

HEALTH AND WELLBEING BOARD

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MEDWAY YOUNG PERSON'S WELLBEING SERVICE REPORT ON CONSULTATION AND PROPOSED SERVICE MODEL

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Summary

In March 2016, Medway's Children and Young People's Overview and Scrutiny Committee and Health and Wellbeing Board reviewed and considered a Draft Service Model setting out the proposed delivery model for a Medway Young Person's Wellbeing Service. This service is to be commissioned in place of the existing Child and Adolescent Mental Health Service (CAMHS), currently commissioned in partnership with Kent County Council and the seven Kent CCGs for Tier 3 (specialist) CAMHS and through a Medway Council led provision at Tier 2. The new service will be commissioned on a Medway footprint and will be based on a revised service model reflecting a continuum of support for children and young people's emotional health and wellbeing and a clearer interface with early intervention services for emerging emotional health and wellbeing issues.

The Children and Young People's Overview and Scrutiny Committee determined that the proposals represented a Substantial Variation to Healthcare in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requiring relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area.

A 12 week consultation period commenced on 3 May 2016 and ended on 29 July 2016. A market engagement event for prospective providers was hosted on 10 June 2016, with attendance from over 80 people representing over 50 organisations. The feedback from this consultation and engagement process and resultant revisions to the Draft Service Model will be reported back to Children and Young People's Overview and Scrutiny Committee on 6 October 2016 and Medway Council Cabinet on 25 October 2016. The Health and Wellbeing Board is invited to comment on the proposals, prior to submission of these reports.

This report outlines:

- (i) Consultation process and methodology
 - (ii) Key feedback and findings
 - (iii) Summary of main proposed changes to the Draft Service Model
- A detailed summary of the consultation findings are included in **Appendix 1**
 - An annual refresh of the Medway Local Transformation Plan, in line with ongoing NHSE assurance requirements is included in **Appendix 2** for consideration and feedback by the Board.

1. Background

- 1.1 The Medway Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing 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, Medway Council and other partner agencies in Medway.
- 1.2 The LTP was developed in response to a report of the Government's Children and Young People's Mental Health Taskforce, *Future in Mind* and in accordance with national Guidance published to CCGs on 3 August 2015. Additional recurrent funding is available to Medway CCG and partners to take forward the plans and actions within the LTP. Central to the LTP is the redesign and reprocurement of children and young people's mental health services within Medway.
- 1.3 In March 2016, Medway's Children and Young People's Overview and Scrutiny Committee and Health and Wellbeing Board reviewed and considered a Draft Service Model setting out the proposed delivery model for a Medway Young Person's Wellbeing Service. This service is to be commissioned in place of the existing Child and Adolescent Mental Health Service (CAMHS), currently commissioned in partnership with Kent County Council and the seven Kent CCGs for Tier 3 (specialist) CAMHS and through a Medway Council led provision at Tier 2. The new service will be commissioned on a Medway footprint and will be based on a revised service model reflecting a continuum of support for children and young people's emotional health and wellbeing and a clearer interface with early intervention services for emerging emotional health and wellbeing issues (typically provided through education settings), greater focus on the wider family environment and capacity building within the frontline workforce through training and development.
- 1.4 The Children and Young People's Overview and Scrutiny Committee determined that the proposals represented a Substantial Variation to Healthcare in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requiring relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area.

1.5 A 12 week consultation period commenced on Friday 6 May 2016 and ended on 29 July 2016.

1.6 This report outlines:

- (i) Consultation process and methodology
- (ii) Key feedback and findings
- (iii) Summary of main proposed changes to the Draft Service Model

A detailed summary of the consultation findings are included in **Appendix 1**

2. Consultation process and methodology

2.1 A formal consultation process started on Friday 6 May 2016 and finished on Friday 29th July 2016.

2.2 The aim of the consultation was to establish:

- If respondents understood why we are proposing to change the way we deliver young people's emotional and mental health services
- Which of those areas of support are most important to them
- The role that respondents felt schools, academies and further education establishments should play in the new arrangements
- What else we need to consider before making final decisions

2.3 Just over 500 surveys were sent out to those that had used the tier two and three services within the last 12 months. Users of the substance misuse service were also invited to give their views. To help promote the consultation further posters were sent out to all Medway GPs and pharmacies.

2.4 Respondents could choose to complete a paper survey and return in a pre – paid envelope, complete the survey online, telephone (which one respondent did) or email their comments.

2.5 A webpage was also set up that gave those that were interested further information on what was being proposed. There were 350 views to this page. The online survey link was sent to all Medway schools and professionals working with the emotional wellbeing service.

2.6 There were a total of 137 respondents to the survey, of whom 69% had either used the service or looked after someone who had.

3. Key feedback and findings

3.1 A summary of responses, by interest group, is below, but the headlines are:

- The high level of support for each one of our core design principles
- The overwhelming importance to so many respondents of dramatically improving speed of access to support
- The level of consensus about how the design principles can be implemented, i.e. sharing expertise and information, designing services around young people's needs, thinking about continuing care and working with families

From a focus group of children and young people who have used either CAMHS or emotional support services

- 3.2 Feedback from children and young people has highlighted the value they place on direct access to advice and also support outside of core school/working hours and outside of formal services e.g. GP and school pastoral support. They would also value services which reduce the stigma that many young people associate with mental health counselling, offering them anonymous, anytime, free access to a range of counselling and peer group support services and enabling them to maintain a degree of control about what happens next.

From potential providers of services, who attended an event in June to explain the proposed changes

- The Single Point of Access is critical. Without careful thought, it can become clogged with referrals which are not appropriate, so thought needs to be given to limiting this risk
- It will be extremely beneficial to have unified principles and greater alignment and integration of delivery. This presents the opportunity for a genuinely multi disciplinary approach across disciplines and services
- This is an ambitious and exciting service model, but we will need to work creatively through a whole system approach to ensure it is affordable. Some areas of work are especially resource intensive and although combining a wider range of services within a single envelope offers opportunities to invest in appropriate preventative strategies, we all need to understand the dynamics and risks involved
- A range of practical issues, which we need to give consideration to and indicate our position once we go out to tender. These were:
 - (i) TUPE implications across several organisations, with a greater number of services now within the umbrella of this contract – and the potential for delay in mobilization
 - (ii) (integration of different reporting systems
 - (iii) data and information sharing
 - (iv) assumptions about buildings and premises
 - (v) the implications of the need for providers to establish delivery consortiums from scratch
 - (vi) transition of existing users in 19-25 age group on commencement of new contract.

Responses to formal consultation

- 3.3 A detailed summary is attached in **Appendix A**. The main messages are:

- 3.4 **Users and their families** are especially keen to see improvements to communications and clarity about who is doing what. This applies both to information about service availability and improved levels of contact and information once a referral has been made. They strongly feel that we should take the opportunity to deliver all support for emotional and mental health needs in a continuum where practitioners communicate with each other and offer some level of support to children and their families once the treatment phase has ended.

- 3.5 Speedier response times are a big issue for this group, though it is striking that families are as dissatisfied with lack of communication from the current CAMHS service as with the length of the wait for treatment.
- 3.6 The hope was expressed that mental health needs could be prioritised more and that schools might be more proactive in offering support to children who are likely to be affected by their situation, for example if they have been bereaved or are a carer; or are transferring to secondary school, having had additional support in the primary phase.
- 3.7 Finally, they talked about trust. The importance of gaining the trust of children and young people in order to be able to meet their emotional needs; of respecting confidentiality; and practitioners delivering what they say they will do. This also applies to not over promising on the service overall.
- 3.8 **School based staff** would also like to see quicker response times and better communication with specialist mental health workers.
- 3.9 Schools overwhelmingly support the concept of reducing escalation of demand through prevention, early intervention and increasing awareness of emotional and mental health issues. They believe that this is only possible, however, with better professional development for school based staff in each of these areas and with greater provision of more specialist support, for example from primary mental health workers, within school.
- 3.10 School based staff would also value additional support from and contact with practitioners working with pupils who have more severe mental health needs.
- 3.11 **Practitioners in partner agencies** also strongly supported the provision of better advice and professional development for school based staff, so that issues do not escalate, along with more preventative, universal support for children and young people.
- 3.12 As with other groups, they responded that the speed of access should be improved. This group felt particularly strongly that it should be possible to provide immediate access to support for young people and that initial assessments should be fast tracked to assess risk and ensure children and young people are not left trying to manage quite difficult situations and emotions. They also felt that this system needs to be as simple and clear as possible from the user's point of view.
- 3.13 This group is strongly in favour of an holistic approach to support, that includes the family where appropriate and makes use of other expertise, for example in parenting support, to build resilience. They also felt that a nominated mental health worker should be the point of contact for colleagues and the family.

Role of schools

- 3.14 This was a distinct question within the survey. It is highlighted here because of the very strong level of agreement among all of the interested parties, including schools, about what this should mean:
- Provision of an effective universal offer, supported by ongoing training and support and good links to more specialist provision;

- Ideally placed to coordinate support, for families as well as their pupils - but other services (not just those to support emotional wellbeing) need to be more willing to offer their time and expertise; and
- Fuller involvement of schools in decisions about how the continuum of support works.

3.15 A large number of respondents recognised that current weaknesses in the system may be in part to do with funding shortfalls in the face of high demand. Proposals to integrate different parts of the system more purposefully were partly intended to ameliorate the funding issue.

4. Summary of main proposed changes against the existing operating model

4.1 A Draft Service Model formed the basis of the consultation and provided stakeholders with a detailed description of how commissioners felt the new service could be structured, together with operational functions and service standards. The Draft Service model was developed in line with the key principles ascertained through the development of Medway's Children and Young People's Emotional Health and Wellbeing Strategy and Local Transformation Plan. These included the following:

4.2 The key service changes proposed included:

- The services we wish to commission should be provided in the context of the whole continuum of support, requiring potential providers to set out how they will develop strong links throughout the continuum
- The service provider will support early intervention services through joint working and in-reach, thus improving access to support; mutual understanding; and communication between specialist mental health practitioners and schools and GPs
- Primary mental health workers will be more accessible and better integrated with schools and community based services, to create a more seamless escalation from early intervention services, where necessary
- The inclusion of additional services in the delivery model, specifically: substance misuse support; post abuse support, including the young person's IDVA; support dedicated to harmful sexualised behaviours; Place of Safety for short term disturbed or violent behaviour; and participation in multi disciplinary neurodevelopmental assessment and parental support. This will enable a holistic approach where children and young people have multiple needs; and reduce duplication
- A whole family approach, whereby we proactively seek to resolve any issues in a child or young person's environment that are impacting on their emotional wellbeing; offer support to parents; and provide dedicated support to parents whose children have neurodevelopmental conditions
- Primary Mental Health services will be provided to young people up to a young person's 19th birthday and to age 25 for continued support if needed, thus obliging the provider and adult mental health services to work together to ease transition
- Effective IT support for the Single Point of Access; and the provision of information throughout the system about the support that is available
- An option for self-referral and a quick response through online, telephone and drop-in support

- Greater emphasis on - and dedicated support for - fostered, looked after and adopted children

4.3 All of the above key principles were further endorsed in response to consultation.

4.4 The following refinements to the Draft Service model are proposed in response to consultation feedback:

Interface with schools and academies in relation to the commissioning of emotional health and wellbeing support

4.5 In order to assist schools and academies, Medway Council have developed an Outcomes Framework with school and academy clusters as commissioners and providers of support for emerging emotional wellbeing issues to:

- help match provision to the outcomes that need to be achieved for children and young people
- enable measurement of outcomes and
- describe the impact that expect services at this level should have, so that there are shared expectations

4.6 Desired outcomes for individual children and young people within the Framework have been identified as:

- Young Person has developed the awareness to understand other people's motivations, feelings and emotions
- Young Person has confidence and motivation to be able to initiate, develop and sustain mutually satisfying relationships with (i) family and (ii) peer group
- Young Person has insight to discuss own feelings and understand their emotional stimuli
- Young Person has understanding to recognise their own anxiety and manage it
- Young Person has understanding of the importance of offering support to others and being able to accept help
- Young Person has strategies to manage own anger and to moderate behaviour
- Young Person has developed good self esteem, self belief and self worth

4.7 In the new model, as previously described, the primary mental health service would provide an effective liaison role with schools in the development of a consistent 'local offer' in relation to this Outcomes Framework, including supporting commissioners in identifying ongoing workforce development needs and monitoring outcomes. A partnership approach will ensure the best 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 all partners are committed.

Website based, telephone and drop-in support

4.8 Feedback from children and young people has clearly highlighted the value placed on direct access to advice and support outside of core school/working

hours and outside of formal services e.g. GP and school pastoral support. They would also value services which reduce the stigma that many young people associate with mental health counselling, offering them anonymous, anytime, free access to a range of counselling and peer group support services and enabling them to maintain a degree of control about what happens next.

- 4.9 Research into delivering therapy online has shown that this way of working is as effective as face-to-face therapies and it's thought that it would add significant value to a system where there are currently limited choices to support young people to take proactive steps to manage their own emotional health and wellbeing without recourse to formal services.
- 4.10 The revised service model therefore proposes an online counselling resource which young people view as credible and trustworthy and with a mix of booked appointments and drop-in sessions to ensure a greater throughput of clients. Such a service could enable Young People to communicate in chat rooms, through message boards, use blogging and access local news and events. Counsellors would be specially trained to work online with vulnerable young people, delivering evidence-based interventions.
- 4.11 Feedback has also highlighted the value placed on more informal drop-in advice sessions. This need can be addressed in part by continuing to upskill schools and the wider workforce so that better support can be made available in universal settings. The service would, however, be asked for other innovative approaches to reach young people outside of a formal referral and appointments process. This will be particularly pertinent for substance misuse services.

Single point of access

- 4.12 Regardless of the role of the provider in delivering the Single Point of Access (SPA), it's been highlighted that the SPA would need to include an IT and referral management system that interfaces effectively with Frameworki, the Medway Council Social Care IT system, so that children and young people can be effectively tracked and supported across services.
- 4.13 As well as performing an initial assessment, triage and resource allocation/signposting function, the SPA would also be responsible for initiating a review, once a child had been seen within the service for approx. 24 weeks. The purpose of this review would be to:
- ensure that Medway Council is aware of numbers of Looked After Children that continued to receive a service beyond 24 weeks
 - clarify outcomes to date and
 - co-ordinate plans going forward

and above all else, we will need to set targets for the time taken to assess young people that incentivise providers to include drop-in sessions and regular liaison with clusters of schools and primary health care providers.

Integration of Primary and Specialist Mental Health Service

- 4.14 The Draft Service model described a clear delineation between the Primary and Specialist Mental Health functions (i.e. Tier 2 and Tier 3 within the

existing service). Feedback during consultation has highlighted that separating these functions has been instrumental in some of the difficulties faced within the current service i.e. multiple points of access and difficulty in tracking and monitoring young people within the system. The revised service model therefore describes an integrated function with greater flexibility for prospective providers to describe the interoperability of those functions.

Crisis response service

- 4.15 Feedback from market engagement has suggested that the specified requirement within the Draft Service model was too prescriptive. There are many potential demands on this aspect of the service, supporting distressed children and young people and their families e.g. psychiatric liaison with A&E and paediatric departments, providing a timely response to S136 suite, supporting young people in crisis and liaising with Tier 4 (inpatient) commissioners and service providers regarding potential admissions and step-down from these settings into the community. Providing all of these components cost effectively on a Medway footprint will present a challenge and it is therefore recommended that these aspects of the service are described in a more outcomes focused way within the model and resulting service specifications. This will allow for prospective providers to shape a provision best suited to meeting these varied demands on a Medway footprint.

Multi-disciplinary neurodevelopmental assessment

- 4.16 For the purposes of the new service model, it is proposed to continue the current age parameters for assessment and diagnosis i.e. 0-11 within Community Paediatrics and 11+ (secondary school age) within the Emotional Wellbeing Service.
- 4.17 The Primary Mental Health team would need to build skills and fully develop the range of evidence based therapeutic interventions on offer and provide training and consultation to Universal and Additional services, including the positive behaviour, family support service described below.
- 4.18 Joint working with the Community Paediatric service to agree protocols around the assessment, diagnosis and treatment of these children will be required under the contract, particularly in the case of complex and co-morbid conditions where it may be necessary to provide ongoing therapeutic input across these two services. In order to achieve this, Community Paediatrics and the Emotional Wellbeing Service will be required to dedicate resource to a virtual multi-disciplinary team.

Positive behaviour support

- 4.19 A significant item of feedback from the consultation has been the identification of a service gap across the Council and commissioned services relating to positive behaviour support services to help families and carers to cope effectively with children and young people presenting with challenging behaviours. This is linked to the requirement for an improved multi-agency approach to neurodevelopmental conditions described above.
- 4.20 Whilst some provision exists across various services, it tends to be dependant on diagnosis e.g. learning disability, mental health or neurodevelopmental disorder. Feedback has suggested that often it is the behaviours which

manifest themselves as a result of underlying conditions which impact on the ability of families and carers to cope, rather than necessarily the condition itself. Some of the services have quite a clinical focus and it's suggested that this resource could be better focused providing clinical advice and support to specialist family and behaviour support workers, working alongside families who may have multiple needs, rather than necessarily case-loading families themselves.

- 4.21 Commissioners are exploring various options to encompass such provision within the scope of the Young Person's Emotional Wellbeing Service and parallel 0 to 19 health service commissioning.

Eating Disorders

- 4.22 The Draft Service Model and associated reporting, highlighted concerns about the ability of Medway to address mandated service transformation in relation to children and young people's eating disorder services. This is because the national service model and commissioner guidance is predicated on an all-age population of >500,000 people.

- 4.23 Subsequently, Kent and Medway CCGs have agreed to commission a separate all-age (age 8+) Eating Disorder service to provide a specialist clinical pathway for patients with Eating Disorders. The service will clearly need to interface closely with the Young Person's Emotional Wellbeing service but the provision will be outside of the scope of this contract.

- 4.24 The Kent and Medway all age community eating disorder service specification focuses on early specialist intervention, and will provide the following improvements to service provision:

How things are now	The new model
Separate children's and adult service providers	All age (8 upwards) service provision
Risk of disengagement during transition from children's to adult services	No gap between children's and adult services
Delay in treatment at time of transfer	No gap between children's and adult services
Children's services provided within generic ChYPS service	Dedicated team with a greater breadth of skills and expertise across the age range
Referral criteria = BMI < 17	No BMI referral criteria
Unacceptable waiting times for assessment/treatment	Compliance with national access and waiting time standards
High use of in-patient beds (out of area)	Early identification and specialist treatment, improved cure and recovery rates and reduced demand for in-patient services
No commissioned early intervention services	Early intervention services included in new clinical care pathways
Patchy and inconsistent service delivery across Kent and Medway	Consistent provision of NICE compliant interventions across Kent and Medway
Difficult access for patients and carers due to distance from services	New pathway development will establish more local service provision

Key components of the proposed new service will be:

- Specialist patient and family interventions delivered by trained professionals, in the context of multidisciplinary services, which are highly effective in treating the majority of children and adolescents with eating disorders
- Focus on evidence based early intervention which will reduce the need for more intensive and expensive interventions
- Direct access to specialist eating disorder out-patient services, which results in significantly better identification of people who require treatment
- Specialist eating disorder services offering a range of intensity of interventions and which will provide a consistency of care that is highly valued by families

5. Annual refresh of the Medway Local Transformation Plan

- 5.1 In line with ongoing assurance requirements from NHS England, the CCG and Council are required to refresh the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing and re-publish on their respective websites by 31 October 2016. There is no prescribed template for this document but it is expected to clearly articulate progress against the action plan and to be transparent about planned investment of the additional monies from NHS England in pursuit of transformation objectives. As with the original Plan, the expectation is that the Delivery Plan Update will have buy in and endorsement from Health and Wellbeing Board and other key stakeholders, including children and young people and their families/carers.
- 5.2 A draft of the Year 1 Delivery Plan Update is included in **Appendix 2** for consideration by the Board. Any feedback from the Board can then be taken into consideration, prior to publication of the final document before the end of October 2016.

6. Financial and Legal implications

There are no specific financial and legal implications associated with this report.

7. Recommendations

- 7.1 The Health and Wellbeing Board is asked to note the report and appended Findings from the Children and Young People's Emotional Wellbeing survey 2016 and to make any further recommendations or observations prior to the final service model being reported to Children and Young People's Overview and Scrutiny Committee and Medway Council Cabinet. Detailed service specifications and tender documentation will be based on this model.
- 7.2 The Health and Wellbeing Board is asked to note the Year 1 Delivery Plan Update for the Medway Local Transformation Plan (Appendix 2) and to provide comment and feedback for consideration, prior to publication of the final version on the Council and CCG websites in October 2016.

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Appendices

Appendix 1 – Detailed findings from the Children and Young People’s Emotional Wellbeing survey 2016

Appendix 2 – Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing Year 1 Delivery Plan Update

Background papers

None

Findings from the Children and Young People's Emotional Wellbeing survey 2016

Introduction

In Medway, we want to give the best support to children, young people and their families as they make their journey through life.

Children and young people's emotional wellbeing can impact on every area of their lives, such as school or college and relationships with friends and family. So when they're experiencing these difficulties the support needs to be easy to access and responsive to help get them back on their feet as soon as possible.

We've spoken to young people and their families and carers in Medway who have told us we do not always provide help early enough and it's not always clear how to access that help.

To improve this situation and ensure services for children and young people's emotional wellbeing and mental health services work better together, it was decided that changes needed to happen.

These proposed changes include combining a number of contracts into one service and in so doing, ensuring that there are clearer pathways in place so that young people can access the support that best meets their needs, in the right place and at the right time. NHS Medway CCG and Medway Council's Children and Young People's Overview and Scrutiny Committee determined that the proposed changes represented a Substantial Variation to local healthcare services and that a further formal consultation should be undertaken. To find out what users, families and professionals thought of these proposals a 12 week consultation period was initiated.

Methodology

The formal consultation process started on Friday 6 May 2016 and finished on Friday 29th July 2016.

The aim of the consultation was to find out:

- Whether respondents understood why we are proposing changes to the way we deliver young people's emotional and mental health services?
- Which areas of support were considered most important?
- The role respondents felt schools, academies and further education establishments should play in the new arrangements?
- Whether there is anything further that we need to consider before making final decisions?

Just over 500 surveys were sent out to those that had used the tier two and three services within the last 12 months. Users of the substance misuse service were also invited to give their views. To help promote the consultation further posters were sent out to all Medway GP's and pharmacies.

Respondents had the option to choose to complete a paper survey and return in a pre –paid envelope, complete the survey online, telephone (which one respondent did) or email their comments.

Service users were also invited to attend a workshop to find out more about the proposed changes, however, no one took up this offer. A webpage was also set up that gave those that were interested further information on what was being proposed. There were 350 views of this page.

The online survey link was also sent to all Medway schools and professionals working with the emotional wellbeing service.

Findings

There were a total of 137 responses to the survey 69% of those had either used the service or looked after someone who had.

Overall, 80% said they understood why there are proposals to change the way young people's emotional and mental health services are delivered. Although five respondents who had used the service said they did not understand why.

Respondents were asked to rank in order of importance which service areas they felt were the most important (where 1 is most important and 5 is least important.) Based on aggregated scoring, the priorities are highlighted below:

Respondents rated as the top priority – **to have 'a single emotional wellbeing pathway into support provided by specialist 'CAMHS' services** (eg single point of access for referrals).

64 respondents ranked this as (one) being the most important, 27 ranked this as two, 20 ranked this as three, 8 ranked this as four and 16 ranked this as being the least important.

Primary mental health services to be provided to young people up to the age of 19 for first time contact and to age 25 for continued support if needed.

66 respondents ranked this as (one) being the most important, 20 ranked this as two, 18 ranked this as three, 11 ranked this as four and 21 ranked this as being the least important.

Development of information that is helpful to young people, parents and school staff on the range of help and services available and how to access them.

56 respondents ranked this as (one) being the most important, 21 ranked this as two, 25 ranked this as three, 15 ranked this as four and 19 ranked this as being the least important.

Improve after care and signposting for children, young people and families when support has finished, for example a clear 'step down pathway from more specialist services'

49 respondents ranked this as (one) being the most important, 17 ranked this as two, 22 ranked this as three, 28 ranked this as four and 18 ranked this as being the least important.

Least important was: Availability of help and support outside of core working hours eg evenings and weekends.

46 respondents ranked this as (one) being the most important, 29 ranked this as two, 17 ranked this as three, 18 ranked this as four and 25 ranked this as being the least important.

Anything else that needs to be considered

Respondents were asked if there was anything else that should be included in terms of young people's emotional health and mental health services.

Direct comments from users/families members:

"To have coping strategies for both child and family too"

"My son is severely depressed and dropped out of college due to college only providing support they deemed OK and not what was agreed in LDA and previous statement by heads of college Medway council etc. He has no support from Medway and the only agency that has responded in any meaningful and constructive way has been The Princes Trust. Medway seems to have washed their hands as soon as LDA was not replaced by EHCP. ALL of the above are important and it is nearly impossible to put them in a graded system my answers are personal to my current situation now but would be different at different points in our life"

"A means for anyone with experience/qualifications are able to let people know they exist"

"A better approach to bereavement services and identifying young people who are carers or who have family members with serious illness"

"I feel the help you give young people at the moment is disgusting so anything better is a step in the right direction"

"It should be brought into schools more to make the students aware and able to see if peers may have an emotional or mental health issues, as well as teachers and staff to be made aware and able to detect what are the tell signs."

"Quicker waiting time for referrals and appointments"

"To actually inform what is happening and timescale"

"Be more accessible - raise awareness"

"Support for parents. Quicker access"

"Someone you can contact for advice at any time once your child is diagnosed with a learning difficulty not just sign you off as you are seeming to cope"

"Support and help for parents of children experiencing mental health difficulties"

"Clear timescales for referral and support"

"Training for teachers in schools on how to support more vulnerable"

"Autism"

"Guidelines on what timescales should be and how to complain about the service or lack of it."

"24hrs help line for advice and support. Drop In centre for young adults to meet with others like themselves"

"Help to be given ages 16-18 most difficult"

"Speed - It takes too long!"

"A clear referral process so that families know whom to contact."

"One point of contact, one person who knows you and you can phone direct and who will be able to answer your questions so you don't end up always being told to go to someone else"

"Being seen quicker a promise to be seen within 3 weeks"

"Much faster, efficient access to appropriate care needed. My son deemed tier Two CAMHS without assessment when clearly he is tier 3."

"All of the above are important hence the 1 for each one. Also you do not mention a timely service, I.e. One that does not make you wait 18 months and a service that actually communicates, not one that makes you the customer do the chasing."

"More outreach work on the risks of drug taking and alcohol consuming. Young people think it is cool and they are in control and they will never become addicted therefore it is okay to partake in these activities. Objective workshops on the risks associated with internet usage, these to look at issues of being bullied and manipulated. Other activities that can build life skills and take young people away from their computers."

"Many young people that have mental health needs have had experiences which undermine their trust in others meaning that they are going to resist conventional services. If young people are going to trust those that they engage with then they need to be present in the community for a long period of time. At Strood Community Project we have realised that if we are going to make an impact on the lives of young people with mental health needs then we need Community Youth and Family workers embedded in the community for five years at a time."

"When our daughter developed mental health problems we tried to keep it in the family because of the stigma, with the benefit of hindsight this was the wrong action, and we should have sought help much earlier."

"Make sure people know where to go to get help"

"Make GP's aware of referral process schools can refer too"

"More government funding"

"Screening for mental health needs in young people"

"Helping people to ask for help"

"I believe mental health crisis services should respond quicker and should follow up all of their clients on regular bases... They need to liaise with care staff/ family to get a bigger picture of young people's problems / illnesses. Although out of hours services are no 5 on my list- they could still do with this service as a matter of importance."

Direct comments from staff working in schools or academies:

"Possible group work in certain areas of mental health eg self-harm"

"There appears to be a lack of training for school staff to identify, understand and be able to support children (Primary aged) with possibly mental health needs."

"Universal services I.e. play therapy is extremely expensive and not all schools have the room or funding to access this for their setting therefore the children are the ones who miss out. It is such a shame the funding for Onside Therapy was terminated."

"Early intervention support is crucial, anger management; art therapy etc would help a lot of young people deal with their worries before they become serious."

"Support for staff working with the more vulnerable children"

"Referral times and proactive of staff needs a drastic overhaul, we have had to wait 12 weeks this year for students to get a final referral."

"Bit odd ranking the above as they are all important in my view. Funding for support that schools are already paying for e.g. Place2be - we got Place2be in our school as the waiting time for CAMHS was so high."

"For the young people to get the support and care that they need and quickly (not having to wait months for it). To have continuity it's important that young people have the same person available from start to finish. Currently the service is not good enough and many young people are suffering due to this."

"Pre formal referral - support from trained staff such as Mental Health Nurses. Schools to have someone available for advice and guidance on how best to support students"

"There must be a wide range of support services available. If a child does not meet the threshold for CAMHS, or is showing early signs of emotional distress or SEMH needs, there must be alternative options suggested and made readily available to children needing support. The waiting time before support is available MUST be reduced. There are also areas of need which require significant improvement, eg. Support for eating disorders in primary age children"

"Resources such as tool kits for schools and programmes like draw and talk, Emotional First Aid that should be covered by county training packages and free to Medway schools in order to help pupils before they get to crisis point"

"Better communication with other agencies"

Direct comments from staff working in health or children services:

"Prompt initial triage assessment of problem - no long waiting list for first appointment. Nominated support worker for all clients."

"More use of counsellors and mental health practitioners in schools and colleges."

"There are long waiting lists for CAMHS, yet many qualified mental health professionals are looking for paid employment. Access to better services is available, yet the funds seem to not be there."

"Access to both 'medical' and 'mental health / emotional wellbeing specialist social care / support worker / key worker' support which is more holistic. Both aspects are key in improving the emotional wellbeing of young people. Often children with mental health difficulties do not meet the criteria for any other social care service for ongoing social care / holistic care and similarly if they do, staff are not appropriately trained to deliver this kind of work to young people with mental health difficulties – for instance staff with health, social care or education background but with additional CPD such as systemic theory, CBT etc. or experience."

"Clearer pathways and a smoother transition into adult mental health support."

"Time responsive timeframes when transitions occur if/when a young person moves between accommodation/placement/services."

"Counselling for family members other than the children affected, e.g. parents"

"In regards to signposting services for young people our agency has a Therapist on site that the young people are able to access immediately- however Medway refuse to fund this service in preference for CAMHS- where there is an extensive waiting list; whereby by the time the young people access this service the damage/traumas has already started to create anger/rejection in the young person which could have been prevented by Medway purchasing the service in the first place."

"Crisis team being separate from main therapeutic team? Ensuring a breadth of interventions - both long and short term will ensure greater collaboration within services from primary to tertiary"

"I would hope that the young persons allocated Social Worker would be available and consistent in order that the young person can develop a trusting relationship with their Support Worker as often our experience is that the Support Worker changes frequently which is not in the young person's best interest."

"I understand there is a very long waiting list for CAMHS, which I believe to be detrimental to health of young people and to family stability. More family therapy and parenting support."

"Work to support parents to develop an understanding of developmental stages (what is 'normal' behaviour/presentation for young people) and to develop

understanding of how to support children/young people to manage crises e.g. bereavement, school bullying etc. This could be separate parenting interventions and/or whole family approaches"

"Exploring support package options outside of local authority providers such as provisions by independent providers."

"Work with families and parents to be part of any support package offered to equip and empower parents to support children themselves in the home."

Respondents were asked how much they either agree or disagree with the following statements: The table below shows whether or not respondents agreed or disagreed with the suggestions.

	Agree		Neither agree or disagree		Disagree		Don't know		No reply	
	Count	%	Count	%	Count	%	Count	%	Count	%
Bring together all commissioned emotional health and wellbeing services, including mental health, under one lead provider	106	77.37%	18	13.14%	7	5.11%	3	2.19%	3	2.19%
Children and young people's substance misuse service to be included in the service redesign	98	71.53%	24	17.52%	9	6.57%	3	2.19%	3	2.19%
Children and young people's post abuse services to be included in the service redesign	108	78.83%	17	12.41%	6	4.38%	3	2.19%	3	2.19%
Development of support and advice hubs in school and community settings, including drop-in sessions, with the ability to either respond directly or arrange onward referrals.	126	91.97%	5	3.65%	1	0.73%	2	1.46%	2	1.46%

Bring together all commissioned emotional health and wellbeing services, including mental health under one lead provider: Seven respondents disagreed with this suggestion: two worked in mental health, one was a provider, two respondents were young people and two were family members.

Direct comments:

The service must be provided by a council department, co-operative or not for profit social enterprise. Potential service users and their peers must be involved in the running and provision of the service

Do not run a monopoly on all services to the extinction of all other providers. If everything falls under one team leader there will be a watering down of expertise and an expectation of delivering services on a shoe string. An example of this can be found in 'xxxxxx' who rely heavily on volunteer counsellors and other organisations who pay a basic wage. If the service is all encompassing, who provides the

supervision? Clinical supervision is vastly different from managerial line management.

Children and young people's substance misuse service to be included in the service redesign: Nine respondents disagreed with this suggestion: six were parents; two respondents said they work in children services and one respondent said they work in mental health.

Children and young people's post abuse service to be included in the service redesign: Six respondents disagreed with this suggestion: four were parents, one was a family member and one respondent said they work in mental health.

Development of support and advice hubs in school and community settings, including drop in sessions, with the ability to either respond directly or arrange onwards referrals: Only one respondent disagreed with this suggestion who was a parent of a young person that had used the mental health service.

What role should schools, academies and further education establishments play?

Suggestions from users/families members:

"Help in recognising early warning signs and listening to parents when they ask for help"

"Having staff that are trained and knowledgeable in these issues."

"I think they play an important role and should work in close liaison. They should be able to flag up concerns directly with CAMHS. They should also be offered training in dealing with issues such as self-harming etc."

"Important and included as despite having statements etc it is very difficult as a parent to police the support within a school especially academies. Schools and colleges have ways of inferring. Then parents are at loggerheads with school/college. e.g."

"We have put in support but this has been turned down by pupil - "Pupils response...but that was not the support that I wanted and was agreed. There needs to be an outside agency that can monitor the agreed support."

"To provide facilities and have access in a safe setting. Extra funding should be available to school who promote/provide this service as it should be seen as an asset not a financial burden for the schools, academies and further education establishments."

"They need to be absolutely integral to the service. Academic staff needs to be much better at identifying those in need."

"Referring more easily, better staff training on what to look for"

"They must play a major role as this is where young people spend most of their life and can be the cause of problems. They should be able to have a place where specialist advice and further help can be given or referred to."

"Schools and academies should each be mental health leads providing good information and seminars to help children and young adults and their families know what is available and how to access it"

"Schools need to be made aware that the child is often embarrassed about admitting that they have an issue/area of their life that they are struggling with. All too often it is just put down to teen hormones/ just a stage. My daughter found it very hard to approach anyone at her school as they have been very blasé about things with an 'it will sort itself attitude'. Schools also need to be aware of confidentiality of service users too...all too often the pupils hear the teachers talking about the problems of children...which the children then spread around the school, making things worse. We have opted NOT to tell my daughters school about her CAMHS appointments for this very reason."

"Direct referrals to student not parents"

"All should help support the child"

"Someone to support a child in school"

"Have a point of contact so school to liaise with other providers"

"Strong links with CAMHS, a person to liaise with at school"

"Schools should provide Mental Health Advisors and mentors always"

"Better signposting, easier referral, in-school support"

"All schools should have support for the emotional support of children. The Howard school has no counselling service"

"More support in school such as counselling"

"To provide on the spot support to young person, this doesn't necessarily mean a referral for an intervention"

"Integrate with services such as CAMHS, provide extra support and awareness"

"A vital part of the team, emotional support shouldn't be something separate from school but inter linked"

"Be more aware of those vulnerable at school don't just dismiss as shy"

"Strong supportive role required. Particularly those waiting for further help."

"Better understanding of different mental health problems and conditions."

"Monitoring system in place to maintain continued support and pick up on lapses."

"They have a big role to play, even some problems confronting the children may be resolved through school counselling therapy and that would bring a big relief on your own service"

"They should have the funds and staff to deal with mental health services so that young people have the best support possible all round so that teachers can give them help at school."

"They need to recognise and support children and young people"

"Joint role in information sharing"

"To be informed and have clear communication"

"Educating on breakdown the stigma of mental health - Encourage positive mental health. Educate on what mental health illness looks like."

"They need to be fully aware of the services available and able to support you when you are using the services"

"They should be able to refer and host meetings, work more closely with CAMHS and parents"

"Staff needs education so that can better support. My son's school failed him miserably. There needs to be a greater understanding of mental health and affects"

"To work with agencies and parents collaboratively"

"To acknowledge these difficulties and listen to parents"

"They should have a strong connection with specialist mental health services, providing gentler services themselves but with guidance from specialised staff. They should function as alerting mechanisms - a sort of surveillance system for mental health problems - triaging people into interventions that prevent escalation of issues, or on to appropriate medical or therapeutic interventions."

"I think your main priority would be to properly fund and staffing, whatever service you decide to offer. There would be no point changing a service under pressure to a new service under more pressure with insufficient resources."

"These establishments have the most contact with children and are best placed at times to pick up concerns. Staff needs to be provided with training to pick up the signs and how to support children, have the difficult conversations with parents confidently. More resources need provided here to support children."

"Currently, educational establishments are part of the problem so by involving them they then become part of the solution. Currently it is not in the financial interests of the educational establishments to invest resources into supporting young people when they are suffering with mental health issues - it 'suits' these establishments if those young people are not there. Educational establishments are rewarded according to the academic achievements of the young people - I am not aware of any reward system that a school might operate under relating to supporting young people with mental health needs"

They should be more understanding of children's mental health. My daughters education finished at 13, she never went back to school because of the schools inability to help her with mental health issues."

"They should receive training so they can guide the students through the system and access the necessary support"

"Giving out information to all pupils"

"A lot!"

"More support for parents"

"Inform parents and pupils about services available"

"Support young people to access help"

"Try to prevent bullying and deal with it when it happens. Encouraging social interaction"

"Looking after young people's welfare as well as educating them"

"To be able to refer directly"

"Schools/college staff often sees the first signs of problems, they should definitely be able to refer and educate young people."

Direct comments from staff working in schools or academies

"Should be able to refer more easily, some level of therapy provided by trained people based in schools that are familiar to children, be given the training to help deal with problems before they become more advanced and complex. Schools should be given advice and strategies on what to do."

"Be included in any correspondence, training for staff to be able to signpost, spot early signs and help with putting effective strategies in place before crisis."

"Schools are completely integral to these new arrangements. Children spend a majority of their time in school and school staff are often the ones which identify and support mental health needs with no real training or understanding of how best to do this. Schools should be well equipped with knowledge of how to identify early signs of mental health illness and know how to access the help quickly to prevent/manage any escalation which will need input from services such as CAMHs."

"They are the front line for most young people and carers, they need to be involved in the development of the referral system and the services that young people require. They need to know who to refer, when to refer and how to make referrals."

"In partnership not as a stand-alone"

"Liaising with pupils and parents to explore possible options and then to be able to refer onward to a central hub which will respond quickly to a need and to keep all parties informed."

"We should be the point of referral to the service for our students but we are not trained to then act as specialists as well, parents should also be able to refer directly to you. We should be asked to provide details about how the student presents at school and of any further concerns we may have etc"

"Schools are currently often dealing with very high level needs themselves with no support - as mentioned our school has got xxxxxx in. Schools need to be know exactly how a system works and be able to access it quickly."

"As children spend so much time in school we are often very well placed to describe the issues a child is having and to pinpoint what help they need. Having a joined up approach along with appropriate medical professionals would provide the best outcome for the children."

"To have the confidence we refer that the young person will get help and quickly."

"To have a trained member of staff during term time do that children can access. To be able to signpost a child to counselling services, that are willing to come into school to offer their support. Without having to open a CAF or apply to the early help team. This is not always needed or necessary and does put parents off from getting help."

"Involve the schools/academies in the discussion of how this can be best done; provide the opportunity for discussion of a service that will fit the community that they work with, not a single size fits all."

"Provide on-going support for the young person and their family. Provide the necessary information and updates to all professionals working with young people."

"As a school we would be happy to host sessions led by mental health professionals. Schools will obviously be involved in making referrals and liaising with other professionals when support is needed for their children. Mental health professionals could work alongside schools by attending ISRs. We agree above that it is a good idea to bring together all commissioned services under one provider, but the success of that would be dependent on that provider being adequately staffed and resourced to co-ordinate provision effectively."

"Feel first hand support should be available in schools"

"Provide places for pupils and families to access services."

Direct comments from staff working in health or children services

"As question 4 part 4 - a support hub within the educational assessment would make it easier for the clients to access support and information"

"Better mental health support with qualified mental health professionals and not TA and support staff, although these are helpful. They are sometimes using skills they are not trained in using correctly and are unaware of the adverse impact can have."

"Schools and academies should be offering counselling as a minimum service. Schools also need to be offering support around bullying and school refusal."

"All schools should be encouraged to provide appropriate provision around emotional wellbeing for young people. Far too many children are being seen by staff that appear not to be suitably qualified or are referred for interventions that are not entirely appropriate / evidenced based for their needs. The above would ensure early intervention for young people and hopefully prevent the need for them to enter mental health services unnecessarily. It would be helpful for schools to have access to more training / supervision to ensure that where possible difficulties are not medical / escalated to A&E and mental health services without due cause."

"They should provide one of the points of entry and be involved in the referral process."

"As children often start their emotional support in school and education is a universal service, it is really important to include them in the consultation."

"Would identify that, for continuity and having strong/clear communications between services commissioned/provided for young people, that these establishments would fit around the 'hub' that appears to be emerging?"

"Should be involved in the design process via consultation to ensure that the service suits the needs of those who will be using it"

"They should work in partnership with the LA and ensure that they have a lead person who can share information and make sure that they make the LA aware of any issues with students that attend their provision, this will ensure that support can start sooner rather than later."

"Services should be available on site Informing young people about emotional well-being issues - greater awareness - advised/strategies on how to manage this included as part of their learning Quicker identification of emotional difficulties - referral to appropriate support Further teacher training on how to respond to emotional difficulties"

"Ensuring young people have relevant information available to them so they can make informed choices and understand the real risks and legal consequences. Hold drugs awareness classes."

"All partners working with the child should play an active role in the new arrangements and sharing responsibilities should be better planned rather than the SW needing to undertake most tasks."

"They should have training in supporting young people but also have access to clinical support. They should be automatically be part of any consultation."

"All services for children and young people should be commissioned by one provider to ensure a seamless service, inpatient, community and KMPT EIPs can then communicate more effectively."

"Be able to refer. Have professionals in school"

"Availability of in-school counselling that can assist in good healthy thinking patterns and signposting on when necessary."

"Supporting this and offering information of what areas they think are needed most for support."

"School counselling made more available"

"Basic understanding of 'emotional first aid' - how to support children to develop resilience and also good knowledge of available services to enable referrals/signposting to appropriate help"

"Again, I feel it is important to have parental involvement in the package to empower families to continue the appropriate support at home."

"I think schools should have as much access as other professionals as they often spend more time with a young person as social workers can sometimes be the first people to notice changes in a young person's mental health."

Respondents were asked if there was anything else that should be considered before making final decisions

Direct comments from staff working in health or children services

Questions:

"Have you consulted the young people who will be using them? How will you know that it is working?"

"How/where are/will accommodation-based providers accessing awareness training/skill-building as a network within any developments? There is always a tension between having one over-arching provider (who may dominate the commissioning and provision expectation) or having a healthy competition of a range of providers to ensure a widest range of service delivery."

Suggestions

"More group sessions with families, one to one counselling and psychotherapy. And access to more than six sessions. Counsellors in every school and college five days a week..."

"Consideration around 17+ pathways – there are difficulties in referring on adolescents who meet T2 criteria onto other services when they become adult. Typically those managed at T2 would not meet a threshold for adult services."

"Provisions for children with Autistic Spectrum Disorder who make up a significant proportion of CAMHS referrals"

"Do not run a monopoly on all services to the extinction of all other providers. If everything falls under one team leader there will be a watering down of expertise and an expectation of delivering services on a shoe string. An example of this can be found in 'Place2B' who rely heavily on volunteer counsellors and other organisations who pay a basic wage. If the service is all encompassing, who provides the supervision? Clinical supervision is vastly different from managerial line management."

"Think again about measuring outcomes session-by-session. How does that fit with any kind of counselling therapeutic intervention? Therapy is client lead and not guided by the therapist. If someone is in crisis, do they really want to fill out a core assessment at the end of each session? Evidence based therapy smacks of CBT. CBT is not the only kind of intervention. It is highly prescriptive and has been found to be a quick fix that is not effective or long lasting. The danger is that this service will be jack of all trade's and master of none. It will lack quality, depth and expertise."

"Look at services in other regions to see if there are any existing successful innovations that can be learned from"

"Ensure that advice and advocacy is available to children and young people, which should be available without having to wait for a long period of time on a waiting list."

"What evidence shows is the best service for children and young people"

"Of course the potential effectiveness and how suitable the changes will be, you would not want to make a negative impact on the system. Will a system affect the care, will it increase efficiency by getting the work done that is needed and not getting held up unnecessarily."

"You should be informed by the young people themselves in a participatory role."

"Gather views from young people themselves. Research other LA's approaches. Do not over complicate the system for young people and families. Consider resourcing any changes given financial concerns."

"A service for those young people with emotional dysregulation would be beneficial."

"Being sure that the confidentiality policy is clear to young people/adolescents and a good procedure is in place for any disclosures"

"Please consider the long view - having a service which is not frequently mucked about by change is in my opinion desirable. How stable is the funding? How will you evaluate if the service is meeting needs. Is this service going to be able to deliver earlier interventions?"

"Need for robust primary mental health to support early intervention"

Comments about communication

"Communication between mental health service and GPs to be improved – it's not fast enough"

"A decent computer system would be required, along with enough staff to manage the service."

"Consideration around data and recording systems currently T2 has no access to FWi – when they do have access, this will not be the same as T3 / T4 systems which makes joined working difficult. "

Comments about waiting times/ access

"That it is accessible to all, it also does not have a long waiting list to access these services."

"Something that would benefit from consideration is where early intervention / prevention will now sit. A service (CAST) was in existence to provide early intervention and preventative support to children and families around emotional wellbeing / mild to moderate mental health difficulties. This service was run by Medway, had no waiting lists for treatment, provided evidence based interventions, training to other services, had a re-referral rate of less than 1% indicating that this service was successful in prevention. This service was unfortunately transformed into a Tier 2 CAMHS service which has meant a heightened criteria and therefore gaps in service in terms of prevention and early intervention (schools reluctant to provide provision where difficulties do not impact school)."

"It is very important to have a clear timescale for work starting from the time it is first identified a young person needs support, this should happen with a month and for it to be effective emergency appointments within a week otherwise we lose opportunities to work with them."

"Fast tracked initial assessment to get a sense of the risk posed to young people and ensure they are not left waiting with out of control feelings. Inclusion of families (where appropriate in support) to achieve long term support for young people"
"Consider impact of not accessing services in timely manner. This leads to the compounded impact of mental health difficulties and emotional well-being"

Comments about funding

"More money spent on helping those most in need"
"There should be consideration around funding and staffing particularly for Tier 2."
"Will the service be sustainable?"
"Even with vacancies filled, the service will find itself to capacity very quickly due to gaps in Tier 1, school and early intervention services. "

Comments about training

"Training opportunities for teaching staff in mental health and emotional wellbeing"

Comments about supporting young people in the care system

"There should be a way in which young people can remain with the same team if they are in care until 21, as it can be hard to keep young people engaged with mental health services when they need to change over at 17 and half. Most of the young people we have worked with always talk about not wanting to tell the life story again to another person, and they get annoyed that they have to repeat themselves."
"The whole team around the child/young person should be included as part of one team. Early support should be offered as part of outreach work to enable the Looked after child and their families to be support at the earliest stage. When in the care system foster carers and residential workers are key people and need to be kept fully informed of the services that are on offer to ensure that the best outcomes are met for the children and young people."
"Nationally I believe there should be a presumption that every looked after child requires therapeutic support or counselling unless otherwise evidenced as opposed to the other way around. That would be a beautiful thing and very innovative."
"Yes - how can it be managed effectively? Intervention both long and short term should be at the heart of service - not just diagnosis and risk management Kent has a broad level of need - which includes greater levels of looked after children, vulnerable children due to immigration, trafficking etc. These should be treated as separate from more typical emotional wellbeing issues to ensure there is the right balance of resources and finance to meet this need."
"Review current provisions such as education for looked after children, especially children placed outside of Medway. Review feedback received from children, families, providers and other role players."

Direct comments from staff working in schools or academies

General comments

"You need the staff to make whatever system you develop work."

"It must be manageable by your staff in such a way that students and parents feel supported and that schools have faith in."

"No. Proposals consider main points of concern."

Suggestions:

"It might be helpful to see if parents have any mental health conditions."

"There also needs to be family therapies and support available as often the families around the young person need help to support them in the best possible way."

"Speak to children who have accessed the service it should be partnership support, recognising that all professionals have the potential to bring something to the table"

"Please just think of the young people in our care. The help is a long time coming and families are desperate for help."

"Think of the child, not the paperwork that has to be filled out or having to open a CAF to get support."

"CAMHS did have Mental health Nurses working with schools as a project to assist in identification and support of young people, this was a positive and thoughtful strategy that assisted the schools. It gave the schools an opportunity to develop a relationship with a named colleague who could assist with issues that genuinely trouble colleagues. However, it was short lived and quickly closed/withdrawn"

"There must be a range of support at different levels. It is crucial to support CAMHS needs as early as possible while they are still at a lower level, in order to prevent things escalating to CAMHS level (ie Tier 3).

Comments about location:

"Positioning of any clinics so the young people can access them for treatment. The current centre in Gillingham is very difficult to access for young people living in Rochester/Strood and costly to get to."

"Many young people want to keep school and this type of support separate, so having support available off site is vital. There should not be a reliance on school staff to deliver this type of support. It should be delivered by professionals trained in this area. There is already too much reliance on teaching professionals to provide mental health support when they do not have the training or capacity to do so."

"More availability for onsite school councillors"

Comments about access:

"There needs to be clear (as can be as each case is unique) thresholds for the different services and this needs to be easily accessible.

Support needs to be available quickly and schools need to know how to access it, as services and staff seem to change so regularly".

"The referral process needs to act upon quicker..."

"Clear referral system manageable work load and the waiting time to access the Service"

"Accessibility In the past there have been such long waiting lists it has prevented children who need help getting it"

"Referrals should be kept brief and made available online and by phone to reduce unnecessary paperwork and delays."

"Having support available that schools can access without being added to a significant waiting list, or being told to use the school FUNDED counsellor. Schools cannot be the post solely responsible for the mental well-being of their students. We need actual support from services like CAMHS, not told to use the school counsellor."

Comments about communication:

"Communication is extremely poor at present (probably due to high demand) so this must improve."

"Information sharing with schools is crucial to enable staff to support young people in their educational establishment."

Comments about funding:

"Costs involved who pays for what and at what level-it needs to be very clear."

Suggestions from users/families members:

General comments:

"There may be people within Medway who would be keen to be involved and need further information."

"Yes to help them rather than all about you"

"It needs to look fresh and modern/inviting"

"The different aspects and effects of these very difficult situations for all involved."

"When a child starts secondary school they need to be given more support when they have special needs however minor the needs many seem"

"That it's friendly and approachable"

"Approachable"

"No"

"Children are our future and they are growing up without fundamental skills and support with very little resilience."

"The long-term effect of mental issues on the family and the child, if the problem is not resolved while the child is young it can affect them for the rest of their life."

"Just suitable for children who suffer with mental health issues, a calm and friendly place."

"Ask public"

"Include young people in the decision made. "

"I think that you should consult with young people on what they feel they need".

"What young people think?"

"Young people's feelings"

"Consider different age group's needs"

Suggestions:

"Specialist self-harm programme, such as the Mind and Body programme by xxxxx"

"The service must be provided by a council department, co-operative or not for profit social enterprise. Potential service users and their peers must be involved in the running and provision of the service"

"Try and tackle the stigma that goes with mental health to educate the younger and older community to make them more aware of what you do and why that it's not because people that go there are insane."

"You need a service to provide low level support which doesn't warrant a referral into CAMHS."

"There's no quick fix - Young people need time to build a relationship with someone and learn to respect and trust them first before 'letting down the guard'"

"You need to use community players - community venues, community referrals agencies, community based services to give the young people something that they know and trust that they can hold on to - this is part of the trust issue".

"Family therapy for young people returning to their birth family when leaving care-builds and repair tethered relationships where possible"

"Be sure to include all different types of mental health from major to minor"

"The system should provide help for young people at all stages of their problem whatever it is. Early help must be provided before it's too late."

"Make young people aware that there is help available before it's too late"

Comments about access:

"Make it more accessible and easier to refer to"

"Improve resources and access to those resources".

"Have an emergency out of hours crisis contact".

"You need to be truthful about what support you can give as by the time many students get to teenage years they have no faith in ANYTHING agencies say they will do."

"It definitely needs to be more easily accessible. I appreciate that there are only so many funds available and a vast number of children now needing the service but, as a parent, waiting until a child is in desperate need of the service is unacceptable. Surely nipping things in the bud is far more advantageous in the long term. I also feel that the service user needs ongoing support...often you can only have so many sessions with a mental health worker and then it just stops. It leaves the parent/child feeling very vulnerable as the support network has been taken away. Once you are off the books then the only way to be seen again is to re-refer - IF you need the criteria."

"Make it more accessible evenings and weekends"

"Maybe a 24hr help line would be good just when advice with needed it needs to appeal to all ages."

"I think we should have weekend and online counselling for the young people if they are feeling down"

Comments about waiting times:

"Explain to parents and young people why support takes so long to be provided"

"Waiting times are appalling. More emphasis on keeping patients informed of where they are in the queue system. My child has waited (currently at 9 months for an appointment) - not a single word from them. "

Waiting times are inevitable but keeping you informed would ease a little stress."

"It's difficult for me to comment as we haven't received any care yet. Referral by GP was made in February 2015, still no contact."

"Having first-hand experience with CAMHS my son is still waiting to be seen since an initial assessment in March. I feel that having someone keeping us informed of how long someone is still waiting would help. Having troubled as my child keeps asking how long till I get help."

"Time - need to respond quicker. I was told my son's appointment for assessment will be 2017! Until he progressed to being suicidal – it's not good enough!"

"To cut down the waiting times to get seen once a referral has been made"

"That you can do this and cut waiting times because actually that is the single most important thing, how quickly we can access the help"

"Waiting lists"

"The time that it takes to be counselled is far too long. By the time a child has a lot of emotional damage has been done to the child/ family and schooling"

"A service that can be accessed in a timely manner with good communication and one that is properly funded and staffed."

"There is not enough staff to offer the support needed, we had to wait a year between appointments which is useless and waste of time for all concerned. We were told this is due to lack of staffing."

"Employ more staff to cut waiting lists!"

Comments about communication:

Improve communication between CAMHS and GPs after referral. Have a text reminder system for appointments to avoid missed appointments and wasted resources."

"Communication -Still waiting for letter confirming appointment, 2 weeks after the appointment was agreed, 10 weeks after an emergency high need referral was made to CAMHS."

"Do not rely on schools/colleges saying they have support in place. YOU have to ask the right questions in order to find out the truth, not just rely on the careful wording of reports from schools. I have had too many experiences when the school/college has been economical with the truth and it has been far easier for the council to accept what the school/college is saying rather than the parent. I was told by one person

who had attended many of the meetings that I needed to go and see a solicitor. I had to make a choice, to stay calm and try and get son out of depression or fight with Medway council again. I chose my son, however that means that Medway council do nothing."

"Keep people informed of timescales"

"GPs need to know where to signpost young people below the age of 18- they don't and you end up going around the adult pathway. Information provided to clients / carers needs to be clear and concise"

"Children need a clear line of communication/advice."

"Communication with parents / schools / services and how this is going to work, so you are not always being passed from one person to another and no one can answer your questions"

"Advertising more about services"

"The step back process as at the moment feels like you are dropped once you are signed off even if you don't know what other help is available"

Comments about funding:

"Make sure you have enough funding for staff before promising the earth"

"The service needs to be about young people, not about numbers and money. If the young people sense that it's not really about them then they will disengage."

Demographics

Gender

Are you :	Count	Percentage
Male	24	17.8%
Female	101	74.8%
Prefer not to say	1	0.7%
No reply	9	6.7%
Total	135	

Age

Which best describes you:	Count	Percentage
Under 18	8	5.9%
19- 25	6	4.4%
Over 25	111	82.2%
Prefer not to say	6	4.4%
No reply		
Total	135	

Ethnic Group

Ethnicity:	Count	Percentage
White British	110	81.5%
Any other white background	3	2.2%
Black Caribbean	3	2.2%
Indian	2	1.5%
White and Black Caribbean	1	0.7%
Any other Multi-Ethnic background	1	0.7%
Black African	1	0.7%
White Irish	1	0.7%
Any other ethnic background	1	0.7%
Pefer not say	4	3.0%
No reply	8	5.9%
Total	135	

Are you:

About you:	Count	Percentage
Parent or carer	53	39.3%
Working for a school or academy	23	17.0%
Provider (including their sector)	14	10.4%
Working for a mental health service	12	8.9%
Young Person	11	8.1%
Working for a children service	7	5.2%
Other family member	4	3.0%
GP	1	0.7%
Something else	6	4.4%
No reply	4	3.0%
Total	135	

Service user:	Count	Percentage
Yes, Currently	66	48.9%
Yes, Previously	27	20.0%
No	37	27.4%
Prefer not to say	2	1.5%
No reply	3	2.2%
Total	135	



69% of respondents are either using the service or have used it in the past

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

Year 1 Delivery Plan Update

Medway

October 2016

DRAFT

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Introduction

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. Positive emotional wellbeing (which includes mental health) is fundamental to improved physical and cognitive development, better relationships with family members and peers and a smoother transition to adult independence. 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.

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.

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 intervention 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.

This Year 1 Delivery Plan Update describes progress made against the objectives, plans and actions set out in in the LTP as well as plans for the next 12 months as we move towards the delivery of a new Medway Young Person's Wellbeing Service.

Background

Significant additional and recurrent financial resources have been made available to CCGs and commissioning partners to support children and young peoples' emotional health and wellbeing and deliver improved mental health services in line with the aims and objectives of 'Future in Mind'. This report was published in April 2015 by the Children and Young People's Mental Health Taskforce which was jointly chaired by NHS England and the Department of Health. The report established a clear direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it.

In May 2015 CCGs were asked to initiate work with local partners across the NHS, public health, children's social care, youth justice and education sectors to jointly develop and take forward local plans to transform the local offer to improve children and young people's mental health and wellbeing at the local level. This entailed CCGs working closely with Local Authorities, NHS England Specialised Commissioning, all local Health and Wellbeing Board partners, schools, colleges, youth offending services, children, young people and their families to understand existing service provision, establish baseline information and develop an ambitious vision for the future alignment with the overarching principles and ambition set out in Future in Mind.

In Medway this work took place through widespread consultation and engagement with stakeholders in developing the Emotional Health and Wellbeing Strategy in 2014/15 and parallel work in relation to Universal and Targeted services delivered in conjunction with local schools.

The development of a Local Transformation Plan (LTP) and the associated funding represents a significant opportunity for Medway to help bring the plans and objectives within its Emotional Health and Wellbeing Strategy to fruition. Whilst the CAMHS Tier 3 service in Medway is currently delivered under a joint contract with the 7 Kent CCGs and KCC, it was agreed that it was appropriate for Medway to submit its own Local Transformation Plan, clearly reflecting the principles of the Emotional Health and Wellbeing Strategy and outline delivery plan and local needs and ambitions.

The Local Transformation Plan represented a one-off assurance framework for the additional funding in 15/16. Thereafter, funding is to be allocated to CCGs in conjunction with established annual planning rounds. The LTP was fully assured by NHS England in November 2015, meaning that the plan was considered robust and comprehensive and that Medway CCG would receive its funding allocation in full. Over the last 12 months commissioners, providers and other key stakeholders have taken forward a series of interim investment programmes to address gaps in local provision and to further develop commissioning plans for a Medway Emotional Health and Wellbeing Service, addressing the full continuum of support for children and young people's Emotional Health and Wellbeing, from 1 September 2017.

Interim investment programme

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.

In order to realise this outcome, the decision has been taken that Medway will not be participating in the joint re-procurement of the Kent and Medway CAMHS in 16/17. Instead Medway Council and CCG will be pursuing the procurement of a Medway Young Person's Wellbeing Service, addressing the full continuum of support for children and young people's emotional health and wellbeing on a Medway footprint. In order to do this, the intention is to pull together a range of commissioned services contributing to the objective of ensuring the right support is available at the right time as part of an integrated provision and pathway.

Both the Kent and Medway services will be procured to go live on 1 September 2017 and for Medway it is expected that the funding for this new service will encompass baseline funding from Council and CCG, as well as the additional LTP allocation from NHS England. It is the expectation of commissioners that this funding envelope will include:

- i) All Council and CCG funding currently invested in the existing service
- ii) The full Local Transformation Plan baseline allocation
- iii) Existing budgets for other key contracts and services included within the model and outside of Local Transformation Plan budget

Based on these principles the envelope will therefore, likely include:

Table 1 – Forecast annual investment in Medway Young Person's Wellbeing Service

Component	Council (£)	CCG (£)	Total
Tier 2 CAMHS (Core)	304,076	140,000	444,076
Tier 3 CAMHS	144,269	1,098,463	1,242,732
LTP Baseline		605,119	605,119
YP Substance misuse	140,000		140,000
YP IDVA	20,000		20,000
Total	608,345	1,843,582	2,451,927*

* Indicative only

The planned procurement timeline affords an excellent opportunity for interim investment across the system in improving the landscape and whole system resilience in respect of supporting children and young people's emotional health and wellbeing. As well as addressing known gaps within the current 'core' provision, there is a commitment to working closely with the front line workforce e.g. schools, early years and children's social care to

clarify roles and responsibilities and improve knowledge and training in respect of supporting and nurturing good emotional and mental health and addressing concerns.

Table 2 below shows the Local Transformation Plan monies available to Medway from NHSE in 2016/17. Table 3 provides a breakdown of planned investment.

Table 2 – 16/17 NHS England investment through Local Transformation Plan and ring-fenced Eating Disorder allocations

Budget line	Allocation	% uplift against 15/16 allocation
Local Transformation Plan (Baseline allocation)	£605,119	+64% *
Eating Disorders (Ring-fenced allocation)	£153,000	+ 4%
Total	£758,119	

* Official uplift is + 59% but reflects the fact that allocations in 15/16 were pro-rata.

Table 3 – Medway Local Transformation Plan interim investment plans for 2016/17

Investment priorities for this year, in line with identified LTP actions include the following:

LTP Action Ref.	Identified LTP action	16/17 priorities	Confirmed deliverables	Provisional 15/16 and 16/17 budget allocation (subject to change in line with in-year adjustments, priorities and forecasts)
3.2	Children, young people and families receive support that promotes recovery and experience positive transitions through life stages	Investment in Early Years development and training e.g. speech and language and behavioural management and development and implementation of an agreed Outcomes Framework to support schools based commissioning	<p>Early Help commissioning lead to work with schools and universal services</p> <p>Speech and Language training for Early Years settings</p> <p>Action Learning training opportunities for primary school teachers, in partnership with Canterbury Christchurch University</p>	£50,000
1.1	Schools to be empowered to deliver whole school approaches in relation to resilience building and emotional wellbeing	Expansion and development of SAFE programme in conjunction with IMAGO and Medway Council Public Health at 12 secondary schools. Programme includes PHSE support, development of peer	<p>Roll out of SAFE programme to 12 Medway secondary schools</p> <p>Support from Health for Learning in relation to emotional first aid training</p>	£23,000 (including £25,000 from 2015/16 allocation)

		mentors/champions and the creation of 'SAFE' spaces within schools Programme to be supported by Health for Learning through delivery of emotional first aid training to staff	for staff at participating schools	
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	Recruitment of 3 additional Primary Mental Health Workers at CAMHS Tier 2, working alongside CADS and IFSS locality teams	Recruitment of 3 additional Primary Mental Health Workers at CAMHS Tier 2, working alongside CADS and IFSS locality teams	£172,000
All	Effective commissioning of a new Young Person's Wellbeing Service addressing the full continuum of support for children and young people's emotional health and wellbeing on a Medway footprint	Recruitment of additional capacity within Partnership Commissioning Disabilities and Mental Health Portfolio to allow adequate focus and project management time in respect of LTP interim investment programme and procurement of new Medway Young Person's Wellbeing Service	Additional Senior Commissioning Officer resource appointed	£60,000
4.1	Specialist mental health assessment to be offered to all children and young people at the point of entry to care and a clearly defined pathway developed for	Provision of additional psychologist support capacity for LAC through Oakfield Psychology	Extension of commissioned service through Oakfield Psychology supporting 80 – 100 Medway Looked	£156,000 (includes an additional £30,000 allocation from Medway Council)

	children in care and care leavers to access specialist mental health support.		After Children	Children's Services)
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	Creation of integrated Tier 2 / Tier 3 service hub at New Horizons Academy (linked to 125 year lease agreement for SEN block	Lease of New Horizons Academy SEN block secured and relocation of Tier 2 CAMHS service	£15,000
4.3	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 young people affected by emotional wellbeing difficulties, included in both initial training and ongoing development	Commissioning of comprehensive workforce needs analysis in conjunction with Medway Council Public Health	Cordis Bright commissioned to undertake Needs Analysis – expected to be completed in September 2016 to inform future workforce training and development plans.	Allocation of £15,000 from 15/16
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	Extension of post abuse / post sexual abuse therapy pilot through All Saints Children's Centre	All Saints Children centre therapy programme extended through to January 2017 – service liked to be picked up by other provider(s), following Children's	£45,000

	service review (2015)		Centre review, prior to being included within scope for Young Person's Wellbeing Service procurement.	
5.2	Develop and enhance assertive outreach teams to prevent admission and facilitate discharge where appropriate	Continuation and development of CAMHS liaison psychiatry pilot at MFT (funded through winter pressures pump-priming allocation in 15/16)	Interim liaison psychiatry arrangements continued into 16/17. Currently being reviewed by commissioners in the context of wider pressures on the crisis and home resolution team. Potential move to a hub based model, supporting hospital, S136 Place of Safety and other key aspects of the service.	£84,000
4.7	Review and commission a community support pathway for children and young people and their families affected by eating disorders	Delivery of interim service enhancements through SPFT in line with 16/17 contract and SDIP Work towards the development and procurement of an all-age Kent and Medway Eating Disorders Service and pathway	Interim investment by SPFT and KMPT in pursuance of access and waiting time standards All-age procurement (planned service start date of 1 September 2017)	£153,000 (ring-fenced allocation)
1.2	Improve mental health awareness	Participation in a Kent and Medway wide 'Good Mental Health # GMH'	Scoping, planning and delivery of campaign	Allocation of £80,000 from

		campaign, targeting children and young people and their families. Campaign to include website, info leaflet, Heart FM radio advertising and editorial coverage and face to face contact at schools and shopping centres (with virtual 3d experience)	between August and October 2016.	15/16
			Total additional 16/17 LTP budget	£605,000
			Total additional 16/17 EDS budget	£153,000
			Total 15/16 additional LTP/EDS accrued budget	£120,000
			Total additional investment in 16/17 financial year	£878,000

Design of new service delivery model

In line with Medway's Children and Young People's Emotional Health and Wellbeing Strategy and Local Transformation Plan (2015), a new Medway Young Person's Wellbeing Service will be designed and delivered based on the following key principles:

- Commissioned services to be provided in the context of the whole continuum of support, requiring potential providers to set out how they will develop strong links throughout the continuum
- The service provider will support early intervention services through joint working and in-reach, thus improving access to support; mutual understanding; and communication between specialist mental health practitioners and schools and GPs
- Primary mental health workers will be more accessible and better integrated with schools and community based services, to create a more seamless escalation from early intervention services, where necessary
- The inclusion of additional services in the delivery model, specifically: substance misuse support; post abuse support, including the young person's IDVA; support dedicated to harmful sexualised behaviours; Place of Safety for short term disturbed or violent behaviour; and participation in multi disciplinary neurodevelopmental assessment and parental support. This will enable a holistic approach where children and young people have multiple needs and reduce duplication
- A whole family approach, whereby we proactively seek to resolve any issues in a child or young person's environment that are impacting on their emotional wellbeing; offer support to parents; and provide dedicated support to parents whose children have neurodevelopmental conditions
- Effective IT support for the Single Point of Access; and the provision of information throughout the system about the support that is available
- An option for self-referral and a quick response through online, telephone and drop-in support
- Greater emphasis on - and dedicated support for - fostered, looked after and adopted children

In line with the objective to support transition to adult services and best meet the needs of young people with differing levels of need, it is proposed that Primary Mental Health services be provided to young people up to a young person's 19th birthday for initial referral and to age 25 for continued support if needed.

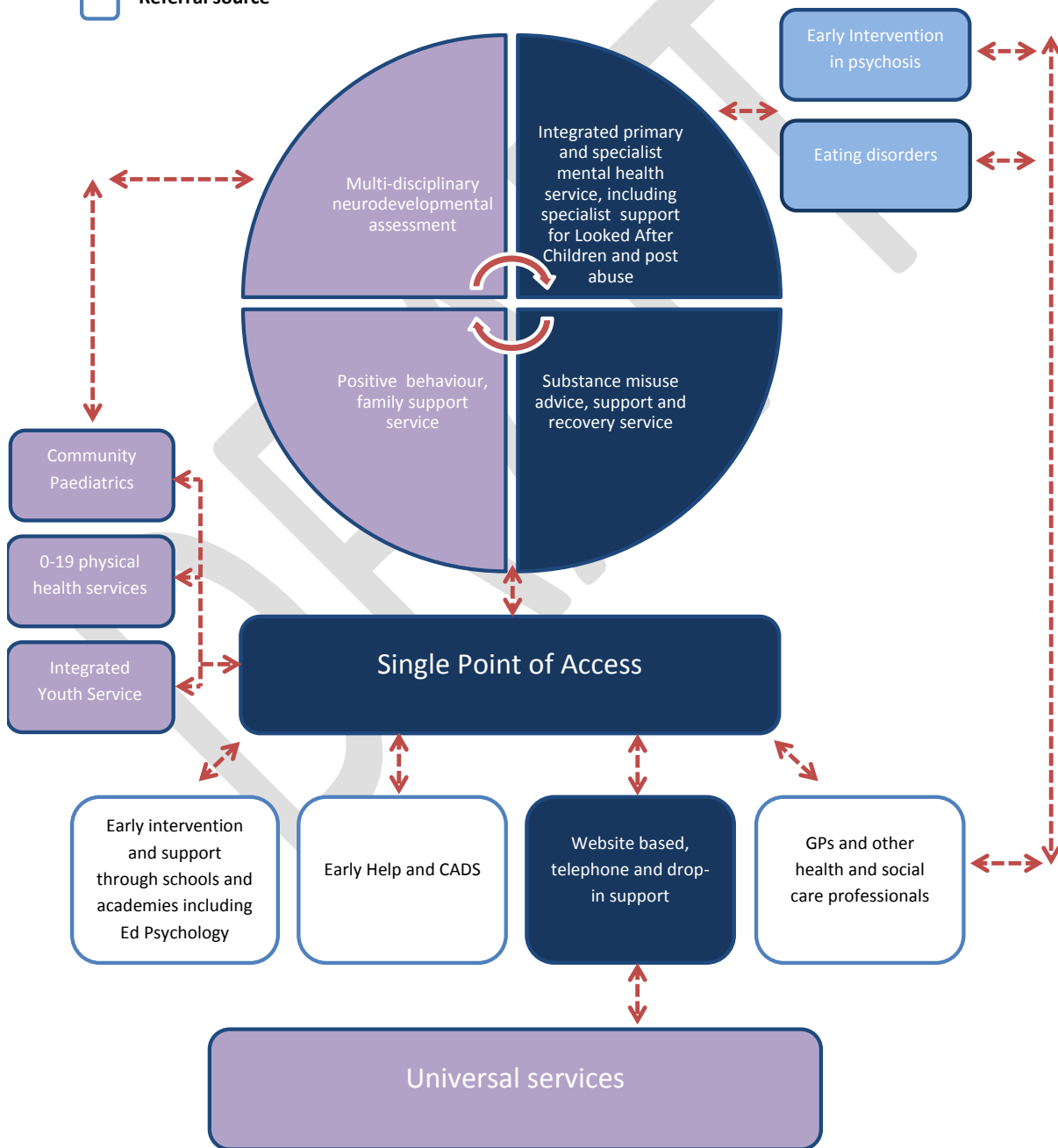
The support services described in the high level service model are part of a whole-system pathway designed to meet the emotional wellbeing and mental health needs of children and young people within the context of their family. This is described in **Figure 1** below.

Fig 1 – Medway Young Person’s Wellbeing Service Model

Medway Young Person’s Wellbeing Service

Key:

- Service provider to deliver in full
- Service provider to contribute through integrated working, in-reach support and training
- Linked contract/service – not within scope
- Referral source



Consultation

In March 2016, Medway's Children and Young People's Overview and Scrutiny Committee and Health and Wellbeing Board reviewed and considered a Draft Service Model setting out the proposed delivery model for a Medway Young Person's Wellbeing Service.

The Children and Young People's Overview and Scrutiny Committee determined that the proposals represented a Substantial Variation to Healthcare in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requiring relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area.

In line with this decision a 12 week consultation period commenced on Friday 6 May 2016 and ended on 29 July 2016.

The Draft Service Model formed the basis of the consultation and provided stakeholders with a detailed description of how commissioners felt the new service could be structured, together with operational functions and service standards.

Just over 500 surveys were sent out to those that had used the tier two and three services within the last 12 months. Users of the substance misuse service were also invited to give their views. To help promote the consultation further posters were sent out to all Medway GPs and pharmacies.

Respondents could choose to complete a paper survey and return in a pre-paid envelope, complete the survey online, telephone (which one respondent did) or email their comments.

A webpage ([www.medway.gov.uk/mental health](http://www.medway.gov.uk/mental%20health)) was also set up that gave those that were interested further information on what was being proposed. There were 350 views to this page. The online survey link was sent to all Medway schools and professionals working with the emotional wellbeing service. There were a total of 137 respondents to the survey, of whom 69% had either used the service or looked after someone who had. The key principles highlighted in Section 1 above, were further endorsed in response to consultation.

A summary of responses, by interest group, is set out below.

From a focus group of children and young people who have used either CAMHS or emotional support services

- Feedback from children and young people has highlighted the value they place on direct access to advice and also support outside of core school/working hours and outside of formal services e.g. GP and school pastoral support. They would also value services which reduce the stigma that many young people associate with mental health counselling, offering them anonymous, anytime, free access to a range of counselling and peer group support services and enabling them to maintain a degree of control about what happens next.

From potential providers of services, who attended an event in June to explain the proposed changes

- The Single Point of Access is critical. Without careful thought, it can become clogged with referrals which are not appropriate, so thought needs to be given to limiting this risk.
- It will be extremely beneficial to have unified principles and greater alignment and integration of delivery. This presents the opportunity for a genuinely multi disciplinary approach across disciplines and services.
- This is an ambitious and exciting service model, but we will need to work creatively through a whole system approach to ensure it is affordable. Some areas of work are especially resource intensive and although combining a wider range of services within a single envelope offers opportunities to invest in appropriate preventative strategies, we all need to understand the dynamics and risks involved.
- A range of practical issues, which we need to be considered prior to tendering the service, these include:
 - TUPE implications across several organisations, with a greater number of services now within the umbrella of this contract – and the potential for delay in mobilization
 - integration of different reporting systems
 - data and information sharing
 - assumptions about buildings and premises
 - the implications of the need for providers to establish delivery consortiums from scratch
 - transition of existing users in 19-25 age group on commencement of new contract.

Responses to formal consultation

Service users and their families/carers

- Users and their families are especially keen to see improvements to communications and clarity about who is doing what. This applies both to information about service availability and improved levels of contact and information once a referral has been made. They strongly feel that we should take the opportunity to deliver all support for emotional and mental health needs in a continuum where practitioners communicate with each other and offer some level of support to children and their families once the treatment phase has ended.
- 3Speedier response times are a big issue, though it is striking that families are as dissatisfied with lack of communication from the current service as with the length of the wait for treatment.
- The hope was expressed that mental health needs could be prioritised more and that schools might be more proactive in offering support to children who are likely to be affected by their situation, for example if they have been bereaved or are a carer; or are transferring to secondary school, having had additional support in the primary phase.
- Finally, they talked about trust. The importance of gaining the trust of children and young people in order to be able to meet their emotional needs; of respecting confidentiality; and practitioners delivering what they say they will do. This also applies to not over promising on the service overall.

Schools and colleges

- School based staff would also like to see quicker response times and better communication with specialist mental health workers.
- Schools overwhelmingly support the concept of reducing escalation of demand through prevention, early intervention and increasing awareness of emotional and mental health issues. They believe that this is only possible, however, with better professional development for school based staff in each of these areas and with greater provision of more specialist support, for example from primary mental health workers, within school.
- School based staff would also value additional support from and contact with practitioners working with pupils who have more severe mental health needs.
- Practitioners in partner agencies also strongly supported the provision of better advice and professional development for school based staff, so that issues do not escalate, along with more preventative, universal support for children and young people.

Emotional Health and Wellbeing practitioners

- As with other groups, they responded that the speed of access should be improved. This group felt particularly strongly that it should be possible to provide immediate access to support for young people and that initial assessments should be fast tracked to assess risk and ensure children and young people are not left trying to manage quite difficult situations and emotions. They also felt that this system needs to be as simple and clear as possible from the user's point of view.
- This group is strongly in favour of an holistic approach to support, that includes the family where appropriate and makes use of other expertise, for example in parenting support, to build resilience. They also felt that a nominated mental health worker should be the point of contact for colleagues and the family.

Role of schools

This was a distinct question within the survey. It is highlighted here because of the very strong level of agreement among all of the interested parties, including schools, about what this should mean:

- Provision of an effective universal offer, supported by ongoing training and support and good links to more specialist provision;
- Ideally placed to coordinate support, for families as well as their pupils - but other services (not just those to support emotional wellbeing) need to be more willing to offer their time and expertise; and
- Fuller involvement of schools in decisions about how the continuum of support works

Changes proposed to draft service model

The following refinements to the Draft Service model are proposed in response to consultation feedback.

Interface with schools and academies in relation to the commissioning of emotional health and wellbeing support

In order to assist schools and academies, Medway Council has developed an Outcomes Framework with school and academy clusters as commissioners and providers of support for emerging emotional wellbeing issues to:

- help match provision to the outcomes that need to be achieved for children and young people
- enable measurement of outcomes and
- describe the impact that expect services at this level should have, so that there are shared expectations

Desired outcomes for individual children and young people within the Framework have been identified as:

- Young Person has developed the awareness to understand other people's motivations, feelings and emotions
- Young Person has confidence and motivation to be able to initiate, develop and sustain mutually satisfying relationships with (i) family and (ii) peer group
- Young person has insight to discuss own feelings and understand their emotional stimuli
- Young Person has understanding to recognise their own anxiety and manage it
- Young Person has understanding of the importance of offering support to others and being able to accept help
- Young Person has strategies to manage own anger and to moderate behaviour
- Young Person has developed good self esteem, self belief and self worth

In the new model, as previously described, the primary mental health service would provide an effective liaison role with schools in the development of a consistent 'local offer' in relation to this Outcomes Framework, including supporting commissioners in identifying ongoing workforce development needs and monitoring outcomes. A partnership approach will ensure the best 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 all partners are committed.

Website based, telephone and drop-in support

Feedback from children and young people has clearly highlighted the value placed on direct access to advice and support outside of core school/working hours and outside of formal services e.g. GP and school pastoral support. They would also value services which reduce the stigma that many young people associate with mental health counselling, offering them

anonymous, anytime, free access to a range of counselling and peer group support services and enabling them to maintain a degree of control about what happens next.

Research into delivering therapy online has shown that this way of working is as effective as face-to-face therapies and it's thought that it would add significant value to a system where there are currently limited choices to support young people to take proactive steps to manage their own emotional health and wellbeing without recourse to formal services.

The revised service model therefore proposes an online counselling resource which young people view as credible and trustworthy and with a mix of booked appointments and drop-in sessions to ensure a greater throughput of clients. Such a service could enable Young People to communicate in chat rooms, through message boards, use blogging and access local news and events. Counsellors would be specially trained to work online with vulnerable young people, delivering evidence-based interventions.

Feedback has also highlighted the value placed on more informal drop-in advice sessions. This need can be addressed in part by continuing to upskill schools and the wider workforce so that better support can be made available in universal settings. The service would, however, be asked for other innovative approaches to reach young people outside of a formal referral and appointments process. This will be particularly pertinent for substance misuse services.

Single point of access

Regardless of the role of the provider in delivering the Single Point of Access (SPA), it's been highlighted that the SPA would need to include an IT and referral management system that interfaces effectively with Frameworki, the Medway Council Social Care IT system, so that children and young people can be effectively tracked and supported across services.

As well as performing an initial assessment, triage and resource allocation/signposting function, the SPA would also be responsible for initiating a review, once a child had been seen within the service for approx. 24 weeks. The purpose of this review would be to:

- ensure that Medway Council is aware of numbers of Looked After Children that continued to receive a service beyond 24 weeks
- clarify outcomes to date and
- co-ordinate plans going forward

and above all else, we will need to set targets for the time taken to assess young people that incentivise providers to include drop-in sessions and regular liaison with clusters of schools and primary health care providers.

Integration of Primary and Specialist Mental Health Service

The Draft Service model described a clear delineation between the Primary and Specialist Mental Health functions (i.e. Tier 2 and Tier 3 within the existing service). Feedback during consultation has highlighted that separating these functions has been instrumental in some of the difficulties faced within the current service i.e. multiple points of access and difficulty in tracking and monitoring young people within the system. The revised service model

therefore describes an integrated function with greater flexibility for prospective providers to describe the interoperability of those functions.

Crisis response service

Feedback from market engagement has suggested that the specified requirement within the Draft Service model was too prescriptive. There are many potential demands on this aspect of the service, supporting distressed children and young people and their families e.g. psychiatric liaison with A&E and paediatric departments, providing a timely response to S136 suite, supporting young people in crisis and liaising with Tier 4 (inpatient) commissioners and service providers regarding potential admissions and step-down from these settings into the community. Providing all of these components cost effectively on a Medway footprint will present a challenge and it is therefore recommended that these aspects of the service are described in a more outcomes focused way within the model and resulting service specifications. This will allow for prospective providers to shape a provision best suited to meeting these varied demands on a Medway footprint.

Multi-disciplinary neurodevelopmental assessment

For the purposes of the new service model, it is proposed to continue the current age parameters for assessment and diagnosis i.e. 0-11 within Community Paediatrics and 11+ (secondary school age) within the Emotional Wellbeing Service.

The Primary Mental Health team would need to build skills and fully develop the range of evidence based therapeutic interventions on offer and provide training and consultation to Universal and Additional services, including the positive behaviour, family support service described below.

Joint working with the Community Paediatric service to agree protocols around the assessment, diagnosis and treatment of these children will be required under the contract, particularly in the case of complex and co-morbid conditions where it may be necessary to provide ongoing therapeutic input across these two services. In order to achieve this, Community Paediatrics and the Emotional Wellbeing Service will be required to dedicate resource to a virtual multi-disciplinary team.

Positive behaviour support

A significant item of feedback from the consultation has been the identification of a service gap across the Council and commissioned services relating to positive behaviour support services to help families and carers to cope effectively with children and young people presenting with challenging behaviours. This is linked to the requirement for an improved multi-agency approach to neurodevelopmental conditions described above.

Whilst some provision exists across various services, it tends to be dependant on diagnosis e.g. learning disability, mental health or neurodevelopmental disorder. Feedback has suggested that often it is the behaviours which manifest themselves as a result of underlying conditions which impact on the ability of families and carers to cope, rather than necessarily the condition itself. Some of the services have quite a clinical focus and it's suggested that this resource could be better focused providing clinical advice and support to specialist

family and behaviour support workers, working alongside families who may have multiple needs, rather than necessarily case-loading families themselves.

The primary aim of the service will be to keep children and young people with their families within Medway, thereby improving outcomes for all family members. The multi-disciplinary team would provide individually tailored support to help manage a number of concerns experienced at home. The service would be required to support one another to work in dynamic and innovative ways to provide the best possible service.

The service should

- be family-led, working to understand and support the significant impact of challenges experienced by families of children and young people with learning disabilities and/or ASD
- focus on both prevention and intervention, endeavouring to help children and young people move towards attaining their ambitions and leading happy, healthy and fulfilled lives.
- provide intervention where necessary and intensive support to families reaching crisis with a step up and step down approach throughout their care journey.

The revised service model therefore proposes a ‘positive behaviour, family support service’ to provide a specialist multi-disciplinary approach to children and young people aged 0-25 who have a global learning disability and/or Autistic Spectrum Disorder and their families.

Eating disorders

The Draft Service Model and associated reporting, highlighted concerns about the ability of Medway to address mandated service transformation in relation to children and young people’s eating disorder services. This is because the national service model and commissioner guidance is predicated on an all-age population of >500,000 people.

Subsequently, Kent and Medway CCGs have agreed to commission a separate all-age (age 8+) Eating Disorder service to provide a specialist clinical pathway for patients with Eating Disorders. The service will clearly need to interface closely with the Young Person’s Emotional Wellbeing service but the provision will be outside of the scope of this contract.

The Kent and Medway all age community eating disorder service specification focuses on early specialist intervention, and will provide the following improvements to service provision:

Table 4 – Planned objectives and outcomes for all-age Eating Disorders procurement

How things are now	The new model
Separate children’s and adult service providers	All age (8 upwards) service provision
Risk of disengagement during transition from children’s to adult services	No gap between children’s and adult services
Delay in treatment at time of transfer	No gap between children’s and adult

	services
Children's services provided within generic ChYPS service	Dedicated team with a greater breadth of skills and expertise across the age range
Referral criteria = BMI < 17	No BMI referral criteria
Unacceptable waiting times for assessment/treatment	Compliance with national access and waiting time standards
High use of in-patient beds (out of area)	Early identification and specialist treatment, improved cure and recovery rates and reduced demand for in-patient services
No commissioned early intervention services	Early intervention services included in new clinical care pathways
Patchy and inconsistent service delivery across Kent and Medway	Consistent provision of NICE compliant interventions across Kent and Medway
Difficult access for patients and carers due to distance from services	New pathway development will establish more local service provision

Key components of the proposed new service will be:

- Specialist patient and family interventions delivered by trained professionals, in the context of multidisciplinary services, which are highly effective in treating the majority of children and adolescents with eating disorders
- Focus on evidence based early intervention which will reduce the need for more intensive and expensive interventions
- Direct access to specialist eating disorder out-patient services, which results in significantly better identification of people who require treatment
- Specialist eating disorder services offering a range of intensity of interventions and which will provide a consistency of care that is highly valued by families

Procurement timeline

Kent and Medway CCGs have agreed that joint commissioning arrangements will continue to the end of August 2017 with new services commencing on 1 September 2017.

It is anticipated that services will be advertised to the market in the late Autumn of 2016 with contract awarded in the spring of 2017. This will allow for a transition and mobilisation period with incumbent and prospective service provider(s) during the spring and summer of 2017.

CYP IAPT

The children and young people's improving access to psychological therapies project [CYP-IAPT] aims to improve the availability and effectiveness of mental health interventions for children and young people.

This transformation is being effected by:

- Training existing CAMHS staff, in targeted and specialist services, in an agreed, standardised curriculum of NICE approved and best evidence based therapies; this will also increase the range of evidence based treatments / interventions available
- Training supervisors and managers in supervision, service change and development
- Supporting the collection of a nationally agreed outcome framework on a high frequency or session by session basis for all contacts. This routine outcome monitoring [ROM] is actively used to guide treatment / intervention in a collaborative manner with young people and their families.
- Using outcome data in the direct supervision of the therapist, to determine the overall effectiveness of the service and to benchmark services.
- Embedding outcome monitoring across the whole of CAMHS to transform how they operate, and how they are commissioned

CYP IAPT has brought together CAMHS providers from across the statutory and voluntary sectors. At the heart of the programme is a strong emphasis on creating a collaborative approach across these sectors in addition to its relationship with service users. As a result, there is now widespread agreement that the values and qualities embodied in the CYP IAPT programme should be part of a wider drive for change in improving children and young people's access to timely and high-quality mental health provision.

As part of the national CAMHS Transformation Programme and ongoing NHSE assurance around Medway's Local Transformation Plan, the CCG is committed to participating in a CYP IAPT local partnership and for that local partnership to be accepted onto a regional 'learning collaborative'. For the purposes of Medway and Kent, this is the London and south east Learning Collaborative.

All Kent and Medway CCGs are signed up to the principles of CYP IAPT and have committed through their respective LTPs to work together towards meeting the membership requirements of the London and south east Learning Collaborative in 16/17. The national target is for 100% sign up by 2018.

At the current time, because of the joint contract arrangements and the fact that Sussex Partnership (SPFT) work across both Kent and Medway, commissioners have determined that the local CYP IAPT partnership should be established on a Kent and Medway footprint.

Sussex Partnership have agreed to participate have identified a cohort of approximately 12 clinicians across Kent and Medway to apply for the various training courses. There are various modalities including:

- Cognitive Behavioural Therapy (CBT) for anxiety disorders and depression

- Parenting training for conduct disorder (age 3-10)
- Systemic Family Practice (SFP) for conduct disorder (over 10s), and depression and self-harm
- Systemic Family Practice (SFP) for eating disorders – linked to delivery of specialist community based eating disorder services
- Interpersonal Psychotherapy for Adolescents (IPT-A) for depression
- Enhanced Evidence Based Practice – Certificate level course for band 5 and 6 CAMHS staff, supported by MindEd e-learning.
- Core competency based curriculum using Roth and Pilling’s CAMHS competencies
- Training for supervisors and service leads
- Outreach and enhanced supervision training for staff not attending other training courses within the CYP IAPT programme

NHS England is working with Health Education England to develop five new curricula. These will offer training for staff working with children and young people with autistic spectrum disorder, learning disabilities and those aged 0 to 5 years, as well for counsellors and those providing combined treatments (psychotherapy and pharmacology).

More information can be located at:

<https://www.england.nhs.uk/mentalhealth/cyp/iapt/>

SMART Delivery Plan Update

Medway's original LTP submission included a SMART action plan for priorities and deliverables against the following levels of need.

- Universal and Universal +
- Additional /Targeted support
- Complex Needs and Vulnerable Groups
- Very Complex Needs

Whilst inevitably plans and priorities will include some change and flexibility over what is essentially a 5 year delivery plan, it seems appropriate to base investment and achievements against those priority areas originally highlighted in the LTP. Tables 5 to 9 below, detail progress against the key actions and highlight any changes to planned objectives and outcomes.

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Table 5 – Universal and Universal + SMART Delivery Plan Update

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Measurements of success KPIs	October 2016 progress update
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>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>	<p>SAFE pilot extended for 16/17 academic year, working with 12 Medway secondary schools.</p> <p>SAFE pilot supported by input from Health for Learning, with courses offered to staff around emotional first aid.</p> <p>Outcomes Framework for schools based commissioning to be further developed as a quality framework, to support good commissioning by schools and help better purchasing.</p> <p>The next steps are (i) to distribute the outcomes framework and its proposed role to SENCOs and to Headteachers via the Headteacher consortiums (ii) to share the responses to a survey of schools to see what they are currently providing, with a view to giving an indication of the kind of support that is out there and (iii) to start conversations between schools about what they could co-commission.</p> <p>Good Mental Health Matters (#GMH) campaign to be promoted throughout Medway in the summer of 2016 (focussed at transition KS3 and KS4).</p> <p>Continued investment in PHSE resources by Medway Public Health.</p>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Measurements of success KPIs	October 2016 progress update
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	Local awareness of campaigns and key messages. No. of Mental Health First Aid trained people and range of settings.	Good Mental Health Matters (#GMH) campaign to be promoted throughout Medway in the summer of 2016 (focussed at transition KS3 and KS4). Includes: <ul style="list-style-type: none"> • A 'Good Mental Health Guide' delivered to every house in Kent and Medway directed at parents and outlining 7 steps to good mental health, information around child behaviour and psychological development and strategies to maintain good mental health as well as signposting to support • an interactive roadshow at shopping centres across Kent and Medway in the summer holidays and 12 schools in Sept/Oct. • Heart FM are sponsoring the campaign with radio ads and editorial coverage • 'Good Mental Health' website www.goodmentalhealthmatters.com • KPIs include children/young people feedback, school/parent feedback, case studies, web page hits, social media use of #GMH, multiple choice questions before and after interactive stand
1.3	Deliver information that is helpful to children, young people, parents	Live it, Group Work and 'Friends' resilience	Medway Public Health / Educational Psychology / Medway Council	All schools to have a nominated lead for wellbeing resources,	See 1.1 and 1.2 above

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Measurements of success KPIs	October 2016 progress update
	and school staff.	training delivered by Educational Psychology	/CCG Comms	services, training and best practice resources.	
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	Number and proportion of school staff accessing workforce development opportunities.	<p>Workforce development sub group (reporting through LTP governance) created to take forward the key actions that we believe will help build stronger universal provision. These actions relate primarily to upskilling staff in universal settings to feel able to provide initial support; and to connecting practitioners in universal services, to ensure we are making the best use of our total resource.</p> <p>Key deliverables:</p> <ul style="list-style-type: none"> - Workforce Needs Analysis commissioned to ascertain baseline position in respect of training and workforce development needs within the children and young people's frontline workforce - Development of pastoral support in schools through the Health Education England Innovation Fund and in partnership with Charlie Waller Memorial Trust - Health for Learning commissioned to support schools participating in delivery of the SAFE programme - Continuing commitment from mental health practitioners and the Educational Psychology

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Measurements of success KPIs	October 2016 progress update
					<p>Service to support staff development</p> <ul style="list-style-type: none"> - Canterbury Christchurch University commissioned to deliver an action research based qualification through which teachers will develop, implement and research interventions to improve speech and language in their school - Osprey (a training course for early years practitioners in speech and language development) has been extended so that more early years settings are consciously establishing the protective factors for good emotional and social health - Work underway to embed good mental health outcomes and KPIs within wider 0-19 commissioning plans (including core universal and clinical services e.g. school nursing, health visiting and community paediatrics)
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	Further development of existing peer support schemes e.g. Youth Wellbeing Community (Public Health	Medway Public Health / Educational Psychology / Medway Council /CCG Comms	Number and proportion of education settings offering peer support schemes.	<p>SAFE pilot (including core peer mentoring component) extended for 16/17 academic year, working with 12 Medway secondary schools.</p> <p>Integrated Youth Support Service contract and 16-19 Strategy emphasise the importance of practitioners supporting good emotional and social health and helping adolescents develop positive relationships</p>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Measurements of success KPIs	October 2016 progress update
	schools and youth settings offering peer support programmes.	and 'Friends' and associated group work (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 schools and from secondary school to college</p> <p>Children's and</p>	Medway Council/CCG	Number and % of children and young people directly included in transitions work and who have a positive experience of change	<p>Work continues to improve interface between Tier 3 and NHSE commissioned Tier 4 provider. New Service Model for Medway Young Person's Wellbeing Service clearly articulates the importance of a multi-agency step-down from specialist mental health services</p> <p>See 1.1, 1.2 and 1.4 above</p>

Ref	Improvement required	How will this be delivered?	Accountable body/team/individual	Measurements of success KPIs	October 2016 progress update
		adult mental health services work to support positive transition through implementing transition protocols			<p>Complex needs transition panel established to identify and target children and young people with complex needs, transitioning from children's to adult services</p> <p>Close alignment with the objectives of the Kent and Medway Transforming Care Plan, particularly for children and young people with complex needs including autism, LD and challenging behaviour</p> <p>New Medway Young Person's Wellbeing Service model to include scope for supporting young people up to age 25, where this is clinically appropriate</p>

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Table 6 – Additional/Targeted Support SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
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	CAMHS Tier 2 commissioned provider (Sussex Partnership NHS Foundation Trust) in partnership with Medway Council Children's Social Services and Educational Psychology)	Number of consultation contacts by agency and outcome of that consultation % of professionals reporting a positive outcome following consultation advice	Significant interim investment in the Medway Tier 2 CAMHS service and Single Point of Access to streamline and clarify referral pathways and improve access to assessment and treatment/intervention Professionals consultation line developed to support GPs and schools who require further advice and support in relation to referring a child or young person New Medway Young Person's Wellbeing Service model clearly articulates expectations for an improved Single Point of Access, particularly in relation to supporting Children and Young People and families who require support in relation to challenging behaviours Renewed focus on improving outcome measurements for children and young people receiving a service, not just numbers receiving a service and access and waiting times

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
		Foundation Trust as part of the wider 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	CAMHS Tier 2 commissioned provider (Sussex Partnership NHS Foundation Trust) in partnership with Medway Council Children's Social Services and Educational Psychology)	% achieving a positive outcome through the single pathway Waiting times from referral to 1 st and 2 nd appointments	See 2.1 above

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
		Partnership NHS Foundation Trust as part of the wider 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	Number of school/hub based services available in Medway Number of self-referral contacts (and outcome) offered in community hubs.	Medway Tier 2 CAMHS function has been relocated to the New Horizons Academy site which has been very well received by clinical staff and families. A much improved environment for delivery of therapeutic interventions and a clear reduction in the number of DNA appointments New Medway Young Person's Wellbeing Service model clearly articulates expectations around access to support in community settings and options will be explored with prospective providers of the new service from 1 September 2017
2.4	Multi-agency communications strategy to be developed and implemented in order to improve awareness of the different kinds of	Multi-agency communications strategy to determine most appropriate means of disseminating information e.g.	Medway Council / CCG	Improved awareness and understanding of support available measured through market research	New Medway Young Person's Wellbeing Service model clearly articulates expectations around communication channels and various options are being explored in relation to the development of service specification(s) e.g. online access to counselling and therapies Good Mental Health Matters website (described

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
	support available to meet different emotional wellbeing needs and how and where the support can be accessed	leaflets, advertising, web and social media		Uptake of information (e.g. number and % of settings receiving communication materials / accessing online information	above), as well as associated social media channels, provides an excellent platform for future work in this area
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	Develop and enhance partnership approach and pathway for perinatal mental health between maternity and health visiting services, CAMHS and adult mental health services Link to multi-agency workforce development plan (4.3) raising awareness among adult	CCG and Medway Public Health to jointly lead	Number of women referred through perinatal mental health care pathway Number and % of frontline staff in related roles undertaking training / awareness raising around perinatal mental	Kent and Medway commissioners are scoping a joint bid to the national Perinatal Mental Health Development Fund to help support this work. The local Perinatal Mental Health Clinical Networks is supporting this work. The purpose of this fund is to support service development and increase the availability of high-quality care and interventions for women, their babies and families. The fund will focus on expanding existing specialist community teams into a wider geography or resourcing small new teams with limited provision to meet the needs of local populations more comprehensively.

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
		<p>mental health services of the needs of pregnant women and new mothers and increasing skills and confidence among children's centres, midwives, health visitors and OTs in identifying and appropriately referring women experiencing perinatal mental health difficulties.</p>		<p>health.</p>	

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Table 7 – Complex Needs SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
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 within assessment of the child’s emotional wellbeing</p>	Medway Council	Number and % of families reporting positive experience of services working in partnership with the whole family	<p>New Medway Young Person’s Wellbeing Service model clearly articulates expectations around developing and enhancing ‘whole family’ approaches and options will be explored with prospective providers of the new service from 1 September 2017</p> <p>In the interim, closer integration between the Tier 2 CAMHS team and Family Support services in Early Help is improving delivery in this area</p>

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
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	<p>Number and % of C&YP admitted to inpatient settings with a clear discharge and step down plan in place.</p> <p>Number of specialist inpatient admissions avoided</p>	<p>Work continues to improve interface between Tier 3 and NHSE commissioned Tier 4 provider. New Service Model for Medway Young Person's Wellbeing Service clearly articulates the importance of a multi-agency step-down from specialist mental health services</p> <p>Complex needs transition panel established to identify and target children and young people with complex needs, transitioning from children's to adult services</p> <p>Close alignment with the objectives of the Kent and Medway Transforming Care Plan, particularly for children and young people with complex needs including autism, LD and challenging behaviour</p> <p>New Medway Young Person's Wellbeing Service model to include scope for supporting young people up to age 25, where this is clinically appropriate</p>

Table 8 – Vulnerable Groups SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
4.1	<p>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</p>	<p>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</p> <p>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</p>	<p>CAMHS Tier 3 provider in partnership with Medway Council 0-25 Social Work teams</p>	<p>Number and % of Medway children in care receiving specialist mental health assessment at the point of entry to care</p> <p>Number and % of Care Leavers accessing emotional wellbeing support</p>	<p>Significant investment in additional capacity for Looked After Children through Oakfield Psychology, working in partnership with SPFT Tier 3 and Children in Care teams. Approximately 80 to 100 Looked After Children are receiving psychological support through this service at any one time</p> <p>The New Medway Young Person's Wellbeing Service model clearly articulates expectations around specialist support for Looked After Children including specialist assessment and therapeutic interventions and behavioural support programmes for looked after and adopted Children and Young People with emotional wellbeing and mental health problems. These would take account of attachment and identity disorders, fragmented families, and the impact of maltreatment including trauma, loss and separation. This includes working with foster carers, residential care workers, family support workers, social workers, the LAC nursing team and health visitors</p>

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
					as well as key workers or personal advisors to enable more intensive therapeutic approaches to be adopted to support for children and young people whom have very complex needs where there is a high risk of placement breakdown
4.2	<p>Build on the existing collaborative 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</p> <p>This needs to include the development of a bespoke pathway for young offenders to access specialist mental health support</p>	<p>Inclusion within integrated Children and Young People's commissioning plans – post October 2016</p> <p>Development of a bespoke pathway for young offenders to access specialist mental health support</p>	Medway Council / CCG Partnership Commissioning	<p>Number of multi-agency screenings undertaken</p> <p>Number and % of young offenders receiving joint screening of needs</p>	The New Medway Young Person's Wellbeing Service model clearly sets out the need to integrate key services e.g. mental health and substance misuse and to work in a multi-disciplinary way to meet the needs of children and young people. This needs to be translated into appropriate support for young offenders, in partnership with the planned Integrated Youth Support Service. The Primary Mental Health Team and Primary Mental Health Workers will be key to that interface

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
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 young people affected by emotional wellbeing difficulties, included in both initial training and ongoing development</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 • 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 	<p>Medway Council Public Health and Partnership Commissioning</p>	<p>Number and % of frontline staff (by agency) accessing workforce development opportunities</p>	<p>See 1.4 above in relation to the work of the Workforce Development Subgroup.</p> <p>A Workforce Needs Analysis has been commissioned to ascertain the baseline position in respect of training and workforce development needs within the children and young people's frontline workforce</p> <p>Opportunities will be explored to utilise input from the Charlie Waller Memorial Trust through the Health Education England Innovation Fund to deliver some training to frontline workforce in 16/17</p>
4.4	<p>Design and commission specialist mental health service(s) to address the impact of trauma, post</p>	<p>Inclusion within integrated Children and Young People's commissioning plans</p>	<p>Medway Council / CCG Partnership Commissioning</p>	<p>Number and % of frontline staff reporting improved knowledge and skills</p>	<p>The All Saint's Children's Centre have been commissioned on an interim basis to deliver specialist therapeutic support for Looked After Children</p>

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
	abuse, CSE and other mental health related issues based on the outcome of Medway Council/CCG service review (2015)	from October 2016 and building on existing commissioned programmes e.g. All Saints Children's Centre Art and Play Therapy programmes and Educational Psychology support for 'sad' events and critical incidents		Number and % of children and young people identified as CSE victims accessing appropriate post abuse support % achieving a positive outcome through the service	who've experienced domestic and sexual abuse. Take up of this service has not been as high as projected which may, in part be explained by the setting which many associated with meeting the needs of younger children. This will be reviewed in the 2017 calendar year. The New Medway Young Person's Wellbeing Service model clearly articulates expectations around specialist mental health service(s) to address the impact of trauma, post abuse, CSE. Options will be explored with prospective providers of the new service from 1 September 2017
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	Number of children and young people accessing community support. Number of parents accessing parenting support. % achieving a positive outcome through the support service	The New Medway Young Person's Wellbeing Service model clearly articulates expectations around multi-disciplinary support services for children, young people and families impacted by Learning Disabilities and Neurodevelopmental disorders, particularly in relation to challenging behaviours. Options will be explored with prospective providers of the new service from 1 September 2017
4.6	Design and commission an intensive support service	Inclusion within integrated Children	Medway Council / CCG Partnership	Number of children and young people	See 4.6 above.

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
	within the community around positive behavioural support for children and young people with learning disabilities	and Young People's commissioning plans for October 2016	Commissioning	accessing intensive support service as an alternative to in-patient care % achieving a positive outcome through the support service	Scoping work has highlighted different cohorts of children, young people and families. Some aspects may be realistically met through the new Medway Young Person's Wellbeing Service, other aspects may need to be considered in relation to children's continuum of care and 0-19 clinical specification. There is whole system acceptance of the service gap in this area. The optimum delivery model will be determined over the next 3 to 6 months.
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	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	Kent and Medway CCGs have agreed to commission a separate all-age (age 8+) Eating Disorder service to provide a specialist clinical pathway for patients with Eating Disorders. The service will clearly need to interface closely with the Young Person's Emotional Wellbeing service but the provision will be outside of the scope of this contract. Procurement plans are progressing and it is expected that the new service will be commissioned for 1 September 2017 (aligned to the start of the Medway Young Person's Wellbeing Service)
4.8	Review practice against NICE guidelines for	Inclusion within integrated Children	Medway Council / CCG Partnership	Number and % receiving evidence	The New Medway Young Person's Wellbeing Service model clearly

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 progress update
	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	Commissioning. Medway Public Health	based interventions for self harm. . % achieving a positive outcome through these services	articulate expectations in relation to support and therapeutic interventions for self harm. Options will be explored with prospective providers of the new service from 1 September 2017. Kent and Medway CCGs have utilised Winter Pressures and Local Transformation Plan funding to purchase additional all-age psychiatric liaison in A&E settings. Self-harm is a frequent presentation in A&E and the new provision is helping to ensure children and young people are referred for appropriate assessments and support

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Table 9 – Very Complex Needs SMART Delivery Plan

Ref	Improvement required	How will this be delivered?	By whom?	Measurements of success	October 2016 Progress update
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	Number and % accessing in-patient support within recommended timescales Average distance placed from home	The shortage of specialist children and young people’s mental health beds nationally remains a cause for concern. Medway CCG are working closely with colleagues in NHS England to scope plans to move the national CAMHS Tier 4 procurement forward and to consider what the needs are in the South region. Medway Council and CCG are considering options for supporting children and families closer to home, through enhanced residential provision linked to education settings.
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	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	Kent and Medway CCGs are seeking to strengthen the crisis and home treatment function under the existing contract. This is with a view to better supporting children and young people at risk of admission and to oversee effective step-down and discharge from inpatient settings.

				people safely and effectively supported back into the community within 72 hours of admission.	
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Conclusion and Next Steps

This Year 1 delivery plan update provides a detailed breakdown of interim investment into children and young people's emotional health and wellbeing in Medway. It also sets out exciting plans for a new Medway Young Person's Wellbeing Service to be designed, procured and implemented for 1 September 2017.

In Medway we believe that the emotional and mental health and well-being of children and young people is everyone's business and 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.

The LTP has provided an excellent opportunity for all stakeholders across children and young people's services to re-evaluate provision available to support children and young people's emotional health and wellbeing, to embed best practice and evidence based interventions and to ensure that help is readily accessible in the right place and at the right time.

We look forward to continuing to work together with all stakeholders as we further shape this vision and launch new services in 2017.

Further information will be available at medway.gov.uk/mentalhealth