



# **Haringey CAMHS Transformation Plan**

On behalf of Haringey Council and Haringey  
Clinical Commissioning Group

2019-20 and 2020-21

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## Foreword

In recent years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people.

50% of mental health problems are established by age 14 and 75% by age 24. A child with good mental health is much more likely to have good mental health as an adult, to be able to take on adult responsibilities and fulfil their potential.

The publication of this 5<sup>th</sup>, Haringey refreshed transformation plan outlines the work that has already been completed, particularly during 2018 and 2019 and provides further detail on our next set of priorities up to 2021.

This plan is continually evolving and is overseen locally by a strong CAMHS partnership- a Children and Young People's (CYP) Transformation Executive which includes commissioners, local providers (both NHS and voluntary sector), parent/carer representation, schools, Early Help Team, social care and Local Authority education representatives.

There is significant need for improved social and emotional mental health support in Haringey. Our Joint Strategic Needs Assessment (JSNA) projected that around 4,800 Haringey children and young people aged 5-15 have a diagnosable mental health condition and there are an additional 5,700 young people aged 16-24 years with the same.

Moreover, our borough is diverse with high levels of deprivation particularly in the east. There are ongoing challenges we are working to address: particularly with ease and equality of access to services and sometimes long waits for treatment.

In addition to local work, there are also improvements being delivered on behalf of North Central London through the Sustainability and Transformation Partnership (STP). For example, Haringey has led on the establishment of an out of hours, nurse-led crisis service which has already led to improved outcomes and avoided admissions for children and young people presenting in acute need at A&E departments.

Our Health and Wellbeing Board has reflected that we have made some significant strides forward in improving our support for children and young people but we continue on our journey- there is still much to do, strategically and operationally to meet need and improve outcomes.

This current plan therefore refocuses on the right building blocks - prevention and early intervention, easier access to services particularly in schools, reduced waiting times for assessment and treatment and delivering better targeted support for some of our most vulnerable groups. Our key challenge is to ensure this service redesign is delivered sustainably across all key partners, parents and young people, for the long term.

Tony Hoolaghan  
Chief Operating Officer  
Haringey and Islington Clinical Commissioning Group  
Board

Will Maimaris  
Interim Director of Public Health  
Haringey Health & Wellbeing  
Board

The plan is published here:

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# 1. Executive Summary

## 1.1 Introduction and Context

Haringey is a young, ethnically diverse borough with a population of approximately 270, 600 – over 180 languages are spoken here and our life expectancy is growing. We have a vibrant voluntary and community sector, good and outstanding schools and over a quarter of the borough is green space. However, as the fourth most deprived borough in London, there are many challenges – 21.3% of children and young people grow up in low income families, we have higher rates of serious mental illness than other boroughs, we have the third highest rate of domestic abuse with injury in London with 30% of youth offenders having witnessed domestic violence by the age of 7, youth violence rates whilst falling are concerning and the impact of drugs is felt most acutely by our most vulnerable residents. Our CAMHS practitioners report that all the young people they support have been affected by serious youth violence in some way – setting a background to the therapeutic work which is required.

In this context, good mental health and wellbeing for children and young people is a critical ingredient in transforming outcomes for all our residents and addressing some of our wider challenges. We believe there are a number of ways we can address the current gaps and this Transformation Plan sets them out. The 2015 joint review of Child and Adolescent Mental Health Services (CAMHS) by Haringey Council and Haringey Clinical Commissioning Group and the corresponding publication of *Future in Mind*<sup>1</sup> highlighted the need for more coordination, better awareness and promotion amongst universal provision and a greater focus on early intervention for social, emotional and mental health. This was the starting point for our CAMHS improvement work in Haringey.

Following this, the publication of the 2017 *Transforming Children and Young People's Mental Health Provision* Green Paper<sup>2</sup> championed the importance of early access, particularly in schools, and shorter waiting times for CAMHS services. This led to national pilot funding for the establishment of mental health support teams in schools (MHSTs) and four week CAMHS waiting times initiatives. Local areas were invited to bid to become *trailblazers* for this work and Haringey submitted a successful wave 1 application.

For Haringey, this has led to much-needed increased investment of over £1million which has shaped our strategic approach and the majority of work undertaken in 2018 and 2019. For the first time, there is a schools-based early intervention support for mild to moderate conditions. The focus has been initially on increasing support and services for children and young people in the east of the borough, as the CAMHS Review highlighted the lower take up of services by those with GPs in Tottenham. This has led to greater equity in the offer, as residents in the east now have increased provision of mental health services in their schools further supported through our voluntary sector providers Open Door Tottenham and Hope in Tottenham. This has improved services to the BAME communities by providing services in

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<sup>2</sup> <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision>

N17 in schools and non-stigmatising venues. Trailblazer has supported the introduction of i-THRIVE model through schools. Schools, Young people and parents have been engaged in the delivery of this work through consultation events, shaping the rollout of the approach. Four voluntary sector organisations are partners in the Trailblazer work and have been delivering projects within schools. The Trailblazer work has focused on the transition of year 6 to year 7 which is difficult time for vulnerable young people to support them to remain in school. There is ongoing targeted work with young people at risk of exclusion which supports the delivery of the Young People at Risk Strategy and interim recommendations from the Alternative Provision Review.

Haringey has an opportunity to submit a further Trailblazer bid. At this stage, the thinking is that that would be for Haringey colleges and the rest of our mainstream schools with a focus on early intervention for BAME communities and those least likely to access other mental health support. A strong component of any successful bid will be working with voluntary sector organisations within the borough, both to increase engagement and to deliver front line interventions.

NHS England has set targets for local areas to provide mental health services for a minimum of 35% of under-18s with a diagnosable mental health condition by 2021. Nationally and locally this is a challenge as recording of activity on the correct system that allows data to be counted by NHS England has proven problematic. Although we are on track to meet this target, many of the simple process redesigns and quick wins have already been undertaken so increasing and then maintaining our access figures even by just 1-2% will require significant effort and new ways of thinking across the whole system.

A strong Haringey Children and Young People's (CYP) Executive Transformation Partnership has brought together all key stakeholders. Excellent work has been undertaken in engaging young people and parents to help redesign and improve services. Each provider is commissioned to have parent and young people's participation groups, which have been able to influence directly the design and delivery of mental health services.

Overall, since 2015 Haringey has made significant strides forward in developing a whole system approach for mental health. As we go forward, there will be further strategic work to implement and embed the **THRIVE Framework**. This model creates a framework for service redesign and deliver, and provides a common language across the voluntary sector, health, education and social care but most importantly parents/carers, children and young people and the wider community when thinking about services and supporting young people. This is not simply about voluntary and statutory partners working more creatively together but about different and earlier conversations about mental health and wellbeing with children, young people, families and communities. It is about ensuring that issues affecting mental health and wellbeing are identified and responded to early and in ways which are accessible and non-stigmatising. It is envisioned that statutory and voluntary sector services will meet the needs and requests as these arise. For example, CAMHS will be signposted to online services or helplines, if young people do not meet the threshold for a face to face assessment and treatment service.

## 1.2 Our key achievements in 2018/19

### Improved Access

- We achieved the national access target of 32% in 2018/19 and we are on track to deliver the 35% access target by 2021. (The access target is the number of young people with diagnosable mental health disorders. Therefore, Haringey is currently providing mental health services for 35% of the children with mental health issues.) We have been working hard with our NHS and voluntary sector providers to ensure their activity data is reported through to the national Mental Health Minimum Dataset. (MHMDS).
- We have increased mental health support to BAME communities.
- First Step Plus (for Looked After Children with more than 3 placements in a year) has stabilised placements by offering an intensive service to young people placed out of borough and at risk of placement breakdown.
- Brandon Centre Multi-Systematic Therapy reintroduced to the borough and annually supports 5 young people on the Edge of Care avoiding the need for bringing children into care.
- We have worked to ensure that the number of *Do Not Attend*s (DNAs) has fallen. At the same time, referrals have increased, as has the complexity of problems that young people are presenting with. All commissioners – CCG, LA and schools - are committed to maintaining the momentum of change and the continued improvements of services.
- Having historically recorded low numbers of young people with eating disorders in the borough, we have made continued improvements to support our young people to increase their access services.
- North Central London has joined North East London in planning new models of care for inpatient services which will come into effect in April 2020. (Presently, local in-patient mental health beds are commissioned nationally by NHS England. This has led to a myriad of problems, for example, young people are placed hundreds of miles outside of Haringey.) One of the key aims of this programme is to ensure that our local children and young people are able to access specialist support near to home.
- The funding for Project Future is stabilised, offering support to young people directly affected by gang membership and activity. Open Door has extended services on violence.

### Improved Workforce

- We have employed and trained new entrants into mental health professionals, for example, Children's Wellbeing Practitioners (CWP) and Education Mental Health Practitioners (EMHP) to improve skill mix and offer earlier intervention in mild to moderate cases of anxiety and mental health need. These new entrants into the profession are meant to address staff shortages and to improve early intervention services.

### The Trailblazer Programme

- We introduced the Trailblazer Pilot Programme which includes a 4 week waiting time initiative and establishment of mental health support teams (MHSTs) in 36 east Haringey schools. MHSTs are multi-disciplinary and comprised of children's wellbeing practitioners, emotional health and wellbeing practitioners, a speech and language therapist, an educational psychologist, senior CAMHS practitioners and a service manager. The MHSTs work directly with pupils to treat mild to moderate anxiety, exam

stress and work with professionals and parents/carers to upskill them by undertaking training and providing advice and guidance.

- We have commissioned increased support to improve access in our more deprived areas of the borough and for our more vulnerable groups. For example, Open Door Voluntary sector provider now has a Tottenham base as well as a Crouch End base. We have also commissioned a digital online counselling and wellbeing platform called Kooth [www.kooth.com](http://www.kooth.com) which will improve access for those who may not engage in face to face therapy, particularly young men. Approximately, 45% of users are from BAME communities. Other changes include the establishment of CHOICES open access (<https://www.haringeychoices.org>), CAMHS in GP surgeries and the extension of More Than Mentors (year 7 peer to peer support for 11 year olds transitioning to secondary school) in partnership with 10 schools and Bruce Grove Youth Centre. Of particular importance is the commissioning of the voluntary and charitable sector to provide therapeutic activities which destigmatise support. For example, deep:black are providing creative arts sessions held at Woodside High School and a pilot project for autistic young people is now run by Tottenham Hotspurs Foundation to help provide therapeutic interventions while undertaking sports activities. We have also commissioned parent training. This has led to young people and their parents getting more help. This has been particularly important for families in the more deprived areas of Haringey. Indications show more people from BAME communities are receiving mental health support than previously.
- We have improved waiting times. Prior to April 2019 Haringey, CAMHS saw 13% of accepted referrals to treatment within 4 weeks. In Quarter 3 19/20, the average wait improved to 3-4 weeks for first and second appointments. 49% of accepted referrals are seen within 4 weeks of referral to treatment (or second appointment). We have an ambition to ensure all referrals to treatment are seen within 4 weeks by 2021. We have achieved the waiting time reduction by establishing a new Clinical Access team at BEH. This receives all referrals and undertakes initial assessments. The other 6 clinical teams are now focussed providing the interventions indicated by the Access Team. As well as improving waiting times, this new team has improved the quality of assessments. There has been significant partnership work between BEH MHT and Open Door.

### **Crisis and Out of Hours Improvements**

- We have led the commissioning of a NCL Out of Hours Nurse Service for young people in crisis and early indicators show that young people are now discharged more quickly from A&E and hospital admissions have been avoided.

### **Introduction of i-THRIVE for certain projects**

- We have implemented the i-THRIVE model through Haringey schools' Networked Learning Communities. We now need to extend this across the whole system.
- We have identified all local services for early intervention onto the Local Offer website which will be published shortly and is the starting point for one quadrant of the i-THRIVE model-signposting, advice and getting help.

### **Support for Young People with autism and/or learning disability**

- We have improved support for young people with autism and/or learning disabilities and behaviour that challenges. There is now a shared Risk Register across health education and social care and an improved joint decision making forum which oversees strategic planning for individual children and young people. Staff training is planned in evidence based *Positive Behaviour Support* and local schools/services have been trained in Cygnet parent training.
- We have partnered with the mainstream schools Autism Team and Tottenham Hotspur Foundation to provide a schools holiday autism youth club in the East of the borough.
- We have made steady progress in putting services in place to improve identification and coordination of services to assist young people with autism to live and to study locally and to remain with living with their families. In 2019 the TCaPs pilot programme started and provides intensive short term support to young people and their families through trained key workers who administer positive behaviour support interventions.

### **Support for Vulnerable Groups**

- We have improved care for the most vulnerable young people- for example there has been an increase in CAMHS and health input into the Youth Justice Service and CAMHS professionals will soon be based within Early Help and social care teams offering consultation and practical guidance for complex cases. The work of the Brandon Centre has been expanded. First Step Plus, a therapeutic service for Looked After children who have had three or more placements, is commissioned and works proactively with social workers to improve support for our young people. This scheme has increased stability of these fragile placements.

### **Engagement of Young People, Parents and Carers**

- We have undertaken some excellent work in engaging young people and parents to help redesign and improve services and a parent/carers rep sits on the Transformation Executive. Healthwatch, children and young people and parent/carers events are taking place from September 2019.
- We will continue to use parents/carers who are Experts by Experience and the new Parent Ambassadors will be integral to autism work.
- Services will continue to develop their parent and young people's participation groups.

### **1.3 Key Remaining Challenges across the system**

- We need to Implement THRIVE Framework across the whole system in Haringey so everyone shares our future vision and can understand how their role can support improved mental health and wellbeing for children and young people.
- We need to balance increased access and earlier assessment times with waiting times for treatment, which remain extended for some forms of treatment
- We need to continue to reduce inequality of access for BAME communities, children in care, unaccompanied asylum seekers, young people at risk of exclusion, violence and those known to youth justice, through working closely with the voluntary sector, the faith sector and directly with communities experiencing disadvantage.

- We need to support children and young people at risk of exclusion and those who have been excluded, working with partners across the system to implement the recommendations of the Alternative Provision Review
- We need to undertake further work on Transitions- quality is improving but young people in CAMHS often do not meet the criteria for adult services and parents report a 'cliff edge' of service reduction at 18 when young people are very vulnerable. Furthermore, lack of 0-25 services does not sit well with statutory responsibilities for children and young people with Special Educational Needs and/or Disabilities (SEND). This is a key priority for the emerging Haringey Borough Partnership as part of a Start Well Partnership Board which will be responsible for 0-25, in line with the NHS Long Term Plan.
- We need to improve our Autism Spectrum Disorder (ASD) diagnostic pathway. This is fragmented, involves long waits and out of area care. A new strategy group is overseeing local service improvement.
- We need to embed improvements for children and young people in mental health services. Although there is better provision especially out of hours, there is a continued over reliance on A&E and paediatric medical wards.

#### **1.4 Addressing these challenges: Our Key priorities for 19/20 and 20/21**

- We will continue to implement and embed the whole system approach to mental health and wellbeing offered by the THRIVE Framework which will provide the strategic framing for all future approaches and service improvements involving voluntary sector partners, communities, faith groups, children and young people and statutory services.
- We will fully implement the Trailblazer programme:
  - MHSTs (Mental Health School Teams) in schools, training in schools for teaching staff and parents/carers. Improved social emotion and mental health support in schools will contribute to the reduction of schools exclusion.
  - Reduce waiting times further for CAMHS. A shared vision and trajectory across all partners with robust monitoring of waits and booking patients based on chronology and need.
- We will apply to expand the Trailblazer Programme within Haringey schools and colleges, always focusing on those least likely to access mental health support and building our early intervention capacity and capability.
- We will continue to improve access rates for all children and young people to a minimum of 35% by 2020/2021.
- We will strengthen the role of the voluntary sector through improved partnership working and commissioning services which enable their specific contributions to have impact locally.
- We will implement the Haringey Schools and Colleges in Mind (Department for Education funded Schools Link Programme<sup>3</sup>). It is essential to improve communication and joint working between schools, colleges, CAMHS services and other mental health services.
- We will work across the system to identify young people with multiple Adverse Childhood Experiences (ACEs) and ensure they get more help. We will promote trauma informed

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<sup>3</sup> <https://www.annafreud.org/what-we-do/schools-in-mind/our-work-with-schools/the-link-programme/>

practice<sup>4</sup>, through our innovative Anchor Approach, particularly for vulnerable young people to ensure greater numbers of young people can live and access education in borough. Together with specific Trailblazer interventions, Early Help Team, other Borough initiatives and voluntary sector young people and their families will be supported to remain and to thrive in schools. This supports the delivery of the Young People at Risk Strategy, Youth Justice Strategy and Alternative Provision interim recommendations.

- We will offer innovative, digital support as well as face to face help which will engage young people who may not otherwise access treatment. Online and telephone support will play an important role in providing support for those on waiting lists. This will be via Kooth ([www.kooth.com](http://www.kooth.com)) an online counselling service with peer support and helpful resources, the Haringey SEND local offer and phone support. The Haringey Local Offer will list increased services for young people and their families to access and health, education and social care professionals will be trained in what is available.
- We will improve working relationships between CAMHS services and Social Care and Youth Offending Services.
- We will continue to work with other CAMHS providers and commissioners across NCL to deliver STP priorities, including the establishment of the New Models of Care (in-patient mental health services), crisis support and home treatment services.
- We will continue to improve the coordination of support for young people with autism/LD and challenging behaviour through Positive Behaviour Support (PBS) training and autism training. This is essential for keeping young people in local schools and living with/near family and friends.
- We will employ Parent Ambassadors as part of the PBS work and support the development of autism services. Experts by experience (parents and carers) are already integral to work in reviewing individual support during the Care Education and Treatment Reviews for young people with autism/learning disabilities and challenging behaviour.
- We will refresh all contract documentation and service specifications to ensure roles and responsibilities of all partners are clear and to ensure robust performance management of providers.
- We will develop a strategic approach to improving commissioning across 0-25 services within existing resources. This is a key requirement within the NHS Long Term and will require some radical rethinking of commissioning and provision.
- We will work to produce an all-age autism strategy with a new commissioning model to reduce fragmentation, particularly in the diagnostic pathway and to review support services that are available for those with a diagnosis.

## 1.5 Governance

This Transformation plan is overseen by a Children and Young People's (CYP) Transformation Executive which meets monthly. Every quarter, the executive meets with a wider range of partners, a CYP reference group, to deliver improvements and monitor progress against this plan (this was formerly known as The CAMHS Transformation Board).

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<sup>4</sup> <https://www.haringey.gov.uk/social-care-and-health/health/public-health/anchor-approach/anchor-approach-information-parents-and-carers>

This multi-agency executive and its reference group are sub groups of the Haringey Joint Partnership and Finance Board which links to the Health and Wellbeing Board and in turn the Council Cabinet and the CCG's Executive Management Team (EMT). With the merger of North Central London CCGs and the advent of a new Borough Partnership which is likely to have a formal children's partnership Board, governance for our CAMHS Transformation Plan will be reviewed further during the latter part of 2019.

Our executive and reference groups have representation across all key stakeholders and partners including parents and carers of service users with a focus on building mature collaborative working relationships.

The Transformation plan oversees financial governance to ensure we can demonstrate year on year increase in spend in line with national mental health investment standards. We report regularly to relevant council and CCG executive Boards including the Haringey CCG Governing Body seminars.

The NCL priorities are overseen by an NCL CAMHS Board which meets bi-monthly and includes representation from providers, commissioners and NHS England.

## **1.6 Key Risks and Issues and Mitigation**

Although there have been some significant achievements in the early stages of the Trailblazer Pilot, there are ongoing risks to delivery of our CAMHS Transformation Programme. There is a need to bear in mind the changing landscape of both the NHS and Social Care systems and the demands and pressures therein that need a coordinated response. Seemingly small funding changes can have a detrimental effect on another part of the local social emotional mental health support offer.

Staff recruitment is a key risk and this can be mitigated through the strong CAMHS Partnership (the CYP Reference Group) who can support recruitment. Increased referrals to services (rising demand) and increasing complexity are also risks to delivery of our programme, particularly the 4 week waiting time initiative.

Collaboration between schools, Early Help, Youth Services, CAMHS, traded services such as Haringey Education Partnership (HEP), Anchor Approach, Educational Psychology and voluntary sector are needed to effectively implement and coordinate programmes.

## **1.7 Equalities Impact on our local population**

A Haringey CAMHS Review undertaken in 2015 by the council and CCG assessed access to and take up of services by GP catchment areas and ethnicity. This data showed that the population of west Haringey was using services far more than those in the east of the Borough. The variation by ethnicity was not conclusive. This review led to specific, needs led commissioning of mental health provision in the east of the borough and has shaped our CAMHS Transformation Programme. Open Door Tottenham has successfully supported BAME communities in a non-stigmatised setting. Schools have commissioned Hope in Tottenham to provide services in 25 schools mainly in the East of the borough. Many vulnerable young people are unable to engage with a variety of services including mental health for a complexity of reasons. The Trailblazer Pilot work was specifically established to overcome such barriers to access by partnering CAMHS practitioners with sports clubs, arts and peer mentors. The strength of partnerships with voluntary sector and charitable organisations in Haringey has been a particular success.



The Trailblazer Pilot work is aimed at addressing health inequalities in the eastern part of the borough. The Haringey Schools and Colleges in Mind (Department for Education funded scheme, Schools Link Programme) will benefit all Haringey Schools, alternative provision and Colleges.

### **1.8 Safeguarding**

An annual health report is produced and discussed at the Haringey Safeguarding Assurance Group (SAG) which reports in to the Haringey Children Safeguarding Partnership. The group is chaired by our GP Governing Body representative for Children and Young People and is managed operationally by the designated nurse for safeguarding children and young people. The health report includes input from CAMHS services and outcomes related to safeguarding are monitored.

The CCG Designated Safeguarding nurse is consulted on service changes and inputs to relevant service specifications. We are also very aware of the significant complexities in statutory working to deliver services for very vulnerable children and young people in care or who have learning disabilities or autism. Of particular importance therefore is the introduction of quarterly safeguarding supervision for the children's commissioning team in Haringey which will lead to further improvements in statutory joint working between the council and CCG on individual cases.

### **1.9 North Central London (NCL) Priorities**

Across North Central London we have an established CAMHS Project Board which focusses on key priorities where it makes sense to work in collaboration across a larger footprint with our neighbouring CCGs. This group is focused on three key priorities which include:

- Development of an NCL Crisis Care Offer 24/7, home treatment, services for 0-25 year olds in line with the NHS Long Term Plan deliverables
- Development of our Specialist Eating Disorder Services which are provided by The Royal Free Hospital
- Development of a Provider Collaborative to deliver a new model of care for CAMHS inpatient beds which will support the development of further community support.

### **1.10 Sustainability**

We are committed to thinking with all partners about sustainability of our local services as we start to approach 2020/21. In Haringey, the Local Transformation Plan (LTP) process has allowed us to invest more fully in community services for the first time. The development of Borough Partnership Arrangements and the introduction of a Start Well Partnership Board will allow us to focus on how we embed CAMHS Transformation as business as usual. As we near the end of the LTP programme, we will be considering how we continue to develop and embed improvement with sustained investment in line with the National Long Term plan ambitions.

Through our local priorities, we are ultimately seeking to improve outcomes for CYP, and their parents and carers, across Haringey in relation to their emotional health and wellbeing. We continue to work toward this goal by working across the whole system, engaging all key stakeholders with the shared vision of improving outcomes for CYP.

As part of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) Programme, the council and CCG have held joint discussions about the possibility of some specific schemes to support care for our most vulnerable children and young people who often

present at the point of crisis with little prevention or early intervention work having been undertaken. We have seen significant rises in 38 week and 52 week out of borough, high cost residential placements for our children with mental health needs and behaviour that challenges which is not sustainable in terms of meeting need nor financially. As part of the 20/21 QIPP planning round, the CCG is working with the council to develop programmes to reverse the trend and refocus on evidence based interventions at earlier stages to ensure as many young people can live, be educated and work in our local area.

All future work streams will be in line with the new NHS Oversight Framework (August 2019).<sup>5</sup>

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<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/08/nhs-oversight-framework-19-20.pdf>