1. SUMMARY

The purpose of this report to summarise the current performance of Waltham Forest Child and Adolescent Mental Health Services (CAMHS) as well as outline the current challenges faced in both commissioning and provision for CAMHS across the partnership. This report outlines the actions being taken to address the challenges and a commitment of working together to make improvements in this area of work.

This report also summarises CAMHS provision in the borough (which is commissioned by different organisations) and how Waltham Forest compares nationally or regionally.

2. RECOMMENDATION

The Committee is asked to review the information within the report, ask questions of witnesses and make recommendations as required.

- Waltham Forest CAMHS performance against the national Five Year Forward View (FYFV) target
- An understanding of the waiting time for children to be seen by specialist worker.
- What are the risks associated with waiting time and waiting list and how these risks being addressed?
- What are the gaps between what CAMHS can meet given current levels of provision, and what the needs are?
- An understanding of how that provision meets the need within the borough
• An understanding of the whole picture of CAMHS provision in the borough (which is commissioned by different organisations). How does this compare nationally or regionally?

• The actions which the Partnership can take to support and improve CAMHS services.

• Note that Waltham Forest has submitted an application to become a trailblazer site under the new Children and Young People’s Mental Health Green Paper ambitions. If this application is successful, this would unlock resources to provide local Mental Health Support Teams (MHST) to deliver evidence based interventions in or close to schools and colleges to address the needs of children and young people.

3. BACKGROUND

Policy Context -¹Five year forward view (fyfv)

Half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24. One in ten children aged five – 16 has a diagnosable problem such as conduct disorder (six percent), anxiety disorder (three percent), Attention Deficit Hyperactivity Disorder (ADHD) (two percent) or depression (two percent). Children from low-income families are at highest risk, three times that of those from the highest. Those with conduct disorder - persistent, disobedient, disruptive and aggressive behavior - are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison.

“1 IN 10 CHILDREN AGED 5-16 YEARS HAVE A DIAGNOSABLE MENTAL HEALTH PROBLEM”

There are a number of targets that CAMH services need to achieve as part of the Five Year Forward View for mental health. They key ones are:

• At least 35 percent of Children and Young People (CYP) with a diagnosable Mental Health (MH) condition receive treatment from an NHS-funded community MH service by 20/21. This is an incremental trajectory and for 18/19 the target is 32 percent.

• By 2020/21, evidence-based community eating disorder services for children and young people will be in place in all areas, ensuring that 95 percent of children in need receive treatment within one week for urgent cases, and four weeks for routine cases. This is an incremental trajectory and for 18/19 the target is 75 percent.

Waltham Forest Position against the FYFV targets

• NHS Waltham Forest CCG commissions North East London Foundation Trust (NELFT) to provide a CAMHS service to provide an access rate of 19 percent for 18/19.

The Eating Disorder services are meeting the 75 percent target.

**Range of Provision**

Waltham Forest CAMHS provide a range of services to children and young people in the borough. Historically, the mainstream service has provided universal telephone assessment for all referrals into the service, followed by either signposting out to community resources, provision of up to six sessions of treatment and/or referral on to a specialist CAMHS pathway; such as neurodevelopmental (issues such as Autism Spectrum Disorder or Attention Deficit Disorder), or emotional and behavioural (e.g. for children who self-harm or have suicidal ideation), to receive more intense support. Changes to the service since 2016, working towards the Thrive model\(^2\), have seen a more flexible approach to addressing need.

In November 2017 NELFT reported two issues to the CCG:

1. Throughout 2017 there had been an increase in the number of referrals, partly as a result of schools being better equipped through training provided to identify and make more appropriate referrals.
2. An increase in the complexity of cases being seen by the service.

As a result there have been issues of capacity in the current service to deal with all referrals in a timely manner. Capacity issues within CAMHS have led to longer waits from referral to treatment.

A joint meeting was held involving executive directors from LA, CCG and NELFT in December. The challenges were discussed along with proposed temporary service changes, raising thresholds for accepting referrals in order to address waiting lists. All members agreed to the increase in the thresholds for a period of six months, 1 January 2018 to 30 June 2018. A CAMHS task and finish group was formed to carry out detailed work to understand the issues in detail and report back to Children’s Health and Well-Being Sub-Committee.

3.1 **Current waiting time information**

NELFT has continuously monitored the waiting times and waiting lists for the three pathways in Specialist CAMHS (tier three).

The most recent data provided by NELFT for September 2018 has been summarised below:

- **Neurodevelopment pathway**
  - There is a waiting list of 78 young people awaiting a full neurodevelopment assessment (ADHD & ASD), the current waiting time for this service is 19.5 months.
  - There are currently 10 young people awaiting an ADHD assessment, the waiting time for this service is five months.

- **Emotional and behavioural difficulties pathway**

\(^2\) [https://iaptus.co.uk/2016/03/thrive-a-new-model-of-care-for-camhs/](https://iaptus.co.uk/2016/03/thrive-a-new-model-of-care-for-camhs/)
There are currently 111 young people awaiting Evidenced Based Psychological Therapy on this pathway awaiting treatment. The waiting time is 35 weeks across the psychology services, with the following breakdown:

- 31 percent of the young people (28) awaiting treatment for complex intervention
- 22 percent of the young people (25) awaiting brief intervention
- 52 percent of the young people (58) are waiting to attend one of the specialist psychological therapy group sessions

In addition to the above data there are children and young people also waiting for the following sessions:

- Five young people are on a list for family therapy of which there is a four week waiting time
- Four young people are waiting for a medical review
- Seven young people are on the waiting list for Individual Parenting, of which there is a 12 week waiting list.

The provider has indicated that, during the six month period of redirecting resources towards high need patients only, the waiting lists prior to assessment have reduced from roughly three months to a matter of weeks. However, due to the waiting lists and times for treatment all new referral increases the waiting times and waiting lists for children and young people to be seen by specialists.

3.2 Task and Finish Group

The purpose of the task and finish group was to undertake the work required to ensure that CYP can be treated / supported by the appropriate services and to drive the projects forward to ensure our young people receive the most appropriate support, whilst awaiting treatment within CAMHS or as an alternative to treatment within CAMHS.

The Task and Finish Group met on three weekly intervals from January 2018 till June 2018 with senior representatives from LA, CCG, provider services, and schools representatives. The group has produced a comprehensive improvement plan which includes the risk register and mitigation plans in order to provide a safe service for CYP in the borough.

Work completed by the task and finish group includes:

- Completion of a comprehensive needs assessment within the borough, including a comparison with other boroughs spend on mental health services for children and young people
- Redesign of the neurodevelopment referral process, to streamline the referrals and reduce the number of CYP experiencing a delay in receiving a comprehensive assessment due to lack of information provided.
- Review of the number of people who have completed and are currently working towards completing a Children and Young People Increasing Access to Psychological Therapy (CYP IAPT) module to provide evidence based treatments and achieve outcomes.
• Review of the current expenditure from Local Authority and CCG and established how the funding has been utilised by the provider

Other work undertaken that is due to be finalised by the end of September, 2018:

• Procurement of a digital support service, to provide support to CYP with an emerging or mild mental health concern.

• Development of a thresholds document for CAMHS, in order for referrers to clearly identify and refer to services that meet a young persons’ needs. This work is based on the recent threshold document developed by local authority children’s services.

3.3 Risk Management

Case Audit

In order to understand the risk of the declined referrals an audit of the declined referrals by CAMHS was completed by the CCG Clinical Director, Head of Early Help Delivery 0-18, Head of Service Multi-Agency Safeguarding Hub (MASH) and CAMHS Operational Lead/Manager. The aim of the audit was to ensure that children and young people whose conditions did not meet the thresholds for the service were offered support within the system. The sub-group reviewed thirty cases, and seven cases were looked at in detail and have noted the following observations:

• Nearly all cases looked at were known to Children’s Social Care (CSC) either in an open capacity or as a historical case.

• The information gained from CSC system would have enabled a broader view of the issues and the context of the concerns.

• CAMHS do not have access to MOSAIC3 and therefore would need to seek third party access to enable them to check cases going forward. This action has been included in the CAMHS project group action plan to be progressed.

• Historically when social workers worked within the CAMHS service, they would have had access to the CSC records.

Review of Pathways

From January 2018 as part of the CAMHS task and finish group programme a multi-agency group was established, a review of the pathways took place with changes being applied to the neurodevelopment pathway to improve the referral processes. The group identified key priority areas which require strengthening including crisis services, emotional and behavioural pathways.

The assessment process for CAMHS has been reviewed to ensure that all children and young people waiting for treatment are risk assessed and a new protocol has

3 MOSAIC is the IT system used by the Multi-Agency Safeguarding Hub (MASH)
been put in place to ensure that children are not put at risk while waiting to receive treatment. A review of the service delivery and models used will be carried out to establish if a more effective and efficient model can be commissioned and implemented in the available resources.

The risks within Specialist CAMHS are managed by:

- Patients on waiting lists are contacted every 12 weeks to assess if their condition has remained static or deteriorated.
- If a patient’s condition has deteriorated, CAMHS have urgent slots available on a daily basis and the patient will be seen at the earliest opportunity for a face to face assessment. (usually same day appointment)
- Families and patients are encouraged to contact CAMHS via the duty number to discuss a decline in mental health and concerns.
- All CAMHS staff are flexible, working across the different pathways to provide support to children and young people and their families, able to move the available capacity across the pathways to meet the needs.
- A digital support service is being commissioned to provide support for children and young people with emerging and mild mental health needs. The aim of the service is to provide support for CYP to increase their recovery and prevent them from experiencing a deterioration of their condition to a point of them requiring more specialist services.
- The CAMHS Project Board will identify the gaps and make recommendations of how the risks can be mitigated for children and young people who do not meet the CAMHS thresholds criteria.

4 ESTABLISHMENT OF CAMHS PROJECT BOARD

Due to the outcome of the needs assessment it was determined that a more senior management and clinical approach will be beneficial in addressing the complexity of the issues and decision-making. Thus, from July 2018, the task and finish group has been replaced by a CAMHS Project Board with senior representation from stakeholders to further progress the work started by the Task and Finish Group. The CAMHS Project Board will involve the Executive and Clinical Directors in fulfilling its functions.

The CAMHS Project Board is jointly chaired by the CCG and Local Authority to establish the issues and complexities of risks, involving executive directors from wider partnerships and provider services. It will develop a project plan to facilitate the improvement required to meet the agreed standards for CAMHS services.

CAMHS Project Board has been established with the following purpose:

- To identify and manage the issues and risks within the CAMHS Service.
• Deliver CAMHS transformation in the borough of Waltham Forest and the local area arrangements within the partnership (CAMHS Project Board).

• The Project Board to agree the priorities and set out the local plan for improvement.

• The Project Board will review relevant issues identified, and more broadly scope compliance against the legislation, and monitor delivery of any required actions.

• The Project Board will take account of the statutory framework for local authorities and clinical commissioning groups to work together to secure CAMHS services for children and young people and will report through the appropriate governance routes within the Local Authority and CCG as detailed below.

The responsibilities of the Project Board are:

• To improve partnership working in relation to monitoring the changing needs of children and young people with mental health concerns (0-18) in the local population and more effectively assess whether or not the available provision is improving their outcomes using appropriate outcome measures.

• To establish a communication and governance framework between the CCG, the Local Authority and Education, that monitors progress against these outcomes on an ongoing basis, and this process must involve the views of children and young people with mental health concerns.

• To clarify the services commissioned to support children & young people with Mental Health needs by health, social care and Education within the local offer to meet the tier requirements.

• The local offer must cover available provision across education, health and social care from the ages of 0 to 18, with details of how these services can be accessed and any admission or eligibility criteria.

• To establish the level of risk within the service and to identify mitigations to support children and young people.

• To ensure the voices of children, young people and their parents are taken into account within the CAMHS pathway and in line with expectations within the Children & Families act (2014)4 and the NHS Constitution5.

• Waltham Forest local area will demonstrate they have a mechanism for engagement with children and young people and their families.

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4 http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted
5 https://www.gov.uk/government/publications/the-nhs-constitution-for-england
4.1 Gaps between what CAMHS can meet given current levels of provision and what the needs are

Underlying Need

Waltham Forest Public Health services completed a needs assessment in May 2018 detailing the key points as:

- Estimated prevalence of CAMHS issues within Waltham Forest, as set by NHS England, is that there are 6,412 individual children and young people aged 0-18 with a diagnosable mental health condition. Of these, an estimated:
  
  - 5000 would be at Tier two, (mild to moderate need)
  - 1350 at Tier three (moderate to highly complex need)
  - 60 at Tier four (severe need requiring crisis support and/or inpatient facilities)

- In addition to these, a further estimated 10,500 children would experience mental health and wellbeing issues below the level of diagnosable conditions (i.e. at Tier one) requiring information, advice, signposting and self-management.

There is a lack of understanding nationally of what level of service provision is available to support children and young people with emerging need, mild to moderate need for early intervention. This issue is currently being addressed by the Children’s Commissioner for England who has sent out a statutory information request under Section 2F of the Children’s Act 2004 requesting information on the provision of services commissioned to provide early intervention and prevention support. The request has been responded to by Local Authorities and CCGs. The CAMHS Project Board will review the returns on 4 October to understand Waltham Forest position and this will be included in the CAMHS transformation plan refresh due by 31 October.

Within the specialist community CAMHS it has been identified by NELFT that as the only children and young people’s specialist mental health services to meet the interim Five Year Forward View access target of 32 percent, they would require the funding of £2,084,196 to recruit an additional 27 clinical staff within the service. In order to meet the full Five Year Forward View access target of 35 percent £2,458,383.50 is required to recruit an additional 32 clinical staff.

In addition, the initial work within the needs assessment indicates that the predicted rise in both population and inflation would require the level of resources to increase by 11 percent over a three-year period, just to maintain current levels of capacity.

There is a gap in provision of early intervention and prevention services provide interventions for bereavement, anger management, mild or emerging mental health needs.

An understanding of how that provision meets the need within the borough
CAMHS Provision

NELFT is the only provider commissioned by both the LA and CCG to provide mental health services for children and young people within the borough. The provider has reported that the CAMHS team are working 33 percent over capacity with the aim of meeting the specialist needs of children and young people with mental health concerns. This is deemed as not sustainable for the service and there is a concern regarding the level of risk within the service.

As of April 2018, 20.9 percent of the estimated numbers of children with a diagnosable mental health condition were receiving treatment (1,300/6,412). This compares to a local target of 23 percent, and the national target of 32 percent for 2018/19.

Public Health are in the process of commissioning a digital support service which will provide support to young people with an emerging mental health concern or mild condition, but will not alleviate the pressure on the specialist service.

As mentioned above the Children’s Commissioner is undertaking an audit of all early intervention and prevention services, including speech and language therapy, to gain a wider understanding of the gaps in service provision nationally.

Safeguarding Board

Waltham Forest Safeguarding Board received a comprehensive report on CAMHS in August 2018 and the following actions have been included in the report which can strengthen CAMHS Services in Waltham Forest.

The CAMHS Project Board action plan is being developed to ensure that a comprehensive approach is taken across the partnership. Potential partnership asks are likely to include:

**Schools**

- Schools need to review what support they provide for their students in the way of traded services and ensure that they have the appropriate support available, as not all schools buy into early help, provide a counsellor, purchase sufficient educational psychology etc.

- Work to the new agreed protocol between schools and CAMHS for neuro development pathway which includes Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder etc. (recently completed with the new referral system)

- Schools and GP practices will need to sign up to the new protocols for referring into CAMHS especially for the neuro development pathway

- All school staff should receive training in mental health and how to support students with their conditions

**Early Intervention**

- Local Authority to increase the commissioning of early intervention services and prevention services, in line with original CAMHS transformation plans
As a partnership, we have submitted an application to become a trailblazer site under the new Children and Young People’s Mental Health Green Paper ambitions. If this application is successful, this would unlock resources to provide local Mental Health Support Teams (MHST) to deliver evidence based interventions in or close to schools and colleges to address the needs of children and young people. However, as there is likely to be substantial national interest in this program, and only a limited number of sites will be chosen, no assumptions should be made about this.

Improving communication

- All services need to use online information and support services links, such as those available via the NHS England website ([www.england.nhs.uk](http://www.england.nhs.uk)).

Training

- Joint training of Children and Families Services, Universal Services and CAMHS workers to understand each other’s remits and thresholds, and develop joint working.

Engagement with CYP

- Identify mental health champions to work with services, schools and GPs on how to promote good mental health and build resilience.

Joint and Collaborative working

- A closer working relationship between Parents’ Forum and CAMHS to improve communication and understanding as well as wider stakeholders
- To develop a system wide risk management for vulnerable children and share responsibilities for mitigating it
- Support potential greater links between CAMHS and MASH

Engagement with Acute Hospital

- More effective management and collaborative arrangement/protocol between Whipps Cross Hospital Children’s Children’ ward, A&E, CAMHS and Highly Specialist CAMHS Services to effectively manage Children and Young People that require mental health support within Whipps Cross Hospital
- An identified lead person at Whipps Cross Hospital and NELFT Highly Specialist CAMHS services for communication regarding availability of beds and issues for resolution.
- Whipps Cross Hospital to develop a training programme which should include the local and national resources available to support children with poor mental health
The CAMHS Project Board will ensure that risks are identified and mitigation put in place.

The CAMHS Project Board will report to the Health & Well Being Board which will take the overall lead. In addition, the CAMHS Project Board will also report to:

- CCG Performance & Quality Board
- Waltham Forest Better Care Fund for CYP
- Waltham Forest Safeguarding Children Board
- Waltham Forest Corporate Parenting Board

The Terms of Reference for the CAMHS Project Board is included as Appendix 3.

5. **BACKGROUND INFORMATION (as defined by Local Government (Access to Information) Act 1985)**

None.
6. APPENDICES

Appendix 1

Scoping of CAMHS provision in the borough

5.1.1 Spend on NELFT specialist community CAMHS

The CCG commissions CAMHS services from NELFT as part of a Mental Health block contract.

The LA commissions the Young People’s Specialist Early Response Service (YPSERS) from NELFT, providing specialist support for looked after children, young offenders and children with substance misuse issues. In addition, the LA contributes £315k per year, representing historic spend on the triage service, which is now separately commissioned.

NELFT has provided the costings for both LA and CCG as below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Indicative specialist community CAMHS costs 17/18 (£’000)</th>
<th>Indicative specialist community CAMHS costs 18/19 (£’000) pay award TBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIAGE (LA Funded)</td>
<td>315</td>
<td>315</td>
</tr>
<tr>
<td>Young Persons Specialist Early Response service (YPSERT) (LA Funded)</td>
<td>380</td>
<td>380</td>
</tr>
<tr>
<td>NELFT (CCG Funded posts)</td>
<td>1,546</td>
<td>1,753</td>
</tr>
<tr>
<td><strong>Total funding</strong></td>
<td><strong>2,241</strong></td>
<td><strong>2,448</strong></td>
</tr>
</tbody>
</table>

In addition to the above, there are other commissioned mental health services that support children and young people, details can be seen below:

<table>
<thead>
<tr>
<th>Description</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional LA funding (premises, primary mental health workers)</td>
<td>£96,000*</td>
<td>£104,000</td>
</tr>
<tr>
<td>ICON (funded via MOPAC)</td>
<td>£32,500</td>
<td></td>
</tr>
<tr>
<td>Eating Disorders for all age. Additional funding from CAMHS transformation grant to enhance existing service for CYP (CCG)</td>
<td>£160,000</td>
<td>£160,000</td>
</tr>
<tr>
<td>Service Description</td>
<td>2017/18</td>
<td>2018/19</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Digital mental wellbeing (IBCF)</td>
<td></td>
<td>£50,000</td>
</tr>
<tr>
<td>Youth Offending Service (CCG NHSE Grant)</td>
<td>£72,000</td>
<td>£72,000</td>
</tr>
<tr>
<td>Interact (jointly funded Crisis support service by 4 CCGs WF &amp; BHR)</td>
<td>£186,000</td>
<td>£186,000</td>
</tr>
</tbody>
</table>

*Resource of £96,000 redirected from Triage at start of 2017/18

In 2018/19, in response to the need within the CAMHS service, the CCG increased investment in CAMHS by £207,000 in April 2018 compared to spend in 2017/18. This funding was to recruit two clinical psychologists and one staff grade Doctor. NELFT has appointed to two of the three posts and expected start date is September 2018. NELFT is also in a process of appointing interim workers to fill these posts, however has proved to be challenging. NELFT has also reported challenges to recruiting to certain staff groups as a result of national shortage of specialist CAMHS workers.
Appendix 2

How does this compare nationally or regionally?

Public Health Benchmarking Exercise
Public Health has undertaken a benchmarking exercise, as part of the needs assessment, to identify funding for children’s mental health across London, taken from CAMHS transformation plans. These figures include wider spend on children’s mental health, beyond just spend on specialist CAMHS services, including eating disorder services; they have excluded funding from other sources (e.g. Youth and Justice). The results can be seen in the table below.

In total, with the 2018/19 resources, Waltham Forest ranks 28th of the 30 areas with spend identified, spending £59 per child aged 5 to 18, compared to a London average of £104 (median £91). When broken down by organisation spend per head, LBWF ranks 12th of 25 local authorities in level of spend, and WF CCG ranks 25th of 25 CCGs (LA/CCG breakdown not available for all boroughs).

<table>
<thead>
<tr>
<th>Council</th>
<th>CCG spend (£k)</th>
<th>LA spend (£k)</th>
<th>LA &amp; CCG spend (£k)</th>
<th>5 to 18 yrs pop. (2017)</th>
<th>18 to 25 yrs pop. (2017)</th>
<th>Total head / 1000</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Harrow* (pg 5)</td>
<td>£2,027 (1617)</td>
<td>£270 (1617)</td>
<td>£2,297 (1617)</td>
<td>43,800</td>
<td></td>
<td>£52</td>
<td></td>
</tr>
<tr>
<td>Bromley (pg 13)</td>
<td>£2,798 (1617)</td>
<td>£448 (1617)</td>
<td>£3,248 (1617)</td>
<td>56,800</td>
<td></td>
<td>£57</td>
<td></td>
</tr>
<tr>
<td><strong>Waltham Forest (18/19)</strong></td>
<td><strong>£2,150 (1819)</strong></td>
<td><strong>£799 (1819)</strong></td>
<td><strong>£2,949 (18/19)</strong></td>
<td><strong>49,514</strong></td>
<td><strong>59,920</strong></td>
<td><strong>£59</strong></td>
<td></td>
</tr>
<tr>
<td>Brent* (pg 6)</td>
<td>£3,064 (1617)</td>
<td>£477 (1617)</td>
<td>£3,541 (1617)</td>
<td>57,000</td>
<td></td>
<td>£62</td>
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<tr>
<td>Hillingdon* (pg 8)</td>
<td>£2,796 (1617)</td>
<td>£668 (1617)</td>
<td>£3,464 (1617)</td>
<td>54,600</td>
<td></td>
<td>£63</td>
<td></td>
</tr>
<tr>
<td>Lewisham (pg 50)</td>
<td>£2,208 (1718)</td>
<td>£940 (1718)</td>
<td>£3,148 (1718)</td>
<td>50,100</td>
<td></td>
<td>£63</td>
<td></td>
</tr>
<tr>
<td>Bexley* (page 63)</td>
<td>£2,126 (1617)</td>
<td>£696 (1617)</td>
<td>£2,822 (1617)</td>
<td>44,300</td>
<td></td>
<td>£64</td>
<td></td>
</tr>
<tr>
<td>Newham* (pg 13)</td>
<td>£2,948 (1516)</td>
<td>£1,378 (1516)</td>
<td>£4,326 (1516)</td>
<td>62,700</td>
<td></td>
<td>£70</td>
<td></td>
</tr>
<tr>
<td>Redbridge* (pg 5)</td>
<td>£3,727 (1718)</td>
<td>£407 (1718)</td>
<td>£4,134 (1718)</td>
<td>57,700</td>
<td></td>
<td>£72</td>
<td></td>
</tr>
<tr>
<td>Sutton (pg 1)</td>
<td>£2,331 (1516)</td>
<td>£392 (1516)</td>
<td>£2,723 (1516)</td>
<td>36,400</td>
<td></td>
<td>£75</td>
<td></td>
</tr>
<tr>
<td>Westminster* (pg 4)</td>
<td>£2,084 (1617)</td>
<td>£620 (1617)</td>
<td>£2,704 (1617)</td>
<td>33,800</td>
<td></td>
<td>£80</td>
<td></td>
</tr>
<tr>
<td>Barnet (page 28)</td>
<td>£4,483 (1617)</td>
<td>£1,142 (1617)</td>
<td>£5,625 (1617)</td>
<td>69,200</td>
<td></td>
<td>£81</td>
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<tr>
<td>Ealing* (pg 5)</td>
<td>£3,435 (1617)</td>
<td>£1,918 (1617)</td>
<td>£5,353 (1617)</td>
<td>60,900</td>
<td></td>
<td>£88</td>
<td></td>
</tr>
<tr>
<td>Rich. U Thames* (p 16)</td>
<td>£2,382 (1718)</td>
<td>£635 (1718)</td>
<td>£3,017 (1718)</td>
<td>34,200</td>
<td></td>
<td>£88</td>
<td></td>
</tr>
<tr>
<td>Enfield* (pg 95)</td>
<td>£5,050 (1718)</td>
<td>£689 (1718)</td>
<td>£5,739 (1718)</td>
<td>64,100</td>
<td></td>
<td>£93</td>
<td></td>
</tr>
<tr>
<td>Havering* (pg 5)</td>
<td>£3,754 (1617)</td>
<td>£252 (1617)</td>
<td>£4,006 (1617)</td>
<td>43,000</td>
<td></td>
<td>£93</td>
<td></td>
</tr>
<tr>
<td>Hounslow* (pg 5)</td>
<td>£3,701 (1617)</td>
<td>£717 (1617)</td>
<td>£4,418 (1617)</td>
<td>46,700</td>
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<td>Greenwich* (pg 36)</td>
<td>£3,765 (1718)</td>
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<td>Bark &amp; Dag* (pg 7)</td>
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<td>Wandsworth* (pg 20)</td>
<td>£4,236 (1718)</td>
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<td>King U Thames* (pg 80)</td>
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<td>Ham &amp; Ful</td>
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<td>Haringey* (pg 25)</td>
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<td>Tower Hamlets* (pg 43)</td>
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<td>£1,735 (1516)</td>
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<td>K &amp; C* (pg 4)</td>
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<td>City &amp; Hackney * (pg 32)</td>
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<td>£1,628 (£1617)</td>
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<td>Islington*(pg 87)</td>
<td>£5,087 (1718)</td>
<td>£1,388 (1718)</td>
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<td>Camden*# (pg 11)</td>
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<td>£8,519 (1718)</td>
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* Explicitly includes CAMHS transformation funds
#total includes additional joint funding

National baseline information is only available prior to the introduction of CAMHS transformation funding.