

Medical & Commissioning
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Via email

To: CCG Clinical Leaders; CCG
Accountable Officers; NHS
England Regional Directors;
Directors of Commissioning
Operations

26th May 2015

Dear Colleague

Children and Young People's Mental Health Transformation Programme

The recent report of the Children and Young People's Mental Health Taskforce *Future in Mind*, jointly chaired by the Department of Health and NHS England, establishes a clear and powerful consensus about how to make it easier for children and young people to access high quality mental health care when they need it.

The Chancellor's autumn statement (December 2014) and Budget (March 2015) announcements of extra funding to transform mental health services for children and young people allow us to make rapid progress on this agenda. The announcements align with recommendations set out in the Five Year Forward View and are designed to build capacity within evidence based, outcome focussed Child and Adolescent Mental Health Services by 2020.

NHS England is now developing a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in *Future in Mind*. These include prioritising investment in those areas that can demonstrate strong leadership and ownership at local level through robust action planning and the development of publicly available

Local Transformation Plans for Children and Young People's Mental Health and Wellbeing.

Service Transformation: A Phased Approach

We are developing a phased approach to service transformation, with a strong initial focus on confirmed delivery requirements for 2015/16 while we work with Health Education England to establish the gap in skills and numbers between the current workforce and the one we need to treat 70,000 more children and young people each year from 2020.

The objectives we are focussing on initially are:

- **Developing evidence based community Eating Disorder Services for children and young people** (£30m pa secured from the Autumn Statement);
- **Roll-out of the Children and Young People's Improving Access to Psychological Therapies programme** (CYP IAPT) so that by 2018, CAMHS across the country are delivering a choice of evidence based outcomes focussed interventions, and working collaboratively with children, young people and their parents or carers. The additional funding will also extend access to training for staff working with children under five and those with autism spectrum disorder and learning disabilities (£32m pa).
- **Improving perinatal mental health services** (£15m pa).

In line with the Autumn Statement announcement, NHS England is currently working with the National Collaborating Centre for Mental Health to define best practice models of care and will publish commissioning and waiting and access times guidance in June for Eating Disorder services. CCGs and providers will need to plan together to commission teams across the appropriate population footprint to deliver timely access to an evidence based service that includes self referral pathways, ready for the waiting and access target to be delivered in 2016. We are working with Health Education England to extend the current CYP IAPT programme further. We are also working to develop a programme to improve perinatal services.

Development of Local Transformation Plans

The monies identified for each of the first phase objectives will be contingent on the development of a Transformation Plan for each local area aligning with the overarching principles and ambition set out in *Future in Mind*. What is included should be decided at a local level in collaboration with children, young people and their families as well as commissioning partners and providers.

In developing their Plans, CCGs will need to have appropriate regard to the CAMHS elements already set out in the [joint planning guidance](#). We anticipate that local Health and Wellbeing Boards will want to be engaged to ensure coherence with existing local priorities.

Key elements of these Plans will include:

- a strong focus on creating best evidence based community Eating Disorder teams, with details of how capacity freed up by specialist teams will be redeployed to improve crisis and self harm services;
- work with collaborative commissioning groups in place between specialised commissioning teams and CCGs; commitments to transparency, service transformation, meeting legal duties with regard to equality and health inequalities and demonstrating improvement;
- commitments to transparency, service transformation and monitoring improvement.

Further guidance

Full guidance on the development of Transformation Plans including initial CCG allocations for 2015/16 and tracking templates will be published alongside the NICE Eating Disorder commissioning guidance in June.

Assurance process

A bespoke assurance process is being developed for 2015/16 (year 1) with integration within the mainstream planning framework from 2016/17 onwards. Pending the more detailed guidance, CCGs are encouraged to work with their local partners including Academic Health Science Networks, Strategic Clinical Networks and CYP IAPT collaboratives to begin developing their local Transformation Plans.

Timeline

The intention will be for all Transformation Plans to be assured and all CAMHS allocations made by the end of September. The assurance process will be co-ordinated by regions and led by DCO teams locally with support from a central team of expert clinicians. Further details on milestones will be part of the guidance pack.

Monitoring progress against agreed plans

From September, progress against locally set objectives will become an integral part of CCG assurance discussions. From 2016/17, the intention is that any refresh of Transformation Plans and the continuing development of services will be embedded within mainstream planning and assurance processes.

Managing the additional funds

Initially the bulk of the additional funding will be managed centrally by NHS England and Health Education England. A detailed central programme plan is currently being developed and will specify how and when the recurrent funding will move into CCG's allocations. Further release of monies will follow the assurance and publication of Transformation Plans which will be used to assure local readiness and subsequently monitor and assure progress.

Yours faithfully

Sir Bruce Keogh KBE
National Medical Director

Richard Barker
Regional Director (North)