



## Getting ready to submit your Transformation Plans to NHS England

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*“There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven’t kept up. The treatment gap and the funding gap are of course linked.”*

Simon Stevens *Future in Mind* 2015



## Future in Mind

- Consensus across the whole system
- A clear direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it.
- Key themes:
  - Promoting resilience, prevention and early intervention
  - Improving access to effective support
  - Care for the most vulnerable
  - Accountability and transparency
  - Developing the workforce

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## Additional funding : recent announcements

### **Autumn Statement 2014 £30M recurrently**

- Develop evidence based community Eating Disorder services for children and young people: capacity in general teams released to improve self-harm and crisis services.

### **Budget Announcement Spring 2015 £250M recurrently**

- Build capacity and capability across the system so that we make measurable progress to securing improvements in outcomes by 2020.
- Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) across the country by 2018
- Improve perinatal care
- Pilot a joint mental health training programme for single points of access in specialist CAMHS and schools, testing it over 15 CCGs.

Implementation of these announcements will be via Transformation Plans

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## The Guidance on submission

- Prepared with DH, DfE, LGA, ADCS, PHE, HEE to ensure guidance aligns with existing frameworks for commissioning and delivery across the whole system
- Bespoke assurance process for 2015/16 in development
- Source document for detail remains *Future in Mind*
- Builds on letter alerting CCGs and NHS England teams and communications sent by LGA and ADCS

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## A good CYPMH strategy will already have the elements required for a Transformation Plan



- Demonstrate that children, young people and families have been involved in developing the plans and in participating fully in future commissioning and service development
- Cover the spectrum of services - prevention to interventions, for existing or emerging mental health problems, as well as transitions between services.
- Include local leadership and governance arrangements to secure a whole system approach to delivery at local level
- Demonstrate collaborative commissioning within and across sectors to promote effective joint working and establish clear pathways. This includes working with collaborative commissioning groups in place between NHS England specialised commissioning teams and CCG
- Show links to any other initiatives e.g. Crisis Care Concordat
- Demonstrate that schools are given the opportunity to contribute to the development of Transformation Plans.
- Be coherent with local priorities, and the child mental health requirements in the existing joint planning guidance.

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## Transformation plans will need to



- be transparent about...
  - Baseline investment by local commissioners
  - What services are provided including workforce information
  - Referrals received, accepted, waiting times
- demonstrate service transformation in line with key principles including
  - range and choice of treatments and interventions available;
  - collaborative practice with children, young people and families and involving schools;
  - use of evidence-based interventions; and regular feedback of outcome monitoring to children, young people and families and in supervision.
- monitor improvement
  - Development of a shared action plan and a commitment to review, monitor and track improvements with appropriate governance structures.

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## What is covered?



- A document reconfirming in brief what is in Future in Mind and setting out how to submit your plans
- Alongside your detailed Local Transformation Plan you will need to give us a high level summary clarifying....

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Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding



<p><b>Q1. Who is leading the development of this Plan?</b> (Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)</p>
<p><b>Q2. What are you trying to do?</b> (Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?)</p>
<p><b>Q3. Where have you got to?</b> (Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in <i>Future in Mind</i> e.g. progress made since publication in March 2015.)</p>
<p><b>Q4. Where do you think you could get to by April 2016?</b> (Please describe the changes, realistically, that could be achieved by then.)</p>
<p><b>Q5. What do you want from a structured programme of transformation support?</b></p>

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## Guidance continued...



- Self assessment checklist for the assurance process which links to your plans. You will need to show alignment with key principles in FiM ....
  - Engagement and partnership
  - Transparency
  - Level of ambition
  - Equality and health inequalities
  - Governance
  - Measuring outcomes (progress)
  - Finance

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## 6 Annex 2: Self-assessment checklist for the assurance process



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

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

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Plans
<b>Engagement and partnership</b>		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
a. Have been designed with, and are built around the needs of, CYP and their families		
b. 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		
c. include evidence that plans have been developed collaboratively with NHS Local Specialist and Health and Justice Commissioning teams.		
d. promote collaborative commissioning approaches within and between sectors		
Are you part of an existing CYP IAP collaborative?		
If not, are you intending to join an existing CYP IAP collaborative in 2016/17?		
<b>Transparency</b>		
Please confirm that your Local Transformation Plan includes:		
a. The mental health needs of children and young people within your local population		
b. The level of investment by all local partners		

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## Tracker



- The pack will include a tracker excel spreadsheet which asks you to set out specific information including financial plans and locally agreed KPIs
- Section on Eating Disorders :
  - Is your current Eating Disorder service for under 18s compliant with the guidelines issued by NHS England and NCCMH in 2015 (to be published with Transformation Plan guidance)?
  - Is there sufficient capacity within the service to meet local need?
  - If yes to both, please detail how you will use the new monies allocated for Eating Disorder and redeploy generic resources for crisis or self-harm
  - If no to either, please indicate how you plan to ensure an evidence based community eating disorder service is compliant with the guidance and of sufficient capacity to meet need, and how the generic resources are redeployed to support self harm and crisis services for young people
  - Which CCGs are you working with?

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## Setting out and monitoring the new spend



- What are you spending new investment on
- Where the new funding comes from – e.g. new money, CYP IAPT, schools, local authority
- Who are you trying to reach?
- The evidence base for this intervention
- What outcomes do you expect?
- Planned spend broken down by quarter - so if you have invested already in anticipation you can show it
- What main KPIs have you agreed, the baseline, target, date the KPIs will be achieved
- Actual spend broken down by quarter
- Monitoring to show if you are on target in further quarters

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## Who needs to sign off plans and when will they need to be submitted?

- Sign off:
  - CCGs – as the money flows via the NHS
  - A representative from the Health and Wellbeing Board – demonstrates partnership is in place
  - NHS England Specialised Commissioning - demonstrating whole pathways
- Two submission windows
  - First submission for those ready quickly
  - Second submission - two months after guidance launch

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## Assurance

- Bespoke for year one - then aligned with planning round
- Through DCO teams
- Plans will be assessed as falling into one of three categories
  - a. if the plans **meet the assurance criteria** in full, CCGs will receive all the funds allocated
  - b. if plans **need minor clarification or amendment**, the CCG will be asked to resubmit showing that the clarification and amendments have been made and funding will be allocated
  - c. if plans are **not aligned to the requirements** set out in guidance , further funding will not be released until the plans are satisfactory.
- A support mechanism for CCGs in the third category.

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## Eating Disorders

- **NCCMH Expert Reference Group** – access and waiting time standard, referral to treatment pathways, model for delivery of community eating disorder services for children and young people.
- **Access and waiting time standard** – those referred for assessment or treatment for eating disorder should receive NICE concordant treatment within 1 week for urgent cases and within 4 weeks for every other case.
- Training and workforce plans – working with HEE
- Support for commissioners
- Your Transformation plans will need to demonstrate how monies released , where concordant services meeting full range of need are in place, will be used to benefit self harm and crisis
- Guidance published at the same time as Transformation Plans

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## Community Eating Disorder Services

- Population-based: minimum 500K (all ages) so may span more than one CCG
- Referrals for anorexia nervosa, bulimia nervosa, binge eating disorders and co-existing problems (e.g. anxiety and depression)
- Min of 50 referrals per year
- Enable direct access to community eating disorder treatment via self-referral, GPs, schools, colleges and voluntary sector

**Table 5: Whole time equivalent staff broken down by profession**

Number of referrals per annum	150	100	50
	Whole time equivalents		
Head of service (psychiatry/psychology)	1.9	1.3	0.6
Clinical psychologists	2.8	1.9	0.9
Eating disorder therapists (SFT-ED/MSFP-ED/CBT-ED)	4.9	3.3	1.7
Nursing staff (nursing/home treatment)	2.2	1.5	0.8
Speciality doctors (psychiatry)	1.2	0.8	0.4
Assistant psychologists (SFP-ED/ MSFP-ED/CBT-ED support)	2.7	1.8	0.9
Paediatricians (physical health)	1.9	1.3	0.6
Dieticians	1.9	1.3	0.6
Administrative staff	2.0	1.4	0.7

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## Bringing education and health services together

- Working with Department for Education
- 15 CCGs working with up to 10 schools or other services e.g. LAC, PRU
- Joint training between nominated links for specialist CAMHS and school or other services
- Match funding available to CCGs and schools/other services

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## CYP IAPT

- National commitment to embedding evidence based, outcome focussed collaborative service transformation with full participation
- Increased geographical coverage of service transformation programme to 100 % by 2018
- Breadth and depth – ensuring enough therapists trained
- Continuing to offer training across partnerships
- New curricula – evidence based interventions including
  - Children and young people with learning disabilities or autistic spectrum disorder
  - Working with 0-5s
  - Counselling
  - Combination - Prescribing and therapy

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## Further developments from NHS England

- Life course Mental Health Taskforce - due to report in September builds on *Future in Mind*
- System Dynamic Model test version available now via the South, Central and West CSU website - <http://www.scwcsu.nhs.uk/camhs>.
- Support for Transformation nationally building on the CYP IAPT change agents - discussions with individual
- Testing CAMHS currencies

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