

Regional Briefing: Assurance Process for 2015/16 for Transformation Plans to improve Children and Young People's Mental Health

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What we told you last time

Background

- Publication of 'Future in Mind', the report of the national CAMH Taskforce, which included the recommendation to produce **Local Transformation Plans** to describe how the national ambition could be translated and delivered locally.
- The Autumn Statement 2014 announced recurrent funding of £30m for the development of eating disorder community-based services for children and young people (CYP). The Budget of March 2015 announced £1.25b over 5 years to improve CYP mental health services

Local Transformation Plans

- 1st regional briefing delivered 31/07/2015
- The Local Transformation Plans are to be developed in collaboration with CYP and those who care for them as well as CCGs, Health and Wellbeing Boards, NHS England Specialised Commissioning teams and other key partners.
- Plans are to demonstrate whole systems planning based on need, commitment to transparency, contain detail of governance and risk management arrangements and demonstrate appropriate financial planning.
- Plans must include demonstration of commitment to enhance or develop community eating disorder services
- Regions and DCOs will be supported with specific ring-fenced programme funding.

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Assurance Process for 2015/16

These are the key milestones of the programme

Milestones	Dates
Publication of Transformation Planning and Eating Disorder commissioning guidance with initial allocation of Eating Disorder Monies	w/c 3 August 2015
CCGs working closely with HWBs, local partners and NHS England Specialised Commissioning to develop their Local Transformation Plans	from August onwards and by no later than 9 th October 2015
First window for submission for assurance at regional level	18 th September 2015
Second window for submission for assurance at regional level	16 th October 2015
Assurance process completed and further funding released.	By first week November 2015
Transformation Plans published locally	October to November 2015
Transformation Plans inform 2016/17 CCG commissioning intentions	Q3 and Q4 2015/16
Review and development of Transformation Plans embedded in mainstream planning processes across local agencies	From 2016/17 onwards

NB: the CCGs have two options for submission of their plans:

- the 18th September if plans are sufficiently advanced or
- the 16th October if they need additional time to work with partner organisations on the plans and ensure the appropriate sign off

Funding allocation and financial process

We are supporting the regions and the DCOs with specific ring-fenced programme funding. This will be allocated early September 2015

Regional team support:

Regions will be allocated funding early September

The total funding is £1,071,555 from publication to March 2017 and equates to:

- The equivalent of 12 8b wte (1 per DCO) for 15/16
- The equivalent of 6 wte 8b (0.5 per DCO) for 16/17

The total funding is divided equally into the 4 regions; by region and by year this is:

- £153,080 15/16
- £114,810 16/17
- £267,890 over the 2 year period

1. The Medical Directorate has requested a transfer of monies to regions.
2. Each region to provide to the finance directorate a programme budget cost centre or to request one to be set up
3. Once this is completed finance will transfer the allocated and agreed monies for 15/16.

The timescales for transfer is month 6 and new cost centre are being created

There is considerable focus and scrutiny on the CYP MH programme and it is likely that delivery of this programme will be audited by the Public Accounts Committee (PAC)

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Assurance Process

Bespoke Process for 2015/16

All plans will be assured by NHS England, led by DCOs. In year one, as this activity falls outside the normal planning cycle, a "one off" bespoke assurance process has been designed for 2015/16. This includes:

- Local Transformation Plans together with a high level summary;
- Completed self-assessment checklist; and
- Completed tracking templates to evidence and monitor progress.

From 2016/17 onwards, this will be integrated within the mainstream planning framework.

The lead CCG submitting the Plan will need to confirm that plans are covered by the following, including evidence of:

- Sign off by a nominated representative of the local Health and Wellbeing Board;
- Sign off by the local NHS England Specialised Commissioning Team;
- Transparency about service provision and levels of investment, baseline information (on workforce, activity and spend, local KPIs and desired outcomes) and ambitious stretch targets;
- Commitment to deliver a choice of best evidence-based outcomes, focused and values-based interventions informed by the participation of children and young people;

Assurance Process Outcomes

Based on the assurance of the transformational plans there are 3 possible outcomes which DCOs will need to communicate to CCGs:

1) Successful

If the plans meet the assurance criteria in full, CCGs will receive all the funds allocated. The assurance criteria is based on the self-assessment checklist, the national objectives (slide 8) and the data informing the tracker.

2) Successful with amendments

If plans need minor clarification or amendment, the CCG will receive the funds allocated but will be asked to re-submit showing that the clarification and amendments have been made.

3) Re-submission

If there are more fundamental concerns as a result of the assurance process, CCGs and their partners will be asked to resubmit their plans in full before further monies are approved. In this case DCOs may wish to ask SCNs / AHSNs to support the CCGs in further development of their plans

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What a Good Plan Looks Like

A good Local Transformation Plan will:

- Demonstrate it has been designed with, and is built around the mental health needs of CYP and the needs of their families;
- Evidence effective joint working both within and across all sectors;
- Evidence that it has been developed collaboratively with partner organisations and promotes collaborative commissioning approaches generally;
- Include references and aligns to other improvement initiatives such as the Crisis Care Concordat and clarifies its status within the CYP IAPT programme;
- Include the level of investment by all local partners commissioning CYP mental health services for 2014-15, as well as spend on services directly commissioned by NHSE on behalf of the CCG population;
- Takes into account the existing different and previous funding streams;
- Evidence that resources are available to deliver the plan and outcomes;
- Reflects local intelligence and needs;
- Be published on relevant CCG, local authority and other local partner websites;
- Be based on delivering evidence-based practice and focused on demonstrating improved outcomes;
- Have appropriate governance and monitoring mechanisms in place;
- Includes measurable, ambitious KPIs;
- Have a communication strategy that ensure engagement and ownership from all organisations.

Role of the 8b in the Assurance Process

The 8b role will help support regions and DCOs in:

- Supporting the assurance of the plans in the first place;
- Supporting continuing assurance of the delivery of the agreed plan;
- Supporting delivery through governance and coordination including SCNs and other partner organisations.

Specific emphasis will be:

- To support the development of transformation plans for the Children and Young People based on the key national policy and strategy;
- To implement an effective assurance process that leads to robust and credible transformation plan that have been developed by CCGs in collaboration with local partners;
- Work collaboratively with SCNs / AHSNs / Specialist Commissioning and PHE and the national team to ensure delivery of the transformational plans and the waiting times for MH access and waiting times standards;
- To support the continuing assurance of the delivery of agreed plans, ensuring that CCG are held to account for the delivery of plans through robust governance arrangements;
- To facilitate local understanding, adoption and delivery of nationally developed key performance indicator which will give assurance that CCGs are delivering against the agreed priorities in the Mandate;
- To ensure that systems, processes and information flows provide effective early warning of potential risks to service quality and partnerships and support interventions where required to ensure high quality outcomes;
- To identify and share areas of best practice across the region and beyond in order to support continuous improvement and high-quality outcomes.
- To support the assurance of the perinatal programme when it has been determined

Enhancing Existing Support

Expertise and bespoke support

Additional support will be provided through SCNs and specialist commissioning to support CCG and local areas to achieve their goals

SCN

- Strategic clinical networks have already included this work in their business plans
- Many areas have already hosted meetings with local commissioners, and there have also been national events
- The Programme is developing plans for a further support team to be based in the regions to support the continued development of CAMH over the next four years

Specialist Commissioning

- Established commissioning forum between CCGs and Specialised Commissioning through the Specialised Commissioning Collaboratives
- Information at a CCG level of T4 activity and trends for historic access rates. This is to support the monitoring of the impact of the investments on T4 services
- Information on issues relating to access and egress from T4 at CCG level to support the design of local services
- Subject matter expertise

PHE

Public Health England will be available to assist in the assurance process. PHE regional offices are coordinating this process and the key contacts are:

North: Rachel.johns@phe.gov.uk

South: james.mapstone@phe.gov.uk

Midlands and East: giri.rajaratnam@phe.gov.uk

London: marilena.korkodilos@phe.gov.uk

Enhancing Existing Support

Other areas of support that will be provided

- Updated FAQs
- Key Lines of Enquiry template for DCOs
- Generic JD for recruitment to the assurance posts
- WebEx
- Regional master classes
- Support from the Medical Directorate and their Clinical Advisors for difficult issues

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Enhancing Existing Support

CAMHS Transformation Plans: FAQs for the Assurance Process

How will the money be allocated to the Regions / DCOs for the assurance process?

The funding will be allocated for 2015/16 (i.e. £153,080 per region equating to an 8 month period) directly to region into the regional programme cost centre. This transfer will be in month 6 when new cost centres have been created.

As mentioned in the regional performance call of 25 August 2015 there is considerable focus and scrutiny on the CAMHS programme and it is likely that it will be audited by the Public Accounts Committee (PAC)

How much money will be allocated to each region?

The funding will be shared equally and will equate to the equivalent of 1 wte per DCO for the remainder of 15/16 and 0.5 wte per DCO for 16/17. This equates to £153,080 per region for 15/16 and £114,810 for 16/17.

How will the recurrent funding for CCGs be allocated in 2016/17?

The funding for Eating Disorders has been allocated with the publication of the guidance in August ; the remaining allocation for 15/16 will be allocated to CCGs on the assurance of their plans. From 16/17, subject to quarterly monitoring in 15/16, funding will become 'business as usual' and will form part of the planning round and will be set in the CCG baselines.

What are the timescales for assuring the plans?

There are two windows of submission for the CCGs to submit their plans; these are 18th September and the 16th October. The regions are encouraged to start the assessment process as soon as possible as the window for the second submission has a very short timescale. All plans will need to be assured by the first week of November.

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Enhancing Existing Support

CAMHS Transformation Plans: FAQs for the Assurance Process

Will each CCG need to submit their own plan or can it be a joint submission?

There can be a joint submission but each CCG will need to complete the financial tracker. Nationally we require assurance that the money allocated to each CCG is being spent as intended.

What are the key roles and responsibilities that the 8b, funded by the assurance process, will be expected to undertake?

We are developing a generic 'template' with the skills and attributes required for this role; some of the areas of focus will be:

- Supporting the assurance of the plans in the first place
- Supporting ongoing assurance of the delivery of the agreed plan
- Supporting delivery through governance and coordination including SCNs and other partner organisations
- In time, supporting the assurance of the perinatal programme

Who are the key stakeholders that need to be involved in the development of the local transformation plans?

We would expect multi-agency stakeholders to be involved in developing the plans specifically:

- HWB Board partners
- Specialist Commissioning
- Where possible, education providers

Plans must be signed off by a member of the HWB, the CCGs and Specialist Commissioning before they are sent to DCOs for assurance .

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Enhancing Existing Support

CAMHS Transformation Plans: FAQs for the Assurance Process

What extra support will be provided to support DCOs with the assurance process?

We will host a national WebEx but also offer half day sessions with each of the four regions, covering information about CYP Mental Health and CAMHS to discuss what a good plan looks like. We have developed some key lines of inquiry to help DCO teams to 'look under the bonnet' and further FAQs. When CCGs contact the central team, we will forward the query to DCOs to ensure the relationship is between the DCO team and CCG but also give you a specimen reply you may wish to use. Your local PHE team may be able to help

What is the role of PHE in the process

PHE will be offering support for the assurance of the Local Plans and this will be specified by each regional lead.

Key regional contacts are:

North: Rachel.johns@phe.gov.uk

Midlands and East: giri.rajaratnam@phe.gov.uk

South: james.mapstone@phe.gov.uk

London: marilena.korkodilos@phe.gov.uk

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Enhancing Existing Support

Based on feedback from regions, we developed a template to assist DCOs in the assurance process in identifying a number of lines of enquiry based on the self-assessment template.

Lines Of Enquiry

Theme	Y/N All should be Y	Key lines of enquiry to test local evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		Rationale : emphasis in Future in Mind of the importance of improving coordination between agencies, preventing CYP falling through gaps, developing shared ownership - increased fragmentation as a result of multiple commissioners i.e. NHS England, CCGs, Local Authorities, schools, Health and Justice, in some places also the voluntary sector
Have been designed with, and are built around the needs of, CYP and their families		Evidence of JSNA that sets out needs of CYP and families establishing need. As a minimum this should include existing although out of date prevalence data - several models in CHIMAT (www.chimat.org.uk) PHE website and the Mental Health Intelligence Network Fingertip tools [will assist but look also for any local consultations and local work as the data the supports these is out of date Look for evidence that local children, young people and families have been consulted about the pathways. A further clue is reference to the use of outcome measures in service design – this should feature in areas that are already part of the CYP IAPT programme that requires collection of outcome measures and recommends their use in service planning.

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Enhancing Existing Support

Lines Of Enquiry

provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector		Look for Crisis Care Concordat in particular, Liaison Psychiatry and seven day services planning. If your area has an issue with high use of S136 detention and/or capacity issues with Health Based Places of Safety, solutions should be included here. Possible evidence might include joint initiatives - examples such as ,continuation of Targeted Mental Health in Schools scheme (Health and schools) , Multi Systemic Therapy (local authorities and health) liaison and diversion (Health and Justice) Link schools pilot (health and DfE – to be announced end August so should feature in plans) NB there will be other local initiatives e.g. for vulnerable groups such as those being sexually exploited
include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,		Critical area of importance that CCGs are linking to Collaborative Commissioning Boards and considering how to prevent inappropriate admissions to paediatric wards, adult wards, Tier 4 beds but building early intervention and considering safe discharge. Check relevant issues to the local area e.g. distance to travel
promote collaborative commissioning approaches within and between sectors		Look for evidence of joint commissioning or aligning commissioning - this may in some areas be more an intention than reality so may need to be probed – who is leading, what are the outcomes they are seeking to achieve e.g. improvements in transition, early intervention
Are you part of an existing CYP IAPT collaborative?		CYP IAPT covers 82 CAMHS partnerships of statutory commissioners and statutory/3 rd sector providers – CYP IAPT team can provide a list to each region for cross checking. Areas that are part of CYP IAPT will have had provider training to improve demand management, collaboration and participation and routine outcome monitoring with improved supervision. They should be able to demonstrate clear adherence to principles re evidence base, outcomes used routinely in therapy sessions and evidence this is monitored and used.
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?		There will be a number of partnerships that can join the CYP IAPT existing provision. Essential that commissioners are signed up to this as it will require some of the non recurrent investment in infrastructure – this should be spelt out and cover items such as IT and should pump prime change programme .

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Enhancing Existing Support

Lines Of Enquiry

Transparency		
Please confirm that your Local Transformation Plan includes:		
The mental health needs of children and young people within your local population		Baseline needs analysis , JSNA ,consultations with children, young people, families, consultations with schools and GPs, other referrers e.g. adult paediatrics.
The level of investment by all local partners commissioning children and young people's mental health services		Baseline investment in targeted, specialist and highly specialist services should be clear from CCG, NHS England, Local Authority, Justice . Schools do not have to participate unless they wish to but we should encourage CCGs to involve schools. Some areas may also include portioning some of their universal spend e.g. school nurses, health visitors into the mix. Please can you verify the figure is quoted and collect and sent it to us so we can build a picture of spend at local levels.
The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners		At the time of assurance this may only be a yes, but this will need to be checked and verified by teams later this year. Publishing a coherent plan is a KPI. It is a legitimate use of the money to use some of this to prepare and consult on the format of the final plan, but the information regarding transparency of funds and services must be present

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Enhancing Existing Support

Lines Of Enquiry

Level of ambition		
Please confirm that your plans are:		
based on delivering evidence based practice		Look for confirmation of what NICE recommended treatments are provided – local areas should aim for a range of evidence based services – NB this should include as a minimum Parenting, CBT, and Systemic Family Therapy
focused on demonstrating improved outcomes		Look for demonstration that outcomes are collected and used in the treatment room. Evidence shows that where treatments are fed back, outcomes and throughput improve. There is a range of measures recommended by CYP IAPT but there are other validated tools of benefit. The selection of tools for CYP IAPT was based on norms, costs and how usable they are but there are other excellent tools which are licensed that areas may use.
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities		This should be a recurrent theme, should underpin the JSNA and demonstrate cultural awareness of the needs of the local population and explain how they will support hard to reach groups. Look also for any consultations with hard to reach groups. – also CYP groups that are particularly vulnerable to mental health problems e.g. those with learning disabilities, looked after children, care leavers etc.
Governance		CHECK ALL SIGNATURES ARE IN PLACE. IF THE PLANS COVER MORE THAN ONE CCG/HWB, CHECK ALL RELEVANT SIGNATORIES HAVE SIGNED UP.
Please confirm that you have arrangements in place to hold multi-agency boards for delivery		Look for a structure that links CAMHS planning and commissioning into local accountability systems. Look also for presence or determination to be present in Co Commissioning Boards. Look for joint commissioner roles, and any involvement in the multiagency boards of schools and the voluntary sector, children, young people and parents.
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks		As above re structure – look for which partners are included especially to see if schools, CYP and parents are involved.

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Enhancing Existing Support

Lines Of Enquiry

Measuring Outcomes (progress)	
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	For 2015-15: <ul style="list-style-type: none"> • Spend (LA, CCG, NHS E England) Schools if possible • Waiting times include baseline information for April 2014-March 2015 on referrals made, accepted, and waiting times; • include workforce information, numbers of staff including whole time equivalents, skills and capabilities.
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Consider the plans for Eating Disorders in particular - check that there are plans in place to either create or supplement teams to deliver evidence based care. Check that the KPIs are measurable, ambitious : This is new money to build capability and should be in addition to money agreed in plans submitted by CCGs as part of the planning round – check for switching funding that will mean that this new money does not increase capacity as planned
Finance	
Please confirm that:	
Your plans have been costed	This funding is recurrent subject to assurance, so there is likely to be some money that can be used in year to make improvements in items such as IT to prepare for the MHSMS, recording outcomes in the room so they can be used in treatment, waiting lists.
that they are aligned to the funding allocation that you will receive	Check that all the money will be used and how.
take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Again check for switching funding - this should develop new capacity in the medium/long term. Compare with what was put in the original plans assured in the last planning round

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Enhancing Existing Support

Lines Of Enquiry

Reviewing the Tracker	The financial tracker should come in at the same time as the plans. It should detail new initiatives for the year 2015-16 including the money coming in from Resilience / Parity of Esteem as well as Autumn Statement/Spring budget. It is possible that a local area may have no new money from Local Authorities or schools, but if this isn't present please check
Eating Disorders	Check that the plans are across the appropriate footprint (500K whole population as a minimum, could be more e.g. the SLAM service covers 4m) Check whether the plan is to create a team from scratch (in which case ask how you have been treated previously) or supplement and amend an existing team. Check if there will be any resources released that can be re-deployed to improve crisis or self harm, and check the associated KPI.s

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ANY QUESTIONS?