow, this will be a localised priority with Harrow LA, PH, VCS and providers, with the possibility to buy-in from cross borough training offer. Locally they will plan to develop and deliver training and support for parents and all professionals in contact with children and young people to identify and respond to mental health needs.</p>
4	Community Eating Disorder Service	<p>North West London Common Approach:</p> <p>A new, separate eating disorders service will be developed that will have care pathway provision and seamless referral routes to ensure quick, easy access to and from the current CAMHS service providers, and from referrers outside of CAMHS. This service will be developing to reflect the new national specification for eating disorder services,</p>

offering a 7 day service for young people aged 18 or under who have a suspected or confirmed eating disorder diagnosis of:

- anorexia nervosa,
 - bulimia nervosa,
 - binge eating disorder,
 - atypical anorexic and bulimic eating disorder
- The proposed

model will include:

- Family interventions to be a core component of treatment required for eating disorders in children and young people.
- CBT and enhanced CBT (CBT-E) in the treatment of anorexia nervosa, bulimia nervosa and related adolescent presentations.

In order to commence this much-needed service quickly we will work with our current providers, CNWL and WLMHT, to commence service provision in 2015/16. As a NWL collaborative, we are developing a tender waiver to share across our CCGs that will specify the need to mobilise services this year, and our intention to market test this service in 2016/17. We will also work with our current providers to develop specialisms of team members who work full time in ED within the current CAMHS service, so that patients can be seen within the current model in addition to the specialist service.

Harrow CCG/Harrow Council Local Approach:

The development of an eating disorders service that will cover all ages until 18 years old across all 5 CCGs in line with the new national specification. In order to commence this much needed service quickly we will work with our current provider – CNWL with the potential to market test the service at an early opportunity in 2016/17.

Managers at CNWL will commence preliminary work on the design, and skills mix and cost of the service utilising the skills and expertise of existing staff currently working on

		<p>eating disorders. The commissioners will adapt the national specification and the CCG mental health contract manager is working on the contract variation with CNWL. The CCGs, working with CNWL and the relevant Local Authorities, will set up a local Transformation Implementation Board for which the implementation of the community eating disorder service will be a key early deliverable.</p>
5	Transforming Pathways – A Tier free system	<p>North West London Common Approach:</p> <p>We will move away from tiered services to services that meet the needs of the child/young person and the family. To do this we will need to address particular pinch points - as well as building a new overall model without tiers. Broadly, our proposed model will include:</p> <ul style="list-style-type: none"> • A Single Point of Access (SPA) across each CCG area or where there is a common provider across several CCG areas, a central SPA • Referral, assessment, treatment, discharge that is evidence based • School based work – both to develop emotional wellbeing and resilience and to identify and support young people with mental health needs • Maintenance – it is crucial to include continued maintenance even after discharge to prevent a young person being re-referred into a CAMHS service <p>The redesigned service will seek to address existing quality and capacity concerns regarding access and transition. Providing for a seamless provision a young person is more likely to remain engaged in the service, which will enable them to participate further in education, training or employment.</p> <p>We will continue the roll out of CYP IAPT services across NWL, ensuring that all young people have equitable access to this support. We will ensure that our pathways and referral routes incorporate all CYP IAPT providers. All assessment and treatment options will be evidence based, and delivered by a trained and competent workforce who specialise in working with children and young people.</p>

		<p>Harrow CCG/Harrow Council Local Approach:</p> <p>In Harrow transition is a joint and local priority. Their ambition is to increase the transition age up to 25years. Harrow CCG will commit funding for a joint project resource to plan this priority and to scope possibility to join cross-borough and to work with Adult Mental Health. Harrow CCG will commit further funding for the following years to implement and deliver Transition up to 25years.</p> <p>Harrow has a further local priority to develop a joint Emotional Health and Wellbeing Targeted Service (Tier 2/2.5). This will be an early intervention/prevention provision, offering open access for young people with an identified need. Working to target identified vulnerable children and young people in Harrow such as: Children in Need, Children Looked After, and children and young people with challenging behaviour, bereavement, life events, school exclusion, OCD, difficulties with eating/sleeping, ADHD and ASD.</p> <p>To initiate this work Harrow CCG will commit funding in 2015/16 for a Tier 2 clinician (pilot piece) to begin assessments and for project management of this local priority and the other priorities stated. In the following years, the annual allocation will be a contribution to implement and run the new service. This service will be jointly commissioned with the Local Authority with buy-in from local schools. Further investment from the CCG is planned through service redesign, the Local Authority and Schools.</p> <p>Harrow CCG will also work with local stakeholders to plan and deliver an Integrated Single Point of Access across Harrow, that will intake and triage referrals quickly, efficiently and ensure that patients receive a service that is right first time.</p>
6	Enhanced support for Learning Disabilities and Neuro Development	<p>North West London Common Approach:</p> <p>We will develop an enhanced service within each of the 8 CCGs, streamlining the current service offering and filling the gaps. We will:</p> <ul style="list-style-type: none"> ▪ Map local care pathways and where appropriate reconfigure services or commission

Disorders

additional local provision, commissioning an integrated service from CAMHS and Community Paediatrics;

- Develop an **effective strategic link** between CAMHS LD/ND services and special educational needs (SEN) departments, to ensure coordinated assessment and planning of education, health and care (EHC) plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be defined with close working amongst frontline services, clearly defined lead professionals and shared care plans.
- **Enhance the capacity of CAMHS** to meet the increasing demand for ASD and ADHD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams.
- **Provide advice and support to special schools and specialist units** to support early identification of mental health difficulties, advise on behavioural management strategies, and signpost to specialist support if needed.
- Develop be clear agreements in place between specialist services and primary care to **support shared care** for young people with LD/ND who require medication.
- Connect with **local voluntary sector services** and support groups for young people with LD/ND and their families (e.g. parent-run ASD support group).

This will be determined over the course of the first year of funding. In year (15-16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In Year Two (16-17), the

Harrow CCG/Harrow Council Local Approach:

Harrow CCG with local stakeholders will develop an integrated pathway for challenging behaviour, ASD and ADHD. Harrow CCG will allocate funding in year 2015/16 to 2017/2018 specifically concentrate on mobilising the pathway for ASD and ADHD across Harrow 2018/2019 Health and Social Care to prevent escalation of need and offer project resource capacity 2019/20200 to the cross-borough, to support alignments where possible in the five

7	Crisis and Urgent Care Pathways	<p>North West London Common Approach:</p> <p>We aim to ensure that our local offer of support and intervention for young people reflects the Mental Health Crisis Care Concordat. We will also implement clear, evidence-based pathways for community-based care, including home treatment treats and crisis response services to ensure that unnecessary admissions to inpatient care are avoided.</p> <p>We will develop an enhanced service across all 8 CCGs to prevent a crisis leading to inpatient admission and deliver home treatment to children and young people, streamlining the current service offering and filling the gaps.</p> <p>A new service will comprise crisis response and home treatment services and will build on existing work to develop a complete urgent care pathway. We will also work with colleagues in locality authority, public health, and schools to ensure that the prevention of self harm and crisis avoidance via good mental health promotion forms part of this pathway. Where possible, we will look to work with existing home treatment teams to incorporate CAMHS skills and training into existing services. This would reduce unnecessary duplication, and ensure child/parent issues were effectively covered.</p>
		<p>Harrow CCG/Harrow Council Local Approach:</p> <p>Harrow will develop an early intervention pathway for personality disorder and align with the integrated pathways for challenging behaviour and other identified needs. We anticipate that this pathway will align with Priority 5 & 6 and will form part of the joint Emotional Health and Wellbeing Targeted Service as well as the SPA and developing pathways work across NWL.</p>
8	Embedding Future in Mind Locally	<p>North West London Common Approach:</p> <p>In addition to the collaborative priorities described above, across all 8 CCGs we will also:</p>

		<ul style="list-style-type: none"> - Drive forward delivery of the CYP IAPT programme. Within our CQUINs and within Trust plans team members are already working to release staff to attend training increase deliver of CYP IAPT; - Invest in developing more robust data capture and clinical systems to enable teams to have a better understanding of current activity; - Link with specialised commissioning teams for Youth Offending to understand the levels of youth offending in each borough and the local offer for this group of young people. We will then develop a strategy for ensuring young offenders needs are met by our NWL mental health care and support pathways; - Develop new perinatal specifications and implement new parental mental health services. Work is already underway in Hammersmith and Fulham, Ealing, and Hounslow where new best practice, NICE compliant pathways will launch in March 2016 and outcomes-based contracting models are being considered. Across NWL we will draw on the learning from these areas.
		<p>Harrow CCG/Harrow Council Local Approach:</p> <p>As with other boroughs Harrow will continue to embed CYP IAPT in Harrow and support the Perinatal priority led by Adult mental health.</p>
		<p>Total funding allocations. *NB. This is only LTP allocated funding, additional investment from agencies is expected to achieve priorities</p>

6. Consultation

In June 2015 a briefing paper on Future in Mind transformation in Harrow was presented to the Harrow CCG Mental Health Work Stream and Joint Children and Families Commissioning Executive Board. The report made recommendations to; commit to a NWL transformation plan with local priorities, formally agree the proposed governance structure⁸ and to provide a steer on local priorities. Both boards were in agreement of the recommendations based on the proposal being agreed at the NWL Mental Health Transformation Board.

At the NWL Mental Health Transformation Board in July 2015 the Like Minded Mental Health and Wellbeing Strategy for North West London was presented. It was recognised by the NWL Transformation Board and the Like Minded team that much of the young people’s agenda for change is clearly articulated in the Future in Mind report and there was no need to repeat this work. Therefore the work on Future in Mind CAMHS transformation would constitute the children and young people’s element of the NWL Like Minded Strategy.

In light of this it was agreed at the NWL Mental Health Transformation Board on 19th August 2015 that the 8 CCGs across NW London will work together to develop one Local Transformation Plan, which will include a high level strategy for NWL as well as local priorities for each of the boroughs.

The agreed governance for the joint transformation plan is:

- Every CCG is to agree the local governance and sign-off procedure including the HWBB
- Like Minded will oversee final drafted plans
- Plans are signed-off locally through agreed governance
- After local sign-off, transformation plans are to be signed-off at the NWL Mental Health Transformation Board
- Plans are submitted to NHSE for approval.

Harrow CCG has agreed the local governance structure; transformation plans will follow the CCG’s internal governance and the agreed structure seen in Appendix 1.

Fig.5 stakeholder engagement and involvement on transformation plans

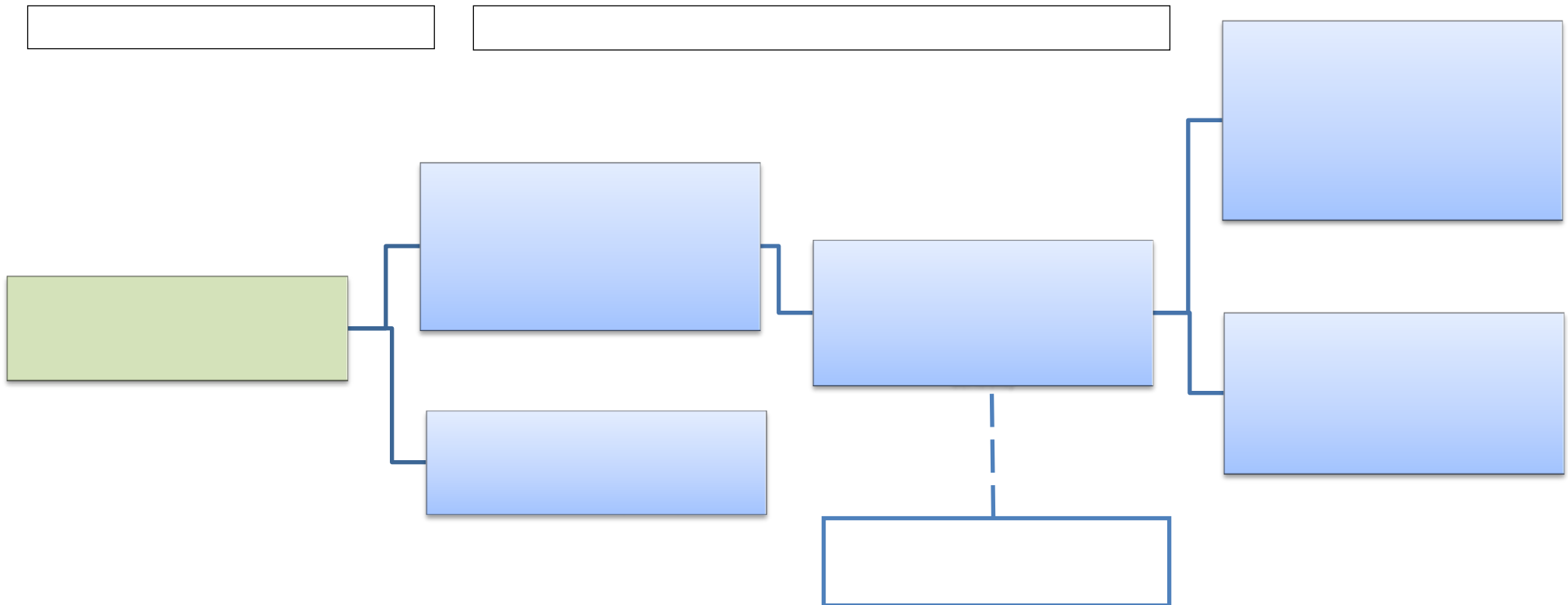
Stakeholder engagement meetings/ forums	Attendees/ representatives
NWL CAMHS Commissioning board	Children & Young People, NHSE specialist commissioning, LA, PH,
CCG internal governance; Mental Health work stream, seminar, executive & governing body	CCG members and clinical leads
Like Minded Transformation Board	Senior NWL members from CCG, LA, PH
Joint Children’s Commissioning Executive	Senior members from LA, PH, CCG, School rep & Chaired by DCS
Clinical Quality Group	Providers, NWL CCG members
Emotional, Behavioural & Mental Health Board	Providers, CCG, PH, LA, school primary and secondary representative
Health & Wellbeing Joint Executive	Senior Harrow members CCG, LA, PH & HWBB members
Schools Head teachers meeting	Head teachers from Harrow’s primary and secondary schools

Meetings with CNWL, CCG clinical leads, Local Authority managers, Public Health, NHSE.	
Survey asking Harrow GPs their thoughts on CAMHS transformation; October 2015	Harrow GPs

Harrow will further engage with children and young people and other stakeholders such as; Youth Justice Board, voluntary & community sector via our priority: **Supporting Co-production** from November 2015 and throughout the five year plan. As well as continuing to engage with the stakeholders cited above.

7. Next Steps

1. All CCGs and Health and Wellbeing Boards will be asked to sign off the joint North West London Transformation Plan by Thursday 15th October.
2. Like Minded will submit the joint North West London submission to NHSE on Friday 16th October.
3. Feedback will be received from NHSE in November, either requesting further information or approving the plan.
4. If approved, funding will be released to CCGs in November 2015.
5. A local Transformation Implementation Team will oversee the commissioning and delivery of the improvement described in the plan.
6. An update report will be provided to the Harrow Health and Wellbeing Board by March 2016.



Leading National Strategies
National Mental Health & wellbeing Strategy
Future in Mind Report 0- 25 years

Harrow Local Transformation Plan governance has representatives from:
 Harrow CCG • Harrow Local Authority • Harrow Public Health • Harrow Schools • NHSE • Harrow Health & Wellbeing Board • Harrow Providers incl VCS • CYP
 Representatives from agencies involved in the transformation plan are expected to use their agencies internal reporting governance procedures.

Appendix 1.1: Harrow CCG Governance

Quality and Safety

