

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

Medway

October 2015



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Clinical Commissioning Group

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Foreword

The emotional and mental health and well-being of children and young people in Medway is a key priority for Medway CCG, Medway Council and our partner agencies. In Medway we believe that the emotional and mental health and well-being of children and young people is everyone's business. Our vision is for all children and young people in Medway to enjoy good emotional and mental health and to be supported to develop skills and resilience to help cope with life's inevitable adversities.

However, in today's fast-paced, ever-changing society, young people are faced with increasingly complex lives and a diverse set of challenges. For some children and young people, this can lead to emotional problems and mental ill health.

While recognising the many positive outcomes delivered by Kent and Medway's Specialist Child and Adolescent Mental Health Services (CAMHS), the provision of these services in recent years has been hampered by long waiting times for assessment and treatment, as well as inconsistent access to services across the area. Too often mental ill health has been allowed to escalate due to the lack of effective signposting and support at an early stage.

In order to support our children and young people and their families through experiences of mental ill health, we need to provide accessible and appropriate support to overcome difficulties, delivered by appropriate professionals, in an efficient and timely manner.

This requires a radical rethink in terms of how services are commissioned and delivered locally, ensuring that all services and agencies are working together to make the best use of the resources at our disposal. The focus of all services needs to be on early help and support and where enduring problems do emerge, to focus on supporting recovery in partnership with the young person and their family

The Medway Local Transformation Plan sets out our shared commitment and priorities towards achieving a brighter future for children and young people's emotional and mental health and wellbeing, regardless of their circumstances.



Dr Peter Green
Chief Clinical Officer
Medway CCG and
Vice Chair
Medway Health and Wellbeing Board



Barbara Peacock
Director of Children and Adults Services
Medway Council

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

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

Q1. Who is leading the development of this Plan?

(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.)

Medway CCG and Council have joint commissioning arrangements in place for CAMHS and other health and social care programmes through their joint Partnership Commissioning team. The Assistant Director for Partnership Commissioning, Helen Jones is a joint appointment.

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Medway CCG and Medway Council are jointly accountable for the commissioning of CAMHS services in Medway. At the current time Tier 3 specialist services are delivered by Sussex Partnership NHS Foundation Trust as part of a Kent and Medway wide contract with Kent County Council and the 8 Kent and Medway CCGs. Tier 2 services are delivered 'in-house' by Medway Council although clinical management and supervision is through Sussex Partnership.

Specialist Tier 4 services are provided by South London and Maudsley NHS Foundation Trust (SLAM) and co-ordinated by NHS Specialised Commissioning.

Q2. What are you trying to do?

(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?). Please tell us in no more than 300 words

Medway's key objectives as outlined in its Children and Young People's Emotional Health and Wellbeing Strategy are to:

- Promote mental health and emotional wellbeing in schools and colleges;
- Establish Early Help and ensure clear pathways to that Help are known about by the

people who need it;

- Ensure there is accessible information and support that is easier to find by children, young people, families and others in regular contact with children and young people;
- Ensure all schools and services take a “Whole Family” approach in working with children and young people, also having regard to the impact on parents and siblings and family life;
- Provide effective support for recovery following treatment; the development of the resilience skills of every child and young person, and stronger attention given to effective transition at key life stages (e.g., from primary to secondary school; from school to college; and from children to adult health services where these are used).

Key deliverables in support of these objectives will include:

Schools, Colleges and Early Help

- A comprehensive integrated multi-agency workforce development plan
- A clearly defined care pathway for emotional wellbeing and mental health

Accessible services

- Joint-commissioned mental health and emotional wellbeing services which will include:
 - integrated single point of access for early help and specialist services
 - local management and delivery responding to local need (CCG or clustered CCG-level)
 - responsive crisis-care and treatment in home
- Focus on our most vulnerable children, young people and families

Whole Family Approaches

- A ‘whole family’ protocol, defining how parents and carers will be involved and identifying and responding to the needs and/or behaviours of their child or young person

Recovery and Transition

- Long-term aim to develop 0-25 model of services to avoid ‘cliff-face’ transition at 18 years
- A multi-agency ‘step down’ pathway to be developed across all levels of need

(300 words)

Q3. Where have you got to?

(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 *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

Following the publication of *Future in Mind* in April 2015, Medway Council and CCG have developed and consulted widely on a revised 'Children and Young People's Emotional Health and Wellbeing Strategy'. This has been through comprehensive governance including Children and Young People's Overview and Scrutiny Committee, Medway Council Cabinet and the Health and Wellbeing Board. This strategy sets the overarching aims, objectives and principles for future commissioning of CAMHS and related Emotional Health and Wellbeing services.

Medway has also taken significant steps to improve the integration and efficacy of its 'in-house' Tier 2 provision and Single Point of Access by:

- Seconding in an experienced manager from Sussex Partnership NHS Foundation Trust to provide improved clinical supervision and management
- Investing in additional Primary Mental Health Worker and Psychologist support using Parity of Esteem funding
- Relocating the team to be part of locality arrangements with Children's Social Care to ensure an integrated 'team around the family approach' and ensuring the right help is available at the right time

Medway has also sought to address underperformance in relation to Looked After Children by investing in additional psychologist and counselling services.

In terms of future commissioning, Medway is currently scoping the potential for an integrated Children and Young People's Emotional Health and Wellbeing service when the current joint Kent and Medway contract comes to an end in September 2016. The CCG and Council see great potential in an integrated service, including neuro-developmental, Eating Disorders and other related services, enabling a more locally accountable and responsive provision.

What will be different as a result of future commissioning?

Universal

How things are now:

- Inequity of approach and support to universal services to promote emotional wellbeing and teach resilience

Focus for future commissioning:

- Closer working with schools/academies – including a named point of contact within the school for emotional health and wellbeing support (each school already has a named Educational Psychologist)
- Universal provision supported to learn and embed interventions that improve resilience
- Ensure more C&YP are supported through technology and campaigns
- A resilience based approach
- Workforce development Plan across universal provision

Additional need:

How things are now:

- Services are dispersed with a lack of joined up commissioning. Children are referred to different parts of the system with multiple access routes.

Focus for future commissioning:

- Single point of access for C&YP with emotional and mental health needs;
- Ensuring that all interventions are delivered in the right place, at the right time and by the right person/team;
- Whole system monitoring of outcomes;
- Improved integration of other C&YP contracts and services e.g. health visiting and children's centres.

Specialist

How things are now:

- Dispersed and complex service provision resulting in C&YP being referred to the wrong service;
- Long waiting times and inequity across Kent and Medway;
- Not all vulnerable C&YP are able to access the service.

Focus for future commissioning:

- Integrated model of targeted and specialist support;
- Improved consultation with schools/colleges;
- Improved provision for CiC and young offenders.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

The measures outlined in Question 3 above are already underway and we anticipate them to be substantially complete by April 2016.

In addition to this we envisage:

- substantial stakeholder and market engagement around an agreed model and service specification for an integrated Children's and Young People contract which will have been signed off by Medway Council and CCG with a new service in place by October 2016;
- significant development of the Early Help offer and associated pathways in Medway, including the establishment of an Early Help service hub;
- scoping, development and roll out of a training and workforce development plan for schools, colleges and other community/voluntary sector stakeholders and partners to equip and empower individuals to promote and support good mental health. This

training will have a particular emphasis on self-harm;

- sign up to London and SE CYP IAPT learning collaborative as a flexible partner to help enhance and inform future commissioning;
- implementation an all-age neurodevelopment pathway through service and contract reconfiguration and continue work on scoping the interdependencies of other pathway developments;
- investment in additional short-term capacity within the existing Kent and Medway Eating Disorder Service and the scoping of a compliant community based service in partnership with neighbouring Kent CCGs.

Q5. What do you want from a structured programme of transformation support?

Please tell us in no more than 300 words

Medway CCG and Council are committed to improved joined up working and co-commissioning with NHS England in relation to the plans and proposals contained within this Local Transformation Plan. This will require support and engagement with our proposed governance arrangements and timely advice and support in respect of the landscape for specialised commissioning, including potential impacts on local service delivery. In developing Medway's future commissioning plans the CCG and Council would value information sharing in respect of:

- Examples of innovative models
- Examples of evidence based best practice models

Networking and information sharing with colleagues both regionally and nationally is invaluable and Medway would hope to see a structured programme of meetings, seminars and conferences to support this process.

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 Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:	Y	
1. Have been designed with, and are built around the needs of, CYP and their families	Y	pp 6-8 paras. 2.3-2.19 What have stakeholders told us? See also individual SMART Action Plans and Appendix 2
2. 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	Y	pp 6-8 paras 2.3-2.19 What have stakeholders told us? See also individual SMART Action Plans and Appendix 2
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	p 68 Section 11 and Key Lines of Enquiry from Local Assurance Process (Sept 2015)
4. promote collaborative commissioning approaches within and between sectors	Y	p 5 paras 1.22-1.24 p 24 Section 6 Universal/Universal + and

		SMART Action Plan p 36 Section 7 Early Help and SMART Action Plan p 44 Section 8 Complex Needs and SMART Action Plan
Are you part of an existing CYP IAPT collaborative?	N	
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	Y	p 72 paras 13.11-13.14
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	p 12 Section 3 (Needs Analysis) Individual sections re. Action plans in relation to 4 levels of provision
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	p 74 – Section 14 p 78 – Table 11
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	http://www.abettermedway.co.uk/healthymind.aspx
Level of ambition		
Please confirm that your plans are:		
1. based on delivering evidence based practice	Y	Key references – Appendix 3
2. focused on demonstrating improved outcomes	Y	See SMART Action Plans
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	Diversity Impact Assessment – Appendix 1.
Governance		
Please confirm that you have arrangements in place to hold	Y	pp 9-11 paras. 2.20-2.25 and Fig 1 (page 11)

multi-agency boards for delivery		
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	pp 9-11 paras. 2.20-2.25 and Fig 1 (page 11)
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	Y	See individual SMART Action plans and tracker spreadsheet.
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	
Finance		
Please confirm that:		
1. Your plans have been costed	Y	See Tracker spreadsheet and Finance and Investment Breakdown. p 74 Section 14
2. that they are aligned to the funding allocation that you will receive	Y	See Tracker spreadsheet and Finance and Investment Breakdown. p 74 Section 14
3. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	See Tracker spreadsheet and Finance and Investment Breakdown. p 74 Section 14

Name, signature and position of person who has signed off Plan on behalf of local partners

Barbara Peacock, Director of Children and Adult's Services – Medway Council



**Dr Peter Green, Chief Clinical Officer Medway CCG and Vice Chair
Medway Health and Wellbeing Board**



Name signature and position of person who has signed off Plan on behalf of NHS
Specialised Commissioning.

To be confirmed by NHS Specialised Commissioning

1. Introduction

Background

- 1.1 This document develops the principles set out in the Medway Children and Young People's Emotional Wellbeing Strategy and translates them into a series of short and medium term actions, to be taken forward by the CCG and partner agencies in Medway as part of a Local Transformation Plan (LTP) in accordance with national Guidance published to CCGs on 3 August 2015.
- 1.2 In our improvement journey for Children's Services in Medway, a key priority has been taking action to improve the emotional health and wellbeing support for children and young people, by ensuring we have in place a comprehensive offer across the whole system, including education, health and social care.
- 1.3 The improvement journey has shown us how challenging it is to keep in sight and in balance, actions that promote mental health and wellbeing, support mental illness prevention and locate treatment, recovery and rehabilitation in the right place within a holistic service model.
- 1.4 Across Medway there is a high degree of concern about emotional wellbeing and mental health expressed by young people, parents/carers and teachers as well as other health and social care professionals. The Strategy and LTP provides the basis for us to join together with a common purpose to improve our understanding of emotional wellbeing and mental health, to take joint action to bring about better emotional wellbeing outcomes for Medway children and young people and to ensure that information, help and support can be accessed in the right place and at the right time.
- 1.5 This is a broad agenda and a wider effort than the focus on the quality and extent of specialist mental health services, crucial though these are. Specialist mental health teams have high thresholds and limited criteria for access. They are not universal services. They have a vital role to play in treatment yet, if they are overrun by demand, the wait for assessment and treatment quickly becomes unacceptable and unsustainable. Late treatment and support is often less effective and recovery takes longer, with high family, social and financial costs.
- 1.6 Moving on in Medway, we aim to make early help a key objective, to avoid unnecessary waiting and to protect specialist services from distorted working processes.

The Vision

1.7 It is increasingly recognised that there is no health without mental health. It is to everyone's benefit, and to the benefit of their family and community, to understand the development of good mental health and wellbeing, what it consists of, how it can be promoted and protected and how mental ill-health can be prevented and avoided. Also, in circumstances where mental illness cannot be avoided, how best it can be treated, with the young person and family supported onto recovery.

1.8 Medway's LTP will seek to:

- Challenge the stigma of poor emotional wellbeing so that no child or young person is disadvantaged or socially excluded because of their experience of mental ill-health. This will include strengthening whole school approaches, peer mentoring, parenting support and community groups
- Support the whole family in relation to emotional wellbeing, helping parents/carers to build resilience within the family, identify early signs of problems and to access expert advice and support
- Develop emotional wellbeing services in children's centres, primary and secondary schools and community settings
- Ensure those working with children and young people have skills and confidence to identify, seek advice and respond appropriately to emotional wellbeing issues through a multi-agency workforce development programme
- Develop a clear and joined up emotional wellbeing pathway with qualified, supervised mental health practitioners available through a single point of access to assess underlying needs and potential risks at the earliest possible stage before recommending support options
- Ensure specialist assessment of our most vulnerable children and young people's emotional wellbeing needs including looked after children (children in care), care leavers, children and young people in transition, young offenders, children with disabilities and children and young people who have been the victims of sexual abuse and are at risk of developing harmful behaviours.

National policy context

1.9 The development of Medway's Children and Young People's Emotional Wellbeing Strategy has paid close regard to what has emerged in national policy since 2011, including a raft of new strategy, policy and guidance published in March 2015^{1 2 3}. This guidance places a particular focus on the emotional health

¹ Future in Mind (DoH and NHS England, 2015)

and wellbeing of children and young people, including the role of schools and colleges in the delivery of earlier help. Parity of esteem between mental health and physical health in the delivery of health services has been highlighted in several recent national policies.

1.10 The Government policy, **No Health without Mental Health** (DoH 2011) places emphasis on early intervention to prevent serious mental health issues developing, particularly amongst children. It highlights that, in addition to mental health professionals, there are a wide range of professionals and groups who can support and improve a child or young person's psychological wellbeing - including:

- Midwives
- Health visitors
- Children's centre staff
- School teachers
- School nurses
- Community workers
- Youth Offending Team

1.11 These professionals are mostly located in "universal services" and are in a good position to provide early help.

1.12 The update of Government policy, **Closing the Gap: Priorities for essential change in mental health** (DoH, 2014) sets three particular priorities to support the mental health of young people:

- To support schools to identify mental health problems sooner
- To improve support in transition from adolescence to adulthood and
- To improve access to psychological therapies for children and young people

1.13 In October 2014, the Department of Health **published Achieving Better Access to Mental Health Services by 2020**. This emphasises the need to bring about 'parity of esteem' between mental health services and physical health services and to put into place better prevention and early intervention to support children and young people.

1.14 CAMHS strategies are distant from the broader experience of emotional health and wellbeing for most children and young people and are at risk of losing

² Promoting children and young people's emotional health and wellbeing: a whole school and college approach (Public Health England/Children and Young People's Mental Health Coalition, March 2015)

³ Young Minds Report on Children, Young People and Family Engagement (March 2015)

relevance. This point is taken up in the most recent government publication on children and young people's mental health: **Future in Mind** (DoH and NHE, 2015)

Links to other local plans and strategies

- 1.15 The **Medway Council Plan 2013-2015** includes the target that children and young people have the best start in life in Medway, including the commitment to work with partners to ensure the most vulnerable children and young people are safe.
- 1.16 The **Joint Health and Wellbeing Strategy for Medway 2012-2017** sets out five strategic themes, including working together to give every child a good start (theme 1) and improving physical and mental health and wellbeing (theme 4).
- 1.17 Priorities in relation to the health and wellbeing of children and young people are set out in the **Medway Improvement Plan, the Looked After Children Strategy and Medway Clinical Commissioning Group Operational Plan (2014-16)**.
- 1.18 The **Medway Children and Young People's Emotional Wellbeing Strategy 2015** sets a broad agenda around prevention and resilience, with a focus upon developing information, knowledge and skills about emotional wellbeing and mental health; challenging stigma, discrimination and prejudice, so that no child or young person is disadvantaged or socially excluded because of their experience of mental ill-health; and bring early help and better coordination into the system.
- 1.19 This broad agenda incorporates a special focus on a number of vulnerable groups at risk of developing more pronounced and longer-term mental health issues and neurological conditions - including looked after children (children in care), care leavers, children and young people in transition, young offenders and children and young people who have been the victims of sexual abuse and are at risk of developing harmful behaviours.
- 1.20 The Strategy emphasises that to make progress on this broad agenda, partnerships across Education, Health and Social Care will be vital. So, too, will be a strong partnership with Medway young people as respected equals.
- 1.21 It is also recognised that other allied areas of work must be aligned with this Strategy, including the work on Neuro-developmental Care pathways; the Kent and Medway Mental Health Crisis Care concordat; Perinatal Mental Health; the Kent & Medway Suicide Prevention Group; and the Medway Early Help Strategy.

System Co-ordination

1.22 In the recent work of the national Children and Young People National Mental Health and Wellbeing Taskforce a sub-group reported on the Coordinated System. It found that the current system was complicated and fragmented, with a lack of clarity about roles and responsibilities across different parts of the system, including a lack of information. The Taskforce calls for joined up care, a seamless care pathway with a full range of provision; a focus on early intervention to prevent problems before they start and escalate; with children, young people and families involved to make sure services which are commissioned and provided meet their needs.

1.23 This echoes messages heard in Medway from councillors, teachers, health and social care practitioners, as well as from children young people and parents:

- Services must be better connected into the system
- Better and more reliable information, including:
 - a simple blueprint to assist parents and those in regular contact with young people to better recognise the emotional state of young people and to know when to offer help
 - a simple, easily accessible information and guidance for all young people especially at key points of transition in their lives
- Clarity about access and referral pathways
- Support and training to non-clinical staff who must sometimes deal with complex and stressful cases
- Partnerships and services working together
- Supporting parenting programmes

1.24 This lack of co-ordination can also apply within specialist CAMHS service and there is a clear need for greater levels of collaboration and co-commissioning with NHS Specialised Commissioning teams who are responsible for the management and placement of children and young people requiring intensive in-patient support services. Medway's planned governance structure for this LTP and clear commitment to co-commissioning of future service provision should significantly improve this situation.

2 How has the Medway Strategy and Local Transformation Plan been developed?

2.1 In developing both the Strategy and this Local Transformation Plan, partners in Medway have drawn information from a wide range of sources and led a number of engagement activities involving children, young people and families. The purpose has been to gain a fuller understanding of the level of need in Medway and the actions needed to establish a more connected 'whole system' of support around emotional wellbeing.

2.2 The analysis of these findings has also been shaped by awareness of, and sensitivity to, changes that are underway in related services and workstreams – for example, within Medway Council's Early Help offer; with plans to develop integrated services across the health and social care system and the commissioning intentions of Medway's Clinical Commissioning Group (CCG).

Consultation

2.3 The first stage of strategy development (April 2015) was to set out key messages in a draft strategy proposal to engage a wide stakeholder group.

2.4 Stakeholder groups were invited to attend a range of consultation meetings during May and June 2015 (see Appendix 2).

2.5 Different engagement methods were used according to target groups, but the unifying principle was to facilitate engagement with issues set out in the proposal, to understand what resources were known about and used; where there were gaps; and to listen and seek views on what priorities should be set out in the strategy. All stakeholders were also invited to complete a questionnaire to contribute further views and ideas.

2.6 Around 160 stakeholder participants took part in consultation meetings, including young people, parents, school and college teachers, health visitors, Public Health, children centre and nursery staff, special educational needs co-ordinators, educational psychologists, team leaders and service managers, parent groups, voluntary sector team members, and social workers.

2.7 CAMHS professionals were engaged through the emotional wellbeing Task Group which is chaired by GP Clinical leads at the CCG.

Summary of key messages from the strategy consultation

2.8 Below is a summary of key messages:

2.9 There was general interest, good understanding and consensus around what the components of good emotional health and wellbeing are, including:

- Connectedness
- Regulating emotions
- Seeking help from a trusted person of your own choosing
- Dealing with hurt feelings
- Using creative activities for the development of self-esteem

2.10 There was broad support from consultation participants for the five key priority areas set out in the Strategy, namely to:

- Promote good mental health and emotional wellbeing in ante-natal services, pre-school settings and schools and colleges
- Establish Early Help and ensure clear pathways to that Help are known about by the people who need it
- Ensure there is accessible information and support that is easier to find by children, young people, families and others in regular contact with children and young people
- Ensure all schools and services take a “Whole Family” approach in working with children and young people, also having regard to the impact on parents, siblings and family life
- Provide effective support for recovery following treatment; the development of the resilience skills of every child and young person, and stronger attention given to effective transition at key life stages (e.g., from primary to secondary school; from school to college; and from children to adult health services where these are used)

2.11 An important point was made many times that those who are supporting others to protect, promote and improve emotional wellbeing, must look after their own mental health and wellbeing - and be supported in this by the employing organisation through supervision and professional training.

2.12 There was a call to help parents who are struggling with their own emotional wellbeing and mental health because their behaviour is often transmitted to (and through) their children. There was awareness of some of the positive work already addressing this matter and the priority it has been given by the Medway

Children's Safeguarding Board.

- 2.13 There was a very strong case made about emotional health and wellbeing before birth: "It can't start too early" and it is the best investment for life over the longer term. A comprehensive, universal perinatal programme is the place to start, including addressing the change in relationships around birth for parents and the importance of attachment.
- 2.14 Enjoyment as a factor in securing emotional wellbeing came up in many groups: "Do something you love" (Children in Care Council) "Enjoying being a parent" (Under 5s group) and taking part in creative expression through drama to boost your esteem.
- 2.15 There was much discussion about strengthening resilience through building practical and emotional skills to deal with hurt feelings, managing time, regulating emotions, managing stress around exams and change, and developing emotional literacy. Many recognised mental health and emotional wellbeing as something that you do rather than something that you have. There are different ways for seeking help depending on gender and life stage. There was a call to mobilise Personal, Health and Social Education in schools (PHSE) in the service of mental health and wellbeing, and this seems consistent with the recent Teacher Guidance published by PHSE.
- 2.16 There was a call for a simple "blueprint" to assist parents and those in regular contact with young people to recognise the emotional status of the young person to know when to offer help. It was recognised that there are some good national resources, such as those provided online by Young Minds.
- 2.17 Concern was expressed about children, young people and families who may be more socially isolated and not in regular contact with other children because of geographical factors; disabilities; home schooling; caring responsibilities; exclusion; separation from siblings: and for those who have experienced significant loss or bereavement.
- 2.18 There was less discussion of self-harm than anticipated and this did not become a major theme during the consultation. However, we were made aware that this was a cause for anxiety especially for teachers and some schools where incidents of self-harm had taken place. The open approach and group approach used during the consultation may not have been the best method of addressing this issue, and this may require further sensitive follow up.

2.19 The main message through consultation about information was to establish a strong communication strategy to:

- improve the general standard of local knowledge about the pathways to seek help and support
- Provide information about resources to support practical emotional health and wellbeing promotion, for example, through the 5 Ways to Wellbeing, Mental Health First Aid training, PSHE and other teaching and training methods
- Provide information about services. The mapping exercise that consultation participants took part in showed that there were more services than were generally known about

Governance and monitoring process for the Strategy and LTP

2.20 The Medway Children and Young People's Emotional Health and Wellbeing Strategy was approved by Medway's Cabinet in August 2015 following agreement at Overview and Scrutiny Committee in July 2015.

2.21 An outline of this LTP was also endorsed Health and Wellbeing Board on 15th September. However, as Medway's Health and Wellbeing Board does not have executive decision making powers, it is unable to 'sign off' the LTP as required by the guidance. Health and Wellbeing Board will be receiving a final version of the LTP for review and comment in November 2015, prior to publication.

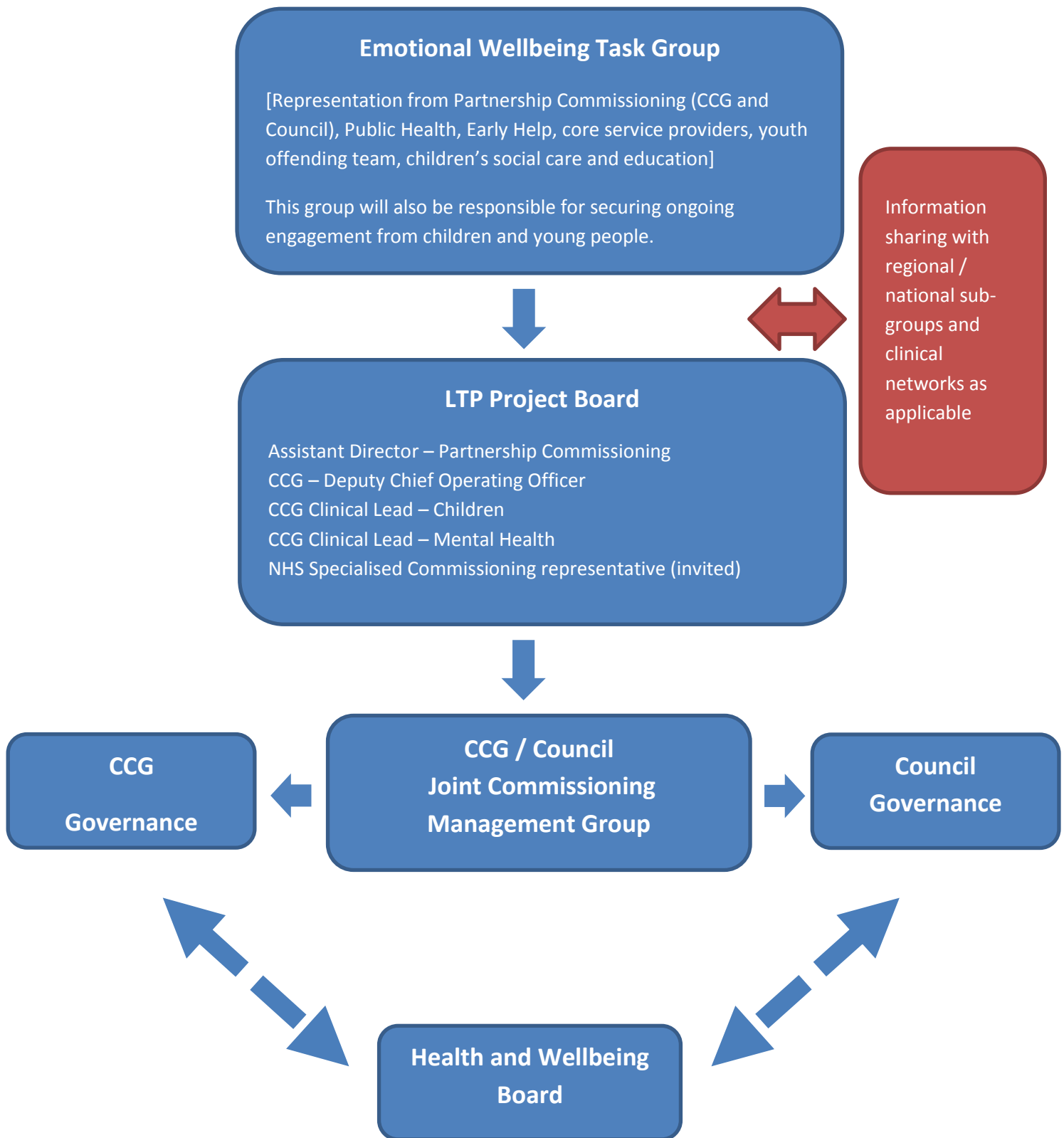
2.22 For the Council, responsibility for CAMHS sits within the portfolio of the Council's Cabinet Member for Children's Services. Therefore the formal sign-off the Medway LTP will be undertaken jointly by the CCG under its governance arrangements and for the Council under delegated authority to the Director of Children and Adult Services in consultation with the Cabinet Member for Children's Services. The CCG's Chief Clinical Officer and the Council's Director of Children and Adult Services are both members of the Medway Health and Wellbeing Board.

2.23 In line with Overview and Scrutiny and Cabinet agreement in July/August 2015 (in relation to the Children's and Young People Emotional Health and Wellbeing and Strategy) it is proposed that the Emotional Wellbeing Task Group leads on taking forward this Local Transformation Plan. The Task Group will report to a Project Board which, in turn, will report to the Joint Commissioning Management Group. Reports will be made available to CCG Governing Body, Overview and Scrutiny and Health and Wellbeing Board as appropriate.

2.24 The Terms of Reference of the Emotional Wellbeing Task Group and LTP Project Board will be determined at their first meetings in November 2015 and appended to this document.

2.25 Medway CCG/Council will ensure that NHS England Specialised Commissioning is invited to participate at both the Task Group and Board level as is deemed appropriate.

Fig 1 - Local Transformation Plan Governance and Reporting Structure



3 Needs analysis

Demographics and key facts

- 3.1 Medway is a coastal authority and conurbation in South East England. It is made up of five towns (Rochester, Gillingham, Strood, Rainham and Chatham) which surround the estuary of the River Medway along the North Kent coast and various outlying villages on the Hoo Peninsula. It is an historic area with a dockyard dating back to the 16th century, which at one time employed thousands of residents. The decline in naval power and shipbuilding led to the closure of the dockyard in 1984; this had a significant impact on the area which is still evident today.
- 3.2 In the last 10 years, regeneration and redevelopment of the dockyard has been undertaken and a new university campus has been built which houses three universities (University of Greenwich, University of Kent and Canterbury Christ Church University). Medway now has a thriving further education system, alongside a burgeoning technological hub.
- 3.3 Medway is a geographically compact area, with a strong military presence and a population of 264,000. There is a growing population and considerable additional housing will be developed over the next ten years. There are now settled Asian, African Caribbean and Eastern European communities, although 85.5% of the population is White British, and generations of families have lived in the same areas of Medway for many years.
- 3.4 The population is expected to grow to almost 323,000 by 2035, an increase of approximately 20% from current population levels. This is above the predicted growth level for England (+15%) and the South East (+17%). Recent growth can be attributed to both natural growth and inward migration.
- 3.5 The largest migratory flows into Medway are from Kent and southeast London. Those moving into Medway are slightly younger than those moving out - this may be explained by the increase in the number of university students.

Joint Strategic Needs Assessment

- 3.6 The Medway Public Health Directorate is currently finalising a joint strategic needs assessment (JSNA) of emotional health and wellbeing for Medway children and young people aged 0-25. The majority of Medway wards have a very high number of people aged 0 to 19. Based on the 2011 ONS Census there were 68,987 people aged 0 to 19 in Medway. Medway has a larger proportion of

people aged 0-14 years and 15-24 years compared to the England average. Projections suggest that children and young people will continue to make up an increasing proportion of the Medway population over the next 20 years. The number of children aged 0-19 is predicted to increase to approximately 72,100 by 2021

3.7 The Benchmarking Tool, developed by the Child and Maternal (ChiMat) Health Intelligence Network, presents a selection of indicators that are most relevant to the health and wellbeing of children and young people in an easily accessible way to support local decision making. Data from this system has been used to support some of the findings below.

3.8 Certain groups of children and young people are at increased risk of developing mental health problems, taking account of background, life experiences, family history and individual emotional, neurological and psychological development. Those groups at increased risk include:

- **Children in Care/Looked After Children:** This includes both children and young people in the formal care of Medway Council and also children and young people in the care of other local authorities but placed in foster care and residential care arrangements in Medway area. Research shows that over a range of health-related issues, including mental health, looked after children have poorer health and social outcomes over the course of their lives. The number of looked after children in Medway is considerably higher than the national average. These risks persist at the stage when young people leave care. CHIMAT/PHOF data suggests that the emotional wellbeing of looked after children in Medway is also worse than the southeast and England average i.e. an average Difficulties score of 16.0 compared to 14.6 for the southeast and 13.9 for England.
- **Children identified as having a disability or Special Educational Need (SEN):** Certain disabilities appear to increase vulnerability to mental health problems, for example, studies show that children who are deaf have a higher rate of emotional and behavioural problems; families with disabled children are more likely to experience social isolation, which is a risk factor for mental health problems in children and adults.

A considerably higher proportion of children in Medway are identified as having SEN compared with the national average. Children with SEN include children with developmental disorders, including diagnosis of Autism spectrum disorder (ASD) which includes Asperger's syndrome and childhood autism; and Attention Deficit Hyperactivity Disorder (ADHD).

Whilst it is recognised that it is difficult to accurately record the numbers of disabled children living in any authority, the Department of Works and Pensions (DWP) suggests that 6% of all children have a disability – in relation to Medway this equates to 4,140 children rising to 4,326 children by 2021. Official figures from the DWP indicate that there are 2,780 children in receipt of Disability Living Allowance in Medway, of whom 250 are below the age of 5, 2,500 are aged between 5 and 18.

According to the Improving Health and Lives web site (IHAL) (<http://www.improvinghealthandlives.org.uk/>) there are currently the following numbers of school age children learning disability and/or who have a diagnosis of Autism who live in Medway:

- 671 children have mild/moderate LD
 - 126 children have severe LD
 - 816 children have diagnosis of ASD
- **Children from the poorest households** are significantly more likely to experience mental health problems. Medway's child poverty rate is significantly higher than both the national and regional averages i.e. 21.2% compared to 14.2% in the southeast.
 - **Children and young people in contact with the criminal justice system:** Based on CHIMAT/PHOF data Medway has a broadly similar number of first time entrants to the youth justice system compared to the regional average. Medway Youth Offending Team work with an average of 140-160 young people (from 10-18 years) at any given time. Approximately 60-80% of young people within the criminal justice system in Medway have a speech, language and/or communication need.
 - **Young carers:** The responsibilities of caring increase the risk of developing mental health problems. Those with a parent who has mental health problems are at increased risk of development mental health problems.
 - **Safeguarding:** In 2013/14, Medway had 777 CAFs and 4289 referrals into social care. There are currently (June 2015) 475 children on a Child Protection Plan; and 431 Looked After Children. There is a need for a concerted effort to build resilience and decrease the impact on children and families of the environmental factors that lead to children being neglected.

The Medway MARAC (Multi Agency Risk Assessment Conference) is the busiest across Kent and Medway and demand is increasing. Additionally, it is becoming more difficult to allocate the practical and emotional support that

victims need due to demand outstripping the supply of Independent Domestic Violence Advisors (IDVA) and support services. Only victims deemed to be at the very highest level of risk, i.e. of serious harm or death, are reviewed at MARAC.

There is a gap in service available for victims deemed to be at a lower level of risk, although the extension of Troubled Families criteria will change that. Medway benefits from a network of community-led One Stop Shops and has worked hard to develop awareness and expertise in the wider workforce. These factors may be driving the high numbers of referrals for support; but does not alter the fact that there are a large number of victims we are currently unable to support – and the impact this is having on children and young people throughout the system.

- **Young people who are NEET:** 7.3% of 16-18 year olds are NEET in Medway (the south east average is 4.2%). These young people often have significant issues in their lives, such as drug use, sexual exploitation, being Looked After, or being homeless. Many will have had difficulties at school around attainment, attendance and behaviour.

The group of young people who are younger and attending school, though thought to be at risk of becoming NEET, is characterised by a propensity to give up on themselves, become disinterested in every aspect of their lives and take big risks. We know we need to understand better the context of these children and young people's lives, so that we can offer them the support they need earlier.

- **Children who live in households where there is alcohol or drug dependency:**

A range of research indicates that there is significantly increased drug use amongst vulnerable young people groups, including Children in Care, persistent absentees and truants, young offenders, young homeless and children whose parents misuse drugs and/or alcohol.

The National Drug Strategy 2010 states that the focus for all activity with young people with drug or alcohol issues should be preventing the escalation of use and harm, including stopping young people becoming adult addicts. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and, particularly, age.

Young people and their needs differ from adults:

- The majority of young people accessing specialist drug and alcohol interventions have problems with alcohol (37%) and cannabis (53%). This requires psychosocial, harm reduction and family interventions. This contrasts with adults who are more likely to require treatment for addiction.
- Most young people need to engage with specialist drug and alcohol interventions for a short period of time, often weeks, before continuing with further support elsewhere through an integrated young people's care plan.
- Those who use drugs or alcohol problematically are likely to be vulnerable and experiencing a range of problems, of which substance misuse is one.

Other sources of evidence

Self-harm

3.9 In recent years there has been a significant rise in the level of self-harm among young people, demonstrated in a 68% increase in hospital admission as a result of non-accidental self-harm between 2002 and 2012.

3.10 There is growing concern about self-harming behaviour in children and young people from schools as evidenced by Self-harm awareness sessions delivered by Medway Public Health in 2014 and during recent Self-harm workshop consultation hosted in Medway in February 2015. The themes from the workshop acknowledged that existing projects and services addressing self harm are working well, but they do not appear to meet the level of need experienced, and there was a need to build capacity around:

- Training for all school professionals, with whole school approach and with parents because it is hard to target who is at risk
- More early intervention before harm escalates
- De-stigmatise the issue of self-harm
- Better evidence base about what is effective - and investment along this pathway
- Improved pathways between Acute Paediatric services and community CAMHS to reduce pressure on the wider system

4 Medway's Future Commissioning Intentions

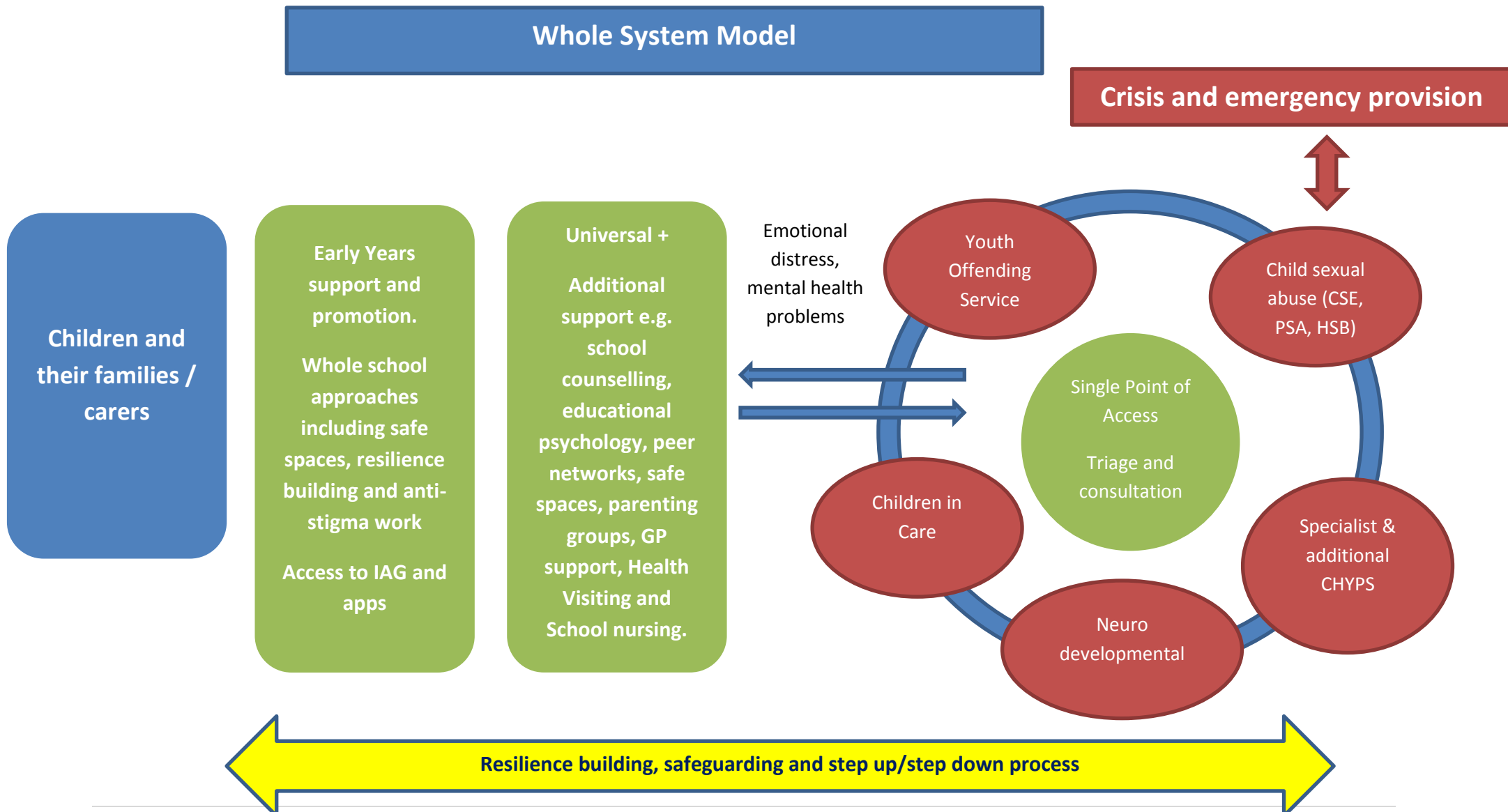
- 4.1 Children and Young People's Mental Health and Wellbeing programmes are commissioned and delivered across a broad range of providers in Medway.
- 4.2 There are currently a limited number of specifically commissioned programmes at **Level 1 (Universal and Universal +)** although Public Health lead several programmes providing training, awareness activity and peer support networks to children and young people and the frontline professionals who work with them. Universal services such as schools, educational psychology, children's centres and the youth service also deliver a wide range of emotional wellbeing programmes and support.
- 4.3 One of the biggest challenges in terms of commissioning **Early Help (Level 2)** is the number of commissioners and purchasers within the system. Schools make their own purchasing decisions in relation to most of the additional support they offer their pupils – and have greater purchasing power than the Local Authority. This reality underlines the need to develop proposals collaboratively.
- 4.4 Jointly commissioning with schools may make better use of each individual organisation's resource, and means that we are not just pooling financial resource, but combining knowledge, expertise and understanding to develop a system to which we are all committed.
- 4.5 It is proposed that we jointly develop specifications that are holistic, in that they incorporate the activities of all relevant practitioners and agencies; and which seek to embed the best evidence based practice to support both universal and selective targeted work. This process will be multi agency and be focussed on collaboration at all levels to make the most effective use of the resource available.
- 4.6 Successful Early Help commissioning will require:
- ensuring that we are using the total resource available to us in the most effective way, by aligning and integrating support – and having shared priorities and objectives
 - prioritising those interventions that have most impact, ideally on a range of outcomes
 - prioritising those interventions which are proven and which offer a clear cost benefit
 - using the low cost and no cost options available to us, by working with communities and businesses to build the environment where our interventions and support will thrive

- 4.7 In terms of services for children and young people with more complex or developed mental health needs, Medway's specialist CAMHS support is currently split between an in-house Tier 2 service (formerly the CAST team) and a Tier 3 service delivered by Sussex Partnership NHS Foundation Trust (SPFT). In recent months, however, the role of SPFT has been extended to include management and clinical oversight/supervision of the Tier 2 team. Medway's Single Point of Access (SPA) is also embedded within the Tier 2 service. Plans are also being developed to co-locate the CAMHS Tier 2 team and Single Point of Access alongside the Integrated Family Support Service and Children's Advice and Duty Service (CADS) to provide a more holistic service, ensuring the right help and support is made available to children, young people and their families at the right time. The Educational Psychology service also offer support at this level for issues that arise within school settings.
- 4.8 At Tier 3 SPFT are commissioned under a Kent and Medway wide contract including the eight Kent and Medway CCGs, Kent County Council (KCC) and Medway Council. Unlike in Medway, SPFT provide both Tier 2 and Tier 3 CAMHS support directly on behalf of the seven Kent CCGs and KCC. West Kent CCG is lead commissioner on behalf of the consortium for Tier 3 services. The existing contract comes to an end on 30 September 2016 and is shortly to be re-tendered by Kent partners.
- 4.9 The existing model of service and the complexity of the contractual arrangements have led to some difficulties in effective commissioning and performance management of the service. Much of this can be attributed to the fragmented nature of the wider system and pathway, lack of appropriately skilled resource at Tier 2 and consequently significant demand for specialist CAMHS support at Tier 3. Medway has also found it challenging to performance manage local concerns under the Tier 3 contract, amidst the competing needs and priorities of Kent County Council and other CCG partners.
- 4.10 There is a significant gap in provision for LAC and Care Leavers in need of specialist mental health and behavioural support services, including flexible counselling services, in particular those in the 15-21 age group. The nature of needs are predominantly in relation to attachment problems, depression, self-harm, anxiety, post-traumatic stress, trauma through previous sexual abuse and other post abuse problems. Other problems highlighted were eating issues, OCD, ASD, ADHD, bipolar disorder, psychosis, anger issues and behaviour.
- 4.11 Concerns have been expressed across the Medway system about the ability of a Kent wide service to meet the needs of Medway children and young people. These concerns have been articulated by the CCG, Children and Young People's

Overview and Scrutiny, Medway Children's Safeguarding Board, Health and Wellbeing Board and Medway External Improvement Board (attended by the DfE and independently chaired).

- 4.12 For these reasons Medway is currently scoping and consulting on the potential for commissioning a local integrated Children's and Young People contract, incorporating a range of interrelated health and wellbeing provision. This would potentially include CAMHS and other supporting and therapeutic services, including specialist provision for LAC. This model will be scoped up further during the late summer/early autumn 2015 prior to a final decision in November 2015.
- 4.13 Whilst we recognise the need to maintain links with service provision in Kent, a key ambition for Medway is to ensure a continuum of care and wrap around services to improve outcomes for children and young people.
- 4.14 Tier 4 services are provided by South London and Maudsley NHS Foundation Trust (SLAM) by NHS England. It provides inpatient and outreach services, and during 2013/14 there were a total of 30 in-patient admissions for Medway. Further discussions will take place with NHS England regarding the potential for further local integration of resources and commissioning at this level.
- 4.15 Other practicalities to consider include sufficiency of provision in relation to Section 136 suites (place of safety) for children and young people detained under the Mental Health Act. Currently this facility is provided at Littlebrook Hospital (Dartford) through Kent and Medway Partnership NHS Foundation Trust (KMPT). Requirements of the Winterbourne and Crisis Care Concordat necessitate a far greater focus on reducing avoidable hospital admissions and supporting children and young people to step-down into the community services at the earliest opportunity.

Fig 2 – Medway’s Proposed Commissioning Model for Children and Young People’s Mental Health and Wellbeing



5 Local Transformation Plan

5.1 The following sections build on the overarching principles agreed with the Medway Children and Young People's Emotional Health and Wellbeing Strategy and local commissioning intentions and develop these into a Local Transformation Plan, reflecting the assurance requirements for additional finances to support the delivery of the national priorities and outcomes set out in Future in Mind.

5.2 It is intended that the Local Transformation Plan is a live document, subject to regular review and the detailed action plans will therefore be subject to further stakeholder engagement and consultation during 2015/16 with a view to a final version being agreed by the end of the 2015 calendar year, thereby underpinning future commissioning plans.

5.3 *Emotional (mental) wellbeing* was defined by the NHS Health Advisory Services as:

- A sense of personal wellbeing
- A capacity to form mutually satisfying relationships with others
- To be able and prepared to adapt within a normal range of psychological and social demands appropriate to a given stage of development
- An ability to learn new skills appropriate to age and development.

5.4 *Mental health* is defined by the World Health Organisation as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, and is able to make a contribution to her or his community.

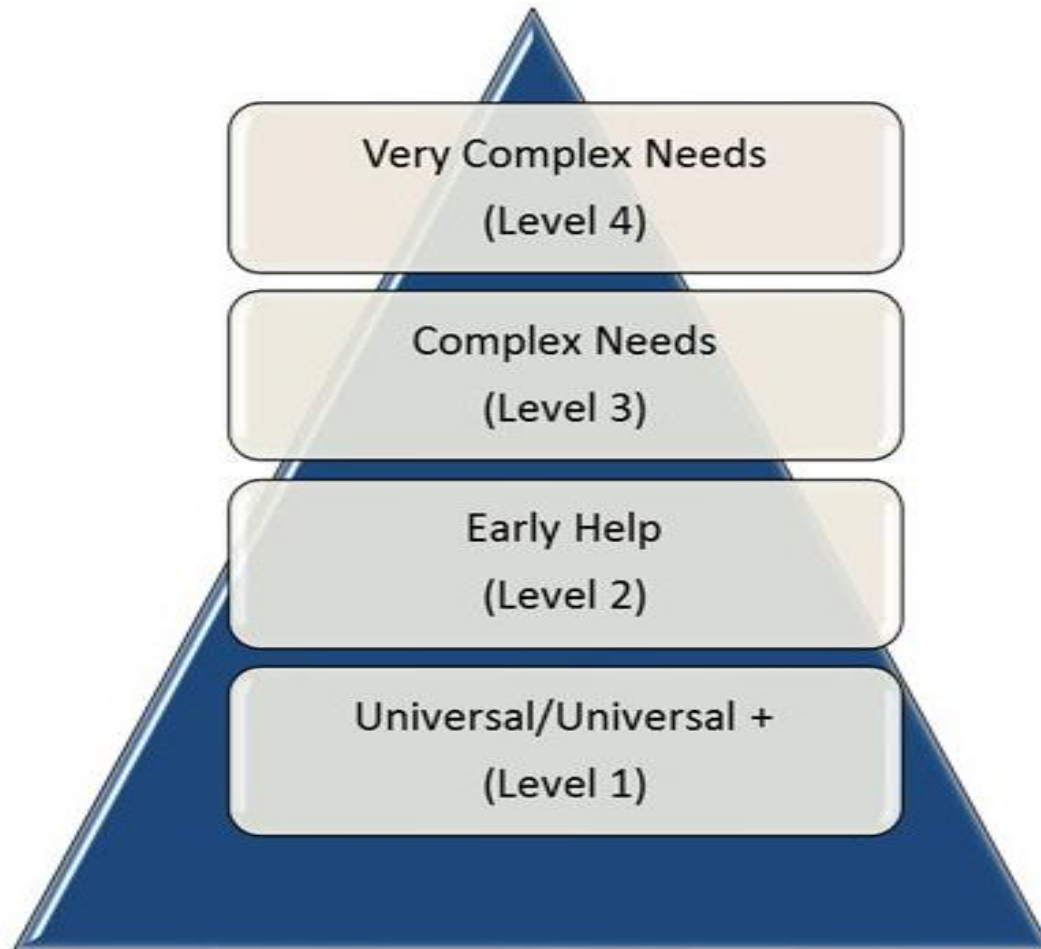
5.5 At an individual level, it is much harder to define and differentiate. Emotional (mental) wellbeing can change rapidly in relation to life events, physical and developmental changes, and the quality of our daily interactions with peers, family, and our wider communities. The ability to withstand challenging circumstances and maintain emotional wellbeing (often called 'resilience') is influenced by a number of factors too, including the quality of relationships within the key domains of home, school or education setting, community and peers (as well as our inherent values, behaviour, and interests – all of which are also shaped by exposure within these key settings).

5.6 This means that no two individuals will necessarily respond in the same way to similar life experiences or circumstances, and those individuals will experience

different levels of need at different times— therefore the support we offer needs to be individually-led throughout.

5.7 To ensure we can meet a range of needs within the system, we are following some broad definitions which describe some of the likely levels within the broad continuum of emotional wellbeing. These definitions are set out in the following diagram:

Fig 3 - Medway Proposed Levels of Provision



6 Universal and Universal + (Level 1)

Current provision and needs assessment

6.1 The significant majority of children, young people and young adults will experience positive emotional wellbeing most of the time, and develop along normal emotional, social and behavioural pathways. They will almost certainly experience challenges, and periods of instability, as part of the process of growing up – but will receive sufficient support from the family, school and wider community to cope with times of stress without serious or long-term impact on their wellbeing.

6.2 '**Universal +**' refers to the support that is often given within universal settings (particularly in early years settings and schools) to nurture those children and young people who are felt to be experiencing a level of temporary difficulty that can be met without further referral: for example, through 1:1 discussions with a pastoral tutor, through nurture groups, 'safe spaces', befriending or mentoring schemes. It is thought that **10 – 15% of children and young people** will need this kind of additional support at some point in their childhood.

6.3 Providing support quickly at this stage can often give sufficient reassurance to address needs and prevent problems escalating.

Who currently delivers support at this level in Medway?

6.4 This will involve professionals with a remit wider than emotional wellbeing, and usually includes:

- GPs, Health Visitors (Healthy Child Programme: Pregnancy and the first five years) and Public Health School Service including School Nurses (Healthy Child Programme 5 - 19)
- Teachers and school staff
- Educational psychologists
- Youth workers, community and voluntary sector group leaders

Meeting need at this level relies upon

- **Promotion of positive emotional wellbeing and reducing stigma:** demonstrating to children and young people how to manage and communicate feelings safely and appropriately (emotional literacy), and where help is available should they need to talk further.
- **Promoting equality and respect for diversity within schools and other universal settings**, including the rights of protected characteristic groups (such as lesbian, gay and bisexual or transgender people).
- **Early help**, in the form of general advice and supportive dialogue from empathetic adults

- **Identification of those who may need some additional help**, by seeking consultation advice from more specialised services.

What have stakeholders told us?

6.5 Strong support was received during consultation for the delivery of mental health promotion, protection and prevention through schools and colleges; and support for treatment and recovery to be delivered through children and young peoples' mental health services that have stronger links to schools and colleges.

6.6 There was also strong support for a change in local attitudes about mental health issues, including support for anti-discrimination and anti-stigma campaigns, linking local and national action and information resources. This included a call for the development of local champions, including peer mentoring, which was highly valued where this had been established in some Medway schools. The power of negative words and the impact of not listening and the impact of avoiding mental health issues were forcefully made by Medway Children in Care Council representatives and the Standout Group members.

6.7 The case for the training of non-clinical staff to recognise the signs when help and support is required was strongly made. This was, however, balanced with an argument that such training "should be more than becoming being better at spotting signs of trouble" and support implementing a school and college approach to maintaining, developing and improving emotional mental health and wellbeing, including "What can we do to help here and now?"

6.8 There was a strong message that it is only by looking after our own emotional health that we can help others. This was particularly in relation to teachers; where there was concern expressed about the pressures they face in relation to targets on academic achievement, especially in secondary schools settings. Teachers, Heads, and school staff must be supported, protected but also challenged - and held accountable where their own attitude about mental wellbeing is negative or undermining. "Teachers should show respect" to students. It was also recognised that teachers and schools needed to be able to get professional advice easily to reduce reliance on referrals, to reduce the gap between recognising mental health issues and the time when support or treatment is put in place.

6.9 The need for improved awareness of mental health came across strongly during consultation and Medway Council and CCG will work with Public Health to ensure better local promotion of national campaigns and initiatives and the roll out of appropriate Mental Health First Aid training to frontline workers and practitioners.

How will Medway deliver improvements through additional investment and reconfiguration of services?

- 6.10 Medway will work to develop the Universal 'offer' for children and young people's emotional health and wellbeing through working collaboratively schools/colleges to empower whole school approaches in relation to emotional literacy, resilience building and emotional wellbeing with involvement from trained clinicians. This will include enhanced coverage of relevant topics in PHSE, learning from good practice elsewhere in the country. Medway will also seek to develop and expand peer support and mentoring schemes for children and young people based on evidence based good practice.
- 6.11 This approach will require a wider offer to schools around workforce development and consultation advice, leading to raised confidence and skill around identifying and appropriately responding to children and young people who have emotional wellbeing difficulties.
- 6.12 Medway will source and/or develop information that is helpful to children, young people, parents and school staff and provide accurate and up to date information about the range of help and services available and how to access them. This information will be disseminated and made accessible via a range of channels including web and social media.
- 6.13 Medway will review, identify and promote best practice in relation to peer support schemes for older teenagers with a view to increasing the proportion of schools and youth settings offering peer support programmes.

Table 1 – Universal and Universal + SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Start date and baseline	Target date and key milestones	Measurements of success KPIs
1.1	<p>Schools to be empowered to deliver whole school approaches in relation to resilience building and emotional wellbeing with involvement from trained clinicians.</p> <p>Schools and colleges to work with children and young people on preparing for transition from primary to secondary schools and from secondary school to college</p>	<p>Whole school and college approach</p> <p>PSHE teaching</p> <p>Peer support scheme</p> <p>In School Reviews (ISR) and training/support from Educational Psychologists</p>	<p>Individual schools and colleges supported by Medway Council Inclusion Service, Educational Psychology and Public Health Team</p>	<p>Underway</p> <p>8 schools engaged to date</p>	<p>Will be offered to all secondary schools by Dec 2015</p>	<p>Number and proportion of Medway Schools delivering PSHE and other emotional wellbeing related activities</p> <p>Number and proportion of education settings delivering e-safety components with PHSE</p> <p>Number and proportion of education settings delivering transition components with PHSE</p>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Start date and baseline	Target date and key milestones	Measurements of success KPIs
1.2	Improve mental health awareness	Local campaigns and promotion. Better local promotion of national campaigns and initiatives. Mental Health First Aid training	Medway Council Public Health team and Educational Psychology	Jan 2016 start (New programme) Underway 12 sessions of MHFA delivered in 2014/15.	Detailed communications plan to be developed by Dec 2015 Target to deliver 20 sessions of MHFA per year from Jan 2016.	Local awareness of campaigns and key messages. No. of Mental Health First Aid trained people and range of settings.
1.3	Deliver information that is helpful to children, young people, parents and school staff.	Live it, Group Work and 'Friends' resilience training delivered by Educational Psychology	Medway Public Health / Educational Psychology / Medway Council /CCG Comms	Sep 2015 and ongoing – some provision already exists.	Full review of existing literature and communication channels by Dec 2015 Inclusion in communication plan from Jan	All schools to have a nominated lead for wellbeing resources, services, training and best practice resources.

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Start date and baseline	Target date and key milestones	Measurements of success KPIs
					2016	
1.4	Wider 'offer' to schools around workforce development and consultation advice, leading to raised confidence and skill around identifying and appropriately responding to children and young people who have emotional wellbeing difficulties.	Develop In School Review programme and associated training and support	Medway Public Health / Educational Psychology / Medway Council /CCG Comms	January 2016 start (New programme)	Target to deliver xx sessions of MHFA per year from Jan 2016. Development of comprehensive workforce development plan in conjunction with stakeholders by Dec 2016	Number and proportion of school staff accessing workforce development opportunities.
1.5	Review, identify and promote best practice in relation to peer support schemes for older teenagers with a view to increasing the proportion of schools and youth settings offering peer support programmes.	Further development of existing peer support schemes e.g. Youth Wellbeing Community (Public Health and 'Friends' and associated group work	Medway Public Health / Educational Psychology / Medway Council /CCG Comms	Underway via Youth Wellbeing Community (see Table 11)	Review of best practice and recommendations developed to support future commissioning by Apr 2016	Number and proportion of education settings offering peer support schemes.

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Start date and baseline	Target date and key milestones	Measurements of success KPIs
		(Educational Psychology)				
1.6		<p>The development of a recovery-orientated approach in local CAMHS services, including a multi-agency step-down from specialist mental health services</p> <p>Schools and colleges to work with children and young people on preparing for transition from primary to secondary</p>	Medway Council/CCG	<p>January 2016 onwards</p> <p>(New programme)</p>	Review of current PHSE lesson plans to include transitions component by Apr 16.	Number and % of children and young people directly included in transitions work and who have a positive experience of change

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Start date and baseline	Target date and key milestones	Measurements of success KPIs
		<p>schools and from secondary school to college</p> <p>Children's and adult mental health services work to support positive transition through implementing transition protocols.</p>				

7 Early Help (Level 2)

Current provision and needs assessment

7.1 **Early help** means doing all we can to prevent or minimise the risks of problems emerging, and responding early if difficulties emerge.

7.2 Early help is a principle to be applied at every level of need (and is therefore one of the key outcomes within the Strategy and LTP) and in this context, we are using the term to describe those children and young people who are experiencing more prolonged periods of emotional, social or behavioural difficulties than can be managed within universal settings, and who would be likely to benefit from some additional support. This might include feelings of low-mood, bullying, anxiety or experience of bereavement.

7.3 It is thought that approximately **7% of children and young people** would benefit from more targeted support within schools or involving external agencies, such as school counsellors. Early Help takes a wide variety of forms, from brief interventions (1:1 or group work) to creative therapeutic interventions (such as play therapy) and more traditional forms of counselling. At the higher end of this spectrum, support is likely to be delivered by paediatricians or by primary mental health workers, usually as a single intervention (as opposed to the multi-modal treatment usually offered at Level 3 and above).

7.4 Early Help needs to recognise and respond to the wider family context and draw in broader support where necessary to ensure that underlying factors are identified and addressed – without which, the impact of any therapeutic intervention is likely to be undermined. Parenting support is often a critical factor, both in relation to understanding the needs of the child or young person, and responding appropriately to their presenting behaviours and symptoms. This is particularly crucial in the perinatal period, when poor mental health is thought to affect at least 10% of mothers.

Who currently delivers support at this level in Medway?

- **Targeted programmes within Children's Centres**, often delivered by Voluntary and Community Sector organisations, midwives and health visitors.
- **School staff**, particularly those with pastoral responsibilities
- **Educational Psychologists, specialist teachers and Portage**
- **Services commissioned through schools or local authorities** (such as school counsellors)
- **Voluntary and community sector services** for children, young people and families supporting family functioning and relationships.

- **Primary Mental Health Workers**
- **Paediatricians** (particularly community paediatricians) and **other therapists** (including Speech & Language Therapists).
- At the higher end of this level: **child and adolescent psychologists** (usually within Children and Young People's Services).

Meeting need at this level relies upon

- **Effective assessment of need** on a multi-agency basis within a clearly defined pathway, which explores and takes account of the broader family functioning, and seeks to address the underlying needs (which may necessitate bringing in support from more than one source).
- Where appropriate, **swift access to an appropriate Early Help service**: with clear communication at the outset with children, young people and families and a shared understanding of what the aims are.
- **A range of effective and adequately resourced Early Help services** to respond to emerging difficulties and prevent further escalation.
- **Building understanding among the child or young person's 'network'** – their family, school, and community links, to reinforce the support being given and reduce the risk of it being inadvertently compromised.
- **Clear step-down plans** to ensure that following an intervention, the child or young person can continue to be supported in universal services, and can access help if they need it again.
- **A clearly defined and communicated care pathway for perinatal mental health** between maternity and health visiting services and specialist mental health services, strengthened by multi-agency workforce development to raise awareness between primary and specialist care of appropriate means of identifying and responding to perinatal mental health needs.

What have stakeholders told us?

Feedback from Early Help workshops – July 2015

“Children's Centres' skills and capacity is being under used at the moment”.

“Schools fund a lot of services, for example Onside and Occupational Therapy – how do we manage that when budgets are used up/already committed?”

“In order to engage confidently with families and get them to accept support, practitioners need to be confident about the supply of services and support.”

“How can we all work together to build parental commitment to early help?”

“Money is an issue...as is capacity. Practitioners in universal services cannot do everything. Sharing good ideas is the key.”

“Working parents are less likely to request help and need evening support.”

“Housing is a massive issue in Medway.”

“Transport costs can be a big barrier to accessing services also. Families who have been evicted or fled domestic abuse often struggle to get their children to school in another part of the borough.”

“We need to think about practical issues, such as how a mother will travel to a parenting programme when she has 6 children.”

“The transitions are key – we need to manage them better – maybe have one plan that we all follow, and which follows a family or child from birth to CC to primary to secondary school.”

How will Medway deliver improvements through additional investment and reconfiguration of services?

7.5 In terms of its **Early Help** capacity, Medway has many strengths. Most schools have a Family Liaison or Home School Support Worker to work with families. Canterbury Christ Church University places postgraduate speech therapists in schools and trainee Health Visitors in Children’s Centres, adding to the overall workforce capacity and ability to refresh professional knowledge.

7.6 Medway’s early years offer outperforms the national average and is the product of sustained commitment to an integrated model that is universally accessible and increasingly successfully targeting parents and families with the highest level of need. The work within Children’s Centres to integrate Health Visitors into the early years workforce is producing improved systems for increasing the reach of the early years offer. Meanwhile, Teams Around the Children’s Centre ensure the needs of children and families who need additional support are assessed in a holistic way, so that the right interventions are put in place. There are additional opportunities to engage Educational Psychology services with Children’s Centres and early years provision.

7.7 Medway has a relatively high level of need at the top end of the early help continuum. This is evidenced by our higher than average numbers of children in care, with substantial and continual pressure around the threshold; the very high figures for MARAC; and the higher than average figures for mental ill health, both among young people and parents.

7.8 The MAfF approach has made an impact, but demand for this intensive level of intervention is high. An edge of care service is being put in place to reduce the pressure on CSC and promote solutions more likely to build resilience. We also want to ensure that where schools are holding cases with a high level of complexity, they have the support they need.

7.9 CAFs are well used, but have not been consistently monitored or quality assured up to now, so we are not sure enough of their effectiveness.

7.10 As elsewhere, provision below the CAF level entails a wide variety of projects, services, interventions and support that tends not to be planned or managed as part of a system, other than around Children's Centres and some particularly enterprising schools. There are some significant gaps in our collective knowledge of what is available at this level of this provision.

7.11 In relation to emotional and psychological support in universal settings, there is a growing desire to see a more coherent approach, so that we achieve the population-wide improvement that we need to make; reduce the pressure on more specialist services; and build resilience into the system to support lower level emotional and psychological needs.

7.12 Short term actions already underway include:

- Integrated Family Support Service (IFSS) and Medway Action for Families (MAfF) key workers combined and clearer access
- Stronger links to social work teams to improve the support we give to families with the most complex needs, including integrating with area based teams
- More support for Teams Around the Family, who will continue to deliver most of early help interventions
- More structured advice and support for practitioners in universal settings, to enhance their ability to provide extra support

7.13 In support of this, work is underway to co-locate the CAMHS Tier 2 team with the IFSS locality teams and Children's Advice and Duty Service (CADS), providing specialist mental health support as part of a multi-disciplinary team around the family approach. The team will continue to be managed and clinically supervised by Sussex Partnership NHS Foundation Trust as part of the wider commissioned service.

Table 2 – Early Help SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
2.1	A well resourced consultation offer from specialist mental health services in Medway, available by email and telephone for professionals from any agency who are concerned about the emotional wellbeing of a child or young person and need advice about the appropriate response	Integration and co-location of the CAMHS Tier 2 service and Single Point of Access (SPA) with the Medway Council Integrated Family Support Service (IFSS) locality teams and Children’s Advice and Duty Service (CADS), providing specialist mental health support as part of a multi-disciplinary team around the family approach. The team will continue to be managed and clinically supervised by Sussex Partnership NHS Foundation Trust as part of the wider	CAMHS Tier 2 commissioned provider (Sussex Partnership NHS Foundation Trust) in partnership with Medway Council Children’s Social Services and Educational Psychology)	Oct 2015 start (New service development)	Staff consultation Oct 2015 Co-location of staff Jan 2015 Service fully operational Apr 2016	Number of consultation contacts by agency and outcome of that consultation % of professionals reporting a positive outcome following consultation advice

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
		commissioned service				
2.2	A single emotional wellbeing pathway into support at Level 2 and above. This should operate with assessment from qualified mental health practitioners to ensure identification of underlying needs and risks, followed by a multi-agency triage process to ensure access to the service best placed to meet need	Integration and co-location of the CAMHS Tier 2 service and Single Point of Access (SPA) with the Medway Council Integrated Family Support Service (IFSS) locality teams and (Children's Advice and Duty Service) CADS, providing specialist mental health support as part of a multi-disciplinary team around the family approach. The team will continue to be managed and clinically supervised by Sussex Partnership NHS Foundation Trust as part of the wider	CAMHS Tier 2 commissioned provider (Sussex Partnership NHS Foundation Trust) in partnership with Medway Council Children's Social Services and Educational Psychology)	Oct 2015 start (New service development)	Staff consultation Oct 2015 Co-location of staff Jan 2015 Service fully operational Apr 2016 Service fully embedded within new commissioning arrangements Apr 2017	% achieving a positive outcome through the single pathway Waiting times from referral to 1 st and 2 nd appointments

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
		commissioned service				
2.3	Elements of support at Level 2 to be structured around and based within schools and community hubs – potentially with the facility to screen self referrals and drop-in contacts and either respond directly or arrange onward referrals	Development of community based hub(s) for Early Help, linked to core triage and assessment service outlined above	Medway Council Early Help services/agencies, led by Medway Council and partner schools/academies e.g. Onside and Educational Psychology	Sep 2015 start (New programme)	School based counselling and therapeutic support service established at New Horizons Academy (Chatham) for January 2016 Other sites to be investigated in 2016	Number of school/hub based services available in Medway Number of self-referral contacts (and outcome) offered in community hubs.
2.4	Multi-agency communications strategy to be developed and implemented in order to improve awareness of the different kinds of support available to meet different	Multi-agency communications strategy to determine most appropriate means of disseminating information e.g. leaflets, advertising, web and social media	Medway Council / CCG	January 2016 onwards	Detailed communications plan to be developed by Dec 2015 (including website review)	Improved awareness and understanding of support available measured through market research Uptake of information (e.g.

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
	emotional wellbeing needs and how and where the support can be accessed					number and % of settings receiving communication materials / accessing online information
2.5	Review existing arrangements and communicate a clearly defined pathway for perinatal mental health, in line with best practice articulated in the refreshed 2015 NICE guidelines	<p>Develop and enhance partnership approach and pathway for perinatal mental health between maternity and health visiting services, CAMHS and adult mental health services</p> <p>Link to multi-agency workforce development plan (4.3) raising awareness among adult mental health services of the needs of pregnant women and new mothers and increasing skills and</p>	CCG and Medway Public Health to jointly lead	January 2016 onwards	<p>Pathway to be reviewed and factored into future service commissioning plans from Apr 16</p> <p>Development of comprehensive workforce development plan in conjunction with stakeholders by Dec 2015</p>	<p>Number of women referred through perinatal mental health care pathway</p> <p>Number and % of frontline staff in related roles undertaking training / awareness raising around perinatal mental health.</p>

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
		confidence among children's centres, midwives, health visitors and OTs in identifying and appropriately referring women experiencing perinatal mental health difficulties.				

8 Complex Needs (Level 3)

Current provision and needs assessment

8.1 A smaller proportion of children and young people (2-3%) will have more significant and sustained difficulties and will require support from specialist mental health services. These difficulties may include severe anxiety or depression, significant neurodevelopmental difficulties, self-harm or sustained eating disorders and early onset psychosis and will often need a multi-modal treatment (i.e. involving more than one mental health practitioner).

8.2 Children and young people accessing support at this level will often have a number of other factors in their lives increasing their vulnerability, such as being in care, experiencing domestic abuse or family breakdown, school exclusion, involvement with the youth justice system, or substance misuse – and specialist mental health services will therefore need to work in close partnership with a variety of other professionals, such as social workers and youth justice workers, as well as with the child or young person and their family to ensure the maximum benefit is reaped from any intervention.

8.3 In order to meet the needs of the most vulnerable children and young people at this level, services need to offer a targeted approach and in some cases, specific 'pathways' – for example, for young offenders or children in care. This is considered in more detail further on within this section.

Who currently delivers support at this level in Medway?

- Primary Care Mental Health workers
- Child and adolescent psychiatrists, clinical child psychologists and psychotherapists (based within Children and Young People's Mental Health Services).
- Community Nurses
- Educational Psychology
- Occupational Therapists
- Speech and Language Therapists, specialist teachers and Educational Psychologists.
- Art, music and drama therapists

8.4 At this level of need, mental health professionals are often working in partnership with social workers, foster carers, Youth Offending Team (YOT) workers, substance misuse practitioners, and alternative education settings.

Meeting need at this level relies upon:

- **Effective triage and risk-assessment** to ensure that those presenting with the highest level of risk access support within appropriate timescales. This process needs to be clinically-led, with greater dialogue between commissioners and those delivering specialist services.
- **Urgent assessment and access to support for children and young people in crisis**, in line with the Crisis Care Concordat, including a place of safety for those requiring assessment under s.136 and other sections of the Mental Health Act.
- **Effective implementation of multi-agency tools and protocols to identify children and young people who have been affected by Child Sexual Exploitation (CSE)**, and rapid access to specialist post-abuse support.
- **Ensure the young people can build their resilience** to cope with life's adversity through building on their existing strengths and positive experiences.
- **Working with, and providing support to, the child or young person's broader 'network'** – their family, school, and community links, to identify and address underlying factors. At this level, it is also likely to require close partnership working with a range of additional professionals such as social workers or youth justice workers.
- **A clearly defined 'step down' pathway**, with partnership agreement in place between services as well as service integration, to ensure that following an intervention, progress can continue to be sustained within early help or universal services, supported by specialist consultation where needed.
- **Targeted outreach and assessment of mental health needs for the most vulnerable groups**, including children in care and young offenders for whom the greater majority (60 – 70%) will have a diagnosable mental health disorder and/or Speech, Language and Communication Needs (which can present as behavioural difficulties and be misdiagnosed).
- **Clear pathways for assessment and treatment of children and young people with learning difficulties neurodevelopmental disorders** (including Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder) to ensure that they (and their families) can access support within the community. This needs to include a strategic multi-agency approach to deliver the Winterbourne View Concordat for disabled children and young people with an autistic spectrum disorder with a learning disability / mental health need and challenging behaviour.
- **Strategic and operational responses to improve the system of care and support for children and young people in a crisis** by working across the system to prevent crisis happening where possible, meeting the needs of

young people in urgent situations and supporting them to move towards recovery.

What have stakeholders told us?

8.5 There was a tendency in workshops and focus groups for discussion to quickly slip from talking about emotional health and wellbeing into talking about mental illness, and the difficulties locally in knowing where to seek help. Specialist services were generally regarded as remote, with restricted access, and in short supply.

8.6 The function of specialist services was perceived to be to help to restore child or young person to an ordinary universal setting with the ability to cope well.

8.7 There was a call for services to be much clearer right from the start about what they can and cannot provide as support. The “tiered” arrangements that are used to organise CAMHS services were perceived as unhelpful in seeking help.

How will Medway deliver improvements through additional investment and reconfiguration of services?

8.8 Medway will promote a greater focus on recovery within emotional wellbeing services.

8.9 When it is necessary to consider transition between services, children, young people and families will be involved in decision-making and be given information and advice to support them in the process. Consideration will be given to reviewing criteria for access to adult mental health services for those already receiving help and support through CAMHS

8.10 Future commissioning will ensure clear and consistent practice around preparing and supporting children, young people and families at the close of interventions, and a clear ‘step down pathway’ involving multiple agencies so that positive outcomes can be sustained. This needs to be planned with them at the beginning of support.

8.11 Services will also be designed to avoid ‘cliff edge’ transition from child to adult mental health services at age 18, particularly for care leavers and other vulnerable young adults and promote a ‘young adult friendly’ approach for 16-25 year olds. This will build on existing transition protocols and CQUIN arrangements between CAMHS and adult mental health services.

8.12 Services need to be integrated, ensuring a continuum of care with minimum service boundaries.

Table 3 – Complex Needs SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
3.1	Support and include the whole family in relation to emotional wellbeing, helping parents to identify early signs and provide support to build resilience within the family setting	<p>Develop whole family partnerships with schools, children’s centres and health services, learning from the work of Medway Action for Families</p> <p>Develop partnerships with Parent Groups</p> <p>Develop and agree a ‘whole family’ protocol, defining how parents and carers will be involved and how the wider needs of the family will be considered</p>	Medway Council	September 2015 onwards (New programme)	<p>LTP Task Group to develop and agree a structure for effective engagement with C&YP and their families including parent groups and partnerships.</p> <p>These groups will help to inform the development of a ‘whole family’ protocol to inform future commissioning plans from Apr 16</p>	Number and % of families reporting positive experience of services working in partnership with the whole family

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
		within assessment of the child's emotional wellbeing				
3.2	Children, young people and families receive support that promotes recovery and experience positive transitions through life stages	The development of a recovery-orientated approach in local CAMHS services, including a multi-agency step-down from specialist mental health services	Medway Council/CCG	January 2016 onwards (New programme)	Recovery orientated approach to be built into future commissioning plans, including co-commissioning with NHSE Specialised Commissioning from Apr 16	Number and % of C&YP admitted to inpatient settings with a clear discharge and step down plan in place. Number of specialist inpatient admissions avoided

9 Meeting the needs of vulnerable groups

Children in Care and Care Leavers

Current Provision

Children in Care

9.1 It is well-evidenced that for children and young people in care to overcome early negative experiences and go on to achieve positive long-term outcomes, the primary need is for support in relation to developing and maintaining emotional wellbeing: a factor that is also crucial to their likelihood of achieving permanence.

9.2 The NICE Quality Standards for the Health and Wellbeing of Looked After Children Young People, produced in 2013, set out clearly the importance of accurate assessment of emotional wellbeing needs: “Looked-after children and young people have particular physical, emotional and behavioural needs related to their earlier experiences before they were looked after. These earlier experiences have an influence on brain development and attachment behaviour. Holistic and accurate assessment is needed to address the specific needs of each child, with multidisciplinary support provided where it is needed. It is important that services are provided in a timely manner to prevent the escalation of challenging behaviour and reduce the risk of placement breakdown; these should be based on the child or young person's needs and not on service availability.”⁴

9.3 In Medway, our LAC numbers saw an increase with 431 LAC at the end of March 2014, compared to 380 in 2013. The 2002 report from the first national survey of the mental health of young people looked after in England found that among young people aged 5-13 years:

- 45% were assessed as having a mental disorder
- 37% had clinically significant conduct disorders
- 12% were assessed as having emotional disorders - anxiety and depression
- 7% were rated as hyperactive

⁴ Quality Statement 5: Tailored resource for corporate parents and providers on health and wellbeing of looked-after children and young people (NICE, 2013). Available at: <http://www.nice.org.uk/about/nice-communities/social-care/tailored-resources/lacyp>

9.4 In Medway, based on a projected LAC population of 406 (the average number of LAC over a six month period up to 31 March 2015), this would equate to 182 LAC with a mental health disorder, 150 with a conduct disorder and 48 with an emotional disorder. Comparing Medway's 2015 SDQ figures with its statistical neighbours shows that Medway has the second highest percentage of LAC, whose scores are within the "cause for concern" group- (49%). Only Telford and Wrekin is higher at 53%. Kent has 41% and SE England 41% (the national average is 37%).

Care leavers

9.5 Care leavers are an equally vulnerable group, and it is widely recognised that their risk of experiencing poor emotional wellbeing is far higher than their peers, and often compounded by transition into adult life.

9.6 The NICE Quality Standards Framework referenced above also recognises that young people leaving care are "particularly vulnerable and need continued support from specialist services", and a number of national reports call for care leavers to be seen as a priority group alongside children in care.

9.7 Young people leaving care may also experience difficulties in accessing services due to the transition from Children and Young People's Mental Health Services, which has traditionally been available for young people up to the age of 18. The recent cross-sector report, Access all Areas (2012) recommends that health and social care partners look at either 'developing specialist emotional health and wellbeing services for 17-25 year olds to address the gap between adult and children's mental health services or extending CAMHS provision to 25 for care leavers'.

9.8 Currently transition arrangements to adult mental health services in Medway are patchy. Adult social care services have a higher threshold for access and this can often mean a significant reduction in the nature and quantity of service provided to Care Leavers from the age of 18.

Meeting need for these children and young people in care and care leavers relies upon:

- **Ensuring young people get support so they can reflect on their strengths**, building and developing their resilience; and actions of services look to strengthen this.
- **Ensuring swift access to specialist mental health assessment** for all children and young people at the point of entry to care.
- **A clearly defined and communicated pathway for children in care to access specialist mental health services**, including clinically-led support for their professional network and foster carers.

- **Children in care and care leavers being able to access early help approaches**, (where this is felt to be safe and appropriate by the specialist professionals working with them and consistent with the Care Plan).
- **Clear communication and partnership working** between clinicians and social workers around the offer available for children in care, expected outcomes, and the process for accessing support.
- **Effective implementation of multi-agency tools and protocols** to identify children and young people in care who have been affected by Child Sexual Exploitation (CSE) and rapid access to specialist post-abuse support. This needs to include a focus on those who have been known to be missing from care, as well as Unaccompanied Asylum-Seeking Children.
- **Access to consultation support from mental health practitioners** for foster carers and social workers.
- **A clearly defined pathway for care leavers to access specialist mental health support**, within a 0-25 model of service.
- **Workforce development** for social workers, Personal Advisors, and foster carers around identifying and responding to emotional wellbeing needs among children and young people in care and care leavers, incorporated in initial training and on-going development programmes.

Who currently delivers support for Children in Care and Care Leavers in Medway?

- CIC CAMHS & Tier 3 CAMHS
- Educational Psychology
- Oakfield's Psychology service
- Tier 2 CAMHS
- Independent Fostering, Residential and Supported Accommodation placements providing therapeutic support as part of the care package for LAC
- All Saints, Post Abuse Service
- NSPCC Face 2 Face
- Chilston (Barnardo's) incl. Harmful Sexualised Behaviours
- Youth Offending Team

What have stakeholders told us?

This is an area of significant concern for the CCG, Medway Children's Safeguarding Board, External Improvement Board and Medway Council.

How will Medway deliver improvements through additional investment and reconfiguration of services?

9.9 Medway CCG and Council are committed to achieving greater integration across all support services to improve outcomes for vulnerable children.

9.10 Medway Council is currently establishing an integrated, community based, multi-agency Edge of Care service. It also plans to establish an integrated continuum of care for Looked After Children and Care Leavers. Both these service 'hubs' are about applying a team around the child approach that will operate as 'one' service bringing together several partner agencies e.g. health, education, domestic abuse, housing and social care.

9.11 Due to the lack of provision in the current model that meets our CiC needs, Medway CCG commissions a dedicated LAC CAMHS, delivered by Oakfield's Psychology. This service already works in a multi-agency way with social care, the LAC nursing service, youth offending team, foster carers and residential providers.

9.12 Future commissioning will ensure that specialist mental health assessments offered to all children and young people at the point of entry to care and a clearly defined pathway developed for children in care and care leavers to access specialist mental health support. This needs to include consultation and advice available for foster carers and the professional network.

9.13 The proposed service model would include:

- Establishing an integrated LAC CAMHS service that works in an integrated way with health and social care and specialist CAMHS
- Flexible service offer with ability to offer a range of different approaches to address the diverse needs of LAC including sexualised behaviour, self-harm, behavioural conduct disorders associated with ASD/ADHD, anxiety, depression, OCD and other risk taking behaviours to name a few
- Undertaking sibling assessments into inform court reports and other therapeutic assessments as required
- Practitioners able to engage effectively with young people and establish trusting relationships, using attachment theory approaches
- Cases seen within two weeks of referral. Current CIC CAMH service responds within four weeks from referral to offer of first choice appointment
- Offer support to foster carers in a range of ways to achieve better placement stability and to secure strong attachments with the children they care for and prevent placement break down
- Offer training and support to social workers and key workers within Medway's own residential provision
- Offer group therapy and a CAMHS drop-in centre

- Care leavers who do not meet threshold for adult mental health but with identified mental or emotional ill health being well supported by dedicated practitioners whom understand the needs of Care Leavers
- Ability of offer group sessions of support to young people

Young Offenders

Current provision and needs assessment

9.14 Medway's Youth Offending Team is co-terminus within Medway Council and Medway Community Healthcare and based at the Strood Youth Centre. Children and young people known to the youth offending team are often some of the most vulnerable, with a range of complex and interconnected factors in their lives that increase the risk of poor outcomes.

9.15 The emotional wellbeing needs of these young people are also complex: a study in 2009 found at least 43% of children and young people with community orders are likely to have emotional and mental health needs⁵,

Emotional wellbeing and Speech, Language and Communication Needs (SLCN)

9.16 Evidence suggests that there may be significant association between poor mental health and SCLN – and significant risk of misdiagnosis. At least 60% of young people known to Youth Offending Teams are likely to have SLCN (against up to 8% in the general population of young people)⁶. In secure settings this figure may rise as high as 90%.

9.17 Pathfinder studies in Kent during 2014 showed that approximately 70% of those in contact with the youth justice system, and 90% of those in custody, had speech, language and communication needs – reducing their ability to access a range of rehabilitation programmes and health interventions. This means that a joint approach is needed.

9.18 There is also now an increased awareness of motor-sensory needs as well as speech, language and communication needs in young people involved in the criminal justice system. There is an awareness that early identification and intervention of needs can prevent young people entering the criminal justice system.

⁵ Healthcare Commission and HMI Probation (February 2009). 'Actions Speak Louder, a second review of healthcare in the community for young people who offend'

⁶ Speech, language and communication needs in the Criminal Justice System and Best Practice responses: Dossier of evidence – (Royal College of Speech and Language Therapists, 2012)

Who currently delivers mental health and emotional wellbeing support for Young Offenders in Medway?

- Youth Offending Team
- Medway Community Healthcare (MCH) – Speech and Language
- Substance misuse service
- CAMHS
- Other therapeutic support services as appropriate e.g. post sexual abuse

Meeting the needs of Young Offenders relies upon

- **A multi-agency response to emotional wellbeing**, with joint assessment taking place between mental health practitioners, speech and language therapists, occupational therapists and substance misuse practitioners to ensure needs are accurately identified and a co-ordinated response given. This joint assessment should be available to all young people at the point of entry to the youth justice system – with a clear partnership agreement between youth justice and health services.
- **A targeted offer and pathway within specialist mental health services for young offenders**, based upon intensive working – with greater representation of mental health practitioners within Youth Offending Teams.
- **Targeted workforce development** around mental health, speech, language and communication and motor sensory needs for social workers, YOT practitioners and foster carers.
- **Working with the young people and family** to provide the most appropriate support to help them achieve goals.

How will Medway deliver improvements through additional investment and reconfiguration of services?

9.19 Medway will seek to build on an existing collaborative and integrated approach between specialist mental health services, speech and language services, occupational therapy, substance misuse and youth offending practitioners to jointly screen and identify appropriate support to meet the needs of young offenders. This includes further development of an existing joint screening tool which has been used effectively to develop strategies and recommendations for sharing with magistrates, police and schools.

9.20 A multi-agency workforce development programme will be developed for social workers, Personal Advisors, Youth Offending Teams, foster carers and Early Help Practitioners around the identification and response to children and young people affected by emotional wellbeing difficulties, included in both initial training and ongoing development.

Young people who have been sexually abused or exploited

Current provision and needs analysis

9.21 For children who have been subject to childhood sexual abuse there is evidence to suggest they are at greater risk of developing behaviours harmful to themselves and others into adulthood. The condition has been likened to Post Traumatic Stress Disorder and requires a specialist response from trained and skilled practitioners.

9.22 Medway Children's Social Care Division have identified a group of young people who exhibit challenging behaviour which it is believed is linked to their experience of childhood sexual abuse. Because of this complexity and level of risk of harm, it is intended to make this a priority area in relation to this strategy's development.

Who currently delivers support to this vulnerable group in Medway?

- All Saints Children's Centre – post abuse and post sexual abuse therapies
- NSPCC (Face 2 face) offers therapeutic support for children who have suffered abuse, support for parents/carers whose children have been abused.
- Children and Young People's ISVA service

Meeting needs for children and young people who have been sexually abused or exploited relies on:

- Focus on prevention programmes grounded in theory and evidence.
- Recognition of different pathways to offending and different types of offender. This implies we need different interventions to prevent individuals from committing child sexual abuse. A one size fits all approach will not be effective.
- Support, advice and training for professionals about how to deal with all aspects of child sexual abuse
- Help for adults and young people who have not yet committed abuse but are struggling with their feelings
- Make information about staying safe easier to access for children with disabilities or learning difficulties
- Community level programmes – we know community engagement and local action are vital.
- Inclusion of online safety in all prevention programmes

How will Medway deliver improvements through additional investment and reconfiguration of services?

9.23 Medway will seek to design and commission specialist mental health service(s) to address the impact of trauma, post abuse, CSE and other mental health related issues based on the outcome of Medway Council/CCG post-abuse service review (2015). This will form part of an integrated children and young people's health and wellbeing contract.

Learning Disabilities and Neurodevelopmental Disorders

Current provision and needs analysis

Neurodevelopmental disorders

9.24 Neurodevelopmental disorders refer to a wide range of different conditions, and the ways in which they present and affect the lives of children and young people varies widely from individual to individual, and at different stages of the life course. Neurodevelopmental disorders include, but are not limited, to Autistic Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD).

9.25 These are not mental health disorders in themselves, but children and young people with neurodevelopmental disorders are at an increased risk of experiencing poor emotional wellbeing. It is also widely recognised that there is significant overlap between neurodevelopmental disorders and Speech, Language and Communication Needs (SLCN).

9.26 Neurodevelopmental disorders can affect children and young people socially (affecting relationships within the family and with peers); educationally (influencing their ability to engage and attain) and psychologically, and as such, a multi-agency approach is needed. However, consultation with Medway children, young people and families suggests that diagnosis takes time and often little support is available afterwards.

Integration and Joint Commissioning

9.27 A number of individual pathways have existed locally to support children and young people affected by emotional wellbeing difficulties, neurodevelopmental disorders and SCLN needs, but recent legislation sets out clear duties for health, social care, and education to collaborate in improving outcomes for children and young people (up to 25) who have Special Educational Needs (SEN) or are disabled. S.25 of the Children and Families Act (2014) requires collaboration to 'promote wellbeing' of these children and young people: a duty which specifically includes their mental health and emotional wellbeing. This is reinforced by s.26 of the Health and Social Care Act 2012 to promote integrated services.

Learning Disabilities

9.28 There are many conditions and syndromes that are encompassed and defined under the umbrella term 'learning disabilities'. A child or young person with a general learning disability finds it more difficult to learn, understand and do things compared with other children of the same age. A learning disability is a reduced intellectual ability and difficulty with everyday activities which affects

someone for their whole life. The degree of disability can vary greatly, being classified as mild, moderate, severe or profound.

9.29 Children and young people with learning disabilities are over six times more likely to have a diagnosable mental health disorder than their peers. In total, over one in three children and adolescents with a learning disability in Britain (36%) have a diagnosable mental health disorder.

9.30 Children with learning disabilities can find it hard to build social relationships, and are more likely to say that they have difficulties getting on with their peers than children without learning disabilities.

9.31 Children and young people with learning disabilities are also much more likely to live in poverty, to have few friends and to have additional long term health problems and disabilities such as epilepsy and sensory impairments. A learning disability is also likely to reduce a child's capacity for finding creative and adaptive solutions to life's challenges. All of these factors are known to have a negative impact on mental health, putting people with learning disabilities at greater risk of developing mental health problems.

9.32 These problems may be worsened for those with greater support needs, particularly if they are unable to communicate about their feelings or communicate their distress.

9.33 It can be difficult to diagnose mental health problems in children and young people with learning disabilities. This can be because:

- Behaviour difficulties are attributed to the learning disability;
- They have unusual/infrequent presentation of symptoms;
- They might not express the symptoms clinicians would expect;
- Medicines taken for physical health problems may mask mental health symptoms.

9.34 The Winterbourne View Concordat sets out a commitment to improve support for people who have mental health difficulties or challenging behaviour as well as learning difficulties and/or neurodevelopmental disorders. This involves a commitment to reducing reliance on in-patient care and supporting more people safely in the community, and a requirement on local authorities and Clinical Commissioning Groups to work together to "commission the range of support which will enable them to lead fulfilling and safe lives in their communities"⁷

⁷ Winterbourne View Review Concordat: Programme of Action (DH, 2012)

9.35 Medway's SMART Action Plan (ref 4.6) includes consideration of an enhanced assertive outreach team (building on the Home Treatment Team already delivered by Sussex Partnership NHS Foundation Trust) modelled on Positive Behavioural Support (PBS), that will respond to the needs of these children and young people with a local intensive support offer to reduce the risk of family breakdown, improve the resilience of local schools and community services and support young people to return from out of county placements to more local provision. A core element of this approach will include the assessment and support of children and young people's emotional wellbeing.

Meeting needs for this vulnerable group relies upon:

- **Ensuring young people get support so they can reflect on their strengths**, building and developing their resilience; and actions of services look to strengthen this.
- **Supporting children and young people to feel safe and included within their educational setting** (see www.whataboutus.org.uk).
- **Ensuring that Education, Health and Care (EHC) Plans take account of emotional wellbeing and mental health needs**
- **Broader understanding and confidence within in wider children's workforce** around identifying and responding appropriately to children and young people with learning disabilities, neurodevelopmental disorders (particularly Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder) and those with challenging behaviour. This will need to be part of a multi-agency workforce development programme, with defined standards and competencies.
- **Implementation of the children and young people's element of the Winterbourne View Concordat**
- **Specialist parenting support groups**, overseen by trained and experienced mental health / LD practitioners – with the aim of empowering families to be able to support one another over the longer-term.
- **A careful approach to transition**, planning well in advance with children, young people, families.
- **A joined up neurodevelopmental pathway** involving a range of multi-agency professionals, including health, social care and education. This needs to be followed by more collaborative models of procurement around community support for children, young people and their families affected by neurodevelopmental disorders. Commissioning approaches for these children and young people needs to be shaped by the principles set out in Ensuring Quality Services (Local Government Association and NHS England 2014).

How will Medway deliver improvements through additional investment and reconfiguration of services?

- 9.36 Medway will seek to develop and enhance a community support model for children, young people and their families affected by learning disabilities and/or neurodevelopmental disorders, including specialist parenting support.
- 9.37 Medway will design and commission an intensive support service within the community around positive behavioural support for children and young people with learning disabilities.

Table 4 – Vulnerable Groups SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
4.1	Specialist mental health assessment to be offered to <u>all</u> children and young people at the point of entry to care and a clearly defined pathway developed for children in care and care leavers to access specialist mental health support. This needs to include consultation and advice available for foster carers and the professional network	Specialist mental health assessment to be offered to children and young people at the point of entry to care and a clearly defined pathway for children in care and care leavers to access specialist health support Children in Care and Care Leavers should also be considered for access to early help approaches where this is felt to be safe and appropriate	CAMHS Tier 3 provider in partnership with Medway Council 0-25 Social Work teams	To be included in new service specifications (October 2016)	Work with existing provider(s) to improve capacity to support Looked After Children, including additional capacity through Oakfield's psychology from October 2016.	Number and % of Medway children in care receiving specialist mental health assessment at the point of entry to care Number and % of Care Leavers accessing emotional wellbeing support
4.2	Build on the existing collaborative approach between specialist mental health services,	Inclusion within integrated Children and Young People's commissioning plans	Medway Council / CCG Partnership Commissioning	September 2015 and ongoing	Review potential service gaps in order to inform future	Number of multi-agency screenings undertaken

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
	<p>speech and language services, occupational therapy, substance misuse and youth offending practitioners to jointly screen and identify appropriate support to meet the needs of young offenders</p> <p>This needs to include the development of a bespoke pathway for young offenders to access specialist mental health support</p>	<p>– post October 2016</p> <p>Development of a bespoke pathway for young offenders to access specialist mental health support</p>		<p>To be included in new service specifications (October 2016)</p>	<p>commissioning plans (Apr 16)</p>	<p>Number and % of young offenders receiving joint screening of needs</p>
4.3	<p>Multi-agency workforce development programme for social workers, Personal Advisors, Youth Offending Teams, foster carers and Early Help Practitioners around the identification and response to children and</p>	<p>Review of existing training offered to frontline staff</p> <p>Identification of gaps and inclusion of key aspects e.g.</p> <ul style="list-style-type: none"> • Mental Health First Aid 	<p>Medway Council Public Health and Partnership Commissioning</p>	<p>Roll out from Jan 2016 onwards</p> <p>(New programme)</p>	<p>Development of comprehensive workforce development plan in conjunction with stakeholders by Dec 2015</p>	<p>Number and % of frontline staff (by agency) accessing workforce development opportunities</p>

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
	young people affected by emotional wellbeing difficulties, included in both initial training and ongoing development	<ul style="list-style-type: none"> • E-safety, Safeguarding • Child development and behaviour management • Child Sexual Exploitation and online safety • Parental mental health • Alcohol, smoking and drug use • Sex and relationships 				
4.4	Design and commission specialist mental health service(s) to address the impact of trauma, post abuse, CSE and other mental health related issues based on the outcome of Medway Council/CCG service review (2015)	Inclusion within integrated Children and Young People's commissioning plans from October 2016 and building on existing commissioned programmes e.g. All Saints Children's	Medway Council / CCG Partnership Commissioning	Inclusion in future commissioning plans from October 2016 onwards	Review and gap analysis of existing post abuse and post trauma services (Dec 2015) Short term improvements, including streamlining	Number and % of frontline staff reporting improved knowledge and skills Number and % of children and young people

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
		Centre Art and Play Therapy programmes and Educational Psychology support for 'sad' events and critical incidents			referrals via Single Point of Access (Sep 15)	identified as CSE victims accessing appropriate post abuse support % achieving a positive outcome through the service
4.5	Design and commission a community support model for children, young people and their families affected by learning disabilities and/or neurodevelopmental disorders , including specialist parenting support (needs to also be embedded with Universal / Universal + provision)	Inclusion within integrated Children and Young People's commissioning plans for October 2016	Medway Council / CCG Partnership Commissioning	Inclusion in future commissioning plans from October 2016 onwards	Review and gap analysis of existing support for families affected by LD or neurodevelopmental disorders (Dec 2015)	Number of children and young people accessing community support. Number of parents accessing parenting support. % achieving a positive outcome through the support service
4.6	Design and commission an intensive support	Inclusion within integrated Children	Medway Council / CCG	Inclusion in future	Review and gap analysis of existing	Number of children and

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
	service within the community around positive behavioural support for children and young people with learning disabilities	and Young People's commissioning plans for October 2016	Partnership Commissioning	commissioning plans from October 2016 onwards	behaviour support for children and young people with learning disabilities (Dec 2015)	young people accessing intensive support service as an alternative to in-patient care % achieving a positive outcome through the support service
4.7	Review and commission a community support pathway for children and young people and their families affected by eating disorders	Inclusion within integrated Children and Young People's commissioning plans for October 2016	Medway Council / CCG Partnership Commissioning and identified Kent CCG partners	Inclusion in future commissioning plans from October 2016 onwards	Review and gap analysis of existing eating disorder services in relation to NICE Guidance and Waiting Time standards and detailed scoping of new service for inclusion within future commissioning plans (Apr 2016)	Number and % accessing community support through the pathway Number and % of C&YP receiving a service in line with new waiting time standards. Reduction in inpatient admissions
4.8	Review practice against NICE guidelines for	Inclusion within integrated Children	Medway Council / CCG	Inclusion in future	Review and gap analysis of existing	Number and % receiving

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
	responding to the needs of children and young people affected by self-harm and identify evidence-based interventions to meet need	and Young People's commissioning plans for October 2016	Partnership Commissioning. Medway Public Health	commissioning plans from October 2016 onwards	self harm support services in relation to NICE Guidance and detailed scoping of evidence based interventions for inclusion within future commissioning plans (Apr 2016)	evidence based interventions for self harm. . % achieving a positive outcome through these services

10 Very Complex Needs (Level 4)

Current Provision and needs assessment

10.1 Children and young people at this level of need are experiencing episodes of being seriously mentally ill to the extent that they require in-patient support, or intensive intervention and monitoring within the community. These difficulties may include conditions such as significant eating disorders, emerging borderline personality disorder, schizophrenia or suicidality.

10.2 Revised estimates suggest that approximately 0.75% of children and young people may need support at this level, equating to approximately 300 children and young people in Medway.

Who currently delivers support at this level for Medway Children and Young People?

- Specialists within acute child and adolescent in-patient settings.
- Specialist outreach, day and outpatient services
- Psychiatric Intensive Care Units
- Staff within secure and semi-secure accommodation and forensic provision.

Meeting need at this level relies upon:

- **Appropriate places of safety** for children and young people who need to be accommodated under the Mental Health Act.
- **Effective out-of-hours crisis services** and **paediatric liaison teams** within acute hospitals
- **Tier 3.5 assertive outreach** and **Home Treatment** teams, to prevent admission and facilitate discharge among the highest risk children and young people.
- **Effective partnership between commissioners** of Level 4 services (NHS England) and local Clinical Commissioning Groups, responsible for commissioning specialist mental health services at Level 3.

How will Medway deliver improvements through additional investment and reconfiguration of services?

10.3 Medway will seek opportunities for local provision of 38 week and 52 week bed-based services for children and young people with learning disabilities, neuro-developmental disorders and comorbid mental health issues. This will include the development of a 'Tier 4' provision at Rivermead Hospital school for 6 to 8 children and young people. The provision will be supported by local CAMHS services and ensure that children and young people are able to be better

supported by their families, rather than being accommodated out of area because if the complexity of their needs.

10.4 Medway will ensure closer co-ordination and collaboration with NHS England and local Tier 4 services provided through Specialised Commissioning under more localised contractual arrangements.

Table 5 – Very Complex Needs SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	Start date and baseline	Target date and key milestones	Measurements of success
5.1	Young people and their families require timely access to appropriately staffed mental health inpatient facilities for those young people requiring admission that should be geographically close to their family and community	Effective collaboration and brokerage agreements between Tier 3 commissioned CAMHS services and NHS England Specialist Commissioning teams	NHS England Specialised Commissioning Teams in conjunction with Medway CCG / Council	Improved co-commissioning arrangements to be established under governance arrangements for this LTP (Dec 2015)	Clear and coherent co-commissioning plans to be included within future commissioning plans (Apr 2016)	Number and % accessing in-patient support within recommended timescales Average distance placed from home
5.2	Develop and enhance assertive outreach teams to prevent admission and facilitate discharge where appropriate	Inclusion within integrated Children and Young People's commissioning plans for October 2016	Medway CCG Partnership Commissioning, and NHS Specialist Commissioning	Improved co-commissioning arrangements to be established under governance arrangements for this LTP (Dec 2015)	Clear and coherent co-commissioning plans to be included within future commissioning plans (Apr 2016)	Number and % of children and young people at risk of crisis/placement breakdown supported and sustained within the community. Number and % of children and young people safely and effectively

						supported back into the community within 72 hours of admission.
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11 Collaboration with NHS England and specialised commissioning teams

- 11.1 Medway CCG/Council, in partnership with Kent County Council and Kent CCGs have good collaborative working arrangements in place with NHS England specialised commissioning teams and Health and Justice teams who have direct commissioning responsibility for Children and Young People's Secure Estate. This includes transition to and from secure settings to the community for children placed on both youth justice and welfare grounds.
- 11.2 Examples of collaborative working include the recent commissioning of a children's Independent Sexual Violence Advisor (ISVA) by Kent Police and NHS England in response to a gap in service identified as part of the SARC and wider sexual abuse/assault response services in Kent and Medway. This service has been commissioned for 12 months until 31 March 2016 and will be reviewed in terms of the required scope for future commissioning and potential resource input from partner agencies.
- 11.3 Medway Council's Access to Resources (ART) team is responsible for liaising with partner agencies to secure appropriate placements for children and young people stepping down from secure settings to community in partnership with the CAMHS service and commissioners where applicable.
- 11.4 There is more that can and will be done to improve and streamline these working relationships and Medway CCG are committed to working closely with NHS England colleagues in shaping future CAMHS provision as set out in proposed governance and monitoring arrangements in Section 2 of this document.

12 Improving the data and IT infrastructure

- 12.1 Medway recognise that in a devolved system good data is essential. Robust service planning is based on good information and requires access to data demonstrating outputs and outcomes. It is noted that data set development is underway to combine the current Mental Health and Learning Disabilities Data Set (MHLDDS) v1.1 and CAMHS v2.0, forming the new Mental Health Services Data Set (MHSDS). This new data set will include the specifications for providers of eating disorder services to use to measure referral to treatment pathway activity and outcomes for the assessment and treatment of children and young people.
- 12.2 It is noted that the Information Standards Notice which mandates the NHS and system suppliers to make the relevant changes was published on 16 July 2015. Providers are mandated to begin collecting the relevant data no later than 1 January 2016;
- 12.3 Medway's future CAMHS commissioning will put in place plans for the collection of the MHSDS. These plans will include both changes and improvements to system infrastructure and training programmes for clinical, administrative and managerial staff on how to record the data and in feedback and monitoring in treatment sessions to the benefit of their clients.

13 Other key actions required for 2015/16

Developing best evidence based community Eating Disorder services for children and young people

- 13.1 Joint commissioning guidance from NHS England and the National Collaborating Centre for Mental Health (NCCMH) published alongside the LTP Guidance defines a best practice model of care and waiting and access standards for Eating Disorder services for children and young people.
- 13.2 The National Institute for Clinical Excellence (NICE) makes recommendations for the identification, treatment and management of a range of eating disorders in primary, secondary and tertiary care for children and young people aged 8 and above. Assessments should be comprehensive and include physical, psychological and social needs and a comprehensive assessment of risk to self. Whole-family approaches may be particularly important in supporting the child or young person. (NICE guidance Jan 2004).
- 13.3 Medway are committed to providing an accessible, high quality community based Eating Disorders Service (EDS) in line with published guidance. It is recognised that current EDS commissioned through CAMHS as part of the current Kent and Medway contract are inadequate and that there is disparity across Kent and Medway in terms of access to services, long waiting lists and a disproportionate amount of funding being spent on out of area placements.
- 13.4 The recommended minimum population size for a service, as recommended by the guidance is 500,000. Medway's population is just over half of that and therefore it will be necessary and potentially beneficial for the CCG to collaborate. Provisional dialogue is underway with neighbouring north Kent CCGs (DGS and Swale) about collaborative opportunities for future commissioning as well as with Sussex Partnership NHS Foundation Trust (incumbent provider) about potential short-term interventions to improve the current service and prepare the ground for future commissioning.
- 13.5 It is anticipated that a proportion of the EDS funding for 15/16 will be spent on commissioning resource to scope and develop a local service specification and model in line with the guidance. Other options currently being explored with the incumbent CAMHS provider includes:
- Training for appointed and existing staff
 - nurse educator (fixed term) to support new staff and develop links with local training providers to develop accredited local training

- SPHYGS/scales/equipment
- Project management to scope service/alignment of ageless pathway for tier 3 and Home Treatment Team (HTT)
- Books on prescription/development of online library
- Training for universal and targeted services in pathway and early identification

13.6 Any unallocated funding in 2015/16 will be invested in schools and colleges' workforce development and training, with specific emphasis on self-harm.

Working with schools: joint training pilots

13.7 Future in Mind emphasised the importance of schools in supporting children and young people to develop resilience and good emotional and psychological health. Schools play an important role in the lives of our children and young people and teachers can often be the first professional to raise concern.

13.8 There are a number of professionals in school settings who are well placed to offer support, from SENCOs, Educational Psychologists, school nurses, school counsellors and pastoral care staff. Future in Mind proposed that local child and adolescent mental health services develop links to schools through named contacts with the aim of making mental health support more visible and easily accessible, and to improve communication.

13.9 Medway applied to participate in the national joint training pilots promoted by NHS England but regrettably was unsuccessful. Despite this, schools and other universal settings are central to the preventative approach we are seeking to build. Ultimately, we want to develop a set of universally known and understood messages about child development, to equip parents with the knowledge and skills they need – but we need to start with practitioners.

13.10 We are currently reviewing all options, including joint commissioning with schools and placing a primary mental health worker in schools; to improve understanding of emotional and mental health and ensure that schools are commissioning the right kind of support to meet the needs that children are most likely to have.

Participation in the Children and Young People's Improving Access to Psychological Therapies service transformation programme (CYP IAPT)

13.11 Medway are currently in dialogue with the London and South East Learning Collaborative for CYP IAPT. The collaborative is recruiting new partnerships and Medway is eligible to join the collaborative either now, or under new CAMHS commissioning arrangements in 2016.

13.12 The collaborative have introduced more flexibility into their criteria and are confident they can accommodate Medway, subject to sign up and agreement to key criteria and principles.

13.13 The key principles of CYP IAPT are captured within this Local Transformation Plan, these include:

- Working in partnership with children and young people and families to shape their local services
- Improving the workforce through training existing CAMHS staff (statutory, voluntary or independent sector) in targeted and specialist (Tier 2, 3 and 4) services in an agreed, standardised curriculum of NICE approved and best evidence based therapies
- Supporting and facilitating services across the NHS, Local Authority, Voluntary and Independent Sectors to work together to develop efficient and effective integrated care pathways to ensure the right care at the right time.
- Delivering frequent/session by session outcome monitoring to help the therapist and service user work together in their session, help the supervisor support the therapist to improve the outcomes and to inform future service planning
- Mandating the collection of a nationally agreed outcomes framework on a high frequency or session by session basis across the services participating in the collaborative.
- Use of outcome data in direct supervision of the therapist, to determine the progress of therapy, overall effectiveness of the service and to benchmark services

13.14 Medway has expressed an interest in joining the collaborative as flexible partners from October 2016, including participation in the supervision and leadership programme to support the service development and transformation set out in the LTP. Future participation will then be built into the service model and provider specifications as part of new CAMHS commissioning arrangements from October 2016.

14 Finance and investment breakdown

14.1 Currently the combined annual direct expenditure on Medway CAMHS services by Medway Clinical Commissioning Group (CCG) and Medway Council is £1,862,000. This figure does not include Council and School expenditure on 'universal services' in schools; current Public Health education and promotion programmes; Medway CCG expenditure on Looked After Children nursing service; peri-natal mental health provision; and other specialist services. The CCG has also recently agreed considerable investment for Tier 2 and LAC CAMHS under Parity of Esteem.

14.2 Core service funding is as follows:

Table 6 Core Council/CCG funding for the CAMHS Tier 2 service for 15/16

Source	Value (£)
Joint CCG and Council	92,000
Council	303,361
CCG	218,631
	613,722

Table 7 Core CCG/Council funding for the CAMHS Tier 3 service for 15/16

Source	Value (£)
CCG	1,103,842
Council	144,269
	1,248,111

14.3 In 2015/16 Parity of Esteem funding has been allocated to support the development of services with Medway CCG's Children Services block contract with Medway NHS Foundation Trust (acute provider), including improved paediatric liaison and the development of services to support children and their families affected by Learning Disabilities and neurodevelopmental disorders e.g. parenting support and positive behaviour support.

14.4 Table 9 below provides a proposed breakdown of how the additional funding secured through the Local Transformation Plan will be allocated in 15/16.

Table 9 Proposed allocation of Local Transformation Plan Funding in 2015/16

Investment	LTP Funding	Assumptions	SMART Action Plan reference(s)
CAMHS Tier 2 Service realignment and Clinical supervision through Sussex Partnership	£50,000	Investment in anticipation of Local Transformation Plan funding	2.1 2.2
Recruitment of 2 additional Primary Mental Health Workers at CAMHS Tier 2	£65,000	Pro-rata figure based on £108,000 pa	2.1 2.2
Recruitment of CAMHS Service Transformation lead	£23,500	6 months pro rata based on £47,000	All
Additional capacity in Oakfield Psychology service for LAC	£156,000	40 additional weekly slots from 1st October 2015	4.1
Multi-agency workforce development and training (including self-harm awareness)	£32,000	Multi-agency workforce development programme – scoping and roll-out	4.3 4.8
New Horizons early help service hub	£20,000	Service development and relocation	2.3
All Saints Children’s Centre – extension of post abuse / post sexual abuse therapy pilot	£22,500	12 month extension of pilot scheme	4.4
NICE compliant community Eating Disorder – scoping and preparatory work	£147,000	Short term capacity building within existing service(s) and scoping of pathway to achieve waiting time standards under a re-commissioned service from 1 st April 2017	4.7
Total	£516,000		

14.5 Table 10 below provides an indicative breakdown of how the additional funding secured through the Local Transformation Plan may be allocated in 16/17.

Table 10 Proposed allocation of Local Transformation Plan and Parity of Esteem Funding in 2016/17

Investment	LTP Funding	Parity of Esteem Funding	SMART Action Plan(s) ref
CAMHS Tier 2 Service realignment and Clinical supervision through Sussex Partnership	£50,000		2.1 2.2
Recruitment of 2 additional Primary Mental Health Workers at CAMHS Tier 2	£54,000	£54,000	2.1 2.2
Recruitment of 1 additional Primary Mental Health Worker at CAMHS Tier 2 to support LAC	£27,000	£27,000	2.1 2.2
Additional administrative support for CAMHS Single Point of Access	£24,000		2.1 2.2
Recruitment of CAMHS Service Transformation lead	£23,500	23,500	All
Extra capacity in Oakfield Psychology service for LAC	£78,000	£78,000	4.1
Multi-agency workforce development and training (including self-harm awareness)	£52,500		4.3 4.8
Additional early help service hubs	£15,000		2.3
All Saints Children's Centre – extension of post abuse / post sexual abuse therapy pilot	£45,000		4.4
NICE compliant community Eating Disorder – scoping and preparatory work	£147,000		4.7
Total	£516,000	£182,500	

14.6 Table 11 provides a detailed breakdown of the current scope of services across the full range of provision for children and young people's mental health

and wellbeing including services provided, staff numbers, skills and roles, activity (referrals received, referrals accepted), waiting times and access to information.

Table 11 - Breakdown of the current investment across the full range of provision for children and young people's mental health and wellbeing in Medway

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
Universal Universal+	PHSE – Review of lesson plans for secondary schools	Medway Council Public Health	Core team delivery	Series of 6 lesson plans covering FGM, assessing and managing risk, eating disorders, CSE, emotional wellbeing, self harm. This forms part of a larger PSHE support project offered to secondary schools.	This is part of the role of 3 staff members within the PH child health team who work on a number of projects. PH provides a support role to schools who deliver the lessons themselves.	8 schools engaged to date. Will be offered to all secondary schools by Dec 2015	N/A	N/A	www.abettermedway.co.uk
Universal Universal+	Original SAFE project pilot in 3 secondary schools (Fort Pitt, BORA, Robert Napier)	IMAGO	Public Health	Pilot of SAFE project, which supports local young people within schools to raise awareness of mental health issues and to deliver outreach support and activities. This youth-led project aims to make sure that young people are more aware of the danger signs of youth suicide and that they recognise the signs of mental health difficulties in themselves and their friends.	This was a 14/15 pilot funded by PH and delivered exclusively by IMAGO but performance managed by PH. The project has now received DfE funding	Piloted in 3 schools	N/A	N/A	www.abettermedway.co.uk

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
					to expand across Kent and Medway.				
Universal Universal+	SAFE pilot National Prospectus funded - helping with PHSE lessons as per guidelines (IMAGO led Project Suicide awareness for everyone)	IMAGO	DfE	Supports local young people within schools to raise awareness of mental health issues and to deliver outreach support and activities. This youth-led project aims to make sure that young people are more aware of the danger signs of youth suicide and that they recognise the signs of mental health difficulties in themselves and their friends.	Delivered exclusively by IMAGO and funded external to PH now due to successfully gaining DfE funding. Close links maintained with PH on PSHE delivery aspects but no longer performance managed by PH but reportable to DfE on outcomes.	5 schools which include the original 3 schools (above) plus Rainham Mark and one other	N/A	N/A	www.abettermedway.co.uk
Universal Universal+	Youth Health Champions YHC	Medway Council Public Health	Core team delivery	This is a pilot project which consists of a series of 4 training sessions delivered by PH to small groups of YP. The YP then deliver 2 health campaigns to peers over the course of a year. YP receive an RSPH accredited award on successful completion.	Training delivered by 2 members of PH staff, co-ordination is managed by PH with support from	Total of 20 YP trained to date with a further 10 completing before	N/A	N/A	www.abettermedway.co.uk

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
					the organisation/school the YP come from.	Christmas 2015			
Universal Universal+	Risk Avert	The Training Effect	Public Health	<p>Risk-Avert is a targeted early intervention and prevention approach for young people engaged in, or at risk of behaviours which harm health and social functioning.</p> <p>An entire school year is screened and information is gathered through a questionnaire administered to all year seven/eight students.</p> <p>From this young people vulnerable to risk are identified and offered 8 sessions, it introduces the concept of risk taking, critical thinking and deploying skills and strategies to avoid or manage risks.</p> <p>Teachers are trained to deliver the programme which is practical, interactive and utilises cognitive behavioural approaches to help young people to develop effective decision making skills.</p>	Delivered exclusively by The Training Effect. Support with school engagement and performance managed by PH. Full external evaluation being conducted in conjunction with Essex LA, Essex Uni and independent researchers.	Delivered to 8 schools in 14/15 and potential to offer to a further 8 schools in 15/16	N/A	N/A	www.abettermedway.co.uk
Universal Universal+	YWC (Youth Wellbeing Community)	Medway Public Health	Medway Public Health	<p>Youth wellbeing community was set up in April 2014. Aims:</p> <p>(i) Provide a space for children and young people to discuss young people's wellbeing and ways to improve their own wellbeing</p> <p>(ii) Develop campaigns to raise awareness of mental health and emotional wellbeing of CYP in Medway</p>	1 staff member from the 1.5 FTE PH team working on CYP as appropriate				www.abettermedway.co.uk

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
				(iii) Listen to CYP's views about health services provided for them and how they think their access to, engagement in and experience of these services can be improved.					
Universal Universal+	Staff wellbeing focus through delivering MHFA to school staff / school nurses	Medway Public Health	Medway Public Health	MHFA is an accredited course Raising awareness of mental health. There is a charge for manuals £20 per person which is paid by the organisation /school	1 staff member from the 1.5 FTE PH team working on CYP as appropriate				
Universal Universal+	Young Minds	Young Minds Charity	National Charity	Young Minds Parents' information service: Provides help for parents concerned about a young person's mental health. The service offers a variety of leaflets and booklets, including one that explores how divorce and separation affect children and young people.					Telephone: 0800 018 2138 Opening times: Monday - Friday 10am - 1pm, Tuesday and Thursday 1pm - 4pm, Wednesday 1pm - 4pm and 6pm - 8pm Website: http://www.youngminds.org.uk
Universal	Free	Metro	National	METRO is a leading equality and diversity					Telephone:

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
Universal+	Counselling for LGBTQ+ Young People across London, Kent and Medway		Charity	charity, providing health, community and youth services across London and the South East, with national and international projects. METRO works with anyone experiencing issues around sexuality, gender, equality, diversity or identity across our five domains: Sexual & Reproductive Health, Community, Mental Health & Wellbeing, Youth and HIV.					020 8305 5009 Email Address: fred@metrocharity.org.uk Website: www.metrocharity.org.uk
Universal Universal+	Medway Educational, Child and Community Psychology Service	Educational and Child Psychologists employed by Medway Council	Medway Council and schools – traded service	A range of psychological support to all Medway schools, nurseries and colleges Psychological assessment to support LA's SEND statutory roles	15 EPs (12.4 FTE) 3 Trainee EPs 2 admin staff		All – referrals are jointly agreed through the In School Review	None - referrals taken from direct discussions with schools at In School Reviews, therefore no waiting list system employed	www.educationservicesmedway.org.uk www.medway.gov.uk
Early Help	Schools counselling service	Onside	Schools – traded service	Onside offers specialist counselling and therapy to children and young people between the ages of 4 - 19. The service takes referrals regarding: anxiety, depression, family breakdown, loss and bereavement, self harm, anger			All – referrals are jointly agreed through the In School	None - referrals taken from direct discussions with schools at	www.educationservicesmedway.org.uk www.medway.gov.uk

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
				<p>management, trauma, abuse, drug and alcohol use</p> <p>The team use various types of therapy: creative and play based therapy, art therapy, traditional talking therapies, group therapy and access to a therapeutic garden.</p> <p>Other specific areas of support include:</p> <ul style="list-style-type: none"> • Transition programme (creating resilience for children moving to secondary from primary school) • Classroom observations – behaviour • Providing advice and guidance to staff • Professional supervision to head teachers and staff • 121 low level emotional support • Emotional first aid training for school staff and other professionals • Online safety • Anti – Bullying • Peer mediations 			Review	In School Reviews, therefore no waiting list system employed	Therapists can visit students in school, or at the therapy centre in Chatham.
Early Help	Children’s therapy service (Speech and language and OT)	Medway Community Healthcare	Schools – traded service	MCH therapy services (traded services) are part of the MCH+ offering. Schools, individuals and other organisations are able to buy in direct speech and language or occupational therapy services.			All – referrals are jointly agreed through the In	None - referrals taken from direct discussions with	www.educationservicesmedway.org.uk www.medway.gov.uk

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
							School Review	schools at In School Reviews, therefore no waiting list system employed	
Early Help	Tier 2 CAMHS and Single Point of Access	Sussex Partnership NHS Foundation Trust / Medway Council	Medway Council and CCG	<p>The Child and Adolescent Mental Health Service (CAMHS) tier 2 is a joint Medway Council/NHS service for children between the ages of 0 -18.</p> <p>The CAMHS multidisciplinary team provides a specialist mental health service for children and young people and their families to support CYP with emotional wellbeing issues at risk of escalating to severe and enduring mental health difficulties and who may require additional support.</p>				Approximately 8 weeks for assessment.	<p>http://www.medwaycan.co.uk/directory/entry/child-and-adolescent-mental-health-service/</p> <p>Referrals are received from professionals via the Single Point of Access by telephone on 01634 337368. The electronic referral form system currently available to GPs will be rolled out to</p>

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
									other professionals in due course.
Early Help	Integrated Family Support Service (IFSS)	Medway Council	Medway Council and Partner Agencies	Previously known as Medway Action for Families (MAfF), the Integrated Family Support Services Business Unit (IFSSBU) is Medway's response to the Government's national Troubled Families Programme. It was introduced in December 2010 with a commitment to turn around the lives of 120,000 of the country's most troubled families by 2015. A recent expansion of the programme has identified a further 400,000 families to be turned around by 2020.		In May 2015 Medway successfully met its target of turning around the lives of 560 troubled families between 2012-15.	In May 2015 Medway successfully met its target of turning around the lives of 560 troubled families between 2012-15.	None – this is a targeted programme.	http://www.medwaycan.co.uk/working-together/medway-action-for-families/
Early Help/Complex Needs	Face to Face	NSPCC	Medway Council	The Face to Face service offers looked after children and young people and children on the edge of care up to 8 sessions of support using a solution-focused approach. The child identifies the outcome they wish to achieve and the NSPCC practitioner works with them to help them identify their skills and strengths which will help them to move toward this outcome. The service evaluation can be read here: http://www.nspcc.org.uk/globalassets/documents/research-reports/face-to-face-final-evaluation-report.pdf	3 x level 3 Children's Services Practitioners. All are qualified social workers and have attended training in solution-focused practice. They are supervised by a team	For the period 1st April 2014-31st March 2015: 28 referrals were received from Medway	For the period 1st April 2014-31st March 2015: 26 referrals from Medway were accepted to the service 39 referrals were accepted by the	There are no waiting times for the Face to Face service. All recipients and/or referrers are contacted within 24 hours of receipt of the referral.	Medway referrers can request a referral form either by telephone or via our dedicated email inbox Gillingham.dutyinbox@nspcc.org.uk

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
					manager.	received by the service overall	service overall The 3 cases not accepted for the service were receiving services from other agencies.		
Early Help/ Complex Needs	Mother and Infant Mental Health Service (MIMHS) Medway and Swale	Kent and Medway Partnership NHS Foundation Trust (KMPT)	Medway CCG	<p>MIMHS provides a range of specialist interventions and treatment packages to mothers with mental health problems who meet eligibility for the KMPT community mental health team. This may include a history of severe mental illness if a woman is currently well but is pregnant or planning a pregnancy.</p> <p>MIMHS can work with pregnant women and/or mothers with babies up to 1 year old as appropriate.</p> <p>The service provides:</p> <ul style="list-style-type: none"> - Direct liaison, advice and consultation with GPs when requested. - Specialist assessment and treatment - Obstetric liaison 					MIMHS do not accept direct referrals of new clients from primary care services. New referrals to MIMHS are via the Medway Integrated Mental Health Service and can be made by any primary care professional. However, clients who

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
				<ul style="list-style-type: none"> - Community home treatment - Consultation and advisory service to other professionals including primary care, secondary care and external organizations, eg Social Services - Training and education - Provision of case discussion for individuals and groups of professionals from primary care, working with women who experience mental illness during the perinatal period. 					are already treated within secondary mental health services can be referred directly to MIMHS.
Early Help/ Complex Needs	Eating Disorders – Primary Care Liaison service	Kent and Medway Partnership NHS Foundation Trust (KMPT)	Medway CCG	The Primary Care Liaison (PCL) Service provides assessment and short-term intervention to people with recent-onset difficulties. The aim of the service is to prevent the development of a clinical eating disorder. This aspect of the service provides individual therapy, as well as family therapy and multi-family therapy, in accordance with the evidence base. Referrals to the PCL specialist nurses can be made by any primary care colleague such as general practitioners, school nurses and practice nurses. Referral criteria require that the person must have been experiencing	The inpatient/day patient team consists of the Consultant, nursing staff, an occupational therapist, occupational therapist technician, dietician, chef, family therapist and therapists.				Eating Disorders Service 22 Oakapple Lane Maidstone Kent ME16 9NW Tel: 01622 729980

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
				difficulties for less than eighteen months.					
Early Help/Complex needs	Independent Domestic Violence Advisor (IDVA)	Kent Domestic Abuse Consortium (KDAC)	Medway Council and Partner agencies	The IDVA Team is available for all victims of domestic violence and abuse across Kent & Medway. IDVAs can support you with risk management and safety, and work with people who are deemed to be at high risk of harm. They can also offer legal advice and support for civil and criminal issues. IDVAs are available at the One Stop Shops, or on the IDVA helpline. If your partner is in court for a domestic abuse related crime you should be able to access a Court IDVA via the helpline or your witness care officer. If you are being referred to a Multi-Agency Risk Assessment Conference (MARAC) you should also be referred to an IDVA. Otherwise, you can self-refer and they will assess you. If you do not meet the criteria for an IDVAs support they will signpost you to a relevant organisation.					<p>KDAC, c/o Oasis Domestic Abuse Service, PO Box 174, Margate CT9 4GA</p> <p>Telephone: 07926 842 183</p> <p>Opening times: Monday – Sunday 9 am to 5 pm</p> <p>Email Address: enquiries@kdac.org.uk</p> <p>Website: http://kdac.org.uk/</p>
Early Help/Complex needs	Children and young people's Independent Sexual Violence Advisor (ISVA)	Family Matters	Medway Council	Family Matters offer the support of an Independent Sexual Violence Advisor (ISVA). ISVA support is specific to people who have been sexually assaulted or raped. The fact that the service is independent means that it can offer	Independent Sexual Violence Advisor			N/A	http://www.familymattersuk.org/Helpline.aspx

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
				impartial advice from a variety of sources, independent from their Agency Policies and Guidelines. The ISVA service can offer emotional support as well as accurate and practical advice it's most needed.					
Early Help/Complex needs	Young People's Violence Advisor		Medway Council and partner agencies	Young persons violence advisor will work with teenagers aged 13-17 yrs old experiencing intimate partner abuse. This could include domestic abuse, sexual exploitation, abuse from gangs and young people who cause harm to others, 'honour'-based violence forced marriage and cyber stalking. The YPVA will support young people who are experiencing domestic abuse by assessing risk and developing coordinated safety plans and providing a consistent care pathway between children's safeguarding and Multi-Agency Risk Assessment Conferences (MARACs) to guide young people's cases safely through the process.	Young Persons Violence Advocacy				ypva@medway.gov.uk.cjsm.net - secure referral
Early Help/Complex Needs	DART – Domestic Abuse Recovery Together	NSPCC		DART – Domestic Abuse Recovery Together is a service for mothers and children [aged 7-14yrs] who are no longer in a relationship with the perpetrator of the domestic abuse. DART is a 10 week programme where mother and child will work as part of a group, they will have the opportunity to work together and individually with other					Telephone: 01634 564688 Email Address: gillinghamdut.yinbox@nspcc.org.uk

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
				<p>members of the group e.g. mother group and children's group.</p> <p>Prior to attending the DART group a pre-group assessment will be undertaken with the family to ascertain whether they are ready for group. In the event the family are not ready additional sessions can be offered in order to prepare them if necessary.</p>					<p>Website: http://www.nspcc.org.uk/about-us/contact-us/</p>
Complex Needs	Tier 3 – dedicated Children in Care CAMHS service	Sussex Partnership NHS Foundation Trust	Medway CCG/Council	<p>The Child and Adolescent Mental Health Service (CAMHS) tier 3 is an NHS service for children between the ages of 0 -18.</p> <p>The CAMHS multidisciplinary team provides a specialist mental health service for children and young people and their families presenting with severe and enduring mental health difficulties and require medium to longer-term out-patient interventions</p>				<p>Up to 8 weeks for initial assessment – urgent cases seen within 24 hours</p>	<p>http://www.medwaycan.co.uk/directory/entry/child-and-adolescent-mental-health-service/</p> <p>Referrals are received from professionals via the Single Point of Access by telephone on 01634 337368. The electronic referral form system currently available to</p>

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
									GPs will be rolled out to other professionals in due course.
Complex Needs	LAC Psychology Service - linked to Medway Foundation NHS Trust LAC nursing team and also contracted through Medway Council	Oakfield Psychology service	Medway CCG (block children's services funding) and Medway Council	Oakfield represent an emotional wellbeing service providing psychological services of a therapeutic and informative nature to the individual and the network around the individual.	Clinical Psychologists Counsellors Social workers Mental Health professionals Associate psychologists Assistant Psychologists	50	50	No waiting list, initial appointment set up within 2-3 weeks of receiving referral with a slot allocated for the follow up appointments immediately following the initial assessment.	LAC nursing service is contactable through Medway Foundation NHS Trust. Service can also be contacted via CAMHS SPA (as above)
Complex Needs	Post Abuse Service	All Saints Children's Centre	Medway Council	In play therapy, through the therapeutic alliance with the therapist, children receive consistent, non-judgemental emotional support and can learn to understand and therefore manage their own feelings and thoughts. Sometimes they may re-enact or play out traumatic or difficult life experiences in order to make sense of their past and cope better with their future. Children may also learn to manage relationships and conflicts in				No waiting list.	Referrals are received from professionals via the Single Point of Access by telephone on 01634 337368. The electronic referral form

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
				more appropriate ways. The outcomes of play therapy may be general, e.g. a reduction in anxiety and raised self-esteem, or more specific such as a change in behaviour and improved relationships at school, with family and friends.					system currently available to GPs will be rolled out to other professionals in due course.
Complex Needs	Chilston Service – Harmful sexualised behaviours	Barnardo's	Spot Purchase	Risks and Strengths Assessment for Harmful Sexual Behaviour, Keep Safe Work, Trauma Recovery Work, Therapies and support	Children's Service Manager, Senior Practitioners x 3 and Service Administrator - Social Workers x 2, counselling psychologist, Play Therapist - Theraplay Therapist/ Social Worker	1	1	None	http://www.barnardos.org.uk/chilston/contact_us.htm
Complex Needs	Eating Disorders – Primary Care Liaison service	Kent and Medway Partnership NHS Foundation Trust (KMPT)	Medway CCG	In east Kent, Medway and in the Dartford, Gravesham and Swanley area KMPT's Primary Care Liaison Nurses can accept referrals of patients directly from primary care, aged 14 upwards who have recent onset eating disorders or difficulties, for early intervention.	The inpatient/day patient team consists of the Consultant, nursing staff, an occupational				Eating Disorders Service 22 Oakapple Lane Maidstone Kent ME16 9NW Tel: 01622

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
					therapist, occupational therapist technician, dietician, chef, family therapist and therapists.				729980
Very Complex Needs	Crisis Resolution and Home Treatment Team	Sussex Partnership NHS Foundation Trust	Medway CCG	The SPFT crisis resolution and home treatment teams (CRHTs) are designed to provide safe and effective care in your own home if you experience a mental health crisis and would otherwise need to be admitted to hospital.				N/A	Emergency referrals (eg from GPs) out of hours only: call 01323 440022, or the numbers listed below for your area.
Very Complex Needs	Early Intervention for Psychosis (EIP) service	Kent and Medway Partnership NHS Foundation Trust		The EIP service works with people between 14 and 35 years old who are experiencing their first episode of psychosis, and who have been experiencing symptoms for less than three years. The team offers advice and carries out assessments and can offer support for up to three years. The team can provide advice about how mental health problems can be identified early and how the service can help.	Assessments and interventions are provided by care coordinators, who may be Mental Health Nurses, Occupational Therapists or Social Workers. We also have a part time psychologist.				You can call the service direct – you do not need to be referred by your GP. KMPT can also take referrals from other health services, friends and family. 01634 854547 (and referrals)

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
					Support Time and Recovery Workers are a vital part of the team and they assist people with ordinary practical activities to help their recovery.				
Very Complex Needs	Tier 4 – inpatient placements	South London and Maudsley NHS Foundation Trust (SLAM)	Medway CCG	<p>SLAM offer mental health care for adolescents with serious mental illness who require hospital admission – this , includes the introduction of a comprehensive, all hours emergency admission service.</p> <p>SLAM is able to admit both planned and emergency admissions. Admissions are accepted 24-hours a day, 365 days a year, and can be accepted under the Mental Health Act.</p> <p>Some young people admitted may have an eating disorder; others may have problems relating to their mood, often posing a risk to themselves. SLAM is also able to admit young people with a variety of other psychiatric or neurodevelopmental disorders, or where</p>					<p>020 3228 3200</p> <p>Hospital site:</p> <p>Kent and Medway Adolescent Unit</p> <p>Woodland House Cranbrook Road Staplehurst Tonbridge, Kent TN12 0ER</p>

Investment category	Service	Provider	Funding	Services provided	Staff numbers, skills and roles	No. of referrals received	No. of referrals accepted	Waiting times	Access to information
				there is diagnostic uncertainty.					

Appendices

Appendix 1 - Diversity Impact Assessment

TITLE <i>Name/description of the issue being assessed</i>	CAMHS and Children and Young People's Emotional Health and Wellbeing Local Service Transformation
DATE <i>Date the DIA is completed</i>	9 th September 2015
LEAD OFFICER <i>Name and title of person responsible for carrying out the DIA.</i>	Graham Tanner Partnership Commissioning Programme Lead - Disabilities and Mental Health

1 Summary description of the proposed change

- *What is the change to policy/service/new project that is being proposed?*
- *How does it compare with the current situation?*

The recent report of the Children and Young People's Mental Health Taskforce Future in Mind, 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 autumn statement (December 2014) and Budget (March 2015) announcements of extra funding to transform mental health services for children and young people require CCGs and commissioning partners to move forward at scale and with pace. The announcements align with recommendations set out in the NHS Five Year Forward View and are designed to build capacity and capability across the system so that by 2020 we will make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes.

The Local Transformation Plan seeks to develop the principles set out in the Medway Children and Young People's Emotional Wellbeing Strategy and translates them into a series of short and medium term actions, to be taken forward by the CCG and partner agencies in Medway as part of a Local Transformation Plan (LTP) in accordance with national Guidance published to CCGs on 3 August 2015.

The LTP seeks to:

- Challenge the stigma of poor emotional wellbeing so that no child or young person is disadvantaged or socially excluded because of their experience of mental ill-health. This will include strengthening whole school approaches, peer mentoring, parenting support and community groups
- Support the whole family in relation to emotional wellbeing, helping parents/carers to build resilience within the family, identify early signs of problems and to access expert advice and support
- Develop emotional wellbeing services in children's centres, primary and secondary

schools and community settings

- Ensure those working with children and young people have skills and confidence to identify, seek advice and respond appropriately to emotional wellbeing issues through a multi-agency workforce development programme
- Develop a clear and joined up emotional wellbeing pathway with qualified, supervised mental health practitioners available through a single point of access to assess underlying needs and potential risks at the earliest possible stage before recommending support options
- Ensure specialist assessment of our most vulnerable children and young people's emotional wellbeing needs including looked after children (children in care), care leavers, children and young people in transition, young offenders, children with disabilities and children and young people who have been the victims of sexual abuse and are at risk of developing harmful behaviours.

2 Summary of evidence used to support this assessment

- *Eg: Feedback from consultation, performance information, service user records etc.*
- *Eg: Comparison of service user profile with Medway Community Profile*

In developing both the Strategy and this Local Transformation Plan, partners in Medway have drawn information from a wide range of sources and led a number of activities involving children, young people and families. The purpose has been to gain a fuller understanding of the level of need in Medway and the actions needed to establish a more connected 'whole system' of support around emotional wellbeing.

The interpretation of these findings has also been shaped by awareness of, and sensitivity to, changes that are underway in related services and work streams – for example, within Medway Council's Early Help offer; with integration plans between Health and Social Care; and the commissioning intentions of Medway's Clinical Commissioning Group (CCG).

Around 160 stakeholder participants have directly taken part in consultation meetings, including young people, parents, school and college teachers, health visitors, children centre and nursery staff, special educational needs co-ordinators, educational psychologists, team leaders and service managers, parent groups, voluntary sector team members, and social workers.

Feedback is summarised in Section 2 of the LTP and has informed service enhancements and improvements contained within the SMART Action Plans and relevant profiles are included within the Needs Analysis (Section 3).

3 What is the likely impact of the proposed change?

Is it likely to :

- *Adversely impact on one or more of the protected characteristic groups?*
- *Advance equality of opportunity for one or more of the protected characteristic groups?*
- *Foster good relations between people who share a protected characteristic and those who don't?*
(insert ✓ in one or more boxes)

Protected characteristic groups

Adverse impact

Advance equality

Foster good relations

Age		✓	
Disabilty		✓	
Gender reassignment		✓	
Marriage/civil partnership			
Pregnancy/maternity		✓	
Race		✓	
Religion/belief		✓	
Sex		✓	
Sexual orientation		✓	
Other (eg low income groups)		✓	

4 Summary of the likely impacts

- Who will be affected?
- How will they be affected?

- **Age** - Half of all lifetime mental health problems emerge before the age of 14. Early detection and treatment of mental ill health can dramatically reduce the duration, severity and loss of quality life associated with mental ill *health (No Health Without Mental Health: HM Government 2011)*
- **Disability** - For children and young people, the prevalence rate of a diagnosable psychiatric disorder is 36% in children and adolescents with learning disabilities, compared with 8% of those who did not have a learning disability. These young people were also 33 times more likely to be on the autistic spectrum and were much more

likely than others to have emotional and conduct disorders (*Source: People with Learning Disabilities in England 2011*). Children and young people with learning disabilities are much more likely than others to live in poverty, to have few friends and to have additional long term health problems and disabilities such as epilepsy and sensory impairments. All these factors are positively associated with mental health problems.

- **Gender reassignment** - People on the gender assignment path are more likely to be victims of hate crime which can lead to mental health issues. Increasing numbers are presenting with gender identity questioning and CAMHS are looking at how to develop practice with this group of marginalised young people. Locally there may be a gap in targeted services and little gender variance support.
- **Pregnancy/maternity** – Childbirth is associated with a substantial psychiatric morbidity. It has long been known to increase the risk to women’s mental health, particularly of developing a serious mental illness (postpartum psychosis and severe depressive illness) It is also known to be associated with an increased risk of recurrence particularly of serious affective disorder (bipolar illness and severe depressive illness) Non- psychotic conditions, particularly depressive illness and anxiety are common during pregnancy and following delivery.
- **Race** – Gypsy and Traveller children’s mental health needs may be hidden from the system due to difficulty in accessing and engaging with services and there is a need to understand how access to services can be improved. There are an increasing numbers of children in Medway with English as a second language.
- **Religion/belief** It is important to ensure that everyone has improved access to the services/provision that they may need. This includes providers ensuring that staff are aware of the needs and issues experienced by those with a religion or belief.
- **Gender** – There are recognised differences in the presentation and nature of mental ill health between males and females at different ages.
- **Sexual orientation** – 11-16 years is a critical period for most LGBT young people when they may be at risk of discrimination including bullying in schools and may be vulnerable to using self harm as a coping mechanism. There is a higher incidence of suicidality amongst lesbian, gay, bisexual and transgender young people than in the wider youth population (Council of Europe).
- **Looked after Children** - looked after children are nearly five times more likely to have a mental health disorder than all children. Recent NICE guidance (modified April 2013) suggests that almost 60% of looked after children struggle with emotional and mental health
- **Carers and young carers** – Carers and young carers are also likely to be more vulnerable to poor emotional/mental health and wellbeing and may require additional support.

5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

- *Are there alternative providers?*
- *What alternative ways can the Council provide the service?*
- *Can demand for services be managed differently?*

Specialist mental health teams have high boundaries and limited criteria for access. They are not universal services. They have a vital role to play in treatment yet, if they are overrun by demand, the wait for assessment and treatment quickly becomes unacceptable and unsustainable. Late treatment and support is often less effective and recovery takes longer, with high family, social and financial costs.

Moving on in Medway, we aim to make early help a key objective, to avoid unnecessary waiting and to protect specialist services from distorted working processes.

6 Action plan

- *Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence*

Action	Lead	Deadline or review date
Age – Ensure that the Local Transformation Plan and future commissioning address the mental health needs of service users from pre-birth to adolescence, whilst ensuring support for parents/carers as well as ensuring age appropriate interventions.	Partnership Commissioning Medway Council/CCG	Standing item for commissioning and assurance meetings
Disability - Ensure commissioned services are delivered in a non-discriminatory way and that no individual or group with protected characteristics is prevented from accessing services.	Partnership Commissioning Medway Council/CCG	Standing item for commissioning and assurance meetings
Disability – Ensure information about local services are included in the local offer as part of the SEND reforms.	Partnership Commissioning Medway Council/CCG	Standing item for commissioning and assurance meetings
Gender reassignment – Ensure that future commissioning addresses any identified gaps in targeted services, including gender variance support.	Partnership Commissioning Medway Council/CCG	Standing item for commissioning and assurance meetings
Pregnancy/maternity – Ensure adequate provision is in place across the life course from pre birth to late adolescence.	Partnership Commissioning Medway Council/CCG	Standing item for commissioning and assurance meetings

<p>Pregnancy/maternity – Ensure that future commissioning includes a perinatal pathway and service for women who develop mental illness during this time or whose existing mental health may deteriorate.</p>	<p>Partnership Commissioning Medway Council/CCG</p>	<p>Standing item for commissioning and assurance meetings</p>
<p>Race - Ensure timely interventions for harder to reach communities e.g. Gypsy & Roma Traveller, Black & Minority Ethnic communities, those with English as a second language and for refugees and asylum seekers by providing culturally sensitive services and considering other access routes/options for services.</p>	<p>Partnership Commissioning Medway Council/CCG</p>	<p>Standing item for commissioning and assurance meetings</p>
<p>Religion/belief Ensure that staff in commissioned services are aware of the needs and issues experienced by those with a religion or belief.</p>	<p>Partnership Commissioning Medway Council/CCG</p>	<p>Standing item for commissioning and assurance meetings</p>
<p>Sexual orientation - Barriers experienced by LGB young people in accessing services will be addressed in the development of future provision. Services will be required to understand and respond proactively to issues relating to sexual identity which may be experienced by young people.</p>	<p>Partnership Commissioning Medway Council/CCG</p>	<p>Standing item for commissioning and assurance meetings</p>
<p>Looked after Children – • Future commissioning will establish an integrated LAC CAMHS service that works in an integrated way with CAMHS services for Early Help and Complex Needs and Children's Social Care. This will include a flexible service offer with ability to offer a range of different approaches to address the diverse needs of LAC including sexualised behaviour, self-harm, behavioural conduct disorders associated with ASD/ADHD, anxiety, depression, OCD and other risk taking behaviours to name a few (see para 9.12 for further details)</p>	<p>Partnership Commissioning Medway Council/CCG</p>	<p>Standing item for commissioning and assurance meetings</p>
<p>Carers and young carers - Recommendation for routine assessment of their needs by a relevant professional and for carers champions to be embedded in CAMHS service provision</p>	<p>Partnership Commissioning Medway Council/CCG</p>	<p>Standing item for commissioning and assurance meetings</p>

7 Recommendation

The recommendation by the lead officer should be stated below. This may be:

- to proceed with the change, implementing action plan if appropriate
- consider alternatives
- gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

It is recommended that the Council/CCG proceed with the service transformation process in line with future commissioning intentions and that this Diversity Impact Assessment and associated action plan is delivered and reviewed as part of the associated governance and assurance framework.

8 Authorisation

The authorising officer is consenting that:

- the recommendation can be implemented
- sufficient evidence has been obtained and appropriate mitigation is planned
- the Action Plan will be incorporated into service plan and monitored

Assistant Director

Date

Appendix 2 – Stakeholder consultation in relation to Medway’s Emotional Health and Wellbeing Strategy

Consultation Events

Medway Youth Parliament members - 20 May 2015

Primary School stakeholders - 21 May 2015

Secondary School stakeholders - 21 May 2015

Special Educational Needs (SEN) and Disability stakeholders - 22 May 2015

Under 5s stakeholders - 22 May 2015

Looked After Children/Children in Care stakeholders - 28 May 2015

Medway Children in Care Council - 3 June 2015

Post 16 in Education stakeholders - 4 June 2015

Open Group (invited by Healthwatch Medway) - 8 June 2015

Young People not in education, employment or training stakeholders - 10 June 2015

Visit to Bridging the Gap (leaving care stakeholders) - 10 June 2015

Presentation to Medway SEN Co-ordinators - 16 June 2015

Meeting with Standout LGBTQ group - 16 June 2015

Meeting with Medway Young Persons Disability Group - 26 June 2015.

Children and Young People Overview and Scrutiny Committee – 21 July 2015

Medway Council Cabinet – 4 August 2015

Medway Health and Wellbeing Board – 15 September 2015

Supporting Meetings

Medway Public Health Self Harm Awareness Day seminars - 3, 5 and 6 March 2014

MSCB Annual Conference Mental Health Transitions Workshop - 27 June 2014

Presentation and update on CAMHS to Medway GP Monthly Meeting - 17 July 2014

Medway Action for Families: Phase 2 launch - 16 October 2014

Medway Children’s Network Launch - 8 December 2014

Emotional Wellbeing Task Group - 11 June 2014 and 19 February 2015

Medway Youth Wellbeing Group - 6 June 2014 and 17 December 2014

Kent Emotional Wellbeing summits - 9 July 2014 and 18 December 2014

Medway Health and Wellbeing Board - 21 January 2015

K & M Suicide Prevention Steering group Self Harm workshop in Medway - 26 February 2015

K & M Suicide Prevention Steering group meeting/follow up to seminar - 19 March 2015

Children's and Young People Overview & Scrutiny Committee - 25 March 2015

Medway Children's Improvement Board - 13 April 2015

Discussion of Early Help and Tier 1 outcomes for Medway, 25 March and 15 May 2015

Kent & Medway Neuro-developmental Pathway Meeting - 19 May 2015

2014/15 CQUIN Transition meetings with KMPT and Sussex Partnership NHS Trust

2014/15 Medway Young People Mental Health Transition Forum meetings

2014/15 Medway CAMHS Children in Care Meetings

Appendix 3 – Key References

National Guidelines, Reviews and Strategies

No health without Mental Health (DoH 2011)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

Closing the Gap: Priorities for Essential Change in Mental Health (DoH 2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

Achieving Better Access to Mental Health Services by 2020 (DoH 2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

What can local authorities achieve by promoting the social and emotional wellbeing of children and young people? (NICE Briefing, September 2013)

<http://www.nice.org.uk/advice/lgb12/chapter/what-can-local-authorities-achieve-by-promoting-the-social-and-emotional-wellbeing-of-children-and-young-people>

Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing (Department of Health/NHS England, March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Promoting children and young people's emotional health and wellbeing: A whole school and college approach. (Public Health England/Children and Young People's Mental Health Coalition, March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf

Young Minds Report on Children, Young People and Family Engagement (March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413411/Young_Minds.pdf

Public mental health: evidence based priorities. Chapter 2. Summary of the Annual Report of the Chief Medical Officer 2013.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351634/Annual_report_2013_3.pdf

Healthcare Commission and HMI Probation (February 2009). 'Actions Speak Louder, a second review of healthcare in the community for young people who offend'

Speech, language and communication needs in the Criminal Justice System and Best Practice responses: Dossier of evidence – (Royal College of Speech and Language Therapists, 2012)

Quality Statement 5: Tailored resource for corporate parents and providers on health and wellbeing of looked-after children and young people (NICE, 2013). Available at:

<http://www.nice.org.uk/about/nice-communities/social-care/tailored-resources/lacyp>

Winterbourne View Review Concordat: Programme of Action (DH, 2012)

Local Plans and Strategies

The Medway Council Plan 2013-2015

Medway Looked After Children Strategy (2015-2018)

The Joint Health and Wellbeing Strategy for Medway (2012-2017)

Medway Clinical Commissioning Group Operational Plan (2014-16).

Medway Children's and Young People Emotional Wellbeing Strategy (2015)